

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

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ADVISORY BOARD ON RADIATION AND
WORKER HEALTH

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SUBCOMMITTEE ON PROCEDURES REVIEW

+ + + + +

TUESDAY
NOVEMBER 25, 2014

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The Subcommittee convened via teleconference at 11:00 a.m., Eastern Standard Time, Wanda I. Munn, Chair, presiding.

PRESENT:

- WANDA I. MUNN, Chair
- JOSIE BEACH, Member
- PAUL L. ZIEMER, Member

ALSO PRESENT:

- TED KATZ, Designated Federal Official
- HANS BEHLING, SC&A
- KATHY BEHLING, SC&A
- RON BUCHANAN, SC&A
- HARRY CHMELYNSKI, SC&A
- ROSE GOGLIOTTI, SC&A
- STU HINNEFELD, DCAS
- JENNY LIN, HHS
- LORI MARION-MOSS, DCAS
- STEPHEN MARSCHKE, SC&A
- JOHN MAURO, SC&A
- JAMES NETON, DCAS

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STEVE OSTROW, SC&A
SCOTT SIEBERT, ORAU Team
ELYSE THOMAS, ORAU Team

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

2 (11:01 a.m.)

3 MR. KATZ: So, this is the Advisory
4 Board on Radiation and Worker Health, Procedures
5 Subcommittee. We have, the agenda for today is on
6 the NIOSH website, under the DCAS program, Board
7 Section, today's date. And we can get going.

8 As far as roll call, so we have Ms. Munn,
9 Dr. Ziemer and Ms. Beach. And I'll just cover,
10 there are no conflicts related to the material that
11 we're covering today, I'm pretty certain. But
12 Board Members need to call it out if I've missed
13 something. And let's just do roll call for,
14 starting with the NIOSH ORAU team.

15 (Roll Call)

16 MR. KATZ: Okay then, no members of the
17 public. That takes care of things. Just to
18 remind everyone to mute your phones when you're not
19 speaking. Press *6, the mute button to mute your
20 phone. And, Wanda, it's your agenda.

21 CHAIR MUNN: Thank you, Ted. I think
22 everyone has the agenda before them. I believe

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1 you've received the messages about proposed
2 changes to the agenda. There are two that have not
3 been placed in the public domain yet.

4 One is the addition of PER-9, case
5 audits. We're adding that at the end of our PER
6 list this afternoon, right after PER-11. And
7 we're allowing an additional 15 minutes for that.

8 The other is the excellent update that
9 Dr. Ziemer has presented for us. I believe I sent
10 it to you by email, and hope that you all have that.
11 We would like to get that into the record also.

12 Unless someone has an objection, I can
13 see no reason why we shouldn't add that under
14 administrative detail. If you want to have it on
15 earlier, someone tell me that. Otherwise, we'll
16 just take care of that when we get there. Is that
17 alright with you, Paul?

18 MEMBER ZIEMER: Yes. As I said to you
19 offline, that's fine, Wanda.

20 CHAIR MUNN: Alright, good. Thanks
21 much. That being the case, we've had several
22 changes that occurred to the BRS. Just updating

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1 it. Nothing, of course, no action. It was just
2 an updating of actions that we took in the past.

3 And I don't think that they're of any
4 major significance. But we need to make note that
5 those have happened. Steve and Lori, do you have
6 any specifics that you'd like to point out to us
7 that have occurred in the interim since our last
8 meeting?

9 MS. MARION-MOSS: This is Lori. In
10 terms of the BRS you mean, Wanda? Or --

11 CHAIR MUNN: Yes. Yes.

12 MS. MARION-MOSS: Well --

13 CHAIR MUNN: Changes that were made
14 while we were not on line.

15 MS. MARION-MOSS: Oh, oh, okay, yes.
16 NIOSH updated the BRS with responses to PER-18 and
17 a couple of responses to PER-9.

18 CHAIR MUNN: Alright.

19 MR. HINNEFELD: This is Stu. Lori, we
20 also put some information in the BRS relative to
21 IG-1, Finding 25.

22 MS. MARION-MOSS: Correct. You're

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1 right, Stu.

2 CHAIR MUNN: We have those three. Do
3 we need to -- Lori, would you like to, starting with
4 the list that you gave us, OTIB-52, would you like
5 to give us an update on what was, what changes were
6 made?

7 MS. MARION-MOSS: Well, in terms of
8 OTIB-52 there were, at least, I do believe, three
9 findings. One of those findings were associated
10 with the document itself, OTIB-52. And that was
11 Finding Number 12.

12 What happened with OTIB-52 is that we
13 revised it. And we actually addressed the
14 corrections for OTIB-52, Number 12. And we were
15 attempting to address two findings associated with
16 PER-11.

17 CHAIR MUNN: We're going to cover those
18 in some detail later. Is that correct?

19 MS. MARION-MOSS: Correct.

20 CHAIR MUNN: Alright. Then we'll --
21 The same is true with PER-11, correct, and PER-20?

22 MS. MARION-MOSS: Yes. There was a

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1 finding, an in abeyance finding associated with
2 PER-11, I mean, PER-20, I'm sorry. And we made a
3 revision to a document to address that finding as
4 well.

5 CHAIR MUNN: Right. And we'll cover
6 those when we address the PER specifically. We'll
7 also be looking at that Overarching Issue 1, I
8 believe, won't we? Yes. And IG-001. Very good.

9 Anything else that we're not aware of
10 that, any changes that were made, any updates? If
11 not, we'll just move on to the White Paper when we
12 were talking about Overarching Issue 9. I
13 believe, Stu, are you going to do that for us?

14 DR. NETON: This is Jim, Wanda. I
15 think I've got the lead on --

16 CHAIR MUNN: Hi, Jim. Yes, I know you
17 do.

18 DR. NETON: Although --

19 CHAIR MUNN: Although somehow I didn't
20 hear you.

21 DR. NETON: -- if you'd like.

22 CHAIR MUNN: No, no. That's quite

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1 alright. Go right ahead.

2 DR. NETON: Unfortunately, this is
3 still in progress. It sounds like a simple
4 resolution to the problem. And just to refresh
5 people's memories, the issue was that NIOSH has
6 assumed that uranium that was present on skin
7 contamination would be washed off in subsequent
8 showering.

9 In other words, it was pretty easily
10 removable by conventional, you know, soap and water
11 treatment. SC&A basically asked us to go and find
12 some documentation that would support that
13 concept.

14 And, you know, originally it was our
15 opinion that some of the folks here who had worked
16 in the uranium, in health physics at uranium
17 facilities, that was just generally recognized as
18 the experience.

19 So, I've been on a mission trying to
20 document this somewhat more scientifically and
21 quantitatively. I've looked through various Site
22 Profiles. I've looked at, tried to find incident

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1 reports with skin contamination, and have not had
2 much success.

3 I think I reported last time, I did find
4 a paper that was somewhat relevant that talked
5 about decontamination of synthetic radioactive
6 fallout from intact human skin.

7 It was actually an interesting 1958
8 paper that was published, I believe, in the
9 Industrial Hygiene Journal, where they took
10 lanthanum 40 and mixed it with essentially dirt
11 made from soil composites. And had a very
12 elaborate instrument made up to deposit known
13 amounts of contamination, and then on human skin,
14 and tried various treatments, one of which was soap
15 and water.

16 And in that paper, at least in this
17 instance where there was dirt that I think had one
18 to five micron particle sizes, it was effective at
19 removing more than 90 percent of the contamination.
20 So that was somewhat supportive.

21 Since the last time we met though, I
22 found another paper which seems to be more

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1 relevant, although less quantitative. And the
2 title of the paper is Surface Contamination Control
3 of Uranium Rolling Operations. It was published
4 in the American Industrial Hygiene Journal in 1959.

5 It was actually a study done at Los
6 Alamos, where they had rolling operations using
7 salt baths. We all remember those salt baths from
8 the early days of rolling. And they actually would
9 monitor people before they went into the shower,
10 and then surveyed them when they came out to see
11 if they were contaminated. And surveyed them
12 after they came out of the shower.

13 And the paper, and I can quote from
14 here, says, washing with soap or detergent usually
15 removes any contamination from the skin. Again,
16 not real quantitative, but certainly an indication
17 that's consistent with the experience that, you
18 know, folks working at uranium facilities had
19 observed.

20 So, that's about where I'm at right now.
21 I need to get this put together in some form, so
22 that I can enter it into the database to close out

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1 this final issue. But that's where I'm at with
2 that particular issue.

3 CHAIR MUNN: Good. Alright.
4 Interesting to hear about the second paper. We
5 discussed the first one, I think, quite a bit.

6 DR. NETON: Right. It's relevant
7 although less quantitative. But certainly more in
8 line with our, what we're looking for.

9 CHAIR MUNN: That's good. We'll
10 continue to carry that until we can get an
11 opportunity to have the White Paper issued. Next
12 is IG-1, Finding 25.

13 MR. HINNEFELD: Yes, this is Stu. I
14 can speak to that.

15 CHAIR MUNN: Alright.

16 MR. HINNEFELD: I guess, Steve, are you
17 the one displaying the BRS on the screen?

18 CHAIR MUNN: Steve is.

19 MR. HINNEFELD: Steve is?

20 CHAIR MUNN: Yes.

21 MR. HINNEFELD: Okay. If Steve could
22 bring this one up, you can see that at the last

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1 meeting, I described what our intended path forward
2 was on this particular finding.

3 This has to do with, there are, the four
4 target organs where AP geometry is not necessarily
5 bounding. And the IG-1 says there's a default you
6 should use.

7 Or was it rotational? One of the other
8 geometries. And explains how to, you know, do the
9 adjustment, or how to do the corrections to do those
10 geometries as a default.

11 But if you believe the first, that if,
12 that you are free to use AP if there are indications
13 that AP geometry is more appropriate for this
14 particular person's work experience.

15 And for some time now we have, in dose
16 reconstructions, we have specifically been saying,
17 if we use the AP geometry, why we use the AP
18 geometry. But it's not clear that that was done
19 right away when this change was made to IG-1.

20 So, there are some handful of cases that
21 we probably will need to look at to see if, in fact,
22 if AP geometry was used, is it appropriate to have

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1 used AP geometry.

2 Now, in looking at the wording of IG-1,
3 we think now that it reads, you know, well enough
4 that we, you know, it says what we want it to say.
5 And so, we don't think that there's a change to the
6 wording is warranted.

7 And that the cases that we feel like we
8 should look at to see if AP geometry was used, and
9 was it used correctly, we intend to use those as
10 part of the update, use those in upcoming PERs, used
11 in 116, because there are these whole new set of
12 correction factors coming out. We're going to
13 have to re-look at everything anyway.

14 And so we intend to include these cases
15 in that PER. And that's what I said last time.
16 And I was asked at the meeting to enter that
17 information into the IG-1, Finding 25 field, which
18 I did shortly after the last meeting. And so, I
19 believe that completed our action on this one.

20 CHAIR MUNN: Alright. We'll need to

21 --

22 MR. MARSCHKE: Wanda.

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1 CHAIR MUNN: Yes.

2 MR. MARSCHKE: This is Steve. I asked
3 Doug to look at what Stu had entered, and Doug did.
4 Because I think, you know, basically it was a dose,
5 the finding came out of the Dose Reconstruction
6 Subcommittee. And so Doug looked at it. And Doug
7 has basically, he has a response to Stu, which is
8 basically --

9 I've put it up on the screen there now,
10 you can see it. SC&A will continue to assess dose
11 reconstruction using the current wording in
12 Section 4.4 of IG-1, and issue a finding if the AP
13 geometry is selected for target organs, bone
14 surface, red marrow, lung, and esophagus, and a
15 rationale is not contained in the dose
16 reconstruction.

17 Currently there are four cases in the
18 14th to 18th dose review, or dose reconstruction
19 review sets, that contain findings concerning this
20 issue. We can recommend changing the status of
21 this finding to in abeyance.

22 And I think the reason for in abeyance,

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1 as opposed to closed was because of what Stu says,
2 or just said, that the, they are going to do a
3 review. Or NIOSH will evaluate the previous
4 completed claims to determine if the geometry was
5 selected properly.

6 So, that's why we basically went with
7 the recommendation for in abeyance, until that
8 evaluation has been completed.

9 CHAIR MUNN: That seems appropriate to
10 me. The only thing at issue is how to word the
11 entry that puts it into abeyance. What is your --

12 MR. MARSCHKE: Well, yes.

13 MEMBER BEACH: Wanda, this is Josie.
14 I was just going to ask if they would put SC&A's
15 wording that Steve just read to us. That seems
16 pretty complete, doesn't it?

17 CHAIR MUNN: Yes, it does. The only
18 thing I'm thinking about is when, if we have any
19 flag at all, that we can use to essentially alert
20 us when to take it out of abeyance.

21 Fortunately, NIOSH has made the
22 suggestion earlier that we routinely look at

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1 abeyance items, which we have not been doing in the
2 past, as you know. And we've, that's the item that
3 we show under administrative detail here on this
4 agenda.

5 So, I'm only questioning how we should
6 word this entry to flag ourselves as to when we
7 should be checking for resolution.

8 MR. KATZ: Can I --

9 MEMBER BEACH: Wanda --

10 MR. KATZ: Wanda, can I interject?
11 Because I was just a little confused by the
12 situation. Because, as I understood what Stu
13 said, the wording about the IG's fine. So this is
14 a procedural matter. They're going to check the
15 cases, but there's nothing more to do.

16 And unless the Subcommittee has a
17 problem with the wording of IG-001 now, there's
18 nothing to be in abeyance. I mean, it's not really
19 the Procedures Subcommittee's job to check up on
20 whether they actually looked at the dose
21 reconstruction cases, to see whether they
22 appropriately used AP or not. That really falls

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1 under the Dose Reconstruction Subcommittee's
2 purview, if anywhere.

3 But so, for their follow-up on those
4 cases. But, my thought is, Procedures is through
5 with this, if it's fine with how IG-001 is worded.
6 Because that's Procedures' business, not the
7 specific cases and how they were handled.

8 CHAIR MUNN: I certainly agree with
9 that.

10 DR. MAURO: And this is John Mauro. I
11 was listening. And, Ted, you beat me to the punch.
12 I was going to say the same thing, you know, why
13 would we not close this out?

14 MR. KATZ: Yes.

15 CHAIR MUNN: As long as it's open
16 somewhere, and the closure is going to take place
17 in the other Subcommittee in any case.

18 MR. KATZ: Right. The Dose
19 Reconstruction Subcommittee, you know, they
20 always, they follow up on their cases.

21 CHAIR MUNN: Right. Yes. They
22 certainly do. Is Doug with us today?

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1 MR. MARSCHKE: No. Doug couldn't be
2 here on the phone today. But what I would suggest,
3 Wanda, is that I will enter Doug's response into
4 the BRS the way he gave it to us.

5 And then, of course, the Subcommittee
6 can have, has the option. They don't have to take
7 our recommendation. They can basically, for the
8 reasons given, they can decide to close. And, you
9 know, they can decide to close this finding, you
10 know.

11 CHAIR MUNN: That's quite true. But
12 the rationale needs to be incorporated into the --

13 MR. MARSCHKE: And the rationale will
14 be --

15 CHAIR MUNN: Yes.

16 MR. MARSCHKE: -- you know, checking
17 the evaluation is more of a Dose Reconstruction
18 Subcommittee requirement than it is the Procedures
19 Subcommittee.

20 CHAIR MUNN: Well, as Ted points out it
21 is going to have to be closed in the other
22 Subcommittee in any case. I am certainly fine with

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1 closing it here. Paul, do you have any --

2 MEMBER ZIEMER: Yes. I agree with
3 that. It's only in abeyance in the sense that the
4 other group's going to be looking at that. But for
5 our purposes it should be closed, I believe.

6 CHAIR MUNN: Josie, you agree?

7 MEMBER BEACH: I do, yes.

8 CHAIR MUNN: Alright. Steve, can you
9 do that for us?

10 MR. MARSCHKE: I can do it. Wanda, I'd
11 like to hold off until lunch time, and do it at lunch
12 time. Because I want to put Doug's in before I put
13 yours in. So that, if this comes, when it comes
14 up on the BRS, it comes up in order.

15 CHAIR MUNN: We certainly don't have
16 any problem with that. Let's take a look at it
17 after lunch, when you've had a chance to edit the
18 words a little bit.

19 MR. MARSCHKE: Good. Alright.

20 MS. K. BEHLING: Wanda, this is Kathy
21 Behling. Can I also just ask Stu an additional
22 question regarding this particular finding? I

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1 thought that I saw in some of the external dose
2 workbooks that they are incorporating the option
3 for the dose reconstructor to select something
4 other than the AP geometry for these various
5 cancers. Is that correct? Can you confirm that,
6 Stu?

7 MR. HINNEFELD: I really don't know
8 personally. But maybe Scott Siebert can confirm
9 that.

10 MR. SIEBERT: Yes, Stu, I was going to
11 jump in. Yes, I can confirm that's exactly what
12 we've done. We've updated the tools, so that for
13 those organs, that option is automatically there
14 to run the different geometries, and determine
15 whichever one's more claimant-favorable, if AP is
16 not the most reasonable choice for the worker.

17 MS. K. BEHLING: Okay. Very good.
18 Thank you.

19 CHAIR MUNN: Any other problems? Any
20 other questions? If not, we'll close that on our
21 list. And we'll check after lunch to see how the
22 wording goes.

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1 MR. KATZ: And, Steve, you may want to
2 capture that last point from Scott as well, from
3 Scott and Kathy. Because I think that really puts
4 a fine point on it, how this has been resolved
5 procedurally.

6 MR. MARSCHKE: Okay.

7 MR. KATZ: Thanks.

8 CHAIR MUNN: Next item on our agenda is
9 OTIB-83, the findings response combination review.

10 MR. MARSCHKE: Yes. We did a, at the
11 last meeting a number of the comments associated
12 with OTIB-83 are quite similar in nature.

13 And so, during the last meeting when we
14 were going over them, it was asked that SC&A go back
15 and see whether or not some of these similar
16 comments could be combined into one comment.

17 We did that. Actually we did it back
18 in October. But I don't know that I ever sent the
19 thing out. We worked it. And so, I just sent that
20 out as the meeting got going here today. I don't
21 know if it's in. And I can put it up.

22 This is what basically our response

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1 would be to that direction to go look at it. The
2 short order is, we don't feel that we should
3 basically combine the findings, even though they
4 are similar. Most of the findings -- I can read
5 this into the record, Wanda, if you want. Or you
6 can read it, what's on the screen.

7 CHAIR MUNN: Well, since we haven't had
8 an opportunity to see it before, Steve, it seems
9 logical. It's not that long. Why don't you just
10 read it, so that we can all hear it, and won't have
11 to be watching the screen to see what's going on?

12 MR. MARSCHKE: Okay. During the
13 February 13th, 2014 Procedures Subcommittee
14 discussion of SC&A's OTIB-83 findings, it was
15 pointed out that some of the 14 findings are similar
16 in nature.

17 During the August 28th, 2014 Procedures
18 Subcommittee Meeting, SC&A was tasked to determine
19 whether several of the OTIB-83 findings could be
20 combined. SC&A does not disagree that several of
21 the findings are similar. But nonetheless,
22 recommends that the 14 findings be kept separate

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1 for the following reasons.

2 Most of the findings that are similar
3 can be grouped into two categories. One, does
4 OTIB-83 apply to all DOE sites, or only to Mound?
5 And, two, does OTIB-83 apply to all facilities, and
6 all time periods at Mound, or all DOE sites, close
7 parentheses, or only to specific facilities and/or
8 time periods?

9 Finding 12 points out that OTIB-83 does
10 not follow a natural order, but instead keeps
11 coming back to the same subject. And often the
12 subject relates to OTIB-83 applicability.

13 Lacking a strong general statement as
14 to where/when to apply OTIB-83, SC&A feels that it
15 is prudent to point out each time OTIB-83 comes back
16 to its applicability. Granted, this could have
17 been done by either making a general finding, and
18 then adding each occurrence within the document as
19 a sub-finding, or by making sub-findings, separate
20 sub-findings. Or, not sub -- or by making separate
21 findings.

22 Obviously, SC&A chose to do the latter,

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1 and sees no advantage in consolidating the findings
2 at this time as each occurrence would still need
3 to be addressed.

4 CHAIR MUNN: Alright. Any thoughts
5 from anyone?

6 DR. NETON: Well, this is Jim. I think
7 I was the one that might have requested that they
8 group these together. I don't have any problem
9 either way. I mean, we can address them point by
10 point.

11 I think, as I mentioned the last time,
12 we're going to do a complete rewrite of OTIB-83,
13 which is a dissolution model for insoluble
14 plutonium-238. We acknowledge that there was not
15 a strong statement of applicability. So we've
16 gone back.

17 And we have this on our project plan
18 now. And one of the first things that was done was
19 to go back and look at where this plutonium-238 may
20 have existed. Complex-wide we've identified four
21 specific sites where we think it was sufficient in
22 large enough quantities it needs to be considered.

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1 And, of course, now we're going through
2 and pulling out the additional cases at Mound that
3 weren't analyzed, and looking at them for potential
4 inclusion into the type L exposure model. That's
5 on our, like I mentioned, that's on our project
6 planning chart, currently the original document is
7 going to be sent to us. The revised document will
8 be sent to DCAS for review in the May timeframe.
9 And then it will take a month or so after that to
10 get this done.

11 So it's going to be a little while. But
12 this will, I think it will be worthwhile to do a
13 complete rewrite. And I'm certain that we will be
14 able to address the findings that SC&A made on this
15 document.

16 CHAIR MUNN: Alright. So,
17 essentially our entry with this needs to indicate
18 -- well, before we go that far, does anyone else
19 have any comments one way or the other, with respect
20 to either identifying these issues singly or
21 combining them?

22 MEMBER ZIEMER: This is Ziemer. It

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1 seems to me that for the interim time, we should
2 just let them ride as individual findings until the
3 new document comes out. There's no point in
4 dealing with them in the meantime, is there?

5 CHAIR MUNN: No. It doesn't seem so to
6 me, unless someone has an overriding reason for
7 that that isn't obvious to us.

