

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

+ + + + +

ADVISORY BOARD ON RADIATION AND  
 WORKER HEALTH

+ + + + +

DOSE RECONSTRUCTION SUBCOMMITTEE

+ + + + +

MONDAY,  
 DECEMBER 8, 2014

+ + + + +

The Subcommittee meeting convened  
 via teleconference at 10:30 a.m., David  
 Kotelchuck, Chairman, presiding.

PRESENT:

DAVID KOTELCHUCK, Chairman  
 BRADLEY P. CLAWSON, Member  
 MARK GRIFFON, Member  
 WANDA MUNN, Member  
 JOHN POSTON, Member  
 DAVID RICHARDSON, Member

ALSO PRESENT:

TED KATZ, Designated Federal Official

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KATHY BEHLING, SC&A  
RON BUCHANAN, SC&A  
GRADY CALHOUN, DCAS  
DOUGLAS FARVER, SC&A  
ROSE GOGLIOTTI, SC&A  
JOHN MAURO, SC&A  
BETH ROLFES, DCAS  
MUTTY SHARFI, ORAU Team  
SCOTT SIEBERT, ORAU Team  
MATTHEW SMITH, ORAU Team  
JOHN STIVER, SC&A  
ELYSE THOMAS, ORAU Team  
WILLIAM THURBER, SC&A

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

2 10:32 a.m.

3 MR. KATZ: To begin with this is the  
4 Advisory Board on Radiation and Worker Health.  
5 Ready to go on the line. And this is the Dose  
6 Reconstruction Review Subcommittee.

7 The agenda for today's meeting is  
8 posted on the NIOSH Website under the Board  
9 section under today's date.

10 CHAIRMAN KOTELCHUCK: May I  
11 interrupt that comment to just say that in  
12 reviewing the remaining cases over the weekend,  
13 it's clear that the Committee has covered some  
14 of those already, so that we have a smaller,  
15 slightly different set of cases, but we'll go  
16 through all of them.

17 MR. KATZ: No, that's fine.  
18 That's fine.

19 CHAIRMAN KOTELCHUCK: Yes.

20 MR. KATZ: I've just covered what I  
21 best could figure at the time that I did the  
22 agenda, but --

23 CHAIRMAN KOTELCHUCK: Absolutely.

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1 MR. KATZ: And I didn't have input.

2 CHAIRMAN KOTELCHUCK: Right, and I  
3 hadn't reviewed until this weekend what we  
4 really have to complete today.

5 MR. KATZ: Right. Thank you,  
6 Dave.

7 So let's run through roll call. I  
8 already know who's on the line for Board  
9 Members. Let me get that started just with  
10 covering for you so that you don't have to cover  
11 yourself, conflicts of interest. But we have  
12 attendance of the Chair, Dave Kotelchuck.

13 CHAIRMAN KOTELCHUCK: Right.

14 MR. KATZ: Wanda Munn, David  
15 Richardson and Brad Clawson. And just to cover  
16 conflicts that are relevant for today or  
17 potentially relevant, Wanda is conflicted for  
18 Hanford. There may be Hanford discussion. We  
19 may be done with Hanford. I'm not sure.

20 CHAIRMAN KOTELCHUCK: I think we  
21 are.

22 MR. KATZ: And then John Poston who  
23 will be joining us a little later is conflicted

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1 for ORNL and LLNL. And Mark Griffon is  
2 conflicted for Mound. So I'm covering those  
3 now just because Mark, if he joins us, will be  
4 joining us late, as well John. And that will  
5 be on the table in the clear.

6 Otherwise, that's it, well, for  
7 what I have. And, David, it's your meeting.

8 CHAIRMAN KOTELCHUCK: Okay. Very  
9 good. So, folks, first as we start, let me  
10 thank Wanda for chairing our Subcommittee  
11 meeting. As you know, I was away for personal  
12 reasons last meeting.

13 MR. KATZ: I'm sorry, Dave. I just  
14 left off everyone else's roll call.

15 CHAIRMAN KOTELCHUCK: Oh, for  
16 goodness sake. Yes, okay. Excuse me.

17 (Roll call.)

18 MR. KATZ: Back to you, Dave.  
19 Sorry.

20 CHAIRMAN KOTELCHUCK: Okay.  
21 Again, I was saying thank you to Wanda for  
22 chairing the last meeting. And just as a  
23 personal note my brother who had an operation

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1 that day, or the day before, is doing well now,  
2 recovering well. So we're very pleased. I'm  
3 pleased about that.

4 So the last meeting you had finished  
5 Bethlehem Steel 238.3 and we're getting ready  
6 to start with 238.4. That is in the DCAS Sites  
7 Grouping File. Could we put that up on the  
8 screen?

9 And for those of you who are looking  
10 not on the Live Meeting, but on the file itself,  
11 238.4 is about two-thirds of the way down on the  
12 file.

13 MEMBER POSTON: Good morning.  
14 John Poston here.

15 CHAIRMAN KOTELCHUCK: Good  
16 morning, John. Excellent. Glad to have you.

17 MEMBER POSTON: Sorry.

18 CHAIRMAN KOTELCHUCK: You're here  
19 nice and quickly. I thought you might be just  
20 a little later. Good. So you're our fifth  
21 member.

22 And 238.4 is on our screen for the  
23 Live Meeting folks. So, Doug, do you want to

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1 discuss this?

2 MR. FARVER: Okay. 238.4 has to  
3 do -- let's see, Bethlehem Steel and the finding  
4 was inappropriate assumption used in the  
5 modeling period between rolling operations  
6 before 1951. As it turns out, this really  
7 doesn't matter anymore. So I'm not sure what  
8 we would [do] with the others. We kind of  
9 figured -- you look at the other one, it says  
10 the issue falls within the SEC time period, so  
11 we closed the finding.

12 CHAIRMAN KOTELCHUCK: That's fine.  
13 And you recommend closure, and that seems  
14 reasonable. Is there any comment that anyone  
15 wants to have? This has already been  
16 compensated.

17 MEMBER CLAWSON: This is Brad. I  
18 just want to make sure one of the reasons why  
19 we're checking this is I understand the SEC took  
20 care of this, but still why was this done the  
21 way it was? Doug? So is this a finding or --

22 MR. FARVER: Well --

23 DR. MAURO: I might be able to help.

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1 This is John. All of the issues of course  
2 related to the SEC; and that's been closed, and  
3 we're always in the circumstance where, okay,  
4 what about uncovered time periods? And I do  
5 recall that there was considerable discussion.  
6 We're talking right now about the -- where it  
7 says start here, okay? Inappropriate  
8 assumptions used in modeling the period between  
9 rollings.

10 My recollection -- and I see that we  
11 closed it, but it seems that we closed it  
12 because the inhalation exposures are being  
13 compensated for a very specific reason, and I  
14 think it's worthy of a little bit of discussion  
15 here. The reason the SEC was granted -- and  
16 anyone who has better information than this  
17 [should speak up], but my recollection is it had  
18 to do with cobbling the cobbles and the  
19 inability to reconstruct doses with sufficient  
20 accuracy for that particular scenario.

21 And it's an inhalation scenario  
22 while you're rolling the rods. And you may  
23 have to cut them because they get cobbled up

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1       like spaghetti.    But it's my understanding  
2       though that if you have to do a partial dose  
3       reconstruction, there's a lot that could be  
4       done.    There's a person that may have a  
5       prostate or skin cancer.    You can do a partial  
6       where you would not try to do this particular  
7       inhalation exposure.

8                    But I think there are other  
9       inhalation exposures that NIOSH's position is  
10      that they can perform.    Is that correct?    Is  
11      that NIOSH's position?    That for example uranium  
12      exposure, let's say to a person who might have  
13      prostate cancer, you need to reconstruct the  
14      internal dose not covered by the SEC.    Is it  
15      correct that that's certainly still something  
16      that needs to be done?

17                   MR. CALHOUN:   This is Grady, and we  
18      do include internal dose per the TBD.

19                   DR. MAURO:    Very good.    So it puts  
20      me on the right path on this item here.

21                   Now, I recall during the in- between  
22      periods, because if you remember, at Bethlehem  
23      Steel they did the rollings on the weekends and

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1       they did steel during the week days. And so  
2       they had this in-between period. And the  
3       question was, okay, there might be some  
4       residual uranium now, because this is not  
5       cobbling now. There might be some residual  
6       uranium there in the junk on the floor, most of  
7       which is going to be steel, and we all recognize  
8       that. But a little bit might be some uranium.  
9       And I remember that we did come up with -- and  
10      I think we did agree upon a protocol for  
11      reconstructing that particular time period,  
12      those increments, those one-week increments.

13                 And so I thought that we -- and it  
14      became something very thoughtful, the process  
15      where the steel is covering it. And so I think  
16      that that issue has been addressed and has been  
17      resolved. The only thing I don't know is I  
18      haven't read the latest version of the  
19      Bethlehem Steel Site Profile to see, oh, yes,  
20      there it is. They're doing it just the way we  
21      discussed way back when.

22                 And so I think that we need to talk  
23      a little bit about that, whether or not there's

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1 a need to confirm, yes, we agreed in principle  
2 and there it is, because we did not look at that  
3 latest version of the Site Profile.

4 Did I characterize this  
5 appropriately?

6 MEMBER MUNN: Tom, this is Wanda.  
7 My memory is certainly in agreement with yours.  
8 There's no question that this question of the  
9 cobbling and what transpired at Bethlehem Steel  
10 has been discussed at great length. And my  
11 memory is that we essentially resolved all of  
12 these subsidiary issues prior to the granting  
13 of the SEC. And as John said, the question now  
14 remains only as to whether or not this has been  
15 appropriately recorded in the documentation or  
16 not. The discussion certainly has been made in  
17 more than one venue.

18 CHAIRMAN KOTELCHUCK: We would  
19 presumably see that if there were a case  
20 involving partial dose reconstruction, right?

21 MEMBER MUNN: Yes.

22 CHAIRMAN KOTELCHUCK: That would  
23 be obviously where we would see it, and we may

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1 have such. If we don't have such, there's no  
2 reason to go over, I think, the model other than  
3 that there is a good model now and SC&A and NIOSH  
4 agree. So I don't see any reason not to close.

5 Brad, are you satisfied with that?

6 MEMBER CLAWSON: You know what,  
7 that's fine. My bottom line that I was getting  
8 to is, what I wanted to find out, is this a  
9 finding or not because if this person -- if it's  
10 just because the SEC were not going to look at  
11 it, I want to make sure that we're looking at  
12 it right. That's bottom line and that's --

13 CHAIRMAN KOTELCHUCK: Right. And  
14 we have a model for looking at it, right, if you  
15 will.

16 MEMBER CLAWSON: Okay.

17 CHAIRMAN KOTELCHUCK: It's clear.  
18 Okay. Then we'll close on that and go to 238.5.

19 MR. FARVER: 238.5 is similar.  
20 Has to do with the cobbling.

21 CHAIRMAN KOTELCHUCK: Yes.

22 MR. FARVER: I would say it's  
23 probably -- based on what John just said, it's

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1 all been discussed. And if there is an issue,  
2 it will come up during a partial dose  
3 reconstruct. But really any issue could come  
4 up during that.

5 CHAIRMAN KOTELCHUCK: Right. But  
6 I mean, there is a model out there for the  
7 inhalation exposure.

8 DR. MAURO: This is John. You're  
9 talking 238.5?

10 CHAIRMAN KOTELCHUCK: Yes.

11 DR. MAURO: This one in my mind is  
12 a simple one. It's not a matter of doing a  
13 partial or whether or not the protocol is there  
14 or not. This is the reason the SEC was granted.  
15 So there will not be any attempt --

16 CHAIRMAN KOTELCHUCK: Yes.

17 DR. MAURO: -- to reconstruct  
18 the --

19 (Simultaneous speaking)

20 CHAIRMAN KOTELCHUCK: Correct.  
21 Correct.

22 DR. MAURO: Because that's the  
23 thing they can't do.

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1 CHAIRMAN KOTELCHUCK: Exactly.

2 Okay. Good.

3 DR. MAURO: So I think this is an  
4 open and closed case. It's closed.

5 CHAIRMAN KOTELCHUCK: I think that  
6 sounds correct to me.

7 Any comments or concerns by other  
8 Members of the Subcommittee?

9 MEMBER MUNN: This is Wanda. I  
10 agree.

11 CHAIRMAN KOTELCHUCK: Yes. Okay.  
12 Then I think we should close it and we should  
13 go on to 238.6.

14 DR. MAURO: It's John again.  
15 Doug, certainly shut me down if I'm talking too  
16 much. All of this stuff is AWE stuff. I spent  
17 eight years doing this stuff.

18 CHAIRMAN KOTELCHUCK: Yes.

19 DR. MAURO: And I was involved in  
20 helping Doug prepare the matrix, and so this is  
21 all very familiar territory to me.

22 CHAIRMAN KOTELCHUCK: Right.

23 DR. MAURO: And we're up to No. 6?

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1                   CHAIRMAN KOTELCHUCK: Right. And  
2 it's the same issue, I see.

3                   DR. MAURO: No, it's all --

4                   CHAIRMAN KOTELCHUCK: Ingestion  
5 exposure.

6                   DR. MAURO: Yes, they're similar,  
7 but there are nuances that are important to  
8 appreciate.

9                   CHAIRMAN KOTELCHUCK: Yes.

10                  DR. MAURO: Now what we have here is  
11 that -- the argument is that -- ingestion  
12 exposure pathway is the issue here.  
13 Inappropriate assumptions used to model  
14 ingestion. Now, the fact that an SEC was  
15 granted does not shut down this issue, if there  
16 is an issue. And stay with me for a minute.  
17 The fact that there's an SEC means good, okay?  
18 But there will be workers again, just like when  
19 we talked about it just a moment go where you're  
20 going to do a partial dose reconstruct.

21                  CHAIRMAN KOTELCHUCK: Yes.

22                  DR. MAURO: And at the time this was  
23 an issue [where] there was some question. I

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1 remember we had lots of discussion whether the  
2 methods that NIOSH employs to reconstruct  
3 ingestion exposure in OTIB-0009 -- there was an  
4 issue. And so in theory this could be an open  
5 item, because if there was still some  
6 disagreement regarding that protocol,  
7 OTIB-0009, on how do you do ingestion, it would  
8 apply here because you will have to do that as  
9 a part of a partial dose reconstruction. But  
10 as it turns out, the record will show that all  
11 issues related to OTIB-0009 have in fact been  
12 resolved by the Procedures Subcommittee, so  
13 therefore it could be closed here.

14 CHAIRMAN KOTELCHUCK: Right.

15 DR. MAURO: The reason I'm saying  
16 this, it's important that we don't lose sight  
17 of the fact that having an SEC does not negate  
18 the need to address a number of TBD issues.

19 CHAIRMAN KOTELCHUCK: Okay. I  
20 agree. Normally what we would do is when we  
21 come to things where other Subcommittees in  
22 fact are responsible is that we, if you will,  
23 quotes, "pass it on" to the Procedures

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1 Subcommittee and say that this Subcommittee  
2 takes no further action. It's closed with  
3 respect to our actions.

4 MEMBER MUNN: This is Wanda. I'll  
5 have to admit I have not checked OTIB-0009  
6 recently, and especially with regard to this  
7 particular finding.

8 CHAIRMAN KOTELCHUCK: Yes.

9 MEMBER MUNN: I'll be glad to do  
10 that when we break for lunch if --

11 (Simultaneous speaking)

12 CHAIRMAN KOTELCHUCK: That would  
13 be very good. Why don't we hold this then open,  
14 238.6 open --

15 MR. KATZ: This is Ted. We closed  
16 all the ingestion issues.

17 CHAIRMAN KOTELCHUCK: We did.

18 MR. KATZ: I mean, we've closed all  
19 of those.

20 CHAIRMAN KOTELCHUCK: Yes, okay.  
21 So, but the question is, I mean, normally when  
22 we approach this, we close it from our end, then  
23 give it over to the Procedures Subcommittee.

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1                   MR. KATZ: I guess what I'm saying,  
2           Dave, is I mean, this went over to the  
3           Procedures Subcommittee long ago and is long,  
4           long ago [put] to bed.

5                   CHAIRMAN KOTELCHUCK: You know  
6           that, because Wanda was suggesting that at  
7           least she hadn't looked at it or did not  
8           remember it, but --

9                   MEMBER MUNN: Oh, I remember this  
10          discussion at great length because of my very  
11          strong objection to the issuing of the SEC.

12                   I simply do not remember whether  
13          this particular item was closed appropriately  
14          in our deliberations. I know that it was in  
15          terms of the entire Board.

16                   CHAIRMAN KOTELCHUCK: Okay.

17                   MEMBER MUNN: I just have not  
18          checked what the Procedures record says, and I  
19          would have to pull up the --

20                   (Simultaneous speaking)

21                   CHAIRMAN KOTELCHUCK: Okay. Well  
22          then, the question is what do we want to call  
23          it? I mean, effectively I would like to hear

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1 from you later, and you'll check it.

2 MEMBER MUNN: Good. I know that  
3 the item has been closed. I just have not --

4 CHAIRMAN KOTELCHUCK: Yes. Well  
5 then, let's just say that formally this is  
6 closed for our Subcommittee.

7 MEMBER MUNN: Yes, it is. Let me  
8 put it this way: I will double-check --

9 CHAIRMAN KOTELCHUCK: Good.

10 MEMBER MUNN: -- that we have it in  
11 the same condition in our Procedures lists,  
12 yes.

13 CHAIRMAN KOTELCHUCK: Excellent.  
14 Okay. And you'll report back after lunch?

15 MEMBER MUNN: Yes, I will.

16 CHAIRMAN KOTELCHUCK: Thank you  
17 for doing that.

18 MEMBER MUNN: But the item itself I  
19 agree is --

20 CHAIRMAN KOTELCHUCK: Closed.

21 MEMBER MUNN: The technical issue  
22 is closed.

23 CHAIRMAN KOTELCHUCK: Good.

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1 MR. STIVER: This is John Stiver.

2 I just checked the BRS, and it is indeed closed.

3 CHAIRMAN KOTELCHUCK: Okay.

4 Excellent.

5 MEMBER MUNN: Oh, thank you, John.

6 John has done our job for us.

7 CHAIRMAN KOTELCHUCK: Okay.

8 Thanks a lot.

9 DR. MAURO: This is John Mauro.

10 One more point. It's procedural - meant for

11 Ted. We're very mature in this process now.

12 We have these different Work Groups and

13 Subcommittees. The activities and the

14 exchange. The cross-talk has been becoming

15 richer and richer. And the last time we

16 encountered this circumstance, if you recall,

17 had to do with a TBD-6000 issue that was

18 transferred over to Paul. Paul closed it out.

19 Wrote a memo back and said everything is -- it's

20 sort of like closing the loop. In effect what

21 we have here is -- and this is really a question

22 for Ted.

23 Ted, do you believe that we need

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1 something in writing, a memo from the head of  
2 the Work Group? For example, in this case  
3 we're talking about -- with respect to  
4 Bethlehem Steel or any of the others, or we're  
5 talking in this case about OTIB-0009. Would  
6 you like to see a piece of paper that says all  
7 issues on OTIB-0009 have been closed? Then  
8 it's transferred for example in this case to the  
9 DR Subcommittee as being a part of the record  
10 and closes the loop as opposed to right now the  
11 way we're doing it is really ad hoc, so to speak.

12 MR. KATZ: Yes, and thanks for the  
13 question, John. And I think ordinarily,  
14 especially with Work Groups, the way they pick  
15 things up, I think that's a good idea where we  
16 explicitly transfer something over to  
17 Procedures. Wasn't quite how this transpired  
18 though here. So I think recording for the  
19 record here now is good enough.

20 DR. MAURO: That's good enough?  
21 Good. Okay.

22 MR. KATZ: So I do agree with that  
23 in general. Specifically when we formally

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1 transfer something to another group,  
2 absolutely I think the other group should be  
3 sending a formal sort of follow-up when they  
4 close those issues. So I agree with that,  
5 John.

6 And since we're at a break in  
7 discussion, Mark has -- you may want to speak  
8 up for yourself, but Mark has joined us. So we  
9 have actually --

10 CHAIRMAN KOTELCHUCK: Very good.  
11 Welcome. We have our full --

12 MEMBER GRIFFON: This is Mark  
13 Griffon. I'm on.

14 CHAIRMAN KOTELCHUCK: --  
15 complement here. Terrific. Full Committee.  
16 Good. Good, Mark. Welcome.

17 Then I think we're ready to go on to  
18 the DuPont Deepwater 260.1.

19 MR. FARVER: This is Doug. I'm  
20 back. I had some phone problems.

21 CHAIRMAN KOTELCHUCK: Okay.

22 MR. FARVER: I missed the end of  
23 238.5. I believe we closed it.

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1 MR. KATZ: Yes, Doug. We closed  
2 238.5 and 238.6.

3 CHAIRMAN KOTELCHUCK: 238.6.  
4 Right.

5 MR. FARVER: 238.6. Before we  
6 leave 238, if we go back to page 20 for the first  
7 finding --

8 CHAIRMAN KOTELCHUCK: Yes.

9 MR. FARVER: -- last meeting we  
10 were going to review a document. That document  
11 is not in our purview to review.

12 CHAIRMAN KOTELCHUCK: That's  
13 correct. Okay. You're just saying that for  
14 the record, because I saw the discussion that  
15 was held.

16 MR. FARVER: Right.

17 CHAIRMAN KOTELCHUCK: Okay.  
18 Good.

19 MR. FARVER: So, yes, we closed  
20 that finding.

21 CHAIRMAN KOTELCHUCK: Correct.  
22 Okay.

23 MR. FARVER: And that will take

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1 care of that case then.

2 CHAIRMAN KOTELCHUCK: Good. And  
3 that's now on the record.

4 MR. FARVER: Okay.

5 CHAIRMAN KOTELCHUCK: Okay.  
6 260.1.

7 MR. FARVER: 260.1, DuPont  
8 Deepwater. The dose rates in table B.3 of  
9 TBD-6001 appear to underestimate the dose that  
10 was being revised.

11 CHAIRMAN KOTELCHUCK: Yes.

12 MR. FARVER: Our response is there  
13 are no open issues concerning that table.

14 Is that correct, John?

15 DR. MAURO: I believe this is --  
16 right, we just looked at this and the answer is  
17 yes.

18 CHAIRMAN KOTELCHUCK: Okay. Then  
19 so is it that there's not an underestimate, or  
20 a change has been made in the dose  
21 reconstruction? I'm just trying to  
22 understand, read this and understand it. They  
23 were resolved.

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1                   MR. KATZ:    John can cover that,  
2                   because John's been intimately involved with  
3                   Deepwater.

4                   CHAIRMAN KOTELCHUCK:  Sure.

5                   DR. MAURO:    Yes, I think we're in a  
6                   place where there are some issues on Deepwater  
7                   that -- it went through a cycle of revision and  
8                   review.

9                   CHAIRMAN KOTELCHUCK:  Right.

10                  DR. MAURO:    And many have been  
11                  resolved, but the last I checked there are a  
12                  couple that have not.  And as you could see from  
13                  the previous discussion we just had, the first  
14                  one we closed, but the second one I'm not -- it's  
15                  not immediately apparent to me that -- which --  
16                  let me put it this way:  Which issues still  
17                  remain require some discussion on DuPont that  
18                  might have relevance to this case?  And if  
19                  that's the case, which ones might still have  
20                  relevance?  It's probably something we need to  
21                  talk about.            Unfortunately,  I  can't  
22                  speak right now to each and every one of these.  
23                  Are there any remaining items in DuPont

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1 Deepwater that might have a bearing here? So  
2 I have to say that the first one clearly we  
3 looked at and we were okay, but the other ones  
4 I can't -- I'm looking at it right now, the  
5 table.

6 The specific issue, whether or not  
7 that has been resolved in the latest go-around  
8 or not. But I need a little help here. Given  
9 that we have a revised Site Profile for DuPont  
10 Deepwater, and presuming that there is a PER  
11 that's going to be issued or has been issued,  
12 and you could help me with that, and then cases  
13 are going to be revisited, I guess the question  
14 would be some of the cases -- if we're looking  
15 at a case right now. I don't know, is this one  
16 of the cases that is being revisited, or if so,  
17 that puts [it] in a very special place. It's  
18 almost like moot because it's being revisited  
19 or it's not being revisited.

20 Am I on the right track here the way  
21 I'm thinking about it? If we're in that mode  
22 where you have an active PER process, where we  
23 happen to have a case in front of us that was

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1 captured and is being redone, that puts that  
2 case in a very special place. I don't know if  
3 you folks could help me out, if I'm thinking  
4 clearly about this.

5 MEMBER MUNN: This is Wanda. It  
6 appears to me that the question is very clear  
7 from what we see here on the screen certainly.  
8 The only question is whether the information  
9 that's presented in table B.3 does  
10 underestimate the whole body dose, and I would  
11 think that would have been covered extensively  
12 in Work Group discussions. I don't believe I  
13 was a part of that personally, but that's the  
14 only real question here: is the issue with  
15 respect to any estimation of the whole body dose  
16 still outstanding? One would be led to think  
17 from the comment that's on the matrix itself  
18 that all of the outstanding issues had been  
19 resolved with the AWE Work Group, but I guess  
20 one thing to do would be to check the Work  
21 Group's transcript.

22 MR. KATZ: Well, the problem is  
23 that the Work Group hasn't met to button up this

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1 review. So as John was saying, there are a  
2 couple of findings that needed to be sort of  
3 finally resolved by the Work Group. I mean, it  
4 all appears -- all the work has been done both  
5 by SC&A and by NIOSH on Deepwater. But the Work  
6 Group hasn't met, because this is -- they're  
7 waiting for another site to have enough  
8 material for a meeting.

9 MEMBER MUNN: But the question,  
10 Ted, is: Is this one of the outstanding issues,  
11 or does it --

12 (Simultaneous speaking)

13 MR. KATZ: So part of that's the  
14 problem. Neither John nor I can recall the  
15 specifics of --

16 MEMBER MUNN: Right.

17 MR. KATZ: -- what was put to bed  
18 how at this point. So that's why we can't be  
19 specific on any of these as to exactly how they  
20 were dispositioned.

21 MEMBER MUNN: Well, that's why I'm  
22 suggesting that.

23 CHAIRMAN KOTELCHUCK: This is

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1 relatively recent, by the way, Wanda. SC&A's  
2 DuPont Deepwater report I think only came out  
3 relatively recently.

4 MEMBER MUNN: Yes, I see that, but  
5 it says these were resolved at a meeting last  
6 year, in September last year. And why can't we  
7 just simply check the transcript to see if this  
8 is one of the items that was put to bed at that  
9 time? If it's not one of the outstanding  
10 items, then we can close it, but the transcript  
11 ought to point out to us what items are still  
12 outstanding. Should it not?

13 DR. MAURO: Well, no, because the  
14 last review of DuPont -- the ones that were  
15 closed were closed, but we -- I'm tripping over  
16 my feet a bit. It appears to me that 260.2, for  
17 example, having to do with this table B.3 of  
18 TBD-6001 -- okay? That's how it all started.

19 Now TBD-6001 went away. Okay?  
20 And in the interim the DuPont Deepwater Works  
21 Site Profile was redone. And in the end -- and  
22 basically addressed all of -- in other words,  
23 everything, all of the comments we originally

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1 had really are moot in a way because TBD-6001,  
2 which was the foundation upon which a lot of  
3 these AWE cases were based, does no longer  
4 exist. And they were replaced by their own  
5 stand-alone Site Profiles. Now, in some cases  
6 SC&A has had an opportunity -- and they were put  
7 out -- has had an opportunity to review those  
8 Site Profiles. DuPont Deepwater is one of  
9 those. And our report was issued relatively  
10 recently, and there were some findings.

11 Now, what did that do? There are  
12 two layers to the issue: One is NIOSH might  
13 very well be issuing a PER to deal with the  
14 changes to DuPont Deepwater. I don't know.  
15 Second, there are some issues with the latest  
16 version of DuPont Deepwater's Site Profile that  
17 may or may not have applicability to this  
18 particular issue for this particular case.

19 So I would say that with a little  
20 homework -- I could go maybe during a break and  
21 take a look at where are we exactly on what  
22 issues still are alive and well and need to be  
23 dealt with and do they have any bearing on this

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1 particular case and this particular issue?  
2 But I really can't speak off the top of my head  
3 to that matter at this time.

4 CHAIRMAN KOTELCHUCK: Is there a  
5 new PER? Is there a PER?

6 MR. KATZ: Unless Grady knows, I  
7 don't think we have an answer to that.

8 CHAIRMAN KOTELCHUCK: Okay.

9 MR. KATZ: Because it's not that  
10 all of the findings from SC&A's review were  
11 concurred with by the Subcommittee. I think  
12 there was a mix of findings, if John recalls  
13 correctly.

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

15 MR. KATZ: I think the best course  
16 is for John to just -- John, if you would --

17 DR. MAURO: Yes.

18 MR. KATZ: -- at lunch time or  
19 whatever if you would just take a look at the  
20 record there, and then maybe we can put these  
21 to bed even though the Subcommittee may not have  
22 formally retired the review.

23 DR. MAURO: Okay.

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1 CHAIRMAN KOTELCHUCK: Alright.

2 MR. KATZ: That would be great.

3 CHAIRMAN KOTELCHUCK: And so we'll  
4 take this up right after the break, the lunch  
5 break, or breakfast break.

6 MR. CALHOUN: I can tell you that a  
7 PER has been scheduled for this, but it is not  
8 completed. I just found that out.

9 CHAIRMAN KOTELCHUCK: Okay.

10 MR. CALHOUN: It's on our list.

11 DR. MAURO: But the fact that you  
12 have a PER that is in the queue -- in theory if  
13 this was a case that was rejected, you would go  
14 through your process of determining whether or  
15 not you would need to revisit this one or not.

16 MR. CALHOUN: Right. That's a  
17 fact.

18 DR. MAURO: But you're not there  
19 yet.

20 MR. CALHOUN: Yes, we haven't  
21 reevaluated it, but it is on our list --

22 DR. MAURO: Yes. Yes.

23 MR. CALHOUN: -- of the ones we have

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1 to do.

