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**NUCLEAR REGULATORY COMMISSION**

Title: INTERVIEW OF DR. ROBERT J. McCUNNEY

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## ADDENDUM/ERRATA SHEET

Page	Line	Correction and Reason for Correction
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## CHELATION

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IT'S should be ITS

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Date \_\_\_\_\_

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Signature \_\_\_\_\_

re McLennan

1 UNITED STATES OF AMERICA  
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3 NUCLEAR REGULATORY COMMISSION  
4 + + + + +  
5 INCIDENT INVESTIGATION TEAM  
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7 INTERVIEW OF DR. ROBERT J. McCUNNEY  
8 + + + + +  
9 MASSACHUSETTS INSTITUTE OF TECHNOLOGY  
10 + + + + +  
11 MONDAY, OCTOBER 23, 1995  
12 + + + + +  
13 10:00 A.M.  
14  
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16  
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19  
20 INTERVIEWERS:  
21 JOHN GLENN, Team Leader  
22 ALAN MADISON  
23

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

(10:27 a.m.)

1  
2  
3 MR. GLENN: This is John Glenn. It is October  
4 23rd. The time is approximately 10:26 in the morning.  
5 This is an interview being conducted as a part of the  
6 incident investigation team at the Massachusetts Institute  
7 of Technology looking into a P-32 uptake by an individual  
8 last August. The interview will be with Dr. Robert J.  
9 McCunney, who has -- had spoke to the individual shortly  
10 after the exposure took place.

11 First I'd like to go over a little bit about  
12 the purpose of the IIT. This is a fact finding  
13 investigation. It is not a part of our inspection or  
14 investigation process to fix blame or determine compliance.

15 DR. McCUNNEY: Sure.

16 MR. GLENN: We're here to understand what  
17 happened, to identify any probable causes for the incident,  
18 and then to develop lessons learned so that we can share  
19 the information and apply it both to our program and share  
20 the information with licensees and pass that on.

21 DR. McCUNNEY: Sure.

22 MR. GLENN: That does not mean that there will  
23 not inspections and investigations to look into other  
24 aspects, and we will certainly be sharing any information  
25 that we develop with those other offices within the NRC.

1 We are transcribing the interviews. We do that for  
2 basically two purposes.

3 One, it frees us up so that we're not writing  
4 down and talking to you at the same time. We can chat a  
5 little more informally that way. And also, it creates a  
6 document that is a record of what the investigation did so  
7 that when we produce our report at the end of the  
8 conclusion of the investigation, we have a clear record of  
9 the facts upon which any conclusions we reach were made.

10 DR. McCUNNEY: Okay.

11 MR. GLENN: The transcripts are available for  
12 your review. They will -- this transcript should be back  
13 tomorrow. If you are here, you could come in and review  
14 it. You can make corrections -- the corrections are made  
15 by filling out an errata sheet. You don't actually mark  
16 out the text of the transcript, but you indicate the page  
17 and the line number and say this word was misunderstood or  
18 I forgot to say something or I misspoke, whatever, and then  
19 make the appropriate notation.

20 If you're not going to be able to do that  
21 tomorrow, we'll give you a phone number where you can reach  
22 us --

23 DR. McCUNNEY: Okay.

24 MR. GLENN: -- and make arrangements for  
25 reviewing the transcript. One thing, this transcript will

1 not be available to anyone but you or the team while we're  
2 preparing our report and reaching our conclusions. After  
3 we have prepared the report and it has been published and  
4 made publicly available, the documents that support the  
5 report will probably be put into our public document room  
6 unless there is some identified reason for why they cannot  
7 be publicly disclosed such as privacy or the information.

8 DR. McCUNNEY: Sure.

9 MR. GLENN: At this time, I was wondering --  
10 I'll ask Alan Madison to identify himself and say what his  
11 duties are with the team, and then ask you to identify  
12 yourself.

13 MR. MADISON: I'm Alan Madison. I'm with the  
14 Nuclear Regulatory Commission out of Washington, D.C. as a  
15 member of the team.

16 DR. McCUNNEY: Okay, nice to meet you, Alan.

17 MR. GLENN: And Dr. McCunney, if you could --

18 DR. McCUNNEY: Yes, my name is Dr. Robert  
19 McCunney. I'm the Director of Environmental Medicine here  
20 at MIT, which as you know, is part of the MIT medical  
21 department. And the Environmental Medical Service oversees  
22 the radiation protection office, which played a major role  
23 in addressing this matter that we're discussing today.

