

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

BLOCKSON CHEMICAL

The verbatim transcript of the Working
Group Meeting of the Advisory Board on Radiation and
Worker Health held in St. Louis, Missouri on
June 24 and 25, 2008.

*STEVEN RAY GREEN AND ASSOCIATES
NATIONALLY CERTIFIED COURT REPORTING
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TRANSCRIPT LEGEND

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In the following transcript: a dash (--) indicates an unintentional or purposeful interruption of a sentence. An ellipsis (. . .) indicates halting speech or an unfinished sentence in dialogue or omission(s) of word(s) when reading written material.

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

-- (phonetically) indicates a phonetic spelling of the word if no confirmation of the correct spelling is available.

-- "uh-huh" represents an affirmative response, and "uh-uh" represents a negative response.

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

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

P A R T I C I P A N T S

(By Group, in Alphabetical Order)

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Washington, DC

1

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2

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PINCHETTI, KATHY
STEPHAN, ROBERT, SEN. OBAMA
TOMES, TOM, NIOSH

JUNE 24, 2008

P R O C E E D I N G S

1

(4:45 p.m.)

WELCOME AND OPENING COMMENTS

2

DR. BRANCHE: We'll get started now. It is roughly 4:45 on Tuesday, June 24th, and this is the Blockson workgroup meeting. I would ask that Advisory Board members who are in the -- I guess everybody's -- Advisory Board members, please announce your names.

3

4

5

6

7

8

MS. MUNN: Wanda Munn, chair of the Blockson group.

9

10

MR. CLAWSON: Brad Clawson, member of the Advisory Board.

11

12

DR. ROESSLER: Gen Roessler, Advisory Board and working group.

13

14

MR. GIBSON: Mike Gibson, Advisory Board.

15

16

MR. GRIFFON: And Mark Griffon, Advisory Board, not on the working group, but interested.

17

MS. MUNN: Here by request.

18

19

MS. BEACH: Josie Beach, member of the Advisory Board.

20

21

DR. BRANCHE: Actually, Josie, you are going to have to leave 'cause you make seven and that will be a quorum.

22

23

MS. BEACH: Okay.

1 SC&A staff in the room, please state your names
2 and tell us if you have a conflict for -- for
3 Blockson.

4 **DR. MAURO:** John Mauro, no conflict.

5 **MR. PHILLIPS:** Chick Phillips, no conflict.

6 **DR. MAKHIJANI:** Arjun Makhijani, no conflict.

7 **MR. MARSCHKE:** Steve Marschke, no conflict.

8 **DR. BRANCHE:** SC&A staff participating by
9 phone, please state your names and whether or
10 not you have a conflict for Blockson.

11 (No response)

12 Other federal agency staff, please state your
13 names and please come to the microphone if
14 you're in the room, and tell us if you have a
15 conflict for Blockson.

16 **MR. BROEHM:** Jason Broehm, CDC, no conflict on
17 Blockson.

18 **MR. MCGOLERICK:** Robert McGolerick, HHS, no
19 comment -- I mean no conflict.

20 **DR. BRANCHE:** You can't hide.

21 **MR. KOTSCH:** Jeff Kotsch with Labor. I'm not
22 conflicted anyway, so...

23 **DR. BRANCHE:** Other federal agency staff
24 participating by phone, please state your names
25 and whether or not you have a conflict with

1 Blockson.

2 (No response)

3 Just so that you know, anyone else who's in the
4 room, I'm going to be calling out certain
5 categories and I will ask you to come to the
6 microphone. Petition--

7 **MS. MUNN:** I don't -- I don't believe Bob was
8 here at the time that we were identifying --

9 **DR. BRANCHE:** State your name and whether or
10 not you have a conflict for Blockson, please.

11 **DR. ANIGSTEIN:** Bob Anigstein, SC&A, no
12 conflict for Blockson.

13 **DR. BRANCHE:** Thank you. Petitioners or their
14 representatives in the room please state your
15 names.

16 (No response)

17 Petitioners or their reps by phone please state
18 your names.

19 (No response)

20 Workers or their reps in the room please state
21 your names.

22 (No response)

23 Workers or their reps by phone.

24 (No response)

25 Members of Congress or their representatives in

1 the room.

2 **MR. STEPHAN:** Robert Stephan, Senator Obama.

3 **DR. BRANCHE:** And by phone?

4 (No response)

5 Chia-Chia, your name and --

6 **MS. CHANG:** All right, I'm not a worker or
7 representative, but I work for NIOSH, Chia-Chia
8 Chang, no conflict.

9 **DR. BRANCHE:** Thank you. Others who would like
10 to mention their names in the room.

11 (No response)

12 And by phone?

13 (No response)

14 Emily Howell, HHS, has entered the room.

15 Participants by phone, I do ask that you mute
16 your line. If you do not have a mute button
17 then please dial star-6, and when you are ready
18 to speak then you may un-mute your line and if
19 you do not have a mute button then dial star-6
20 to un-mute your phone. It is critical that all
21 participants by phone mute their phones until
22 they are ready to speak. And please do not put
23 us on hold if you must leave the phone. It is
24 better for you to hang up than to put us on
25 mute. Thank you for your observing telephone

1 courtesy.

2 Ms. Munn.

3 **INTRODUCTION BY CHAIR**

4 **MS. MUNN:** Thank you, Dr. Branche. All of the
5 members of the workgroup I'm sure have my e-
6 mail of the 8th where I listed for you the two
7 items with which we went into our June 5th
8 meeting, and the four items with which we came
9 out of our June 5th meeting. I sincerely hope
10 we can do better than that this time. It's
11 unfortunate to go in with two and come out with
12 four.

13 I expect to go down the action items one at a
14 time, as per the list that I provided you at
15 that time, and will expect the lead person who
16 is responsible for the questions that were
17 raised at that time to simply give us a quick
18 response to what has been done to accomplish
19 these three -- four items, actually five in all
20 -- that we have gone through.

21 **BUILDING 40**

22 The first is to communicate further with the
23 workers, attempting to determine any existing
24 data, whether any changes took place in the
25 process or production levels or production

1 levels in Building 40 during the period under
2 consideration. Tom Tomes had the lead for
3 that, and Tom, would you like to respond to the
4 request for information?

5 **MR. TOMES:** Yes, we've interviewed three more
6 former workers. Two of them have -- actually
7 all three of them have either talked to or they
8 attended the meetings in Joliet, and we asked
9 more specific questions in lieu of the last
10 meeting, specific-- specifically on Building 40
11 and the type of ventilation that may have
12 existed, the size of the building, just various
13 process information that may give us a handle
14 on the -- the building that existed in the '50s
15 and then thereafter. And we have found that
16 they made some ventilation changes to the
17 building. Basically they list improvements to
18 some fans and some additional vents to the
19 tanks, digester tanks. That is the only
20 improvements that we've heard of. They were --
21 there were no major changes other than that
22 that we knew of. Those seem to be relatively
23 minor compared to the overall flow of air
24 through the building. And I (unintelligible)
25 some of those calls, as well as SC&A. I can

1 expand if there's any questions on that.

2 **MS. MUNN:** With respect to the process and
3 production levels, would you --

4 **MR. TOMES:** We have no numbers from the
5 workers, but all the workers seem to be of the
6 consensus that the production increased with
7 time. And we do have -- we do have information
8 that they added process equipment. They added
9 a -- an additional digestion line in Building
10 40. Since -- from the -- sometime after the
11 early '50s they also added an additional
12 grinder for the -- for the crushing of the
13 phosphate rock. Originally -- per one of the
14 workers, originally when he started to work
15 there in 1951 they had two large grinders and
16 one small one. And sometime after he started
17 work there -- a few years, don't know the exact
18 year but a few years after he started, they had
19 a third large grinder. And another worker
20 indicated that they had two digesting lines,
21 each one of -- each line (unintelligible) four
22 digester tanks in series, and they added a
23 third -- that's -- that's his recollection of
24 it, an additional digestion line added, so that
25 would make basically twelve digester tanks,

1 total. So that -- that was basically -- was --
2 was the indication that they had increased
3 production, based on the workers' -- said they
4 -- they had improved the ventilation to some
5 degree, they had more capacity. In the
6 workers' opinion -- in at least one of the
7 workers' opinion, they -- the changes resulted
8 in basically the same amount of fumes 'cause
9 the one worker was -- in particular was
10 speaking of the amount of fumes that were in
11 the building. And with that that we have on
12 the production of uranium indicates that from
13 '52 to '60 the production levels were
14 relatively flat. And some of the -- some of
15 the changes in production capacity seem to have
16 occurred in the early '60s, which we have no
17 production data at that time.

18 **MS. MUNN:** As I recall from my participation in
19 those calls, although the production levels
20 increased over time to a fairly stable level,
21 they all three agreed that there had been no
22 change in the process itself. They had added
23 to the capability, but not to the process. Was
24 that your understanding?

25 **MR. TOMES:** Yes. All three workers that we

1 have talked to indicated that there was no
2 process changes whatsoever.

3 **MS. MUNN:** We have a question from Mr. Stephan.

4 **MR. STEPHAN:** Yeah, can you clarify for me, how
5 does testimony from these three workers jive
6 with the testimony of the workers previously?

7 **MR. TOMES:** It -- it's consistent. The main
8 difference is the questions this time were
9 focused on different issues, but I -- I --
10 other than some minor details of when -- times
11 in which -- which things occurred, the comments
12 were consistent with information we had
13 obtained before, just different -- different
14 specific questions being asked.

15 **MS. MUNN:** Yes, we didn't hear anything that
16 conflicted with any of the testimony that we
17 heard at the workers' groups with respect to
18 the process.

19 **AIRBORNE CONTAMINATION**

20 Question number two was calculate what kind of
21 venting could result in a factor of five
22 reduction in airborne contamination. There had
23 been some com-- some comment with respect to
24 differences in calculation that had been made.
25 Who's going to respond to that?

1 **MR. PHILLIPS:** Tom, did -- I think -- I think
2 that was with you first, and I can follow up on
3 that. This is Chick Phillips.

4 **MR. TOMES:** Okay, I can -- I can make a comment
5 on that. We've done some calculations and some
6 basic calculations on -- on the air flow, and
7 the air flow for a pro-- for a -- for a ongoing
8 process such as the production of the rock
9 through the facility, the process did not
10 change. And if we assume that the ventilation
11 did not change, it would take -- excuse me, if
12 we assume that the ventilation system did not
13 change, in other words, we had a static
14 process, it would take roughly five -- an
15 increase of five in the airflow to result in a
16 decrease of five -- a five-factor decrease in
17 the radon concentrations, just a -- just a --
18 inverse proportion.

19 **MS. MUNN:** Chick?

20 **MR. PHILLIPS:** Wanda, Tom and I collaborated on
21 in doin-- and we did a little further work on
22 it, and I have the results of that here if it
23 would be appropriate at this time to discuss
24 that.

25 **MS. MUNN:** It would certainly be appropriate to

1 discuss it. Members, and all you within the
2 sound of my voice, this document has not been
3 PA cleared and it may not leave the table where
4 we're looking at it here. But for purposes of
5 this discussion, since it does not impinge
6 directly upon individual cases and dose
7 reconstructions, we will discuss it. Please,
8 Chick, it's all yours.

9 **MR. PHILLIPS:** I might add that this document
10 has not been Privacy Act cleared so it's --
11 it's a working document, but --

12 **MS. MUNN:** We're aware.

13 **MR. PHILLIPS:** -- (unintelligible).

14 **MS. MUNN:** Uh-huh.

15 **MR. PHILLIPS:** What -- what you have before you
16 here -- and again, Tom and I collaborated on
17 this, but there are programs available where
18 you can model or estimate the radon
19 concentrations in a enclosed space, a building,
20 whatever, given the radon input rate, the
21 ventilation rate, and the size of the building.
22 And we were able to do this because one of the
23 workers that we interviewed in this latest
24 round gave us some estimates of the size of the
25 building, which we did not have before. So

1 there are program -- the program is referenced
2 here in paragraph number one. It's an on-line
3 program available to -- to model these. There
4 are two programs available there. The first
5 one will allow you to generate -- using a
6 process to generate the input rate of radon
7 into a building. And I have given you the
8 input values there where you use simply the
9 concentration of uranium in the ore, the feed
10 rate of the ore which comes from the site
11 profile documents is 6,000 tons per week, and
12 then you have to input a release fraction. The
13 release fraction is simply that amount of the
14 radon that's available, based on the radium
15 content of the ore, the fractions that -- that
16 it will be released by the process into the
17 building. And the processes we're talking
18 about here in Building 40 were, first of all, a
19 grinding process which Tom referred to earlier,
20 and then secondly the digestion process where
21 you mix the sulfuric acid with the phosphate
22 ore and thus generate the phosphoric acid with
23 the waste product of the gypsum. So those are
24 the processes.
25 I used the estimate of the building size based

1 on the worker interview, and the release
2 fraction that I used in the run that you see in
3 Table 1 was a -- was 30 percent, .3 -- and this
4 is a common value that's used as a radon
5 release fraction in stable soils. If you have
6 a soil -- the earth -- how much of the radon
7 that's available in the matrix of the -- of the
8 earth is available for release.
9 And when I ran that in a -- I ran it using
10 various ventilation rates, which is what we had
11 been asked to do. The ventilation rates that
12 we chose to use were one turnover -- air
13 turnover per hour, two and a half turnover hour
14 -- per hour, and five per hour.
15 The reason that we used those values is there's
16 a reference it gives based on the building age
17 and other things, the range of ventilation
18 rates that you can expect. We chose the one
19 for an older building in this particular case.
20 This reference is used to estimate the heating
21 and cooling necessary for a building. So I ran
22 the program to estimate the radon
23 concentrations in the building based on the
24 ventilation rates that you see in Table 1,
25 which are one, two and a half, and five.

