

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES¹
CENTERS FOR DISEASE CONTROL
NATIONAL INSTITUTE FOR OCCUPATIONAL
SAFETY AND HEALTH

+ + + + +

ADVISORY BOARD ON RADIATION AND
WORKER HEALTH

+ + + + +

SUBCOMMITTEE ON DOSE RECONSTRUCTION REVIEWS

+ + + + +

WEDNESDAY
AUGUST 7, 2013

+ + + + +

The Subcommittee convened via teleconference at 10:00 a.m., Eastern Daylight Time, David Kotelchuck, Chairman, presiding.

PRESENT:

DAVID KOTELCHUCK, Chairman
BRADLEY P. CLAWSON, Member
WANDA I. MUNN, Member
JOHN W. POSTON, SR., Member
DAVID B. RICHARDSON, Member

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ALSO PRESENT:

TED KATZ, Designated Federal Official
KATHY BEHLING, SC&A
RON BUCHANAN, SC&A
GRADY CALHOUN, DCAS
DOUGLAS FARVER, SC&A
JENNY LIN, HHS
STEPHEN MARSCHKE, SC&A
JOHN MAURO, SC&A
DAN McKEEL
BETH ROLFES, DCAS
MUTTY SHARFI, ORAU Team
SCOTT SIEBERT, ORAU Team
MATTHEW SMITH, ORAU Team
JOHN STIVER, SC&A
TOM TOMES, DCAS

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

2 (10:01 a.m.)

3 MR. KATZ: So, let's get started
4 with roll call.

5 (Roll Call.)

6 MR. KATZ: Okay, a few notes.
7 They're limited. There's the agenda. It's
8 posted on the website and Dave will be
9 speaking to that because we'll probably be
10 making a change to the agenda.

11 CHAIRMAN KOTELCHUCK: Right.

12 MR. KATZ: And, please, everyone,
13 when you're not speaking to the group, mute
14 your phones. If you don't have mute, press *6
15 to mute your phone, press *6 again to come off
16 of mute. And please nobody put their call on
17 hold at any point. And, Dave, it's your
18 agenda.

19 CHAIRMAN KOTELCHUCK: Okay, very
20 good. The one change in the agenda is that
21 when we go to going over individual cases,
22 Grady has noted that we have a few items left

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1 over from Set 9. As far as I can see from what
2 John Stiver sent me, Set 8 is completed. Set 9
3 has five. I'd like to do those before we get
4 into Sets 10 through 13.

5 Also, if I may comment, looking at
6 the number of findings that we have to resolve
7 in 10 through 13, there are over 200, so --
8 and we are way behind. I mean, we're trying to
9 finish 10 through 13, and we're already
10 reviewing Set 8 -- we're going to choose
11 cases, make selections for Set 18. So, I
12 really hope we can move along a bit more
13 rapidly now, and I will try to expedite
14 things. If I move things along too rapidly,
15 please, anyone on the Committee or staff who's
16 on the line, just say whoa, whoa, hold it, and
17 I will slow down.

18 So, with that, I think that we
19 need to now talk about the selection of cases
20 for Set 18. And perhaps somebody will put the
21 Set 18 list on the line, the Set 18 cases on
22 the line, the 58 cases listed.

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1 MR. STIVER: Okay. This is John.
2 I'll go ahead and pull that up.

3 CHAIRMAN KOTELCHUCK: Okay.

4 MEMBER CLAWSON: This is Brad
5 speaking. I need the access code for the Live
6 Meeting.

7 MR. KATZ: Okay, let me -- Zaida
8 should have sent that to you through your
9 calendar, but let me forward it to you. You're
10 on the CDC email. Right, Brad?

11 MEMBER CLAWSON: Yeah, I can be
12 into that one in just a minute.

13 MR. KATZ: Okay, because that's
14 where the invite is.

15 MEMBER CLAWSON: Okay.

16 MR. KATZ: If you go into calendar
17 on there, it should be in your calendar. And
18 you just click on the link.

19 MEMBER CLAWSON: Okay. I'll get
20 into that. Go ahead, Dave. I'm sorry.

21 MR. KATZ: No problem. Just speak
22 up. I'll forward it to you again.

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1 MEMBER CLAWSON: Okay.

2 CHAIRMAN KOTELCHUCK: Okay. Let's
3 wait until we're loaded up.

4 MEMBER MUNN: I have one question
5 about that, Dave.

6 CHAIRMAN KOTELCHUCK: Yes.

7 MEMBER MUNN: The copy that I have
8 has lots of sensitive information on it. I
9 printed it out hard copy so that I could look
10 at while we were doing this.

11 CHAIRMAN KOTELCHUCK: Yes.

12 MEMBER MUNN: And I am questioning
13 whether it's wise for us to have that on
14 screen.

15 MR. KATZ: Wanda, Live Meeting is
16 internal only.

17 MEMBER MUNN: Alright.

18 MR. KATZ: So, it's only -- it's
19 like any other intranet function that we have.
20 It's not available to the public, which is --
21 so there's no concern about revealing private
22 information. You just have to be careful if

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1 your speech, everybody, just to remind you,
2 about how much information you reveal about a
3 particular case because -- for that same
4 reason.

5 CHAIRMAN KOTELCHUCK: Right.

6 MR. STIVER: Okay. This is John.
7 I'm getting off to a great start here. I'm
8 not seeing the option here to share like I
9 should at the top of the bar here. I've got
10 content, attendees, voice and video meeting.

11 MR. KATZ: Under content you
12 should have a share option. You click on
13 content to get the share option.

14 MR. STIVER: Okay. Hang on just a
15 second. Alright. Okay. Here we go.

16 MR. KATZ: There you go. Is
17 everybody --

18 CHAIRMAN KOTELCHUCK: Alright, yes.

19 MR. KATZ: Excellent. Well done.

20 CHAIRMAN KOTELCHUCK: Thank you.

21 MR. STIVER: Yes, this is the file
22 -- this is the one that Bud sent over and I

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1 had included a Column A because recall at the
2 last meeting there was some discussion about
3 whether we should be looking at some partial
4 dose reconstructions. The Subcommittee decided
5 they didn't want to modify the case selection
6 criteria, but there was some indication that
7 we might want to at least take a look, maybe
8 include one or two.

9 So, we went through, had Rose
10 Gogliotti go into NOCTS and pull out the
11 information for each of these cases, see which
12 ones had an SEC for which there was a partial
13 dose reconstruction.

14 It turns out there's 38 out of the
15 58 have partials.

16 CHAIRMAN KOTELCHUCK: Right.

17 MR. STIVER: That's what this
18 Column A is. The blue shading shows those
19 cases that have a partial and a little bit of
20 information about the SEC and the purpose of
21 it.

22 CHAIRMAN KOTELCHUCK: Well, thank

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1 you for sending in that column -- adding that
2 Column A. When I first saw the set I looked
3 at 58 cases and we have to make a selection of
4 a dozen. And I thought, oh, how are we going
5 to do this? But once we realized that, in
6 fact, there are only 20 full-time -- 20 full
7 reviews and the rest were partials, that made
8 the choice a lot easier so that if we chose a
9 dozen then we may have a couple of partials.

10 I don't know how the other -- I
11 did not send in any sets of choices, or ask
12 for them, because we just got this Column A a
13 little late, and I had a hard time coming up
14 with things.

15 I've made some choices that, to
16 me, seem to balance out, but I don't know
17 quite how to proceed. I could simply list my
18 choices; others have other choices. How would
19 folks like to do that?

20 MEMBER MUNN: Well, Dave, I have a
21 question before we begin.

22 CHAIRMAN KOTELCHUCK: Okay.

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1 MEMBER MUNN: And that is, are we
2 going to base our decision primarily on a
3 complete rework rather than a partial? If
4 that's the case, then we can throw out a large
5 number of the choices that I made.

6 One of the criteria -- I used
7 slightly different criteria when I was looking
8 at my selections, and used pretty much the
9 ones that we had used prior, but was
10 especially watchful for unusual sites or
11 unusual cancers. But you also, at our last
12 meeting, I think, we had some discussion about
13 whether or not to deliberately try to
14 incorporate some of the very, very few female
15 cases that we had.

16 CHAIRMAN KOTELCHUCK: Well, that's
17 certainly true, and I made a list of a dozen
18 that includes two partials and also -- so, ten
19 out of the 12 were full reviews and then dose
20 reconstructions, and two were partial. And
21 then, in my group, I have ten males and two
22 females, and it was important. And that is

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1 about the percentage of females in the entire
2 set.

3 MEMBER MUNN: Oh, yes, but not in
4 our entire case load.

5 CHAIRMAN KOTELCHUCK: Yes.

6 MEMBER MUNN: It's much, much
7 higher.

8 CHAIRMAN KOTELCHUCK: Right.

9 MEMBER MUNN: It would be
10 surprising to find one in 10 in the --

11 CHAIRMAN KOTELCHUCK: Okay. Well
12 C-- so, you're saying that most of yours are
13 unusual cancers or partials?

14 MEMBER MUNN: Well, not really.
15 I'm just questioning the criteria that you
16 want to use, because --

17 CHAIRMAN KOTELCHUCK: Right.

18 MEMBER MUNN: -- the one that I
19 used was not based primarily on the partial or
20 complete.

21 CHAIRMAN KOTELCHUCK: Right. I
22 had understood that we were going to choose

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1 only a couple of partials from the last
2 meeting. And I will say that since the last
3 meeting I've done a little bit of reading that
4 Mark gave me, some things about selection
5 criteria, and I this time have leaned more
6 heavily in my choices on facility and
7 occupation.

8 I did look at the cancer types,
9 and so I did not -- I would say my choices, I
10 think, were more dominated by facility and
11 occupation. And Brad emphasized that at the
12 last meeting, too, that as he was reviewing
13 what I had suggested, he noted that, you know,
14 we needed to pay more attention to occupation
15 and perhaps facility.

16 What do other people think? I
17 mean, those are -- you're looking at all of
18 the -- our larger sample of all of the reviews
19 that we've done, and I don't personally have
20 as good a handle on that as a relatively new
21 Board Member.

22 MEMBER MUNN: No, well, that's

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1 alright. This is not exactly the type of --
2 we've already discussed the fact this isn't
3 the direct type of selection that we've made
4 before. So, it seems to me that starting with
5 your list would be as good a way to begin as
6 any other --

7 CHAIRMAN KOTELCHUCK: Okay.

8 MEMBER MUNN: -- unless other
9 Members of the Subcommittee have made very
10 specific choices for very different reasons.

11 CHAIRMAN KOTELCHUCK: Okay. Well,
12 how about it, folks, other folks? Have you
13 made choices, or would you just like me to
14 start by giving mine and move from there?

15 MEMBER CLAWSON: This is Brad
16 speaking. You know, it's -- this is kind of a
17 little bit, as Wanda has already said, this is
18 a little bit different approach from what
19 we've done. I guess what my suggestion would
20 be, we're going to have to get some extra ones
21 anyway, so if we get a few extras that's
22 alright.

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1 CHAIRMAN KOTELCHUCK: Sure.

2 MEMBER CLAWSON: But I think we
3 ought to start with you, Dave, and go through
4 what you felt. And if there's any that we
5 have that really stick out for us, I guess I
6 would just say that for certain reasons, you
7 know, and everybody's got a different reason
8 why this one is interesting to them, and
9 whatever.

10 CHAIRMAN KOTELCHUCK: Right.

11 MEMBER CLAWSON: Just kind of air
12 that a little bit and go from there, would be
13 my suggestion.

14 CHAIRMAN KOTELCHUCK: Okay, that
15 sounds good. I see the table back on the
16 screen. Let us talk about things in terms of
17 selection ID. The green column --

18 MEMBER MUNN: Yes.

19 CHAIRMAN KOTELCHUCK: -- that's in
20 front of us, and that way we will not reveal -
21 - certainly not reveal names, but additionally
22 we -- and I think I feel more comfortable

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1 talking about sites. When we start to talk
2 about occupations, there some of them are so
3 distinctive that an occupation at -- an
4 unusual occupation or uncommon occupation at a
5 big -- at a site may well denote implicitly
6 the person. So, I'll try to be careful in
7 this discussion.

8 And my suggestions, the first 12,
9 and I figure we'll get a few more. I was
10 planning for it, hoping for it, was first
11 number one, which is colon cancer and other
12 ill-defined sites.

13 Let's see if I can -- I'm having
14 trouble moving my -- learning how to move my
15 cursor. Well, let me just read them. Okay.
16 One, 14. I see, 14 -- okay, I can't use my --
17 some of my -- one -- oh, good, 14, 21.

18 MR. STIVER: Dave, you're not able
19 to use that because I'm currently sharing
20 right now so I'll just go ahead and move --

21 CHAIRMAN KOTELCHUCK: Oh,
22 wonderful. Okay, thank you. Twenty-one,

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1 which is Oak Ridge. One was just -- we don't
2 -- one was -- I should have mentioned --

3 MEMBER MUNN: We can --

4 CHAIRMAN KOTELCHUCK: You'll see
5 it. Okay.

6 MEMBER MUNN: Yes.

7 CHAIRMAN KOTELCHUCK: One, 14, 21.
8 Fourteen is Ventron; 21, which is Oak Ridge;
9 24 which is Baker Brothers. Twenty-seven I
10 chose as one of the two partials in my groups
11 from Brookhaven. And 30, number 30 which is -
12 -

13 MR. STIVER: Okay, here we are.

14 CHAIRMAN KOTELCHUCK: There we go,
15 Savannah River. Thirty-one, Oak Ridge. Fifty-
16 one, Portsmouth.

17 MR. STIVER: 51?

18 CHAIRMAN KOTELCHUCK: 51, five-one.

19 MR. STIVER: Okay.

20 CHAIRMAN KOTELCHUCK: Portsmouth
21 Gas Diffusion. Fifty-two, Electro Metallurgy -
22 -

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1 MR. STIVER: Electro Metallurgical
2 Company.

3 CHAIRMAN KOTELCHUCK: Electro
4 Metallurgical, yes, good. Thank you.

5 The next one is my second partial,
6 55, thanks, Hanford. And 58, Westinghouse
7 Nuclear Fuel Division. And 73, which is a
8 uranium mill in Monticello, New York.

9 So, those are mine. Those include
10 ten males, two females, they have a number of
11 different occupations. If I may, I'll read the
12 occupations not in any particular order. I
13 have them as a note here, and that will avoid
14 identifying implicitly individuals. One was
15 C-

16 MR. STIVER: Dave, before you do
17 that can you go over the numbers again?

18 CHAIRMAN KOTELCHUCK: Yes, I
19 certainly can. And I will read them this
20 time, John. You don't maybe need to go over -
21 - 1, 14, 21, 24, 27P, 30, 31, 51, 52, 55
22 partial, 58, 73. And that's a dozen. And I'm,

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1 of course, expecting to add several more.

2 And they -- I would say they -- I
3 could, for some of them -- you know, there is
4 a clerical person, a chemical operator.
5 There's health and safety engineering, the
6 sheet metal worker, a pipefitter, a furnace
7 operator -- which, you know, is slightly
8 unusual -- and one person is a general
9 secretary. You'll see those as we scroll
10 over.

11 So, as I say, two females, ten
12 males. I think a fair array of different
13 occupations, and also the three cancers that
14 were most common: all-male genitalia, non-
15 melanoma skin basal, non-melanoma skin
16 squamous. Those -- there is one case of each
17 of those, and then there are additional cases
18 from the facilities and occupations, nine of
19 them. Three of them are from large sites:
20 Hanford, Brookhaven, Livermore. And the
21 remaining ones, six ones, are from smaller
22 sites which is Ventron, Electro Metallurgical,

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1 the uranium mill. So, there -- I tried to
2 make a pretty general mix.

3 Comments and additions, and
4 corrections?

5 MEMBER MUNN: I have a suggestion

6 --

7 CHAIRMAN KOTELCHUCK: Good.

8 MEMBER MUNN: -- as to how to
9 proceed.

10 CHAIRMAN KOTELCHUCK: Good.

11 MEMBER MUNN: Since several of the
12 ones that you chose were on my chosen list, as
13 well --

14 CHAIRMAN KOTELCHUCK: Good.

15 MEMBER MUNN: Perhaps you might
16 like to hear what mine were and why I chose
17 them.

18 CHAIRMAN KOTELCHUCK: Yes.

19 MEMBER MUNN: If the other Members
20 of the Subcommittee are agreeable, at least
21 the ones that we agreed on might be checked
22 off to begin with, if that's okay with --

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1 CHAIRMAN KOTELCHUCK: That, to me,
2 sounds very good. Any other -- good, let's do
3 that.

4 MEMBER MUNN: Alright. My first
5 selection was 7, and the reason I chose it was
6 facility more than anything else. And before I
7 go further than that, I might comment that I
8 didn't -- this is fairly unusual because that
9 particular cancer was one that is our most
10 common one and we see it all the time. And in
11 your comments, Dave, you indicated that you
12 had specifically chosen some of those that we
13 see all the time. And for the most part I
14 tried to avoid those we see all the time,
15 especially having seen SC&A's figures on how
16 many we --

17 CHAIRMAN KOTELCHUCK: Yes.

18 MEMBER MUNN: And they're so
19 heavily weighted towards those that are so
20 common that I generally tried to avoid those.
21 But this is --

22 CHAIRMAN KOTELCHUCK: Well, that's

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1 good. That's a good point.

2 MEMBER MUNN: But this one is one
3 of those that falls into that.

4 CHAIRMAN KOTELCHUCK: Okay. Good.

5 MEMBER MUNN: Just the facility
6 was unusual. Number 13, both the cancer model
7 and gender.

8 CHAIRMAN KOTELCHUCK: Good.

9 MEMBER MUNN: And I had --

10 CHAIRMAN KOTELCHUCK: Is that a
11 partial, by the way? Or we'll go back to
12 that.

13 MEMBER MUNN: 13 --

14 MR. STIVER: Actually, yes, it is.

15 MEMBER MUNN: It is a partial,
16 yes. And I chose 14 because of the facility.
17 I chose --

18 CHAIRMAN KOTELCHUCK: And we agree
19 on that.

20 MEMBER MUNN: -- 17. Yes, 14 is
21 one of those on which we agree.

22 Seventeen was my next one, site.

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1 And 20, again the site. Twenty-one for the
2 cancer model.

3 CHAIRMAN KOTELCHUCK: Good, and we
4 both selected that one.

5 MEMBER MUNN: I chose 24, site, and
6 so did you.

7 CHAIRMAN KOTELCHUCK: Good.

8 MEMBER MUNN: I chose 27 for the
9 site and the percent PoC.

10 CHAIRMAN KOTELCHUCK: Good.

11 MEMBER MUNN: And also the years
12 worked were very interesting on that one.

13 I chose 30. Sorry, sorry, that's
14 -- I chose 30 because of the site and the
15 number of years worked. And it looks like
16 that's one you chose, as well.

17 CHAIRMAN KOTELCHUCK: Yes.

18 MEMBER MUNN: I chose 35 because
19 of the site and gender. I chose -- next page,
20 sorry, 44 because of the site. I chose 49,
21 again the site, and also the occupation. And I
22 chose 52, as you did.

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1 CHAIRMAN KOTELCHUCK: Yes.

2 MEMBER MUNN: Because of the PoC
3 and site, and years -- beginning of employment
4 year as well as the occupation. And so we
5 agreed on that one.

6 I chose 61, again because of the
7 PoC and locale.

8 I chose 58 because of the locale
9 and the occupation, so we agreed on 58.

10 CHAIRMAN KOTELCHUCK: I don't think
11 -- oh, yes, yes, that's right. Yes.

12 MEMBER MUNN: And I chose 64,
13 again site and occupation. And I chose 73.

14 CHAIRMAN KOTELCHUCK: Which we --

15 MEMBER MUNN: Which you did, as
16 well.

17 CHAIRMAN KOTELCHUCK: Yes.

18 MEMBER MUNN: PoC, the cancer model
19 and the location, as well as time worked.

20 CHAIRMAN KOTELCHUCK: Well, good.
21 That's -- 64 was your last one, or 73 was your
22 last?

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1 MEMBER MUNN: Seventy-three was my
2 last one, yes.

3 CHAIRMAN KOTELCHUCK: Good. Well,
4 we --

5 MEMBER MUNN: So, we have one,
6 two, three, four, five, six, seven, eight that
7 you and I both chose.

8 CHAIRMAN KOTELCHUCK: Eight out of
9 12 is, I must say, is an impressive overlap,
10 given that there were so many cases to choose
11 from. So, that, I think, starts us out well
12 if we agree on those -- if we pick those eight
13 and then try to supplement it with another
14 five of six.

15 Your choices and reasons, I could
16 give reasons for mine, but yours were clear
17 and good.

18 And how should we -- maybe others
19 would suggest how do we proceed to pick our
20 next probably six or so, get 14 figures? Some
21 may end up not being used for either
22 administrative reasons or I gather that there

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1 are some that people will look into and find
2 out that they were really not -- should not
3 have been on the list or not appropriate in
4 some fashion.

5 So, what do others think besides
6 Wanda and myself? How would -- John, or Dave,
7 or anybody, Brad?

8 MEMBER CLAWSON: How many more do
9 we need?

10 CHAIRMAN KOTELCHUCK: Well, we
11 have eight. We want to have a dozen, so I
12 thought we would pick perhaps fourteen.

13 MEMBER CLAWSON: Okay.

14 MR. KATZ: Yeah, I think actually
15 SC&A's ballpark for what they're able to
16 accomplish is ten, I think is what John Stiver
17 said.

18 CHAIRMAN KOTELCHUCK: Oh, really?

19 MR. KATZ: So, like you said, we
20 want some additional ones in case for one
21 reason or another when DCAS pulls the case
22 they find issues where we can't take it up.

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1 CHAIRMAN KOTELCHUCK: Right.

2 MR. KATZ: But we do want some
3 extras and, you know, four extras would be
4 good, I think.

5 CHAIRMAN KOTELCHUCK: Okay. I'm
6 most open -- I think -- let me take three
7 cases that I selected for being the common
8 cancers. And I agree and I understand Wanda's
9 point, and I would -- those happen to be 24 --
10 well, 31 I chose for type of cancer, and 51,
11 so if I -- let's -- I think I would drop those
12 two, 31 and 51, from my list and add two more
13 from Wanda's.

14 It's hard to see a balance without
15 really going over -- sort of looking at them
16 as a whole, but let's try to do it. I will
17 appreciate input from anyone.

18 MEMBER MUNN: Well, this is Wanda.
19 I still think 13 is interesting from the
20 cancer type point of view.

21 CHAIRMAN KOTELCHUCK: Okay. My
22 screen is down temporarily but that's -- one

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1 second. I would just say let's do it. I'm
2 open to that. So, let's take 13 which, is
3 another partial. So, so far we have three
4 partials -- two partials. So, yeah, two
5 partials. So, add 13. Okay.

6 So, we now have, if you want to --
7 if you've circled the ones that we have in
8 common, add 13 to that, it would start with
9 13, 14, 21, 24, 27, 30, 52, 58, 73. Let's
10 pick -- Wanda do you want to make a
11 suggestion, maybe another where you noted
12 gender?

13 MEMBER MUNN: Well, yeah, there's
14 -- we're already kind of -- we're good, I
15 think, in that respect.

16 CHAIRMAN KOTELCHUCK: Okay.

17 MEMBER MUNN: But I'm looking at C

18 CHAIRMAN KOTELCHUCK: I didn't
19 look at the PoC. You used a number, I think
20 it was -- was it 61?

21 MEMBER MUNN: Well, one that I did
22 use PoC and that I didn't even mention when I

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1 was going through them is 30.

2 CHAIRMAN KOTELCHUCK: Thirty.

3 MEMBER MUNN: Both the PoC and the
4 years worked, from that point of view, that's
5 an interesting one.

6 CHAIRMAN KOTELCHUCK: Well, I think
7 that sounds good to me.

8 MEMBER MUNN: But we've had 30 on
9 our --

10 CHAIRMAN KOTELCHUCK: Let's add
11 30.

12 MEMBER MUNN: Well, actually, we
13 already have 30.

14 MR. KATZ: You already have that.

15 MEMBER MUNN: Yes.

16 MR. KATZ: This is Ted.

17 CHAIRMAN KOTELCHUCK: Oh, yes. I'm
18 sorry.

19 MR. KATZ: Can I suggest something
20 else to think about at least?

21 CHAIRMAN KOTELCHUCK: Yes.

22 MR. KATZ: And I think John Stiver

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1 or Kathy Behling can probably help on this,
2 but looking at the cases available, are there
3 some sites that are especially under-sampled
4 relative to the others? That might be a
5 helpful leg up on some choices.

6 CHAIRMAN KOTELCHUCK: Yes.

7 MEMBER MUNN: Well, yeah. For
8 example, there's -- it wasn't on my list, but
9 there's 33.

10 CHAIRMAN KOTELCHUCK: Joslyn.
11 Could I ask on 33 --

12 MEMBER MUNN: That's reserved.

13 CHAIRMAN KOTELCHUCK: I'm sorry.
14 What does -- I did not understand -- I didn't
15 know what "reserved for NIOSH" means for
16 occupation in 33. What does reserved for
17 NIOSH mean in that context?

18 MR. SIEBERT: This is Scott. I
19 can answer that for you. The issue is we put
20 that information together for NIOSH and screen
21 these for them. But the ones that are
22 reserved for NIOSH that NIOSH does in-house,

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1 we don't specifically have the information for
2 those, so we have -- we put reserved for
3 NIOSH. NIOSH usually had the chance to walk
4 through and give that additional information.
5 I'm not sure if we didn't get that finished
6 this time or not.

7 CHAIRMAN KOTELCHUCK: Well, we
8 have -- that is a smaller facility, Joslyn.
9 There are two Joslyns, 33 and 38; 33 is
10 reserved for NIOSH. Maybe we should just -- I
11 would assume that the smaller plants tend to
12 be under-represented. Is that -- would that be
13 a correct statement?

14 MEMBER MUNN: That's true. That's
15 true, yeah.

16 CHAIRMAN KOTELCHUCK: So --

17 MR. STIVER: This is Stiver. Joslyn
18 is one that is somewhat under-represented.

19 CHAIRMAN KOTELCHUCK: Okay. So,
20 either 33 or 38, which the 38 we have that the
21 person is an operator.

22 MEMBER MUNN: And in both cases

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1 the PoC is very similar.

2 CHAIRMAN KOTELCHUCK: Yes.

3 MEMBER MUNN: We have --

4 CHAIRMAN KOTELCHUCK: I think I
5 would choose 38 simply because the information
6 on the occupation is available.

7 MEMBER MUNN: That's true.

8 CHAIRMAN KOTELCHUCK: So, it's not
9 -- it would not be a repeat. It's a good
10 general occupation: operator.

11 MEMBER MUNN: Yes, I agree.

12 CHAIRMAN KOTELCHUCK: Let's do 38.
13 Okay, 38 is added. So we now have two, four,
14 six, eight, ten. We have a total of ten.

15 MEMBER CLAWSON: Dave, this is
16 Brad. I'm having a hard time going between
17 back and forth.

18 CHAIRMAN KOTELCHUCK: Yeah, I
19 admit --

20 MEMBER CLAWSON: And I can't
21 remember if this one was put on there or not,
22 but I was looking at number 29. Have we

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1 already selected that one? I'm just going off
2 what mine was and trying to check what --

3 CHAIRMAN KOTELCHUCK: Good. John,
4 could you put us on to 29?

5 MR. STIVER: Okay, we're there.

6 CHAIRMAN KOTELCHUCK: Sandia. Yes,
7 and many different types of cancers.

8 MEMBER CLAWSON: Well, actually,
9 too, it's because it's two different sites
10 from one thing. The era that it was at, it was
11 --

12 CHAIRMAN KOTELCHUCK: Yes.

13 MEMBER CLAWSON: Plus, both these
14 are coming -- both these sites, I guess one of
15 the reasons -- I want to see -- you know,
16 there have been questions of how some of these
17 would be done and so forth, and I just wanted
18 to --

19 CHAIRMAN KOTELCHUCK: And that's a
20 partial.

21 MEMBER CLAWSON: Yes.

22 CHAIRMAN KOTELCHUCK: That sounds

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1 good. So, I would be open to that, 29, which
2 is a partial again.

3 MEMBER MUNN: Twenty-nine looks
4 good to me.

5 MR. KATZ: This is Ted. Let me
6 just raise a question about the -- which I
7 think the NIOSH folks can answer about the
8 Joslyn case, was where this case falls, the
9 employment period in relation to the SEC?

10 MR. CALHOUN: I'll have to look
11 and see -- this is Grady. I'll have to look
12 and compare those dates.

13 MR. KATZ: Okay. I just think
14 that the Subcommittee might want to know
15 whether this is one that falls in the SEC or
16 not.

17 MR. CALHOUN: Alright.

18 CHAIRMAN KOTELCHUCK: Well, we
19 have eleven, so we could -- does anybody have
20 a suggestion for one more? Or we could call
21 it a day on this.

22 MR. SIEBERT: John Mauro, are you

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1 on the line?

2 DR. MAURO: Yes, I am.

3 MR. SIEBERT: Could you -- do you
4 know the dates of the Joslyn SEC off the top
5 of your head?

6 DR. MAURO: No, I don't. I'd have
7 to --

8 MS. LIN: I do. This is Jenny.
9 It's March 1st, 1943 through December 31st,
10 1947.

11 MR. KATZ: Okay. So, this is
12 outside the range then.

13 CHAIRMAN KOTELCHUCK: Okay, fine.

14 MR. KATZ: Okay, good. That makes
15 it easier to hang on to that one then.

16 CHAIRMAN KOTELCHUCK: Right. So,
17 I --

18 MEMBER CLAWSON: Dave, this is
19 Brad. I just had one more that I've been
20 looking at that was on my hit list.

21 CHAIRMAN KOTELCHUCK: Yes.

22 MEMBER CLAWSON: And I apologize,

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1 I'm trying to go between my stuff and this
2 stuff, and I really can't remember which ones
3 have been added and which ones have not. But
4 has 38 been looked at?

5 CHAIRMAN KOTELCHUCK: Yes, we just
6 chose 38 from Joslyn.

7 MEMBER CLAWSON: No, 38 is not
8 Joslyn. It's --

9 CHAIRMAN KOTELCHUCK: Let's go
10 down to 38. I'm going under Selection ID, the
11 green column.

12 MR. STIVER: 38 is Joslyn.

13 MEMBER CLAWSON: Oh, is it?

14 MEMBER MUNN: Yeah, it is.

15 CHAIRMAN KOTELCHUCK: Yeah, it is.
16 By the way, it's confusing. All the way over
17 on the left is the number of the Excel, and
18 that's -- we're using the Selection ID, the
19 colored one, if you will, the one that's green
20 and yellow.

21 MEMBER CLAWSON: Okay. Well, I
22 was just -- I was looking at the actual 18 set

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1 that I was going off, and I think we might be
2 off a little bit because I've got --the one I
3 was looking at is a little bit different.

4 CHAIRMAN KOTELCHUCK: Okay.

5 MEMBER CLAWSON: But I had General
6 Electric Company, Oak Ridge, BWXT
7 Technologies.

8 CHAIRMAN KOTELCHUCK: General
9 Electric? I don't think we have --

10 MEMBER CLAWSON: It's actually the
11 one right before Joslyn Manufacturing.

12 CHAIRMAN KOTELCHUCK: Okay. Oh,
13 yes, that -- 37.

14 MEMBER CLAWSON: Okay. Mine is
15 off one set somewhere.

16 CHAIRMAN KOTELCHUCK: Yes, okay,
17 37. And, John, will you scroll through? So,
18 that's squamous and basal cell skin, but the
19 person has been at GE, Oak Ridge, BWX. Yes,
20 that's -- and the work decade in the '50s.

21 MR. STIVER: Long period of
22 employment, multiple sites.

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1 CHAIRMAN KOTELCHUCK: Yes.

2 MEMBER CLAWSON: Alright. This
3 was merely because I wanted to be able to see
4 how these things crossed over.

5 CHAIRMAN KOTELCHUCK: Yes, and I
6 think that's an excellent criterion for
7 choice. So, I'm -- let's go with that, the
8 37.

9 And that is twelve, and I think
10 that should finish it. And I'll read off --
11 I've been doing my clerical work and I'll read
12 off the list as I have it now, okay? In order
13 of Selection ID.

14 Thirteen. Ted, you're getting this
15 or someone? Yes, all the folks are. Thirteen,
16 14, 21, 24, 27, 29, 30, 37, 38, 52, 58, 73.