24 MR. GLENN: Okay, to get started, I was  
25 wondering whether you could perhaps just give us a

1 narrative description of how you first learned about the  
2 incident -- any interactions you had, any -- just how the  
3 incident has evolved in terms of your knowledge.

4 DR. McCUNNEY: Sure. Let me preface my  
5 comments by saying that prior to our discussion this  
6 morning, I did not have the opportunity to review any notes  
7 or medical records, that I'm making these comments to the  
8 best of my recollection and the spirit of sharing  
9 information to help the NRC conduct this investigation and  
10 see what may have happened and how we can avoid these  
11 problems in the future.

12 And I wanted to assure our full cooperation, as  
13 I indicated to you even before we went on the record. I  
14 learned of this matter, I believe, the Monday after the  
15 event occurred. It's my best recollection that the event  
16 occurred on Saturday, and the campus police was then  
17 notified. And then of course, the medical department, and  
18 in turn, the radiation protection office.

19 I can't recall whether it was Mitch Galanek or  
20 Frank Masse who first brought this matter to my attention,  
21 but it was one of the two of them. And they explained to  
22 me that for some unknown reason, one of the members of the  
23 research community here at MIT had been noted to be "hot,"  
24 to use a term that refers to over exposed to radiation,  
25 ionizing radiation.



1                   And that they were in the process of  
2   investigating what may have occurred, and they were  
3   certainly in the process of doing appropriate medical  
4   evaluations such as urine testing and whole body counting  
5   to try to determine the level of radiation exposure that  
6   this gentleman had.

7                   I have a lot of confidence in both Frank Masse  
8   and Mitch Galanek, and said gee, let me know if I can  
9   participate anywhere along the way in this process. You  
10   have my full support, just keep me posted. About two days  
11   thereafter, I got a call from one of my colleagues in the  
12   medical department, Dr. Lee Firn, who specifically asked me  
13   about treatment for exposure to P-32.

14                  By that time, it had become clear -- and I  
15   can't remember the specifics about to how it had become  
16   clear, perhaps through the urinary measurement and whole  
17   body counting -- that it was P-32 to which this gentleman  
18   was exposed. Then I was asked by Dr. Firn if I had any  
19   advice from the point of view of being a specialist in  
20   occupational and environmental medicine for his treatment.

21                  I believe I saw the gentleman on Thursday of  
22   the week when these evaluations were first instituted, so  
23   it would have been about five days "post exposure." And at  
24   that time, I was asked to evaluate him primarily by Lee  
25   Firn because of -- again, because of certain symptoms.



1 Without -- I just want to be very careful about medical  
2 confidentiality, and if necessary, we can go into more  
3 detail.

4 But Dr. Firn was concerned about the symptoms  
5 this gentleman was having and whether he was getting the  
6 right treatment. So I saw the gentleman on -- in my  
7 medical office on Thursday, and tried to explore what had  
8 happened to him from a fresh look. And it was obvious at  
9 that stage that this gentleman was very, very on edge and  
10 nervous and very difficult to reassure, to put it mildly.

11 By that time, I had a preliminary assessment as  
12 to the dose of radiation to which he was exposed based on  
13 preliminary calculations. Because by that point, I think  
14 we had had about two or three measurements on the curve.  
15 And we were making some estimates as to the amount of  
16 radiation of the particular P-32 to which he was exposed.

17 So I felt pretty comfortable at that stage of  
18 having a rough idea of the dose, which clearly entered into  
19 my decision making in terms of evaluating him and treating  
20 him. At that time, I was seriously concerned about his  
21 mental health, to put it mildly, based on the reaction I  
22 had seen and felt that he was under proper care medically  
23 for the radiation, but was concerned about his reaction.

24 You know, I'm not trying to be pejorative by  
25 using the term psychological reaction, but clearly, as I

1 think anybody would in this situation such as this, be very  
2 concerned about what happened and why and who's doing what  
3 to me and -- because at that stage, to the best of my  
4 recollection, John and Alan, I can't be specific, but my  
5 best recollection is we were suspicious at that time that  
6 there was something -- foul play, for a lack of a better  
7 term, may have been going on.

