

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

+ + + + +

PROCEDURES REVIEW SUBCOMMITTEE

+ + + + +

TUESDAY
JULY 31, 2012

+ + + + +

The Work Group convened in the Zurich Room of the Cincinnati Airport Marriott, 2395 Progress Drive, Hebron, Kentucky, at 9:00 a.m., Wanda I. Munn, Chair, presiding.

PRESENT:

WANDA I. MUNN, Chair
JOSIE BEACH, Member
RICHARD LEMEN, Member*
PAUL L. ZIEMER, Member

ALSO PRESENT:

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TED KATZ, Designated Federal Official
BOB ANIGSTEIN, SC&A*
HANS BEHLING, SC&A*
KATHY BEHLING, SC&A*
STU HINNEFELD, DCAS
LORI MARION-MOSS, DCAS
STEPHEN MARSCHKE, SC&A
MICHAEL RAFKY, HHS*
MUTTY SHARFI, ORAU Team*
SCOTT SIEBERT, ORAU Team*
MATTHEW SMITH, ORAU Team*
JOHN STIVER, SC&A
ELYSE THOMAS, ORAU Team*

*Participating via telephone

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

2 (9:02 a.m.)

3 MR. KATZ: Good morning, everyone.

4 This is the Advisory Board on Radiation and
5 Worker Health, Procedures Review Subcommittee
6 and we're going to get started with roll call.

7 Beginning with the Board Members we
8 have to address conflict of interest as well at
9 the outset of the meeting and I think I'll just
10 address this as we go through.

11 (Roll call.)

12 MR. KATZ: Okay, then there's an
13 agenda that's posted on the web page and I think
14 any other documents we're discussing should have
15 been posted as well, that were PA-cleared at
16 least. And, Wanda, it's your agenda.

17 CHAIR MUNN: All right, before we
18 undertake the agenda, there is one item that
19 perhaps we should address.

20 In reviewing the transcript from
21 last time, I noticed not one or two, as was in
22 my memory, or a half dozen that I thought I

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1 recalled, but an astonishing 25 instances where
2 what our transcript says is simultaneous
3 speaking.

4 Those of us who were here remember
5 that there was a great deal of Tower of Babel
6 activity last time, and it's disconcerting for
7 us to have that on our permanent record because
8 we don't remember what we said three months
9 later.

10 There ought to be some easy way for
11 us to address that to make sure that we don't
12 continue to do that.

13 Our transcribers and our recorders
14 have been very innocuous for quite some time now
15 and don't intrude in any way on our proceedings.

16 I'm wondering if perhaps we have
17 been a little too lax in that regard and have not
18 specifically asked that our recorders let us
19 know when they're not getting what we say.

20 I personally would like to see a
21 cleaner transcript, and if we all agree to that,
22 then I guess we could ask our current recorder

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1 if there's any objection to putting up a hand or
2 in some way letting us know when we're talking
3 over each other.

4 Sometimes the people who are doing
5 that are not even aware of the fact that they're
6 all talking at once. Is there any objection
7 from anyone to having our recorder do that, and
8 do you mind doing it?

9 COURT REPORTER: I don't mind doing
10 that. Often the discussion is moving fast, but
11 would you like me to just put up a hand?

12 CHAIR MUNN: Yes, if you would just
13 put up a hand when you're getting swamped, when
14 you know that you can't get all of the voices in,
15 so that I'll know to stop and ask what's the last
16 thing you got and we can take up the discussion
17 from there. That would be preferable for me if
18 no one objects to that.

19 MR. KATZ: I agree and I also think
20 I should and the Chair should also sort of keep
21 a mind to this because that's part of our keeping
22 an orderly meeting. So it's not all on the backs

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1 of the transcriber to --

2 CHAIR MUNN: No. No, I don't
3 anticipate that.

4 MR. KATZ: -- call attention. And
5 I'm a transgressor, I have to admit. I know I
6 am, but I should do better too.

7 MEMBER BEACH: Well, and it really
8 falls to somebody because she may raise her hand
9 and in that heat of the moment nobody's paying
10 attention there either so.

11 MR. KATZ: We can all pull towards
12 this goal.

13 CHAIR MUNN: Well, our enthusiasm
14 for addressing the issues is laudable but we'll
15 need to curb our enthusiasm a little if we can
16 get a little help in doing that.

17 And we'll try our best to be much
18 more aware. And unfortunately I don't have a
19 gavel but I can yell, so thank you, Kayla.

20 I think both the agency and the
21 contractor have been busy populating our list
22 where we had openings that had been identified.

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1 And to the best of my knowledge,
2 everything that we anticipated has been. We're
3 populated now, aren't we, so far as we know?
4 We're pretty well up to speed in terms of what
5 we know that needs to be on the database that we
6 didn't have last time.

7 MR. MARSCHKE: I think most of the
8 information that we needed to enter has been
9 entered. PER-14 has been.

10 CHAIR MUNN: I noticed that.

11 MR. MARSCHKE: The findings from
12 that have been entered and Lori mentioned that
13 NIOSH has been entering information and I've
14 been entering some information.

15 Still, you know, as we work with the
16 system, we are finding things that need to be
17 cleaned up here and there and so on and so forth
18 and we're working on those.

19 As a matter of fact, I was having
20 some trouble getting the PER-14 findings in and
21 Lori took care of that. Computer IT people take
22 care of that for us and so we were able to do that.

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1 And so we are going in the right
2 direction and I would say we're, you know, 90
3 percent there.

4 There are a few things that still are
5 frustrating. The PDF file print thing here
6 doesn't seem to be operating at this point.

7 CHAIR MUNN: I noticed that.

8 MR. MARSCHKE: There is an
9 alternative way to get printouts, is to go up
10 here to the file and get a printout here and
11 direct it to a PDF file.

12 But that tends to generate a very
13 fuzzy file which is difficult to read because
14 it's not clear. Because of all the nice, fancy
15 formatting we have on the screen, when you use
16 the print option up here, you get an exact image
17 of what's on the screen.

18 CHAIR MUNN: Oh, really?

19 MR. MARSCHKE: And because it is
20 highlighted and stuff, you'll get some fuzzy
21 results and it's difficult to read some of the
22 stuff.

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1 So I think, you know, I don't want
2 to speak for Lori, but I think NIOSH is still
3 working on making sure that the printing
4 individual findings button will be implemented
5 at some point and that'll take care of that
6 problem.

7 CHAIR MUNN: I didn't even find that
8 back door and so I didn't know that was there.

9 MR. MARSCHKE: Well, we've got a few
10 secrets in our pocket, Wanda.

11 CHAIR MUNN: Very good, very good.
12 Very clever of you.

13 MR. MARSCHKE: I guess maybe the
14 people to speak is Josie and Lori because they've
15 been new to the BRS system and were they able to
16 use it and was it useful to them more so than,
17 you know, myself.

18 That would be really a test of the
19 system, whether or not new people coming into the
20 organization, you know, found it useful.

21 CHAIR MUNN: In the final analysis,
22 that's what we have to look at. I just wanted

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1 to make sure that we were pretty well up to speed,
2 pretty well current, with our population of the
3 BRS.

4 MR. MARSCHKE: Well, right now,
5 excuse me Wanda, but right now I was trying to
6 enter some stuff on TIB-10.

7 I'm having some trouble trying to
8 get attachments attached, but I noticed that
9 other people at NIOSH have been attaching
10 attachments.

11 And so maybe it's just operator
12 ignorance on my part and I just have to find out
13 how to do that, but so that's what I'm working
14 on right now.

15 CHAIR MUNN: Well, that's good. If
16 we have most of the notations in that we were
17 talking about last time and in prior meetings,
18 then that's half the battle won. That's good.

19 And I just checked. One of the
20 things we'd had trouble with last time was
21 OTIB-54. It looks to me that all the active
22 findings are working now but we'll find that out

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1 when we get there I suppose.

2 And I know Elyse was going to be
3 doing a lot of the NIOSH work to make sure that
4 as much as we had was up to date. Do you have
5 anything to add, Elyse?

6 MS. THOMAS: No, Wanda, thank you.

7 CHAIR MUNN: All right, thanks very
8 much, appreciate it. And Steve's suggestion is
9 well taken. Josie, are you feeling comfortable
10 as a newcomer to the system?

11 MEMBER BEACH: I actually found it
12 very easy to navigate through the system.
13 However, there's probably way more to this
14 system than I was even able to discover.

15 I was able to get on, find the
16 documents, look at the findings. I guess I was
17 looking for some of the backup documents and I
18 don't know if those are there.

19 Like OTIB-70, I can see the findings
20 but if I wanted to see the actual document, could
21 I see it within this system?

22 CHAIR MUNN: Yes.

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1 MEMBER BEACH: I just wasn't sure
2 how to do that at this point, so that was one
3 thing that it wasn't 100 percent clear to me.

4 CHAIR MUNN: It depends on what the
5 link is, but we do have a significant number of
6 links if we know where to look for them.

7 MEMBER BEACH: That's the key, is
8 knowing where.

9 MR. KATZ: I guess the thing to do
10 is just if someone from DCAS could just get on
11 the phone with Josie and walk her through
12 different functions --

13 MEMBER BEACH: Yes, or just give
14 like a tutorial of where things are.

15 MR. KATZ: -- or a little tutorial
16 of different things.

17 MR. MARSCHKE: Josie, to answer
18 your first question, to find the document itself
19 all's you have to do is go up here and click on
20 the name. See, basically it becomes
21 underlined.

22 MEMBER BEACH: Yes, oh, I see.

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1 Okay.

2 MR. MARSCHKE: If you click on that,
3 it'll pull up the document so the document itself
4 can be accessed in that manner.

5 MEMBER BEACH: Very good. I
6 figured there was an easy way to do it so there
7 we go, so I don't have to switch back and forth.

8 CHAIR MUNN: No.

9 MEMBER BEACH: Excellent.

10 MR. MARSCHKE: And then obviously
11 to get the history of any particular finding, you
12 go over and click on the little plus arrow or plus
13 box over here and --

14 MEMBER BEACH: Yes, I did find that.
15 Okay, perfect.

16 MR. MARSCHKE: The intent is to
17 attach standalone files with this feature down
18 here. There aren't too many presently
19 attached. There are only maybe a handful in all
20 the findings.

21 CHAIR MUNN: But we have a number of
22 findings where White Papers have been issued

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1 debating a technical issue back and forth
2 between the agency and the contractor and it's
3 our goal to eventually have the bulk of those
4 White Papers --

5 MEMBER BEACH: And those would be
6 under attachments?

7 CHAIR MUNN: -- attached, yes.

8 MEMBER BEACH: Excellent, okay.
9 Yes, I think that was my biggest one, Steve,
10 because I kept thinking I should be able to get
11 to those documents much easier, and thanks for
12 clearing that up.

13 MR. MARSCHKE: Yes.

14 CHAIR MUNN: That's what we're
15 aiming for. Anything else, Josie?

16 MEMBER BEACH: So far, no.

17 CHAIR MUNN: Lori, how about you?
18 How we doing?

19 MS. MARION-MOSS: Well, with the
20 system itself, I had fun. Yes, I had fun. I was
21 trying to make sure I could find any problems
22 with it, and I agree with Steve. We're working

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1 on the issue with the PDF icon.

2 Right now our IT team is planning to
3 disable that for now until they can get that
4 functioning properly.

5 One of the problems that we've
6 discovered is that when the findings are entered
7 a lot of them are being entered from either a
8 website or a Word document and the differences
9 in the fonts, the system is not recognizing so
10 it's causing these errors.

11 The goal was to actually be able to
12 click on the PDF and you can actually see a PDF
13 listing of all your findings collectively, which
14 I think is very useful.

15 CHAIR MUNN: Yes, that was our
16 intent.

17 MS. MARION-MOSS: Right.

18 CHAIR MUNN: It was going to be very
19 useful for us in transferring between the Work
20 Groups.

21 MS. MARION-MOSS: So I took it upon
22 myself to assume that the Committee wanted to

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1 have that function.

2 So we're in the process of actually
3 getting a software tool that will scrub the
4 symbols that come from a website or Word document
5 to actually clean it up so we can keep that
6 ability.

7 CHAIR MUNN: Your assumption is
8 correct.

9 MS. MARION-MOSS: Okay, yes, all
10 right. So other than that, I think it's a pretty
11 good system.

12 CHAIR MUNN: Good.

13 MS. MARION-MOSS: And we can keep
14 working to get it functioning to the ability you
15 want.

16 CHAIR MUNN: We're increasingly
17 happy with it. It's been a long haul, but there
18 is a plethora of information in here and it's
19 taken a long time to get it in the format and as
20 accessible as we wanted it to be, so I'm glad that
21 two new people at least find it workable.
22 That's good.

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1 Anybody else have anything to
2 contribute with respect to the BRS and what we're
3 doing with it?

4 As a kind of side note, I just lapsed
5 into three-letter acronyms there which we use
6 here all the time.

7 But for the sake of anyone who might
8 encounter this later and not be familiar with our
9 acronyms, BRS stands for Board Review System
10 which is what we're calling the database
11 although I am an outlander and I have a tendency
12 to call it the database, and I'm corrected
13 regularly by our IT folks, but I think of it as
14 our database.

15 We were going to have it reviewed for
16 accuracy and pertinence during the interim from
17 our last meeting and I am working on the
18 assumption that that has occurred.

19 Stu, do you know for a fact? I'm
20 assuming you or Elyse would have been the folks
21 who were looking at that.

22 MR. HINNEFELD: At the data that's

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1 in it?

2 CHAIR MUNN: Yes, for accuracy and
3 pertinence.

4 MR. HINNEFELD: I believe that, you
5 know, we agree that what's in there is what
6 should be there.

7 There may be instances where, you
8 know, we have an answer or two that we haven't
9 quite said okay to that hasn't been put in there
10 yet, but we believe what's in there is what
11 should be there.

12 CHAIR MUNN: Well, we wanted to make
13 sure that the findings were listed where the
14 findings should be and that they reasonably
15 reflect it.

16 There was I know a lot of effort that
17 went on verifying the verbiage from the system
18 with reports from transcripts covering this same
19 material to make sure that we actually had
20 captured the thought correctly.

21 And we had some discussion on that
22 and it was going to be checked and I think it was

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1 checked.

2 MR. HINNEFELD: I remember there
3 was one issue of a particular document that's
4 entered with an extra zero or it's kind of in
5 there twice.

6 And when you're trying to find it,
7 you're liable to pull up the one that doesn't
8 have the findings when almost the same document
9 title brings up the findings and I can't recall
10 which one it is now but --

11 MS. MARION-MOSS: I believe that's
12 OCAS-0013 and DCAS-0013.

13 CHAIR MUNN: It's 13, yes.

14 MR. HINNEFELD: And I'm not sure
15 that's sorted out.

16 CHAIR MUNN: Do we have one zero or
17 two zeroes?

18 MS. MARION-MOSS: We took care of
19 that.

20 MR. HINNEFELD: Is that taken care
21 of?

22 MS. MARION-MOSS: We have two

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1 zeroes for the DCAS document.

2 CHAIR MUNN: Yes, that's good,
3 which is what we needed. Okay, thanks to all.

4 MR. MARSCHKE: Wanda.

5 CHAIR MUNN: Yes.

6 MR. MARSCHKE: I notice on the
7 agenda you have "including overarching issues"
8 there next to the database issues. Are you
9 referring to overarching database issues or are
10 you referring to overarching technical issues?

11 What was the intent, because I know
12 at one point we talked about putting in I guess
13 a dummy document to track the overarching
14 technical issues and I don't know if that was the
15 intent of this, you know, here or not so.

16 CHAIR MUNN: Yes, it was. At our
17 last meeting, we said that we were going to
18 pursue the concept of adding that list here since
19 Jim Neton had been the keeper of that data and
20 we did not have any means of tracking it.

21 We discussed the possibility of
22 doing exactly that, setting it up in this Board

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1 Review System, so that we would not only have a
2 clear and easily accessible listing of what
3 those issues were but also whether any change
4 occurred over time. We could track that.

5 And I don't recall whether it was
6 actually assigned. We discussed it. But I
7 thought it was assigned for NIOSH to do.

8 MS. MARION-MOSS: Well --

9 MR. MARSCHKE: I don't recall
10 either, Wanda, whether or not we actually came
11 to that far into the process, to actually
12 assigning.

13 MR. KATZ: Lori was going to respond
14 to that.

15 MS. MARION-MOSS: Yes, we do have a
16 little something --

17 CHAIR MUNN: Good.

18 MS. MARION-MOSS: -- that we'd like
19 to share. Steve, if I can use your computer?

20 MR. MARSCHKE: Sure, go ahead.

21 MR. HINNEFELD: Could you pull up
22 the BRS for us?

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1 MS. MARION-MOSS: Yes.

2 MR. MARSCHKE: Set up is in seven.

3 Do you want to go to the main screen?

4 MS. MARION-MOSS: Yes, let's go to
5 the main screen. What we did is set up a little
6 skeleton, not knowing exactly where you want to
7 go with the overarching issues and all, so we've
8 done a little test for you to see.

9 If you could go to the Document Type
10 Filter, the center menu drop-down, and then you
11 have a listing of overarching issues for an
12 option, I'm sorry.

13 And what we've done here is listed
14 the name of the overarching issues that we
15 received from Jim Neton.

16 CHAIR MUNN: Wait, now back up. At
17 the original screen --

18 MS. MARION-MOSS: Yes, the center
19 drop-down menu.

20 MR. MARSCHKE: Document Type
21 Filter.

22 CHAIR MUNN: -- the Document Type

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1 Filter is included. Oh, I see. You've
2 included it in the list, okay. Now, got it. Go
3 ahead.

4 MS. MARION-MOSS: Okay. According
5 to Jim, we have at least eight categories, if you
6 will, of overarching issues and we've listed
7 those as document titles.

8 We just arbitrarily just picked a
9 document number. I chose NIOSH over, one would
10 be your oronasal breathing, okay? We can make
11 changes as we start to build upon the overarching
12 issue concept, okay?

13 And what we've done, I actually went
14 through the database and found some of those that
15 were designated in the findings as --

16 CHAIR MUNN: Good for you. Thank
17 you, Lori.

18 MS. MARION-MOSS: -- oronasal
19 breathing and we assigned it to this overarching
20 document number.

21 CHAIR MUNN: Very good, good start.

22 MS. MARION-MOSS: Now, going back

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1 to what Steve showed you early, Josie, there is
2 actually no document. If you clicked on
3 oronasal breathing, there's no document there.

4 Based on the design of the database,
5 we had to name it something and present it as if
6 it was an actual document.

7 MR. KATZ: This is perfect.

8 CHAIR MUNN: That's perfect.

9 MR. KATZ: This is just we talked
10 about, Lori, so.

11 CHAIR MUNN: Exactly what we
12 wanted.

13 MS. MARION-MOSS: Now, if you will
14 go back, one other thing I'd like to show you.
15 If you will actually go back to TIB-4 -- let me
16 clarify that. That's OCAS, I'm sorry, ORAU
17 TIB-4.

18 MR. HINNEFELD: It'd be useful if we
19 called it OTIB, wouldn't it? Okay, go ahead.

20 MR. MARSCHKE: How many zeroes,
21 four?

22 MS. MARION-MOSS: No, three.

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1 MR. MARSCHKE: Three zeroes?

2 MS. MARION-MOSS: Now, we're still
3 in the process of building this, designing it and
4 all, but if you will go down, I believe that
5 overarching issue is Finding number 12.

6 If you scroll down to 12, you will
7 see -- go back to 11 for me, Steve. You see
8 there's a gap, it goes from 11 to 14?

9 CHAIR MUNN: Yes, yes.

10 MS. MARION-MOSS: Currently IT has
11 moved it down to the bottom of the list in this
12 particular document.

13 CHAIR MUNN: Because?

14 MS. MARION-MOSS: Well, they're
15 still working on it. Okay, but I would like it
16 for it to remain in order, chronological order.

17 CHAIR MUNN: Yes, so would I.

18 MS. MARION-MOSS: Okay, so we're
19 working on that. But what they've done is added
20 a little message once you get to that finding and
21 12 is one of those findings. It's an
22 overarching issue and it says "Finding has been

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1 transferred here."

2 CHAIR MUNN: Excellent.

3 MS. MARION-MOSS: If you were to
4 click on here, --

5 CHAIR MUNN: I just did.

6 MS. MARION-MOSS: -- it should take
7 you to the actual overarching category.

8 CHAIR MUNN: Well done.

9 MR. MARSCHKE: One question. I
10 notice the status is transferred in both. Does
11 the status have to be the same in both screens?

12 I mean, because basically if you go
13 back to the OTIB-4, it should say transferred,
14 which is correct because it's been transferred
15 out of here and it's been transferred over to the
16 overarching.

17 But over here probably the status
18 should be whatever the status is, open, in
19 progress or, you know, in abeyance or whatever
20 the status is over on this screen so.

21 MS. MARION-MOSS: Whatever the
22 Committee would like to do, we can do it.

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1 CHAIR MUNN: It should be open on
2 the screen.

3 MEMBER ZIEMER: Or whatever it is
4 for that finding.

5 CHAIR MUNN: Yes.

6 MS. MARION-MOSS: For that finding,
7 yes.

8 MR. MARSCHKE: Whatever it was
9 before they transferred it, it should be. On
10 this screen, it should show whatever that
11 status, the working status.

12 CHAIR MUNN: Well, in the previous
13 screen it probably showed in abeyance before it
14 showed transferred.

15 And that brings up the issue whether
16 we are going to address these on a regular,
17 scheduled basis the way we do others or whether
18 these stand separately.

19 I guess what I'm trying to say is are
20 we going to address these while we're addressing
21 OTIB-4 or will we be handling overarching issues
22 separately? I guess that's really what I'm

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1 trying to say, and I don't think we've even
2 talked about that.

3 MR. KATZ: Well, I think the whole
4 concept was when we identify overarching issues
5 is we say we're not going to deal with this here.
6 This affects many other --

7 CHAIR MUNN: Exactly.

8 MR. KATZ: So I don't think you
9 would address it when you're addressing that
10 document because that's the whole point of
11 putting it in this bucket, is because it affects
12 more than one document or TBD, whatever it might
13 be, and so it's going to be this generally.

14 CHAIR MUNN: Yes, Paul.

15 MEMBER ZIEMER: Let me ask it in a
16 somewhat different way. So let's suppose at
17 Savannah River you have an oronasal breathing
18 finding and you push it over to here.

19 Now at, you know, Los Alamos you have
20 an oronasal breathing finding which is sort of
21 similar, maybe slightly worded different. You
22 push it into here.

