

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

convenes the

SUBCOMMITTEE FOR DOSE RECONSTRUCTION REVIEW  
MEETING 1

ADVISORY BOARD ON  
RADIATION AND WORKER HEALTH

The verbatim transcript of the Subcommittee Meeting of the Advisory Board on Radiation and Worker Health held in Naperville, Illinois on December 11, 2006.

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December 11, 2006

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

(11:10 a.m.)

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22WELCOME AND OPENING COMMENTSDR. LEWIS WADE, DFO

DR. WADE: We'll now begin. This now is a meeting of the Subcommittee for Dose Reconstruction. This will be the first meeting of the Subcommittee for Dose Reconstruction. There was a Subcommittee for Dose Reconstruction and Site Profile Review. That subcommittee has now been replaced by this Subcommittee for Dose Reconstruction Review. The subcommittee is chaired by Mark Griffon. Its members include Mike Gibson, Dr. Poston and Wanda Munn.

Dr. Poston, are you on the line?

(No response)

Dr. Poston is not with us. Brad Clawson is listed first as an alternate, so Brad will be at the table as a voting member of the subcommittee for this meeting. We're waiting for Wanda Munn to join us, and then all of the subcommittee members, with Brad acting as an alternate for Poston, will be present.

1           **MR. HINNEFELD:** She's on the phone -- she's on  
2 a phone call.

3           **DR. WADE:** Okay, Wanda's on a phone call and  
4 should join us in a moment. Mark, if you want  
5 to begin.

6           **SEVENTH SET OF CASES**

7           **MR. GRIFFON:** Sure. Okay, I think we've got a  
8 very -- very short time for the subcommittee  
9 today so two primary things we want to discuss  
10 and the first thing on the agenda is the  
11 seventh set of cases. And we have in your --  
12 in your binders NIOSH has provided two sets of  
13 selected cases. The first set -- the first six  
14 pages include cases where, to the best of their  
15 ability, they've determined that it was full  
16 internal and external. And we've been through  
17 this -- this discussion of how they classify  
18 before. It's not -- not certain, but it's the  
19 best they can pull from the database.  
20 The additional column, I did talk to Stu in  
21 between meetings and one additional field was  
22 added, I believe. Right, Stu? This is the  
23 final field here, the date the DR was approved.  
24 We had asked to get some indication of when  
25 these DRs were approved so we could better

1 determine if we were going to look at some of  
2 the old TIBs that were outdated and -- and have  
3 since been replaced.

4 **MR. HINNEFELD:** That's correct, and this is the  
5 date that the draft dose reconstruction was  
6 approved, and so that would reflect that the  
7 TIBs and the technical documents in effect at  
8 that time, as opposed to a -- you know, a final  
9 as being sent to DOL or something. That may  
10 happen quite a bit later. So these are the  
11 dates that the draft dose reconstruction was  
12 approved.

13 **MR. GRIFFON:** Now the-- these aren't sorted by  
14 date approved, are they, these cases we got  
15 provided -- or anything, they're sorted --

16 **MR. HINNEFELD:** No, they're sorted by date  
17 approved.

18 **MR. GRIFFON:** They're sorted by date approved.  
19 They are sorted by --

20 **MR. HINNEFELD:** Yes.

21 **MR. GRIFFON:** -- date approved.

22 **MR. HINNEFELD:** The most recently approved --

23 **MR. GRIFFON:** Okay.

24 **MR. HINNEFELD:** -- is on top.

25 **MR. GRIFFON:** Most recent to -- okay.

1           **MR. HINNEFELD:** Good.

2           **MR. GRIFFON:** All right. And then the second  
3 cases are randomly -- second handout we have is  
4 a random selection of -- of 200, so the random  
5 selection's eight pages long and it's 200 --

6           **MR. HINNEFELD:** Correct.

7           **MR. GRIFFON:** -- cases? Okay. And... And the  
8 first set is -- is six pages long. How -- I  
9 think you told me on the phone or in an e-mail,  
10 is it like 250 cases as best estimates at this  
11 point? These are all --

12           **MR. HINNEFELD:** It's going to be about 230.

13           **MR. GRIFFON:** 230?

14           **MR. HINNEFELD:** Yeah.

15           **MR. GRIFFON:** And this is the balance,  
16 basically, of what you have in --

17           **MR. HINNEFELD:** Yes.

18           **MR. GRIFFON:** -- of adjudicated cases.

19           **MR. HINNEFELD:** Yes, of adjudicated cases that  
20 are identified best estimates that have not  
21 already been selected by the Board for review.  
22 The 120 cases that were selected in the first  
23 six sets have been excluded from both lists.

24           **MR. GRIFFON:** Okay. I guess, you know, in  
25 terms of going forward and selecting cases, a

1 couple of -- some of the discussion I had with  
2 Stu on the phone was, you know, other than this  
3 date of approval -- which I think is certainly  
4 an important factor in helping us decide what  
5 cases we want -- there may be other factors  
6 that -- that are not readily available in  
7 NOCTS. They're -- they're factors that you  
8 sort of have to open the case up to find out,  
9 such as, you know, if -- if you have -- well,  
10 if you have a Hanford case and -- and we  
11 randomly select them and they're all from the  
12 300 area, you know, then we're -- we're  
13 probably not getting a -- a good distribution  
14 of what we might want to look at.

15 The other criteria I was thinking of is, you  
16 know, in terms of there's certain TIBs that are  
17 used fairly often or certain site-specific  
18 TIBs, and we may want to look at application of  
19 certain TIBs. And if we don't open a case, we  
20 may -- we may think that a certain case, given  
21 that it's a certain site, would use a certain  
22 TIB. But until we open it up, we don't see  
23 whether it relies on one TIB or another TIB,  
24 you know, but --

25 **MR. HINNEFELD:** That's correct, and we don't

1           have a handy -- you know, automatic way to  
2           identify that in the database.

3           **MR. GRIFFON:** Right, right. So I -- I -- I  
4           guess part of -- part of what we were -- you  
5           know, we were discussing was how can we best go  
6           forward with our sampling without doing a lot  
7           of treading over the same ground, getting the  
8           same types of cases, but -- but also, you know,  
9           we want to keep in mind that this is an audit  
10          process, that we're looking as an overall audit  
11          function.

12          So I don't know if anybody has any thoughts on  
13          how -- how best to proceed. Part of my concern  
14          on going too far is that -- you know, I -- I  
15          think we need to explore the -- the parameters  
16          we want to get at a little farther before we  
17          just start selecting audit cases that may be  
18          redundant. That's my concern here. So --

19          **DR. WADE:** Could -- could -- John Mauro, could  
20          you speak to us briefly as to -- give us a  
21          sense of the timing and the needs from your  
22          review point of view. Where are you, when do  
23          you need to hear from the subcommittee on the  
24          seventh, eighth, ninth --

25          **DR. MAURO:** Sure. We're in the middle of the

1 sixth set of cases. I would say we're probably  
2 not going to achieve -- get to the point where  
3 we're clear of that and ready for the next set  
4 -- six weeks, that -- on that order, when we --  
5 will be good to have -- to get that started, so  
6 let's -- let's plan on if we had the list six  
7 weeks from now, that would be very --

8 **DR. WADE:** Early February the Board meets  
9 again, the subcommittee will meet again.

10 **MR. GRIFFON:** And we also have a phone call  
11 Board meeting in there, yeah.

12 **DR. WADE:** Right, and could do a subcommittee.

13 **MR. GRIFFON:** Right.

14 **DR. WADE:** Would it be -- so I guess you don't  
15 have to decide today is what we're hearing.

16 **MR. GRIFFON:** Right.

17 **DR. WADE:** There is an opportunity for you in  
18 January to -- you know, you could sharpen your  
19 focus now and then make your selection and --

20 **MR. GRIFFON:** That's what I -- my -- my  
21 preference right now is -- is -- is to have  
22 some dialogue on what we think about our  
23 sampling approach, what para-- what parameters  
24 we need to -- to better -- to enhance our  
25 audit, and then save -- you know, hold off on

1 the actual selection of cases right now, but  
2 bring -- bring these criteria back to the full  
3 Board for a discussion and maybe fine-tune how  
4 -- how we want to select these cases going  
5 forward.

6 **DR. WADE:** And then we might use part of the  
7 next Board call to have a subcommittee call and  
8 possibly make the selection?

9 **MR. GRIFFON:** Yeah.

10 **DR. WADE:** Okay?

11 **MR. GRIFFON:** That's a possibility, anyway. I  
12 know Wanda has some questions, or you look like  
13 you...

14 **MS. MUNN:** Well, I'm a little puzzled about how  
15 much information we will need from these data  
16 in order to satisfy our own personal desires  
17 for a wide distribution of cases. And I guess  
18 my thought is, what am I going to ask Stu to  
19 bring me in addition to --

20 **MR. GRIFFON:** Right.

21 **MS. MUNN:** -- this list right here. And as you  
22 pointed out, in a case that I'm familiar with,  
23 sure, it makes a big difference what area  
24 people work in. But I am questioning whether  
25 that's easy information for --

1           **MR. GRIFFON:** Right.

2           **MS. MUNN:** -- us to find. And I -- I don't  
3 want to send NIOSH back to go through, blow by  
4 blow, each one of these files --

5           **MR. GRIFFON:** Right, the other --

6           **MS. MUNN:** -- so I guess -- might we consider  
7 the other approach, might we consider making  
8 our selection based on the information we have  
9 here and then ask, from that number -- which  
10 will be a considerably smaller number than  
11 these pages of data that we have here -- if we  
12 could ask, from that number, if there is  
13 perhaps one additional item of information,  
14 like if it's -- if it's a job category for a  
15 specific -- or whether it's --

16           **MR. GRIFFON:** Yeah, yeah --

17           **MS. MUNN:** -- another --

18           **MR. GRIFFON:** -- that's sort of what I -- I  
19 have two -- two follow-ups and I -- I mean I  
20 think that's sort of what I was thinking, and  
21 then -- then part of my concern is on -- on  
22 doing that, but it's sort of a screening  
23 device. I -- I mean we -- we'd be -- 'cause  
24 we'd have -- we'd select and then we'd have to  
25 open the cases and, you know, who is -- who is

1 "we" I think is an important factor, too --

2 **MS. MUNN:** Yeah, it is.

3 **MR. GRIFFON:** -- but I think we'd have -- we --  
4 we have to decide our parameters, maybe, and  
5 then ask NIOSH to open those cases so we  
6 wouldn't -- you know, I mean -- you know, it --  
7 it is an audit, so I -- we don't want to open a  
8 case and look and say well, that one looks like  
9 a real good case. You just want to open the  
10 case to be able to look at certain parameters  
11 of interest for -- for sampling.

12 **MS. MUNN:** It is, in my view, our  
13 responsibility as the subcommittee to identify  
14 what those parameters are --

15 **MR. GRIFFON:** Right, right, right.

16 **MS. MUNN:** -- for Stu, and I -- I really don't  
17 want to ask him to bring me another rock until  
18 I tell him specifically what rock it is.