2 DR. MAURO: By way of process you  
3 could see how things get complicated. Here we  
4 have a case that we reviewed a long time ago.  
5 The world has changed three times in the  
6 interim. We have a PER process at work. We  
7 have an SC&A TBD review process at work. And  
8 in theory the PER process will go forward as it  
9 should based on the latest version of the TBD  
10 that you folks have. And in my mind it's very  
11 important. Notwithstanding the fact that  
12 there still might be some issues SC&A has on the  
13 latest version of the TBD.

14 And, Ted, this is something maybe  
15 you want to help me out with a little. You can  
16 envision a situation where a major revision is  
17 made to a TBD, sort of like General Steel, and  
18 we know that there are going to be a lot of cases  
19 that are going to be revisited as a result of  
20 that revision. And in theory NIOSH launches a  
21 PER process based on the latest version of the  
22 TBD, as should be, because these folks have been  
23 waiting forever.

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1           But at the same time SC&A, as you  
2 know, Ted, has recently reviewed the latest  
3 version of the TBD. And I'm talking General  
4 Steel, but it has applicability here also. And  
5 we're in this unusual place that says, well, we  
6 have a new TBD. We really need a PER to go  
7 forward because there really have been some  
8 substantial changes. A lot of cases could be  
9 affected. We don't want to hold that up.

10           But we also realize that SC&A still  
11 has a couple of things to polish the apple.  
12 Like I would refer to -- there are some things  
13 that we need to take care of. This is true of  
14 General Steel. This is also true of DuPont.  
15 And here we are trying to resolve issues on a  
16 case, and it's an uncomfortable place to be, and  
17 how best to move forward.

18           MR. KATZ: John, I think you'll be  
19 fine. At lunch break if you could just review  
20 the transcript for the last meeting where  
21 DuPont was discussed by the Uranium Refining  
22 AWE Work Group, that would be great. Because  
23 as I recall it, the issues there were pretty

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1 simple and cut and dried.

2 DR. MAURO: And I think you're  
3 right.

4 MR. KATZ: Nothing near the  
5 complexity that we had with GSI.

6 DR. MAURO: Yes.

7 MR. KATZ: So I think you'll find  
8 that it's probably easy to resolve this just  
9 after you look at the record.

10 DR. MAURO: Okay.

11 MR. KATZ: But we'll see then.

12 DR. MAURO: Okay. I agree with  
13 you. I'll take care of it.

14 CHAIRMAN KOTELCHUCK: Wonderful.  
15 Thank you.

16 DR. MAURO: I'm sorry for going on  
17 and on.

18 CHAIRMAN KOTELCHUCK: Good. And  
19 we'll revisit this right after the lunch break,  
20 or breakfast break as the case may be for our  
21 West Coast colleagues.

22 And let's go on now. So we are  
23 going on Task 260.3, and I think IMC is next.

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1 It's a 281.

2 MR. FARVER: Well, we can go to  
3 260.4. This is separate from the technical  
4 basis.

5 CHAIRMAN KOTELCHUCK: Okay.  
6 Fine. If we can, then let us.

7 MR. FARVER: It has to do with some  
8 information that was in the CATI report.

9 CHAIRMAN KOTELCHUCK: Yes.

10 MR. FARVER: I believe the employee  
11 either marked something that he was monitored  
12 or wore a badge. Anyway, we noted this in our  
13 finding that NIOSH had addressed the  
14 possibility that there was film badge data.  
15 Well, NIOSH's response was that monitoring  
16 results have not been identified for any  
17 individuals working at the site.

18 CHAIRMAN KOTELCHUCK: Yes.

19 MR. FARVER: I don't know if this  
20 has been addressed with the Work Group or not  
21 about that, but there was nothing in the case  
22 that indicated there were film badge results.  
23 It was just in the CATI report.

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1                   CHAIRMAN KOTELCHUCK:  Yes.

2                   MR. FARVER:  And apparently there  
3                   have been no other monitoring results for any  
4                   employee at DuPont Deepwater, so we --

5                   CHAIRMAN KOTELCHUCK:  So this  
6                   would appear to be an error or misinformation  
7                   on the CATI report?  Is that what you're  
8                   saying?

9                   MR. FARVER:  Information in the  
10                  CATI report that we noted.

11                  CHAIRMAN KOTELCHUCK:  Okay.  And  
12                  is not correct in that no external  
13                  monitoring --

14                  MR. FARVER:  There is -- apparently  
15                  there are no external dosimetry data.

16                  CHAIRMAN KOTELCHUCK:  Yes.

17                  MR. KATZ:  Doug, I would just say  
18                  that this really ends up not being a finding.  
19                  It's more like an observation that was  
20                  inconsistent with the facts, which is that they  
21                  didn't have any of these records.

22                  MR. FARVER:  Well, the fact was  
23                  that it was noted in the CATI report.

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1                   MR. KATZ: No, I know, but that's  
2 not a finding. There's not a problem with the  
3 dose reconstruction and they did their work  
4 correctly and there were no records.

5                   MEMBER MUNN: Yes, there's nothing  
6 you can do about that.

7                   CHAIRMAN KOTELCHUCK: Yes.

8                   MR. KATZ: So it's not a finding.

9                   CHAIRMAN KOTELCHUCK: Right.

10                  MR. FARVER: So should we not  
11 identify discrepancies in the CATI report?

12                  MR. KATZ: Well, no, I think --

13                  CHAIRMAN KOTELCHUCK: No, no.  
14 What you've done is proper. I think the  
15 question is whether we call this 260.4 or  
16 whether we call this Observation 1. And I  
17 think it makes sense to call this Observation  
18 1. You did follow up on the information that  
19 was provided, which is very important.

20                  MR. FARVER: Okay.

21                  CHAIRMAN KOTELCHUCK: So just  
22 change --

23                  MEMBER GRIFFON: Can I ask a

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1 question, Dave?

2 CHAIRMAN KOTELCHUCK: Yes, sir.

3 MEMBER GRIFFON: This is Mark  
4 Griffon. I just wonder how we don't know that  
5 something in the CATI report wasn't correct.  
6 In other words, did NIOSH check all the CATI  
7 reports from this site to see if several people  
8 said there was monitoring and we just never  
9 found the monitoring data.

10 MR. KATZ: Well, that's the point,  
11 Mark. It's not disputed that there was  
12 monitoring.

13 MEMBER GRIFFON: Oh, okay.

14 MR. KATZ: It's disputed that there  
15 are not records.

16 MEMBER GRIFFON: Just can't  
17 recover it? Okay.

18 MR. KATZ: Yes.

19 MEMBER GRIFFON: Okay. Alright.  
20 I just wanted to check that.

21 CHAIRMAN KOTELCHUCK: Alright.  
22 So we will close on that.

23 MR. FARVER: Okay. We'll make

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1       this an observation and we'll go back and  
2       renumber and reissue that report.  And by the  
3       way we've had I think four other, or three other  
4       reports that we're going to have to reissue.  
5       And what we're doing is we're waiting until we  
6       close out this set of cases and then we'll issue  
7       those cases at one time.

8                   CHAIRMAN KOTELCHUCK:  That's fine.

9                   MR.  FARVER:       Now for future  
10       reference, if we come across something like  
11       this in another CATI report, do we identify it  
12       as a finding because we don't know if it's  
13       correct and then later change it to an  
14       observation if it is incorrect, or do we  
15       identify it as an observation?  I just want to  
16       know how to handle this in the future.

17                  MR.  KATZ:       Doug, can I just  
18       suggest -- I mean, in this sort of case, I mean,  
19       the thing to do would be to check with NIOSH  
20       about what -- you have access to records and you  
21       get records.  So where there's an issue like  
22       this, do your research in advance and then you  
23       won't be issuing a finding that you have to

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1 reverse.

2 MR. FARVER: Well, it's not up to us  
3 to research the whole site and find out if  
4 there's data.

5 MR. KATZ: Well, when you find a  
6 discrepancy that you're about to say is a  
7 finding that they didn't use something that  
8 they should have, I think checking with NIOSH  
9 to see whether they have these records or not  
10 makes a lot of sense.

11 MR. FARVER: We did not say they  
12 should have it. What we said was the employee  
13 indicated it in the CATI report.

14 MR. KATZ: No, I understand. I  
15 understand, but that --

16 MR. FARVER: Just like the employee  
17 indicates he's exposed to uranium or plutonium  
18 and if it's not included in the dose  
19 reconstruction, we will bring it to the  
20 attention of the Subcommittee.

21 MR. CALHOUN: This is Grady. Let  
22 me interject something here that may help a  
23 little bit. The CATI was done with a survivor.

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1 It wasn't even the employee that said he wore  
2 the dosimetry.

3 MR. FARVER: All I want to know is  
4 how do we handle when we find a discrepancy in  
5 the CATI report with information that's in the  
6 dose reconstruction?

7 CHAIRMAN KOTELCHUCK: Well, no --

8 MEMBER MUNN: This is Wanda. I  
9 have an opinion on that, and it's not one that's  
10 an efficient opinion, but I think that the point  
11 is well taken. We've placed a great deal of  
12 emphasis throughout the entire project on  
13 paying attention to what's in the CATI. We'll  
14 pay attention to what's in the CATI before we'll  
15 pay attention to the health physicist who was  
16 on site because we are concerned about how the  
17 events occurred from the viewpoint of the  
18 worker, the person who was on the ground.  
19 That's what we pay attention to.

20 So when we have a situation like  
21 this where the CATI says that there was an  
22 exposure, that there was badging but we have no  
23 evidence of it one way or another, I can

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1 understand why it would almost of necessity be  
2 put forward as a finding. When we discover  
3 that we have no such information, that it isn't  
4 there, then it's inconvenient for us, I  
5 understand. And it's certainly not efficient  
6 for us. That's understandable as well. But  
7 what we have just done may be the appropriate  
8 thing to do in terms of keeping our hands clean  
9 in terms of paying attention to what's in the  
10 CATI.

11 CHAIRMAN KOTELCHUCK: Yes, I agree  
12 with that; that is, I think it should be if a  
13 person reports it on the CATI, it should be a  
14 finding because we believe it until we find  
15 evidence to show that that is not correct. And  
16 then it becomes an observation.

17 MEMBER MUNN: And it's cumbersome  
18 from a procedural point of view.

19 CHAIRMAN KOTELCHUCK: Yes.

20 MEMBER MUNN: And from our point of  
21 view it's extremely cumbersome. But it seems  
22 to be from my viewpoint the legitimate way to  
23 approach it.

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1 CHAIRMAN KOTELCHUCK: I think so.

2 DR. MAURO: This is John. We're on  
3 a subject that I think is very important, near  
4 and dear to my heart, and that has to do with  
5 the role of an independent reviewer and the fact  
6 that we want to be efficient and we want to be  
7 transparent. And circumstances arise where a  
8 simple telephone call would very often clarify  
9 things.

10 I find myself very often, for  
11 example, checking the number and I can't quite  
12 [omitted] it, and I don't know why. I suspect  
13 that it's right. But the dose reconstruction  
14 reports of necessity cannot be of great detail.  
15 And sometimes I find myself in the  
16 uncomfortable position of saying, geez, I can't  
17 figure out exactly what was done here. I would  
18 love nothing better than to simply be able to  
19 make a call to one of the authors, or maybe call  
20 Jim or Stu and say is it okay if I speak to them  
21 just to say, ah, okay, now I understand. And  
22 then it doesn't even make it to the table, so  
23 to speak.

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1                   And I think we've had this  
2 conversation before, but --

3                   CHAIRMAN KOTELCHUCK: We have.

4                   DR. MAURO: Yes. And I guess maybe  
5 I just --

6                   CHAIRMAN KOTELCHUCK: We have  
7 authorized that a call from SC&A to the NIOSH  
8 folks for technical information is absolutely  
9 to be encouraged and be done more. This is a  
10 little different because it's a CATI report,  
11 and there are many CATI reports. It's not a  
12 question of the number. It's a question of  
13 calling someone up and asking someone to check  
14 the records further.

15                   So for this particular case I would  
16 suggest that we go along with Wanda's  
17 suggestion, this be a finding.

18                   DR. MAURO: Okay.

19                   CHAIRMAN KOTELCHUCK: Otherwise,  
20 feel free to call, and you are encouraged to do  
21 so.

22                   DR. MAURO: Thank you.

23                   CHAIRMAN KOTELCHUCK: Okay.

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1                   MEMBER MUNN:   Yes, I don't like it.  
2                   It's sticky.   It seems like a ridiculous thing  
3                   to do when we know that information isn't there,  
4                   but until we verify that information isn't  
5                   there --

6                   CHAIRMAN   KOTELCHUCK:        That's  
7                   right.   That's right.   Alright.   Then that is  
8                   closed unless I hear any further comments.  
9                   Excuse me.   That is not closed.   That becomes  
10                  an observation and then we don't --

11                  MR. FARVER:   Well, I will do like I  
12                  did with the other time we changed a finding to  
13                  an observation.   I will close this in our  
14                  matrix.   And then when I make the changes to the  
15                  document, then it will get reissued.   The  
16                  finding will be deleted from the report and I  
17                  will strike it out in the matrix.

18                  CHAIRMAN KOTELCHUCK:   Good.

19                  MR. FARVER:   Change it to a finding  
20                  and note that our twin observation notes it was  
21                  a finding.

22                  CHAIRMAN KOTELCHUCK:   Very good.  
23                  Okay.

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1                   MR. FARVER:  It's a little awkward,  
2                   but I can do that.

3                   MEMBER MUNN:  Yes, it's messy.

4                   MR. FARVER:  It is.  And I just  
5                   wanted to point out there are some times where  
6                   the employee will say, I was involved in an  
7                   incident, and I think that's important to bring  
8                   up.  And there also are some times where, yes,  
9                   maybe a technical call can clarify something in  
10                  a dose reconstruction, but I think we have to  
11                  separate that out, like you did.  So I think  
12                  that's a good choice.

13                  CHAIRMAN KOTELCHUCK:  Yes.  Good.  
14                  Alright.  IMC 281.1.

15                  MR. FARVER:  IMC, the hypothetical  
16                  internal dose model overestimates the dose and  
17                  I'm going to turn this over to John Mauro  
18                  because he's the IMC person.

19                  DR. MAURO:  Yes, I took a look at  
20                  this.  Interestingly enough, I think that you  
21                  overestimate a dose by about a factor of two for  
22                  the reasons given in terms of the timing.  We  
23                  took a closer look at the timing.

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1                   And to make a long story short,  
2                   think of it like this:  There's a contract  
3                   between the Atomic Energy Commission and IMC  
4                   for a certain time period to do AWE work, and  
5                   it was four years.  Turns out when you take out  
6                   the magnifying glass and you take a closer look,  
7                   son of a gun, they really only did the AWE for  
8                   two years.  Even though the contract went for  
9                   four years, they only really did the work for  
10                  two years.  But in this case they calculated  
11                  the dose as if the person was exposed for four  
12                  years, and therefore of course overestimated  
13                  the dose and still denied.

14                  And you could come down on this in  
15                  one of two ways:  You say, one, this is an  
16                  expedient way to quickly -- we know the duration  
17                  of the contract and we place a plausible upper  
18                  bound on the worker's dose, and he still was not  
19                  compensated.  So one could say everything is  
20                  fine.  Or one could say, well, wait a minute,  
21                  when you take a closer look, if you really were  
22                  trying to do as realistic a dose as you can, you  
23                  would have given him a dose of two years and

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1 maybe a residual dose of the other years before  
2 they actually terminated the contract.

3 As marked in blue here, we basically  
4 say that and we say in this case we probably  
5 should let this go and close it because what it  
6 is is a reasonable way to place a plausible  
7 upper bound. What's plausible becomes kind of  
8 fuzzy here, but our position is we should close  
9 this item for the reasons I just described.

10 CHAIRMAN KOTELCHUCK: And the  
11 overestimate, this was not a compensated case?

12 DR. MAURO: If it was compensated,  
13 there would be a problem.

14 CHAIRMAN KOTELCHUCK: Yes.  
15 Right. But so it wasn't compensated, right?

16 DR. MAURO: That's correct.

17 CHAIRMAN KOTELCHUCK: Okay. So it  
18 was overestimated and --

19 DR. MAURO: I believe --

20 (Simultaneous speaking)

21 CHAIRMAN KOTELCHUCK: -- it wasn't  
22 compensated?

23 DR. MAURO: Yes, Doug, could you

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1 take a quick check? Any way you could  
2 quickly -- because if was compensated, then  
3 everything I said, I take back.

4 MR. FARVER: It was compensated.

5 CHAIRMAN KOTELCHUCK: Its worker  
6 was compensated. I couldn't see. I'm on the  
7 screen until now.

8 DR. MAURO: Ah, okay. I'm sorry to  
9 do this to you, but I think there's a little bit  
10 more we need to talk about.

11 CHAIRMAN KOTELCHUCK: Yes.

12 DR. MAURO: If this fellow was  
13 compensated, it seems to me that the -- it now  
14 becomes a judgment, and that judgment becomes  
15 important. I could argue that you  
16 overestimated this dose by about a factor of two  
17 and you compensated him. Do we really want to  
18 be in that place where we have a record that says  
19 in this particular case it certainly appears  
20 that we overestimated the person's dose? And  
21 that being the case, I guess I'd have to put it  
22 back onto NIOSH. Do they agree that maybe they  
23 did overestimate the dose? Now, that doesn't

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1 mean they can take away the compensation, but  
2 that is problematic, as you could see why.

3 CHAIRMAN KOTELCHUCK: Sure. Has  
4 this been reevaluated based on -- well,  
5 actually let's ask what NIOSH -- NIOSH's  
6 response to this.

7 MR. CALHOUN: Well, our response is  
8 that we'll go back and look again. Our initial  
9 response is what was written in there.

10 CHAIRMAN KOTELCHUCK: Right.

11 MR. CALHOUN: And then it came back  
12 as a recommendation to close, and so now we'll  
13 have to reevaluate.

14 CHAIRMAN KOTELCHUCK: I think it  
15 would be proper to do so, because the person may  
16 still be worthy of compensation. Unlikely,  
17 but possible.

18 DR. MAURO: By the way, this is  
19 John, they did make it in -- I have to say I'm  
20 trying to refresh my memory as we're working  
21 through this. Yes, you could see in the  
22 mock-up on the page in front of us there is this  
23 blue section -- but since this worker was

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1        compensated, we questioned whether such an  
2        overestimate of a dose is appropriate in this  
3        case. So, yes. No, we did get it right in the  
4        matrix. In other words, in my mind I see that  
5        we closed it, but I would ask those on the phone  
6        is it appropriate to close this in light of the  
7        fact there's that question on the table?

8                    MR. KATZ:     Just from an audit  
9        perspective no, because it doesn't matter which  
10       side of the compensation decision the problems  
11       may arise. It's you're trying to find how well  
12       the dose reconstructions are done. So you need  
13       to see this through. You need a NIOSH  
14       response.

15                   DR. MAURO:    Yes. Well, Ted, you  
16       bring up a good question though. I mean, we  
17       have seen in many circumstances where NIOSH  
18       employs simple finding assumptions. Let's say  
19       they were doing a realistic analysis here. And  
20       if my understanding of the record is correct,  
21       it looks like there was actually some  
22       operations going off at two years where there  
23       was operational exposures. And then they

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1 transitioned into what would be called a  
2 two-year residual period where things are shut  
3 down, and you would do an analysis that way.

4 Now, which gets to be a more  
5 complicated analysis. You have to go through  
6 this multi-step process. And I could envision  
7 NIOSH saying, well, listen, we're going to do  
8 a bounding analysis, simplify it, figure out  
9 what the annual dose is, multiply it by four  
10 because the contract was for four years. And  
11 if it's denied; we know we're overestimating,  
12 we shut it down and we say we're done and the  
13 dose reconstruction is done.

14 And the way I look at the world, it  
15 becomes an issue when you do that, simplify an  
16 assumption, which might go very well, if I got  
17 it right; and there's no guarantee I got it  
18 right, but I think that's where I come out on  
19 this, that they did overestimate the dose by  
20 about a factor of two and they compensated the  
21 person. So now, if they didn't compensate him,  
22 I would walk away.

23 But are you saying, Ted, that you

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1 prefer to address this issue either way?

2 MR. KATZ: Yes, I'm just saying our  
3 reviews are supposed to be reviews of the  
4 quality of the dose reconstructions,  
5 regardless of the compensation decision. So  
6 in this case, I mean, I think we still need a  
7 NIOSH response as to whether they performed the  
8 dose reconstruction as they should have under  
9 the rules. Because obviously you can do  
10 simplifying assumptions as efficiency  
11 measures, but otherwise you have to take the  
12 information as far as it can go before you --  
13 I mean, you can still have simplifying  
14 assumptions because that's all -- if that's the  
15 information you have. But they have to take  
16 the information as far as it can go. So we need  
17 that response from NIOSH before we'll know  
18 whether this was done correctly or there's an  
19 error here.

20 CHAIRMAN KOTELCHUCK: Well, there  
21 is an error here.

22 MR. KATZ: Well, I mean, NIOSH  
23 hasn't had the chance to respond yet.

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1 DR. MAURO: Yes, I would say that  
2 that's -- all you're really hearing is when I  
3 looked at it, this is what my take-away was.

4 CHAIRMAN KOTELCHUCK: Yes.

5 DR. MAURO: And certainly NIOSH  
6 could take a look at it and see if they agree  
7 with that. They may have good arguments and  
8 reasons why, no, we think we did it right.

9 MR. KATZ: Right.

10 DR. MAURO: And so, I guess we need  
11 to hear about that. So in a way this really  
12 shouldn't be closed at this time.

13 MR. CALHOUN: So basically the  
14 point here on this is that we assigned two more  
15 years than we should have, is what you're  
16 saying.

17 DR. MAURO: That's what it really  
18 comes down to.

19 MR. CALHOUN: And I'm going to look  
20 back. And I'm thinking this was done six years  
21 ago, so I'll have to look back and see what was  
22 going on then. It may have been at that point  
23 in our program. If DOL said this is the covered

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1 period, that's what we did.

2 DR. MAURO: Yes.

3 MR. CALHOUN: And we may have  
4 evolved to a point where we discovered after  
5 that that operations shut down. I'm just not  
6 sure.

7 DR. MAURO: Yes.

8 MR. CALHOUN: We will take a look at  
9 that.

10 DR. MAURO: Good. Good. Thank  
11 you.

12 CHAIRMAN KOTELCHUCK: Okay. And  
13 this must remain open?

14 MR. CALHOUN: Right.

15 CHAIRMAN KOTELCHUCK: Okay. And  
16 we have a second case from IMC, I believe.

17 MR. FARVER: The next finding is  
18 very --

19 CHAIRMAN KOTELCHUCK: No, a second  
20 finding; I'm sorry, for the same case. 281.2.

21 MR. FARVER: It has to do with the  
22 timing of the operations period, residual  
23 period and so forth, like we just discussed.

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1 CHAIRMAN KOTELCHUCK: Yes.

2 MR. FARVER: And so --

3 CHAIRMAN KOTELCHUCK: Both of  
4 those must remain open then.

5 MR. FARVER; Correct.

6 DR. MAURO: Yes, they're all the  
7 same. In other words --

8 CHAIRMAN KOTELCHUCK: Yes.

9 DR. MAURO: -- they were looked at  
10 the same -- they're connected.

11 CHAIRMAN KOTELCHUCK: Sure.

12 DR. MAURO: And it also has to do  
13 with what was the duration of actual AWE  
14 operations.

15 CHAIRMAN KOTELCHUCK: Right.  
16 Could I ask the folks from NIOSH, if we find that  
17 this was indeed an overestimate, after you do  
18 the calculation it was an overestimate, how do  
19 we then handle any other cases that occurred  
20 from this facility, the IMC facility?

21 MR. CALHOUN: Well, I would hope  
22 that we have fixed that by now, but if they're  
23 compensated, they're going to stay

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1 compensated.

2 CHAIRMAN KOTELCHUCK: Of course.

3 (Simultaneous speaking)

4 MR. CALHOUN: -- go back. But if  
5 we find that there is an error, the procedures  
6 will be changed and we'll fix in that --

7 (Simultaneous speaking)

8 CHAIRMAN KOTELCHUCK: Okay.  
9 Alright. I guess I was also thinking of going  
10 forward. Cases may appear in the future. But  
11 if they appear in the future, this information  
12 that we're talking about now will be  
13 incorporated in the analysis. So I guess we're  
14 okay.

15 Are there other cases? There may  
16 be other -- well, after you do this, you'll  
17 also -- I think you need to look back to see if  
18 there were previous cases that were  
19 overestimated after you finish this one. Yes?

20 MR. KATZ: Well, there's no reason,  
21 Dave, to look back, because it's not like  
22 anything is going to change in the case of those  
23 cases. They're not going to withdraw

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1 compensation for people who were already  
2 compensated.

3 CHAIRMAN KOTELCHUCK: That's  
4 right. We're not --

5 MR. KATZ: Right.

6 CHAIRMAN KOTELCHUCK: That's  
7 right. They're not going to withdraw. And on  
8 the other hand, if they were denied, if the  
9 overestimate showed that they in fact did not  
10 have a PoC within that 50 percent range, then  
11 they weren't compensated and that would have  
12 been correct. So, okay. We're following  
13 through the logical pathways and I see what  
14 you're saying.

15 So we'll leave those two cases,  
16 those two findings open and NIOSH will report  
17 back to us at some time. Next meeting,  
18 hopefully.

19 MR. CALHOUN: Correct.

20 CHAIRMAN KOTELCHUCK: Okay. So  
21 those two, 281.1 and 2 are open and will remain  
22 so.

23 And I think we can go on. It's

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1 11:30. That's fine. We're fine. Let's go on  
2 to Koppers.

3 MR. FARVER: Okay. This case is  
4 from Koppers. The first finding, the external  
5 exposure values in table 7.3, TBD-6001,  
6 regarding material handling during the  
7 fluorination process appeared to be  
8 substantially overestimated. And NIOSH's  
9 response is that they think we mistook the  
10 values in a different table. Unfortunately,  
11 when we went back to look at their response, the  
12 appendix is gone, as in not on the Web site.

13 DR. MAURO: Yes, it put us in a  
14 position where when they pulled TBD-6001, very  
15 often what would happen is there -- under  
16 TBD-6001, the original umbrella TBD, there were  
17 these processing plants, each of which had its  
18 own appendix and which would give you a little  
19 bit more detail as it applied to that particular  
20 site. Koppers I believe is one of them. But  
21 when TBD-6001 was pulled, I don't believe there  
22 is a Koppers TBD out there that -- and by the  
23 way, for most of these sites there are no data

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1 for the site itself. There's just information  
2 about what was going on at the site.

3 And without a Site Profile, I guess  
4 we're at a little bit of a loss to be able to  
5 confirm the response that was given, that is the  
6 answer that was given here by NIOSH puts SC&A  
7 in a position where it's difficult for us to  
8 check because there is no TBD. However, I did  
9 receive an email this morning talking about  
10 Koppers that I had a chance to look at it. I  
11 don't recall who sent it. And there would be  
12 some more to talk about as a result of that  
13 email. The person that sent that email out, is  
14 he on the phone with us?

15 MR. FARVER: Grady sent that email.  
16 It was sent out late last week or last week.

17 DR. MAURO: Yes.

18 MR. FARVER: Forwarded it to you  
19 this morning.

20 DR. MAURO: Yes.

21 MR. FARVER: Yes, so --

22 MR. CALHOUN: Here's the deal on  
23 these sites is we don't have TBDs for everything

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1 and this one kind of got stuck because we had  
2 a methodology for it, in that 6000 or whatever,  
3 6001 document, and then that document got  
4 pulled. And what's supposed to happen is if  
5 these things aren't covered in a TBD, the detail  
6 in the DR has to be -- they have to have enough  
7 detail that you can actually see what we did.

8 I would say that going forward that  
9 they will have that level of detail, but because  
10 it was based on a document that is now gone, that  
11 one did not. So Dave tried to explain what  
12 exactly we did there, and that's what I  
13 forwarded to you.

14 DR. MAURO: And I found that useful  
15 in that -- because when I read your response,  
16 I have to say, the one in the matrix right now,  
17 I didn't quite understand it. But I did  
18 understand the email that went out that Doug  
19 forwarded to me. And I think maybe we could  
20 come to a place where we could have an agreement  
21 on this.

22 In the email that I just looked at  
23 this morning it was explained. The concern was

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1       this:       Conceptually it's quite simple.  
2       You've got a facility that's filling up drums  
3       with the yellowcake and there are people  
4       working near it and there's a radiation field  
5       created adjacent to the yellowcake. And when  
6       we reviewed that, we looked at the doses and we  
7       know from just the physics of the problem what  
8       the radiation field is as a function of  
9       distance.

10               So you know the micro R per hour or  
11       millirem per hour as a function of distance of  
12       penetrating radiation from the drum. And the  
13       number, the doses that you get are directly  
14       proportional to how much time do you think this  
15       person might have stayed or resided in the  
16       vicinity of the drum? We know he worked there  
17       2,400 hours a year. I think that was the  
18       assumption.

19               The question is do we know how many  
20       hours a year is he one foot away from the drum,  
21       or one meter away from the drum? And in the  
22       email that was sent to me that I read this  
23       morning the numbers that came up effectively

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1       said that a relatively short period of time was  
2       spent in the vicinity of the drum, because the  
3       doses that were coming up were many fold lower  
4       than I was expecting given my knowledge of what  
5       the radiation field is in the vicinity of these  
6       drums as a function of distance.

7                   So where we are right now, based on  
8       what I read this morning, is it seems that the  
9       way in which -- your outcome was -- I think it  
10      was 183 millirem per year. I forget the  
11      number. I'd have to go back to the email. But  
12      I was expecting to see something somewhat  
13      higher, even if you assumed only a relatively --  
14      maybe 10 percent, 20 percent, 30 percent of the  
15      time the person is one foot away or one meter  
16      away. So it's not that we have something here  
17      where we got a really hard and fast calculation  
18      that's straightforward and simple.

19                   What's straightforward and simple  
20      is the radiation field as a function of distance  
21      from this drum. What is difficult to deal with  
22      is what do we assume is the duration of time the  
23      person stays in the vicinity of one or maybe

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1 more drums? And it appears to me that the  
2 numbers that were sent to me in that email  
3 seemed to be kind of low in terms of, to get to  
4 those doses. You may not agree with that and  
5 you may have good reason to believe that, no,  
6 he did not spend a lot of time there, but I  
7 didn't see that explanation.