1 The resulting radon concentrations are shown
2 with the one per hour at 7.5, three, and 1.5.
3 Again, what we're trying to do is get a scoping
4 value here. You know, what kind of ranges of
5 radon can you see, what was the ventilation
6 rate how to do that, and other factors.
7 And you can -- for a reference in these -- this
8 particular case, in OTIB-0043, you remember the
9 bounding value was 2.33 picocuries per liter of
10 radon, so you can see that in relationship to
11 the calculated radon concentrations by running
12 this model.
13 Going back to -- one turnover per hour is about
14 what you would expect in a older home, before
15 modern day energy conservation. So I would
16 think that, you know, you would expect --
17 because of the forced ventilation and other
18 things that were going on in a building this
19 size -- it's certainly greater than that. So I
20 gave a range here just to give us scoping value
21 for that.
22 For a constant input of radon, we can see that
23 the rate relationship to the ventilation rate,
24 as Tom just said, is essentially linear, but
25 inverse linear. In other words, if you double

1 the ventilation rate, the radon concentration
2 is a half. You'll note that the working level
3 in this particular case is also in that same
4 relationship. That would not be exactly true,
5 because as the ventilation rate increases, the
6 equilibrium fraction between the radon -- the
7 radon and its daughters actually decreases.
8 But I held that constant at a .4 value because
9 that's what's recommended and what we've been
10 using in all the documents. So --

11 **MS. MUNN:** And conservative, yeah.

12 **MR. PHILLIPS:** Yes. So given that, the other
13 unknown here of course is what is the release
14 fraction; that is, how much radon is released
15 from the ore as we go through the two processes
16 that we discussed before. What I did again is,
17 in order to give a range here and a scoping
18 value, I took the input values -- that is, the
19 radon input value, the size of the building,
20 and varied the release fraction, and the
21 results are shown in Table 2. And you can see
22 the range of radon values there again showing
23 the working levels below that. And then for
24 reference I've compared in the last two rows
25 the ratio of the bounding values given in OTIB-

1 0043. And then if you remember at the last
2 meeting, SC&A looked again at the -- the
3 lognormal fit on the data that was contained in
4 OTIB-0043. We came up with different values
5 and I've included that for reference.

6 **MS. MUNN:** Thank you, Chick. Mr. Griffon, you
7 were the person who had the most concern with
8 respect to radon doses. Do you have any
9 remaining problems with the radon issue, given
10 what we have here?

11 **MR. GRIFFON:** Based on -- based on my allowed
12 four-second review, I suppose everything's
13 peachy.

14 **MS. MUNN:** I thought you had --

15 **MR. GRIFFON:** I mean I just got this document.
16 I wasn't --

17 **MS. MUNN:** I thought you had it before we
18 started.

19 **MR. GRIFFON:** -- in on any of the technical
20 calls. I'm a little bit blind-sided by this,
21 quite frankly, but you know, you -- you can
22 play with these parameters a lot and, you know,
23 one initial concern I have is, you know, this -
24 - I -- I'm not surprised this is a huge
25 building, but I also wonder about concentration

1 gradings throughout the building and if the --
2 you know, if it makes sense to model this based
3 on the full volume of this huge facility, or
4 narrowing that to -- to more represent the
5 workers' space. I'm not sure about that. But
6 that's just an initial question or observation
7 I would have, and I'm not even sure about the
8 through-put numbers where they -- I -- I
9 understand they came from the site profile, but
10 again, I haven't reviewed all that. Jim has a
11 response to my first (unintelligible).

12 **DR. NETON:** Well, I just -- just would point
13 out that, if you recall, we did have numbers
14 for working levels in the building in 1982 or
15 3, I don't know which year.

16 **MS. MUNN:** I think it was '82 or 3.

17 **DR. NETON:** And those levels were not
18 inconsistent -- well, actually a factor of five
19 lower than what our bounding value was. And --
20 and my recollection, although Chick and Tom
21 have done a great job modeling the radon
22 concentrations from first principles,
23 basically, was that we were to determine what
24 would it take to reduce -- how much -- you
25 know, was the ventilation increased or not in

1 the buildings between 1953 and '83 or whatever
2 --

3 **MR. GRIFFON:** Yeah, that was that question --

4 **DR. NETON:** -- and -- and if they -- if they
5 were, what would it take to -- to reduce them
6 down by a factor of five. And I think this
7 analysis clearly shows that it's a -- it's a
8 direct proportionate relationship so that it
9 would take a -- a factor of five increase in
10 the ventilation rate in the building between
11 1953 and '82 or '83 to reduce the levels below
12 where we are bounding them in 1953. And I
13 think that's a -- given what we've heard from
14 the workers, almost an incredible scenario that
15 you could imagine increasing a building
16 ventilation by a factor of five. I mean that's
17 a huge increase in the air turnover in a
18 building.

19 **MR. PHILLIPS:** And the other offsetting factor
20 is that the workers agreed that there was a
21 increase in production rate --

22 **DR. NETON:** Right.

23 **MR. PHILLIPS:** -- so the input rate of ore here
24 is based on the input rate during the 1950 time
25 frame, as opposed to the 1983 time frame.

1 **DR. NETON:** And I think, in my mind, what this
2 --

3 **MR. GRIFFON:** And the material it produ-- I
4 mean there was production going on in 1983 --

5 **DR. NETON:** Yes, there was.

6 **MR. GRIFFON:** -- I think that was one of our
7 questions.

8 **DR. NETON:** Yeah, we asked the workers, and
9 there was production going on. I don't think
10 anyone disputes that at this point. So in my
11 mind, these -- these source term calculations
12 essentially validate that we're -- you know,
13 we're in the ball park and that an upper limit
14 can be ascribed to the radon concentration in
15 the building. You know, whether -- whether one
16 goes with the working level values that we have
17 from '83 and extrapolating them into the '50s,
18 or relying on some bounding value, there are
19 approaches to doing this.

20 **DR. MAURO:** Mar-- this is John Mauro. Mark,
21 during the interviews I had the same thought
22 you did regarding the model that they just
23 described assumes uniform mixing throughout
24 this fairly large volume of building, and
25 there's certainly good reason to believe that,

1 you know, you're not going to get instantaneous
2 uniform mixing. For example, we understand
3 that the crusher and grinder was located in one
4 se-- end of the building and -- on -- on the
5 first level, and -- and that's where most of
6 the what I would imagine -- when you're
7 crushing the rock down to this fine powder and
8 then moving the powder out, I mean there's
9 where one intuitively would believe that's
10 where the radon's generating. So one of the --
11 and so I had in my mind well, okay, fine,
12 you've come up with a bounding average
13 concentration in the building, given that size,
14 given the through-put rate, and given the radon
15 emanation rate. So I asked the wor-- one of
16 the workers, I said well, listen, how many
17 workers were in the building at any given time,
18 and he said six, seven, ten, like that. And
19 whether they worked -- they all sort of stay in
20 their same location. In other words, it was
21 always one person located here and he was
22 always there -- is no, no, they generally
23 roamed around quite a bit. So on that basis,
24 sort of said okay, that -- not that there
25 wouldn't be a variability, there would be some

1 variability. I mean intuitively you would
2 believe there would be some variability. But
3 since the workers were moving around, sometimes
4 they're in a higher place, sometimes they're in
5 a lower place, so --

6 **MR. GRIFFON:** Well --

7 **DR. MAURO:** -- assuming avera--

8 **MR. GRIFFON:** -- rafters there's probably not
9 as much -- I mean --

10 **DR. MAURO:** Pardon me?

11 **MR. GRIFFON:** -- you've got 45-foot ceilings.

12 **DR. MAURO:** Yeah.

13 **MR. GRIFFON:** I'm not sure they were doing a
14 lot of work up in the rafters.

15 **DR. MAURO:** Well, it turns out I think the --
16 what do you call it was on the second level,
17 the digester was on the second level --

18 **MR. GRIFFON:** So it was like a --

19 **DR. MAURO:** -- and the grinder was on the first
20 le-- but -- but I -- I can't say to the level
21 of specificity, but it -- it wasn't as other
22 sites where we had workers that had a station
23 where this is where they were eight hours a day
24 every day for years. This sounds like it was -
25 - now certainly -- I mean that was at least one

1 -- one worker's response to my question, in
2 anticipation of this concern.

3 **MR. GRIFFON:** Right, right.

4 **DR. NETON:** I'd also say, given the ventilation
5 rates, that the equilibrium comes into play
6 fairly quickly, I would suspect. I mean you
7 could plot that. But these are fairly large
8 turnovers. When you turn over a building once
9 per hour, all the air in a building, I don't
10 think you're going to have that big of a
11 gradient.

12 **MS. MUNN:** During our deliberations I thought I
13 heard someone come on line. Did someone join
14 us by phone?

15 (No response)

16 All right, perhaps they were leaving instead.

17 **MR. GRIFFON:** Well, again, what -- what do you
18 want me to say, Wanda? I mean I'm --

19 **MS. MUNN:** Well, I just want to --

20 **MR. GRIFFON:** -- My initial observations, but I
21 feel like I need a little more time. I'm -- I
22 haven't -- I'm not familiar with this tool on
23 the web site. I just logged on during the
24 break before this workgroup meeting. You know,
25 I'm -- I'm trying to understand how it takes

1 production rate versus -- I -- I mean I'm --
2 I'm trying to visualize this model, too. Does
3 it account for the amount of source term in
4 that building at any one time, I -- I'm just
5 not familiar with this model. If it's just
6 looking at through-put, I mean my
7 understanding, my little understanding of the
8 process is that it -- when it went into the
9 grinding and then to the chemical processing,
10 so you know, it -- there's -- it's -- it's not
11 in -- it's not processed and then right out the
12 door. It's not 35 tons per hour goes into the
13 grinder and then leaves the --

14 **DR. NETON:** I guess I would not focus so much
15 on this analytical model as opposed to the --
16 the 1982 measurements that we have --

17 **MR. GRIFFON:** Well, --

18 **DR. NETON:** -- and are those valid --

19 **MR. GRIFFON:** -- first we heard about that was
20 the last meeting. I mean you weren't --

21 **DR. NETON:** Well, that --

22 **MR. GRIFFON:** -- really --

23 **DR. NETON:** -- but that was the point of this
24 analysis, Mark, was to take those numbers and
25 say what ventilation rate would it need --

1 would need to happen to make those numbers not
2 representative of the work that went on in
3 1952. And I think we've clearly demonstrated
4 it would have to take a fairly substantial
5 ventilation rate that none of the workers that
6 we've interviewed have talked about. I think
7 that's the -- that's the central issue. I
8 wouldn't get distracted -- distracted by this
9 source term analysis model. I think that's
10 just another sort of bounding validation that
11 was done to demonstrate that these are in the
12 right order, because your other concern was
13 that they seemed awfully low to you.

14 **MR. GRIFFON:** Yeah, and I still --

15 **DR. NETON:** And I think, based on these source
16 term models -- which should be low because of
17 the turnover rates and the fractions from these
18 -- you know, these -- these materials.

19 **MR. PHILLIPS:** It's -- it's just a simple
20 model. It takes a box. It looks at --

21 **MR. GRIFFON:** Right.

22 **MR. PHILLIPS:** -- the input rate and the output
23 rate, the ventilation -- the input rate as
24 radon in picocuries per second. It looks at
25 the output rate, turnovers per hour. And it

1 looks at what the concentration in this box is.
2 It's a very simple --

3 **MR. GRIFFON:** Yeah, and I can --

4 **MR. PHILLIPS:** -- scoping model.

5 **MR. GRIFFON:** -- parameters -- I can adjust
6 these parameters to make it come out pretty
7 close to the 1983 values, too. But I can also
8 -- you know, you -- you -- these -- some of
9 these are pretty sensitive. You change the --
10 change the volume a little bit -- I mean --

11 **DR. NETON:** I don't think so, Mark.

12 **MR. GRIFFON:** -- (unintelligible) to 30 feet
13 instead of 45 --

14 **DR. NETON:** He's changed the ventilation rate
15 by a factor of five. He's changed the release
16 fraction by a factor of five. And you could
17 change the building volume, but I don't think
18 you can increase it by a factor of five. I
19 mean it probably is in the right ballpark on
20 the vent-- those are the only factors that go
21 into the calculation. I mean he's shown you --

22 **MR. GIBSON:** You mentioned fan changes, what
23 changes were made to the fans?

24 **DR. NETON:** Tom? Tom talked to the workers but
25 I didn't, but...