19 **MR. GRIFFON:** No, I agree. I -- I -- I don't --  
20 -- I -- I agree with you on that standpoint. I  
21 would -- I wouldn't ask him to do it for two  
22 fif-- 250, you know --

23 **MS. MUNN:** Yeah.

24 **MR. GRIFFON:** -- that -- that doesn't make  
25 sense. The other thing I -- I -- I wondered if

1 we could go back and examine our statistics  
2 that we have from our last six sets of reviews  
3 and -- and -- and add that -- this parameter  
4 which we don't know necessarily what they are,  
5 but it might be work area. I know to some  
6 extent we -- we -- in our original matrix that  
7 I talked about different parameters we were  
8 interested in, we talked about job title, and  
9 we also -- I understand why it's not in this  
10 matrix because it's difficult. People change  
11 job titles, it's not readily -- something you  
12 can readily pull from NOCTS, but maybe in our -  
13 - in our summary matrix of -- of the six sets  
14 that we've done so far we can say okay, then we  
15 can sort and look and say okay, we've got  
16 Hanford cases --

17 **MS. HOMOKI-TITUS:** I can --

18 **MR. GRIFFON:** -- you know, we -- we've got, you  
19 know, 15 cases and they cover -- you know, are  
20 they all from the same area, are they all --  
21 you know, we can start to outline it that way,  
22 and then when we -- so -- so we have the -- the  
23 past set to deal with, too. That's supposed to  
24 help us -- you know, the -- the original notion  
25 was that as we track this, we find out what

1 we've done and we fill in those other cells so  
2 that we see that we've covered a range of  
3 different cancers, a range of different, you  
4 know, years worked and sort of things like  
5 that.

6 **MS. MUNN:** Do you have a feel for what specific  
7 other categories you might be wanting to focus  
8 on?

9 **MR. GRIFFON:** Yeah, I -- I think the two I've  
10 just raised were the -- the -- that work area,  
11 work location, and I'm not sure exactly how  
12 easy that is even to determine. If people were  
13 all over the place, that's tough. But work  
14 area and -- and I guess the external and  
15 internal methodology. And -- and I think in  
16 most cases it can be either -- you know, even  
17 in -- even in -- and correct me if I'm wrong,  
18 Stu, but even in best estimate cases it's not  
19 always that you use an individual's urinalysis  
20 data to calculate their intake and dose. In  
21 some cases you use the site-wide model --  
22 right? -- for --

23 **MR. HINNEFELD:** Sure, there'd be some sites  
24 where there'd be a site dose model that would  
25 be used.

1           **MR. GRIFFON:** Site dose model, right.

2           **MR. HINNEFELD:** There would be some cases where  
3 an inter-- or a coworker dataset may be used to  
4 fill in monitoring gaps or moni-- you know,  
5 unmonitored periods or -- yeah, unmonitored  
6 periods.

7           **MR. GRIFFON:** Right.

8           **MR. HINNEFELD:** And so those would likely be  
9 considered best estim-- or could be considered  
10 best estimates. Use of a coworker model would  
11 not exclude something from being a best  
12 estimate. There -- there are some  
13 overestimating techniques which would exclude  
14 them from being a best estimate. There may be  
15 a fit to the bioassay to -- the individual's  
16 actual bioassay, so there are --

17           **MR. GRIFFON:** But even --

18           **MR. HINNEFELD:** -- a handful -- a handful of  
19 techniques that would fit into the -- the best  
20 estimate category.

21           **MR. GRIFFON:** Yeah. And instead of just saying  
22 overestimating technique, then we might have a  
23 column that says, you know, TIB whatever.

24           **MR. HINNEFELD:** TIB whichever, right.

25           **MR. GRIFFON:** You know, and then we -- and then

1 we could say -- you know, that would tell me  
2 okay, we've -- you know, we've sliced and diced  
3 TIB-8 and 10 up and down across the board, you  
4 know. Maybe we don't need five more cases that  
5 -- that use TIB-8 and 10. You know what I  
6 mean? That's -- that's -- so I guess the --  
7 the work area and the -- the -- the -- you  
8 know, what -- what method was applied for a DR  
9 -- external and internal, what TIB or what  
10 method was used.

11 **MR. HINNEFELD:** Yeah.

12 **MR. GRIFFON:** I don't know how --

13 **MR. HINNEFELD:** Well --

14 **MR. GRIFFON:** You think it -- it -- is --

15 **MR. HINNEFELD:** -- the only --

16 **MR. GRIFFON:** Are we getting to a place where  
17 we get a combination of methods for a lot of  
18 cases or --

19 **MR. HINNEFELD:** Yeah. Yeah, you'll have  
20 bioassay for a certain period and coworker for  
21 others maybe, have a single employee, could  
22 happen like that.

23 **MR. GRIFFON:** Yeah, so even that might not work  
24 too well then.

25 **MR. HINNEFELD:** You have -- you know, it -- you

1 have people who -- who didn't work their entire  
2 career in the same location, but you know,  
3 maybe worked from 300 to 400 area to 100 areas,  
4 moved over the course of their employment --

5 **MR. GRIFFON:** Right.

6 **MR. HINNEFELD:** -- so they'd be at multiple  
7 locations. I mean we can list all the work  
8 locations that are identified. Work locations  
9 aren't always known.

10 **MS. MUNN:** No.

11 **MR. HINNEFELD:** Job titles aren't always known.

12 **MS. HOMOKI-TITUS:** Lew --

13 **MR. HINNEFELD:** We will always --

14 **MS. HOMOKI-TITUS:** -- I'm sorry to interrupt,  
15 but the subcommittee's going to have to be  
16 aware that at some point this is going to  
17 become identifiable and these may have to go  
18 into closed session if all of this information  
19 is going to be on documents that are made  
20 public.

21 **MR. HINNEFELD:** Yeah, I think --

22 **MS. HOMOKI-TITUS:** Be aware.

23 **MR. HINNEFELD:** -- things like, you know,  
24 specific years, how many years they've worked  
25 at this location, how many years they worked at

1           that location, that -- it lends more and more  
2           toward being identifiable, and so the more we  
3           put on here the more we have to worry about  
4           that. The dose reconstruction technique I  
5           think won't matter. I don't think there's any  
6           one -- I don't think anyone will necessarily be  
7           able to tell from that -- could be identified  
8           from that.

9           **MS. MUNN:** Right, I wouldn't think so.

10          **MR. GRIFFON:** So that -- I don't know if you  
11          have any parameters in mind, Wanda, that you  
12          were thinking.

13          **MS. MUNN:** I don't have any specific parameters  
14          that I could put in an envelope and say this is  
15          the -- this is specifically what I want  
16          because, for just the reason that Stu has  
17          indicated, this is a -- from -- it appears that  
18          we're getting into an amorphous zone where I --  
19          from my personal knowledge of the site you've  
20          already mentioned, workers freely moved from  
21          300 to 400 to 200 --

22          **MR. GRIFFON:** Right.

23          **MS. MUNN:** -- and the type of the work that  
24          they did and the type of exposure to which they  
25          might have been privy was pretty much the same.

1 But nevertheless, it would -- would have  
2 varied. I don't think there's any way we can  
3 get specific without crossing over the line of  
4 identifiability, and I -- and I -- what I'm  
5 grappling with is not wanting to send them away  
6 asking for more information without being very  
7 concrete about what we need. And I'm not --

8 **MR. GRIFFON:** Right.

9 **MS. MUNN:** -- able to come up with that myself.  
10 I'm hoping someone else can.

11 **MR. GRIFFON:** Well --

12 **DR. MAURO:** I have a suggestion and it might be  
13 a shortcut. It's neutron dosimetry, over and  
14 over and over again, places that emerge whether  
15 we're doing a site profile or doing a dose  
16 reconstruction audit, the area that is always  
17 the most sensitive, that tests the robustness  
18 of the work that's being done, is neutron  
19 dosimetry -- from an external point of view.  
20 So in picking a case -- and I know it's not on  
21 your list -- in addition to all the other  
22 parameters, whenever we are -- we find problem  
23 areas that we need to discuss, it seems to be a  
24 recurring theme -- how was neutron dosimetry  
25 dealt with and is it scientifically sound,

1           whether it's a coworker model or it's the  
2           actual measurements that were used.  So if it  
3           hel-- and that goes toward a lot of all the old  
4           OTIBs we were talking about, and it's probably  
5           pretty easy when you go into your case to say  
6           well, did -- was neutron a contributing dose to  
7           this particular person's POC.  And if the  
8           answer is yes, I know that it would probably  
9           make for a place -- a place for auditing that  
10          would lend insight into the robustness of the  
11          dose reconstruction.

12         **MS. MUNN:**  Thank you, John.  So perhaps that  
13          gives us one guideline.  I don't think I would  
14          want that to be the only guideline --

15         **MR. GRIFFON:**  Right.

16         **MS. MUNN:**  -- but perhaps we might ask that  
17          half of the cases we choose fall into that  
18          category and the other half that it not be such  
19          a -- an --

20         **MR. GRIFFON:**  Well, I'm not ready to give up on  
21          my undefinable parameters, as you seem to have.  
22          But -- I mean I -- I know work area is not an  
23          easy -- easily definable area, but -- and --  
24          and we do get in-- possibly into the privacy  
25          issues, but -- I mean you have that information

1 in the files.

2 **MR. HINNEFELD:** Sometimes.

3 **MR. GRIFFON:** Sometimes.

4 **MR. HINNEFELD:** Not always.

5 **MR. GRIFFON:** I mean you can say unknown.

6 **MR. HINNEFELD:** Right.

7 **MR. GRIFFON:** And we can say -- you know, we  
8 can list -- you know, if -- if they list three  
9 or four --

10 **MR. HINNEFELD:** Uh-huh.

11 **MR. GRIFFON:** -- we can list three or four.

12 **MR. HINNEFELD:** Right.

13 **MR. GRIFFON:** I don't know that it's -- you  
14 know, I know it -- it's -- it's not going to be  
15 a perfect criteria.

16 **MR. HINNEFELD:** I think to be at all -- have a  
17 manageable amount of work for that -- I mean  
18 that, to me, is -- as far as I know, is a  
19 manually opening the case and looking at --

20 **MR. GRIFFON:** Yeah.

21 **MR. HINNEFELD:** -- the records from the site  
22 and see what you know about where the guy  
23 worked. So as you said earlier, we would want  
24 to have a manageable number of cases to look at  
25 --

1           **MR. GRIFFON:** Oh, yeah, yeah.

2           **MR. HINNEFELD:** -- as opposed to 250 --

3           **MR. GRIFFON:** No, I'm talking post--

4           **MR. HINNEFELD:** -- or 230 --

5           **MR. GRIFFON:** This is kind of a screening  
6 thing.

7           **MR. HINNEFELD:** Sure, if we select, you know --

8           **MR. GRIFFON:** We select them --

9           **MR. HINNEFELD:** -- 25 or 30 or something --

10          **MR. GRIFFON:** Right, right.

