

Official Transcript of Proceedings
NUCLEAR REGULATORY COMMISSION

Title: INTERVIEW OF DR. YUQING LI

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Pages 96

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ADDENDUM

Page	Line	Correction and Reason for Correction
4	1	"-will be damaged. We -"
7	18	"... cut..." was to "... bad..."
7	24-25	to "And even now I know it is 587 microcuries accord to MZT report to me,
8	23	"the" not "a"
9	14	"believe" not "bring"
9	20	"700" not "600"
10	10	to "That's my first time to hear from..."
10	12-13	to "... We use whole body model, and this urine model is secondary."
14	5	"around" not "along"
15	19	"But" not "So"
18	18	"way" not "why"
19	11	"Richard Hynes"
20	2	"scintillation" not "situation"
20	23	"borrowed" not "bought"
20	24	"on" not "or"
21	21 6	"640" not "1640"
22	3	"take" not "took" Y.C.
22	22	"not the place" not "not replaced"
23	20	"Whether" not "when"
Page 1	Date 10/21/15	Signature <u>Yueqin Li</u>

ADDENDUM

Page	Line	Correction and Reason for Correction
23	23	delete "an"
26	2	"to" not "through"
30	17	"And also I even I knew I have to consider calling calling KRC basically put myself in "
31	19	"police, talked ..."
37	21	delete "a"
39	5	"deadline" not "identified"
39	18	"to me that there was ..."
40	9	"... and whether he could use the bench for other people."
40	11	"... after I could go back ..."
41	24	"old" not "senior"
41	25	"new" not "junior"
50	2	delete "file"
52	19	"50" not "15"
52	24	"there" not "out"
53	15	"who" not "which"
54	9	delete "state of"
55	8	"campus police" not chemicals, please."
55	13	"document" not "argument"
55	15	"been" not "them"
55	16	"be told" not "tell them"
Page 2	Date 10/21/19/23/15	Signature <u>Yvonne A.</u>

ADDENDUM

Page	Line	Correction and Reason for Correction
58	16-17	"reason" not "leave"
58	17	"absent" not "upset"
59	7	delete "well, have"
59	7-9	delete "even"
		underway underway "not" "--"
59	10	"said" not "go"
61	22	delete "ALI"
62	24	"of" not "just fared"
63	10	"to my" not "me to"
63	12	"I" not "we"
64	1	"him" not "me"
64	1	"jumping to conclusions" not "jump"
64	19	delete "molecular physics stuff"
64	25	"and" not "I"
67	9	"discussed" not "asked"
		"them" not "him"
69	2	"thousand" not "in the"
70	7	"to calculate the intake"
		not "'s place on intake"
73	14	"Susumu" not "Sosumu"
75	16	"Susumu" not "Sosumu"
75	17	delete "in"
76	8	"Susumu" not "Sosumu"

ADDENDUM

Page	Line	Correction and Reason for Correction
77	13	"Susume" not "Sossame"
83	1	"August" not "October"
84	22	add "in" after "claiming"
84	23	delete "like"
84	24	should be "It wasn't the case in the first week or first few days."
85	17-18	Should be "But for urine model, it is not a problem, they already..."
86	5-6	delete "like casting"
89	2	"a major" not "measure"
89	12	"1 to 2" not "1.2"
89	15	"D'clock" not "a/clock"
91	1	delete "Average number... 90."
91	6	delete "is the lowest number"
91	8	"collaborate" not "corroborate"
92	14	"Sometimes you do it a bit earlier in the morning."
92	16	"the ex intake" not "in two days"
92	24	"correct" not "collect"
93	13	"at most" not "about mostly"
93	24	"instantaneous" not "instant"

1 UNITED STATES OF AMERICA
2 NUCLEAR REGULATORY COMMISSION

3 + + + + +

4 INTERVIEW

5 WITH

6 DR. YUQING LI

7 + + + + +

8 THURSDAY,

9 OCTOBER 19, 1995

10 9:02 a.m.

11 + + + + +

12 MASSACHUSETTS INSTITUTE OF TECHNOLOGY

13 + + + + +

14 INTERVIEWERS:

15 JOHN GLENN, Team Leader, Lead Interviewer

16 GREGGORY P. GONECONTO

17 LARRY L. ROBINSON

18 SAMI SHERBINI

I N D E X

E X H I B I T S

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1 P-R-O-C-E-E-D-I-N-G-S

2 (9:02 a.m.)

3 LEAD INTERVIEWER GLENN: This is John Glenn,
4 who is leader of the incident investigation team at MIT
5 looking at an uptake of P-32 that occurred in August.

6 Today is October 19th. It is about a minute
7 after 9:00 o'clock. In with me participating in this
8 interview is Dr. Yuqing Li, who was the individual who had
9 the uptake of P-32. Assisting me in the interview are
10 Larry Robinson and Sami Sherbini with the NRC.

11 Yesterday we had begun the interview. And, Dr.
12 Li, you had been going through the history of the event.
13 And I guess you had gotten up to about September 1st,
14 somewhere in that area.

15 DR. LI: August 28th, yes.

16 LEAD INTERVIEWER GLENN: So if you could
17 continue your discussion? And then we'll probably have
18 some questions to ask to clarify some issues.

19 DR. LI: So I think last time I stopped at the
20 talk with my supervisor, Dr. Tonegawa. Yes. So we talked
21 yesterday about our 26 talk.

22 LEAD INTERVIEWER GLENN: Right.

23 DR. LI: I had a second talk with my
24 supervisor, Dr. Tonegawa. We discussed who might have done
25 this to me. And he told me that if I publicize, my

1 reputation will be damaged from somebody exercising. We
2 talked about that.

3 And the last thing he talked to me about, he is
4 -- he asked me whether I can speed up my moving to
5 Urbana-Champagne. And I said I will consider his request.
6 And immediately after that I phoned the chairman in
7 Urbana-Champagne campus, where I supposed to move to. And
8 I asked him whether I could start early because my
9 supervisor asked me to leave earlier.

10 INTERVIEWER ROBINSON: If I may just ask one
11 question right here?

12 DR. LI: Yes.

13 INTERVIEWER ROBINSON: What is your
14 relationship with Dr. Tonegawa? Is it a pleasant
15 relationship or is it just purely a business relationship
16 or --

17 DR. LI: It's purely business.

18 INTERVIEWER ROBINSON: Do you get along with
19 Dr. Tonegawa or --

20 DR. LI: I think I can get along with him.

21 INTERVIEWER ROBINSON: Why do you think he was
22 anxious for you to speed up the process to go to Illinois?

23 DR. LI: I think he -- the original word he
24 used is "for safety reasons, because you're not safe here
25 because someone poisoned you," yes.

1 LEAD INTERVIEWER GLENN: So you think it was
2 concern for you?

3 DR. LI: Yes.

4 INTERVIEWER ROBINSON: Okay. Okay.

5 DR. LI: Yes. He said, "Please don't
6 misunderstand me. Please don't misunderstand me. You're
7 probably not safe here." So that's what he said.

8 LEAD INTERVIEWER GLENN: Did he actually say
9 something like that, that he didn't think you --

10 DR. LI: He actually said that, but I perceived
11 it as he wanted me to leave earlier because you have to
12 take the whole context into consideration. He asked me not
13 to find out who did it because it will not help for my
14 health.

15 INTERVIEWER ROBINSON: So you think his real
16 reason is to get you away from here, not necessarily
17 because of he's thinking of your safety?

18 DR. LI: That I cannot say because my feeling
19 is he wanted me to leave in the lab. And I can talk later.
20 He actually asked me whether I can surrender my bench, I
21 mean, the bench I work. And I told him I needed a bench to
22 finish my work.

23 INTERVIEWER ROBINSON: Okay. I'm sorry.

24 DR. LI: On another occasion, not on this. So
25 I think I was quite upset by these two talks. It's too

1 overwhelming for me. I have to understand what's going on
2 with the radioisotope. Meanwhile I have to consider I have
3 to leave early.

4 And the chairman at Urbana-Champaign was very
5 supportive. He called me back in a few hours. He said,
6 "We probably can accommodate your coming early, instead of
7 schedule at the end of November. But," he said, "MIT
8 shouldn't ask you to move out early because of this
9 incident."

10 INTERVIEWER ROBINSON: Okay.

11 DR. LI: So I decided not to. I don't know
12 what will happen. I know I could start early. I didn't
13 start early because of the health situation subsequently
14 that developed. I would like not to go in, elaborate into
15 details now with that type of thing.

16 So I couldn't sleep well after this, and I have
17 to think about what you want to do with the radioisotope
18 things that -- I still want to find what my dosage was
19 really about because without the dosage, I cannot assess
20 whether I should have a child in the next year or I can
21 have them right now because my wife and I, we don't have
22 any children right now. We have married for three years.
23 So this is a big concern for us.

24 So we really wanted to know the dosage because
25 especially I'm not a specialist. If I am a specialist, I

1 am more confident. I know it's probably within that range.
2 But for me I'm not a specialist.

3 I just have wild guess. Probably it's over
4 600. I don't know how over it will be. And it's kind of
5 anxiety. You know, I can't help. It's just I keep
6 thinking what the real dosage is. And plus this
7 circumstance it's just very difficult for me.

8 INTERVIEWER ROBINSON: Thank you.

9 DR. LI: So this is what I finished with August
10 28th, what happened. Then next day from the next day it's
11 -- I started to probably see doctor and stay at home
12 because it's just too much for me to consider all of these
13 situations and also I don't feel well.

14 I started feeling -- actually, I started
15 feeling not well in the first week already. When I was
16 concentrating on finding out what happened, I just probably
17 ignored it. Later I found -- next week I found I was not
18 feeling well. I feel appetite was cut, a little dizziness,
19 and also short of breath, stuff like this.

20 Now I think it's probably maybe related to the
21 stress, maybe related to the sleeping condition, stuff like
22 that. At that point I thought it might be also related to
23 the -- still I'm not quite sure because I don't know the
24 dosage, what the dosage is. And even now it might even be
25 from 587 micrograms, but I think it's probably a little

1 bit underestimated. So I'm trying to find out what the
2 real dosage is.

3 So from this day, from this day I will talk
4 only things related to either my interaction with MIT or
5 interaction with MIT campus police or interaction with my
6 doctors if it's necessary for you to understand. I will
7 try to avoid talking about my interaction with doctors. I
8 think I don't have to talk about that part.

9 LEAD INTERVIEWER GLENN: Probably not. We can
10 ask questions later if we think --

11 DR. LI: If you want to ask, I can talk, but I
12 will be very cautious going into that area. So let me see.

13 So August the 31st I received a call at home.
14 Dr. Tonegawa's secretary asked me whether I can attend
15 isotope meeting at 3:30 in my answering phone machine. I
16 told her -- I phoned her. I told her that I had an
17 appointment at 2:40 with my doctor in Harvard Health Plan.

18 INTERVIEWER ROBINSON: Who was it that called
19 on that?

20 DR. LI: Dr. Tonegawa's secretary.

21 INTERVIEWER ROBINSON: Okay.

22 DR. LI: Yes. So later I found out in that
23 meeting the Radioprotection Office announced in a meeting
24 the official figure for the official figure for the dosage
25 was 400 to 450 microcuries. I didn't receive any formal

1 report at that time where it's 400 or 450.

2 LEAD INTERVIEWER GLENN: Did you have any
3 informal information that it was in that range at that
4 point?

5 DR. LI: I think later Frank Masse told me that
6 on September the 1st, the next day, because every day I
7 went to -- in that period I went to MIT Radioprotection
8 Office to measure the whole body because they said "We need
9 to measure you all because you might be flushing yourself
10 so much that the figure is artificially very high. It's
11 not necessarily you have that amount of radioactivity."

12 So that's what happened on that day. And the
13 next day Frank Masse told me that the formal result is
14 around 400 to 450 microcuries. And I didn't bring it
15 believe I think it's about 600.

16 One thing I forgot to tell you yesterday is
17 when I talked with Dr. Tonegawa on previous occasions or
18 talked to Dr. Sharp, I told both of them that the range
19 according to my estimate was 700 microcuries. It's about
20 600 microcuries according to the calculation based on my
21 unexpert opinion, based on my research with the IRPA
22 publication and that paper, that model. So that's just
23 kind of back. That's one thing I forgot to mention
24 yesterday.

25 And for the first time Frank Masse told me that

1 he found a guideline of how to measure in decay with urine
2 sample from NRC. Why this is important, because in the
3 past when I argued with Frank Masse with this urine model,
4 he would always tell me, "This is not a reliable model.
5 The whole body model is the most accurate." So this is a
6 basis to not accept my claim it's over 600, I believe.

7 INTERVIEWER ROBINSON: So now on September 1st
8 he is agreeing that that's an acceptable model, the urine
9 model?

10 DR. LI: Yes, yes. That's my first hope from
11 Frank Masse. Before that whenever I argue with them, they
12 say, "You go away. We use whole body model. And this
13 urine model is not accurate."

14 INTERVIEWER ROBINSON: Okay.

15 DR. LI: And, as I told you yesterday, during a
16 meeting with Dr. Sharp, Frank Masse first let Dr. Sharp
17 know that in NIH they used the urine sample. But when I
18 asked the question of what kind of method they used at NIH,
19 they didn't tell me anything, what kind of method.

20 LEAD INTERVIEWER GLENN: Okay.

21 DR. LI: So this I think is also very shocking
22 to me why suddenly he is saying there is a guideline for
23 measuring decay of urine samples. That's why I made a note
24 for this.

25 And I'm just quickly finishing this.

1 LEAD INTERVIEWER GLENN: Yes.

2 DR. LI: I was mainly trying to stay out of
3 this. I needed to recover all of these things with my
4 health situation. I don't want to talk about this. If you
5 want, we can talk about it.

6 So after several days of rest, I think about
7 one week at home, I took a rest away from this situation.
8 I tried to forget what's going on. Otherwise I cannot
9 sleep well, anxious, and stuff like that.