8           Something that was unexplainable. Whether it  
9 was foul play, someone against him or something he did  
10 himself, we really weren't sure. But there clearly was  
11 enough information at that time that led me to believe that  
12 this situation was atypical. And something was awry. I,  
13 at that time, referred the gentlemen on to another  
14 physician for additional medical care.

15           I had spoken about the case with this other  
16 physician. And again, I will describe to you, once I feel  
17 comfortable with the medical confidentiality issues, the  
18 name of the physician and the reasons and so forth. But I  
19 took the time to explain in some depth to the referring  
20 physician what had happened and what I was looking for.

21           Dr. Li, of course, was at that time very much  
22 on edge, difficult to reassure, wanted to find out who the  
23 best person in Boston was for P-32 exposure, to my best  
24 recollection. In all modesty, I have a fair amount of  
25 experience in occupational environmental medicine. I've

1 been in practice 16 years, published a number of books,  
2 articles and so forth.

3 And I'm not trying to -- other than just saying  
4 that this is my area of expertise, in all due respect; and  
5 I felt comfortable that the medical treatment that we were  
6 giving was appropriate. But nonetheless, to address his  
7 concerns, I got him two additional referrals. One was a  
8 dean at the Harvard Medical School; and another physician  
9 at the University of Massachusetts in Worcester.

10 Both of whom, names and numbers I gave to Dr.  
11 Li. I no longer saw Dr. Li after that. I was only asked  
12 to evaluate him by Dr. Firn, who is a general internist.  
13 Clearly, I kept on top of the exposure assessments and the  
14 dosimetry evaluations being conducted by our group until  
15 they came to the conclusion that there appeared to be  
16 radioactive material that was unaccounted for.

17 And that radioactive material was unaccounted  
18 for appeared to be in him, based on the measurements we had  
19 done. And that's my best recollection of how I got  
20 involved and how I participated until we finally came to  
21 the ultimate assessment, as it were, that there was  
22 probably radiation given to this research person, who was  
23 Dr. Li, either by himself or somebody else.

24 And I really wasn't sure how it occurred. We  
25 had another presentation of the events that led to this

1 matter at our manager's meeting about two weeks ago. I  
2 hold manager's meetings about monthly where members of the  
3 radiation protection office, biological safety and  
4 industrial hygiene come together to talk about events that  
5 are occurring in their various sections and events that  
6 should be brought to the attention of the group at large,  
7 and certainly events that I need to be aware of.

8 And about last Friday -- this past Friday, I  
9 heard that your group had come, and I -- as you know, I  
10 altered the schedule accordingly because I want to make  
11 sure that you get as much information as you can to help in  
12 your review of this matter.

13 MR. GLENN: In this -- in MIT's investigation,  
14 have you made any measurements or had any personal  
15 involvement with the assessment of the uptake of this  
16 individual?

17 DR. McCUNNEY: No, I personally didn't. My  
18 hands on involvement were primarily limited to the clinical  
19 evaluation of Dr. Li and also the virtual daily discussion  
20 with the radiation protection office about what they're  
21 doing, what calculations they're coming up with, what  
22 measurements and so forth. So my involvement was both as a  
23 consultant occupational physician who evaluated Dr. Li at  
24 the request of Dr. Firn, and also as a manager overseeing  
25 the department in those two areas.

1           MR. GLENN: Do you happen to recall what kinds  
2 of numbers were being talked about at different stages of  
3 the investigation in terms of the uptake and whether that  
4 changed with time?

5           DR. McCUNNEY: That's a good question. Off the  
6 top of my head, John, I don't. But the one key point that  
7 I continue to recall is I wanted to know what the dose was  
8 in comparison to annual NRC limits. I wanted to know  
9 whether it was above or below, one. I also wanted to know  
10 whether we had reportable incident -- whether we should  
11 notify the NRC about what had happened.

12           And to my best recollection, the dose to which  
13 Dr. Li was exposed was less than the annual limit. That's,  
14 off the top of my head, measurements; and I can't remember  
15 the precise amount. Something like 75 to 85% of the annual  
16 limit in this one episode is my best recollection, but I  
17 can't remember the specific numbers.