17 MEMBER MUNN: That's what I have.

18 CHAIRMAN KOTELCHUCK: Great. Okay.
19 So, any other further thoughts, or I think
20 we're ready to close.

21 MR. STIVER: This is John Stiver. I
22 think we've got a pretty good representation

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1 here for this.

2 CHAIRMAN KOTELCHUCK: Good. Good.
3 Okay, folks. And we did that in 45 minutes,
4 so, excellent.

5 MEMBER MUNN: Fantastic.

6 CHAIRMAN KOTELCHUCK: Okay. And
7 really, I mean, we have an awful lot of
8 agreement which was very nice, really starting
9 us off.

10 Okay. We are ready to go to the
11 case reviews, and we want to start with --
12 Grady, we want to start with 9. Right? Set
13 9.

14 MR. CALHOUN: Actually, I wanted
15 to hit Set 8 because --

16 CHAIRMAN KOTELCHUCK: You said
17 that. Yeah, you said Set 8. Go ahead, I'm
18 sorry. Excuse me for interrupting you.

19 MR. CALHOUN: Alright. Basically,
20 what I would like to do, if possible, and I
21 don't know if anybody's had time to look at
22 this, but we sent some responses a week ago, a

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1 few days ago, whatever, relative to Huntington
2 Pilot --there you go, perfect, I see it up
3 there.

4 CHAIRMAN KOTELCHUCK: Yes.

5 MR. CALHOUN: Are you doing that?
6 I'm not doing that, am I?

7 MR. STIVER: I'm doing it. This is
8 John.

9 MR. CALHOUN: Okay, John.

10 CHAIRMAN KOTELCHUCK: Okay, thank
11 you.

12 MR. CALHOUN: I have the same
13 thing on another one of my screens here and I
14 thought, wow, I've been doing that on
15 accident. Okay.

16 So, basically, that is our
17 response to that. And if any of you guys have
18 some questions on it. Tom Tomes is on the
19 phone with us right now, and that's the reason
20 he's here. He's very familiar with the
21 Huntington Pilot Plant, but I was kind of
22 hoping that we could -- just because they're

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1 so old, you know, get some resolution.

2 MR. STIVER: I know John Mauro and
3 Steve Marschke on our side have been looking
4 into this pretty heavily. So, John, if you'd
5 like to --

6 DR. MAURO: Yeah, I could kick it
7 off and then, Steve, you could help me out a
8 little bit because you dug a little deeper
9 than I did. I'll set the table.

10 We have closed -- we went through
11 a process where we managed to close out a lot
12 of these issues that we had. But there are
13 two -- in fact, they're really one -- and they
14 have to do with the airborne dust loading of
15 nickel.

16 Just so everybody is on the same
17 page, basically Huntington Pilot Plant was
18 working with diffusion barriers. You folks
19 may be -- just sort of a refresher. And
20 they're made of nickel, and they were
21 processed at Huntington Pilot Plant because
22 they contained some enriched uranium. And they

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1 would basically go there for refurbishment,
2 and the enriched uranium and the nickel would
3 be separated so that they would recover the
4 nickel and the uranium and, I presume,
5 refabricate barriers made of nice clean
6 nickel.

7 And what happens is in the process
8 they generated airborne enriched uranium
9 associated with the nickel. They sort of
10 intermingled. And the way in which the
11 inhalation doses are derived, according to the
12 protocol, is to estimate what the airborne
13 dust loading of nickel in milligrams per cubic
14 meter is, based on measurements and also based
15 on knowledge on the specific activity of the
16 uranium in the nickel and its associated level
17 of enrichment.

18 The area where we were struggling
19 is the amount of nickel, milligrams of nickel
20 per cubic meter. Our original concern was we
21 look at the table of nickel concentrations
22 that are in the TBD originally, and there's a

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1 whole array of values for different locations
2 within the facility. And there are a lot of
3 numbers, maybe 30 or so airborne dust loading
4 measurements expressed in milligrams of nickel
5 per cubic meter.

6 And NIOSH used all those values
7 and picked off the upper 95th percentile of
8 those values and said we're going to use that
9 nickel dust loading, which came to some value.

10 Our original comment was, well,
11 we've got a bit of a problem with that because
12 when you look at the 30 numbers or so, I don't
13 recall the exact numbers, you see that they're
14 really broken up into two categories. There
15 were numbers that were taken many, many years
16 ago, and then there were numbers that are much
17 more current.

18 And we felt that since the dose
19 reconstructions are being done for workers
20 that worked at the facility many, many years
21 ago, they should have used a subset of nickel
22 concentrations that represented the older

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1 data. And if you look at that subset, which
2 represents perhaps 10 of the full set of
3 numbers, and picked off the upper 95th
4 percentile from that subset, you get a much
5 higher 95th percentile, maybe a factor of 10
6 higher.

7 So, our position at the time was
8 don't you think that's the better way to do
9 it? Because that time period is more
10 representative of the time period of interest
11 to the DR.

12 However, it was also recognized
13 that that subset -- again I'll use the 10
14 numbers as an example of these older numbers.
15 The upper 95th percentile was driven by a
16 single outlier. That is, the reason the upper
17 95th percentile was so high is there was a
18 single measurement of 5 milligrams per cubic
19 meter which was easily 10 times higher than
20 the next highest one.

21 So, the Subcommittee discussed,
22 well, what do you do in a circumstance like

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1 that? And there was agreement that, gee, when
2 you have an outlier like that, you know, you
3 let it go. And we talked -- if you remember,
4 we talked a little bit about the use of
5 statistical methods to deal with outliers, do
6 you really take them seriously? So, we were
7 sort of on the verge of letting that go and
8 say, okay, I think we're okay, except for one
9 fact that emerged during the process.

10 And I'll ask Steve to describe
11 that new twist that, unfortunately, really
12 puts us back where we do have an issue. And,
13 Steve, because you looked more deeply into the
14 source documents that stood behind all this,
15 could you give a summary of what you found?

16 MR. MARSCHKE: Yes, I looked into
17 the -- most of these on the nickel
18 concentration data came from a document that
19 was prepared by Enterline and Marsh -- and I
20 don't know what the date of it is, but it was
21 a while back. I think it was in the 1980s. And
22 there's a Table 8 in there, which basically

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1 that's what John is referring to with all
2 these different nickel concentrations and
3 different departments on the Huntington site.

4 I would make one correction to
5 what John said. He mentioned that there's one
6 outlier number. It's an outlier number but
7 it's not really a single measurement. It's an
8 outlier number for one department, what they
9 called the refinery at the Huntington site.
10 It's not -- and I don't know how many -- if
11 more than one measurement is in there or what,
12 but it's -- you know, with this Table 8, which
13 has the different nickel concentrations in it,
14 or reported on it, are for different areas of
15 the site.

16 So, it could be that this refinery
17 area is just one area where it has the higher
18 concentration. And it may be -- it's
19 definitely an outlier in that it's larger than
20 all the other measurements by almost an order
21 of magnitude. But, again, it may not be a
22 single value. It may be -- you know, we don't

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1 know how many values -- how many samples went
2 into calculating that number. So, that was one
3 thing I wanted to point out.

4 The other thing I wanted to point
5 out is if you, again, go back to this original
6 document by Enterline and Marsh, right at the
7 beginning of the document on the first page
8 they talk about concentrations of nickel
9 around the -- what do they call it?

10 DR. MAURO: Calciners.

11 MR. MARSCHKE: Yes, which range
12 from 20 to 250 milligrams per meter cubed and
13 from 5 to 15 around what they call the areas
14 where the crushers are. So, there are areas
15 which are, you know, at or above the highest
16 number that are reported in this Table 8,
17 which was the only value that NIOSH used in
18 the TBD.

19 So, you know, one of our concerns
20 is, you know, how do these higher numbers,
21 which were reported back in 1976, how do they
22 impact the distribution? They seem to have

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1 been left out of the discussion in the TBD
2 and, you know, I guess the question is what
3 would -- if they were included in the
4 discussion what would -- how would that change
5 the discussion?

6 So, that's, basically, the
7 concerns we have with what's going on. It's -
8 - you know, as John mentioned, on the Table 8
9 numbers or the whole series of numbers, we
10 think that you'd be better off using just the
11 historical numbers because Enterline and
12 Marsh, they note in the report, the discussion
13 of the Table 8, they note that they tried to
14 adjust the modern day samples back to
15 historical exposures, but they admit that it's
16 probably an imperfect process and maybe they
17 have underestimated the exposures when they
18 have done that process.

19 So, the numbers in there, the
20 modern day numbers that are reported in that
21 Table 8, may be underestimates, according to
22 the notes that are in -- you know, according

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1 to the discussion on Table 8.

2 DR. MAURO: So, I guess, you know,
3 where we are operates at really two levels.
4 The most fundamental level is there are all
5 these other data, some of which are extremely
6 high in milligrams per cubic meter. And we
7 also recognize that at some point it gets so
8 high that it's really not breathable. You
9 know, we've been through this before. But
10 certainly the 5 milligram per cubic meter
11 number is no longer now an outlier, unless
12 someone could explain, you know, why all these
13 other numbers that we uncovered for different
14 operations may not be appropriate as a basis
15 for dose reconstruction.

16 But right now it appears that that
17 5 milligram per cubic meter high-end number is
18 really -- does not appear to be much of an
19 outlier. And there really is no basis, as it
20 stands now from the discussions and the
21 writing and the documentation we have so far,
22 we don't have a basis for rejecting those

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1 higher numbers and going with NIOSH's exposure
2 matrix for Huntington.

3 And I think if we could resolve
4 that issue one way or the other, either say
5 NIOSH provided a good reason why those higher
6 numbers could be excluded, fine. But we don't
7 see that. Or, second, NIOSH says, well, you
8 know, you're right, it looks like we should
9 have included some of those higher numbers and
10 rethink what the distribution should be for
11 the dust loading for nickel. And, really,
12 that's where we are.

13 MR. MARSCHKE: And one other thing
14 -- this is Steve, again. One other thing I'd
15 just point out is, in the Enterline and Marsh
16 report where they talk about these higher
17 numbers, they refer to a report that was
18 submitted by International Nickel to NIOSH
19 back in October 1976.

20 I went looking for that report but
21 I was unable to find it in the open literature
22 on the web or anywhere, so I don't know, you

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1 know -- I don't have any more information than
2 what is presented in the Enterline and Marsh
3 report as to how that data was collected or
4 what is it. But it's just presented here at,
5 again, the beginning of their report and it's
6 very high numbers.

7 MR. TOMES: This is Tom Tomes. I
8 think I can add a little bit more on the
9 numbers that's in the TBD and how they came
10 out of that article.

11 The Table 8 values -- which, I
12 think, 37 pieces of data -- those were results
13 that were put together to be average worker
14 exposures. And they were not based on single
15 measurements.

16 I'll read from the article here,
17 it explains it better than I can. "These
18 estimates are intended to represent average
19 airborne concentrations of nickel in all forms
20 over an 8-hour shift." So, the Table 8 values
21 are actually not air sample results, they are
22 estimates of average worker exposures in the

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1 various departments.

2 And I did focus on the higher
3 results in reviewing this. The 5 milligrams
4 per cubic meter is for the refinery, and the
5 refinery exposures was one of the focuses of
6 this epidemiological study. And they had
7 refineries operated in the `40s, specifically
8 the high concentrations from the calcining
9 operation which operated from 1922 to 1947.
10 They tore out the calciners in 1947 and the
11 crushing and grinding associated with the
12 operations created very high dust. And these
13 numbers are represented in these high numbers
14 for the refinery.

15 So, these numbers would not be
16 appropriate to assume for exposures to the
17 Huntington Reduction Pilot Plant because the
18 plant was not built until the `50s, early `50s
19 is when they built the plant.

20 But these data were admittedly
21 difficult to separate out into specific values
22 that I could use for distinguishing the

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1 Reduction Pilot Plant, and that is basically
2 why we choose the entire data set without
3 discriminating it, and just chose the upper
4 95th percentile which we thought would be
5 bounding for the Reduction Pilot Plant.

6 The Reduction Pilot Plant does
7 have a value represented in that table, which
8 is a very low number, but we don't have -- we
9 don't know much information about how that
10 number is determined. It could have come from
11 the operations of the Reduction Pilot Plant or
12 it could have come during the idle period of
13 Reduction Pilot Plant.

14 This article was published in
15 1982, and as Steve mentioned, there was some
16 data sent to NIOSH in 1976. I don't have a
17 copy of that either, but the Reduction Pilot
18 Plant was in the standby status at that
19 particular time.

20 So, that low number represented by
21 the Reduction Pilot Plant may not be an
22 accurate representative of the operations in

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1 the late '50s and early '60s when they were
2 handling recycled nickel contaminated with
3 uranium. So, we didn't really have any
4 confidence that we could say that .02 value
5 for the Reduction Pilot Plant was
6 representative of worker exposures during
7 operations. But we did include it in the set
8 of data.

9 And I would like to point out one
10 other thing that I believe was in one of the
11 writeups I saw from SC&A concerning another
12 table in this Enterline and Marsh article.
13 There was a Table 4 in that article, had
14 exposures to four -- average nickel exposures
15 to four different workers. And the highest
16 one of those was a guy who started work there
17 in 1941 and he worked at the refinery from
18 1941 to 1944. And this average nickel exposure
19 over his career there was .94 milligrams per
20 cubic meter. But this article points out that
21 he was in the calcining department from 1941
22 to 1944. And that particular department was

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1 the focus of these exposures for the cancer
2 risk they had from exposure to nickel.
3 So, that would account for part of his higher
4 exposures than the other three.

5 And the estimated exposure to the
6 other three workers is below the value we have
7 estimated in TBD. I'm trying to put the
8 numbers into perspective here of what we have
9 in the TBD.

10 CHAIRMAN KOTELCHUCK: Well, how do
11 we move to resolution? It's a complex
12 argument. It's a little hard to follow given
13 that we're -- at least for me, because the
14 screen is fixed, and I can't look at all of
15 the, if you will, the green box. But first,
16 according to SC&A, they have indicated that
17 all the findings are resolved for Set 8. I'm
18 not quite sure what -- it's the question of
19 whether to reconsider based on that --

20 MR. FARVER: David, this is Doug
21 Farver. Can I --

22 CHAIRMAN KOTELCHUCK: Please.

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1 MR. FARVER: Can I go ahead and
2 explain?

3 CHAIRMAN KOTELCHUCK: Yes, yes,
4 please do.

5 MR. FARVER: There are two open
6 issues from the attachments of Set 8. They
7 weren't included in our stats on findings
8 because there's no official finding numbers
9 for them as with the other findings where we
10 have a --

11 CHAIRMAN KOTELCHUCK: Ah.

12 MR. FARVER: -- case number, and a
13 Table 2 Identifier, and then a finding number.
14 But these don't follow the normal protocol so
15 they were not included in those stats. But
16 there's only those two open issues on the
17 Huntington Pilot Plant with Attachment 3.

18 CHAIRMAN KOTELCHUCK: Okay, thank
19 you.

20 MR. FARVER: And then again in --
21 now, in Set 9, which I think Grady might want
22 to discuss, there are some open issues on

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1 Huntington Pilot Plant cases that we reviewed,
2 and those findings have numbers and those are
3 counted as real findings.

4 CHAIRMAN KOTELCHUCK: Got it.

5 MR. FARVER: Okay.

6 CHAIRMAN KOTELCHUCK: So, getting
7 back to 8 -- thank you for the clarifications
8 -- getting back to 8, what is the -- how do we
9 move to closure on this complex --

10 MEMBER POSTON: It doesn't sound
11 like we're getting a whole lot of agreement
12 right now but, you know, I don't know if we
13 could take some time, if we need time. I mean,
14 I'd like to get these closed out, but if we
15 need time, maybe we could just try to deal
16 with it in one of these technical calls we've
17 done in the past.

18 DR. MAURO: Tom, this is John
19 Mauro.

20 MEMBER POSTON: Because these
21 might need a little bit more time.

22 DR. MAURO: Tom, this is John

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1 Mauro. It sounds like this -- perhaps I
2 didn't fully appreciate or understand. It
3 sounds like that you've looked at the data,
4 the same data that we looked at and, you know,
5 we have all these numbers for different work
6 areas. But for some reason there are certain
7 work areas and time periods that you feel are
8 discounted. For example, I guess, the 5
9 number and the bigger -- the 5 milligrams per
10 cubic meter, and some of those other bigger
11 numbers really should not be explicitly part
12 of the distribution.

13 And the reason for that is -- I
14 mean, if you could give us the reason why --
15 and I didn't really understand your rationale.
16 That is, you pointed out that, yes, those
17 numbers are there and they represent the
18 refinery or the calciner. And, yes, they are
19 big numbers, and they represent a number --
20 but for some reason, and you may have a good
21 reason, you don't feel that they are really
22 applicable to this particular --well, there

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1 are really two issues. One is applicable to
2 the Site Profile. Because, remember, we're
3 talking about two different things now. We're
4 talking about, I guess it's Attachment 3,
5 which is the Huntington Pilot Plant Site
6 Profile review. And simultaneously we're
7 talking about a real case or a real
8 person that's part of the 9th set.

9 You remember this is one of those
10 places where we did one of these focused Site
11 Profile reviews and included it at the back of
12 the set of 8. So, to help clarify, when you
13 say your -- what I understand, when you say
14 you're comfortable not including the 5 number
15 and those bigger numbers that Steve
16 summarized, are you saying that because they
17 don't apply to this particular worker that's
18 part of the set of 9 and therefore can be
19 dismissed? Or are you saying, no, this can be
20 dismissed across the board, including the Site
21 Profile that's addressed as Attachment 3 in
22 the back of this thing?

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1 And, if so, if you could just -- I
2 didn't quite understand -- that was what my
3 reading was, that you felt that you could
4 dismiss them. And I'm fine with that, but I
5 didn't hear the rationale.

6 MR. TOMES: John, I may have said
7 it wrong. I didn't mean that we could dismiss
8 the 5 milligram per cubic meter value, because
9 we included that in the distribution. It is
10 the outlier in the distribution that was
11 included. So, you know, if you look -- it may
12 have the line in TBD, but if you look at the
13 5th line, that value is there.

14 DR. MAURO: And I recall that, but
15 I also recall that that was part of a group of
16 maybe ten out of the 37 numbers that seemed to
17 be the ones that should have been used, and
18 that the newer measurements, the ones that
19 were made in recent times, relatively recent
20 times, which are really not the time periods
21 of interest here, at least not for this
22 particular case, I believe.

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1 By using the full suite of all 37
2 numbers to get you your distribution, it seems
3 that you're biasing. In other words, the real
4 distribution that applies here is not the full
5 suite of all numbers in Table 8, but the
6 subset of it that represents the time period
7 of interest. And I guess if could sort of
8 grind -- I think we're close to resolution
9 because I see you feel strongly about, no,
10 your numbers are okay. But then we still
11 raise these questions, as Steve articulated.

12 And I don't know, maybe other
13 people followed it, but I still don't see the
14 rationale for, let's say, dismissing the big
15 numbers that Steve mentioned in this other
16 report -- and let's say you can. Okay. Let's
17 just assume for a second you can do that
18 somehow. Then you're left with, okay, the 37
19 numbers that are in your table. I guess it's
20 called Table 8. And why is that you use the
21 full set of 37 numbers and not go only to the
22 numbers that represent the real time period of

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1 interest? You know, I'm just looking for
2 something that -- the rationale that rings
3 true for me, and I'd be fine. But right now,
4 I really haven't heard that.

5 MR. MARSCHKE: Well, what I --
6 John, this is Steve. What I heard him say was
7 that the calciners and the crushers were taken
8 out before the Pilot Plant was operated.

9 DR. MAURO: Before the uranium was
10 on site?

11 MR. TOMES: About 15 years before
12 that.

13 DR. MAURO: Oh, okay, you see, I
14 missed that.

15 MR. MARSCHKE: So, that was taken
16 out, so those big numbers that I was talking -
17 - and that was missing from my part of the
18 story.

19 DR. MAURO: Ah, very good.

20 MR. MARSCHKE: So, now I have that
21 part of the story. I think the big numbers
22 that I'm talking about, basically, I would

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1 have no problem in taking those out.

2 Now, the other part of the story I
3 heard was that the -- you know, by leaving
4 that 5 number in, you know, basically it adds
5 conservatism or claimant-favorable-ism to the
6 distribution that they come up with. And, you
7 know, I don't know. Again, now we're talking
8 about a factor of four if you use the -- only
9 the historical numbers, the numbers which are
10 identified by Footnote C versus the full set
11 of 37 numbers. So, really we're back to a
12 factor of four --

13 DR. MAURO: Right.

14 MR. MARSCHKE: -- in the
15 difference.

16 DR. MAURO: We're halfway home. I
17 think that --

18 MR. TOMES: But one of the results
19 you're proposing we take out is an actual
20 result of the Reduction Pilot Plant itself.
21 And that's one of the lower numbers, also.

22 DR. MAURO: I'm going by time. In

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1 other words, my recollection when I worked on
2 this is that I looked at the table and there
3 was a little Footnote C next to each of those
4 37 numbers that represented a certain time
5 period. And at the time I did the work, and I
6 think Steve did the follow-up work, that C was
7 -- the real question was, gee, shouldn't you
8 have just used the numbers that had little C
9 next to them, the footnote? Because those are
10 the numbers that represent the time period of
11 interest.

12 And all the others really are not
13 relevant to the time period of interest. And
14 if you do that, you come up with a
15 distribution that gives you a 95th percentile
16 that I believe was about ten times higher. And
17 I guess that's where we -- so, I'm okay with
18 the first part. Get rid of all those other
19 big numbers. I did not realize that they
20 really weren't applicable.

21 So now we've sort of simplified
22 the question, is should you use the full

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1 distribution of all 37 numbers and pick off
2 the upper 95th percentile, and thereby get the
3 numbers you guys got? Or should you go with,
4 no, we're only going to pick the numbers with
5 the little letter C next to them which
6 represent the older measurements of nickel,
7 because that's a more appropriate number to
8 use when doing DRs for this facility and for
9 this particular work?

10 MR. MARSCHKE: But, John, what
11 NIOSH is saying, if you look in the table
12 there is a -- Reduction Pilot Plant is listed
13 as one of the departments that has a nickel
14 concentration associated with it.

15 DR. MAURO: Okay.

16 MR. MARSCHKE: And that department
17 does not -- that number does not have a C
18 associated with it.

19 DR. MAURO: Okay.

20 MR. MARSCHKE: So, what they're
21 saying is the historical data, I guess the
22 historical C data, the data that's identified

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1 with a C as being historical --

2 DR. MAURO: Yeah.

3 MR. MARSCHKE: -- comes before the
4 Pilot Plant went into operation. It was data
5 that was collected -- it's really historical
6 data. It's data that was collected before the
7 Pilot Plant went into operation. Is that
8 correct?

9 MR. TOMES: It's clear that some
10 of it is. What is not clear is how much of it
11 is and how of it isn't.

12 DR. MAURO: Oh, okay. I think we
13 got to the nub of the matter, and this is very
14 good because we cleared away a lot of the fog
15 in my head. And what we're really zeroing in
16 on is whether or not, you know, the Cs -- this
17 little model I have in my head is that the
18 right number to use are the ones with the
19 little C next to them. And I'm hearing that
20 maybe that's not the right way to do it.

21 And it's not apparent -- right
22 now, I guess we're at a place where I haven't

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1 heard the argument that those numbers with the
2 little Cs next to them are really not
3 appropriate, or you're not sure. I guess, if
4 you could help me with that part, we might be
5 able to close this out.

6 MR. TOMES: Well, I'm not
7 following why we think we should only use
8 those for being historical for the era of
9 interest.

10 CHAIRMAN KOTELCHUCK: Okay. May
11 I, as Chair, we spent half an hour on this. Is
12 it appropriate that this continue with a
13 technical call?

14 MR. KATZ: Dave, it sounds like
15 they're right at the end of this.

16 CHAIRMAN KOTELCHUCK: Okay.

17 MR. KATZ: And a technical call
18 takes a lot of arranging and so on. If they
19 C-

20 CHAIRMAN KOTELCHUCK: Alright.
21 Okay. We'll continue for another few minutes,
22 I hope.

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1 MEMBER CLAWSON: Hey, Dave, this is
2 Brad.

3 CHAIRMAN KOTELCHUCK: Yes.

4 MEMBER CLAWSON: You know, one of
5 the things in this is, you know, granted, I
6 know we've got a big agenda on here, but one
7 of the problems with this that we have is that
8 we don't kind of finish this out. So, I'm
9 just starting to follow where they're at and
10 I'd really like to be able to kind of stay on
11 track with --

12 CHAIRMAN KOTELCHUCK: Very good.
13 Okay, fine. Very good. Okay, let's continue.

14 MEMBER RICHARDSON: Can you hear
15 me? This is David Richardson.

16 CHAIRMAN KOTELCHUCK: Yes.

17 MEMBER RICHARDSON: Yes? Yeah, I
18 agree that I think we're making headway. I
19 wanted to raise one other question or other
20 point and pose it as a question, I guess.

21 There's a lot that seems to be
22 hinging on one table in an epidemiologic study

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1 that was -- so it wasn't a study that was
2 focused on exposure assessment, it was a study
3 that was basically focused on standardized
4 mortality ratios. And it was --it's a study
5 that was done by contract by --between
6 Huntington and a university, so it's an
7 industry-funded study reconstructing exposures
8 for workers who, you know, there's a concern
9 about an excess of cancer in that facility.

10 And the numbers that are I think
11 in Table 8 are not well described. I mean,
12 they're saying that they're taking -- your
13 data -- converting them to modern graph metric
14 expression whenever possible using knowledge
15 of change they've extrapolated back from
16 recent measurements, but they're not really
17 saying how that is except to say that it's
18 imperfect, but we can assume that exposures
19 were greater in the past.

20 I don't have a good sense of, you
21 know, just kind of the basis for a lot of
22 these numbers. I mean, some of them are based

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1 on modern exposures but they're described as
2 being the average concentration over the
3 entire period, for example, of operation of
4 one of the departments that makes up a row of
5 this table.

6 So, I mean, how are people
7 thinking about that, like one of these numbers
8 where they're saying it's big or small? Is
9 that on average over the entire period it was
10 big or small, or is it that there was no
11 variation? They've done some sort of
12 extrapolation over time implying that the
13 exposures were higher, of higher magnitude in
14 the past.

15 And then we're going to look at
16 the variation in the values, either values
17 with superscript c or not, between different
18 departments here and say that that's going to
19 represent the variation over time, for
20 example, in the intensity of exposure in the
21 Reduction Pilot Plant, so that's one of the
22 rows.

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1 We're taking a variation in the
2 column of the values and saying that that
3 represents a variation over time within one of
4 the rows? And we're taking the numbers at
5 face value from a paper that wasn't really
6 designed to investigate this.

7 I mean, I'm fine with if you want
8 to say we're taking a big value and we're
9 thinking it's plausible bounding and everybody
10 agrees that it's an upper bound. But we seem
11 to be doing a lot of talking about how we're
12 going to derive a distribution. I'm not sure
13 it's the distribution at all that we're really
14 concerned about.

15 MEMBER CLAWSON: Dave, this is
16 Brad. This is one of my questions that I was
17 going to get into after they got into this, is
18 my understanding of this information, we're
19 taking it -- we don't even know how it was
20 derived, how it was put into place, but we're
21 taking this. And I understand, you know, we've
22 to go with the available information that we

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1 do have, but it gets to also credibility of
2 it.

3 Here we're seeing in other areas
4 we've got such high dust loadings or whatever,
5 nickel. I'm questioning, as you are, the
6 papers that were used for this. It's just
7 really -- but it may be the best we have, but
8 if it's something that we can really use this
9 for, I don't think this was set up to be able
10 to be used for dose reconstruction. It's just
11 my personal opinion, but that's what I was
12 kind of hoping we were going to get to up
13 here.

14 MR. MARSCHKE: Yeah, this is Steve
15 Marschke again. And if I can just -- a little
16 bit more information. The way Enterline and
17 Marsh used these numbers in their Table 8 was
18 they didn't come up with a distribution to
19 represent anything. What they did was, when
20 they wanted to calculate an individual
21 worker's exposure, they figured out how much
22 time he spent in each one of these

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1 departments. And then they used the exposure
2 associated with that department and summed it
3 up over that way so that they could calculate
4 his total exposure over the time that he spent
5 on site. Which is a little bit different than
6 the approach which -- is quite a bit
7 different, I guess, than the approach which
8 was being taken here where we're coming up
9 with this, you know, distribution of these
10 exposures that is supposed to be
11 representative of the whole site.

12 DR. MAURO: And one of the
13 dilemmas you have is if you have a real worker
14 and you want to reconstruct his inhalation
15 doses, and you do have data regarding where he
16 worked and when he worked, and you do have
17 data on airborne dust loading in those rooms
18 at that time, well, certainly, then the idea
19 of a distribution you don't need any more,
20 because you could say, well, listen, we have
21 some good data for what the building -- the
22 room he worked in or the distribution of

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1 values or the room he worked in.

2 But, I guess, my sense was that
3 they didn't have that information and so they
4 used this full distribution. And that's why
5 you picked the upper 95th percentile, saying,
6 listen, not knowing -- not having any more
7 information we will simply just assign to
8 everyone that worked there the upper 95th
9 percentile value. And that's been done in the
10 past as a way to deal with the fact that don't
11 have the granularity of information that we'd
12 like to have.

13 MEMBER RICHARDSON: So, this is --
14 but when you say upper 95th, you mean the --
15 you're looking at the distribution of values,
16 some set or all of the values that are in
17 Table 8, and it's the 95th percentile of the
18 departmental averages.

19 MR. TOMES: Yes, it's the 95th
20 percentile of the departmental averages.
21 That's correct.

22 CHAIRMAN KOTELCHUCK: Right. And my

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1 position was --

2 COURT REPORTER: This is the court
3 reporter. Was that just Tom Tomes and Steve
4 Marschke?

5 MR. TOMES: Yes, this is Tom Tomes.

6 MR. MARSCHKE: This is Steve
7 Marschke, yes.

8 DR. MAURO: Yes, this is John. And
9 the only -- I guess I'm still stuck in the mud
10 here having to do with these little Footnote
11 Cs. And my only position was, well, if you're
12 going to do the distribution approach and pick
13 the 95th percentile, shouldn't you only use
14 the numbers in that report in Table 8 that
15 have the Footnote C because of the time
16 period? It zeroes you into the time period of
17 interest.

18 And if there's a reason why that's
19 not appropriate, well, I think we've solved
20 our problem. But if there is a reason -- I
21 mean, this is my perspective. But if it makes
22 sense that, well, you know, we really should

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1 only use the old numbers because that's the
2 numbers that are applicable.

3 MR. MARSCHKE: Well, John, this is
4 Steve again.

5 DR. MAURO: Yes.

6 MR. MARSCHKE: This is a question,
7 how do you know what -- I mean, as I read it,
8 they talk about Footnote C as being the
9 historical numbers.

10 DR. MAURO: Yes.

11 MR. MARSCHKE: And the ones which
12 are not Footnote C are being the more recent
13 numbers.

14 DR. MAURO: Right.

15 MR. MARSCHKE: But I don't know
16 that they define anywhere what they mean by
17 historic, what time periods they're talking
18 about when they talk about historic. Now, it
19 could be argued because the -- if you look at
20 the Table 8 there and the Pilot Plant does not
21 have a Footnote C associated with it, so it
22 could be argued that anything that has a

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1 Footnote C basically came prior to the Pilot
2 Plant, and therefore the Footnote C should be
3 eliminated from the distribution.

4 DR. MAURO: Well, if that's the
5 case and the argument is being made then by
6 NIOSH that --

7 MR. MARSCHKE: Well, I don't think
8 that -- NIOSH is not making that argument.

9 DR. MAURO: Oh, okay. So, that
10 means that --

11 MR. MARSCHKE: They're basically -
12 - NIOSH is saying let's take everything and
13 use everything.

14 DR. MAURO: Yes, that's fine.

15 MR. MARSCHKE: I just said that's
16 an alternative argument that could be put
17 forth.

18 DR. MAURO: If that was the case, I
19 think we're done. But I guess I didn't now
20 that -- I don't know that to be the case.
21 Because, if I recall, the actual case we did
22 was for a person that worked in the early

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1 year, and therefore these numbers that are in
2 the table, some of them might apply to him but
3 some of them would not. So, therefore --and I
4 think there's about a 20-year time period
5 difference, that's my recollection, between
6 the old measurements and the newer
7 measurements.