11          **MR. HINNEFELD:** -- and we would go characterize  
12 those, that's probably a manageable -- I --  
13 well, it would be quite a bit of work, but it's  
14 at least a doable amount of work.

15          **MR. PRESLEY:** Can I say something as an  
16 alternate?

17          **DR. WADE:** Yes, uh-huh.

18          **MR. PRESLEY:** Along with the neutron dose, can  
19 you not go back and look at your higher  
20 probability in job descriptions? Now what I'm  
21 saying is you go in and you look at your job  
22 descriptions of the people that had the higher  
23 probability of exposure.

24          **MR. HINNEFELD:** Well, we could make some  
25 subjective judgments about that. You know,

1           just sort of -- what we think, you know, with  
2           jobs that would be more highly exposed.

3           **MR. PRESLEY:** Right.

4           **MR. HINNEFELD:** Again, job -- we don't always  
5           have a job title.

6           **MR. PRESLEY:** Right.

7           **MR. HINNEFELD:** But for the cases were we do --

8           **MR. PRESLEY:** That's correct.

9           **MR. HINNEFELD:** -- we could make some judgment  
10          about that. Some job titles are easier than  
11          others --

12          **MR. PRESLEY:** Right, I realize that.

13          **MR. HINNEFELD:** -- in terms of deciding, but  
14          you know...

15          **MR. GRIFFON:** And what about -- what about this  
16          potential of the method used, Stu? How --

17          **MR. HINNEFELD:** Well, that's -- I mean that's  
18          open and look. I mean if we're going to open  
19          the case and look for some things, we could  
20          have a list of things that we're going to  
21          check.

22          **MR. GRIFFON:** Yeah.

23          **MR. HINNEFELD:** We could check the -- the --  
24          that would be a fairly -- I mean that should be  
25          capturable (sic) in every case --

1           **MR. GRIFFON:** Yeah.

2           **MR. HINNEFELD:** -- that you could list what was  
3 the internal technique or internal dosimetry  
4 method and what was the external dosimetry  
5 method -- or methods --

6           **MR. GRIFFON:** Right.

7           **MR. HINNEFELD:** -- and so that should be  
8 discernable in every case and it's just a  
9 matter of opening the dose reconstruction  
10 report and looking. So that's discernable.

11          **MR. GRIFFON:** And that would be more or less  
12 captured in the DR report, wouldn't it?

13          **MR. HINNEFELD:** Yeah, it'd be in the DR report.

14          **MR. GRIFFON:** Yeah, yeah, so you wouldn't have  
15 to open the whole case file.

16          **MR. HINNEFELD:** Wouldn't have to have the whole  
17 case file.

18          **MR. GRIFFON:** The raw data or anything.

19          **MR. HINNEFELD:** For -- for location --

20          **MR. GRIFFON:** Yeah.

21          **MR. HINNEFELD:** -- for work location --

22          **MR. GRIFFON:** Location.

23          **MR. HINNEFELD:** -- you're going -- you're --

24          **MR. GRIFFON:** Right.

25          **MR. HINNEFELD:** -- going to have to look in the

1 file. And depending upon where the person  
2 worked, you may have to look in different  
3 locations. Like some sites, if you op-- if  
4 there are dosimetry records, you've got a  
5 pretty good indication of where a person worked  
6 from their -- especially Savannah Riv-- like  
7 Savannah River bioassay record is -- is really  
8 pretty good, you know, you know --

9 **MR. GRIFFON:** Right.

10 **MR. HINNEFELD:** -- what area they were in or  
11 what reactor they worked at. But other sites  
12 may not be so good.

13 **MR. GRIFFON:** Yeah, right.

14 **MR. HINNEFELD:** I mean the -- and some -- some  
15 sites are okay for some years and not so great  
16 for other years, so it would be a little tricky  
17 to kind of summarize work location. We could  
18 give -- I mean it may have to be sort of like a  
19 freeform field, you know, as opposed to data  
20 elements that you could come up with a dataset  
21 element for.

22 **MR. GRIFFON:** Right. But the -- the external  
23 and internal method shouldn't be as -- as --

24 **MR. HINNEFELD:** I don't think -- I don't  
25 envision any -- any problem. Now maybe I'm

1 overlooking something.

2 **MR. GRIFFON:** Shouldn't be as resource-  
3 intensive as the -- the work area one, I don't  
4 think. Would it?

5 **MR. HINNEFELD:** I'm thinking it would not.

6 **MR. GRIFFON:** Right.

7 **MR. HINNEFELD:** I think it would not.

8 **MR. GRIFFON:** I mean the other -- and we can --  
9 I -- I'd propose that we bring this to the full  
10 Board and whatever we discuss and maybe coming  
11 to a final, but I mean I would almost propose  
12 to try the work area, the external/internal  
13 method, the neutron dosimetry -- just for this  
14 first -- if we go through this seventh set,  
15 let's select 20, let's do try that with these  
16 20. You know, let NIOSH --

17 **MR. HINNEFELD:** We can put -- we can put job  
18 title on, because if we have a job title it'll  
19 be in our database.

20 **MR. GRIFFON:** Yeah, and job title, I'm sorry.

21 **MR. HINNEFELD:** So we can put job title in --  
22 or job titles. Sometimes we'll have one,  
23 sometimes we'll have more than one. Sometimes  
24 the one --

25 **MR. GRIFFON:** Now how --

1           **MR. HINNEFELD:** -- we have will be the last one  
2 they had.

3           **MR. GRIFFON:** -- how we disseminate this, we'll  
4 have to be careful with the Privacy Act  
5 concerns.

6           **MR. HINNEFELD:** Well, we'll -- what we do, when  
7 we generate a list we'll send it up to our OGC  
8 and -- and have them tell us if it's okay or  
9 not.

10          **MR. GRIFFON:** Yeah. It may be that we can't  
11 show this full matrix in -- in -- in open  
12 session.

13          **MR. HINNEFELD:** Right.

14          **MR. GRIFFON:** But we can still use it, you  
15 know, for our purposes, yeah.

16          **MS. BEHLING:** Excuse me, Mark, this is Kathy  
17 Behling. It seems to me that if you're  
18 interested in determining how the dose  
19 reconstructions were done and the types, you  
20 should be able to easily look at the reference  
21 list on the DR report, bo-- I would think that  
22 that's not too terribly difficult of a  
23 screening method.

24          **MR. GRIFFON:** Right, I think that's what Stu --  
25 Stu agreed with me on that. Thanks, Kathy --

1           **MS. BEHLING:** Okay.

2           **MR. GRIFFON:** -- yeah.

3           **MS. BEHLING:** Thanks.

4           **MR. GRIFFON:** Okay. So -- I mean as a -- as a  
5 preliminary -- I don't know if there's other  
6 factors that we want to consider, but I think  
7 that's some preliminary parameters that I might  
8 be interested -- I think we should pull -- pull  
9 this as a discussion piece back to the full  
10 Board and see if, you know, we -- we've  
11 selected 20 cases, we want NIOSH to sort of  
12 pre-screen those for us and give us this extra  
13 information before we finally select. Maybe we  
14 want to do more than 20, maybe we want to do  
15 30. Yeah, just -- you know.

16          **MS. MUNN:** That would sound reasonable to me,  
17 based on the fact that --

18          **MR. GRIFFON:** We're going to --

19          **MS. MUNN:** -- we're -- we're saying we're going  
20 to sift these --

21          **MR. GRIFFON:** Right, right, right --

22          **MS. MUNN:** -- after we see them.

23          **MR. GRIFFON:** -- I apologize, yeah.

24          **MS. MUNN:** And -- and I -- I guess the  
25 methodology of the DR is -- is an easy enough

1 thing to do, but I'm -- I'm still a little  
2 concerned about being a little more definitive,  
3 if we can be, in terms of what any other  
4 selective categories we come up with.

5 **DR. BEHLING:** Mark, this is Hans Behling. Also  
6 if we're going to select on a basis of neutron  
7 exposure, try to select neutron exposure prior  
8 to the use of the multi-purpose TLD. In other  
9 words, prior to 1972, because that's really  
10 where the NTA film and the problems with  
11 neutron assigned exposures --

12 **MS. MUNN:** Uh-huh.

13 **DR. BEHLING:** -- comes into play.

14 **MS. MUNN:** Yeah.

15 **MR. GRIFFON:** So you're saying pre- and post-  
16 '62, if they can give us that --

17 **DR. BEHLING:** '72.

18 **MR. GRIFFON:** '72, I'm sorry, '72, yeah.

19 **DR. WADE:** While you have a pause -- this is  
20 Lew Wade -- I just -- and again, I don't think  
21 it will influence this discussion one way or  
22 the other, but I think it's always important to  
23 keep in mind what the chartered purpose of the  
24 committee and subcommittee is. And very  
25 simply, the Advisory Board on Radiation Worker

1 Health shall advise the Secretary of HHS on the  
2 scientific validity and quality of dose  
3 reconstruction efforts performed for this  
4 program. So really that is your charter, and I  
5 don't think you're straying from it. I think  
6 it's always good to have that on the record as  
7 you have these discussions, though.

8 **MR. GRIFFON:** Yeah.

9 **DR. MAURO:** Excuse me, I have a radical idea.  
10 Instead of 20, could you give us 30?

11 **MR. GRIFFON:** I -- we just said 30.

12 **DR. MAURO:** Oh, I'm sorry, I didn't hear --

13 **MR. GRIFFON:** Yeah.

14 **DR. MAURO:** -- I wasn't even listening, I'm  
15 sorry.

16 **MR. GRIFFON:** 'Cause we're going to lose some -  
17 -

18 **DR. WADE:** Well, you say give you 30 or --

19 **MR. GRIFFON:** Oh --

20 **DR. MAURO:** When the time comes to turn over  
21 the seventh set to us, rather than selecting 20  
22 -- 'cause you know, we've been being delivered  
23 sets of 20, three a year. Now what's happening  
24 is, as you probably notice, is that we are  
25 still working on our sixth set -- which were

1           last year. Right now the seventh is going to  
2           be for the new fiscal year, which in theory  
3           started October 1st. What I'm getting at is  
4           that the machinery of processing the cases --  
5           it's -- certainly it will take more time to do  
6           30 than 20, but it -- remember the cycle we go  
7           through. We go through -- we prepare it, then  
8           we interact on a one on one. There's -- there  
9           is an iterative process. Now in my mind, and  
10          I'd like to very -- matter of fact, this is the  
11          first time I'm bringing this up and I haven't  
12          even spoken to Hans and Kathy about this, but  
13          if we were mov-- if we had a pulse of 30 moving  
14          through the system as op-- two pulses of 30 as  
15          opposed to three pulses of 20, I have a feeling  
16          that we'll be able to get through the 60 by the  
17          end of the fiscal year more effectively than if  
18          we tried to push three sets of 20. This is an  
19          idea that just struck me as I was sitting here  
20          and I -- you know, and I'm not quite sure  
21          whether Hans and Kathy see it the same way --  
22          and whether you see it the same way, whether or  
23          not that would be --

24          **MR. GRIFFON:** My --

25          **DR. MAURO:** -- positive or not.