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1 And so now these things show up as
2 what? Both that identified number and then as
3 little subsets of them?

4 CHAIR MUNN: Yes.

5 MEMBER ZIEMER: Okay. So then when
6 you look at oronasal breathing, you have this
7 collection of where the findings showed up, and
8 then whoever is reviewing it can review it sort
9 of in a generic way and I think the specific site
10 may still have to apply it to their site so --

11 MR. KATZ: But then when it all gets
12 addressed generally and whatever the general
13 matters are resolved, then you can send them
14 back.

15 MEMBER ZIEMER: You can send them
16 back.

17 MR. KATZ: Transfer it back to the
18 specifics and either be applied directly or if
19 it needs to be adjusted for the conditions of the
20 site or what have you, or the procedure, then
21 that can be addressed by the group that's
22 responsible for that site or procedure.

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1 CHAIR MUNN: Yes, this is --

2 MEMBER ZIEMER: Presumably you'll
3 find this multiple times. If it's an
4 overarching issue, you're going to find it.

5 Now, as I understand it, Lori, so did
6 you go through or partially through the database
7 and say, okay, here's oronasal breathing so put
8 it there?

9 MS. MARION-MOSS: Yes.

10 MEMBER ZIEMER: Based on Jim
11 Neton's list?

12 MS. MARION-MOSS: Correct.

13 MEMBER ZIEMER: Good.

14 CHAIR MUNN: And I'm delighted to
15 see that you transferred the entire thing
16 including its identification in OTIB-4 because
17 as Paul just pointed out --

18 MEMBER ZIEMER: You can still track
19 it back if you need to.

20 CHAIR MUNN: Yes, you can still
21 track it back, and no matter how many sites we
22 add to this heading we'll know exactly where they

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1 came from. Great, thank you.

2 MR. HINNEFELD: If I can, I think
3 what you did was you looked at anything with a
4 transferred status, is that what you looked at?

5 MS. MARION-MOSS: Right, correct.

6 MR. HINNEFELD: Because we thought
7 that we had put the status as transferred for
8 everything we'd identified in the database as an
9 overarching issue.

10 So she looked at everything that was
11 transferred and looked for things that said
12 transferred to overarching or whatever. There
13 was another term that was used sometimes. But
14 that's how she arrived at the ones that were in
15 the database in order to link up with those.

16 CHAIR MUNN: Great.

17 MR. HINNEFELD: Now, I'm not sure
18 that every one of those overarching issues on
19 that list will link to anything that's currently
20 in the database.

21 CHAIR MUNN: Probably not always.

22 MR. HINNEFELD: Did you find

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1 something for all of them, Lori, do you remember?

2 MS. MARION-MOSS: No, I did not.

3 MR. HINNEFELD: Yes, because there
4 were those that came, I mean, those have come up
5 elsewhere, rather than from the Subcommittee.

6 MS. MARION-MOSS: That's true.

7 MEMBER ZIEMER: I was looking on the
8 overarching list for resuspension factors,
9 which is one of our categories, and I didn't see
10 that. Now, it may be a subset of workplace
11 ingestion or something.

12 MS. MARION-MOSS: It will be added.

13 MEMBER ZIEMER: Oh, okay.

14 MS. MARION-MOSS: Jim made me aware
15 that --

16 MEMBER ZIEMER: You don't
17 necessarily have them all --

18 MS. MARION-MOSS: -- TIB-70 is one
19 of them.

20 MEMBER ZIEMER: Got you.

21 MS. MARION-MOSS: And that will be
22 added.

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1 MEMBER ZIEMER: Some of these I
2 think there was already a document being
3 developed. There may be a document on
4 resuspension factors per se. Is that right or
5 is it part of a bigger document? I don't
6 remember.

7 MR. HINNEFELD: There have been
8 documents prepared for some of these I know. I
9 believe there's been a document prepared for
10 oronasal breathing a while ago and it's never
11 really been discussed in a Subcommittee or Work
12 Group, I don't believe.

13 But there has been something
14 prepared on oronasal and I suspect there has been
15 maybe more than one thing prepared on
16 resuspension, so it'll be a matter of getting,
17 you know, collecting those --

18 MEMBER ZIEMER: Collecting those
19 into this.

20 MR. HINNEFELD: -- and getting them
21 into here.

22 MR. KATZ: So I guess one suggestion

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1 I have is, I mean, I think maybe SC&A wants to
2 look at these too as they're in there, including
3 all their links.

4 And once sort of DCAS and SC&A sort
5 of agree that they think that they're complete
6 to the extent that you can identify them, we may
7 stumble across others that have been somehow
8 left out somewhere but I don't mean issues but
9 elements of a particular overarching issue.

10 But once we think they're complete,
11 I think then the Subcommittee can just start
12 addressing them one at a time. We decide at this
13 meeting we're going to address this one.

14 There may be an overarching issue
15 that you think belongs elsewhere but otherwise
16 this is a reasonable place to start at least and
17 look at these and one by one you can start
18 addressing them.

19 And we can then arrange to have Jim
20 Neton or anyone else here for that meeting,
21 including the right people from SC&A here for
22 that meeting, and try to knock these off and so

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1 that they'll no longer be hovering as they have
2 for these years.

3 CHAIR MUNN: A legitimate method
4 for approaching I think. For the time being,
5 the immediate action, it appears, would be that
6 NIOSH would continue to populate this list and
7 devise some method for searching base documents
8 to add as components of populating this part of
9 the system.

10 MR. HINNEFELD: What base
11 documents?

12 CHAIR MUNN: Well, as you just
13 mentioned, you thought that there may be some
14 procedures, some documents already written to
15 address some of these, and if those documents
16 exist, then we need to populate this database
17 with them.

18 MR. HINNEFELD: So response sort of
19 actions.

20 CHAIR MUNN: Exactly.

21 MR. HINNEFELD: So just like we
22 would enter responses on any other issue.

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1 CHAIR MUNN: Exactly.

2 MR. HINNEFELD: Okay.

3 MR. KATZ: Yes, and then if SC&A
4 would just, as part of this, in the next month
5 or whatever have a look at this and see if you
6 can identify other instances where that
7 overarching issue may have been addressed that
8 might somehow not be captured.

9 MR. MARSCHKE: Right. We'll go
10 through and look. Now that we have a way to
11 track the overarching issues, we can go through.

12 And if we can find something, I'll
13 let Lori know, you know, we think this should be
14 moved over into the overarching issue or we want
15 to add this or whatever, so I'll work with Lori
16 on that.

17 But I did have one question or maybe
18 a database how we want to do this is now we're
19 going to have these overarching issues and
20 they're going to have basically two statuses
21 associated with them.

22 In the initiating document, like in

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1 OTIB-4, they're going to have the status of
2 transferred. In the overarching issue
3 category, they're going to have a status of
4 whatever it is.

5 And so when we go and generate this
6 summary table, you know, we don't want to double
7 count that particular issue. We want to make
8 sure that we don't double count it, I guess, is
9 my caution here.

10 MEMBER ZIEMER: Well, any issue
11 that you transfer is going to show up again
12 somewhere else, right? So don't all the
13 transferred ones, in a sense, get double
14 counted?

15 MR. MARSCHKE: No, not necessarily
16 because, for example, Battelle-TBD-6000, all 13
17 of these are transferred and they're transferred
18 out of this Subcommittee into your Work Group,
19 Paul.

20 MEMBER ZIEMER: Right.

21 MR. MARSCHKE: And so they don't
22 really show up as double counting.

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1 MEMBER ZIEMER: Well, they'd show
2 up as 13 here.

3 MR. MARSCHKE: They show up as 13
4 issues that have been transferred.

5 MEMBER ZIEMER: Right, right.

6 MR. MARSCHKE: And where they were
7 transferred to, it doesn't show up. You know,
8 the fact that they were transferred into your,
9 and the status that they are in your Work Group
10 is --

11 MEMBER ZIEMER: Or there's not 13
12 added to our Work Group then?

13 MR. KATZ: But we don't track it.

14 MEMBER ZIEMER: I got you. I got
15 you.

16 MR. KATZ: We don't track it. But
17 I don't think it's that important really, Steve,
18 the double counting or what have you. When you
19 put them to bed, it'll all go away. And so, yes,
20 it inflates the numbers but that's not our
21 tracking them.

22 MR. MARSCHKE: Okay.

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1 MR. KATZ: I don't think it's that
2 important that it's worth struggling over
3 really. I mean, we're going to address them,
4 yes.

5 MR. MARSCHKE: Okay, I just want to,
6 yes.

7 MR. KATZ: No, I understand. I
8 think you're correct. I just think it just --

9 MEMBER ZIEMER: Well, let me ask
10 this. Once it's closed by whoever it was
11 transferred to, where does it show up as closed?

12 CHAIR MUNN: Here.

13 MEMBER ZIEMER: Where is it
14 counted?

15 MR. MARSCHKE: It would probably
16 show, well, again, however we decide to operate
17 this database.

18 MEMBER ZIEMER: Yes, but ultimately
19 you want to close everything that started, one
20 way or the other.

21 MR. MARSCHKE: One way or the other,
22 yes.

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1 CHAIR MUNN: Yes.

2 MEMBER ZIEMER: So you don't want
3 those transferred ones dangling out there as --

4 MR. KATZ: I think I can answer that
5 because you're going to close them as
6 overarching issues first because that's where
7 you're going to deal with them as overarching
8 issues.

9 And then you're going to go back to
10 the specific cases. And if you can close them
11 automatically, because that settles the issue
12 for that specific case, then it'll be closed
13 immediately there.

14 But if there's something
15 particular, for example it's site specific at a
16 number of sites and there's some sites for which
17 it has to be applied differently, you'll close
18 it at those sites as you can wrestle down the
19 site-specific issues for that overarching
20 issue. Does that make sense for that? I think
21 that's how that would get done.

22 MEMBER ZIEMER: So they're going to

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1 go back and show up at the original starting
2 point as closed?

3 CHAIR MUNN: Yes.

4 MR. KATZ: Yes, as closed or still
5 open until they can be closed, right, but the
6 overarching matter will have been closed, yes.

7 CHAIR MUNN: As I see it, that's
8 roughly the plan I see falling into place.

9 MS. MARION-MOSS: I have a
10 question. If they're transferred to Paul's
11 Committee or Work Group --

12 MR. KATZ: Sure.

13 MS. MARION-MOSS: -- they're
14 addressed in the Work Group?

15 CHAIR MUNN: Yes.

16 MS. MARION-MOSS: They do not come
17 back to the database?

18 CHAIR MUNN: Yes, they do come back.

19 MS. MARION-MOSS: They do?

20 CHAIR MUNN: Yes. When they close
21 it --

22 MS. MARION-MOSS: When they close

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1 it, okay.

2 CHAIR MUNN: -- they're requested
3 to notify us, yes.

4 MS. MARION-MOSS: And then we
5 close?

6 CHAIR MUNN: Yes.

7 MR. KATZ: Yes, those are the not
8 overarching but other matters you're talking
9 about, right?

10 MS. MARION-MOSS: No, overarching.

11 MEMBER ZIEMER: Either way.
12 Either way you want to know.

13 MR. KATZ: Okay, but generally
14 overarching, yes, I mean, we don't send to a Work
15 Group an overarching issue because it's coming
16 from a Work Group to --

17 MR. HINNEFELD: Most of the
18 overarching are probably going to be --

19 MR. KATZ: Coming here, right,
20 exactly.

21 MS. MARION-MOSS: So it would never
22 have to go, maybe.

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1 CHAIR MUNN: Yes.

2 MS. MARION-MOSS: Okay.

3 MR. HINNEFELD: Yes, I hate to say
4 never.

5 MS. MARION-MOSS: Yes.

6 MR. KATZ: Yes, there's one Work
7 Group where I can imagine we might send an
8 overarching issue. That would be the Science
9 Issues Work Group because that's sort of
10 constituted in a way that can deal with broad
11 issues as well as procedures.

12 CHAIR MUNN: That's a possibility.

13 MR. KATZ: Yes.

14 CHAIR MUNN: And I think a part of
15 the thinking when that Work Group was organized.

16 MR. KATZ: Sure.

17 CHAIR MUNN: Good, that's excellent
18 progress.

19 MR. KATZ: It is, thank you.

20 CHAIR MUNN: Thank you very much,
21 Lori.

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

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1 CHAIR MUNN: Didn't know that had
2 gone on. That's great. Anything else with
3 respect to the BRS? If not, then let's
4 undertake the agenda. Are there any additions
5 or corrections to the rest of the agenda as you
6 have received it?

7 I have only one thing that I'd like
8 to mention and that is that Lori and her office
9 have populated a part of OTIB-37 that wasn't
10 there before and have added a couple that needed
11 to be there and has one new one I believe.

12 So I would suggest that when we start
13 looking at the OTIBs right after lunch that we
14 include OTIB-37 and devote a little bit of time
15 to it so that Lori can report that to us. Other
16 than that, I don't have any additions. Does
17 anyone else?

18 All right. Let's start with
19 OTIB-70, which is going to be a handful, and who
20 is going to carry the water on this one?

21 MR. MARSCHKE: Well, I can start.
22 What we did was I guess NIOSH had made -- wait

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1 a minute. Let me first bring it up, get it here.

2 NIOSH had made some responses to
3 some of the comments or maybe they reissued
4 OTIB-70 as a new issue, and what we did was we
5 looked at that and we went through and made some
6 recommendations to the Subcommittee as to status
7 changes.

8 And back in May we sent to Wanda and
9 the Subcommittee an email, which is basically
10 shown here on the screen which is a summary of
11 those recommendations.

12 And, in essence, we are recommending
13 that most of the open issues or the in abeyance
14 issues associated with OTIB-70 should be closed.

15 And so if we want to walk through I
16 guess the OTIB-70 issues and if the Subcommittee
17 would like to, you know, act on our
18 recommendations I guess, then --

19 CHAIR MUNN: Let's do that, Steve.

20 MR. MARSCHKE: -- we can do that.

21 CHAIR MUNN: I think for the record
22 the best thing we can do is take them one at a

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1 time. Number 1.

2 MR. MARSCHKE: Okay, first finding.
3 Basically in Revision 1 of OTIB-70, our response
4 states that in Revision 1 of OTIB-70 the source
5 term depletion rate has been changed from 0.01
6 per day to 0.00067 per day.

7 And this change was consistent with
8 resuspension factor 1E-6 per meter, and based
9 upon this revision, SC&A recommends that the
10 finding be closed.

11 CHAIR MUNN: We are aware the
12 revision has been made and we have discussed this
13 particular item at length in this forum. Is
14 there any additional comment to make or may we
15 accept this as closed? Any objection to closing
16 it, Paul?

17 MEMBER ZIEMER: No, I'm just
18 absorbing what they said here, source term
19 depletion rate. This is the resuspension
20 factor issue.

21 CHAIR MUNN: Yes, it is, exactly.

22 MEMBER ZIEMER: Is this the case of

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1 a cleaned-up facility again? I'm just trying to
2 remember. Is this the category where there's
3 been prior clean-up such as in the residual
4 period?

5 MR. MARSCHKE: Yes. OTIB-70 is
6 dose reconstruction during the residual
7 radioactivity period.

8 MEMBER ZIEMER: Right. I think we
9 had been moving toward that final 10 to the minus
10 6 value, both SC&A and for previously cleaned-up
11 sites.

12 MR. MARSCHKE: Right. If you look
13 at the history that's been going on, basically
14 that's the argument that has been being debated.

15 You can go back to December of 2010.
16 You can see there's a whole rather large SC&A
17 reply that discusses all this thing.

18 And then in January of 2012, we got
19 a NIOSH response which indicates that they, I
20 guess, had kind of agreed with the SC&A approach
21 or they were going to accept the SC&A approach
22 and the TIB was being revised to reflect this.

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1 And, again, in January then we had
2 discussed this in the Subcommittee and the
3 Subcommittee agreed with the approach being
4 taken by NIOSH.

5 And at that point they changed the
6 status. The status was changed to in abeyance
7 and so basically what NIOSH is saying here now
8 is that the agreed-upon approach has been
9 implemented in the OTIB to SC&A's satisfaction.

10 MR. KATZ: For a cleaned-up
11 facility.

12 MEMBER ZIEMER: Right.

13 MR. MARSCHKE: For a cleaned-up.

14 MEMBER ZIEMER: I just wanted to
15 clarify.

16 CHAIR MUNN: You're okay with
17 closing it?

18 MEMBER ZIEMER: Yes, I agree with
19 that.

20 CHAIR MUNN: Josie, okay?

21 MEMBER BEACH: Yes.

22 CHAIR MUNN: Dick, are you okay with

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1 closing this? Are you on mute, Dick? We're not
2 getting a response from Dr. Lemen.

3 MR. KATZ: That's okay because you
4 have a quorum.

5 CHAIR MUNN: Let's close it as
6 recommended. Next item, Steve.

7 MR. HINNEFELD: Careful you don't
8 get too far ahead of Steve.

9 CHAIR MUNN: No, we won't.

10 MR. HINNEFELD: He's doing this
11 live-time updating.

12 CHAIR MUNN: We'll let Steve close
13 it.

14 MEMBER LEMEN: Hello.

15 MR. KATZ: Oh, there you are.

16 CHAIR MUNN: Yes, Dick.

17 MEMBER LEMEN: I am sorry. Yes, I
18 agree with you.

19 CHAIR MUNN: All right, thank you.

20 MR. KATZ: Thanks, Dick.

21 MEMBER LEMEN: My fingers are just

22 -- (Laughter.)

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1 MR. KATZ: I knew you'd find this
2 tricky.

3 CHAIR MUNN: Warm water works.

4 MEMBER LEMEN: Does it? Okay, I'll
5 stick my fingers in warm water.

6 MR. KATZ: While Steve's catching
7 up, I just thought I'd mention that I think it
8 would be good as important documents like this
9 get completely closed, the issues, it would
10 probably be good for the Procedures Subcommittee
11 to present to the Board its closure of that
12 because there's really right now not a feedback
13 mechanism for the full Board on these.

14 It would be good to bring the Board
15 up to date, certainly on major documents like
16 this which, you know, many Work Groups have
17 wrestled with.

18 MEMBER ZIEMER: Right, and this is
19 an overarching issue basically.

20 MR. KATZ: Yes.

21 MR. MARSCHKE: Sorry, I did the
22 wrong button. I have to do it all again. Okay,

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1 closed.

2 Issue 2 is kind of the same
3 situation. Again, going back to January of this
4 year, NIOSH presented what they intended to do
5 with the revision.

6 The Subcommittee agreed with the
7 NIOSH approach and in May the revision was
8 issued. SC&A looked at it and we recommend
9 again that the finding be closed.

10 MR. KATZ: Do you want to say for the
11 record and for Dick who's on the line about Issue
12 2, what we're speaking of?

13 MR. MARSCHKE: Issue 2, we're
14 talking about -- what are we talking about?

15 CHAIR MUNN: Misinterpretation of
16 references, just using them properly,
17 pertaining to outdoor soil contamination.

18 MR. MARSCHKE: Right.

19 CHAIR MUNN: Which is different
20 than building surfaces, building uses, room
21 rights, ventilation rates. Yes, Paul.

22 MEMBER ZIEMER: At our last

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1 meeting, I think we'd already agreed to the
2 finding. I think the only thing we had to do was
3 confirm that it showed up in the revision, isn't
4 that correct?

5 MR. MARSCHKE: Yes.

6 MEMBER ZIEMER: That you were going
7 to go back and confirm that it actually showed
8 up.

9 MR. MARSCHKE: That's correct, yes.

10 MEMBER ZIEMER: But the approach
11 we'd already agreed to.

12 CHAIR MUNN: Yes, we had agreed to
13 that a year or so ago.

14 MR. MARSCHKE: The in abeyance
15 status of the issue, that's implied by the, you
16 know, the in abeyance status so without, you
17 know, going back and looking at the January
18 transcript.

19 MEMBER ZIEMER: January says the
20 Subcommittee agrees with the approach.

21 MR. MARSCHKE: Right.

22 MEMBER ZIEMER: And changed to

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1 abeyance until OTIB-70 is changed. Well, it has
2 been revised and I guess Bill Thurber confirmed
3 that.

4 MR. MARSCHKE: Yes.

5 CHAIR MUNN: And the decay rate is
6 now based on estimates from specific sites
7 rather than literature sources and that's, I
8 believe, what the history of the finding led us
9 to request of the revision, which is now a fait
10 accompli.

11 MEMBER ZIEMER: Do we need a
12 recommendation?

13 CHAIR MUNN: Yes, please.

14 MEMBER ZIEMER: I recommend we
15 close the issue.

16 CHAIR MUNN: Any objections? Not
17 from Lori. You're all right with that, Dick?

18 MEMBER LEMEN: Yes.

19 CHAIR MUNN: Good, the hot water
20 worked, good.

21 MEMBER LEMEN: Well, the warm water
22 is good water.

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1 CHAIR MUNN: That's great. Thank
2 you.

3 MEMBER ZIEMER: We're all in hot
4 water, Dick.

5 MEMBER LEMEN: Yes, I know.

6 CHAIR MUNN: The finding is closed.
7 Number 3, Steve.

8 MR. MARSCHKE: Closed.

9 CHAIR MUNN: Got to catch up.

10 MR. MARSCHKE: The first two are
11 closed. Finding 3 is currently in abeyance. The
12 finding is talking about uniformly distributed,
13 well let's see, inappropriate assumption
14 regarding the impact of ventilation on source
15 term depletion.

16 And, again, it has to do, I think,
17 with the 1 percent per day being changed to
18 0.00067 per day.

19 Well, going back to January meeting,
20 the Subcommittee agreed with the approach being
21 taken by NIOSH and they changed the status to in
22 abeyance.

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1 Bill Thurber reviewed the depletion
2 factor in Revision 1 and it was based upon the
3 average observed depletions at four AWE sites.
4 We believe the new approach eliminates prior
5 SC&A concerns and, therefore, we recommend that
6 the finding be closed.

7 CHAIR MUNN: Any objection to
8 closing Number 3?

9 MEMBER ZIEMER: No objection.

10 CHAIR MUNN: This relates to the
11 same material we were discussing earlier with
12 the depletion rates.

13 MEMBER LEMEN: I agree.

14 CHAIR MUNN: Thank you, Dick. No
15 objection here. We will record Finding 3 as
16 closed.

17 MR. MARSCHKE: Finding 4 is already
18 being shown as closed, so let's skip that one.

19 CHAIR MUNN: Yes.

20 MR. MARSCHKE: Finding 5 is being in
21 abeyance and basically it's the Attachment B,
22 survey data from three separate thorium

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1 facilities. There is no guidance for the dose
2 reconstructor regarding their use. That was
3 the summary of the comments.