8 MEMBER ZIEMER: I think SC&A's
9 suggestion is we just keep them separate for now.
10 Isn't that correct? Is that what you're saying,
11 Steve?

12 CHAIR MUNN: Yes. That's what I'm
13 saying. And I think that's what everyone has
14 agreed to so far who've spoken.

15 MEMBER BEACH: Yes. This is Josie.
16 We just need to change the wording, or add the
17 wording that we're going to hold off until May.
18 Because SC&A's going to have to review that
19 document when it comes out.

20 CHAIR MUNN: True. And I'm assuming
21 that our conversation here is, our discussion is
22 covering our next item also, the scheduling status.

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1 It seems to me we should be able to wrap those two
2 up into a single comment on the BRS with respect
3 to both items on our agenda.

4 Steve, can you please -- probably we'd
5 like to incorporate the questions that were raised
6 here. So, if anyone has any requests with specific
7 wording, we're certainly open for that. Otherwise
8 --

9 MEMBER ZIEMER: Let me just insert a
10 brief summary of what Jim just said into each of
11 the items that are, they're currently all open,
12 aren't they?

13 CHAIR MUNN: Yes. I believe so. I
14 don't have them up, any, other than --

15 MEMBER ZIEMER: Would it be reasonable
16 just to insert this top, kind of an update comment
17 into each of those, an identical comment that
18 basically indicates what NIOSH has on their platter
19 to do?

20 CHAIR MUNN: I think we can indicate a
21 one-sentence addition to what we have on our
22 comments so far. And probably what we need to say

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1 is, a complete rewrite is being undertaken. And
2 is anticipated in --

3 MR. KATZ: Jim, when do you think is
4 when it would come to the Subcommittee at soonest?

5 DR. NETON: Well, I said May for our
6 first review. But really, more realistically,
7 it's probably going to be in the August time --
8 well, right now the schedule has it in August. I'm
9 hoping to beat that date by some time. There's a
10 little --

11 MR. KATZ: Okay. Okay. So, August is
12 fine. So, let's put that in there. And then,
13 Wanda, should we just -- there's no reason I think
14 to carry this on our agenda each time, since nothing
15 will happen between now and then. Once that
16 rewrite comes out, we'll task it to SC&A. And then
17 it will pop back on our agenda.

18 CHAIR MUNN: Yes, I think that's
19 probably true. My only concern is that we don't
20 have, we being the Board Members here, do not have
21 any kind of a system that dings us. We have to rely
22 on --

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1 MR. KATZ: I get a notice, Wanda, when
2 they issue new TIBs.

3 CHAIR MUNN: Yes, yes.

4 MR. KATZ: And I get those, when
5 they're relevant to a Work Group or a Subcommittee,
6 I send it to the Chair.

7 CHAIR MUNN: Yes. This is the only,
8 what I'm saying is, we don't have another check.
9 We have to rely on you --

10 MR. KATZ: Yes.

11 CHAIR MUNN: -- and on NIOSH to bring
12 that to our attention. So, that's one of the
13 things that has been a little bit of a concern for
14 me, the fact that when we do set these things aside,
15 and don't carry them on our agenda.

16 I personally don't have a way to track
17 what is out there until someone else brings it to
18 my attention. And that's a bit of a concern for
19 me. But that's certainly, I think the appropriate
20 thing to do in this case.

21 There's no reason for us to continue to
22 look at this each time, until NIOSH has completed

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1 its rewrite. And let's just see what Steve's
2 putting in here, and agree that that's going to be
3 adequate for us. And then we'll just rely on you,
4 Ted, to let us know when the rewrite's done.

5 MR. KATZ: Sure. And I think, with
6 your leave, the Subcommittee's leave, I'll just,
7 when that comes out, I'll task SC&A with reviewing
8 it.

9 CHAIR MUNN: That's certainly
10 appropriate. Any comment with respect to that
11 tasking from the other Board Members?

12 MEMBER ZIEMER: No. That sounds good
13 to me.

14 CHAIR MUNN: Good.

15 MEMBER BEACH: Sounds good to me too.

16 CHAIR MUNN: Yes. Logical, I think.

17 MR. KATZ: Okay. Thank you.

18 CHAIR MUNN: No reason for additional
19 action.

20 Let's just say SC&A will be notified to
21 begin their review, to initiate their review.

22 MR. MARSCHKE: Is that it or do you want

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1 more?

2 CHAIR MUNN: Yes. Does anyone want to
3 add anything to the words that Steve has put on the
4 screen, and which are, for those who don't --

5 MEMBER ZIEMER: Correct your spelling
6 to initiate.

7 CHAIR MUNN: The statement says NIOSH
8 is performing a complete rewrite of OTIB-83, which
9 should address all of the SC&A findings. The
10 revised OTIB-83 is anticipated in August 2015, at
11 which time SC&A will be notified to initiate their
12 review.

13 MEMBER BEACH: Looks good to me, Wanda.

14 CHAIR MUNN: Alright. Any problems,
15 Paul?

16 MEMBER ZIEMER: No, it's good.

17 CHAIR MUNN: Otherwise, that's good.
18 We'll look forward to seeing the rewrite.

19 MR. MARSCHKE: Basically there is, I
20 should maybe add, there is no change in the status
21 at this time.

22 CHAIR MUNN: Well, I think that's

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1 redundant probably.

2 MR. MARSCHKE: Okay.

3 CHAIR MUNN: But yes, I think we're
4 good. Enough of OTIB-83. That will disappear
5 from our agenda for a while. And our next item is
6 RPRT-53, status of the findings response, NIOSH,
7 a carryover.

8 DR. NETON: Okay, this is Jim again. I
9 guess it's my turn this morning. RPRT-53, as we
10 all know, was the analysis of SC&A's review of the
11 stratified, our report on how to analyze
12 stratification in coworker datasets.

13 And that was taken up by the Working
14 Group on SEC issues. And we talked about this at
15 the most recent Board Meeting. There was an
16 implementation guide, there is an implementation
17 guide that NIOSH is drafting, that is well under
18 way.

19 In my opinion it's about 80 percent
20 complete. I looked at the findings, the findings
21 that were made in the original SC&A review, of which
22 there were eight.

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1 And in my opinion, the imp guide at this
2 point addresses about half of those findings, which
3 were related to issues such as applicability of a
4 coworker model to workers who had different
5 monitoring programs, be it infinite-based, or
6 whatever.

7 And there were several findings related
8 to the concept of the one person, one statistic
9 concept that was outlined in that document. I
10 think, based on our most recent discussions, that
11 is the issue. And how to apply OPOS has been
12 somewhat resolved, at least tentatively. So, I
13 think we're about halfway there.

14 The remaining issues, in my opinion,
15 that are outstanding have to do with the
16 statistical, the detailed statistical analysis of
17 how one actually, if you are going to compare
18 statistically, the distributions between two sets
19 of monitored workers. What do you use?

20 The RPRT-53 of course has the
21 Peto-Prentice test and the Monte Carlo permutation
22 test. SC&A had some basic issues with the

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1 statistical levels that were applied, and how they
2 were applied, that sort of thing. That's the 20
3 percent completion that I talked about. We're 80
4 percent done.

5 We're still wrestling with what to do
6 with the statistical analysis portion. The
7 implementation guide goes a long way at making sure
8 that -- one has to ensure that you're comparing
9 apples to apples. That the monitoring programs
10 that you're using, you know, were subject to the
11 same circumstances.

12 So, it's not clear at this point at what
13 point the statistics would be applied. We're
14 going to convene an internal group to work on that.
15 And that will be the final completion of the
16 implementation guide that we intend to have ready
17 in advance of the March Board Meeting in Richland.
18 That's a brief synopsis of where we are.

19 CHAIR MUNN: So essentially everything
20 that we're looking at is awaiting the new
21 implementation guide?

22 DR. NETON: Yes.

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1 MEMBER ZIEMER: Wanda, did we
2 officially transfer this to the SEC Work Group, or
3 is it still in our backyard here?

4 CHAIR MUNN: Well, I think we need to
5 take a look at the findings that we have
6 specifically. Steve's pulling them up now.
7 Because I'm uncertain of the wording.

8 MEMBER ZIEMER: The SEC Work Group is
9 definitely dealing with these.

10 MR. KATZ: Right. Paul, I mean, what
11 the Board decided was that this would, the SEC Work
12 Group would finish its work on this. And then we'd
13 consider whether there's anything left for the
14 Procedures Subcommittee to wrestle with once
15 that's all done.

16 MEMBER ZIEMER: Oh, okay. So it
17 wasn't really transferred, or what?

18 MR. KATZ: Well, I mean, we didn't
19 speak of it in those terms really.

20 MEMBER ZIEMER: Yes.

21 MR. KATZ: We didn't actually transfer
22 it to them. They, the SEC Work Group appropriated

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1 it, maybe is a better way to put it, I think.
2 Something like that.

3 CHAIR MUNN: I would suggest that we
4 craft Steve's entry for our outstanding items here.
5 Saying that we'll put our items in abeyance, and
6 indicate that they're awaiting the completion of
7 the revised implementation guide, and the
8 decisions of the SEC Work Group, in order to close
9 the findings. Is that what I'm hearing, correctly
10 stated?

11 MEMBER ZIEMER: Well, let's see. If
12 we put it in abeyance it implies we've agreed to
13 determinate outcomes, doesn't it?

14 MR. KATZ: Yes. Put it in progress.

15 CHAIR MUNN: Alright.

16 MEMBER ZIEMER: Yes, yes.

17 CHAIR MUNN: Very good. Any problems
18 with that?

19 MEMBER BEACH: None here, Wanda.

20 CHAIR MUNN: Then let's do, let's call
21 it in progress, all those that are open. And,
22 Steve, if you would just say in progress awaiting

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1 the issuance of a revised implementation guide, and
2 the decisions of the SEC Working Group.

3 MR. KATZ: Right. And just, in a sense
4 it's really not just the SEC Work Group, but the
5 whole Board. Because the SEC Work Group has been
6 putting it on the agenda for discussion with the
7 whole Board.

8 CHAIR MUNN: Yes, which is --

9 MR. KATZ: At that meeting.

10 CHAIR MUNN: -- I think appropriate.

11 MR. MARSCHKE: Okay. How far back do
12 you want to go? I mean, do you want to say this?
13 The findings have been, are being reviewed? The
14 finding is being --

15 CHAIR MUNN: Is awaiting.

16 MR. MARSCHKE: Finding is awaiting.

17 CHAIR MUNN: Issuance of revised
18 implementation guide.

19 MS. K. BEHLING: Excuse me. Is this a
20 revised implementation guide, or a new
21 implementation guide?

22 MR. KATZ: No, new. It's a new.

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1 MR. MARSCHKE: Okay.

2 CHAIR MUNN: Comma. And the findings
3 -- no, no. And the decisions of the SEC Working
4 Group and the Board. Is that adequate, folks, or
5 do you want more? Steve's going to put more there.

6 MR. MARSCHKE: No. I wanted to change
7 the status.

8 MEMBER ZIEMER: The status will be in
9 progress, won't it?

10 CHAIR MUNN: Yes.

11 MR. MARSCHKE: Yes.

12 CHAIR MUNN: We had agreed the status
13 would be in progress. Okay?

14 MR. MARSCHKE: And then we have to
15 change the status. Okay. I will do the other
16 seven over lunch.

17 CHAIR MUNN: Very good. Let's move
18 on. We are scheduled for lunch in another 15
19 minutes. But let's go ahead and start the PERs.
20 The first of our PERs is Number 31, a report review.
21 It's a carryover. And I have NIOSH with the
22 action.

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1 MS. MARION-MOSS: Wanda, this is Lori.
2 On that particular item, Stu reported on it at the
3 last meeting, the Y-12 PER. And basically we
4 stated that we will inform the committee of the
5 status. We didn't know whether or not we would be
6 able to have anything to report by this meeting.

7 And unfortunately, at this time we do
8 not. So we have this particular issue on our
9 project plan. And we're working on the resolution
10 to those findings. And we'll be able to update the
11 committee at the next meeting.

12 CHAIR MUNN: Okay. Another we'll
13 continue to carry it over.

14 MR. HINNEFELD: Yes, this is Stu. I
15 don't want to make, give anybody the expectation
16 that we'll necessarily be done at the next meeting.

17 CHAIR MUNN: Yes.

18 MR. HINNEFELD: The project plan has
19 this out quite a ways. We'll do whatever we can
20 to do it quicker, but --

21 CHAIR MUNN: We'll just keep it on our
22 list.

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1 MR. HINNEFELD: -- the project plan --

2 CHAIR MUNN: And check it as we go
3 along. PER-38, case audits. I have that as a
4 carryover. And I'm showing SC&A.

5 MS. K. BEHLING: Yes. This is Kathy
6 Behling. And we did submit our report on Subtask
7 4, which is the case reviews, on October 16th, 2014.
8 And I'm not sure if Steve can pull this up. There
9 were no findings.

10 But if I may just give you a brief
11 overview of what was done, and a reminder of what
12 this PER-38 involved. PER-38 was the Hooker
13 Electrochemical TBD revisions. And initially
14 Hooker was, the TBD was under the Battelle 6001,
15 Appendix AA. And then it became a DCAS document
16 that was TKBS-0009. And then there were, there was
17 an initial issuance of that document and a Rev 1.
18 And due to those revisions, there were some
19 increases and some decreases in the doses. The
20 increases in external and internal doses included
21 uranium intakes during operations, which was from
22 1944 through 1946.

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1 All workers, there was an increase in
2 those intakes for all workers, except for
3 operations and what was previously called plant
4 floor high workers. Also, during the residual
5 period shallow dose rates increased for all the
6 workers.

7 However, in most cases the other
8 external dose rates did decrease. Initially under
9 this PER -- we did review the PER back in May of
10 2013, and there were no findings. And then this
11 case review, NIOSH had actually assessed or
12 reassessed 20 cases.

13 Now, what was a little bit different in
14 this particular, we hadn't seen this before.
15 NIOSH actually did an internal review. They
16 assessed each of these cases through an internal
17 process. They documented that in a, usually a
18 one-page Word file. And so, our review looked at
19 --

20 There was no need, based on what they
21 found, to request that the DOL return any cases.
22 So our review looked at their internal assessment.

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1 And, in fact, I think, let's see if we have that
2 up.

3 I included that assessment in the
4 review of these three cases as an exhibit, just so
5 that you can see what we were comparing against.
6 And in this particular case, I did, we did look at
7 the internal, the external, and because the X-ray,
8 the OTIB-6 document had been updated, I looked at
9 all of that data, and recalculated those
10 internal/external doses. And just verified the,
11 also the X-ray doses. Because we wanted to re-run
12 the PoC. And so we looked at all of the doses.

13 And in all three of the cases that I
14 reviewed, I was able to confirm that NIOSH's
15 assessment was appropriate. I was able to match
16 their numbers. And I also re-ran IREP, and was
17 able to come within close agreement of the PoC
18 values that were cited by NIOSH.

19 As we usually do, I include a table for
20 each of the three cases that show all of the
21 original and the re-worked data totals and the
22 PoCs. But in this case everything was as expected.

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1 Often the external dose is decreased
2 somewhat, and the internal dose is significantly
3 increased. But there were no cases that I looked
4 at where the PoC would have changed to greater than
5 or equal to 50 percent. So, that's my assessment
6 of the PER-38 Subtask 4 data. And as I said, there
7 were no findings.

8 CHAIR MUNN: Thank you, Kathy. It
9 sounds as though we can close these out. Am I
10 incorrect?

11 MS. K. BEHLING: I believe so.

12 CHAIR MUNN: Alright.

13 MR. MARSCHKE: Do we, Wanda, do we put
14 in a PER, a finding of no finding for case?

15 CHAIR MUNN: I believe that's
16 appropriate. We've done that in the past, and it
17 clarifies it for historic purposes.

18 MR. MARSCHKE: It should be something
19 similar that we put in for the first portion of it.

20 MS. K. BEHLING: In fact, Wanda, I
21 think I had gone back through the BRS system, and
22 I've seen in some cases that we have submitted our

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1 Subtask 4 report. And I believe, in fact, I can
2 go back and look at this for you. But we haven't
3 always updated the BRS to indicate that Subtask 4
4 has been completed, and there were no findings.

5 And it just seems to me, to be able to
6 go back and track this at some later point and to
7 ensure that we have completed all of our subtasks
8 associated with the PERs, we may want to go and add
9 that, add that finding of no findings for those that
10 we haven't done so.

11 CHAIR MUNN: I think that is
12 appropriate. It seems that we need to identify if
13 we have failed to do that in the past, just for total
14 clarity historically. Yes, let's do that on this
15 one.

16 And it sounds to me as though I'm
17 hearing an off-line task that we should also follow
18 through to double check, to make sure that when
19 we've had no findings, when we've closed a thing
20 with no findings, we need to indicate that there
21 was a finding of no findings.

22 MS. K. BEHLING: And if you'd like, I

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1 can go back and identify all of those cases, if
2 you'd like.

3 CHAIR MUNN: I would certainly like to
4 have that happen. Paul, Josie, how do you feel
5 about that?

6 MEMBER ZIEMER: Yes. It should all be
7 in the record that they've completed that, and
8 there were no findings. That should be in the
9 record.

10 CHAIR MUNN: Otherwise, we have a
11 feeling that --

12 MEMBER ZIEMER: Otherwise, it looks
13 like it's still hanging there.

14 CHAIR MUNN: Yes, Subtask 4 may still
15 be hanging somewhere. Josie?

16 MEMBER BEACH: I also agree with that,
17 Wanda.

18 CHAIR MUNN: Alright. Kathy, if you
19 would do that for us, it would be very helpful.
20 Since you've already taken a look at it, it sounds
21 as though it might not be too onerous a task.

22 MS. K. BEHLING: That's right.

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1 CHAIR MUNN: Thanks.

2 MS. K. BEHLING: I'll report back at
3 the next meeting.

4 CHAIR MUNN: We'll ask for that at the
5 next meeting.

6 Oops.

7 MR. MARSCHKE: What?

8 CHAIR MUNN: Oh, it was just my
9 computer went kaput-y.

10 MR. MARSCHKE: Okay. I'm going to,
11 this is the, I'm going to put the finding in in this.
12 And then I'll put a separate entry in for, under
13 Wanda, closing this finding to no finding.

14 CHAIR MUNN: Alright. That wording
15 says, SC&A reviewed four cases for PER-0038, and
16 provided our results in report DCAS PER-038,
17 Subtask 4 Review, October 16, 2014. No findings
18 were identified.

19 During the November 25, 2014 Procedures
20 Review Subcommittee Meeting the SC&A review and
21 results were discussed, this entry to the BRS. If
22 the document review has been performed, and that

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1 no findings were identified. That meets my
2 criterion. Anyone have a problem with those
3 words?

4 MS. K. BEHLING: One correction. We
5 actually reviewed three cases.

6 MR. MARSCHKE: Three cases, okay.
7 That's important.

8 CHAIR MUNN: Thank you, Kathy.
9 Alright. Not hearing any concerns, we will use
10 those words, and close out PER-38.

11 MS. MARION-MOSS: Wanda, this is Lori.

12 CHAIR MUNN: Yes.

13 MS. MARION-MOSS: Before we proceed on
14 to the next PER, if we could step back to PER-31
15 for a second?

16 CHAIR MUNN: Alright, Y-12?

17 MS. MARION-MOSS: I just ran past my
18 notes. And I don't know if you want to continue
19 to carry this item on. But like Stu referred, we
20 are asked to actually have this particular document
21 preparing our responses on our project plan. It
22 goes out to July of 2015. So I don't know if you

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1 want to continue to carry it on your agenda or not.

2 CHAIR MUNN: Well --

3 MEMBER ZIEMER: Didn't we already
4 decide we wouldn't carry that?

5 CHAIR MUNN: PER-31?

6 MEMBER ZIEMER: Is it 31?

7 MS. MARION-MOSS: No.

8 CHAIR MUNN: No, it wasn't 31. It was
9 RPRT-53 that we said we weren't going to --

10 MEMBER ZIEMER: Yes, that's the one.
11 That was the new OTIB.

12 CHAIR MUNN: Yes, right. No, this is
13 back, the Y-12 thing. And I was just going to
14 continue hanging onto it. Because again, you
15 know, it's my personal concern about not having a
16 way to identify when we need to put it back on the
17 agenda.

18 MEMBER ZIEMER: But when the document
19 comes out, that would be the same thing that
20 happens, that Ted talked about before, that he
21 automatically red flags it.

22 MR. KATZ: Well, but not with this.

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1 Because this is PER that they're doing work on,
2 right? This isn't the same as -- That was OTIB-83,
3 the --

4 MEMBER ZIEMER: Right, right. Okay.
5 You don't -- I can't remember the PER exactly.
6 Okay.

7 CHAIR MUNN: Yes. They're, as I said,
8 I don't have a --

9 MR. KATZ: It's fine. I mean, I think
10 we can just ask for, since we always have a list
11 of these PERs, we can just ask, have it on the agenda
12 and just say, you know, no update, whatever.

13 CHAIR MUNN: Yes. And I just continue
14 to intend to asterisk them on the agenda so that
15 we're aware of the fact that we're carrying that,
16 and that it's going to continue for a while.

17 MS. MARION-MOSS: Okay.

18 CHAIR MUNN: Okay. Thank you, ma'am.
19 We appreciate it. PER-42 response. I have SC&A
20 listed for that too.

21 MS. K. BEHLING: Yes. This is Kathy
22 Behling. What we, I have updated the BRS with

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1 these two findings from the Linde PER review. That
2 was Linde, PER-42. And those findings have been
3 updated in the BRS. And during the last meeting,
4 Hans and Ron Buchanan made a presentation as to
5 their review and the findings.

6 CHAIR MUNN: And do we have no action
7 with response to those today?

8 DR. NETON: This is Jim. Are you
9 talking a NIOSH response?

10 CHAIR MUNN: Yes.

11 DR. NETON: Yes. I could speak
12 verbally at least to these. There's nothing in
13 writing in the BRS. But we got, we received this
14 report in August, some timeframe.