1 **MR. GIBSON:** Or could you tell me if you
2 changed out a fan motor and it had a difference
3 of 1800 rpms, how much would that make to the
4 ventilation flow?

5 **MR. TOMES:** I don't have the numbers on the
6 changes, but they -- they upgraded the -- the
7 fans. One of the workers said they upgr-- they
8 did -- when they did some upgrades they
9 upgraded the fans.

10 **MR. GIBSON:** And so if that -- an upgrade could
11 just mean a new fan motor. If you had a -- an
12 rpm difference of 1800 rpms lower, what would
13 that do to the ventilation?

14 **MR. TOMES:** I -- I don't have any quantities to
15 -- to bear on -- on it -- on what the -- the
16 worker said.

17 **MR. STEPHAN:** Following up on that question, so
18 we just know that there was a change, we don't
19 know what the change was? Or he -- or you just
20 don't have the data in front of you? Trying to
21 clarify what you meant from the very beginning.

22 **MR. TOMES:** They men-- let me pull my notes out
23 so I can be a little more precise here.

24 **MS. MUNN:** One of the workers did comment that
25 the fumes that they dealt with were pretty

1 noxious for the workers in that building, and
2 that at some juncture -- he could not remember
3 when -- there was -- there were wooden hoods
4 added over the open tanks where the acid
5 mixture was being circulated, and that those
6 hoods helped eliminate some of the really acrid
7 fumes that they had to -- had to work in most
8 of the time, but did not seem to appear to have
9 changed any of the other working conditions
10 very much, as I recall what the worker said.
11 Is that your memory, Chick -- Tom?

12 **MR. TOMES:** I -- one of the gentlemen said they
13 installed new fans and exhausts, and -- and
14 this is verified by another worker in a little
15 bit less detail, and -- and they described that
16 the digesters, at some point during the upgrade
17 they added these plenums or cone-shaped devices
18 over top of the digesters, which I assume were
19 designed to draw the fumes away from a
20 breathing zone where a worker could have been
21 located. There was no -- and as far as new
22 fans, I have -- I have no information other
23 than they upgra-- installed new fans. There
24 was no indication that they -- that there was
25 any other upgrade other than that.

1 **DR. MAURO:** This is John Mauro. When I was
2 thinking about this problem I was -- I
3 understand that the questions regarding fan
4 capacity, fan design -- but I try to say how
5 would I -- it's really air turnover rate. In
6 other words, ultimately you're concerned with
7 how many air turnover rates per hour. That's
8 the controlling factor. Quite frankly, the
9 equation is extremely simple. It's the number
10 of curies per second entering this room -- if
11 you know the curies per second entering this
12 room, and we can put an upper bound on that by
13 saying well, the number of curies per second of
14 radium that's moving through the process,
15 that's the number of curies per second entering
16 this room -- and you divide that by the air
17 turnover rate, one per hour, two per hour,
18 three per hour, and that gives you your
19 concentration and the volume of the room. In
20 fact, you could -- it's a hand calculation. I
21 did it by hand before we did it by computer
22 program.

23 The important question that really troubled me
24 was the air turnover rate. I -- I -- initially
25 when I did my first scoping, I said I'm going

1 to go with one air turnover per hour because
2 that's the turnover in a -- in a -- in a
3 structure that really does not have a forced
4 ventilation. It's just like air blowing over a
5 house and that -- from radon, turnover. But I
6 -- so I said to myself this is a big building
7 and -- and that rule of thumb may not work. So
8 I called up Mort Lipman, my professor of
9 industrial hygiene 20 years ago who wrote the
10 book on building ventilation and air turnover,
11 industrial hygiene, and he was there at NYU and
12 he -- I said is it okay if I use your name at
13 this meeting; he said sure. I said in your
14 opinion, for an industrial building that let's
15 say was built in the '40s and operated in the
16 '50s, what's -- would one air turnover rate per
17 hour represent a reasonable estimate of the
18 turnover rate for air in a building like this.
19 And he goes absolutely lowest possible work--
20 value you could imagine, he said. It's got to
21 be higher than that. But if you wanted to
22 place an upper bound, he says sure, go with one
23 per hour, but I'm sure, if you really have the
24 real information, it's going to be higher than
25 one per hour. And then subsequent to that

1 conversation is when we found this other
2 document that spoke in terms of two to three to
3 four air turnovers per hour as being more or
4 less reasonable for buildings of this vintage.
5 And basically it's a building that has a -- a
6 box like this, it's got fans in the ceiling
7 that are exhausting air, and maybe a window
8 that either might be open or closed that would
9 have the replacement air, and that's the way
10 Dr. Lipman -- his perspective was. So -- and
11 then later when we saw these numbers of two to
12 three to four air turnovers per hour in this
13 separate document, I start to come -- converge.
14 I say hmm, it looks to me that one air turnover
15 per hour not-- is -- is certainly the -- the
16 lowest air turnover one might reasonably
17 assume. And on that basis -- in fact if you
18 would go one air turnover per hour, you go with
19 the curie per second number for the through-put
20 and assume a hundred percent of the radon, we
21 basically could place an upper bound on a max
22 concentration, and what did that number come
23 out to be? Other words, assuming just one air
24 turnover per hour, hundred percent of the radon
25 is coming into that building and the building

1 is the approximate sizes mentioned by the fella
2 we interviewed --

3 **MR. PHILLIPS:** It's not in here, but it'd be
4 25.

5 **DR. MAURO:** So -- so I -- I mean I right now
6 walk away with the sense that it doesn't seem
7 to be possible that it could be much higher
8 than 25 picocuries or -- per -- you have
9 another perspective sure?

10 **DR. ANIGSTEIN:** Yeah.

11 **DR. MAURO:** Go ahead.

12 **DR. ANIGSTEIN:** If -- I -- no, the only thing I
13 -- I have a comment on, as you said, radium
14 through-put. I would say radium inventory in
15 the room at any one time --

16 **DR. MAURO:** Well, it --

17 **DR. ANIGSTEIN:** -- because it's not the radium
18 through-put that determines the radon
19 generation.

20 **DR. MAURO:** Uh-huh.

21 **DR. ANIGSTEIN:** It's always going to be -- the
22 radon is going to be in equilibrium with the
23 radium --

24 **DR. MAURO:** Right.

25 **DR. ANIGSTEIN:** -- that's in there.

1 **DR. MAURO:** Right.

2 **DR. ANIGSTEIN:** So whatever is the radium --
3 you know, maybe the -- the through-put is
4 small, but a large inventory --

5 **DR. NETON:** Right --

6 **DR. ANIGSTEIN:** -- the inventory is --

7 **DR. NETON:** -- it's the average amount there
8 during any given time, but then -- but then
9 given the production rate for the year, that
10 would average out -- radon -- I mean --

11 **DR. MAURO:** Yeah -- yeah, the -- basically I'm
12 saying there -- there were so many tons per day
13 of -- of ore moving through the system, which
14 is a certain number of curies per day --

15 **DR. ANIGSTEIN:** Because you could have the
16 radium --

17 **DR. MAURO:** -- and all that radon's coming in.

18 **DR. ANIGSTEIN:** But wait, wait a second. You
19 could have zero through-put and st-- and an
20 inventory.

21 **DR. MAURO:** Okay.

22 **DR. ANIGSTEIN:** So you could have that, and you
23 could have at the same time a very -- you know,
24 a railroad train going through (unintelligible)
25 --

1 **DR. NETON:** But -- but if you know the total --
2 total through-put for the year, it's got to
3 balance out on -- because you could have zero
4 there at one point, you'd have twice as much
5 one week --

6 **DR. ANIGSTEIN:** I don't get it. Through-put --
7 they're two different things. Inventory and
8 through-put are two separate --

9 **DR. NETON:** But the radon concentration is
10 proportional to the amount of radium in the
11 building, is it not?

12 **DR. ANIGSTEIN:** Exactly, yes.

13 **DR. NETON:** And if we know how much was there
14 in any given year, if you put it all there for
15 one week and then put nothing there for 52
16 weeks --

17 **DR. ANIGSTEIN:** But it -- but the question is
18 how long does it reside in the building.

19 **MR. PHILLIPS:** It -- it's constantly --

20 **DR. ANIGSTEIN:** (Unintelligible) the issue.

21 **MR. PHILLIPS:** -- the ore is constantly flowing
22 through. The ore comes --

23 **DR. MAURO:** It's moving through.

24 **MR. PHILLIPS:** The ore comes in --

25 **DR. MAKHIJANI:** I know, it's moving through.

1 **MR. PHILLIPS:** The ore comes in, it's crushed,
2 it goes to the digester, and then the
3 phosphoric acid goes out the other -- you've
4 got a constant input.

5 **DR. ANIGSTEIN:** But it's the time from it
6 enters the front door to the time it leaves the
7 back door.

8 **DR. NETON:** But there's always new stuff coming
9 in the front door.

10 **DR. ANIGSTEIN:** No, no, I know --

11 **DR. MAURO:** And every atom of ra-- and every
12 ra-- atom that's produced -- that -- in other
13 words, you've got the -- for every atom of
14 radium that's coming in we've got -- for every
15 curie of radium coming in --

16 **DR. ANIGSTEIN:** Yeah, I know.

17 **DR. MAURO:** -- we've got a curie of radon --

18 **DR. ANIGSTEIN:** I --

19 **DR. MAURO:** -- and we're putting all this --

20 **DR. ANIGSTEIN:** That's understood.

21 **DR. MAURO:** -- every curie into the air.

22 **DR. ANIGSTEIN:** Yeah, I know.

23 **DR. MAURO:** Into the air.

24 **DR. ANIGSTEIN:** I understand. But it's still a
25 matter of the residence time in the building

1 and not the -- unless I'm -- unless I've got a
2 short-circuit in my brain, it's not the rate of
3 production.

4 **MS. MUNN:** But that's what the air turnover
5 calculations --

6 **DR. ANIGSTEIN:** That's a separate --

7 **MS. MUNN:** -- were about.

8 **DR. ANIGSTEIN:** No, that's a separate thing.

9 **MS. MUNN:** How can it be separate? The radon
10 is in the air.

11 **DR. ANIGSTEIN:** No, no -- right, right, I
12 (unintelligible).

13 **MS. MUNN:** If the radon is in the air and the
14 air is being turned over, then the radon also
15 is being turned over --

16 **DR. ANIGSTEIN:** Yes --

17 **MS. MUNN:** -- it's not segregated from the air.

18 **DR. ANIGSTEIN:** Yes. No, no, I agree
19 completely. Of course it is.

20 **MR. PHILLIPS:** It's the radon release rate per
21 unit time, which has to be proportional to the
22 radium per unit time coming in.

23 **DR. MAKHIJANI:** No, that -- I agree with Bob --
24 is there -- the through-put -- the amount in
25 your bank account, the amount you spend each

1 month, you have to know the residence time of
2 each production batch. And the radon rate will
3 be proportional to the amount of radium that is
4 in the buil-- resident in the building --

5 **DR. NETON:** Right. Right.

6 **DR. MAKHIJANI:** -- and not to the rate which it
7 goes through the room.

8 **DR. NETON:** Right. Right, right.

9 **DR. MAKHIJANI:** So you have -- if you get a
10 batch, you have to know how long that batch
11 stays --

12 **DR. NETON:** Right, that's true.

13 **DR. MAKHIJANI:** -- in the room.

14 **DR. NETON:** That's true, but it's assumed --
15 right now -- this model assumes a continuous
16 input and output so it's at equilibrium.
17 There's always a constant amount in the room --

18 **DR. MAKHIJANI:** But we don't know --

19 **DR. NETON:** -- at the time.

20 **DR. MAKHIJANI:** -- we don't know what that is.

21 **DR. NETON:** I know, I agree, but we know what
22 the annual production rate is --

23 **DR. ANIGSTEIN:** That still doesn't -- this is -
24 -

25 **DR. NETON:** No, no, wait, listen. So you know

1 -- you know how much went in and came out the
2 other end in a -- in a one-year period because
3 you know production per year. Right? Do we
4 not?

5 **DR. ANIGSTEIN:** Yeah.

6 **DR. NETON:** Okay. So if you -- if you double
7 the rate at any time, would that not double the
8 radon concentration -- not --

9 **DR. ANIGSTEIN:** Look, suppose you just -- just
10 make up some numbers. Suppose they produce one
11 ton a day, and it stays -- it takes one day to
12 produce it, so that means your residence would
13 be at any one time you would have one ton going
14 through. However, you could produce one ton a
15 day, because one -- because, you know, that's
16 what goes out, but it could be a hundred tons
17 in the building at any one time.

18 **DR. MAURO:** It's very simple, Bob. What you're
19 saying is all the radon that came into that
20 building to produce -- that was used, stayed in
21 the building. In other words, how many tons
22 per day was -- what was -- what was the
23 through-put? What was --

24 **MR. PHILLIPS:** 6,000 tons per week or --

25 **DR. MAURO:** All right, 6,000 tons per week is

1 coming in the door. Okay. Now I would agree
2 with you, if that 6,000 tons per week came in
3 the door, was ground up -- okay? -- into a fine
4 powder and left there, so that not only the
5 radon of the 6,000 tons per week that was --
6 come -- turns into curies per week of radium
7 coming in, but you're saying it was sitting in
8 the building for --

9 **DR. ANIGSTEIN:** But we don't know.