8 CHAIRMAN KOTELCHUCK: Grady?

9 MR. CALHOUN: I don't know to come  
10 back on that one. I'll just have to look again,  
11 I guess.

12 CHAIRMAN KOTELCHUCK: Yes. So,  
13 sounds like this has to be open.

14 MR. FARVER: This is Doug. I've  
15 just got a question since I don't deal with a  
16 lot of these AWE sites. When we withdraw like  
17 TBD-6000 and appendices are we losing site  
18 information that could be useful?

19 MEMBER MUNN: Just one quick  
20 correction. You're talking about 6001.

21 MR. FARVER: 6001, yes.

22 MEMBER MUNN: 6000 is alive and  
23 well.

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1                   MR. FARVER:  Yes, 60001.  Are we  
2                   losing information about a site when we  
3                   withdraw them?

4                   MR. KATZ:  Doug, so what happened  
5                   there was this one sort of meta-whatever-you-  
6                   want-to-call-it TBD was replaced by ones that  
7                   were specific to the different sites where  
8                   there was specific information.  So I don't  
9                   think the case is that good information was lost  
10                  at all.  It was just more carefully treated in  
11                  site-specific TBDs where those could be  
12                  developed.

13                  MR. FARVER:  So we didn't have good  
14                  information on Koppers to begin with?

15                  MR. KATZ:  So if that did not get  
16                  its own TBD --

17                  MR. FARVER:  Right.

18                  MR. KATZ:  -- my guess is it didn't  
19                  have more specific information, just what  
20                  they're consolidating in the specific dose  
21                  reconstruction reports, as Grady was  
22                  explaining earlier.

23                  MR. CALHOUN:  And there's actually

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1 another factor, too. We look at what we have  
2 available, but we also look at the number of  
3 claims. If there's only a handful of claims,  
4 we won't go through the effort to actually write  
5 a stand-alone TBD. But when we don't do that,  
6 we still would like to try to have enough detail  
7 in the individual DR that you can tell what we  
8 did.

9 DR. MAURO: Grady, this is John.  
10 This is only my opinion. I agree with that  
11 philosophy. I think that as you said if there  
12 aren't many sites, you could document the dose  
13 reconstruction itself at a level of detail that  
14 stands alone and you don't need a TBD to stand  
15 behind it, unlike other sites which might be  
16 complex and where there are many cases and  
17 different circumstances arise.

18 So just in my own personal opinion  
19 I think your folks having that discretion on  
20 when you actually need a TBD; Koppers is your  
21 example here, I agree with that. But it turns  
22 out that in looking at the information  
23 provided, granted that the information was

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1 provided in two places -- one, in the dose  
2 reconstruction itself; and two, the  
3 supplemental information you provided  
4 recently.

5 So I guess I'm not really  
6 questioning the discretion you have regarding  
7 when you're going to develop a TBD or not for  
8 a place like Koppers. But I do question the  
9 doses and your outcome and your rationale why  
10 they were so low.

11 CHAIRMAN KOTELCHUCK: Right. And  
12 then the folks from NIOSH are going to look at  
13 that.

14 MR. FARVER: Grady, I just have one  
15 more. Now, that information -- and I'm  
16 thinking of things like what the site did, when  
17 it operated, what was the source term? Just  
18 general information. Is that contained in the  
19 DR template for that site, or how is that going  
20 to be maintained so that we use consistent  
21 dates, consistent locations and so forth?

22 MR. CALHOUN: We have some kind of  
23 desktop methodologies that we have for some of

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1       these sites that help us be consistent in that  
2       regard, but the goal is to actually have it in  
3       the DR and have it stand alone so that you can  
4       look at it and figure out everything that was  
5       done without having to go to any other document  
6       in these cases.

7                   CHAIRMAN KOTELCHUCK:     Grady, I  
8       think is this the one where you used Blockson  
9       [?] as a surrogate?

10                   MR. CALHOUN:    No, that's IMC.

11                   CHAIRMAN KOTELCHUCK:    Oh, that was  
12       IMC. I'm sorry. Crossed lines on you. Okay.  
13       Never mind.

14                   MR. CALHOUN:    Now, this one, I'm  
15       looking and I'm a third party to this actually,  
16       but assuming a lab technician spent 100 percent  
17       of his time within one foot of the drum?

18                   CHAIRMAN KOTELCHUCK:    Yes. We get  
19       much bigger doses.

20                   MR. CALHOUN:    Oh, okay.

21                               (Simultaneous speaking)

22                   CHAIRMAN KOTELCHUCK:    Yes. By the  
23       way, I'm not saying you should assume that.

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1                   MR. CALHOUN: I thought that you  
2                   said that we were not assuming he was there long  
3                   enough.

4                   CHAIRMAN KOTELCHUCK: Yes, I can go  
5                   back to your -- I can't get to my memo. I'm on  
6                   the screen now.

7                   MR. CALHOUN: Okay.

8                   CHAIRMAN KOTELCHUCK: I looked at  
9                   your memo and I said -- well, you sent back to  
10                  us SC&A said the exposure rate at one foot is  
11                  this, the exposure rate at one meter is this,  
12                  and if he was there 2,400 hours a year at one  
13                  foot or one meter he'd get some big doses. And  
14                  but you gave what dose you did come up with and  
15                  it seemed to be such that he would have to have  
16                  spent relatively short periods of time at a  
17                  meter or more away from the drum to get that  
18                  lower dose.

19                  MR. CALHOUN: Now, I looked at this  
20                  this morning. Certainly, please, take a look  
21                  at it. See if you walk away with -- listen,  
22                  there's no reason why we should be disagreeing  
23                  on this. In other words, you may look at it and

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1 say, no, I think that it's reasonable that we  
2 come out where we come out. But when I read it  
3 this morning, I felt as if you were coming out  
4 kind of low.

5 CHAIRMAN KOTELCHUCK: Okay.  
6 Well, Grady's going to look at it.

7 MR. CALHOUN: Yes, we'll look at  
8 it.

9 CHAIRMAN KOTELCHUCK: And it will  
10 remain open.

11 MR. CALHOUN: Yes, I'm thinking we  
12 may only be like five millirem apart, but I'll  
13 look.

14 DR. MAURO: No, I would say I was  
15 about a factor of five higher than you even if  
16 he was a meter away. In other words, the way  
17 I did my little quickie thing I said, okay,  
18 let's assume the guy is one meter away from the  
19 drum for a protracted period of time. Not one  
20 foot. One meter. And I came up with doses  
21 that were several-fold higher than yours.

22 CHAIRMAN KOTELCHUCK: Okay.

23 MR. FARVER: Okay. We're going to

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1 keep that one open.

2 CHAIRMAN KOTELCHUCK: And then  
3 there is 282.2.

4 MR. FARVER: Why don't we keep that  
5 one open?

6 CHAIRMAN KOTELCHUCK: I haven't  
7 looked at it.

8 MR. FARVER: There's the same  
9 situation where we can't review it because --

10 CHAIRMAN KOTELCHUCK: Oh, yes.

11 MR. FARVER: Let's see. The  
12 documents not on the web anymore.

13 CHAIRMAN KOTELCHUCK: Okay. Yes,  
14 then we do have to keep both of those open.

15 MR. FARVER: Okay.

16 MR. KATZ: Do we know what has to be  
17 done with the second one?

18 MR. FARVER: I don't remember if  
19 this was --

20 MR. KATZ: In other words, if it's  
21 open, then who's following up on what exactly?

22 MR. FARVER: Was this included in  
23 your memo, Grady? I don't remember.

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1 DR. MAURO: I think your memo was  
2 limited to external, Grady.

3 MR. CALHOUN: That's true.

4 MR. FARVER: Okay.

5 MR. KATZ: Okay. So do you need  
6 more information from Grady before you can  
7 respond further, Doug?

8 MR. CALHOUN: Yes, because I  
9 believe that I made the mistake of assuming why  
10 they were both the same and I didn't even ask  
11 for a response on the internal.

12 MR. KATZ: Oh, okay. Alright. So  
13 that will be a follow-up from Grady, too.

14 CHAIRMAN KOTELCHUCK: Okay. We  
15 have about 15 more minutes, so let's go on to  
16 Bridgeport Brass.

17 MR. FARVER: Okay. Bridgeport  
18 Brass has been pretty straightforward. There  
19 is an occupational medical dose from 1963 that  
20 just was omitted. Appears to be just omitted  
21 for no apparent reason. QA mistake.

22 Other doses were applied correctly.  
23 So, and not sure what we can do with it --

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1 CHAIRMAN KOTELCHUCK: Okay.

2 MR. FARVER: -- other than mark it  
3 as a QA concern.

4 CHAIRMAN KOTELCHUCK: Right. And  
5 it will not affect the PoC significantly.  
6 Alright. Then that seems straightforward and  
7 closeable. That is a QA mistake.

8 Any other Subcommittee Members want  
9 to comment or --

10 MEMBER MUNN: No, sounds  
11 appropriate.

12 CHAIRMAN KOTELCHUCK: Okay. Then  
13 we will close it.

14 MR. FARVER: Okay. And that's it  
15 for that matrix.

16 CHAIRMAN KOTELCHUCK: Okay.  
17 Bridgeport Brass. Right. Isn't there --

18 MR. FARVER: There are --

19 CHAIRMAN KOTELCHUCK: -- a 308.2?

20 MR. FARVER; There are some that  
21 are at the previous -- well, 308.2?

22 CHAIRMAN KOTELCHUCK: Yes. I just  
23 haven't looked at it, but it is there.

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1 MR. FARVER: Oh, it is there?

2 Okay. I apologize.

3 MEMBER MUNN: There's both. We  
4 have agreement and closure, the matrix says.

5 CHAIRMAN KOTELCHUCK: Yes. Okay.  
6 We do have that. Therefore statement --

7 MR. FARVER: Yes, this is another  
8 one of these where we --

9 CHAIRMAN KOTELCHUCK: Yes.

10 MEMBER MUNN: You're relying on  
11 what the CATI said.

12 CHAIRMAN KOTELCHUCK: Yes.

13 MEMBER MUNN: Yes.

14 CHAIRMAN KOTELCHUCK: Okay. Then  
15 we close that. There's an observation.

16 MR. FARVER: Hang on. Observation  
17 was that the derived upper 95th percentile  
18 external doses in table 4.1 appear to be low by  
19 a factor of two. Then saying the TBD's been  
20 modified. And I assume SC&A has reviewed it  
21 since then and agrees with the changes.

22 CHAIRMAN KOTELCHUCK: Let me  
23 understand why this is an observation and not

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1 a finding. Oh, I'm sorry. I'm looking at  
2 Observation 2. Excuse me. Observation 1  
3 you're talking about.

4 MR. FARVER: Right. I would have  
5 to go back and check the DR. I'm not sure.  
6 Let's see, I have 308 at 13. Okay. Just for  
7 a little background, PoC was about 22 percent.  
8 Was not compensated. And let's go down to my  
9 observations.

10 DR. MAURO: Doug, I can't see the  
11 full screen, so what site is this?

12 MR. FARVER: This is Bridgeport  
13 Brass.

14 DR. MAURO: Oh, one of my  
15 favorites. Okay.

16 MR. FARVER: I'm just looking up  
17 the observations and why they're observations  
18 and not findings.

19 MEMBER MUNN: Yes, in terms of  
20 outcome it really isn't an issue, but --

21 MR. FARVER: No.

22 MEMBER MUNN: Yes, the question  
23 is -- it would appear just from the statement

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1 it would appear to rise to the level of a  
2 finding.

3 CHAIRMAN KOTELCHUCK: Yes, that's  
4 my concern. And I see both Observation 1 and  
5 2 are the same in that respect.

6 MR. FARVER: The reason we didn't  
7 make this a finding is because two previous  
8 cases identified findings concerning the  
9 values in table 4.1. So we've identified it  
10 before.

11 CHAIRMAN KOTELCHUCK: Can you  
12 scroll -- are you talking about --

13 MR. FARVER: I'm looking at the  
14 case file.

15 CHAIRMAN KOTELCHUCK: The 308.1  
16 and 2? Could you scroll up a little bit just  
17 to let us see that?

18 MEMBER MUNN: Yes, and Observation  
19 2, the reason for that is fairly clear. It's  
20 a transcription error, but --

21 MR. FARVER: Observation 1 is  
22 because we've identified it as a finding twice  
23 before.

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1                   MR. KATZ:     Doug, can you just  
2 clarify, for the same case or for other cases?

3                   MR. FARVER:   For other cases.

4                   MR. KATZ:     Okay. But then, so I  
5 don't recall why would that not remain a finding  
6 as long as it's --

7                   MR. FARVER:     Probably because  
8 either it was being discussed at the time and  
9 we didn't see a need to make it another finding  
10 since it was already in discussion.

11                   MR. KATZ:     I mean, I'm not saying --  
12 I think really a problem with any specific case  
13 and the dose that's derived from that should  
14 still be a finding whether it's already being  
15 discussed or not.

16                   CHAIRMAN KOTELCHUCK:     Yes, I  
17 agree.

18                   MR. KATZ:     But just to get the  
19 accounting right for the end of the day I think  
20 it's --

21                   MR. FARVER:    Yes, I mean we have  
22 done this before with the --

23                   CHAIRMAN KOTELCHUCK:   If it was in

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1 10 cases, it would be 10 findings.

2 MR. FARVER: -- iso and the  
3 rotational geometries for certain cancers.

4 CHAIRMAN KOTELCHUCK: Yes.

5 MR. FARVER: Remember that  
6 discussion? We've done this before where  
7 we've made several findings and then since it  
8 was brought up again, we just started to make  
9 it an observation since it was already a finding  
10 and being discussed.

11 CHAIRMAN KOTELCHUCK: But I don't  
12 agree with that approach. If it was a finding  
13 before in another case, it's a finding in this  
14 case.

15 MR. KATZ: Yes, I agree with Dave,  
16 because it's not only -- it's going to skew your  
17 statistics.

18 CHAIRMAN KOTELCHUCK: That's  
19 right.

20 MR. FARVER: Okay.

21 CHAIRMAN KOTELCHUCK: Both of  
22 those should be findings.

23 MR. FARVER: Well, let me check the

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1 second one and see why we did what we did.

2 DR. BUCHANAN: This is Ron  
3 Buchanan, SC&A. If the DR though followed the  
4 table in the TBD correctly, is that still a DR  
5 error or -- that's a problem with the TBD, not  
6 the --

7 (Simultaneous speaking)

8 MR. KATZ: Yes, but a problem with  
9 the TBD that's using a DR is still a finding for  
10 the DR.

11 DR. BUCHANAN: Okay.

12 MR. KATZ: Yes.

13 CHAIRMAN KOTELCHUCK: That's  
14 right.

15 MEMBER MUNN: Yes, but if that's  
16 true in Observation 1, that shouldn't be true  
17 in Observation 2. In Observation 2 it's  
18 clearly pointed out that it's a transcription  
19 error.

20 MR. FARVER: It is a transcription  
21 error.

22 MEMBER MUNN: And that takes it out  
23 of the realm of a finding.

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1                   MR. FARVER:  It's a bioassay result  
2                   that is transcribed as a 10 times higher than  
3                   it is in the record.

4                   MEMBER MUNN:  Yes, that's a QA  
5                   issue.  That's not a --

6                   MR. KATZ:  Well, that's a finding.

7                   CHAIRMAN KOTELCHUCK:  Well, a QA  
8                   issue is finding.

9                   MEMBER MUNN:  Well, okay.

10                  DR. MAURO:  This is John.  Did the  
11                  transcription error result is just a text error  
12                  where they said something, but they actually  
13                  used the correct number in the dose  
14                  reconstruction?  Because if that's the case, I  
15                  could see that being an observation, if it was  
16                  just a typo.  But if it carried through, I think  
17                  you're right, it's a finding.

18                  CHAIRMAN    KOTELCHUCK:            Yes.  
19                  Observation 2, the transcription error made it  
20                  off by a factor of 10.  So that's a finding.

21                  MR. KATZ:  Right.

22                  MEMBER MUNN:  Yes, I guess so.

23                  MR. FARVER:  Okay.

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1 CHAIRMAN KOTELCHUCK: So you will  
2 need to change that to finding.

3 MR. FARVER: Change both  
4 observations to findings.

5 CHAIRMAN KOTELCHUCK: Okay.

6 MR. KATZ: Just to be clear, these are  
7 unequivocal and can be closed, right?

8 CHAIRMAN KOTELCHUCK: Right.

9 MR. KATZ: Right.

10 MR. FARVER: Yes.

11 MR. KATZ: Okay.

12 CHAIRMAN KOTELCHUCK: I mean,  
13 absolutely.

14 MR. KATZ: Yes, okay. Thanks.

15 CHAIRMAN KOTELCHUCK: Is that --  
16 does that -- other Members of the Subcommittee?  
17 I think that's correct that they should be --

18 MEMBER MUNN: Yes, there's nothing  
19 else could be done.

20 MEMBER GRIFFON: Yes, I agree on  
21 both, John. Findings and closed.

22 CHAIRMAN KOTELCHUCK: Good.

23 MEMBER CLAWSON: This is Brad. I

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1 agree.

2 CHAIRMAN KOTELCHUCK: Good. And  
3 we'll have our statistics in order and our  
4 closure taken care of. Okay. Good.

5 It is 11:55. I think that finishes  
6 Copper, right? We're on Copper?

7 MR. FARVER: That was Bridgeport  
8 Brass.

9 CHAIRMAN KOTELCHUCK: That's  
10 Bridgeport Brass. Excuse me.

11 Then is that it? That may be it for  
12 this --

13 MR. FARVER: There are some  
14 observations for case 314.

15 CHAIRMAN KOTELCHUCK: Yes.

16 MR. FARVER: Let me get caught up on  
17 my note taking here.

18 CHAIRMAN KOTELCHUCK: If folks  
19 wouldn't mind, we could -- let's see. If we're  
20 just dealing with three observations, this  
21 would close them. This would finish the file,  
22 which I would love to do, if folks don't mind  
23 spending a few more minutes. If it gets

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1           lengthy, we'll break and come back to it.

2                   MEMBER MUNN:    It would be nice if we  
3           could wipe up both the Copper and Brass, yes.

4                   CHAIRMAN    KOTELCHUCK:            Yes.  
5           Right.

6                   MR.    FARVER:        Okay.     I'm just  
7           catching up on my matrix here.    Hold on.

8                   CHAIRMAN    KOTELCHUCK:            Sure.  
9           While you're looking, of course to say that we  
10          complete the file doesn't mean that the file is  
11          closed.    We have four open findings that will  
12          have to be resolved in the future.    So it would  
13          just be psychologically nice to have only one  
14          file to go to close what we can for today.    But  
15          we will not close 10 through 13 today.

16                   MEMBER    MUNN:        But for today's  
17          agenda.

18                   CHAIRMAN KOTELCHUCK:    Yes.

19                   MEMBER    MUNN:        Which is probably  
20          good timing.    I appear to have lost Live  
21          Meeting on my computer.

22                   CHAIRMAN KOTELCHUCK:    Well, Doug,  
23          unless you're --

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1                   MR. FARVER:    I'm calling up the  
2                   case now.

3                   CHAIRMAN    KOTELCHUCK:           And  
4                   hopefully --

5                   MR. FARVER:    Okay.    So uranium  
6                   mill in Monticello.  I just wanted to make sure  
7                   it wasn't more Bridgeport and --

8                   CHAIRMAN KOTELCHUCK:  Right.  Oh,  
9                   that's the uranium mill.  Okay.  That's the  
10                  uranium mill at Monticello.  Okay.

11                  DR. MAURO:    That's the next one  
12                  we're going to be doing after the break?

13                  MR. FARVER:    No, that's one we have  
14                  three observations for.

15                  CHAIRMAN KOTELCHUCK:  Wanda, did  
16                  you get back to the open meeting?

17                  MEMBER MUNN:   Well, not quite yet,  
18                  but I do have a signal page up in front of me,  
19                  so that in itself says that I've been logged  
20                  off.

21                  CHAIRMAN KOTELCHUCK:  Okay.

22                  MEMBER MUNN:    But I'll restart  
23                  here.

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1                   CHAIRMAN   KOTELCHUCK:        Okay.

2       Doug, you go ahead.

3                   MR. FARVER:    Okay.

4                   CHAIRMAN KOTELCHUCK:    Observation  
5       1.

6                   MR. FARVER:    Observation is NIOSH  
7       should explain why the 0.65 millirem per hour  
8       was specifically selected for use with this  
9       employee.   And --

10                  DR. MAURO:    I think I can help.

11                  MR. FARVER:    Thank you, John.

12                  DR. MAURO:    Monticello is one of a  
13       number of uranium mill tailing sites that are  
14       addressed in HASL-40.   Picture this:   There's  
15       a whole bunch of uranium mill tailings,  
16       Monticello being one of them.   And you really  
17       can't do a dose reconstruction based on  
18       worker-specific exposure rates because the  
19       data are not there.   But you can take advantage  
20       of really a wonderful document called HASL-40  
21       which summarizes I believe something like 9 or  
22       10 uranium mill tailing sites with lots of data.  
23       And it turns out that Monticello is one of the

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1 nine that's in there that makes up the database.

2 And the concern I guess we  
3 originally had was how do we know you picked --  
4 there's a range. For the HASL-40 there's a  
5 range. How do we know that the numbers, the  
6 exposure rate, the 0.65 millirem per hour  
7 really works well for this particular site,  
8 this particular person? And it turns out we  
9 were able to look at the data in HASL-40. And  
10 there's the answer that the data were all there.  
11 Take a look at it. I think we're okay. This  
12 is NIOSH speaking. And we did and we think  
13 they're okay.

14 So we think that HASL-40 is a great  
15 document as the basis for judging -- and the  
16 reason we know that Monticello wasn't some type  
17 of outlier is because HASL -- because  
18 Monticello is actually one of the nine or so --  
19 I forget how many -- I think it was -- sites in  
20 there, and it actually falls more or less in the  
21 middle of the values. So the numbers that were  
22 picked were reasonable. Maybe that's the best  
23 way to say it.

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1                   CHAIRMAN KOTELCHUCK: Well, let me  
2 ask -- somebody can say [it] was 0.65 millirem  
3 per hour -- was that the average, the median,  
4 the upper limit of the uncertainty?

5                   DR. MAURO: My recollection is it  
6 was not the upper bound, but it fell in a  
7 reasonable place. The reason I say that is  
8 when you're reporting millirem per hour you get  
9 variability in time and space.

10                   To pick a high end value that might  
11 be reported in a table, it would be as if you  
12 were saying, oh, this person was always there  
13 at the high end location for the entire time  
14 period.

15                   CHAIRMAN KOTELCHUCK: Yeah.

16                   DR. MAURO: So I would think that  
17 would be unrealistically high to do that.

18                   CHAIRMAN KOTELCHUCK: But that  
19 would be an overestimate. That would be the  
20 maximum overestimate.

21                   DR. MAURO: Yes, and you wouldn't  
22 expect the person necessarily -- now we had some  
23 circumstances where we had people that we knew

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1 worked all the time at the same location, which  
2 was the worst location you could possibly pick.

3 CHAIRMAN KOTELCHUCK: Yes.

4 DR. MAURO: And then we gave them  
5 the big number, right? But we don't have that  
6 here. There's no reason to believe this guy  
7 was always at the worst high end number.

8 CHAIRMAN KOTELCHUCK: Right.

9 DR. MAURO: So I believe they  
10 picked a number -- again, my take-away was they  
11 picked a number that was reasonable when you  
12 think in terms of the fact that it was an -- 0.65  
13 millirem per hour, you know, hour after hour,  
14 day after day. And so an essential tendency  
15 number seems to be reasonable when you start to  
16 think in those terms.

17 CHAIRMAN KOTELCHUCK: Got it.  
18 Okay.

19 MR. FARVER: I think some of the  
20 confusion was that it just really wasn't clear  
21 from the DR report where the 0.65 came from.  
22 And when we went to look at it, it didn't  
23 compare, it didn't match up with any of the

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1 values in the HASL-40 tables.

2 But it didn't meet up as close to the  
3 values on the lower end of 0.5.

4 CHAIRMAN KOTELCHUCK: Yes.

5 MR. FARVER: So that was a little  
6 confusion and that's probably why it's an  
7 observation, just because we weren't clear  
8 where it came from.

9 CHAIRMAN KOTELCHUCK: That sounds  
10 appropriate.

11 MR. FARVER: Okay.

12 CHAIRMAN KOTELCHUCK: No. 2?

13 MR. FARVER: No. 2. Scroll down.  
14 Now, NIOSH had better explain the basis for the  
15 approach used to derive the dose to the breast  
16 for this employee to exposure to radon.

17 CHAIRMAN KOTELCHUCK: Yes.

18 MR. FARVER: Okay.

19 CHAIRMAN KOTELCHUCK: Could you  
20 scroll down just a little bit?

21 MR. FARVER: John, I'm going to  
22 take this back to you. I think this has to go  
23 back to HASL-40, I would think.

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1 DR. MAURO: You notice I don't  
2 think there's a response from NIOSH here.

3 CHAIRMAN KOTELCHUCK: Right.

4 DR. MAURO: Yes, but I do remember  
5 having a conversation with Jim Neton that they  
6 do have a protocol for -- see normally when you  
7 have radon exposure you're concerned with a  
8 dose to the lungs. Apparently this person  
9 perhaps had a dose to another organ, the breast.  
10 And I remember Jim talking about this and that  
11 there was a way to calculate doses to other  
12 organs where radon may find its way in fatty  
13 tissue.

14 So there's an answer, but I believe  
15 NIOSH has addressed this question before and  
16 has come across it before. And the answer  
17 isn't here, but I believe that it has been  
18 discussed before and it was good. I remember  
19 having that discussion with Jim. Jim pointed  
20 it out to me. I looked into it and in mind it --  
21 oh, okay. I didn't know about that. Because  
22 people usually don't think in terms of radon  
23 being a possible dose contributor to an organ

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1 other than the lungs.

2 CHAIRMAN KOTELCHUCK: That's a  
3 reasonable position, but I would like to see  
4 something in that second box in NIOSH response,  
5 either from Jim or in this case you can say, but  
6 I think we have to have something there, because  
7 it appears as if --

8 MR. CALHOUN: We'll get something  
9 for you on that one.

10 CHAIRMAN KOTELCHUCK: Okay.  
11 Good. Thank you, Grady.

12 MR. FARVER: Grady, it might be in  
13 OCAS report 002, table 4-5.

14 MEMBER MUNN: Certainly where  
15 there's uranium there's radon. We've looked  
16 at it --

17 CHAIRMAN KOTELCHUCK: Sure.

18 MEMBER MUNN: -- many, many times.  
19 It's just a question of citing the appropriate  
20 documentation, I believe.

21 CHAIRMAN KOTELCHUCK: That's  
22 right. And then that will satisfy. We don't  
23 need to respond.

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1                   MR. FARVER:       And the next  
2 observation --

3                   CHAIRMAN KOTELCHUCK:     And the  
4 last.

5                   MR. FARVER:    -- was the CATI report  
6 would benefit from a follow-up question in  
7 response to the interviewer's claim that  
8 enriched uranium was handled at the site. This  
9 is a case where the employee marked that they  
10 used enriched uranium. When we looked at it,  
11 we didn't really believe that just because the  
12 person reviewing this was familiar with the  
13 site and he thought that the employee might have  
14 meant concentrated uranium.

15                   CHAIRMAN KOTELCHUCK:   Yes.

16                   MEMBER MUNN:    Yes.

17                   DR. MAURO:     Yes.    Yes, yes.    I  
18 remember this.    Yes, you're right.   That's the  
19 answer.

20                   (Simultaneous speaking)

21                   MR. FARVER:    -- to have a question  
22 do you mean enriched or concentrated?   Anyway,  
23 so we just wanted to bring this up because this

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1 was a discrepancy in the CATI report. But this  
2 was a case where we just thought the employee  
3 was confused.

4 CHAIRMAN KOTELCHUCK: Yes. Okay.

5 MR. FARVER: And that's why --

6 (Simultaneous speaking)

7 MEMBER MUNN: So we have no reason  
8 to believe that they ever had highly -- any  
9 enriched material, right?

10 CHAIRMAN KOTELCHUCK: That sounds  
11 good. And --

12 MR. FARVER: So sometimes we use or  
13 judgment and make observations or findings.  
14 And then if we have to change them, we change  
15 them.

16 CHAIRMAN KOTELCHUCK: Yes. Good.  
17 I think that takes care of us now. And it's now  
18 seven minutes after noon here on the East Coast.  
19 Should we take a break for an hour and come back  
20 five minutes after 1:00?

21 MEMBER MUNN: I'd certainly  
22 appreciate doing that, however, one last  
23 question.

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1 CHAIRMAN KOTELCHUCK: Yes.

2 MEMBER MUNN: We can mark this  
3 Observation 3 as closed, correct?

4 DR. MAURO: Yes.

5 CHAIRMAN KOTELCHUCK: Oh, yes.  
6 Well, we don't have to mark it. We don't  
7 evaluate observations, right?

8 MEMBER MUNN: Well, it would be  
9 nice if we didn't, but since we're observing  
10 them and discussing them, how do we know the  
11 next time that we look at it --

12 CHAIRMAN KOTELCHUCK: That we  
13 will --

14 MEMBER MUNN: -- unless we refer to  
15 the preceding -- it's just a matter of --

16 CHAIRMAN KOTELCHUCK: Yes.

17 MEMBER MUNN: -- bookkeeping from  
18 my perspective.

19 MR. FARVER: I mean, I'm just  
20 putting not a big discussion. I'm just putting  
21 closed by the observations. And Observation 2  
22 I am just going to put that, what, NIOSH will  
23 provide a reference or something.

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1 MEMBER MUNN: Hopefully, yes.

2 MR. FARVER: Yes.

3 CHAIRMAN KOTELCHUCK: Okay.

4 MEMBER MUNN: Just for our  
5 edification when we refer to these in the  
6 future, I would think.

7 CHAIRMAN KOTELCHUCK: Okay.

8 MEMBER MUNN: I would prefer not  
9 that we had not make a decision to address the  
10 observations at this length, but since we've  
11 done so, it seems appropriate that we should  
12 also --

13 CHAIRMAN KOTELCHUCK: Okay.

14 MEMBER MUNN: -- indicate what  
15 we've done it. Okay?

16 CHAIRMAN KOTELCHUCK: Fair enough.  
17 Alright, folks. We'll get together, okay,  
18 let's say; we've talked a few more moments, 10  
19 after 1:00.