15 There was only two findings, one of
16 which is pretty easy to dispense with, and that's
17 the second one that was related to some language
18 that was in the revised TBD. SC&A, I think found
19 that the approach adopted in the TBD was consistent
20 with what was agreed upon in the Working Group, as
21 far as the, what was it? These were the radon
22 concentrations that we find in the tunnels.

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1 This is the second finding. And we had
2 inadvertently left in some language of an exposure
3 approach that was in the old TBD, that should have
4 been removed. And so we fully agree that that
5 language needed to be modified and we would take
6 that out.

7 The tables themselves that show the
8 exposures, as SC&A verified, are correct. It's
9 just the language about occupancy times needed to
10 be revised to be consistent with what was agreed
11 upon at the Working Group level.

12 So, that doesn't change any of the
13 calculations or the values. It's just a change to
14 the document itself that reflects what we really
15 did.

16 CHAIR MUNN: Okay. So, under Item 2,
17 do we not need to indicate that NIOSH agrees
18 correction needs to be made to the document? And
19 that will happen. Or do we need a specific, a
20 written response from you?

21 DR. NETON: Well --

22 CHAIR MUNN: It doesn't seem necessary

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1 to me.

2 DR. NETON: No. I think we can just
3 enter that into the database as such, and go from
4 there.

5 CHAIR MUNN: Yes, yes.

6 DR. NETON: It's a simple response.
7 It's essentially just a typo, not a type, but a --

8 CHAIR MUNN: Yes.

9 DR. NETON: -- omission on our part.

10 CHAIR MUNN: Just an update. Any
11 concerns, Paul or Josie, with respect to our just
12 simply adding right now?

13 MEMBER ZIEMER: No. That seems to do
14 it, and maybe do just that. Have the indication
15 that NIOSH agrees. And then let's put it into
16 abeyance, I guess, on this finding.

17 MR. MARSCHKE: If we want we could
18 probably, you know, just mention that this is what
19 Jim has said during this meeting. And the
20 Subcommittee agrees with Jim, and has changed the
21 status to in abeyance. I mean, we could do
22 everything now, if you --

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1 CHAIR MUNN: Yes. I think we can. I
2 think all we need to say is --

3 MEMBER ZIEMER: But I think that's what
4 I was suggesting.

5 MR. MARSCHKE: Okay.

6 CHAIR MUNN: What we're saying is,
7 let's create a response right now in the database
8 that says, NIOSH agrees, and the correction will
9 be made, the appropriate corrections will be made
10 to the document. And we can just say Number 2 is
11 in abeyance.

12 DR. MAURO: This is John Mauro. I've
13 just got a quick question for Jim. When you have
14 very minor changes like this, where all the wording
15 wasn't exactly right, but everything else is okay,
16 would you actually issue a new revision?

17 DR. NETON: Not all the time, John. We
18 have what we call Page Change notices.

19 DR. MAURO: Okay.

20 DR. NETON: I'm not sure whether that
21 would be handled this way or not, though.

22 DR. MAURO: Okay. Yes.

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1 DR. NETON: It really was just a matter
2 of taking the old offensive language out and
3 inserting the new one. We did it for the previous
4 table, I think 11. And table 12 we stuck with the
5 old language. It just, it was an inadvertent --

6 DR. MAURO: So, when you have PC-1,
7 PC-2, is that what that refers to, Page Change?

8 DR. NETON: Right. That's Page
9 Change.

10 DR. MAURO: Okay. You know, you think
11 I would know that. But, okay, I understand.
12 Thank you.

13 DR. NETON: Procedure change. But
14 it's a --

15 DR. MAURO: Sure.

16 DR. NETON: Yes.

17 DR. MAURO: Got it. Thank you.

18 CHAIR MUNN: I think we can just say,
19 Steve, that the language will be changed.

20 DR. NETON: I don't know if we want to
21 note it, but this does not affect the dose
22 reconstructions at all.

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1 CHAIR MUNN: It will be changed
2 appropriately, period.

3 DR. NETON: We spent a lot of time on
4 this up in Buffalo.

5 CHAIR MUNN: Yes. We remember.

6 DR. NETON: To finally incorporate it,
7 you know, we interviewed some workers. And the
8 occupancy factors were finally decided based on
9 those discussions.

10 CHAIR MUNN: Alright. Now let's take
11 a look at Item 1.

12 DR. NETON: Finding 1 is a little,
13 going to require a little more discussion. But
14 SC&A questioned restrictive application for not
15 applying any uranium or radon doses to workers
16 during the SEC period that was most recently added,
17 and that was the time period between 1954 and 1969.

18 To refresh people's memories, the site
19 operations actually stopped prior to 1954, the AEC
20 activities. But after 1954 through 1969, even
21 though this is technically in what is considered
22 to be a residual contamination period, it was also

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1 a time period when active building renovation was
2 going on.

3 They felt before 1954 that they had
4 decontaminated and decommissioned the facility
5 fairly well. But between '54 and '69, they did a
6 lot of renovation work creating office space and
7 such. And in the process, they ended up moving a
8 lot of heavy machinery. They did some, you know,
9 removal of walls and such, that it was really not
10 what we consider a typical residual contamination
11 period.

12 And the Board decided, this was agreed
13 to at a Board Meeting, that this period really
14 should be part of the SEC, even though NIOSH felt
15 that the exposures that we were assigning in the
16 D&D period prior to '54 were bounding.

17 The discussion centered mostly around
18 the uncertainty associated with those exposures.
19 And, you know, is a one size fits all model in this
20 period really appropriate? And eventually the
21 Class was added, between '54 and '60.

22 The idea was that we couldn't

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1 reconstruct the uranium here, because it couldn't
2 be reconstructed with sufficient accuracy. So
3 that's what we've done. The SEC was added. SC&A
4 is suggesting that we have a residual contamination
5 model that spans from 1950 out past 1969, and maybe
6 that residual contamination exposure should be
7 assigned to non-presumptive cancers during this
8 SEC period. Our opinion is that that's not
9 appropriate. That's not the way we interpret
10 these SECs.

11 If a radionuclide, specific
12 radionuclide can't be reconstructed, it can't be
13 reconstructed at all except for the special
14 circumstances where -- and this is cited in the
15 designation, where there may be personal
16 monitoring data, either external or internal data
17 on an individual.

18 And if that was available we would use
19 it to reconstruct their exposures. But otherwise,
20 the doses by definition in this time period cannot
21 be reconstructed with sufficient accuracy. And
22 we've never gotten to the situation where, well,

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1 we don't know what, we can't put a bound on it, but
2 it's at least as high as X. We've never done that.

3 I mean, you could argue that would be
4 a situation that could be applied anywhere where
5 you have general area air samples. And if it's an
6 SEC for plutonium, why not at least assign the
7 general area air samples in non-presumptive cases.
8 That's just not the way that we interpret the law.

9 Our opinion is that we don't need to
10 change this to add the residual contamination to
11 non-presumptive cancers.

12 CHAIR MUNN: Seems to me that we need
13 a written response to that effect. So that, at our
14 next meeting.

15 DR. H. BEHLING: Wanda, this is Hans.

16 CHAIR MUNN: Yes, Hans.

17 DR. H. BEHLING: Because I'm the person
18 who actually identified these findings.

19 CHAIR MUNN: Alright.

20 DR. H. BEHLING: And I have to state
21 that I do have a problem with this, because I
22 believe the data is there to identify exposures

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1 during this residual period, that obviously
2 coincides with the SEC period. Because it does in
3 fact comply with OTIB-70.

4 And I do have a question, how you can
5 take a data point that occurred in 1954 and then
6 transport it in time to 1970. I mean, it's very
7 generous in a way. But it also obviates the
8 potential for exposure that involves the residual
9 period to people who do not qualify for the SEC.

10 And I have to say, you have to really
11 look at those entire arguments that I posed in
12 behalf of Finding 2, that starts on Page 17 and 18
13 of my report.

14 And I understand what Jim has just said.
15 But I still, if it comes to the point where nothing
16 changes, I will go on record saying I disagree with
17 that decision, that you cannot assign exposures to
18 those people for the residual period.

19 Because throughout this document there
20 were other exceptions made, where information that
21 also coincides with an SEC period, if it's
22 available, can be used to reconstruct partial doses

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1 for those people who do not qualify for the SEC.

2 So, a precedent has been set in this
3 document for use of data that involves the SEC
4 period for those who do not qualify for the SEC.

5 MR. KATZ: Hans, this is a major
6 difference between the situations that you're
7 relating here. Because where the program has said
8 we'll reconstruct what we can reconstruct based on,
9 for example, personal information, that's in their
10 personal dosimetry that they have on their
11 experience.

12 So that's different than applying some
13 sort of model of any kind generally to the whole
14 population, when you've already said you can't
15 estimate their doses. It's just, it's apples and
16 oranges, and by policy it's not allowed. So, I
17 mean, by policy and under the regulation, it's not
18 allowed.

19 It's just simply, you know, out of
20 bounds. So, it really, you know, I think everybody
21 understands how you could put a minimum dose in all
22 sorts of circumstances on people where there are

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1 SECs. You could readily do that. In probably
2 every SEC case you could do that. But it's not
3 permissible.

4 DR. H. BEHLING: I think I do have to
5 question then the value of OTIB-70. It should at
6 least state there that this would never apply to
7 this where an SEC coincides with the time period.

8 MR. KATZ: Well, but I don't, maybe Jim
9 needs to fill me in on OTIB-70. None of our dose
10 reconstruction procedures apply to doses that
11 can't be reconstructed as decided under the SEC
12 rule.

13 DR. NETON: Yes, I don't, TIB-70 is
14 applied during residual contamination periods.

15 MR. KATZ: Right. But only when it's
16 feasible to reconstruct. If it's an SEC period,
17 it's not applied.

18 DR. NETON: Right. I think, well,
19 Hans' issue was with this 1950 air sample that was
20 used. But it's a little different in this
21 particular case.

22 Because the air sample itself was taken

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1 after the surfaces were cleaned and sandblasted.
2 And there was a pneumatic jackhammering operation
3 going on. And that's why we ended up using that
4 value. The site was already cleaned at that point.

5 The reason after 1954 became an SEC
6 though, was because they started doing other
7 operations that perturbed the soil even to a larger
8 or lesser degree. We don't know. And that's why
9 it was added.

10 But the '50 sample is definitely taken
11 at the beginning is what is technically the
12 residual contamination period, after the site had
13 been cleaned. So, I think it applies. It's a
14 little unusual in that case. I agree with Hans.
15 But I think it's okay.

16 DR. H. BEHLING: Well, I think the
17 other thing that I do question is how you can
18 transport a 1954 piece of data 16 years without
19 amending it.

20 Obviously we all just talk about
21 depletion of contamination, even under this
22 residual time period when there may not be much of

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1 any activity. But we always do that.

2 And so, it just struck me as very odd
3 that this whole process evolved, that involves the
4 exclusion of the SEC time period for assigning
5 dose. But then using a '54 data point, and saying
6 that same number will apply in 1970, a highly,
7 highly claimant-favorable assumption, but one that
8 doesn't technically make sense.

9 DR. NETON: Well, this is what TIB 70
10 does. I mean, we do this all the time. We'll take
11 the end of operations of some air samples as
12 representative of re-suspension, if not overly
13 representative, use that as our starting point, and
14 then decay that over time through the next
15 available data point, which may be something in the
16 1970s or even '80s. And --

17 DR. H. BEHLING: But it wasn't done.
18 It was identical value that was in 1954 assigned
19 to 1970. It was not subject to a reduction based
20 on environmental depletion. I mean, the whole
21 thing was a little odd. It's just --

22 DR. NETON: Yes. That's an artifact

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1 of how this incident -- because this is really a
2 part of the residual contamination period. '54,
3 when they were doing building renovations, we
4 originally proposed that we would not reduce the
5 value at all, and just use that 1954 value.

6 And then, that's when the Board and
7 NIOSH agreed, and decided that you couldn't
8 reconstruct doses in that period at all. In other
9 words, that 161 picocurie per liter value was not
10 necessarily representative of exposures during
11 that time period.

12 DR. H. BEHLING: Well, I guess we will
13 have to close this out, since obviously it has been
14 stated that this cannot happen under the conditions
15 of SEC status. And so, I have to concede,
16 reluctantly concede.

17 CHAIR MUNN: Does anyone else have a
18 comment or a position with respect to the
19 discussion we've just heard? If not, is it the
20 NIOSH recommendation then that this be closed?

21 DR. NETON: Yes. Although, Wanda, I
22 do think we need to put something in writing into

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1 this spot.

2 CHAIR MUNN: I believe we do too. I
3 was going to ask --

4 DR. NETON: We'll provide you with
5 that, and recommend that we close it. But until
6 then, I guess it needs to stay open until we do that.

7 CHAIR MUNN: Alright. I'll indicate
8 that --

9 DR. NETON: In progress.

10 CHAIR MUNN: -- a closure statement
11 will be forthcoming from NIOSH. And we'll call it
12 in progress momentarily.

13 MS. K. BEHLING: Wanda?

14 CHAIR MUNN: Yes.

15 MS. K. BEHLING: Okay, yes. Wanda,
16 this is Kathy. I also just wanted to add that
17 during the last meeting, SC&A was assigned two
18 cases to be reviewed under Subtask 4. And that is
19 near completion. We're just in the peer review
20 stages. And so, that report will definitely be in
21 your hands within a few weeks.

22 CHAIR MUNN: Alright.

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1 MS. K. BEHLING: And for the next
2 meeting.

3 CHAIR MUNN: Very good. So, SC&A will
4 do, will present case findings next time.

5 MS. K. BEHLING: Right.

6 CHAIR MUNN: Okay. That's great.
7 How many did you say?

8 MS. K. BEHLING: There were two cases.

9 CHAIR MUNN: Okay. Okay. Very good.
10 I think that's all we need to say, Steve. NIOSH
11 indicated they'll provide the justification for
12 closing the finding to the Subcommittee. I think
13 that's all we need at this moment, unless someone
14 feels we need to be more expansive than that.

15 And I will indicate that SC&A will be
16 presenting two case findings next time. PER-45
17 response. We had eight added findings. And I
18 indicate that NIOSH has the action on that.

19 MS. MARION-MOSS: Yes, Wanda, this is
20 Lori. I think that's me.

21 CHAIR MUNN: Okay. PER-45.

22 MS. MARION-MOSS: Yes.

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1 CHAIR MUNN: Thanks, Lori.

2 MS. MARION-MOSS: With PER-45 we're
3 going to need some additional time to prepare
4 responses for this particular, for most of the
5 findings. We found that both of the findings are
6 associated with the Aliquippa Forge TBD, and some
7 other associated documents.

8 So we want to look at those findings
9 collectively and prepare a response. And
10 hopefully we'll have something by the next meeting.

11 CHAIR MUNN: Alright. We're going to
12 carryover. That brings us up to PER-43. We have
13 case reviews, Subtask 4, correct?

14 MS. K. BEHLING: Yes. That's correct,
15 Wanda. It's Kathy again. And that also is well
16 under way and in progress. And that report will
17 certainly be in your hands before the next meeting.
18 And we can, we'll be in a position to make a
19 presentation on those case reviews.

20 CHAIR MUNN: Okay. Boy, we're zipping
21 right through.

22 MR. MARSCHKE: Kathy?

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1 MS. K. BEHLING: Yes.

2 MR. MARSCHKE: When we did the normal
3 review of the PER, did we have any findings on that?
4 Because I'm looking at the BRS, and it doesn't seem
5 to have anything entered under, not even any
6 finding of no findings for PER-43.

7 MS. K. BEHLING: Well, that's a good
8 question.

9 DR. H. BEHLING: Hold on.

10 MS. K. BEHLING: Yes. Let me --

11 DR. H. BEHLING: Yes. I did actually
12 -- this is Hans. I did actually a review of the
13 PER-43. I'm also the one who's kindly finalizing
14 my comments regarding Task 4 of the four cases that
15 would correspond to that. But I have to actually
16 look and see what, whether or not there are
17 findings.

18 MS. K. BEHLING: No. There were no
19 findings under our review of PER-43, which, as a
20 reminder, PER-43 was internal dosimetry organs,
21 external dosimetry organs, and the IREP model
22 selections by ICD-9 code revisions. That's

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1 OTIB-5. And we had no findings as a result of the
2 review of that PER.

3 MR. MARSCHKE: Okay. So, Wanda, do
4 you want us to add a finding of no finding? Maybe
5 again offline?

6 CHAIR MUNN: It seems to me that we
7 should do that, yes, if we're going to be
8 consistent, and not puzzle ourselves a year and a
9 half from now. I think that's appropriate. Yes,
10 if you would, in fact, do that, Steve. Okay.

11 MR. MARSCHKE: I want to basically get
12 the documentation. So I don't want to do it right
13 now.

14 CHAIR MUNN: Right.

15 MR. MARSCHKE: I'll do it offline. I
16 want to get the document number, and on and so
17 forth.

18 CHAIR MUNN: Alright. That's
19 appropriate. That will be on our agenda next time
20 as a carryover. And Steve will have the no
21 findings entries updated then. That brings us to
22 PER-18. Again, I have SC&A.

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1 MS. K. BEHLING: Yes. This is Kathy
2 again. And PER-18 was the Los Alamos National Lab
3 TBD revision. And I submitted, this report was
4 submitted in May, May 30th of 2014. And this is
5 the Subtask 4 review.

6 Under this review, we looked at five
7 cases. And the key changes to the TBD focused on
8 neutron to photon ratios in Table 6.22, and in the
9 Appendix of that document. In the original
10 revision, or original document, this Table 6.22 had
11 minimum and maximum neutron to photon ratio values.

12 And in the revision it was changed to
13 median and upper bound ratios. And it created an
14 increase in median doses to all workers except for
15 the operations category. And it also added a
16 category, the revision also added a category or
17 worker locations.

18 The second revision, which is somewhat
19 minor in comparison, is for the TA-53 facility they
20 changed energy distributions for the photon
21 radiation. And also changed, affected the
22 assignment of non-penetrating dose to electrons or

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1 photons less than 30 keV.

2 So in the review of the five cases there
3 were -- all of the cases were associated with
4 non-presumptive cancers. There were four
5 prostate cancers and one ovarian.

6 And that was due to the fact that this
7 site has been issued, there have been two SEC
8 Classes added. And so, that's why those
9 particular cases were selected by NIOSH.

10 I can, I'll just briefly go through,
11 I'll focus on the findings, because I did have five
12 findings. I don't know, I guess Steve doesn't have
13 this report pulled up.

14 And I know it goes back a ways. But it
15 was a focused review that looked at just, I looked
16 at the photon doses and the neutron doses. Because
17 prior to 1979 they used a neutron to photon ratio.
18 And so therefore, I looked at both of those.

19 And for my first case the -- and I'll
20 only go through the first case, which had no
21 findings, to give you an understanding of why they
22 chose different neutron to photon ratios and why

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1 I thought it was appropriate to do so.

2 For the first case, in the original dose
3 reconstruction, they selected a neutron to photon
4 ratio of 5.5, which represented the maximum value
5 for workers in the plutonium facility, from this
6 Table 6.22 that changed in revision.

7 But during, in the revised dose
8 reconstruction they actually selected, put this
9 person in a classification of other operations,
10 which gave, which assigned a neutron to photon
11 ratio of 6.4.

12 And the reason that I feel they were
13 justified in changing the classification for this
14 individual is they were trying to maximize this
15 dose. And so, I noted that they did select this
16 worker from a different category, but I felt that
17 it was appropriate, because they were just trying
18 to maximize the dose. And I found that in three
19 out of the five cases, and I felt that was an
20 appropriate justification. And I had no findings
21 for three of the cases.

22 Now, one case where I did have -- and

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1 this would be, if you get to the report, it's
2 actually on Page 17 of my report. And it's the
3 second case that we reviewed.

4 In looking over the DOE files, I took
5 notice that there was a measured neutron dose of
6 80 millirem that was not accounted for, either in
7 the original dose reconstruction or the revised
8 dose reconstruction. So that became our Finding
9 Number 6.

10 Because during the review of the LANL
11 TBD we actually had five findings from the PER
12 review. And so this becomes, it became Finding
13 Number 6. And as I said, it had to do with a dose
14 shown in the DOE records of 80 millirem that was
15 not accounted for in the neutron dose.

16 If I go on then, the last case that I
17 looked at, there were four findings. This would
18 be -- okay, I guess it's not up. Again, this would
19 be on Page 29 of my report.

20 And Finding 7, it appears that they
21 failed to apply a TBD specific uncertainty factor
22 to the measured photon dose, and this obviously

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1 impacted the photon to neutron defined ratios.

2 Also in that particular case, they did
3 not follow the TBD recommendation of applying an
4 eight percent uncertainty factor to measured
5 neutron doses after 1978. So that was, that eight
6 percent uncertainty factor was not applied in the
7 original or in the revised dose reconstruction.

8 Finding 9, for one prostate cancer SC&A
9 questions in this particular case why the median
10 value rather than 95 percentile value of the
11 neutron to photon ratio was selected. Because
12 when we went into the records, it appeared that the
13 neutron -- in fact, for an example, for 1951, the
14 photon dose was 60 millirem and the neutron dose
15 recorded at 750 millirem.

16 And also based on this particular EE's
17 job function, and the fact that he was monitored,
18 you know, for photon and neutron doses, it just
19 seemed to me that it may have been more appropriate
20 to use the 95th percentile value of the neutron to
21 photon ratio.

22 And then lastly, in this same case, this

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1 case that I did, I couldn't manually calculate the
2 neutron doses based on the information in the dose
3 reconstruction report. And my numbers, I gave an
4 example of the calculation that I did, and my
5 numbers actually came in quite a bit lower than what
6 NIOSH calculated.

7 And I just need some clarification on
8 what method was used. And perhaps just to verify
9 that this is not any kind of a workbook issue, or
10 something, you know, something more systemic a
11 concern.

12 So, I can give you more details about
13 the other cases that I reviewed, but I think that
14 summarizes my review of the five cases, and the five
15 findings. I don't know if anyone has any
16 questions.