10 LEAD INTERVIEWER GLENN: Can we go off the
11 record just a second?

12 (Whereupon, the foregoing matter went off the
13 record at 9:15 a.m. and went back on the record
14 at 9:16 a.m.)

15 INTERVIEWER ROBINSON: Make a note that Gregg
16 has now entered the room, -- it's 9:15 -- the NRC Inspector
17 General.

18 LEAD INTERVIEWER GLENN: Could you say your
19 last name?

20 INTERVIEWER GONECONTO: Sure.

21 LEAD INTERVIEWER GLENN: I'm not sure I could
22 pronounce it correctly.

23 INTERVIEWER GONECONTO: Gregg Goneconto, NRC
24 Office of the Inspector General.

25 LEAD INTERVIEWER GLENN: This is approximately

1 9:16. And we had another party join the interview.

2 DR. LI: Yes. So since the MIT police was
3 asking for police report from me, so I couldn't finish that
4 because of my health situation. You have to write several
5 pages. I just couldn't have that kind of ability to work
6 that way.

7 I hope you understand it's just too hard for me
8 to think rationally to write a reasonable report. That's
9 why it was delayed until September 6th. The 6th I finished
10 this police report, and I faxed to Lieutenant David McCoy
11 on September 6th.

12 Then I had an appointment with Dr. Ring. At
13 this point I introduce a person who is in Harvard
14 University, in charge of maybe Radioprotection Program or
15 something like this. So this is at the request, as I told
16 you yesterday.

17 LEAD INTERVIEWER GLENN: Right.

18 DR. LI: I wanted to have a third independent
19 party to measure the dosage. And also I want to have
20 someone to help me to understand how to estimate the
21 original dose because I'm not an expert in this. And also
22 I was sick. I was weak. I couldn't do this. So I need
23 someone to tell me how to calculate, what kind of model you
24 can use, what is the official accepted guideline to
25 calculate the dosage.

1 So Dr. Ring was assigned to this job from MIT
2 side. So we talked briefly about what we are going to
3 proceed.

4 INTERVIEWER ROBINSON: And Dr. Ring is from
5 Harvard; right?

6 DR. LI: Yes, from Harvard. So I went to
7 Harvard University on that day, September 6. And that's
8 the first meeting I had with Dr. Ring, just understanding
9 what's going on.

10 So I think during that meeting I asked him what
11 is the acceptable -- as I told you, I was still puzzling
12 why urine model is not acceptable because I only know the
13 urine model at that point. I didn't know why -- how to
14 calculate from whole body model. So I don't know why the
15 whole body model give me a lower number and it's the most
16 accurate one according to Frank Masse.

17 So I asked Dr. Ring whether whole body model is
18 the most accurate and the urine model is the second one
19 Frank Masse told me in previous discussions.

20 So Dr. Ring told me it depends, it's
21 complementary to each other probably. So some of the
22 people might think the whole body model is more accurate.
23 Some of the people in the field might think the other way
24 around, the urine model is more accurate. He said it's
25 depending on the situation. So basically it's 50-50 the

1 method and count.

2 So then I was convinced that following the
3 urine model was acceptable also to calculate dosage. And
4 if I apply that urine model in this book, it consistently
5 always showed me along the 700 microcuries depending. It's
6 fluctuating. I usually never fall below 400 or 450, as
7 Frank Masse indicated to me, orally, not in writing.

8 So this is what happened in September 6th. And
9 let me skip to September 15th. Friday I had an appointment
10 with my doctor, occupational health doctor. I have several
11 doctors looking after me. One of them is occupational
12 health doctor. Her name is Dr. Yukawa, Y-U-K-A-W-A.

13 So she was, of course, also contacting MIT
14 about the dosage. Otherwise she couldn't take care of me.
15 She couldn't give me advice if I don't give her the range.

16 And I forgot to tell you during the first visit
17 with Dr. Yukawa I asked her whether she could measure the
18 intake, measure the radioactivity intake for me at the
19 hospital. She said she has to talk to the official related
20 to this at the hospital. And so on September 15th she told
21 me they don't have the capacity to do that at the hospital,
22 to do independent measurement.

23 So during that appointment Dr. Yukawa told me
24 that MIT told her that the amount I had was 450 to 550
25 microcuries. So this is quite different from Frank Masse

1 told me, which was 400 to 450 a few days ago.

2 So and MIT -- she told me MIT will give me a
3 formal announcement or report of my dosage at the end of
4 this month, which means September, at the end of September.

5 And she also raised the possibilities. I can't
6 remember the exact words. She also raised the possibility
7 of someone might have tampered my urine sample because I
8 got bottles. I sometimes got bottles, a urine bottle, from
9 the lab.

10 So she mentioned, "You shouldn't get bottles
11 from the lab because someone might put the radioisotope in
12 your bottle. So you get an artificially high number of
13 that." So she asked me whether I could instead getting
14 bottles through the lab, you getting the bottle directly
15 from the Radioprotection Office so the bottle might not be
16 tampered by anyone in the lab.

17 So starting from September 15th I got bottles
18 directly from Radioprotection Office, and I delivered the
19 bottle directly to Radioprotection Office. So the number
20 after September 15th didn't show significant influence from
21 the estimate before that. So I conclude probably tampering
22 was not a problem in that period. Okay?

23 INTERVIEWER SHERBINI: Dr. Li, I have a
24 question.

25 DR. LI: Yes.

1 INTERVIEWER SHERBINI: Initially they had given
2 you a bunch of bottles; right?

3 DR. LI: Yes.

4 INTERVIEWER SHERBINI: But these were you had
5 run out?

6 DR. LI: Excuse me?

7 INTERVIEWER SHERBINI: They finished after a
8 while?

9 DR. LI: Yes. Every like four days they gave
10 me a bigger --

11 INTERVIEWER SHERBINI: Four days.

12 DR. LI: -- bigger box, containing four
13 one-gallon bottles. Yes. So usually it's depending on the
14 case. Sometimes they ask the technician to deliver to my
15 bench. So when I went to MIT I just picked up the whole
16 case and took it home. So that's why I believe MIT was
17 suspecting it might be tampered in the lab from the
18 bottles.

19 INTERVIEWER SHERBINI: So you used to take the
20 bottles from the RSO in your lab until you use it. Is that
21 not correct?

22 DR. LI: No, no.

23 LEAD INTERVIEWER GLENN: Yes. Could you
24 clarify what the situation was before September 15th and
25 what it was after September 15th and how you got the

1 bottles?

2 DR. LI: Yes. Usually before September 15th I
3 either got bottle directly from Radioprotection Office and
4 then in there or in a few cases, say they might ask, for
5 example, the technician to deliver four bottles in a box to
6 my bench earlier.

7 And then maybe I'm coming a little bit later.
8 And then I just take the bottle, I took the bottle home.
9 So that's the -- what usually works in the past. It's not
10 100 percent like every day I put the bottle in.

11 LEAD INTERVIEWER GLENN: Let me see if I can
12 characterize it.

13 DR. LI: Yes.

14 LEAD INTERVIEWER GLENN: The basic change after
15 September 15th was that the bottles never went to the
16 laboratory?

17 DR. LI: No, no, no because I don't know what
18 MIT told Dr. Yukawa. From my understanding, probably they
19 told Dr. Yukawa someone in the lab was tampering the
20 bottle, tampering the bottle before I use it. So that's
21 why I got high number, yes. That's what MIT told Dr.
22 Yukawa, yes. That's not what I --

23 LEAD INTERVIEWER GLENN: Okay. I'm still a
24 little confused.

25 DR. LI: Yes.

1 LEAD INTERVIEWER GLENN: Were all of the
2 bottles you used actually supplied by Radioprotection
3 Office?

4 DR. LI: Okay. Yes.

5 LEAD INTERVIEWER GLENN: Okay. And then for a
6 time they were leaving them in your lab?

7 DR. LI: Yes.

8 LEAD INTERVIEWER GLENN: But at some point you
9 stopped having them left in the lab?

10 DR. LI: Yes. It's September 15th.

11 LEAD INTERVIEWER GLENN: Okay.

12 INTERVIEWER ROBINSON: What makes you think
13 that someone else from MIT told Dr. Yukawa that it could be
14 tampering and that it was not Dr. Yukawa's idea on his or
15 her own?

16 DR. LI: Because Dr. Yukawa I believe was in
17 contact with MIT Radioprotection Office all the time in
18 order to get the why I got exposed, why the dosage was not
19 clear. Yes.

20 INTERVIEWER ROBINSON: But Dr. Yukawa did not
21 tell you that someone from Radioprotection Office suggested
22 --

23 DR. LI: No, no.

24 INTERVIEWER ROBINSON: Okay.

25 DR. LI: This is my guess.

1 INTERVIEWER ROBINSON: Okay.

2 DR. LI: This is my guess. I have to check
3 with Dr. Yukawa whether she heard from MIT about it.

4 INTERVIEWER ROBINSON: Okay.

5 DR. LI: So starting from there I did some
6 change for the bottle. And the number didn't change
7 significantly. It's almost the same as previously.

8 So on September 18th I made a phone call to
9 David McCoy, Lieutenant David McCoy, asking about the
10 progress of the investigation. And he told me that he is
11 going to phone Richard Hinds, who is the Director of Cancer
12 Research, and Dr. King, who is the lab manager, today he
13 said.

14 He is investigating now. And he asking me to
15 call at least every week. And also he said he will get
16 back to me when they have finished everything.

17 And this is what happened on September 18th.
18 On September 19th I had an appointment with Dr. Ring at
19 Harvard to determine the dosage. So he inputted all the
20 data I have, I collected.

21 Oh, another thing I forgot to mention, since I
22 couldn't find the place who would do independent
23 measurement for me, so I did an independent measurement --
24 it's not independent. I did a measurement myself.

25 So I have a set of data which correspond to

1 every day's urine sample. So I just using our Cancer
2 Center situation counter, and I measured it.

3 LEAD INTERVIEWER GLENN: Do we have that data
4 yet? Did you give that to us yesterday?

5 DR. LI: I don't think I did.

6 LEAD INTERVIEWER GLENN: Okay. Can you provide
7 that to us, your independent data?

8 DR. LI: Yes, yes.

9 LEAD INTERVIEWER GLENN: Okay.

10 DR. LI: So I gave that, sets of data, to Dr.
11 Ring. And he inputted it into a computer program which is
12 called INDOS, I-N-D-O-S. And he got a number of 754
13 microcuries plus/minus maybe 20 or 30 microcuries, which is
14 in good agreement with what I got from the urine model.

15 I told you I told MIT it's around the 700. Dr.
16 Ring actually got a number of 754 microcuries. However, he
17 told me since he was not fully aware of the whole situation
18 surrounding this case. So he said the number might be
19 changing. So he had to do more investigation to get the
20 accurate number.

21 So I didn't understand his meaning at that
22 point. Later I understood what that meaning is. I will
23 relate to you in a minute. And I also bought his book,
24 which is a publication from maybe NRC or how to estimate
25 the intake. It's a big blue book. So I started to learn

1 how to get the estimate from that book.

2 So then I realized actually whole body model
3 should be calculated differently from the way MIT
4 calculated in the first few days. So I got a number. For
5 example, in the first day, based on the first day's
6 counting, even with MIT's calibration, I should have 1,640
7 microcuries on the first day they put me on whole body
8 counts. That's what I got after I finished that book.

9 So this is what really is happening on
10 September 19th. On September 22nd, Friday, I went to see
11 McCoy, David McCoy, at the MIT campus department.
12 Actually, he phoned me a day earlier, on October 21st,
13 Thursday. He left a -- he phoned me.

14 INTERVIEWER ROBINSON: September 21st.

15 DR. LI: Yes. Sorry. September 21st. He
16 phoned me to ask me to go to the MIT campus police for
17 interview. So I went there on time. And, for some reason,
18 he was not there. Probably he was sick or something.

19 So I talked to another police officer. His
20 name is Eugene Salois, I think, S-I-L-O-I-S. I can't
21 remember exactly the last name. So I talked to sergeant.
22 And I asked him what further option I could have, that I
23 was not happy with the MIT campus police investigation.

24 It took them almost a month to meet with me. I
25 filed a request for investigation at the end of August. I

1 think the period is August 24, around August 23rd or 24.
2 But the interview, the first interview, actually took
3 place, supposed to took place on -- supposed to take place
4 September 22nd. So it's almost one month. So I was not
5 happy with the MIT campus police investigation.

6 So I asked him what option I have for internal
7 investigation. Can I go to the Cambridge police or what's
8 the relationship between Cambridge police and MIT campus
9 police?

10 So, for the first time during the day, I
11 realized MIT campus police is paid by MIT and is part of
12 the MIT. I thought it's a police unit. So I found out
13 from sergeant that actually MIT campus police is part of
14 the MIT and paid by MIT.

15 INTERVIEWER ROBINSON: So did you go to the
16 Cambridge police?

17 DR. LI: No, I didn't go to Cambridge police
18 because I was still confused for what kind of option I
19 could have because I discussed this with Frank Masse in the
20 first week, what kind of investigation we should do.

21 He said MIT is a private university. So FBI is
22 not replaced -- NIH is a federal government agency. So
23 that's why FBI is involved. But MIT is a private
24 university. So we usually ask campus police to
25 investigate.

1 INTERVIEWER ROBINSON: Masse told you that?

2 DR. LI: Yes, right, Masse told me. Yes. And
3 I think subsequently I told him.

4 Then I think I told him I needed to get the
5 actual dosage in order to report to police. so he told me
6 it's 355. It's a number I discussed yesterday because it
7 started as 213 microcuries. And I told them it's slightly
8 underestimated because he forgot to calibrate back to the
9 whole body. It's only part of the body, 213. So we ended
10 up with 355 microcuries for the whole body.

11 LEAD INTERVIEWER GLENN: Which day was this?

12 DR. LI: This is August the 23rd, 24th.

13 LEAD INTERVIEWER GLENN: Oh, I'm sorry. I was
14 thinking you were in after --

15 DR. LI: No, no, no. So I think it's another
16 occasion he told me that. I'm not 100 percent positive,
17 but it's along the -- like a few days around that time.
18 I'm sorry.