8 And that was important to me at
9 the time that I looked at it, but like I said,
10 you know -- NIOSH, if you folks could make a
11 case why we shouldn't segregate, I'd be fine
12 with it, but I haven't heard the answer yet.

13 Steve, you started to answer and
14 say, well, maybe, you know, I'm giving a
15 reality to something that doesn't really have
16 play here, the old versus new. But at the time
17 I looked at it, it did have meaning to me. I'd
18 like to hear a little bit more about that.

19 MR. TOMES: This is Tom again. I
20 don't believe I have enough information in
21 that article to say that some of these values
22 does not include old data and new data. For

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1 example, the refinery at the outlier, 5
2 milligrams per cubic meter, they used this
3 data for the 1940s era when they had very high
4 dust loading before they tore out the
5 calciners in 1947.

6 But as someone pointed out a while
7 ago, these data appear to have been used over
8 a period of years for average worker exposure
9 over a period of years, which would mean that
10 the earlier year exposures were higher, but
11 they put these numbers together for the
12 purpose of the study.

13 DR. MAURO: Alright. Let's say we
14 have a real case, let's go -- I heard what you
15 just said, very good. We have a real case. We
16 have a guy that worked there in the 1940s.
17 Wouldn't you want to use then the high number
18 for the calciner? And if you find that
19 another person was there after that time
20 period ended and that calciner or whatever was
21 generating the high dust loadings was no
22 longer in play, and then I could see going

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1 with some of the newer numbers.

2 Right now, that level of -- that
3 breakdown isn't there, and that story isn't
4 told. But, I mean, if that's the way you
5 might come out, that seems to be a reasonable,
6 what I'd say, compromise.

7 MR. TOMES: But it wasn't a
8 covered facility then.

9 DR. MAURO: Pardon me?

10 MR. TOMES: It wasn't a covered
11 facility then.

12 DR. MAURO: Okay. So, you're
13 saying that the -- you're helping me out
14 because I haven't looked at this in quite a
15 while. So, you're saying that the time period
16 when the high nickel concentration, the 5
17 milligram number was observed, was not a time
18 when there was uranium on site and people --
19 when there was any uranium on site. It was
20 when they were just doing their nickel thing
21 without any uranium?

22 MR. TOMES: That's right. The

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1 Reduction Pilot that was built -- I forgot,
2 I'd have to read my writeup I had on that --
3 but it was built in the early '50s, and they
4 actually operated using uncontaminated nickel
5 for several years. Then they expanded it and
6 started putting recycled nickel back through
7 there. I believe the first contaminated nickel
8 went in there in 1956.

9 DR. MAURO: Okay. So, what you're
10 arguing is that it's really the data that
11 covers the time 1956 forward when they were
12 doing the -- handling these barriers. You're
13 saying prior to that they were not handling
14 the barriers.

15 MR. TOMES: Right, the facility
16 would not have been contaminated at that
17 point.

18 DR. MAURO: I got you. Okay. I've
19 got to tell you that sounded like a pretty
20 good argument to me.

21 MR. STIVER: Tom, this is John
22 Stiver. One further point, hopefully to

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1 clarify but maybe just to muddy things up even
2 more. From what I'm gathering in this
3 conversation is that we really don't know if
4 there are data, historic data that might
5 actually span into the operational period of
6 the Pilot Plant. And because of that, just to
7 err on the side of claimant-favorability,
8 you've gone ahead and included some of the
9 older data because there just isn't the
10 granularity, the clarity as to what those
11 particular measurements that went into
12 creating these averages were actually taken.
13 Is that a true statement?

14 MR. TOMES: That was my
15 understanding of the data, yes.

16 MR. STIVER: Okay. So, there's no
17 way you could really separate out the
18 applicable data from non-applicable in the
19 historic data set itself.

20 MR. TOMES: No, we don't have
21 those details.

22 MR. STIVER: That's why you're

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1 stuck in this position.

2 DR. MAURO: Okay. So, my -- now,
3 I'm okay. My premise that the data that
4 really was applicable here in Table 8 was the
5 data with the little C next to them. That was
6 a false assumption, and the reality is --
7 because that was the position I took. And
8 you're making a good argument here why, no,
9 that's not -- that may be very -- I mean, in
10 theory, one could say if you do that it might
11 be unrealistic because a lot of that data with
12 the little C next to it actually was collected
13 at a time before there were these barriers
14 processed. It was at a time when, yeah, they
15 were doing nickel work, but they weren't
16 processing contaminated barriers. So, for
17 that reason -- I'm sort of like saying if I
18 was NIOSH, what would I -- I'm trying to
19 answer the question. So, what you're saying
20 is that -- and that's the reason why the full
21 set of data probably is the right balance to
22 strike, because the other way would be

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1 implausible if that -- you wouldn't have -- in
2 other words, there would be no worker there
3 that was there working with uranium at the
4 time when the 5 milligram per cubic meter
5 number was there. You know, that was before
6 any uranium was being handled.

7 If that's the case, I mean, if you
8 could say that, you could say, no, that 5
9 milligram number with the so called outlier,
10 which is really not an outlier, but the real
11 problem with it is not that it's an outlier,
12 it's that it was collected at a time when
13 there was no uranium onsite. Now, if that's
14 the position, I'm ready to let this go.

15 MR. TOMES: Well, that was my
16 interpretation exactly, John. You know, he
17 summed it up pretty well for me.

18 DR. MAURO: Well, I tell you, just
19 based on what you just said, if that, in fact,
20 is the case and, you know, I'm not
21 misunderstanding, and you're not
22 misunderstanding the records, as far as I'm

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1 concerned this issue has been resolved.

2 CHAIRMAN KOTELCHUCK: Comments by
3 others?

4 MEMBER CLAWSON: Yes, this is Brad.
5 I just have one question. I'm sorry, I'm a
6 little bit muddy here. What you're telling
7 me, and Tom and John, help me understand in
8 layman's terms here. What you're saying is
9 the information that we are using is from the
10 earlier years when there was no contamination,
11 but it's giving us a baseline for what we feel
12 the people could have been associated to
13 nickel-wise when the uranium came in
14 contaminated that. Because we have no data
15 for that time period in there, we don't have
16 any information on that, is that why we're
17 using that?

18 MR. TOMES: No, we have no data on
19 airborne exposures during the operations with
20 uranium contaminated nickel. No, we have no
21 data on that.

22 MEMBER CLAWSON: Okay, so -- I'm

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1 sorry, go ahead.

2 MR. TOMES: And the reason that we
3 are using this other data that includes older
4 data that would not normally be applicable is
5 that it is all thrown into one basket, if you
6 would, that includes older data and current
7 data both. Current as to the study that was
8 done in the late `70s, assuming that's when
9 most of the -- mid to late `70s when this data
10 was accumulated, I'm assuming.

11 MEMBER CLAWSON: Okay. Refresh my
12 memory on this site, because what's -- how
13 many years are we looking at using this data
14 for? What is the year spread that we're --
15 when did they -- when did the uranium come on
16 and when do we stop?

17 MR. TOMES: Just a second, I can
18 give you a more precise -- hold on.

19 MEMBER CLAWSON: I'm just trying
20 to figure out how long of a time that we were
21 using this for.

22 MR. TOMES: Well, the covered

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1 period is listed as 1951 through 1963, and
2 then remediation `78 to `79. But the period
3 1951 through sometime in `56 was processing
4 uncontaminated nickel, so the worker exposures
5 to uranium that we need to calculate or
6 estimate is from 1956 to `63 and `78 to `79.

7 MEMBER CLAWSON: Okay.

8 DR. MAURO: And that 5 number is
9 applicable to what time period?

10 MR. TOMES: That's for the
11 refinery, which includes those earlier 1940s
12 era high exposures.

13 DR. MAURO: And that was not a
14 time period when there was uranium because
15 it's pre-`56.

16 MR. TOMES: Right, so that biases
17 the results high, but I don't know how to
18 separate that number any further than that.

19 DR. MAURO: I got you. So, by
20 including -- okay, now I'm good. So, what
21 you're saying is even though that 5 number is
22 a number that was measured in the earlier

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1 years, you're leaving it in your distribution,
2 but you're not going to just focus in on the
3 Cs because the -- okay, good. I'm good now.
4 Because the little letter Cs, really if you
5 were to collect and only work with those, all
6 of those would only be associated with times
7 before 1956 when there was any uranium onsite.

8 MR. TOMES: It would be very high,
9 I believe, if we did that.

10 DR. MAURO: Yeah, and then you
11 come in with a high number, as I did, and it
12 would not necessarily apply because it wasn't
13 at a time when the uranium was there.

14 MEMBER MUNN: Yes, it's not
15 appropriate.

16 DR. MAURO: And I'm with you, I'm
17 okay.

18 MR. TOMES: Okay.

19 DR. MAURO: I think I got it. And
20 I think that it -- gee, it's a shame it took
21 me so long to get through my thick head, but I
22 understand now, and this is very helpful.

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1 Thank you.

2 MEMBER CLAWSON: John, this is
3 Brad. I appreciate your discussion with it
4 because this brought clarity to my
5 understanding of what was going on, because
6 I'll be right honest with you, I didn't
7 understand why we were using what we were
8 using for what. And I would agree with you as
9 well as SC&A at this time that this issue
10 should be closed, but that's my personal --

11 DR. MAURO: Yes.

12 CHAIRMAN KOTELCHUCK: Okay. Well,
13 it sounds like there's an agreement and
14 closure.

15 DR. MAURO: And one comment, Tom.

16 CHAIRMAN KOTELCHUCK: Hopefully --

17 DR. MAURO: You've got to tell
18 your story a little better next time.

19 CHAIRMAN KOTELCHUCK: Okay.
20 Alright. Do we -- is there another -- there
21 is another item in 8. It's 11:30. Let's keep
22 going on to 12. We started at 10, so I'm

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1 hoping that we can take our break at noon to
2 eat lunch, as well as comfort, if you will.

3 MEMBER CLAWSON: Man, I'm going
4 for breakfast.

5 CHAIRMAN KOTELCHUCK: Oh, I'm so
6 sorry. Of course, my apologies to several of
7 you.

8 MEMBER MUNN: Yes, there are
9 several of us out here that --

10 CHAIRMAN KOTELCHUCK: Please
11 excuse us East Coast Daylight Savings Time
12 people. I'll remember that for the future. Do
13 we have one more item in Set 8?

14 MR. TOMES: I believe that this
15 closes out Items 3 and 5. And I think that
16 might be all.

17 CHAIRMAN KOTELCHUCK: Great.

18 DR. MAURO: Yeah, I agree with
19 that.

20 CHAIRMAN KOTELCHUCK: Wonderful.
21 Great. So 8 is now concluded.

22 MR. STIVER: Eight is closed.

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1 CHAIRMAN KOTELCHUCK: Alright,
2 folks.

3 MEMBER MUNN: Thank goodness.

4 CHAIRMAN KOTELCHUCK: Okay. So,
5 how do we want to proceed? Although it's a
6 little early here in the East Coast, we could
7 take a break now and start on 9, which I hope
8 will move more quickly, but right after lunch.
9 We could take an hour break, or would you like
10 to go on for another half an hour?

11 MR. SIEBERT: Well, let me ask.
12 Grady, did you want to talk about -- it's more
13 Huntington Pilot Plant issues on Set 9?

14 MR. CALHOUN: Well, I think,
15 though, on Set 9, I believe that these are
16 going to revolve around the new review, and I
17 don't think that we're prepared to comment on
18 those yet because we haven't reviewed that.

19 MR. SIEBERT: I understand, I just
20 wanted to make sure if we needed our
21 Huntington Pilot Plant people around, but you
22 understand that those -- I think there's two

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1 findings there, and it has to do with Steve's
2 report?

3 MR. CALHOUN: Right, and that's
4 the newest one. Right?

5 MR. SIEBERT: Yes.

6 MR. CALHOUN: Right. And unless
7 those are -- I'm just not smart enough on that
8 new report to say that those are directly
9 related. If Steve says they're directly
10 related and it's closed, we're good. But I
11 don't know that off the top of my head.

12 MR. SIEBERT: Are there other
13 issues on the 9th Set you want to talk about?

14 MR. CALHOUN: I don't know. Scott,
15 there were some things on there, do you want
16 to try to knock those out? Oh, yeah, there's
17 something on Ashland Oil we can talk about,
18 yes.

19 CHAIRMAN KOTELCHUCK: Okay. Do we
20 want to go ahead for --

21 MEMBER CLAWSON: Dave, this is
22 just Brad.

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1 CHAIRMAN KOTELCHUCK: Yes.

2 MEMBER CLAWSON: I would like to
3 just continue on up until at least lunch or
4 so.

5 CHAIRMAN KOTELCHUCK: Right.

6 MEMBER CLAWSON: That's my vote.

7 CHAIRMAN KOTELCHUCK: Your lunch
8 or our lunch?

9 MEMBER MUNN: Your lunch, our
10 breakfast.

11 (Laughter.)

12 CHAIRMAN KOTELCHUCK: Okay.

13 MEMBER MUNN: Yes, let's go for
14 it.

15 CHAIRMAN KOTELCHUCK: Good,
16 excellent. Let's go to 9, folks.

17 MR. STIVER: Eight-nine is loading,
18 be patient.

19 CHAIRMAN KOTELCHUCK: Good, we are.

20 MR. SIEBERT: And I think it's the
21 first finding, 179.1.

22 MEMBER MUNN: Oh, I've got 179.4.

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1 How did I miss 1?

2 MR. CALHOUN: Yes, and I believe
3 that's it. I'm seeing if I've got the right C-

4 MR. STIVER: 79.4?

5 MR. SIEBERT: One I had open.

6 MR. CALHOUN: 179.1.

7 MEMBER MUNN: NIOSH was to review
8 SC&A response.

9 MR. STIVER: Everybody see that?

10 CHAIRMAN KOTELCHUCK: Yes.

11 MR. CALHOUN: This one might be
12 kind of quick because I'm not sure it'll close
13 anything out. But we discovered something
14 here. It's case-specific, not TBD or anything
15 like that specific. This individual had -- are
16 we ready? Can I talk?

17 CHAIRMAN KOTELCHUCK: Yes, please.

18 MR. CALHOUN: Okay. This
19 individual had some verified employment
20 through the Department of Labor I believe back
21 to 1947-ish. If you look at the Department of
22 Labor website -- I'm going to try to call this

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1 up while we're talking here -- you'll see that
2 the covered period for Ashland Oil is listed
3 as -- and let me find it real quick before I
4 speak.

5 Okay. The covered period starts
6 1944 to 1960, and then it goes all the way
7 through 2006 when you consider the residual
8 contamination periods, two of them which are
9 mixed in.

10 The site is called out as Ashland
11 Oil. That is a problem. This individual worked
12 for Ashland Oil and was given verified
13 employment through -- or beginning in 1947.
14 And in fact he did work for Ashland Oil. The
15 problem is, Ashland Oil had nothing to do with
16 this facility until 1960. So, the argument
17 here about us looking at earlier data to get
18 the dose to this individual is irrelevant
19 because we used data based on 1957 levels, I
20 believe. And his covered employment is, in
21 fact, wrong.

22 We've just addressed this recently

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1 with Department of Labor, and they're actually
2 looking at -- now, looking at, they didn't say
3 they're going to do it -- they're looking at
4 changing the name of the site from Ashland
5 Oil. Because when you read Ashland Oil, you
6 believe that Ashland Oil was involved since
7 1944, but that is not true. They didn't gain
8 control of that facility per a DOE Legacy
9 Management document until 1960.

10 So, the DR, this individual DR is
11 correct because it's based on dose
12 measurements that were taken after 1957. So,
13 I don't know if we'll have to come back to
14 that. I just wanted to let you guys know
15 what's going on with that. There may be a
16 somewhat significant change to the name of
17 that site. And then people who were employed
18 by Ashland Oil wouldn't automatically be
19 assumed to have worked at this facility prior
20 to 1960 when they took ownership of that land.

21 CHAIRMAN KOTELCHUCK: And how
22 would it affect that individual that we're

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1 talking about here, 179.1?

2 MR. CALHOUN: The dose is right.
3 The argument, I believe, is that we didn't use
4 previous -- we didn't use older -- he had
5 covered employment from 1947, and we used --
6 let me see if I can find it. We used dose
7 measurements that were taken, I believe, in
8 1957.

9 CHAIRMAN KOTELCHUCK: Right, '58.

10 MR. CALHOUN: '58. And the
11 argument was that we should have used earlier
12 -- is that really representative of earlier
13 dose rates that may have been at that site?
14 For this individual it doesn't matter, because
15 he worked for Ashland Oil, he wasn't at the
16 site. Ashland Oil, as we all know, is a very
17 big facility. Big company, I mean. So, we
18 have actually informed DOL of that, as well as
19 of the individual case telling them that that
20 we believe it's an employment verification
21 issue.

22 This is a very, very old dose

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1 deconstruction, and from talking to the people
2 back then, rather than argue with Department
3 of Labor, we decided just to maximize the
4 dose. And we kind of thought there might be
5 an issue with the employment, but we just gave
6 him the dose for the entire period even when
7 it appears now that he was very unlikely to
8 have been involved at that site prior to 1960.

9 DR. MAURO: This is John. Let me
10 say it, because then it helps me solidify in
11 my head. This place, as I recall, was
12 receiving slag from Linde just for storage. It
13 was just piling up there.

14 MR. CALHOUN: Correct.

15 DR. MAURO: And there were
16 measurements made, radiation fields, the
17 walkover surveys made when they were doing
18 that.

19 MR. CALHOUN: Yes.

20 DR. MAURO: And there were certain
21 levels that were observed.

22 MR. CALHOUN: Yes.

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1 DR. MAURO: Then when -- now, here
2 we have this guy who works there, and I seem
3 to recall that my concern had to do with,
4 well, you used his radiation field information
5 that was collected in the 1950s. Why didn't
6 you use the numbers that were there for the
7 1940s, because wasn't he there then?

8 MR. CALHOUN: Correct.

9 DR. MAURO: And you're saying he
10 wasn't there then.

11 MR. CALHOUN: Exactly.

12 DR. MAURO: That's the end of the
13 story. I understand it. That being the case,
14 taking it on, you know, what you described,
15 the right way to do this is to base it on the
16 radiation measurements that were made when he
17 was there, which was, I guess, a later time
18 period when for whatever reason the radiation
19 fields were not as a high. I don't know the
20 reasons why they would go down. It was still
21 a dumping site, but apparently they made
22 measurements in the '50s and those are the

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1 measurements that really should apply to this
2 guy. If that's your position, I mean, again,
3 I, for one, it sounds like that's a reasonable
4 position to take.

5 MR. CALHOUN: Alright. And I
6 didn't know that either until maybe two days
7 ago. And it looks like that we had not even
8 notified DOL about that until just yesterday
9 when we found this out. I don't believe that
10 they will actually change this guy's covered
11 employment. If they do, we're not going to
12 change his dose reconstruction unless, of
13 course, he comes through -- well, he's
14 deceased. But if there was another cancer
15 identified somehow we would revise the dose
16 reconstruction, but that would certainly just
17 make this dose go down because he wouldn't get
18 any dose applied for the years prior to 1960.

19 DR. MAURO: Right, because he
20 wasn't there.

21 MR. CALHOUN: Right. He worked at
22 Ashland Oil, but Ashland Oil didn't own that

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1 site until 1960.

2 CHAIRMAN KOTELCHUCK: Right.

3 Sounds like resolution.

4 MR. STIVER: Okay. Just so I have
5 this correct for the matrix, it's not that he
6 wasn't there in '47 or in the '40s. It's that
7 he was employed by Ashland Oil and Ashland Oil
8 was not the operator at that time. Is that
9 correct?

10 MR. CALHOUN: No, he wasn't there
11 because Ashland Oil wasn't there.

12 DR. MAURO: I've got to say that -
13 - my recollection was the -- when you go back
14 to the old Linde records and the Ashland Oil
15 records, why -- I'm of the belief, and I might
16 be wrong, that they were dumping material at
17 Ashland Oil.

18 MR. CALHOUN: They absolutely
19 were. Here's what happened, and I'm trying to
20 call up the other site here. If you bear with
21 me for just a second.

22 DR. MAURO: Sure. The Haist?

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1 MR. CALHOUN: Yes, that's what it
2 was previously known as, and I -- and if
3 you'll -- Ashland Oil site. Okay. I don't
4 want that. Okay. If you indulge me for just
5 a moment I'm going to actually read from this,
6 okay? And I can email this out.

7 This is from the Department of
8 Energy Legacy Management site. Let's see, I
9 want to get to the -- "1944 to 1946 uranium
10 ore processing wastes were transported from
11 Linde to a 10-acre area known as the Haist
12 property, H-A-I-S-T, now called Tonawanda
13 North Unit 1 (Ashland Oil 1 site). These
14 materials consisted of about 8,000 tons of
15 low-grade uranium ore tailings. In 1960, the
16 property was transferred to Ashland Oil for
17 use in the company's oil refining activities."

18 Now, what the problem was there is
19 that Ashland then used that for disposal of
20 general plant waste but they were digging
21 around in it. So, that's how the exposure to
22 Ashland Oil people would have come about,

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1 because they were using the same site that was
2 previously used as a low-level radioactive
3 material dump that dumped general plant
4 refuse. So when they were digging around in
5 that, that was causing exposure to their
6 people, but that would have been after 1960,
7 or beginning of 1960.

8 DR. MAURO: So, this guy then was
9 not there before -- in the '40s --

10 MR. CALHOUN: Correct.

11 DR. MAURO: -- when Ashland Oil
12 was receiving this junk from --

13 MR. CALHOUN: Correct. He worked
14 for Ashland Oil, but Ashland Oil wasn't there.

15 DR. MAURO: Well, he wasn't there.
16 I mean, that's my main concern.

17 MR. CALHOUN: Yes.

18 DR. MAURO: Was he there in the
19 1940s when Linde dumped the stuff? If the
20 answer is no, he was not; therefore, any
21 measurements made in the 1940s would not apply
22 to him, only the measurements made when he was

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1 physically there. The fact that these names
2 changed and that causes some confusion is of
3 less interest to me than the fact that we have
4 evidence that this guy was not there in the
5 `40s. He was there in the `50s, and it's the
6 data that was collected in the `50s regarding
7 the radiation field that he might have been
8 exposed to that's applicable to this work.

9 MR. CALHOUN: Yes.

10 DR. MAURO: Bingo.

11 CHAIRMAN KOTELCHUCK: Okay, good.
12 Resolution, yes?

13 MR. CALHOUN: Did the matrix just
14 pop off or did I -- am I not -- can I not get
15 that?

16 CHAIRMAN KOTELCHUCK: My screen
17 went down.

18 MR. CALHOUN: I've still got my --
19 okay, there it is.

20 CHAIRMAN KOTELCHUCK: There we go.

21 DR. MAURO: John Mauro, quick
22 question. Like the Procedures Subcommittee,

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1 do we close these issues or do we hold them in
2 abeyance until you make revisions to your Site
3 Profile that explains all this?

4 MR. CALHOUN: We don't have a Site
5 Profile for Ashland Oil.

6 DR. MAURO: Oh, this is not -- I'm
7 trying to think of how this all came -- this
8 is just a dose reconstruction --

9 MR. CALHOUN: Right.

10 DR. MAURO: -- based on whatever
11 records we have.

12 MR. CALHOUN: Right.

13 DR. MAURO: Okay, I got you.
14 Alright. So, therefore, there really is
15 nothing to revise. This record, in effect,
16 revises the information relevant to the whole
17 process.

18 By the way, as an aside, when
19 there is a Site Profile -- and let's say this
20 was a Site Profile where the story was told,
21 but this aspect of it was not well developed,
22 and there would be -- if that was the case,

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1 and there would be a need to clarify the Site
2 Profile just for this reason, would this issue
3 we're talking about be closed or would it be
4 put in abeyance as a matter of process?

5 MR. KATZ: Well, this is Ted here.
6 I would suggest it would be closed. This is a
7 case we're trying to close. We're trying to
8 close the whole set of cases.

9 DR. MAURO: Okay.

10 MR. KATZ: And the abeyance
11 wouldn't help us there at all.

12 DR. MAURO: I got you, okay.

13 MR. KATZ: That's my suggestion.

14 DR. MAURO: You know, I keep
15 tripping back and forth between these mini
16 Site Profile reviews and the cases. I
17 understand. Thank you for helping me out.

18 MR. STIVER: This is John Stiver.
19 That kind of brought up an interesting point
20 that we've talked about before, which is, you
21 know, when we come up -- we do a particular
22 reconstruction that identifies a problem,

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1 whether it be a Site Profile, or a site, or
2 what not. In this case there really isn't a
3 Site Profile, but that would then go into the
4 Case Set Summary Document, and also into Table
5 3 to identify things that came up during the
6 review of the case.

7 DR. MAURO: Yes, yes.

8 MR. STIVER: This would be kind of
9 an example of that type of a situation.

10 DR. MAURO: Under the new
11 protocol.

12 MR. STIVER: Yeah, when a new -- a
13 dose reconstruction uncovered a problem and it
14 was previously unknown or unrecognized.

15 DR. MAURO: Okay. So, the vehicle
16 that would be used to, I guess, have a record
17 of this conversation would actually find its
18 way -- I guess, I'm just trying to think of --
19 I'm now thinking more of an administrator, how
20 do we make -- keep track? Certainly, we have
21 this transcript. I guess that would be it,
22 but often we also have other methods to

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1 maintain these kinds of matters. I guess it's
2 in the transcript, but you're saying there's
3 other places where we would somehow capture
4 this?

5 MR. STIVER: John, remember at our
6 last meeting we discussed this very issue
7 about how do you prevent the stovepiping.

8 DR. MAURO: Right.

9 MR. STIVER: And how do you
10 address these issues that -- I guess, it's
11 really twofold. One being if a particular
12 reconstruction were to uncover a previously
13 unknown problem with a Site Profile or a site
14 in general, then that would be captured in the
15 summary document that would accompany the set
16 of dose reconstructions.

17 DR. MAURO: Yes.

18 MR. STIVER: And there was also
19 the discussion of modifying or adding to Table
20 2, and actually creating another Table 3 that
21 really talks about the issues related to PERs,
22 TBDs, TIBs and so forth that impinge on that

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1 particular case. The whole idea being to try
2 to link all these different aspects together.
3 We're kind of straying afield here. I just
4 wanted to --

5 CHAIRMAN KOTELCHUCK: Yes, okay.

6 DR. MAURO: It's good, at least
7 for me, to be reminded that we have a way to
8 track all this for the future, for posterity,
9 so to speak.

10 CHAIRMAN KOTELCHUCK: Is there
11 another item we want to -- by the way, I do
12 not have Set 9 up on my screen at this point.

13 MR. STIVER: That's because you
14 took control away from me.

15 CHAIRMAN KOTELCHUCK: Oh.

16 MR. STIVER: I can request it back
17 here right now.

18 CHAIRMAN KOTELCHUCK: Okay.

19 MR. CALHOUN: It looks like the
20 next thing on the matrix is 185, 6 and 7. And
21 like I said before, this had to do with the
22 new report in dust loading and what not. And I

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1 don't know if those have been answered based
2 on our previous discussions or not, because I
3 cannot say that I am well-versed in that new
4 report at this time.

5 DR. MAURO: Are we back at
6 Huntington now, the Site Profile?

7 MR. CALHOUN: Yeah, that's what
8 185, 6 and 7 are.

9 DR. MAURO: Yes, and that's your -
10 - Steve Marschke's June report?

11 MR. CALHOUN: Yes.

12 DR. MAURO: Steve, did we close
13 out the issues that were of interest to you
14 also in the June report?

15 MR. MARSCHKE: I think we've
16 closed out the major technical issues which
17 were, you know, finding 5 and 6 of the June
18 report, which talks about the similar things
19 that John talked about in the Enterline and
20 Marsh and the table there, and so on and so
21 forth. So, I think finding 5 and 6 we could
22 probably definitely close those out.

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1 There's a number of other findings
2 in there which are kind of small findings more
3 or less related to certain things that are in
4 the TBD, some typos, some numerical errors
5 maybe that I think I have identified which,
6 you know, NIOSH may want to take a look at.

7 So, I think, you know, some of
8 those are still going to be open, but I don't
9 think there would be anything that, you know,
10 this group of people have to really be
11 involved in. I think it's something that
12 NIOSH would just have to sit down and agree --
13 either agree with the findings or point out
14 why the finding is in error.

15 MR. CALHOUN: Okay. Well, just
16 from a process standpoint then, do we close
17 out 185.6 and 185.7 and respond to the report?
18 Or do we leave these open and revisit them
19 next time?

20 MR. FARVER: This is Doug, and I
21 suggest we just keep these open until you just
22 look at the report and you'll have some kind

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1 of response.

2 MR. CALHOUN: Okay.

3 MR. FARVER: For now, let's just
4 keep these -- there's just two of them, just
5 keep those two open.

6 CHAIRMAN KOTELCHUCK: Okay.

7 MR. CALHOUN: The next one is
8 195.1, and I don't know if -- Scott, were you
9 going to say something on that?

10 MR. SIEBERT: Well, this is the --
11 this is Scott. This is the rotational
12 isotropic AP DCF discussion we've had many
13 times. And, Grady, we talked about this the
14 other day, do you want me to kind of --

15 MR. CALHOUN: Yeah, go ahead.
16 Basically, I think, in a nutshell, is that
17 because of the new ICRP document that came
18 out, the huge number of DCFs are changing.
19 Some are going up, some are going down. And
20 this is going to require a very, very large --
21 what am I looking for?

22 MR. SIEBERT: PER.

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1 MR. CALHOUN: Program Evaluation
2 Report to address any DRs in which DCF used
3 those up, not down. So, it's something that's
4 going to ultimately be addressed, but it's not
5 going to be any time probably within the next
6 year.

7 DR. MAURO: Is this an overarching
8 issue that cuts across virtually all the dose
9 reconstructions that are done?

10 MR. CALHOUN: Absolutely, it's
11 giant.

12 DR. MAURO: Yeah, so it almost
13 sounds like something that needs to be
14 transferred to the Procedures Subcommittee.

15 MR. CALHOUN: It does.

16 DR. MAURO: If I should be so
17 bold.

18 CHAIRMAN KOTELCHUCK: You should
19 be.

20 MEMBER MUNN: Thank you ever so
21 much, John. But could we have, perhaps, the
22 30,000 foot view of what these changes

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1 actually are that we're having to deal with?

2 MR. CALHOUN: I can just give you
3 a couple of generalities, because I don't know
4 off the top of my head the details. Tim
5 Taulbee is our guy working on this, but --

6 MEMBER MUNN: If you would,
7 because I am not aware of having been briefed
8 at all on this change.

9 MR. CALHOUN: Okay. What's
10 happened is, and I don't know what data came
11 out, but there was a new ICRP publication that
12 came out with new dose conversion factors. And
13 that's where we derive our dose conversion
14 factors to begin with. And they've changed.

15 MEMBER MUNN: Is this a major
16 change in ICRP?

17 MR. CALHOUN: Yes.

18 MR. SMITH: Hey, Grady, it's Matt
19 Smith on the line. I can help out, if you
20 want.

21 MR. CALHOUN: Oh, good. Thank
22 you, Matt, you've got it.

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1 MEMBER MUNN: That would be great.
2 Thanks, Matt.

3 MR. SMITH: As Grady said, this
4 was the new ICRP report. Let me back up.
5 Implementation Guide Number 1 is the document
6 that contains the external dose DCF values.
7 And those values are based on ICRP Report 74.
8 I believe that one was from 1996.

9 In the interim, the Committee has
10 updated reference man, and they've also
11 updated weighting factors. We don't have to
12 worry about the weighting factors because
13 we're dealing with organ dose.

14 The update to reference man I
15 believe is Report 110. And when that was
16 completed they realized, hey, we actually have
17 more realistic phantoms now to use both for
18 male and female subjects. So, the Committee
19 went to work and produced ICRP 116, and that
20 is the replacement for Report 74. It's a basic
21 top to bottom re-do of 74 using the new more
22 anatomically correct phantoms, and also for

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1 male and female.

2 And because, obviously, geometry
3 has evolved and updated especially for female
4 subjects, as Grady indicated, a lot of
5 changes, both upward and downward on DCF
6 values. No particular trend. It is really a
7 mix and match.