10 **DR. MAURO:** But it -- but that --

11 **UNIDENTIFIED:** No.

12 **DR. MAURO:** -- material wasn't sitting in the
13 building, it was --

14 **DR. ANIGSTEIN:** No, I agree.

15 **DR. MAURO:** -- leaving the building.

16 **DR. ANIGSTEIN:** But let me tell you -- let me -
17 - let me just make up something that, to my
18 mind, I would -- I don't mean to insult anyone
19 by being -- you know, but -- but it just occurs
20 to me, as a -- as a -- a example, if you knew -
21 - there's a Ford factory and you know they
22 produce 10,000 cars a year. Does that
23 necessarily tell you how long one car -- how
24 long it takes to make one car from the time the
25 raw material comes in -- and (unintelligible)

1 goes back -- and the answer is it does not.
2 You could be -- you could -- you could have a
3 car made -- you know, it could be made in one
4 day, or it could take a hundred days and you
5 could have enough production -- and so you --
6 you can't know what the inventory in the
7 building is based on the production rate.

8 **DR. MAURO:** The radon is decay-- in other
9 words, what you're saying is the radium --

10 **DR. ANIGSTEIN:** No, (unintelligible) the radium
11 is not decaying. That's the whole point.

12 **DR. MAURO:** I think -- we have an interesting
13 workgroup meeting, but this is just the way
14 (unintelligible).

15 **MR. PHILLIPS:** (Unintelligible)

16 **DR. MAURO:** The radium has a half-- the half-
17 life of radium is three -- what is it --

18 **DR. MAKHIJANI:** 1600 years.

19 **DR. NETON:** Yeah, 1600 years.

20 **DR. MAURO:** Not the radium, the radon.

21 **DR. NETON:** 3.82.

22 **DR. MAURO:** 3.82 --

23 **MR. PHILLIPS:** 3.82.

24 **DR. MAURO:** -- so I would agree with you if
25 that radi-- if that radium was coming in,

1 processed and then sat there for three, four,
2 five, six -- maybe a week, because then -- then
3 you would have continuous production of more
4 radon growing in.

5 **DR. ANIGSTEIN:** Exactly.

6 **DR. MAURO:** Okay. Now, is there any reason to
7 believe why these ton-- this -- this enormous
8 tonnage that's moving into this building is
9 going to be sitting there for several weeks?

10 **DR. ANIGSTEIN:** I have no idea.

11 **DR. MAURO:** All right, and that -- and I would
12 say if that scenario is true, then you're
13 right. But if it turns out that the -- the
14 residence time of the radium in the building
15 that comes in the front door is short compared
16 to the half-life --

17 **DR. ANIGSTEIN:** Okay.

18 **DR. MAURO:** -- of the radon --

19 **DR. ANIGSTEIN:** Yes, exactly.

20 **DR. MAURO:** -- and there's the question -- and
21 I could tell you right now that this stuff is
22 moving -- we're talking tons of stuff moving
23 through a building. It's not sitting there for
24 three or four days.

25 **DR. ANIGSTEIN:** But I have no idea how -- I

1 have no idea how long it takes to

2 (unintelligible) --

3 **DR. MAURO:** But I mean you -- you would agree
4 with that. In other words, if you could -- in
5 other words, I would agree with your position
6 if you could -- if you would -- said that no,
7 that radium when it came in, it stayed there
8 for several ra-- radon half-lives, so that the
9 radon could continually produce --

10 **DR. ANIGSTEIN:** Yeah, right, I was --

11 **DR. MAURO:** -- then you'd be right.

12 **DR. ANIGSTEIN:** -- I was assuming that.

13 **DR. MAURO:** And I think that's -- that's fair.
14 I think --

15 **MR. PHILLIPS:** It's -- it's a continuous
16 process.

17 **DR. MAURO:** But is -- is it reasonable to
18 assume that -- that the -- that tonnage of
19 material the comes in on day one sits there for
20 several days?

21 **DR. NETON:** It's a continuous process.

22 **DR. MAURO:** It's a continuous process, the
23 stuff is moving out.

24 **DR. ANIGSTEIN:** But it could move slowly. I
25 don't know how long it takes to --

1 **DR. MAURO:** Well, fair enough. I mean --

2 **DR. ANIGSTEIN:** I don't know how the production
3 is.

4 **DR. MAURO:** -- I think -- I think that we're --
5 we're not disagreeing. And really it becomes a
6 question of what is the residence time of a --
7 of a ton of ore that comes in the door before
8 it leaves the building.

9 **DR. ANIGSTEIN:** We need -- we need Bill
10 Thurber.

11 **DR. MAURO:** Okay. And I mean -- and right now
12 -- I mean we -- we have -- there's the
13 question. Unfortunately, Wanda, we still have
14 a question on the table. What is the -- what
15 is the residence time of the ton that comes in
16 the door in the building before it leaves the
17 building, because without -- and I can't
18 imagine it sitting there -- that ton sitting
19 there for a week, but --

20 **DR. ANIGSTEIN:** No, I --

21 **DR. MAURO:** -- maybe it is.

22 **MS. MUNN:** I cannot imagine an employer leaving
23 six to ten workers on the floor in a process
24 building with nothing going out the door. That
25 doesn't --

1 **DR. ANIGSTEIN:** (Unintelligible) out the door,
2 I just said it's coming in --

3 **MS. MUNN:** And staying.

4 **DR. ANIGSTEIN:** -- and it takes a long time to
5 produ-- you know, that there is production, and
6 it goes out. I think the two are completely --

7 **DR. NETON:** Well --

8 **DR. ANIGSTEIN:** -- as I think Mark said, you
9 know, but how much money you have in the bank
10 and how fast -- and what your income is -- I
11 mean, you know, again, use the bank account.
12 You have a bank account and you could spend it
13 just as fast as -- every -- every paycheck that
14 gets deposited, and it gets spent by the end of
15 the week. Or you can have a very large amount
16 in the bank and you still have your paycheck
17 and your expenditures --

18 **DR. NETON:** But -- but Bob, maybe I'm being
19 dense here, but let -- let's take a scenario
20 where, you know, they produce 52 tons per year
21 -- that's convenient because there's 52 weeks
22 in a year.

23 **DR. ANIGSTEIN:** Uh-huh.

24 **DR. NETON:** This model would assume that one
25 ton per week would move through the building,

1 continuous flow, you know, input/output, your
2 at equilibrium with one ton per week at any
3 time -- any time in the building there's one
4 ton moving through the building in a week, and
5 you could compute that down per day or
6 whatever. Now if for some reason they would do
7 five tons that would sit in the building for
8 five weeks, you still then -- you would have a
9 -- an increase in the radon -- the average
10 radon concentration in the building has to
11 remain the same over time. You would double
12 the radon concentration because there'd be more
13 in there at any given time, but since you know
14 that you only produce 52 tons a year, you have
15 to drop down the radon concentration at other
16 points because there's less radon going through
17 the building.

18 **DR. ANIGSTEIN:** Huh-uh.

19 **DR. NETON:** Because radon comes into
20 equilibrium very quickly once it gets
21 (unintelligible).

22 **DR. ANIGSTEIN:** I know, but that's a -- that's
23 a (unintelligible) what John was saying it
24 doesn't -- I mean he -- he -- if it doesn't
25 come into equilibrium quickly -- I mean if it

1 goes through very quickly, then my argument
2 isn't -- isn't precisely correct, but it --

3 **DR. MAURO:** It's very simple. If -- if the ton
4 is moving through that building at a rate which
5 is fast compared to --

6 **DR. ANIGSTEIN:** Yeah, I hear -- I agree -- I
7 agree with you.

8 **DR. MAURO:** -- the half-life of radon --

9 **DR. ANIGSTEIN:** I agree with you.

10 **DR. MAURO:** -- then -- then we got it right.
11 If it's not, we got it wrong.

12 **DR. ANIGSTEIN:** Okay. Okay, I think this is --

13 **DR. MAURO:** I think you have to --

14 **DR. ANIGSTEIN:** I think -- I think it has to be
15 looked into, in my -- in my opinion.

16 **MS. MUNN:** This has deteriorated.

17 **DR. MAURO:** Yeah.

18 **DR. ANIGSTEIN:** Yeah.

19 **DR. MAURO:** You're watching SC&A at work.

20 **MS. MUNN:** This is the kind of discussion that
21 we had hoped would go on off-line so that we
22 would not have to do this today. I thought it
23 had gone on. I thought we had this question
24 answered. We have multiple individuals
25 agreeing. We have two individuals not

1 agreeing. And the answer that's been given to
2 the -- to the question answered the question,
3 but the question's answer is not being
4 accepted. This has become a common thread in
5 our deliberations in Blockson, and it's a
6 disturbing thread. It is bringing our efforts
7 to an unfortunate place. If we cannot agree on
8 one item of this sort without, as I said at the
9 beginning, generating more questions to go out
10 and answer again, and yet again, then we can't
11 do this. And if we can't do this, then we
12 might just as well agree here we can't do this
13 and that's what I will take to the Advisory
14 Board, the fact that we can't do this. I don't
15 want to do that. At this juncture what I'm
16 prepared to do is move forward from this
17 question to address the others to see if there
18 are other questions on which we can't do this.
19 If that's agreeable with everyone else here, we
20 will leave this question and go on to see if we
21 have more than one question that we can't do.
22 Is that all right?

23 **DR. MAURO:** I -- I wou-- there's one -- I --
24 having trouble with this because we're -- it's
25 a weight of evidence argument.

1 **MS. MUNN:** Yes, it is.

2 **DR. MAURO:** What we have is measurements made
3 in many buildings in Florida. We have
4 measurements made in the 19-- in 1983, both of
5 which tend to argue for us being able to place
6 some value on what the radon concentrations
7 might have been in the 1950s and '60s in this
8 building. Then we have this bounding
9 calculation that we -- that we consider to be
10 bounding, except there's a minority opinion,
11 and that we also agree that the only
12 circumstances under which that bounding
13 calculation won't work is if the residence time
14 of the -- of the ore in the building was many
15 days as opposed to hours.

16 **MR. GRIFFON:** That was one parameter and there
17 was a --

18 **MR. GIBSON:** Yeah.

19 **DR. MAURO:** Now --

20 **MR. GRIFFON:** -- I've got other questions --

21 **DR. MAURO:** Yeah, but certainly --

22 **MR. GRIFFON:** -- (unintelligible) look at it as
23 well.

24 **DR. MAURO:** Right, now -- but that -- but that
25 -- that's one parameter. There's also the size

1 of the building, but I think that, though, the
2 air turno--

3 **MR. GIBSON:** There's also changes to the
4 equipment not been answered.

5 **DR. MAURO:** No, the -- the -- the air turnover
6 rate I think is --

7 **MR. GIBSON:** That's what I'm talking --

8 **DR. MAURO:** -- I think it is answered. Other
9 words, I find it impossible to believe that the
10 air turnover rate was less than one per hour,
11 probably a lot higher than that, so I mean my -
12 - me as a -- you know -- listen, it's as if
13 we're working together in a room and we're
14 rolling up our sleeves and we're working the
15 problem out, and we're working it in a public
16 setting, but that's okay --

17 **MR. GRIFFON:** Let me --

18 **DR. MAURO:** -- the air turnover rate --

19 **MR. GRIFFON:** John, let me just say one thing.
20 There is one part that I definitely will agree
21 with Wanda on. I was hoping to have these kind
22 of discussions on a technical phone call and I
23 actually thought I was waiting for an e-mail to
24 say that we're going to interview people. I
25 was waiting for a wrap-up technical phone call.

1 It never happened, so I mean to get this thing
2 delivered to me today, I feel a little bit --
3 you know, and then everybody asking me are you
4 okay with this, I mean --

5 **DR. MAURO:** Well, it was written --

6 **MR. GRIFFON:** -- I just need to look --

7 **DR. MAURO:** -- (unintelligible) as yesterday.

8 **MR. GRIFFON:** -- at it more. I'm not saying
9 it's wrong, I'm just saying I need to have a
10 little chance to consider it. So I agree, it --
11 -- it would have been nice to -- and these kind
12 of discussions are better on a technical phone
13 call where we can just roll up our sleeves, as
14 John said, and -- and talk about it, but I'd --
15 I -- I wasn't afforded that opportunity, so --
16 I'll leave it there.

17 **MS. MUNN:** Robert?