19 So I was not quite sure what kind of option I
20 can have and when I can go to FBI to ask for investigation
21 or stuff like that. So the sergeant told me he was
22 apparently angry at me because I asked such a question,
23 what kind of an options I have.

24 INTERVIEWER ROBINSON: This is Sergeant Salois?

25 DR. LI: Yes, Salois. Yes, Salois, Eugene

1 Salois.

2 INTERVIEWER ROBINSON: Eugene Salois.

3 DR. LI: Yes.

4 INTERVIEWER ROBINSON: You think he's a
5 sergeant?

6 DR. LI: Yes.

7 INTERVIEWER ROBINSON: He's a sergeant?

8 DR. LI: Yes, yes. He's a cop. He's somewhere
9 in the notebook.

10 INTERVIEWER ROBINSON: And he was not happy
11 with you? Go ahead.

12 DR. LI: So he told me my incident is not
13 life-threatening because "The fact you are still talking to
14 me, it is not life-threatening. Otherwise you cannot come
15 to me; right?" So this person is saying -- he's saying
16 they have more important work to do.

17 I don't know what kind of important work they
18 have in addition to the investigation of this, and I hardly
19 agree with him. I could have killed if the person decided
20 to -- instead of putting the isotope, he can put all the
21 other toxic chemicals in our lab, which is readily
22 available. We have sodium azide, a whole bottle of sodium
23 azide in the lab. All the people can have access to it.
24 If I put that bottle in, I can get maybe 100 people in. So
25 it's just an idea.

1 So this person decides to put a radioisotope,
2 instead of these things. So I argued with him, "I could
3 have been killed depending on what kind of chemical was put
4 in there."

5 So I argued with him it's not -- I told him "It
6 is a life-threatening situation."

7 INTERVIEWER ROBINSON: What did you decide to
8 do after that conversation? Were you still cooperating at
9 all with the campus police?

10 DR. LI: Yes, yes, yes. I didn't have other
11 choice. I wanted to find out who did it.

12 INTERVIEWER ROBINSON: So you never did go to
13 the Cambridge police?

14 DR. LI: No. I didn't know what's the
15 procedure. I just -- I'm foreign. I'm not U.S. citizen.
16 And I just came to U.S. four years ago. And also I have
17 never had a crime happen to me. So I didn't know.

18 INTERVIEWER ROBINSON: Sure.

19 DR. LI: I just know police should investigate
20 this.

21 INTERVIEWER ROBINSON: Yes.

22 DR. LI: I want to find out who did it. So I
23 made this clear to the MIT campus Police Department on the
24 first day I phoned them to arrange an appointment with
25 them, I think August 23rd or 24th.

1 And I was particularly offended by Sergeant
2 Salois because he told me I could go through Cambridge
3 police, Boston police, FBI. He especially mentioned the
4 FBI, Immigration, "You can go to Immigration, too, to ask
5 for investigation" since I was not a U.S. citizen. So he
6 mentioned especially Immigration. I thought it's
7 particularly offensive why I am foreign, I have to go
8 through the Immigration to get investigation.

9 INTERVIEWER ROBINSON: So during that
10 conversation you told him that you were not a U.S. citizen?

11 DR. LI: No, I didn't.

12 INTERVIEWER ROBINSON: You didn't tell him
13 that?

14 DR. LI: No. I think he could have recognized
15 I look like foreigner like.

16 INTERVIEWER ROBINSON: Yes, but there are many
17 Orientals who are U.S. citizens. But you didn't tell him
18 that he --

19 DR. LI: No, I didn't tell him.

20 INTERVIEWER ROBINSON: Okay.

21 DR. LI: He mentioned to me I could go to
22 Immigration.

23 INTERVIEWER SHERBINI: Immigration.

24 DR. LI: So I was quite upset. Why I have to
25 go to -- for what reason I have to go to Immigration? I

1 didn't tell him I am a foreigner. Maybe he checked my file
2 or something like that.

3 So this is another thing I was quite unhappy
4 with the MIT campus police. But I decided to cooperate
5 with them in every way I could, even because I was with
6 this incident because I thought that's the only way I could
7 get this thing investigated and find out who did this to
8 me.

9 INTERVIEWER GONECONTO: Ir. Li?

10 INTERVIEWER ROBINSON: Hopefully our
11 investigation will add to that a little bit, too.

12 DR. LI: Yes.

13 INTERVIEWER GONECONTO: I'd like to ask one
14 question.

15 DR. LI: Yes.

16 INTERVIEWER GONECONTO: You were very concerned
17 about trying to find out who did this to you; right?

18 DR. LI: Yes.

19 INTERVIEWER GONECONTO: But, yet, you waited
20 almost three weeks until you actually filed a police
21 report. I believe earlier you said you filed a police
22 report September 6th.

23 DR. LI: Yes.

24 INTERVIEWER GONECONTO: Can you explain? If
25 you were so concerned about who did this to you why you

1 waited such a long time before actually filing a written
2 statement with the police department?

3 DR. LI: Because they asked me to write a lot
4 of things. I think I didn't finish all they asked for.
5 Even then it was a four-page report, I think, at least
6 three or four page in the report. Yes, I have this here.
7 So it's a total four-page report.

8 So it takes me a lot of time to get facts
9 collected. When I write something I want to get everything
10 correct.

11 INTERVIEWER GONECONTO: I understand.

12 DR. LI: And also they wanted me to investigate
13 a lot of things from my side to check whether my notebook
14 was changed or not. It takes a lot of time to go through
15 those notebooks.

16 As I told you -- you were not here. If you
17 did, I told you. It's just my health situation in the
18 first several weeks. I couldn't work full-time work, not
19 even full-time, work maybe seven hours a day. I couldn't
20 work that way. And even I was very anxious to find out who
21 did it.

22 I have another priority to find out what my
23 dosage was. And I also have to take care of my health. I
24 mean, I was sick, basically, couldn't sleep well. And I
25 just couldn't do all of these things.

1 Another thing is it may be psychological. I
2 wanted to -- since it's like so difficult for me to get any
3 sleep, to stop thinking about this, that I for purpose for
4 a period of about several days tried to forget everything
5 about it so that I can sleep well and I can recover my
6 health.

7 So at that point, I think during that period I
8 decided my health was more important than investigation
9 itself because if I collapse because of this incident, even
10 they found who did it, I might be permanently disabled.
11 You understand this? So that's why it took me several
12 weeks to finish the police report.

13 I did it. It's the first thing I could do I
14 could work, in other words, was to finish the police
15 report. I didn't intend to delay anything.

16 INTERVIEWER GONECONTO: Okay.

17 LEAD INTERVIEWER GLENN: During this time
18 period, did anyone mention to you that you could come to
19 the NRC with any concerns?

20 DR. LI: No.

21 LEAD INTERVIEWER GLENN: Okay. So you said you
22 discussed with Masse in that first week what you could do
23 about your concerns. And no one ever said, "Oh, well, you
24 can call the NRC Region I office and" --

25 DR. LI: No, no one. I will tell you later,

1 actually, I found NRC later because later I found that -- I
2 wanted to discuss about the -- how to actually apply that
3 blue book to calculate intake because I wanted to find the
4 phone number of NRC. So I searched in the World Wide Web,
5 and I found the NRC Web site. But there was no --

6 LEAD INTERVIEWER GLENN: Have you ever seen any
7 little maps of the United States around the buildings that
8 say "Notice to Employees"? Have you ever seen anything
9 like that? Do you remember?

10 DR. LI: Oh, yes, I noticed. It's posted in
11 the elevator. Yes, in our elevator, Office of Radiation
12 Protection or stuff like that.

13 LEAD INTERVIEWER GLENN: If you read there, it
14 has the telephone number you're talking about. But I guess
15 you've never --

16 DR. LI: Yes. I didn't know, you know, that.
17 I didn't know. And also I have to consider could call NRC
18 basically put myself in a situation against whole MIT. And
19 I don't think my health at that particular period could
20 afford me to go into a bigger --

21 LEAD INTERVIEWER GLENN: Well, is that a
22 decision you made or is that one that -- did you actually
23 make the decision not to --

24 DR. LI: Oh, no, no, no. I didn't know that.
25 Thinking back right now, even if I know that, I would not

1 do that because at that point I was just on the verge of
2 collapse. I couldn't help all these things. It's a lot of
3 things putting on you. So it's very difficult.

4 INTERVIEWER ROBINSON: Speaking about the verge
5 of collapse, would it be all right with you, Dr. Li, to
6 take a little bit of a break right now?

7 DR. LI: Yes, sure. Thank you.

8 INTERVIEWER ROBINSON: It's now 9:43, and we're
9 off the record.

10 (Whereupon, the foregoing matter went off the
11 record at 9:44 a.m. and went back on the record
12 at 9:52 a.m.)

13 LEAD INTERVIEWER GLENN: It's October 19th,
14 approximately 10 of 10:00, and we're resuming the interview
15 with Dr. Li.

16 DR. LI: So we just talked about what happened
17 on September 19th -- on September 22nd -- I'm sorry --
18 about the meeting with MIT campus police. And also campus
19 police talked about the NRC, when I know I could call NRC
20 during the first several weeks.

21 So let me see what's next.

22 INTERVIEWER ROBINSON: Did you just say that
23 the campus police told you that you could call NRC?

24 DR. LI: No, no, no. We just told --

25 INTERVIEWER ROBINSON: Oh, that's what -- I'm

1 sorry. I'm sorry.

2 DR. LI: -- campus police, like I can call --

3 LEAD INTERVIEWER GLENN: Whether you knew.

4 DR. LI: -- yes, when I knew I could call NRC
5 or not.

6 INTERVIEWER ROBINSON: So they never did tell
7 you you could call the NRC, the campus police?

8 DR. LI: No, no, no, no, no, no. But they did
9 tell me I could call Immigration to file a complaint about
10 this.

11 INTERVIEWER ROBINSON: Yes.

12 DR. LI: Another thing on the -- another thing
13 happened. I think I have to jump to September 25th, a
14 Monday. So I had the first interview with MIT campus
15 police. So if you particularly are interested in the
16 details of that interview, I can talk about it. Otherwise
17 I would rather ignore what we exactly talked about.

18 INTERVIEWER ROBINSON: Well, if we need it,
19 I'll talk to you about it later.

20 LEAD INTERVIEWER GLENN: Yes.

21 INTERVIEWER ROBINSON: Just so you understand,
22 even today we may not be finished talking. Okay?

23 DR. LI: Yes, sure. I'm sure. The reason I'm
24 trying not to talk about this is because of the interviews
25 mainly is going to be revealed if I talk about this

1 conversation.

2 INTERVIEWER ROBINSON: Well, if we are going to
3 try to find out who did this to you, we're going to have to
4 talk about some names if you have some indication that some
5 names may be a problem.

6 DR. LI: Yes. But the problem is this,
7 everything recorded will be released to public. Okay? If
8 we found A did it, but B didn't do it, it will jeopardize
9 my relationship with B. Do you understand what I --

10 INTERVIEWER ROBINSON: I understand. I
11 understand. But okay.

12 DR. LI: So I'm willing to talk to you, to NRC
13 about what I know, what I talk to MIT campus police, but
14 unless it's necessary, I will try to avoid to talk in this
15 kind of setting.

16 INTERVIEWER ROBINSON: Okay. Well, I think --
17 okay. I think it's going to be necessary.

18 DR. LI: Okay.

19 INTERVIEWER ROBINSON: We'll see. We'll see
20 what --

21 LEAD INTERVIEWER GLENN: Yes. We'll continue
22 with the scoping.

23 DR. LI: Yes. I can come back anytime if you
24 are interested in this session.

25 So we had a session starting from 2:00 o'clock

1 in the afternoon lasting to about 3:30, about all the
2 possibilities. I provided all the information they asked
3 for. And we finished in the middle, and we decided to meet
4 again next day.

5 INTERVIEWER ROBINSON: And this time we're
6 talking to Mr. McCoy?

7 DR. LI: Both Mr. McCoy and a sergeant.

8 INTERVIEWER ROBINSON: And were they writing
9 anything down as you talked to them?

10 DR. LI: Yes. I think Mr. McCoy wrote
11 everything on top of my report. Because I gave him the
12 four-page report, it's easy for him to write down.

13 So when I was in -- that evening I received a
14 call from one of my colleagues from the lab. She was
15 trying to help me, but throughout the conversation I
16 sensed, I sensed, I realized that there were widespread
17 feelings in the lab that the radioactivity I had was around
18 ALI, around annual limit of intake. And I was not
19 unreasonable. I was doing something strange. In other
20 words, I was assuming to know the dosage and I was sounds
21 like making trouble for the lab, stuff like that.

22 So I tried my best to explain my situation. I
23 tried to tell her that it's not me who is intentionally
24 trying to disrupt your everyday operation or stuff like
25 that. It's a crime is committed in the lab, and I have to

1 find out who committed a crime.

2 INTERVIEWER ROBINSON: Who were you telling
3 this to?

4 DR. LI: I think it's one of the post-docs in
5 the lab, Suzanna, Suzanna.

6 INTERVIEWER ROBINSON: Suzanna?

7 DR. LI: Yes, Suzanna. I don't have that.

8 INTERVIEWER ROBINSON: Suzanna Marusic-Galesic?

9 DR. LI: Yes, yes. It's a very difficult last
10 name.

11 INTERVIEWER ROBINSON: M-A-R-U-S-I-C, dash,
12 G-A-L-E-S-I-C.

13 DR. LI: Yes. The reason I want to mention
14 this incident is throughout this period, even up to now,
15 MIT has been taking a position as since the amount of
16 radioisotope is around annual limit of intake, you
17 shouldn't worry about your health and you shouldn't make a
18 big deal out of this. Okay?

19 And I want to state again my position is very
20 clear. And I told this post-doc. I don't want to make a
21 big fuss out, mess out of this. I just want to find out
22 what amount I ingested. And I wanted to find out who did
23 this to me, and I want to bring the justice to this person.
24 So that's -- throughout this whole period, that's always
25 been my position.