8 MEMBER MUNN: Alright, fine. Thank
9 you, Matt. That helps clarify my big question
10 mark in my head, and it certainly throws the
11 cat out with the dishwasher, doesn't it? I can
12 see that that would be really an overwhelming
13 task for us. Alright, fine. As much as I
14 hate to say it, you're probably right. It
15 sounds as though it needs to go into the
16 overarching issues.

17 MR. FARVER: Well, I have a real
18 concern with this specific issue of the
19 rotational geometry, because it has been in
20 IG-001, and I have never seen it applied. And
21 it says you are supposed to use or consider
22 these geometries for lung cancers and bone

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1 cancers. I think there's three cancers. And
2 we've never seen it applied, and we always
3 write it up as a finding, and it doesn't get
4 closed out. And this is going to come up more
5 on Savannah River cases. And it can happen,
6 it can increase your external doses by maybe
7 50 percent, so if you have people that are
8 teetering at 48-49 percent, a significant
9 impact. So, I think since it is still a part
10 of their current IG-001, they should be
11 implementing it, and not just ignoring it and
12 saying, well, things will change later on.

13 DR. MAURO: Doug, this is John. I
14 know that they've been using AP because of the
15 problems with rotational and AP -- PA, and
16 they've been using AP because, it was my
17 understanding, that that was the fix until
18 they made the permanent fix.

19 MR. FARVER: That's the old Rev.

20 DR. MAURO: Exactly. And that
21 being -- now, what I hear you saying, though,
22 is that, no, the AP approach, which is the way

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1 to get around this problem and be claimant-
2 favorable may not very well be claimant-
3 favorable?

4 MR. FARVER: Correct.

5 DR. MAURO: Okay.

6 MR. FARVER: It states it
7 specifically in Table 4-1A, of which there are
8 two tables with the same number. We've brought
9 that up before.

10 MEMBER MUNN: Yes, we've addressed
11 that.

12 MR. FARVER: And what it says, if
13 they're wearing it on their chest, for certain
14 types of cancer, the AP may not be the most
15 claimant-favorable, the most applicable. So,
16 you have to go through this process and look
17 at these others and use these other
18 geometries, and it's not being done. I've not
19 seen it being done.

20 MR. SMITH: There is also a
21 sentence in that same section that does
22 indicate if AP is, in fact, the proper

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1 geometry to be assuming, that it is okay to go
2 ahead and use AP.

3 MR. FARVER: I understand that,
4 but you can't just assume that by default and
5 then try and defend it later. I mean, what
6 we're seeing is there's nothing in the dose
7 reconstructions in the files that say we
8 looked at these other geometries, or we looked
9 at this person's work location, or their job,
10 and we've determined that AP is appropriate.
11 There's nothing in there about the rotational.
12 It's just completely absent. So you can't tell
13 me you're looking at it and then you decide
14 it's AP, because it's not being done. There's
15 no evidence of that being done.

16 MEMBER MUNN: Do we have any
17 workbook instruction or anything of that sort
18 that would --

19 MR. SMITH: The information on
20 that was shared as the IG was revised.

21 MEMBER MUNN: Yeah.

22 MR. SMITH: You know, Scott and I

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1 have discussed this. You know, in some cases
2 it's probably a situation where the DR should
3 have added another sentence that said, you
4 know, that the geometry was looked at
5 explicitly. I believe some of the claims that
6 have come through that we've reviewed for
7 this, you know, it turns out AP is a valid
8 assumption.

9 MEMBER MUNN: Yeah, that doesn't -
10 - I guess doesn't really satisfy the question
11 that SC&A has.

12 MR. SMITH: Okay.

13 MR. FARVER: I don't know that
14 there's anything in any of the workbooks that
15 gives you the option to use the rotational. I
16 don't know the -- I have not seen any
17 indication where this section is being
18 implemented.

19 MR. SMITH: The workbooks always
20 have the option to use the other DCFs. All
21 the DCF values are built in.

22 MEMBER POSTON: I've got to put my

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1 two cents in here. This is John.

2 MEMBER MUNN: Yes. Speak, John.

3 MEMBER POSTON: I think the
4 problem is that you're interested in dose to
5 specific organs. If you go back and look at
6 the paper George Xu, Reece and some guy by the
7 name of Poston, you'll see that the best place
8 to wear your badge is in the front in the
9 middle of the chest, second best place is to
10 wear it in the middle of your back. And if
11 you move the -- if you rotate in the radiation
12 field, and we're talking about photons now, if
13 you rotate in the radiation field it turns out
14 that the extremities and parts of your body
15 shield the organs of interest and the
16 effective dose equivalent actually goes down.

17 There are some three-dimensional
18 graphs in that paper in Health Physics. It
19 takes a bottle of wine and you have to really
20 sit and ponder those graphs, but any situation
21 except for head-on, what I would call PA --
22 actually AP, not PA -- PA in the AP situation,

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1 the best place for your badge is right in
2 front, in a rotational field it's still right
3 in front. And I think this may not be a
4 problem, but it's worth a look at those
5 papers.

6 MEMBER MUNN: Well, it sounds to
7 me as though the concern here is that SC&A
8 does not see that there is any instruction
9 anywhere either in the IG or elsewhere that
10 would help the dose reconstructor know that
11 what you just said is correct, John.

12 MEMBER POSTON: No argument there.

13 MEMBER MUNN: Yeah. I think
14 that's the issue, isn't it?

15 MEMBER POSTON: But it's -- as I
16 understood what -- maybe I missed a statement
17 or two here, but I was trying to keep up, but
18 Doug says that they haven't used rotational at
19 all.

20 MEMBER MUNN: Well, I think what
21 he's saying is not that they haven't used
22 rotational, but that there isn't any

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1 indication for the dose reconstructor that
2 they can find that it's okay to use AP. I
3 think that's -- isn't that the issue?

4 MR. FARVER: No, it's more like I
5 can't see where the dose reconstructor is even
6 following this part of IG-001. They're not
7 following the instructions.

8 MEMBER MUNN: Yeah.

9 MEMBER POSTON: I can't comment on
10 that, but I can comment that using AP is,
11 according to the data that we obtained, it
12 took the NRC about five years to figure it out
13 and finally issue a Regulatory Guide on the
14 issue. But AP, the badge in the front is the
15 best place, all other situations the dose goes
16 down.

17 MR. FARVER: I mean, I can read
18 you the exact paragraph out of IG-001. It
19 says, "The AP DCF values in Appendix A are not
20 the most claimant-favorable for bone surface,
21 bone red marrow, esophagus, and lung when the
22 dosimeter is worn on the chest."

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1 MEMBER POSTON: That's absolutely
2 wrong. Absolutely wrong.

3 MR. FARVER: Okay, that could be.
4 I'm just reading it from their own Guide. It
5 goes on, "For these organs, if the dosimeter
6 is worn on the chest, multiply the Appendix A
7 value of the ROT and ISO by the factors in
8 Table 4 of 1A instead of using the AP value.
9 In these cases, the rotational and the
10 isogeometries are more claimant-favorable than
11 the AP value in Appendix A. However, the
12 correction factors need not be applied if it
13 is determined that the most representative
14 geometry is 100 percent AP or other
15 compensating claimant-favorable determinations
16 have been made in the dose reconstruction."

17 What we're not seeing is we're not
18 seeing that process. In other words, they're
19 just going directly to AP and there's no
20 indication that they even considered the other
21 geometries.

22 MEMBER MUNN: So, if I understand

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1 the conversation we just had directly, we know
2 have two issues instead of one.

3 MEMBER POSTON: Yes.

4 MEMBER MUNN: We started with the
5 issue that IG-001 was not being followed
6 correctly, or it's not being followed. And
7 number two, we now have Dr. Poston's assertion
8 that the information as presented in IG-001 is
9 not correct.

10 DR. MAURO: Right, and we have a
11 third layer. The whole thing is being trashed
12 because of the new ICRP 116 guidelines that
13 eventually will replace all this.

14 MEMBER MUNN: Right.

15 MEMBER POSTON: Yeah. But, John,
16 remember all models are wrong, including the
17 phantoms, and some of them are -- as George
18 Box said, all models are wrong, but some are
19 useful.

20 DR. MAURO: Right.

21 MEMBER POSTON: I wouldn't hang,
22 you know, just because we have new dose

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1 conversion factors doesn't make it clear that
2 they're any better than --

3 DR. MAURO: Right.

4 MEMBER POSTON: I'm not proposing
5 that SC&A undertake such a big project.

6 DR. MAURO: Oh, no, no. I only
7 mentioned it as it's a layered problem, that
8 is -- I think that Wanda clearly articulated
9 that we have our simple concern. You know,
10 ours is, when you think about it, pretty
11 straightforward. Did they use the procedures
12 that they were instructed to use? And the
13 answer is not always.

14 Now, the other layer, which is
15 really a --

16 MEMBER MUNN: Or that we don't see
17 it.

18 DR. MAURO: Yeah. But the other
19 layer is the point, like Wanda said, that the
20 procedures themselves under certain
21 circumstances, according to John's work, may
22 very well be problematic, which then all of a

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1 sudden becomes more of an overarching issue.
2 You see, the first one is very much a dose
3 reconstruction issue. Did you do it the right
4 way for this guy? And did you provide the
5 proper documentation that follows your own
6 instructions?

7 The next level -- if it turns out
8 the instructions, they are or are not doing
9 that -- the next level is, well, are the
10 instructions correct? And the answer is
11 perhaps not, based on the work Dr. Poston just
12 described. So, I think that those are matters
13 that need to be tended to.

14 This business of the ICRP report,
15 I understand what you're saying, John. You
16 know, that's another matter all together. The
17 day comes when NIOSH engages that issue and
18 makes some, you know, does some I guess what
19 you would call science-based judgments on
20 whether they want to move into that world or
21 not. That's really outside the framework of
22 any of the matters I think we're discussing.

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1 That would be a judgment that will be made by
2 NIOSH some time in the future.

3 CHAIRMAN KOTELCHUCK: Right. So,
4 this --

5 MEMBER POSTON: I want to avoid
6 that. See, we could just say we can't do
7 anything because the ICRP is going to come up
8 with new dose conversion factors in five
9 years. And I'm not suggesting that we wait,
10 and I'm not suggesting that we go back.

11 DR. MAURO: I agree with you
12 completely. I mean, I'm with you.

13 MEMBER POSTON: I suggest that it's
14 -- we shouldn't have to worry about it. We
15 have to take the best data or the best
16 approach that we have and use it in the time
17 in which we're being used. We can't go --

18 DR. MAURO: Bingo, I agree with
19 that. Yes, we should not -- no way should
20 these issues, the first two we just mentioned,
21 be put on ice. They have to be dealt with.

22 MR. STIVER: This is John Stiver.

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1 If I could jump in for just a minute. Dr.
2 Poston, what was the reference number for that
3 Health Physics article that we're talking
4 about here?

5 MEMBER POSTON: I don't have it in
6 front of me, John, but it was in Health
7 Physics. The first author was George Xu,
8 second author was Dan Reece and I was the
9 third author. I can get it for you. I can look
10 it up on my resume, but I don't have my resume
11 in front of me.

12 CHAIRMAN KOTELCHUCK: George --

13 MR. STIVER: Just email me the
14 reference to it and I can get it off the HP
15 site.

16 CHAIRMAN KOTELCHUCK: George Xu,
17 X-U?

18 MEMBER POSTON: X-U.

19 CHAIRMAN KOTELCHUCK: Okay, fine.
20 But in terms of this Subcommittee, this is an
21 overarching issue that's going to go over to
22 the Procedures Review Committee. Right?

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1 MEMBER POSTON: You're welcome,
2 Wanda.

3 MEMBER MUNN: Oh, thanks ever so,
4 again. Sure.

5 CHAIRMAN KOTELCHUCK: Okay.

6 MEMBER MUNN: We'll look at it
7 there.

8 CHAIRMAN KOTELCHUCK: Okay, very
9 good. So, we have that moving to the other
10 Committee. Where do we go now? It's 10 after
11 12 on the East Coast.

12 MR. FARVER: David, could I ask a
13 question?

14 CHAIRMAN KOTELCHUCK: Yes.

15 MR. FARVER: If we're going to
16 transfer this to procedures, does that mean --
17 well, they're going to look at it for, number
18 one, correctness?

19 CHAIRMAN KOTELCHUCK: Yes.

20 MR. FARVER: But are they going to
21 look to see if they're implementing this?

22 MR. KATZ: Yeah, that -- no.

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1 Thanks, Doug, this is Ted. That stays with
2 this -- so I think that issue still needs to
3 be closed out here: did they follow the
4 procedures they should have? Because the
5 discussion so far didn't make that crystal
6 clear, and that needs to be closed out for you
7 to be able to close out these cases.

8 The science issue of what is
9 actually right to do is -- again, that's
10 correctly transferred, I think, to Procedures,
11 but --

12 DR. MAURO: Ted, this is John. I
13 agree. I think I see exactly the line of
14 thought there. Yes.

15 MEMBER MUNN: And, David, if you
16 will be good enough to make sure that we get a
17 memo to the Procedures Subcommittee so that we
18 remember to --

19 CHAIRMAN KOTELCHUCK: Okay.

20 MEMBER MUNN: -- get it onto our
21 agenda next time.

22 MR. FARVER: I believe that NIOSH

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1 should be able to go back and look at previous
2 lung cancers and bone cancer cases that are
3 approaching the 50 percent mark and see how
4 many of those they actually used these two
5 other geometries.

6 MEMBER MUNN: That's true,
7 although in my mind we still have not -- NIOSH
8 has not put to bed the question of how it --
9 if the dose reconstructor has any instruction
10 elsewhere. I still haven't heard anything
11 about that one way or the other.

12 MR. CALHOUN: This is Grady, and
13 we'll check into that. I certainly am not
14 going to commit to going back to every case
15 and look for the DCFs. I think, first of all,
16 we need to see what the instructions are and
17 maybe we're just not documenting it
18 appropriately.

19 MR. KATZ: Right. So, anyway, the
20 findings relevant to Dose Reconstruction
21 Subcommittee, I think they're just -- "in
22 progress" is the term we use with Procedures.

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1 DR. MAURO: Okay.

2 MR. KATZ: NIOSH will get back to
3 us on that. And to make things easy for the
4 transfer, I can -- David, you don't really
5 need to do anything. When we get the
6 transcript for this Work Group meeting, I
7 mean, for the Subcommittee meeting, I'll
8 excerpt the discussion related to the science
9 issue that Dr. Poston raised.

10 CHAIRMAN KOTELCHUCK: Excellent.

11 MR. KATZ: And I will then send
12 that to Wanda with indications this is an
13 issue that needs to be taken up.

14 CHAIRMAN KOTELCHUCK: Very good.

15 MR. KATZ: Okay.

16 CHAIRMAN KOTELCHUCK: Thank you.

17 MEMBER MUNN: That's good, Ted.

18 MR. KATZ: Okay.

19 CHAIRMAN KOTELCHUCK: Okay. Where
20 do we go now? This, by the way, being our
21 first Live Meeting that at least I've
22 attended, the issue of time and what time

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1 people stop for lunch/breakfast, comfort, et
2 cetera is open. So, where do people want to
3 go right now?

4 There seems to be perhaps only two
5 more items on this Set 9. Is that correct?

6 MEMBER MUNN: I wasn't even sure
7 there were two more.

8 MR. SIEBERT: This is Scott. I
9 believe there's only one more.

10 CHAIRMAN KOTELCHUCK: Can we go
11 with it?

12 MR. SIEBERT: I believe it's a
13 relatively straightforward one.

14 CHAIRMAN KOTELCHUCK: Good, let's
15 try it.

16 MR. SIEBERT: 215, Observation 4.

17 CHAIRMAN KOTELCHUCK: Good.

18 MR. SIEBERT: Wait for that to get
19 there.

20 MEMBER MUNN: And remember this is
21 an observation.

22 CHAIRMAN KOTELCHUCK: Right.

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1 MR. SIEBERT: As it gets there,
2 I'll kind of outline it really quickly.

3 CHAIRMAN KOTELCHUCK: Sure.

4 MR. SIEBERT: This was an issue
5 where there were differing values that were
6 coming out of the CAD program, the dose
7 calculation program we used for polonium, when
8 it was done -- when the claim was originally
9 done and then when SC&A did the review.

10 And the reasoning for that is CAD
11 had been updated to reflect different organs
12 for the highest non-metabolic organ. So, the
13 issue itself has already been resolved. We
14 all agree that there was a change. It actually
15 ended up -- the doses went down in the case of
16 polonium, so that the issue itself, this
17 observation is closed, or at least resolved.

18 The last issue we have discussed a
19 couple of times is the fact that we have never
20 done a PER for any of the CAD updates, the
21 tool updates that may have resulted in
22 increased dose. And I believe -- Grady, feel

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1 free to correct me if I'm wrong -- but I
2 believe we've agreed to put this on our list
3 of PERs to be considered -- well, not just to
4 be considered. We will end up doing one at
5 some point reflecting any of the changes in
6 the tool over time, and how they've affected
7 claims that have already been previously
8 completed.

9 MR. CALHOUN: That is true, and we
10 have -- as you probably all know, we've got
11 quite a number of PERs that are in the
12 pipeline, and they're being actively worked,
13 but there is a backlog, so I can't give a time
14 when that's scheduled.

15 CHAIRMAN KOTELCHUCK: Okay.

16 MR. SIEBERT: Right. So, I
17 believe we're just -- what would close this
18 out, in my mind, it's up to you guys,
19 obviously, but the fact that we have committed
20 to it and put it on the list and we will be
21 conducting at some point I think would close
22 out the issue.

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1 CHAIRMAN KOTELCHUCK: Okay. Is
2 that agreed?

3 MEMBER MUNN: As long as we say so
4 on the matrix, yes.

5 CHAIRMAN KOTELCHUCK: Okay.

6 MR. FARVER: Just so I have the
7 wording correct, you're going to -- you're
8 reviewing the need for a PER, or you're going
9 to issue a PER at some point?

10 MR. SIEBERT: I believe we're
11 agreed there is a need for one. We just have
12 to determine the scope. So it's going to be
13 placed on the PER list to be conducted.

14 MR. FARVER: Okay, thanks.

15 CHAIRMAN KOTELCHUCK: Good.

16 MR. SIEBERT: Grady, correct me if
17 I'm wrong.

18 CHAIRMAN KOTELCHUCK: Okay. So,
19 this --

20 MR. CALHOUN: You're correct.

21 CHAIRMAN KOTELCHUCK: Good. Does
22 this finish what we can do on 9? We're not

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1 closing it out, but we have a few items to
2 come back to now.

3 MEMBER MUNN: We have everything
4 that's marked, I think.

5 CHAIRMAN KOTELCHUCK: Yes. I
6 can't -- since I'm on Live Meeting I can't
7 see that because I can't scroll through. I'm
8 not complaining, but --

9 MR. SIEBERT: I believe that is
10 the last one that was on the 9th Set that we
11 could --

12 CHAIRMAN KOTELCHUCK: Good. Then
13 this is an appropriate time, I think, to
14 break. Yes?

15 MEMBER MUNN: For an hour. Right?

16 CHAIRMAN KOTELCHUCK: Yes, for an
17 hour. It's 12:20 on the East Coast. Is it
18 possible we want to get started back at 2:00 -
19 - excuse me, at 1:00, in 40 minutes, or should
20 we take a full hour, folks?

21 MEMBER MUNN: That's up to you. I'd
22 prefer a full hour, frankly.

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1 CHAIRMAN KOTELCHUCK: Okay. How
2 do others feel? Full hour it is then. So we
3 will get back at 1:20 Eastern Daylight Time,
4 and have a good lunch, folks.

5 MEMBER MUNN: Good, thank you.

6 CHAIRMAN KOTELCHUCK: And we will
7 start back on Set 10.

8 MEMBER MUNN: Great.

9 MR. KATZ: Great. Thanks,
10 everyone.

11 CHAIRMAN KOTELCHUCK: Bye-bye.

12 MEMBER MUNN: Bye-bye.

13 (Whereupon, the proceedings went
14 off the record at 12:21 p.m., and went back on
15 the record at 1:28 p.m.)

16 MR. KATZ: Okay. I think we can
17 carry on then.

18 CHAIRMAN KOTELCHUCK: Okay. John,
19 do you want to -- is it 10 through 13 is on
20 the screen?

21 MR. STIVER: This is 10 through 13,
22 Savannah River Site.

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1 CHAIRMAN KOTELCHUCK: Right.

2 MR. STIVER: And I believe I'm at
3 the first one that needs to be --

4 CHAIRMAN KOTELCHUCK: Right, 276.1.

5 MR. STIVER: Doug, are you on?

6 MR. FARVER: Yes, I just wanted to
7 see what you were going to say.

8 MR. STIVER: Okay. I'm going to
9 turn the mic over to you.

10 MR. FARVER: I thought you were
11 going to try and handle it, John.

12 (Laughter.)

13 MR. KATZ: And let me just remind
14 everyone, the court reporter reminded me, make
15 sure you identify yourself before you speak so
16 that he can keep track of who's speaking.
17 Thanks.

18 MR. FARVER: Okay, this is Doug
19 Farver. We're going to talk about Finding
20 276.1. These are all Savannah River cases, and
21 this has to do with assigning a neutron dose.
22 And for this particular finding there were two

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1 issues; one, the table that was in the Dose
2 Reconstruction Report contained incorrect dose
3 conversion factors. They're just wrong. It's
4 not the ones to use, so that's a quality
5 error.

6 The second issue we had was with
7 how they were calculated, and after going
8 through -- it's a very lengthy explanation,
9 and then if you go back to -- they sent a
10 document in May for May's meeting, and what it
11 all comes down to is the number of zeroes
12 counted for missed dose, how that was
13 determined.

14 There is a single dose for a year,
15 an annual dose, say like 30 millirem neutron
16 dose for 1976. They don't break it down into
17 exchange periods, so you have to come up with:
18 how do you determine missed dose? Do you
19 assume that is a one exchange period and there
20 are 11 more zeroes so that you have a monthly
21 exchange frequency, that's one method, which
22 was the method that our dose reviewer used.

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1 After reviewing the NIOSH file,
2 what they did is they did the mean value. In
3 other words, you have one value, you could
4 have gotten all the dose in one exchange
5 period, or it could have been evenly
6 distributed through 12 exchange periods. So,
7 what you do is you take the mean value in
8 which this case would be 5 2, and I think they
9 rounded it down to 5. So, now we're looking at
10 a difference between 11 zeroes and 5 zeroes.
11 And that's what it came down to the
12 differences.

13 There's nothing wrong with what
14 they did. It's something we don't see very
15 often, but they used a little phrase in IG-001
16 that talks about if you don't know the number
17 of missed dose periods, number of zeroes, you
18 can use a mean value. So, I don't have any
19 concerns with their explanation. It was
20 correct, they provided a good explanation, and
21 I suggest we just close this.

22 CHAIRMAN KOTELCHUCK: Alright.

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1 Comments?

2 MEMBER MUNN: I'm for the
3 recommendation, let's do it.

4 CHAIRMAN KOTELCHUCK: Okay, sounds
5 good. Let's go on.

6 MR. FARVER: 276.2 is very similar.
7 Actually, it's about exactly the same thing. I
8 will mention that this case was a little
9 confusing. There was a Savannah River SRS
10 workbook, there was an EDCW workbook, there
11 was a final IREP table, and the EDCW tool had
12 some values that were in the final IREP table,
13 but there were some, such as the medical dose,
14 that were not contained in either the Savannah
15 River tool or the EDCW tool, in those
16 calculations. It's not that they did them
17 wrong, it's just there was nothing -- there
18 was no tool that documented what they did.

19 It's not a big deal and it's, like
20 I say, they did the calculations correctly.
21 They didn't show their work. That was the only
22 -- that was an unusual thing about these

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1 files. But, basically, this one can get closed
2 out along with the other one for the same
3 basic reasons.

4 CHAIRMAN KOTELCHUCK: Okay. I think
5 enough said.

6 MR. FARVER: And give me a second
7 here to get these updated.

8 CHAIRMAN KOTELCHUCK: Surely.

9 MR. FARVER: Then I believe we go
10 down to 329.1. And I'll be there in a second.

11 MEMBER MUNN: Unmonitored photon
12 dose.

13 MR. FARVER: Okay, I'm almost with
14 you. I'm going to call up this case so I have
15 it in front of me. I thought I was.

16 329, okay. This is a Savannah
17 River case. It is thyroid cancer, PoC of about
18 47 percent. It looks like the person was an
19 administrative clerk typist, so there's some
20 background.

21 The finding has to do that -- we
22 contend that they should have assigned an

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1 unmonitored photon dose for the years `62 and
2 `66. NIOSH contends that they did correctly by
3 assigning ambient dose.

4 The person worked [identifying
5 information redacted] from `62 to `66, and
6 that's really the time period we're concerned
7 with. But there was no dosimetry data for `62,
8 and no dosimetry data for `66, but there was
9 for the three years in between. So, our
10 contention is well, the job assignment didn't
11 change, the location didn't change, therefore,
12 that should be unmonitored dose, and not just
13 ambient dose.

14 CHAIRMAN KOTELCHUCK: Which would
15 result in what in terms of exposure?

16 MR. FARVER: Probably about 700
17 millirem more.

18 CHAIRMAN KOTELCHUCK: About how
19 much more?

20 MR. FARVER: 700 millirem. And let
21 me go back to -- if you read through NIOSH's
22 explanation, really, if you get down to the

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1 bottom of it, what they're saying is they
2 assigned the ambient dose because the ambient
3 dose for `62 and `66 was more comparable with
4 the individual's dosimeter dose for those
5 years. Okay?

6 Now, the catch is that is correct,
7 but they didn't assign just the dosimeter
8 dose, there's a missed dose. Like for 1963,
9 they assigned 5 millirem, because a lot of
10 that was missed dose. So, `63 was 505, `64 was
11 533, `65 was 283, so these doses are more in
12 line with what you would get with an
13 unmonitored dose. So, if you want to be
14 consistent we think you should go ahead and do
15 the unmonitored dose, and not just cut them
16 back by a factor of 10 and issue an ambient
17 dose. Now, granted a lot of that is missed
18 dose being accounted for. And that's pretty
19 much what it comes down to, two different
20 points of view.

21 MEMBER MUNN: Yes, it looks like
22 you're right. It's a question of philosophical

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1 approach, and it's -- I guess one of the
2 questions that we may have gone over in prior
3 discussions, but I don't remember, is whether
4 we have any kind of information from the
5 Savannah River Site that would lead us to have
6 any information about why those three
7 intervening years are unmonitored.

8 In many of these sites, by the
9 '60s there were administrative procedures with
10 respect to when, especially non-technical
11 employees, were monitored and when they were
12 not. And although you say there was no change
13 in either the place where this individual
14 worked, or the work that was done, the
15 question that arises for someone who wasn't
16 involved with that particular issue is whether
17 we have any indication at all that the
18 assumption that no change occurred is
19 supported.

20 MR. FARVER: Well, let's just say
21 there's no indication that a change occurred.

22 MEMBER MUNN: And there's no

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1 indication why the status changed from
2 monitored to unmonitored and then back to
3 monitored again. One could make a very good
4 case for assuming that administrative controls
5 -- everyone was concerned over what was
6 involved with badging; there were significant
7 cost and personnel issues. It wasn't necessary
8 -- one would logically not provide badges. At
9 that time, I don't know whether all the badges
10 were duplicate badges involving identification
11 as well as dosimetry or not. Do we even know
12 that?

13 MEMBER CLAWSON: With Savannah
14 River, they went through several -- this is
15 Brad, I'm sorry. They went through different
16 generations.

17 MEMBER MUNN: Yes, I know they did.
18 That's why I was asking the question.

19 MEMBER CLAWSON: But one of my
20 questions on this is: they didn't do it for
21 this time period but then all of a sudden come
22 back to it, is it because they evaluated this

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1 and seeing that yes, it was necessary. You
2 know, it comes back to, you know, we're
3 surmising what they were trying to think back
4 then. I guess my question is: is what is the
5 difference between the two approaches dose-
6 wise? Is there much, or is there substantial?

7 MEMBER MUNN: I thought I heard 700
8 millirem, didn't I?

9 CHAIRMAN KOTELCHUCK: 700 millirem
10 was the answer.

11 MR. FARVER: 700 millirem,
12 something on that ballpark.

13 CHAIRMAN KOTELCHUCK: Yes.

14 MEMBER MUNN: Less than a rem.

15 MR. FARVER: See, according to our
16 report, they only reported annual dose for
17 '63, '64, and '65. That was it, we just got
18 three numbers. So, what do you do for '62 and
19 '66? I mean, is it well, we just assumed that
20 they didn't need it that year, in which case
21 we'd assign ambient.

22 MEMBER MUNN: Which seems like a

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1 logical assumption.

2 MR. FARVER: Does it fall under
3 unmonitored?

4 MR. CALHOUN: This is Grady, and I
5 don't know, Scott might jump in. And I'm
6 looking at this case individually.
7 [Identifying information redacted]. They were
8 a clerk, didn't -- just always worked in the
9 typing department. So, you know, sometimes you
10 certainly do see that somebody was not in a
11 monitoring program right away when they
12 started their job, and they kind of slacked
13 off at the end between each one. There's not a
14 full year on each end of that period, so
15 that's certainly part of it. And it seems odd
16 to me that they would have, you know, not been
17 monitored on both sides of that employment
18 unless there was a reason.

19 CHAIRMAN KOTELCHUCK: It seems
20 reasonable, but if it's a matter of -- seems
21 reasonable, but if it's a matter of
22 professional judgment and neither has the

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1 evidence to confirm what was done or what
2 should have been done, seems to me one has to
3 go with claimant-favorability.

4 MR. SIEBERT: Well, this is Scott,
5 again. We're kind of getting off -- what the
6 actual issue here is: there are only annual
7 reports for this individual. We could not get
8 any badge-specific, any monitoring cycle data
9 for this individual. They only gave us the
10 annual reports. And there are no annual
11 reports for '62 and for '66. They're left off
12 the report, '63, '64, and '65 are given
13 numbers.

14 We honestly did not know how much
15 the individual was monitored during those
16 years where there are numbers in the report,
17 so we make the assumption that they were
18 monitored the full time frame and assessed
19 missed dose as well as what was on the annual
20 report. So, the fact that there is no
21 reporting for '62 and '66 on this report, we
22 treated it the same as we treat an HPAREH

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1 report, where, if a year is not mentioned,
2 that is an indication there is no monitoring,
3 whereas, if a year is mentioned and there's a
4 blank space, that is an indication there was
5 monitoring but it was a zero. The same thought
6 process was placed on -- was used for this
7 annual report.

8 Once again, the fact that we
9 assumed the individual was fully monitored all
10 three of those years where we did assign it is
11 likely claimant-favorable because they're
12 relatively low doses.

13 CHAIRMAN KOTELCHUCK: Yes.

14 MR. SIEBERT: And we're talking
15 about a clerk typist.

16 CHAIRMAN KOTELCHUCK: The other is,
17 though, the clerical -- I mean, Wanda
18 indicated the clerical position itself is --
19 there's been, apparently, a long-term set of
20 issues about whether people like that should
21 be monitored, and how much, how often. So, the
22 clerical -- I mean, the concern is that the

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1 clerical might not have a large exposure but
2 the fact is that they -- well, I'm sorry. This
3 is not leading anywhere.

4 MEMBER CLAWSON: Well, I don't
5 think -- this is Brad. I don't think that we
6 can judge it just on our clerical part of it
7 because I can tell you right now that we have
8 a lot of clerical people that are out in the
9 bases with us as we speak, and they're --
10 we've gone around and around about doing AP
11 monitored and not monitored. They're within 10
12 feet of us, but they're taking care of the
13 paperwork to be able to process the fuels that
14 we're dealing with. But I really worry
15 sometimes about using job titles and stuff
16 like that because they've changed so many
17 times over the years. I know in the labs, to
18 be able to do a lot of these processes, they
19 had a lot of clerical people in there helping
20 with the process. Able to just document, just
21 be able to document the stuff.

22 MR. FARVER: And for this

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1 particular case, there's a note in the file
2 about, this person had a damaged dosimeter
3 when they were out in M area distributing some
4 kind of cards, you know, so it was just an
5 administrative task but it was not just
6 located in an admin area.

7 CHAIRMAN KOTELCHUCK: Right.

8 MEMBER CLAWSON: And this is my
9 point that I'm trying to get to, is I don't
10 think we can go into that. But I guess what
11 I'm looking for is recommendations from either
12 side, or does this fall onto the Board to make
13 the decision of which way to go?