4 And the January NIOSH response was
5 the TIB is currently being revised to remove
6 Attachment B. It was never used for dose
7 reconstruction purposes and therefore had been
8 deemed unnecessary.

9 Also in January the Subcommittee
10 agreed with the approach, I guess the removal of
11 the Attachment.

12 And when Bill Thurber reviewed
13 Revision 1, he confirmed that Attachment B has
14 been deleted, and we recommend that the Finding
15 5 be closed.

16 CHAIR MUNN: Any objection to
17 closing Finding 5?

18 MEMBER ZIEMER: No, that was really
19 just a confusion factor. In the original
20 document, they had a table which wasn't used --

21 CHAIR MUNN: Wasn't being used.

22 MEMBER ZIEMER: -- for anything and

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1 confused people as to why it was there. I think
2 it just removed it from the revisions. It makes
3 sense. In a sense, it's not a change in
4 procedure, just removal of a confusion factor.

5 CHAIR MUNN: All right with closing
6 it, Dick?

7 MEMBER LEMEN: Yes.

8 CHAIR MUNN: Very good.

9 MR. KATZ: Closed.

10 MEMBER BEACH: Looks like this one
11 deals with the same.

12 CHAIR MUNN: Almost a duplicate.
13 Finding number 6.

14 MR. MARSCHKE: Finding number 6,
15 use of Horizon summary survey data as default for
16 operational air concentrations was
17 inappropriate and not claimant favorable. That
18 is the summary of the finding. Again, I guess
19 this is the same thing about Attachment B.

20 CHAIR MUNN: It is.

21 MR. MARSCHKE: And never been used
22 and it's been removed, and so if the Subcommittee

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1 agrees, we can close it.

2 CHAIR MUNN: Any objection? Dick?

3 MEMBER LEMEN: I have no
4 objections.

5 CHAIR MUNN: Thank you. You may
6 close it, Steve.

7 MR. MARSCHKE: Thank you, Wanda.

8 CHAIR MUNN: And 7 is already
9 closed. Eight is closed.

10 MEMBER BEACH: And 9 is the same
11 thing, Attachment B.

12 MR. STIVER: It's another example
13 of Attachment B.

14 MEMBER BEACH: Yes.

15 MR. MARSCHKE: We're up to 8 is
16 closed, 9 Attachment B.

17 CHAIR MUNN: Another Attachment B,
18 which has been removed.

19 MR. MARSCHKE: Which has been
20 removed so we closed it.

21 CHAIR MUNN: Closed.

22 MEMBER ZIEMER: Closed.

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1 CHAIR MUNN: Closed, closed.
2 Dick?

3 MR. MARSCHKE: Okay, where are we?

4 CHAIR MUNN: Now we're down to 10.

5 MR. MARSCHKE: Ten was basically
6 again the recommended resuspension factor of
7 1E-6 per meter is inappropriate.

8 Indoor resuspension factors sited
9 in the scientific literature involve
10 substantial industrial activities should be a
11 resuspension factor of 10 to the minus 4 to 10
12 to the minus 3 per meter. That was the summary
13 of the concern.

14 NIOSH feels that 10 to the minus 6
15 isn't appropriate. In addition, it does not
16 limit resuspension. Therefore, if a situation
17 arises where a higher resuspension factor is
18 deemed necessary, it could be applied to that
19 specific situation. This is the NIOSH January
20 response.

21 NIOSH has committed to the finding.
22 The Subcommittee's January response to NIOSH was

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1 NIOSH has committed to check whether OTIB-70 has
2 the appropriate caveat for the use of 10 to the
3 minus 6 resuspension factor.

4 If not, an appropriate caveat will
5 be inserted. Based upon this, the Subcommittee
6 has changed the status to inappropriate.

7 MR. KATZ: To what?

8 MR. MARSCHKE: To in abeyance.

9 (Laughter.)

10 MEMBER BEACH: So the correction
11 here is, therefore, if a situation arises where
12 the higher suspension factor is deemed
13 necessary, it could be applied.

14 Does OTIB-70 give you the option or
15 does it just say it would apply? Because it
16 doesn't really change anything, that answer.

17 CHAIR MUNN: The table says it's
18 going to be a site-by-site analysis.

19 MR. STIVER: Yes, if you go down to
20 Bill Thurber's response --

21 MR. MARSCHKE: If you go to Bill
22 Thurber, yes.

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1 MR. STIVER: The caveat is in Table
2 5.1, where basically they default to a
3 site-specific situation.

4 MEMBER BEACH: Okay, so it will go
5 to site, okay. I wanted to clear that up, thank
6 you.

7 MR. MARSCHKE: Yes, basically a
8 footnote has been added to Table 5-1 which
9 states, "In cases where the contaminated area is
10 still involved in operations, a site-by-site
11 analysis of the appropriateness of 1 times 10 to
12 the minus 6 per meter squared resuspension
13 factor should be done."

14 And basically since the table
15 indicates a site-by-site analysis, SC&A
16 recommends the finding be closed.

17 MEMBER BEACH: And have we reviewed
18 the Table 5.1?

19 MR. MARSCHKE: Well, we can go up
20 and --

21 CHAIR MUNN: Yes.

22 MR. MARSCHKE: -- look at it right

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1 now. We can go --

2 CHAIR MUNN: SC&A has reviewed it.

3 MEMBER BEACH: Have they? Okay.

4 CHAIR MUNN: Yes.

5 MR. KATZ: Yes.

6 CHAIR MUNN: This is their
7 response.

8 MEMBER BEACH: They found it
9 appropriate?

10 CHAIR MUNN: Yes.

11 MEMBER BEACH: Okay, that's fine
12 then.

13 MEMBER ZIEMER: Of course, Bill
14 Thurber has confirmed that the footnote is
15 there. My concern is, and I'll maybe ask Stu,
16 if the dose reconstructor is using this
17 document, is a footnote going to be easily
18 missed?

19 If they see a table of resuspension
20 factors, is there some way that really red flags
21 it so they say if this is an active site, it
22 hasn't been cleaned up, I should not use this

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1 table?

2 That's what it's really saying, to
3 go back and see if these are -- I'm a little
4 concerned about footnotes because they easily
5 get overlooked.

6 I mean, this meets the letter of the
7 law in terms of changing the procedure. Are we
8 comfortable that all those dose reconstructors
9 out there catch the footnotes?

10 MR. HINNEFELD: Scott Siebert, are
11 you on the phone?

12 CHAIR MUNN: You shouldn't be using
13 OTIB-70 anyway if you're --

14 MR. SIEBERT: I am.

15 MR. SHARFI: This is Mutty again.

16 MR. HINNEFELD: Okay, Mutty.

17 MR. SHARFI: Really DRs don't
18 directly use this document.

19 MEMBER ZIEMER: All right.

20 MR. SHARFI: This is more for TBD
21 authors.

22 MEMBER ZIEMER: Got you, okay.

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1 Thank you, that answers it then, and a TBD author
2 presumably will be looking at the details
3 critically of the document.

4 I was just concerned of a dose
5 reconstructor somehow using this, but it's
6 already a document for cleaned-up facilities
7 anyway.

8 CHAIR MUNN: Yes, correct.

9 MEMBER ZIEMER: Right? Okay.

10 MR. HINNEFELD: And beyond that,
11 sort of a technique has to be approved for dose
12 reconstruction.

13 MEMBER ZIEMER: Got you.

14 MR. HINNEFELD: And once that
15 technique gets approved would be incorporated.
16 That's like a --

17 MEMBER ZIEMER: It's based on this
18 but it wouldn't be in there. Okay, I'm good with
19 that.

20 MR. HINNEFELD: Yes, so it's not
21 individual dose reconstructors who are making
22 the judgement.

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1 MEMBER ZIEMER: Right, right, got
2 you. Thank you, that answered it. I'm
3 comfortable with that.

4 CHAIR MUNN: All right, onto Item
5 number --

6 MR. MARSCHKE: What was status,
7 closed?

8 CHAIR MUNN: Yes, the status is
9 closed, yes.

10 MR. MARSCHKE: That was 8. Nine is
11 --

12 CHAIR MUNN: No, that was 10.

13 MR. MARSCHKE: That was 10? Oh,
14 I'm way behind.

15 MEMBER BEACH: Eight, 9 and 10 are
16 all closed.

17 MR. MARSCHKE: Finding 11 was
18 concerned with the use of NUREG-1400.

19 CHAIR MUNN: And Thurber says
20 NUREG-1400 has been deleted from Rev. 1 of the
21 OTIB and that SC&A recommends the finding be
22 closed.

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1 MR. MARSCHKE: Yes, back in
2 January, that's what NIOSH said that they were
3 going to do, was we advise remove the NUREG-1400
4 source term approach.

5 CHAIR MUNN: Yes, although I like
6 NUREG-1400 myself. So any objection to closing
7 this?

8 MEMBER BEACH: No.

9 CHAIR MUNN: None here at the table.
10 Dick?

11 MEMBER LEMEN: No, I'm fine.

12 CHAIR MUNN: All right, thank you.
13 You may close it, Steve.

14 MR. MARSCHKE: Thank you.

15 CHAIR MUNN: Thank you.

16 MEMBER BEACH: So addressed in
17 finding? Is that something we deal with or is
18 it --

19 CHAIR MUNN: Yes. No, it means
20 this has already been taken care of in a
21 preceding finding, and if you look at the comment
22 itself, it should tell us which finding meets

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1 this.

2 MEMBER BEACH: So is that
3 technically closed then --

4 MR. MARSCHKE: No.

5 MEMBER BEACH: -- since it's been
6 addressed?

7 CHAIR MUNN: No, it says this
8 finding should be closed when the documentation
9 from the TBD-6000 Work Group is received. We
10 have to wait for feedback.

11 MR. MARSCHKE: I guess basically
12 this is the one that had been transferred to
13 TBD-6000 Work Group and so --

14 CHAIR MUNN: If Paul ever gets his
15 email back, he may send us closure.

16 MR. MARSCHKE: So there's no change
17 in that status at this point in time?

18 CHAIR MUNN: Right. We will
19 continue it until we hear from the TBD-6000 Work
20 Group.

21 MR. MARSCHKE: Issue 13 --

22 MR. KATZ: Can you just remind us,

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1 what is that finding?

2 MR. MARSCHKE: Use of TBD-6000 for
3 assigning operational air concentration values
4 may not be claimant favorable.

5 SC&A previously conducted a
6 separate review of TBD-6000 and submitted a
7 working draft report to the Board in September
8 2007 and identified in the draft report was the
9 following finding.

10 Default airborne dust loadings used
11 in the TBD to derive external exposures and
12 inhalation exposures are based upon data
13 provided in Harris and Kingsley.

14 The TBD would benefit from including
15 a review of the time-weighted daily average
16 uranium dust loading reported in Adley et al.

17 And I think it was a study of
18 atmospheric contaminations in the Metal Melt
19 Building, that was a 1952 ABC report, and in the
20 Site Profile of Simonds Saw and Steel. That was
21 in Site Profile TKBS-0032.

22 SC&A's review of these documents

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1 reveals that the bounding default time-weighted
2 average airborne uranium dust concentrations
3 recommended in the TBD may not be claimant
4 favorable.

5 So basically I think the thing is,
6 yes, we looked at the TBD-6000 and thought that
7 the dust loadings were not favorable and I think
8 OTIB-70 referred to the TBD-6000 on that.

9 CHAIR MUNN: Yes.

10 MEMBER ZIEMER: So I just realized
11 you're waiting for an email, a copy of that
12 email.

13 MR. KATZ: Right.

14 CHAIR MUNN: Yes, that's true. So
15 it's action item Ziemer.

16 MEMBER ZIEMER: Right, for me.

17 CHAIR MUNN: Yes.

18 MR. KATZ: Yes, that's why I asked
19 about --

20 (Laughter.)

21 MEMBER ZIEMER: That's why I'm
22 writing here.

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1 MR. KATZ: On paper.

2 MEMBER ZIEMER: Right. Well, it's
3 so easy for these things to get lost. That's why
4 we have the tracking system.

5 CHAIR MUNN: Yes, it is. Yes, easy
6 to slip through. All right, we'll leave that
7 one as is and no action for us at this time. We
8 will go on to Action Item 13.

9 MR. MARSCHKE: Finding 13 was
10 involving the use of TBD-6001. I'm not sure if
11 you want to go through what the exact issue was
12 but.

13 CHAIR MUNN: No, I think just
14 picking up Thurber's last comment will satisfy
15 our need.

16 MR. MARSCHKE: Yes, in January of
17 this year, NIOSH's response was that the TIB is
18 currently being revised to remove all references
19 to TBD-6001 and any data from it. Back in
20 January, the Subcommittee agreed with that
21 approach.

22 And Bill Thurber, on behalf of SC&A,

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1 reviewed 6001 and confirmed that all references
2 to TBD-6001 and data therefrom have been removed
3 from Revision 1 of OTIB-70 and, therefore, we
4 recommend that the finding be closed.

5 CHAIR MUNN: Any objection?

6 MEMBER BEACH: No.

7 MEMBER ZIEMER: No.

8 CHAIR MUNN: Dick?

9 (No response.)

10 CHAIR MUNN: You may close it,
11 Steve.

12 MR. MARSCHKE: Thank you.

13 CHAIR MUNN: Thank you.

14 MEMBER LEMEN: Did you hear me?

15 No.

16 CHAIR MUNN: No. Thank you.

17 MEMBER LEMEN: I need to heat the
18 water up I guess. I'm getting a little slow.

19 CHAIR MUNN: Yes. Microwaves are
20 good for that. This is the voice of experience
21 speaking.

22 MEMBER LEMEN: You stick your

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1 fingers in the microwave, Wanda?

2 CHAIR MUNN: No, in the warm water.

3 MEMBER LEMEN: Oh, okay.

4 CHAIR MUNN: This is for water only.
5 Your suggestion didn't work.

6 MR. MARSCHKE: Okay, Finding 14.
7 Again, this has to do with TBD-6001 and, again,
8 same thing. Everything associated with 6001
9 has been removed from OTIB-70 and, therefore, we
10 recommend that the finding be closed.

11 CHAIR MUNN: Since it had been
12 previously identified as being covered in the
13 preceding finding, there's no reason why this
14 shouldn't be closed also since we just closed 13
15 so, so directed.

16 MR. MARSCHKE: And Ed McMahon used
17 to say on Johnny Carson we come to the last
18 finding.

19 And that finding has to do with many
20 of the fundamental assumptions that form the
21 technical basis of OCAS-TIB-9. Ingestion model
22 are too restrictive and may yield too low values

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1 under Task 3.

2 NIOSH ingestion model as described
3 in TIB-9 was previously reviewed by SC&A and a
4 draft issued May 30, 2006. In that review, SC&A
5 concluded that the NIOSH model is simplistic and
6 likely to yield intakes that are too low for
7 multiple reasons.

8 However, Issue TIB-9, Batch 1, has
9 not been formally finalized and, thus, regard it
10 here as a conditional issue.

11 CHAIR MUNN: I can summarize
12 Thurber's findings. It appears the position is
13 that issues relating to TIB-9 haven't been
14 formally resolved and the 2004 version of that
15 document is still current.

16 So SC&A is recommending that this
17 finding remain in abeyance until concerns
18 regarding TIB-9 are resolved.

19 We believe the ingestion exposures
20 during the residual period will be small,
21 assuming that some clean up has occurred at the
22 end of operations, for example see Table 2.5 in

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1 TBD-6000.

2 So the recommendation from SC&A is
3 that this remain in abeyance until TIB-9 has been
4 closed.

5 MR. MARSCHKE: Yes, so the
6 recommendation is no change in the current
7 status of the --

8 CHAIR MUNN: Does anyone wish to
9 take issue with that recommendation? Stu, does
10 that make sense to you?

11 MEMBER ZIEMER: Who is reviewing
12 TIB-9? Are we?

13 CHAIR MUNN: It's not on my list of
14 hot topics.

15 MEMBER ZIEMER: Where is TIB-9?
16 It's eight years.

17 MR. HINNEFELD: I don't know. I'll
18 have to do a little research on that question.
19 I don't see that we have an agreed-upon
20 resolution here yet.

21 MEMBER ZIEMER: Yes, that's why I
22 was wondering. Is --

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1 MR. HINNEFELD: It sounds to me like
2 this --

3 MEMBER ZIEMER: -- it being
4 addressed or is it sitting somewhere?

5 MR. HINNEFELD: You know, from this
6 reading here, I don't know that we have an
7 agreed-upon resolution.

8 If we don't have agreed-upon
9 resolution, then I think we should be in
10 progress, not in abeyance, but let me do a little
11 checking on this OCAS-TIB-9.

12 MR. STIVER: Yes, this is Stiver.
13 From my recollections, Stu's correct and I know
14 this TIB-9 issue has come up in several different
15 Work Groups as well.

16 And it's the same kind of a
17 situation. There hasn't been a revision since
18 2004 that would address these problems.

19 CHAIR MUNN: What is TIB-9? What's
20 it about?

21 MR. STIVER: It's about assigning
22 ingestion doses from situations like this where

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1 you have resuspended material and what fraction
2 of that deposits on surfaces and is available for
3 ingestion, intakes.

4 CHAIR MUNN: Operational periods as
5 well as --

6 MEMBER BEACH: Is it being used?
7 Are dose reconstructors using OTIB-9?

8 MR. HINNEFELD: I don't know.

9 MR. MARSCHKE: TIB-9 basically is
10 shown on the screen. TIB-9, Issue 1, there's
11 just basically no guidance.

12 If you go back and forth, you can see
13 basically on November of 2007 ingestion is being
14 addressed as a global issue and then it got cut
15 off.

16 Overarching. Well, yes, so
17 basically this should be one of the ones that
18 should go into the overarching issue category.

19 MR. STIVER: Is there a bin for
20 ingestion issues in BRS?

21 MR. KATZ: Yes.

22 MR. MARSCHKE: So this would be one

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1 of the things that would populate the
2 overarching, and global is the key word.
3 There's a few of them that have, I don't know if
4 you've looked for that.

5 MS. MARION-MOSS: Yes, I looked.

6 MR. HINNEFELD: What she looked on
7 was statuses of transferred.

8 CHAIR MUNN: Transferred.

9 MR. HINNEFELD: Right. This
10 status shows open, so she wouldn't have picked
11 it off.

12 CHAIR MUNN: Yes.

13 MR. MARSCHKE: So back to the
14 OTIB-70 finding, I mean, we have kind of a
15 disconnect. I mean, we have the OTIB-70
16 finding, as Stu says, in abeyance, whereas the
17 underlying TIB-9, Finding 1, is open so.

18 CHAIR MUNN: Open. This means we
19 haven't addressed it at all.

20 MR. MARSCHKE: It means we haven't
21 even talked about it --

22 CHAIR MUNN: No, we haven't.

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1 MR. MARSCHKE: -- in this
2 Subcommittee.

3 CHAIR MUNN: So the question
4 probably arises, should we ask NIOSH to look at
5 TIB-9 for our upcoming meetings, next or
6 otherwise?

7 MEMBER BEACH: Well, shouldn't they
8 answer the findings from SC&A? Wouldn't that,
9 I mean, --

10 CHAIR MUNN: Well, SC&A is saying
11 until you address TIB-9.

12 MEMBER BEACH: Right, but they're
13 giving you the reason OTIB-9 should be
14 addressed. I mean, if you look back through all
15 the findings, there's nothing that even
16 addresses SC&A's problem with OTIB-9 so it gets
17 to the same thing.

18 MR. STIVER: That's a secondary
19 finding. It relates back to the --

20 MEMBER BEACH: It's secondary, yes.

21 MR. STIVER: -- original problem.

22 MR. HINNEFELD: Okay, we've got a

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1 couple things to sort out here because, first of
2 all, I believe you guys had reviewed TIB-9, is
3 that right?

4 MR. MARSCHKE: I'm looking.
5 August 2007 we issued, this is Revision 1 to the
6 second set of reviews, and you can see here was
7 TIB-9 being reviewed. Actually it was reviewed
8 by John Mauro.

9 CHAIR MUNN: John and Hans.

10 MR. MARSCHKE: And Hans did approve
11 the review. And so if you want to look at the
12 details of the SC&A review of TIB-9, this is
13 where to go.

14 MR. HINNEFELD: Okay. So then from
15 that, there would be findings in that review.

16 MR. MARSCHKE: From that, there
17 should be findings.

18 MR. HINNEFELD: Which should be
19 entered in the BRS, right?

20 MR. MARSCHKE: According to the
21 BRS, basically there's only one finding now for
22 TIB-9. And if we go to that, that's the

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1 estimation of the ingestion intakes.

2 CHAIR MUNN: So this is TIB-9. Why
3 does it not come up for me?

4 MR. HINNEFELD: TIB hyphen 0009.

5 CHAIR MUNN: Three zeroes.

6 MR. HINNEFELD: Three zeroes.

7 MS. THOMAS: Yes, this is Elyse and,
8 Stu, I think this is one of the issues that we
9 had with the migration. I'm not sure all the
10 findings and responses migrated from the old
11 access database into the BRS for this particular
12 item.

13 CHAIR MUNN: That's another one of
14 those accuracy issues.

15 MS. THOMAS: Yes.

16 MS. MARION-MOSS: Yes. This is
17 Lori. Actually, I put those in myself
18 yesterday. Apparently Steve is not seeing what
19 I see, okay? So that's something else I'll make
20 note of.

21 CHAIR MUNN: Thank you, Lori.

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

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1 CHAIR MUNN: Regardless of how we
2 look at it, it appears that --

3 MR. KATZ: So, Lori, do you have
4 responses then from DCAS on --

5 MS. MARION-MOSS: Not for TIB-9.

6 MR. KATZ: Not for TIB-9.

7 MS. MARION-MOSS: I just got the
8 finding in.

9 MR. KATZ: Just the findings.

10 MS. MARION-MOSS: There was a
11 problem with populating it from the old database
12 so we're trying to get the finding in.

13 CHAIR MUNN: It appears it's
14 receiving attention right now just purely from
15 a clerical point of view, and the question arises
16 is it time for us to request that it be looked
17 at from a technical point of view? Can we put
18 that on your to-do list?

19 All right.

20 MR. KATZ: Yes, and that's on the
21 DCAS to-do list?

22 CHAIR MUNN: Yes.

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1 MR. KATZ: And I think I recall
2 addressing this in some meeting. I don't know
3 what the forum was, at least in part this issue,
4 but we'll see.