1 And I don't know what the -- since I have been
2 out of the lab, I don't know what they have talked to that.
3 So even my close friend was a little bit like having this
4 type of attitude.

5 INTERVIEWER ROBINSON: Who is your close
6 friend?

7 DR. LI: Like Dr. Ming Xu.

8 INTERVIEWER ROBINSON: Ming Xu, X-U?

9 DR. LI: M-I-N-G.

10 INTERVIEWER ROBINSON: Yes.

11 DR. LI: X-U.

12 INTERVIEWER ROBINSON: X-U.

13 DR. LI: Yes. And he had been always telling
14 me that I should concentrate on my health, like Dr.
15 Tonegawa told me, but to find out who did it is not going
16 to help me physically or psychologically. That's what Dr.
17 Tonegawa told me. So, basically, this is an attitude they
18 have.

19 And I looked at the MIT's release yesterday.
20 So it still was stressing that fact. You have five rems or
21 six rems, this type, that explains not a big deal to have
22 five rems in your body.

23 But I don't think this is the issue here in the
24 investigation of this. I think I have a right to know what
25 the real dosage is. And I have a right to understand.

1 Yes.

2 INTERVIEWER ROBINSON: At this point I want to
3 make sure, Dr. Li, that you understand that I am a criminal
4 investigator.

5 DR. LI: Okay.

6 INTERVIEWER ROBINSON: And Gregg is a criminal
7 investigator. So we are investigating this incident along
8 with as part of this overall investigation.

9 DR. LI: Yes. Okay. So this is I wanted to
10 also talk to MRC about this.

11 INTERVIEWER ROBINSON: Yes.

12 DR. LI: It's basically throughout the period I
13 was faced -- I have gradually lost my peers because it's
14 like -- because you don't get respected. You get respected
15 if you are a good scientist, you do good science. If you
16 are trying to do something like this, it's not good. It
17 hurts your reputation.

18 INTERVIEWER ROBINSON: That's too bad.

19 DR. LI: I don't know why they're not like
20 this. I will return to this later on. This is just my
21 feeling. Okay? So I spend almost a half an hour or an
22 hour on the phone trying to persuade her it's not my
23 problem. It's the person who did this caused the problem.
24 And I just want to find out who did it and what exactly the
25 amount he put in the food I ingested. So this is what

1 happened now, August 25th.

2 LEAD INTERVIEWER GLENN: August or September?

3 DR. LI: September. Sorry. And then on next
4 day I had another appointment with McCoy and Eugene Salois.
5 And we talked about a lot of things that I said. If you
6 want to go into details, we can schedule another
7 appointment.

8 INTERVIEWER ROBINSON: Okay.

9 DR. LI: And we finished the -- and they
10 finished the interview. Okay?

11 INTERVIEWER ROBINSON: Finished on the 26th?

12 DR. LI: Twenty-sixth. It's another one and a
13 half hours, yes. And I can tell you a little bit of detail
14 about this. Mr. McCoy told me that he is going to see
15 Sosumu Tonegawa, Dr. Sosumu Tonegawa, tomorrow at 10:30.
16 And also he said he will ask Dr. King to gather all the
17 information about people at the time period because we
18 could narrow down the time period the crime I had happen.

19 And also he told me he will talk to the police
20 chief, campus police chief, to decide what exactly the
21 crime will be classified. He mentioned something like
22 assault, battery with dangerous weapon to second-degree
23 murder or something like that. Okay. I didn't know what
24 exactly they assign the crime categories. And this is the
25 -- this is what happened on Tuesday, September 26th.

1 LEAD INTERVIEWER GLENN: Okay.

2 DR. LI: Another thing, another small
3 interaction with MIT Radioprotection Office is I had a
4 conversation with Mitchell Galanek. And he asked me
5 whether I had identified to move to Urbana-Champaign as a
6 new position, new job.

7 And I told him I got Markey Foundation
8 position, which is a private foundation position, and since
9 they pay all the salary for five years. And I don't have a
10 -- and it's quite flexible. I can even delay for a year to
11 start my faculty appointment. It's just not paid by the
12 state university. It's a private funded position.

13 I will switch back to the tenure track, tate
14 track, after the foundation money runs out. So I told him
15 I don't have any deadline to leave, and I wanted to pursue
16 this. I wanted to find out exact dosage and to find out
17 who did it.

18 And he indicated to me that was a mistake in
19 the calculation of days. In other words, they assigned one
20 day more or one day less when they put the data into the
21 model to calculate that. And they said they will wait for
22 Dr. Ring's result and then report this number to NRC.

23 LEAD INTERVIEWER GLENN: So this is on the 26th
24 that they indicated they were going to report it?

25 DR. LI: To NRC. That's what he told me. And

1 this is what happened on September 26th, Tuesday.

2 On September -- next day, on September 27th,
3 Wednesday, Sosumu Tonegawa, Dr. Tonegawa's secretary left a
4 message for me in the answering machine and asked me to
5 call back. And I called Dr. Tonegawa. And after several
6 times I actually caught her -- or caught him and talked to
7 him.

8 He specifically asked me whether I needed a
9 bench anymore and I -- and whether I can surrender the
10 bench. And I told him I needed a bench for at least one or
11 two months after I couldn't go back to work. So I asked
12 him not to assign my bench to someone else. I needed a
13 bench to work. I haven't finished the research at MIT yet.

14 And he asked me to keep him informed of what is
15 going on with me. And, actually, I have been always
16 keeping him informed. Every time I decided to stay out of
17 work because of doctor's recommendation, I always fax him
18 or give him a copy of doctor's recommendation or return to
19 work summary. So I don't think I have problem keeping him
20 informed.

21 INTERVIEWER ROBINSON: Do you know when the
22 last day is that you have actually been back into the lab
23 and doing work?

24 DR. LI: That's the August 19th.

25 INTERVIEWER ROBINSON: That's the last day that

1 you've been in the lab?

2 DR. LI: No. Working in the lab. Okay. After
3 that I went back a few days, like to pick up the bottle, to
4 talk to the people, try to find out what's going on. But I
5 never worked after August 19th.

6 INTERVIEWER ROBINSON: Okay.

7 DR. LI: And on occasions like someone might --
8 when I came back to the lab, someone might caught me and
9 discuss science with me.

10 INTERVIEWER ROBINSON: Sure.

11 DR. LI: I don't know whether it's discussed as
12 work, but officially I never worked. I was out of work.

13 INTERVIEWER ROBINSON: And when you would go
14 into the lab, it would just be for a short time, to pick up
15 the bottles, and have a short discussion?

16 DR. LI: Yes.

17 INTERVIEWER ROBINSON: Okay.

18 DR. LI: Sometimes friends, my close friends,
19 would ask me about my situation, what's -- "How do you
20 feel?" So it might be 30 minutes longer or maybe stuff
21 like that.

22 Basically I went to lab just to pick up a
23 bottle and sometimes to pick up the mail, a couple of mail.
24 And they -- and since I'm a senior post-doc, sometimes
25 junior post-doc might ask me a few technical questions. So

1 sometimes it might last a couple of hours.

2 INTERVIEWER ROBINSON: Sure.

3 DR. LI: And I couldn't refuse, --

4 INTERVIEWER ROBINSON: Sure.

5 DR. LI: -- although from bottom of my heart I
6 was fearful. I don't want to -- I don't want to stay in
7 the lab. It's just I couldn't explain that. It's too rude
8 to terminate the conversation. So that's why I didn't --
9 certain days it might be longer than 10 to 30 minutes
10 because of people caught me.

11 For example, Sunday, last Sunday, I went to the
12 lab just to fax something to university. I have a fax
13 machine at home. It didn't work. So I drove in at early
14 morning, like 6:00 o'clock in Sunday morning. I tried to
15 avoid everyone. Okay?

16 But when I was faxing, someone came to me and
17 asked about my research. I have to talk to him for an
18 hour.

19 INTERVIEWER ROBINSON: Sure, sure.

20 DR. LI: And I cannot refuse him.

21 INTERVIEWER ROBINSON: Is the outside to the
22 lab building just open on Sundays or do you have to gain
23 access with a key card or anything?

24 DR. LI: Yes. We have to open with keys.

25 INTERVIEWER ROBINSON: With a key on Saturday

1 and Sunday?

2 DR. LI: On Sunday, yes. I can --

3 INTERVIEWER ROBINSON: All the researchers have
4 the keys, though?

5 DR. LI: All the researchers, yes.

6 Okay. Yes. So that's what happened on
7 September 27th. On September 29th, Friday, I had a meeting
8 with Dr. Ring at Harvard to really pinpoint the dosage.
9 And it was a great surprise for me. I visited the Harvard
10 University. And he told me we should have used -- if you
11 use a fraction of urine excretion, it -- I believe you know
12 that.

13 INTERVIEWER ROBINSON: Yes.

14 DR. LI: So this is a key data, a key figure in
15 order to get an accurate estimate of what you get. So in a
16 previous calculation Dr. Ring used F_u equals .75, which is
17 the average.

18 He told me which is the average what you have
19 because in the ICRP publications he told me in one
20 publication they used .6 as the F_u and in another
21 publication they used the .9. So he told me in Harvard
22 they used average of .75.

23 So that's why in the first period -- in the
24 first calculation at Harvard we got 754 microcuries based
25 on the F_u at .75. And this time he told me we should have

1 used Fu equals .9. So this we -- he told me this is a
2 number most people accept.

3 And this is a contradiction to what he gave me
4 in the first time because he gave me a document which is
5 used, I believe, in Harvard University to measure the level
6 radioactivity of phosphate based on urine sample analysis.
7 And now he -- this time he shifted to Fu equals .9, which
8 was a number, 584 microcuries, instead of 754.

9 And he told me also urine is the most accurate
10 way of measuring original dose, which is also different
11 from the first time I asked him because I asked him first
12 time why the whole body is better than the urine model. He
13 told me it's 50 to 50 but this time the urine is the most
14 accurate model. And he told me in the program he is using
15 the most recognized program. I don't know whether he's
16 accurate or not.

17 And he told me also this NRC recommended to use
18 Fu equals .9, so NRC recommended. So we have to follow NRC
19 regulations, but the whole body count. So we put the whole
20 body data into the computer. So we still came out with
21 630. It's about 630. So that's why urine model -- he
22 explained to me probably urine model is the most accurate.

23 INTERVIEWER GONECONTO: One question, Dr. Li.
24 Because your dose was so high, how does that affect because
25 it's close -- I'm not a physicist. But how close is that

1 to your annual intake? And how does that affect your
2 working in the lab? You know, can you still go back and do
3 stuff if the dose limit is that high or how does that
4 affect your work?

5 DR. LI: Oh, it affects my -- in the first few
6 weeks I actually had some physical problems, physical
7 pains. It's probably related to stress or isotope. I
8 don't know. I just feel I was not comfortable. I
9 complained to this to doctor. Doctor told me they don't
10 know whether it's stress-related or it's isotope-related.

11 And after few weeks I was gradually okay. And
12 I can work at least part-time. But the Harvard Community
13 Health Plan doctor advised me -- asked me to stay out of
14 the lab because they cannot afford to be -- to have another
15 ingestion incident because from what the information they
16 have gathered by talking to MIT, they were not -- still not
17 sure how I could have ingested that amount.

18 INTERVIEWER GONECONTO: And if you went back,
19 someone might have done this again?

20 DR. LI: Again.

21 INTERVIEWER GONECONTO: Yes.

22 DR. LI: And then how will the Community Health
23 Plan be liable for asking me to stay, to go back to work.
24 So that's why they asked me. I can work at the University
25 of Illinois if I choose to, but I cannot go back

1 specifically to MIT, that lab.

2 INTERVIEWER GONECONTO: Because there's still a
3 possibility that whoever did this to you could do it again?

4 DR. LI: Yes, yes.

5 INTERVIEWER GONECONTO: All right.

6 DR. LI: Yes.

7 LEAD INTERVIEWER GLENN: Well, now, that was
8 the recommendation of the Harvard doctors. Has MIT set up
9 any restrictions on your work at this point?

10 DR. LI: No, no. Actually, MIT never gave me a
11 permit to stay out of work. Okay? When I first see MIT
12 medical doctor, they never told me, "You should stay out of
13 work" or "You are sick" or "You have problem." They just
14 say "You are fine."

15 INTERVIEWER GONECONTO: Even though your dose
16 was so high, they expected you to come back or they didn't
17 restrict your work in any way, did they?

18 DR. LI: No, no because I told the occupational
19 health doctor for MIT at that time it's 355. I told him
20 it's 355 microcuries. So the doctor told me 355 and "You
21 go to 3 or 4 rems." And he said, "You can have five rems.
22 So three to four rems is not big deal."

23 So after that when I tried to apply for
24 Workers' Compensation because I had to recover the medical
25 bills -- I pay back Harvard Community Health Plan. And it

1 took me almost 25 days to get the Workers' Compensation
2 because I phoned the doctor at the MIT Medical Department.
3 He first agreed to write the document to say I can stay out
4 of work. And then he didn't write that one.

5 So MIT Workers' Compensation Program manager
6 told me I couldn't get this filed because I don't have
7 doctor's recommendation to stay out of work from MIT
8 Medical Department. And I think I finally got it from
9 recommendation of Harvard Community Health Plan, not from
10 MIT Medical Department.

11 Under MIT Workers' Compensation Program it was
12 very difficult for me, too. I called them for almost 25
13 days. Like every one or two days I called them and tried
14 to talk to the person in charge so I can get a claim number
15 and I can reimburse my money of the 1st and 2nd since some
16 of the treatment I received at Harvard Community Health
17 Plan requires my wife's presence.

18 They have family therapist to accelerate my
19 recovery. So my wife was also working -- is also working
20 at the company. So in order for her to accompany me to the
21 hospital, she has to take several hours off of work. So I
22 wanted to find out whether MIT will pay this bill.

23 And it took me phoning them 25 days almost. I
24 can find out how many times I phoned. Every time I phone I
25 leave a message. And I never got a single message in my

1 answering machine.