18           MR. GLENN: In terms of your evaluation of what  
19 needed to be done medically for the individual, can you  
20 give us any idea of what would have been a significant  
21 exposure of P-32 in your mind? Do you have a figure for  
22 that?

23           DR. McCUNNEY: No, I don't. And clearly, I was  
24 concerned about whether or not there were any specific  
25 therapeutic remedies that could be employed in this case to

1   hasten the excretion of P-32. And I wasn't aware of any.  
2   I'm not aware that kelation -- kelation's experimental,  
3   from what I gather, in terms of its effectiveness.

4               But in terms of routine measures that would  
5   have been available to help him, I wasn't aware of any.

6               MR. GLENN: And did you make any  
7   recommendations as far as any therapies that he might try  
8   himself?

9               DR. McCUNNEY: No. Initially when he came to  
10  me, his major concern -- and again, I just really hope I'm  
11  not violating confidentiality -- and I was concerned about  
12  electrolyte imbalance, because he had been advised to take  
13  a lot of fluids. So I did some electrolyte measurements to  
14  make sure that he didn't have what's called delusional  
15  hyponuremia, low sodium from too much fluid intake, to make  
16  sure that that wasn't accounting for some of his symptoms.

17              And his electrolytes were normal. But other  
18  than that, I don't recall any therapeutic intervention.

19              MR. GLENN: That was sort of what I was getting  
20  at. I guess there was some confusion early on that he  
21  apparently was drinking lots of fluids, and apparently that  
22  was affecting some of the measurements of the uptake.

23              DR. McCUNNEY: Right.

24              MR. GLENN: But that was not at your  
25  suggestion?

1 DR. McCUNNEY: No, it wasn't at my suggestion.  
2 In fact, when Dr. Firn asked me to see Dr. Li, he was  
3 concerned about whether there were any therapeutic  
4 modalities that could be introduced to help him -- what  
5 sort of specific treatment, plain English. And I can't  
6 recall who had recommended fluid intake, but my major  
7 concern was that he was drinking so many fluids -- so much  
8 when he spoke to me, that electrolyte imbalance may be  
9 contributing to some of the symptoms.

10 And I was convinced, based on the testing that  
11 I had done, that he didn't have electrolyte imbalance.

12 MR. GLENN: Okay. Alan, do you have any  
13 questions?

14 MR. MADISON: In terms of your measurement  
15 responsibilities for the program, the radiation safety  
16 office program, what involvement do you get into in  
17 assigning responsibility or accountability measures for  
18 radioactive material?

19 DR. McCUNNEY: First and foremost, I defer to  
20 Frank Masse, who's the radiation protection officer, and as  
21 you well know, has considerable experience in this area.  
22 He's my first contact. And based on Frank's assessment,  
23 he'll at times refer matters to some of his colleagues. At  
24 this stage, I feel I have a reasonable understanding of the  
25 strengths of the various people in the RPO group.



1           There are some who are stronger in non-ionizing  
2 radiation and so forth. But in terms of management, Alan,  
3 I usually defer initially to Frank. And if Frank's not  
4 available, I go right to Mitch. And I have confidence in  
5 both of them that they know what they're doing.

6           MR. MADISON: How many people are in that  
7 organization currently?

8           DR. McCUNNEY: We have about 55 people. I  
9 can't remember the precise number -- 52 to 55 in  
10 environmental medicine. And of our group, upwards of 30,  
11 including professionals and technicians and so forth are in  
12 the radiation protection group.

13          MR. MADISON: Okay.

14          DR. McCUNNEY: And that's three sites. That's  
15 the nuclear reactor, the linear accelerator, as well as  
16 campus activities, over which we have responsibility.

17          MR. MADISON: What is your interface with the  
18 radiation protection committee?

19          DR. McCUNNEY: The radiation protection  
20 committee is -- I'm a member of it. And clearly, when  
21 there is a meeting, I have to sit in and participate. I  
22 also review proposals for experiments that may involve the  
23 use of radioactive materials, either where I approve it or  
24 disapprove it or whatever, they come across my desk.

25          MR. MADISON: What is your understanding then

1 of the responsibilities and duties of the principal  
2 investigator with respect to accountability and control of  
3 radioactive material?