18 **MR. STEPHAN:** Well, Wanda, I just want to pick
19 up on the point that -- that I think you just
20 were making, which is there are several issues
21 that you guys are discussing here tonight. But
22 on this one, SC&A in particular has some
23 disagreement amongst themselves and -- you
24 know, for how long do we carry this out, and I
25 really think this goes to the issue of

1 timeliness. It goes to the issue of -- of, you
2 know, this is not a long-term academic study,
3 and I don't think anyone ever wanted it to be
4 that. So at what point, speaking for the
5 workers, do we stop and say, you know, enough
6 is enough. We have all of these very educated
7 and bright minds here who can solve many, many,
8 many problems. But for example, on this one
9 issue -- there are others, I think, that there
10 is not agreement on -- at some point in time we
11 have to cut it off, as the Board has done on
12 many other issues. And I think that we are
13 approaching that time with Blockson, and we
14 need to -- we need to vote. I mean it was
15 bewildering to me that the vote would not be in
16 favor, quite honestly, on Blockson --
17 bewildering -- but regardless, at some time we
18 need to get it to the Board.
19 And -- and actually I have a slightly different
20 opinion. I think these technical discussions
21 in the public are wonderful and I wish you
22 would do them that way more often. I really do
23 think that they are very beneficial for, you
24 know, the other side, who has a stake in this
25 argument, that those discussions do not just

1 take place amongst you but that all of us can
2 partake in them. I -- I think actually it's --
3 it's fascinating, for one, but from a public
4 disclosure point of view I think that it's
5 beneficial to the workers and their advocates,
6 so thank you.

7 **MS. MUNN:** Well, Robert, I'll have to make the
8 observation that it's a rare occasion when you
9 can get more than two health physicists in the
10 same room and get an agreement. It's very rare
11 indeed. We've had several instances where
12 we've had a number of health physicists in the
13 same room and they've come to general agreement
14 on most of these questions, only to have
15 someone else say no, I can't accept that --
16 whether because or not because, I just can't
17 accept that. So we're -- we're doing the best
18 we can here. We're trying to get through this.
19 We're trying to answer each and every question
20 and give every question the same weight, which
21 is what our -- what's slowing us down here.

22 **MR. STEPHAN:** Right. Well, I think it's a very
23 fair point and I appreciate the point. You
24 know -- but as we've told the Blockson workers
25 on many occasions, it's to your benefit, for

1 example, to let this go on another year or
2 however long it's been now, I'm losing track,
3 and let SC&A study it. If consensus can be
4 reached among NIOSH, SC&A and the Board, you
5 know, from a elected official standpoint, you
6 know, that's one thing to relay to -- to
7 claimants, to workers. But when there's not
8 consensus, particularly on an issue like this,
9 you know, that's a whole 'nother point indeed.
10 It makes it certainly much more difficult to go
11 to them and say that there was not consensus
12 and you were voted against. So I mean I
13 appreciate your point very much, your hav-- you
14 know, that it would be odd to have two health
15 physicists disagr-- or agree. But you know, at
16 what point do we cut it off, I guess is the
17 question.

18 **MS. MUNN:** It's a valid point -- a valid
19 question.

20 May we continue with the other outstanding
21 questions?

22 **WESTERN PHOSPHATE PLANTS IN IDAHO**

23 We had been asked to check the western
24 phosphate plants in Idaho to see if there was
25 any relevant process information from them that

1 might be factored in. It's my understanding
2 that we were unable to identify anything from
3 the Idaho process.

4 **MR. PHILLIPS:** No, I -- I never got to anyone
5 who could answer the --

6 **MS. MUNN:** So there's no additional information
7 from that source, which would have been input
8 data from another plant in any case.

9 The fourth item was NIOSH was going to attempt
10 to talk to Mr. Bloom, making contact with --

11 **DR. NETON:** Yeah, I did talk to Tom Bloom and
12 he indicated that, although they had considered
13 looking at phosphate plants, the studies that
14 he worked on concentrated only on uranium
15 mills, and they never did follow up on
16 measurements -- at least in his group -- with
17 phosphate plant --

18 **MS. MUNN:** She had no --

19 **DR. NETON:** -- measurements.

20 **MS. MUNN:** -- additional information --

21 **DR. NETON:** That's correct.

22 **MS. MUNN:** -- nothing to add. As Mark has
23 pointed out, the technical call that we had
24 hoped to put together to discuss this
25 beforehand didn't come to fruition. That may

1 partly be my fault because I was not timely
2 enough --

3 **DR. BRANCHE:** Excuse me -- but Wanda, the
4 report from SC&A which Chick and Tom Tomes
5 worked on only was delivered yesterday.

6 **MS. MUNN:** That was only one -- one, though, of
7 the items that we had gone over here.

8 **DR. BRANCHE:** Yes.

9 **MS. MUNN:** Add to that the fact that yesterday
10 afternoon late I received and relayed to all of
11 you two more questions from Dr. Melius, who is
12 not here today, two possible SC&A assignments
13 for the workgroup to consider -- at this point
14 I do not know if I will be present for the
15 meeting on Tuesday.

16 **URANIUM COWORKER MODEL**

17 First, uranium coworker model appears not to
18 use OTIB-19, perhaps because of when the site
19 profile was completed; what difference does
20 this make to the bounding relative to the
21 missing two years of data? I don't recall if
22 this was ever discussed.

23 And item two, in the monitoring data one
24 unidentified worker consistently had the
25 highest values. Do we have any information

1 that would identify this worker's job title?
2 Would the current approach or one based on
3 OTIB-19 bound this worker's estimated dose?
4 It's my understanding Tom has read these
5 questions and has a NIOSH response. Tom, are
6 you there?

7 **MR. TOMES:** Yes, I'm here. OTIB-19 was an ORAU
8 document that was written after the orig-- the
9 initial Blockson TBD was produced back a few
10 years ago, so it was not used by ORAU when they
11 did the initial Blockson TBD. The current TBD
12 was written over here at OCAS, and OTIB-19 is
13 not applicable to the way we do business here
14 in our agency. OTIB-19 is mainly a document
15 that has administrative requirements for who --
16 who does the work, who does the review, who you
17 contact to do what within ORAU's organization.
18 There are some very general technical guidance
19 in that document, and -- but it also stipulated
20 in that document that the subject experts are
21 to review the data and take the appropriate
22 responses to -- to analyzing the data. So
23 there is no really direct -- there is no really
24 direct (unintelligible) in TIB -- that we are
25 not complying with TIB-19 technically. It's

1 just that the TIB-19 is not really applicable
2 to -- to the personnel here in our agency.

3 **DR. NETON:** Yeah, I might clarify briefly that
4 what Tom just said, 'cause I think there might
5 be a little bit of confusion there. The reason
6 it's not applicable is because TIB-19, as he
7 said, is a -- is a prescriptive document -- an
8 administrative document of how one goes about
9 curve-fitting of lognormal distributions. It's
10 merely that, how you -- how you fit the data
11 and how you get the 84th percentile, the 95th
12 percentile, et cetera, and it really is more
13 about the -- the approval process or the review
14 process of how that goes about, who does what
15 part of the data, who reviews it. And within
16 OCAS we're not as large an operation as ORAU so
17 we don't have such a prescriptive process for
18 doing these. Rest assured, though, that we
19 would do lognormal curve fitting in the same
20 manner to pick out the 95th percentile, et
21 cetera. So I -- I don't -- it's hard to
22 understand what -- we don't believe that TIB-19
23 is really relevant to this discussion.

24 **MS. MUNN:** So since OTIB-19 is not really
25 relevant to the discussion, Dr. Melius's

1 question with respect -- as to whether the high
2 dose report from one worker is bounded by OTIB
3 is a moot point since --

4 **DR. NETON:** Well, no, that's a separate
5 question, but --

6 **MR. GRIFFON:** But can we stop at the first
7 question first?

8 **MS. MUNN:** Yes.

9 **MR. GRIFFON:** I mean since I'd brought this up
10 to Dr. Melius, I probably can represent it a
11 little bit. You know, that may be true that's
12 an administrative procedure, but in fact on all
13 these coworker models -- and I -- and I assumed
14 that it was because Blockson was written early,
15 but in all the other models from then on, or
16 most models I've looked at, you -- you consider
17 all the data and you look at the 95th
18 percentile of all the data. In this particular
19 model you look at average intakes by worker and
20 you -- you just -- you did a distribution of
21 average intakes of each worker.

22 **DR. NETON:** Right.

23 **MR. GRIFFON:** They're not going to be may--
24 they're maybe not going to be that different.
25 In fact, they're going to be about --

1 **DR. NETON:** Well --

2 **MR. GRIFFON:** -- 20 or 30 picocuries different
3 'cause I did the numbers, but -- but it is
4 higher and it would have a higher tail obvious
5 --

6 **DR. NETON:** -- in this -- in this particular
7 instance, though, as Tom pointed out, this is
8 not a large dataset. We had the luxury of
9 having multiple samples on -- on a number of
10 individuals, so we took advantage of that to
11 establish a more reasonable assessment of the
12 chronic intake scenario because we actually had
13 the people who were being exposed. I'm going
14 to cite my Y-12 --

15 **MR. GRIFFON:** You're also missing the last two
16 years, so --

17 **DR. NETON:** Right, but --

18 **MR. GRIFFON:** -- you know, I just wondered why
19 -- why a different approach, you know.

20 **DR. NETON:** Well, Tom can speak to the two
21 missing years, but the different approach was
22 because we rarely have such a clear-cut dataset
23 of all the available data of the workers who
24 were monitored -- or most of the workers who
25 were monitored.

1 Tom, you might want to speak to --

2 **MR. GRIFFON:** I -- I was -- you know, I was
3 just observing that it was inconsistent with
4 most of the models we're looking at now and
5 would --

6 **DR. NETON:** Right, and again, that -- that --
7 there are --

8 **MR. GRIFFON:** And that may not even be an SEC
9 issue, I'm just --

10 **DR. NETON:** There are differences. I'd point
11 out the fact the way we did Chapman Valve is
12 different in the fact that we took the highest
13 value because we didn't believe that fitting a
14 lognormal distribution to data that were mostly
15 below the detection limit was appropriate. So
16 you know, we -- we --

17 **MR. GRIFFON:** Yeah.

18 **DR. NETON:** -- you know, we will make
19 adjustments as appropriate, given the data
20 that's presented to us, and that's what we've
21 done in this case.

22 I would argue that that's not necessarily a --
23 a boun-- an issue relevant to an SEC petition
24 anyways.

25 **MR. GRIFFON:** It might not be, that's -- I'll

1 agree with that.

2 **DR. NETON:** And you know, I -- we've got to be
3 care-- we have to be mindful that we're trying
4 to determine whether we can plausibly bound
5 these doses at this point and not fine-tune
6 this to the point -- down to the -- you know,
7 the decimal point. I mean can -- can we bound
8 the doses of workers given the data we have
9 available to us.

10 **MR. GRIFFON:** I -- it was mostly an observation
11 on my point because it -- it looked like a
12 different way to do it and -- but when I --

13 **DR. NETON:** Right, and now that you've --

14 **MR. GRIFFON:** -- I ran the numbers the other
15 way, it -- I do get a higher bounding value,
16 but not terrifically higher, either, so --

17 **DR. NETON:** Yeah, and again, we've been through
18 this over a year and now to question that
19 approach I guess is sort of late, but we can
20 certainly entertain that. And is it an SEC
21 issue or not? I don't know; I don't think so.

22 **MS. MUNN:** But we have a different set of data
23 here that we're working with and --

24 **DR. NETON:** Well, yes.

25 **MS. MUNN:** Well --

1 **DR. NETON:** We believe it's acceptable to use
2 multiple data points on an individual person to
3 -- to fit chronic intakes, yes, 'cause that
4 gives you a better indication what the chronic
5 intake might have been.

6 **MS. MUNN:** Are you comfortable with that? I --
7 I don't want to go away feeling that these --
8 that Jim's questions weren't answered,
9 especially since --

10 **MR. GRIFFON:** Yeah, I'm not --

11 **MS. MUNN:** -- he's not here.

12 **MR. GRIFFON:** You know, I -- I -- it's a
13 different approach. It --

14 **UNIDENTIFIED:** (Off microphone) It's one of the
15 things we brought up (unintelligible).

16 **MS. MUNN:** But it's valid.

17 **MR. GRIFFON:** -- that particular part of the
18 question on the uranium data is probably a site
19 profile question. You know, the other -- I
20 think the other more pressing issue is -- that
21 Dr. Melius is representing is the, you know,
22 representativeness and the -- and the -- excuse
23 me, in this -- in this case you're not -- often
24 we have -- you know, when we have air sampling
25 data and we are looking at these type of

1 models, you -- you can sort of be missing the -
2 - the final two years, and as long as you have
3 air data and nothing really changes, then we've
4 sometimes accepted those -- you know, accepted
5 that it could be bounding. In this case you're
6 missing the last two years of urine data --

7 **DR. NETON:** But we know the production rates --

8 **MR. GRIFFON:** -- (unintelligible) --

9 **DR. NETON:** We don't think the production rates
10 changed.

11 **MR. GRIFFON:** Right, and I heard that --

12 **MS. MUNN:** They -- they said they didn't know.

13 **MR. GRIFFON:** -- explanation that -- that
14 probably the peak production -- the samples
15 were taken subsequent to the peak --

16 **DR. NETON:** Correct.

17 **MR. GRIFFON:** -- production levels so it would
18 only going down from there and -- you know.

19 **DR. NETON:** Yeah.

20 **MR. GRIFFON:** But I gue-- I -- to me, those
21 would be the two -- and I -- Dr. Melius isn't
22 on the line, I don't think, but to me the
23 representativeness question is the one he's
24 been asking about. And this -- this thing that
25 we discussed -- I would -- I would probably put

1 it in a site profile question more than a --
2 you know, it's a matter of what's -- what is
3 that upper bound and how you treat a data --

4 **DR. NETON:** Right, exactly. I think that's a
5 fair -- that's a fair observation on your part.