5 CHAIR MUNN: All right.

6 MR. MARSCHKE: Wanda?

7 MR. HINNEFELD: So we have two
8 things. One, is to make sure we get the findings
9 because they don't appear online. Make sure we
10 get the findings in TIB-9 into the BRS from the
11 old system and also for us to prepare responses
12 to the finding.

13 MR. MARSCHKE: On the screen, I'm
14 showing basically a printout from the old system
15 which shows TIB-9, Finding 1, and TIB-9 only had
16 the one finding in the old system.

17 CHAIR MUNN: Very good. That's
18 encouraging, all right.

19 MR. MARSCHKE: And you can see what
20 the finding is. The fundamental scientific
21 approach to reconstruction ingestion exposures
22 has flaws and it could lead to an underestimated

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1 ingestion doses under certain circumstances.

2 That was cut off too. This is cut
3 off as well. However, NIOSH has agreed to
4 revise its approach to deriving radionuclide
5 ingestion rates. And then this is showing the
6 status as being transferred to global issues.

7 CHAIR MUNN: Well, global issues is
8 where we are. That's overarching.

9 MR. MARSCHKE: It's now called
10 overarching issues.

11 CHAIR MUNN: Correct, so that's on
12 the burner for NIOSH next time and we will,
13 therefore, accept the SC&A recommendation. Any
14 objection to that?

15 Then we will accept the
16 recommendation for the finding.

17 MR. HINNEFELD: Well, no. Wait a
18 minute because the recommendation was for in
19 abeyance, right?

20 CHAIR MUNN: That's correct so --

21 MR. KATZ: Yes, it's in progress.

22 MR. HINNEFELD: It should be in

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1 progress.

2 MR. STIVER: Should be in progress.

3 MR. KATZ: In progress.

4 MR. STIVER: Because there isn't a
5 solution published.

6 MR. HINNEFELD: In abeyance means
7 we have an agreed-upon solution. We just
8 haven't revised the document yet.

9 MR. KATZ: Right.

10 CHAIR MUNN: Well, yes, I guess it
11 does. In my mind I'm thinking, okay, it's going
12 to be in progress for NIOSH. All right, very
13 good. We'll change it to in progress and
14 indicate that NIOSH is undertaking a response to
15 the TIB-9 outstanding issue.

16 MR. KATZ: And this would be a good
17 time for a comfort break.

18 CHAIR MUNN: It is a good time for
19 a comfort break. We're a little bit early but
20 we're going to take it anyway because we need to.
21 We'll be back in 15 minutes.

22 MR. KATZ: Thanks, everyone on the

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1 line. So we'll be back about 10:45.

2 (Whereupon, the foregoing matter
3 went off the record at 10:29 a.m. and went back
4 on the record at 10:47 a.m.)

5 MR. KATZ: Okay, we are back,
6 Advisory Board on Radiation and Worker Health,
7 Subcommittee on Procedures Review. Dick, are
8 you back with us?

9 MEMBER LEMEN: I am here.

10 MR. KATZ: Great.

11 CHAIR MUNN: We have completed our
12 work on OTIB-70 I believe.

13 MR. MARSCHKE: Yes.

14 CHAIR MUNN: And did you get that
15 last agreement that we were discussing, Steve?

16 MR. MARSCHKE: Yes, I --

17 CHAIR MUNN: We had said it's in
18 progress.

19 MR. KATZ: Yes, he's got it, in
20 progress.

21 CHAIR MUNN: Very good, all right,
22 great. Then let's move on to the status of the

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1 PERs that we have been visiting in the past and
2 we'll start with 012.

3 Kathy gave us a review last time of
4 one of the cases that SC&A had looked at and had
5 said she was going to provide the other eight for
6 us and I believe that's now been done, and would
7 you like to take us through that, John?

8 MR. STIVER: Okay, as you may know,
9 Hans and Kathy just moved and they are still in
10 the process of unpacking their boxes and don't
11 have an office set up or anything.

12 So I went and ahead and volunteered
13 to cover PER-12 and -14 for Hans and Kathy. They
14 do have cell phones, so they will be able to call
15 in at some point if they're not already on the
16 line.

17 CHAIR MUNN: They were on before.

18 MEMBER ZIEMER: They were on
19 earlier.

20 MR. STIVER: Yes. So with that, if
21 you all have the formal document that was
22 transmitted on the 20th of July, it's a PDF file

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1 entitled Transmit Draft-SCA-TR-PR2012-0012,
2 not PA-cleared.

3 This is the document that I'm going
4 to be going through, which has kind of a brief
5 introductory summary of the PER and then the nine
6 case reviews that were the subject of that PER
7 investigation as part of Subtask 4, and then
8 there's a brief summary conclusion section
9 there.

10 But what I'd like to do, considering
11 that we have two new Members of the Subcommittee,
12 I'd like you, when you get that file, to go to
13 Page 9.

14 This is in Section 1 that's entitled
15 Relevant Background Information and this is kind
16 of a cameo summary, if you will, of the PER review
17 that we did back in 2010.

18 And if everybody has that up or we
19 can wait a few minutes. Well, I can just go
20 through it. You don't necessarily have -

21 MR. MARSCHKE: July 20?

22 CHAIR MUNN: The 20th, July 20.

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1 MR. STIVER: Yes, July 20. It was
2 actually addressed to the full Board and I sent
3 out a reminder too.

4 MEMBER BEACH: Mine says it's on --
5 oh, it is Page 9, okay, got it.

6 MR. STIVER: Yes. Okay, I think
7 Steve has it pulled up here so we can go ahead
8 and get started.

9 MEMBER ZIEMER: What was the date?

10 MR. STIVER: The date is --

11 CHAIR MUNN: July 20.

12 MEMBER ZIEMER: The 20th.

13 MR. STIVER: It was the 20th.

14 MEMBER ZIEMER: Got you, okay.

15 Thank you, go ahead.

16 MR. STIVER: All right. All right,
17 I'll give kind of a brief history of PER-12 and
18 the issues that brought it about and some of the
19 criteria for selection and identification of
20 impacted cases that were reviewed.

21 During the meeting of the Advisory
22 Board in October 2009, SC&A was tasked to review

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1 PER-12, which is the evaluation of highly
2 insoluble plutonium compounds.

3 And this was initiated by NIOSH when
4 they acknowledged and became aware of the
5 existence of these highly insoluble forms of
6 plutonium at various DOE facilities, which
7 prompted an investigation into the effects on
8 the exposed workers.

9 And in response to this issue, they
10 produced a document, OTIB-49 Rev. 00 which is
11 entitled Estimating Doses for Plutonium
12 Strongly Retained in the Lung.

13 And this document which has, in
14 fact, been reviewed by SC&A, I don't believe we
15 had any findings regarding that document, felt
16 to be a very good document.

17 It provides guidance for
18 reassessing the organ doses for these highly
19 insoluble forms of plutonium, which are called
20 Super S and which really are not handled
21 adequately by the ICRP Task Group on the Lung
22 Model for the ICRP Task Group which looks at Type

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1 S as the most insoluble form.

2 Thereafter PER-12 was issued to
3 determine which completed claims required
4 re-evaluation for the effect of OTIB-49.

5 In March of 2010, we submitted the
6 Program Evaluation Report Review, and when we do
7 one of these reviews, we basically go through
8 five subtasks and I'll go ahead and just list
9 those, itemize them for Josie and Lori.

10 The first is what we do is we assess
11 NIOSH's evaluation and characterization of the
12 actual issue that gave rise to the PER.

13 The second is we assess the specific
14 methods that are proposed for corrective action.

15 The Subtask 3 is to evaluate the
16 stated approach for identifying what we call the
17 universe of potentially affected cases and also
18 the criteria by which a subset of those cases of
19 potentially affected DRs may be selected for
20 re-evaluation.

21 Subtask 4 is to actually conduct
22 audits of the DRs that are affected by the PER

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1 under review, and as most of you know, this is
2 the first time that we've actually gotten to
3 Subtask 4.

4 We have been tasked to review 14 PERs
5 out of a total of 31 that have been produced and
6 this is the first time that we've actually looked
7 at the cases for review.

8 And having said that, we can move on.
9 Subtask 5, that is to prepare a comprehensive
10 written report that contains the results of all
11 the above steps.

12 So this report basically fulfills
13 Subtask 4, and when we talk about an affected
14 claim for a dose reconstruction, we're talking
15 about there's basically three things that we're
16 looking at.

17 And in this particular case, the
18 first was that the DR had been completed on or
19 before February 6, 2007, which was the issue date
20 for OTIB-49.

21 The second was the involved
22 facilities had the potential for Type SS

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1 plutonium, and three was that the Probability of
2 Causation was less than 50 percent. And based
3 on this criteria, NIOSH identified 4,865 cases.

4 They then applied two screening
5 criteria to reduce this potential universe down
6 to those that could actually be candidates for
7 review.

8 One was to look at the cases that,
9 based on the increase in the dose, it was
10 determined that in the worse case situation an
11 organ dose could go up by a factor of 4.

12 And because the excess relative risk
13 is proportional to dose, then what we looked at
14 is a potential increase that would result in a
15 revised PoC that could be at least 45 percent.

16 And based on these criteria, they
17 basically looked at kind of a window, two trigger
18 levels between 16.97 and 45 percent.

19 And then in addition to that,
20 because we're looking at different categories of
21 target organs as well as different types of
22 monitoring, there were those particular cases

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1 that were based on air monitoring that were not
2 for respiratory tract tissue could also be
3 eliminated.

4 And using those two criteria, they
5 were able to then reduce this pool of potential
6 cases down to 1,757 claims.

7 In our review of PER-12, we
8 concluded that the selection criteria of the
9 claims described in Section 3 of PER-12 were
10 scientifically sound, inclusive of all
11 potential variables affecting the DR and
12 maximally conservative.

13 And the next step was to really
14 select cases to satisfy subtask 4, and if you go
15 to Table 1.1 on Page 11, there's a matrix here.

16 And the Potential Categories of Dose
17 Reconstructions is the title of this and you look
18 down. The Column 1 has the Target Organs.

19 There's four different categories
20 here that are of concern, lung and thoracic lymph
21 nodes, which will be what they're going to call
22 respiratory tract cancers or target organs, the

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1 extrathoracic region, GI tract and systemic
2 organs.

3 And then there are also four
4 different types of monitoring that were used in
5 the dose reconstruction, either urinalysis,
6 lung counts, fecal samples or air samples.

7 And you can see there's urinalysis
8 and fecal sampling. You would want to
9 potentially re-evaluate all the four categories
10 of target organs, but for lung counts and air
11 sampling only the lung and thoracic lymph nodes.

12 So basically what we proposed in our
13 review was that at least one DR from each of those
14 categories be reanalyzed as part of the Subtask
15 4.

16 And we were able to actually find
17 nine cases, two of which were repeats, that
18 satisfied the different characteristics.

19 Sections 2 through 10 look at the
20 actual dose reconstructions that were reviewed.

21 And for Privacy Act concerns, I know
22 we're not allowed to mention case numbers or

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1 identifying information so I will parse my words
2 accordingly so that none of that information is
3 divulged.

4 Kathy Behling in the April meeting
5 had gone over Case 1, but I'm going to go ahead
6 and go through all of them just in broad
7 brushstrokes here so that we have an overall
8 picture of what we found here.

9 And you'll see in Section 2 on Page
10 12 is really broken down into three subsections
11 and this is how all of the targeted, if you will,
12 dose reconstruction reviews were conducted.

13 The first section is kind of the
14 background information. It just lays out, you
15 know, what the conditions were, the time frame,
16 what the energy employee's occupation was and
17 the types of cancer he or she incurred and the
18 date of those diagnoses.

19 The second section basically
20 compares the original and the reworked dose
21 reconstructions and we present a table here
22 which just summarizes the previous and revised

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1 doses.

2 We never went through and did any
3 calculation because that's really outside the
4 scope of our purview.

5 All we do is just take a snapshot and
6 put it out there and then show and discuss the
7 impact of the high-fired plutonium in a revised
8 dose for that particular source.

9 So this particular case here, this
10 is Case number 1. This is for an employee who
11 worked at the Oak Ridge National Laboratory from
12 the mid 1960s to the mid 1990s.

13 This particular worker had in vitro
14 urinalysis bioassays and a whole-body count.
15 He was diagnosed with a systemic cancer in 1999
16 and a GI tract cancer in 2006.

17 If you look at the reworked and the
18 original dose reconstruction, you can see that
19 the original dose reconstruction used TIB-2,
20 which is a maximizing approach that basically
21 assumes that 10 percent of the maximum
22 permissible body burden is incurred. It looks

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1 at 28 different nuclides, and so it's really a
2 super-maximizing approach.

3 And if you go to Table 2.1 on Page
4 13, you can see the previous dose and the revised
5 dose.

6 The total in the previous dose was
7 about 43.6 rem, the revised dose is 18.2 and the
8 internal dose went down from 14.155 to 0.958 rem.

9 Now, if you look at the Section 2.3
10 on Page 13, this is the review of the OCAS-PER-12
11 issues related to the case.

12 And the bottom of the first
13 paragraph will show you that this particular
14 case was selected by the Subcommittee because it
15 represented an individual who was monitored by
16 urinalysis for assessing dose to both the GI
17 tract organ and the systemic organ.

18 Okay, in the original case, there
19 were positive bioassays and the systemic organs
20 were based, as I said, on ORAUT-OTIB-2.

21 And as I said, this is a hypothetical
22 model that assumes an intake of 28 radionuclides

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1 including plutonium-238 and -239 on the first
2 day of employment and it's only used for
3 non-compensable cases.

4 The reworked dose reconstruction,
5 NIOSH noted the employee was monitored on
6 several occasions in the early '60s and then
7 twice in the late '60s.

8 And they used an IMBA computer code
9 to calculate a fitted chronic intake of Pu-239.

10 And it was determined that Type S
11 plutonium provided the highest dose and that
12 resulted in doses for two periods that are shown
13 in Table 2.2 on Page 14 and the Type Super S
14 plutonium adjustment factors from OTIB-49 were
15 applied.

16 And if you look at Table 2.3, it
17 shows where the two organs, the systemic organ
18 and the digestive organ, for both a fitted and
19 coworker model fitted for the period for which
20 the energy employee had bioassay and the
21 coworker for the later period.

22 And in both cases, for both organs

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1 and both types of models, the internal doses to
2 the organs of concern did increase.

3 However, when you look at the total
4 decrease in the dose, it should be noted that the
5 main reduction is due to the use of OTIB-2 in the
6 original reconstruction.

7 And then what else Kathy did was at
8 the bottom of the page here they list the actual
9 guidance in OTIB-49 for the particular matrix
10 element, for the type of organ category, as well
11 as the monitoring type.

12 And here you can see in italics the
13 guidance from OTIB-49 for systemic organs and at
14 the top of the next page for unmonitored
15 individuals using coworker data.

16 And the summary of this is quite
17 favorable. We were able to verify that the
18 assumptions were appropriate. The data was
19 entered into IMBA correctly.

20 And we basically found the rework
21 was done in accordance with the guidance in
22 OTIB-49 and we had no findings with the

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1 methodology for assessing this energy
2 employee's exposure to the insoluble form of
3 plutonium.

4 The next case is on the top of Page
5 16. This is for an employee who worked at the
6 Nevada Test Site for one day in the early 1980s
7 and then again from the late 1980s to the mid
8 1990s. He worked at the Tonopah Test Range
9 during four of those years.

10 And he was monitored for external
11 dose as well as internal monitoring in one year
12 by means of a whole-body count and one fecal
13 sample.

14 This particular employee was
15 diagnosed with a systemic cancer in 1997 and in
16 1998 he was diagnosed with respiratory tract
17 cancer.

18 NIOSH had performed the original
19 dose reconstruction in 2005. The claim was
20 reworked in 2009.

21 In addition to re-evaluating this
22 case based on the exposures to plutonium for Type

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1 Super S, there was also a revised utilization for
2 all current methods of the DR.

3 And the original dose and the
4 revised dose are presented in Table 3.1.
5 There's a previous dose and a revised dose for
6 both categories of organs.

7 In Section 3.3, the review of the
8 issues related to this case. This particular
9 case was selected because it represented an
10 individual who was monitored by fecal sampling
11 to both respiratory tract and the systemic
12 organs.

13 The original dose reconstruction,
14 there were two bioassay measurements throughout
15 employment. No internal dose was assigned from
16 these bioassays, indicating the results were
17 considered insignificant.

18 In the reworked case, NIOSH
19 accounted for non-detect or the sub-MDL Pu-239
20 results in the fecal sample by using the approach
21 of using missed dose, which is one-half the
22 detection limit which in this case was 0.004

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1 picocuries per gram.

2 The doses were calculated as kind of
3 standard procedure for both absorption Types M
4 and S with not surprisingly Type S resulting in
5 the highest dose to the respiratory tract and
6 Type M to the systemic organ.

7 Also the rework assigned
8 environmental intakes for employment at the NTS
9 and the Tonopah Test Range based on ORAU
10 Technical Basis Document 0008-4, the NTS TBD.

11 And to account for Type Super S, both
12 the missed bioassay doses and the environmental
13 doses were multiplied by the Attachment D dose
14 adjustment factors.

15 The top of Page 18 there's a Table
16 3.2. This lists the assumptions that were used
17 in calculating the internal dose from exposure
18 to plutonium.

19 You can see the doses are listed
20 there. In evaluating this case, we reviewed the
21 guidance that was provided in TIB-49 again.
22 This is in italics.

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1 The guidance was provided for each
2 of these cases for the type of situation that
3 we're considering, the systemic organs,
4 respiratory tract organs in this case, and the
5 type of monitoring that took place.

6 So I'm not going to read through all
7 that. I mean, it's all there. It's all taken
8 directly from TIB-49.

9 And we went through and looked at all
10 of the TIB-49 guidance, the bioassay records,
11 IMBA runs and the worksheets for this case. And
12 we once again verified that everything was done
13 correctly and we have no findings regarding this
14 case either.

15 Try to move a little bit quicker
16 here. Don't want to spend the entire day going
17 through these.

18 MR. KATZ: I don't know if all the
19 Board Members had a chance to read these.

20 MEMBER BEACH: I didn't. You
21 didn't really have any findings with any of
22 these, did you, that I remember?

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1 MR. STIVER: Well, actually there
2 was one kind of minor finding with one of the
3 cases.

4 But, you know, they're all laid out
5 the same way. You know, the TIB-49 guidance was
6 applied for the particular type of organ and the
7 monitoring type.

8 And, yes, I mean, we don't really
9 have to go through each of these. Typically
10 when we do a dose reconstruction presentation,
11 we go through a lot of detail but we don't
12 necessarily have to do that for all eight of
13 these.

14 MR. KATZ: I think it's good to go
15 through detail when you have findings because
16 then that's germane for the --

17 MR. STIVER: Yes, in this case what
18 we can do, just in the interest of time, we can
19 just go straight to the Summary Conclusions.

20 CHAIR MUNN: That's probably good
21 after we covered these first two fairly
22 thoroughly so that --

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1 MR. STIVER: Yes, I mean, all the
2 others are basically going to be the same type
3 of situation.

4 CHAIR MUNN: Yes, and anyone who
5 wants to re-review the material that's here in
6 more detail is certainly free to do so. We know
7 how rigorous SC&A has been in its review which
8 is, of course, of interest to us.

9 And we know we can pick up very
10 quickly from the first paragraph what the real
11 basis for selecting this particular case was and
12 fortunately you have set out for us what the
13 results were of what you see and the last
14 paragraph tells us whether there were findings.

15 MEMBER BEACH: The one that was of
16 interest to me, Page 33, the case that was
17 reworked and then granted. I was just trying to
18 determine, and I think I did determine, that
19 NIOSH actually reworked it. It was nothing that
20 SC&A did. You just reviewed it.

21 MR. STIVER: Yes, they do the
22 reworks and we just review those like we do for

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1 any dose reconstruction audit.

2 CHAIR MUNN: To identify that their
3 rework was done correctly.

4 MR. STIVER: Was done in accordance
5 with the guidance in the document.

6 CHAIR MUNN: Right.

7 MR. STIVER: And according to --

8 MEMBER BEACH: And I think in this
9 case they used DOE records where they hadn't
10 previously possibly, so it was all pretty
11 straightforward I thought.

12 MR. STIVER: Yes, in this
13 particular situation there were not any real
14 wrinkles or any difficult technical issues that
15 came out. They were all done in accordance with
16 the guidance and we felt it reflected very well
17 on NIOSH.

18 So really basically just go to the
19 Summary Conclusions. Yes, this is on Page 43,
20 Table 11.1.

21 This lists, once again, some matrix
22 with the 16 elements here and you can see the

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1 different cases are listed by the type of
2 sampling and the type of organ.

3 And the bottom line really here is
4 in the last paragraph. We concur with the
5 approach and the assumptions used by NIOSH. We
6 felt they did a good job.

7 We had no findings regarding any of
8 the nine cases that were evaluated for the highly
9 insoluble plutonium.

10 MR. KATZ: So, John, this also
11 satisfies Task, I mean, what is it? Task or
12 Element 5 --

13 MR. STIVER: Subtask.

14 MR. KATZ: Would be you too, right?
15 Because this is the conclusory report. There's
16 not another report to write.

17 You reviewed the methodology
18 originally. You concurred with all of that.
19 Now you've reviewed cases to see that it was
20 implemented correctly. You've concurred on
21 implementation. Is there another report?

22 MR. STIVER: Well, in essence, this

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1 is the first time we've gotten to this point I
2 think. I was thinking about that last night
3 when I was coming to do this.

4 And I think between the report we
5 produced under Subtask 3 and then this, it pretty
6 well covers the waterfront.

7 MEMBER BEACH: So this is the
8 comprehensive written report?

9 MR. KATZ: Yes, I think this does it
10 in this case. I think you could have a case
11 where when you go through this implementation
12 you have issues and that may result in a general
13 report afterwards that might be somewhat
14 different that you might need to write a separate
15 report, but in this circumstance it seems like
16 you covered the --

17 MR. STIVER: Yes, I think this
18 pretty well closes it out, you know.

19 MEMBER BEACH: Well, the only
20 question I would have is there was 4,800 and some
21 odd cases and you reviewed nine. That's not a
22 very high percentage. Does it matter?

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1 MR. KATZ: They didn't need a
2 representative sample of each type. The issue
3 was to make sure that for each way in which a case
4 might be different they had reviewed an example
5 to see that it was actually implemented
6 correctly. So it's a little different than --

7 MR. STIVER: Yes, we were not trying
8 to get a representative sample to try to derive
9 --

10 MEMBER BEACH: Oh, okay.

11 MR. STIVER: -- an error rate in the
12 reconstruction process really. It was just to
13 have a sample from the different categories that
14 were of interest.