20 MEMBER MUNN: Very good.

21 CHAIRMAN KOTELCHUCK: See you all.  
22 Thank you, all.

23 (Whereupon, the above-entitled

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1 matter went off the record at 12:09 p.m. and  
2 resumed at 1:13 p.m.)

3 CHAIRMAN KOTELCHUCK: We are going  
4 to go back to 308, Observations. There we go.

5 DR. MAURO: Oh, I'm sorry, it  
6 wasn't Bridgeport. Did I say Bridgeport  
7 Brass? It is DuPont Deepwater. Remember, I  
8 had a lunchtime assignment?

9 CHAIRMAN KOTELCHUCK: You did.  
10 So, we were supposed to start with that, you're  
11 correct.

12 DR. MAURO: And that is on page 22.

13 CHAIRMAN KOTELCHUCK: Good.

14 DR. MAURO: Yes, yes. And  
15 whenever you want to start, just let me know.

16 CHAIRMAN KOTELCHUCK: Okay, let's  
17 do so.

18 DR. MAURO: Okay. What we have  
19 here is we did our original -- this is column  
20 2 -- it gives the original findings that SC&A  
21 had on DuPont Deepwater, which goes back to a  
22 time quite some time back where there was this  
23 TBD-6001. You brought up the document, and

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1           there was an Appendix B to TBD-6000 which dealt  
2           with DuPont Deepwater.  And we had a number of  
3           comments.

4                       I believe now I'll give you the end  
5           of the story, but at the end of the story I think  
6           these comments all need to be opened except for  
7           one, unfortunately.  So, I will be taking a  
8           couple of steps backwards, but I will tell you  
9           why.

10                      CHAIRMAN KOTELCHUCK:  Okay.

11                      DR. MAURO:  So you guys can judge.

12                      What happened here is, we will work  
13           the first one, 260.1.  It was agreed by NIOSH  
14           at the time that, yes, we do have a problem with  
15           TBD-6001.  And at the time of that meeting, the  
16           discussion was we're going to withdraw  
17           TBD-6001.  We are going to reissue a new Site  
18           Profile, and we are going to address all these  
19           issues.  The first one is just one of a number  
20           of issues.

21                      And then, there was a meeting.  If  
22           you move over, you see the SC&A response.

23                      CHAIRMAN KOTELCHUCK:  Yes.

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1 DR. MAURO: There was a little  
2 discussion whereby there was a series of  
3 meetings we had regarding these matters that we  
4 were concerned about. And they all, in other  
5 words, if you go down the whole list, you can  
6 see they all refer back to the first row there,  
7 the 260.1 row, which tries to explain that we  
8 talked about this, and we put them in abeyance  
9 because, apparently, it was agreed in principle  
10 at the time that everything was being handled,  
11 and handled in the way that seemed to be  
12 reasonable. Okay?

13 CHAIRMAN KOTELCHUCK: Yes.

14 DR. MAURO: So, as a result, it was  
15 decided to close them because there seemed to  
16 be agreement in principle. Alright?

17 But now, here's where things did a  
18 little reversal on us. After all that, which  
19 is summarized there, there was a Revision 1  
20 issued of the TBD for DuPont in December 2013.  
21 Okay?

22 CHAIRMAN KOTELCHUCK: Okay.

23 DR. MAURO: And SC&A was asked to

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1 review it, and that review was done largely by  
2 Bill Thurber, who is on the phone. And it was  
3 delivered on November 21st, 2014.

4 CHAIRMAN KOTELCHUCK: Okay.

5 DR. MAURO: You know, it was a  
6 couple of weeks ago.

7 Now it turns out, in my  
8 opinion -- and Bill could go over some of the  
9 comments that he had -- that the comments are  
10 of a nature that says, you know, we understand  
11 that maybe we agreed in principle during these  
12 meetings, but now that we actually see the new  
13 TBD and we reviewed it, we still have some  
14 significant concerns with certain issues which  
15 might have a bearing on this particular case,  
16 except for one item.

17 And superimposed on all of this, of  
18 course, is the fact that there was an issuance  
19 in December 2013 of a new TBD by NIOSH. I guess  
20 one of the questions is, was there a PER issued  
21 as a result of the new Site Profile or TBD --

22 CHAIRMAN KOTELCHUCK: Right.

23 DR. MAURO: -- and was this

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1 particular case revisited? So we have, again,  
2 a similar situation where perhaps we closed  
3 this item at the time prematurely.

4 In my opinion, looking at the  
5 history of this, it would be one of those that  
6 we might put in abeyance, saying, okay, listen,  
7 I think we have agreed in principle based on  
8 everything we have exchanged and talked about,  
9 but until we actually see the Site Profile and  
10 review it, let's keep it in abeyance.

11 And we did review the Site Profile  
12 and we did submit a report on November 21st,  
13 last month, and we do have some comments that  
14 might be relevant here. And, of course, in all  
15 of this mix, also, there is the very real  
16 possibility that a PER may have been issued on  
17 this that we are not aware of, which has play  
18 also.

19 So, that is the general picture of  
20 this. Bill is on the line. He could summarize  
21 what some of our findings are. These are going  
22 to be all new to NIOSH. They have only seen it;  
23 it only showed up a couple of weeks ago.

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1       There's a good chance no one has even read it  
2       yet.

3                       So, Bill is on the line. He could  
4       sort of summarize what we found, what might be  
5       important and what might not be important. But  
6       I think that is the big picture on these items.

7                       The only item that goes away is the  
8       last item, which dealt with the CATI, which has  
9       nothing to do with the TBD.

10                      CHAIRMAN KOTELCHUCK: Right.

11                      DR. MAURO: We have one item there  
12       that we said, well, that was cleared up. But  
13       the other items, it seems to me, are all items  
14       that should be held in -- well, I guess they  
15       should be held in abeyance.

16                      We did review the TBD. We do have  
17       comments.

18                      CHAIRMAN KOTELCHUCK: Right,  
19       right.

20                      DR. MAURO: Anderson's Work Group  
21       probably needs to meet to talk about what we  
22       found out and, then get back to you, you know,  
23       where are we on issues resolution on the TBD.

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1                   CHAIRMAN   KOTELCHUCK:       Right.

2           That sounds -- Grady, you folks have received  
3           that report, right?

4                   MR. CALHOUN:    I imagine we have.    I  
5           can't tell you for sure.

6                   CHAIRMAN KOTELCHUCK:   Right.

7                   MR. CALHOUN:    But if they say we  
8           did, I'm sure we did.

9                   MR. KATZ:       This is Ted.

10                   I can follow up what John just  
11           reported --

12                   CHAIRMAN KOTELCHUCK:   Good.

13                   MR.    KATZ:       --   because,   yes,  
14           definitely NIOSH received that report.   The  
15           NIOSH folks received it.   And I can tell you,  
16           John, Jim Neton looked at that report, and Bill.  
17           He didn't think there would be any problem  
18           closing all those, the issues that Bill has in  
19           his review.   So, he thought that would be  
20           pretty quickly done when you have the Work Group  
21           meeting.   But, as we discussed earlier, we need  
22           the Work Group meeting.

23                   CHAIRMAN KOTELCHUCK:   Right.

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1                   MR. THURBER: This is Bill Thurber,  
2 Ted.

3                   I agree with that. I think that  
4 there were two points, one having to do with the  
5 fact that the dose to the hands and arms was  
6 substantially lower in the DuPont TBD than is  
7 in the TBD-6000 umbrella document, if you will.  
8 And the second one had to do with some confusion  
9 about how calendar days are converted to  
10 workdays, or vice versa. And those are very  
11 tractable issues. None of those are  
12 showstoppers, I agree, yes.

13                  MR. KATZ: Right, right.

14                  So, anyway, I guess, Dave, we just  
15 need to let the Work Group finish its business  
16 on these.

17                  CHAIRMAN KOTELCHUCK: So, 260.1 to  
18 .3 will remain open, alright, until that  
19 conversation occurs.

20                  MR. KATZ: Yes, I think it should.

21                  CHAIRMAN KOTELCHUCK: Yes, yes.

22                  What do others think on the  
23 Subcommittee?

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1                   MEMBER MUNN:  Yes, I think that is  
2                   appropriate.

3                   Ted, do we know whether the AWE Work  
4                   Group is scheduled?

5                   MR. KATZ:  What I have said earlier  
6                   is I have been looking to schedule and I have  
7                   been wanting to schedule the Work Group, but we  
8                   were wanting to both get this dealt with,  
9                   DuPont, and another site, too.  And Jim Neton  
10                  was following up on whether any of the other  
11                  sites that the Work Group has to work on would  
12                  be ready to be discussed anytime soon.

13                  MEMBER MUNN:  Okay.

14                  MR. KATZ:  But, if not soon, then we  
15                  will just go ahead and do a teleconference with  
16                  this and get DuPont wrapped up.

17                  CHAIRMAN  KOTELCHUCK:         Right.  
18                  Sure.

19                  What other sites are you talking  
20                  about besides DuPont?

21                  MR. KATZ:  The Uranium Refining AWE  
22                  has three other sites which [are], off the top  
23                  of my head, General Atomics, I think NUMEC and

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1 W.R. Grace. Those were the other sites that  
2 have live issues that need addressing by the  
3 Work Group. But, before they get addressed by  
4 the Work Group, NIOSH has to complete response  
5 work related to the SC&A reviews.

6 CHAIRMAN KOTELCHUCK: Right.  
7 Right.

8 MR. STIVER: Ted, this is John  
9 Stiver.

10 Also, Hooker is still outstanding.  
11 There are still 22 findings on that review that  
12 we need to --

13 MR. KATZ: Okay. I don't show  
14 Hooker as still having open findings, but,  
15 okay, I will take your word for that.

16 MR. STIVER: Yes.

17 CHAIRMAN KOTELCHUCK: Okay.  
18 Well, then, with that being open -- could you  
19 repeat for me, just for my records, my notes,  
20 which ones you said were left open? Hooker  
21 has, Hooker has --

22 MR. KATZ: No, well, it doesn't  
23 really matter, Dave, because this is another

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1 Work Group and it is not related to the dose  
2 reconstruction reviews.

3 But the other sites that the Uranium  
4 Refining AWE Work Group is dealing with are  
5 General Atomics, NUMEC, W.R. Grace, DuPont  
6 Deepwater, of course, and then, John just  
7 mentioned that Hooker has open findings.

8 CHAIRMAN KOTELCHUCK: Oh, okay.

9 MR. FARVER: And, Ted, we do have  
10 some outstanding DR issues with Hooker.

11 MR. KATZ: Okay, thank you, Doug.

12 MR. FARVER: And something that is  
13 similar, but probably another Work Group is  
14 General Steel.

15 MEMBER MUNN: Yes, that is an  
16 entirely different Work Group, yes.

17 MR. KATZ: A different Work Group.

18 MR. FARVER: I know, but it is the  
19 same situation where we reviewed the TBD, sent  
20 out a report, and there's, I think, nine  
21 findings there.

22 MR. KATZ: Oh, no. No, I know, I  
23 realize that Work Group needs to meet as well.

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1                   MR. FARVER:   Okay, and that is a lot  
2                   of our open findings.

3                   MR. KATZ:    Yes, that's right, Doug.

4                   MR. FARVER:   Another one would be  
5                   Pacific Proving Grounds.

6                   MR. KATZ:    Right.

7                   MR. FARVER:   And I'm not sure what  
8                   Work Group that would fall under.

9                   MR. KATZ:    That has its own Work  
10                  Group.

11                  MEMBER MUNN:   Yes, that is a brand  
12                  new Work Group.

13                  CHAIRMAN KOTELCHUCK:   Alright.

14                  MR. FARVER:    But a lot of our open  
15                  findings have to do with Work Groups and things  
16                  like that.

17                  MR. KATZ:    That's correct.

18                  CHAIRMAN    KOTELCHUCK:            Okay.  
19                  Well, then, open it shall be.

20                  And will you scroll down to 260.4?  
21                  Scroll up to 260.4?   Okay.   Right, and that's  
22                  closed.   That is the CATI and that is closed.  
23                  Okay.   Let me write -- yes, good.   That is

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1 going to close and change to an observation.

2 Good.

3 So now, we go on to, I believe now  
4 we go on to the three Bridgeport Brass, the  
5 Observations down at the bottom of the file.  
6 Or, actually, it is not Bridgeport Brass. It  
7 is the uranium mill in Monticello that has the  
8 three observations.

9 MR. FARVER: I thought we did that.  
10 We closed --

11 CHAIRMAN KOTELCHUCK: No, I  
12 thought we had three -- oh, no, excuse me.  
13 Pardon me. We stayed through until after noon  
14 here and finished it up.

15 DR. MAURO: Yes, we talked it out.

16 CHAIRMAN KOTELCHUCK: Absolutely,  
17 we did. And that was my memory lapse.

18 So, we are ready to go on to the  
19 other file, the Remaining Sites Matrix and  
20 Simonds Saw, I believe, is the first open one.

21 MR. FARVER: Okay.

22 CHAIRMAN KOTELCHUCK: Okay.

23 MR. FARVER: And that is on page 56

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1 at the bottom.

2 CHAIRMAN KOTELCHUCK: Okay.

3 MR. FARVER: Let me make sure that  
4 is the -- 240.1, that is the first open one in  
5 this.

6 CHAIRMAN KOTELCHUCK: Yes.

7 MR. FARVER: Okay. Alright. For  
8 the last meeting the TBD was updated and is in  
9 administrative review. SC&A will review it  
10 before our next meeting. So, this is another  
11 one where the TBD was being revised and we  
12 needed to review it.

13 If you go to the bottom of page 57,  
14 we did review the Simonds Saw Site Profile and  
15 determined that the agreed-upon methods for  
16 estimating external exposure are present, as  
17 discussed.

18 CHAIRMAN KOTELCHUCK: And this  
19 includes?

20 MR. FARVER: This includes a  
21 discussion of available film badge data to  
22 validate the proposed TBD approach, and we  
23 recommend closing this issue.

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1 CHAIRMAN KOTELCHUCK: Okay.

2 (Telephonic interference) agreement there?

3 MR. KATZ: Dave, your voice is  
4 breaking up.

5 CHAIRMAN KOTELCHUCK: Sorry. Can  
6 you hear me now?

7 MR. KATZ: Yes, that's better.

8 CHAIRMAN KOTELCHUCK: Okay. So,  
9 that looks reasonable for closure. What do  
10 other folks think? There was no error.

11 MEMBER CLAWSON: This is Brad.

12 That's fine.

13 CHAIRMAN KOTELCHUCK: Yes. Okay.  
14 Wanda?

15 MEMBER MUNN: Yes, yes, that's  
16 fine.

17 CHAIRMAN KOTELCHUCK: David?  
18 David, are you on the line?

19 MEMBER RICHARDSON: Yes, I am here.

20 CHAIRMAN KOTELCHUCK: Okay, good.  
21 So, let's close on that.

22 MEMBER MUNN: Yes, that is very  
23 reasonable.

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1 CHAIRMAN KOTELCHUCK: Okay.

2 MEMBER MUNN: It's done.

3 CHAIRMAN KOTELCHUCK: Okay.

4 MR. FARVER: Next, is 240.2, the  
5 method used for assessing photon dose from  
6 uranium billet long exposures is not  
7 claimant-favorable. This is the external  
8 exposure as was in Finding 1.

9 CHAIRMAN KOTELCHUCK: Right.

10 MR. FARVER: And this was also  
11 addressed in the revision of the TBD.

12 CHAIRMAN KOTELCHUCK: Okay, right.  
13 So, it is the same issue.

14 MEMBER MUNN: And all agreed it's  
15 closed?

16 CHAIRMAN KOTELCHUCK: All agreed,  
17 closed.

18 MR. FARVER: Okay, so those two are  
19 closed.

20 CHAIRMAN KOTELCHUCK: Three we've  
21 already acted upon.

22 MR. FARVER: Right.

23 MEMBER CLAWSON: Right? And

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1 closed it. In fact, we have closed everything  
2 from .3 through .7.

3 MR. FARVER: Eight.

4 CHAIRMAN KOTELCHUCK: Yes, right.

5 MEMBER MUNN: The next one is .8.

6 CHAIRMAN KOTELCHUCK: Right, the  
7 next one is .8.

8 MR. FARVER: Method for  
9 reconstructing thorium doses from inhalation  
10 of resuspended residual contamination may not  
11 be claimant-favorable.

12 CHAIRMAN KOTELCHUCK: Right.  
13 We're just scrolling on that one.

14 MR. FARVER: Okay.

15 CHAIRMAN KOTELCHUCK: Let's just  
16 see. Let's wait until we get there. Waiting  
17 for that to come up on the screen. There we go.  
18 Good. Okay, thank you.

19 MR. FARVER: Agreed-upon method  
20 for reconstructing doses to thorium during the  
21 residual period has been discussed and agreed  
22 upon. And the updated TBD is a complete  
23 rewrite of the methodology for reconstructing

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1 internal doses during the residual period. So  
2 that issue has been addressed in the revised  
3 TBD.

4 CHAIRMAN KOTELCHUCK: Right.  
5 Right. Okay. How does that sound to others?

6 MEMBER MUNN: As long as the update  
7 has occurred and everybody is happy, close it.

8 CHAIRMAN KOTELCHUCK: Sounds good.  
9 Okay. Unless we hear other, let's  
10 go down to 240.9.

11 MR. FARVER: 240.9, methods for  
12 reconstructing doses from ingestion of  
13 resuspended residual --

14 CHAIRMAN KOTELCHUCK: Right.

15 MR. FARVER: -- thorium may not be  
16 claimant-favorable. This was also addressed  
17 in the revised TBD.

18 CHAIRMAN KOTELCHUCK: Right.  
19 Okay. Closed. It's the same issue. Closed.

20 Let's go to .10.

21 MR. FARVER: Ten was already  
22 closed.

23 CHAIRMAN KOTELCHUCK: Already?

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1 Oh, yes, right. Okay. So, good. So, from .1  
2 to .10 will be closed.

3 Are there any observations on that  
4 one?

5 MEMBER MUNN: No.

6 CHAIRMAN KOTELCHUCK: Good.

7 Alright.

8 MEMBER MUNN: Move on to --

9 CHAIRMAN KOTELCHUCK: On to --

10 MEMBER MUNN: Lawrence Livermore.

11 CHAIRMAN KOTELCHUCK: Pacific  
12 Proving Grounds?

13 MR. FARVER: The next one should be  
14 Pacific Proving Grounds, the bottom of page 70.

15 CHAIRMAN KOTELCHUCK: Yes.

16 MR. FARVER: Case 325, Finding  
17 325.1. And we have a series of these findings  
18 .1 through .7.

19 CHAIRMAN KOTELCHUCK: Oh, yes.

20 MR. FARVER: This is one I've  
21 mentioned before. It is pending completion of  
22 a Work Group review of the technical basis.

23 CHAIRMAN KOTELCHUCK: Right.

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1                   MEMBER MUNN:    And I don't think  
2 they are out of the start box yet.

3                   MR. KATZ:    Right.    So, Doug, does  
4 that apply to all seven of them?

5                   MR. FARVER:   That's all seven.

6                   MR. KATZ:    Okay, thanks.

7                   CHAIRMAN KOTELCHUCK:    So those are  
8 open.

9                   MR. FARVER:    And that is all the  
10 ones that are open in that matrix.  Actually,  
11 since we closed, all of them open is the PPG  
12 findings.

13                   CHAIRMAN KOTELCHUCK:    Right.  So,  
14 the PPG findings are the only ones open on  
15 remaining sites.  So, we still have -- and that  
16 ends our discussion of the 10 through 13 sets,  
17 right, until we get back to the ones that remain  
18 open?

19                   MR. FARVER:    Correct, and that is  
20 going to be PPG, General Steel, Hooker.

21                   CHAIRMAN KOTELCHUCK:    Oh, yes,  
22 okay.  But some of those discussions are for  
23 other groups, in other groups, right?

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1                   MR. FARVER:  They are all in other  
2 groups, yes.

3                   CHAIRMAN KOTELCHUCK:  Right.  The  
4 only ones that we have yet are PPG plus IMC and  
5 Copper, right?  I mean, and those who are  
6 waiting on discussions from other groups?

7                   MR. KATZ:  Well, I don't know.  
8 IMC, what other group are we waiting on for IMC?

9                   CHAIRMAN KOTELCHUCK:  I have that  
10 listed on my notes as open.

11                  MR. FARVER:  Yes, that's because  
12 NIOSH is going to look into the time periods.

13                  MR. KATZ:  Right, right, but that  
14 is not with another Work Group, I don't think.

15                  MR. FARVER:  That one is up to us.

16                  CHAIRMAN KOTELCHUCK:  Oh, okay,  
17 fine.  Fine.

18                  MR. FARVER:  Copper's is in our  
19 court.

20                  CHAIRMAN KOTELCHUCK:  Okay.

21                  MR. KATZ:  Correct.

22                  CHAIRMAN KOTELCHUCK:  Good.  But  
23 PPG is not?

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1 MR. FARVER: PPG is not.

2 CHAIRMAN KOTELCHUCK: Okay. Open  
3 in other -- does this have to come back before  
4 us?

5 MR. KATZ: Yes. So, I am going to  
6 work on getting -- I am pretty certain I can get  
7 DuPont Deepwater, that addressed in a Work  
8 Group teleconference early in January.

9 CHAIRMAN KOTELCHUCK: Good.

10 MR. KATZ: I haven't tried to  
11 schedule that yet. I've actually spoken with  
12 Neton about scheduling that, but I haven't  
13 actually put out a scheduling request for that  
14 yet, but I will do that this week.

15 And then, I would like to also -- I  
16 have to look because I don't recall what is  
17 holding up the PPG Work Group from meeting.  
18 There may be something, a response on one side  
19 or the other that is holding that up, but I need  
20 to follow up on that. And I will get that  
21 scheduled as soon as it can be.

22 CHAIRMAN KOTELCHUCK: Alright.  
23 So those are our plans for completing review of

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1 Sets 10 through 13. I am looking on the agenda.

2 Before we start discussing Sets 14  
3 through 18, the remaining matrix that Doug sent  
4 us last week, I have a note summarizing review  
5 results for Board report. Do we want to  
6 discuss briefly -- well, I don't know that there  
7 is anything we can do for summarizing the review  
8 until we finish, unless, Ted, if you have any --

9 MR. KATZ: No, I think you can't  
10 because --

11 CHAIRMAN KOTELCHUCK: Right.

12 MR. KATZ: -- you need those to be  
13 wrapped up for your statistics for the final  
14 report.

15 CHAIRMAN KOTELCHUCK: Exactly.  
16 Right.

17 MR. KATZ: I mean, so only if you  
18 need to discuss -- I mean, I think we have  
19 already discussed in the past, conceptually at  
20 least, that SC&A would do sort of summary  
21 statistics as they did for the last report, for  
22 this one.

23 CHAIRMAN KOTELCHUCK: Right.

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1                   MR. KATZ: I think everybody agreed  
2                   that those would still be needed.

3                   CHAIRMAN KOTELCHUCK: Right.

4                   MR. KATZ: And then, that is sort of  
5                   your basis for writing the report.

6                   CHAIRMAN KOTELCHUCK: Right. So,  
7                   we are not going to meet until some time  
8                   probably later in January or even February,  
9                   right, because we have to get the results in  
10                  January and then schedule a meeting. I don't  
11                  think we can -- can we --

12                  MR. KATZ: Here is what I would  
13                  suggest in sort of scheduling.

14                  CHAIRMAN KOTELCHUCK: Okay.

15                  MR. KATZ: As soon as I can nail  
16                  down when these two Work Groups will meet, I  
17                  think, then, we can schedule the DR  
18                  Subcommittee to meet following that, you know,  
19                  giving it a few weeks --

20                  CHAIRMAN KOTELCHUCK: Good. Yes.

21                  MR. KATZ: -- but following that.  
22                  Because I think in both those cases we have a  
23                  good chance of getting enough resolution in

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1 those Work Groups to deal with the cases at  
2 least.

3 CHAIRMAN KOTELCHUCK: Right.  
4 That sounds good.

5 I wonder, does everybody have a copy  
6 of our last or our first Board report? Ted, you  
7 sent that to me a long time --

8 MR. KATZ: We distributed that a  
9 long time ago now.

10 CHAIRMAN KOTELCHUCK: A while ago.  
11 Okay.

12 MR. KATZ: A year ago now, but I  
13 distributed it to everyone again.

14 CHAIRMAN KOTELCHUCK: Okay.  
15 Excellent. Alright.

16 Why don't I leave that for January  
17 reading for folks? Okay? You can take a break  
18 over the holidays. But, after the New Year,  
19 let's all take a look at the Board report before  
20 our next meeting, seriously, before our next  
21 meeting. So, we will be kind of up on what was  
22 done in the past, what sort of work was done and  
23 how the report was laid out. And then, think

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1 a little bit about how we want to lay this one  
2 out. And we will discuss that at the next Board  
3 meeting.

4 So, we can begin on Set 14, but  
5 perhaps before we do that, we should try to get  
6 updates on our blind reviews, see where things  
7 are.

8 That has been, until we finished 10  
9 through 13, they have been a somewhat secondary  
10 priority, important as they are. But maybe we  
11 should just talk about NIOSH and SC&A blind  
12 reviews now for a moment.

13 Well, first, Grady, on NIOSH?

14 MR. CALHOUN: Okay. Actually, I  
15 guess you guys have discussed this earlier  
16 because Stu had talked to me about it. So, as  
17 with yours, ours has kind of taken a backseat  
18 to all of the other work we have been doing.

19 CHAIRMAN KOTELCHUCK: Right,  
20 right.

21 MR. CALHOUN: But I will try to  
22 resurrect those.

23 So, the process that we have of

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1 continuing to select them is ongoing, and it  
2 happens automatically. So we have got them and  
3 we have got many, many, many that are assigned  
4 but just not done.

5 We are going to start doing those  
6 again. And the one thing that we found, just  
7 like you guys did, is that, believe it or not,  
8 we don't have much better access to all of the  
9 tools that ORAU does as you guys do even. So  
10 we are struggling with that a little bit, but  
11 we have got to come up with some kind of method  
12 to just get those, short of just transferring  
13 them on a flash drive or something.

14 CHAIRMAN KOTELCHUCK: Right,  
15 right.

16 MR. CALHOUN: So I have been asked  
17 to do that. And then, I am supposed to provide  
18 something to Stu, an overall look at what we  
19 have done so far in trying to roll up  
20 everything, all of the individual things that  
21 we found.

22 I think, generally speaking, what I  
23 can say -- and I have done that, but I just

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1 haven't put it down in writing -- is that we have  
2 had a few cases, a few instances where our DRs  
3 come out different from a compensation  
4 standpoint than those done by ORAU. In every  
5 case it was because our folks here made an error  
6 of some sort.

7 Our follow-up review, the way ours  
8 works is that we have our guys do them blind,  
9 and then, we have a second person wait until the  
10 DR is completed and then that person compares  
11 the ORAU DR to our DR.

12 CHAIRMAN KOTELCHUCK: Yes.

13 MR. CALHOUN: We come up with, we  
14 have got a little table, basically, of what to  
15 check. And what we found in every case is that  
16 our guy made an error. Now, you know, some of  
17 the options we would have to fix that is we could  
18 put another layer of review. Like when ORAU  
19 does a DR, they have got the DRs, they have got  
20 a peer review, and they have got a couple of more  
21 layers of review of that dose reconstruction.  
22 We don't. We just have our one guy do that  
23 review.

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1           And we could have another person  
2           look at that, but I can pretty confidently say  
3           we are not going to do that, just because that  
4           is just a whole other level of commitment of  
5           individuals from what we need to do.

6           CHAIRMAN KOTELCHUCK:   Yes.

7           MR. CALHOUN:     I think the big  
8           thing, though, is we need to get the tools --

9           CHAIRMAN KOTELCHUCK:   Right.

10          MR. CALHOUN:     -- and make those  
11          more available to our folks here.

12          CHAIRMAN KOTELCHUCK:   Right.

13          MR. CALHOUN:     Because we have the  
14          same struggles you guys do as far as multiple  
15          people logging onto the tools at the same time.  
16          There seems to be a gate that doesn't allow that  
17          somehow.

18          So     that     is     where     we     are.  
19          Ultimately, we are just going to pick up doing  
20          more of them --

21          CHAIRMAN KOTELCHUCK:   Right.

22          MR. CALHOUN:     -- than we have been  
23          doing and a summary of where we are at so far.

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1 CHAIRMAN KOTELCHUCK: Sure.

2 Okay, good.

3 And we will start from now on to move  
4 up the priority for the blind reviews compared  
5 to the past. We had a lower priority in the  
6 past, and I think now it should move up a bit  
7 in priority.

8 Why don't you keep me and Ted  
9 informed about how things are coming, in  
10 particular, getting hold of the tools? Just  
11 keep us in the loop in terms of where you are.  
12 And then we will talk about it again, of  
13 course, at the next Working Group meeting.

14 MR. CALHOUN: Okay. Sounds good.

15 CHAIRMAN KOTELCHUCK: DSC meeting  
16 I mean.

17 MEMBER RICHARDSON: This is David.

18 Could I ask just, so over the last  
19 calendar year, because we are in December now,  
20 how many has NIOSH done?

21 MR. CALHOUN: Give me half a second  
22 and I will try to find that.

23 CHAIRMAN KOTELCHUCK: I recall six

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1 from a previous discussion.

2 MR. CALHOUN: Oh, no. No, no, no.  
3 Oh, maybe calendar year, but we have done many  
4 more than that overall.

5 CHAIRMAN KOTELCHUCK: Okay, yes,  
6 overall, sure.

7 MR. CALHOUN: Let me look for that  
8 here real quick.

9 You might want to go on to somebody  
10 else and let me get back with you here.

11 CHAIRMAN KOTELCHUCK: Okay. Very  
12 good.

13 DR. MAURO: Excuse me, Dave. This  
14 is John Mauro.

15 CHAIRMAN KOTELCHUCK: Yes?

16 DR. MAURO: If you would bear with  
17 me for one moment, I would like to bring up  
18 briefly a subject that is a bit controversial,  
19 and actually I did not have this conversation  
20 with anyone.