6 But again, we're trying to decide an SEC --

7 **MR. GRIFFON:** I -- I agree.

8 **DR. NETON:** -- petition here.

9 **MS. MUNN:** Well, actually we have two.

10 **DR. NETON:** I think some --

11 **MS. MUNN:** We have to decide both.

12 **DR. NETON:** Well, agreed, but for purposes of
13 immediate at hand, I think the SEC issue is the
14 more pressing at this point.

15 **MS. MUNN:** Uh-huh, it is.

16 **DR. MAURO:** The second part of the question
17 that Dr. Melius raised regarding this one
18 worker as having this high excr-- excretion
19 rate and possible intake rate, where does he
20 fit into the 82 picocuries per day number? Do
21 we have the --

22 **MR. PHILLIPS:** Tom, can you answer that?

23 **MR. TOMES:** I -- I cannot-- I'm -- I as-- I took
24 the -- the worker who had the highest
25 individual intake -- the data I have -- I

1 determined an individual intake rate for -- for
2 all the workers, and it was over the period
3 that they were monitored. And there -- there
4 was -- there was one person who did have con--
5 consistently high results, and I -- I took the
6 person with the highest chronic intake rate and
7 I compared that against the default 95th
8 percentile value in the TBD, which is about
9 nine percent higher than his intake would be if
10 you -- if you calculated wh-- just for him.

11 **DR. MAURO:** So --

12 **MR. PHILLIPS:** So he was less than the --

13 **DR. MAURO:** Okay, so -- so the --

14 **MR. TOMES:** That -- that -- the reason for that
15 is the -- the curve, the ranking and the fit of
16 the curve to (unintelligible) points.

17 **DR. MAURO:** So the default value that's been
18 adopted -- I believe it was something like 82
19 picocuries per day --

20 **MR. PHILLIPS:** 83.

21 **DR. MAURO:** -- envelopes this particular person
22 that was made reference to who was a high end
23 person.

24 **MR. TOMES:** That's right.

25 **DR. MAURO:** Okay.

1 **MR. GRIFFON:** Right, and I -- and I got the
2 same numbers, and I think, Tom, your -- your
3 last statement was the key there, that the --
4 the fit was different than the -- you know, so
5 -- so you end up getting a -- this person is --
6 is under the 95th, I got -- I got similar
7 numbers as to what he put in that spreadsheet,
8 so I agree with that.

9 **MR. TOMES:** Okay, there are -- there are --
10 there are obviously some variations you can do
11 on statistics and I -- I tried to choose a
12 method that would result in the highest 95th
13 percentile in the TBD.

14 **MS. MUNN:** All right. Thank you, Tom. We've
15 gone through the material that we had expected
16 to cover today. We've heard many voices. We
17 know that we are always going to have one or
18 two people who do not fully embrace the
19 conclusions that other people make. I would
20 hope that we would agree here to be able to
21 have one individual express the position of the
22 agency, one individual express the position of
23 the contractor, and for us as a working group
24 to take those two positions and, from that
25 point, see what we can decide. Is that

1 reasonable?

2 **MR. CLAWSON:** How -- how many times do we
3 always agree, though? This is -- this is what
4 we're put here for is to be able to evaluate
5 through these things and I -- I hope that -- I
6 understand what you're saying, Wanda, but I
7 hope that we also don't stifle anybody's
8 opinion because they're -- through some of this
9 debate an awful lot of information has come
10 out, and I -- I just -- all I'm saying is I
11 don't want this to be stifled because we're
12 trying to recreate something that has been long
13 since gone, and it is a very difficult thing
14 and I want to make sure that petitioners get
15 the best quality that they can. That's...

16 **MS. MUNN:** Which is why we've tried to, as I
17 said earlier, give each question that has been
18 raised the same weight, whether it really and
19 truly deserves the same weight or not. I
20 believe we've made every effort to do that,
21 Brad. Don't you think we have, really?

22 **MR. CLAWSON:** Oh, I -- I do. I -- I think we
23 have and I -- I think that also, too, we've --
24 I -- I think that we've made some great bounds
25 in it. I think we've stepped backwards, too,

1 but I just -- you know, bottom line is is I
2 want to make sure we get the best quality out
3 that we can towards the claimants. And if
4 we're going to use this data from this place or
5 whatever, I hope that we make sure that
6 everything we cover that we cover it the best
7 we can so that they get the best quality they
8 can. That's all I'm saying.

9 **MS. MUNN:** I believe every member of this
10 workgroup has that same goal in mind --

11 **MR. CLAWSON:** And I --

12 **MS. MUNN:** -- and I certainly believe that both
13 the agency and the contractor also have that
14 goal.

15 **MR. CLAWSON:** So do I.

16 **MS. MUNN:** The question then becomes how long
17 do we continue to work individual questions?
18 We've gotten really down in the weeds here.
19 We've gotten as far as I can imagine we can
20 get. We have answered every question that's
21 come before us, whether it's to the liking of
22 each of us as a secondary question. We've
23 certainly worked each and every question. We
24 can continue to raise questions, or we can come
25 to a conclusion here. I certainly would like

1 to see us come to a conclusion and agree that
2 we've answered the major questions and most of
3 the minor ones to a degree that we can feel
4 confident we have indeed addressed the issues.
5 If we do not feel that we've addressed the
6 issues, tell me so and I'll go back to my
7 original statement that I don't believe it can
8 be done, because every person that I know at
9 this table has worked very hard to try to
10 identify each conceivable issue that would bear
11 upon this site and the workers who worked
12 there. Can we --

13 **DR. MAURO:** Could I -- yeah. As far as I
14 concerned, we're sitting in SC&A right now
15 having a debate about a scientific issue and we
16 try to come to a -- and I -- and I listen to
17 all the arguments and, as far as I'm concerned,
18 we're a collective group of thinkers about a
19 problem. And I like to think that what I walk
20 away with on this one is there's one question
21 that Bob and Arjun has raised and I feel like
22 I'd like to get the answer to. If there was a
23 large volume of ore sitting in that building
24 for a long period of time, long compared to the
25 half-life of radon, that's possible -- if

1 that's possible, then I would say that our
2 simplified bounding model falls apart. If
3 that's not the case, if there -- if the
4 material that's entering this building is
5 moving through the building and leaving the
6 building, a given unit, residence time is short
7 compared to the half-life of radon, then I
8 would say Chick and Tom's model works as a
9 bounding method for adjusting this problem. I
10 don't know the answer to that question. There
11 might have been a very lar-- there may -- there
12 may have been a storage pile of a large
13 inventory where that model doesn't apply. And
14 I don't know, Jim, is that a -- I mean is that
15 a clean --

16 **DR. NETON:** Well --

17 **DR. MAURO:** Do you see -- I mean is it possible
18 there could have been something in the room or
19 --

20 **DR. NETON:** Well, the -- the radium -- the
21 radium came out with the precipitation in the
22 sulfuric acid tank, did it not? It was
23 filtered out as a slug -- sludge.

24 **MS. MUNN:** Yes.

25 **DR. NETON:** It'd seem to me that you couldn't

1 maintain much of that in the building very
2 long. It would have to be removed, otherwise
3 the process would stop.

4 **MR. PHILLIPS:** The process would stop.

5 **DR. NETON:** I mean because the (unintelligible)

6 --

7 (Whereupon, Dr. Neton and Mr. Phillips spoke
8 simultaneously.)

9 **MR. PHILLIPS:** -- and the gypsum back to the
10 gypsum (unintelligible) --

11 **DR. ANIGSTEIN:** I thought it was the ore --

12 **MR. PHILLIPS:** -- so it was a continuous
13 process.

14 **DR. ANIGSTEIN:** I thought it was the ore -- I
15 mean the ore was generating the radium -- see,
16 I -- I just thought more silent periods of --
17 it's not a question of the half-life of the
18 radon, it's -- because it's simply the -- it's
19 just the disintegration rate of the radium.
20 So you know, you would -- your source term --
21 first of all, your source term is simply λ
22 times the number of atom radium you have.
23 Whether there was radium -- it's sitting there
24 for a very long time or whether it was moving
25 through makes no difference because all radium

1 atoms are the same. And so it's the -- again,
2 it's the residence time from the front door to
3 the back door, if you want to look at it that
4 way, it (unintelligible) come through, but
5 whether -- but the half-life of radi-- of radon
6 does not affect this because the ventilation
7 rate exc-- it affects the --

8 **DR. MAURO:** I'm okay, I'm okay
9 (unintelligible).

10 **DR. ANIGSTEIN:** -- but it simply -- it's being
11 generated -- as a matter of fact, again, to use
12 something that strikes me as more intuitive is,
13 again, the -- the checking account model. You
14 can make your money, but the bank -- my bank,
15 anyway -- pays me interest on the money that
16 sits there on -- my -- you know, my average
17 balan-- the daily balance. So the interest
18 rate -- the money is accumulating and there's
19 an interest rate that I'm getting. This is
20 exactly -- interest rate is exactly the same as
21 the radon generation. It's proportional to the
22 amount that sits there.

23 **MR. PHILLIPS:** But what is --

24 **DR. ANIGSTEIN:** The radon is being pumped in,
25 so to speak, and is being then removed through

1 ventilation.

2 **MS. MUNN:** Gentlemen --

3 **MR. PHILLIPS:** What it's proportional to is the
4 amount of --

5 **MS. MUNN:** Gentlemen, gentlemen --

6 **MR. PHILLIPS:** What it's proportional to is the
7 amount --

8 **MS. MUNN:** Gentlemen, let me ask you --

9 **DR. ROESSLER:** Well, let -- let Chick -- let
10 Chick make his --

11 **MS. MUNN:** Let's -- hold -- hold just a moment
12 please. Hold just a moment. Robert wants to
13 speak and he's been waiting patiently.

14 **MR. STEPHAN:** Well, I'm sor-- I'm sorry to
15 interrupt your dialogue. My question I think
16 is for Jim. Jim, this is the point you were
17 going to -- do we know for sure the total
18 amount of the ore over this time period? I
19 mean I know we know it, for --

20 **DR. NETON:** We know --

21 **MR. STEPHAN:** -- example, a year here or there.
22 Do we (unintelligible) --

23 **DR. NETON:** We know the production rate from
24 the records per year. Yes, we do.

25 **MR. STEPHAN:** But do we know the -- do we know

1 the total? Do we -- I mean --

2 **DR. NETON:** Yes, we know the total amount of
3 material that was processed through the
4 building per year.

5 **MR. STEPHAN:** We do.

6 **DR. NETON:** Yes.

7 **MR. STEPHAN:** Okay, thank you.

8 **MR. PHILLIPS:** What -- what it's proportional
9 to is the amount of radon that's being released
10 from the ore by the process. The rate at which
11 it's being released by the roller -- by -- by
12 the process, not at rate it's being generated
13 by, but the rate it's being released from the
14 ore by the process.

15 **CHAIR'S REQUEST**

16 **MS. MUNN:** Gentlemen, I'm going to make a
17 request. I'm going to request that we agree
18 that we have identified the questions that need
19 to be answered with this one -- with this one
20 outstanding issue that several of you seem to
21 want to -- to resolve. But those of you who
22 have strong feelings about this and who want to
23 pursue this need to be the people who are doing
24 it. The rest of us really and truly don't need
25 to hear this because, quite simply, it's too

1 technical and we can simplify it all we want to
2 with -- with approximations, that's not going
3 to change it. What we need to have, what I
4 need to have from those of you who -- who have
5 issues with this one question of how long is
6 the residence time in this facility, I would
7 like to adjourn this meeting and have those of
8 you who feel that way sit here and resolve this
9 issue and get back to me later tonight to tell
10 me whether or not we can put the residence
11 issue to bed. I'm expecting those of you who
12 want to do this to put this to bed and get back
13 to me and tell me that it has been put to bed.
14 We need to get a report before the Board.
15 We're on the agenda to get a report before the
16 Board.
17 I believe I have heard from everyone here that
18 we can agree we've addressed every issue that's
19 been brought to us, with this single exception.
20 Am -- am I incorrect in that?

21 **UNIDENTIFIED:** Fair enough.

22 **MR. CLAWSON:** No, that's good.

23 **MR. GRIFFON:** Let's just make sure how you're
24 framing that 'cause I don't want to be accused
25 later of bringing up other questions. But I

1 mean I'm going back to -- to Jim's presentation
2 of the -- you know, this 1983 data versus this
3 model, and is -- this is kind of a reality
4 check, as I understand it, but I just want to
5 look at the whole mod-- the residence time is
6 one question for me, but I also have other
7 questions on the parameter selection in this
8 particular model. I -- I've looked at some
9 numbers. I mean you can -- you can -- you
10 know, I mean I wasn't in on these interviews so
11 I don't know about the volume of the building
12 and stuff, but I still have concerns about the
13 --

14 **DR. NETON:** See, I -- I -- we've --

15 **MR. GRIFFON:** Anyway, I --

16 **DR. NETON:** -- we've created another issue
17 because --

18 **MR. GRIFFON:** -- just -- just so we're looking
19 at the -- the model as it compares to the '83
20 data --

21 **DR. NETON:** Right, in trying to solve -- we've
22 created another issue --

23 **MR. GRIFFON:** I'll try to stay a little while
24 after class, you know, but --

25 **DR. MAURO:** Lock the doors -- who's going to

1 stay. We'll lock the doors, we ain't leaving
2 until we --

3 **MR. PHILLIPS:** Well, we were just trying to --
4 trying to answer what does the ventilation rate
5 do to this, and of course now we're all in
6 looking at the model. But the model is just to
7 give us --

8 **DR. NETON:** The model was --

9 **MR. PHILLIPS:** -- an idea of what was
10 happening, and now we're arguing about the
11 model, but --

12 **DR. NETON:** Exactly, see --

13 **MR. PHILLIPS:** -- we can -- we can solve this.