1           **MR. GRIFFON:** My -- my only reluctance on that  
2           is that in order to get -- assign you 30, then  
3           we'd probably have to pick 45, and then NIOSH  
4           would have to get all these parameters for 45  
5           cases, when it's really a trial balloon. I  
6           mean it -- you know, I'm not sure how that work  
7           area field -- we may do it once and say you  
8           know what, this isn't really helping us and we  
9           end up dropping it. So I'd rather -- at least  
10          for this cycle -- do -- have NIOSH do 30, with  
11          the product at the end of the day being to  
12          assign you 20 out of that. I think that makes  
13          --

14          **MS. MUNN:** I agree.

15          **MR. GRIFFON:** -- especially where we're trying  
16          to -- you know, this is preliminary.

17          **DR. WADE:** But I think John's idea in time --

18          **MR. GRIFFON:** Yeah, yeah, in time --

19          **DR. WADE:** -- could prove --

20          **MR. GRIFFON:** -- I agree with you, yeah. But  
21          for the first cycle I think -- let's make sure  
22          --

23          **MS. MUNN:** Let's do.

24          **MR. GRIFFON:** -- these fields aren't wasting a  
25          lot of time and not giving us what we want

1           anyway, you know, so... But -- so I would  
2           propose at least as a draft on the subcommittee  
3           that we -- we do this. We select 30 cases for  
4           NIOSH to pre-screen based on the parameters,  
5           including neutron dosimetry pre- and post-'72,  
6           work area, job title, external methodology and  
7           internal methodology.

8           **DR. WADE:** And you're thinking of selecting  
9           those 30 today?

10          **MR. GRIFFON:** If we -- if we have time.

11          **DR. WADE:** Okay, we do.

12          **MR. GRIFFON:** But first of all, do people agree  
13          with that -- that premise, the parameters?

14          **MS. MUNN:** Well, I --

15          **MR. GRIFFON:** At least as a preliminary  
16          approach.

17          **MS. MUNN:** I'm still a little concerned about  
18          the -- the lack of clarity on the edges of  
19          those parameters, but yeah, you're right, this  
20          is a trial balloon and if --

21          **MR. GRIFFON:** Right.

22          **MS. MUNN:** -- if NIOSH --

23          **MR. GRIFFON:** I'm not sure if --

24          **MS. MUNN:** -- thinks they can handle it --

25          **MR. GRIFFON:** -- I'm not exactly sure what some

1 of those fields are going to look like when we  
2 ask --

3 **MS. MUNN:** Yeah.

4 **MR. GRIFFON:** -- them to fill them, but I think  
5 if we try it in a preliminary fashion, and then  
6 if it's not the -- it's not going to give --  
7 yield the information we want, I think we then  
8 drop it from future requests, you know.

9 **MS. MUNN:** That's certainly a reasonable  
10 approach, I think.

11 **DR. WADE:** It's a working plan then. So to  
12 play it out, if we were to pick 30, we'd give  
13 them to NIOSH, ask NIOSH to report back to the  
14 subcommittee prior to the Board call on the  
15 11th of January --

16 **MS. MUNN:** Yes.

17 **DR. WADE:** -- at which time the subcommittee  
18 could also meet and possibly make its selection  
19 of 20.

20 **MR. GRIFFON:** Right.

21 **MS. MUNN:** Uh-huh.

22 **DR. WADE:** Okay, that's a plan. All it takes  
23 is 30, the selection of 30.

24 **MR. GRIFFON:** Right. Stu?

25 **MR. HINNEFELD:** How bad is it if we are not

1 ready by the -- by the conference call?

2 Because it's a fair amount of work.

3 **MR. GRIFFON:** Yeah.

4 **MR. HINNEFELD:** It'll be a fair amount of work  
5 to get this information for these 30 cases.

6 **DR. WADE:** It doesn't mean you're a bad person,  
7 Stu.

8 **MR. HINNEFELD:** I'm just saying that we may not  
9 be able to be ready in a month, with the  
10 holidays in between.

11 **MR. GRIFFON:** Right.

12 **MR. HINNEFELD:** So it may go to the next --  
13 like whatever -- some date after that or the  
14 next Board meeting before we'd be able to  
15 provide the additional or the more robust list.

16 **DR. WADE:** And that would mean that we would be  
17 alerting SC&A of the next -- of the seventh set  
18 the first week in February.

19 **MS. MUNN:** Yes.

20 **DR. WADE:** Acceptable, John?

21 **DR. MAURO:** Yes.

22 **DR. WADE:** Okay.

23 **MR. GRIFFON:** Okay. All right. So we've got  
24 15 minutes. Do we want to deci-- want to try  
25 to --

1           **DR. WADE:** I don't care if you people eat lunch  
2 or not, it doesn't bother me. You're paid the  
3 same.

4           **MS. MUNN:** Thanks ever so -- and I have such a  
5 wonderful luncheon plan laid out.

6           **MR. GRIFFON:** I guess we should try to -- try  
7 to proceed through.

8           **DR. WADE:** Or come up with an algorithm and  
9 just -- might work quickly.

10           **SELECTION OF CASES**

11           **MR. GRIFFON:** Well, let's -- let's just start -  
12 - I -- I guess we could start with the full  
13 external/internal cases and the date the DR was  
14 approved certainly goes from most current to  
15 least, so it would make sense to start from  
16 page one, I believe, 'cause we want to avoid  
17 some of these older TIBs that we've already  
18 reviewed.

19           **DR. WADE:** Correct.

20           **MR. GRIFFON:** So any -- I'm looking at ID  
21 number 301. It's a Y-12 case. Any votes for  
22 or -- or I'll -- I'll just go down the list, as  
23 Paul usually does this function, 302,  
24 Huntington Pilot Plant?

25           **MS. MUNN:** Hold on. Non-melanoma, respiratory.

1           **MR. CLAWSON:** Is there any special criteria you  
2           want or just a rough --

3           **MR. GRIFFON:** Well, our -- our normal criteria  
4           here, and then we're going to have NIOSH look  
5           in these other criteria, you know, and so I  
6           think, you know, the usual criteria that we've  
7           -- how we've selected these.

8           **DR. WADE:** We try to be about -- around the  
9           probability of causation or...

10          **MS. MUNN:** And --

11          **MR. GRIFFON:** Well, not necessarily --

12          **MS. MUNN:** -- and --

13          **MR. GRIFFON:** -- but yeah.

14          **MS. MUNN:** And various -- and a full spread of  
15          sites, as well. So sure, that looks good to  
16          me, 302.

17          **MR. GRIFFON:** Huntington?

18          **MS. MUNN:** 302, Huntington.

19          **MR. GRIFFON:** Do we have a -- a -- I don't have  
20          my list handy of the sites that we've sampled  
21          already, the statistics of --

22          **MS. MUNN:** I don't, either.

23          **MR. GRIFFON:** -- sites we've sampled thus far.

24          **MR. HINNEFELD:** You've done one from Huntington  
25          Pilot Plant.

1           **MR. GRIFFON:** Just -- just done one, yeah.  
2           Well, let's just -- let's just go through and  
3           get a preliminary list anyway -- 303?

4           **MS. MUNN:** No, we've done similar ones.

5           **MR. GRIFFON:** Yeah.

6           **MS. MUNN:** Likewise 304.

7           **MR. GRIFFON:** Right.

8           **MS. MUNN:** Likewise 305. Wait a minute, 306?

9           **MR. GRIFFON:** 306? We haven't done a lot of  
10          Mound and this one is over -- over 50, but how  
11          many Mound cases have we done? Sorry, Stu,  
12          to...

13          **MR. HINNEFELD:** Looks like three.

14          **MS. MUNN:** Okay.

15          **MR. GRIFFON:** That is a full DR. Worth looking  
16          at? All right, 306 we got. 307?

17          **MS. MUNN:** No.

18          **MR. GRIFFON:** 308, 309?

19          **MS. MUNN:** No.

20          **MR. GRIFFON:** 310?

21          **MS. MUNN:** Hmm, 311.

22          **MR. GRIFFON:** 311? Again, it's over the 50  
23          percentile, thyroid cancer, Hanford. We've got  
24          quite a few Hanfords, but...

25          **MS. MUNN:** I don't remember how many thyroids

1 we've done --

2 **MR. PRESLEY:** That's what I was going to say, I  
3 don't -- I don't think we've done a whole lot  
4 of thyroids.

5 **MS. MUNN:** I don't think we've done a lot of  
6 thyroid, that's what caught my eye.

7 **MR. GRIFFON:** Yeah.

8 **MR. HINNEFELD:** If you'll look ahead at 314's  
9 also a thyroid from Hanford but it's less than  
10 50 percent if you want to look at that one.

11 **MR. GRIFFON:** Yeah, 314 looks like --

12 **MS. MUNN:** Maybe that's a better choice.

13 **MR. GRIFFON:** -- maybe a more interesting one,  
14 yeah.

15 **DR. WADE:** Okay.

16 **MR. GRIFFON:** Okay, 314? Moving on down the  
17 list, 315, Savannah River? 316 --

18 **MS. MUNN:** Yeah.

19 **MR. GRIFFON:** -- 317 through 321 are all Y-12.

20 **MS. MUNN:** 322 is not very high, but it's a  
21 different --

22 **MR. GRIFFON:** Kansas City Plant, we --

23 **MS. MUNN:** Yeah.

24 **MR. GRIFFON:** -- we haven't really seen that.

25 **MS. MUNN:** Might be good.

1           **MR. GRIFFON:** Okay, 322.

2           **MS. MUNN:** Hmm, 26 --

3           **MR. GRIFFON:** We got some just around 50  
4 percent, several just over 50 percent.

5           **MS. MUNN:** 327's interesting.

6           **UNIDENTIFIED:** Yeah.

7           **MR. GRIFFON:** Certainly a different facility,  
8 huh?

9           **MS. MUNN:** Yes, brand new.

10          **MR. GRIFFON:** Okay, 327. 28, 30, 31, 32 --  
11 going on to the next page.

12          **MS. MUNN:** I suddenly jump from 333 -- to page  
13 3, that's why.

14          **MR. GRIFFON:** What's that, Wanda? I couldn't -  
15 -

16          **DR. WADE:** It was just --

17          **MS. MUNN:** Oh, I'm muttering to myself. I  
18 missed the page.

19          **MR. GRIFFON:** All right.

20          **MR. PRESLEY:** Can I suggest one?

21          **MR. GRIFFON:** Uh-huh.

22          **MR. PRESLEY:** 335, urinary organs excluding the  
23 bladder for Mound, that's different, would it  
24 not be, Stu?

25          **MR. HINNEFELD:** Hang on a sec.

1           **MR. PRESLEY:** 335.

2           **MS. MUNN:** Uh-huh.

3           **MR. HINNEFELD:** Yeah.

4           **MR. GRIFFON:** Okay, 335.

5           **MS. MUNN:** Good.

6           **MR. HINNEFELD:** You've done a few, done maybe  
7           four out of 120.