21 But something recently  
22 developed --

23 CHAIRMAN KOTELCHUCK: Before we

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1 do, I was going to go on to finish the discussion  
2 of blind reviews.

3 DR. MAURO: Well, it is. It has to  
4 do with blind reviews.

5 CHAIRMAN KOTELCHUCK: Okay, fine.  
6 Go ahead.

7 DR. MAURO: But it has to do with  
8 SC&A's blind.

9 CHAIRMAN KOTELCHUCK: Good. That  
10 was going to be my next question.

11 DR. MAURO: And I'll keep it real  
12 simple. Recently, I found that I had to  
13 perform a review of what I would consider to be  
14 a very complex case where a sophisticated tool  
15 was used to assess the dose, internal dose, to  
16 a worker based on gross beta analysis of urine  
17 samples. And it required checking a  
18 procedure, OTIB-54, and its implementation  
19 workbook.

20 I am just speaking for myself now.  
21 It was an AWE site, and I do a lot of AWE sites.  
22 And I'm looking at this case and I am saying,  
23 how am I going to check this? I tried to follow

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1 the workbook and the procedure, all of which  
2 is -- by the way, the procedure and the workbook  
3 themselves have been reviewed and issues have  
4 been resolved. So, the whole process to review  
5 that procedure, OTIB-54, and the workbook.

6 But something very interesting  
7 happened. And it may just be me. But, when I  
8 got to the case and I said, okay, I am going to  
9 check if I think these internal doses to the  
10 hands and the pancreas, it turns out, for this  
11 guy, seem to make sense, that they were derived.

12 And I found that the only way I could  
13 do it is by hand. What I mean by that is just  
14 sit down and think about the problem, and how  
15 am I going to check this where I could say to  
16 myself, these numbers look good. And we  
17 usually refer to this as the commonsense  
18 approach to doing a DR review.

19 So, there was a time -- this goes  
20 back a couple of years -- when SC&A was  
21 authorized to do a blind, we would use two  
22 approaches. One is just to go ahead and do it  
23 with the workbooks and check.

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1 CHAIRMAN KOTELCHUCK: Right.

2 DR. MAURO: And, you know, do it the  
3 way NIOSH would do it. We would not have their  
4 results. We would just have all the input  
5 data --

6 CHAIRMAN KOTELCHUCK: Yes.

7 DR. MAURO: -- and then, we follow  
8 the workbook, and we see if we get the same  
9 results.

10 CHAIRMAN KOTELCHUCK: Yes.

11 DR. MAURO: But what we also did, at  
12 my urging at the time, was I used to do what I  
13 would call the commonsense approach, the  
14 approach that would be used to say, listen, as  
15 a health physicist, let me see if I could come  
16 close to their numbers from first principles  
17 and in a way that I could explain to someone else  
18 in layman's language, I would call it. You  
19 know, these numbers look good; let me tell you  
20 what I did.

21 I had to do that just now recently  
22 on this case. But, as you may know, SC&A is no  
23 longer doing that kind of blind.

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1                   CHAIRMAN   KOTELCHUCK:        That's  
2                   right.   That was in the contract that renewed.

3                   DR. MAURO:    Right.   Yes, we killed  
4                   it.

5                   CHAIRMAN KOTELCHUCK:   Right.

6                   DR. MAURO:    We killed that, and  
7                   that's fine.   I'm fine with that.

8                   But I just want to alert the  
9                   Subcommittee that from time to time at least I  
10                  run into a case where one of two things need to  
11                  be done.   I just say, you know what?   I really  
12                  can't check this because I find the workbook  
13                  impenetrable.

14                  Now we have folks in SC&A who are  
15                  wizards with workbooks, and that's great.   And  
16                  they can do that.

17                  But all I can say is that I found  
18                  myself in a position -- and I'm an experienced  
19                  health physicist -- where the only way I could  
20                  check it was to go back to first principles.

21                  I would like to just leave a thought  
22                  with the Subcommittee that there may be certain  
23                  cases where you get into blinds -- let's say we

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1 are talking blinds -- where SC&A is asked to do  
2 a blind where there are certain benefits to  
3 getting down to converting this very  
4 sophisticated, complex protocol to its  
5 simplest elements, where a person could  
6 understand from first principles why that  
7 number is good or not good, and why does it seem  
8 to make sense.

9 I am not saying this should be done  
10 on all blinds that SC&A is asked to do, but I  
11 have got to tell you, on this one that I just  
12 did I found it so revealing. And at the end of  
13 the process, I matched the numbers, you know,  
14 they used. NIOSH used what I consider to be an  
15 overwhelming workbook, in my mind.

16 And I just went ahead, and when I was  
17 done, I came in real close to their numbers.  
18 And so, this idea of a blind using something  
19 other than the workbook, you know, maybe just  
20 using -- listen, I am a health physicist; I  
21 understand internal dosimetry. Let me do it  
22 the way I would do it if I didn't have the  
23 workbook.

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1                   And I want to just leave that with  
2                   the Subcommittee to think about a little bit.

3                   MS. BEHLING:   This is also Kathy  
4                   Behling.  If I can interject a brief comment  
5                   here?

6                   CHAIRMAN KOTELCHUCK:  Yes.

7                   MS. BEHLING:  Initially, like John  
8                   is saying, we did a Method A and we did a Method  
9                   B for the blinds.  And what I had actually  
10                  recommended for the continuing blinds that we  
11                  were assigned is that in the case of when we have  
12                  a DOE facility, I wouldn't suggest doing the  
13                  Method B.  However, if we have a case coming  
14                  from an AWE, especially an AWE where we may not  
15                  have or there is no TBD or exposure matrix, that  
16                  is where I felt that we should still be doing  
17                  this Method B process that John was just  
18                  explaining.

19                  CHAIRMAN KOTELCHUCK:  Yes.

20                  MR. KATZ:  This is Ted.  Let me  
21                  just add to, hopefully, clarify some of this.  
22                  I mean, the constraint is not -- where you have  
23                  a site which doesn't have workbooks, et cetera,

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1       there is no problem with using, I mean limiting  
2       yourself to first principles where you need to,  
3       because there is no more methodology laid out.

4               The whole point -- and this was  
5       reflected in the contract -- was that the only  
6       thing that you are excluding is you are not  
7       checking methods that the Board has already  
8       signed off on, because that is pointless. So,  
9       that was what was meant to be excluded.

10              Whether you use the workbook or not  
11       is really not the issue. It is whether you use  
12       methods that have already been signed off by the  
13       Board as being good methods. You know, you are  
14       constrained to those, but you are not  
15       constrained to actually using the workbook.  
16       And certainly, where methods haven't been  
17       reviewed by the Board and approved, you are not  
18       constrained at all there in how you do those  
19       blind reviews.

20              DR. MAURO: Yes, Ted, I understand  
21       that and I agree with that. It just happened  
22       to be a coincidence that I just finished this  
23       case that does have a workbook, that has been

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1 reviewed, had been approved. It has all been  
2 worked out. It has a procedure. So it is all  
3 laid out, and it was done by folks at SC&A that  
4 I call them the workbook wizards. And they  
5 figured it all out and they said, yes, I  
6 noticed. There were problems, but they worked  
7 them out. It had to do with OTIB-54.

8 But, then, what was interesting, by  
9 coincidence, I get hit with an AWE case where  
10 the workbook was used, this OTIB-54 workbook  
11 was used. And I found it impenetrable, okay?

12 CHAIRMAN KOTELCHUCK: Yes.

13 DR. MAURO: And I said, you know  
14 what, John? Just go back what you have learned  
15 in school, see if you could figure this out --

16 CHAIRMAN KOTELCHUCK: Fine.

17 DR. MAURO: -- and if it makes sense  
18 to you. And I did. And I did it in my own way.  
19 I found it very valuable to me. It gave me much  
20 more confidence in the workbook because I  
21 didn't understand the workbook, even though it  
22 was reviewed by others.

23 So I just wanted to point this out

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1 for people because I found the process I went  
2 through very reassuring. It gave me a little  
3 bit more confidence. I said, you know, even  
4 though I can't use the workbook, I can still sit  
5 down and check these numbers. And I could  
6 convince myself that they make sense, and I can  
7 explain for you -- in other words, we can have  
8 one-on-ones, you know, part of this process.  
9 And when we do that, I am going to walk through  
10 what I did, which is not the workbook; it is what  
11 I did.

12 And I think you are going to find  
13 that it is going to be an eye-opener to say, oh,  
14 is that what you do in OTIB-54? You know,  
15 because I've got to tell you, you read that. It  
16 is a very, very complex process.

17 And until you actually do one and  
18 bring it down to its simplicity, you say, well,  
19 what are you really doing here? And I was  
20 forced to sort of do that.

21 I don't know why I felt compelled to  
22 tell you this story, but I want to leave that  
23 with you.

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1                   CHAIRMAN KOTELCHUCK: Well, okay.  
2                   But, if there is a workbook, then it seems to  
3                   be -- and you want to do another method, nice  
4                   as it is -- I think that is a contractual matter  
5                   --

6                   DR. MAURO: Yes.

7                   CHAIRMAN KOTELCHUCK: -- and not  
8                   something for the Committee to decide one way  
9                   or the other.

10                  And so, that is interesting, but I  
11                  don't think we can consider it.

12                  DR. MAURO: Well, I appreciate you  
13                  listening to my story, though. Thank you.

14                  CHAIRMAN KOTELCHUCK: Well, I  
15                  appreciate hearing it.

16                  MR. STIVER: This is John Stiver.  
17                  If I could just step in for one second here.

18                  I think in this situation what John  
19                  did was implement the procedure, OTIB-54. He  
20                  just didn't use the workbook.

21                  CHAIRMAN KOTELCHUCK: Yes.

22                  MR. STIVER: And I'm trying to  
23                  think -- it doesn't really matter if you use the

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1 workbook or not as long as you are not  
2 generating some new methodology there.

3 DR. MAURO: Oh, no.

4 MR. STIVER: He is using actually  
5 methodologies. He is just doing it in a  
6 different type of calculation using a  
7 different --

8 MEMBER MUNN: Quite to the  
9 contrary, yes, I think you're absolutely right,  
10 John.

11 This is Wanda.

12 And for goodness' sake, the reason  
13 we as the Board hired SC&A, the people who are  
14 on it, supposedly have much more qualification  
15 to do many of these things than most of the  
16 people who are on the Board.

17 CHAIRMAN KOTELCHUCK: Absolutely.

18 MEMBER MUNN: And one of the  
19 reasons we chose these people specifically and  
20 left it in the hands of SC&A to identify the  
21 proper people to do it is because they have the  
22 background in knowing what has been done in the  
23 past and to understand what the real questions

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1 are when they address how to do a dose  
2 reconstruction.

3 So, the fact that there is more than  
4 one way to skin this cat should be beneficial  
5 for everyone concerned. And the fact that we  
6 have people who have backgrounds that are  
7 adequate to be able to do that without following  
8 the workbook is, in my estimation, precisely  
9 why we have a contractor.

10 So I can't see that there is a  
11 problem with not using the workbook. As has  
12 been pointed out, the whole idea is to identify  
13 that the dose reconstruction is being performed  
14 in what is a complicated subject matter.

15 CHAIRMAN KOTELCHUCK: Well, this I  
16 believe has been chewed over at some great  
17 length before the contract was renewed, and  
18 there were a number of discussions. I do  
19 agree --

20 MR. KATZ: I'm sorry. It is Ted.

21 But, again, as I said just a moment  
22 ago, it is not a concern whether SC&A uses the  
23 workbook; it is a concern that they follow the

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1 procedures that have been approved.

2 So John doing it by hand versus  
3 cranking through the workbook is not a problem,  
4 so long as he gets the procedures correctly that  
5 have been approved. So, I mean, whether he  
6 does it that way or whether he just consults his  
7 workplace wizards, so that he understands the  
8 workbook, you know, there is no dictating how  
9 SC&A does that, again, so long as they implement  
10 procedures that the Board has already said are  
11 good ones.

12 MEMBER MUNN: Yes, if he is doing  
13 OTIB-54, then that's fine.

14 MR. KATZ: Right, right, right.

15 CHAIRMAN KOTELCHUCK: Okay.

16 MR. KATZ: So I don't think we have  
17 a problem here.

18 CHAIRMAN KOTELCHUCK: Okay. And  
19 I --

20 MEMBER CLAWSON: Dave, this is  
21 Brad. I have one question before you leave  
22 this.

23 CHAIRMAN KOTELCHUCK: Okay.

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1                   MEMBER CLAWSON:     John made a  
2     comment that we are no longer doing blind  
3     reviews because of the contract.

4                   MR. KATZ:    No, no, no, no, that is  
5     not it.

6                   CHAIRMAN KOTELCHUCK:   No.

7                   MR. KATZ:     Brad, in the old  
8     contract, there were sort of like two blind  
9     reviews that get done for everyone. One blind  
10    review would be done using first principles of  
11    health physics, and the other would be done  
12    using, in effect, the procedures and methods  
13    discussed.

14                  CHAIRMAN KOTELCHUCK:    Done by  
15    SC&A.

16                  MR. KATZ:    Yes, by SC&A, and they  
17    are developed by NIOSH. So, that is what used  
18    to be done. And what got knocked off the table  
19    were these just doing them by first principles.  
20    Because, if you recall, we weren't really  
21    getting much out of that except, yes, we would  
22    get different results, and there was nowhere to  
23    go from there.

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1 CHAIRMAN KOTELCHUCK: Okay.

2 MR. KATZ: Because they were  
3 different, less sophisticated approaches to  
4 doing it. So, anyway, that is how those  
5 dropped off in this.

6 CHAIRMAN KOTELCHUCK: Okay, that  
7 is helpful.

8 MEMBER CLAWSON: Okay. I just  
9 wanted to understand how that had changed.

10 CHAIRMAN KOTELCHUCK: Right.

11 MEMBER CLAWSON: I appreciate it,  
12 Mr. Chair.

13 CHAIRMAN KOTELCHUCK: Okay. And  
14 I'm clear about that now. So, there is no  
15 problem or disagreement at this point.

16 MR. FARVER: Dave, this is Doug. I  
17 have a comment about, though, our blind  
18 reviews.

19 CHAIRMAN KOTELCHUCK: Yes?

20 MR. FARVER: And it goes back to  
21 what Grady was saying. I believe there is a  
22 limitation of two people can log into the DR  
23 tools application at one time. Otherwise, you

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1 get locked out.

2 CHAIRMAN KOTELCHUCK: Yes.

3 MR. FARVER: And we have run into  
4 this before where we are unable to log in at  
5 certain times because the two slots are full.  
6 I believe Grady is running into this, but they  
7 are also going to be adding more people, which  
8 is going to limit this more.

9 CHAIRMAN KOTELCHUCK: Right.

10 MR. CALHOUN: We should try to  
11 figure that out, though. That is not  
12 acceptable on our side or for you, either.

13 MR. FARVER: Right, and it has been  
14 a limitation, but it is going to be more so until  
15 we can up that log-in number. That is one.

16 CHAIRMAN KOTELCHUCK: Okay.

17 MR. FARVER: And the second issue  
18 is we have had some problems with just moving  
19 files around. It gets a little awkward going  
20 between the drives and so forth. I think we  
21 have worked that out. And if Ron is on the  
22 phone, Ron is the one that worked that issue,  
23 and I believe we have worked that out.

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1 I believe those were our two main  
2 issues that we have run into so far.

3 MS. BEHLING: Doug, this is Kathy.

4 You are currently working on six  
5 blinds, is that correct, six blinds that are  
6 in the 20th or 21st set?

7 MR. FARVER: Twentieth set, yes.

8 MS. BEHLING: The 20th set, okay.  
9 And I'm also in the process of comparing, from  
10 the 17th set, the six blinds that we had  
11 previously done with the NIOSH-assigned doses,  
12 adjudicated cases.

13 CHAIRMAN KOTELCHUCK: Yes.

14 MS. BEHLING: So that is also in the  
15 process.

16 MR. KATZ: And, Kathy, can you tell  
17 us when can we expect those?

18 MS. BEHLING: Well, I have got one  
19 of them completed. I have got six to go.  
20 Probably not by the next meeting, but  
21 definitely by the meeting after that.

22 CHAIRMAN KOTELCHUCK: Okay.

23 MR. KATZ: Thank you.

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1 CHAIRMAN KOTELCHUCK: Good.

2 Good.

3 Okay. I'm just finishing up notes.

4 And then, I think we are ready to go  
5 on to start 14.

6 MR. CALHOUN: Well, Dave, I have  
7 got some numbers here for you.

8 CHAIRMAN KOTELCHUCK: Good.  
9 Thank you. Okay, great.

10 MR. CALHOUN: Here's what we have  
11 done. As you probably know, we have an  
12 automated system that selects our DRs at random  
13 to do. And we have got 186 that have been  
14 selected. Ninety-six of those have been  
15 assigned. Only 42 have been completed.

16 CHAIRMAN KOTELCHUCK: Yes.

17 MR. CALHOUN: The last one was  
18 completed in October of last year. So, we  
19 haven't completed any in 2014.

20 CHAIRMAN KOTELCHUCK: Okay.  
21 Well, you mean, do I understand that we are  
22 talking about 50 that are hanging loose to be  
23 done?

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1 MR. CALHOUN: We are talking about  
2 54 that are not completed yet, yes.

3 CHAIRMAN KOTELCHUCK: That is a  
4 huge job.

5 MR. CALHOUN: Oh, yes, and they  
6 keep getting created every week.

7 CHAIRMAN KOTELCHUCK: I know. I  
8 know. And I have been here only the last couple  
9 of years on this.

10 MR. CALHOUN: So we probably need  
11 to adjust how many that were getting selected,  
12 you know.

13 CHAIRMAN KOTELCHUCK: Yes.

14 MR. CALHOUN: We clearly can't keep  
15 that. We can't keep up with it.

16 CHAIRMAN KOTELCHUCK: Right. I  
17 was only viewing what had been assigned in the  
18 last couple of years, which, of course, is a  
19 much smaller number.

20 MR. CALHOUN: Right.

21 CHAIRMAN KOTELCHUCK: That will  
22 help us understand better [the] priority, and  
23 maybe we will discuss with you the next time how

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1 one might reasonably prioritize this task along  
2 with trying to move on the Sets 14 through 18.

3 MR. CALHOUN: We really need to  
4 look at what our goal is. What are we trying  
5 to achieve here?

6 CHAIRMAN KOTELCHUCK: Well, I  
7 mean, to my mind, finishing 10 through 13 would  
8 allow us to begin to do the report to the  
9 Secretary, and that was driving me and driving  
10 us. And that has to be worked on in the next  
11 couple of months.

12 Beyond that, I don't have a sense of  
13 what should be prioritized. Maybe other  
14 people do, and I would be very glad for input  
15 from folks, either John Stiver or Ted, about  
16 what --

17 MR. CALHOUN: Now keep in mind,  
18 David, that I'm talking about just the ones  
19 assigned to NIOSH. I'm not talking about the  
20 ones that you guys got.

21 CHAIRMAN KOTELCHUCK: No. For  
22 SC&A you mean?

23 MR. CALHOUN: No, to NIOSH. We've

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1 got two different programs here. And I just  
2 reported the numbers that were assigned to our  
3 HPs, not SC&A.

4 CHAIRMAN KOTELCHUCK: Right.

5 MR. KATZ: Right.

6 CHAIRMAN KOTELCHUCK: Right.

7 MR. KATZ: So, Dave, NIOSH took on  
8 this task of doing their own blind reviews sort  
9 of independently of the Board. I mean, they  
10 are doing it all for good reasons, right. So,  
11 I don't think that really affects the  
12 Subcommittee's priorities per se. The  
13 Subcommittee has to just worry about its own  
14 case reviews, both the blind and the regular  
15 ones.

16 CHAIRMAN KOTELCHUCK: I see.  
17 Okay.

18 MR. KATZ: But NIOSH has been nice  
19 enough to bring us in the process and they will  
20 be briefing us as they continue with this.  
21 And, of course, they are open to the  
22 Subcommittee's input on how they do those blind  
23 reviews.

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1           But that is sort of on top of the  
2           core task for the Subcommittee, which is to  
3           address its own blind reviews and its own case  
4           reviews, regular case reviews.

5           CHAIRMAN KOTELCHUCK:   Aha.

6           MR. KATZ:   Okay.

7           CHAIRMAN KOTELCHUCK:   Aha.   Okay.

8           MR. KATZ:   I think we just take  
9           those as they come from NIOSH.

10          CHAIRMAN KOTELCHUCK:   Right.

11          MR. KATZ:       But, really, our  
12          emphasis -- so, when you say to increase the  
13          focus on the blind reviews, because I know Dr.  
14          Melius has been very interested in seeing more  
15          results from the blind reviews.

16          CHAIRMAN KOTELCHUCK:   He most  
17          certainly has.

18          MR. KATZ:   That is why I asked Kathy  
19          when does she expect to have, for example, the  
20          comparisons on the previous ones that were  
21          already completed, blind reviews by SC&A, when  
22          does she expect those to be ready.   Because I  
23          know Dr. Melius wants to see results from all

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1 of these.

2 CHAIRMAN KOTELCHUCK: Right.  
3 Well, good. Okay.

4 MEMBER RICHARDSON: This is David.  
5 I mean, the history of NIOSH doing  
6 this is not kind of separated from the  
7 activities of the DR Subcommittee or the  
8 findings of the 10-year review or any of those  
9 other things. And it was motivated by some  
10 problems which were observed and questions  
11 about how QA/QC was happening at ORAU and who  
12 should be tasked with doing that.

13 And one of the concerns was we  
14 repeatedly were reviewing historical dose  
15 reconstructions, and NIOSH was going to pull  
16 and pretty much, if I am recalling correctly,  
17 pull a small number of cases closer to  
18 real-time. And it was a fairly modest number,  
19 right, like a couple a month?

20 CHAIRMAN KOTELCHUCK: Yes.

21 MR. CALHOUN: That is correct.

22 MEMBER RICHARDSON: And try to  
23 evaluate those, so that we would have something

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1       happening closer in real-time to the dose  
2       evaluations of scientific quality issues and  
3       basic quality assurance issues for those cases.

4                   CHAIRMAN KOTELCHUCK:   Yes.

5                   MEMBER RICHARDSON:   And it sounds  
6       like for the last 14 or 15 months that hasn't  
7       been happening.   And it was something which we  
8       sort of, I had been led to believe was going to  
9       be, you know, following the 10-year view, was  
10      going to be one of the priorities for NIOSH to  
11      be tasking, and it wasn't, in my view I guess,  
12      it wasn't a huge number of them, but it was going  
13      to start to give us a building-up of a record  
14      for understanding whether we are doing better  
15      or it is still in the same problems we have had  
16      with QA/QC issues on it.

17                   CHAIRMAN KOTELCHUCK:   Right.

18                   MEMBER RICHARDSON:   And so, I guess  
19      I have to say, you're right, it is nothing we  
20      can do.   It is nice of NIOSH to keep us in the  
21      loop.   But it has been motivated by a chronic  
22      concern that we have had for years now of  
23      looking at these and trying to both get a more

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1       timely evaluation and get evaluations in a  
2       blind sense of these small QA/QC records.

3               So, it sounds like it has just  
4       slipped off the radar again.

5               CHAIRMAN KOTELCHUCK:  Yes.

6               MR. KATZ:  Right.  And, Dave, I  
7       wasn't trying to minimize the role --

8               MR. CALHOUN:  I will have to look  
9       whatever that is.  I am paging through some of  
10       the 10-year review documents now.  I am not  
11       sure of it.  Yes, boy, it has been a long time  
12       ago.  I need to find out really what our  
13       motivation was behind that.

14               I didn't think it was a 10-year  
15       review thing, but it might have been.  I'll  
16       look.

17               CHAIRMAN KOTELCHUCK:  Okay.  Ted,  
18       you were starting to say?

19               MR. KATZ:  Oh, no, I was just saying  
20       I wasn't minimizing the role of the  
21       Subcommittee in its work in motivating NIOSH to  
22       take on what it has done.  All I was saying was  
23       that is sort of NIOSH's machinery, not the

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1 Subcommittee's.

2 CHAIRMAN KOTELCHUCK: Right.

3 MR. KATZ: So we just sort of  
4 receive that as it comes from NIOSH.

5 CHAIRMAN KOTELCHUCK: Yes.

6 MR. KATZ: That was my point.

7 CHAIRMAN KOTELCHUCK: Okay, good.  
8 Anything further on this?

9 (No response.)

10 Shall we go on to 14, Set 14? Okay,  
11 if you would put it up on the screen?

12 I can say, for one, I am delighted  
13 to get into Sets 14 through 18.

14 I have spent most of my tenure on  
15 this Subcommittee, all of it I believe, on the  
16 last sets. We're not finished yet, but we are  
17 close.

18 MEMBER MUNN: Yes, it would be nice  
19 to have a number larger than 13, I'll have to  
20 say.

21 CHAIRMAN KOTELCHUCK: It certainly  
22 would.

23 There we are. Okay. The Oak Ridge

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1 site, 349.1.

2 MR. FARVER: Okay. Are we up on  
3 the screen?

4 CHAIRMAN KOTELCHUCK: Yes, you  
5 are. Thank you.

6 MR. FARVER: Okay. 349.1, NIOSH  
7 did not account for all the recorded zero dose  
8 values, 1953. Once again, it is summing up the  
9 zero dose values to determine the missed dose.

10 And NIOSH's response is that the  
11 finding is correct. Three additional dose  
12 values were indicated for week 53 of 1953.  
13 They were not included in the data entry file  
14 and were not added by the dose reconstructor.  
15 Okay?

16 CHAIRMAN KOTELCHUCK: Yes.

17 MR. FARVER: The issue of  
18 additional week 53 data has been identified by  
19 the data entry group subsequent to this claim  
20 and is now addressed when being entered.

21 CHAIRMAN KOTELCHUCK: Right.

22 MR. FARVER: So, is this something  
23 that was limited to this specific year?

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1 Grady, do you have an idea?

2 MR. CALHOUN: Hold on. Let me get  
3 back to your thing here.

4 MR. FARVER: Okay.

5 MR. FARVER: Just kind of how it  
6 reads.

7 MR. SIEBERT: This is Scott.

8 Grady, I can help you out with this.

9 Yes, 1953 is one of the unusual  
10 years where there is a 53rd week.

11 MR. FARVER: Okay.

12 MR. SIEBERT: So, yes, that is why  
13 it is specifically talking about that. That is  
14 why we noticed that issue and we have changed  
15 our process to ensure we catch that  
16 information.

17 MR. FARVER: Okay.

18 CHAIRMAN KOTELCHUCK: Good.  
19 Alright.

20 MR. FARVER: Were there other years  
21 that had 53 weeks?

22 MR. SIEBERT: Say that again?

23 MR. FARVER: I said, were there

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1 other years that had 53 weeks? I'm sorry.

2 MR. SIEBERT: Oh, I'm sure there  
3 probably are.

4 MR. FARVER: Okay. Is it  
5 something you have problems with on those years  
6 also?

7 MR. SIEBERT: I can't tell you  
8 specifically.

9 MR. FARVER: I was just curious if  
10 anyone looked into that.

11 CHAIRMAN KOTELCHUCK: We certainly  
12 had data for entries beyond 52 weeks, and we  
13 have certainly worked and figured out what they  
14 were when people started having more frequent  
15 measurements or daily measurements or, too,  
16 somebody had a couple of different detectors.  
17 But I don't recall a 53-week year.

18 However, in terms of dealing with  
19 this, this was a data-entry problem. It seems  
20 to me that this should be closed. We know how  
21 to deal with it.

22 MEMBER MUNN: I agree.

23 CHAIRMAN KOTELCHUCK: Yes. Shall

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1 we close?

2 MEMBER MUNN: We have agreement  
3 from SC&A.

4 CHAIRMAN KOTELCHUCK: Yes.

5 Okay, let's go on to the next one.

6 MR. FARVER: Finding 2, NIOSH did  
7 not address the different solubility types for  
8 strontium-90 and the associated radionuclides.  
9 Did not evaluate strontium-90 Type S because  
10 there was no potential to strontium titanate  
11 where the employee worked. Described this to  
12 include strontium-90 Type S only if it was  
13 documented that the employee worked in the  
14 building 3517, where the material was handled.

15 Is this in the technical basis or is  
16 it in the DR Guidance?

17 MR. SIEBERT: To tell you the  
18 truth, off the top of my head, I can't tell you.

19 MR. FARVER: Okay.

20 MEMBER MUNN: I would expect this  
21 being in the guidance. Wouldn't you?

22 MR. FARVER: Yes. I didn't find it  
23 in the technical basis. That is why I asked.

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1 I didn't know if I was looking at the right  
2 section.

3 MEMBER MUNN: Yes, I would expect  
4 the guidance.

5 MR. FARVER: Okay.

6 CHAIRMAN KOTELCHUCK: So this also  
7 is closeable. I mean, the person didn't have  
8 exposure, but if they did have exposure, there  
9 is agreement on how it is handled.

10 MEMBER MUNN: Yes.

11 CHAIRMAN KOTELCHUCK: So that  
12 should be closed. Both should be closed on  
13 349.

14 MR. FARVER: The only thing I would  
15 suggest that this gets at some point moved into  
16 the Technical Basis Document.

17 MR. SIEBERT: Yes. What we do is  
18 we make sure that the Technical Basis Document  
19 owners have the DR Guidance when they are doing  
20 their update, so that all those things get  
21 rolled in.

22 MR. FARVER: Okay. Hopefully, at  
23 some point it will make it to the TBD.

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1 CHAIRMAN KOTELCHUCK: Okay. So,  
2 let's go to 350.1.

3 MR. FARVER: Okay. Hang on until I  
4 finish my notes.

5 CHAIRMAN KOTELCHUCK: Sure.

6 MR. FARVER: 350.1.

7 CHAIRMAN KOTELCHUCK: Yes.

8 MR. FARVER: The PFG doses were not  
9 considered after 1944. Okay.

10 The employee was employed by  
11 Tennessee Eastman Corporation, which was the  
12 prime DOE contractor for which PFG x-rays were  
13 assigned based on values found in the Y-12  
14 Medical TBD.

15 And this is from '43 through  
16 February of '44. Okay? So, PFGs were  
17 addressed.

18 Then the employee was employed by  
19 [identifying information redacted],  
20 subcontractor companies, after 1944. The  
21 medical doses for those periods were OTIB-6,  
22 due to subcontractors likely having medical  
23 screening x-rays offsite. I take it that it

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1 would not be PFG.