14 MEMBER MUNN: I think probably
15 since it's here in front of us, it's more than
16 likely up to us. And we all have different
17 experiences with situations of this sort. My
18 experience with this type of personnel is that
19 even though they might go into other areas,
20 they do not work there as a routine. So, the
21 fact that they're beside me for a couple of
22 days out of 30 doesn't really and truly mean

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1 that their likelihood of exposure is increased
2 by any significant amount.

3 Now, it still returns again, given
4 the information we have, back to the
5 philosophy that you want to take. And it seems
6 to me that the philosophy that's been taken is
7 a perfectly reasonable one.

8 MR. FARVER: I think NIOSH could
9 have chosen a better approach, and let me
10 suggest, based on what we just talked about
11 with IG-001 and using the mean value when you
12 don't know the number of exchange periods like
13 we had in the other finding, if they would go
14 back -- if they would have done that to begin
15 with, instead of assuming the 11 zeroes a year
16 for those three years, it would essentially
17 cut those doses in half.

18 MEMBER MUNN: Yes.

19 MR. FARVER: Which is probably more
20 reasonable.

21 MEMBER MUNN: Probably is.

22 MR. FARVER: And then add on the

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1 `62 and `66 using the same method, you'd
2 probably have a claimant-favorable, more
3 reasonable dose. Now, overall what that's
4 going to do, it would probably lower the dose.

5 MEMBER MUNN: Yes, probably would.

6 MR. FARVER: But it's more about
7 method than numbers. And you can see that this
8 is a judgment call. I understand that.

9 MEMBER MUNN: Well, there's an
10 argument to be made in favor of following the
11 procedure that's already established with
12 HPAREH, so yes.

13 MR. FARVER: But it's just
14 something, you know, Scott and Grady might
15 want to consider. If this comes up again, go
16 back to your mean number of zeroes. I don't
17 know if that's just an efficiency method just
18 to do 11 and call it quits or what, but it
19 seemed like you used one method on one case,
20 and another method on another.

21 MEMBER MUNN: Probably depends on
22 the dose reconstructor and the professional

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1 judgment.

2 MR. SIEBERT: This is Scott. I will
3 point out the mean dose value method that's in
4 OCAS-IG-01, that is specifically called out as
5 the best estimate method if it's needed. This
6 case came out, it was 46.99 percent, so these
7 days it would be in the process where we
8 probably would -- we would use the best
9 estimate method and would use the median. Back
10 when this was done in 2009, I'm not sure if we
11 were at the time where we switched over to
12 doing best estimate methods starting at 45
13 percent. There was a time frame we started
14 those at 47 percent, so it's not horrendously
15 surprising to me that they may have used some
16 overestimating assumptions for the years where
17 they assigned them. That does make sense to
18 me.

19 MR. FARVER: I don't think we can
20 really resolve this. I mean, I'm not sure
21 there's anything this Subcommittee can do. I
22 think it just comes down to judgment.

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1 MEMBER MUNN: Well, it would make
2 sense to me to indicate that existing protocol
3 at the time, IG-001, should be followed. Isn't
4 that rational? Isn't that essentially what we
5 were talking about in our prior cases we were
6 discussing?

7 MR. FARVER: As Scott points out,
8 that's for best estimate cases, and this is
9 not really a best estimate case, and it is we
10 call it a hybrid case. So, they were very
11 generous on the missed dose.

12 MEMBER MUNN: I don't understand
13 that.

14 MR. SIEBERT: I agree if we did
15 this claim today we would use the median
16 method most likely.

17 CHAIRMAN KOTELCHUCK: But we're
18 reviewing it today.

19 MEMBER MUNN: To find it acceptable
20 as is, or suggest that it be reworked.

21 MR. SIEBERT: Well, once again, if
22 we reworked it based the way we do things

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1 today, the dose would actually go down.

2 MEMBER MUNN: Yes, I suspect that's
3 the case. It seems rational to me to accept it
4 as is with a comment that today's methods
5 would reduce the dose rather than increase it,
6 and so it's accepted as is.

7 MR. SIEBERT: Okay.

8 CHAIRMAN KOTELCHUCK: That seems to
9 capture it.

10 MR. FARVER: Okay. Let me put
11 something in there.

12 MEMBER CLAWSON: Scott, this is
13 Brad. I've just got a question. You know, I
14 guess I looked at what this group is kind of
15 set up here to do and, you know, I know
16 there's a difficulty between older cases and
17 how we do them now, but I guess I want to walk
18 away from this one understanding that no,
19 we've got a different process in line now
20 that's going to make this more rigorous and so
21 forth, because I feel like that what this
22 group is set up to do is to make sure that

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1 we're doing these processes right. So, we have
2 got -- I guess my question, Scott, is do we
3 have a more defined process now in place?

4 MR. SIEBERT: Yes, we presently
5 have -- if we turn in a claim between 45 and
6 52 percent it will use fully best estimate
7 methods. That is clearly defined how we work
8 these days, so this issue would not come up in
9 this case these days because the dose
10 reconstructor would have used best estimate
11 methodologies which would have been the OCAS-
12 IG-01 median.

13 MEMBER CLAWSON: Okay. Well, I just
14 want to make sure that when we walk away from
15 this case that we have -- you know, that we
16 were doing what we were tasked, and that was
17 to make sure that the process is working the
18 best we can. And I know there's generations of
19 things that we have done through the years, we
20 have gotten better, and better, and better,
21 and I just want to make sure that when we walk
22 away from this one, that we have done that.

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1 CHAIRMAN KOTELCHUCK: Okay. Should
2 we go on?

3 MEMBER CLAWSON: Yes.

4 MR. FARVER: 330.1, I believe.

5 MEMBER MUNN: Say that again, 3
6 what?

7 CHAIRMAN KOTELCHUCK: 329.2 I
8 thought you have here.

9 MEMBER MUNN: 329.2 is where we
10 stopped, I think.

11 MR. SIEBERT: I believe this is
12 closed out. Doug, I didn't hear you very well.
13 What's the next one?

14 MR. FARVER: I'm sorry, I was
15 looking down at my keyboard.

16 MEMBER MUNN: That's where we
17 stopped.

18 MR. FARVER: 329.2, looks like we
19 closed it at the last meeting.

20 CHAIRMAN KOTELCHUCK: Yes, that's
21 right.

22 MR. FARVER: We ended. So, we're

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1 back to 330.1.

2 MEMBER MUNN: Dose conversion
3 factors --

4 MR. FARVER: 330.1, let me go down.

5 MR. SIEBERT: This issue -- this is
6 Scott. This issue is identical to 195.1 we did
7 in the last set. It's the rotational isotropic
8 AP geometry issue for DCFs, for the lung,
9 esophagus, red bone marrow and bone surface.

10 MR. FARVER: Exactly.

11 MEMBER MUNN: Looks familiar.

12 MR. FARVER: Only for this case we
13 have a PoC where it's 48 percent, so adding an
14 extra 50 percent to the external could have an
15 impact on this case. The previous case was a
16 compensated case so it really would not have
17 an impact.

18 MR. SIEBERT: Right.

19 MR. FARVER: That's two big
20 differences in these cases.

21 MR. CALHOUN: What step are we on?
22 I'm sorry.

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1 MEMBER MUNN: 330.1.

2 MR. CALHOUN: 330.1? Thank you.

3 MEMBER MUNN: Yes. Just one notch
4 down from our ending spot last time.

5 MR. FARVER: And, once again, I
6 didn't find any indication in the file where
7 it was even considered to use the rotational
8 or the isotropic.

9 MEMBER MUNN: So, the real question
10 here is the same one that we had, really,
11 which is: was the procedure that was followed
12 the proper one even though there's no workbook
13 or other tool indication that that is the
14 judgment that was made. Correct?

15 MR. FARVER: Correct.

16 MEMBER MUNN: And I think I've
17 heard -- did I not hear reassurance from NIOSH
18 that this is, essentially, an established
19 procedure? It's just not defined anywhere that
20 we could find in print. Is that correct?

21 MR. KATZ: Well, what NIOSH said on
22 the previous case was that they were going to

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1 follow up and get back to us, so we didn't get
2 any resolution to that one.

3 MEMBER MUNN: Well, it seems the
4 same thing applies here, does it not?

5 MR. KATZ: Yes, I would think so. I
6 mean, Grady, speak up, if it's different.

7 MR. CALHOUN: Well, it's got to be
8 the same, it's the same issue.

9 MEMBER MUNN: That's what I
10 thought.

11 MR. FARVER: Right. And what it's
12 going to come down to, where do you think the
13 person wore the dosimeter? Was it appropriate
14 for the job that the person was doing, because
15 that helps you determine if it was -- which
16 geometry to use and so forth.

17 MEMBER MUNN: Right.

18 MR. FARVER: But it just comes down
19 to following that section in IG-001. Okay, so
20 we'll just keep this open and I'll put down
21 the same verbiage I had for the last one,
22 which I'll go look up.

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1 MEMBER MUNN: It looks like that's
2 appropriate, since we'll be tracking the
3 technical issue elsewhere.

4 MR. FARVER: And since we can only
5 transfer this to Wanda once --

6 MEMBER MUNN: One time, yes. You're
7 right, you don't get a second chance on that.

8 MR. KATZ: The transfer didn't
9 relate to this question.

10 MEMBER MUNN: No, it didn't, it was
11 a technical issue.

12 MR. FARVER: Now, 330.3, I believe,
13 is the next one.

14 MEMBER MUNN: I take that's a
15 closed?

16 MR. FARVER: Let me find it, 330.3.
17 No, we do not consider this closed.

18 MEMBER MUNN: Because?

19 MR. FARVER: Because there's an
20 attachment to this matrix. If you go down to
21 the very bottom you'll see that I reprinted
22 OCAS-TIB-007, which talks about how you

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1 determine neutron exposures at Savannah River
2 Site. And the part we're concerned with for
3 this person is Section 3.1, because he was a
4 non-routine worker and this was after 1971.
5 That's the criteria that I was looking at to
6 determine whether or not neutron exposure
7 should be applied.

8 MEMBER MUNN: Okay. So seeing that,
9 then I guess I'm misreading then the response
10 from last time. It says, reviewed NIOSH's
11 response and believe that meets criteria for
12 Section 2. I misunderstood, I guess, the
13 notation.

14 MR. FARVER: We contend that the
15 person should be assigned neutron exposure
16 for, I believe it's '81 through '88, and I
17 have to call up that case, if I can find it.

18 MEMBER MUNN: Well, actually, the
19 response says '82 through '88, and I read the
20 response.

21 MR. FARVER: Okay.

22 MEMBER MUNN: Yes, that doesn't --

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1 I guess I was misinterpreting what's there.

2 MR. FARVER: Okay.

3 MEMBER MUNN: You see why I'm
4 confused?

5 MR. FARVER: No, the response says
6 SC&A reviewed NIOSH's response and believe the
7 EE meets the criteria in Section 3.2 of non-
8 routine for years `82 through `88. Okay, that
9 is -- those are the correct years. And the
10 `82, I believe that starts when the person
11 went to M area. So, what we look at is -- if
12 you look at the criteria at the very bottom is
13 work location. Is the work location any of the
14 areas noted in Section 2.1? Yes, then a
15 neutron exposure should be considered,
16 providing the other criteria are met. Okay?
17 So, we look at that, and that's the one area
18 is in there, Section 2.1 talks about 300
19 areas, particularly 321 M which is what the
20 employee mentions in -- or I believe the
21 spouse mentions in the CATI report.

22 MEMBER MUNN: Okay. So, it appears

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1 to me then that what we need now is NIOSH's
2 response to this position. Right?

3 MR. FARVER: Okay. I mean, we look
4 to the --

5 CHAIRMAN KOTELCHUCK: By the way,
6 the last sentence in the SC&A comment
7 considers this reasonable and claimant-
8 favorable, not but. I'm not quite sure what a
9 "but" means there. It's reasonable "but".

10 MR. FARVER: I believe that's the
11 wording that's in the TIB, because if you look
12 at the very last sentence on the page.

13 CHAIRMAN KOTELCHUCK: If it's "but"
14 reason -- but not -- that English is --

15 MR. FARVER: Understood.

16 CHAIRMAN KOTELCHUCK: It's not
17 logical.

18 MR. FARVER: I know I -- all I did
19 was I copied the sentence from the original
20 and put it in there.

21 CHAIRMAN KOTELCHUCK: Okay. Well C-

22 MR. FARVER: I understand.

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1 CHAIRMAN KOTELCHUCK: Okay. Yes,
2 yes.

3 MR. FARVER: Basically, we're
4 looking at the work location, we're looking at
5 the job description.

6 CHAIRMAN KOTELCHUCK: Oh, yes, I
7 see. I see, yes.

8 MR. FARVER: Does the employee have
9 a measured proton dose?

10 CHAIRMAN KOTELCHUCK: You're right.
11 I see what you're saying and in that -- in the
12 text itself it makes sense. Okay.

13 MR. FARVER: At least three
14 criteria were met, so we thought they should
15 have had a neutron dose assigned. I mean,
16 that's --

17 CHAIRMAN KOTELCHUCK: Okay. So,
18 NIOSH is going to report back on that?

19 MR. FARVER: They already put out a
20 document. I don't know if they want to discuss
21 that or not. They talk about other things like
22 bioassay and shallow to deep ratio, things

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1 that aren't included in the TIB. And it's not
2 that I'm disagreeing with what they did, I'm
3 disagreeing that if that's what you want your
4 criteria to be, then you should put that in
5 your TIB.

6 MR. SIEBERT: Well, this is Scott.
7 Once again, this is the fact that the OTIB may
8 not be as prescriptive as it could be, I would
9 agree, but there are discussions in the TIB
10 about bioassay and shallow to deep ratios.
11 They're just not specifically in this portion
12 of the OTIB -- sorry, not the OTIB, it's the
13 TIB, because this is an OCAS TIB, OCAS TIB-7.
14 But once again, this individual did not have
15 any plutonium bioassay during the time frame
16 which if he was working with the plutonium-
17 aluminum targets which were the reason that
18 there could be neutron exposure in the area he
19 would have been monitored for plutonium.
20 Looking at the shallow to deep ratios for the
21 time frame we're talking about in the '80s
22 when he was in M area, the ratios are never in

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1 the range that you would expect. And I'm
2 looking at the previous document that we sent
3 in May. His ratios generally hover between 1.4
4 and almost 2. We looked at some other
5 individuals that we know were in those areas
6 and the ratios were more like 4.3, 4.1, and
7 2.6, so the shallow to deep ratio does not
8 indicate that.

9 That's all the information that we
10 had at the time that we gave this to the
11 Subcommittee in May. As some of you probably
12 well know, the Savannah River Working Group
13 has been working tirelessly to work on the TBD
14 on the various other sundry things. As part of
15 that investigation, we've been looking into
16 the use of coworker at Savannah River for
17 various internal components. And as part of
18 that, we've also done a lot of investigation
19 as to what is going on in different areas. And
20 in the last couple of months we have been
21 looking at M area, especially 321 where the
22 targets were manufactured, there does not

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1 appear to have been any of that work after
2 approximately 1980 based on the more recent
3 information and digging into the reports and
4 so on that we've had.

5 The reason we had it in OCAS TIB-7
6 all the way through I believe '92, there was
7 still some plutonium in those areas at that
8 time, but our further investigation has found
9 that that seems to be tied in with neptunium
10 work, not the target work. And it's the target
11 work that would be giving any sort of neutron
12 exposure.

13 So, logically based on the
14 individual's monitoring, lack of plutonium
15 monitoring and what we've significantly found
16 out since then on that specific area, it all
17 backs up how the case was done originally.

18 Now, I'm not saying that we had
19 the additional information about the plutonium
20 at the time we did the claim. I'm just saying
21 that it appears it was done appropriately
22 based on all the information that we have now.

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1 Even looking back at the time it was done, we
2 knew the individual did not have plutonium
3 monitoring and a shallow to deep ratio just
4 does not bear out to any type of neutron
5 exposures based on that target work. And this
6 individual was fully monitored for photons
7 during the time frame he was working in that
8 area. Clearly, he was working in the area on
9 the uranium fuels that were being made at the
10 time, and it just does not appear that he
11 worked with any plutonium-aluminum targets.

12 MEMBER MUNN: And is it logical for
13 us to close this item with a note that recent,
14 more recent work by NIOSH and the Site
15 Subcommittee support the assumptions that were
16 made by NIOSH in the original claim approach?
17 Can we do that, or is that presumptuous?

18 MR. FARVER: I think they need to
19 modify their TIB-7. I mean, if that's the
20 criteria that they want to use, that is
21 clearly not in TIB-7.

22 MEMBER MUNN: True.

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1 MR. CALHOUN: It is not in that
2 Section of TIB-7.

3 MR. FARVER: It is not under the
4 criteria to determine whether you assign
5 neutron dose or not.

6 MR. SIEBERT: Post-1971, I agree.

7 MR. FARVER: Okay.

8 MR. SIEBERT: It's in the pre-'71
9 direction.

10 MR. FARVER: Okay.

11 MR. SIEBERT: I agree it is not
12 clearly written, and I believe, and Grady can
13 correct me if I'm wrong, but I believe we are
14 present -- I know we're working on the
15 Savannah River TBD, as we all well know that.
16 I believe we're rolling the information from
17 OCAS TIB-7 into the new TBD, as well, which
18 would negate the OCAS TIB-7, and I'll talk to
19 the TBD owner to ensure that we're clarifying
20 the information in that section.

21 MR. FARVER: Okay. So, you're
22 either going to modify the TBD or TIB-7.

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1 MR. SIEBERT: Yes.

2 MR. CALHOUN: This is Grady, and I
3 think the bottom line is that we wouldn't
4 change our approach. It'll just be more
5 prescriptive.

6 MR. FARVER: Right, and I'm not
7 saying to change your approach, just document
8 your approach. How is that?

9 MEMBER RICHARDSON: This is David
10 Richardson. I've got a question. Is there --
11 when you first described this, I thought that
12 actually there was a prescription for an
13 approach and it was a different approach to
14 making the judgment about neutron dose
15 reconstruction. It had to do with work area.
16 Is that correct?

17 MR. FARVER: Yes.

18 MEMBER RICHARDSON: So, that is a
19 problem. It's not that it was vague and not
20 prescriptive, it was prescriptive but
21 prescribing something which wasn't the action
22 that was taken.

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1 MR. FARVER: And they used a
2 different prescription.

3 MEMBER RICHARDSON: Yes, so that is
4 -- to me that's like a quality issue and
5 everything, wasn't following what was
6 prescribed. I mean, whether it was logical and
7 there should have been something else done is,
8 I think, a bigger and important issue, and I'm
9 glad it's going to be addressed. But that
10 distinction needs to be made.

11 MR. FARVER: That was our point,
12 that they didn't follow what was written, but
13 now how to fix that, all I know is that if you
14 don't want that criteria to change your
15 documentation to reflect a criteria you want.
16 Any suggestions on how to close this?

17 MEMBER RICHARDSON: Does this get
18 kicked to Procedures?

19 MR. FARVER: I'm sorry, David, I
20 didn't hear you.

21 MEMBER RICHARDSON: I mean, does it
22 go to Procedures? Is that the place for --

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1 MEMBER MUNN: I was hoping you were
2 being facetious, David. I don't really think
3 so in this case. I really think we wouldn't
4 have any more to add than what this
5 Subcommittee is debating here. It's going to
6 have to come down to a Subcommittee's finding,
7 I think, one way or the other.

8 CHAIRMAN KOTELCHUCK: I think
9 you're right, Dave.

10 MEMBER MUNN: I've made my
11 suggestion.

12 CHAIRMAN KOTELCHUCK: Your
13 suggestion again, Wanda?

14 MEMBER MUNN: My suggestion was
15 that we close this based on the information
16 that NIOSH has given us with respect to the
17 fact that later information about the site and
18 the activities there have -- support the
19 assertions and assumptions that were made
20 during the original reconstruction of this
21 case, but SC&A said they did not agree because
22 they felt that the information as we read in

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1 the attached note did not -- 007 was not
2 followed in this case. And NIOSH gave us the
3 reasons why they felt that it was not because
4 it wasn't applicable. They were using a
5 different time period, and the instruction was
6 there.

7 CHAIRMAN KOTELCHUCK: Yes. I tend
8 to side you, Wanda, in that we have
9 procedures. Clearly, they were not followed,
10 but based on professional judgment and that
11 the procedures are, in fact, in the process of
12 being changed to reflect what was, in fact,
13 done. As long as the scientific work done by
14 NIOSH was correct as best NIOSH and SC&A can
15 tell, then I don't see anything wrong. I
16 support putting a statement in saying that
17 this is reasonable. The most important thing
18 is that the science is sound to the best of
19 our determination and both sides agree, both
20 groups agree.

21 MR. STIVER: This is John Stiver.
22 Would we want to include a note in the matrix

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1 to the effect that, you know, the guidance
2 documents are being revised to improve clarity
3 in this, so that we can kind of close the loop
4 at some future date and it doesn't come up
5 again?

6 CHAIRMAN KOTELCHUCK: Yes.

7 MEMBER MUNN: Someone probably
8 needs to work on the verbiage to make sure
9 that it's agreeable to everyone. Perhaps we
10 could request that NIOSH or SC&A, I'm not sure
11 who's the appropriate individual to be working
12 on that particular wording, but it seems to me
13 that we need to have words in front of us
14 before everyone can agree to it. It's a little
15 too nebulous right now, as we just speak of it
16 verbally.

17 CHAIRMAN KOTELCHUCK: Well, why
18 don't we leave this open for that verbiage and
19 task somebody for the next meeting to put that
20 verbiage in, and I don't know who is
21 appropriate.

22 MR. STIVER: This is John, again. I

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1 believe Mark Griffon wanted SC&A to basically
2 be the keepers of the matrices, so Doug could
3 do it, and certainly we could through email or
4 what not make sure that it's acceptable to
5 Grady and his crew.

6 CHAIRMAN KOTELCHUCK: Why don't you
7 do that, and then you'll just report back at
8 the next meeting. We'll close it real fast.

9 MR. STIVER: Okay, we'll do that.

10 CHAIRMAN KOTELCHUCK: Because we're
11 nearly -- we're essentially resolved, it's
12 just a matter of getting the wording to be
13 acceptable.

14 MEMBER CLAWSON: Well, I have a
15 question on this. So, what we're saying is
16 that in -- because I have the same issue that
17 Doug does here. We've got OTIB-7 that's not
18 moved out there, but they're not using it so I
19 guess I would kind of like to see the process
20 that is now in place that is going to correct
21 this, which what are we -- I guess my question
22 is to SC&A, have we seen that they've

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1 corrected this down the road in the next OTIB,
2 or the next --

3 MR. SIEBERT: This is Scott. I want
4 to correct a perception here. I'm not going to
5 agree that we did not follow OCAS TIB-7. I
6 will agree that OCAS TIB-7 is written in a
7 somewhat convoluted manner so that the
8 application may not be 100 percent
9 straightforward. However, the section where
10 we're talking about post-'71 clearly sends you
11 back to the section where you do talk about
12 pre-'71. And that section does send you to the
13 discussion on plutonium and the discussion of
14 the facility 321 M. It's just not necessarily
15 the easiest to follow, so I just wanted to say
16 that, you know, I think the OTIB or the OCAS
17 TIB does give direction. It's not necessarily
18 written well, but I'm not going to -- I really
19 don't want to agree that we did not follow
20 OCAS TIB-7.

21 MEMBER CLAWSON: Okay, Scott, I
22 apologize. That was my misconception. I'm not

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1 saying that --

2 MR. STIVER: This is Stiver. I
3 think we're in agreement that they followed it
4 appropriately, but that the verbiage is going
5 to be improved in a new iteration of a
6 guidance document. And that's really --

7 MR. SIEBERT: We wholeheartedly
8 thank you.

9 MR. FARVER: This is Doug, and I
10 don't agree that they followed it because that
11 takes them right back to Section 2.1, which
12 clearly does not talk about bioassay. I mean,
13 you've done it. There's no word bioassay in
14 Section 2.1, which is what you get referred
15 back to. That strictly talks about work area.
16 They didn't follow the post-'71 guidance.

17 MR. SIEBERT: Section 2.1 bottom
18 under fuel fabrication 300 area, fuel
19 fabrication facility 321 M only during certain
20 time periods, see Section 2.2 for further
21 guidance.

22 CHAIRMAN KOTELCHUCK: Who was that

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1 just speaking?

2 MR. SIEBERT: I'm sorry, that was
3 Scott Siebert.

4 CHAIRMAN KOTELCHUCK: Pardon?

5 MR. SIEBERT: That's Scott Siebert.

6 CHAIRMAN KOTELCHUCK: Okay.

7 MR. SIEBERT: Just quoting the
8 person that --

9 MEMBER MUNN: The OTIB.

10 MR. SIEBERT: OCAS TIB-7. It
11 clearly -- it does send you to Section 2.2.

12 MR. FARVER: This is Doug, I stand
13 corrected. It does for the 300 area. It does
14 send you down there. Correct.

15 MR. SIEBERT: Thank you.

16 MEMBER MUNN: This is why the
17 verbiage is so important.

18 MR. KATZ: Okay, so this is Ted.
19 So, it sounds like you can close it now, and
20 with the recommendation that the verbiage be
21 clarified. There's nothing more to it. Right?

22 CHAIRMAN KOTELCHUCK: That's right,

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1 but I think it has to come back to the
2 Committee to approve so that all parties
3 agree.

4 MR. KATZ: No. I mean, you just
5 talked through it. I mean, there's nothing
6 more in terms of verbiage. I mean, they don't
7 have to -- this Committee does not have to
8 approve the verbiage in their TIB or whatever
9 it is that we're referring to, the verbiage
10 for instructions. That doesn't need to be done
11 here. I mean, again, you're trying to close
12 out a case. You've determined that the science
13 is fine, and now you've determined that there
14 has been some confusion because the
15 instructions aren't crystal clear. And that's
16 been resolved, and you've determined that they
17 should clarify the language, and you could
18 make that recommendation. But then it seems to
19 me the Dose Reconstruction Subcommittee is
20 done with this issue completely.

21 CHAIRMAN KOTELCHUCK: Well, who --
22 they're going to talk to each other, SC&A

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1 folks and NIOSH, and ORAU, I guess.

2 MR. KATZ: No, I mean, there's
3 nothing more to talk about. They've just
4 resolved it.

5 MEMBER MUNN: We've talked it
6 through.

7 MR. SIEBERT: I think we're
8 confusing the verbiage that we're going to put
9 into the matrix with the verbiage that's going
10 to go into the TBD.

11 MEMBER MUNN: Exactly.

12 CHAIRMAN KOTELCHUCK: Right. Okay.

13 MEMBER MUNN: And what we have just
14 said is what needs to be said in the matrix.

15 CHAIRMAN KOTELCHUCK: Okay, fine.

16 MR. KATZ: So, you can close it.

17 CHAIRMAN KOTELCHUCK: Okay.

18 MR. KATZ: They'll follow up with
19 the TBD but that doesn't need to hold the
20 Subcommittee hostage.

21 MEMBER MUNN: Well, we do need to
22 make sure that both the Agency and our

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1 contractor agree that the words that we're
2 putting in the matrix cover the issue. That's
3 my concern.

4 MR. KATZ: Well, I know but you
5 just discussed it.

6 MEMBER MUNN: I know.

7 MR. KATZ: Everyone agrees that the
8 verbiage isn't as clear as possible, and I
9 think I heard Scott say that it's not as clear
10 as possible, and they can clarify it. So, that
11 finding is clear and can be written in the
12 matrix.

13 MR. SIEBERT: And let's not forget
14 that we have the transcript of this
15 discussion, too.

16 MR. KATZ: Right. I mean, it's --
17 so, it seems like everything that the
18 Subcommittee needs to do is now crystal clear
19 in terms of what its findings were. I think
20 you're done with it. There's nothing left for
21 the Subcommittee to do. NIOSH can go in in the
22 future and change its TBD language, but

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1 there's nothing more here.

2 MEMBER MUNN: Well, I'm not even
3 worried about the language in the TBD.

4 MR. KATZ: Right. I mean --

5 MEMBER MUNN: My only concern is
6 that if I come back to this finding a year and
7 a half from now and look at the way it was
8 closed, if we don't have something that
9 indicates that at least the Subcommittee
10 discussed it and everyone agreed that the TBD
11 -- the TIB was difficult to follow --

12 MR. KATZ: Right.

13 MEMBER MUNN: -- but that this
14 case was done appropriately, then that's what
15 I think would make everybody happy.

16 MR. KATZ: Right, Wanda. That's all
17 I'm saying, is that you just said exactly what
18 the Subcommittee found, and that's all the
19 Subcommittee needed to do here.

20 MEMBER MUNN: Yes.

21 MR. KATZ: Yes, okay.

22 MEMBER MUNN: But as long as people

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1 agree that that's what we're going to do.

2 CHAIRMAN KOTELCHUCK: Well, we
3 agree we're going to do it. It's just a
4 question of whether the statement ever comes
5 back before the Committee. To my mind, it
6 would take just a couple of minutes to have it
7 come back before the Committee. I think we
8 have resolved the issue, and whether we call
9 it closed or not, we are coming back to this
10 matrix next time, and we can do it very
11 quickly.

12 MR. KATZ: Okay.

13 CHAIRMAN KOTELCHUCK: Let's do it.
14 Let's do it that way. Okay? The statement
15 comes back before the Committee next time.
16 Let's go on.

17 MR. FARVER: Okay. Unless you want
18 me to read it real quick, what I wrote.

19 CHAIRMAN KOTELCHUCK: Okay. You
20 have the statement?

21 MR. FARVER: I have something
22 that's short and sweet, I hope.

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1 MEMBER MUNN: Good.

2 CHAIRMAN KOTELCHUCK: Then, if we
3 can resolve it, let's do it. Go ahead.

4 MR. FARVER: The Dose
5 Reconstruction Subcommittee discussed this
6 issue and agreed that the guidance in TIB-007
7 is not clear, but the dose calculations were
8 done appropriately. I could add something
9 about the TIB being revised in the future. No
10 further action from the Committee. Closed.

11 MEMBER MUNN: Well, I don't think
12 you even have to do that. Just, it's closed.

13 MR. FARVER: Closed. The dose
14 calculations were appropriate. No further
15 action.

16 MEMBER MUNN: Yes. Correct.

17 CHAIRMAN KOTELCHUCK: Right. Good.

18 MR. FARVER: Okay.

19 CHAIRMAN KOTELCHUCK: That is
20 closed now. Is that okay, folks? Everybody
21 participating?

22 MEMBER CLAWSON: Yes, this is Brad.

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1 MR. SIEBERT: Good with me.

2 CHAIRMAN KOTELCHUCK: Okay, then
3 let's go on.

4 MEMBER MUNN: I have 334?

5 MR. FARVER: 334.

6 CHAIRMAN KOTELCHUCK: Okay.

7 MEMBER MUNN: Looks like it's
8 NIOSH's ball. Incomplete missed photons.

9 MR. SIEBERT: This is Scott. Grady,
10 you want me to -- this one?

11 MR. CALHOUN: Yes, I always want
12 you to take this one, Scott.

13 MR. SIEBERT: I guess that is a
14 silly question. What we had discussed at the
15 last one, we all believe -- okay, let's go
16 back. This was an interpretation of when we
17 should be assigning missed dose and when we
18 should be assigning ambient dose for the
19 record for a Savannah River worker.

20 We all agreed that the way this
21 was done, there was an error made and it could
22 have -- it should have been more clearly

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1 assessed with missed dose as opposed to
2 ambient during certain time frames, and we all
3 agree on that. The only outstanding question
4 was whether this type of issue was going to
5 affect additional claims.

6 Grady and I talked about this a
7 little bit earlier this week, and it appears
8 that this is a very claim-specific issue in
9 this case because this case had documentation
10 in it where there was visitor badges, routine
11 badges, documentation as to when the dose --
12 when the monitoring was actually stopped
13 during a few years. There was a lot of very
14 case-specific monitoring data in this claim,
15 so it seemed that this issue was affecting
16 this claim and how we dealt with this claim,
17 as opposed to a global how we deal with missed
18 and ambient at Savannah River Site with the
19 records.

20 MEMBER MUNN: Well, that appears to
21 answer the question that was asked to
22 determine whether other cases were handled in

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1 a similar manner. What I'm hearing is it's
2 case-specific and, therefore, the question is
3 resolved. I assume SC&A has no problem with
4 that.