4 DR. McCUNNEY: It's my understanding that the  
5 principal investigator -- and certainly we try to follow  
6 this policy throughout MIT -- has primary responsibility  
7 and should assume full responsibility and holler for help  
8 and guidance when they need it. But we look at the PI's --  
9 whether it's chemical hygiene plant or biological safety  
10 or whatever the issues is that may affect the health of  
11 people who work here.

12 It is the PI who has primary responsibility,  
13 and they have to know when to bring us into oversee and to  
14 give them the support they need to do their job.

15 MR. MADISON: So it wouldn't be -- the  
16 radiation protection office is not responsible for control  
17 then of material, in other words?

18 DR. McCUNNEY: Well, the radiation protection  
19 office oversees material from when it comes into MIT, how  
20 it's used and how it's ultimately disposed of, so we have a  
21 tracking mechanism to know where it comes, how it's used,  
22 and it's ultimate disposition. But in terms of day to day  
23 personal responsibility to make sure that not only the  
24 investigator but the investigator's staff know what they're  
25 doing and following standard procedures, that's their

1 responsibility.

2 MR. GLENN: In terms of this oversight that you  
3 have -- this tracking through from receipt at MIT to  
4 disposal, my understanding of the program is that you do  
5 some audits --

6 DR. McCUNNEY: Yes.

7 MR. GLENN: -- of the principal investigators.

8 DR. McCUNNEY: Yes.

9 MR. GLENN: What kinds of things do you think  
10 they look for?

11 DR. McCUNNEY: Well, I haven't participated in  
12 any audits, so I'll speak based on my understanding from  
13 discussions with Frank and his colleagues. In terms of  
14 audits, it's not only how the material is brought in, how  
15 it's used, how it's stored, what sort of control measures  
16 in terms of hoods and various other equipment that is used  
17 in the context of working with radioactive material --  
18 training, what sort of training people get to make sure  
19 they understand health implications of radioactive  
20 material, particularly ionizing material.

21 And that's my basic understanding.

22 MR. MADISON: Have you had any problems with  
23 Dr. Tonegawa's lab in the past?

24 DR. McCUNNEY: Alan, to the best of my  
25 recollection, no. This is the first I've heard. I've been

1 here a little over a year and a half. I started here in  
2 January of '94, so I don't have a long historical memory  
3 that someone else like Frank might have. I certainly  
4 don't.

5 MR. GLENN: Now, I believe the radiation  
6 protection committee did discuss this incident at the last  
7 meeting.

8 DR. McCUNNEY: Yes.

9 MR. GLENN: Could you describe to us what  
10 recommendations or what conclusions the committee came to?

11 DR. McCUNNEY: No, I don't recall, because  
12 unfortunately, I had another commitment and I was unable to  
13 attend that meeting. So I know that it was discussed.  
14 Mitch and Frank went over the matter with me. I wanted to  
15 make sure people were properly informed, including as you  
16 know, senior management here at MIT, to make sure they were  
17 brought up to speed with this matter.

18 MR. MADISON: Let me ask you just a question  
19 with regard to maybe your opinion. But as a member of the  
20 radiation protection committee, what level of control of  
21 what method of control do you consider acceptable for  
22 radioactive material?

23 DR. McCUNNEY: I'm not sure what you mean by  
24 what level of control.

25 MR. MADISON: What would you expect the

1 principal investigator or his assignees to do to control  
2 radioactive material?

3 DR. McCUNNEY: Well, I think that's a good  
4 question. By all means, one needs to know where it's  
5 stored in the laboratory, who has access to that material  
6 once it is stored, who has oversight and responsibility to  
7 look over people's shoulders when they're using material,  
8 especially junior staff, whether it's like graduate  
9 students or undergraduates in particular.

10 I'd be particularly concerned with  
11 undergraduates or even graduate students working alone with  
12 certain types of radioactive material. I would want to  
13 make sure there's proper oversight management in use of it.

14 MR. GLENN: Would you expect that a diversion  
15 could be detected, and that if it did occur, how rapidly do  
16 you think a principal investigator should be able to  
17 determine that?

18 DR. McCUNNEY: Boy, that's a tough question.  
19 And obviously, a very pertinent question to this issue. I  
20 mean, the only analogy I can think of is in the context of  
21 medical care in a hospital where there is phenomenal  
22 accountability of the use of narcotics. When you go to use  
23 morphine or -- morphine in particular in an intensive care  
24 unit, Joe Blow or John Glenn writes that on October 23rd I  
25 came here at 10:00 and I took ten milligrams.