17 CHAIR MUNN: Does anyone have any
18 questions? We will assume then that NIOSH is
19 looking at these and that we will have a response
20 from NIOSH next time.

21 MR. SIEBERT: Wanda, this is Scott.
22 Actually, the NIOSH responses were entered in

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1 November. And the only question I had for Kathy
2 was whether she'd had a chance to review those yet.

3 MS. K. BEHLING: No, I haven't. But I
4 can certainly do that for the next meeting.

5 CHAIR MUNN: In which case, oh, I guess
6 I haven't seen -- alright. I didn't do my homework
7 properly, or appropriately. I haven't read
8 through that. Thank you, Scott.

9 MR. SIEBERT: Kathy.

10 CHAIR MUNN: Alright. Then we will
11 continue to carry this item as an SC&A activity at
12 this time, right, for a response to NIOSH comment.
13 Okay. Very good. The next item on our list is
14 PER-20, Finding 6. I have NIOSH.

15 MS. MARION-MOSS: Yes, Wanda, this is
16 Lori again. This particular PER finding is one
17 where NIOSH wanted to update the committee on the
18 in-abeyance status of this finding.

19 CHAIR MUNN: Okay.

20 MS. MARION-MOSS: We indicated that we
21 would make a change to the TBD to reflect the
22 Blockson tools. The current version of that

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1 document was sent out to the Subcommittee Members,
2 I believe the other day. I'm not sure if everyone
3 received it and had a chance to look at it.

4 CHAIR MUNN: We did receive it. At
5 least I did. Paul, Josie, did you --

6 MEMBER BEACH: Yes, I got it and
7 reviewed it.

8 MEMBER ZIEMER: Yes.

9 CHAIR MUNN: Okay, okay. Very good.
10 Very good.

11 MS. MARION-MOSS: I don't know if SC&A
12 had a chance to, as well. But the revision was made
13 to address the concern with aligning the tool
14 instructions with the TBD.

15 And that change can be found on Page,
16 I believe Page 20 of the TBD. And I guess
17 specifically, Kathy, I know you were looking at
18 this particular issue for PER-20.

19 MS. K. BEHLING: Yes.

20 CHAIR MUNN: Has SC&A had an
21 opportunity to review the information that Lori
22 sent out?

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1 MS. K. BEHLING: I did not review this
2 yet.

3 CHAIR MUNN: Okay.

4 MS. K. BEHLING: I can do that over the
5 lunch time because this is very specific, and I'm
6 sure I can give you a yes or a no after lunch.

7 CHAIR MUNN: Alright. That's good.
8 We'll just hold it after lunch, which takes us up
9 to PER-11.

10 MS. MARION-MOSS: Here too, Wanda,
11 PER-11 findings. I guess I'll wait until you get
12 there, Steve.

13 MR. MARSCHKE: Thank you.

14 MS. MARION-MOSS: At any rate, those
15 findings were associated with the OTIB-52
16 document. And that also was attached to the email
17 that I sent to the committee.

18 CHAIR MUNN: Right. Changes in
19 Chapters 7 and 8, right?

20 MS. MARION-MOSS: And what the
21 findings, I guess the -- what Rose was looking at,
22 at this point in time, was whether or not NIOSH was

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1 properly identifying its construction trade
2 workers.

3 CHAIR MUNN: Right.

4 MS. MARION-MOSS: And this particular
5 section of the OTIB is where we clarified how we
6 will go about identifying those workers in the
7 future.

8 CHAIR MUNN: Would you like to read
9 that into the record, Lori, what the change is?
10 It's fairly brief, right?

11 MS. MARION-MOSS: Yes. Basically,
12 this document presents information that compares
13 doses received by monitored CTWs to doses received
14 by AMWs.

15 For the purposes of this document CTWs
16 may include but are not limited to laborers,
17 mechanics, masons, carpenters, electricians,
18 painters, pipefitters, insulators, boilermakers,
19 sheet metal workers, operating engineers and iron
20 workers.

21 MS. THOMAS: But those were already
22 included in the previous OTIB-52 revision, is that

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1 correct?

2 MS. MARION-MOSS: Yes. Is this the
3 latest one? Excuse me. Hold on for a minute. I
4 may be in error. Matt, are you on the line?

5 MR. SMITH: Yes, I am. And --

6 MS. MARION-MOSS: Did I read that
7 properly?

8 MR. SMITH: Well the BRS screen on the
9 slide meeting is jumping around. So give me a
10 moment. Let me open OTIB-52 as it resides out on
11 the web here.

12 Basically, off the top of my head, in
13 the purpose section and in several other sections,
14 going all the way back to Section 8, we go ahead
15 and call out some clarifying language that deals
16 with both -- well, let me get to it. That way I'll
17 read it properly into the record as well.

18 Okay. This is Matt Smith again with
19 ORAU Team. I guess I'll point folks first to the
20 publication record, which is on PDF Page 2 of 36,
21 of OTIB-52, which is currently on the DCAS website.
22 Revision 2, which was released in July 24th of this

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1 year, 2014.

2 We revised that language to the purpose
3 scope sections, also Section 7 and Section 8 to
4 clarify applicability of the document to
5 construction trade workers who could have worked
6 for prime M&O contractors at DOE sites. And that's
7 it in a capsule statement.

8 If you were going to go to the purpose
9 scope section, or Section 7, or Section 8, you'll
10 see this clarifying language. And let me just jump
11 to the -- I jumped ahead to Section 2.0, which is
12 the purpose section.

13 That's on Page 8 of 36. And I'll just
14 read it verbatim. This document provides guidance
15 for performing dose reconstructions for
16 unmonitored construction trade workers.

17 For the purpose of this document,
18 unmonitored construction trade workers are defined
19 as workers who worked on site at any time in the
20 site's history, and might have been employed by the
21 M&O contractor at any DOE site.

22 The next sentence is the one that was

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1 already read into the record. These unmonitored
2 construction trade workers may include but are not
3 limited to laborers, mechanics, masons,
4 carpenters, electricians, painters, pipefitters,
5 insulators, boilermakers, sheet metal workers,
6 operating engineers and iron workers who were
7 employed by subcontractors or worked directly for
8 the M&O contractor at any DOE site.

9 And I believe the rest of the language
10 in that section is the same as before. Got
11 anything to add on that?

12 MS. MARION-MOSS: No. I think that's
13 what we changed, in our efforts to respond to SC&A's
14 findings for Finding 3 and 5 for that PER.

15 MS. GOGLIOTTI: Now, my understanding
16 is then that PER, or OTIB-52 was being incorrectly
17 interpreted then to not apply to employees that
18 worked for the prime contractor, that were
19 construction trade workers and unmonitored, and it
20 should have been applied. Is that correct?

21 MR. HINNEFELD: Yes. This is Stu
22 Hinnefeld. I believe that's correct. That it

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1 wasn't clear on all, everyone who were doing and
2 reviewing dose reconstruction, that people who
3 worked for the M&O who had construction trade
4 worker job titles should get the CTW adjustment.

5 There were, some people thought that it
6 was subcontractors. But the analysis was actually
7 done with all CTWs in one category regardless of
8 whether they worked for subcontractors or the M&O.

9 MS. GOGLIOTTI: Now, are there plans
10 for a PER to be issued as a result of this?

11 MR. HINNEFELD: Yes. We're going to
12 have to in some fashion verify that from the time
13 we start applying the CTW until the time we've
14 clarified to everybody that CTWs can work for the
15 M&O.

16 We'll have to go back and look for cases
17 that may have been, you know, M&O CTW people who
18 worked on it appropriately. So, yes, we will have
19 to do that.

20 MS. GOGLIOTTI: Okay. And that will
21 apply to PER-11 and PER-14 impacted cases as well?

22 MR. HINNEFELD: I'll have to work out

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1 the administrative part of what we're going to call
2 that. So, yes. Chances are that will be its own
3 PER because PERs are really, we write these PERs
4 for specific identified changes. And so, it will
5 probably be a new one I would think.

6 CHAIR MUNN: How are we going to track
7 that?

8 MR. HINNEFELD: Well, it will be a new
9 PER. And, you know, whenever we prepare a new PER
10 we let the Subcommittee know that the PER is
11 prepared and ready for review.

12 CHAIR MUNN: Okay.

13 MS. GOGLIOTTI: Now we do, SC&A, we do
14 appreciate that. And we agree that was a step that
15 needed to happen. However, we don't feel that that
16 entirely addresses our concerns.

17 CHAIR MUNN: Would you like to expand,
18 Rose?

19 MS. GOGLIOTTI: Yes. Well, PER-11,
20 our Findings 3 and 5, I believe they are that are
21 still open. Both kind of got merged into one now,
22 where NIOSH didn't use any formal criteria to

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1 identify a CTW worker as a CTW.

2 Now, in PER-14, there was a specific set
3 of criteria if the employee's job title included
4 one of 46 words, they were included as a CTW. This
5 one NIOSH left it up to the reviewer to decide if
6 the employee was a construction trade worker.

7 And we believe that term is very
8 subjective. And depending on the reviewer, or
9 even the date the review was done identical claims
10 could be processed differently.

11 MR. HINNEFELD: So, is your feeling
12 then that, rather than have the job titles as
13 they're listed in the OTIB-52 we should have the
14 46 from the other PER you're talking about?

15 MS. GOGLIOTTI: Yes, or some formal
16 criteria that says these job titles are
17 construction trade workers, and these ones don't
18 qualify. Or at least these need to be categorized
19 as this.

20 MR. HINNEFELD: Well, as a general
21 rule, when we draw lists like this we try not to
22 be exclusive because we recognize that we can

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1 encounter information in a particular claim file
2 that would cause us essentially to put an
3 additional person in the CTW category, you know,
4 in job titles we haven't seen or haven't considered
5 before.

6 But once we see the description, you
7 know, information in a claim file we might add that.
8 So, I think regardless of where we end up there's
9 going to be some wiggle room for adding people to
10 whatever list we generate.

11 MS. GOGLIOTTI: I agree, that's a good
12 idea. But I don't want claimants to be missed
13 because their particular reviewer didn't feel that
14 a boilermaker or a sheet metal worker or whatever
15 their job category was, was a construction trade
16 worker claim.

17 MR. HINNEFELD: Okay. So then, what
18 was the other PER you mentioned where there were
19 46 job titles?

20 MS. GOGLIOTTI: PER-14.

21 MR. HINNEFELD: Okay. We'll look into
22 doing something along those lines.

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1 MS. GOGLIOTTI: Okay, great.

2 CHAIR MUNN: How can we best capture
3 that in our statement today? It appears to me that
4 it's a NIOSH action, and we were going to indicate
5 that NIOSH is pursuing possibility of -- or perhaps
6 we should just say --

7 MEMBER BEACH: Wanda, it sounds like
8 there's two actions, isn't there? If I'm correct,
9 there's going to be a new PER issued in addition
10 to them looking at 014.

11 CHAIR MUNN: A new PER.

12 MR. HINNEFELD: Well, the new PER.
13 Let's keep the new PER separate because we'll have,
14 I mean, I guess we could make a comment about here
15 somewhere.

16 But when we write a new PER that's
17 going, you know, we're going to say we've a new PER,
18 it's available for review. And so, that kind of
19 opens up the review of that.

20 I think the issue for this particular
21 response, which is 52, and the PER from OTIB-52 is
22 that we should consider a broader definition of CTW

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1 in OTIB 52. You know, something like that, that
2 we will consider a broader definition of CTW in
3 OTIB-52, similar to what was used for PER-14.

4 And now, I am speaking, you know, from
5 a relatively uninformed position here. And so,
6 what we're going to do is look into this. I don't
7 want to be promising we're going to do something.
8 But we're going to look into whether we agree that
9 that's an appropriate thing to do.

10 CHAIR MUNN: I think we can just use the
11 word investigate.

12 MR. HINNEFELD: Right.

13 CHAIR MUNN: NIOSH will investigate
14 whether PER-14 has applicability.

15 MEMBER ZIEMER: This is Ziemer. Let
16 me say, I'm a little puzzled as to how we would make
17 it broader. Whenever you make it broader it really
18 means you have to have the phrase that allows for
19 other descriptions.

20 And whenever you have that you're
21 bringing up the issue that was raised by SC&A. And
22 that is that there's some subjectivity at that

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1 point for a dose reconstructor to make that
2 determination that it's a new set of terms that's
3 not on the starting list.

4 I mean, if you have a closed list maybe
5 you're going to automatically exclude somebody,
6 and you're not going to be broad enough. If you
7 put in the loophole phrase that allows it to be
8 broadened, you're going to introduce subjectivity.
9 I don't see how you can get around it.

10 MR. KATZ: Well, can I ask you this, I
11 guess to the NIOSH folks? If you had a limited list
12 would those, anyone with a title within the limited
13 list, would they automatically, or would there be
14 any subjectivity for those cases?

15 Because if those, if it's sort of
16 automatic for the limited list, then you're still
17 somewhat better off, because you have at least for
18 that limited list certainty how they're going to
19 be treated.

20 And then they'll, you know, as you're
21 saying, Paul, there'll be cases on the margins
22 beyond that that would be subjective. But you'd

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1 still be in a better position.

2 MEMBER ZIEMER: That's the point I'm
3 making. And this is a pretty broad list to start
4 with. And you've tried to think around it sort of
5 normal range.

6 And then you said, you basically are
7 saying there may be some other names, and you don't
8 want to exclude them, which I think that's the
9 advantage of also saying you don't want to exclude
10 them.

11 But as soon as you do that, you've
12 opened the door for the subjectivity because
13 somebody's going to have to make the determination
14 whether this new title is in fact a construction
15 worker.

16 MR. KATZ: Right, right. My only
17 point, Paul, is that you're still in a better
18 situation because you still have some subjectivity
19 but only on the margin there.

20 MEMBER ZIEMER: That's exactly what
21 I'm saying.

22 MR. KATZ: Okay.

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1 MEMBER ZIEMER: And I'm thinking that
2 SC&A is objecting to that. And I don't know the
3 solution.

4 MR. KATZ: Oh, yes. I don't think
5 there's a solution to that. I think that's as good
6 as you get.

7 MEMBER ZIEMER: That's my point.

8 DR. NETON: This is Jim Neton. I just
9 looked at PER-14. And that list that was generated
10 was purposely made more inclusive, because that was
11 the search criteria that we used to identify
12 construction worker claims that had previously
13 been processed. It's a little different. I mean
14 --

15 MEMBER ZIEMER: That was for a
16 different purpose then.

17 DR. NETON: That means that a more --

18 MS. GOGLIOTTI: Well, that is actually
19 the same purpose in this PER --

20 DR. NETON: What's that?

21 MS. GOGLIOTTI: That's actually the
22 same purpose in this PER.

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1 DR. NETON: No. But what I'm saying
2 though is, the PER was written to identify claims
3 that had already been processed and were in the
4 database, that needed to be reviewed.

5 So, you're going to make it more
6 inclusive than the suggested list that's in the
7 TIB. And clearly the TIB captured more claims.
8 What am I trying to say here?

9 The PER, when it was written, tried to
10 capture all cases that needed to be reviewed, and
11 that's why the list was more expansive than what's
12 listed in the TBD.

13 MS. GOGLIOTTI: I agree. But in this
14 particular case this is, PER-11 is trying to do the
15 exact same thing as 14, but with a different set
16 of cases.

17 DR. NETON: No, no, no. You
18 misunderstand what I'm saying. PER is not written
19 to identify who is a construction worker. PER is
20 written to identify who has already been processed
21 that is in the database that is a construction
22 worker. That's different. These cases have

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1 already been done.

2 We're just trying to find out who was
3 a construction worker. Therefore, it was more --
4 these are already in NOCTS, already been
5 dose-reconstructed.

6 CHAIR MUNN: Yes.

7 MS. GOGLIOTTI: Yes.

8 DR. NETON: That's a very different
9 application than what you're suggesting.

10 MS. GOGLIOTTI: Yes.

11 DR. NETON: I think we see no evidence
12 that the list in TIB-52 is not expansive enough.
13 And in fact, the fact that all of these other
14 categories were captured, and dose-reconstructed
15 as construction workers shows that a more expansive
16 list is selected.

17 MS. GOGLIOTTI: Now, see, I'm okay with
18 the list in OTIB-52. But --

19 DR. NETON: I thought I heard you just
20 say the opposite.

21 MS. GOGLIOTTI: But for PER-11 --

22 DR. NETON: Yes.

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1 MS. GOGLIOTTI: -- there needs to be a
2 list in place with some --

3 DR. NETON: Okay, okay. I
4 misunderstood what you were suggesting. I thought
5 you said 52 needed to be modified to include --
6 okay.

7 MS. GOGLIOTTI: If there was --

8 DR. NETON: If that's what you're
9 saying --

10 MS. GOGLIOTTI: -- modify that, that
11 would be fine. But I'm more concerned about
12 PER-11.

13 DR. NETON: Okay. I thought you were
14 saying that the list in 52 was not expansive enough.

15 MEMBER ZIEMER: That's what I thought
16 was being said, too. Sorry.

17 DR. NETON: That clarifies things.
18 Okay.

19 CHAIR MUNN: Yes. I think we all
20 misunderstood that.

21 DR. NETON: Now the issue is, was the
22 selection criteria in PER-11 expansive,

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1 sufficiently expansive to identify previously
2 constructed, reconstructed construction workers.
3 I got it.

4 MS. GOGLIOTTI: Yes.

5 DR. NETON: That helps.

6 CHAIR MUNN: Now there's a question in
7 my mind, what we can state here to clarify that,
8 so we won't all get confused again. We were
9 looking at it next time, at least. So that I won't
10 get confused again when I'm looking at it.

11 So, NIOSH is going to take a look at
12 PER-14 to assess whether that interpretation of
13 construction trade workers is applicable to
14 PER-11, should be applicable to 11. Is that
15 correct?

16 MR. HINNEFELD: Well, I'd like to
17 suggest, Wanda, I'd like to suggest this. It looks
18 like Rose has entered responses to our most recent
19 responses, just very recently.

20 MS. GOGLIOTTI: Yes, yesterday.

21 MR. HINNEFELD: Okay. And so --

22 CHAIR MUNN: I haven't seen them.

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1 MR. HINNEFELD: Rather than try to
2 complete this and fix it today, why don't we take
3 the time, since we're going to be investigating
4 anyway, why don't we go do the investigation and
5 enter an additional response back on this, on this
6 finding? And then deal with it at the next Board
7 Meeting.

8 I think there's a lot up in the air for
9 us to try to determine exactly today what's going
10 to happen. Why don't you give us the opportunity
11 to prepare a response back on these, and take it
12 up at the next meeting?

13 CHAIR MUNN: Okay. New NIOSH
14 responses.

15 DR. NETON: I don't know that we need
16 to make an entry from today, do we?

17 CHAIR MUNN: No, I don't think so
18 either, given that assertion. At least it's fine
19 with me. Josie, Paul? Can we just carry this
20 over?

21 MEMBER ZIEMER: Yes. Sure.

22 CHAIR MUNN: Awaiting a new NIOSH

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1 response.

2 MEMBER ZIEMER: That's fine.

3 CHAIR MUNN: Josie?

4 MEMBER BEACH: Yes. I agree with that
5 also.

6 CHAIR MUNN: Okay. Very good. Then
7 that's what we'll do. And since we're very near
8 to the lunch hour this seems to me to be an
9 appropriate spot to break. We will pick up with
10 PER-9 when we get back in one hour. And Steve has
11 a lot of work to do in the interim.

12 If that's satisfactory with everybody,
13 we will break for exactly one hour. We'll be back
14 at what I believe is four minutes to the hour next
15 time, correct? Good. Have a nice lunch. We'll
16 see you in an hour.

17 MR. KATZ: Thanks, everyone.

18 CHAIR MUNN: Bye, bye.

19 (Whereupon, the above-entitled matter
20 went off the record at 12:57 p.m. and resumed at
21 2:01 p.m.)

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1 Would it be okay if I discuss that or do you want
2 to go --

3 CHAIR MUNN: Oh, please do, yes.
4 We might as well try to keep these in order if
5 possible, so go ahead.

6 MS. K. BEHLING: Okay, yes. Lori
7 mentioned that they made some changes to the TBD
8 and I'll just, to quickly refresh people's
9 memory, that was, during our case reviews of
10 Blockson this was the Finding 6 and it had to
11 do with how they were assessing doses to the
12 stomach and tissues of the GI tract.

13 And initially we thought it was a
14 workbook concern, but the instructions
15 associated with the workbook stated that the
16 dose reconstruction should assess what's
17 inhaled and ingested and assigned the highest
18 dose for the GI tract issues, and that
19 conflicted with a footnote in some statements
20 in the Technical Basis Document of Blockson.

21 Since then, based on what Lori had
22 sent us, sent around earlier, I did look at that
23 over the lunch hour and the TBD has been

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1 corrected to state that for these GI tract
2 issues they should assess both the inhalation
3 and ingestion pathway and determine highest
4 dose and use that to assign the dose for these
5 GI tract issues.

6 So in my assessment I think that can
7 be closed because they've properly changed the
8 TBD.

9 CHAIR MUNN: Alright. Any
10 comments, questions? If not, Steve, can we
11 please identify that SC&A has reviewed the
12 changes and recommends that this finding be
13 closed, the Subcommittee agrees?

14 MEMBER ZIEMER: Well did we see
15 that, was that the one with the NIOSH response?

16 CHAIR MUNN: I think.

17 MS. K. BEHLING: Yes.

18 CHAIR MUNN: Yes, NIOSH was just
19 saying that they've made the changes, so Kathy
20 had reviewed the changes over lunch.

21 MS. K. BEHLING: Yes. Lori had
22 sent out two files --

23 MEMBER ZIEMER: Oh, yes, okay.

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1 Yes, I got those.

2 MS. K. BEHLING: Okay.

3 CHAIR MUNN: Right.

4 MS. K. BEHLING: And just one last
5 issue, which I believe is resolved, but maybe
6 Stu or Scott or someone can confirm this.