8           **MR. GRIFFON:** 339 is a Fernald -- how many  
9           Fernald cases have we done?

10          **MS. BEHLING:** I show nine, Mark.

11          **MR. GRIFFON:** Nine?

12          **MS. BEHLING:** Yes.

13          **DR. WADE:** You want to say yes or no?

14          **MR. GRIFFON:** No, I'm -- I'm skipping it.

15          **MR. CLAWSON:** You going to skip --

16          **MS. MUNN:** Oh, what about 337?

17          **MR. GRIFFON:** Yeah.

18          **MS. MUNN:** Livermore.

19          **MR. GRIFFON:** 337?

20          **MS. MUNN:** Uh-huh.

21          **MR. GRIFFON:** How ma-- Lawrence Livermore, have  
22          we -- I don't know how many we've done on that.

23          **MR. HINNEFELD:** Three, according to my list.

24          **DR. WADE:** Okay?

25          **MR. GRIFFON:** All right, 337. The next number

1                   that comes up, people can speak up. I'm down  
2                   to 345.

3                   **MS. MUNN:** Uh-huh.

4                   **MR. GRIFFON:** 345's interesting, an unknown POC  
5                   and cancer.

6                   **MS. MUNN:** Yeah.

7                   **MR. HINNEFELD:** Yeah, sorry, I should have -- I  
8                   tried to fill those in. When I got this query  
9                   there were a couple missing and I tried to fill  
10                  those in. I can find it.

11                  **MR. GRIFFON:** I don't know that it's essential  
12                  in this process.

13                  **DR. WADE:** There's a Bridgeport Brass coming  
14                  up.

15                  **MS. MUNN:** Yeah, 348.

16                  **MR. GRIFFON:** Well, that's a different  
17                  Bridgeport Br-- is it?

18                  **MR. PRESLEY:** You got a...

19                  **MS. MUNN:** Uh-huh.

20                  **MR. PRESLEY:** 348.

21                  **MR. GRIFFON:** Is that a different Bridgeport  
22                  Brass? It's not Havens Lab, it's --

23                  **MR. HINNEFELD:** Correct, there's -- one's  
24                  called Ha-- one's Havens Lab and the other one  
25                  is Adrian, Michigan. Havens Lab is in the east

1 coast somewhere, I forget -- northeast  
2 somewhere.

3 **MR. GRIFFON:** Right.

4 **MS. MUNN:** Reasonable, 348, or not?

5 **MR. GRIFFON:** Which one, 348? Again, it's over  
6 50 percent.

7 **MS. MUNN:** Yeah, it is.

8 **MR. GRIFFON:** Several of them we've picked  
9 already over 50.

10 **MS. MUNN:** Then what about 351?

11 **MR. GRIFFON:** Okay. Yeah, I like that better.  
12 I think that makes -- that's Havens Lab,  
13 though, yeah. 351 you said, Wanda?

14 **MS. MUNN:** Uh-huh.

15 **DR. WADE:** Yes?

16 **MR. GRIFFON:** Yeah.

17 **MS. MUNN:** Are we going to -- what about 354,  
18 very low POC but it's a site --

19 **MR. GRIFFON:** Yeah.

20 **MS. MUNN:** -- we haven't done --

21 **MR. GRIFFON:** I don't think we've done  
22 Aliquippa Forge, have we?

23 **MR. HINNEFELD:** I don't believe we have. I  
24 don't have that one handy.

25 **DR. WADE:** 354?

1           **MR. GRIFFON:** 354, yeah.

2           **DR. WADE:** Okay.

3           **MS. MUNN:** Same is true of 363.

4           **MR. GRIFFON:** 363?

5           **MS. MUNN:** Uh-huh.

6           **MR. CLAWSON:** Superior Steel?

7           **MS. MUNN:** Another low POC, but  
8           (unintelligible) site.

9           **DR. WADE:** So 363?

10          **MR. GRIFFON:** 363, I --

11          **MR. PRESLEY:** 363 is --

12          **DR. WADE:** Superior Steel.

13          **MR. GRIFFON:** Question on that -- the Superior  
14          Steel, is that one model for the site? Is that  
15          a site model or...

16          **MR. HINNEFELD:** I believe Superior Steel is a  
17          dose model.

18          **MR. GRIFFON:** Yeah.

19          **MR. HINNEFELD:** I think it's a dose model, but  
20          I won't --

21          **MR. GRIFFON:** A dose model for all workers at  
22          that site. Right?

23          **MR. HINNEFELD:** I think, I don't know for sure.

24          **MR. GRIFFON:** And have we done Superior Steel  
25          before? I thought we did one of those ca--

1                   yeah, John's nodding yes.

2                   **MS. MUNN:** So we have one.

3                   **MR. GRIFFON:** Huh?

4                   **MS. MUNN:** We have one already.

5                   **MR. GRIFFON:** We've done one and it's the same  
6                   dose model for all workers, so I don't think we  
7                   --

8                   **MS. MUNN:** No, no point.

9                   **MR. GRIFFON:** So forget 363.

10                  **MS. MUNN:** Likewise 365.

11                  **MR. GRIFFON:** I'm on to page three, I don't --

12                  **MS. MUNN:** Uh-huh. So 374, again, over POC,  
13                  but again, it's a site.

14                  **MR. PRESLEY:** How many have we done for  
15                  Pinellas?

16                  **MR. GRIFFON:** Yeah, I think we see a pattern  
17                  here. We see some uranium facilities and  
18                  Hanford and Savannah River a lot, you know.

19                  **MR. HINNEFELD:** Yeah.

20                  **MS. MUNN:** Uh-huh.

21                  **MR. GRIFFON:** So I don't know -- it -- I mean --  
22                  -

23                  **MR. PRESLEY:** How many have you done for  
24                  Pinellas?

25                  **MR. HINNEFELD:** According to my count, we

1 haven't done any for Pinellas.

2 **MS. BEHLING:** I show one.

3 **MS. MUNN:** And that's --

4 **DR. WADE:** Bless you.

5 **MR. GRIFFON:** Was that you, Kathy?

6 **DR. WADE:** Kathy said one for Pinellas.

7 **MS. MUNN:** Uh-huh.

8 **MR. GRIFFON:** That was one bark for Pinellas.  
9 Okay.

10 **MS. MUNN:** 375 is on then?

11 **MR. GRIFFON:** 375, yeah, we'll add 375,  
12 Pinellas. Okay. Have we done Paducah? We've  
13 done at least --

14 **MS. MUNN:** Yeah, we have, but I don't remember  
15 how many --

16 **MR. GRIFFON:** Yeah, I don't know, either.

17 **MS. MUNN:** -- we've done.

18 **MR. HINNEFELD:** I have two.

19 **MR. GRIFFON:** You have two?

20 **MR. HINNEFELD:** My -- my list shows two.

21 **MS. BEHLING:** I have two, also.

22 **MS. MUNN:** Sounds like it's two, and the  
23 diagnosis is very similar to the --

24 **MR. GRIFFON:** Yeah.

25 **MS. MUNN:** -- preceding one.

1           **MR. GRIFFON:** Yeah, I don't think we need that  
2           one.

3           **MS. MUNN:** There's another Harshaw down there  
4           very interesting, 393.

5           **MR. GRIFFON:** Harshaw, 393?

6           **MS. MUNN:** Uh-huh.

7           **MR. GRIFFON:** Okay. I'm just scanning down the  
8           whole next page. It looks like Savannah and  
9           Bethlehem.

10          **MR. CLAWSON:** Have we done very many from  
11          Chapman Valve?

12          **MS. MUNN:** Yeah, we've done several, it seems  
13          to me.

14          **MR. GRIFFON:** No, I don't -- have we done any  
15          Chapman Valve?

16          **MS. MUNN:** Am I wrong?

17          **MR. HINNEFELD:** According to my list, there's  
18          been one in the first 120.

19          **MR. GRIFFON:** But we also have it on the table  
20          at -- we did do one?

21          **DR. MAURO:** Chapman Valve is interesting  
22          because the -- they use a generic exposure  
23          matrix, and that exposure matrix was  
24          substantially revised on October 16th, last  
25          month, so I suspect most Chapman Valves that

1           have been done, if they were done prior to the  
2           -- and I don't believe there've been any  
3           Chapman Valves done -- dose reconstructions  
4           done using the new exposure matrix, so --

5           **MR. GRIFFON:** Right, this is 6/22/05, this one.

6           **DR. MAURO:** I think that -- I don't think there  
7           are any adjudicated Chapman Valves that have  
8           been completed that were performed using the  
9           most recent version of the exposure matrix.

10          **MR. GRIFFON:** So you may have to re-evalu-- and  
11          I don't know if NIOSH is re-evaluating --

12          **MR. HINNEFELD:** This -- this'll -- this'll be  
13          re-evaluated --

14          **MR. GRIFFON:** Right, so --

15          **MR. HINNEFELD:** -- Program Evaluation Report,  
16          really there's a -- there's an open discussion  
17          about Chapman Valve and what will the -- you  
18          know, what will the final dose model look like,  
19          if there is a final dose model --

20          **MR. GRIFFON:** Right.

21          **MR. HINNEFELD:** -- so it -- at that point then,  
22          once we have one -- if we have one -- then  
23          we'll go back and evaluate the --

24          **MR. GRIFFON:** Right.

25          **MR. HINNEFELD:** -- cases that were done

1                   previously.

2                   **MR. CLAWSON:**   Okay, I just --

3                   **MR. GRIFFON:**   I'm not sure it's worthwhile  
4                   picking it up now.

5                   **MR. CLAWSON:**   Right, I --

6                   **MR. GRIFFON:**   Yeah.

7                   **MR. CLAWSON:**   -- understand that.  I just -- I  
8                   didn't think we'd had very many.

9                   **MR. PRESLEY:**   How many have we done for Iowa  
10                  Army Ordnance, Stu?

11                  **MR. HINNEFELD:**  According to my list, we've --  
12                  gosh, I've only done one.  But now --  
13                  Iowa -- that's an SEC --

14                  **MR. PRESLEY:**   Right.

15                  **MR. HINNEFELD:**  -- so -- and it is a dose  
16                  model, so any non-presumptive cases that are to  
17                  be done -- I mean there may be presumptive  
18                  cases in here that were done before the SEC was  
19                  added.  Well, those would have gone the SEC  
20                  route by now.

21                  **MR. GRIFFON:**   Right.

22                  **MR. HINNEFELD:**  If it's a non-presumptive  
23                  cancer case, then it would be in accordance  
24                  with the dose model for Iowa Ordnance Plant  
25                  that's been published since the SEC for the

1 non-presumptive cases, so --

2 **MR. PRESLEY:** This one was done 2004.

3 **MR. GRIFFON:** Yeah.

4 **MR. HINNEFELD:** I don't remember dates. I  
5 don't remember when it was --

6 **MR. GRIFFON:** So I don't know if those are  
7 worth looking at --

8 **MR. PRESLEY:** Okay.

9 **MR. GRIFFON:** -- yeah, since we dealt with it  
10 in the SEC. I'm looking on page five --

11 **MS. MUNN:** Five? Whoa, we went right past  
12 four.