5 CHAIRMAN KOTELCHUCK: SC&A?

6 MR. STIVER: This is John. I have
7 no trouble with it at all.

8 MR. FARVER: I'm just typing,
9 "NIOSH determined that this is a case-specific
10 issue, no further action is needed, closed."

11 MEMBER MUNN: Correct.

12 CHAIRMAN KOTELCHUCK: Fine. Moving
13 right along., 334.5.

14 MEMBER MUNN: Correct.

15 MR. FARVER: Okay, 334.5 has to do
16 with how they calculate the missed to measured
17 plutonium, the internal plutonium doses. Okay.
18 What the finding is based on is: there were
19 two dose reconstructions done, one in -- an
20 earlier one, it was a couple of years earlier,
21 and then this one we reviewed. When our
22 reviewer was looking at it they went back to

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1 the first one and looked at what was done,
2 then looked at the second one that was done,
3 and there were some questions about the MDAs
4 and some of the values used. But what it comes
5 down to in this one, and I'm trying to find a
6 PoC on this --

7 MR. SIEBERT: About 32 percent,
8 Doug. This is Scott.

9 MR. FARVER: This is a very low
10 one, so when NIOSH came back did the second
11 dose reconstruction, they used what we'll call
12 efficiency methods, which they calculate the
13 plutonium dose based on the samples, actual
14 samples, and then based on the assumed missed
15 dose, go back and compare the doses for each
16 year and use the highest dose. It's part of
17 their efficiency method. That kind of confused
18 our reviewer, but really, I mean, they give an
19 excellent explanation. It's a little tedious
20 to go through, but actually you go through the
21 whole thing, and it's a very good explanation,
22 and I'm glad they did it because it helps out

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1 tremendously. And as we say in our initial
2 response, you know, "Appreciate the detailed
3 explanation and recommend closing the
4 finding." We really don't have anything to
5 add. There's nothing they did anything wrong.

6 CHAIRMAN KOTELCHUCK: Okay.

7 MR. FARVER: They just -- they
8 overestimated.

9 CHAIRMAN KOTELCHUCK: That sounds
10 good.

11 MEMBER MUNN: So, we're ready to
12 close it.

13 CHAIRMAN KOTELCHUCK: Good, close
14 it.

15 MEMBER MUNN: Subcommittee agrees.
16 Closed.

17 CHAIRMAN KOTELCHUCK: Good.

18 MEMBER CLAWSON: This is Brad, yes.

19 CHAIRMAN KOTELCHUCK: Dave, yes?

20 MEMBER RICHARDSON: Dave, yes.

21 MEMBER MUNN: 334.8. And SC&A
22 should have the CATI.

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1 MR. FARVER: I don't believe we
2 received that.

3 MR. SIEBERT: This is Scott. I
4 think that getting the updated matrix didn't
5 happen the last couple of days. This is the
6 only one we updated for this matrix. I can
7 address this just verbally, if you so desire.

8 There is no other CATI. We had a
9 misprint in the first response, so SC&A was
10 looking for a CATI that did not exist, and I
11 apologize for that.

12 The actual CATI is S4248, rather
13 than S4247, which is at the beginning of the
14 response in the summary. That 4247 really
15 should be a 4248, and look at that CATI which
16 is actually dated in November of 2003 instead
17 of 8, so we had two misprints there. It is on
18 page 8 of that original CATI where the
19 incidents that they're asking about is
20 described. So, I apologize, I thought that had
21 gotten over to you so you could look at it
22 before this meeting. I don't know if you

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1 honestly may want to be able to just grab it
2 during the break and take a look at it real
3 quick, or how you want to handle that, but
4 that's what the issue was.

5 MEMBER MUNN: It doesn't sound as
6 though there's really anything to handle. It's
7 typographical error, sent people off in the
8 wrong direction, looking for something that
9 wasn't there.

10 MR. FARVER: This is Doug. Beth
11 sent that to me the first thing this morning,
12 that response, so I'll include it in the
13 matrix. And if we take a break, I will try to
14 find it.

15 CHAIRMAN KOTELCHUCK: Okay.

16 MEMBER MUNN: Good.

17 CHAIRMAN KOTELCHUCK: Good.

18 MEMBER MUNN: Great.

19 CHAIRMAN KOTELCHUCK: We've been
20 going a little over an hour since lunch break,
21 or breakfast break, so --

22 MEMBER MUNN: Good time to do it.

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1 CHAIRMAN KOTELCHUCK: Is this an
2 appropriate time to take a break?

3 MEMBER MUNN: Let's do.

4 CHAIRMAN KOTELCHUCK: Okay, very
5 good. It is 2:37. We will get together at ten
6 minutes of three, our time. Okay?

7 MEMBER MUNN: Yes, great.

8 CHAIRMAN KOTELCHUCK: Okay, see you
9 all at ten minutes of three, Eastern Daylight
10 Time.

11 (Whereupon, the proceedings went
12 off the record at 2:38 p.m. and resumed at
13 2:53 p.m.)

14 MEMBER MUNN: Who was doing the
15 wording for us?

16 MR. KATZ: I think Stiver.

17 MR. STIVER: I pulled up RFP. This
18 is a continuation of Rocky Flats and Los
19 Alamos.

20 CHAIRMAN KOTELCHUCK: So, we just
21 finished SRS. Oh, great.

22 MR. STIVER: A real milestone here.

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1 CHAIRMAN KOTELCHUCK: Yes, okay.

2 MEMBER MUNN: We were just going to
3 close 334.8.

4 MR. STIVER: Do we have Mr. Farver
5 back?

6 MR. FARVER: Yes.

7 MR. STIVER: Lead on, my man.

8 CHAIRMAN KOTELCHUCK: Okay, very
9 good.

10 MR. FARVER: Is Scott on the line?

11 MR. SIEBERT: I am.

12 MR. FARVER: Okay. Scott, I went
13 back and looked at the documents you said, the
14 summary -- CATI summary draft document.

15 MR. SIEBERT: Yes.

16 MR. FARVER: That does contain
17 information about the 1979 incident. However,
18 if you go to the final CATI report, it's not
19 in there.

20 MR. SIEBERT: Well, wait a minute.

21 MR. FARVER: Somehow it got -- when
22 it made it to the final CATI report, that

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1 information did not make it.

2 MR. SIEBERT: Give me a second to
3 look at the right sheet. Oh, I already closed
4 -- dang it. I already closed that to go to
5 Rocky Flats. Give me a second here.

6 MR. FARVER: Sure.

7 MR. SIEBERT: I can't blurt out the
8 NIOSH ID number. Oh, there it is. I believe
9 the CATI summary draft is when they send it
10 out to the person who did the interview and
11 they say, you know, look over this. This is
12 what we believe you told us.

13 MR. FARVER: That was done by three
14 different survivors.

15 MR. SIEBERT: Right. There were
16 three different CATIs, or final CATI reports.

17 MR. SIEBERT: Right.

18 MR. FARVER: Right. But in any of
19 the final ones, I did not find that indication
20 of the 1979 incident. It is in the draft
21 summary, as Scott stated.

22 MR. SIEBERT: I'm just making sure

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1 I see which survivor did that. Okay, I will
2 agree that it does not appear to be in the
3 final version.

4 MR. FARVER: I just thought that
5 was odd.

6 MR. SIEBERT: I agree
7 wholeheartedly that is odd. But, of course, it
8 is the draft that we used for the claim.

9 MR. FARVER: Why don't you use the
10 final?

11 MR. SIEBERT: The final is not
12 generated until --

13 MR. CALHOUN: It's not generated
14 until we send the information to Labor.

15 MR. SIEBERT: Correct.

16 MR. CALHOUN: Generate what we call
17 the ALR.

18 MR. FARVER: Okay. I did not know
19 that.

20 MR. CALHOUN: What usually happens,
21 and I don't know, maybe we don't need to talk
22 a whole about it. I don't know what the

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1 incident was, but if you know what I'm saying.

2 MR. FARVER: Yes. That explains how
3 we had the misunderstanding. We were looking
4 in the final report because we thought that
5 was the final, and you looked in another
6 report. Okay, now I --

7 MR. CALHOUN: The final doesn't
8 exist.

9 MR. FARVER: I understand. I didn't
10 understand that at the time. I understand that
11 now.

12 MR. CALHOUN: But I'm as perplexed
13 as you there, Doug, so --

14 MR. FARVER: I would say this is
15 probably a unique case and not something
16 that's going to happen all the time. All I can
17 suggest is for the matrix I'll just put in
18 that it is contained in the one report, but
19 not contained in the other. No further action.
20 I don't know what to do. I don't think there
21 is any action we can take.

22 CHAIRMAN KOTELCHUCK: Okay.

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1 MR. FARVER: Unless anyone has some
2 suggestions?

3 CHAIRMAN KOTELCHUCK: No.

4 MEMBER MUNN: I would suggest we do
5 what we did earlier; namely, identify this as
6 a misunderstanding because of terminology.
7 There was no real problem that existed, and
8 it's closed. The Subcommittee agrees it's
9 closed. It's a single case not likely to
10 affect any other cases, and closed.

11 CHAIRMAN KOTELCHUCK: Okay. Any
12 comments? Okay. Then SRS is closed, the SRS
13 cases are closed. Let's go on to Rocky Flats.

14 MR. FARVER: Okay. Do we have the
15 Rocky Flats on the screen?

16 CHAIRMAN KOTELCHUCK: We do have
17 Rocky Flats on the screen. We haven't gotten
18 to one where --

19 MR. FARVER: Okay.

20 CHAIRMAN KOTELCHUCK: -- there is
21 an issue.

22 MR. FARVER: The last time we

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1 talked about this was the November of 2012
2 meeting, in which case, we ended at 253.2.
3 Okay, so here we go. I don't believe we
4 discussed any of this beyond that. I think
5 that's the only time we've talked about this
6 matrix.

7 CHAIRMAN KOTELCHUCK: There we are,
8 yes. So, we simply proceed to the next one?

9 MR. FARVER: We can go through
10 these because we're basically starting from
11 scratch on these others. We haven't discussed
12 them before.

13 CHAIRMAN KOTELCHUCK: Yes.

14 MR. STIVER: Do you want to talk
15 about the observations at all, or just go
16 through the findings?

17 CHAIRMAN KOTELCHUCK: I'm not sure.

18 MEMBER MUNN: Well, let's do
19 findings. For the most part we know that
20 observations are not true findings, they're
21 just comments from our contractor about things
22 that are observations, not real concerns that

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1 must be addressed.

2 MEMBER CLAWSON: But define
3 observations, what they are.

4 MEMBER MUNN: Okay. Define.
5 Observations are something that the contractor
6 has observed and would like to comment on in
7 the process of doing their review. A finding
8 is something that the contractor has
9 identified as being an item which could be an
10 error or which needs to be changed. An
11 observation could be positive or negative. It
12 might want -- the Subcommittee might want to
13 follow up on it in some way or not, depending
14 on the magnitude of the considered impact on
15 this and other cases.

16 Just an observation. You could
17 have done better on this paragraph. That's an
18 observation which could be taken into
19 consideration the next time that particular
20 document or case is looked at, but it doesn't
21 say go back and redo something or you did this
22 wrong. It's an entirely different kind of --

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1 entirely different level of concern.

2 CHAIRMAN KOTELCHUCK: So, our
3 screen puts us into the 12th Set 274.1 with a
4 close. So, let's go on to the next finding.

5 MR. STIVER: None of these have
6 been discussed yet, so it might -- this is a
7 recommendation to close it.

8 CHAIRMAN KOTELCHUCK: I'm not sure
9 if NIOSH and SC&A --

10 MR. FARVER: Boy, this is going to
11 be a difficult one, 274.1, and it has to do
12 with the NDRP Data Manipulation. And I
13 personally don't even understand how all that
14 works.

15 CHAIRMAN KOTELCHUCK: What is --
16 could you tell me what the letters stand for?

17 MR. FARVER: What does that stand
18 for? Grady, Scott, do you know off hand?

19 MR. SIEBERT: Neutron Dose
20 Reconstruction Project. Rocky Flats went back
21 and recalculated some of their neutron doses
22 to reflect better information.

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1 CHAIRMAN KOTELCHUCK: Better
2 information regarding the individual?

3 MR. SIEBERT: I believe it was the
4 process. Mutty, do you happen to have the
5 specifics on that, or Matt?

6 MR. SMITH: Yes, this is Matt
7 Smith. NDRP was an overall effort done
8 separately from this project to reassess the
9 MTA film results for neutron dosimetry at
10 Rocky Flats. They were fortunate enough to
11 have actually all of the film in the vaults
12 from the early years all the way up through to
13 the transfer to TLD technology. So, they
14 underwent a project where they got out and
15 reread the tracks on those films and
16 reassessed neutron dose for everyone involved.

17 It is not a simple methodology to
18 follow. There's a whole separate report on
19 what they did by itself, and then the Rocky
20 Flats TBD goes ahead and describes how we use
21 that data, as well.

22 CHAIRMAN KOTELCHUCK: Okay. Then is

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1 there any -- what is the issue, then?

2 MR. FARVER: Okay, let me try to
3 explain it.

4 MR. STIVER: This is John Stiver.
5 I'd just step in for a second. Ron Buchanan is
6 pretty close to Rocky Flats. I'm going to call
7 him and see if I can get him to join in.

8 CHAIRMAN KOTELCHUCK: Okay, good.
9 Thank you.

10 MR. FARVER: Normally, these are
11 the ones I hand off to Ron and then he'll
12 respond back to me in an email saying whether
13 he agrees with NIOSH or not, so I suspect
14 that's what happened in this case.

15 As you can see there was recorded
16 photon doses about 5 2 rem for these years but
17 NIOSH did not assign any recorded deep dose
18 for those years. Now, if you go through what
19 NIOSH -- their response is, I mean, I can
20 follow that. And that's what I say it comes to
21 it's a result of the NDRP data manipulation.

22 CHAIRMAN KOTELCHUCK: So, he had C-

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1 the person had recorded 5 rem of photon
2 radiation, high-energy photon radiation, and
3 NIOSH did not assign -- oh, I don't understand
4 that.

5 MR. FARVER: Okay.

6 CHAIRMAN KOTELCHUCK: Somebody had
7 a recorded dose. NIOSH didn't assign any
8 recorded dose because of NDRP?

9 MR. KATZ: We could just skip this
10 until we can get Ron Buchanan to explain it.

11 CHAIRMAN KOTELCHUCK: Yes, why
12 don't we do that? Although we're going into
13 Rocky Flats now. Right?

14 MR. KATZ: Yes.

15 CHAIRMAN KOTELCHUCK: So, they're
16 all --

17 MEMBER POSTON: Before -- Dave,
18 this is John.

19 CHAIRMAN KOTELCHUCK: Yes.

20 MEMBER POSTON: Before we leave, I
21 had a couple of questions. We're talking about
22 using track film for the neutrons. Is that

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1 correct in this situation?

2 MR. SMITH: Yes, it was NTA film.

3 MEMBER POSTON: Yes. Okay. And they
4 went back and reread them. Is that what I
5 understand?

6 MR. SMITH: That's also correct,
7 yes. It was quite a massive effort.

8 MEMBER POSTON: I would have
9 anticipated the doses would have been less
10 than the record originally. Did you see that?

11 MR. SMITH: In many cases the dose
12 went up. They also attempted to deal with what
13 I'll call unmonitored neutron dose. I won't
14 call it missed dose.

15 MEMBER POSTON: Yes, the dose
16 actually went up after -- when you read the
17 track the next time?

18 MR. SMITH: Well, the overall dose
19 for an individual would tend to go up. As they
20 went through the process and, Mutty, if you
21 want to weigh in, please do. They would
22 attempt to interpolate what kind of neutron

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1 dose a person had received for periods where
2 they weren't finding film results for an
3 individual.

4 COURT REPORTER: This is the court
5 reporter. Who is answering Dr. Poston's
6 questions?

7 MR. SMITH: I'm sorry, it's Matt
8 Smith with ORAU.

9 COURT REPORTER: Thanks.

10 MEMBER POSTON: Hey, Matt, how are
11 you?

12 MR. SMITH: Doing okay.

13 MEMBER POSTON: Typically, when you
14 read those films after they've been stored for
15 a long time, they actually shrink so the --
16 some of the holes may actually disappear. But
17 the other thing that can happen is because
18 they shrink you get more tracks per unit area,
19 so -- and I'm trying to figure out -- and
20 then, of course, the gamma dose is simply a
21 blackening that's laid on top of that, or at
22 least it can be. So, if you have enough photon

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1 dose you can actually blacken the NTA film,
2 too. I'm just trying to figure out what you
3 did.

4 MR. SMITH: Yes, just for
5 everyone's reference, I know it's not
6 something we can open up and get into right
7 now, but as these claims continue to be under
8 review that separate report done on this
9 project is available in the database. I'm sure
10 it's referenced multiple times in the Rocky
11 Flats tech basis document, and from there with
12 the reference number you can get into the
13 database and see it.

14 MEMBER POSTON: Okay.

15 MR. SMITH: It was quite an
16 undertaking, to say the least.

17 MR. SIEBERT: This is Scott
18 Siebert. I believe all these -- the
19 methodology for applying the NDRP data and so
20 on was all discussed in the Rocky Flats
21 Working Group ad nauseam. And the process we
22 are using is the approved process from that

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1 discussion, so I just want to point out that
2 this has been discussed a lot in the past in a
3 different Work Group.

4 MEMBER POSTON: I probably
5 shouldn't be commenting, because I'm
6 conflicted with Rocky, so I wasn't on the
7 Working Group and don't know what they
8 discussed.

9 CHAIRMAN KOTELCHUCK: Mark was the
10 Chair, and he's not with us today.

11 MR. STIVER: This is John. I did
12 call Ron and he's going to call in, so he
13 should be online soon.

14 CHAIRMAN KOTELCHUCK: Okay.

15 DR. BUCHANAN: Yes, I'm on line.

16 MR. STIVER: Okay, great. We're
17 still on 274.1?

18 CHAIRMAN KOTELCHUCK: Yes, we are.
19 Somewhat waiting. Can we -- is there any value
20 in moving on to another case until your
21 colleague gets on?

22 MR. STIVER: He's already on.

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1 CHAIRMAN KOTELCHUCK: Oh, okay.
2 Alright. We'll wait.

3 MR. STIVER: I'll send him the
4 matrix so he can be online with us. He's not
5 on Live Meeting, so I'll have to actually send
6 it to him.

7 CHAIRMAN KOTELCHUCK: Okay.

8 DR. BUCHANAN: Okay, yes. This is
9 Ron Buchanan with SC&A. And I'm online --

10 CHAIRMAN KOTELCHUCK: Welcome.

11 MR. STIVER: Ron, I'm going to send
12 you an email with the matrix for the Set 10
13 Rocky Flats and Los Alamos. It should be --

14 DR. BUCHANAN: Okay.

15 MR. STIVER: -- there in just a
16 minute.

17 MR. FARVER: And once again, we're
18 not contending that they did anything
19 incorrect. What we found is when we reviewed
20 their answer, they did it correctly. It is
21 just an artifact of the NDRP process. Okay?
22 But it was just odd that you could have a

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1 recorded dose and still not have any
2 assignment of photon dose.

3 MR. SIEBERT: This is Scott. I
4 would like to point out there was less than 30
5 KeV photon dose that was assigned in this case
6 as well as the neutron dose. It's just there
7 was no 30 to 250 KeV dose.

8 MR. FARVER: That's correct. But
9 what prompted the finding is when we looked at
10 this we saw that there was recorded dose data
11 from dosimeters, and then we go to look at the
12 calculations and there is no -- we'll say 30
13 to 250 KeV dose assigned. Then we are a little
14 concerned, and that's what prompted the
15 finding.

16 MEMBER POSTON: This is John Poston
17 again. Doug, when you do these can you tell
18 what the source of the low-energy photons is,
19 or do you have to have the whole thing in
20 front of you in order to answer those kinds of
21 questions?

22 MR. FARVER: When we do our reviews

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1 you mean?

2 MEMBER POSTON: Yes.

3 MR. FARVER: Typically what I do is
4 I start from the dosimeter data and try to
5 replicate their numbers, using the method that
6 I'm aware of. Rocky Flats is different because
7 they do some different things, you know, as
8 you can see under the NIOSH response, so I try
9 and go through the calculations and match
10 their numbers, and that's how I approach it.

11 MEMBER POSTON: Yes.

12 DR. BUCHANAN: Okay. This is Ron
13 Buchanan. I just received your matrix here.

14 MR. STIVER: Ron, we're on page 7
15 of 38, 12th Set, 274.1.

16 DR. BUCHANAN: 274.1, 12th Set,
17 Rocky Flats, incomplete assignment of recorded
18 photon dose. Okay. Again, you brought me up to
19 speed. What is it that we -- what is it we
20 need to be answering here?

21 MR. FARVER: Well, Ron, what -- you
22 know, the initial findings about the

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1 incomplete assignment of recorded photon dose
2 because the employee had a recorded photon
3 dose in the records for years `63 through `67,
4 but there was no 30 to 250 KeV photon dose
5 assigned by NIOSH.

6 DR. BUCHANAN: Right.

7 MR. FARVER: Now, I believe that's
8 what prompted the finding to begin with.

9 DR. BUCHANAN: Correct.

10 MR. FARVER: And when you work
11 through NIOSH's response it comes down to it's
12 just the way that the data was manipulated
13 through the NDRP process. And I know you
14 understand that better than I do.

15 DR. BUCHANAN: Yes. The NDRP
16 process, the way I understand it, it's been a
17 number of years since I went through that in
18 great detail. However, the NDRP process can
19 add photon dose if they reread the film. They
20 reread all the NTA film and some of the gamma
21 film, and if the gamma film they read results
22 in a greater recorded dose than the original

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1 records, then they add that in. However, and I
2 think I'm probably the one that brought up
3 this finding because I worked on quite a few
4 of these Rocky Flats cases, and there was
5 several of them where there was no 30 to 250
6 KeV photon dose assigned, and I did not know
7 why when they had a recorded dose.

8 Now, they did have some -- if they
9 worked in a plutonium facility they did have
10 less than 30 KeV photons assigned, and if I
11 recall right in several cases they had less
12 than 30 KeV photons, and also some greater
13 than 250, but none 30 to 250. And according to
14 the TBD, I believe that it gives a certain
15 percent that should be 30 to 50 KeV.

16 So, the NDRP process, if the
17 workbook is removing the photon dose for some
18 reason, then that's a problem, that's an issue
19 that we need to address.

20 MR. SHARFI: This is Mutty Sharfi.
21 I had to go back to the raw claim to look at
22 this, the response. I think I figured out why

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1 in this particular claim you see what you're
2 seeing. I think we're confusing the reported
3 10 dose which includes the neutron and gamma
4 dose. It's a sum dose versus the NDRP dose
5 which has them broken out. So, what happens is
6 when you remove the neutron dose from the pen
7 dose you actually -- outside a couple of
8 places you get some very small gamma doses.
9 Most of it's missed dose so what you see is in
10 the assignment almost all the 30 to 50 KeV
11 photon dose is assigned as missed, and then
12 the actual -- most of the recorded pen dose is
13 actually neutron dose.

14 DR. BUCHANAN: So, does that
15 explain -- I don't know if this case had it,
16 but some cases would have a greater than 250
17 and a less than 30.

18 MR. SHARFI: Sure, you could have
19 some gamma dose, but in this case all the --
20 in those early years, the individual gamma
21 dose was all basically reported as zeroes with
22 positive NDRP dose. And when you sum them up

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1 you get the pen dose, so really in the early
2 years what you have is a lot of missed dose
3 for gamma and assigned neutron dose. That's, I
4 would say, pretty rare in NDRP in a Rocky
5 Flats claim, but that just happens to be
6 what's in this, that they had the cycle data
7 for the gamma. The pen dose is just quarterly
8 summary dose, so what you end up having is a
9 lot of gamma missed dose and positive ND -- or
10 neutron dose for these early years for this
11 particular claim.

12 CHAIRMAN KOTELCHUCK: So, the SC&A
13 response which really -- am I correct that the
14 employee had recorded photon deep dose and
15 neutron dose totaling 5.5 rem in the matrix?
16 It says photon deep dose.

17 MR. STIVER: Yes, I think they're
18 summing up the quarterly pen dose.

19 CHAIRMAN KOTELCHUCK: Yes, which is
20 neutrons and photons.

21 MR. STIVER: Correct.

22 CHAIRMAN KOTELCHUCK: Okay. It just

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1 doesn't say it in the matrix. But in the SC&A
2 part of the response --

3 MR. STIVER: And it may have not
4 been intuitively obvious to them. I don't
5 know.

6 CHAIRMAN KOTELCHUCK: Okay. No, I'm
7 comfortable with what you say. I just -- it
8 says something different in the matrix.

9 MEMBER MUNN: But the suggested
10 action is to close it and certainly from the
11 Subcommittee's point of view, I can't see any
12 reason why not to.

13 CHAIRMAN KOTELCHUCK: Absolutely. I
14 just -- I asked the SC&A people. You may want
15 to change that. It's unclear what you wrote,
16 in my opinion. But there's no issue about
17 closing it because it's --

18 MEMBER MUNN: It's been recommended
19 by the contractor.

20 CHAIRMAN KOTELCHUCK: Yes. No, no,
21 that's fine. Okay. Let's go on, folks.

22 DR. BUCHANAN: Can I ask just one

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1 clarifying question for future audits? So,
2 what you're saying is that the -- that you can
3 have positive penetrating dose and part of
4 that assigned as missed photon dose in 30 to
5 50 KeV, but you can have assigned greater than
6 to 50 KeV measured dose in the same instance.

7 MR. SHARFI: I'm saying that the
8 pen dose column that they report as quarterly
9 values could be positive, and depending on how
10 the neutron and photon break down, you could
11 have no 30 to 50 KeV, or the dose that you
12 would calculate would be less than the LOD,
13 therefore, we define it as missed.

14 DR. BUCHANAN: Okay, thank you.

15 MR. SHARFI: Does that answer your
16 question?

17 DR. BUCHANAN: Yes.

18 CHAIRMAN KOTELCHUCK: Okay, closed.
19 We'll go on.

20 MR. FARVER: Okay. And I'll work on
21 the wording at the --

22 CHAIRMAN KOTELCHUCK: Which is?

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1 MR. FARVER: In the workbook it has
2 that listed as final dose. In other words, if
3 you go to the yearly tabs you'll see original
4 dose, you'll see NDRP dose, and then you'll
5 see final dose. And the final dose numbers are
6 the ones that I tabulated to come up with that
7 5.538, I believe.

8 CHAIRMAN KOTELCHUCK: Okay.

9 MR. FARVER: I will make those
10 changes.

11 CHAIRMAN KOTELCHUCK: Appreciate
12 it. Alright, scrolling down, 274.2.

13 MR. FARVER: I'm trying to update.

14 MEMBER MUNN: It looks like it's
15 been adequately answered.

16 CHAIRMAN KOTELCHUCK: I think it
17 has been. In fact, I'm not sure why we're even
18 talking about this --

19 MEMBER MUNN: Because we have to
20 look at it as all -- as a Subcommittee need to
21 agree that SC&A's closure is acceptable.

22 CHAIRMAN KOTELCHUCK: Got it. Okay.

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1 So, good.

2 MR. FARVER: Right. This is where
3 that -- the findings went to NIOSH. NIOSH
4 responded. We read their responses. If we have
5 questions about it we would either go back and
6 ask them, or we would put our recommendation.
7 You know, this is our streamline process.

8 CHAIRMAN KOTELCHUCK: Okay.

9 MR. FARVER: I don't see a lot of
10 these where we recommend closing it because we
11 went through and reviewed their responses in
12 detail, and we understand what they did now.

13 MEMBER MUNN: Yes, we know --

14 CHAIRMAN KOTELCHUCK: Good, good,
15 okay. And it's the Committee's response --
16 Subcommittee's responsibility to approve --

17 MEMBER MUNN: We need to fill in
18 the final column saying we agree with the
19 recommendation --

20 CHAIRMAN KOTELCHUCK: Yes.

21 MR. FARVER: There may be some
22 findings where we don't agree with what they

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1 said, and we probably are never going to agree
2 with them. And that's when we'll come back to
3 the Subcommittee and say well, this is what we
4 think, this is what NIOSH thinks.

5 CHAIRMAN KOTELCHUCK: Right.

6 MR. FARVER: We disagree.

7 MEMBER MUNN: Okay.

8 CHAIRMAN KOTELCHUCK: 274.2, close?

9 MEMBER MUNN: Correct.

10 MR. STIVER: Does the Board agree
11 then that this can be closed out?

12 MEMBER MUNN: Yes.

13 CHAIRMAN KOTELCHUCK: Yes.

14 MR. FARVER: Two is closed,
15 observation.

16 CHAIRMAN KOTELCHUCK: While we --

17 MEMBER MUNN: We don't need to do
18 that.

19 CHAIRMAN KOTELCHUCK: Right.

20 MEMBER MUNN: No action is
21 necessary. Takes us down to 275.1.
22 Recommendation from the contractor to close it

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1 based on NIOSH response to the finding.

2 MR. FARVER: Correct. This was a QA
3 issue. Basically, they did not use the correct
4 revision of the document of the environmental
5 dose.

6 MEMBER MUNN: The Subcommittee
7 accepts the SC&A recommendation to close.

8 CHAIRMAN KOTELCHUCK: Yes.

9 MR. KATZ: Yes.

10 MR. FARVER: And the same for
11 275.2, part of the environmental dose
12 calculation.

13 MEMBER MUNN: For plutonium 39 and
14 40, and americium. Yes, agree with SC&A
15 recommendation to close.

16 CHAIRMAN KOTELCHUCK: Okay, 300.1.

17 MEMBER MUNN: My word, what luck.
18 I'm certain he's not included in the list of
19 30 KeV photon doses. They agreed with the
20 response from NIOSH, so it appears that the
21 Subcommittee can accept SC&A's recommendation
22 to close.

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1 CHAIRMAN KOTELCHUCK: Okay.

2 MEMBER MUNN: Another QA issue.

3 CHAIRMAN KOTELCHUCK: .2?

4 MEMBER MUNN: .2, another
5 recommendation from the contractor. They
6 accept the addition of the photon dose and
7 NIOSH's response is, therefore, correct. Can
8 the Subcommittee accept and close?

9 CHAIRMAN KOTELCHUCK: 301.1.

10 MEMBER MUNN: Same situation.

11 CHAIRMAN KOTELCHUCK: Right.

12 MEMBER MUNN: Subcommittee can
13 recommend -- can accept and close.

14 CHAIRMAN KOTELCHUCK: Sounds good.
15 Okay, 327.1, let's see what's happening.

16 MEMBER MUNN: Photon energies.

17 CHAIRMAN KOTELCHUCK: 327.1. Let's
18 read that.

19 MR. FARVER: Okay. Are we at --
20 this is Doug. We're at 327.1?

21 CHAIRMAN KOTELCHUCK: Yes.

22 MR. FARVER: Okay. Now, I'm not

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1 sure what matrix you're looking at. NIOSH did
2 give a response to this.

3 MR. SIEBERT: Doug, this is the --

4 MEMBER MUNN: That's the one I'm
5 looking at but I haven't really --

6 MR. SIEBERT: That is NIOSH's
7 response.

8 MR. FARVER: It is?

9 MR. SIEBERT: Yes.

10 MR. FARVER: Okay, so you can see
11 their response with the fractions in Table 6-
12 10. Okay. Basically, the finding came from the
13 fact that Table 6-10 of the Rocky Flats TBD
14 says, "For plutonium facilities you assign, I
15 believe it's 25 percent to less than 30 KeV,
16 and 75 percent to the 30 to 250 KeV.

17 Okay. But that's not what they
18 did. They said they assigned 100 percent to
19 the less than 30 KeV, and 100 percent to the
20 30 to 250 KeV photons. Okay. So, that's the
21 differences that we're talking about here.

22 After rereading their response

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1 several times and going back to the workbooks
2 and the TBD, I think I understand what they
3 did, although it's -- I don't think it's very
4 clear in the TBD. I don't know. Scott, Grady,
5 any input on that? Do you feel the TBD is
6 clear? I mean, you could understand how we
7 would see where it's 25/75 because that's what
8 the table says in the TBD. Any thoughts on
9 that, Scott?

10 MR. SIEBERT: Well, this is Scott.
11 I'm talking to Muttu. He is going to talk on
12 this. I think he's having a difficulty being
13 heard.