7 I believe that you all did go back
8 and verify that any cases that may have been
9 done, not assessing both the internal and
10 external for these types of cancers, the GI
11 tract cancers, you looked at that and I don't
12 think there is a need for a PER or am I not
13 remembering that correctly?

14 I think, Stu, at one of the meetings
15 you said that you went back and did look to see
16 if there were any other cases that fell under
17 this category of concern and that you may have
18 corrected a few others or do we still want to
19 look at that and be sure that there's not a PER
20 that's going to be necessary because of this
21 change.

22 CHAIR MUNN: That was the Blockson
23 cases, right?

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1 MR. HINNEFELD: To be honest I
2 don't recall. I thought that this ended it and
3 this took care of everything, but I don't recall
4 in our prior discussion to be honest.

5 I don't know if Lori is on or Scott
6 or anybody can make a comment on that.

7 MS. MARION-MOSS: Because it's the
8 Blockson TBD it would be in-house.

9 CHAIR MUNN: Right.

10 MS. MARION-MOSS: I'm trying to
11 find the transcript, but Stu did make a comment
12 several meetings ago that we did go back and
13 look at it.

14 So to answer your question I do
15 believe we did, but, Kathy, I will probably need
16 to confirm that.

17 MS. K. BEHLING: Okay, very good.
18 Thank you.

19 MEMBER BEACH: Lori, are you
20 looking in the February meeting because I think
21 that's when we actually talked quite a bit about
22 it.

23 MS. MARION-MOSS: That's where I'm

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1 headed.

2 MEMBER BEACH: Yes. So we also
3 talked about it in April. We've said that 5 was
4 closed and NIOSH would add response and wording
5 in the BRS and they would revise the Site
6 Profile and update the tool. That's what I
7 have listed.

8 CHAIR MUNN: This is Wanda, I was
9 just kicked off.

10 MEMBER BEACH: Yes, this is Josie,
11 can you hear me, Wanda?

12 CHAIR MUNN: Yes, I can hear you.

13 MEMBER BEACH: Okay.

14 CHAIR MUNN: What happened in the
15 few minutes that I was --

16 (Simultaneous speaking)

17 MEMBER BEACH: There's been no
18 chatter.

19 CHAIR MUNN: Oh, okay. So, Lori is
20 still checking the minutes, right?

21 MS. MARION-MOSS: Yes.

22 CHAIR MUNN: Good. Correction,
23 the transcript. In the interim, Paul and

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1 Josie, Steve has entered the comment that I
2 asked him to enter, SC&A has reviewed the
3 modified TBD and agrees that the changes
4 address the Finding.

5 The Subcommittee agrees and has
6 closed this Finding. Is that okay with you?

7 MEMBER ZIEMER: Yes, that's good.

8 MEMBER BEACH: Yes, that's fine
9 with me.

10 CHAIR MUNN: Okay.

11 MEMBER ZIEMER: Yes.

12 CHAIR MUNN: We'll just await, give
13 Lori a minute or two to see if her search engine
14 is better than mine.

15 MEMBER ZIEMER: Well are we looking
16 at the status of 5 then, or is that 6?

17 CHAIR MUNN: That was 6 that we were
18 looking at.

19 MEMBER ZIEMER: Okay. On my notes
20 I have that we closed 5 at the April meeting.

21 MEMBER BEACH: Yes, that's what I
22 have, too, Paul. But I also had under 6 that
23 NIOSH was going to add the response and --

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1 (Simultaneous speaking)

2 MEMBER ZIEMER: Right, right,
3 right. Well I had under 6 for in the February
4 meeting that SC&A was okay with the use of the
5 new tools and it was left open until NIOSH
6 verifies that the directions on the use of the
7 ingestion and inhalation tools is in place.

8 CHAIR MUNN: That is correct, yes.

9 MEMBER ZIEMER: Yes. So I think
10 with this we can close both 5 and 6, right?

11 CHAIR MUNN: Yes, I believe that's
12 the case, but there was a question. Is that
13 what it --

14 MS. K. BEHLING: It's just a
15 question regarding whether they went back to
16 other cases that might be affected.

17 CHAIR MUNN: Yes, it was. Yes.

18 MS. MARION-MOSS: I can't find in a
19 timely fashion right now, Kathy, but I do recall
20 what you're referring to and I don't want to
21 hold up the meeting.

22 MS. K. BEHLING: Right. And I will
23 look also and if there's any additional

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1 questions that I have, if the Subcommittee is
2 okay with this, I will bring those either later
3 or at the next meeting.

4 But I think, well I don't know,
5 maybe, I think we can close this because I'm
6 almost positive that you did say you went back
7 and looked at other cases.

8 MR. HINNEFELD: Yes, this is Stu
9 Hinnefeld. In the BRS under "Finding 4"
10 there's an entry from the November 2007
11 meeting where I seem to be talking about going
12 back and looking at -- is that the correct, is
13 that the discussion we're interested in?

14 MS. MARION-MOSS: I do believe so,
15 Stu. It might have been November.

16 MR. HINNEFELD: Okay. Steve, if
17 you could show that, just expand Finding 4.

18 MR. MARSCHKE: Do you want me to
19 close this Finding and go to Finding 4 or do you
20 want me to not close this one yet?

21 CHAIR MUNN: Yes. Yes, please
22 close that one, we've agreed.

23 MR. MARSCHKE: Okay.

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1 CHAIR MUNN: And go to Finding 4.

2 Thanks, Steve.

3 MR. MARSCHKE: I wasn't sure
4 whether we agreed to close 6 or --

5 CHAIR MUNN: Yes, we did. We're
6 just checking the question about whether NIOSH
7 has gone back to check about other messages.

8 MS. K. BEHLING: Okay, yes, there
9 it is. I believe that answers the question.
10 And so you indicate that you did go back and look
11 at other cases that had to do with the GI tract
12 cancers.

13 MR. HINNEFELD: Great.

14 CHAIR MUNN: It looks like it.

15 MS. K. BEHLING: Great, okay.

16 CHAIR MUNN: Looks like they've
17 been covered, Kathy.

18 MS. K. BEHLING: Yes. Yes, very
19 good. Okay, thank you. I'm sorry to take up
20 additional --

21 CHAIR MUNN: No, that's quite
22 alright. It's better to do it now. Thank you
23 and thank you, Lori.

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1 Now we're back to PER-9, correct,
2 and Hans?

3 DR. H. BEHLING: Yes, we are.
4 Okay, just as a way of background information
5 PER-9 really identified changes to the ICD-9
6 target organs for a bunch of cancers that are,
7 generally speaking, lymphomas.

8 And in the process it revised the
9 internal and external target organs for a
10 select number of cancers and in the past prior
11 to the introduction of PER-9 the standard
12 procedure for NIOSH in devising doses to
13 lymphomas had been based on the assumption that
14 an upper bound dose could be identified for
15 lymph nodes using the colon or the highest
16 non-metabolic organ as a substitute for lymph
17 nodes with the issue of OCAS-TIB-12, the
18 changes were made to the internal organ for most
19 forms of non-Hodgkin's lymphomas as well as
20 some of other forms of lymphoma primarily in the
21 200 to 202 ICD-9 series.

22 And among these highest
23 non-metabolic organs for the remainder of the

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1 organs would change to either thoracic lymph
2 nodes, LNTH, or extra-thoracic lymph nodes,
3 LNET.

4 And as a result these doses were
5 dramatically increased, specifically when the
6 internal exposure involved in alpha emitting
7 radionuclides that were somewhat insoluble or
8 highly insoluble and in some cases the change
9 that took place as a result of PER-9 plus the
10 internal dose in some cases, and I have one case
11 here that I reviewed, changed by more than three
12 orders of magnitude in terms of dose.

13 So in summary, the OCAS-PER-9 had
14 the potential to change the internal exposure
15 from the highest non-metabolic organ to a
16 thoracic lymph node, extra-thoracic lymph
17 node, that is very, very dramatic, and to a
18 lesser extent, any change in the external
19 organ, but in most instances those were very
20 secondary to the changes in dose assignment as
21 a result of PER-9.

22 On December 4, 2013, NIOSH was asked
23 to identify some cases for review and we

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1 forwarded three cases for selection, which were
2 then subsequently given to us by NIOSH and on
3 February 2014, this past spring, we completed
4 the review of those three cases and these are
5 the three cases that we'll be briefly talking
6 about today.

7 Could I ask Steve to identify Page
8 6 of the report? Okay, this is pretty much a
9 summary of the three cases, just as an overview.

10 The first case over on the far left
11 hand side we have the actual case number and the
12 type of cancer that was identified, and in the
13 second column we actually see what were the
14 changes.

15 In the first case, [identifying
16 information redacted], the change was from the
17 heart wall, which was the highest non-metabolic
18 organ, to lymph node thoracic.

19 For the external there was no change
20 because in both instances the external was
21 based on a DCF value of one, which doesn't
22 change anything, and in terms of the changes
23 involving the heart wall to lymph node thorax,

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1 the revision to the PoC was calculated as coming
2 from 19.53 to 33.984, still, nevertheless, it
3 was a value that is below the compensation
4 level.

5 The other two were lymphomas, the
6 second one was lymphoma, again the heart wall
7 was initially considered the internal target
8 organ. Again, it was changed to lymph node
9 thoracic, and for external it was from the
10 remainder of the organs to -- and they, and they
11 implied that there was no need to conduct an
12 external dose assessment because the change in
13 internal exposure was sufficiently high, as you
14 see on the far left hand side, from 37.51
15 percent to almost 95 percent.

16 Again, this was a partial dose
17 reconstruction and was strictly based on the
18 change to the internal exposure.

19 And the third one, again, is a
20 Hodgkin's Lymphoma. Again, another heart wall
21 that had been changed to lymph node
22 extra-thoracic and the external dose was
23 initially thyroid, but, again, here to the

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1 exposure from internal was sufficiently high to
2 kick it over the 50 percent mark and there was
3 only a partial dose reconstruction.

4 As a way of just giving you an
5 overview, when we do these reviews we usually
6 try to also go back to the original dose
7 reconstruction and draw a comparison, not just
8 for the issue that may be affected by the PER,
9 but just as a convenience to the reader we also
10 look at other doses that defined the initial
11 dose reconstruction and then compare that to
12 the final dose reconstruction.

13 So you will see changes, not just in
14 the area with the PER having effect, but also
15 in other areas and if we do have a finding here
16 we identified, but if the original dose
17 reconstruction has an area that was not
18 transferred to the revised DR it is obviously
19 a finding that doesn't really have any value of
20 being discussed because it's no longer
21 relevant.

22 So having said that, I will probably
23 make some amends here in a couple of instances

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1 where the original DR had a finding that was
2 acknowledged but really wasn't transferred
3 over into the revised dose reconstruction and,
4 therefore, really does not belong in the BRS and
5 I will acknowledge that after some of the
6 information.

7 So let me go to the very first case
8 here and I just want to briefly, and that's on
9 Page 7, Steve, what I really wanted to point out
10 to you, and it may come up as a discussion if
11 I may, and I'm again here jumping ahead of
12 myself here, but I bring to issue a couple of
13 things that may or may not be something that's
14 real, real proof to be an issue here because of
15 the fact that this really questions something
16 involving the DOL.

17 But I want to point out on that page
18 that initially in the dose reconstruction the
19 EE was diagnosed with two primary cancers. The
20 first one was B Cell Lymphoma mediate large cell
21 [identifying information redacted], and the
22 second one was the same cancer but in the
23 [identifying information redacted] and they

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1 were both assigned an ICD-9 code of
2 [identifying information redacted].

3 An important thing here is to
4 identify the fact that both of these cancers
5 were identified on the very same day,
6 [identifying information redacted], 2001.

7 Less than seven months after this
8 first DR report had been issued the EE was
9 diagnosed with another cancer, malignant
10 neoplasm of the [identifying information
11 redacted], and that was on [identifying
12 information redacted], 2008.

13 In the revised DR report for the EE
14 they address changes in the DR identified in
15 OCAS-PR was issued in 2007. And in the final
16 DR the dose reconstruction was limited to a
17 malignant neoplasm of the [identifying
18 information redacted] and a lymphoma lymph node
19 of the [identifying information redacted] and
20 [identifying information redacted] combined
21 into a single cancer.

22 And so in summary for the revised
23 DR, which reflects PER-9, these changes were

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1 addressed and what, you know, is important here
2 was that the thing that I want to point to was
3 that the B Cell Lymphoma intermediate grade
4 large cells in the [identifying information
5 redacted] and the B Cell Lymphoma intermediate
6 grade large cells on the [identifying
7 information redacted] that had formerly been
8 considered two separate primary cancers were
9 combined into a single primary lymphoma.

10 And the fact that I was not able to
11 really see any information that would allow me
12 to say well what was the basis for it, I went
13 back and I looked through all of the information
14 that was available on behalf of this individual
15 and this is, we're now on Page 8, where I make
16 reference to attachment A-1, A-2, A-3, A-4, and
17 A-5, and what that does is give you a tracking
18 of what changes took place with regard to these
19 originally two identified primary cancers,
20 lymphomas.

21 And also not only will it be
22 identified as two primary cancers, but there
23 was a series of ICD-9 changes, as you see in

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1 Attachment 1, and if you want to verify that the
2 Attachment A-1 is identified on Page 8.

3 It's identified also in this
4 document on Page 22. So you may go back there
5 and look at it, but I will summarize it. As you
6 see in Attachment 1 we do have these two
7 individual cancers, one with an ICD-9 Code
8 [identifying information redacted] and the
9 other one with ICD-9 Code [identifying
10 information redacted], diagnosed on the very
11 same day and identified as primary cancers.

12 In Attachment A-2, this was a DOL
13 email correspondence with NIOSH dated December
14 15th and December 16th, respectively, and the
15 email was actually originated by NIOSH where
16 the health physics dose reconstructor
17 reviewing this claim asked if DOL would review
18 the ICD-9 code for the [identifying information
19 redacted] lymphoma and NIOSH currently has that
20 as ICD-9 Code [identifying information
21 redacted].

22 In that same email, which you will
23 see as Attachment A-2 and summarized below, the

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1 response was that this was corrected and,
2 therefore, an ICD-9 code should be [identifying
3 information redacted] since it's a lymphoma of
4 the [identifying information redacted] rather
5 than the cancer.

6 In Attachment 3, that was dated
7 December 20, 2004, again, this is the amended
8 NIOSH referral summary information that again
9 identified each of these two cancers as primary
10 cancers, but now having both an ICD-9 code of
11 [identifying information redacted].

12 In the next Attachment, 4, this is
13 now April 11th, included the statement that
14 these primary cancers, [identifying
15 information redacted], were again considered
16 independent and in the original dose
17 reconstruction they were each offered a dose
18 that was essentially identical because they
19 happen to be in the same anatomical location.

20 And it wasn't until OCAS-PER-9 came
21 out and the revised DR was issued that the
22 question arose, are these two cancers linked to
23 each other or are they truly primary cancers?

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1 And, apparently, as we go further,
2 I'm on Page 9 of the report towards the bottom,
3 on 05/15/2007 the District Office received a
4 report of the District Medical Consultant who
5 opined that lesions to the [identifying
6 information redacted] and to the [identifying
7 information redacted] mass represent one
8 singular primary cancer of a B Cell Lymphoma.

9 And in the final attachment, A-6,
10 it's really the cover page of OCAS-PER-9,
11 revised DR, and, again, we have, if you track
12 the ICD-9 codes, they have changed a total of
13 three times for one of the cancers.

14 And so I come to Finding Number 1 and
15 the question is what is the technical basis for
16 the protocol? If I look at the data, and let
17 me say this, if there is a decision that the two
18 of them are connected, meaning that one is the
19 primary cancer, the other one is a metastatic
20 cancer, generally speaking if you do have such
21 a case you will find at least a time
22 differential that says a primary cancer is
23 followed by metastatic cancer because it

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1 usually involves a release of some cells that
2 relocate to a distal location and set up a
3 metastatic cancer, which is basically
4 identical to the primary cancer.

5 But as I pointed out to you these two
6 primary cancers were diagnosed on the very same
7 date and normally when you do establish a
8 relationship between a primary and a metastatic
9 cancer you usually support that with clinical
10 data, such as a biopsy of the two cancers, and
11 as a minimum show that there is a morphological
12 similarity under a light microscope that shows
13 these cells are being identical, or nearly
14 identical to each other, and for a more
15 definitive assessment of whether or not there's
16 a linkage between a primary and a metastatic
17 cancer you usually look at other factors that
18 are much more definitive in making that
19 conclusion and usually that involves such
20 things as looking at surface antigenic
21 profiles, HRA, antigens that define each of
22 those two cancers and other various tools by
23 which you can show that without question that

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1 the two are located.

2 And so when I go back to the
3 Attachment 5 and the statement that is, as I
4 read to you before, is that a district medical
5 consultant who opined that these lesions
6 essentially represent a single cancer raises
7 the question are they dealing with data that
8 really is clinical or it's just an opinion?

9 And so this is not this first time
10 I've identified this and I know I've been told
11 that NIOSH usually does not question DOL, but
12 in this case, as a matter of fact, the initial
13 Attachment A-2 was in fact in NIOSH's response
14 that says the health physicist who dose
15 reconstructed the first original DR questioned
16 the very ICD-9 code of [identifying information
17 redacted], which then was subsequently
18 converted by NIOSH to another ICD-9 code and
19 was, not only that, but was subsequently also
20 converted again without explanation.

21 So, in essence, what I really raised
22 here is this question of whether or not people
23 who assign ICD-9 codes are clinically qualified

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1 to do so and who are they and why did they do
2 that and why isn't there some explanation that
3 with a company that changed that says we have
4 reasons to make this change because of
5 compelling clinical data that would allow us
6 not only to change the ICD-9, but in a more
7 important case, consolidate two cancers that
8 were for a number of years considered primary
9 cancers into a single cancer.

10 And, of course, what that means is
11 that you only count the dose to one cancer not
12 both. So that's my finding and as I said I know
13 that we've been questioned before in making
14 these kinds of comments when in fact DOL makes
15 a decision if it's really an issue that we can
16 raise.

17 And all I can say is on my behalf,
18 and I will probably be faulted for it, but as
19 a scientist and auditor I do feel I need to raise
20 questions, and while some people may consider
21 DOL as having the last word or may be infallible
22 in making these decisions I have to at least
23 raise the question, and whatever NIOSH decides

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1 to do is up to you.

2 CHAIR MUNN: Thank you.

3 MR. HINNEFELD: Yes, this is Stu.
4 I don't know if we've considered DOL infallible
5 on this, but we do consider them having the
6 final word.

7 And so we reconstruct the doses
8 that, or the diagnoses that they send to us and
9 we don't -- I don't know what prompted our
10 question from [identifying information
11 redacted].

12 That ICD-9 code is malignant
13 neoplasm of the [identifying information
14 redacted] and if it's [identifying information
15 redacted] then it's malignant neoplasm of the
16 [identifying information redacted], so I'd
17 have to do a fair amount of research to figure
18 out, you know, why did we ask the question in
19 the first place, you know.

20 If it was identified as a lymphoma
21 of the [identifying information redacted]
22 originally with a [identifying information
23 redacted] ICD-9 code then we would clearly

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1 question that because the description doesn't
2 match the ICD-9 code.

3 If it would just said, enter the
4 [identifying information redacted], I don't
5 know why we'd question that and I would have to
6 do some research on that.

7 MR. SIEBERT: Stu, this is Scott.
8 Yes, your second explanation is exactly right
9 because the cancer description and the ICD-9
10 code did not match up. It didn't make sense to
11 have a lymphoma be a [identifying information
12 redacted].

13 MR. HINNEFELD: Okay. So their
14 referral to us was that there was a lymphoma of
15 the [identifying information redacted] but
16 they gave us a [identifying information
17 redacted] ICD-9 code which does not match
18 lymphoma of the [identifying information
19 redacted], so that's what prompted us to ask.

20 Nothing more than, you know, if it's
21 a situation like that where they send us an
22 ICD-9 code and a cancer description and those
23 two don't line up we routinely ask on those, but

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1 we don't question other diagnosis decisions
2 from the Department of Labor.

3 DR. H. BEHLING: Okay.

4 CHAIR MUNN: Is that reasonable to
5 you, Hans?

6 DR. H. BEHLING: Well, as I've
7 said, I, you know, I feel I need to at least
8 raise it and I will obviously go along with
9 whatever decision and then if this is something
10 that you feel the auditor may have the right to
11 raise but not insist on anything else that's
12 fine.

13 I just felt I wanted to look at this.
14 I do have some background in this area and when
15 I saw this it just sort of struck as a, or raised
16 a red flag with me and so I just brought it up.

17 CHAIR MUNN: Well it seems
18 appropriate to question and that's
19 appreciated. I think if the response that you
20 have makes sense to you, which it certainly does
21 to me, then in this case my personal feeling is
22 your comments are well taken, but I think
23 appropriately responded to.

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1 Does NIOSH feel that you need any
2 additional time for any additional response?

3 MR. KATZ: Well can I just, on this
4 same point though can I ask, Wanda, I mean, Stu,
5 I mean what we've often done in the past where
6 we've had comments that are reasonable but out
7 of our purview is just send them along in an
8 email to DOL so at least they can consider the
9 issue that's raised.

10 If we haven't raised this already,
11 you know, is there any objection to going ahead
12 and doing that from NIOSH?

13 MR. HINNEFELD: I guess I don't
14 particularly object to that. As a general rule
15 we've not really gotten into DOL's business
16 about diagnoses, but, I mean we could provide
17 this summary to them.

18 MR. KATZ: Yes. I just recall, you
19 know, I mean I recall a couple of occasions
20 where we've done this. They may not have
21 related to diagnoses, but they've definitely
22 related to business entirely in DOL's purview
23 and I don't think it was only done for the issues

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1 of where a facility coverage is accurate or not,
2 so I don't, know.

3 It just seems to me it's wasted
4 information if it's, it seems like a reasonable
5 concern and, you know, there's no harm done by
6 forwarding it on and there's nothing gained by
7 not forwarding it on.