2 The way I made it work was I waited outside
3 that Safety Office to see whether the manager was in there
4 or not. And one day I found she was talking inside. So I
5 waited until she finished. And I asked her whether I can
6 talk to finish that.

7 And she said, "You need to schedule appointment
8 with me. Otherwise you cannot get" --

9 INTERVIEWER ROBINSON: "I've been trying to
10 schedule an appointment with you."

11 DR. LI: I was very angry. I said, "I called
12 25 days. I wanted to get an answer from you, and you never
13 called me back."

14 She said, "No. I told the secretary you needed
15 to schedule appointment." I never heard anything from
16 secretary saying I needed to schedule appointment. I was
17 trying to reach her, but I never got her.

18 So, anyway, it took it away from what I'm
19 talking. This is just giving an image of how difficult I
20 was to get everything down, even for myself.

21 And I never claimed Worker Compensation before.
22 So I don't know whether it's a normal process I should go
23 through or whether it's particularly difficult for this
24 case. I don't know.

25 INTERVIEWER ROBINSON: Did you think of

1 applying for Workers' Comp or did somebody recommend or
2 suggest that you do that?

3 DR. LI: Oh, at MIT nobody suggested me to come
4 to this and I --

5 INTERVIEWER ROBINSON: You thought of it
6 yourself?

7 DR. LI: No. I actually asked help from a
8 lawyer. And he told me cases like this I have to apply for
9 Workers' Compensation. Then I got idea I have to apply for
10 Workers' Compensation.

11 INTERVIEWER ROBINSON: Okay.

12 DR. LI: And I never know the status of
13 Workers' Compensation. I have to apply.

14 I actually paid all the medical bill myself at
15 the MIT Medical Department because they never, never asked
16 me whether it's a work-related incident or whether it's not
17 a work-related incident. So I believe I used my health
18 insurance coverage to see the doctor at MIT Medical
19 Department.

20 But in Harvard Community Health Plan, they were
21 very formal, I think. Whenever you start your appointment,
22 first they will ask you whether it's work-related or not.
23 If it's work-related, you fill a different form. Then they
24 don't ask you to pay the co-payment, stuff like that. So
25 at MIT I believe I paid the thing using my medical

1 insurance, instead of Workers' Compensation.

2 I will file correct these when I have more
3 energy. I'm still not okay right now. So --

4 INTERVIEWER ROBINSON: Okay.

5 INTERVIEWER SHERBINI: I have a question, Dr.
6 Li. On this part of your statement, what was the reason
7 again that the Harvard doctors asked you to stay away from
8 work? I misunderstood this.

9 DR. LI: Oh, yes. Sorry. The reason Harvard
10 doctor asked me to stay away from work for the first two
11 weeks because they -- yes. The first two weeks was I think
12 based on my health situation. Okay.

13 After that they asked me to stay out of work.
14 I think it's mainly based on the fact that the doctor
15 didn't know what happened to me so that I could have
16 several hundred microcuries in my body. If they release me
17 back to work, this type of incident might happen to me
18 again, this radioactivity.

19 INTERVIEWER SHERBINI: Okay.

20 DR. LI: This is a danger for me, for the
21 patient.

22 INTERVIEWER SHERBINI: Okay. Just so I
23 understand, the doctor thought you already had a lot of
24 radioactivity in you, more than they know, or they were
25 afraid you might get some more? Which was it?

1 DR. LI: I think they know the number. It's
2 about 500. I said in the early morning. So it's about 300
3 to 350. And I told the doctor it might be higher than
4 that. So because I want to get an honest situation, honest
5 answer what might happen to my health, so I told her that
6 probably it's going to be six, seven hundred based on my
7 calculation.

8 I think she listened to both, both number, yes.
9 But still she couldn't find out exactly how I got this. So
10 that's why she couldn't release me back to the lab, to
11 work.

12 INTERVIEWER SHERBINI: Is that what she said,
13 because she didn't know how you got the intake? So she
14 couldn't release you to the lab?

15 DR. LI: I told her it's probably someone
16 deliberately did this to me. I think as a doctor she has
17 to listen to all the sides. And I don't think MIT told her
18 exactly the way I told the doctor, yes.

19 So this is what happened on September 29th.
20 Oh, another thing -- sorry -- I forgot to mention is the
21 whole body gives us 630. So he said it's urine model more
22 accurate.

23 And then which of these -- another thing I
24 mentioned to Dr. Ring is I found that the whole body model,
25 when you do a whole body model, you have some fraction.

1 Assume it's 65 percent. This part is 65 percent. People
2 might -- different people might have different percentage.
3 And also the calibration might be different for different
4 people.

5 So I asked -- I offered him a way of
6 calibrating this whole body model, for calibrating this
7 whole body model, because based on the urine excretion,
8 amount of urine excretion, actually I believe you could
9 calibrate the whole body model because if you have a period
10 of 40 days, on the day 1 and the day 40 you have the level
11 of the radioactivity in your body. And then if you
12 subtract the day 40 from the day 1, you can get the
13 difference. So this difference should be the amount
14 excreted out.

15 So this is the way I suggested to him we might
16 be able to calibrate the whole body model. And by this way
17 of calibration, I found the MIT's whole body model actually
18 is a little bit underestimated the real dosage.

19 So you should factor 20 percent or 15 percent
20 back to the number you get directly from the MIT whole body
21 model. So this will end up also from 650 to maybe 900 in
22 the manual that -- so I left the paper to him, and I asked
23 him what he thought about this kind of calibration. So
24 this is another thing I left out.

25 So this is what happened on September 29th. On

1 September 9th, Monday, it's a holiday in Massachusetts. So
2 I --

3 INTERVIEWER ROBINSON: October 9th?

4 DR. LI: On October 9th, yes. Sorry. I'm
5 sorry. I've got my note not to say that.

6 INTERVIEWER ROBINSON: Yes.

7 DR. LI: Yes, October 9th, Monday, it's a
8 holiday. So, as usual, I drove very early, usually on
9 Sunday. I don't want to meet anyone at the lab. It's a
10 danger to me to pick up my mail.

11 And I got something important, I think. I
12 received a letter from Director of Radiation Protection
13 Committee, in which I think they got some conclusion for
14 me. I have a copy here. Yes. So the -- I got a letter
15 from Harry Hemond, which is the Chairman of Radiation
16 Protection Committee.

17 LEAD INTERVIEWER GLENN: Dr. Li, could you
18 confirm that that's the document that you gave us yesterday
19 that's marked 10-95-14Q? Is that the same document?

20 INTERVIEWER ROBINSON: We made that marking.

21 DR. LI: Oh, yes. Okay.

22 INTERVIEWER ROBINSON: We made the 10 --

23 DR. LI: Yes, yes, yes. That's the document,
24 yes.

25 LEAD INTERVIEWER GLENN: Okay. Thank you.

1 DR. LI: Yes. So, basically, they said they
2 think it's a deliberate poisoning apparently.

3 My English is not good because I am not a
4 native speaker. I might misunderstand this. So that's why
5 I'm discussing this with you. So they say "which you were
6 apparently deliberately exposed to phosphorus 32 by unknown
7 persons."

8 So I think it's probably they agree that it's
9 poisoning isn't state of accidental exposure by myself. So
10 I thought that everything is finished, the investigation is
11 over because they agree it's poisoning.

12 But it's not because yesterday I received --
13 not yesterday. Two days ago I received an MIT news release
14 from MIT. They still claiming they are not sure whether
15 it's accident or it's a deliberate act.

16 INTERVIEWER ROBINSON: Well, the reason I guess
17 -- the only reason I think they may say something like that
18 is that they haven't exactly found who, in fact, did it.

19 DR. LI: Okay.

20 INTERVIEWER ROBINSON: So they can't say "Yes,
21 it was a deliberate thing" because they haven't found who
22 did it.

23 DR. LI: Oh, I see.

24 INTERVIEWER ROBINSON: I think that may be why
25 they're saying that.

1 DR. LI: Okay.

2 LEAD INTERVIEWER GLENN: But that's something
3 we can explore with you.

4 DR. LI: Yes. For me it's very strange because
5 I thought this maybe my understanding is not right. I
6 thought this is very convincing somebody might have
7 poisoned it, but this is something I noticed. So they also
8 say that they are asking MIT to have chemicals, please, to
9 have a deep -- to have a thorough and in-depth police
10 investigation.

11 And then I phoned David McCoy I think one or
12 two days later. I told him whether he know this is -- I
13 receive argument from this person. So I said they asked
14 MIT campus police to do some in-depth investigation. He
15 said, "We have them already doing this. So we don't have
16 to tell them to do that thing, investigation."

17 INTERVIEWER ROBINSON: Did he say that he had a
18 copy of that Radiation Safety Committee letter?

19 DR. LI: No, he didn't say that. He said that
20 we --

21 ~~INTERVIEWER~~ INTERVIEWER ROBINSON: Just that doing"
22 --

23 DR. LI: "We already are doing a deep, thorough
24 investigation. And we don't need anyone to tell us to do
25 that."

1 INTERVIEWER ROBINSON: Okay.

2 INTERVIEWER GONECONTO: But, Dr. Li?

3 DR. LI: Yes?

4 INTERVIEWER GONECONTO: Excuse me. About this
5 time were you getting some harassing phone calls, too, at
6 your residence?

7 DR. LI: Yes. I didn't talk about this.

8 INTERVIEWER GONECONTO: Okay.

9 DR. LI: I have a log book.

10 INTERVIEWER GONECONTO: Okay. Good.

11 DR. LI: Anonymous calls at home, hang-up
12 calls, yes. I filed a report with Malden police. So they
13 put a phone trap in my phone line.

14 LEAD INTERVIEWER GLENN: So you have gone
15 through --

16 INTERVIEWER ROBINSON: He went to the Malden
17 police because of some harassing phone calls.

18 DR. LI: Yes.

19 INTERVIEWER ROBINSON: Are there any results
20 from that phone tap?

21 DR. LI: No because when I set up a phone call,
22 usually then I will be very cautious. Usually I don't take
23 up the phone call because if someone had hang-up calls,
24 they usually let answering machine answer it.

25 So I received calls, like stopping in the

1 middle of answering machine. I don't know whether it's a
2 harassing call or not.

3 INTERVIEWER ROBINSON: So the Malden police
4 have not gotten back to you and said, "We've got some phone
5 numbers for you"?

6 DR. LI: No, no, no.

7 INTERVIEWER ROBINSON: Okay.

8 DR. LI: And the frequency is not so high. I
9 don't know whether it's directly related to my poisoning at
10 MIT or it's an isolated incident. And I don't know.

11 And also when I phoned David McCoy and I asked
12 him when the investigation will be over, he told me the
13 investigation will be over in 7 to 10 days.

14 INTERVIEWER ROBINSON: When you called him on
15 about October 11th or 12th?

16 DR. LI: Earlier than that. It's about
17 October. I think it's October 6.

18 INTERVIEWER ROBINSON: You got the letter on
19 the 9th.

20 DR. LI: Ninth, yes. Before that I called.

21 INTERVIEWER ROBINSON: Oh, I thought you said
22 you called him after that.

23 DR. LI: No, no, no. Sorry. I made a mistake.
24 It's I called David McCoy on October 6th, yes, Friday. And
25 I told him "I cannot go back to work because of the danger

1 in the lab. So I want the investigation over quickly so
2 that I can go back to work." And he said the investigation
3 will be over in 7 to 10 days.

4 And since I'm not an English speaker, I want to
5 know exact meaning of "investigation is over." So I asked
6 him what it means "investigation is over."

7 He said "Investigation is over means either we
8 catch someone who did this or we have exhausted all the
9 leads and we can't find anyone," which is fine with me.
10 Anyway, I can't go back to work.

11 So then, again, I called David McCoy in that
12 period, I think after October 9th, to find out exactly --

13 INTERVIEWER ROBINSON: Maybe a week later?

14 DR. LI: Yes, it's 13th, Friday, 13th. And I
15 asked him "What's the progress of this investigation?" and
16 whether it's over or not. He told me his personal leave,
17 for his personal leave, and he was ill, he was upset for
18 the last few days.

19 He said he's trying to talk to people in the
20 lab and he will try to finish it up as scheduled, 7 to 10
21 days.

22 INTERVIEWER ROBINSON: From that time?

23 DR. LI: From that time, yes, because he had
24 several day off. You cannot expect to finish in 7 to 10
25 days. Yes.

1 INTERVIEWER ROBINSON: Do you have any
2 indications from talking to your friends that McCoy has
3 talked to them?

4 DR. LI: No, no. That's the problem. Every
5 time I phone David McCoy, he was always telling me "The
6 investigation is going well." But when I talk to the
7 people in the lab, they say, "Well, have" -- they actually
8 are even surprised the investigation is -- it's two or
9 three independent persons. And they were surprised.

10 They go, "Really? The police are investigating
11 this?" because they never heard or noticed the presence of
12 the police. So it's something strange because I was on
13 that side couldn't find what's going on. It's just too
14 complex for me.

15 So that's about that, all about this. I think
16 I don't have to talk to you about what happened after that.
17 it's pretty close.

18 LEAD INTERVIEWER GLENN: Okay. I guess in
19 terms of one thing, have you gotten a report from Dr. Ring
20 yet, a final report?

21 DR LI: Oh, yes, I got it. As I said, it
22 might be my misunderstanding in this whole situation. I
23 didn't ask Dr. Ring to give me a report of dosage. It's
24 not my intention. I don't want to put Dr. Ring in a
25 difficult situation to give me a report.

1 All I -- my understanding of his help is to get
2 Dr. Ring's professional help to let me understand how to
3 calculate the dosage. So I achieved that. So I never
4 pursued or never asked Dr. Ring to give me a formal report
5 to what the number is. I just wanted him to help me to
6 identify the number.

7 LEAD INTERVIEWER GLENN: Could you clarify what
8 your position is with respect to the numbers that he
9 supplied? Do you agree with them or disagree with them?