14 MR. SHARFI: Can you hear me now?

15 CHAIRMAN KOTELCHUCK: Yes, I can
16 hear you.

17 MR. SHARFI: Alright. I guess if
18 the question is [is] it clear for us, I would
19 say yes, but I guess that doesn't really help
20 you. The problem is the two sections are
21 really covering -- one is covering generic
22 fields and the other one is covering how you

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1 assess Rocky Flats. And I think maybe some of
2 the confusion is that Rocky Flats is very
3 unique in the sense of the algorithms they
4 have for their dosimeters is how most sites
5 were just straight up gamma dose is gamma
6 dose, or they have these algorithms that break
7 up their 30 to 50, greater than 250, and their
8 shallow dose. There are all these convoluted
9 algorithms that you use, so the 25/75 split is
10 true if you're talking about generic fields,
11 but when you get to the dosimetry you have to
12 apply it in a different way. So, if you do a
13 lot of the Rocky Flats dosimetry, then I think
14 it makes sense to you, but if you're probably
15 looking from the outside then it's probably
16 more confusing.

17 MR. FARVER: Well, I agree with
18 you, Mutty, because after rereading this and
19 rereading the documents, that's what I came up
20 with, that it's not a Savannah River where you
21 can just take it and multiply 25, 75, and go
22 with your dose like that.

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1 MR. SHARFI: Correct.

2 MR. FARVER: And I understand what
3 you're saying, but I'm trying to figure out a
4 way to make it a little bit more clear.

5 MR. SHARFI: That's hard given the
6 intricacies of Rocky Flats.

7 MR. FARVER: I'm trying to pull up
8 the TBD real quick and see -- I thought that
9 maybe if you just named that table different,
10 6-10, to make it clear that it's not like a
11 Savannah River. I mean, you know how they do
12 things at the Savannah River where you have
13 the table of the energy distributions.

14 MR. SHARFI: Correct.

15 MR. FARVER: Right. And Rocky Flats
16 is not like that, I agree. But how do --

17 MR. SHARFI: It's -- I mean, we
18 could look at it the next time we revise the
19 section to try to add some wording. I don't
20 know exactly what I'd tell you right now that
21 I'd add, but --

22 MR. FARVER: I don't know either,

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1 but that is the best I came up with, was
2 trying to add some wording around the table to
3 make it clear that it's not where you can just
4 multiply it by 25 and 75, or 100 percent for
5 the uranium, or so forth. It's different.

6 MR. SHARFI: Yes, then maybe we can
7 add some wording like generic gamma field
8 distributions.

9 MR. FARVER: Right, because right
10 now it says default photon energy
11 distributions, and I read that and I think
12 back to like Savannah River tables.

13 MR. SHARFI: And it's accurate
14 because they are photon energy distributions
15 but you think of photons in the sense of
16 dosimeters.

17 MR. FARVER: Yes, and that's not
18 what this is.

19 MR. SHARFI: It's more generic.

20 MR. FARVER: Right.

21 DR. BUCHANAN: This is Ron. So, you
22 would not use that in dose reconstruction?

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1 This is just -- you would not use a generic
2 gamma 25/75 in dose reconstruction?

3 MR. SHARFI: If we're basing it off
4 your actual dosimetry, no, because they have
5 special algorithms to devise the high energy
6 and low energy gamma, so you have to go
7 through that process for the dosimeters. If I
8 was actually using field monitoring data then,
9 yes, I would use the 25/75 split.

10 DR. BUCHANAN: Okay.

11 MR. SHARFI: So, I'm not saying you
12 wouldn't use it, just in most cases we're
13 using dosimetry data so you wouldn't -- so you
14 don't need it. But if there arose a situation
15 that we would be using generic gamma data
16 then, yes, we would apply that kind of split.

17 DR. BUCHANAN: Like a radiation
18 survey instrument kind of thing?

19 MR. SHARFI: Yes, exactly.

20 DR. BUCHANAN: Something to that C-
21 because I know I brought this -- this is
22 probably my finding. So, yes, if it was worded

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1 that survey field energy distribution or
2 something as opposed to dosimetry data, then
3 that would be -- help clarify it.

4 MR. FARVER: I don't think we can
5 fix this but how about if we put down that
6 NIOSH will consider adding --

7 MR. SHARFI: Maybe we can clarify
8 that table.

9 MR. FARVER: Yes, adding
10 clarification to the section containing Table
11 6.10, I believe, or 6-10. Would that be
12 acceptable? We're just going to -- you're
13 going to consider adding wording to clarify
14 that Table 6-10 applies to for generic
15 radiation --

16 MR. SHARFI: Survey data would be -

17 MR. FARVER: Survey data. It's
18 applicable to survey data.

19 MR. SHARFI: I don't have a problem
20 with the next revision. I don't -- I can't
21 tell you when we plan on revising --

22 CHAIRMAN KOTELCHUCK: Sounds okay.

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1 MEMBER MUNN: But that's probably
2 the best we can do under the circumstances. It
3 looks like you have a technical Catch 22
4 there.

5 MR. FARVER: I mean, when I first
6 read that, I was thinking back to the Savannah
7 River table where you just take the deep dose
8 and then you multiply it by 25 percent to get
9 the shallow dose and so forth. And that's not
10 the case here, that's a different table.

11 MEMBER MUNN: Yes, different
12 application at this site. But as far as I'm
13 concerned, I can't see any other solution
14 other than to accept what's been proposed,
15 that NIOSH will consider attempting clarifying
16 language in the next revision of the document.
17 I can't see what else can be done. It simply
18 needs clarification. It isn't good or bad, it
19 just requires clarification if it can be done.
20 Anyone else have any better ideas?

21 CHAIRMAN KOTELCHUCK: No, that's
22 fine.

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1 MEMBER MUNN: It seems the
2 appropriate solution.

3 CHAIRMAN KOTELCHUCK: Others?

4 MEMBER CLAWSON: Well, I was just
5 wondering where this is kind of in NIOSH, is
6 this -- is that okay for them? I think I heard
7 Muttu say okay, but I just wanted to make
8 sure.

9 MR. CALHOUN: This is Grady. I
10 mean, you know, the fact of the matter is we
11 certainly will consider, you know, any change
12 when we revise the TBD. That's an easy one to
13 commit to because it's just considering --

14 MEMBER CLAWSON: And I understand
15 that. I just didn't want us to end up putting
16 words in your mouth, we didn't understand the
17 -- if it would be hard or not.

18 MR. CALHOUN: No, it's something
19 we'll consider, and it sounds like a
20 reasonable idea.

21 CHAIRMAN KOTELCHUCK: Okay. Then
22 let's go on.

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1 MEMBER MUNN: Can we close it?

2 CHAIRMAN KOTELCHUCK: Sounds like
3 it.

4 MEMBER MUNN: Alright.

5 MR. FARVER: Yes, we'll close this.
6 I'm just working on some words.

7 CHAIRMAN KOTELCHUCK: Okay. We'll
8 take a moment, that's fine.

9 MR. FARVER: Okay.

10 CHAIRMAN KOTELCHUCK: 327.2.

11 MEMBER MUNN: We have a
12 recommendation from SC&A.

13 CHAIRMAN KOTELCHUCK: I'd like to
14 read that SC&A response. I'm finding it a
15 little confusing.

16 MEMBER MUNN: Okay.

17 CHAIRMAN KOTELCHUCK: It says there
18 was -- this was -- this assignment of photon -
19 - coworker photon was done incorrectly and
20 underestimated. They're concerned about other
21 cases, but this is not a recurring problem.
22 Well, what about this case itself, or did

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1 NIOSH say that it is -- it has corrected or is
2 correcting -- SC&A is correct -- I'm sorry. I
3 see what it is. SC&A is correct and that is
4 being changed. There's no other -- so, if it's
5 changed, then there's no other cases where
6 this problem has recurred.

7 MR. FARVER: We have not seen it.

8 CHAIRMAN KOTELCHUCK: Okay, that's
9 fine. I'm ready to close.

10 MEMBER MUNN: Okay, then the
11 Subcommittee --

12 CHAIRMAN KOTELCHUCK: Any other
13 Subcommittee Members? We're moving along
14 rapidly, and people should feel free to state
15 their views or concerns, if there are any.
16 Okay, 327.3. Alright.

17 MR. FARVER: Okay, give me a minute
18 until I call up this case.

19 CHAIRMAN KOTELCHUCK: Sure.

20 MR. FARVER: 327.

21 MEMBER MUNN: You put it in our
22 laps. So, the contractor is asking the

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1 Subcommittee have NIOSH -- request that NIOSH
2 formalize practice in their policy statement.

3 MR. FARVER: Okay. For this case,
4 they used the frequency for medical x-rays
5 that is in the TBD. They did not apply actual
6 x-ray.

7 MEMBER MUNN: Their response says
8 they do one or the other, but not both.

9 MR. FARVER: Right.

10 MR. SIEBERT: Doug, I have a little
11 more information if you'd like.

12 MR. FARVER: Yes, please.

13 MR. SIEBERT: This is Scott.
14 Actually, we sent a response to this and
15 another -- for 327.1, as well, back in March.
16 Since we didn't discuss this matrix I'm
17 guessing you just didn't transfer those over.
18 It's not a huge deal. We have a response that
19 we put in in March that addresses this. First
20 of all, this is an older case and once again,
21 now the present process is we will use actual
22 x-rays when they are available. We will not do

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1 the overestimating assumptions for x-rays any
2 more, and that is policy. So, we already have
3 addressed that, and I believe we've talked
4 about that in this Subcommittee before.

5 Another portion of this is Rocky
6 Flats has begun, I believe in 2009, they
7 started giving us all the film badge -- not
8 film badge, I'm sorry, film -- the x-ray films
9 in their responses. They were not doing that
10 previous to 2009 which is why we had to do
11 some overestimating in the previous cases.

12 Now that we are getting actual x-
13 rays from Rocky Flats, we always use the
14 actual x-ray data that we have in the claims.
15 And one last portion to go with that is that
16 is written in the current Rocky Flats dose
17 reconstructor guidance document, so it is
18 documented that we do it that way, as well.

19 MEMBER MUNN: Which, essentially,
20 closes the issue, but we just don't have it in
21 the matrix yet. Can we make sure that that
22 response --

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1 MR. FARVER: Yes, and I'm just --

2 MEMBER MUNN: -- from March gets
3 in there?

4 MR. FARVER: I didn't find it, but
5 I imagine it's on the O: drive. I usually try
6 to get everything downloaded so I have that,
7 but I didn't see it from my March meeting.

8 MR. SIEBERT: It was sent March
9 20th, but we can send it to you again. That's
10 not a problem.

11 MR. FARVER: Well, is it something
12 that was on the -- that you put on the O:
13 drive and -- or was it an email?

14 MR. SIEBERT: Grady sent it out, so
15 I believe it was an email.

16 MR. FARVER: Okay. Yes, if you
17 would resend that, and then I will add it to
18 this matrix. Do we want to close it now or
19 wait for the response to be added?

20 MEMBER MUNN: I think it would be
21 nice for us to get a chance to read the
22 response rather than just hearing it. It

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1 sounds fine to me, but in terms of what goes
2 on the matrix, it's probably a good idea to
3 see it before we --

4 MR. FARVER: I agree. We will keep
5 this open pending addition of a previous
6 response.

7 MEMBER MUNN: Yes. I think that's
8 the only thing to do.

9 CHAIRMAN KOTELCHUCK: Okay.

10 MEMBER MUNN: Just to read the
11 response and get it inserted properly.

12 CHAIRMAN KOTELCHUCK: That's 327.3,
13 are we on now?

14 MEMBER MUNN: Correct.

15 CHAIRMAN KOTELCHUCK: Okay. Open
16 for response. Okay, good. Let's go to number
17 what, 327.4?

18 MEMBER MUNN: 4, yes.

19 CHAIRMAN KOTELCHUCK: Uranium.

20 MEMBER MUNN: Another QA finding to
21 which SC&A accepts the NIOSH explanation and
22 recommends closing.

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1 MR. FARVER: Yes. I mean, it was a
2 boo-boo.

3 MEMBER MUNN: Yes.

4 CHAIRMAN KOTELCHUCK: Okay.

5 MEMBER MUNN: Can the Subcommittee
6 accept that recommendation and close the
7 finding?

8 CHAIRMAN KOTELCHUCK: Sounds like
9 it.

10 MEMBER MUNN: Good.

11 MEMBER CLAWSON: Yes. This is Brad.

12 MEMBER MUNN: Oh, dear. Let's not
13 get into crystal ball on observation one.

14 CHAIRMAN KOTELCHUCK: Are we
15 talking about LANL? Have we finished Rocky
16 Flats?

17 MEMBER MUNN: Well, it looks as
18 though we're starting out with 245.1, the 11th
19 Set, and we're into LANL.

20 CHAIRMAN KOTELCHUCK: Wow, fine.
21 We're at LANL, fine. Really what's happening
22 is -- and this was not the case in recent

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1 meetings, was that you folks have talked
2 together, SC&A and NIOSH, and pretty well --

3 MEMBER MUNN: Well, that's a part
4 of it. And the other large portion of it,
5 also, is that many of the responses to the
6 matrix just have not been able to get to the
7 surface. We haven't had enough time during the
8 meetings to get this far --

9 CHAIRMAN KOTELCHUCK: Right.

10 MEMBER MUNN: -- into this
11 particular set.

12 CHAIRMAN KOTELCHUCK: That's good,
13 because I read that we had 200 findings to go
14 over according to the tables.

15 MEMBER MUNN: Well, yes.

16 CHAIRMAN KOTELCHUCK: But we're
17 moving right along, so this is fine.

18 MEMBER MUNN: Well, many of them
19 have been looked at and there are responses.
20 We just have been time constrained to how many
21 we can handle each --

22 CHAIRMAN KOTELCHUCK: Fine, all is

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1 well. Let's -- now, as we start LANL, it's
2 3:51. We did have a break before until a
3 quarter of 3:00 Eastern Time, so should we
4 continue on, folks?

5 MEMBER MUNN: I think we're good to
6 keep going, unless somebody has a need.

7 CHAIRMAN KOTELCHUCK: Let's go.
8 Okay, very good. 245.1.

9 MR. FARVER: Okay, 245.1.

10 MEMBER MUNN: A QA issue.

11 MR. FARVER: It is, and ambient
12 doses. Let me find it.

13 MEMBER MUNN: Can the Subcommittee
14 accept the SC&A recommendation that this is a
15 quality concern and can close this finding?

16 CHAIRMAN KOTELCHUCK: I can't see
17 the bottom. Okay, fine, thank you. Just
18 finishing up the NIOSH.

19 MR. FARVER: This is Doug. One of
20 the good things I like about when we have a
21 chance to get responses from NIOSH and then
22 look at them is that both parties can take

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1 their time and go through the case, and look
2 at things in detail because I know I went and
3 I looked at this case in detail, and I can't
4 remember it right now.

5 MEMBER MUNN: Well, so much time
6 has passed.

7 CHAIRMAN KOTELCHUCK: Right.

8 MEMBER MUNN: We've had most of
9 this matrix filled in for --

10 MR. FARVER: Yes.

11 MEMBER MUNN: -- a number of
12 months.

13 CHAIRMAN KOTELCHUCK: Long time.

14 MR. FARVER: And, as you can see,
15 these explanations get rather complicated.

16 MEMBER MUNN: Yes, they are.

17 CHAIRMAN KOTELCHUCK: Yes. And it's
18 not easy to for us on the Subcommittee, we
19 really can't get into any depth on them for
20 ourselves. On the other hand, we can do a
21 brief look at what you said, and I feel
22 comfortable with it. And I feel like we can

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1 close this.

2 MEMBER MUNN: I certainly do, I
3 agree.

4 MR. FARVER: Okay.

5 MEMBER MUNN: Any argument to the
6 contrary?

7 CHAIRMAN KOTELCHUCK: Okay.

8 MEMBER MUNN: Good, closed.

9 MR. FARVER: 245.2.

10 MEMBER MUNN: Oh, this brings us
11 back to -- yes, we had quite a discussion at
12 our last meeting about the tools. And we -- I
13 had assumed that we might revisit that again
14 this time, but I don't know what's transpired
15 in the wings in the meantime, whether that
16 discussion has continued off line with respect
17 to the verification and validation process for
18 the tools, or not. Has any of that taken
19 place, or is that an item which we need to
20 specifically put on our agenda as a discrete
21 action for the Subcommittee? I don't know the
22 answer to that.

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1 MR. FARVER: Well, it looks like
2 the workbook they used had incorrect values.
3 It appears as though that's been corrected in
4 a revision to the workbook, so that error has
5 been corrected.

6 MEMBER MUNN: But that doesn't meet
7 the standard of concern that was the topic of
8 our discussions earlier.

9 MR. FARVER: Then why wasn't it
10 caught the first time before the workbook was
11 released?

12 MEMBER MUNN: Yes, as in are the
13 tools and validation process really up to
14 snuff? Are they the quality that we --

15 MR. FARVER: I think that
16 commission is still out there. I don't think
17 that this answers that question.

18 MR. STIVER: This is John. I can
19 second that. It's one of the things we
20 discussed in one of the Subcommittee meetings,
21 and it's something that should probably be
22 looked at. And to the best of my knowledge, I

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1 don't think it has been at this point.

2 MEMBER MUNN: I'm not at all sure
3 that --

4 MR. STIVER: Maybe Scott or Grady
5 could weigh in on that.

6 MEMBER MUNN: Yes, I'm not sure we
7 were clear in terms of our direction. I
8 remember we did talk about it, but I'm not
9 sure whether definite action was outlined. If
10 not, then the Subcommittee certainly needs to
11 do that now, I think.

12 MR. FARVER: Yes, I don't recall
13 direct actions being given to or requested of
14 anyone. I just remember there being a general
15 discussion.

16 MR. SIEBERT: I think it was more a
17 matter of resources, availability. There was
18 just so much else going on at the time that I
19 believe -- I don't want to put words into
20 Stu's mouth, but as I recall it, it just --
21 they were going to try to get to it when they
22 were able to.

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1 MR. CALHOUN: I don't -- this is
2 Grady, and I don't remember taking home a go
3 do.

4 MEMBER MUNN: Yes, I don't think
5 there was one. That was my concern, that if
6 this is an issue that's of significant
7 magnitude that the Subcommittee really should
8 be pondering it, or giving directions, then we
9 need to address it in a more specific manner
10 than we have so far. But if it's one of those
11 we'll get to it when we get to it kind of
12 things, then there's no point for us to
13 continue to revisit it. I guess I'm at a loss
14 to know exactly what our action needs to be.

15 CHAIRMAN KOTELCHUCK: Are you
16 suggesting a report to the Committee to be
17 read by Committee Members and then come back
18 for discussion next time?

19 MEMBER MUNN: Well, I think it's
20 incumbent on us to try to identify whether we
21 -- I, for one, would like to re-review it. I
22 very quickly went over our transcript from

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1 last time, but we spent the first few minutes
2 of our meeting last time were devoted to some
3 discussion of the tools, but I don't remember
4 that we went away with any feeling about how
5 that should be addressed, or was going to be
6 addressed. It seemed --

7 CHAIRMAN KOTELCHUCK: Right.

8 MR. SIEBERT: Wanda, I'm sorry,
9 this is Scott. I just want to point out,
10 remember this finding and the response are
11 old. They're basically from -- I think we did
12 this first back and forth in the beginning of
13 2012.

14 MEMBER MUNN: Yes.

15 MR. SIEBERT: And since that time,
16 if you remember back in, I believe it was July
17 or August of 2012, we did have that
18 presentation that I gave you guys on our whole
19 quality process and how we work through the
20 various portions of our quality process.

21 MEMBER MUNN: I do remember that.

22 CHAIRMAN KOTELCHUCK: Yes.

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1 MEMBER MUNN: I don't remember
2 applying that to this issue.

3 MR. SIEBERT: Well, I believe --

4 MEMBER MUNN: My brain was in two
5 different directions at the time.

6 MR. SIEBERT: I believe we included
7 in your discussion of tools along with the
8 rest of the quality issue, because I believe
9 Keith also covered some of the processes we
10 use, and the procedures that we use for V&V of
11 the tools, and the tracking of them in our
12 databases on when they get updated and things
13 like that.

14 We did discuss all that stuff
15 about -- gosh, about a year ago, so I can --
16 I'm not surprised it's not uppermost in
17 everybody's mind, but at that point I'm not
18 going to say everybody was happy with what the
19 finishing product was, but I know -- as far as
20 I know, there were no additional go dos out of
21 that after the information was presented to
22 the Subcommittee --

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1 MEMBER MUNN: No.

2 CHAIRMAN KOTELCHUCK: No, but I
3 don't think it was presented to us. It was
4 presented as informational, and it seemed
5 okay, but I don't recall that we were asked to
6 make a decision. If we are asked to make a
7 decision, then we need to revisit it and think
8 about it. I can't make a decision based on
9 this matrix, it seems to me.

10 MEMBER MUNN: Agreed. And I agree,
11 also, that Scott's presentation was very well
12 received. Yes, I remember.

13 CHAIRMAN KOTELCHUCK: Yes. No, it
14 was -- I learned a lot.

15 MEMBER MUNN: Yes, it was -- and I
16 recall that -- I think your memory is correct,
17 that everyone was pleased with what was there.

18 CHAIRMAN KOTELCHUCK: Yes.

19 MEMBER MUNN: But, certainly, as
20 David says, I wasn't in any way applying it
21 specifically to a finding.

22 CHAIRMAN KOTELCHUCK: Yes.

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1 MEMBER MUNN: And perhaps I'll let
2 the Chair decide which way to go with this.

3 CHAIRMAN KOTELCHUCK: Right. I
4 think -- in fact, what we were pleased with
5 was the overall report.

6 MEMBER MUNN: Yes.

7 CHAIRMAN KOTELCHUCK: But we
8 weren't asked to think about should we change
9 some of the details, are some of the details
10 problematic. But now at least one of them is,
11 and I feel that somebody has to write a -- has
12 to join the issue, and that suggests a report
13 by somebody, a brief report, maybe, but a
14 report on the issue.

15 MR. STIVER: This is John Stiver,
16 if I could weigh in for just a minute. It's
17 all coming back to me now. We all were pleased
18 with the -- with what Scott put together. I
19 think one of the things that was still left
20 out there was that well, could we possibly see
21 the results of maybe an audit trail for one of
22 these workbooks. I think the question was if

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1 this is going on and we have this V&V process,
2 why do we keep seeing these errors of the type
3 that were coming up in our DRIs. So, I guess
4 as a follow on maybe something along those
5 lines, maybe --

6 CHAIRMAN KOTELCHUCK: Yes.

7 MR. STIVER: What is the actual
8 process, and the record keeping, and so forth,
9 and document control goes into it. Scott's
10 report covered some of that but we never saw
11 any actual examples of it.

12 CHAIRMAN KOTELCHUCK: Let me ask,
13 which -- for which group is it appropriate to
14 report about this? Maybe Wanda, or you might
15 suggest, or other Members of the Subcommittee.
16 I'm not sure who to ask, if you will.

17 MEMBER MUNN: Well, it looks as
18 though it's going to have to be a job that at
19 some point NIOSH will need to undertake if
20 we're going to respond to this particular kind
21 of concern. And if we're going to try to
22 resolve it in a Subcommittee then you're

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1 right, we will have to have some additional
2 report probably incorporating, or at least
3 starting from the point of what we've already
4 been presented with, but which I doubt is
5 foremost in any of our minds.

6 CHAIRMAN KOTELCHUCK: Right.

7 MEMBER MUNN: So, I hope if the
8 presentation still -- is it available to us in
9 hard copy, I guess, so that we can refresh our
10 memories, and what kind of additional
11 information should be incorporated in a report
12 that might --

13 MR. KATZ: Well, what I could
14 suggest, why don't -- if someone can point me
15 to -- I can go digging, but it would be
16 helpful if someone knows, Scott maybe, when
17 that presentation was given. Why don't I just
18 excerpt the presentation about the workbooks.
19 The Subcommittee can look at that
20 presentation, what was actually said, and then
21 you guys can decide what it is more you want
22 to know about V&V process with respect to

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1 workbooks.

2 MEMBER MUNN: That would be
3 helpful.

4 CHAIRMAN KOTELCHUCK: That sounds
5 good. That's -- in other words, you're going
6 to look in, for example, the transcript.

7 MR. KATZ: So, we'll just pull the
8 -- I'll pull the transcript. I'll send it to
9 the Subcommittee. You can see exactly what
10 discussion you already had on V&V of
11 workbooks, and what was presented to you. And
12 then you can decide if there's more you want
13 to know.

14 MEMBER MUNN: That would be very
15 helpful to refresh --

16 CHAIRMAN KOTELCHUCK: That's fine.

17 MR. KATZ: Okay.

18 MEMBER MUNN: -- our memories.

19 CHAIRMAN KOTELCHUCK: And how do we
20 -- we're going to get it, we're going to read
21 it.

22 MR. KATZ: Right.

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1 CHAIRMAN KOTELCHUCK: Then are we -
2 - and then we'll have a discussion at the next
3 meeting?

4 MEMBER MUNN: Yes.

5 MR. KATZ: Right, right. I mean,
6 you can email each other in between before you
7 get to the meeting about ideas about what you
8 might like to know that you don't know from
9 the transcript, so as far as what you might
10 want to be asking NIOSH to explain more fully.

11 CHAIRMAN KOTELCHUCK: Okay. So,
12 people will get emails from me, Wanda,
13 whomever --

14 MR. KATZ: Yes.

15 CHAIRMAN KOTELCHUCK: -- after we
16 read the transcript, and we'll have a little
17 Committee discussion on the internet.

18 MR. KATZ: Sure. So, Scott, if you
19 have in your records somewhere an easy way of
20 figuring out what date it is when you guys
21 made that presentation, I'll go searching
22 otherwise, but --

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1 CHAIRMAN KOTELCHUCK: We didn't
2 have that many meetings last year.

3 MR. KATZ: We had a few.

4 CHAIRMAN KOTELCHUCK: Well, we had
5 a few, no, no. But it was in the spring time.
6 Right?

7 MR. SIEBERT: August 6th, 2012.

8 MR. KATZ: Okay, good.

9 CHAIRMAN KOTELCHUCK: Thank you.

10 MR. KATZ: August 6th, 2012. I'll
11 excerpt the relevant portion and send it to
12 all of you.

13 CHAIRMAN KOTELCHUCK: Excellent.

14 MR. STIVER: Actually, this is John
15 Stiver. I just found a document from August
16 6th, 2012.

17 MEMBER MUNN: Very good.

18 MR. STIVER: ORAU team dose
19 reconstruction quality assurance/quality
20 control program.

21 MEMBER MUNN: Excellent, yes.

22 MR. STIVER: This isn't the

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1 presentation, but it's got the overall --

2 CHAIRMAN KOTELCHUCK: Good, let's
3 have that, as well.

4 MR. KATZ: Yes. John, go ahead and
5 send that to me, as well. I'll get the
6 transcript, you send me that, I'll send it
7 around to everybody.

8 CHAIRMAN KOTELCHUCK: That sounds
9 fine.

10 MEMBER MUNN: Thanks.

11 MR. KATZ: Okay.

12 CHAIRMAN KOTELCHUCK: Good.

13 MEMBER MUNN: That'll give us a
14 basis for a meaningful discussion next time.

15 CHAIRMAN KOTELCHUCK: Okay. And
16 that -- with that, I think we can move on,
17 give the people a moment to put their notes
18 together on what we've just decided.

19 MR. FARVER: This is Doug. Now, do
20 you want to close this finding and then put in
21 there that the Committee -- Subcommittee will
22 have a discussion on the work --

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1 CHAIRMAN KOTELCHUCK: No, I don't
2 think this is a closure.

3 MEMBER MUNN: No.

4 MEMBER CLAWSON: No, this is not.

5 MR. KATZ: Well, I mean, just --
6 but I think what Doug is saying is, I mean,
7 the specific workbook for this case, it was
8 closed. Right? I mean, the workbook was
9 corrected?

10 CHAIRMAN KOTELCHUCK: Yes.

11 MR. KATZ: Yes, so, I mean, this is
12 a generic issue now the Subcommittee is
13 looking at, but the case is closed.

14 CHAIRMAN KOTELCHUCK: Got it.

15 MR. KATZ: You've remedied it.

16 CHAIRMAN KOTELCHUCK: Okay. I see
17 what you're seeing.

18 MEMBER CLAWSON: So, what you're
19 saying, Doug, is for this one it's closed, but
20 the issue is not.

21 MR. FARVER: Correct.

22 MEMBER CLAWSON: Okay, I'm sorry.

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1 MEMBER MUNN: Break it out as a
2 broader administrative issue in our next
3 agenda.

4 CHAIRMAN KOTELCHUCK: So, that will
5 be on the upcoming -- the next agenda, that
6 will be an item on the agenda, specific item.

7 MEMBER MUNN: Right.

8 CHAIRMAN KOTELCHUCK: A discussion
9 of the accounting of medical x-ray doses.

10 MEMBER MUNN: No, actually of --

11 MR. KATZ: No, V&V of workbooks.

12 MEMBER MUNN: Verification of
13 review tools --

14 CHAIRMAN KOTELCHUCK: Oh, yes.
15 Right, right, V&V workbooks. Okay, moving
16 along, we are about an hour short of
17 finishing. Can we -- let's just figure --
18 folks, can we just go on for the next hour,
19 or actually 50 minutes?

20 MEMBER MUNN: It's okay with me.

21 CHAIRMAN KOTELCHUCK: Very good.
22 Nobody has to catch --

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1 MR. FARVER: I would like to take a
2 5-minute break, if I could.

3 CHAIRMAN KOTELCHUCK: Fine. Let's
4 take literally a 5-minute break. It's 4:09,
5 get back together at 4:15.

6 MR. KATZ: Yes. Dave, I had an
7 email from John. I don't know if he's still on
8 the line, saying that at 4:00 he had to go.

9 CHAIRMAN KOTELCHUCK: No, I
10 understood that implicitly, but --

11 MR. KATZ: Okay.

12 CHAIRMAN KOTELCHUCK: Fine.

13 MR. KATZ: As long as we don't lose
14 another Board Member, because then we don't
15 have a quorum.

16 CHAIRMAN KOTELCHUCK: Okay. Five
17 minutes, folks, at 4:15, six minutes,
18 actually, 4:15.

19 MEMBER MUNN: Very good.

20 CHAIRMAN KOTELCHUCK: Okay, bye-
21 bye.

22 MEMBER MUNN: Do it.

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1 (Whereupon, the proceedings went
2 off the record at 4:10 p.m., and went back on
3 the record at 4:18 p.m.)

4 MR. SIEBERT: This is Scott. Can I
5 just throw one thing on our discussion about
6 V&V before we go on?

7 CHAIRMAN KOTELCHUCK: Yes.

8 MR. SIEBERT: As I was digging
9 through the break -- because I'm a contractor,
10 I don't take breaks -- I found we also did a
11 follow on presentation about V&V, and other
12 quality concerns as well, in November of 2012,
13 on November 27th. So that's another date for
14 Ted that he may want to go back and look at,
15 as well.

16 MEMBER MUNN: Good.

17 MR. KATZ: Thank you, Scott.

18 MR. SIEBERT: Sure thing. August
19 6th and November 27th.

20 CHAIRMAN KOTELCHUCK: Okay.

21 MR. KATZ: Okay, very good.

22 MEMBER MUNN: So, we're back to

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1 245.3. Right?

2 CHAIRMAN KOTELCHUCK: Yes.

3 MR. FARVER: Okay. Try to take it
4 off mute, that works better.

5 We're at 245.3. Okay. NIOSH used
6 an incorrect U-234 value for their internal
7 dose. It was off by factor of 100. This is
8 one of those values that's contained in the DR
9 guide. It's not in the TBD, it's in the DR
10 guide. And the value that's in the guide was
11 a factor of 100 times low compared to Table 4-
12 30 of the Technical Basis document.

13 So, now this comes down to how do
14 you verify that the information in your DR
15 guides is correct if people are going to
16 follow them instead of follow what they're
17 supposed to follow in the TBD? It's another
18 quality issue, but that's how it came about.
19 It was factor 100 lower than what it was
20 listed in the TBD.

21 MEMBER MUNN: It appears in many
22 ways that this is related to our D&D question

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1 with respect to the quality of the tools that
2 are being used. However, from the
3 Subcommittee's point of view, since we've
4 already broken that issue out as a separate
5 one for administrative decision next time, can
6 the Subcommittee accept the SC&A
7 recommendation that this particular item can
8 be closed?