8 MR. HINNEFELD: Yes, I think that's
9 true. I mean there's no harm in forwarding it
10 on and I would think that since this is a, if
11 I understand things, and I don't, I'm really out
12 of my field here, but a lymphoma I believe is
13 a circulating, you know, cancer, and so it's not
14 as if it exists in one location.

15 And so a same-day diagnosis of a
16 lymphoma in two different locations is because
17 they have to, you know, they take the biopsy
18 somewhere --

19 MR. KATZ: Yes.

20 MR. HINNEFELD: -- and that to me
21 would not be necessarily a, you know, that
22 doesn't seem that surprising that you could
23 identify a lymphoma in two different locations

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1 on the same day and it's not the decision that
2 one is metastatic of the other, it's that it was
3 the simultaneous, two location identification
4 of the circulating lymphoma.

5 MR. KATZ: I see, alright.

6 MR. HINNEFELD: I mean I don't,
7 there's no downside from our standpoint --

8 (Simultaneous speaking)

9 MR. KATZ: You know we could also
10 just take the transcript that includes what you
11 just discussed as well as what Hans had put
12 forward, you know.

13 I can package that up and give it to
14 you and we can just send that on for their
15 consideration.

16 MR. HINNEFELD: Okay, that's fine,
17 whatever. If you would do that then that will
18 --

19 MR. KATZ: I'll be happy to do that,
20 yes.

21 MR. HINNEFELD: Sure. Okay,
22 great.

23 DR. H. BEHLING: Just as a side

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1 comment it may very well be that the two primary
2 cancers are two secondary cancers. They're
3 both metastatic cancers and we never identified
4 the original primary cancer for both of these.

5 MR. HINNEFELD: Yes, I don't have
6 any expertise in the area and I'm glad to send
7 it, I'll be happy to send it off to DOL and have
8 them look at it.

9 MR. KATZ: Okay. And maybe I can,
10 you know, I can send it, I can, you don't have
11 to do anything, Stu, I can send it, I'll copy
12 you, but I'll send it over to Rachel when we have
13 the transcript from this.

14 MR. HINNEFELD: Oh, so you'll send
15 it, okay --

16 MR. KATZ: If that's okay with you
17 then I'll just, I'll take care of that.

18 MR. HINNEFELD: That's fine by me.

19 MR. KATZ: Okay, thanks.

20 CHAIR MUNN: I mean that's a good
21 suggestion, Ted, and it seems appropriate.
22 The other Board Members respond, what's your
23 opinion?

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1 MEMBER BEACH: Oh, I agree with
2 that. I think it's appropriate and no harm
3 done in passing on the information.

4 MEMBER ZIEMER: Well I concur with
5 that as well. I don't think we can insist on
6 anything other than some of it came up and we're
7 just passing it along in case it's something
8 they need to address.

9 MR. KATZ: Yes.

10 CHAIR MUNN: I think it's
11 reasonable. The auditor has raised what we
12 consider a reasonable question and, yes, that's
13 fine. If you're willing to do that, Ted --

14 MR. KATZ: Well I'm happy to. I'd
15 hate to have this sort of thing go to waste, so,
16 thank you, Hans and Stu.

17 CHAIR MUNN: Yes, if you would do
18 that and then notify us on the Board so that we
19 know that has occurred it would be helpful.

20 MR. KATZ: Yes. I will let the
21 Subcommittee know when I do this.

22 CHAIR MUNN: Good, thank you.

23 MEMBER ZIEMER: Yes, but other than

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1 that we don't need to follow up with what,
2 whatever Labor does with it we don't --

3 CHAIR MUNN: Yes.

4 MEMBER ZIEMER: It's out of our
5 hands at that point.

6 MR. KATZ: Absolutely, I agree.

7 CHAIR MUNN: Yes.

8 MR. KATZ: I agree.

9 CHAIR MUNN: That --

10 MS. K. BEHLING: Excuse me, Wanda,
11 I'm sorry, this is Kathy.

12 CHAIR MUNN: Yes, go ahead, Kathy.

13 MS. K. BEHLING: Just one
14 administrative detail here, the report says
15 it's Finding 1; it's actually Finding 3 because
16 the PER-9 review had two findings and now this
17 is the first finding under Subtask 1, but it
18 actually should've been Number 3.

19 CHAIR MUNN: Number 3 on our BRS,
20 correct?

21 MS. K. BEHLING: That's correct.

22 CHAIR MUNN: Yes.

23 MR. KATZ: Thanks for that, too,

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1 I'll send over the document as well.

2 CHAIR MUNN: Good. Thank you
3 much. That's Finding Number 3.

4 DR. H. BEHLING: Actually, no, let
5 me -- Yes, that was Finding Number 3, but if we
6 are ready to go on I just want to quickly, I
7 don't want to take more time than really is
8 warranted here, but if you're okay if I can
9 continue, Wanda, should I?

10 CHAIR MUNN: Absolutely.

11 (Simultaneous speaking)

12 MR. MARSCHKE: Wait a minute.
13 Wanda, do you want to make a status change to
14 this because right now we're still showing it
15 as open and is it -- I mean I don't think we're
16 going to do anything with this.

17 If anybody does anything with this,
18 except for maybe, you know, Ted's going to send
19 it over to DOL --

20 CHAIR MUNN: If it comes back to us
21 it won't be coming back to this Subcommittee.
22 It will be coming back as a case that needs to
23 be reworked and we have no way of knowing that.

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1 Yes, that's --

2 MR. MARSCHKE: So what do we, I mean
3 do we want to, what do we want to do with this,
4 I mean --

5 CHAIR MUNN: We need to close it
6 with the comment that I made earlier, our
7 contractor, the auditor raised a concern with
8 respect to this particular case.

9 MEMBER ZIEMER: Put, Steve, that we
10 raised a concern rather than made a concern.

11 CHAIR MUNN: Yes.

12 MR. MARSCHKE: Okay.

13 CHAIR MUNN: Yes, auditor raised a
14 concern with this case which refers to DOL --

15 MEMBER ZIEMER: I'm wondering if
16 generically we should just refer to this as SC&A
17 as opposed to the auditor because they, I'm just
18 asking, that's --

19 CHAIR MUNN: Yes, but I --

20 MR. MARSCHKE: That's what we've
21 done everywhere else, Paul, okay.

22 MEMBER ZIEMER: Yes, it would make
23 it more generic, right?

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1 CHAIR MUNN: Well and more clear.
2 Original determination of duplicate primary
3 lymphomas on the same day period. Since this
4 matter is outside this Subcommittee purview --

5 MR. MARSCHKE: I don't know how to
6 spell purview.

7 CHAIR MUNN: -- V-I-E-W.

8 MR. MARSCHKE: P-R-E --

9 CHAIR MUNN: No, I think --

10 MR. MARSCHKE: No, E-R.

11 CHAIR MUNN: -- E-R-V-I-E-W.

12 MR. MARSCHKE: Again?

13 CHAIR MUNN: V-I-E-W, I believe.

14 MR. MARSCHKE: E-R- --

15 CHAIR MUNN: P-E-R-V-I-E-W.

16 MR. MARSCHKE: V-I-E-W.

17 CHAIR MUNN: Yes.

18 MR. MARSCHKE: No, it doesn't like
19 it.

20 CHAIR MUNN: Comma -- I believe
21 that's a "U" not an "E," P-U-R-V -- I think you
22 were correct to begin with comma, it had been
23 closed here and called to the attention of the

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1 authorized agency.

2 MR. MARSCHKE: Alright.

3 CHAIR MUNN: Back there where we
4 said "it," go back up to "it" in the preceding
5 line and change "it" to "finding," the finding
6 has been closed instead of it has been closed.

7 So that it reads "SC&A raised a
8 concern with respect to this case, which refers
9 to DOL original determination of duplicate
10 primary lymphomas on the same day."

11 "Since this matter is outside the
12 Subcommittee purview the finding has been
13 closed here and called to the attention of the
14 authorized agency."

15 Does anyone wish to say more or less
16 than that? If not we'll --

17 MEMBER ZIEMER: Well it will be
18 called, it hasn't been yet. It will be called,
19 has been closed and will be called to the
20 attention.

21 CHAIR MUNN: Okay.

22 MEMBER ZIEMER: Authorized agency,
23 what, I'm not sure what that means, authorized?

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1 MR. MARSCHKE: You could just put
2 DOL in there.

3 CHAIR MUNN: The agency that has
4 the responsibility.

5 MEMBER ZIEMER: Oh, okay, got you.

6 CHAIR MUNN: Namely DOL, which we
7 show clearly I believe in the transcript here.
8 Alright, very good, and thank you for taking
9 that responsibility, Ted, it's appreciated.
10 The next finding?

11 DR. H. BEHLING: No, I'm off the
12 phone here for a few minutes, so sorry. I just
13 want to make a comment here, a sidebar comment.

14 You know, I have, there are five
15 physicians in my immediate family and I did talk
16 to them about this project to some extent and
17 I asked them once who assigns ICD-9 codes and
18 I didn't get a definitive answer.

19 It's usually not the diagnostic
20 physicians, it's oftentimes the people who send
21 out the bill to Medicare, Medicaid, or
22 insurance policies.

23 CHAIR MUNN: Yes, that's my

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1 understanding.

2 DR. H. BEHLING: And oftentimes
3 it's who are these people who actually make this
4 decision and I think this is what raised my
5 concern after talking to members of my family
6 and asking that question.

7 And I get this dumb look and said we
8 don't do this. We send our reports out there
9 and it's the billing department who assigns
10 these ICD-9 codes.

11 CHAIR MUNN: Well, and it's my
12 understanding that that varies widely from one
13 medical office to another.

14 DR. H. BEHLING: Yes.

15 CHAIR MUNN: That in some medical
16 offices the ICD-9 code is determined by the
17 physician at the time of the, is recorded by the
18 physician at the time of the exam.

19 But in others it's left to a person
20 who's had training basically in doing that and
21 not a great deal of medical background for doing
22 it.

23 DR. H. BEHLING: Yes. Anyway, I

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1 don't want to belabor this anymore, but I
2 appreciate at least the time that allowed me to
3 make this as an issue.

4 Let me go to the second finding and
5 the second finding really refers to
6 occupational medical bills and then I again
7 compared the dose report, the original dose
8 reports to the subsequent revision to the dose
9 report and I realized that the medical
10 exposures varied and shouldn't really.

11 But what it comes down to in Finding
12 Number 2 that is stated on Page 12, so, Steve,
13 if you'd put that on the screen you can just
14 quickly get an understanding of what I was
15 talking about.

16 And what it comes down to is that a
17 review of ORAU-PROC-0006 shows that there is no
18 Attachment E that was referenced as the basis
19 for the original dose reconstructor
20 identifying the assigned dose for medical.

21 And so I find that odd and so I think
22 after looking at it, in fact it was Kathy who
23 is more familiar with the document, she

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1 informed me that they should've cited
2 ORAU-OTIB-0006 as the reference.

3 And so it was just an error, and,
4 again, this involves the original DR and so,
5 therefore, I would sort of recommend we just
6 dismiss this Finding.

7 It's only brought up here because we
8 usually do compare the original DR against the
9 revised DR and this was an issue that I just
10 identified, but I think at this point our
11 recommendation is to simply remove it.

12 The third finding involves, again,
13 the comparison between the original DR and the
14 revised DR and, again, for missed dose in the
15 original there were only four zeroes that had
16 to be accounted for as missed dose and for each
17 of those there was a ten millirem, if you
18 referred to LOD over two, which means that for
19 each of the two initially the primary cancers
20 40 millirem was assigned for a total for the two
21 independent cancers, as they regarded them at
22 the time, there was 80 millirem.

23 In the revised DR for the single or

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1 the combined two cancers the missed dose was
2 identified as 1680 instead of 40 for each of the
3 original ones, and I looked at that and I sort
4 of said how do you go about?

5 I realized in some cases they try to
6 maximize it, but there is no basis for
7 maximizing something that is more time
8 consuming or it takes no time, and so I
9 identified as my Finding Number 3, which is
10 identified on Page 13 where I simply stated that
11 it's an inappropriate use of the maximizing
12 assumption, and we found this before.

13 Whenever there is a
14 claimant-favorable maximizing assumption it's
15 appropriate when there's a question of
16 uncertainty and also an efficiency measure, but
17 there was neither case here.

18 There was no uncertainty, there
19 were four zeroes on the record that says these
20 are the missed doses, four instances, and, of
21 course, there's no efficiency improvement when
22 you assign 1680 millirem instead of 40
23 millirem.

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1 So it's just a nominal finding, I've
2 discussed things like that before and so I just
3 happened to bring it up here.

4 MR. SIEBERT: Hans, this is Scott
5 Siebert. I can address that one real quick. I
6 know we don't have a response in the BRS at the
7 moment, but I can handle that really quickly if
8 you'd like me to.

9 DR. H. BEHLING: Go ahead.

10 CHAIR MUNN: Okay.

11 MR. SIEBERT: Actually it is an
12 efficiency process at that point. It is not
13 something we would do these days, I want to make
14 sure that everybody is clear on that.

15 Ever since the 10-year report we go
16 with actual zeroes as opposed to maximized
17 zeroes, we've all agreed upon that. However,
18 this was done in 2007 and you have to remember
19 that every time a dose reconstructor does a
20 claim, even as a rework, they bring with a brand
21 new tool for doing the assessment.

22 So when they have to go in and work
23 with the external badges and the numbering and

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1 so on and so forth, it actually does take time
2 to do the comparisons and determine the actual
3 numbers of zeroes versus the maximized number
4 of zeroes.

5 Now our tools these days do that
6 counting for us. Back in 2007 the tools did not
7 do that counting for us and so what the dose
8 reconstructor did for efficiency is just took
9 the maximum number of quarters and assigned
10 that as a missed dose rather than going back to
11 the records and counting out the four.

12 I agree that it's probably not the
13 best way to do it, it's not what we would do now,
14 however, it is clearly an efficiency method.

15 CHAIR MUNN: That was followed at
16 the time.

17 MR. SIEBERT: Correct.

18 DR. H. BEHLING: Okay.

19 CHAIR MUNN: And we can only make
20 our judgments based on what was appropriate at
21 the time.

22 DR. H. BEHLING: Okay.

23 CHAIR MUNN: Is that an acceptable

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1 response to you, Hans?

2 DR. H. BEHLING: Yes, yes.

3 CHAIR MUNN: Can we identify that
4 in our record so that we can clear this item?
5 There was, of course, the business of, first was
6 addressed the business of the missing
7 attachment.

8 MR. MARSCHKE: Yes, that was the
9 first one, whether or not, it sounded like we
10 were, basically SC&A was ready to withdraw what
11 is in the BRS as Finding 4.

12 CHAIR MUNN: Yes. Yes, that was my
13 interpretation as well, so that's why I wanted
14 to go back to it before we lost that thread.
15 Are we interpreting that correctly, Hans?

16 DR. H. BEHLING: As I said there is
17 no Attachment E in the reference that was
18 PROC-6.

19 MS. K. BEHLING: This is Kathy, I'm
20 sorry to interrupt, but it does look as if there
21 was some response to that particular Finding
22 that indicates, and I may be wrong in assuming
23 that may have meant to say OTIB-6, that's what

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1 I'm familiar with the occupational medical
2 doses, but they're indicating that it was
3 referring to a Page 94 or something and perhaps
4 there was supposed to be an Attachment E, I'm
5 not sure I'm interpreting their response
6 correctly.

7 MS. MARION-MOSS: Yes, if you look
8 in the -- This is Lori. If you look in the Table
9 of Contents for PROC-6 during the timeframe,
10 which I believe is 2003, you'll see a reference
11 to Attachment E which starts on Page 94.

12 So essentially what has happened is
13 that on Page 94 the title Attachment E was
14 omitted from the document, but nevertheless the
15 information is still there.

16 So if you proceed down from Page 94
17 you'll get to the section for medical x-ray and
18 the dose reconstructor at the time followed
19 that portion of Attachment E in Rev 0 for
20 PROC-6.

21 CHAIR MUNN: Okay, so the correct
22 entry should say that Attachment E does exist
23 on Page 94 of the document, but the title was

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1 omitted?

2 MS. MARION-MOSS: Correct.

3 CHAIR MUNN: Alright. Does that
4 make sense? I'm assuming that Hans has had an
5 opportunity --

6 DR. H. BEHLING: Yes, I looked for
7 it and I didn't find an Attachment E, maybe I
8 was not the most observant person, but, you
9 know, I looked for it and I didn't see it.

10 CHAIR MUNN: Okay. Do you have
11 access to Page 94 so that you can take a look
12 at it to see if that --

13 DR. H. BEHLING: Yes, I can do it
14 and I will accept the explanation. I just, you
15 know --

16 MEMBER ZIEMER: Yes. It sounds
17 like you were looking for the title or simply
18 labeled Attachment E and in that case it wasn't
19 there.

20 DR. H. BEHLING: Yes.

21 MEMBER ZIEMER: Yes, yes.

22 MS. MARION-MOSS: And that's
23 possible, Hans, because if you were to search

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1 the document you would just get Attachment E in
2 the Table of Contents and it was inadvertently
3 omitted.

4 DR. NETON: Well I think it's a
5 revision number issue though. The current
6 revision is posted, which is I think Rev 1, does
7 not have an Attachment E, but if you go back to
8 Revision 0, which I believe was in effect at the
9 time the dose reconstruction was done --

10 CHAIR MUNN: Well that's the one
11 that's called out here is Rev 0.

12 MS. MARION-MOSS: Right.

13 DR. NETON: I believe so, yes.
14 There's an attachment, go to Rev 0, if you go
15 in the historical archives, which is on that
16 same directory, Rev 0 has an Attachment E which
17 is on Page 94.

18 DR. H. BEHLING: I may have been
19 then looking at Rev 1.

20 DR. NETON: Yes, if you were
21 looking at Rev 1 that only has 25 pages, but if
22 you go back and look at the one that was in
23 effect at the time you'll find on Page 94 Rev

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1 0 has an Attachment E. I think that's the
2 issue.

3 DR. H. BEHLING: Okay, I guess that
4 resolves it.

5 CHAIR MUNN: So to close the item
6 here, as I said earlier, the correct entry as
7 I understand it is the Rev 0, which was
8 operative at the time, omitted -- Oh, yes, well,
9 yes, the title, quote, are, that's fine, yes,
10 go ahead, Steve, period, that exist on Page 9,
11 NIOSH, but exists on Page 9, or you can just say
12 NIOSH points out it exists on Page 94.

13 DR. NETON: This is Jim. The
14 medical bills that we're looking for actually
15 appear on Page 97, but it doesn't really matter
16 I guess. Ninety-four is the start of
17 Attachment E.

18 CHAIR MUNN: Okay, that's where it
19 starts. Yes, that should do it. Period.
20 That wording adequate for other Board Members,
21 any problem? Hearing nothing --

22 MEMBER ZIEMER: Yes, that's fine.
23 That's fine.

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1 CHAIR MUNN: Okay.

2 MEMBER BEACH: That's fine here,
3 too.

4 CHAIR MUNN: Very good. Then
5 that's closed. Now let's go back to the
6 current, the next Finding.

7 DR. H. BEHLING: Okay, that's it
8 for the first case that I reviewed. The second
9 case involves an individual --

10 MR. MARSCHKE: No, wait a minute.
11 (Simultaneous speaking)

12 DR. H. BEHLING: Oh, what are we --

13 CHAIR MUNN: We're going to Finding
14 5.

15 DR. H. BEHLING: Oh, okay, Finding
16 5, okay. Okay, okay.

17 MR. MARSCHKE: The one here on the
18 inappropriate maximizing --

19 DR. H. BEHLING: And this is the
20 efficiency issue that, okay, Scott Siebert has
21 just talked about, okay.

22 MR. MARSCHKE: Yes, that was the
23 one that Scott --

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1 CHAIR MUNN: Right. Scott, can
2 you summarize in 25 words or less your response
3 to which Hans found appropriate?

4 MR. SIEBERT: Sure. Let's see,
5 during the time the assessment was conducted
6 the use of maximizing zeroes was a standard
7 overestimating efficiency approach.

8 You really want to -- what else do
9 you need to add on to that?

10 CHAIR MUNN: Yes, you do need to get
11 efficiency approach in there though, Steve.

12 MR. SIEBERT: Yes.

13 CHAIR MUNN: I think that's
14 primarily what we need to say. With this
15 explanation the Subcommittee --

16 MR. BARTON: I don't know, I'm
17 going to give it another maybe 20 minutes and
18 then I'm quitting.

19 CHAIR MUNN: With this --
20 Somebody's quitting.

21 MR. MARSCHKE: Not me.

22 CHAIR MUNN: With this NIOSH
23 explanation --

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1 MR. KATZ: Bob Barton, your phone
2 is, if you mute your phone we won't hear you or
3 the typing.

4 MEMBER ZIEMER: Just click on that
5 and it will give you the right stuff.

6 CHAIR MUNN: Hopefully.
7 Sometimes, there you go.

8 MR. MARSCHKE: It's a different
9 one.

10 CHAIR MUNN: Yes, that's okay.
11 Yes.

12 MR. MARSCHKE: With this
13 explanation -- I just come to that conclusion.

14 CHAIR MUNN: Yes, that's fine.
15 Does anyone have any problem with those words?

16 MEMBER ZIEMER: That's fine.

17 CHAIR MUNN: Alright. That
18 alright with you, Hans?

19 DR. H. BEHLING: Yes, it is.

20 CHAIR MUNN: That's very good, then
21 that item is closed. Now we can go on to the
22 next one.

23 DR. H. BEHLING: Okay. That

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1 finishes the first case. The second case
2 involves a person who worked at Bridgeport
3 Brass [identifying information redacted] and
4 he was initially diagnosed with lymphosarcoma
5 and as I pointed out in the first summary table,
6 that person was reconstructed based on the fact
7 that the heart wall was changed to lymph node
8 thorax and it was only a partial dose
9 reconstruction and he was obviously
10 compensated at 94.87 percent as a result of the
11 revised dose reconstruction.

12 As a quick overview, the original
13 dose reconstruction identified it -- oh, I
14 should mention there were no radiation
15 monitoring records for either external or
16 internal exposure and was strictly based on
17 modeled information based on source term and
18 claimant-favorable assumptions.