10 DR. LI: I didn't agree with the number because
11 we haven't finished the calculation. As I told you, I
12 think it's on September 29th. I give him a table in which
13 I suggest we could use that table to recalibrate the whole
14 body model because I believe the whole body model was not
15 calibrated correctly. And we haven't finished that part.
16 So we haven't reached agreement me and Dr. Ring.

17 So several days ago Dr. Ring actually phoned
18 me, saying "MIT is asking for formal report." Okay?

19 And I phoned him back, saying "I already got
20 the formal report from MIT. Why are you giving me the
21 formal report?" I was surprised, actually, why he has to
22 write a formal report because on previous occasion he -- on
23 September 29th he told me -- he asked me where I will be in
24 the future. And I told him I will be a faculty member in
25 another university. And he told me health physics is a

1 very small field, it's difficult to get faculty positions,
2 something like that.

3 So I think it will be better not to ask Dr.
4 Ring to give me a report from that conversation. So my --
5 and I never asked him a report, formal report. I just want
6 to get an idea what's the dosage range.

7 LEAD INTERVIEWER GLENN: As a scientist, what
8 would you expect the accuracy of this kind of calculation
9 to be, realizing that it's a model based on an average
10 person? How much precision are you actually expecting to
11 be able to achieve?

12 DR. LI: Oh, yes, yes, yes. Another thing I am
13 not satisfied with MIT's report is they give me a very
14 accurate number, like 579 or stuff like that. And this is
15 not useful for me and for my doctor. And my doctor needed
16 to know a range. And for me I needed to know a range,
17 like, let's say, 400 to 500, so we can think of all the
18 possibilities. But when I asked the MIT, Mitchell Galanek
19 -- I told you the date previously when he told me the
20 dosage is going to be 550 to 580.

21 I asked him how sure you are with this dosage.
22 If it's a measurement, you must have a ALI range, for
23 example. If you measure, it's 580. You must have plus or
24 minus something. And he said, "No, we don't have a range."

25 So I phoned Dr. Ring specifically about this

1 ranges thing. And on the phone I asked Dr. Ring, "Okay.
2 Let's say at least 579 is correct. What's the range here
3 with all this thing?"

4 And previously on the second, on September
5 29th, he told me, "If I give you a number of 580, it means
6 it's 580 plus/minus 50 percent of this number. And this
7 means it's between 300 to 900." And on that night when I
8 phoned him about this range, basically he refused to give
9 me a range about 580. And I didn't want to press him.

10 LEAD INTERVIEWER GLENN: So you're not really
11 expecting that they give you a number and they say "It's
12 got to be exactly this number," but you think that the
13 uncertainty should be quantified?

14 DR. LI: Of course, sir. I am a scientist.
15 It's not joking. And even if when you do scintillation
16 counting it's 10 percent error when you get into several
17 hundred range. And I'm expecting.

18 So when they told me it's between 400 to 450,
19 it's the kind of range I'm looking for. Right? And even
20 before they issue a formal report, it will be. They told
21 me it's 550 to 580. So I was expecting to find out how
22 they can determine that range of 550 to 580 so that I can
23 discuss with them what the difference is.

24 Frank Masse just faxed MIT Radioprotection
25 Office, just faxed me the formal report and say "We based

1 on" this and that, that. "Every number is within the
2 permissible limit." When you talk about within the
3 permissible limit, you have to do a range on the number you
4 measure. Otherwise, how you can conclude it's within that
5 range?

6 I was in the process. I was in the process of
7 trying to find out range with Dr. Ring, but Dr. Ring just
8 phoned me to say MIT need a report right away. So he
9 already prepared it. It's a 29-page report. And I asked
10 him to fax me a report, and he faxed me to home.

11 And he asked me -- and he actually asked me if
12 we don't get back to me tonight, he will think it's okay, I
13 will accept it. And I told him "It's too short a time
14 period you are giving me to check all the report. It's 29
15 pages. I cannot do that for you."

16 LEAD INTERVIEWER GLENN: I wonder if I could
17 confirm. I have a document here that we have marked as
18 10-95-14S. Is this the document that Dr. Ring faxed to
19 you?

20 DR. LI: Yes, yes, yes.

21 LEAD INTERVIEWER GLENN: Okay. Thank you.

22 DR. LI: Yes, faxed to my home. And I told
23 him, "I cannot say -- comment on the document within 10 or
24 15 minutes whether I accept it or not."

25 As I told you, I haven't finished working with

1 Dr. Ring, but MIT is jumpy, saying, "We need a report right
2 away, tomorrow." And I don't think it's something
3 reasonable because I expect Dr. Ring to work independent of
4 MIT because I asked for independent people to evaluate this
5 to give me information.

6 And Dr. Ring is doing this at MIT's request. I
7 think it's not independent.

8 INTERVIEWER ROBINSON: Well, I mean, wasn't
9 there a meeting between you and MIT where you talked about
10 selecting an independent, where Dr. Ring was selected?

11 DR. LI: No, no.

12 INTERVIEWER ROBINSON: Oh, no, that's not --
13 oh, okay.

14 DR. LI: So when I asked for that, Dr. Sharp,
15 when I asked Dr. Sharp, saying I need an independent place
16 to measure my intake and I need someone, I needed to have
17 access to expert help to tell me how to calculate this
18 because it was too much for me, a molecular biologist,
19 molecular physics stuff, to understand models.

20 So then Dr. Sharp said without consulting with
21 anyone, "Is people from Harvard okay with you?" because
22 Harvard and MIT always do things for each other. And I
23 said that's okay. So we didn't talk specifically who to
24 talk to.

25 And then Frank Masse, Mitchell Galanek informed

1 me Dr. Ring will be my adviser.

2 INTERVIEWER ROBINSON: So he didn't ask you if
3 Dr. Ring would be all right? He just told you that Dr.
4 Ring would be your adviser?

5 DR. LI: Yes, sir, so go to Dr. Ring. And but
6 Dr. Ring asked me whether I'm feeling comfortable with him
7 or not during the first meeting, during the first meeting.
8 So I said, "So far it's fine." So that's --

9 INTERVIEWER ROBINSON: Okay.

10 DR. LI: Actually, I think he did ask me during
11 the first meeting. Yes.

12 LEAD INTERVIEWER GLENN: Okay. Maybe take care
13 of some mundane things right now in terms of the documents
14 you gave us yesterday to go through and get them
15 identified.

16 DR. LI: Yes.

17 LEAD INTERVIEWER GLENN: The first document
18 here is one marked 10-95-14A.

19 DR. LI: Yes.

20 LEAD INTERVIEWER GLENN: And my questions would
21 be: Is this your data or is this MIT data?

22 DR. LI: Yes. This is MIT data. It's the
23 handwriting of I believe Mitchell Galanek.

24 LEAD INTERVIEWER GLENN: Okay. So this is a
25 copy of something you got from --

1 DR. LI: Yes, from MIT.

2 LEAD INTERVIEWER GLENN: Okay.

3 DR. LI: Only this part is --

4 LEAD INTERVIEWER GLENN: Okay. Those things
5 that show up as lighter were later added by you?

6 DR. LI: Yes, this light one. Yes. This is
7 the mistake I identified when I talked to them.

8 LEAD INTERVIEWER GLENN: Right. So, in
9 particular, on the second page, where there's a division by
10 .6, that was your calculation?

11 DR. LI: Yes, on this. Yes.

12 LEAD INTERVIEWER GLENN: Okay. The next
13 document is one marked 10-95-14B, a calibration of the
14 whole body counter.

15 DR. LI: Yes.

16 LEAD INTERVIEWER GLENN: Again, is that your
17 document? Is that Harvard's, MIT's document?

18 DR. LI: It's MIT's document for the second
19 calibration they did. I don't have the document for the
20 first calibration. Except here I added the -- my comment.

21 LEAD INTERVIEWER GLENN: Okay. So right-hand
22 side there are some comments that you added?

23 DR. LI: Yes.

24 LEAD INTERVIEWER GLENN: Okay.

25 DR. LI: In the original one it should be

1 marked with different color, with either pencil or with a
2 different colored pen. Yes.

3 LEAD INTERVIEWER GLENN: This is a document
4 marked 10-95-14D.

5 DR. LI: Yes, from MIT.

6 LEAD INTERVIEWER GLENN: This is, again, an MIT
7 document?

8 DR. LI: Yes, but when I discussed with them, I
9 asked the numbers with him.

10 LEAD INTERVIEWER GLENN: Okay. So there are
11 additional calculations on there. There is a bottom line
12 that has an arrow saying "147 microcuries." Below that,
13 then, there are some other calculations. And those
14 calculations are yours?

15 DR. LI: Not mine. It's actually we did it
16 together.

17 LEAD INTERVIEWER GLENN: You did it together?

18 DR. LI: We used the urine model I found on the
19 book.

20 LEAD INTERVIEWER GLENN: Whose handwriting is
21 this?

22 DR. LI: It's my handwriting.

23 LEAD INTERVIEWER GLENN: It is your
24 handwriting?

25 DR. LI: I told them it's 740 based on that,

1 based on handbook.

2 LEAD INTERVIEWER GLENN: Okay. We have a
3 document marked 10-95-14E.

4 DR. LI: Yes. This is a document for the
5 radiation, radioactivity count on my clothing. So on this
6 side is the 65431. One is Monday, I believe. Yes, one is
7 Monday. One is the clothes I changed on the Tuesday
8 morning. Two is Wednesday morning. Three is Thursday
9 morning. So one is the clothes I wear, wore on Monday.
10 Okay. So this is Saturday. Six is Saturday.

11 LEAD INTERVIEWER GLENN: Okay. So this would
12 be August 19th?

13 DR. LI: Nineteenth, yes.

14 LEAD INTERVIEWER GLENN: Okay.

15 DR. LI: Nineteenth, 18th, 17th. So this is
16 August 14th.

17 LEAD INTERVIEWER GLENN: So this is August
18 14th?

19 DR. LI: Yes. So this is 13th, August 13th,
20 August 12th here. So, as you can see here, the August
21 12th, Saturday, it's almost the background. They have 50
22 cpm.

23 LEAD INTERVIEWER GLENN: Okay. So the 50 cpm
24 there, that's the same reading you would get if the
25 instrument were anywhere in the room, essentially?

1 DR. LI: Yes, yes. It's a background.
2 Starting from Monday you get four to five in the cpm.
3 Excuse me just a second. I gave you the wrong document. I
4 have another one. So let me find out.

5 LEAD INTERVIEWER GLENN: Okay. We'll have to
6 enter it in as another document, but it will be entered in.

7 DR. LI: I have a document which Mitchell
8 Galanek wrote the number here. So this is the number I
9 wrote.

10 LEAD INTERVIEWER GLENN: Okay. On this
11 document everything is yours?

12 DR. LI: Everything I wrote it or my wife wrote
13 it because my wife measured it, too.

14 LEAD INTERVIEWER GLENN: Oh, okay.

15 DR. LI: The measurement I did with the Geiger
16 counter at home. So we did a -- recorded a cpm number. We
17 just recorded a relative number. So one is a background.
18 And three is a high end background.

19 LEAD INTERVIEWER GLENN: Oh, okay.

20 DR. LI: So that is -- this number is clearly
21 to get with such actual cpm number when we give the next
22 day.

23 LEAD INTERVIEWER GLENN: So the numbers in the
24 right-hand column are measurements that are made by MIT?

25 DR. LI: Yes, Mitchell Galanek.

1 LEAD INTERVIEWER GLENN: Okay. We have a table
2 here that's marked 10-95-14F.

3 DR. LI: Yes.

4 LEAD INTERVIEWER GLENN: Now, whose is that?

5 DR. LI: This is a document I copied from Dr.
6 Ring's place. And Dr. Ring told me this is the table that
7 MIT submitted to Dr. Ring's place on intake.

8 LEAD INTERVIEWER GLENN: So this is your
9 writing, but it's a copy of a document that you were shown?

10 DR. LI: Yes. It's not my writing here.

11 LEAD INTERVIEWER GLENN: That's not your
12 writing?

13 DR. LI: No, it's not my writing. It's MIT's
14 writing, yes. Yes.

15 LEAD INTERVIEWER GLENN: Okay.

16 INTERVIEWER ROBINSON: It's from Dr. Ring's
17 office, though; right?

18 DR. LI: Yes. I think MIT submitted this to --

19 LEAD INTERVIEWER GLENN: Okay. But the actual
20 table here, who wrote this table?

21 DR. LI: I think it's MIT personnel, yes, in
22 Radioprotection Office. But I don't know who wrote it. I
23 just got a copy of it at the permission of Dr. Ring. I
24 asked him whether I can copy it.

25 LEAD INTERVIEWER GLENN: So this is something

1 that they gave to Dr. Ring, and Dr. Ring gave it to you?

2 DR. LI: Yes.

3 LEAD INTERVIEWER GLENN: Okay.

4 DR. LI: This is the formal report I received
5 at home.

6 LEAD INTERVIEWER GLENN: Okay. This is a
7 document marked 10-95-14G. It's a facsimile cover sheet to
8 Dr. Li from Mitch Galanek. And the date is 10-12-95.

9 DR. LI: Yes. It's the formal report I have
10 been asking for for two months. I finally got it. It's
11 587, yes, or 79. Yes.

12 LEAD INTERVIEWER GLENN: I'll just confirm that
13 there's a document 10-95-14H. That's essentially a record
14 of your purchases on a credit card that you submitted to
15 establish that you bought groceries on August 13th.

16 DR. LI: On August 13th. I did a cooking on
17 that day, yes.

18 LEAD INTERVIEWER GLENN: Okay. This is a
19 document marked 10-95-14I. The heading is "University
20 Conference Services, University of Massachusetts, Amherst."
21 There are some equations and calculations. Who wrote this
22 document?

23 DR. LI: I think it's Don Haes, Don Haes in MIT
24 Radioprotection Office, who wrote this. There were a few
25 things I added. I think you can identify the different

1 handwriting here.