2 OTIB-57, which was applicable at  
3 the time of the dose reconstructions and  
4 concurrent with NIOSH's response.

5 MEMBER MUNN: If SC&A concurs, we  
6 can close it.

7 CHAIRMAN KOTELCHUCK: Yes. I  
8 think that's right.

9 MR. SIEBERT: This is Scott. I  
10 apologize for jumping in.

11 I am just going back to the previous  
12 one. I know we already closed it, but I did  
13 verify the strontium discussion is in the DR  
14 Guidance document.

15 CHAIRMAN KOTELCHUCK: Good, good.  
16 That's reassuring. Thank you.

17 So, I think this can be closed as  
18 well.

19 MEMBER MUNN: Agreed.

20 CHAIRMAN KOTELCHUCK: Okay, let's  
21 go on to the next one. That was all of 350.

22 MR. FARVER: Now we move to 357.

23 CHAIRMAN KOTELCHUCK: 357, okay.

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1                   MR. FARVER:    The recorded doses  
2                   that were less than the MDL values were not  
3                   removed.

4                   Okay.        There were multiple  
5                   instances in which the recorded doses were less  
6                   than LOD over 2 and were not removed and applied  
7                   as missed dose.  But, if an LOD over 2 was 10,  
8                   you might have a dose in there that was 8, and  
9                   where it should have gotten set equal zero and  
10                  assigned as a missed dose, it was just kept  
11                  being an 8.  Okay.  So, that's what it was.

12                  I know we have had this issue before  
13                  with the workbook.

14                  CHAIRMAN KOTELCHUCK:  Yes.

15                  MR. FARVER:  Okay.

16                  CHAIRMAN KOTELCHUCK:  Corrected.

17                  MR. FARVER:  In the past the dose  
18                  reconstructor had to set them equal to zero  
19                  manually.  Now we will ask Scott.  So what you  
20                  are saying here is that now they don't have to  
21                  do it manually; it does it when they import the  
22                  data?

23                  MR. SIEBERT:  That is correct.

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1 The tool identifies those and makes the  
2 adjustments as needed.

3 MR. FARVER: That is great. Thank  
4 you.

5 CHAIRMAN KOTELCHUCK: Good.  
6 Okay.

7 MR. FARVER: I do appreciate that  
8 one.

9 CHAIRMAN KOTELCHUCK: Excellent.  
10 Why don't we close it?

11 MEMBER MUNN: Oh, let's do.

12 CHAIRMAN KOTELCHUCK: Okay. The  
13 next one, 357.2, dose assigned for missing  
14 badge cycles.

15 MR. FARVER: No badge assigned for  
16 missing badge cycles. Okay, we have a little  
17 bit of a concern about this one.

18 The employees' badges were  
19 exchanged annually for '80 and '81. If they  
20 were doing it annually, then why were there  
21 three badge exchanges in '80? And for '81  
22 there was only one entry for a fourth quarter.  
23 It was uncertain if the badge was exchanged

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1 quarterly or annually. I think what we are  
2 saying here is there is still some concern if  
3 it was on a quarterly or annual frequency.

4 MR. BUCHANAN: Yes, this is Ron  
5 Buchanan.

6 This is one that I worked on. And  
7 we have several in this group. And what we come  
8 up to is in the DOE records, they will have an  
9 exchange of, say, a second quarter and a fourth  
10 quarter or a first and third quarter, or not all  
11 four quarters will show badge exchange.

12 Some of the sites give the date  
13 issued, the date returned and the date read,  
14 which, from that, you can determine how often  
15 they were passed sometimes. Now, for some of  
16 the sites -- and I think Y-12 was one of  
17 them -- they don't give any information except  
18 the issue date. They don't give the return  
19 date or the read date. And so, you don't know  
20 if the person wore that an extra quarter or a  
21 year or three quarters or what, or if he was  
22 unbadged for several quarters.

23 And so, this leads us to question if

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1       it is a compensated case, then there is no  
2       problem.  You assign exactly what is in the  
3       daily records.  If it is not compensated, then  
4       you have to say, well, were they actually badged  
5       during, say, the third quarter and it wasn't  
6       recorded or did they wear it through the second  
7       and third quarter and turned in the fourth  
8       quarter?

9                   And so, sometimes NIOSH will go  
10       ahead and assign a gap dose or an unmonitored  
11       dose or a coworker dose.  And in some cases,  
12       they won't address the issue.

13                   And so, I guess this brings up in  
14       general -- this is kind of a generic  
15       problem -- if a worker's exchange frequency  
16       appears to be quarterly, but they don't show  
17       four quarters exchanged per year, how should  
18       this be judged?

19                   And even though the TBD may say, oh,  
20       this is annual and this is quarter -- some of  
21       them tell you annual or quarter or weekly, if  
22       they give you all three possibilities maybe for  
23       a certain time period.

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1                   So, you know, what should SC&A do  
2                   about this when they run into quarters?

3                   CHAIRMAN KOTELCHUCK:   Ron?   Yes,  
4                   Ron, let me ask you, reading the numbers, is it  
5                   possible that in the middle of the year 1980 the  
6                   person was transferred to another job task,  
7                   such that the quarterly findings were ended,  
8                   say, in June or July, in which case they would  
9                   start on a yearly basis and do four, do one in  
10                  the fourth quarter of that year and one in the  
11                  fourth quarter of the next year?

12                  MR.   BUCHANAN:       But that would  
13                  not --

14                  CHAIRMAN KOTELCHUCK:       I don't  
15                  know.   I'm not sure, I mean, how they would  
16                  handle job transfers.   Could this reflect  
17                  that?

18                  MR.   BUCHANAN:       In certain cases  
19                  this could.   Generally, we look for this to see  
20                  if they changed locations or job titles or  
21                  something that would make a difference in their  
22                  badging.

23                  CHAIRMAN KOTELCHUCK:   Yes.

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1                   MR. BUCHANAN: But, like in 1980,  
2 they said one, two, and four. Well, what  
3 happened to the third quarter? You know, did  
4 they miss it?

5                   And then, we will look deeper into  
6 it and see if they, like you say, changed jobs  
7 or something.

8                   CHAIRMAN KOTELCHUCK: Yes.

9                   MR. BUCHANAN: But in these, if I  
10 recall right now -- it has been quite a while  
11 since we have worked on these -- but, if I recall  
12 right, there was no evidence that the badging  
13 would really change during these periods.

14                   And I think there is three of them  
15 in the set like this, and I have one I am working  
16 on now like this.

17                   CHAIRMAN KOTELCHUCK: Yes.

18                   MR. BUCHANAN: And so, I guess what  
19 we need to know is what the general ruling of  
20 them is. Should this be a finding or not, if  
21 we can't find out any reason for it in missing  
22 a third quarter, say, or a second and fourth  
23 quarter? Should this be a finding or should we

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1 accept that they just wore the badge six months  
2 instead of three?

3 Like I say, some of the sites are  
4 very specific. They give issue, return date,  
5 and read date. And even if they leave one of  
6 those out, you can pretty well infer from the  
7 rest of it.

8 CHAIRMAN KOTELCHUCK: Right.

9 MR. BUCHANAN: But some of the  
10 sites, the only information you have is issue  
11 date. And so you don't know. They issue one  
12 dosimeter and they issue another one later on,  
13 but you don't know what took place in between  
14 as far as reading it and when it was turned in  
15 and stuff.

16 MEMBER MUNN: This is Wanda.

17 We have certainly discussed this  
18 issue many, many times in a variety of fora  
19 throughout the Advisory Board's activities.  
20 And it seems impossible, to me it has always  
21 seemed impossible, to anticipate doing  
22 anything other than on a sitewide and  
23 individual case basis. I don't think you can

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1 make those assumptions.

2 For example, in a case like this  
3 one, we have no way of knowing whether this  
4 individual may have been involved, for example,  
5 in a motorcycle accident and been out for four  
6 months and may have had to have extensive  
7 surgery a quarter-and-a-half later and again  
8 been out for a few months.

9 Unless there is evidence of some  
10 problem with that dataset from that site, if you  
11 have a situation where you have no reporting for  
12 missing quarters for many of the people, then  
13 that's perhaps an entirely different thing.

14 But, if you have a full set of data  
15 for many employees for those periods at that  
16 site, then, from my perspective, it is  
17 impossible to make a judgment as to whether or  
18 not this individual was actually carrying a  
19 badge during that time or if they were even at  
20 work during that period of time. It seems to  
21 me there is no way to do it except on an  
22 individual case basis. I think it has to be a  
23 judgment.

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1                   MR. FARVER: Well, for this case,  
2                   it looks like the employee was monitored for  
3                   internal exposures during the timeframes in  
4                   question.

5                   MEMBER MUNN: Then one would almost  
6                   automatically make the assumption that he or  
7                   she was, in fact, at work.

8                   MR. BUCHANAN: Yes.

9                   MEMBER MUNN: If they were having  
10                  internal measurements, then --

11                  MR. BUCHANAN: Right.

12                  MEMBER MUNN: -- then that would  
13                  appear to qualify as a necessary -- the real  
14                  question is whether or not the data was there  
15                  in the employee records and was somehow missed.  
16                  If it is just simply not there, then there is  
17                  not much the dose reconstructor can do about  
18                  making up a number. That judgment has to be  
19                  made that there is a finding here, it seems to  
20                  me. The finding is this was the data was  
21                  incomplete from the site records.

22                  MR. BUCHANAN: Either that or he  
23                  wore the badge -- he missed the badge exchange.

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1 MEMBER MUNN: Yes.

2 CHAIRMAN KOTELCHUCK: Yes.

3 MR. SIEBERT: This is Scott.

4 Or, just as likely, they changed his  
5 frequency. We know that there were changes in  
6 frequency during that timeframe and they were  
7 changing some workers over to annual badges  
8 during that time, is what I have been told by  
9 the site expert, which is why it seemed to make  
10 sense to the dose reconstructor in this claim,  
11 that it seemed more likely to them that that  
12 person was switched over to an annual dose, an  
13 annual dosimeter, rather than make the  
14 assumption that we are missing records when we  
15 don't have an indication we are missing  
16 records.

17 MEMBER MUNN: Wouldn't there be  
18 some indication of that on the next cycle  
19 readings?

20 MR. SIEBERT: That's the problem.  
21 This guy, then, left after this final  
22 dosimeter. He left in 1982, if I remember,  
23 [identifying information redacted] of '82.

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1                   So, I mean, we have pretty good  
2 confidence that we are getting records from  
3 Y-12 past 1961, if I have been informed  
4 correctly.

5                   MEMBER MUNN: Well, heaven knows  
6 they had a good system.

7                   MR. SIEBERT: Correct, and we know  
8 they were changing their frequency at some  
9 point and perhaps were not documenting it as  
10 rigorously as we would hope, because they  
11 didn't know we would be coming along 20, 30, 40  
12 years later.

13                  MEMBER MUNN: Yes, historically,  
14 that's hard to second-guess, yes.

15                  MR. SIEBERT: So, I guess what I am  
16 saying is the dose reconstructor looked at  
17 this, made a judgment call that it seemed to  
18 make sense, knowing that that was a reasonable  
19 assumption in his mind, an annual dosimeter,  
20 and that is what was assigned.

21                  CHAIRMAN KOTELCHUCK: Yes, right.  
22 And what did the person do for 1980?

23                  MR. SIEBERT: I believe they were

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1 maintenance. Let me verify that.

2 CHAIRMAN KOTELCHUCK: Yes.

3 MR. FARVER: This is Doug.

4 I'm okay with that. I would be more  
5 concerned, if the PoC was up around 48 percent,  
6 I would probably be more concerned. It is at  
7 31 percent. So, this judgment call -- and it  
8 is a judgment call -- really did not impact this  
9 case.

10 MEMBER MUNN: But I don't see how we  
11 can avoid the issue of having judgment calls in  
12 individual cases when you have situations like  
13 this.

14 CHAIRMAN KOTELCHUCK: Yes.

15 MEMBER MUNN: I think that is the  
16 way we have to leave it.

17 CHAIRMAN KOTELCHUCK: Right.

18 MEMBER MUNN: I don't see how you  
19 can possibly codify something like this.

20 MR. FARVER: And I think it is going  
21 to come up again, but we will do them  
22 one-by-one.

23 CHAIRMAN KOTELCHUCK: Yes. Okay.

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1       So that suggests that we close it, say that a  
2       judgment call was made, was needed to be made,  
3       a judgment call was made properly. Properly is  
4       not the word. A judgment call was made, had to  
5       be made, and we'll close it. And no  
6       disagreement?

7                   MEMBER MUNN: No, it was accepted.

8                   CHAIRMAN KOTELCHUCK: Yes,  
9       accepted is the right word, yes.

10                  MEMBER MUNN: Okay.

11                  CHAIRMAN KOTELCHUCK: Okay, 357.2  
12       is closed.

13                  357.3, excuse me.

14                  MR. FARVER: Okay, the next one,  
15       357.3.

16                  MEMBER MUNN: We have to half.

17                  CHAIRMAN KOTELCHUCK: Yes.

18                  MR. FARVER: Have to half, which is  
19       a quarter.

20                  CHAIRMAN KOTELCHUCK: Right.

21                  MR. FARVER: Which is not a good  
22       thing.

23                  MEMBER MUNN: No, it's not.

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1                   MR. FARVER: But it is a DR error.  
2                   You know, the dose reconstructor went in and  
3                   changed something that really didn't need to be  
4                   changed.

5                   CHAIRMAN KOTELCHUCK: Yes.

6                   MR. FARVER: And it didn't get  
7                   caught through the reviews or anything. So it  
8                   is a QA problem.

9                   CHAIRMAN KOTELCHUCK: Right.

10                  MR. FARVER: Let's see, if it --

11                  MR. SIEBERT: Can I jump in on that?

12                  This is Scott.

13                  I wouldn't necessarily agree they  
14                  changed something that shouldn't have been  
15                  changed. This is, once again, remember, this  
16                  is the complex-wide estimate tool.

17                  The dose reconstructor has to enter  
18                  that information because it is a complex-wide  
19                  tool that is specific to the site. They made  
20                  a mistake in this case; I agree wholeheartedly  
21                  with that.

22                  However, it is not like a correct  
23                  answer was there the first time and they changed

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1 it.

2 MR. FARVER: Okay, I get you,  
3 Scott. So, instead of entering -- taking half  
4 of the LOD and entering it, they looked at the  
5 LOD over 2 number and entered half that value.

6 MR. SIEBERT: Correct.

7 MR. FARVER: Okay.

8 CHAIRMAN KOTELCHUCK: And this had  
9 no substantial impact on the result? It's an  
10 error.

11 MR. FARVER: Okay.

12 CHAIRMAN KOTELCHUCK: Did it? It  
13 had no impact on the result, yes?

14 MR. SIEBERT: That's correct.

15 CHAIRMAN KOTELCHUCK: Yes, okay.

16 MR. SIEBERT: And I do want to point  
17 out that last paragraph. We did review all the  
18 other claims that were assessed by that DR and  
19 determined if they made a mistake in other  
20 places.

21 CHAIRMAN KOTELCHUCK: Yes.

22 MR. SIEBERT: And that's the only  
23 place we found it.

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1                   CHAIRMAN KOTELCHUCK: That's good.  
2           I saw that, and that is good.  
3           Programmatically, that is, methodologically,  
4           that's fine.

5                   MR. FARVER: Scott, is this the  
6           same workbook that we talked about earlier with  
7           the LOD-over-2s?

8                   MR. SIEBERT: Correct.

9                   MR. FARVER: Okay.

10                  MR. SIEBERT: Yes, and 1.

11                  CHAIRMAN KOTELCHUCK: Okay,  
12           closed.

13                  MR. FARVER: Okay.

14                  CHAIRMAN KOTELCHUCK: 389.

15                  MR. FARVER: 358 was no findings.  
16                  389, NIOSH did not use the correct  
17           solubility types. There's guidance in  
18           OTIB-34, I believe, that you are supposed to  
19           look at the different types of solubility and,  
20           then, you take the one that is the highest.  
21           Okay?

22                  CHAIRMAN KOTELCHUCK: Yes.

23                  MR. FARVER: In NIOSH's response,

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1 basically, they evaluated this and for systemic  
2 organs, you know, they kind of know where it is  
3 going to be Type S and Type SS.

4 And if you go further on down, I  
5 believe they are going to in the next  
6 revision -- or has it been revised?

7 MR. SIEBERT: It was revised.

8 MR. FARVER: Revised after this  
9 case was done, and this is not going to be an  
10 issue in upcoming cases.

11 CHAIRMAN KOTELCHUCK: Okay.

12 MR. FARVER: Is that correct,  
13 Scott? This is the plutonium.

14 MR. SIEBERT: That is correct.

15 MR. FARVER: Okay. So the  
16 plutonium one is not going to be a problem  
17 anymore because they have changed or they have  
18 revised the OTIB.

19 CHAIRMAN KOTELCHUCK: Okay.

20 MR. FARVER: The SR-90 is the same  
21 issue that we dealt with before, that unless you  
22 are in a specific building, it is not going to  
23 be an issue. And this is what is in the DR

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1 Guidance that will eventually make it to the  
2 TBD.

3 MR. SIEBERT: Correct.

4 MR. FARVER: Okay. Those I  
5 understand.

6 CHAIRMAN KOTELCHUCK: Okay.

7 MR. FARVER: Okay.

8 CHAIRMAN KOTELCHUCK: So close.

9 MR. FARVER: Okay.

10 CHAIRMAN KOTELCHUCK: Is the next  
11 one an observation?

12 MR. FARVER: Okay, wait until I  
13 finish my update.

14 CHAIRMAN KOTELCHUCK: Sure.

15 MR. FARVER: Oh, Observation 1.  
16 Based on the analysis of the files accompanying  
17 the DR report, it appears that NIOSH assigned  
18 one yearly and four termination x-ray exams for  
19 1968. Similarly, SC&A found excess exams were  
20 assigned for 1983. NIOSH agrees that the  
21 x-rays assigned were extremely  
22 claimant-favorable. However, because Y-12  
23 doesn't supply x-ray records for individual

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1 claims, the applied exams for 1968 and 1980 were  
2 based on professional judgment, leaning toward  
3 claimant-favorable application.

4 Technical Basis Table 3-1, all  
5 employees at Y-12 received pre-employment,  
6 annual and termination exams. Therefore,  
7 although the application of five x-rays for '68  
8 and additional exams for '80 to '83 may have  
9 been excessive, it would have been acceptable  
10 in this non-compensable claim at the time.

11 CHAIRMAN KOTELCHUCK: Yes.

12 MR. FARVER: Okay.

13 CHAIRMAN KOTELCHUCK: Yes, that's  
14 an interesting observation.

15 MR. BUCHANAN: Yes, this is Ron.

16 One issue that comes to mind is some  
17 of these were contract workers who just came in  
18 and worked a few months. So if we have got five  
19 hiring and termination periods in one year, how  
20 many termination and hiring x-rays --

21 CHAIRMAN KOTELCHUCK: Ah.

22 MR. BUCHANAN: And that's a  
23 judgment call, and we have a hard time, you

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1 know, really judging how many should you be  
2 assigned. I don't know really what the policy  
3 was. If they had had one, you know, if they  
4 terminate and they're gone a month, you do  
5 termination and then re-hire a month later, it  
6 is kind of up in the air. You know, there is  
7 no exact answer to that --

8 CHAIRMAN KOTELCHUCK: Yes.

9 MR. BUCHANAN: -- as to where did  
10 that come from.

11 CHAIRMAN KOTELCHUCK: Right.

12 MEMBER MUNN: No, but our agreement  
13 to accept worst-case scenarios in every single  
14 situation seems to apply in this case.

15 CHAIRMAN KOTELCHUCK: Yes.

16 MEMBER MUNN: The dose  
17 reconstructor did what they had been instructed  
18 by the Board to do.

19 CHAIRMAN KOTELCHUCK: Right.

20 Okay, let's move on.

21 MR. FARVER: Okay, 390, where there  
22 were no findings.

23 391.1, there was an inconsistency

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1 in the unmonitored dose. Let me see if I can  
2 give you a little background on this.

3 CHAIRMAN KOTELCHUCK: Please.

4 MR. FARVER: Because I could use  
5 it.

6 Ron, was this one of your cases  
7 also? Did you do almost all the Oak Ridge  
8 cases?

9 (No response.)

10 MEMBER MUNN: Is Ron still on?

11 MR. BUCHANAN: If I take it off  
12 mute, it helps to hear me.

13 (Laughter.)

14 Okay. There are three parts to  
15 this. 1987, a gap, assigned electron gap dose  
16 but no photon because of the way you calculate  
17 the non-penetrating, and they should have  
18 assigned it. And we agree that this was an  
19 entry error and a QA error. So, that was an  
20 error on the dose reconstructor part; we agree  
21 with that.

22 No. 2, the gap, okay, this again was  
23 kind of how you look at it, but there was nothing

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1 in '73, and the person didn't start to work  
2 until '74. So we can agree with what NIOSH did.  
3 They used gap later on. Why didn't they use it  
4 in '74? Because the person didn't work in '73.  
5 So instead of using it in some of '74, they  
6 didn't really have a bracket for it. And so  
7 they used the coworker or environmental dose.  
8 And so we can see the reasoning there and agree  
9 with that.

10 No. 3, okay, there again, this is  
11 the same thing we were just discussing.

12 CHAIRMAN KOTELCHUCK: Pardon me?

13 Could we scroll up, so we can read  
14 No. 3? Thanks.

15 MR. BUCHANAN: This, again, the  
16 problem is, if there are indications that the  
17 person was quarterly exchanged in '80 through  
18 '87, why are there some quarters missing? And  
19 in this case, this is very similar to the one  
20 we just discussed. It is that, if there are  
21 quarters two, three, and four for '76, why  
22 wasn't there some exchange during some of the  
23 other periods?

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1                   And so, let's see, in the DOE  
2 records, the badge was issued on 7/2/86 and read  
3 9/18/86. Now this case, though, I don't see  
4 there was a judgment call because that means the  
5 person wasn't badged after 9/18/86 because it  
6 was read on that date.

7                   Another badge was not issued until  
8 7/1 of '87. Therefore, there was a gap  
9 for -- what? -- about 10 months there where  
10 there was no dose assigned.

11                   Now, if the person changed jobs or  
12 out of work or something, I would think there  
13 would be some indication for 10 months. And  
14 so, that is where we stand on that one.

15                   I can understand some of the other  
16 explanations for some of the other years, but  
17 when they do show an issue and a return and a  
18 read date, or an issue and a read date, and then,  
19 there isn't another issue for nine months  
20 later, that appears to be a gap to me. And so,  
21 that is our concern with that one.

22                   CHAIRMAN KOTELCHUCK: Right.

23                   MR. SIEBERT: This is Scott.

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1 I am going to have to go back to the  
2 site expert and DR and look further into the  
3 specifics on those years. So I will.

4 CHAIRMAN KOTELCHUCK: Okay. So we  
5 will hold that open.

6 MR. BUCHANAN: Yes, Part 3. Now 1  
7 and 2 we agree with, but 3 still remains open.

8 CHAIRMAN KOTELCHUCK: Okay.

9 MR. FARVER: Go on to 391.2.

10 Ron, would you just continue on,  
11 since you have done so well?

12 MR. BUCHANAN: Okay. Get it off  
13 mute here.

14 Missed neutron dose; it was not  
15 considered. Okay. Some of the earlier sites,  
16 these gaseous diffusion sites and such, the  
17 uranium sites, they would monitor for neutrons,  
18 but they would be recorded as zero or blank.

19 And so, we found out later -- this  
20 was an earlier review -- that we agreed that,  
21 if some of these sites, even though they had a  
22 neutron listed, but there was no dose, well,  
23 then, you get assigned a neutron dose.

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1           It wasn't necessarily like the  
2 gamma, where if you had a gamma and it was at  
3 zero, you assigned a missed dose. And so, we  
4 agree that that is an acceptable explanation.

5           CHAIRMAN KOTELCHUCK: Okay. So  
6 that can be closed.

7           Anybody have any further comments?

8           MR. FARVER: No.

9           CHAIRMAN KOTELCHUCK: Okay, 391.3,  
10 if there is one.

11           MR. BUCHANAN: Yes, there is one.  
12 It was the technician in '99, and the wrong  
13 bioassay number value was entered. And NIOSH  
14 has agreed this was done; this was an error.  
15 And we agree that the workbook data entry was  
16 incorrect, and the case has since been  
17 compensated because of additional cancers.  
18 That was just an entering error.

19           CHAIRMAN KOTELCHUCK: Oh, okay.  
20 Then that should be closed.

21           MR. BUCHANAN: Yes.

22           CHAIRMAN KOTELCHUCK: Because we  
23 agree. Okay.

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1 MEMBER MUNN: Agree.

2 CHAIRMAN KOTELCHUCK: Let's see,  
3 Observation.

4 MR. FARVER: Okay. Hold on a sec  
5 until I catch up.

6 CHAIRMAN KOTELCHUCK: Sure, sure.  
7 Again, sorry to rush you.

8 (Pause.)

9 MR. FARVER: Okay, Observation 1.  
10 The CATI indicates that smoke incidents took  
11 place in '80 and '81, in '80, '81, and 1982,  
12 while the employee was at K-25 as an operator.

13 The records show that the employee  
14 was monitored for external exposure during this  
15 time with all results equal to zero. However,  
16 the employee was not bioassayed until 1988.  
17 Therefore, these incidents could have been  
18 missed.

19 The smoke incidents were noted in  
20 the Incident Section of the Dose Reconstruction  
21 Report with mention that it is likely that he  
22 would have received bioassay results had these  
23 incidents likely involved significant

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1 potential for internal exposure. No  
2 information was identified in the DOE records.

3 Okay.

4 CHAIRMAN KOTELCHUCK: Yes.

5 MR. FARVER: And this is just one of  
6 these things we pointed out, little differences  
7 in the CATI report.

8 CHAIRMAN KOTELCHUCK: Yes.

9 MR. FARVER: But in this case it is  
10 an observation.

11 CHAIRMAN KOTELCHUCK: Oh, okay.

12 392.1.

13

14 MR. FARVER: NIOSH did not assign a  
15 dose for the first part of 1949. NIOSH is in  
16 agreement that the employee was not monitored  
17 in the first part of 1949, and the DR should have  
18 dealt with this unmonitored period.

19 In determining on this claim, a  
20 coworker dose of 75 millirem was assigned for  
21 this time period along with additional zero  
22 from Finding 2. The overall PoC remained under  
23 50 percent.

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1 CHAIRMAN KOTELCHUCK: Yes.

2 Quality control.

3 MEMBER MUNN: Yes. SC&A agrees.

4 We can close it.

5 CHAIRMAN KOTELCHUCK: Okay,

6 closed.

7 MR. FARVER: No. 2 or Finding 2 --

8 CHAIRMAN KOTELCHUCK: Yes.

9 MR. FARVER: NIOSH omitted one  
10 missed dose for 1949. This goes back to the  
11 previous finding.

12 CHAIRMAN KOTELCHUCK: Oh, yes.

13 MR. FARVER: Agrees that the  
14 additional zero from the 53rd week should have  
15 been added. That darned 53rd week popped up  
16 again.

17 CHAIRMAN KOTELCHUCK: There it is.

18 MR. FARVER: Okay.

19 CHAIRMAN KOTELCHUCK: Well, that  
20 sounds good. That should be closed then.

21 MR. FARVER: Okay. 392.3. NIOSH  
22 did not consider Type S strontium-90 and  
23 associated -- it should be "associated

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1       nuclides," I believe.

2                   This is one we have talked about  
3 twice before today.

4                   CHAIRMAN KOTELCHUCK:   Yes.

5                   MR. FARVER:   And it is in the DR  
6 Guidance and will, hopefully, make it into the  
7 TBD, too. We have already addressed it.

8                   CHAIRMAN KOTELCHUCK:   Yes.   Okay,  
9 closed.

10                   MR. SIEBERT:   This is Scott.

11                   Since we are at the end of one  
12 claim -- is that correct?

13                   MR. FARVER:   Yes.

14                   MR. SIEBERT:   Could I beg the Chair  
15 for a comfort break?

16                   CHAIRMAN KOTELCHUCK:   Yes, I was  
17 thinking about doing it soon, but this is a good  
18 time.

19                   It's 2:50. Let's take a 15-minute  
20 comfort break and get back at five after 3:00  
21 Eastern Time.

22                   MR. SIEBERT:   Thank you.

23                   CHAIRMAN KOTELCHUCK:       Fifteen

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1 minutes. Okay. Good, folks.

2 MR. KATZ: Thanks, Dave.

3 CHAIRMAN KOTELCHUCK: Yes.

4 (Whereupon, the foregoing matter  
5 went off the record at 2:51 p.m. and went back  
6 on the record at 3:07 p.m.)

7 MR. KATZ: Okay, so David is back,  
8 so we have a quorum. We can carry on.

9 CHAIRMAN KOTELCHUCK: Let us go.  
10 We have 393.1, which appears to be -- I mean,  
11 I've been reading it since we broke up or while  
12 we were broken up. And clearly, there was a  
13 notation that was missed that there was no film  
14 in the person's badge for a certain quarter, and  
15 they did not notice. That has very little  
16 impact. So I think we can just close it.

17 MEMBER MUNN: Yes, agreed.

18 CHAIRMAN KOTELCHUCK: Okay, 393.2.

19 (Pause.)

20 Okay, and that's another one that we  
21 can close. I do not consider it the most  
22 serious error, given that it was written in the  
23 margin of the card. Those kinds of things

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1 would drive people crazy trying to do a lot of  
2 analyses and not noticing something over on the  
3 edge where it shouldn't be.

4 MEMBER MUNN: Too many numbers in  
5 too many places.

6 CHAIRMAN KOTELCHUCK: Yes. But,  
7 anyway, this should be closed. I mean, SC&A  
8 found an error. They are correct, and NIOSH  
9 agreed. So I propose we close it.

10 MEMBER MUNN: Agree.

11 CHAIRMAN KOTELCHUCK: Okay, .3.

12 (Pause.)

13 Again, another simple error and a  
14 quality assurance error, although this is the  
15 third one by that same person, right? Because  
16 there is one person who is taking care of that  
17 case.