19 So in the original dose
20 reconstruction he was assigned a dose of 50.4
21 rem for external and a total internal dose of
22 14.6 rem based on the heart wall as the target
23 organ.

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1 As a result of the dose
2 reconstruction that was mandated by PER-9, the
3 change was only introduced in the internal
4 exposure and ignored everything else and as a
5 result of that partial dose reconstruction, the
6 internal exposure changed from 14.6 rem to 2218
7 rem.

8 It just gives you the sense of what
9 happens when you go from a highest
10 non-metabolic organ to a lymph node thorax,
11 obviously we're talking about orders of
12 magnitude.

13 As a result of that change,
14 obviously, as I mentioned, the person was
15 compensated and there are no findings because
16 everything else was basically ignored.

17 There were no other additional
18 exposures estimated other than the revision in
19 the internal exposures as a uranium. But I did
20 want to make a comment here, and, again, this
21 is not going to be part of BRS, but it was an
22 observation.

23 In the original dose reconstruction

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1 report, this is more embarrassing, obviously,
2 than an issue here, but on Page 5 of the original
3 DR report the EE is referred to by a wrong name
4 and it just gives, I mean the impression that
5 what oftentimes happens we do have a blueprint
6 by which we follow and sometimes we introduce
7 data that does not belong for a given EE in a
8 dose reconstruction and when an EE identifies
9 himself by another name that obviously is not
10 something that is easily ignored.

11 So I've made it an observation, it
12 requires no additional issue here, but other
13 than it is something that I just want to bring
14 attention to as the original dose
15 reconstruction report referred to the EE by
16 another name.

17 CHAIR MUNN: That's truly
18 unfortunate.

19 DR. H. BEHLING: Yes. And I have
20 no other findings or any comments regarding
21 this particular case, so we're on our third
22 case.

23 This individual had a lymphosarcoma

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1 and, again, going back to the original table I
2 just want to bring up the fact that the person
3 also had a, was initially reconstructed by a
4 heart wall that was now a lymph node
5 extra-thorax, and, again, this was a partial
6 dose reconstruction because the internal
7 exposure when dose reconstructed now under the
8 revised target organ of lymph node extra-thorax
9 resulted in a dose of 68.3 percent and there was
10 no need to do anything else and he was
11 compensated.

12 But let me just look at again
13 something here that involves the original one.
14 After this observation, which doesn't need to
15 be looked at, but Finding Number 6 in the BRS
16 is an error that may involve a workbook and even
17 though it was used in the original dose
18 reconstruction, because it included both
19 internal and external, it may involve a
20 systemic error that involves the Fernald
21 calculation, Workbook Version 1.19 and as a
22 result of that I think it may be something that
23 needs to be looked at.

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1 Steve, if you were to go to Page 18
2 I put the, identify this as a potential error
3 that may not just have impacted the original
4 dose reconstruction for this particular case,
5 but may also involve other cases.

6 And if you're on that Page 18 I'll
7 read it, "The decided value for external
8 photon-neutron doses contain an error which
9 appear which appear to reflect a deficiency in
10 the Fernald Calculation Workbook Version
11 1.19."

12 "This error seems to have been
13 corrected in the most current version 1.5 of the
14 same workbook. However, SC&A does not know
15 when this correction was made and whether other
16 DRs may have been completed using this
17 incorrect workbook that has yet to be
18 reworked."

19 And, in essence, they involve just
20 the correction factors of 1.43 for the 30 to
21 drawn 50 keV photon and a correction factor of
22 1.3 for the greater than 260 keV photon.

23 And outside of that there are no

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1 other comments here so there are really no
2 findings associated to the third case other
3 than the issue of a potential workbook.

4 CHAIR MUNN: Thank you, Hans. Has
5 NIOSH --

6 DR. H. BEHLING: That pretty much
7 concludes the issue of these three cases, so I
8 know I've taken a lot more time than I
9 anticipated and I apologize for that.

10 CHAIR MUNN: No, it's just quite
11 alright. These are all items we need to be
12 aware of and need to clear one way or another.
13 Has NIOSH had an opportunity to look at that?
14 Do they have any response with respect to the
15 workbook question?

16 MS. MARION-MOSS: Wanda, this is
17 Lori. At this point in time I don't believe we
18 have a response to this particular finding
19 unless Scott has something to add.

20 MR. SIEBERT: No, we haven't been
21 able to look into this issue yet.

22 MS. MARION-MOSS: Okay. So we
23 would like to carry this on for the next meeting

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1 and hopefully we have a response.

2 CHAIR MUNN: Alright, that'll be
3 very good. We'll have Finding Number 6 carried
4 over next time expecting a response from NIOSH.

5 Alright, any other comments or
6 questions with respect to PER-9 and Hans's
7 presentation?

8 MEMBER ZIEMER: I have no
9 questions.

10 MEMBER BEACH: No. I thought it
11 was a very thorough report and I have no
12 questions either.

13 CHAIR MUNN: Thanks much. And
14 thank you, Hans. If that's the case then let's
15 go on to OTIB-54 and the modeling report, we
16 hope. NIOSH?

17 MS. MARION-MOSS: Wanda, for
18 Findings 1 through 4 I believe we were waiting
19 --

20 CHAIR MUNN: Last time we were
21 working on changing the modeling. I don't
22 know, just it was being used.

23 MS. MARION-MOSS: Finding 1 I do

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1 believe SC&A responded indicating that they
2 were awaiting a modeling report.

3 CHAIR MUNN: Yes, right.

4 DR. OSTROW: Hang on. This is
5 Steve Ostrow from SC&A.

6 CHAIR MUNN: Go ahead, Steve.

7 DR. OSTROW: Yes, I think for
8 Findings 1 through 4 we are waiting to see the
9 modeling report and at the last teleconference
10 we had, which I think was back in August, NIOSH
11 had indicated that the modeling report was more
12 or less done and was going through internal
13 review.

14 MS. MARION-MOSS: Yes.

15 DR. OSTROW: So are you saying now
16 it's not finished yet?

17 MS. MARION-MOSS: No, I'm saying it
18 is done, that will be Report 67.

19 DR. OSTROW: Yes.

20 MS. MARION-MOSS: That document
21 has been issued, so it's completed and it's
22 waiting your review.

23 DR. OSTROW: Okay. When was it

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1 issued, do you know?

2 MS. MARION-MOSS: August 26th of
3 this year.

4 DR. OSTROW: We haven't seen it or
5 weren't aware that it was issued, so we haven't
6 reviewed it yet.

7 CHAIR MUNN: Can we see that that
8 report gets into the hands of SC&A?

9 MS. MARION-MOSS: Sure can.

10 DR. OSTROW: Okay. Or, yes, well
11 at least tell us where we can find it.

12 MR. KATZ: Lori, if you sent that to
13 me I sent that to SC&A but I would've sent it
14 to John Stiver.

15 MS. MARION-MOSS: Yes, I did send
16 that to you, Ted.

17 MR. KATZ: Yes, then John already
18 has it, the notice on it.

19 CHAIR MUNN: Okay.

20 MR. KATZ: But, Steve, you could
21 just go into the, you just go into the, what do
22 you call it, the documents drive thing --

23 DR. OSTROW: Oh, yes.

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1 MR. KATZ: -- and that has all of
2 the ORAU documents and you'll find it.

3 DR. OSTROW: Okay, no problem. I
4 just wasn't aware that it --

5 MR. KATZ: Well actually you didn't
6 have the notice. Yes, so anyway, John Stiver
7 has it, but I think John's out this week or
8 whatever.

9 DR. OSTROW: Okay. That's no
10 problem, I can get it off the O: drive of, you
11 know, now that I know that it exists.

12 MR. KATZ: Okay.

13 DR. OSTROW: That's no problem,
14 thanks.

15 CHAIR MUNN: Good. Yes, we
16 hadn't, in our previous meetings we didn't have
17 any record of it being out, so that's good.
18 Finding 5 was --

19 DR. OSTROW: Okay. Finding 5 has
20 to do with relief fractions and we're waiting
21 for NIOSH's response on that. We had discussed
22 that also at the August 28th meeting and that
23 was a NIOSH action item.

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1 CHAIR MUNN: Yes, and I thought it
2 was an action item for NIOSH, because that's the
3 way I carried it, but --

4 DR. OSTROW: Yes.

5 MS. MARION-MOSS: Again, Finding 5
6 is an action item for us.

7 CHAIR MUNN: Yes.

8 MS. MARION-MOSS: We are
9 progressing through that Finding. We've
10 looked at and analyzed data and we're in the
11 process of issuing a possible White Paper here
12 in the future, I'd say within, or at least by
13 the next meeting.

14 CHAIR MUNN: Okay.

15 MS. MARION-MOSS: But we're not
16 quite done.

17 CHAIR MUNN: Okay.

18 DR. OSTROW: Okay. And the other
19 in progress item is Number 9.

20 CHAIR MUNN: Number 9, and that's
21 yours I think.

22 DR. OSTROW: Yes. This is also,
23 this had to do with the workbook that's

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1 associated with the OTIB and we had a technical
2 call with ORAU and NIOSH on October 2nd to
3 resolve it and I think the action item was also
4 NIOSH that they acknowledged that our finding
5 the workbook doesn't work for some situation
6 that we had called out and who is going to be
7 notified when ORAU modifies the workbook so we
8 can take a look at it again.

9 CHAIR MUNN: Okay, so essentially
10 we are now in abeyance awaiting a workbook?

11 DR. OSTROW: Yes.

12 CHAIR MUNN: We have agreed on
13 what's going into the workbook?

14 DR. OSTROW: Yes.

15 CHAIR MUNN: Okay. So we can say
16 as much here and put this item into abeyance.

17 DR. OSTROW: Yes. Yes, I'm just
18 reading the, right after the technical call we
19 have a summary of what the items were and I'm
20 reading NIOSH will post the BRS entry
21 summarizing discussion action items, which
22 they did, and the BRS entry basically said that
23 they're going to revise the workbook and let us,

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1 SC&A, know when it's revised so we can take a
2 look at it.

3 CHAIR MUNN: Alright.

4 DR. OSTROW: And that's it for
5 that, thank you.

6 CHAIR MUNN: That's great. So
7 Number 5, and let's make sure, I'm not sure that
8 I have read the entry in that Finding that NIOSH
9 has put in there.

10 MR. MARSCHKE: Finding 9?

11 CHAIR MUNN: Finding 9, yes.

12 MR. MARSCHKE: It's on the screen
13 right now, it's from Lori.

14 CHAIR MUNN: Okay, right, yes.
15 Alright, I assume Ron's been notified and
16 therefore we can say I believe SC&A accepts
17 NIOSH's explanation.

18 DR. OSTROW: Well we're on hold
19 until we actually see the modification, so --

20 CHAIR MUNN: In a case like that
21 we'll just place it in abeyance waiting the
22 issuance of the workbook.

23 DR. OSTROW: Right.

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1 CHAIR MUNN: Very good. Based on
2 the October 2 teleconference SC&A and NIOSH are
3 in agreement with the workbook, will be
4 modified and made available to SC&A.

5 The Subcommittee agrees and has
6 placed this Finding in abeyance. Unless I hear
7 some concern with those words we'll make that
8 happen and go on to the next item.

9 MEMBER ZIEMER: That sounds good.

10 CHAIR MUNN: Very good. OTIB-52,
11 Finding 12 I have that shown as a NIOSH report.

12 MS. MARION-MOSS: Yes, Wanda, this
13 is another one of the Findings that NIOSH is
14 attempting to get resolved by the committee.

15 We go to OTIB-52, Finding Number 12,
16 the revision of that particular document where
17 we attempted to close out the two findings in
18 PER-11 --

19 CHAIR MUNN: Yes.

20 MS. MARION-MOSS: -- that revision
21 also addresses this particular Finding. And,
22 Steve, if you can scroll down to 2011 posting
23 and to the BRS, yes, the Matt Smith posting --

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1 MR. MARSCHKE: Did I pass it?

2 MS. MARION-MOSS: Okay, that's it
3 there. You see in his response, and I do
4 believe it's the sentence before the attachment
5 where he discussed in the next revision where
6 he would add this particular wording to the
7 OTIB.

8 And if you could pull up the
9 revision, I believe you had it the last time,
10 to this TIB --

11 CHAIR MUNN: Yes, we saw it earlier
12 I think.

13 MS. MARION-MOSS: -- and go to Page
14 27 you'll see that that's been incorporated
15 into the revision of the document.

16 MR. MARSCHKE: Okay.

17 CHAIR MUNN: Alright. So has SC&A
18 had an opportunity to --

19 MR. MARSCHKE: Well we just looked,
20 I mean, Wanda, we looked at the, the thing that
21 we had agreed to was if, I mean we were in
22 agreement before that all they had to do was
23 make the change to the document and they have

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1 made the change to the document that's for sure.

2 CHAIR MUNN: And it's done. It's
3 done.

4 MR. MARSCHKE: So it's the document
5 change. I mean we're in agreement that the
6 document has been changed the way they said it
7 was going to be changed.

8 CHAIR MUNN: Alright.

9 MR. MARSCHKE: So I guess --

10 CHAIR MUNN: The change has
11 occurred, it closed, correct?

12 MR. MARSCHKE: That would be my
13 take on it.

14 CHAIR MUNN: Alright. Paul,
15 Josie, closure acceptable to you?

16 MEMBER ZIEMER: Yes, can you put
17 the change back up there on the --

18 MR. MARSCHKE: The document
19 itself?

20 MEMBER ZIEMER: No, just the --

21 CHAIR MUNN: Yes, that Page 27
22 change we looked at right there, yes.

23 MEMBER ZIEMER: It's just that one

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1 paragraph, right?

2 CHAIR MUNN: One paragraph, right,
3 yes.

4 MEMBER ZIEMER: Right. And you're
5 good on that SC&A, right, is that what you said?

6 MR. MARSCHKE: That's the exact
7 words that we, that Matt had in his response
8 there.

9 MEMBER ZIEMER: Yes, right.

10 CHAIR MUNN: Yes.

11 MR. MARSCHKE: Starting right
12 here.

13 MEMBER ZIEMER: Right, so we should
14 be able to close that then.

15 CHAIR MUNN: Yes, correct. I can
16 so no reason why not.

17 MEMBER BEACH: I'm fine with that.

18 MR. MARSCHKE: Now did Paul close
19 this one because it's Hanford related?

20 MEMBER BEACH: Oh, yes.

21 MR. MARSCHKE: See, remember, you
22 see down here below Matt, the last time we
23 talked about this back in January we had Wanda

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1 recuse herself from this particular one because

2 --

3 CHAIR MUNN: Yes, right.

4 MR. MARSCHKE: -- from this
5 particular finding because it had to do with
6 REX, which is a Hanford database.

7 CHAIR MUNN: Yes, I can't get into
8 that.

9 MR. MARSCHKE: So we had Paul take
10 over as --

11 MEMBER ZIEMER: Oh, I see, I got
12 you. So we need to do that again, to close it?

13 MR. KATZ: Well we just did it.

14 MEMBER ZIEMER: Yes.

15 MR. MARSCHKE: I just wanted to,
16 when I put in I'll put it in as you closing it
17 as opposed to --

18 MR. KATZ: Right, exactly. Thank
19 you that's --

20 MEMBER ZIEMER: With Josie's
21 concurrence, right?

22 CHAIR MUNN: Yes.

23 MR. MARSCHKE: With Josie's

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1 concurrence, if she concurs.

2 CHAIR MUNN: Yes.

3 MEMBER ZIEMER: Oh, wait.

4 MEMBER BEACH: No, I can't concur

5 --

6 (Simultaneous speaking)

7 MEMBER ZIEMER: Josie can't
8 either, huh?

9 MR. KATZ: Paul, is --

10 (Simultaneous speaking)

11 MEMBER ZIEMER: Do I constitute a
12 quorum?

13 MR. KATZ: Yes, you're unilateral.
14 It doesn't really mean --

15 MEMBER ZIEMER: Got you.

16 MR. KATZ: So you don't have an
17 option here.

18 CHAIR MUNN: It's closed. It will
19 not appear again on, certainly not on the
20 agenda. And now we're into administrative
21 detail and before, well I don't know -- yes,
22 let's just ask NIOSH about the status on PER-37,
23 11, and 18, no, we covered 18 earlier, that

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1 should come off there, and we covered 11
2 earlier.

3 MS. K. BEHLING: Wanda, this is
4 Kathy. We also covered PER-11, which was 25 --

5 CHAIR MUNN: Eleven, very good.
6 And 37, yes.

7 MS. K. BEHLING: And PER-37 is Ames
8 and there was going to be an Ames Work Group
9 established I believe before we continue with
10 any additional work on Ames.

11 CHAIR MUNN: I believe that that
12 has in fact been established. So they're going
13 to be expected to take a look at that, right?

14 MS. K. BEHLING: Yes, I believe so.
15 Ted, is that correct there has been an Ames Work
16 Group established?

17 MR. KATZ: Yes, there is an Ames
18 Work Group and they're going to have a meeting
19 in January, we haven't scheduled one yet.

20 CHAIR MUNN: Okay. I'm assuming
21 the PER will be on their agenda also.

22 MR. KATZ: Well, no, no it won't
23 because the PER is not being, isn't even tasked

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1 until, right, for Ames we were going to, they
2 have to review the Site Profile Review first.

3 CHAIR MUNN: Okay.

4 MS. K. BEHLING: That's correct.

5 MR. KATZ: Yes.

6 CHAIR MUNN: Okay.

7 MEMBER BEACH: Wanda, this is
8 Josie. We also got a report from Hans in
9 October, OTIB-082, I'm just curious if that was
10 going to make our next meeting agenda?

11 MS. K. BEHLING: Yes, this is
12 Kathy. Yes, Josie, in fact I had several other
13 items I was going to talk about.

14 MEMBER BEACH: Okay.

15 MS. K. BEHLING: And that's one of
16 them. I was just going to just remind or let
17 Wanda know that we did submit on October 9th
18 OTIB-82, which is the CLL, chronic lymphocytic
19 leukemia, and also on October 6th we reviewed
20 PER-52, which was Westinghouse, so those could
21 be put on the agenda for the next meeting.

22 The only other thing I was going to
23 ask if you feel we have time, and I will try to

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1 be brief if you're in agreement with this, there
2 have been two new PERs issued since our last
3 meeting and I can briefly describe them if you'd
4 like and we can make a decision as to whether
5 you want SC&A to review them unless you want to
6 postpone that until the next meeting.

7 CHAIR MUNN: Let's hear what the
8 new PERs are like.

9 MS. K. BEHLING: Okay. The first
10 one is DCAS PER-055, which is a revision to the
11 Battelle TBD-6000 and this PER only affects
12 claims that were from facilities that were not
13 specified under the Appendices and it is -- in
14 some cases doses increased and some cases doses
15 decreased.

16 For the uranium surface
17 contamination conversion factor the beta and
18 gamma dose rates for the uranium surface
19 contamination, the photon values recalculated
20 and revision caused a slight decrease, but what
21 has been added is the beta dose rate values and
22 so that would be an increase for the shallow
23 dose.

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1 Also, external dose from surface
2 contamination was initially based on 365 days
3 of settling and that was reduced to 30 days and
4 so it decreased doses for the environmental
5 doses for photons, but, again, beta doses were
6 not accounted for in Rev 1 and they were added
7 to, Rev 0, I'm sorry, but they were added to
8 Revision 1.

9 And then lastly, photon doses from
10 contamination of metal working processes
11 increased because initially they were based on
12 a 7-day settling period and now it is based on
13 a 30-day.

14 There were a total of 809
15 potentially impacted claims or cases and it
16 actually, due to various selection criteria,
17 was reduced to 30 cases that were reevaluated
18 by NIOSH.

19 If you are looking for a
20 recommendation in my mind there are several
21 things that I think would be interesting to look
22 at here.

23 First of all, cases that were

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1 selected for this, I'm sure it wasn't easy to
2 determine which cases actually fell into these
3 categories, and just because they are some
4 additions, or some increase in dose, some
5 decrease, I would recommend that SC&A look at
6 this one.

7 And I'll just -- The second one is
8 the PER-56, which is BWXT Virginia. This
9 facility does not have a TBD and it relies
10 primarily, or that dose reconstruction relies
11 a lot on the OTIB-70 and because of the OTIB-70
12 depletion factor change, which increased doses
13 during the residual period, that's why this
14 particular facility is being looked at, or
15 those cases associated with this facility.

16 There was initially 82 cases that
17 were impacted and ultimately NIOSH actually
18 reevaluated 78 cases. Now, again, we've
19 looked for it a lot at the OTIB-70, so I'm not
20 sure that this is one that I would necessarily
21 recommend that we have to review.

22 CHAIR MUNN: Well from your look at
23 that and your familiarity with them I feel we

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1 will be well advised to rely on your take on that
2 one particularly. I'm not familiar with the
3 site.

4 MR. KATZ: Wanda, can I make a
5 suggestion? I mean since these are just coming
6 up now and no other Subcommittee Members have
7 looked at these I would suggest that, I mean you
8 take these recommendations but take a look at
9 these two PERs before you guys make a decision.

10 You can decide on this at the next
11 Procedures meeting, but --

12 CHAIR MUNN: Oh, it was going to be
13 my suggestion that Kathy send us a little bit
14 of written information about these, which we
15 have in the past when we have new PERs we've
16 taken the opportunity to look at them a little
17 bit and think about them before we make a
18 decision.

19 MS. K. BEHLING: That's true, and I
20 apologize for not getting something into your
21 hands --

22 CHAIR MUNN: No, it's quite
23 alright. It's good to know that those two are

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1 out there and if you would be good enough to do
2 that for us my first knee jerk would be to accept
3 your recommendation because I think probably
4 that 55 does merit some look.

5 I just simply don't know about BWXT
6 Virginia. So if you'll get that to us we'll
7 take a look at those for next time.