2 LEAD INTERVIEWER GLENN: Okay. So on the
3 bottom of the first page, there's a one line that was
4 added?

5 DR. LI: Yes. I wrote that as my notebook.
6 This time is also I probably --

7 LEAD INTERVIEWER GLENN: Now, on Page 2 there's
8 something that's marked out. Do you know? Did you do that
9 or did somebody else do that?

10 DR. LI: I think it's the MIT people because we
11 simply made a mistake. This is because they assumed 100
12 percent excreted through urine. Actually it's not. Maybe
13 you have something else. Yes.

14 Again, here this is my handwriting.

15 LEAD INTERVIEWER GLENN: Okay. There are
16 things that are lighter than your --

17 DR. LI: Yes, yes. I can submit original
18 document, --

19 LEAD INTERVIEWER GLENN: Okay. Thank you.

20 DR. LI: -- let you look at it. So this is
21 marked by pencil for you here. You can really see. It's a
22 pencil. So we calculated together at that time. So we
23 determined based on this model it should be 656 microcuries
24 on that day. Yes.

25 INTERVIEWER ROBINSON: You think that's Don

1 Haes' writing, but who gave you that document?

2 DR. LI: I think during that meeting all three
3 radioprotection officers were present. I don't remember
4 actually who gave it to me. I asked for a copy. So he
5 copied it for me. And then we discussed together whether
6 they calculated correct or not, yes.

7 INTERVIEWER ROBINSON: Okay.

8 LEAD INTERVIEWER GLENN: Okay. I have a
9 document here marked 10-95-14J. It's titled "Talk with
10 Sosumu."

11 DR. LI: Yes.

12 LEAD INTERVIEWER GLENN: Is that your writing?

13 DR. LI: It's a note I took shortly after I
14 finished a conversation with Dr. Sosumu Tonegawa.

15 LEAD INTERVIEWER GLENN: Okay. Now, this is a
16 document marked 10-95-14K. It's a record of discussion
17 with Masse, Galanek, and Sharp. Is that your handwriting?

18 DR. LI: Yes, it's my handwriting. It's my
19 note took during a meeting.

20 LEAD INTERVIEWER GLENN: There's a document
21 marked 10-95-14L. We have titled it "Li Log Book." Could
22 you describe what this set of documents is?

23 DR. LI: Oh, this is a set of document MIT
24 campus police asked me to establish whether I did a cooking
25 -- whether we did a cooking, "we" meaning my wife and I did

1 a cooking, August 13th.

2 And also we discussed a particular individual
3 in our lab who might have done this to me. So he asked me
4 to prepare an incident chronologically to make a table for
5 them.

6 INTERVIEWER ROBINSON: And is the name of the
7 individual on that piece of paper?

8 DR. LI: Yes, the name is the individual is on
9 that paper.

10 INTERVIEWER ROBINSON: Okay. What is that
11 name?

12 DR. LI: The name is Dr. Zhuo Qian.

13 INTERVIEWER ROBINSON: Okay.

14 DR. LI: Yes. And also we prepared a list of
15 days we cooked based on the credit report. We usually
16 don't shopping unless we cook because it's food is more
17 fresh if you cook right away.

18 And also I received a note from Dr. Qian about
19 mice he wanted. So that is part of the evidence the MIT
20 campus police asked for.

21 INTERVIEWER ROBINSON: What is the significance
22 of that note?

23 DR. LI: I don't know.

24 INTERVIEWER ROBINSON: Did they just want to
25 see an example of Dr. Qian's handwriting or what is there

1 -- is there any indication of a problem between you and
2 Zhuo and --

3 DR. LI: Yes. It's the indication of a
4 problem.

5 INTERVIEWER ROBINSON: Oh. What's that?

6 DR. LI: The problem is he wanted to get mice
7 from me.

8 INTERVIEWER ROBINSON: Experimental mice?

9 DR. LI: Yes.

10 INTERVIEWER ROBINSON: Okay.

11 DR. LI: Yes, from me. And I asked. I said I
12 can give the mice to him but on a specific condition.
13 Okay. And so then there was some exchange.

14 INTERVIEWER ROBINSON: He didn't agree with
15 that specific condition?

16 DR. LI: Yes, he didn't, and asked Sosumu to
17 mediate in this.

18 LEAD INTERVIEWER GLENN: Is there anything in
19 the document itself that indicates that there was any
20 problem or conflict?

21 DR. LI: With Dr. Qian?

22 LEAD INTERVIEWER GLENN: Qian, right.

23 DR. LI: Yes. I think there is, yes, there in
24 the second page.

25 INTERVIEWER ROBINSON: Not that specific note,

1 but within the pages of that document that you've
2 identified?

3 DR. LI: Yes.

4 LEAD INTERVIEWER GLENN: Okay. But the
5 handwritten note, is there anything there that is
6 particularly important that we should pay attention to in
7 the wording?

8 DR. LI: He wrote "Sosumu wants you to give me
9 some mice today." Actually, later I talked to Dr.
10 Tonegawa. He said that he never said that.

11 INTERVIEWER ROBINSON: Oh, is that right?

12 DR. LI: Yes.

13 INTERVIEWER ROBINSON: So you never had to give
14 Zhuo the mice?

15 DR. LI: No, at least from that day.

16 INTERVIEWER ROBINSON: On that day?

17 DR. LI: Yes. So this is the first thing I
18 think he lied, in this note.

19 INTERVIEWER ROBINSON: Oh, I see.

20 LEAD INTERVIEWER GLENN: Okay. So the
21 significance is that what's stated there is not true?

22 DR. LI: Not true, yes. Yes. And also the
23 second -- last thing he said, "Give me some mice today,"
24 it's difficult usually to fulfill that because you need
25 time to prepare. How you know I have mice available right

1 now? I might have to breed them to give it to you. It
2 might take a month. So "today" is very strong wording.

3 INTERVIEWER ROBINSON: Did Zhuo know that you
4 had mice and that you didn't have to breed mice?

5 DR. LI: No, I don't know whether he --

6 INTERVIEWER ROBINSON: You don't know whether
7 he knew that or not?

8 DR. LI: No, I don't know whether he knew that
9 or not. And I don't know what type of mice he wants. But
10 he is saying someone is -- he is saying my supervisor wants
11 me to give mice right now to him today.

12 This is very strong wording. That's why I got
13 upset. I complained to Sosumu about this note and to Dr.
14 Tonegawa about this note. And Dr. Tonegawa told me he
15 never stated that, he never stated that.

16 INTERVIEWER ROBINSON: Okay.

17 DR. LI: So I believe Dr. Qian lied about this.
18 So that's why I give this to police.

19 INTERVIEWER ROBINSON: Okay.

20 LEAD INTERVIEWER GLENN: Okay. The next
21 document is marked 10-95-14M. That's a facsimile cover
22 sheet to Lieutenant David McCoy which we understand is your
23 report to the police.

24 DR. LI: Yes, yes.

25 LEAD INTERVIEWER GLENN: Okay. We have a

1 document marked 10-95-14N, which we have titled "Li
2 Radioisotope Log, 8-31-95." Is that your handwriting?

3 DR. LI: No, it's -- I think that probably it's
4 Dennis', Dr. Dennis King's, handwriting. This is a log of
5 isotope usage in the lab. So I asked Dr. King to fax me a
6 log book of isotope usage during that period.

7 LEAD INTERVIEWER GLENN: Okay. So most likely
8 this is Dr. King's --

9 DR. LI: Handwriting.

10 LEAD INTERVIEWER GLENN: -- log?

11 DR. LI: Yes. I'm not quite sure, not 100.
12 Dr. King faxed me this document.

13 LEAD INTERVIEWER GLENN: Okay. Next we have a
14 document marked 10-95-140. We've titled it "Li Note Found
15 on Desk."

16 DR. LI: Yes.

17 LEAD INTERVIEWER GLENN: Can you describe to us
18 what that is and what its significance is?

19 DR. LI: This is a note, a very nasty note, I
20 found on top of my desk September 23rd, '94.

21 LEAD INTERVIEWER GLENN: A year ago?

22 INTERVIEWER ROBINSON: A year ago?

23 DR. LI: A year ago, yes, because the police
24 asked me to bring all the related incident that might lead
25 to the poison event. So --

1 LEAD INTERVIEWER GLENN: Do you recognize the
2 handwriting?

3 DR. LI: I couldn't.

4 INTERVIEWER ROBINSON: You don't know who
5 that's from?

6 DR. LI: No, I don't know.

7 INTERVIEWER ROBINSON: Do you still have the
8 original of that note?

9 DR. LI: Yes, I have the note. Yes.

10 INTERVIEWER ROBINSON: I would like to see the
11 original of that note.

12 DR. LI: Yes. I have everything originals.

13 INTERVIEWER ROBINSON: Is that the whole note?

14 DR. LI: Yes, that's the whole note. It's on a
15 piece of paper. This is here.

16 INTERVIEWER ROBINSON: Oh, you've got the
17 original. Okay. I may ask you so I can take the original
18 and do some examination on it. I will give you a receipt
19 if I decide to do that.

20 DR. LI: Okay.

21 INTERVIEWER ROBINSON: Okay?

22 LEAD INTERVIEWER GLENN: Okay. The next
23 document we have is marked 10-95-14P. It's a rather thick
24 document that has tables and reports, computer reports.
25 Could you briefly tell us who generated it and the general

1 nature of the document.

2 DR. LI: Yes. The first page was generated by
3 me. It's a table with data about the urine counts on each
4 day for 24 hours. We calculate -- I calculate both the
5 data from MIT and our independent or by me.

6 So we -- I used this data together with Dr.
7 Ring to calculate the intake of the dose. And yes. This
8 five -- yes. The first five pages were prepared by me,
9 generated by me.

10 On Page 5 is a table I suggested to Dr. Ring
11 that the MIT whole body model might be underestimating the
12 real number. So I told him this is probably the way of how
13 to calibrate the real ratio one should use for the whole
14 body model.

15 And he hasn't got back on this. Well, he
16 hasn't -- we haven't sat down. We haven't sat down
17 formally about this and discussed this.

18 LEAD INTERVIEWER GLENN: And discussed this?

19 DR. LI: Yes. So after that all computer --
20 after that two next pages were the printout from Dr. Ring's
21 computer about the intake estimate based on whole body --
22 or based on the urine model. Okay? It's done on September
23 29th. And it's that data set I supplied to him on
24 September 19th, '95.

25 LEAD INTERVIEWER GLENN: Okay.

1 DR. LI: It's Dr. Ring's handwriting here. And
2 this is again another table, another table generated by me
3 about the urine activity on each day from day 13
4 post-intake to day 13, 36, yes.

5 LEAD INTERVIEWER GLENN: And is that a
6 comparison or is that just an independent calculation?

7 DR. LI: It's my calculation.

8 LEAD INTERVIEWER GLENN: It's your calculation?

9 DR. LI: I didn't have the computer code in my
10 computer. So I have to do each table. So the average
11 indicated is 632. So this again is a table prepared by me
12 about the intake, specific intake.

13 LEAD INTERVIEWER GLENN: Okay.

14 DR. LI: So next one is Joseph Ring on
15 September 29th, '95, is a table generated by Dr. Ring's
16 computer. We calculated it together. Yes. So this is all
17 mixed. These types of thing is generated from my computer.

18 LEAD INTERVIEWER GLENN: Any table where
19 everything is within columns and lines and borders, that's
20 something you generated?

21 DR. LI: Yes.

22 LEAD INTERVIEWER GLENN: But those computer
23 reports that --

24 DR. LI: Without the borders, without the
25 borders.

1 LEAD INTERVIEWER GLENN: Without, yes.

2 DR. LI: Is generated by --

3 LEAD INTERVIEWER GLENN: Dr. Ring?

4 DR. LI: Yes. Everything I generated usually
5 has the border, yes. That's correct.

6 LEAD INTERVIEWER GLENN: Okay.

7 DR. LI: Okay. Yes. That's --

8 LEAD INTERVIEWER GLENN: I think that will
9 allow us to make the distinction.

10 DR. LI: Yes, yes.

11 LEAD INTERVIEWER GLENN: Okay. We've already
12 discussed that document.

13 DR. LI: Yes.

14 LEAD INTERVIEWER GLENN: This document is
15 marked 10-95-14R. It appears to be a computer output from
16 Joseph Ring. Take a look at that.

17 DR. LI: Yes. This is a computer printout of a
18 calculation done on September 29th by Dr. Ring.

19 LEAD INTERVIEWER GLENN: Okay. This is a
20 document marked 10-95-14T.

21 DR. LI: Yes.

22 LEAD INTERVIEWER GLENN: We have marked it "Li
23 Lab Notebook 8-13-95." Could you tell us what that is?

24 DR. LI: Yes. This is a lab notebook on the
25 intake and on the day I discovered I was contaminated, yes,

1 19th, October 19th. In between I didn't do any
2 experimental work because I was doing writing, grant
3 writing.

4 LEAD INTERVIEWER GLENN: Do you want to take a
5 break now?

6 DR. LI: No, not yet. I'm not --

7 INTERVIEWER ROBINSON: Are you feeling -- I'm
8 going to take you back to August 13th and kind of start all
9 over again a little bit.

10 DR. LI: Yes, sure.

11 INTERVIEWER ROBINSON: Are you feeling all
12 right? Do you want to continue now or do you want to come
13 back tomorrow or --

14 DR. LI: Oh, I can.

15 INTERVIEWER ROBINSON: Are you okay for a
16 while?

17 DR. LI: Yes.

18 INTERVIEWER ROBINSON: Okay.

19 DR. LI: I can still work, yes.

20 INTERVIEWER ROBINSON: Okay. Do you have any
21 questions, Sami, before I start asking questions.

22 INTERVIEWER SHERBINI: I could probably take
23 about 10 minutes.

24 INTERVIEWER ROBINSON: Sure. You know, take
25 whatever time you need.

1 INTERVIEWER SHERBINI: Okay. Fine. Dr. Li,
2 what I would like to do is just very quickly -- you have
3 mentioned several points that you have technical
4 disagreements with the others
5 here at MIT.

6 DR. LI: Yes.

7 INTERVIEWER SHERBINI: And I just wanted to
8 make sure that I got all the items that you disagreed with
9 them about, not in detail, just mention this, this, this,
10 this.