15 And that's something else. I don't
16 know if you knew that but in the Dose
17 Reconstruction Subcommittee is when those cases
18 are selected and then they're brought back and
19 so just the process is described for you well in
20 our methodology paper on PER evaluations. Yes?

21 MEMBER ZIEMER: It is, I think,
22 reassuring to see that this has proceeded the way

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1 we hoped it would.

2 A couple of questions for
3 clarification. It's my understanding that
4 claimants are not notified in advance that
5 they're going to be reviewed, right, to raise
6 their expectations?

7 MR. HINNEFELD: Not today, not
8 today.

9 MEMBER BEACH: I wouldn't.

10 MEMBER ZIEMER: In other words,
11 they get notified if there's a change and they
12 get compensation but --

13 MR. HINNEFELD: The history on this
14 is that we had identified several situations
15 where PERs were required and we shared that with
16 Labor.

17 We had not made progress on
18 completing PERs and evaluating cases and Labor
19 essentially got, you know, impatient --

20 MEMBER ZIEMER: Right, right.

21 MR. HINNEFELD: -- with us and
22 shipped back all these cases that could

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1 potentially be affected. And so when they did
2 that, they told the claimants we're shipping
3 these back to NIOSH.

4 MEMBER ZIEMER: Oh, okay. So
5 claimants knew that --

6 MR. HINNEFELD: And so we go through
7 this and so you have thousands, literally
8 thousands of people who had been denied once.
9 Maybe they had started being a little less angry
10 about that. Then they got a letter saying, hey,
11 we're going to reconsider your case.

12 MEMBER ZIEMER: Oh, no.

13 MR. HINNEFELD: And then a few
14 months later get another letter that says you're
15 denied again.

16 MEMBER ZIEMER: Okay, yes, so
17 that's not very helpful.

18 MR. HINNEFELD: I told them at the
19 start don't do that. We told them all along
20 don't do that. They got impatient. They did it
21 anyway. Because of the reaction, they now agree
22 that they will not do that anymore.

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1 MEMBER ZIEMER: Yes, there's no
2 point.

3 MR. HINNEFELD: The PER process now
4 is to identify the affected claims, the ones that
5 could potentially change, redo the math, you
6 know, not necessarily rewrite a whole dose
7 reconstruction report, redo the math, provide
8 the results back to Labor for those instances
9 where it looks like it's going to change, ask
10 them to reopen the case and then they send only
11 those cases.

12 MEMBER ZIEMER: Separately, John,
13 I'll just mention, for consistency in here some
14 of your tables show dose units, some don't.
15 Tables can often get separated from text. I'll
16 pull one out here.

17 Table 3.1 doesn't have any units in
18 it, so this could get pulled out by someone and
19 they don't know whether you're talking about
20 rems or sieverts or whatever unless the text is
21 present.

22 MR. STIVER: That's true.

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1 MEMBER ZIEMER: I think usually you
2 have the units in there but you need to be
3 consistent in that.

4 MR. STIVER: Yes, it got past us on
5 this one.

6 MEMBER ZIEMER: And then in Table
7 5.3, some of them are in dpm and some are in
8 becquerels and I'm a little puzzled. Sometimes
9 it's because the original source is that way and
10 you're quoting it, so that may be the source of
11 that.

12 But it did cause me to wonder as to
13 are the federal agencies ever going to move to
14 SI units or is this just not going to happen? I
15 love being in the old units because I feel
16 comfortable -- but the rest of the world is in
17 SI units and I think of it a lot because, you
18 know, last week, the Health Physics meeting,
19 virtually all the papers were in SI units. The
20 Journal uses that now.

21 MR. HINNEFELD: Journal and all the
22 health physics societies are in SI units.

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1 MEMBER ZIEMER: And I think NRC is
2 not yet and DOE's sort of use one and put the
3 others in parentheses or use the new ones and put
4 the old ones in parentheses. But I couldn't
5 remember if NIOSH had an official policy.

6 MR. HINNEFELD: We do not really.

7 MEMBER ZIEMER: No.

8 MR. HINNEFELD: I think that there
9 is interest within the agency, meaning CDC for
10 sure, for emergency situations to use SI units.

11 And that came up during Fukushima
12 when the whole world's talking about sieverts
13 and becquerels and here we're doing
14 translations, you know, trying to do hasty
15 translations into units, you know, common units.

16 So there is interest in the part of
17 CDC certainly to do that, although this is a very
18 small group of people within CDC. It really
19 didn't rise to the level of a major initiative.

20 So I thought about that while I was
21 at the meeting last week to say, gosh, we're
22 using rem in our program and curies and shouldn't

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1 we be doing this too?

2 MEMBER ZIEMER: I didn't
3 necessarily want us to get off on this in this
4 meeting. It just occurred to me because you had
5 mixed units in the tables here and --

6 MR. HINNEFELD: Yes, I blame John.

7 (Laughter.)

8 CHAIR MUNN: Well, now you've done
9 it, Paul. You've gotten us into it. And I
10 would like to insert one thought that doesn't
11 have anything to do with whether or not we should
12 go forward in the future with whatever CDC wants
13 to do, CDC's going to do, and there certainly
14 isn't anything that this Subcommittee says or
15 does that's ever going to affect that one way or
16 the other.

17 But I would call to your attention
18 that certainly the claimants with whom we are
19 dealing are familiar with the, if they know any
20 terminology at all, if they know anything about
21 it, then they know the terms that we're talking
22 about.

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1 And if you're talking about having
2 to translate something, then you're asking for
3 daily translation with every interaction that
4 you have with clients in which you refer to any
5 dose at all.

6 Any claimant here is going to
7 understand what a millirem is much more clearly
8 than they'll --

9 MEMBER ZIEMER: And I agree with
10 that. Even I understand it better.

11 CHAIR MUNN: From my perspective,
12 we're dealing with terminology that certainly I
13 believe everyone at this table is comfortable
14 with and I strongly believe that our claimants
15 universally are.

16 MEMBER BEACH: Well, and that's
17 what we're still using. It works so.

18 CHAIR MUNN: Yes. I would strongly
19 advise against our making an attempt to change
20 in this venue.

21 MEMBER ZIEMER: Right. But in
22 Table 5.3 where you've mixed them, is that

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1 because you're quoting a different source and
2 it's been --

3 MR. STIVER: I thought those were
4 basically taken right out of the calculation,
5 right, was the units that were --

6 MEMBER ZIEMER: That were used so
7 you --

8 MR. STIVER: Yes, you can select
9 whatever units you want I guess.

10 MEMBER ZIEMER: Right, got you.

11 MR. STIVER: Some were dpm per day.
12 Others were becquerels per year.

13 MEMBER ZIEMER: Yes. Okay, sorry
14 to get us off on that.

15 CHAIR MUNN: That's all right.
16 It's all your fault and that's --

17 (Laughter.)

18 MR. MARSCHKE: Wanda, I have a
19 question.

20 CHAIR MUNN: Yes.

21 MR. MARSCHKE: I have a
22 database-related question. In the database, we

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1 are tracking PER-12 and basically in the initial
2 portion of it we have an entry saying that there
3 was basically no findings in our initial review.

4 Now, do we want to make a second
5 entry, basically a second finding saying that
6 now that we've done the case review there are no
7 findings that were identified during the case
8 reviews as well?

9 CHAIR MUNN: Given the amount of
10 effort that both the Subcommittee and SC&A have
11 put into that review, it seems reasonable to me
12 that we should include a note indicating --

13 MEMBER BEACH: And could you
14 reference that document?

15 CHAIR MUNN: Yes.

16 MR. MARSCHKE: Yes. I guess on the
17 other hand now, in the hypothetical, if on the
18 other hand we had identified findings during the
19 case review, we would add those individual
20 findings into the database and track them
21 through the database.

22 CHAIR MUNN: Probably. What else

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1 can you do?

2 MR. MARSCHKE: I'm going to take the
3 action item to do that offline as opposed to
4 trying to do that live in the --

5 MR. KATZ: I think we just need the
6 Subcommittee's final decision that whether it
7 concurs with the SC&A final report and that this
8 concludes the Subcommittee's review of this PER.

9 CHAIR MUNN: That certainly meets
10 my approval. Is there anyone here who sees any
11 different approach?

12 You agree that we shall ask Steve to
13 do that for us and that he will notify us when
14 he's made that correction -- addition, not a
15 correction. Do you have any objection to that,
16 Dick?

17 MEMBER LEMEN: No.

18 CHAIR MUNN: Very good.

19 MEMBER ZIEMER: No objection. In
20 essence, we are closing that --

21 CHAIR MUNN: The entire --

22 MEMBER ZIEMER: -- whole entire

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1 thing.

2 MR. KATZ: Yes, closing it.

3 CHAIR MUNN: Yes, yes, closing it
4 the second time.

5 MR. KATZ: So I think probably, as
6 we close these PERs just along the lines of that
7 other TIB-70, it's probably good to report out
8 to the full Board on PERs as you close your
9 reviews.

10 MS. K. BEHLING: Wanda?

11 CHAIR MUNN: Yes.

12 MS. K. BEHLING: This is Kathy
13 Behling.

14 CHAIR MUNN: Yes, Kathy.

15 MS. K. BEHLING: First of all, I
16 just wanted to thank John for handling this for
17 me today. The move is one of those things I
18 think that gets ranked up there as one of the more
19 stressful events in your life. But anyway,
20 we're both sitting here.

21 But I just did want to make one
22 additional comment. The fact that we did agree

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1 last time during the Subcommittee meeting that
2 I would prepare a summary of each of the cases
3 and try to give you an overview of all of the
4 doses.

5 But what's important to note here is
6 that the fact that there were no findings, we
7 were strictly focusing on the OTIB-49 issues and
8 the fact that NIOSH did appropriately apply
9 OTIB-49 in all of these cases.

10 And one of the things that I will
11 mention and I did put into the summary is the fact
12 that I believe that the workbook that was created
13 for this particular situation, the OTIB-49
14 workbook, was really a major factor in the reason
15 that we had no findings.

16 It's an excellent workbook. I
17 think it really helped the dose reconstructors
18 tremendously.

19 A lot of little tabs in that workbook
20 allows the dose reconstructor to look at fitted
21 doses and coworker doses and make comparisons
22 between different types of cancers and that type

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1 of thing.

2 So it's a very well-designed
3 workbook and I really attribute that to the fact
4 that we had no findings.

5 CHAIR MUNN: Kathy, have you
6 completed your summary?

7 MS. K. BEHLING: Yes.

8 CHAIR MUNN: Do I have a copy of it?

9 MS. K. BEHLING: No. No, I'm
10 talking about this particular report that John
11 just went over.

12 MR. KATZ: Yes.

13 CHAIR MUNN: Okay, okay. Yes,
14 that's a long summary, Kathy, and it's very
15 thorough. Thank you very much. I will
16 probably quote not only from your report but from
17 your remarks when I report out to the
18 Subcommittee.

19 MR. KATZ: Thank you for those
20 remarks, Kathy, because I'm sure the people that
21 work hard on these appreciate kudos where they
22 can get them.

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1 MR. HINNEFELD: Yes, we try not to
2 ever compliment the contractors. They'll
3 attest to that.

4 (Laughter.)

5 MR. KATZ: That's much appreciated
6 and I will just quid pro quo say that this was
7 very nicely carried out, this review. It's very
8 clear, easy to follow and does everything that
9 the Subcommittee asked it to do, so that's
10 appreciated.

11 CHAIR MUNN: The thoroughness is
12 certainly appreciated.

13 MS. K. BEHLING: Thank you.

14 CHAIR MUNN: Thank you so much.
15 All right, I think we are completely done with
16 PER-12, forever hopefully.

17 MR. STIVER: That's good, once and
18 for all.

19 CHAIR MUNN: Yes, very good. All
20 right, then let's move on to our next active
21 item, PER-14. And we have a response to the
22 review I hope and who's going to do the report?

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1 MR. STIVER: I can go ahead. This
2 is Stiver. I'll go ahead and finish that one as
3 well.

4 CHAIR MUNN: Thank you, John.

5 MR. STIVER: And this is kind of a
6 unique one in that it's based on, PER-14 is
7 construction trade workers. Basically it's
8 OCAS 2007 and this is based on OTIB-52, which we
9 have been reviewing in detail in this
10 Subcommittee.

11 And I think we're at the point, as
12 you're going to find out later today, that we've
13 essentially closed out or will close out all of
14 the findings at OTIB-52.

15 However, when Hans began this, back
16 last year I believe it was -- let me back up just
17 a second.

18 Typically what we will do is if the
19 Technical Basis Documents that the PER is
20 referencing have not been reviewed by SC&A,
21 we'll go ahead and do a review as part of the PER
22 review.

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1 If they're not, then we'll just go
2 ahead and summarize whatever the findings were
3 or whatever the issues were, like we did with
4 TIB-49 for PER-12.

5 However, in this case we had a
6 document under active review so there was a bit
7 of concern. Should we just wait till this is
8 finished and then do the PER? But the decision
9 was made to go ahead and do it.

10 And as part of that, Hans did review
11 TIB-52. He kind of took a second look at it and
12 he identified a couple of issues. Several of
13 those findings I believe are conditional
14 findings. They're going to depend on some
15 further analysis I believe.

16 And so we're kind of in a situation
17 where we thought we were closed out on a TIB
18 review but yet there are some new things that
19 have been opened up in the PER review.

20 And so having said that, all that is
21 kind of contingent upon Hans's review of TIB-52
22 so I'd like to go through a part of that before

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1 we start, you know, going into the actual
2 findings, if that's okay with the Board.

3 CHAIR MUNN: Should we postpone
4 PER-14 until we are looking at OTIB-52? Would
5 it be better to look at the two simultaneously
6 or one immediately following the other?

7 MR. STIVER: I think that might be
8 a better use of time to look at them both
9 together. That's certainly your prerogative.

10 CHAIR MUNN: Does anyone have any
11 objection to our postponing 14 until we take up
12 OTIB-52 this afternoon after lunch?

13 MEMBER ZIEMER: So you go through 52
14 and then 14, is that the idea?

15 MR. STIVER: PER-14 is based on
16 OTIB-52, which is the construction trade
17 workers.

18 MEMBER ZIEMER: Yes, so do it
19 together?

20 MR. STIVER: So we're just going to
21 do them simultaneously.

22 MEMBER ZIEMER: Oh, okay.

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1 CHAIR MUNN: Sort of simultaneously
2 or, at the least, one right after the other.

3 MR. STIVER: Steve, you were about
4 to say something?

5 MR. MARSCHKE: In OTIB-52 there's
6 only one item that has been changed since the
7 last go-round. I think it had to do with Finding
8 14.

9 So I don't know at this point. You
10 know, I think, again, going over and looking at
11 some of the responses that NIOSH has made to some
12 of these, basically they're pointing to OTIB-52
13 and saying that, you know, the PER finding has
14 been addressed in the OTIB-52 finding.

15 So what I mean, waiting to go through
16 OTIB-52 and talk about this one particular
17 finding which has been changed since last time,
18 again, I don't know that it really -- either way
19 I think it's comparable.

20 I don't think it's going to really
21 matter that much if we do it now or if we do it
22 this afternoon because there's not that much to

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1 add to OTIB-52.

2 CHAIR MUNN: Good, good.

3 MR. KATZ: We could just do them
4 both now.

5 CHAIR MUNN: Very good. What is
6 your preference? That we start with the
7 findings in the PER or that we go with the OTIB?

8 MR. STIVER: Why don't we just go
9 ahead and look at the one finding in TIB-52 and
10 then we can go back to the PER because these are
11 all going to be new issues.

12 CHAIR MUNN: All right, very good.
13 That's easy hopefully.

14 MR. STIVER: In theory it will be
15 very easy.

16 CHAIR MUNN: Yes. We have one,
17 Finding 14. Okay, Internal Review Objective
18 7.3, Rating 3, the handling of missing dose needs
19 to be consistent. Currently some sections
20 include missing dose while others do not.

21 MR. MARSCHKE: Yes. We talked
22 about this, I think, at the last meeting.

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1 CHAIR MUNN: We did?

2 MR. MARSCHKE: And between then and
3 now, NIOSH had taken a look at that comment and
4 they provided this table here, or associated
5 comparison.

6 What they did was looked at, I think
7 this is Rocky Flats. They took the Rocky Flats
8 data and they did a calculation of the dose, the
9 ratio of construction trade worker dose to all
10 monitored worker dose year by year with and
11 without missing dose component being included.

12 And that table is provided in the
13 attachment, which is in the BRS. The BRS
14 attachment is a PDF file which is provided.

15 And they've also highlighted the
16 years where the ratio without the missing dose
17 is higher than the ratio with the missing dose.

18 CHAIR MUNN: And the hot link is
19 active and works.

20 MR. MARSCHKE: And the hot link is
21 active and works. And I think I just lost, where
22 am I?

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1 MEMBER ZIEMER: I'm sorry, where do
2 you get the hot link?

3 CHAIR MUNN: Look down at the bottom
4 of 14 and there'll be an attachment.

5 MEMBER ZIEMER: Oh, the PDF?

6 CHAIR MUNN: Yes, right.

7 MEMBER ZIEMER: I got you.

8 CHAIR MUNN: Click on it and you've
9 got it, just as we asked for it to be. Thank you
10 all who were involved in that.

11 MEMBER ZIEMER: Mine says it can't
12 find it. Go back.

13 MR. STIVER: Go all the way down to
14 the bottom.

15 CHAIR MUNN: We have too many people
16 looking at it.

17 MR. STIVER: Go to the very last
18 response.

19 MEMBER ZIEMER: Oh, back here.

20 MR. STIVER: Yes, okay, right
21 there.

22 MEMBER ZIEMER: Oh, right here.

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1 MR. STIVER: Click that and it'll
2 take you right to it.

3 MEMBER ZIEMER: Got you.

4 MR. STIVER: Actually the other tab
5 is Next Response, Previous Response, right
6 there.

7 CHAIR MUNN: It truly gladdens my
8 heart when the hot link works.

9 MR. MARSCHKE: And what I did was I
10 took the NIOSH-provided data and did a little
11 additional analysis on it. And if you can look
12 at it, you can see in my follow-up response, you
13 can see the additional analysis.

14 I took the average of all the years,
15 compared the ratio with the missing dose to that
16 without the missing dose, they were 0.7 versus
17 0.8.

18 The maximum was a 2.3 ratio to 2.8
19 ratio. The number of ratios that were greater
20 than 1 was 12 years. The average of the ratios
21 that were greater than 1 is 1.56 versus 1.78.
22 And obviously the number of ratios which were

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1 less than 1 was 40.

2 Now, the last row here is something
3 that I called the average adjusted, and one of
4 the ways that NIOSH looks at this data is that
5 when the ratio is less than 1, they assume a ratio
6 of 1. They don't lower the dose to the
7 construction worker from the all monitored
8 worker.

9 CHAIR MUNN: Well, that's certainly
10 more than generous.

11 MR. MARSCHKE: So if you factor that
12 in, if you take out all the ratios that were less
13 than 1 and substitute 1 for those ratios, then
14 you get a ratio of construction trade workers to
15 all monitored workers of 1.13 when you include
16 missing dose, and when you exclude missing dose,
17 you get a ratio of 1.18.

18 So that's virtually identical
19 numbers and so the bottom line is, you know, we
20 recommend that the finding at this point be
21 closed.

22 CHAIR MUNN: I like your

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1 recommendation. Is there any discussion or any
2 dissension to accepting the recommendation that
3 this finding be closed? If not, please do so,
4 Steve. Are you all right with that, Dick?

5 MEMBER LEMEN: Yes.

6 CHAIR MUNN: Thank you. Now, with
7 that in mind, do we have anything else to address
8 in OTIB-52 before we take a look at the PER?

9 MEMBER BEACH: What about 12? Did
10 I miss that?

11 CHAIR MUNN: No.

12 MEMBER BEACH: That's in abeyance.

13 MR. STIVER: Yes, 12, I think, was
14 in abeyance.

15 MR. MARSCHKE: Yes, we received no
16 additional information. Since the last
17 Subcommittee meeting, there has been no
18 additional information provided on Finding
19 number 12 so there's no reason to change that
20 status.

21 MR. KATZ: It's in abeyance so
22 presumably that is awaiting a revision then,

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1 OTIB-52?

2 CHAIR MUNN: OTIB-52, 12.

3 MR. KATZ: Or something else, some
4 other action?

5 MR. MARSCHKE: Basically, if you
6 read on the screen, you'll see in last December
7 NIOSH said that they were going to follow the
8 editorial change as proposed to replace the
9 current wording in Revision 1 and the change is
10 indicated there. So I think it's in abeyance
11 waiting for their Revision 2.

12 MR. KATZ: Okay, that's what I was
13 asking.

14 MR. MARSCHKE: Yes.

15 MR. KATZ: Okay, so I don't know.
16 How far off is Revision 2? Just curious.

17 MR. HINNEFELD: I'm trying to
18 follow the thought process here. I don't know.
19 I don't know if any of the ORAU folks on the phone
20 want to comment on this finding or not.

21 MR. SMITH: On that, we were
22 probably just waiting for all these to get

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1 settled one way or another. This is Matt Smith,
2 by the way, from ORAU Team.

3 With Item 14 being settled, that
4 would pretty much then let us go ahead and do the
5 Rev. 2.

6 MR. KATZ: Okay, great.

7 CHAIR MUNN: Good.

8 MR. MARSCHKE: Again, like John
9 mentioned, during the review of PER-14, you
10 know, some potential additional concerns were --

11 MR. SMITH: Right.

12 MR. MARSCHKE: So you may want to
13 hold off on --

14 MR. KATZ: Oh, I see, okay.

15 MR. MARSCHKE: -- the Rev. 2 until
16 we talk about PER-14.

17 MR. KATZ: I see that. Right, that
18 makes sense.

19 CHAIR MUNN: We're fine. All
20 right, we'll move on to PER-14.

21 MR. STIVER: Can you pull up PER-14,
22 Steve?

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1 MR. MARSCHKE: I'm working on it.