13 **MR. GRIFFON:** Well, there -- there's just so  
14 many of the same sites showing up, so --

15 **MS. MUNN:** Yes, I see.

16 **MR. GRIFFON:** -- I'm trying to -- skimming past  
17 them. I'm wondering if we, you know, might  
18 want to get into the random list. What time is  
19 it? Oh -- that's all right, we can work  
20 through lunch.

21 **DR. WADE:** Through lunch, okay.

22 **MS. MUNN:** But on page four, down at the  
23 bottom, it's the first time I have seen that,  
24 455.

25 **MR. GRIFFON:** Page four at the bottom?

1           **MS. MUNN:** On page four, item 455, what is the  
2           POC?

3           **MR. GRIFFON:** Oh.

4           **MR. PRESLEY:** Fifty.

5           **MR. GRIFFON:** Yeah, it's at 50.

6           **MS. MUNN:** That would be kind of interesting,  
7           to me.

8           **MR. GRIFFON:** No significant digits, either.

9           **MS. MUNN:** I haven't -- I haven't seen that.

10          **MR. GRIFFON:** Yeah. Well, we've done quite a  
11          few Savannah River, though.

12          **MS. MUNN:** Yes, we have done a lot of them.

13          **MR. GRIFFON:** Yeah.

14          **MS. MUNN:** But the POC alone is interesting  
15          enough to me to...

16          **MR. PRESLEY:** What do we do in a case like  
17          that? Does that get compensated when it comes  
18          out to -- if one does come out to 50?

19          **MR. GRIFFON:** Greater than or equal to.

20          **MS. MUNN:** It has to be more than.

21          **MR. PRESLEY:** Greater than or equal to? Okay.

22          **MR. HINNEFELD:** Yeah.

23          **MS. MUNN:** Yeah.

24          **MR. GRIFFON:** I mean I -- how -- how many do we  
25          have for Savannah River? Quite a few, but...

1           **MR. HINNEFELD:** By my count there are 21 out of  
2           the first 120.

3           **MR. GRIFFON:** Twenty-one, and what was our  
4           target for that -- is that on that same sheet?

5           **MR. HINNEFELD:** Well, yeah, the -- based on the  
6           cases available for review from Savannah River,  
7           there are like 1,600-plus cases available for  
8           review from Savannah River. So at two and a  
9           half percent, that would be a 41 target.

10          **MS. MUNN:** Yeah, so we're not bad.

11          **MR. GRIFFON:** Let's -- let's add that on.

12          **DR. WADE:** Okay, we're adding --

13          **MR. PRESLEY:** Which one?

14          **DR. WADE:** -- 455.

15          **MR. GRIFFON:** 455.

16          **MR. PRESLEY:** Okay.

17          **MS. MUNN:** Here's another new site, Birdsboro,  
18          480.

19          **MR. GRIFFON:** 480, Stu, Birdsboro Steel and  
20          Foundry, site-wide model? I'm sure you don't  
21          know all these off the top of your head, but...

22          **MR. HINNEFELD:** I think it probably is. Some  
23          of these --

24          **MR. GRIFFON:** Yeah.

25          **MR. HINNEFELD:** Some of these places we have

1 almost complete -- like external dosimetry  
2 records for, so some of these cases --

3 **MR. GRIFFON:** Okay.

4 **MR. HINNEFELD:** -- you know, we'll have a model  
5 from -- built from that data, and -- but we may  
6 also look -- you know, we may actually have the  
7 claimant's data, you know, just by chance, so -  
8 -

9 **MR. GRIFFON:** Well, let's try it.

10 **MR. HINNEFELD:** I don't really know for sure on  
11 Birdsboro --

12 **MR. GRIFFON:** Yeah, let's try it, 480. This'll  
13 be a good reason to see those other parameters  
14 that we asked for, you know, and --

15 **MS. MUNN:** Yeah, besides, it's two years old so  
16 --

17 **MR. GRIFFON:** Yeah, yeah.

18 **MS. MUNN:** Hmm.

19 **MR. GRIFFON:** I don't know how many we have,  
20 but it's not close to 30.

21 **DR. WADE:** We got 13.

22 **MR. GRIFFON:** 13.

23 **MS. MUNN:** 490?

24 **MR. GRIFFON:** 490?

25 **MS. MUNN:** The site, low POC.

1           **MR. PRESLEY:** 28 years.

2           **MR. GRIFFON:** Yep, I can -- American Bearing  
3           Company --

4           **MS. MUNN:** Uh-huh.

5           **MR. GRIFFON:** -- we haven't done that --

6           **MS. MUNN:** Huh-uh.

7           **MR. GRIFFON:** -- I'm sure of it.

8           **DR. WADE:** Okay.

9           **MS. MUNN:** Just below that's another Anaconda,  
10          492. Did we have one earlier?

11          **MR. GRIFFON:** An Anaconda, no. If -- if these  
12          ones are on this list, Stu, does it necessarily  
13          mean that they would have a si-- at least a  
14          site-specific model, or could they be a -- like  
15          a TIB-4 or...

16          **MR. HINNEFELD:** Right -- right now I can't -- I  
17          don't know why American Bearing Corp. and  
18          Anaconda Company are on this list. I don't  
19          recall --

20          **MR. GRIFFON:** That's what I'm saying.

21          **MR. HINNEFELD:** -- I don't know that we've  
22          published a site profile for either of those.

23          **MR. GRIFFON:** Right.

24          **MR. HINNEFELD:** And so I don't know what would  
25          have been done here. You know, it might be we

1 had the data for the claimant. I -- I'm just  
2 guessing. I'm -- I don't know if that happened  
3 or not, so I don't -- I don't really know why  
4 those are on the list. I can't really explain  
5 why they're on the list.

6 **MR. GRIFFON:** Okay.

7 **MS. MUNN:** Well, since we're trying a new  
8 system anyway to find out whether that tells us  
9 anything --

10 **MR. GRIFFON:** Well, why don't we try one of  
11 them?

12 **MS. MUNN:** Okay, fine.

13 **MR. GRIFFON:** Yeah.

14 **MS. MUNN:** Yeah.

15 **DR. WADE:** Which one?

16 **MR. GRIFFON:** The 490. All right?

17 **DR. WADE:** Okay, 490.

18 **MR. GRIFFON:** Is that okay --

19 **MS. MUNN:** Uh-huh, yeah.

20 **MR. GRIFFON:** -- Wanda?

21 **MS. MUNN:** Right.

22 **MR. GRIFFON:** Let's try one and -- 'cause I  
23 can't imagine there's a -- well, maybe there  
24 is, but...

25 (Pause)

1 I'm moving into the randomly selected list,  
2 unless other people have found something on  
3 that last page.

4 **MR. PRESLEY:** Question on that last page before  
5 we go on.

6 **MR. GRIFFON:** Uh-huh?

7 **MR. PRESLEY:** 509, Argonne National West, oral  
8 cavity and pharynx, have we done --

9 **MR. GRIFFON:** Have we done or --

10 **MR. PRESLEY:** -- a large number or any of those  
11 for any of the sites?

12 **MR. HINNEFELD:** By my count we've got one at  
13 Argonne West.

14 **MR. PRESLEY:** I mean I realize that's a low  
15 POC, but still that's a -- that's something  
16 that we haven't run up on is that --

17 **MS. MUNN:** Oral cavity, yeah.

18 **MR. PRESLEY:** -- esophagus area.

19 **MR. GRIFFON:** I'm okay with that, 509's --

20 **DR. WADE:** 509?

21 **MR. GRIFFON:** -- let's add that on, yeah.

22 **DR. WADE:** That's our 15th.

23 **MR. GRIFFON:** Okay, 15 more out of the random.

24 **DR. WADE:** Uh-huh.

25 **MS. MUNN:** How about 013?

1           **MR. GRIFFON:** Yeah, that looks like an  
2 interesting one, 013, Brookhaven.

3           **MR. CLAWSON:** Which number was it?

4           **MR. GRIFFON:** 013.

5           **DR. WADE:** On the random list.

6           **MR. CLAWSON:** Okay.

7           **MR. GRIFFON:** Page one of the random list,  
8 right.

9           **MS. MUNN:** There's another interesting one.  
10 There's another thyroid at PNL.

11           **MR. GRIFFON:** Was that a suggestion, Wanda, or  
12 -- I didn't hear --

13           **MS. MUNN:** No, it -- it's a -- you know, a  
14 thought.

15           **DR. WADE:** Which one?

16           **MS. MUNN:** PNL, out -- the -- 015.

17           **MR. GRIFFON:** 015?

18           **MS. MUNN:** We were looking at a -- at a Hanford  
19 thyroid on the other list, but this was --

20           **MR. GRIFFON:** It is 38 years worked and it's an  
21 underestimate with external -- and they got 59  
22 percent.

23           **MS. MUNN:** Uh-huh.

24           **MR. PRESLEY:** On the next page, 017 is a lung  
25 at PNL, was there 17 years and they've got a

1 low POC, an 18.29

2 **MS. MUNN:** Uh-huh, that might be a --

3 **MR. GRIFFON:** Yeah, that's a possibility, 17,  
4 let's put 17 down.

5 **DR. WADE:** 017?

6 **MS. MUNN:** 17, it's a more diverse selection.

7 **MR. GRIFFON:** I guess 28, to me, possibly  
8 interesting, K-25, X-10, 30 years worked in the  
9 '50s.

10 **MS. MUNN:** Yeah.

11 **DR. WADE:** Okay.

12 **MR. GRIFFON:** Number 28.

13 **MS. MUNN:** Good.

14 **MR. GRIFFON:** Have we -- how many Los Alamos  
15 National Lab cases have we had? This one's a  
16 low POC, breast cancer, in the '80s, but --

17 **MS. MUNN:** Really low, yeah.

18 **MR. GRIFFON:** -- it is Los Alamos. I don't  
19 know that we've done --

20 **MR. HINNEFELD:** I have two by my count.

21 **MR. GRIFFON:** Just two.

22 **MR. HINNEFELD:** (Unintelligible) two.

23 **MS. MUNN:** I think we'll fine more interesting  
24 ones --

25 **MR. GRIFFON:** Yeah.

1           **MS. MUNN:** -- than that.

2           **MR. GRIFFON:** Yeah, I think we should hold off  
3 on that.

4           **MS. MUNN:** Hmm, 41's interesting.

5           **DR. WADE:** Number, Wanda? Did you say --

6           **MS. MUNN:** I just said 041 was interesting.

7           **DR. WADE:** 041?

8           **MS. MUNN:** Duplicate sites. Very --

9           **MR. PRESLEY:** Two sites.

10          **MS. MUNN:** -- a fractional POC.

11          **MR. GRIFFON:** Again, I don't know how fruitful  
12 it's going to be with a underestimate on  
13 external for two sites, unless we think they  
14 overestimated the underestimate.

15          **MS. MUNN:** Yeah.

16          **MR. GRIFFON:** Yeah. That's -- you know. I  
17 would say that's not worth it right now, but --

18          **MS. MUNN:** Okay.