1           You sign it and someone else signs it. Now,  
2 whether you need to go to that degree for the use of  
3 radioactive material in a research environment is a  
4 difficult question, because on one hand, in the research  
5 environment, you want to make it easy for people to work.  
6 You want to encourage creativity in an institute, and you  
7 don't want to throw a lot of stumbling blocks.

8           But then again, when I see something like this  
9 happen, it makes me pause. Maybe a little more balance,  
10 not so much the overkill. I shouldn't say overkill,  
11 because it's appropriate in a hospital setting. But  
12 narcotics -- you don't want people stealing narcotics or  
13 using them inappropriately. But somehow, we've got to  
14 think of ways for preventing these sort of episodes.

15           I don't know of a good answer for you off the  
16 top of my head, but I'd be happy to think about it and give  
17 you a more refined opinion. But I think we need to  
18 certainly tighten the process a little bit without  
19 compromising intellectual creativity and freedom. I mean,  
20 here's what goes here in research institutions, people come  
21 in on Saturdays and Sundays and nights and this and that,  
22 and if you need a 21 piece orchestra to use material, I  
23 mean, that's going to be --

24           MR. GLENN: But certainly that is a focus of  
25 this inquiry is to find out what --

1 DR. McCUNNEY: Sure, sure.

2 MR. GLENN: -- can be done.

3 DR. McCUNNEY: Right, right.

4 MR. MADISON: I was curious to ask basically  
5 because of your responsibilities not only as the manager of  
6 the radiation safety group, but on the committee, --

7 DR. McCUNNEY: Right, right. I would like to  
8 give an opinion -- a more refined opinion. And I think as  
9 part of this investigation, I'd be happy to. And that  
10 would be, I think, for me a closer oversight in  
11 particularly this lab and related labs as to how they  
12 account for their material and how it's used and who's  
13 looking over people's shoulders rather than giving you an  
14 opinion off the top of my head.

15 MR. MADISON: That's fine, sure.

16 MR. GLENN: Is there any areas that you think  
17 we need to know about that we haven't brought up?

18 DR. McCUNNEY: Good question. No, actually  
19 I've been very pleased with our RPO group, and in  
20 particular Frank and Mitch. I think they've jumped on this  
21 situation with seriousness and a consciousness that I  
22 expect of them. I'm impressed with the quality of the work  
23 in terms of their ability to recognize the -- what should I  
24 say, the loss of material.

25 It seems to have been in this investigator now



1 through the radioactive mass balances that they're doing.

2 MR. MADISON: I do have a question now that you  
3 bring it up. The researcher, Dr. Li, has had some  
4 disagreement with the RPO group on his exposure. Can you  
5 elaborate on that?

6 DR. McCUNNEY: No. I've heard of that, but I  
7 haven't spoken with Dr. Li about the reason for his  
8 disagreement. And I'd be pleased to, but he hasn't taken  
9 the initiative to approach me, and I've heard of this  
10 through hearsay. So --

11 MR. MADISON: Okay.

12 DR. McCUNNEY: -- I don't know, but that's a  
13 very good question. I do know that there is some  
14 disagreement between the two, but -- on the amount of  
15 material.

16 MR. MADISON: That hasn't been discussed with  
17 you by Dr. Masse -- or pardon me, Frank Masse either?

18 DR. McCUNNEY: No, Frank -- at the manager's  
19 meeting about two weeks ago, we did discuss this that Dr.  
20 Li seemed to think that he was exposed to higher levels  
21 than that which our group had calculated. I do know that  
22 much. And that Dr. Li's calculations suggested that he was  
23 a little bit above the limit.

24 MR. MADISON: And how were those characterized?  
25 Was that a reasonable -- were there some mistakes that were

1 found by your group as well as his group or anything of  
2 that nature?

3 DR. McCUNNEY: I don't know because I haven't  
4 looked into the calculations --

5 MR. MADISON: Okay.

6 DR. McCUNNEY: -- themselves to try to find the  
7 source of the error.

8 MR. MADISON: I just wondered if that had been  
9 discussed as part of the radiation protection committee  
10 conclusions as far as corrective actions possibly.