14 **DR. BRANCHE:** But my -- but my concern is,
15 whoever gets locked in and doesn't get any
16 sleep tonight as you -- as you argue this
17 through, this -- this workgroup still has to
18 come back to -- I'm wondering if what you need
19 still is an opportunity for this workgroup to
20 come together and discuss whatever is the
21 resolution of this lockup before your report on
22 Thursday. And I don't -- it's not going to
23 happen in a forum like this.

24 **MS. MUNN:** No.

25 **DR. BRANCHE:** So that's -- I just -- I mean I

1 think this is a -- I think the lockup is a good
2 idea, frankly, but I just want to make certain
3 that we don't have any expectations as to --
4 no, I'm leaving. I have another meeting. I
5 just want to make certain that we're very clear
6 about the fact that -- that the information
7 stemming from this pulling-together still has
8 to come before this workgroup.

9 **DR. NETON:** Right, I think this would be viewed
10 as a technical interchange that we probably
11 should have had before the meeting, but -- and
12 then minutes could be generated of that
13 discussion so the transparency issue is --
14 doesn't come into play, and that could be put
15 together and dealt with in that manner, I
16 guess. I don't know when the working group can
17 get together, though. That's another --

18 **MS. MUNN:** I don't believe --

19 **DR. BRANCHE:** Not at this meeting.

20 **DR. NETON:** It wouldn't take long if we real--
21 if this issue were resolved.

22 **DR. BRANCHE:** Yeah, this wasn't going to take
23 long, either, so...

24 **MS. MUNN:** It -- it won't take long if we have
25 agreed that this outstanding issue is the one

1 that -- that's outstanding. But Mark is saying
2 he has multiple issues.

3 **MR. GRIFFON:** I'm not saying I have multiple --
4 I'm saying the one issue --

5 **DR. MAURO:** We'll have a talk. It's time to
6 talk.

7 **MR. GRIFFON:** -- it's -- it's the one issue of
8 the -- the '83 versus -- this reality check on
9 the '83 data, so whatever parameters affect
10 that, I'm not saying -- you know, maybe it's
11 not room size, but maybe it's just the
12 ventilation --

13 **DR. NETON:** It's ventilation rate, in my mind.

14 **MR. GRIFFON:** -- (unintelligible) covers it
15 all, that's all.

16 **MS. MUNN:** Let me ask this.

17 **MR. GRIFFON:** And then it's the -- you know,
18 the '83 data, the question is, you know --

19 **DR. NETON:** How representative --

20 **MR. GRIFFON:** -- my original question is how
21 representative is it with stuff going on there.

22 **DR. NETON:** We could talk about that. That's
23 why --

24 **MR. GRIFFON:** And glancing through that report
25 as we're discussing, it looks like there were

1 five samples for that survey --

2 **DR. NETON:** Right.

3 **MR. GRIFFON:** -- so you know.

4 **MS. MUNN:** Are the mem--

5 **DR. ROESSLER:** Christine, where --

6 **MS. MUNN:** Go ahead.

7 **DR. ROESSLER:** -- as far as the Board schedule
8 goes, we're ahead of schedule. Is there --
9 because of that, is there a slot of time that
10 could be freed up for the workgroup to meet
11 again tomorrow maybe? They indicate this will
12 be a -- at least part of this is a...

13 **DR. BRANCHE:** My conc-- well, here's my
14 concern. Aside from the fact that there are
15 two of us that have to be at all of this -- I'm
16 point -- I'm gesturing to Ray and me. Okay?
17 There's only two of us that have to be at
18 everything.

19 **DR. ROESSLER:** Uh-huh.

20 **DR. BRANCHE:** We are ahead of schedule and I
21 would -- I would suggest that if indeed the
22 people who are going to remain behind and can
23 discuss this can have an opportunity -- if --
24 if we finish up at -- you know, we have the --
25 the rate-limiting step is we do have a 7:30

1 public comment period. And if we get --
2 tomorrow, and we can't -- we can't move that.
3 People are traveling based on that. We are
4 ahead of schedule with the -- with the Board
5 meeting, and I would imagine if we end, you
6 know, somewhat earlier tomorrow afternoon, then
7 I would suggest that we have an opportunity
8 then -- 'cause Ray would have been talking
9 anyway and I would have been here anyway. But
10 what I don't have time for, what I don't have
11 the -- I mean I like to -- I like to pace
12 myself.

13 **MS. MUNN:** Understandable.

14 **DR. BRANCHE:** And what I wouldn't have time for
15 is something that would have -- that wasn't
16 going to be on the agenda now ends up taking
17 three hours and I -- and Ray and I don't get a
18 break --

19 **MS. MUNN:** No.

20 **DR. BRANCHE:** -- tomorrow afternoon. That is
21 unacceptable. So --

22 **MS. MUNN:** This won't -- this won't work.

23 **DR. BRANCHE:** So this was supposed to be about
24 an hour --

25 **MS. MUNN:** Yes, it was.

1 **DR. BRANCHE:** -- and we've been here --

2 **MS. MUNN:** Yes, it was.

3 **DR. BRANCHE:** -- been here for quite some time.

4 **MS. MUNN:** Yes, we have.

5 **DR. BRANCHE:** And I don't -- I'm not trying to
6 rush it, I'm just trying to be very practical
7 about what to expect. I couldn't be more
8 anxious than anyone else to see this properly
9 resolved, but I don't want speed to compete
10 with excellence.

11 **MS. MUNN:** Nor do I. Nor do I think any of the
12 other members of this group. If we have taken
13 two of the items off of tomorrow's agenda, if
14 we do not add more to it, then it is highly
15 likely that we would be able to reach the end
16 of the scheduled activities tomorrow by
17 sometime at the 4:00 o'clock or so time slot.
18 We have eliminated two half-hour --

19 **DR. BRANCHE:** We've -- we've eliminated more
20 than that. We've eliminated --

21 **DR. ROESSLER:** We've eliminated four.

22 **DR. BRANCHE:** -- three items fr--

23 **DR. ROESSLER:** Two in the morning, two in the
24 afternoon.

25 **DR. BRANCHE:** No, one in the morning.

1 **DR. ROESSLER:** Well, I crossed off -- oh,
2 you're right.

3 **DR. BRANCHE:** So we've -- we've eliminated one
4 session in the morning, and I've already talked
5 to Dr. Ziemer about what to do there, and two
6 of the 30-minute items in the afternoon. I
7 suspect, however, given that we're projected
8 for a 3-- 2:30 adjournment -- is that right,
9 3:30 adjournment on Fri-- on Thursday, I'll be
10 work-- 3:00 o'clock adjournment -- I'll be
11 working with Dr. Ziemer to move a few things
12 from Thursday's agenda to tomorrow's agenda
13 'cause people tend to want to get on an
14 airplane earlier if they can. But I can -- in
15 fact, I'll be meeting with him in a few
16 minutes. I will ask him if we can look to
17 adjourn by 4:00 p.m. tomorrow to give Blockson
18 an opportunity to reconvene.

19 **MS. MUNN:** We would certainly appreciate that,
20 with the expectation -- am I -- am I
21 misconstruing the expectation that we should be
22 able to, in half an hour tomorrow --

23 **DR. BRANCHE:** I'd say an hour.

24 **MS. MUNN:** -- identify what results of
25 tonight's activities are going to be?

1 **DR. BRANCHE:** Well, you know, I -- I will just
2 say this. I mean -- again, I'm not -- I'm just
3 trying to make sure that we manage our
4 expectations. What appears to have been a very
5 good report that Chick and Tom put together was
6 put into the hands of -- of the Board members
7 only today.

8 **MS. MUNN:** Correct.

9 **DR. BRANCHE:** I -- I sense that people were
10 reading it on the fly and making an assessment
11 on the fly, and so I don't know how much -- I
12 mean Wanda, you've got to ask the question now
13 how much time it's going to take for Mark, Mike
14 and Brad to review what Chick put in their
15 hands today.

16 **MS. MUNN:** Well, you see, this report, from my
17 perspective, was intended only to substantiate
18 information that's already been given --

19 **DR. BRANCHE:** Oh.

20 **MS. MUNN:** -- and to -- it was intended as a
21 support document, not as new information. It
22 was just a support document. So it has instead
23 generated great grief.

24 **MR. PHILLIPS:** Wanda, I need to correct -- I
25 need to correct one thing.

1 **MS. MUNN:** Yes.

2 **MR. PHILLIPS:** I'm responsible for the
3 modeling. Tom and I collaborated, but I -- I'm
4 the one responsible for the modeling, not --
5 not Tom, so...

6 **DR. BRANCHE:** Whatev-- I -- I would pre-- I
7 would simply suggest, if indeed we are
8 successful in taking advantage of the speed
9 with which we were able to get through today's
10 agenda and move things from tomorrow to today,
11 and if we are able to, without any great pain,
12 conclude the Board meeting's activities by 4:00
13 p.m., I am certainly willing to stay for a new
14 meeting on Blockson. But I would simply say
15 I'm going to ask for the gavel to be put down
16 by 5:30 at the very latest.

17 **MS. MUNN:** I would anticipate 5:00. We all
18 cannot handle that kind of a schedule.

19 **DR. BRANCHE:** Okay.

20 **MS. MUNN:** It's --

21 **DR. BRANCHE:** But we're not going to push
22 tomorrow's agenda just to accommodate Blockson.

23 **MS. MUNN:** No.

24 **DR. BRANCHE:** Okay.

25 **MS. MUNN:** No, we will not.

1 **DR. BRANCHE:** We understand what the agreement
2 is.

3 **MS. MUNN:** But I'm -- if we do not load
4 tomorrow's agenda unduly with --

5 **DR. BRANCHE:** I -- I will confer with Dr.
6 Ziemer this evening.

7 **MS. MUNN:** -- schedules on Thursday.

8 **DR. BRANCHE:** I'm sorry, Wanda, I was talking
9 over you.

10 **MS. MUNN:** No, that's quite all right.

11 **DR. BRANCHE:** I'm tired.

12 **MS. MUNN:** Then we will tentatively hope for a
13 period between approximately 4:00 and 5:00
14 o'clock tomorrow to wrap this up. That --
15 that's fine.

16 **DR. BRANCHE:** So we're officially adjourning
17 this part --

18 **MS. MUNN:** We are officially adjourning this --
19 I don't know whether we should adjourn.

20 **DR. BRANCHE:** Well, the -- my question is -- I
21 mean if Tom is going to stay on the line and
22 participate in the lockdown --

23 **MS. MUNN:** Yes.

24 **DR. BRANCHE:** -- then we needed to leave the
25 line open for him.

1 **MS. MUNN:** That's true. Can you do that, Tom?

2 **MR. TOMES:** I guess I can. I -- I do have one
3 question, if I may.

4 **MS. MUNN:** Yes.

5 **MR. TOMES:** On this question of radon, our --
6 our task before us was to evaluate to see what
7 kind of air changes would -- would require a
8 certain level of change in the radon
9 concentrations, and we were not trying to
10 propose an accurate model number. So to argue
11 over the accuracy of that number is really
12 beside the point, because that was -- that was
13 -- we -- we were not proposing an accurate mod-
14 - mod-- number. So -- and that is the reason
15 that we were using the 95th percentile of the
16 surrogate data to get past that argument.

17 **MS. MUNN:** I agree. What I'm trying to do is
18 get the people here who are disagreeing to
19 agree also. So if you can stay on the line for
20 a while --

21 **MR. TOMES:** Okay.

22 **MS. MUNN:** -- then we're --

23 **DR. BRANCHE:** We do have to adjourn. I mean
24 you can't continue with Ray and I --

25 **MS. MUNN:** -- we are going to adjourn this

1 meeting, with the expectation that those of you
2 who want to work this issue are going to stay
3 here and work it until you have a solution to
4 bring me later this evening. I will be back in
5 a few minutes, personally, to get that. And
6 the question that I have is do we need to
7 continue a record of this. We're going to
8 adjourn this meeting and what we will do,
9 instead of having a verbatim record, is we will
10 have brief minutes from someone -- whoever, not
11 I -- someone is going to present me with brief
12 -- a summary of the discussion and the
13 solution. Correct?

14 **UNIDENTIFIED:** Yes.

15 **MS. MUNN:** All right. This meeting is
16 officially adjourned.

17 **DR. BRANCHE:** And I'll have Zaida announce for
18 the -- everybody about how we'll have Blockson
19 again tomorrow.