19          **MR. PRESLEY:** 054 for bone at Bridgeport Brass,  
20 how do -- how do --

21          **MR. GRIFFON:** That's Bridgeport -- Bridgeport  
22 Brass in Michigan, too.

23          **MR. PRESLEY:** Right, uh-huh.

24          **MR. GRIFFON:** That's a different Bridgeport  
25 Brass. That might be --

1           **MR. PRESLEY:** That's a different one.

2           **MS. MUNN:** Interesting.

3           **DR. WADE:** 054?

4           **MR. GRIFFON:** 054.

5           **MS. MUNN:** Uh-huh.

6           **MR. GRIFFON:** Little more interesting Los  
7 Alamos one, yeah.

8           **MS. MUNN:** There's another Los Alamos.

9           **MR. PRESLEY:** Yeah.

10          **MR. GRIFFON:** Yeah, 56.

11          **MR. PRESLEY:** Uh-huh.

12          **MS. MUNN:** Uh-huh.

13          **MR. GRIFFON:** You can put that down.

14          **DR. WADE:** That's 20.

15          **MR. GRIFFON:** We're getting there.

16          **MS. MUNN:** Okay. Here's another Pinellas,  
17 surprisingly. Superior Steel, 92 percent.

18          **MR. PRESLEY:** I don't want to suggest it, but -  
19 - because I have a conflict of interest, but --

20          **MR. GRIFFON:** 63?

21          **MR. PRESLEY:** -- look at 063.

22          **MR. GRIFFON:** Yeah, 63, I -- I'll suggest it.  
23 Yeah, that's a interesting one.

24          **MR. PRESLEY:** Yes, very interesting.

25          **MR. GRIFFON:** We don't -- we haven't seen many

1           liver cancers, either.

2           **MR. PRESLEY:** Right.

3           **DR. WADE:** Okay, it's down.

4           **MR. GRIFFON:** Yeah. Couple pages left, what do  
5           we need, nine more?

6           **DR. WADE:** Need nine more.

7           **MR. GRIFFON:** Nine more.

8           **MR. CLAWSON:** What about 076?

9           **MS. MUNN:** Uh-huh.

10          **MR. PRESLEY:** Esophagus.

11          **MR. GRIFFON:** Pinellas.

12          **MS. MUNN:** Uh-huh.

13          **MR. PRESLEY:** Pinellas.

14          **MR. GRIFFON:** Yeah, that's a good one -- 76?

15          **MR. PRESLEY:** Close.

16          **MS. MUNN:** Yeah, let's take it. There's  
17          another interesting Los Alamos --

18          **MR. GRIFFON:** Yeah --

19          **MS. MUNN:** -- 079.

20          **MR. GRIFFON:** -- 79.

21          **MR. PRESLEY:** Yep.

22          **DR. WADE:** Okay.

23          **MR. PRESLEY:** 81 at Idaho --

24          **MS. MUNN:** Uh-huh.

25          **MR. PRESLEY:** -- bladder. That's two -- two

1 cancers, 11 years -- almost 12 years in the  
2 1970s, POC of 34.

3 **MR. GRIFFON:** I don't think we've done many --  
4 many Idahos, but -- yeah, let's -- I think  
5 that's reasonable.

6 **DR. WADE:** Okay, put it down, 81.

7 **MR. GRIFFON:** 81?

8 **MS. MUNN:** Uh-huh. And what about 91, new  
9 site.

10 **MR. GRIFFON:** What is B&T Metals?

11 **MR. PRESLEY:** I don't know where that is.

12 **MS. MUNN:** Brand new to me.

13 **MR. HINNEFELD:** I don't know.

14 **MR. GRIFFON:** And does that belong on the list?

15 **MR. PRESLEY:** Look at the date, 1940.

16 **MR. GRIFFON:** Yeah.

17 **MR. HINNEFELD:** It's an overestimate. I'm  
18 guessing that's a TIB-4 case. That B&T Metals  
19 is probably a uranium metal forming place --

20 **MR. GRIFFON:** Right.

21 **MR. HINNEFELD:** -- and -- and so I'm -- I'm  
22 thinking that was a AWE -- you know,  
23 overestimating, TIB-4 --

24 **MR. GRIFFON:** Yeah.

25 **MR. HINNEFELD:** -- case.

1           **MR. PRESLEY:** Looking at that date, I'd say  
2           you're right there.

3           **MS. MUNN:** Uh-huh.

4           **MR. HINNEFELD:** Now that's the date the  
5           employee was first employed.

6           **MR. PRESLEY:** Right.

7           **MR. HINNEFELD:** So the covered date may  
8           actually be later than that.

9           **MR. PRESLEY:** Well, you can look at the years.

10          **MS. MUNN:** Uh-huh.

11          **MR. PRESLEY:** Twenty-seven, they go through --

12          **MR. GRIFFON:** Yeah.

13          **MR. PRESLEY:** -- '67.

14          **MR. GRIFFON:** So here's where our -- our -- our  
15          dates are important -- John, I'm turning to you  
16          on this, this -- this one was done in 2/9/05.  
17          The TIB-4 that we've looked at -- TIB-4 was not  
18          modified till recently or when -- when was the  
19          recent -- see, I think part of the reason we  
20          wanted this date was to avoid --

21          **DR. WADE:** Right.

22          **MR. GRIFFON:** -- last year.

23          **DR. WADE:** Yeah, '06.

24          **MR. GRIFFON:** So this would still fall into the  
25          old TIB-4 model, probably. Right? So for that

1           reason I don't think we -- this is exactly why  
2           we wanted the date in there.

3           **MR. HINNEFELD:** Yeah.

4           **MR. GRIFFON:** We're getting to the older dates  
5           here, too.

6           **MR. PRESLEY:** Look at -- look at 099. It's  
7           different.

8           **MS. MUNN:** Ah --

9           **MR. GRIFFON:** It sure is.

10          **MS. MUNN:** -- that -- yeah.

11          **MR. PRESLEY:** I think that would be a good one.

12          **MS. MUNN:** Uh-huh, I do, too.

13          **MR. GRIFFON:** Yeah, let's add that.

14          **DR. WADE:** 099. Twenty-five.

15          **MS. MUNN:** We're getting there. Probably back  
16          to 2004 now. Hmm.

17          **MR. GRIFFON:** 102 is sort of interesting. I  
18          don't know how many X-10s we've had, but --

19          **MS. MUNN:** A few.

20          **MR. GRIFFON:** -- definitely in the fif-- it's  
21          from the 1950s.

22          **MS. MUNN:** Yeah.

23          **DR. WADE:** Okay, 102?

24          **MR. GRIFFON:** 102?

25          **DR. WADE:** Okay.

1           **MS. MUNN:** Well --

2           **MR. PRESLEY:** Look --

3           **MS. MUNN:** -- well --

4           **MR. PRESLEY:** -- look at 104. It's different.

5           **MS. MUNN:** Yeah --

6           **MR. PRESLEY:** But the number of years is -- I  
7           don't know whether it'd be worth going through  
8           it or not.

9           **MR. GRIFFON:** Yeah, .3 years.

10          **MR. PRESLEY:** Just got .3, so I -- and we  
11          haven't done anything about the 100 or the --

12          **UNIDENTIFIED:** 250.

13          **MR. PRESLEY:** -- 250 days yet, so I don't know  
14          whether that'd be worth going through it or  
15          not.

16          **MR. GRIFFON:** What do people think on that one?  
17          I -- I --

18          **MS. MUNN:** Oh, gosh.

19          **MR. PRESLEY:** That's a lot of -- a lot of work  
20          for -- till we get --

21          **MS. MUNN:** Yeah.

22          **MR. PRESLEY:** -- until we get that thing on  
23          that 80-day point out and see if -- this is not  
24          even -- we don't even know for sure that's 80  
25          days. It may not qualify at all.

1           **MS. MUNN:** Yeah.

2           **MR. PRESLEY:** As much as I'd like to see some  
3 for the Lab -- I mean for the Test Site.

4           **MR. CLAWSON:** What's all digestive? What --  
5 just stomach (unintelligible).

6           **MS. MUNN:** Well, let's put it on the list for  
7 the moment.

8           **MR. GRIFFON:** Yeah, all digestive, I -- I don't  
9 know exactly how that's --

10          **MS. MUNN:** Yeah, we don't know what's going to  
11 happen with it.

12          **MR. PRESLEY:** Connective tissue?

13          **DR. WADE:** What number now?

14          **MS. MUNN:** 104.

15          **DR. WADE:** Do you want it on the list?

16          **MS. MUNN:** Well, I just marked it, I --

17          **MR. GRIFFON:** 104?

18          **MR. PRESLEY:** No, he's talking about 100. 104,  
19 I don't know whether that's going to be worth  
20 it or not. If there's something else from the  
21 Test Site there, I'd like to see it on there  
22 rather than -- than 104, but I don't see  
23 anything else.

24          **MR. GRIFFON:** Yeah, I'd just as soon skip 104.

25          **MR. PRESLEY:** Yeah.

1           **DR. WADE:** Okay.

2           **MS. MUNN:** Okay. Los Alamos, which -- hmm,  
3           yeah, 125 is something new.

4           **MR. GRIFFON:** 125? Bethlehem Steel, though,  
5           it's --

6           **MS. MUNN:** I know we've done a lot of them.

7           **MR. PRESLEY:** Beat them to death.

8           **MR. HINNEFELD:** That would have been done  
9           probably with the old Bethlehem Steel model,  
10          too.

11          **MR. GRIFFON:** Yeah.

12          **MS. MUNN:** Yeah.

13          **MR. GRIFFON:** The old Bethlehem Steel model. I  
14          mean one -- to me, 124 might be interesting,  
15          Blockson Chemical.

16          **DR. WADE:** Building 55.

17          **MR. GRIFFON:** It's a low POC.

18          **MR. PRESLEY:** Uh-huh, 32 years.

19          **MR. GRIFFON:** But it is 32 years.

20          **MR. HINNEFELD:** Blockson Chemical's been  
21          revised since then as well -- the site profile  
22          and model for (unintelligible) --

23          **MR. GRIFFON:** So that's being re-evaluated  
24          anyway.

25          **MR. HINNEFELD:** Yeah.

1           **MR. PRESLEY:** Okay.

2           **MR. GRIFFON:** Forget that one. 126, X-10,  
3 pancreatic cancer, do we ha-- we just picked an  
4 X-10, I think it was a liver cancer.

5           **DR. WADE:** Yeah, it was.

6           **MR. GRIFFON:** 126, people?

7           **MS. MUNN:** You want it?

8           **MR. GRIFFON:** Yeah.

9           **DR. WADE:** Okay.

10          **MR. PRESLEY:** 131's different. The POC's super  
11 low.

12          **MR. GRIFFON:** How many more do we need there?

13          **DR. WADE:** Three.

14          **MR. GRIFFON:** Three?

15          **MS. MUNN:** Yeah.

16          **MR. PRESLEY:** Y'all may want to look at  
17 something else other than that one.