18 MEMBER MUNN: Correct.

19 CHAIRMAN KOTELCHUCK: So a lot of  
20 quality assurance errors for a single person,  
21 but there it is.

22 And that may be something  
23 interesting to look at when we are doing our

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1 later report, if we find, you know, multiple  
2 quality assurance errors for a given case.

3 MR. KATZ: Well, the roll-up  
4 report, though, isn't going to be case-by-case.

5 CHAIRMAN KOTELCHUCK: No, it  
6 isn't, but we can analyze to see whether there  
7 is a lumping of QA errors for an individual  
8 case. We can do that.

9 MR. KATZ: You can ask SC&A to  
10 analyze for that, right?

11 CHAIRMAN KOTELCHUCK: Oh, yes.  
12 Yes. And it might be interesting. I mean, we  
13 have had in the past times when there were  
14 several errors in a case of quality assurance.  
15 In the past, folks said that the supervisors had  
16 spoken to the persons doing the analyses and  
17 tried to get that corrected.

18 MR. KATZ: Right. So, Doug, can  
19 you take a note on this point, so it doesn't get  
20 lost? Because I'm sure we have not analyzed  
21 for that in the past summary report.

22 (No response.)

23 Doug, are you on the line? Hello?

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1                   MR. FARVER:  Yes, I'm talking to my  
2                   mute button.

3                   MR. KATZ:  Oh, I'm sorry.  Okay.

4                   CHAIRMAN  KOTELCHUCK:         Right.  
5                   Okay.

6                   MR. FARVER:  I'm talking away and I  
7                   am wondering why you were trying to interrupt  
8                   me.

9                   MR.  KATZ:         I'm  sorry  for  
10                  interrupting.

11                  CHAIRMAN  KOTELCHUCK:         Right,  
12                  right.

13                  MR. FARVER:  We have not done this  
14                  in the past, but I guess we are just going to  
15                  have to be specific in what you are looking for.  
16                  Like, for this case, it is four findings in the  
17                  case and --

18                  CHAIRMAN  KOTELCHUCK:         Multiple  
19                  quality assurance errors for a given case.

20                  MR. FARVER:  Five findings, and  
21                  four of them are QA.

22                  CHAIRMAN KOTELCHUCK:  Right.

23                  MR. KATZ:  Well, Doug, right.  So

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1 just what we would be analyzing for is exactly,  
2 as Dave said, where we have multiple QA issues  
3 per case.

4 MR. FARVER: More than one.

5 MR. KATZ: Yes.

6 CHAIRMAN KOTELCHUCK: Right.

7 MR. FARVER: Okay.

8 CHAIRMAN KOTELCHUCK: Okay.

9 After you finish, we'll go to 4. We can start  
10 reading.

11 MR. FARVER: Yes, No. 4. NIOSH did  
12 not include an americium-241 dose or intake.  
13 The coworker intake for americium-241 was  
14 omitted from the CADW input.

15 CHAIRMAN KOTELCHUCK: Yes.

16 MR. FARVER: It appears the DR --

17 CHAIRMAN KOTELCHUCK: Yes.

18 MR. FARVER: -- person did not do  
19 that. However, a newer CAD database contains  
20 predefined selections for assigning internal  
21 coworker doses.

22 CHAIRMAN KOTELCHUCK: Very good.

23 That's good, that that error is not going to

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1 occur again. And that is always good. We have  
2 programmed the error out.

3 But certainly we are going to close  
4 this.

5 MR. FARVER: Yes.

6 MS. BEHLING: Excuse me.

7 Doug, or maybe Scott, when you make  
8 a change like this to a CADW program, do you go  
9 back and look at other cases that might be  
10 impacted, like a PER almost?

11 MR. SIEBERT: This is not a change  
12 in CADW that would increase the dose. It is  
13 just a convenience change, so that the dose  
14 reconstructors don't have to enter it by hand.

15 No, I don't believe that -- Grady  
16 can correct me if I'm wrong -- but I don't  
17 believe that raises -- we have no indication  
18 that systemically it was done incorrectly. We  
19 just have it in this case that it would be solved  
20 by that issue.

21 CHAIRMAN KOTELCHUCK: Right.

22 MS. BEHLING: Okay. Thank you.

23 MR. SIEBERT: There is nothing in

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1 place to do that, as far as I know.

2 CHAIRMAN KOTELCHUCK: Yes, but  
3 that's okay.

4 MS. BEHLING: Okay. Alright.  
5 Thank you.

6 CHAIRMAN KOTELCHUCK: Yes. Good.  
7 Okay, continue on.

8 MR. FARVER: Oh, we have 393.5.  
9 NIOSH did not consider Type S strontium-90. We  
10 have discussed this three or four times today,  
11 and it is in the DR Guidance document.

12 CHAIRMAN KOTELCHUCK: Yes.

13 MR. FARVER: We will do it the way  
14 they did it.

15 CHAIRMAN KOTELCHUCK: Yes. Okay,  
16 so that is closed. That is really a repeat.

17 MR. FARVER: Yes.

18 CHAIRMAN KOTELCHUCK: Okay.

19 MR. FARVER: Observation 1 from  
20 393. NIOSH used a dose conversion factor of 1  
21 for both the prostate and the stomach for  
22 environmental exposures. It was  
23 claimant-favorable. And it resulted in

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1 approximately a quarter of rem of extra dose to  
2 each organ. They are to be using the  
3 appropriate dose conversion factors --

4 MEMBER MUNN: 19001.

5 MR. FARVER: Yes, the 19001.

6 Additionally, one missed dose was  
7 assigned for 1949 in addition to a full year of  
8 environmental dose.

9 Basically, the response is they  
10 understand it is not acceptable for compensable  
11 claims, but for non-compensable it is an  
12 acceptable overestimating approach.

13 This is a case where I suspect that  
14 is why it was made an observation and not a  
15 finding.

16 CHAIRMAN KOTELCHUCK: Right,  
17 right.

18 MR. FARVER: Because it was an  
19 overestimating approach, which is okay for  
20 non-compensable cases, again.

21 CHAIRMAN KOTELCHUCK: Yes.

22 MR. FARVER: Okay.

23 CHAIRMAN KOTELCHUCK: Okay.

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1 Let's go on.

2 MR. FARVER: 394.1. Correct dose  
3 values used and no PFT exam for X-10.

4 And if Ron is on the line, I'm going  
5 to turn this over to him, hopefully.

6 MR. BUCHANAN: Yes, I'm here.

7 Yes, this is similar to a while ago.  
8 Part A, I just came across this on a case very  
9 recently. It is that we have OTIB-0061, which  
10 is X-ray guidance, dose guidance, and we have  
11 OTIB-0006. And in the -006 version, it says  
12 assign a gender lung dose which is the most  
13 claimant-favorable. So, even if it is a male,  
14 you assign a female, because usually they have  
15 a longer lung dose. However, OTIB-0061 does  
16 not contain that same note. It says the  
17 gender-specific lung dose should be used.

18 And so, there is a conflict between  
19 -0006 and -0061. Depending on which one you  
20 use, which lung dose you would assign if it is  
21 a male.

22 And so, this is what this boils down  
23 to. It depends on which of those guidances you

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1 use, which dose is assigned, a female or a male,  
2 for a male lung exposure.

3 And so, the bottom line is OTIB-0061  
4 needs to be updated to reflect the correct  
5 protocol.

6 CHAIRMAN KOTELCHUCK: Right. And  
7 if it is corrected here, did somebody check it,  
8 check what the impact of correcting that would  
9 be for this case? Or maybe you haven't gotten  
10 to it yet?

11 MR. BUCHANAN: Well, they did use  
12 OTIB-0006 which they assigned the most  
13 claimant-favorable.

14 CHAIRMAN KOTELCHUCK: Aha.

15 MR. BUCHANAN: However, that is in  
16 conflict with OTIB-0061.

17 CHAIRMAN KOTELCHUCK: Right. I  
18 see.

19 MR. BUCHANAN: That is what we are  
20 trying to point out.

21 CHAIRMAN KOTELCHUCK: Yes, yes.

22 MR. BUCHANAN: Okay.

23 CHAIRMAN KOTELCHUCK: So,

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1       actually, this was done properly when it was  
2       done, in that we changed --

3                   MR.    BUCHANAN:        Depending    on  
4       which --

5                   CHAIRMAN   KOTELCHUCK:        --    we  
6       changed the protocol.

7                   MR.    BUCHANAN:    Depending on which  
8       OTIB you used --

9                   CHAIRMAN KOTELCHUCK:    Yes.

10                  MR.    BUCHANAN:    -- if it was done  
11       right or not.

12                  CHAIRMAN KOTELCHUCK:   Right.    The  
13       question is, in my mind, just for this part  
14       already, should this be an observation?   There  
15       was not an error.   There was no error made.  
16       The people did what they were directed to do.

17                  MS.    BEHLING:    However, if there is  
18       conflicting guidance -- this is Kathy -- I think  
19       I would have made that a finding in order to  
20       ensure that the two, OTIB-0006 and OTIB-0061,  
21       are consistent with each other.

22                  MR.    KATZ:    Right, but that's --

23                  CHAIRMAN KOTELCHUCK:   Okay.    That

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1 is fair enough.

2 MR. KATZ: Well, I was going to say,  
3 but it is still not a finding against the case.  
4 It is just an observation for something that  
5 needs to be corrected in the procedures to make  
6 them consistent. I would still call this an  
7 observation because it is not a problem with the  
8 case.

9 CHAIRMAN KOTELCHUCK: Ron?

10 MR. BUCHANAN: Well, yes, I mean, a  
11 while ago when the TBD was wrong and the DR  
12 followed it, we called it a finding. So in this  
13 case he follows one OTIB and assigns according  
14 to it, but not another OTIB.

15 MR. KATZ: So it depends on which  
16 OTIB is correct. If he followed the OTIB that  
17 is considered correct, then it is not a finding;  
18 it is not a problem with the DR. Right? Then,  
19 it is just an issue that needs to be sorted out  
20 in terms of the procedures to make them  
21 consistent, but it is not a problem with the DR.  
22 If, on the other hand, the OTIB he followed is  
23 incorrect and shouldn't be used, then that is

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1 a finding.

2 MR. BUCHANAN: Okay.

3 MR. KATZ: Yes.

4 MEMBER CLAWSON: This is Brad.

5 I guess this comes into the  
6 question, how do you know which OTIB to use?

7 MR. KATZ: Well, that is what the  
8 Subcommittee is supposed to sort out, what's  
9 correct.

10 MR. SIEBERT: This is Scott. I  
11 have a clarification question here.

12 Ron, when you are talking about the  
13 footnote in OTIB-0061, which is actually, that  
14 is, Procedure 61, not OTIB-0061 --

15 MR. BUCHANAN: Yes, you're right.

16 MR. SIEBERT: -- the footnote to  
17 what table are you referring?

18 MR. BUCHANAN: I would have to go  
19 back and look it up.

20 MR. SIEBERT: Because if it is the  
21 footnote to the Table C values, those are  
22 referring to skin cancers who have no  
23 connection to this claim.

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1 MR. BUCHANAN: I didn't look up.

2 What was the organ on this one?

3 MR. SIEBERT: It is lung.

4 MR. BUCHANAN: Yes but it says to  
5 use a female lung. It said to use a lung as a  
6 surrogate organ. And so, apparently -- I  
7 mean, I haven't run back and looked at this  
8 whole case -- but, apparently, you are supposed  
9 to use the lung either for the lung or the  
10 surrogate organ. And so, at the footnote, you  
11 are saying, if this only applies to skin, yes,  
12 that's --

13 MR. SIEBERT: Well, I think you are  
14 discussing two different things.

15 And I apologize. It would be  
16 really nice if Elyse was on here. I apologize,  
17 she had to jump off the call.

18 But in one case you are talking  
19 about using, well, you do use the more  
20 claimant[-favorable] female lung dose when we  
21 are using it as a surrogate organ for organs  
22 that do not have their own DCF.

23 The tables in Procedure 61 that I

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1 think you are referring to are the skin tables,  
2 and those are specifically such as it is talking  
3 about the skin in the chest area and some other  
4 things, where it actually is appropriate to use  
5 values for the gender-specific, if I remember  
6 correctly, because they are not being used as  
7 surrogate organs such as being for the  
8 gallbladder, which doesn't have a DCF assigned  
9 to it.

10 But, yes, I can have Elyse look into  
11 it a little bit more clearly to ensure that I  
12 am correct, but I believe that is the case.

13 MR. BUCHANAN: Okay. Yes, I can  
14 check that, too, and see if that is correct.  
15 Because I was looking at the case here, and it  
16 says the liver is the organ and they are using  
17 the lung as a surrogate.

18 MR. SIEBERT: Correct, which, as it  
19 says in OTIB-0006, you're correct, it says to  
20 use the female because that is more claimant  
21 favorable when we are dealing with a surrogate.  
22 You actually wouldn't be dealing with that  
23 table in OTIB -- now you've got me saying

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1       it -- Procedure 61 for this liver because it is  
2       not a skin case. So I think we are talking  
3       about two separate things.

4                   MR. BUCHANAN: Okay. I can go back  
5       and review that.

6                   CHAIRMAN KOTELCHUCK: Okay. So,  
7       we will hold that open until you get -- I don't  
8       know if that's something you can check. I  
9       don't know whether you can check it before the  
10      end of the day or just we'll look at it next  
11      time.

12                  MR. BUCHANAN: It would probably be  
13      best to look at it next time.

14                  CHAIRMAN KOTELCHUCK: Okay. Keep  
15      that open.

16                  Now there is a PGF exam. We have  
17      talked about A. I'm not sure --

18                  MR. BUCHANAN: Yes, this was the  
19      same as one of the others. It is a fine line  
20      between prime contractor and subcontractor.

21                  CHAIRMAN KOTELCHUCK: Yes.

22                  MR. BUCHANAN: And I think it is  
23      almost the same as for the assignment if there

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1 is a prime contractor. If it is a  
2 subcontractor, then they don't. And so, that  
3 is the reason it wasn't assigned. And so, we  
4 can go with their explanation.

5 MS. BEHLING: Ron, that was  
6 recently changed. Right?

7 CHAIRMAN KOTELCHUCK: Yes.

8 MS. BEHLING: OTIB -- is it 49?

9 MR. BUCHANAN: Seventy-nine.

10 MR. SIEBERT: That would be 52.

11 MS. BEHLING: It is a construction  
12 trade worker --

13 MR. SIEBERT: That is OTIB-0052.

14 MS. BEHLING: Yes. Thank you.

15 MR. SIEBERT: What we are referring  
16 to here is the version that was in place when  
17 the claim was done.

18 CHAIRMAN KOTELCHUCK: Yes.  
19 Alright. So, what is the -- when it is at the  
20 last item, PG -- I can't see it. That's not on  
21 my screen.

22 MR. BUCHANAN: PGF it should be.  
23 The "P" is missing there.

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1 CHAIRMAN KOTELCHUCK: Yes.

2 MR. BUCHANAN: In our response on C  
3 there, the PGF exam --

4 CHAIRMAN KOTELCHUCK: Right.  
5 Okay.

6 MR. BUCHANAN: -- is not assigned  
7 to a subcontractor. So, we want to change that  
8 C in our response to PGF instead of just GF.

9 CHAIRMAN KOTELCHUCK: Yes.

10 MR. BUCHANAN: And we want to  
11 change the OTIB-0061, refer to that as  
12 Procedure, PROC.

13 Doug, do you want to make sure that  
14 is done?

15 MR. FARVER: Will do.

16 CHAIRMAN KOTELCHUCK: And is that  
17 an observation?

18 MR. BUCHANAN: No, that was Part C  
19 of Finding 1.

20 CHAIRMAN KOTELCHUCK: Which we  
21 closed.

22 MR. BUCHANAN: Well, no, we have to  
23 get back on this lung business and the

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1 difference between OTIB-0006 --

2 CHAIRMAN KOTELCHUCK: Right.

3 MR. BUCHANAN: -- and Procedure 61.

4 CHAIRMAN KOTELCHUCK: Okay.

5 Right, it's open.

6 MR. BUCHANAN: Yes.

7 CHAIRMAN KOTELCHUCK: That's good.

8 MR. BUCHANAN: Part A we still need  
9 to address; B and C we can close.

10 CHAIRMAN KOTELCHUCK: That's what  
11 I mean, yes. Okay. So, Part A, open.

12 MR. BUCHANAN: Right.

13 CHAIRMAN KOTELCHUCK: Good. Yes.  
14 Alright.

15 MR. FARVER: Okay. Are we up to  
16 406?

17 CHAIRMAN KOTELCHUCK: We are.

18 MR. FARVER: NIOSH used the 95th  
19 percentile instead of the 50th percentile  
20 coworker dose for 1974. NIOSH agrees the 95th  
21 percentile trade worker dose was applied for  
22 '74.

23 CHAIRMAN KOTELCHUCK: Yes. Okay.

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1                   MEMBER MUNN:     I guess if SC&A  
2                   agrees, we can close.

3                   CHAIRMAN KOTELCHUCK:   I think it  
4                   is.  Okay, let's close it.

5                   And go on to 406.2.

6                   MR. FARVER:     Okay.  Medical X-ray  
7                   dose values for the liver contained in the Y-12  
8                   workbook are not consistent with the values  
9                   listed in the TBD.

10                  Okay.  The application of doses was  
11                  performed within the tool, but the medical  
12                  X-ray doses for the years of interest were  
13                  changed in the tool by the dose reconstructor.

14                  CHAIRMAN KOTELCHUCK:   Yes.  And it  
15                  was cleaned up and found to be correct.  And  
16                  NIOSH reviewed all the other Y-12 claims.  
17                  Good.  So, this was just a single error, and it  
18                  sounds pretty clearly like it should be a  
19                  closure.

20                  MEMBER MUNN:     Yes.

21                  CHAIRMAN KOTELCHUCK:   Good.

22                  Alright, the next one.

23                  MR. FARVER:     406.3.  No dose was

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1 assigned for 1985. And this is the onsite  
2 ambient dose.

3 CHAIRMAN KOTELCHUCK: Yes.

4 MR. FARVER: Using the wrong onsite  
5 ambient dose for 1985 results in an increase to  
6 the dose of 33 millirem. Dose reconstructor  
7 and peer reviewer overlooked this.

8 Pretty much the same issue as the  
9 previous two findings on this case.

10 CHAIRMAN KOTELCHUCK: Right.  
11 Yes. Again, we have multiple QA findings in  
12 the same case.

13 Let's go to 4.

14 MR. FARVER: 406.4. NIOSH used  
15 incorrect coworker intake values. The first  
16 issue is the coworker intake values; it appears  
17 that the reviewer only looked at the CADW input  
18 file for the years in question. But, on this  
19 matter, the way the CADW database works, the  
20 input screen can be misleading.

21 CHAIRMAN KOTELCHUCK: Yes.

22 MR. FARVER: Is this the  
23 environmental dose again? Do you know

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1 offhand, Scott, if that is what this is?

2 MR. SIEBERT: Yes, it is the same  
3 issue as environmental dose because coworker  
4 dose changes on an annual basis, as does  
5 environmental. You see the same issue.

6 MR. FARVER: Okay. This is one we  
7 have addressed previously.

8 MR. SIEBERT: Correct.

9 CHAIRMAN KOTELCHUCK: But how do  
10 we -- before we get this through, too, how do  
11 we -- is there some way to avoid this?

12 MR. FARVER: Well, it's not going  
13 to happen again.

14 CHAIRMAN KOTELCHUCK: Because?

15 MR. FARVER: Because now we know  
16 it.

17 MR. SIEBERT: Just to be clear,  
18 there is no error. It is just SC&A didn't  
19 realize what the tool was saying to them because  
20 it wasn't necessarily clear in the input  
21 screen.

22 MR. FARVER: Right, and we have  
23 this in several findings up until the point we

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1 have resolved the findings, and now, we know not  
2 to make this a finding.

3 CHAIRMAN KOTELCHUCK: Yes, yes.

4 MR. FARVER: It is just taking a  
5 while for this to all come around. So this is  
6 not going to be a finding anymore.

7 CHAIRMAN KOTELCHUCK: Good.  
8 Okay. Excellent. At least for Issue 1.  
9 Let's see what Issue 2 --

10 MR. FARVER: Issue 2. The  
11 recycled uranium ratio used. The DR applied  
12 the best estimate ratios as opposed to the  
13 maximizing ratios listed in the TBD. Although  
14 not listed in the table within the TBD, the best  
15 estimate ratios are given in paragraph 5.2.4.1  
16 of the TBD in effect at the time of the DR.

17 And then, it gives a little quote  
18 from the TBD.

19 CHAIRMAN KOTELCHUCK: Yes.

20 MEMBER MUNN: And so the data in  
21 process at the time was used.

22 CHAIRMAN KOTELCHUCK: Right.

23 MEMBER MUNN: Yes.

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1                   CHAIRMAN KOTELCHUCK: I'm a little  
2                   unclear when I look at the screen because you  
3                   can't see both screens at once. If you will  
4                   scroll up? I'm a little unclear. Issue 1  
5                   doesn't appear to be the same as Issue 2.

6                   MR. FARVER: Correct.

7                   MEMBER MUNN: No.

8                   CHAIRMAN KOTELCHUCK: Well, 406,  
9                   now Issue 1 is now an observation, and I guess  
10                  Issue 2 is as well, right? I'm just hesitant.  
11                  Whenever I see two issues in the same finding,  
12                  I think, wait a minute, are they the same thing  
13                  or shouldn't they be two findings? But, in  
14                  this case, there should be two observations,  
15                  right? 406.4 should be an observation?

16                  MEMBER MUNN: Essentially.

17                  MR. FARVER: At the time, Issue 1  
18                  was not an observation.

19                  MEMBER MUNN: No.

20                  CHAIRMAN KOTELCHUCK: Right,  
21                  right, right. Okay, it wasn't.

22                  Sorry to bother you with a mess, but  
23                  if you would go back and change, .4 change to

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1 observation. And you can probably change it to  
2 two observations.

3 MEMBER MUNN: No.

4 MR. KATZ: I understand that the  
5 first one was not an observation --

6 MEMBER MUNN: No.

7 MR. KATZ: -- doesn't become an  
8 observation. SC&A didn't understand how to  
9 read, review the material on the screen there.  
10 So it is not an observation. It is just a  
11 mistake in finding.

12 MEMBER MUNN: Yes, and it was --

13 CHAIRMAN KOTELCHUCK: Hm.

14 MEMBER MUNN: It was --

15 MR. KATZ: If it had been correct,  
16 it would have been a finding. It is just they  
17 are not correct about it, but it is still the  
18 category is a finding, not an observation.

19 CHAIRMAN KOTELCHUCK: Alright.  
20 Okay.

21 MR. FARVER: Now I could split  
22 Issue 2 out if you would like to make that an  
23 observation.

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1                   CHAIRMAN KOTELCHUCK:  Yes.  I see.  
2                   Okay.  You're right about Issue 1.  I see that  
3                   now.  Okay.  So that is a finding.  So 406.4  
4                   should be closed.

5                   MR. KATZ:  Right.

6                   CHAIRMAN KOTELCHUCK:  And then,  
7                   change Issue 2 to an observation.

8                   MEMBER MUNN:  Can we just do that  
9                   inside this comment space on the matrix, rather  
10                  than trying to figure out how to break it out  
11                  appropriately into a separate --

12                  CHAIRMAN KOTELCHUCK:  You're  
13                  talking to the bother in trying to get that  
14                  separated out?  I don't mind it.

15                  MR. KATZ:  Yes, you just make it  
16                  Observation 1 on this case, whatever.

17                  CHAIRMAN KOTELCHUCK:  Yes, Yes.  
18                  Oh, right, right.  Yes.  Okay.

19                  MR. FARVER:  Well, okay, it will be  
20                  Observation 1.  And Observation 1 will  
21                  probably go to Observation 2, but --

22                  MR. KATZ:  No, I mean, Doug, it  
23                  doesn't matter what number it is.  It could be

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1 the last observation in addition, or whatever.

2 I don't mean to cause more work.

3 MR. FARVER: Do you want me to go  
4 back and revise the whole report?

5 (Laughter.)

6 CHAIRMAN KOTELCHUCK: No.

7 MR. KATZ: No.

8 CHAIRMAN KOTELCHUCK: Okay.  
9 People are trying to be thoughtful about giving  
10 you more work than need be, and that is always  
11 good.

12 MEMBER MUNN: And that is why I was  
13 suggesting we just keep it inside this same --

14 CHAIRMAN KOTELCHUCK: Right.

15 MEMBER MUNN: And just in our  
16 comment say --

17 CHAIRMAN KOTELCHUCK: Yes.

18 MEMBER MUNN: -- Issue 2 was --

19 CHAIRMAN KOTELCHUCK: Yes.

20 MEMBER MUNN: -- closed and reduced  
21 to the level of an observation now.

22 CHAIRMAN KOTELCHUCK: That sounds  
23 good.

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1                   MEMBER MUNN: That seems simpler to  
2 me than making another observation out of it,  
3 but, then --

4                   CHAIRMAN KOTELCHUCK: Sure.

5                   MEMBER MUNN: -- whatever is easier  
6 for whoever is doing the work.

7                   CHAIRMAN KOTELCHUCK: Right.  
8 Alright.

9                   And when you finish putting that in,  
10 sorting it out, we will go on to the next one,  
11 .5.

12                   (Pause.)

13                   Scroll down just a little bit. I'm  
14 sorry, scroll up a little bit. Sorry. There  
15 we go.

16                   MR. BUCHANAN: Alright, if you want  
17 me to take this one, I will.

18                   MR. FARVER: Yes, please, Ron.

19                   MR. BUCHANAN: 406.5. This is  
20 Y-12, and this issue really can't be resolved  
21 in our meeting here. The TBD for Y-12 has been  
22 changed, internal TBD-5, to change the  
23 thorium-228/thorium-232 ratio from 1-to-1 to

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1 .8-to-1, but they actually didn't count the  
2 thorium. They counted the AC-228 again.  
3 Alright.

4 Now we can't really come to an  
5 agreement here because this is actually being  
6 presented worked under PER 31. Now the dose  
7 reconstructor did use the recommendation in the  
8 TBD wrong. It said .8-to-1, and they assigned  
9 like .2 and .8, or something other than that.

10 CHAIRMAN KOTELCHUCK: Yes.

11 MR. BUCHANAN: So there was an  
12 error there.

13 And the reason that we can't agree  
14 on the thorium intake is that it depends on  
15 which way you are calculating, backwards or  
16 forward. And so, their note there, they  
17 couldn't produce my numbers.

18 I illustrated how I got that, but it  
19 is really immaterial because, No. 1, the DR did  
20 use the wrong ratio. No. 2, we can't say what  
21 the right ratio is because PER -- he used the  
22 wrong one that was in the TBD at that time. So  
23 that is what should have been used.

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1           No. 2, the correct one has not been  
2           determined yet because they are still working  
3           on this PER 31 and what to do with the thorium  
4           count data for the chest counter at Y-12.

5           CHAIRMAN KOTELCHUCK:   Yes.

6           MR. BUCHANAN:   And so, that is  
7           where that stands.  So, really, this finding  
8           could be closed in that we are in agreement the  
9           DR used the wrong ratio, applied it incorrectly  
10          at that time that was stated in the TBD.  And  
11          this case will be reworked when the PER is  
12          settled.

13          CHAIRMAN KOTELCHUCK:   Okay, okay.

14          MEMBER MUNN:   I'm so glad you  
15          explained that.  I was reading through the  
16          calculations.  It leaves some of us completely  
17          confused about what happened.  So, thanks.

18          CHAIRMAN   KOTELCHUCK:        Okay.  
19          Thanks.  So we should close that one.

20          MR. FARVER:   Okay.  Is this a dose  
21          reconstructor issue?

22          MR. BUCHANAN:   Yes, in that he did  
23          not apply the right ratio in the TBD in effect

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1 at that time.

2 CHAIRMAN KOTELCHUCK: Right.

3 MR. KATZ: So it is a QA.

4 MR. BUCHANAN: Right.

5 MR. FARVER: Did not use the ratio  
6 that was in the TBD?

7 MR. BUCHANAN: Correct.

8 MR. FARVER: Okay.

9 CHAIRMAN KOTELCHUCK: Okay. And  
10 when the PER comes out, it will be --

11 MR. FARVER: Okay. Now moving to  
12 Observation 1 of 406 --

13 CHAIRMAN KOTELCHUCK: Yes.

14 (Pause.)

15 MR. FARVER: It looks like it has to  
16 do with the CATI report and identification of  
17 incidents, and it would have been helpful if  
18 there was a bit better explanation in the Dose  
19 Reconstruction Report about the incident. So  
20 we just kind of pointed that out.

21 NIOSH points out there is some  
22 discussion in there, and under the internal  
23 dose section of the report dealing with what was

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1 done in the assessment and why it was done in  
2 intake. So I am not sure there is an issue  
3 here.

4 CHAIRMAN KOTELCHUCK: Right.  
5 That's an appropriate observation.

6 MEMBER MUNN: A slight difference  
7 in opinion as to how much is enough.

8 CHAIRMAN KOTELCHUCK: Yes. Yes.  
9 That's fine.

10 Then, we should go on.

11 MEMBER MUNN: Yes.

12 MR. FARVER: Okay. Now I have  
13 added Observation 2, which is just what we  
14 talked about the recycled uranium ratios.

15 CHAIRMAN KOTELCHUCK: Yes.

16 MR. FARVER: But I am not going to  
17 make you go over that again because you are not  
18 making me revise the report.

19 So, we will just move on to 414.1.

20 MEMBER MUNN: Thank you.

21 MR. FARVER: NIOSH included the  
22 1966 neutron-proton Y-12 dose twice.

23 CHAIRMAN KOTELCHUCK: Oh.

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1                   MEMBER MUNN:       As though once  
2 weren't enough.

3                   CHAIRMAN KOTELCHUCK: Right.

4                   MR. FARVER:    Okay?

5                   CHAIRMAN KOTELCHUCK: Yes. It was  
6 an error.

7                   MR. FARVER:    It looks like it was an  
8 error.

9                   CHAIRMAN KOTELCHUCK: A pretty  
10 clear QA. Close.

11                  MR. FARVER:        Okay.        Any  
12 discussion?     I mean, it looks fairly  
13 straightforward.

14                  MEMBER MUNN: Yes.

15                  CHAIRMAN KOTELCHUCK: I think it  
16 is.

17                  MEMBER MUNN: It is obvious how  
18 complicated it could be with both plants'  
19 reports to deal with.