2 MR. STIVER: Okay.

3 MEMBER BEACH: And to do that you
4 just go right into search?

5 MR. MARSCHKE: I go right into
6 search, yes, and then you put in --

7 CHAIR MUNN: Quickest and easiest
8 thing to do.

9 MR. STIVER: So is that going to
10 pull up our review or the actual PER?

11 MR. MARSCHKE: It brings up our
12 findings. See, John, on the screen?

13 MR. STIVER: I can't quite see that
14 without my glasses.

15 MR. MARSCHKE: May be a little
16 fuzzy. I don't know.

17 MR. STIVER: Right, but that link
18 right there is going to take you to our report?

19 MR. MARSCHKE: If we click on this,
20 no. It'll go to PER-14.

21 MR. STIVER: Okay, that's what I
22 thought.

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1 MR. MARSCHKE: Our review is not hot
2 linked into the BRS, none of our reviews.

3 MR. STIVER: That was my question.
4 Do you have that available? If not, I can --

5 MR. MARSCHKE: Yes. No, it's
6 available on my flash drive here. I have to go
7 get it. I think it was available in the last
8 meeting.

9 MEMBER BEACH: What I got up was the
10 whole case.

11 MR. STIVER: Yes, it gives you the
12 PER, the OCAS PER, not ORAU.

13 MEMBER ZIEMER: You click on what
14 now?

15 MR. HINNEFELD: The title up there.

16 CHAIR MUNN: If you click on the
17 title --

18 MR. HINNEFELD: It says
19 Construction Trade Workers at the top. If you
20 put your cursor on that, it comes up underlined.
21 Click on that. It'll bring up our PER.

22 CHAIR MUNN: It will give you the

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1 PER if you want the PER.

2 MR. MARSCHKE: The SC&A review is on
3 the screen now, John.

4 MR. STIVER: Right, okay. Okay,
5 I'm starting off on Page 5 of that, on the
6 Statement of Purpose. I'm just going to do some
7 background information here.

8 Basically we were tasked to review
9 PER-14 in October 2009 and, again, you see that
10 we have the five different subtasks. This
11 particular report is going to take us to Subtask
12 3.

13 Go to Section 2.0 on Page 7. This
14 is Subtask 1 which is identifying the
15 circumstances that necessitated the need for
16 OCAS-PER-14.

17 And this basically just outlines the
18 fact that construction trade workers, which
19 include these categories here in the first
20 paragraph, laborers, mechanics, masons,
21 carpenters, electricians, painters,
22 pipefitters, boilermakers, millwrights, sheet

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1 metal workers, iron workers, insulators and
2 others.

3 And these particular workers may
4 have, by virtue of their activities, and not
5 necessarily in original construction but
6 certainly in renovating structures that may have
7 been previously contaminated, may have had an
8 elevated potential for exposure.

9 And so this is what really
10 precipitated this particular review. When
11 OTIB-52 came out, sure enough, some categories
12 were elevated and that triggered the PER.

13 Section 2.1 basically, like I said,
14 whenever we do one of these reviews we summarize
15 the basis documents and we've been through that
16 in detail so I'm not going to go through every
17 single aspect of that.

18 But if you go to Page 9, relevant
19 conclusions presented in OTIB-52, it lists the
20 conclusions by the different type of exposure,
21 external deep dose, non-penetrating dose,
22 internal dose and occupational medical dose.

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1 For external deep dose, NIOSH is
2 proposing to use a value of 1.4 for the ratio of
3 construction trade workers to all monitored
4 workers.

5 And this was selected as the
6 prescribed claimant-favorable external dose
7 adjustment factor. The italicized section here
8 is right out of the TIB.

9 The application of the conclusions
10 and adjustment factors derived in this document
11 are limited to dose reconstruction. Okay,
12 okay, we don't need to worry about that.

13 For non-penetrating dose, dose
14 reconstructors should not apply any adjustment
15 factor for non-penetrating dose.

16 Based on the comparison of data that
17 showed that CTW doses were adequately bounded by
18 all monitored worker doses, Section 8.3 of
19 OTIB-52 recommends using the 95th percentile
20 non-penetrating dose of the site-specific
21 coworker study.

22 And for internal dose, the Hanford

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1 dose reconstructions covered by this OTIB,
2 intake rates in the Hanford model should be
3 multiplied by a factor of two.

4 And then there's a description of
5 the NIOSH approach for occupational medical dose
6 on Page 10. They basically recommend against
7 using PFG because that would not have been a type
8 of procedure that would have necessarily been
9 used for these types of workers.

10 The bottom of Page 10 is SC&A's
11 comments. Section 2.3.1 at the very bottom, the
12 external penetrating dose adjustment factor, we
13 basically agree that the factor of 1.4 for all
14 DOE facilities in all years is conservative and
15 claimant favorable.

16 However, this gave rise to some of
17 the findings here and I'm not 100 percent sure
18 what the status of the availability of the CTW
19 and all monitored worker data is.

20 But as you'll see at the top of Page
21 11, we state that at this time SC&A has neither
22 been given access to the original dose data nor

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1 an explanation that would indicate whether the
2 annual doses for construction workers and all
3 monitored workers were scaled to reflect
4 exposure and employment duration in any given
5 year.

6 It's kind of a long description of
7 kind of a simple concept. As Hans brought up in
8 the last meeting in April, based on his
9 experience at the utilities, you have a
10 situation where you have some rad techs that are
11 full-time employees.

12 Then you have others, like the
13 people that maybe come in for an outage or
14 something like that, who are only working for a
15 short period of time.

16 And so you have this mixture of
17 construction trade worker doses that reflect
18 different exposure intervals.

19 And I guess the problem is we can't
20 really tell whether those exposures for the
21 short-term workers would be scaled to reflect
22 the full-year exposure, and the issue being that

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1 if they weren't and then along comes another
2 unmonitored worker who is there for a full year
3 of employment, is that ratio that's based on some
4 partial year doses, I guess for lack of a better
5 term, is that going to possibly underestimate
6 their dose?

7 Is that going to affect the ratio to
8 an extent that that particular worker who was
9 there for a full year might be short changed in
10 some way?

11 Maybe, Steve, you can enlighten us
12 on this. When we were working on the Savannah
13 River Site construction trade worker
14 comparisons, we did a lot of work on looking at
15 different categories of workers, whether they
16 were relative to all monitored workers, looked
17 at just construction versus non-construction as
18 well as pooled workers.

19 I believe there were some categories
20 where the CTWs were definitely higher but did we
21 ever look at this particular issue?

22 MR. MARSCHKE: I'm not sure that we

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1 looked at this issue. We do have a lot of the
2 data that is available in the various electronic
3 databases, and NIOSH has made that available to
4 us and we have looked at that and analyzed all
5 that.

6 If you're talking about original
7 data as to, you know, hard copies and things like
8 that, we haven't looked at any of that.

9 But original data as it applies to
10 the various electronic databases, Savannah
11 River has a DP something or other database. We
12 have looked at that.

13 There are several databases at
14 Savannah River and we looked at all those.
15 NIOSH made them available to us. We looked at
16 REX at Hanford. We looked at, and I think
17 something at INEL.

18 So the only thing we can do is we can
19 go back and we can relook at the database. If they
20 have terms of employment for the various workers
21 that are associated in the database, we can then
22 see whether or not, you know, how long that

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1 particular individual who was in the database
2 was employed at the facility and we can come up.

3 And we haven't attempted to do this
4 at this point. I don't know if it's our task to
5 do it or whether it's NIOSH's task to do it now
6 that this issue has been raised but.

7 MR. STIVER: Well, I can tell you
8 for other sites or other facilities, let's say
9 Fernald, NIOSH has typically gone and done that.
10 It's the very same issue as they've done for
11 Fernald.

12 We have the partial-year exposures
13 and this issue, which is going to be the next
14 finding, is whether mixing the construction
15 trade workers in with all monitored workers
16 artificially depresses the ratio to a point
17 where it may not be claimant favorable too.

18 And that's something that's still on
19 the table in other Work Groups I know, so it may
20 be something that NIOSH would want to
21 investigate.

22 If not, I mean, SC&A could certainly

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1 do an analysis that we've done for Savannah River
2 and some others.

3 DR. H. BEHLING: John.

4 CHAIR MUNN: Hans had something to
5 add.

6 DR. H. BEHLING: This is Hans
7 Behling. I was just wondering if it would be
8 possible for NIOSH just to take a sample of one
9 or two sites and just take the construction trade
10 workers from just a random sample and say what
11 is the average employment period for any given
12 year?

13 And on the basis of that, you could
14 come to a conclusion that a time adjustment
15 factor needs to be applied or the differences are
16 nominal and can ignored.

17 MR. HINNEFELD: This is Stu. I'm
18 going to ask Matt Smith to describe briefly the
19 response he sent to us that I held up because I
20 don't have the actual evaluation to be able to
21 attach when we put it in the database so, Matt.

22 MR. SMITH: Sure. In preparing the

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1 response to Number 14 for OTIB-52 itself, as I
2 went through that file for the analysis of the
3 Rocky Flats data, it was apparent that at least
4 for Rocky Flats the original authors of OTIB-52,
5 they did prorate the construction trade worker
6 exposure.

7 So as you look at the results for
8 Rocky Flats and in general that supported the 1.4
9 factor being reasonable, the analysis for that
10 site showed that when you do account for
11 prorating the construction trade workers, it
12 does support the 1.4 factor.

13 As I looked through the compilation
14 of data that formed the tables and figures in
15 OTIB-52, it looks like if prorating was done it
16 wasn't explicitly obvious to me. It could be
17 that it was done by the original authors as they
18 formed those data sets.

19 I know you're likely correct. With
20 Savannah River, we can probably look at it closer
21 but at least for the one that was immediately
22 available at hand, Rocky Flats, it looked

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1 promising.

2 CHAIR MUNN: So essentially it's
3 not a new issue. It's one that the agency has
4 been aware of from the outset, and at least in
5 one instance that we know, it has been
6 appropriately answered.

7 Hans's question has been
8 appropriately answered, right? Is that a
9 decent summary, Matt?

10 MR. SMITH: Correct, and in the
11 bigger picture when we do the overall coworker
12 studies, we're prorating on that front as well.

13 CHAIR MUNN: Good.

14 MR. SMITH: It leads a little bit
15 into the second finding, which is separating the
16 construction trade workers from all monitored
17 workers.

18 That same or similar issue was part
19 of the Finding number 13 back on OTIB-52, which
20 I believe that issue was taken care of.

21 CHAIR MUNN: I think so.

22 MR. SMITH: I know it causes us to

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1 kind of jump back and forth again, but the
2 Finding number 2 for PER-14, the issue there is
3 similar to what was being discussed in Finding
4 number 13 of OTIB-52.

5 CHAIR MUNN: Yes, as you said in
6 your response to the PER number 2 item, yes.

7 MR. SMITH: And, again, the bottom
8 line there is, you know, not a huge difference.

9 And then also to keep in mind is when
10 we apply this factor 1.4, we are applying it to
11 a coworker study that's been done for all
12 monitored workers, so the construction trade
13 workers are mixed into that overall study.

14 MEMBER BEACH: So it looks like of
15 the six findings, some of them have been answered
16 by NIOSH, and then has SC&A went back and looked
17 at those?

18 MR. STIVER: Looking at our
19 response here on Finding 13.

20 MEMBER BEACH: To see if it's
21 appropriate or answered back or?

22 CHAIR MUNN: Of 52.

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1 MR. KATZ: Can I say something?

2 CHAIR MUNN: Yes.

3 MR. KATZ: Because, I mean, our
4 intent in these PER reviews was not to rerun OTIB
5 reviews that have already been found and
6 concluded.

7 I mean, we didn't want to do reruns,
8 so I can understand if there's a new finding
9 because of something that was yet to be resolved
10 on an OTIB, but I'm not sure I understand why we
11 would be repeating.

12 MR. STIVER: Yes, I think my sense
13 here is this OTIB Finding 13 is essentially the
14 same as the PER Finding 2. And it looks like we
15 have --

16 MEMBER BEACH: I guess my question
17 would be if in answering that you could almost
18 go through and make a recommendation to the Work
19 Group whether it should stay open or be closed
20 based on those answers.

21 MR. KATZ: Yes, I'm just saying more
22 fundamentally it shouldn't even be in here, a PER

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1 review.

2 MR. STIVER: It shouldn't be a
3 repeat, that's right.

4 CHAIR MUNN: Yes, it's not an issue
5 anymore. That's why I said what I did earlier
6 when I was clarifying what Matt said. This is
7 not a new issue and it's one that has been in the
8 mix and one that NIOSH has been aware of and
9 incorporated into its activities.

10 MR. STIVER: Looking at the history
11 here, it's been under discussion for several
12 years now and I really don't see that this is
13 adding anything new to the mix.

14 CHAIR MUNN: The apportionment has
15 been done essentially is the answer.

16 MR. MARSCHKE: We've looked into
17 this issue.

18 MR. STIVER: Yes.

19 CHAIR MUNN: It's been done.

20 MR. MARSCHKE: Okay, so the
21 Subcommittee is instructing me to close this
22 issue in the database? Is that as I understand

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1 it?

2 MR. KATZ: Yes.

3 CHAIR MUNN: Is there anyone who has
4 an issue with closing PER-14, Finding 2?

5 MEMBER BEACH: So you're saying
6 close all six findings?

7 MR. MARSCHKE: No, number 2.

8 CHAIR MUNN: We're saying Finding
9 2.

10 MR. MARSCHKE: Yes, Finding 2.

11 CHAIR MUNN: We address one finding
12 at a time.

13 MEMBER BEACH: Okay, so in closing
14 it, will you put a note in there just capturing
15 why it was closed, that it was --

16 MR. MARSCHKE: Tell me what you want
17 to put in. We'll type in whatever you want to
18 put in. The Subcommittee --

19 MR. KATZ: I think you could say
20 that it was addressed in OTIB-52 and closed and
21 --

22 MEMBER BEACH: Yes.

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1 CHAIR MUNN: That's what it says
2 essentially.

3 MR. KATZ: Right.

4 CHAIR MUNN: That's what the
5 finding says, Matt says --

6 MEMBER ZIEMER: That's what Matt's
7 saying.

8 CHAIR MUNN: -- that it's captured
9 in 52, Finding 13, the response --

10 MEMBER BEACH: And then --

11 CHAIR MUNN: -- and says it's
12 appropriate.

13 MEMBER BEACH: -- SC&A agrees and is
14 closed.

15 MR. MARSCHKE: At this point, SC&A
16 doesn't have to agree because the Subcommittee
17 agrees.

18 CHAIR MUNN: Yes.

19 MR. KATZ: Right.

20 MEMBER BEACH: But just so next year
21 you look that up and go, oh, okay.

22 MR. KATZ: Just so that we're clear

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1 going forward, for SC&A reviews of PERs we're not
2 supposed to be reviewing methodology unless
3 there's open issues that haven't been closed on
4 the methodology that's the basis.

5 Otherwise, we're not supposed to be
6 reviewing methodology. We're supposed to be
7 reviewing implementation of agreed-on
8 methodology.

9 CHAIR MUNN: Yes, whether or not --

10 DR. H. BEHLING: This is Hans
11 Behling again. Let me just clarify a few things
12 because of the fact that when I reviewed PER-14,
13 as the central author, I was also tasked with
14 looking at 52.

15 And that was not written by me and
16 was actually at the time I wrote this and I
17 believe that was in March of this past year that
18 I submitted my report, I think the OTIB-52 was
19 still in the process of being modified.

20 I didn't have a full understanding
21 of what the final outcome of OTIB-52 was and so
22 I think this is why we have this problem about

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1 is it a redundant issue. As I said, when I
2 reviewed PER-14, OTIB-52 was still undergoing
3 revision.

4 MR. KATZ: Okay. Thanks, Hans.
5 That's understandable.

6 CHAIR MUNN: Thanks, appreciate it.
7 Any objection to closing Finding 2 in PER-14?
8 Okay with you, Dick?

9 MEMBER LEMEN: This is Dick. Could
10 you repeat what you're closing exactly? Can you
11 just define it for me better?

12 CHAIR MUNN: Yes, let me read you
13 what the original finding was and what we're
14 closing here.

15 The original finding was a
16 conditional finding. "The inclusion of
17 construction trade workers among AMWs may
18 obscure dose differences as stated in Section 4
19 of OTIB-52.

20 "Sometimes the AMW group includes
21 the CTWs and in others it did not. However, the
22 OTIB does not identify which data sets, that is

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1 external deep dose, shallow dose and/or bioassay
2 data sets, failed to separate CTW from AMW data."

3 And the response now is, "This issue
4 was discussed in the response to OTIB-52,
5 Finding 13.

6 "The response states, quote,
7 'Regardless of comparison methods, the outcome
8 would be favorable to CTWs because the
9 correction is typically applied to doses in a
10 site-specific coworker model which is based on
11 data for all monitored workers.

12 "When CTW are removed from the
13 comparison population, the ratio favors the CTW
14 if the CTW doses are, in fact, elevated.

15 "In addition, the 20 percent
16 threshold criteria for adjustment falls inside
17 the margin of uncertainty, paren,
18 (approximately 30 percent) for dosimetry
19 programs during the film era as well as modern
20 programs covered by DOELAP,' end quote.

21 "Again, please note that the factor
22 of 1.4 recommended by OTIB-52 is applied to

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1 coworker data that represents a combination of
2 the CTW and non-CTW populations."

3 MEMBER LEMEN: Okay.

4 CHAIR MUNN: So on that basis, we
5 are recommending closure of this finding.

6 DR. H. BEHLING: And, Wanda, just
7 another secondary comment to that issue that I
8 just made, the reason it was cited as a
9 conditional is because of the very reason that
10 I mentioned to you.

11 During that time that I was writing
12 this, I think OTIB-52 was undergoing changes.

13 CHAIR MUNN: Yes, one of the
14 drawbacks in trying to do the two almost
15 simultaneously.

16 DR. H. BEHLING: Yes.

17 CHAIR MUNN: Or at least in
18 parallel. So we are now recommending that it be
19 closed on the basis of the statement that I just
20 read to you.

21 MR. MARSCHKE: The statement is the
22 Subcommittee agrees with NIOSH that this finding

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1 has been raised and addressed under review of
2 OTIB-52, Finding 13. Therefore, the status of
3 this finding has been changed to closed.

4 CHAIR MUNN: Is that okay with you,
5 Dick?

6 MEMBER LEMEN: I can live with that.

7 CHAIR MUNN: Very good, thank you.
8 Let's close that.

9 DR. H. BEHLING: Are we closing the
10 Finding 1 as well?

11 CHAIR MUNN: No, we're only dealing
12 with Finding 2.

13 DR. H. BEHLING: Okay.

14 MR. MARSCHKE: Going back to
15 Finding 1, did we change the status? Since
16 we've talked about Finding 1, did we want to
17 change the status now to in progress?

18 Usually what we do is if we bring it
19 up and bring it up and talk about it at one of
20 these meetings, we change the status from open
21 to in progress, indicating that, you know.

22 CHAIR MUNN: That's correct.

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1 MR. MARSCHKE: And basically the
2 Subcommittee has directed NIOSH -- requested.

3 MEMBER BEACH: Yes, we don't get to
4 direct.

5 MR. MARSCHKE: We don't want them to
6 think that anyway. We have requested that NIOSH
7 look into this issue.

8 CHAIR MUNN: I'm looking at 14.4.

9 MR. HINNEFELD: Are we on 14.1?
10 Okay. NIOSH agrees to provide a response. It
11 can be as easy as that.

12 MEMBER BEACH: We say that for 3 as
13 well?

14 MR. HINNEFELD: Yes, because it's
15 the same issue. Remember, Matt described what
16 he looked at at Rocky and we've got it for there
17 too. I just wanted to not say that unless we
18 could provide the analysis, and so that's why we
19 didn't put it in here.

20 MR. STIVER: That sounds good.
21 Yes, Finding 3 is exactly the same issue here.

22 MR. HINNEFELD: Somebody on the

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1 line was going to say something.

2 MR. SMITH: Yes, this is Matt Smith
3 with ORAU Team again. Is the action then just
4 to provide the Rocky Flats workbook?

5 MR. HINNEFELD: Well, the data that
6 would allow people to look at this data and say,
7 yes, when you make this prorating adjustment,
8 you still come out at 1.4.

9 MR. SMITH: Okay. And that is
10 contained in that workbook so.

11 MR. HINNEFELD: Okay, well, you'll
12 need to give us some instructions on what to look
13 at though.

14 MR. SMITH: Sure, sure, a guideline
15 to all the different worksheets, sure.

16 CHAIR MUNN: They've just broken
17 down so that we need specifics for both deep dose
18 and shallow dose. Now that's Finding 1 and
19 Finding 3.

20 MR. MARSCHKE: Finding 3 is the same
21 as Finding 1?

22 CHAIR MUNN: Well, essentially.

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1 MEMBER ZIEMER: Conceptually it's
2 the same.

3 MR. STIVER: Maybe there's a
4 smaller data set to draw into, Savannah River and
5 Rocky Flats.

6 MR. MARSCHKE: No, I'm just worried
7 about changing the, basically NIOSH has agreed
8 to look into the issue and the status has been
9 changed to in progress.

10 CHAIR MUNN: The Subcommittee's
11 finding is the same in 1 and 3. I mean, the
12 instruction is the same in 1 and 3 for today.

13 MR. MARSCHKE: Okay, so that takes
14 care of --

15 MR. STIVER: Ready to move on to
16 Finding 4?

17 CHAIR MUNN: As soon as Steve is
18 ready.

19 MR. MARSCHKE: I'm ready.

20 CHAIR MUNN: All right.

21 MR. MARSCHKE: There is a database
22 issue, BRS issue. If you'll notice, actually

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1 Hans is the one who has written PER-14. If
2 you'll notice, I've been attributing all these
3 comments to Kathy Behling and that's because the
4 database does not allow me to -- Hans is, for some
5 reason, not in the database --

6 MR. KATZ: He's not in the intranet.
7 That's why.

8 MR. MARSCHKE: -- probably because
9 he's not on the intranet. But so it just be
10 understood that when you see Kathy Behling's
11 name here we're really referring to Hans.

12 MR. KATZ: That's fine, that's
13 fine.

14 CHAIR MUNN: That's fine. We don't
15 have a problem with that.

16 MEMBER ZIEMER: It's a new form of
17 a surrogate.

18 CHAIR MUNN: It is.

19 MR. STIVER: A surrogate author.

20 DR. H. BEHLING: Let me know who the
21 boss is.

22 CHAIR MUNN: I was going to say that

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1 but I thought it better that you do, Hans.
2 That's great, thank you.

3 MR. KATZ: Hans operates off the
4 grid.

5 CHAIR MUNN: Yes, he is. Finding 4
6 we have a response from Liz.

7 DR. H. BEHLING: Yes, this is just
8 a simple wording that I suppose someone from
9 NIOSH could clarify.

10 The statement that I had a problem
11 with is the issue of the internal dose should be
12 determined using the same method that is applied
13 to all workers.