8 MS. K. BEHLING: Very good.

9 CHAIR MUNN: And you will be
10 getting us OTIB-82 and PER-52?

11 MS. K. BEHLING: They have actually
12 been submitted in October, October 6th and
13 October 9th, so you will, you should have those
14 two reports and we have also promised PER-42,
15 Subtask 4 and also, yes, I think it was the
16 second one we promised that we'll have
17 finished.

18 I think PER-43, Subtask 4 we'll
19 have. I have to go back and --

20 CHAIR MUNN: Yes, right, we had
21 that marked as a carryover, so we'll have that
22 on the agenda in any case.

23 MS. K. BEHLING: Okay.

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1 CHAIR MUNN: Okay, good. Thank
2 you, appreciate the information, and the next
3 item I have is our first time review of abeyance
4 items that NIOSH is going to look at to see if
5 what we were ready to close, correct?

6 MS. MARION-MOSS: Yes, Wanda,
7 we've already done that with OTIB-52 and PER-11
8 and PER-20, so we kind of integrated it into the
9 agenda this go round.

10 CHAIR MUNN: Yes, that's great.
11 Lori sent us that information earlier and we've
12 covered each of those individually, I believe.

13 Did we close them as you
14 anticipated, Lori?

15 MS. MARION-MOSS: Unfortunately
16 not all.

17 CHAIR MUNN: All but one as I
18 recall.

19 MS. MARION-MOSS: Right. But I'll
20 take what I can get.

21 CHAIR MUNN: Yes, very good.
22 That's great. Any other concern about
23 abeyance or in progress findings that NIOSH may

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1 not have covered in our discussions?

2 If not, then we had asked Paul if he
3 would review for us for this record of the
4 information that he provided for us by email
5 earlier in the week.

6 Paul, if you would be good enough to
7 give us the report from TBD-6000 finding and the
8 BB findings.

9 MEMBER ZIEMER: Right. This was
10 kind of initiated by a reminder from SC&A that
11 typically TBD-6000 issues have been, have gone
12 from the Procedures Subcommittee to the
13 TBD-6000 Work Group and frankly I'm not sure
14 which, what actually transferred so what I did
15 was I summarized everything that we've covered
16 here.

17 First of all, I'm getting an echo by
18 the way, right? Am I just getting that echo or
19 is that the --

20 MR. KATZ: Yes.

21 CHAIR MUNN: Yes.

22 MEMBER BEACH: Yes.

23 MEMBER ZIEMER: I'm going to, maybe

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1 it was because I had my phone on speaker. I
2 just changed it and I lost the echo, so that may
3 be better.

4 CHAIR MUNN: Oh, much better, yes,
5 thank you.

6 MEMBER ZIEMER: Okay. So first of
7 all TBD-6000 I summarized in the email the seven
8 findings and their status. I would like to
9 point out that there already is a Rev 1 for
10 TBD-6000.

11 Rev 1 came out in 20 -- May of 2013,
12 no, let's see.

13 MEMBER BEACH: 2011.

14 MEMBER ZIEMER: 2011, but the
15 comments, there were comments then by SC&A in
16 May of 2013, and so the items that are shown in
17 abeyance we can consider closed because they
18 weren't raised, SC&A was satisfied with those.

19 The only thing that showed up in the
20 review of Rev 1 had to do with settling time and
21 that is part of Issue 6, the resuspension factor
22 and I show that in my notes as having been
23 transferred from TBD-6000 back to the

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1 Procedures Subcommittee because it's not
2 simply a TBD-6000 issue, it's a, I don't know
3 what the term we're using --

4 CHAIR MUNN: Yes, it's an
5 overarching.

6 MEMBER ZIEMER: Overarching issue.
7 So I'm not sure where that is, but nonetheless
8 from our point of view that issue was discussed
9 in our meeting last fall in October of 2013 and
10 SC&A agreed with NIOSH's proposal that settling
11 velocity of, I think it was .0075 be accepted
12 and 30 days to equilibrium.

13 I believe, and Jim Neton can help me
14 on this, I believe we were in agreement on that.

15 CHAIR MUNN: I think so.

16 MEMBER ZIEMER: That should show it
17 closed I believe.

18 CHAIR MUNN: We had discussed that.

19 DR. NETON: We are definitely in
20 agreement on that in my opinion.

21 CHAIR MUNN: Yes. Yes, we had --

22 MEMBER ZIEMER: And then Item 7
23 here that had been transferred out of our Work

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1 Group anyway, so as far as I can tell you
2 everything in TBD-6000, Rev 1 is closed.

3 CHAIR MUNN: That's good.

4 MEMBER ZIEMER: And I should ask
5 SC&A if they'll agree with that.

6 DR. MAURO: Yes, this is John
7 Mauro, I just rejoined the meeting, I was tied
8 up on some other matters and I agree with that
9 statement.

10 MEMBER ZIEMER: Yes.

11 CHAIR MUNN: Very good. So as far
12 --

13 MEMBER ZIEMER: And then the other
14 thing I put in here for information again was
15 this is Appendix BB, which is General Steel
16 Industries.

17 I don't know if any of these really
18 were originally in the Procedures Work Group
19 data work or not. Where they Wanda?

20 CHAIR MUNN: I'm trying to
21 remember, too.

22 MR. MARSCHKE: Wanda, this is
23 Steve.

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1 CHAIR MUNN: Yes, Steve.

2 MR. MARSCHKE: Basically these BB
3 ones were the ones that were the, the 13 BB
4 findings were the ones that are, or are the ones
5 that are in the BRS.

6 CHAIR MUNN: They're the ones that
7 we did incorporate from the TBD-6000.

8 MEMBER ZIEMER: But you have them
9 listed as -- Yes --

10 (Simultaneous speaking)

11 MEMBER ZIEMER: Okay, well here's
12 the status, and it's in the chart, and basically
13 all of them have been handled. Three of them
14 are showing as closed, but for practical
15 purposes those changes had to show up in the
16 revision as well, but since they should all be
17 listed as in abeyance.

18 Now the revision has been issued,
19 the revision was issued this past summer and
20 SC&A just recently concluded the review of that
21 and Bob Anigstein had done that review and that
22 review is currently in the hands of the Work
23 Group, we have not met on it yet.

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1 There are a number of items, there
2 are issues that Bob has raised in terms of
3 comparing what we thought were agreed to items
4 with what has actually shown up in the
5 documents, and this has to do really with
6 details on the calculational methods at GSI.

7 So I think all we can say at the
8 moment is these remain in abeyance, the Work
9 Group has not approved the revisions and the
10 findings on Rev 1.

11 CHAIR MUNN: That's good to have.

12 DR. MAURO: This is John, I'm
13 sorry, just a point of clarification. My
14 understanding is that TBD-6000 as a document
15 all the issues have been resolved.

16 MEMBER ZIEMER: Yes, this is
17 Appendix BB.

18 DR. MAURO: Now, you know, in
19 Appendix BB, General Steel Industry, which has
20 a very long history, did have certain items in
21 it, the original one that drew upon TBD-6000 and
22 in theory those issues were not, you know, they
23 were more appropriately covered by TBD-6000.

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1 Since those issues, which go back
2 quite a ways, were resolved by TBD-6000 that
3 means that the degree to which they arrive here
4 before the Procedures Subcommittee, I guess,
5 you know, those should all be resolved --

6 MEMBER ZIEMER: No, these are
7 specific to GSI as an example of the work hours
8 and the doses to the layout man and, you know,
9 the other workers.

10 DR. MAURO: Right. Right, but all
11 of those --

12 MEMBER ZIEMER: But these are all
13 very specific.

14 DR. MAURO: Yes, and all of those
15 have nothing to do with the procedures.

16 CHAIR MUNN: Yes.

17 DR. MAURO: That has only to do with
18 GSI TBD-6000, the GSI.

19 MEMBER ZIEMER: Right, right.

20 DR. MAURO: So I guess they don't
21 have any role here, but that's --

22 MEMBER ZIEMER: No, only that we're
23 telling, we're reporting back what their status

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1 is because they show up in the Procedures
2 Subcommittee array of findings.

3 DR. MAURO: Oh --

4 MR. MARSCHKE: Yes, if you remember
5 back in 2008 there was no TBD Work Group and so
6 when Bob did the first review of Appendix BB --

7 DR. MAURO: Okay.

8 MR. MARSCHKE: -- he did it for the
9 Procedures and probably was the Procedures Work
10 Group at that point in time.

11 DR. MAURO: Oh.

12 MEMBER ZIEMER: Well, no, I think
13 --

14 MR. KATZ: No, there was a, we had
15 TBD-6000 back then.

16 MEMBER ZIEMER: Yes. Yes,
17 TBD-6000 goes way back.

18 MR. MARSCHKE: You may have
19 TBD-6000, but did we have the Work Group?

20 MR. KATZ: Yes.

21 CHAIR MUNN: Yes, we did.

22 MEMBER ZIEMER: Yes, we did.

23 MR. MARSCHKE: Well anyway Bob did

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1 the review under the, for this Procedures Work
2 Group.

3 MEMBER ZIEMER: Yes, maybe we were
4 seeing if we could as a trial put this one in
5 as, you know, as sort of an example to the other
6 Work Groups of how you could do it.

7 I don't recall how it ended up
8 there.

9 CHAIR MUNN: Probably with a
10 tracking device. It was a tracking device.

11 MEMBER ZIEMER: Yes.

12 CHAIR MUNN: And we needed it
13 because it had such an extensive number of
14 findings --

15 MEMBER ZIEMER: Yes. So in any
16 event this is the current status and that, you
17 know, I don't know what more we need at the
18 moment.

19 CHAIR MUNN: No, I don't think --

20 MEMBER ZIEMER: I mean if you need
21 to enter, the details are very extensive. You
22 know, Bob Anigstein has all the comments back
23 and forth between SC&A and NIOSH and the Work

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1 Group's actions on these and whether those
2 should be entered into the database that's
3 another question.

4 MS. MARION-MOSS: Paul, this is
5 Lori.

6 MEMBER ZIEMER: Yes?

7 MS. MARION-MOSS: If you'd like we
8 can transfer all the findings under this
9 particular document right to your TBD-6000 Work
10 Group.

11 You guys are in there as a Work Group
12 and we can transfer those findings to you and
13 you can update it and close it out, you know,
14 anyway you want or I can do it for you or
15 however.

16 MR. KATZ: Well I think anybody --
17 Yes, I think it's okay to, there's no one, I mean
18 someone, the same person's going to have to
19 close these out in any event, that we don't have
20 a, I'm trying to think, we don't have a staff
21 person for that Work Group who deals with the
22 BRS, so I guess just go ahead and close them all
23 out but this does, you're right, Lori, in effect

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1 this belongs under that Work Group.

2 MR. MARSCHKE: Close them out or
3 put them in abeyance?

4 MR. KATZ: Well as the findings
5 are, in abeyance or closed.

6 MR. MARSCHKE: Okay.

7 MEMBER ZIEMER: Well I think on
8 6000 itself you can close those except the one
9 that's transferred to another Work Group.

10 MR. KATZ: Right.

11 MEMBER ZIEMER: And if you want the
12 details on those I think SC&A has those, they
13 have the matrix of these.

14 MR. KATZ: Yes, I'm not -- right,
15 I'm not suggesting that someone spend the time
16 to input all the --

17 MEMBER ZIEMER: Yes.

18 MR. KATZ: That would just be a
19 pain.

20 MEMBER ZIEMER: They are very
21 extensive.

22 MR. KATZ: Yes, they are. That
23 would be too painful, but just to have a record

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1 to start the record for, because that Work Group
2 will continue to deal with other sites and so
3 on anyway.

4 MEMBER ZIEMER: Right. So on the
5 6000 ones you can show them all as closed except
6 for Number 7, which goes to, is still in the,
7 is part of TIB-0009.

8 MR. MARSCHKE: Well we're not
9 tracking it. At this point we're not tracking
10 the 6000 ones.

11 MEMBER ZIEMER: Oh, okay.

12 MR. MARSCHKE: We're just tracking
13 the BB ones.

14 MEMBER ZIEMER: Oh, okay, I got
15 you. Well that one though should be, I'm not
16 sure where it is then if you don't have it.

17 CHAIR MUNN: Well let's take a look
18 at it and see what happened to our TIB-9 issues
19 before and we'll report back on the status of
20 TIB-9 next time if that's okay.

21 MR. KATZ: TIB-9 or TBD-6000?

22 MEMBER ZIEMER: Well the seventh
23 finding for TBD-6000 shows that it was

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1 transferred to the Procedures Review
2 Subcommittee, but the TIB --

3 MR. KATZ: Right.

4 MEMBER ZIEMER: It's a TIB-9 issue.

5 CHAIR MUNN: And that's why I'm
6 going to check to see what's going on to with
7 it instead of --

8 DR. MAURO: Yes, I can help out.
9 TIB-9 is the ingestion procedure.

10 CHAIR MUNN: Right, it is.

11 DR. MAURO: And the issues have
12 been all resolved on that.

13 MR. KATZ: Right.

14 DR. MAURO: Now the issue remains
15 active on GSI because of the way in which it was
16 implemented at GSI specifically. So that
17 issue, which you would call a TIB-9 issue here,
18 really is not an issue with TIB-9, it's an issue
19 with General Steel Industry and how they
20 implement the TIB-9.

21 MEMBER ZIEMER: No, but this is not
22 a General Steel finding, this is a TBD-6000
23 general finding and so --

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1 DR. MAURO: It is still an open --
2 Okay.

3 MEMBER ZIEMER: No, it's not open
4 on TBD-6000. It might be on Appendix BB, but
5 it's not on TBD-6000.

6 DR. MAURO: Right and I agree with
7 that and that's my understanding, so I guess
8 what I'm about to say is that why are we talking
9 about this?

10 I mean there's no reason why any of
11 the GSI issues that are unique to GSI and have
12 nothing, you know, really are not of interest
13 to this Procedures Subcommittee, all of the
14 issues that might have been had to do with
15 TBD-6000, all of which have been resolved.

16 And to me it's just another Site
17 Profile that's out there that we have to deal
18 with.

19 MEMBER ZIEMER: Right.

20 DR. MAURO: And that really has
21 nothing to do with the Procedures Subcommittee.

22 MR. KATZ: Right. Right, John. I
23 thought I understood that these findings though

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1 from Appendix BB are in the BRS.

2 CHAIR MUNN: Yes, that's right.

3 MR. KATZ: Right, okay, so we just
4 want to have them put in their proper status in
5 the BRS. They belong to the TBD-6000 Work
6 Group, not to Procedures, but we just want that
7 record to be reflected.

8 DR. MAURO: Oh, okay.

9 MR. KATZ: That's all.

10 DR. MAURO: Okay. It's just mop
11 up, okay.

12 MR. KATZ: That's all.

13 DR. MAURO: Okay.

14 MR. MARSCHKE: Yes, and following
15 that thought, Ted, my suggestion would be, if
16 the Subcommittee agrees, to take the email that
17 Paul sent and just basically to change the
18 status from transferred to the status that Paul
19 provided for these 13 BB findings and just
20 reference Paul's email.

21 MR. KATZ: Exactly. Exactly, and
22 just it comes under that Work Group not under
23 Procedures.

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1 MR. MARSCHKE: And then if they
2 want to go into any more details the people can
3 go to Paul's Work Group and --

4 MR. KATZ: No, so, right. So when
5 the Work Group meets again and we close some
6 this in abeyance we'll close them in that
7 record, but --

8 MEMBER ZIEMER: We'll close them,
9 right.

10 MR. KATZ: Right, exactly. That's
11 fine.

12 MR. MARSCHKE: Now regarding TBD,
13 no, regarding TIB-9, TIB-9 is also in the BRS.

14 (Simultaneous speaking)

15 MEMBER ZIEMER: TIB-9's apparently
16 closed so we don't have to worry about it.

17 MR. KATZ: It's a TIB-9 related
18 issue only for Appendix BB.

19 DR. NETON: Right. I can talk
20 about this. Inadvertent ingestion was
21 transferred to Procedures Work Group and it's
22 been closed as an overarching issue.

23 MEMBER ZIEMER: Yes, so we don't

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1 have to do anything with it.

2 DR. NETON: Yes.

3 MEMBER ZIEMER: Yes.

4 DR. NETON: I mean if it's in the
5 overarching issues, it was transferred to the
6 Subcommittee and it's listed as closed.

7 MR. MARSCHKE: It's listed as
8 closed, but there's no description of what it
9 is, there's no description of who closed it or
10 anything.

11 DR. NETON: There are, I just
12 looked at it. No, it is there, Mark, I mean
13 Steve.

14 MS. MARION-MOSS: Steve, it's
15 transferred to the overarching issues.

16 DR. NETON: If you look under
17 overarching issues --

18 MR. MARSCHKE: Oh, okay. Okay.

19 DR. NETON: -- there's a whole
20 history there and I prepared a White Paper,
21 presented it to the Subcommittee, and they
22 agreed with my write up and closed the issue.

23 MR. MARSCHKE: Okay, I see. I'm

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1 looking at -- okay, never mind.

2 DR. NETON: Overarching --

3 CHAIR MUNN: Yes, but, Steve's
4 correct. We need to make more of a statement
5 in our BRS than what we have here. It's just
6 that --

7 MR. MARSCHKE: No, I --

8 DR. NETON: No, no, no, no, it's in
9 the BRS under overarching issues.

10 MR. MARSCHKE: Yes, it's just
11 confusing the way they relate one to other. If
12 you go to TIB-9, Jim --

13 DR. NETON: Yes.

14 MR. MARSCHKE: -- basically it says
15 finding has been transferred here and really it
16 hasn't been transferred here, the finding has
17 been transferred to overarching issues.

18 CHAIR MUNN: To overarching
19 issues, correct.

20 MS. MARION-MOSS: Let me clarify
21 that. Up until we made some changes, that
22 wording "finding has been transferred here" was
23 a link --

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1 MR. MARSCHKE: Right.

2 MS. MARION-MOSS: -- where the user
3 could click on it and they take you straight to
4 the overarching issues, but we did that back in
5 2012.

6 MR. MARSCHKE: Oh.

7 MS. MARION-MOSS: I'm trying to
8 restore that, it just is not available today,
9 but hopefully we'll try to restore it.

10 (Simultaneous speaking)

11 MR. MARSCHKE: So when it means
12 "here" it means wherever that link takes you?

13 MS. MARION-MOSS: Right. So if
14 you'd have clicked on it you'd have went
15 straight to overarching issues.

16 MR. MARSCHKE: Oh, okay.

17 MEMBER ZIEMER: It might be better
18 to name the link, transferred to overarching
19 issues and have that term be the link or
20 something because the word "here" can be
21 confusing.

22 MR. MARSCHKE: Yes, that's why I
23 was confused.

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1 DR. NETON: Okay.

2 MR. MARSCHKE: But I'm usually
3 confused.

4 MEMBER ZIEMER: Okay. So that I
5 think completes my report, Wanda.

6 CHAIR MUNN: I am certainly glad.
7 Thank you very much, Paul, it's much
8 appreciated.

9 Let's see, I'm still going to sort
10 of talk to Lori offline about how we can resolve
11 the status of this TIB-9 presentation so that
12 we all understand where we are and what we're
13 doing.

14 And those of us with a different
15 kind of thinking system can understand what
16 we've read when we've read it. If that's
17 alright with everybody else I'll just check
18 that offline.

19 Are there any other items that
20 anyone has in mind that need to come before us?
21 If not let's take a look at when our next meeting
22 needs to be and since we have some idea from SC&A
23 what they have anticipated coming down the

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1 line, let's have some suggestions from NIOSH as
2 to when they think we might meet again. What
3 time lapse do you have in mind?

4 MR. HINNEFELD: Well what do you
5 expect to have done? I mean what, if we have
6 a typical meeting frequency what is it three
7 months or something?

8 CHAIR MUNN: About three months,
9 yes.

10 MR. HINNEFELD: Okay.

11 CHAIR MUNN: That's what we've been
12 doing. So that would put us into --

13 MS. MARION-MOSS: February.

14 CHAIR MUNN: At least February, and
15 toward the end of February or the early part of
16 March I think. What about the week of February
17 23rd?

18 MR. HINNEFELD: Let's see, it's
19 clear on my calendar. I don't know if Jim's on
20 --

21 DR. NETON: Yes, I'm okay for the
22 23rd, week of the 23rd.

23 CHAIR MUNN: Can we select that

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1 Tuesday or Wednesday, the 24th or 25th, does
2 anyone have major conflicts?

3 MR. HINNEFELD: I have a slight
4 preference for Wednesday, but it's only slight
5 if everybody else really, if other people have
6 a problem with Wednesday, Tuesday works as
7 well.

8 CHAIR MUNN: I have a recurring
9 7:00 a.m. meeting every last Wednesday of the
10 month.

11 MR. HINNEFELD: Okay, well then
12 Tuesday's fine.

13 CHAIR MUNN: I'd prefer Tuesday.

14 MR. HINNEFELD: Tuesday's fine.

15 MEMBER ZIEMER: I'm okay either
16 day.

17 MEMBER BEACH: So am I.

18 MR. KATZ: Yes, I'm trying to
19 remember, Dick told me his, he has two days of
20 the week and I thought it was Tuesday and
21 Thursday that are bad ones, so I'd have to
22 confirm with him.

23 I'm thinking that Wednesday and

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1 Friday are good ones for him, Tuesday and
2 Thursday are bad, but I'm --

3 MR. HINNEFELD: Well if Wanda's
4 meeting is the last Wednesday of the month we
5 could go a week earlier and go the 18th.

6 CHAIR MUNN: We could. We could do
7 it the 18th.

8 MR. HINNEFELD: Or a week later and
9 go the 4th.

10 CHAIR MUNN: If I'm not hearing any
11 disagreement let's settle on the 18th of
12 February.

13 MR. HINNEFELD: Okay.

14 CHAIR MUNN: Same time.

15 MEMBER ZIEMER: The 18th is good.

16 CHAIR MUNN: You're late. Are
17 there any other items for the good of the order?
18 If not then I believe we can call ourselves
19 adjourned.

20 MR. KATZ: Thank you everybody.

21 (Whereupon, the above-entitled
22 matter went off the record at 4:00 p.m.)

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