20 **MS. MUNN:** Thank you.

21 **DR. BRANCHE:** Thank you.

22 (Whereupon, the meeting was adjourned at 6:15
23 p.m.)
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JUNE 25, 2008

P R O C E E D I N G S

(4:35 p.m.)

WELCOME AND OPENING COMMENTS

DR. BRANCHE: Okay, the phone -- the line is open. I would like to start the meeting. Ray, are you ready?

Okay, could someone who's participating by phone please let me know that you can hear me?

UNIDENTIFIED: We can hear you.

DR. BRANCHE: Thank you so much.

UNIDENTIFIED: We can hear you.

DR. BRANCHE: Thank you very much. I appreciate that.

Welcome to the Blockson workgroup meeting, meeting along with the Advisory Board, part two. Will the Advisory Board members -- one second. Dr. Melius, are you perchance participating by phone?

(No response)

Okay. Will the Advisory Board members on the Blockson workgroup please state your names for the record.

DR. ROESSLER: Gen Roessler.

MR. GIBSON: Mike Gibson.

1 conflict.

2 **MS. HOWELL:** Emily Howell, HHS, no conflict.

3 **MR. ELLIOTT:** Larry Elliott, NIOSH, no
4 conflict.

5 **DR. BRANCHE:** Thank you. Any federal agency
6 staff by phone?

7 (No response)

8 Petitioners or their representatives please
9 state your names and whether or not you have a
10 conflict with -- sorry. Petitioners and their
11 representatives please state your names.

12 (No response)

13 Workers or their representatives?

14 **MS. PINCHETTI:** Kathy Pinchetti.

15 **DR. BRANCHE:** Thank you. Members of Congress
16 or their representatives.

17 (No response)

18 The record notes that Jeff -- Jeffrey Kotsch
19 from DOL just entered the room.

20 Any others who would like to mention their
21 names for the record?

22 (No response)

23 Thank you. I ask that all phone participants
24 please mute your phones. If you do not have a
25 mute button, then please use star-6. It is

1 critical that every phone participant mute the
2 line.

3 Also if you have to leave the line please do
4 not put this line on hold. Rather hang up and
5 dial back in. Thank you so much.

6 Ms. Munn?

7 **RESULTS FROM PREVIOUS TECHNICAL MEETING**

8 **MS. MUNN:** This is the continuation of our
9 Blockson workgroup meeting which we
10 discontinued yesterday because of a matter of a
11 disagreement that arose among some of our
12 technical professionals. I would like to read
13 this statement that resulted from their
14 technical meeting last night into the record.
15 You all should have a copy of it in -- before
16 you.

17 (Reading) During the working Board -- Blockson
18 workgroup meeting of June 24, 19-- 2008 there
19 was an apparent disagreement between SC&A's
20 technical experts over the working draft
21 document entitled "Scoping Calculations of
22 Radon Levels in Building 40 at Blockson
23 Chemical." This document was prepared by SC&A
24 and presented to the workgroup members during
25 the above meeting.

1 The SC&A technical experts in the workgroup
2 meeting included John Mauro, Chick Phillips,
3 Robert Anigstein, Arjun Makhijani and Steve
4 Marschke. After the formal meeting these
5 technical experts met to resolve the concerns
6 expressed in the workgroup meeting and agreed
7 to the following: One, the simple model used
8 in the working draft is appropriate for scoping
9 the potential radon concentrations in Building
10 40 produced by the Blockson phosphoric acid
11 production process. The model is based on the
12 release of radon from the phosphate ore matrix
13 during the continuous process phosphoric acid
14 production.

15 Two, the radon concentrations in Building 40,
16 including those measured in 1983, the bounding
17 values from OTIB-0043 and those revised by SC&A
18 from OTIB-0043, could be reproduced with the
19 model, using reasonable values for input
20 parameters such as those stated in the working
21 draft.

22 Approved by John Mauro, SC&A. Jim Neton also
23 looked at this and agreed to the wording. That
24 issue has now been officially put to rest.
25 We have completed the items that were before

1 us. I have three questions to ask of this
2 workgroup. I am very sorry that Brad's not
3 here. I had hoped he would be. These
4 questions are specifically for this workgroup
5 because this is what I anticipate reporting
6 tomorrow to our larger Board with respect to
7 where we are, before we place the questions
8 before them as well.

9 First, our contractor, SC&A, identified seven
10 findings of significance in their review of
11 this site. Following detailed technical
12 investigation and interaction with NIOSH, they
13 -- their report indicated that all those issues
14 were resolved. Do you, as a workgroup, accept
15 that report? I would like a yes or no answer
16 from each of you.

17 Mike?

18 **MR. GIBSON:** Yes.

19 **DR. ROESSLER:** Yes.

20 **MS. MUNN:** Brad is not here --

21 **DR. BRANCHE:** He's right there.

22 **MS. MUNN:** Brad?

23 **MR. CLAWSON:** Yes.

24 **DR. BRANCHE:** Thank you.

25 **MS. MUNN:** Wanda, yes.

1 **DR. BRANCHE:** We have -- wait a minute, we have
2 -- now we've got too many Board members in the
3 room.

4 **MR. SCHOFIELD:** I'm just getting my stuff and
5 out of here.

6 **DR. BRANCHE:** Okay.

7 **MS. MUNN:** We'll wait for just a moment.

8 **DR. BRANCHE:** While we're waiting for that
9 moment, this is Dr. Branche. I really wasn't
10 kidding about the phone. I think you might be
11 surprised at how sensitive the line is and how
12 it obscures other people's being able to hear,
13 and it's fruitless to try to think that you are
14 disguising yourselves by quietly participating.
15 You really do need to mute your phone. Thank
16 you.

17 **MS. MUNN:** We have four -- four Board members
18 in the room at the time. We have four yes
19 votes.

20 My second question: NIOSH has sought
21 information in depth for all --

22 **MR. GRIFFON:** You have -- Wanda, you have four
23 workgroup members mean. Right?

24 **MS. MUNN:** I have four workgroup members, yes.

25 **MR. GRIFFON:** You said Board members.

1 **MS. MUNN:** I'm sorry. Thank you for the
2 correction.

3 NIOSH has sought information in depth for all
4 activities on this site and have reported that
5 they have adequate data to reconstruct or bound
6 radiation doses for Blockson workers. Do you
7 accept that report?

8 Mike?

9 **MR. GIBSON:** No.

10 **DR. ROESSLER:** Yes.

11 **MS. MUNN:** Brad?

12 **MR. CLAWSON:** No.

13 **MS. MUNN:** We have two yes, two no from the
14 workgroup.

15 The third question: The site profile has been
16 completely rewritten and reviewed at length.
17 Do you accept the version of the site profile
18 as being acceptable now?

19 Mike?

20 **MR. GIBSON:** No.

21 **MS. MUNN:** Gen?

22 **DR. ROESSLER:** Yes.

23 **MR. CLAWSON:** No.

24 **MS. MUNN:** Brad? We have two noes and two
25 yeses.

1 That's what I will report to our Board
2 tomorrow. I will ask the same questions of the
3 Board at large because, as I see it, these are
4 the three questions that we were charged with
5 attempting to resolve in the -- in the working
6 group. That being my intent, if anyone has any
7 further comment, tell me now if you would like
8 me to incorporate something else into the
9 presentation that I will make. It will be
10 fairly brief. It will simply say who we are,
11 what we have met, what we have discussed, and
12 what the results of this vote was today.

13 **MR. GIBSON:** Wanda?

14 **MS. MUNN:** Yes.

15 **MR. GIBSON:** I know we have a statement here
16 that -- from SC&A about their agreement on the
17 issues discussed yesterday, but we also had a
18 lot of interest from a Board member that is not
19 part of this workgroup and I just wonder if he
20 might have any comment as to agreeing or
21 disagreeing with this. I just would like his
22 input.

23 **MS. MUNN:** Well, the reason I didn't include
24 you, Mark -- and I didn't deliberately --
25 because I wanted to be able to report out for

1 this group --

2 **MR. GRIFFON:** Okay, that's fine.

3 **MS. MUNN:** -- the workgroup specifically, and I
4 had assumed that any issues that you wanted to
5 discuss further you would feel more than free
6 to do so tomorrow --

7 **MR. GRIFFON:** Okay.

8 **MS. MUNN:** -- when it's placed before the --the
9 group.

10 **MR. GRIFFON:** That's fine. I didn't know --

11 **MS. MUNN:** If you have something you would like
12 me to address at the time that I make my
13 presentation, I'll be glad to do that.

14 Otherwise I would anticipate that if you have
15 any problem with anything that we've said or do
16 so far that you'd bring it to our attention.

17 **MR. GRIFFON:** All right, I can -- I'll do it
18 tomorrow. I -- I had some detailed questions.
19 I didn't know if you wanted to do them here or
20 -- but I'll do them tomorrow. I mean I wasn't
21 privy to this final -- I was in the caucus, but
22 wasn't privy to the final statements made, but
23 I'll save it. It's fine with me.

24 **MS. MUNN:** Very good.

25 **MR. GRIFFON:** Okay.

1 **MS. MUNN:** All right.

2 **MS. PINCHETTI:** Wanda?

3 **MS. MUNN:** Yes.

4 **MS. PINCHETTI:** This is Kathy Pinchetti, and I
5 was in on the meeting yesterday and I was
6 pretty amazed at the duress that the workgroup
7 was put under to come up with a decision and
8 put this all to rest. I think the workgroup,
9 and maybe yourself especially, is a little
10 tired of Blockson and just want this to go
11 away, but there were several issues that were
12 brought up and I don't think there was any
13 agreement as to the answer to these questions,
14 so I called [identifying information] today and
15 got some information that, you know, should
16 probably be considered.

17 And one of the things was the question about
18 the ventilation, and the vents were -- they
19 were kept closed all winter, you know, to keep
20 the heat in. And the only change in the
21 equipment was to change the dust out of the
22 filters when it got clogged. The vents were
23 open in the summer, but there were no hoods put
24 over any of that to keep the fumes down, so I
25 didn't know what facility you were confusing

1 Blockson with about the ventilation.
2 The guys always did double shifts. If their
3 relief didn't show up, they had to stay because
4 there was 24/7 production. And the only time
5 that stopped was if there was a power failure,
6 and there was probably a lot of those. You
7 know, tornadoes and freezing ice and all sorts
8 of problems. So as far as trying to decide how
9 much exposure they were getting due to the air
10 turnover and the amount of time they spent and
11 the amount of time they spent in -- you know,
12 where ore was broken up or where it was yellow-
13 caked, it's really hard to say.
14 We're trying to come up with information from
15 1951 and 1962, so I'm wondering why we're even
16 comparing it to Florida. I mean they may also
17 have a phosphorus plant, but I don't think
18 anybody moves to Joliet, Illinois to retire. I
19 mean the climate is definitely something to be
20 taken into consideration. And also I don't
21 understand the reference to 1983 data. That
22 was 20 years after the contract, so I -- I can
23 see why there's a split decision because I
24 think there was a lot of duress, you know,
25 after a long day and not being allowed to leave

1 the room until they came up with an answer.

2 **MS. MUNN:** Well, thank you very much, Kathy.

3 The questions that you -- the issues that you
4 bring to us are, as you know, not new to us.

5 We have addressed each of those in one way or
6 another, and it is not the desire of anyone,

7 either on this workgroup or on the larger Board
8 nor the contractor nor the agency to attempt to

9 rush any of this. We've made every effort to
10 address each question that's been brought

11 before us, and we have addressed it in varying
12 degrees of -- of stringency, but in each case

13 have come to either a resolution or have come
14 to a decision with respect to how it would be

15 reported.

16 We recognize all of the difficulties that you
17 have indicated. We recognize also that what

18 we're doing is talking about being able to

19 bound a dose, not being able to specify doses

20 for the individuals for whom we do not have

21 bioassay data. But we do have bioassay data

22 which gives us some good handle on what some of

23 the workers could have been expected to be

24 exposed to and were in fact known to be exposed

25 to.

1 So thank you very much for your interest and
2 for continuing to remind us what our
3 responsibilities are. We are -- I think all of
4 us are mindful of that on a daily basis, and we
5 very much appreciate that you have stuck with
6 us through what has been an arduous process for
7 everyone involved, including you and other
8 claimants. Thank you again for your comments
9 and for being on the line.

10 Does anyone else have any comment they need to
11 make?

12 (No response)

13 If not, I declare this meeting of the workgroup
14 adjourned. I will make our report, according
15 to the data that we gathered here this
16 afternoon, tomorrow on the regular agenda.
17 Thank you for coming.

18 **DR. BRANCHE:** Thank you.

19 (Whereupon, the meeting was adjourned at 4:55
20 p.m.)

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CERTIFICATE OF COURT REPORTER**STATE OF GEORGIA****COUNTY OF FULTON**

I, Steven Ray Green, Certified Merit Court Reporter, do hereby certify that I reported the above and foregoing on the days of June 24 and 25, 2008; 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 5th day of August, 2008.

STEVEN RAY GREEN, CCR, CVR-CM, PNSC**CERTIFIED MERIT COURT REPORTER****CERTIFICATE NUMBER: A-2102**