14 And the assumption is that the
15 construction trade worker was monitored but all
16 other workers were not monitored so I'm not sure
17 I know how that statement should be interpreted.

18 MR. HINNEFELD: Well, this is Stu.
19 What the statement intends to say is that there's
20 no, for this, was it internal? There's no
21 correction factor for construction trade
22 workers. So remember this correction factor

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1 applies to the application when you're using a
2 coworker approach.

3 So if you have a construction trade
4 worker in this instance and you're using the
5 coworker approach, there's no construction
6 trade worker adjustment. You use just the
7 coworker approach as is published probably in
8 the Site Profile.

9 So that's what this is intended to
10 say. I mean, you know, we think we understand
11 what it means so we don't know that there's any
12 need to revise it.

13 DR. H. BEHLING: Let me just get a
14 quick understanding of what you're saying, Stu.

15 You have a construction trade worker
16 for whom there is no internal dose monitoring.
17 What do you do to assign this an internal dose?

18 MR. HINNEFELD: We would use the
19 coworker approach, the same coworker approach
20 that we would use for someone who was not a
21 construction trade worker.

22 DR. H. BEHLING: Okay, so there's no

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1 adjustment factor, just a coworker dose
2 assignment.

3 MR. HINNEFELD: Correct, there is
4 no --

5 DR. H. BEHLING: Is it the 50th
6 percentile, the 95th percentile? I'm just
7 hoping to get some clarification as to what that
8 statement means, just a little more definitive
9 statement to back up that approach.

10 MR. HINNEFELD: Well, I don't know
11 sitting here which percentile or distribution we
12 would use. I think it might differ.

13 But the fact is that the purpose of
14 this whole document, 52 and PER-14, were all
15 about construction workers and construction
16 trade worker adjustment.

17 What this is trying to say is in this
18 instance, there is no construction trade worker
19 adjustment. You just use whatever the approach
20 is for coworkers.

21 CHAIR MUNN: Hans, are you looking
22 at Liz's response?

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1 DR. H. BEHLING: No, I'm not. I'm
2 only looking at my own writeup. Right now we're
3 just living out of boxes for the next few weeks
4 probably.

5 CHAIR MUNN: Well, I don't envy you
6 at all. Would you like me to read the response
7 that we have in front of us?

8 DR. H. BEHLING: Okay, that would be
9 helpful.

10 CHAIR MUNN: Quote, "The internal
11 dose should be determined using the same method
12 that is applied to all other workers," end quote,
13 means that the CTWs are treated no differently
14 than other workers. The same criteria are used
15 to determine potential for intake and coworker
16 values would be the same for all workers." So
17 that's the response to the finding.

18 DR. H. BEHLING: Okay, I think that
19 clarifies it for me.

20 CHAIR MUNN: Do you find that
21 acceptable?

22 DR. H. BEHLING: Yes, from my point

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1 of view but I'm not the one who makes the final
2 decision.

3 CHAIR MUNN: Well, does SC&A find
4 that --

5 MR. MARSCHKE: I think if Hans says
6 he finds it acceptable because --

7 MR. STIVER: Yes, he's the author.

8 CHAIR MUNN: Well, in view of the
9 fact he said he's not the one to make the
10 decision, I'm looking at the guy I think should
11 be the decision --

12 MR. STIVER: SC&A believes that
13 that could be closed, yes. We're satisfied with
14 that.

15 CHAIR MUNN: Our notation for today
16 should say that SC&A concurs and that the
17 Subcommittee concurs, unless I hear to the
18 contrary and this item is closed.

19 MR. KATZ: I think, John, you can go
20 ahead and present while Steve's furiously
21 typing.

22 MR. STIVER: Okay, I was just going

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1 to wait for him.

2 CHAIR MUNN: What is he presenting?

3 MR. STIVER: We're just going to
4 give the background for Finding number 5 here.

5 CHAIR MUNN: Well, Finding number
6 5's fairly clear and Lori has a response to it
7 that we --

8 MR. KATZ: Weren't we trying to
9 proceed through this? Weren't we trying to
10 proceed through?

11 CHAIR MUNN: Yes, we are.

12 MR. KATZ: All right. So okay I
13 thought --

14 CHAIR MUNN: I just didn't
15 understand what John was going to present since
16 we have his finding and we have --

17 MR. KATZ: Well, no one was speaking
18 and so.

19 (Laughter.)

20 MR. STIVER: And I was waiting for
21 Steve because I didn't want to get ahead of him
22 too far.

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1 Yes, Finding 5, Subtask 3, on Page
2 15 of our report, there's five different
3 criteria that are used to go through these 977
4 potentially affected claims.

5 And the finding, as you can read it
6 right here, "The extent to which NIOSH has
7 screened and evaluated the universe of 977
8 claims by means of the above-cited criteria was
9 not discussed in OCAS-PER-14.

10 "As such, NIOSH has not identified
11 the actual number of CTW claims, from among the
12 977 potential claims, that are eligible for the
13 PER's dose adjustment factors and, therefore, a
14 new DR."

15 And then Lori has provided a
16 response. Would you like me to read that?

17 CHAIR MUNN: No, I figure it's
18 Lori's response.

19 MR. STIVER: Okay.

20 MR. HINNEFELD: Do you want to do it
21 or you want me?

22 MS. MARION-MOSS: You can.

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1 MR. HINNEFELD: Okay, this is Stu.
2 There are four categories for dispositions on
3 the 977 cases.

4 For 52 cases we asked that DOL return
5 those, okay, that they are affected and we need
6 to do something different with those cases.

7 There were 620 of the 977 that didn't
8 meet the five criteria on Page 4 of the PER, or
9 the criteria. I don't know if it's five. See
10 if I can figure out how to get back there.

11 Those have to do with was coworker
12 data used in a dose reconstruction, is the person
13 a construction trade worker.

14 There are Probability of Causation
15 thresholds because the adjustment can't raise.
16 You can only raise the Probability of Causation
17 by so much.

18 Let's see, what were the others on
19 there? I can get to them if my computer works.

20 MR. STIVER: Number 5 is just the
21 application of those trigger PoC values.

22 MR. HINNEFELD: Okay. So anyway, a

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1 set of criteria are listed in the PER and so 600
2 of the 977 don't meet all the criteria. Let's
3 see, which number am I on here? We're on five.

4 CHAIR MUNN: Yes.

5 MR. KATZ: Yes.

6 MR. HINNEFELD: There were 84 cases
7 that have already been returned either for a new
8 dose reconstruction, for instance the person got
9 an additional cancer, or for some other reason
10 so we already have them back.

11 And 221 of the cases had been
12 requested for return because of a different PER.
13 I know we got probably lymphoma or Super S
14 because those were the big ones.

15 So that accounts for the 900 and some
16 odd cases and what happened to them. So, you
17 know, we know what happened to them all and, you
18 know, the ones that had to be reconsidered were
19 reconsidered and it amounts to the 52 additional
20 besides the ones we got back for other reasons.

21 MR. STIVER: Yes, this is John
22 Stiver. That's a satisfactory explanation to

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1 me.

2 I think, if I can speak for Hans, I
3 think his concern was that there was no
4 discussion of it in the PER and sought
5 clarification, and now that you've provided
6 that, I think we can put this one to rest.

7 DR. H. BEHLING: John, the reason is
8 that the finding is that in order to satisfy
9 Subtask number 4, we have to have some
10 understanding of the total number of cases that
11 will be affected by the PER.

12 And so it's really not a finding,
13 other than the shortcoming that the system in
14 time, or at least at the time that I was reviewing
15 PER-14, I did not have the numbers that I could
16 look at and sort of make a recommendation that
17 would satisfy Subtask 4 in terms of identifying
18 the number of cases that we would have to review.

19 And so, in essence, it's really not
20 a finding, other than the fact that the number
21 out of the 977 which is the universe of potential
22 claims that need to be looked at was not defined

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1 in PER-14 and usually it is.

2 MR. KATZ: Thanks, Hans,
3 understood.

4 MEMBER BEACH: So we can close that
5 one?

6 CHAIR MUNN: I don't know. Can we
7 close it?

8 MR. STIVER: We can close it.

9 CHAIR MUNN: Do we have any
10 objection, Dick?

11 MEMBER LEMEN: No.

12 CHAIR MUNN: Steve, you can show
13 this as SC&A accepted the information provided
14 by the --

15 MEMBER LEMEN: Did you hear me?

16 CHAIR MUNN: Yes, we did. Thank
17 you. SC&A accepted the data provided by NIOSH
18 as being acceptable and the Subcommittee has
19 closed this finding.

20 MR. STIVER: Ready to move on to
21 Finding 6?

22 CHAIR MUNN: Yes.

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1 MR. STIVER: Okay, now this is one
2 we talked about at the last meeting. This was
3 triggered by this quote on Page 4 of PER-14
4 regarding external coworker dose assignment.

5 "If no external coworker dose was
6 assigned, there's no OTIB-52 adjustment to be
7 made and the claim is not affected by OTIB-52."

8 And I think the concern we had here
9 was what about cases that would have been
10 adjudicated before a coworker model was
11 available for a particular site?

12 And so we had a situation where there
13 could be a subset of these 977 claims that would
14 be given possibly an environmental dose or would
15 otherwise not be given a coworker dose based on
16 OTIB-52 or a coworker model that existed at that
17 time.

18 And I think looking at the
19 transcript on Page 211 or 212 from April, Stu
20 provided an explanation that those cases would
21 have been pended until a coworker model was, in
22 fact, developed.

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1 MR. HINNEFELD: Right.

2 MR. STIVER: Is that correct?

3 MR. HINNEFELD: Yes, early on in the
4 program at several sites we had lots of cases
5 pending for a coworker model because we knew that
6 it was not an appropriate case for environmental
7 and we didn't have another way to do it and
8 overestimating approaches weren't going to
9 work.

10 So we didn't have a way to do it so
11 we pended them and we waited, so the success of
12 getting rid of the backlog of claims is partly
13 the result of getting these coworker approaches
14 done at these various sites. So that's the
15 answer and that's standard in here too.

16 MR. STIVER: That's satisfactory to
17 me. I think we can go ahead and close that one
18 out if the Subcommittee agrees.

19 CHAIR MUNN: Any objection from any
20 Member of the Subcommittee?

21 Hearing no objection, Steve you may
22 use the same closure statement that was used in

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1 the preceding finding. We're going to lunch now
2 folks.

3 MR. STIVER: Want to just keep
4 working through?

5 CHAIR MUNN: No, we're going to
6 lunch now and we'll be an hour.

7 MEMBER LEMEN: Wanda.

8 CHAIR MUNN: Yes, Dick.

9 MEMBER LEMEN: This is Dick and I
10 may be a little bit late getting back from lunch.
11 That's one of the reasons I'm not there. I have
12 an appointment, so carry on without me.

13 CHAIR MUNN: We'll do that and
14 please let us know when you do return, Dick.

15 MEMBER LEMEN: Never fear. I will.

16 CHAIR MUNN: Thank you so much.

17 MR. KATZ: Thank you, Dick, and --

18 CHAIR MUNN: Good luck.

19 MR. KATZ: -- thank you to the
20 Behlings and we will rejoin. And thank you all
21 to the DCAS support at --

22 MR. HINNEFELD: ORAU Team.

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1 MR. KATZ: ORAU?

2 MR. HINNEFELD: Yes, they don't
3 want to associate too closely with us.

4 MR. KATZ: That's mean. Okay, see
5 you after lunch.

6 (Whereupon, the foregoing matter
7 went off the record at 12:21 p.m. and went back
8 on the record at 1:25 p.m.)

9

10

11

12

13

14

15 A-F-T-E-R-N-O-O-N S-E-S-S-I-O-N

16 (1:25 p.m.)

17 MR. KATZ: Good afternoon,
18 everybody. Advisory Board on Radiation and
19 Worker Health, Procedures Review Subcommittee.
20 We're back from lunch break. Let me check on the
21 line and see, do we have Dr. Lemen? He thought
22 he might be a little bit late. Okay. Not at

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1 this time, but it sounds like, from the number
2 on the phone, we have everyone else who we might
3 expect.

4 CHAIR MUNN: Probably so. We
5 closed out PER-14. We're still working on PERs.
6 The next one we have ready is PER-17. Are we up
7 on the screen yet? We will get there. Give us
8 just a moment.

9 MR. KATZ: So I wasn't totally
10 clear, PER-14, were you finished?

11 MR. STIVER: Yes.

12 MR. KATZ: Okay.

13 CHAIR MUNN: Get back into the BRS
14 here. Just a moment.

15 MR. MARSCHKE: There's no findings
16 in the database.

17 MR. STIVER: There were no findings
18 for PER-17.

19 CHAIR MUNN: No.

20 MR. MARSCHKE: Do you want us to add
21 a placeholder finding to that effect like we did
22 on PER-12? We added, basically, a placeholder

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1 finding saying that, SC&A has reviewed --

2 CHAIR MUNN: Yes.

3 MR. MARSCHKE: -- this PER and has
4 no findings.

5 CHAIR MUNN: We hadn't discussed,
6 prior to this meeting, I believe, what to do in
7 that case, and as far as I'm concerned, we
8 established the precedent earlier this morning.
9 I see no reason why not. As a matter of fact,
10 it's probably a very good idea since this may be
11 accessible to people long after we've gone to our
12 just rewards, whatever that turns out to be.

13 MR. KATZ: So is PER-17 one where we
14 need to consider whether audit cases are needed
15 are not? Is that where we are with that?

16 MR. STIVER: Actually, if we could
17 back up just for a minute for PER-14, we did not
18 talk about the audit cases. That was one thing
19 that was still left.

20 CHAIR MUNN: I'm sorry. I didn't
21 hear you, John. PER-14?

22 MR. STIVER: As far as PER-14 goes,

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1 we didn't discuss the audit cases. So the next
2 step to go to is Step 4 on that, or to Sub-task
3 4.

4 CHAIR MUNN: All right.

5 MR. STIVER: And that's pretty
6 straightforward. We recommended selecting one
7 DR from each of the ten categories that were
8 produced, and now that NIOSH has identified the
9 different subcategories, or the four groupings,
10 of that 977, we could go ahead and proceed with
11 that.

12 Now, I don't know, how would you want
13 to do that? At the next Board meeting or the
14 next Work Group meeting?

15 MR. KATZ: No, you can do it now, but
16 I mean, the Subcommittee can do that now, but can
17 you just say a little bit more, does it make sense
18 to select one from each of the categories? Is
19 that necessary?

20 MR. STIVER: Well, it would
21 certainly give us the overview of the different
22 types, you know, that we'd want to look at from

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1 each of the different facilities.

2 CHAIR MUNN: Well, but they aren't
3 necessarily different facilities, are they?

4 MR. STIVER: For 14, for each of the
5 DOE facilities, I believe. Well, let me just
6 read what we have here. SC&A recommends the
7 selection of ten DRs from each of the ten DOE
8 sites listed in Table 2 for SC&A audit. So go
9 back to Table 2, which is on Page 13, we have
10 Hanford, PNNL, the Kansas City Plant, Los
11 Alamos, Pantex, Portsmouth Gaseous Diffusion
12 Plant, Savannah River Site, Weldon Spring, Oak
13 Ridge National Laboratory, and the Y-12.

14 MR. KATZ: So is there a different
15 methodology applied at each facility? I'm just
16 trying to understand what's the --

17 MR. STIVER: Well, what we'd want to
18 do is look at each -- remember how we were talking
19 about how, potentially, there might be
20 differences in the data for the different sites
21 and how those were implemented. And so we
22 believe that just looking at one of each of the

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1 different sites might give us a better overall
2 view of how all these were implemented.

3 I mean, certainly, you could pick
4 more from Savannah River or, you know, Rocky
5 Flats, or one of the others, but we thought,
6 maybe, rather than trying to make a
7 representative weighting like that, we'd just
8 pick one of each. Kind of like what we did with
9 PER-12.

10 MR. KATZ: No, I wasn't suggesting
11 any representative weighting, I was just trying
12 to understand if there's actually -- with
13 PER-12, there's actually a different approach
14 for each. I mean, each category shows one was
15 testing sort of a different -- there's a
16 different method applied and I'm just asking if
17 there is a different method applied for each
18 site, the fact that they're different sites in
19 and of itself, I don't whether that matters or
20 not.

21 If you're saying there's different
22 data to select from or something.

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1 MR. STIVER: Well, I think, you
2 know, I don't know if the different sites would
3 really matter all that much. You know, this is
4 a recommendation. I mean, TIB-52 is basically
5 going to be used as, kind of, an overarching, I
6 think, for all construction trade workers, so I
7 mean, we could pick more from sites that had more
8 representation.

9 This is just what they had put forth
10 as an option. I think it could go either way.
11 I think you got a pretty good feel for how well
12 it was implemented.

13 CHAIR MUNN: Well, it's not clear to
14 me --

15 MR. KATZ: That's something for the
16 Subcommittee to chew on.

17 MR. STIVER: Okay.

18 CHAIR MUNN: -- whether using ten
19 sites is necessarily going to give us anything.

20 MR. STIVER: Well, in that case,
21 what sites would you recommend using? I mean,
22 we could pick from those that have more

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1 availability. I don't think it would hurt to do
2 that. It wouldn't detract from the process and
3 whether it would enhance the process to look at
4 the different sites --

5 CHAIR MUNN: Well, that's my
6 thought. What's it getting us, really? And I
7 guess I haven't really given any real thought to
8 that, but just my knee-jerk reaction is that it's
9 hard to see what added value there is in doing
10 ten cases.

11 MEMBER ZIEMER: What would be the
12 alternative to it?

13 MR. STIVER: That's what I was
14 wondering, the alternative, would you pick all
15 from Savannah River or a particular site? I
16 mean, I would think you'd want to have some
17 representation of all the different affected
18 sites.

19 MR. HINNEFELD: If I could suggest
20 something, this is Stu, Hanford has a different
21 approach than the others. Hanford has an
22 adjustment for internal and the others don't.

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1 So you would want, probably, a Hanford case.
2 Other than that, you know, one other case,
3 somehow, just doesn't seem sufficient, but I
4 don't know if you need a case from every site.

5 And then, another thing to think
6 about is, of the four categories we identified,
7 you know, one of them, first of all, just drops
8 out because they don't fit the criteria, so you
9 won't have any there. But there were 52 we
10 specifically asked for that. And then you have
11 a group that returned before we could ask for
12 them and a group that were returned because of
13 a different PER.

14 The simplest way to do this is to do
15 cases that only have this PER evaluated. That
16 would be the cleanest look at these cases. So
17 you kind of pare down the number you select from.
18 This doesn't say a lot about the number you
19 select, but the only thing that comes to my mind
20 is you want to make sure you have a Hanford that's
21 affected.

22 And I don't know if you need every

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1 site, but maybe, you know, a couple others or
2 something, and select, preferably, the cases
3 that are only affected by this, just for the
4 simplicity of review. If you don't want a
5 simple review, there's another way of thinking
6 of this, you know?

7 Did we do a good job when we had all
8 these complicating factors in there? Maybe
9 you'd want to do a couple from the more
10 complicated category.

11 MR. STIVER: Well, I think it kind
12 of gets back to the purpose of selecting these,
13 really, just looking at the implementation of
14 this particular PER, kind of like we saw with
15 PER-12. Now, in that case, we did have some that
16 were kind of complex because they were returned
17 for other reasons as well.

18 MR. HINNEFELD: Right.

19 MR. STIVER: But we didn't really
20 look at that. All we looked at was whether, you
21 know, the high-fired plutonium was addressed
22 correctly.

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1 MR. HINNEFELD: Yes.

2 MR. STIVER: And that's what we
3 would do here. Presumably, we'd want to keep in
4 that same kind of process and that same focus.

5 MR. HINNEFELD: Right.

6 CHAIR MUNN: I think the same level
7 of rigor with what you want to apply.

8 MR. MARSCHKE: TIB-52 does not
9 directly affect, or it's not used -- OTIB-52 is
10 not used by the dose reconstructors directly, is
11 my understanding. Basically, TIB-52 is used to
12 construct these coworker tables.

13 And if you look in these documents
14 that are identified on the right-hand column of
15 Table 2, usually what they do is, these documents
16 have a table of coworker doses and now, with
17 TIB-52, they're adding a second table of
18 coworker construction worker doses.

19 So really, what is important is, how
20 did NIOSH use TIB-52 to construct from the
21 coworker dose table, how did they construct the
22 construction coworker table? Because that's

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1 really where you're applying -- the 1.4 gets
2 applied in that step of the process.

3 MR. KATZ: Okay.

4 MR. MARSCHKE: And so, I mean, if
5 it's applied correctly, then the construction
6 coworker table is calculated correctly. If
7 it's not, you know, then it doesn't really matter
8 what they do in the individual dose
9 reconstructions because the construction
10 coworker table has not been correctly
11 calculated.

12 MR. KATZ: So is the main issue to
13 look and see that that table is done correctly
14 for each site where it's created? Is that what
15 you're saying?

16 MR. MARSCHKE: My opinion is,
17 really, it's at least as important as looking at
18 the individual dose reconstructions.

19 MR. STIVER: You know, I don't know
20 if Hans is still on the line as the author of the
21 document.

22 DR. H. BEHLING: Yes, I'm on the

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1 line. And I was just going to make a comment
2 here. There's really no single justification
3 for selecting ten, to be honest. The only
4 question I had is, are the construction trade
5 workers different in different locations? For
6 instance, a facility that is dominated by
7 nuclear power plant production reactors, et
8 cetera, like Hanford, would the construction
9 trade worker profile be different in terms of
10 composition than another site?

11 Again, it doesn't really matter, but
12 that was one of my thinking ideas of selecting
13 at least one DR from each of the ten sites.

14 MR. STIVER: Thank you, Hans. I
15 think that, and also Steve's point that we would
16 also want to look at, you know, this kind of adds
17 another complicating layer, but, you know, I was
18 just looking at TIB-52 and its impact, but how
19 it was implemented in these other documents, as
20 well.

21 MR. HINNEFELD: This is Stu, if I
22 can just offer, this may not be a TIB fix or a

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1 TBD fix. This may be a workbook fix. This
2 might be a workbook function where those
3 documents may not have changed. I don't know if
4 they did or not, but you can build a workbook and
5 select construction trade worker and apply it
6 without ever going back and changing it.