20                  CHAIRMAN KOTELCHUCK: Yes.

21                  MR. FARVER: Well, it gets very  
22 complicated because, then, you have the three  
23 plants, and the workers are just bouncing back

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1 and forth among the three.

2 MEMBER MUNN: Yes.

3 MR. FARVER: And then, you add in  
4 the records that were handwritten back in the  
5 fifties, and I pity Ron sometimes.

6 MEMBER MUNN: Yes.

7 MR. SIEBERT: I just want to  
8 clarify; that "NP" actually stands for  
9 non-penetrating.

10 MR. FARVER: Okay. Thank you.

11 MR. SIEBERT: Sure.

12 MEMBER MUNN: Perhaps we ought to  
13 spell that out at one point, just to make sure  
14 that it is clear to the casual reader.  
15 Probably in the original summary finding, don't  
16 you think?

17 MR. FARVER: I will put it in  
18 somewhere here.

19 MEMBER MUNN: Yes, if we say,  
20 "NIOSH included the 1966 non-penetrating Y-12  
21 dose twice," that ought to be clarifying  
22 enough --

23 MR. FARVER: Okay.

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1 CHAIRMAN KOTELCHUCK: Okay.

2 MEMBER MUNN: -- to future readers.

3 MR. FARVER: Okay, done.

4 MEMBER MUNN: Thanks.

5 MR. FARVER: 414.2. The fraction  
6 of the years that was applied appears to be  
7 incorrect. NIOSH agrees. Details on how the  
8 ambient external doses were derived can be  
9 found in the K-25 calculation workbook.

10 It looks like the prorating was just  
11 done incorrectly.

12 CHAIRMAN KOTELCHUCK: Yes.

13 MR. FARVER: Okay.

14 CHAIRMAN KOTELCHUCK: Yes. Okay.

15 Closed. So that is another closed.

16 MR. FARVER: Yes. QA concern.

17 Closed. No further action.

18 Okay, and then, we are into Case  
19 415.1. Unmonitored quarters were not  
20 addressed. This will be the external dose.  
21 Well, NIOSH agrees with a portion of the  
22 finding.

23 The dosimetry records for the

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1 employee were evaluated in 1995. The employee  
2 had zero results, had results of zero for the  
3 second and third quarters for photon shallow.  
4 The first and fourth quarters reveal the  
5 employee did not wear her badge and no results  
6 were applied or provided.

7 Then the employee transferred to  
8 K-25 in [identifying information redacted] of  
9 '95. One record was provided from January of  
10 '95 to December '95, with the results being  
11 zero.

12 Overall, her unmonitored period at  
13 Y-12 would have been for that first quarter in  
14 '95 and [identifying information redacted] of  
15 '95. And then, she was monitored at K-25 from  
16 [identifying information redacted] through  
17 December of '95, even though the record states  
18 the timeframe for the entire year.

19 Okay. And NIOSH agrees that these  
20 two gaps should have been addressed in the  
21 assessment.

22 CHAIRMAN KOTELCHUCK: Yes.

23 MEMBER MUNN: This is another one

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1 of those situations where it is fairly obvious  
2 that, to start making the case, you can't prove  
3 she wasn't there in this case is not  
4 well-substantiated. It appears that what has  
5 been done is what has been done. And SC&A  
6 agrees it was a DR error, and we should accept  
7 that and close the finding.

8 CHAIRMAN KOTELCHUCK: Yes. Okay.  
9 Others?

10 MEMBER CLAWSON: This is Brad.  
11 That's fine.

12 CHAIRMAN KOTELCHUCK: Closed.

13 MR. FARVER: Okay.

14 CHAIRMAN KOTELCHUCK: Alright.

15 MR. FARVER: 415.2.  
16 Underestimated X-ray dose to the left shoulder.  
17 NIOSH agrees that the -- I'm not sure -- what  
18 AF values used for the left shoulder were used  
19 in error in the DR. Is that AP values?

20 MR. BUCHANAN: No, that is the  
21 attenuation factor.

22 MR. FARVER: Okay.

23 MR. BUCHANAN: When you do the

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1 X-ray skin dose, you use the interim skin dose,  
2 and then you have modifying factors, depending  
3 on where the actual skin was located. And so,  
4 it is off-beam. And so, you have to do an  
5 attenuation factor on other parts of the body.  
6 And they used the incorrect one for that  
7 location.

8 CHAIRMAN KOTELCHUCK: Okay.

9 MR. BUCHANAN: You have to do an  
10 interpolation of the charts to calculate it.

11 CHAIRMAN KOTELCHUCK: It is  
12 clearly QA. And there is agreement. Let's  
13 close it.

14 MR. FARVER: And I added  
15 "attenuation factor," so that I know what that  
16 is next time I see it.

17 MEMBER MUNN: Thank you. So will  
18 we all.

19 MR. SIEBERT: And I do want to  
20 clarify. I don't want to skip over that second  
21 paragraph. That is something the dose  
22 reconstructors used to have to do by hand for  
23 skin cancers. And now, the external tools have

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1       been updated to --

2                   CHAIRMAN KOTELCHUCK:   Right.

3                   MR.    SIEBERT:         --   do   those  
4       calculations automatically.

5                   CHAIRMAN KOTELCHUCK:   Very good.

6                   MR.    SIEBERT:         So we don't have  
7       those type of errors.

8                   CHAIRMAN KOTELCHUCK:   Good, good.

9                   MEMBER MUNN:    Excellent.

10                  CHAIRMAN KOTELCHUCK:    Alright.

11       Then you have an observation, when you're  
12       ready.

13                  MR.    FARVER:         Okay.        Okay.

14       Observation 1.  SC&A's derived missed proton  
15       dose is a matched dose listed in the NIOSH  
16       worksheets, but SC&A found that the dose values  
17       entered in the IREP input for Tables 88, 90, and  
18       91 were increased by a factor of 1.2.  And SC&A  
19       could not determine why this occurred, but it  
20       was claimant-favorable.

21                  NIOSH:    The values in the external  
22       calculation workbook were exact, but they were  
23       displayed in IREP format.  The DR typed these

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1 rounded values in the IREP sheet, resulting in  
2 a slightly higher assigned dose.

3 For example, the 1988 skin dose  
4 calculates to a small number, and this was  
5 displayed as .003, and that value was entered  
6 into the IREP sheet.

7 CHAIRMAN KOTELCHUCK: That sounds  
8 good.

9 MR. FARVER: Okay.

10 CHAIRMAN KOTELCHUCK: Good  
11 observation. Note that it has been discussed.

12 MR. FARVER: Okay.

13 MEMBER MUNN: Yes. Rounding  
14 issue. That's fine.

15 CHAIRMAN KOTELCHUCK: Yes.

16 MR. FARVER: I'm just thinking, is  
17 there any time this could be a concern?

18 CHAIRMAN KOTELCHUCK: Rounding?

19 MR. FARVER: Would this make a  
20 difference in some case?

21 MEMBER MUNN: It would sure have to  
22 be odd for it to do so.

23 CHAIRMAN KOTELCHUCK: It certainly

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1 would be.

2 MEMBER MUNN: Yes. For 25 -- ah,  
3 no, not likely.

4 MR. KATZ: Before we move on to  
5 another case, can I just raise a question in  
6 part for Doug, but also for the Subcommittee,  
7 as to whether you want this? I am just  
8 wondering if there is an easy way to search the  
9 cases when you get ready to do statistics for  
10 those for which there were QA findings and for  
11 which we have heard from NIOSH that they have  
12 instituted a systematic correction, meaning a  
13 workbook correction, or whatever, an automatic  
14 correction, I should say. So that those  
15 QA-type problems, we don't have to worry about  
16 them reoccurring.

17 I think it would be great if the  
18 report could have numbers on that, the number  
19 of sort of the proportion, or whatever, of cases  
20 of QA issues for which there has been instituted  
21 an automatic correction. But I don't know how  
22 easy it is to get at that, since, I mean, that  
23 would only be reflected in these resolution

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1       matrixes.

2                   MEMBER MUNN:       Yes, it sounds  
3       enormously cumbersome.

4                   MR. KATZ:     But if it is easy to  
5       search the matrixes that way in some sort of  
6       universal search way, but that's what I am  
7       asking, I guess.

8                   CHAIRMAN KOTELCHUCK:     I don't  
9       think that would be easy.

10                  MR. KATZ:     Well, Doug would know  
11       about searching the matrixes I think better  
12       than we would.

13                  CHAIRMAN KOTELCHUCK:     Yes, he  
14       would.

15                  MR. FARVER:    Search for "QA" and  
16       bring up all the QA findings.

17                  MR. KATZ:     And then, could you  
18       also, similarly, search for -- I don't know if  
19       you have -- I mean, I know you have recorded  
20       somehow wherever Scott or Grady has told us that  
21       there has been a workbook correction.

22                  MR. FARVER:    Well, and it will  
23       either be in the finding, in the NIOSH response,

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1 or in the SC&A response, or in the final action.

2 MR. KATZ: So is that searchable?

3 MR. FARVER: Yes, it probably could  
4 be. I mean, we can search for "workbook" or  
5 "tool".

6 MR. KATZ: Okay. Well, I guess I  
7 am just asking, then, for the Subcommittee. I  
8 mean, would you like to know that? I mean, I  
9 think it would be an important fact if it is easy  
10 to get at.

11 CHAIRMAN KOTELCHUCK: But I just  
12 feel like it is a small, a really small change,  
13 and it is always around --

14 MR. KATZ: No, what I am saying is,  
15 I think it would be nice to be able to say at  
16 the end of the day, you know, the Subcommittee,  
17 whatever percentage of cases with QA problems,  
18 you know, some percentage of those, we don't  
19 have to worry about them anymore because there  
20 is an automated correction now for that kind of  
21 QA problem.

22 MEMBER MUNN: Yes, if we had had  
23 some programmatic language that we had used

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1 routinely from the outset, that would be a  
2 really keen thing to do.

3 MR. KATZ: Yes.

4 MEMBER MUNN: I can't imagine,  
5 though, that one could do it any way other than  
6 literally reading each one of the statements,  
7 of the response statements that were made, just  
8 because our language has not been that precise,  
9 I don't believe.

10 MR. KATZ: Okay. Well, that might  
11 be, I guess. If you think you would like to be  
12 able to speak to that, then at least --

13 MEMBER MUNN: No.

14 MR. KATZ: -- Doug can consider  
15 that.

16 MEMBER MUNN: I don't --

17 MR. CALHOUN: I think we would like  
18 that.

19 MR. KATZ: That is sort of an  
20 important --

21 MR. CALHOUN: I mean, think about  
22 it. A majority of these changes --

23 MR. KATZ: -- sort of an important

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1 impact, I should say.

2 MEMBER MUNN: Yes, yes.

3 MR. CALHOUN: But these changes  
4 were not made as a result of SC&A's finding  
5 these.

6 MR. KATZ: No, I know. It doesn't  
7 really matter whether they resulted from SC&A  
8 finding them. What does matter, though, is  
9 that you can expect that they won't reoccur.

10 MR. CALHOUN: Well, it kind of  
11 does, in my mind, and I know, whether you  
12 mention it or not, it is because we have had a  
13 proactive approach to trying to minimize errors  
14 through automation.

15 MR. KATZ: Yes.

16 MR. CALHOUN: In a lot of these  
17 cases we find, you know, yes, back in 2008, when  
18 this dose reconstruction was completed, there  
19 were these errors, but six years into it we have  
20 made all these automation advances to help us.

21 MR. KATZ: Yes.

22 MR. CALHOUN: So it seems important  
23 to me because it makes us -- you know, it

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1 actually portrays our program --

2 MR. KATZ: Look good. Yes.

3 MR. CALHOUN: -- more accurately,  
4 but --

5 CHAIRMAN KOTELCHUCK: You know  
6 what? Maybe what you could do, rather than  
7 trying to count how many cases, is to sit down  
8 and write, because we have been through many  
9 different changes where the errors will not be  
10 made because they were automated out. You  
11 know, the tools have changed, so that they are  
12 not dependent on the dose reconstructor.

13 If you could just list some of the  
14 types of cases, because you probably know those  
15 quite readily, things that we have been over  
16 that no longer can happen, that would be nice.  
17 Is that something you think you can just sit  
18 down and do?

19 MR. FARVER: That would be harder.

20 CHAIRMAN KOTELCHUCK: That would  
21 be harder?

22 MR. KATZ: I think what I am saying  
23 would be easier, if Doug can -- I think Doug can

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1 look into it.

2 And, Doug, if it looks like it is  
3 going to be too laborious, then don't bother.

4 MEMBER MUNN: Yes, it looks like a  
5 simple tradeoff. Do you have the time to do it?  
6 And is it worth the time that is going to be  
7 expended -- nobody except you folks can make the  
8 judgment on how onerous that task might be.

9 MR. FARVER: Right.

10 MEMBER MUNN: So if you can make the  
11 time to do it, it would be first-rate  
12 information.

13 MR. FARVER: Well, you are going to  
14 want us to sort out the QA issues and tell you  
15 how many there were?

16 MR. KATZ: Right.

17 MEMBER MUNN: Right.

18 MR. KATZ: That is going to be done  
19 anyway.

20 MEMBER MUNN: That we're going to  
21 do anyway, yes.

22 MR. FARVER: So all we are going to  
23 do is take that set and look at a subset of that

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1 that contains "workbook" or "tool" as a word.

2 CHAIRMAN KOTELCHUCK: Right,  
3 right.

4 MR. KATZ: Right.

5 CHAIRMAN KOTELCHUCK: Great.  
6 Correct.

7 MR. FARVER: Put up those findings  
8 and review them specifically to see if it says  
9 the tool has been changed; this won't happen  
10 again.

11 MR. KATZ: Right.

12 MR. FARVER: Okay. I am getting  
13 the feeling it is not going to be that many.

14 MR. KATZ: Okay, but it would be  
15 nice to know, Doug. So go ahead on that course.  
16 And if it proves workable, if you would give us  
17 that statistic, that would be great, too.

18 MR. FARVER: Okay. I will caution  
19 you that you might come up with, you know, you  
20 have got 100 QA findings, and five of them are  
21 not going to happen again because the tool has  
22 been corrected.

23 CHAIRMAN KOTELCHUCK: Well, that's

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1 fine. That's fine. That is five classes of  
2 cases --

3 MR. KATZ: Right.

4 CHAIRMAN KOTELCHUCK: -- that will  
5 not come up again.

6 MR. KATZ: Right.

7 MR. FARVER: But you still have 95  
8 others that --

9 MR. KATZ: That's fine. That's  
10 fine, Doug. Whatever the facts are, they are.

11 MR. FARVER: I just wanted to point  
12 that out.

13 CHAIRMAN KOTELCHUCK: No, that's  
14 okay.

15 MR. FARVER: When we do the  
16 sorting, okay.

17 MEMBER MUNN: You might want to  
18 incorporate the word "change" in your search  
19 pattern because not always issuance of a  
20 workbook or a tool might be the reason that  
21 won't happen again.

22 CHAIRMAN KOTELCHUCK: Yes.

23 MR. FARVER: Okay. That's another

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1 word. Okay.

2 MR. KATZ: Yes.

3 CHAIRMAN KOTELCHUCK: Okay.

4 MR. CALHOUN: Or even "screen".

5 MEMBER MUNN: Yes.

6 (Laughter.)

7 MR. KATZ: Anything is fallible,  
8 but thank you.

9 MEMBER MUNN: Yes.

10 MR. FARVER: Okay, I made that  
11 note.

12 CHAIRMAN KOTELCHUCK: Okay. So,  
13 424.1.

14 MR. FARVER: Okay, 424.1. NIOSH  
15 did not assign doses for the unmonitored  
16 quarters in 1980 and '81.

17 Ron, was this one of yours? This  
18 reads like you. Okay.

19 MR. BUCHANAN: I was on mute.

20 To answer that last case we were  
21 looking at, okay -- which number was it?

22 CHAIRMAN KOTELCHUCK: 424.1.

23 MR. BUCHANAN: Great. That,

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1       again, comes to be the same thing that we talked  
2       about in the past.  It is that, if it is on an  
3       annual basis, which was the response, there  
4       were quarters missing in '80 and '81.

5                   Can you scroll down a little bit, so  
6       we can see the whole thing?  There, okay.

7                   '80 and '81, why was there quarter  
8       one/two for '80 and quarter two and four for  
9       '81?  And so, you know, if they switched to an  
10      annual basis, why was it there were quarters,  
11      different quarters sometimes in the two years?

12                   MR. SIEBERT:  This is Scott.

13                   I can answer that one.  It would  
14      make sense if they changed into an annual badge  
15      after the second quarter in 1980, because,  
16      then, there is a year before his next badge  
17      becomes available in the second quarter of  
18      1981.  And he terminated in [identifying  
19      information redacted] of 1981.  So, his next  
20      annual badge for the past six months were on it.

21                   CHAIRMAN KOTELCHUCK:  That clears  
22      it.

23                   MR. BUCHANAN:  Yes, I guess that's

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1       okay.

2                   CHAIRMAN KOTELCHUCK:    Yes.

3                   MR. BUCHANAN:    If he didn't assume  
4       that, well, then, that would explain it.

5                   CHAIRMAN    KOTELCHUCK:        Right,  
6       right.  But is that an assumption or is that  
7       factual?  I thought it was factual.

8                   MR. SIEBERT:    Well, once again, the  
9       type of dosimeter is in the record, and it goes  
10      back to the TBD.  This one we do have more  
11      information on the TLD than the previous one,  
12      apparently.  So, this seems pretty clear-cut  
13      as far as I understand it.

14                  MEMBER MUNN:    Yes, the explanation  
15      seems acceptable.

16                  CHAIRMAN KOTELCHUCK:    Yes.

17                  MR. FARVER:    So this dosimeter is  
18      different than the other ones for 1980 and '81  
19      that we talked about before?  Is that true?

20                  MR. BUCHANAN:    I think it is a  
21      different site.  The other one was Y-12.

22                  MR. FARVER:    Okay.

23                  CHAIRMAN    KOTELCHUCK:        Alright.

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1 Closed.

2 MR. FARVER: Okay.

3 CHAIRMAN KOTELCHUCK: Folks, it is  
4 about four o'clock here. We have another hour.  
5 Let's go for half an hour more, and then talk  
6 about our next meeting and any other  
7 administrative matters.

8 MEMBER CLAWSON: Dave, this is  
9 Brad.

10 CHAIRMAN KOTELCHUCK: Yes.

11 MEMBER CLAWSON: I have to be to  
12 some interviews in 20 minutes.

13 CHAIRMAN KOTELCHUCK: Okay.

14 MEMBER CLAWSON: I am afraid,  
15 though, that if I leave, it is going to break  
16 the quorum.

17 CHAIRMAN KOTELCHUCK: I believe  
18 it -- no, Mark --

19 MR. KATZ: Who do we have on now?

20 CHAIRMAN KOTELCHUCK: David  
21 Richardson, Mark, myself, and Wanda.

22 MEMBER MUNN: Is Mark on?

23 Mark, are you there?

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1 (No response.)

2 I didn't know he was on.

3 CHAIRMAN KOTELCHUCK: He was on  
4 earlier today.

5 MR. KATZ: Right, but I am not sure  
6 he is still on.

7 CHAIRMAN KOTELCHUCK: Well, we are  
8 calling him, and if he isn't on, he isn't on.

9 Mark?

10 (No response.)

11 MEMBER MUNN: I haven't heard him  
12 this afternoon.

13 CHAIRMAN KOTELCHUCK: No, you're  
14 right, I haven't heard him since the break.

15 MR. KATZ: That's fine.

16 CHAIRMAN KOTELCHUCK: He was there  
17 after lunch, after our lunch break.

18 MR. KATZ: Right.

19 CHAIRMAN KOTELCHUCK: So, Brad,  
20 thank you for telling us that. Then, we have  
21 15 or 20 minutes, and --

22 MR. KATZ: Well, Brad, when do you  
23 need to leave? Because he has got to be there

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1 in 20 minutes --

2 CHAIRMAN KOTELCHUCK: Twenty  
3 minutes.

4 MR. KATZ: -- I thought he said.

5 MEMBER CLAWSON: Yes, that's part  
6 of my problem. The interviews start here at  
7 1:30.

8 MR. KATZ: So, what time do you --

9 CHAIRMAN KOTELCHUCK: When do you  
10 need to leave? How many minutes --

11 MEMBER CLAWSON: Ten minutes is the  
12 bare minimum that I can --

13 MR. KATZ: Okay. Well, no, we  
14 don't want you to have to fly in your car,  
15 either.

16 CHAIRMAN KOTELCHUCK: So we have 15  
17 minutes now to plan for our next meeting.

18 MR. KATZ: No, he has to leave in 10  
19 minutes.

20 MEMBER CLAWSON: Right.

21 MR. KATZ: We have five minutes.  
22 Let's just plan --

23 CHAIRMAN KOTELCHUCK: Okay.

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1                   MR. KATZ: I think we should just go  
2 ahead and plan for our next meeting and wrap up.

3                   CHAIRMAN KOTELCHUCK: Very good.

4                   MR. FARVER: Can I interrupt for  
5 just a minute?

6                   CHAIRMAN KOTELCHUCK: Yes.

7                   MR. FARVER: If we just look at  
8 424.2, this is the type of strontium-90 that we  
9 have talked about five times today. And it is  
10 in the DR Guidance and in --

11                  CHAIRMAN KOTELCHUCK: Right. We  
12 can close it.

13                  MR. FARVER: Yes, let's just close  
14 out this case.

15                  CHAIRMAN KOTELCHUCK: Okay, that's  
16 very good.

17                  MEMBER MUNN: Strontium-90 it is.

18                  CHAIRMAN KOTELCHUCK: Good.

19                  Now let's talk about when we might  
20 have our next meeting. A little bit that  
21 depends on getting -- well, it might be helpful  
22 to know when some of the issues that were left  
23 open from 10 through 13 can get resolved, which

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1 we don't know yet, right?

2 MR. KATZ: Right. So I am going to  
3 work on getting both the Uranium Refining AWE  
4 Work Group and the PPG Work Group scheduled. I  
5 am sure they can't get scheduled before  
6 January. So it will be sometime in January.  
7 So I think we have to get those scheduled  
8 first --

9 CHAIRMAN KOTELCHUCK: Right.

10 MR. KATZ: -- before we schedule  
11 this, because we are going to need --

12 CHAIRMAN KOTELCHUCK: And then, we  
13 will need 30 days. Well, once you have them  
14 scheduled --

15 MR. KATZ: Yes.

16 CHAIRMAN KOTELCHUCK: -- we will  
17 know when they will be resolved. And if they  
18 are not resolved at that meeting, if they need  
19 more than one meeting, then --

20 MR. KATZ: We can still continue on  
21 with Set 14.

22 CHAIRMAN KOTELCHUCK: Exactly.

23 MR. KATZ: So, actually, I think I

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1 am going to try to get those scheduled for  
2 January. But why don't we just look at our  
3 calendars for --

4 CHAIRMAN KOTELCHUCK: For  
5 February?

6 MR. KATZ: We might as well just go  
7 ahead and schedule for February.

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

10 MR. KATZ: Yes.

11 CHAIRMAN KOTELCHUCK: No matter  
12 what, we have --

13 MR. KATZ: Yes, because we will  
14 still have all --

15 CHAIRMAN KOTELCHUCK: We have 14 to  
16 go.

17 MR. KATZ: Right, right.

18 CHAIRMAN KOTELCHUCK: Okay.

19 MR. KATZ: Fifteen, 16, 17.

20 CHAIRMAN KOTELCHUCK: Right.

21 MR. KATZ: Yes. Okay. So,  
22 February, I am just looking at -- yes, February  
23 right now is wide open as far as I'm concerned.

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1 So it is really --

2 CHAIRMAN KOTELCHUCK: The  
3 Presidents' Day is on the 16th.

4 MEMBER MUNN: Yes.

5 CHAIRMAN KOTELCHUCK: So maybe the  
6 week following, later that week or, maybe  
7 better yet, the following -- not Monday. I  
8 prefer not Monday because, if things need to be  
9 checked, it is nice to have a workday before.  
10 So how about Tuesday, the 24th;  
11 Wednesday, the 25th; Thursday, the --

12 MR. KATZ: Oh, go ahead. Someone  
13 was trying to say something.

14 We should have multiple days  
15 because we are lacking Mark and we are lacking  
16 John Poston to be able to schedule. So let's  
17 get some at least multiple options, and then,  
18 I will check with them.

19 CHAIRMAN KOTELCHUCK: Okay.

20 MEMBER MUNN: Well, this is Wanda.

21 Unless I am mistaken, I believe we  
22 have Procedures scheduled on the 18th.

23 MR. KATZ: Yes.

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1                   MEMBER MUNN:     That is correct.

2                   Then that means either the week before or the  
3                   week after that would be preferable from my  
4                   point of view.

5                   MR. KATZ:     Yes, the week before is  
6                   going to be too soon.

7                   CHAIRMAN KOTELCHUCK:   Right.

8                   MEMBER MUNN:     You think the 23rd  
9                   then?

10                  MR. KATZ:     We're not doing Mondays,  
11                  I think is what Dave was saying.

12                  CHAIRMAN KOTELCHUCK:       Well, I  
13                  would prefer not, but if we need to.   How about  
14                  would you be able to meet, Wanda, on the -- just  
15                  to get some backup dates -- on the Thursday, the  
16                  19th, or Friday, the 20th?

17                  MEMBER MUNN:     We could.

18                  MR. KATZ:     Friday is no good.

19                  CHAIRMAN KOTELCHUCK:   Not great,  
20                  but yes.

21                  MR. KATZ:     Friday we can't do, but  
22                  we could do Thursday, the 19th.

23                  CHAIRMAN KOTELCHUCK:       Okay,

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1 Thursday, the 19th, is possible, but not  
2 preferable. That's clear, because it is a  
3 little bit --

4 MR. KATZ: That's fine. I just  
5 want multiple days to send out to the others.  
6 So the 19th will be one.

7 CHAIRMAN KOTELCHUCK: Right.

8 MR. KATZ: And how about the 23rd  
9 through the 25th?

10 MR. CALHOUN: This is Grady.

11 CHAIRMAN KOTELCHUCK: Yes?

12 MR. CALHOUN: I will have to check,  
13 but we have a preliminarily-scheduled meeting  
14 out in Carlsbad for Joint Outreach Task Group  
15 meeting on the 25th.

16 MR. KATZ: Okay. How about --

17 CHAIRMAN KOTELCHUCK: The 23rd,  
18 24th then?

19 MR. KATZ: Are you traveling on the  
20 24th?

21 MR. CALHOUN: No. What I am saying  
22 is that it is in Carlsbad. So we would  
23 certainly be traveling the 24th through --

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1 MEMBER MUNN: Yes.

2 MR. CALHOUN: -- the 26th.

3 MR. KATZ: Right. No, I  
4 understand.

5 So, then, the 23rd would still be  
6 okay?

7 MR. CALHOUN: That's what I think,  
8 yes.

9 MR. KATZ: Okay. Okay, what about  
10 the 27th?

11 MR. CALHOUN: I think that would be  
12 okay.

13 MR. KATZ: Okay.

14 CHAIRMAN KOTELCHUCK: We're  
15 talking about Friday, the 27th?

16 MR. KATZ: Yes.

17 CHAIRMAN KOTELCHUCK: Okay.  
18 That's alright.

19 MR. KATZ: Okay. Now just give me  
20 a couple more dates. March 2nd and 3rd, 4th?

21 MEMBER MUNN: Yes, okay here.

22 CHAIRMAN KOTELCHUCK: Wait a  
23 minute. Wait a minute. I'm tied up all day

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1           that Monday, that March 2nd.

2                       MR. KATZ:   Okay.

3                       CHAIRMAN KOTELCHUCK:   How about --

4                       MR. KATZ:   The 3rd and the 4th?

5                       CHAIRMAN KOTELCHUCK:   The 4th?

6           How about the 4th?

7                       MR. KATZ:   Okay, the 4th.   And how  
8           about the 5th?

9                       CHAIRMAN KOTELCHUCK:   No, no, this  
10          is good.   Yes, 4th, 5th, 6th, they are all okay.

11                      MR. KATZ:   Okay.   The 5th is no  
12          good, but 4th -- okay, so I have a few days  
13          still.

14                      CHAIRMAN KOTELCHUCK:   Yes.

15                      MR. KATZ:   That means I have the  
16          19th, the 23rd, the 27th, the 4th, and the 5th.

17                      CHAIRMAN KOTELCHUCK:   Yes.

18                      MR. KATZ:   I will send those out to  
19          the other members, and then, I will get back to  
20          everyone, once we have got it.

21                      CHAIRMAN KOTELCHUCK:   Okay.

22                      MR. KATZ:   Okay?

23                      CHAIRMAN KOTELCHUCK:   Okay, folks,

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1 I think that is --

2 MR. KATZ: Right now, I have Wanda  
3 is good. Dave is good.

4 CHAIRMAN KOTELCHUCK: Right.

5 MR. KATZ: How about David  
6 Richardson?

7 MEMBER RICHARDSON: I think those  
8 sound fine.

9 MR. KATZ: Okay. DR is good.

10 MEMBER MUNN: What about Brad?

11 MR. KATZ: Brad?

12 MEMBER CLAWSON: Yes, you pick a  
13 date and I'll work my schedule around to come.

14 CHAIRMAN KOTELCHUCK: Wonderful.

15 MR. KATZ: You're the best sport.

16 Okay.

17 That's good. That's good.

18 So I will send this out to the other  
19 two.

20 CHAIRMAN KOTELCHUCK: Very good.

21 And I think we finished our work for  
22 the day. We got a lot done.

23 MR. KATZ: Yes.

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1                   CHAIRMAN KOTELCHUCK:    And I feel  
2                   very good about that.

3                   So thank you all.

4                   MR. KATZ:    Thank you.

5                   CHAIRMAN KOTELCHUCK:    Okay, we  
6                   will be in touch, folks.

7                   MEMBER MUNN:    And have a great  
8                   Christmas, guys.

9                   CHAIRMAN KOTELCHUCK:    Yes, happy  
10                  holidays.

11                  Okay, bye, everybody.

12                  (Whereupon, at 4:08 p.m., the  
13                  meeting was adjourned.)

14

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