9 CHAIRMAN KOTELCHUCK: Right. NIOSH
10 has made the correction pointed out by SC&A.
11 Right?

12 MR. SIEBERT: This is Scott. Yeah,
13 that's correct, because it's now covered under
14 the LANL SEC during that time frame and no
15 environmental at all is assigned.

16 CHAIRMAN KOTELCHUCK: Okay, then
17 let's close it.

18 MEMBER MUNN: Yes.

19 CHAIRMAN KOTELCHUCK: Comments,
20 folks? Okay.

21 MR. FARVER: 245.4, germanium-68
22 was not included in the dose calculations. And

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1 there were a few other issues, three issues, I
2 believe. The first one was the Ge-68 was
3 omitted. The second one has to do with the
4 basis for the environmental doses.

5 Apparently, and I don't know if
6 this is still the same now, but at the time
7 LANL's environmental was based on ORNL's
8 environmental dose. So, that was the second
9 concern.

10 And the third concern was there
11 were no calculations showing that the cesium-
12 137 was the most claimant-favorable as opposed
13 to cesium, or strontium, or both. And I know
14 there's been a new TBD issued in, I believe,
15 2013. I do not know if these changes have been
16 made from the DR guideline to the TBD.

17 MR. SIEBERT: I can address them
18 one by one. The germanium dose, that was a
19 dose reconstructor mistake leaving it out. And
20 that is in there and should have been applied
21 and was not, so that was a mistake in this
22 case. So, that is case-specific and we agree

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1 that that was an issue.

2 CHAIRMAN KOTELCHUCK: And is this
3 corrected?

4 MR. SIEBERT: Well, it was correct
5 at the time. It's just the dose reconstructor
6 made a mistake.

7 MEMBER MUNN: Okay.

8 CHAIRMAN KOTELCHUCK: And you
9 corrected the dose reconstructor's mistake.

10 MR. SIEBERT: Well, yeah, we
11 looked at what effect it would have on the
12 claim, and there was no effect on
13 compensability.

14 CHAIRMAN KOTELCHUCK: Okay, fine.
15 You put it in. Fine, okay.

16 MR. SIEBERT: The second one being
17 the ORNL environmental values. We agree that
18 that's not appropriate, which is why there was
19 a LANL SEC and we do not assign environmental
20 at LANL pre-`71, which is this time frame
21 that's addressed. So, that has been corrected
22 as well, because there is no environmental at

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1 LANL during that time frame per the SEC and
2 the TBD.

3 And the third one, give me a
4 second here. This is one where we're talking
5 cesium-137 versus strontium-90. And I believe
6 it's one of those cases where the dose
7 reconstructor just did not include the
8 additional documentation to prove that they
9 looked at both of them, and they assigned
10 cesium because it was more claimant-favorable.
11 I believe that's the case in this one.

12 CHAIRMAN KOTELCHUCK: Yes.

13 MR. SIEBERT: Which we agree these
14 days we would include that type of comparison
15 to verify.

16 CHAIRMAN KOTELCHUCK: Later you
17 checked it out?

18 MR. SIEBERT: And compared, yeah.

19 CHAIRMAN KOTELCHUCK: Okay. So,
20 what's the recommendation?

21 MR. FARVER: And, Scott, if I read
22 this correctly, under your response to the

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1 first item, it says, "After the case was
2 reworked and additional covered conditions
3 were certified, the compensability changed."

4 MR. SIEBERT: Correct.

5 MR. FARVER: So, it went from
6 being non-compensable to compensable?

7 MR. SIEBERT: Not based on this
8 issue, based on the fact that there were
9 additional cancers applied.

10 MR. FARVER: Based on there were
11 additional cancers, yes, I understand that.

12 MR. SIEBERT: Yes, so it's
13 compensable now. There would be no reworking
14 this claim.

15 MR. FARVER: Okay.

16 CHAIRMAN KOTELCHUCK: Okay.

17 MR. SIEBERT: Thank you, Doug,
18 good point.

19 CHAIRMAN KOTELCHUCK: So, that's
20 what needs to be said. Right?

21 MEMBER MUNN: Pretty much.

22 CHAIRMAN KOTELCHUCK: And the --

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1 so, that would close it.

2 MEMBER MUNN: It would, as long as
3 the statements are incorporated correctly.

4 CHAIRMAN KOTELCHUCK: Right. Do
5 we need to see those statements?

6 MEMBER MUNN: I don't think so.

7 CHAIRMAN KOTELCHUCK: I don't
8 think so either. Others?

9 MEMBER MUNN: We've done a good
10 job so far with closing statements.

11 CHAIRMAN KOTELCHUCK: Yes.

12 MEMBER MUNN: Perhaps this is
13 another one of those that can be compiled.

14 CHAIRMAN KOTELCHUCK: Okay. Do
15 others on the line, do you agree?

16 MEMBER CLAWSON: That would be
17 fine with me. This is Brad.

18 CHAIRMAN KOTELCHUCK: Fine. David?

19 MEMBER RICHARDSON: I believe
20 that's fine.

21 CHAIRMAN KOTELCHUCK: Okay, then
22 we're closed. Now, we will -- it's close to

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1 4:30. At a quarter of 5:00, we'll start
2 talking about schedule for the next meeting.

3 MEMBER MUNN: Yes.

4 CHAIRMAN KOTELCHUCK: But let's go
5 ahead, 245.5, recommendation for closure by
6 SC&A.

7 MEMBER MUNN: Can the Subcommittee
8 accept recommendation of SC&A and close this
9 today?

10 CHAIRMAN KOTELCHUCK: I think we
11 can.

12 MR. SIEBERT: Yeah, the short
13 answer was there are a couple of extra cancers
14 mentioned in the CATI that we did not apply
15 because we did not -- DOL did not refer them
16 to us until after this claim was done.

17 MEMBER MUNN: That's fine.

18 CHAIRMAN KOTELCHUCK: Was this a
19 compensated claim?

20 MR. SIEBERT: Yes, it says --
21 yeah, when we reworked it with the additional
22 cancers it was compensated.

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1 CHAIRMAN KOTELCHUCK: Okay. Then
2 I think we can close it.

3 MEMBER MUNN: Yes.

4 CHAIRMAN KOTELCHUCK: Alright,
5 let's go to the next one.

6 MEMBER MUNN: That's the last of
7 the 245 findings.

8 CHAIRMAN KOTELCHUCK: Whoa, how
9 nice.

10 MEMBER MUNN: Takes us down to the
11 13th Set.

12 CHAIRMAN KOTELCHUCK: Boy, this
13 may be a nice place to close if we --

14 MEMBER MUNN: It might be, yeah.

15 CHAIRMAN KOTELCHUCK: Last LANL,
16 320.1.

17 MEMBER MUNN: We have
18 recommendations for closure all the way down
19 on 320, but I haven't read the --

20 CHAIRMAN KOTELCHUCK: Let's look
21 at them. Okay, 320.1, let's take a look at
22 it.

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1 MR. FARVER: 320.1, method used for
2 less than 30 KeV photon dose is not apparent.
3 You can read through their description.
4 Basically, it's an uh-oh, it's a QA error. The
5 shallow dose was incorrectly calculated. Not a
6 big dose value, it's not going to change
7 anything. It's just a QA issue.

8 CHAIRMAN KOTELCHUCK: Right, and
9 the status of the case? It won't change much,
10 but --

11 MR. SIEBERT: This is Scott. It
12 would actually reduce the dose.

13 MR. FARVER: Yeah. And you're
14 looking at just over 30 percent PoC.

15 CHAIRMAN KOTELCHUCK: Okay. It's
16 not going to change anything. Fine. Should
17 we accept closure?

18 MEMBER MUNN: Yes.

19 CHAIRMAN KOTELCHUCK: Okay. 320.2.

20 MR. FARVER: Consistency in
21 assigning unmonitored coworker doses during
22 different years. NIOSH agrees with the

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1 finding. The dose reconstruction assumed the
2 claimant had potential for unmonitored
3 external dose during periods with no reported
4 dosimetry results. Then they go on to talk
5 about modifying the DR guidelines, which the
6 bottom line is when you read through all that,
7 it looks like that those changes should help
8 improve the consistency when they assign
9 unmonitored doses.

10 CHAIRMAN KOTELCHUCK: Okay. I'm
11 getting some the tables -- there we go. Okay.
12 You ask for closure?

13 MR. FARVER: I don't have an
14 alternative. I mean, I'm not sure what else
15 to do. They've made changes, that should
16 help. I don't know that there's anything else
17 this Subcommittee can do.

18 CHAIRMAN KOTELCHUCK: Alright.
19 Well, if we put in the current modifications
20 then I think we have done what we could do.
21 And we should accept the closure.

22 MEMBER MUNN: Agreed.

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1 CHAIRMAN KOTELCHUCK: 320.3.

2 MR. FARVER: 321.3 -- or 320.3.

3 CHAIRMAN KOTELCHUCK: 320.3.

4 MR. FARVER: Number of missed
5 doses for '62 and '67 is incorrect. They
6 forgot a couple of zeroes.

7 MEMBER MUNN: Common human error.

8 CHAIRMAN KOTELCHUCK: Yes,
9 certainly wouldn't affect it.

10 MR. FARVER: No, this would not
11 affect it, but kind of what bothers me about
12 this case is now we're on our third finding
13 for this case, and they look like they're uh-
14 ohs.

15 CHAIRMAN KOTELCHUCK: Yeah, you
16 have been QA -- you've raised QA issues.

17 MEMBER MUNN: For more than one --

18 MEMBER CLAWSON: There's more QA
19 issues on this one dose reconstruction.

20 CHAIRMAN KOTELCHUCK: Yes. That
21 suggests that folks should, on NIOSH's end,
22 should be taking a look at what was done.

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1 MEMBER CLAWSON: Doug, this is
2 Brad. When was this one done? Or Scott,
3 whichever?

4 MR. FARVER: 2008, December of
5 2008.

6 MEMBER CLAWSON: We should have
7 been far enough along with what we've been
8 doing.

9 MEMBER MUNN: Oh, I don't know.
10 Things that were done before 2009 where we
11 didn't have a lot of formulation in place --
12 but that doesn't change the fact that these
13 are outright errors.

14 MR. FARVER: I would have thought
15 that the peer review would have caught some of
16 this.

17 MEMBER MUNN: One would think,
18 wouldn't you? Yes. This seems like an
19 unusual number of uh-ohs.

20 MEMBER CLAWSON: Individually
21 these findings are not that significant,
22 especially dose-wise, but they're just kind of

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1 -- you add them all up and it just kind of
2 points you in the wrong direction.

3 MEMBER MUNN: Yes, tolerances are
4 always a bugaboo when there's more than one or
5 two involved.

6 CHAIRMAN KOTELCHUCK: Right. Maybe
7 we close this with a suggestion that to take a
8 look back at that when it was done, where it
9 was done, who was doing it, make sure that
10 things are okay now. I think they are. I
11 mean, I think we've been doing blind dose
12 reconstructions. They have been consistent.

13 MEMBER MUNN: Yes.

14 CHAIRMAN KOTELCHUCK: Nevertheless
15 -- but this should be closed. From the point
16 of view of our Committee, this should be
17 closed.

18 MEMBER MUNN: Agreed.

19 CHAIRMAN KOTELCHUCK: And I
20 suggest we close it. And we are -- let's see.
21 Did we get to the point that we could finish
22 up LANL? How far are we from the end?

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1 MEMBER MUNN: I think we're almost
2 at the end of 320, anyway, and that's --

3 CHAIRMAN KOTELCHUCK: Yes.

4 MEMBER MUNN: We just have two more
5 of 320.

6 MR. FARVER: 320.4.

7 CHAIRMAN KOTELCHUCK: Okay.

8 MR. FARVER: NIOSH used an MDA
9 value instead of one-half of the MDA value.
10 Okay. This is another uh-oh.

11 CHAIRMAN KOTELCHUCK: Yes, it is
12 an overestimate and therefore claimant-
13 favorable, but we don't want to have mistakes.

14 MEMBER MUNN: One more reason to
15 request NIOSH review this again.

16 CHAIRMAN KOTELCHUCK: Yes.

17 MEMBER MUNN: This particular
18 claim.

19 CHAIRMAN KOTELCHUCK: Well, if
20 it's an overestimate, it's not going to change
21 the outcome.

22 MEMBER MUNN: No, but it's still--

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1 CHAIRMAN KOTELCHUCK: But it
2 should be reviewed for QA.

3 MEMBER MUNN: Yes.

4 CHAIRMAN KOTELCHUCK: Okay.

5 MR. KATZ: Just to be clear, so
6 would you like -- I mean, I gather, because
7 NIOSH is on the line, I gather they don't have
8 a response right now. Do you want them to
9 follow-up and see what was going on with this
10 case, with all these QA?

11 CHAIRMAN KOTELCHUCK: I don't have
12 a suggestion that they report to the
13 Committee. I think the Committee just simply
14 suggests to them that they look at this, and
15 if they deem it that they wish to make a
16 report at a future meeting, that's fine.

17 MR. KATZ: Okay.

18 CHAIRMAN KOTELCHUCK: Because
19 these were without negative consequence in all
20 cases that we've just looked at.

21 MR. KATZ: Right.

22 CHAIRMAN KOTELCHUCK: Okay, 320.5.

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1 MEMBER MUNN: It's more of the
2 same with respect to the uranium bioassay.

3 MR. FARVER: I believe this one is
4 a little --

5 MEMBER MUNN: This one is a little
6 different, yes. This isn't an uh-oh. Yeah,
7 the explanation is a reasonable one.

8 MR. FARVER: They give a good
9 explanation, and really I believe our finding
10 was based on information in the CATI report.

11 MEMBER MUNN: They're always
12 helpful.

13 MR. FARVER: We've talked about
14 that before, information in the CATI report.

15 But they do, they give a good
16 explanation. And this is a good example of a
17 case where once they come back with a good
18 explanation, you can look at that and then go
19 back and look at the CATI report and look at
20 the other documents and say, well, gee, that
21 makes sense.

22 MEMBER MUNN: It makes sense.

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1 MR. FARVER: And that's what we
2 did, and after doing that we suggest closing
3 it.

4 CHAIRMAN KOTELCHUCK: So be it.

5 MEMBER MUNN: I suggest the
6 Subcommittee accept the recommendation.

7 CHAIRMAN KOTELCHUCK: I do.

8 MEMBER MUNN: Yes.

9 MEMBER CLAWSON: This is Brad, I
10 accept it.

11 CHAIRMAN KOTELCHUCK: Okay.

12 MEMBER MUNN: That brings us to a
13 good closing point, the end of that particular
14 claim.

15 CHAIRMAN KOTELCHUCK: Right.
16 Incorrectly assigned, 321.1.

17 MR. FARVER: Are we going to try
18 and make it all the way through?

19 CHAIRMAN KOTELCHUCK: Let's try
20 to, folks. Can we?

21 MEMBER MUNN: I don't know. I
22 don't think you're going to make it.

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1 CHAIRMAN KOTELCHUCK: Okay. Well,
2 nice as it would have been, I don't --

3 MEMBER MUNN: Even though --

4 CHAIRMAN KOTELCHUCK: We don't
5 want to short shrift any case because we're in
6 a hurry to get ourselves to some arbitrary
7 goal. Should we -- it is 4:40. We should
8 talk about the next meeting. Where have we
9 ended? We were at 321.1.

10 MEMBER MUNN: Correct.

11 CHAIRMAN KOTELCHUCK: Okay, ended
12 at 321.1. Right? LANL.

13 MEMBER MUNN: Yes.

14 CHAIRMAN KOTELCHUCK: Okay, so
15 we'll finish LANL next time, and we'll --

16 MEMBER MUNN: Yes, we will.

17 CHAIRMAN KOTELCHUCK: -- get on to
18 the last one, which is -- we did Rocky Flats.
19 Oh, then we go to other sets. Right? We're
20 on Set 11 LANL.

21 MEMBER MUNN: Correct.

22 CHAIRMAN KOTELCHUCK: We'll go to

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1 Set 12, and then to 13. I don't know, next
2 time.

3 Okay. Ted, do you have a
4 suggestion about when we next meet, or do
5 other Subcommittee Members?

6 MEMBER MUNN: Well, that all
7 depends on when we can get together. I think
8 we seem to have --

9 MR. KATZ: Well, I guess the first
10 thing to talk about -- let me just be clear,
11 because I'm not clear, but I gather you are,
12 Dave. So, are we just saying we still have
13 more SRS, all three sites, beyond set -- I
14 mean, this is Sets 10 through 13. Right?

15 MEMBER MUNN: Yes.

16 CHAIRMAN KOTELCHUCK: Right.

17 MR. KATZ: So, am I understanding
18 correctly, are we about finished with all
19 three sites for all these sets, 10 through 13?

20 CHAIRMAN KOTELCHUCK: I am not
21 clear.

22 MEMBER MUNN: I haven't --

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1 MR. STIVER: Yes, this is John.
2 For Sets 10 to 13, we've taken these off the
3 books.

4 MR. KATZ: Okay. So, then, I
5 mean, one thing you want to do which will, I
6 think, affect -- may affect when you schedule
7 your next meeting, the date for that, is
8 you're going to have to pick some more sites
9 so that SC&A and NIOSH will be ready for those
10 sites for the Subcommittee meeting.

11 CHAIRMAN KOTELCHUCK: Right.

12 MR. KATZ: From Sets 10 through
13 13.

14 CHAIRMAN KOTELCHUCK: Yes, that is
15 -- we finished, let's see, Savannah River.

16 MR. KATZ: So you will have
17 actually finished Savannah --

18 CHAIRMAN KOTELCHUCK: Los Alamos,
19 Rocky Flats.

20 MR. KATZ: Los Alamos and Rocky.

21 CHAIRMAN KOTELCHUCK: So, we have
22 Hanford.

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1 MR. KATZ: You have a number of
2 other sites and you need to select an adequate
3 sort of bolus of work to take you through at
4 least the next meeting.

5 CHAIRMAN KOTELCHUCK: The sites
6 with more than -- why -- well, according to
7 Table 2 that John sent out, we have a number
8 of sites with more than two cases.

9 MR. KATZ: Right.

10 CHAIRMAN KOTELCHUCK: So, starting
11 with Hanford, we have Hanford down to cases
12 with multiple sites. That's quite a large
13 one.

14 MEMBER MUNN: Too big, probably.

15 CHAIRMAN KOTELCHUCK: Right, but
16 let's just go by number. That is, by number
17 of cases we have.

18 MR. SIEBERT: Can I interject
19 something? This is Scott.

20 MR. KATZ: Yes.

21 CHAIRMAN KOTELCHUCK: Yes.

22 MR. SIEBERT: I'm sorry to

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1 interrupt but since we are running out of ones
2 that we already have responses to, I just want
3 to put this on the table. I tried to work on
4 the side on some other sites so that we didn't
5 run into this situation.

6 CHAIRMAN KOTELCHUCK: Good.

7 MR. SIEBERT: And just based on
8 the assets that I had available and the dose
9 reconstructors and which sites they were
10 available for, I am personally about halfway
11 already done with Portsmouth and Paducah.

12 CHAIRMAN KOTELCHUCK: Good.

13 MR. SIEBERT: I know they're a
14 little further down the list, but we may want
15 to put those for the next meeting because that
16 is going to be the quickest one for me to turn
17 things around to you, because I'm already
18 about halfway through it.

19 CHAIRMAN KOTELCHUCK: Well, that's
20 good. Okay.

21 MR. KATZ: Scott, I mean, there is
22 a maximum number of cases. There are six for

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1 Paducah, anyway, so that would rise to the top
2 anyway.

3 MR. STIVER: And keep in mind
4 there's only six findings --

5 CHAIRMAN KOTELCHUCK: For Hanford.

6 MR. KATZ: Yes. I mean, I think
7 the number of cases -- I don't know whether
8 you prioritize by cases or number of findings,
9 but -- so anyway, that seems good.

10 CHAIRMAN KOTELCHUCK: Yes. Right,
11 by number of findings we have -- well, they
12 run parallel to each other. So you have
13 Paducah and Portsmouth. I would just continue
14 down the table by cases or findings with
15 Fernald.

16 MR. KATZ: So, let's get a sense
17 from Scott then since he's the one --

18 CHAIRMAN KOTELCHUCK: What he can
19 do, right.

20 MR. KATZ: We have the findings
21 from SC&A. It's really the work of NIOSH to
22 respond to them. So give us a sense for how

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1 many other sites you can get to for --assuming
2 that we have another meeting -- we can't have
3 one sooner than about a month and a half
4 because we have to do a Federal Register
5 notice.

6 CHAIRMAN KOTELCHUCK: Right.

7 MR. KATZ: But we could have one
8 as soon as that. So with that in mind, Scott,
9 why don't you just give us a sense. I know you
10 can't commit resources per se, but --

11 MR. SIEBERT: I mean,
12 realistically, Paducah and Portsmouth are
13 going to be the first ones that I can get in
14 your hands. I guess those are the only ones
15 we'll really be able to discuss by the next
16 meeting because we'll have to turn them
17 around, give them to Grady, and then I know
18 it'll have to go to SC&A, and they'll want to
19 look at it beforehand. So, that's really
20 pretty much all I can see for the next one.

21 MR. KATZ: Okay.

22 MR. SIEBERT: It would be very

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1 helpful to me, however, if the Subcommittee
2 would select which of the next sites you would
3 like, because then I can work on those while
4 they're over at DCAS and SC&A.

5 CHAIRMAN KOTELCHUCK: I know.

6 MR. KATZ: Okay.

7 CHAIRMAN KOTELCHUCK: My feeling
8 is--

9 MR. STIVER: Going down the line
10 go for Hanford and Fernald, another 24
11 findings there.

12 MR. KATZ: Yes, and plus, I mean,
13 Fernald is a pretty fresh site in a sense, in
14 terms of -- I know you folks at ORAU had lots
15 of staff working on Fernald.

16 CHAIRMAN KOTELCHUCK: I mean, to
17 me, it's just we should go in order of number
18 of cases and findings, so that would be
19 Fernald. I mean, I would just go down the
20 list, and if I may suggest Fernald, General
21 Steel, Nevada, X-10.

22 MR. KATZ: Well, you've got

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1 Hanford with --

2 CHAIRMAN KOTELCHUCK: I know we
3 can't get to them all, and I'm not suggesting
4 that you can. You will get to what you can get
5 to. But that just seems to me to be a
6 reasonable sequence, and then we go down to
7 Table 3.

8 MEMBER MUNN: Well, in light of
9 the comments that have been made, it seems
10 that for next time specifically, since
11 significant progress has already been made on
12 both Paducah and Portsmouth, we should save
13 those for a certainty --

14 CHAIRMAN KOTELCHUCK: Yes, for
15 sure. Let's do that.

16 MEMBER MUNN: The comment with
17 respect to Fernald is certainly well taken. It
18 seems to me this would be a good time for us
19 to begin to do that, although I'm conflicted
20 and can't address that. It's a shame to put
21 Hanford off that much longer because there are
22 claims --

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1 MR. KATZ: You can't skip Hanford,
2 and shouldn't. But, anyway, it's very clear,
3 the numbers are clear, we know the number of
4 cases. So, Scott, with Dave's direction, I
5 mean, you know the priority order and you will
6 let us know how far you get for agenda
7 setting.

8 CHAIRMAN KOTELCHUCK: Right. And
9 we accept what you will present to us, of
10 course. And I'm sure you're working as hard
11 as you can to get these out. So, we're open -
12 - so, Paducah, Portsmouth, and then we'll go
13 through others if you have others done. Those
14 are the order to work on.

15 MR. KATZ: Right. So, let's -- if
16 people want to pull their calendars, we can
17 pin down our next --

18 CHAIRMAN KOTELCHUCK: Now, our
19 next Board meeting is when?

20 MR. KATZ: The next Board meeting
21 is in September.

22 CHAIRMAN KOTELCHUCK: In Denver?

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1 MR. STIVER: That's October, isn't
2 it?

3 MEMBER MUNN: It's October in
4 Denver.

5 MR. KATZ: Okay. No, no, no. I'm
6 talking about a teleconference.

7 MEMBER MUNN: We have a telecom in
8 September.

9 MR. KATZ: Yes.

10 CHAIRMAN KOTELCHUCK: Oh, wait a
11 second. Okay. Go to September --

12 MR. KATZ: Right. Don't worry
13 about the next Board meeting. Let's -- I mean,
14 we just --

15 CHAIRMAN KOTELCHUCK: Yes, we have
16 a teleconference in September. Right. And a
17 Board meeting in October.

18 MR. KATZ: Right. But let's just
19 go out -- again, I need at least -- so, let's
20 just give us at least six weeks would be the
21 soonest.

22 CHAIRMAN KOTELCHUCK: Okay. Today

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1 is the 7th, so it would be late September at
2 best.

3 MR. KATZ: Let me just --

4 CHAIRMAN KOTELCHUCK: And I know
5 there are --

6 MR. SIEBERT: The only thing I'm
7 going to point out -- and I apologize for this
8 -- I am the resource doing this and I'm also
9 going to be preparing for the Dose
10 Reconstruction Chair coming out on September
11 11th and getting that presentation together
12 for you, as well.

13 MR. KATZ: Yes. So, anyway, the
14 soonest, getting back to this, is September
15 18th. So, we plan out from there forward as
16 to what date --

17 CHAIRMAN KOTELCHUCK: Okay,
18 September 18th.

19 MEMBER MUNN: Is the 25th a good
20 time?

21 MR. KATZ: The 25th is fine. It's
22 wide open on me.

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1 CHAIRMAN KOTELCHUCK: Let's see.
2 There are always, if you'll excuse, Jewish
3 holidays --

4 MR. KATZ: Oh, yes. Right.

5 CHAIRMAN KOTELCHUCK: -- in that
6 period. I'm not sure -- we talked about this,
7 so I think I have them down. And the 25th
8 looks good to me.

9 MEMBER MUNN: Yes.

10 MR. KATZ: I'll need to check with
11 Poston and Griffon anyway, because --

12 CHAIRMAN KOTELCHUCK: Wednesday,
13 the 25th.

14 MR. KATZ: But let's pencil in the
15 25th. I'll send that out as a suggestion. Why
16 don't you give me a second date as a backup?

17 MR. CALHOUN: Right now the 25th
18 doesn't look [good] for Beth.

19 MR. KATZ: Okay.

20 CHAIRMAN KOTELCHUCK: Okay.

21 MEMBER MUNN: On either side of it?

22 MR. CALHOUN: I am gone in

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1 Livermore until, let's see, September, let's
2 see, August, September, I am gone until the
3 18th, I'm back the 19th and 20th of September.

4 CHAIRMAN KOTELCHUCK: How about
5 the 24th?

6 MEMBER MUNN: Or 26th?

7 MR. CALHOUN: Well, Beth is out
8 September 23rd through October 3rd.

9 MR. KATZ: Oh, wow.

10 CHAIRMAN KOTELCHUCK: Wow.

11 MEMBER MUNN: Then it sounds like
12 it's either the following week or the 19th or
13 20th, huh?

14 MR. CALHOUN: Yes.

15 MR. KATZ: Yes, the 20th isn't good
16 for me. The 19th is okay.

17 CHAIRMAN KOTELCHUCK: Let me just
18 see, the 19th not good for me.

19 MR. KATZ: Okay.

20 MEMBER MUNN: Okay.

21 CHAIRMAN KOTELCHUCK: And the 20th
22 certainly is okay.

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1 MEMBER MUNN: Well, but that's not
2 good for Ted, so that means --

3 CHAIRMAN KOTELCHUCK: Oh, yes,
4 Ted, you said 20th is not good. Excuse me, I
5 missed that.

6 MEMBER MUNN: September the 30th,
7 or October the 1st?

8 CHAIRMAN KOTELCHUCK: Okay, let's
9 see, October --

10 MR. KATZ: The 30th is fine for me.

11 CHAIRMAN KOTELCHUCK: It's fine
12 for me, too.

13 MR. CALHOUN: Beth is going to be
14 gone until the 3rd of October.

15 MEMBER MUNN: Yes, she's going to
16 be gone until the 3rd.

17 CHAIRMAN KOTELCHUCK: Okay.

18 MR. KATZ: Grady, is she --

19 MR. CALHOUN: Yes, she -- if it's
20 the only way to do it, we can do it without
21 her. We'll just pay for it later.

22 CHAIRMAN KOTELCHUCK: Okay.

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1 MEMBER MUNN: For sure.

2 MR. KATZ: Then you make up a
3 backup then to the 25th. I mean, if she's
4 going to do -- if she helps with the prep
5 stuff at least, then you would have that
6 before, anyway.

7 CHAIRMAN KOTELCHUCK: September
8 25th, reconsider?

9 MR. KATZ: Yeah, you want to go
10 back to that?

11 MEMBER MUNN: I think that's --

12 CHAIRMAN KOTELCHUCK: I'd be happy
13 to.

14 MEMBER MUNN: -- ideal timing for
15 us, as long as we're not going to foul up
16 personal preferences.

17 CHAIRMAN KOTELCHUCK: And the
18 backup date you want to make the 24th?

19 MR. KATZ: Yeah, whatever is good
20 for you is fine.

21 CHAIRMAN KOTELCHUCK: The 26th is
22 not good.

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1 MR. KATZ: Okay, the 24th is okay,
2 or the --

3 CHAIRMAN KOTELCHUCK: The 24th or
4 25th, 25th or 24th.

5 MR. KATZ: Okay, the 25th is the
6 first choice. The 24th is the second. And I
7 guess 30th is third if John and --

8 CHAIRMAN KOTELCHUCK: Yes.

9 MR. KATZ: -- Mark have problems.

10 CHAIRMAN KOTELCHUCK: That's right.

11 MR. KATZ: Okay, I'll do that,
12 25th, 24th, 30th.

13 CHAIRMAN KOTELCHUCK: Okay, and
14 I'll put a tentative 25th in my book. Will we
15 do it again by Live Meeting?

16 MR. KATZ: Absolutely.

17 CHAIRMAN KOTELCHUCK: Okay. The
18 Subcommittee Members okay with that?

19 MR. KATZ: If that's what we're
20 doing.

21 MEMBER MUNN: That's what we're
22 doing.

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1 MR. KATZ: Not really putting it
2 up for vote. I'm not putting it up to vote.

3 CHAIRMAN KOTELCHUCK: Okay. I
4 assume we're talking budget.

5 MR. KATZ: Yes, we're talking
6 budget.

7 CHAIRMAN KOTELCHUCK: Okay, we are
8 talking budget, and that's what it is.

9 MR. KATZ: Actually, we're talking
10 more than budget because it's actually no --
11 we're beyond -- we're just about beyond the
12 travel date when --

13 CHAIRMAN KOTELCHUCK: Yes.

14 MR. KATZ: -- we don't have any
15 more travel, anyway.

16 CHAIRMAN KOTELCHUCK: Yes.

17 MR. KATZ: Can't book more travel
18 any more come this Friday.

19 CHAIRMAN KOTELCHUCK: Yes.

20 MR. KATZ: For the rest of the
21 fiscal year, which ends, you know, October
22 1st.

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1 CHAIRMAN KOTELCHUCK: Okay.

2 MR. CALHOUN: How about Scott? I
3 didn't hear from you. Does that work for you,
4 Scott, because you're very important to me now
5 that Beth is gone.

6 MR. SIEBERT: I am always happy to
7 support you in any manner required, Grady. I
8 will be there.

9 MR. KATZ: Yes, and you're
10 important to all of us, Scott.

11 MR. SIEBERT: Thanks, Ted.

12 MEMBER MUNN: Isn't that a
13 wonderful attitude, gosh.

14 MR. KATZ: Okay.

15 CHAIRMAN KOTELCHUCK: Very good.
16 Live Meeting it is.

17 MEMBER MUNN: Alright.

18 CHAIRMAN KOTELCHUCK: Starting up
19 with the 25th as our --

20 MR. KATZ: Yes. And thank you,
21 everybody. I think everybody really made well
22 with this setup here.

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1 CHAIRMAN KOTELCHUCK: Right. I'm
2 C-- it was a little awesome having closure on
3 so many things.

4 MR. KATZ: It's shocking.

5 CHAIRMAN KOTELCHUCK: It kind of
6 scares me. I hope we did everything right. We
7 certainly tried to.

8 MR. KATZ: I think you did great.

9 MEMBER MUNN: I think so, too.

10 CHAIRMAN KOTELCHUCK: Okay. Folks,
11 you have a very good rest of the week.

12 MR. KATZ: Yes, same to all of
13 you. Take care. We're adjourned.

14 (Whereupon, the proceedings were
15 adjourned at 4:55 p.m.)

16

17

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