18          **MR. GRIFFON:** What was that one, I'm sorry,  
19 Bob, one --

20          **MR. PRESLEY:** 131 is an ovary.

21          **MR. GRIFFON:** Yeah.

22          **MR. PRESLEY:** I don't think we've done anything  
23 like that, but the POC on it's .01, so you  
24 know, it's -- that's super low.

25          **MR. GRIFFON:** Yeah.

1           **MS. MUNN:** I'd rather see 132, personally.

2           **MR. PRESLEY:** Yeah.

3           **MR. GRIFFON:** I agree, 132, yeah.

4           **DR. WADE:** Okay.

5           **MR. PRESLEY:** How many have we done for  
6           Livermore?

7           **MS. MUNN:** Huh?

8           **MR. GRIFFON:** What number are you looking at?

9           **MR. PRESLEY:** 154 is a pancreas cancer at  
10           Livermore with -- the POC's 26.6 and they  
11           worked there 17.2 years.

12           **MR. HINNEFELD:** By my count there've been --  
13           there were three from Livermore in the first  
14           120.

15           **MR. PRESLEY:** And I'm sorry?

16           **MR. HINNEFELD:** Out of the first 120 cases  
17           reviewed, three of them were from Livermore --

18           **MR. PRESLEY:** Okay.

19           **MR. HINNEFELD:** -- by my count.

20           **MS. MUNN:** Yeah.

21           **MR. PRESLEY:** Okay.

22           **MS. MUNN:** That's (unintelligible).

23           **MR. GRIFFON:** You want to add that one?

24           **DR. WADE:** 154?

25           **MR. GRIFFON:** And how about 141?

1           **MS. MUNN:** Yeah.

2           **DR. WADE:** Okay, that's 30.

3           **MR. PRESLEY:** Now, there's a -- there's a --  
4           158, there's one more on there from the Nevada  
5           Test Site, POC is very low, the years are low,  
6           starts in 1970, but it's a lymphoma --

7           **MR. GRIFFON:** Do we have any --

8           **MR. PRESLEY:** -- and multiple myeloma.

9           **MR. GRIFFON:** Do we have any Nevada Test Sites  
10          that we've looked at --

11          **MS. MUNN:** We only --

12          **MR. GRIFFON:** -- (unintelligible)?

13          **MS. MUNN:** We only had one on this list.

14          **MR. GRIFFON:** Yeah. No, I mean in the past.

15          **MR. HINNEFELD:** We've -- we've done five by my  
16          count --

17          **MR. GRIFFON:** Oh, okay.

18          **MR. HINNEFELD:** -- out of the first 120.

19          **MR. PRESLEY:** All right.

20          **MR. GRIFFON:** I'm not sure this would be much  
21          different from those, yeah.

22          **MR. PRESLEY:** No, not from that.

23          **DR. WADE:** Okay.

24          **MR. GRIFFON:** I don't know that we want to --  
25          do we want to select one or two more in case

1           our other colleagues on the Board cross off  
2           some on this list?

3           **DR. WADE:** Well, they'll have the list, they  
4           could --

5           **MR. GRIFFON:** Yeah, yeah, we can always  
6           generate a few new ones if we need --

7           **DR. WADE:** Okay.

8           **MR. GRIFFON:** Yeah, okay.

9           **DR. WADE:** You've done hard work. I mean I  
10          think if you're ready, I'll have a record of  
11          these. I can read them to the Board.

12          **MR. GRIFFON:** The only thing -- the only --  
13          before we adjourn, the only thing I wanted to  
14          say -- we got 30, we have these new parameters  
15          we'll discuss. The fourth set, I -- I will  
16          summarize what we've done in our last workgroup  
17          meeting at the full Board meeting, which is  
18          basically that we've met with NIOSH, we've --  
19          we had NIOSH's response and we -- I -- I still  
20          have to complete the items, bu-- or the -- the  
21          respon-- or the -- the re-- the Board action, I  
22          guess is the column, but you know, we've moved  
23          -- moved along and had our first meeting as far  
24          as the fourth set. We certainly have -- and  
25          I'll try to summarize -- I'll work with Stu on

1           -- on summarizing -- not going through every  
2 case, but there are some cases that NIOSH has  
3 agreed to re-evaluate, you know, several items  
4 that we've come to closure on. I'll try to  
5 summarize it that way, in a statistical  
6 fashion, not line item by line item.

7           **MS. MUNN:** Much better.

8           **MR. GRIFFON:** Yeah.

9           **MS. MUNN:** Much better.

10          **DR. WADE:** John, a brief comment?

11          **DR. MAURO:** Yes, very brief. In listening and  
12 -- and culling through, there are a couple of  
13 perspectives I'd like to put on the table, is  
14 one having to do with Nevada Test Site. We're  
15 very much involved right now in looking at  
16 scenarios where people could have been exposed  
17 for a relatively short period of time.

18          **MR. GRIFFON:** Yeah.

19          **DR. MAURO:** The -- I see -- I see cross-  
20 pollination here. If we do have some cases --

21          **MS. MUNN:** Yeah.

22          **DR. MAURO:** -- that need to be reconstructed  
23 and they are from people who are less than --  
24 well, 80 days, that would be a scenario.

25          **MR. GRIFFON:** No, I -- I was thinking of that,

1           too, John, but --

2           **DR. MAURO:** Right.

3           **MR. GRIFFON:** -- I -- I'm thinking is that .3  
4           years in the right area that we're interested  
5           in, but --

6           **DR. MAURO:** Oh, I understand, that's --

7           **MR. GRIFFON:** -- we might be able to find that  
8           out --

9           **DR. MAURO:** We're --

10          **MR. GRIFFON:** -- through -- yeah.

11          **DR. MAURO:** -- we're -- yeah, we're in a step-  
12          wise process --

13          **MR. GRIFFON:** Yeah.

14          **DR. MAURO:** -- where first we're looking for  
15          scenarios that -- whereby people could have  
16          been exposed. All I -- all I'm getting at is  
17          I'm trying to cross-pollinate between tasks to  
18          see how they could help.

19          **MR. GRIFFON:** Yeah.

20          **DR. MAURO:** And the other -- the other point is  
21          SECs, now there are -- you realize that one of  
22          the steps we do when we review an SEC is -- is  
23          -- what I think would be very beneficial is if  
24          we had a couple of cases -- realistic cases,  
25          not the min/max cases -- that were -- that

1 we're auditing as part of Task IV that's --  
2 that is a pending, either it's been qualified  
3 or may be qualified SEC, we're -- that's an  
4 efficiency step. What I mean by that is we'll  
5 have that under our belt. We will have  
6 reviewed and audited a realistic case, then  
7 later on, if it turns out that that's an SEC  
8 that you'd like us to look at, we're going to  
9 reap the benefits from that. Do you -- so I  
10 think that that might be just a consideration  
11 when you go into a --

12 **MR. GRIFFON:** Yeah.

13 **DR. WADE:** Thank you, John.

14 **MR. GRIFFON:** Along those lines, I think we  
15 might want to add that one Nevada Test Site  
16 case that Bob was talking about, the .3 years -  
17 - I'll find the number --

18 **MS. MUNN:** Uh-huh.

19 **MR. GRIFFON:** -- and -- and submit 31. Will  
20 people be agreeable to that?

21 **MS. MUNN:** I'd certainly be agreeable to it.

22 **MR. GRIFFON:** 'Cause I -- it -- it would be  
23 useful to at least see --

24 **MS. MUNN:** Yeah.

25 **MR. GRIFFON:** -- you know, where that work was

1 done and where -- it might be an interesting  
2 case to look at for that 250-day reason, you  
3 know.

4 **MS. MUNN:** And there's -- there's one other  
5 Mike called my attention to, random selection  
6 number 166. Again, it's a diagnosis that we  
7 don't ordinarily see --

8 **MR. GRIFFON:** Right.

9 **MS. MUNN:** -- and perhaps that might be worth  
10 just looking at simply because of the  
11 diagnosis.

12 **DR. WADE:** Do I have that?

13 **MS. MUNN:** I noticed that it -- it is a long-  
14 time -- and employer (sic) from -- from back in  
15 the '40s with a very short date --

16 **MR. GRIFFON:** 166, .7 years, though.

17 **MS. MUNN:** Yeah.

18 **MR. GRIFFON:** Yeah.

19 **MS. MUNN:** Yeah, but was back when.

20 **MR. GRIFFON:** Yeah.

21 **DR. WADE:** Yes or no?

22 **MR. GRIFFON:** Let's add those two. Let's add  
23 those two and -- and --

24 **DR. WADE:** Okay, so that's what number?

25 **MR. GRIFFON:** -- total at 32. That's --

1 DR. WADE: So yours, Wanda, is 166 and Robert,  
2 your --

3 MS. MUNN: That was Mike's.

4 MR. GRIFFON: That was 168, right?

5 UNIDENTIFIED: (Off microphone) 168, I think.

6 MR. GRIFFON: Yeah, 168.

7 DR. WADE: Okay, so now we've got 32.

8 MR. GRIFFON: Yeah.

9 DR. WADE: Okay, I think we need to -- 168?

10 MR. GRIFFON: Yeah.

11 DR. WADE: On the full list?

12 MR. GRIFFON: That random list.

13 DR. WADE: 168 then.

14 MR. HINNEFELD: 168's a Rocky Flats case.

15 DR. WADE: 168's a Rocky Flats.

16 MS. MUNN: No.

17 MR. GRIFFON: Oh, I saw .3 years and I thought  
18 I had the right one, I'm sorry. 158.

19 MR. HINNEFELD: No, that's not the right number  
20 of years.

21 DR. WADE: Well, we'll find it.

22 MR. GRIFFON: We'll find it.

23 DR. WADE: I'll find it and I'll -- I'll read  
24 it all.

25 MR. GRIFFON: I'm sorry, I saw the .3 years and

1 I thought I had it.

2 **MS. MUNN:** No.

3 **MR. HINNEFELD:** It's 104.

4 **MR. PRESLEY:** Yeah, 104.

5 **DR. WADE:** Okay. So I've got it, so 104, so  
6 there's 32 we'll read.

7 **MR. GRIFFON:** Yep.

8 **DR. WADE:** Okay, you guys need to go to lunch.  
9 You've worked hard. So we'll adjourn the  
10 subcommittee. Thank you. It's on the agenda  
11 for the full Board this afternoon.

12 (Whereupon, the meeting was adjourned at 12:25  
13 p.m.)

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**CERTIFICATE OF COURT REPORTER****STATE OF GEORGIA****COUNTY OF FULTON**

I, Steven Ray Green, Certified Merit Court Reporter, do hereby certify that I reported the above and foregoing on the day of December 11, 2006; and it is a true and accurate transcript of the testimony captioned herein.

I further certify that I am neither kin nor counsel to any of the parties herein, nor have any interest in the cause named herein.

WITNESS my hand and official seal this the 2nd day of February, 2007.

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**STEVEN RAY GREEN, CCR****CERTIFIED MERIT COURT REPORTER****CERTIFICATE NUMBER: A-2102**