11 DR. McCUNNEY: Well, it was discussed at a  
12 manager's meeting that there was disagreement between Dr.  
13 Li's assessment and our assessment. And the reasons for it  
14 were there were some suggestions brought forward that Dr.  
15 Li really was -- as anybody would be in a situation like  
16 him -- be very upset and wanting to pursue every option  
17 available to him, whether it's criminal investigation and  
18 so forth.

19 And certainly the specter of Dr. Li's interests  
20 were brought into the discussion as to whether this  
21 particular interest may have affected his assessment about  
22 the amount of material to which he was exposed.

23 MR. MADISON: Okay.

24 DR. McCUNNEY: But we did discuss that. But we  
25 didn't get into the specifics of actually putting on the

1 board this is what we calculated, this is what he  
2 calculated -- gee, this is where the assumption is, where  
3 we seem to disagree, and that's why -- we didn't get into  
4 that fine detail. Certainly I can go into it if necessary.

5 MR. GLENN: Okay, we understand you're going to  
6 be out of town probably the rest of this week.

7 DR. McCUNNEY: No, through Wednesday night.  
8 I'll be back Wednesday night.

9 MR. GLENN: Okay. Now once you're back in  
10 town, what phone number could you be reached at?

11 DR. McCUNNEY: Right here.

12 MR. GLENN: Okay, so that number is --

13 DR. McCUNNEY: 617-253-5360.

14 MR. GLENN: Okay. Now if you want to contact  
15 us before that time, obviously you can contact me at the  
16 same number. And we will be leaving our numbers that we  
17 can be contacted --

18 DR. McCUNNEY: People think I went through a  
19 transformation --

20 MR. GLENN: When we get back to our  
21 headquarter's office --

22 MR. MADISON: Is there anybody else that we  
23 should talk to? We're pretty much --

24 DR. McCUNNEY: No.

25 MR. MADISON: We're getting close to the end

1 on our onsite period and interview period, and is there  
2 anybody else that you can think of?

3 DR. McCUNNEY: Well, have you spoken with Dr.  
4 Finn yet, the physician who treated him initially?

5 MR. GLENN: We have a medical consultant who  
6 has been in contact with Dr. Finn.

7 DR. McCUNNEY: Okay.

8 MR. GLENN: And maybe one will be in contact  
9 with you, and you mentioned that there may be another --

10 DR. McCUNNEY: There's another physician to  
11 whom I had --

12 MR. GLENN: Perhaps without violating medical  
13 confidentiality.

14 DR. McCUNNEY: Right, right. I want to be  
15 sensitive to Dr. Li's concerns about confidentiality,  
16 clearly.

17 MR. MADISON: Certainly.

18 DR. McCUNNEY: I hope I didn't violate it in  
19 these brief discussions, but yes. And once we get that  
20 approval, I'd be happy to give you the name of the other  
21 physician who saw Dr. Li at my request and with whom I  
22 spoke at length about this case and suggested some  
23 additional advice.

24 MR. MADISON: Good.

25 MR. GLENN: This is a set of instructions about

1 reviewing and correcting the transcripts. As we mentioned  
2 at the beginning, you are certainly welcome to review the  
3 transcript and --

4 DR. McCUNNEY: Okay.

5 MR. GLENN: -- note any corrections that need  
6 to be made. And the transcript will probably be available  
7 tomorrow, but you probably won't be here.

8 DR. McCUNNEY: I'm not sure that it's real  
9 necessary for me to review the transcript. I mean, --

10 MR. MADISON: You're not required to. But if  
11 you'd like to, --

12 DR. McCUNNEY: Sure.

13 MR. MADISON: -- it's definitely your option.  
14 And at the close, when the investigation report goes public  
15 and they're put in the public document room, at that time  
16 you can also request a copy of your transcript.

17 DR. McCUNNEY: Okay.

18 MR. GLENN: Okay, I believe that concludes this  
19 interview. The time is 10:56. Thank you.

20 (Whereupon, the proceedings were adjourned at  
21 10:56 a.m.)

22

## 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. ROBERT J. McCUNNEY

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.

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S. Dildine  
Official Reporter  
Neal R. Gross and Co., Inc.