11 DR. LI: I disagree?

12 INTERVIEWER SHERBINI: Yes.

13 DR. LI: Okay.

14 INTERVIEWER SHERBINI: Could you list them just
15 to make sure that I got them all?

16 DR. LI: Yes. Okay. It's difficult to quickly
17 generate that.

18 I think the first thing that I disagreed with
19 them was on the urine model versus whole body model. And
20 MIT was saying the whole body model was the first choice
21 and the urine model was the second choice. And right now
22 when they submitted a formal report to me, they claiming
23 the formal report is complementary to each other like
24 wasn't in the first week or first few weeks.

25 This is the first thing. And then the second

1 thing is --

2 INTERVIEWER SHERBINI: Your disagreement was
3 what, that the urine model was -- that was what you -- what
4 was the disagreement here?

5 DR. LI: Yes. I think I thought the urine
6 model is better because urine model I have this paper. And
7 the whole body model they have, they have never measured a
8 real P-32 ingestion case with that whole body model. I'm
9 the first person they are applying that model with, which
10 is that's what I understand.

11 INTERVIEWER SHERBINI: Okay.

12 DR. LI: They have measured with other
13 isotopes. So when you change the isotope, the distribution
14 of the isotope might differ in the body. So that's why you
15 might need a different coefficient to calibrate your whole
16 body. So you cannot simply apply that.

17 But a urine model is not a matter in case every
18 isotope. They already have this. For the paper I have
19 they already calculated lots of intake they could find in
20 the past 10 or 20 years.

21 INTERVIEWER SHERBINI: Okay.

22 DR. LI: So I think that's more reliable.

23 INTERVIEWER SHERBINI: Okay. Excellent. Next
24 item?

25 DR. LI: So this is the first one I disagreed

1 with. And, of course, second, there was the number,
2 number. I have been always telling them it's about 600.
3 It's about along the 700, either 656 or 740 based on the
4 calculation I have using this model. And they always say
5 that it's below 600 or it's either 200. So that's like
6 casting also a major disagreement.

7 INTERVIEWER SHERBINI: Okay.

8 DR. LI: And another thing I think we still
9 cannot reach agreement is what we should use in terms of
10 the background in the whole body counting. So whole body
11 counting chair has a background of 4,300, 4,300 background.
12 If you don't have anything in that chair, you have 4,300
13 background.

14 But the dummy model they used to calibrate the
15 whole body chair has a background of 6,300. And MIT used
16 the 6,300 as a background for both, both for me and for the
17 dummy model. And I disagree with that. And I think with
18 the dummy model you should have used 6,300 as a background.

19 With me I have to use the chair background
20 without putting anything there. So that's a disagreement.

21 LEAD INTERVIEWER GLENN: Did you have a reason
22 for having an opinion as to whether it should be the 6,000
23 or the 4,000 number?

24 DR. LI: Well, because if you use the 4,300,
25 the chair background, you get a whole body number. I

1 believe it will be like 610 microcuries. You will get
2 integration back at 610. And MIT used 6,300 as --

3 LEAD INTERVIEWER GLENN: Did they give you a
4 reason why they used that different number for the
5 background, why they used that?

6 DR. LI: They say that in health physics they
7 usually always use that. I'm not a health physicist. I
8 cannot comment on that.

9 LEAD INTERVIEWER GLENN: Yes. Did they explain
10 to you the difference between the 4,000 and the 6,000
11 numbers? Why did they get a different number? Did they
12 tell you that?

13 DR. LI: Ch, no, no. They used it right away.
14 They used that 6,300 to generate the formal report. And
15 then I discovered that after I received the formal report.
16 Because in the formal report they didn't attach the exact
17 number they used to generate that formal report.

18 So I phoned Mitch Galanek, and I asked him to
19 give me the original data he used to generate that data.
20 So he faxed me the whole body data they used to generate
21 that.

22 And then I immediately identified. I said,
23 "Your background is too high a background." And he said
24 they used a dummy model background as my background. And I
25 said, "It's not fair because the dummy model might be

1 contaminated by radioisotope. So you get slightly high
2 number."

3 The chair only has a background of 4,300. So
4 you have to use 4,300.

5 LEAD INTERVIEWER GLENN: But you don't have any
6 knowledge as to why those two numbers are different? Okay.

7 DR. LI: No. I'm not an expert.

8 INTERVIEWER SHERBINI: So you're saying that
9 put the dummy, the background goes up?

10 DR. LI: Yes. Without putting the dummy
11 without any isotopes, the background goes up. Yes. It
12 goes up about 2,000. So this is another major
13 disagreement. So we agreed that we have to look carefully
14 at the background in order to get accurate number.

15 But, unfortunately, they issued a formal report
16 and a press release. So everything cannot be changed.

17 LEAD INTERVIEWER GLENN: Did they tell you it
18 needs to be changed and they just haven't gotten around to
19 it or did they say "Look at it"?

20 DR. LI: No, no. They said they are going to
21 measure. So we agreed. Actually, we agreed on something.
22 We agreed to get someone who never exposed to radioisotope
23 as a background. And we haven't done this. But after we
24 have done this, we probably will generate a real set of
25 data based on that.

1 So what else disagreement? Oh, another
2 disagreement I believe is measure disagreement. Actually,
3 I never argued with them. From my understanding, the
4 intake was about noon, 12:00 o'clock, of August 14th. I
5 will discuss with you in a moment when we talk again about
6 what happened on that day.

7 But, for some reason in the formal report,
8 formal report, they say "According to the information
9 provided from you, we determined that the intake took place
10 at 8:00 p.m., 8:00 o'clock at night." I don't think that's
11 something I can agree on.

12 And if you agree on that, basically you get 1.2
13 percent decrease in the estimate. So if you intake is 8:00
14 o'clock, you get two percent lower of estimate. If it's at
15 12:00 alcock, you get two percent higher.

16 So I don't know why they took that position
17 because I thought all along even MIT police agreed it's
18 probably around the 12:00 o'clock, around 12:00 to 1:00
19 o'clock, when I ate my lunch, probably I ingested that.

20 LEAD INTERVIEWER GLENN: Refresh my memory.
21 For the lunch you ate from the container that had been
22 there from the day before?

23 DR. LI: Yes, yes.

24 LEAD INTERVIEWER GLENN: And at 8:00 o'clock
25 you ate from a container that you brought in that morning?

1 DR. LI: I brought in that day, yes, that
2 morning, yes. So that's a major disagreement that we have.
3 Can I have that? So for this we take time here. Next one,
4 not this. Yes. Sorry. Thank you. So this is another
5 major disagreement of the timing of the ingestion.

6 Use in the formal report is "based on the data
7 you provided where intake was discovered. We are assuming
8 the intake occurred at August 14th, '95, a day on which you
9 performed two experimental procedures with P-32 in our
10 lab." I strongly disagree with this sentence because this
11 implies I might get contaminated accidentally because I
12 performed the two experiments.

13 LEAD INTERVIEWER GLENN: Are they factually
14 incorrect? Did you, in fact, perform?

15 DR. LI: I performed. It implies that I might
16 contaminate myself by doing experiment. Actually, it's
17 not. It's a poison. I believe it's a poisoning incident.

18 Another thing I don't agree with is the
19 fraction of excretion. MIT used .90. They claim it's
20 recommended by NRC. It's formally NRC guideline in the use
21 of the ICRP models, a recommended excretion fraction .90.
22 And I don't know whether it's correct or not.

23 I wanted to find out from NRC whether this
24 sentence is correct or not. In other words, I think, I
25 believe, the excretion fraction should be around the .75.

1 Average number shouldn't be used up to the .90.

2 LEAD INTERVIEWER GLENN: And that's based on
3 what Joe Ring told you they do at Harvard?

4 DR. LI: What they do at Harvard and otherwise
5 based on the publications. You have people ranging from .6
6 to .9. How you can use extreme at .9 is the lowest number.

7 So if they don't agree with that, I will be
8 happy to corroborate to measure the F_u after all the
9 radioactivity goes out so I can get an actual F_u for myself
10 and then get the real number of that. I will not agree
11 with the number used, deduced based on F_u of .90.

12 INTERVIEWER SHERBINI: Okay. So you think it
13 should be lower; right?

14 DR. LI: It could be lower, yes. It could be
15 lower, yes. At this point nobody knows what my F_u is. So
16 that's why you need to have a range. Assuming if it's --
17 if F_u equals .9, you get 579. If your F_u equals .6, let's
18 say, it's still possible. And you get a range like up to
19 900. That's the range you should have, not the report,
20 like there.

21 So, basically, I disagree with the number they
22 give to me. And I'm trying to find out from an independent
23 source whether all of this calculation is right.

24 Yes. I think that's about it. I have to think
25 about your question. It's a very difficult question to

1 answer.

2 INTERVIEWER SHERBINI: You had mentioned that
3 they had made some kind of decay correction.

4 DR. LI: Yes.

5 INTERVIEWER SHERBINI: I did not understand
6 that. What decay correction did they make?

7 DR. LI: Oh, yes. Sorry. Yes. You're right.
8 Another thing I forgot to mention, I don't think it's a
9 disagreement. I think they made a mistake. I don't know
10 whether they made a mistake or they intentionally did.

11 When you do the whole body counting, you do it
12 at a different time. Sometime you do it in the evening at
13 8:00 o'clock and later or maybe 9:00 o'clock in the
14 evening. Sometime you do it better early morning, like
15 9:00 o'clock.

16 But in order to calculate in two days, you need
17 to calibrate back at 12:00 o'clock noon. MIT data they
18 used to calculate the whole body count, they didn't
19 calculate back to 12:00 o'clock.

20 LEAD INTERVIEWER GLENN: What did they go back
21 to? Was it 8:00 o'clock or was it a bigger error than
22 that?

23 DR. LI: Yes, depending on the day. From day
24 one if you don't collect back to 12:00 o'clock, it gives
25 you about three percent of difference, I believe.

1 INTERVIEWER SHERBINI: You do not count on the
2 same time every day. Is that right?

3 DR. LI: No, no, no. Every day differs. So in
4 my table, I --

5 INTERVIEWER SHERBINI: How much does it differ,
6 Dr. Li?

7 DR. LI: Yes. I think it will give you about
8 two percent.

9 INTERVIEWER SHERBINI: No. I meant the time.

10 LEAD INTERVIEWER GLENN: The time, yes.

11 INTERVIEWER SHERBINI: It was sometimes at
12 morning? Sometimes it was at 5:00?

13 DR. LI: Yes. It's about mostly a nine hours'
14 difference.

15 INTERVIEWER SHERBINI: Okay. Why do you
16 believe they should make this decay correction to 12:00
17 noon?

18 DR. LI: Because the model asks for that. If
19 you --

20 INTERVIEWER SHERBINI: If they use a model that
21 will accept any count time, would that be satisfactory?

22 DR. LI: I don't know, but I think what Dr.
23 Ring told me, in those model ask for activity which were
24 collect to exact date, instant activity. Yes.

25 INTERVIEWER SHERBINI: I guess that's it. If

1 you remember anything else, please let me --

2 DR. LI: Yes. Now let me think about the
3 question. I have to think about it.

4 INTERVIEWER SHERBINI: Thank you.

5 DR. LI: Yes. Thank you.

6 INTERVIEWER ROBINSON: Dr. Li, I appreciate the
7 time and the traffic that you have to fight to come in and
8 out here every day. We're getting to a point. I think I'm
9 probably going to take more than a half an hour with you.

10 DR. LI: That's fine.

11 INTERVIEWER ROBINSON: Okay? And I've got an
12 appointment at 12:00 o'clock.

13 DR. LI: Okay.

14 INTERVIEWER ROBINSON: Okay?

15 DR. LI: Yes, sure.

16 INTERVIEWER ROBINSON: Is it going to be too
17 inconvenient for you to come back tomorrow?

18 DR. LI: No. No. I can come.

19 INTERVIEWER ROBINSON: Is that all right?

20 DR. LI: Yes.

21 INTERVIEWER ROBINSON: What is the most
22 convenient time for you to come in?

23 DR. LI: I have appointment with my doctor at
24 Harvard Community Health Plan tomorrow. Let me --

25 LEAD INTERVIEWER GLENN: What time?

1 DR. LI: Yes. I have to find out what time it
2 exactly is.

3 INTERVIEWER ROBINSON: Okay. I think for a
4 number of reasons -- I mean, we have been at it for two and
5 a half hours already today. Maybe give you just a chance
6 to refresh yourself and relax. I think for a number of
7 reasons, if it's all right with you, Dr. Glenn, we can
8 continue tomorrow.

9 DR. LI: Yes, sure.

10 INTERVIEWER ROBINSON: Okay. You're going to
11 find out what time your appointment is? And we can
12 schedule your time conveniently with you?

13 DR. LI: Yes, yes.

14 LEAD INTERVIEWER GLENN: Let's see if I can
15 find a telephone number.

16 INTERVIEWER ROBINSON: It's now 11:21. Is
17 there anything, Dr. Glenn, that you would like to add
18 before we close the record today?

19 LEAD INTERVIEWER GLENN: I don't believe so.

20 INTERVIEWER ROBINSON: Okay. This portion of
21 the interview of Dr. Li is terminated today to be continued
22 tomorrow.

23 (Whereupon, the foregoing matter was recessed
24 at 11:25 a.m., to be reconvened on Friday,
25 October 20, 1995 sine die.)

C E R T I F I C A T E

This is to certify that the attached proceedings before the United States Nuclear Regulatory Commission in the matter of:

Name of Proceeding: INTERVIEW WITH DR. YUQING LI

Docket Number: --

Place of Proceeding: Cambridge, Massachusetts

were held as herein appears, and that this is the original transcript thereof for the file of the United States Nuclear Regulatory Commission taken by me and, thereafter reduced to typewriting by me or under the direction of the court reporting company, and that the transcript is a true and accurate record of the foregoing proceedings.

K. Wood
Official Reporter
Neal R. Gross and Co., Inc.