7 MR. MARSCHKE: I can't remember --

8 MR. HINNEFELD: I don't know if
9 they're changed or not.

10 MR. MARSCHKE: I can't remember
11 which site it was, but I remember that, actually,
12 Ron Buchanan, in one of his reviews, so it was
13 maybe Rocky Flats, I'm not sure, but one of the
14 sites that Ron Buchanan reviewed the Site
15 Profile for, he actually went through and did the
16 calculation of, how does the coworker dose table
17 compare to the construction coworker dose table.

18 And both these tables were available
19 in the documents that he was reviewing. I don't
20 know if it was Y-12 or which one it was, or it
21 was Rocky, or what it was, and I can go back and
22 look into that a little bit more, but --

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1 MR. SMITH: This is Matt Smith with
2 ORAU team, and yes, it was an action item back
3 several years ago when OTIB-52 was first
4 released for us to go back through and update all
5 the coworker TIBs, to include the table that
6 you're talking about. And I think the one Ron
7 was looking at was X-10.

8 But, yes, back when even Rev. 0 of
9 OTIB-52 came out, we did a pretty quick
10 turnaround on updating all those TIBs.

11 MR. STIVER: Okay. This is John
12 Stiver. Another question for you, now, did you
13 also go through and update all of the workbook
14 tools in conjunction with the tables and so that
15 those would be changed for each of these sites
16 as well?

17 MR. SMITH: My quick answer is yes.
18 The ultimate answer we can get for you to confirm
19 that.

20 MR. STIVER: Okay. Well, in my
21 mind, based on this new information that I didn't
22 have before, I would certainly say we'd want to

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1 look at all the different sites, and also
2 factoring in what Steve said about the, you know,
3 the fact that Hanford was being treated a little
4 bit differently for internal.

5 We'd want at least a couple from
6 Hanford, I would think, at least one, maybe more
7 than one, and then we'd also want to look at these
8 other sites in terms of, you know, how well this
9 was implemented in the TIB and also in the tools.

10 In the Dose Reconstruction
11 Subcommittee we've had several findings about
12 the workbooks being updated and implemented in
13 a timely manner. They're so incredibly complex
14 it's very easy to see how things could get
15 overlooked. They might not be programmed in
16 there quite right. So I would want to look at
17 it in that respect, as well.

18 MR. MARSCHKE: So what you're
19 saying, I guess, John, is there may be three
20 phases to this next step. One is where we look
21 at the coworker OTIBs to see that the
22 relationship between the coworker table and the

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1 construction coworker table -- step 2 would
2 maybe be looking at the workbooks associated
3 with those, and Step 3 may be the actually
4 looking at some dose reconstructions.

5 MR. STIVER: Or within the dose
6 reconstruction, we could look at those aspects
7 of the dose reconstruction. I think, you know,
8 we would certainly want to wrap that into it.

9 MR. HINNEFELD: Yes, I wouldn't
10 break the tool out separately myself. I would
11 just say, you're going to do the documents,
12 you're going to do the dose reconstructions, and
13 as you do that --

14 MR. STIVER: Yes, as part of the
15 dose reconstruction, we can look at, you know,
16 these.

17 MR. SMITH: This is Matt Smith again
18 with ORAU team and I went next door to confer with
19 Pete McCartney that the tools do indeed include
20 the OTIB-52-based coworker data.

21 MR. STIVER: Okay.

22 MR. KATZ: That's good.

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1 MR. STIVER: All right. Thanks.

2 MR. SMITH: You bet.

3 CHAIR MUNN: So would you like to
4 summarize what your proposal is with respect to
5 review of cases under PER-14?

6 MR. STIVER: Okay. I think what
7 we'd want to do is, first, look at only those
8 cases that are affected by PER-14 that don't have
9 other issues associated with them. We'd want to
10 look at representative cases from the Table 2
11 sites, and within that, we would want to verify
12 in the reconstruction that the tools were
13 appropriately modified for that application.

14 And so I guess, Steve, if there's
15 anything else you could think of that we'd want
16 to look at, I think that would be our main
17 criteria for selection.

18 MEMBER BEACH: How many from each
19 site? Because you had mentioned one from
20 Hanford. It seems like you might want to do two.

21 MR. STIVER: I think a Hanford site
22 case will -- you know, it'll show whether it's

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1 been implemented in a different way. I know
2 we'd need more than one.

3 MEMBER BEACH: Just one. Okay.

4 MR. STIVER: At least one.

5 MR. MARSCHKE: Well, again, if you
6 look at the table you can see that Hanford and
7 the Pacific Northwest Lab, they both use the same
8 OTIB-30.

9 MR. STIVER: Yes.

10 MR. MARSCHKE: So if you do one from
11 each you're, in effect, doing two associated
12 with that OTIB.

13 MR. STIVER: Yes.

14 MEMBER BEACH: Makes sense.

15 MR. STIVER: And the only
16 difference for Hanford is you'd have the
17 internal component associated with that.

18 MR. KATZ: Right.

19 MR. STIVER: And that would
20 probably be reflected in the workbook.

21 CHAIR MUNN: So you are suggesting

22 --

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1 MR. KATZ: So ten DRs.

2 CHAIR MUNN: -- ten DRs?

3 MR. STIVER: Ten DRs.

4 MR. HINNEFELD: Okay. Now, it'll
5 be our action to find the cases?

6 MR. KATZ: Yes.

7 MR. HINNEFELD: Okay.

8 CHAIR MUNN: To find the pool.

9 MR. HINNEFELD: We'll see what we
10 can do. I think we'll start with the 52 that
11 we've asked for back. We may not get all ten
12 sites.

13 MR. KATZ: Right.

14 MR. HINNEFELD: And so then we'll
15 move on to the other categories, like the ones
16 that were returned before we asked for them.

17 MR. KATZ: Yes. And then we will --

18 MR. STIVER: Right. Yes. Just
19 work your way through them.

20 MR. HINNEFELD: At some point we'll
21 get to all ten sites, I would think.

22 MR. STIVER: And if not --

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1 MR. MARSCHKE: Well, if there's no
2 site being affected, then you can't really, you
3 know --

4 MR. KATZ: It's not an issue.

5 MR. STIVER: Yes, you don't have any
6 cases for that.

7 MR. MARSCHKE: If you don't have any
8 cases then there's no cases that have been --

9 MR. HINNEFELD: Well, actually,
10 we'll get to all of them. We don't have just a
11 ton of cases from Kansas City, but we've got
12 some.

13 CHAIR MUNN: Well, we don't need to
14 build future activities, I wouldn't think.

15 MR. HINNEFELD: The others all have
16 a pretty healthy population, I think, of claims
17 and so I think Kansas City might be the only --

18 MR. STIVER: Yes, if we had one
19 without cases, I don't think that would affect
20 the overall.

21 MR. KATZ: So previously, we had had
22 the DR Subcommittee do the actual selection, but

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1 it's not clear to me whether that's necessary or
2 whether you can just pull randomly, according to
3 the characteristics, and that be that.

4 CHAIR MUNN: Well, it's going to
5 take NIOSH a while to build a pool and we can,
6 if we want the Dose Reconstruction Committee to
7 consider being the selector, that was considered
8 to be desirable at one juncture, but like you,
9 Ted, I really don't know whether that's a
10 necessary --

11 MR. KATZ: I mean, it's up to you.
12 You can decide here, but if you think that you
13 can just have DCAS select these cases randomly
14 from the --

15 MR. STIVER: Well, that would be the
16 first step to begin with. I mean, even if we do
17 it through the Dose Reconstruction
18 Subcommittee.

19 MR. KATZ: But I mean, the Dose
20 Reconstruction Committee's only function in
21 this was to select cases, but if you agree upon
22 how these cases are to be selected here, DCAS

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1 selects them, and hands them over to you, SC&A,
2 and you start the work, and there's no additional
3 step to be taken with the Dose Reconstruction
4 Subcommittee.

5 MR. STIVER: Okay. You know, this
6 being, really, the first time we've come up
7 against this. I mean, I thought it was the
8 process that we had, you know, identified
9 earlier, but yes, I mean, that'd be much value
10 added in certain situations.

11 MR. KATZ: That's what I'm
12 wondering.

13 MR. STIVER: Well, I'd be willing to
14 just go ahead and, you know, just have DCAS
15 select them. The criteria are pretty
16 straightforward here.

17 MR. KATZ: Yes.

18 CHAIR MUNN: So have we, in our
19 discussion here, come around to the idea that we
20 will do nine DRs?

21 MR. KATZ: Ten.

22 MEMBER BEACH: Ten.

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1 CHAIR MUNN: We're going to look for
2 ten DRs despite the fact that we have --

3 MR. KATZ: One for each site.

4 CHAIR MUNN: I know, but we also
5 discussed that Kansas City Plant has a small
6 pool.

7 MR. KATZ: Yes, but Stu's going to
8 look into whether there are cases or not. If
9 there's a case, we want it. Right?

10 CHAIR MUNN: But if there's not a
11 case, then we would have nine.

12 MR. HINNEFELD: Then we'd do nine.

13 MR. KATZ: Then we'd do nine.

14 MR. HINNEFELD: Right.

15 MR. KATZ: Actually, for Kansas
16 City, even if there's not a case, they can still
17 look at the tools.

18 MR. STIVER: Yes, that's the other
19 aspect of it.

20 MR. KATZ: Yes. So they can still
21 do that check even though there hasn't been a
22 case to look at.

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1 MR. STIVER: Yes, we wouldn't have
2 a rework, we can still look at the --

3 MR. KATZ: Right.

4 MR. STIVER: -- process that's in
5 place.

6 MR. KATZ: Right. And that makes
7 sense that you would do that.

8 CHAIR MUNN: All right. NIOSH has
9 the action. Anything more on PER-14?

10 MEMBER BEACH: Once NIOSH delivers
11 that you'll just --

12 MR. KATZ: Yes, you could just
13 consider a test, yes.

14 MEMBER BEACH: Can you look at the
15 tools prior to getting the cases --

16 MR. KATZ: Yes.

17 MEMBER BEACH: -- or do you want to
18 wait?

19 MR. HINNEFELD: They can certainly
20 look at the TBDs and the TIBs.

21 MR. STIVER: Yes, we can look at the
22 TBDs and we can arrange through DCAS to have

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1 access to the latest version of the tools.

2 MEMBER BEACH: So you can be doing
3 that at the same time. Okay.

4 MR. KATZ: Yes. That's good.

5 CHAIR MUNN: All right.

6 MR. SIEBERT: This is Scott
7 Siebert. One thing on that, you may just want
8 to make sure you're looking at the tool version
9 that was in place when the claim was run.

10 MEMBER BEACH: Good point.

11 MR. KATZ: Right.

12 MR. SIEBERT: As opposed to the
13 recent tools.

14 MR. STIVER: That's a good point,
15 Scott. Thank you.

16 MR. SIEBERT: So you may want to
17 wait for the claims to come across.

18 MEMBER BEACH: Good point, or see
19 how many revs are -- I mean, it shows revs, right?

20 MR. KATZ: Yes. Thanks, Scott.

21 CHAIR MUNN: Are we ready for
22 PER-17?

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1 MR. KATZ: Yes.

2 MR. STIVER: Are we ready for that?

3 We can get started on PER-17?

4 CHAIR MUNN: Yes, please.

5 MR. STIVER: Okay. PER-17, I'm
6 looking here at the SC&A review of that document,
7 dated May 15th, 2012, and this is a review of
8 NIOSH's Program Evaluation Report of this
9 PER-17, evaluation of incomplete internal
10 dosimetry records from Idaho, Argonne-East, and
11 Argonne-West National Laboratories.

12 As far as the background information
13 here, this case was assigned by the Advisory
14 Board back in May of 2010. We looked at the,
15 again, first three categories of sub-tasks,
16 which would be identifying NIOSH's evaluation of
17 the characterization of the issue, NIOSH's
18 specific methods for corrective action and
19 evaluating the PER's stated approach for
20 identifying the potentially affected DRs in the
21 criteria by which a subset was selected for
22 re-evaluation.

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1 Again, let me just reiterate that we
2 did not have any findings in this particular PER,
3 but I'm just going to go through the different
4 sub-tasks and what was done.

5 A little bit more of the history
6 under Sub-task 1. In April or May of 2006, there
7 were two dose reconstruction reviews that
8 involved claimants exposed at INL and
9 Argonne-East that contained questionable
10 notations response to request for internal
11 monitoring data.

12 For the INL claim, the notations
13 stated there was no recordable dose and for ANL
14 East, the notations stated no internal dose.
15 More inquiries were made that revealed that INL,
16 ANL-E, and Argonne-West as well, did not
17 consistently include the dose data in response
18 to request for such data by NIOSH.

19 NIOSH concluded that, for a given
20 Energy employee at any of the three sites, were
21 either provided with all or none of the
22 employee's internal monitoring records. And so

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1 there was a potential for missed internal
2 dosimetry data that had been requested, but not
3 received by NIOSH, and centered around these
4 handwritten notations in this form
5 OCAS-INT-004, which is a checkbox form that
6 either stated no internal dose or no recorded
7 dose.

8 Our comment on that was that we found
9 this revelation by NIOSH to be commendable.
10 Further inquiries did reveal instances where
11 some EEs may not have been monitored for internal
12 exposure, but requests for such -- or excuse me,
13 where they were monitored, but where requests
14 for such records had not been provided.

15 And so NIOSH correctly concluded
16 that, in such instances, the corresponding
17 reconstruction, organ doses, and derived PoC
18 were potentially incorrect.

19 For Sub-task 2, this is the approach
20 and methods for corrective action. Okay.
21 There were three different steps here that were
22 undertaken in order to identify the potential

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1 claims.

2 First, they determined the total
3 number of non-compensated claims for these
4 facilities and, as of January 24th, 2007, there
5 were 677 INLs, 87 Argonne-Wests, and 69
6 Argonne-Easts submitted non-compensated claims
7 for a total of 833.

8 Okay. The next was to review each
9 case with respect to completion of the internal
10 dosimetry status section and then based on
11 information in the notations contained in the
12 OCAS-INT-004, determine which of the 833 claims
13 qualified for additional request.

14 Our comment as of the time of the
15 review, we requested that NIOSH provide that
16 information that would identify the
17 subcategories of the 833 claims, which they did.
18 And a cross-reference of the ID numbers by NIOSH
19 revealed that some claimants had been employed
20 at more than three sites, which reduced the total
21 number of potential claims from 833 down to 789.

22 The initial responses to requests

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1 for internal dosimetry data are then summarized
2 in columns B and C of Appendices A, B, and C to
3 this document, which really comprise the lion's
4 share of the document. This is actually a
5 fairly short review.

6 Section 4 on Page 8, this is Sub-task
7 3, Section 2 of the PER identified a set of three
8 criteria for identifying the claims for which an
9 initial request for internal dose data contained
10 the following notations.

11 First category would be, there were
12 no internal dose records in the original
13 response and along with or without a handwritten
14 note stating no internal reportable dose.

15 A second was, there were no internal
16 dose records in the original response and the
17 OCAS-INT-004 was marked as internal dosimetry
18 records not readily available or without a
19 handwritten note stating no internal recordable
20 dose.

21 And then category three, the INT-004
22 contained no markings or notations and there are

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1 no internal dose records provided with the
2 original response. And we have a little note
3 here, the initial responses to requests for
4 internal dosimetry data are summarized, once
5 again, in columns B and C, and were used by NIOSH
6 to select those cases where additional
7 information was requested.

8 Okay. Using those criteria, this
9 set of 833 was winnowed down. We identified a
10 number of 223 cases from the 789 for which
11 further information and clarification of
12 internal exposure were requested. Responses
13 for 142 cases contains notes stating the EE was
14 either not monitored or that no internal
15 exposure records could be found.

16 And these are summarized in columns
17 D and E of Appendices A, B and C. Additional
18 requests for internal dose data were, therefore,
19 not generated for cases when this information
20 was provided in the response because NIOSH
21 concluded there was no need for a re-evaluation,
22 which makes sense.

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1 In total, bottom-line, NIOSH
2 identified 83 cases for which responses dictated
3 the need for a re-evaluation of the employee's
4 dose with the following representation. There
5 were 62 from INL, 14 for Argonne-West, six from
6 Argonne-East, and one with employment both at
7 INL and Argonne-West.

8 So our review of the data found no
9 inconsistencies or errors with the
10 identification and selection of cases as
11 specified in Section 2. And we also highlighted
12 the 83 cases shown in Appendices A, B and C so
13 that they're easily identifiable.

14 As far as Sub-task 4, which would be
15 selecting cases, we independently assessed the
16 current status of the 83 cases in the NOCTS
17 database. Now, remember, this is back in May,
18 so things may have changed a bit. The claim ID
19 numbers are not identified in Appendices A, B and
20 C of the current status.

21 The 83 cases as shown in Appendices
22 D, E and F for INL, Argonne-West, and

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1 Argonne-East, respectively. For illustration,
2 if you want to go to Appendix D, you can see that
3 it identifies the status of 63 cases.
4 Thirty-eight of these have a completed revised
5 dose reconstruction.

6 It has been adjudicated by Labor.
7 Twelve have a completed revised DR, but without
8 final DOL decision. And 13 are still awaiting
9 completion of a revised DR. And so the
10 selection of the DRs for audit by SC&A we feel
11 would be limited to those, obviously, that have
12 been adjudicated and we recommend selecting at
13 least three INL cases, two Argonne-West cases,
14 and one Argonne-East case, presumably, based on
15 the relative proportions of the available cases.

16 And that's really where we stand on
17 PER-17.

18 DR. H. BEHLING: And this is Hans,
19 the numbers that he just cited under Section 5
20 Sub-task 4, may have changed since we issued this
21 report.

22 MR. STIVER: Right.

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1 DR. H. BEHLING: So, I guess, at
2 this point there may have been more completed
3 than were made available to me at the time that
4 I reviewed this PER.

5 MR. STIVER: Yes, thanks, Hans. We
6 ought to keep that in mind that this is a snapshot
7 in time, that things may have changed.

8 CHAIR MUNN: Yes, but it's pretty
9 current.

10 MR. STIVER: Yes.

11 MR. HINNEFELD: This is Stu. I
12 have a question. When you determined the
13 adjudication status on these, did you look in the
14 case file and find a letter from DOL?

15 MR. STIVER: I'll have to defer to
16 Hans on that. He was the author of this.

17 DR. H. BEHLING: Actually, I think
18 somebody from NIOSH provided me with those
19 numbers.

20 MR. HINNEFELD: Okay.

21 MR. STIVER: Okay. So we can
22 update if we need it.

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1 MR. KATZ: John, my attention
2 lapsed for a moment when you said the numbers of
3 cases based on -- why would you choose multiple
4 cases for the same --

5 MR. STIVER: I'd say that was my
6 presumption was that it would have been based on
7 the proportions of the three sites that were in
8 the adjudicated bin. Is that correct, Hans?
9 Is that why they were --

10 DR. H. BEHLING: Yes. It was just
11 a proportionality. And the fact is, there's
12 really nothing constant. The additional
13 information that was provided on this second
14 attempt to retrieve internal exposure,
15 obviously, varies for each of the cases. And so
16 you can't just say one case represents all of
17 them.

18 In fact, they may all differ and so,
19 on the basis of proportionality and just be
20 somewhat conscious of cause. I decided to use
21 a proportionality thing because of the fact that
22 INL had the largest number of cases that had to

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1 be reconstructed. It was just sufficient to say
2 that we at least take three -

3 MR. KATZ: I see.

4 DR. H. BEHLING: -- and then one
5 from ANL-West, and ANL-East, just one, based on
6 proportionality.

7 MR. KATZ: Okay. Thanks, Hans.

8 CHAIR MUNN: Any comment? The
9 proportion seems reasonable to me. That's not
10 any other, really, mitigating factors. Any
11 problem with suggesting six as has been
12 suggested here?

13 MR. KATZ: So can DCAS randomly
14 generate those cases from the pools that they
15 have?

16 MR. STIVER: I would assume so.
17 They provided the information to begin with.

18 MR. KATZ: Yes.

19 MR. HINNEFELD: Yes, I'll have to
20 figure out how we did it. I mean, the most
21 accurate way for us to know about the
22 adjudication status of the case is to ask DOL

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1 because sometimes we get the copy of the final
2 determination letter and sometimes we don't.

3 So the most accurate way for us to
4 do it is ask. And if we asked in May, I don't
5 know that we would necessarily need to ask again.
6 We probably have enough adjudication of the
7 cases to select from.

8 MR. KATZ: Yes, right.
9 Absolutely.

10 MR. HINNEFELD: So that would be the
11 only thing I'd want to reassure myself is that
12 we do, in fact, know these cases are adjudicated.

13 MR. KATZ: Yes.

14 CHAIR MUNN: So?

15 MR. HINNEFELD: Yes, we can do that.

16 MR. KATZ: Okay. And so they will
17 send the cases to SC&A, kind of, just copy the
18 Work Group with these transmittals of cases so
19 the Work Group knows that SC&A has received their
20 work fodder.

21 CHAIR MUNN: All right. Anything
22 else on PER-17? The action is NIOSH's.

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1 They're going for six. Next item is PER-18,
2 which I have done. I have sent notation to the
3 LANL Work Group telling them that the action is
4 theirs.

5 MEMBER BEACH: Did we get copied on
6 that?

7 CHAIR MUNN: I sent it directly to
8 your Chair.

9 MEMBER BEACH: Minus the Procedures
10 Work Group.

11 CHAIR MUNN: I will send copies. I
12 had thought I would send copies when I heard back
13 from them, but I can do that.

14 MR. KATZ: I can testify that she
15 sent it though, because she copied me.

16 MEMBER BEACH: Oh, I was never in
17 doubt of that.

18 MR. KATZ: I know. I'm teasing.

19 CHAIR MUNN: All right. PER Number
20 20, result of a single case review.

21 MR. HINNEFELD: Well, this is Stu,
22 and I think I'm supposed to talk about this.

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1 This is our Blockson PER. And the findings at
2 issue here are whether or not the selection of
3 Class M of uranium is the appropriate selection.
4 That's what we selected in the Site Profile for
5 Blockson for the uranium exposures that occur in
6 the uranium category.

7 And the finding is, this was U-308,
8 that's Class S in certain references, including
9 ICRP, in order to be, you know, since there's
10 this uncertainty about solubility class,
11 shouldn't you use S for claims where it would be
12 most beneficial?

13 My initial response was, I don't
14 know if anything's affected because all the
15 respiratory tract cases are going to be getting
16 paid through SEC anyway, and I think I reported
17 previously that, after looking at the Blockson
18 cases, there is, in fact, one case that,
19 interestingly enough, has a respiratory tract
20 that's a extrathoracic lymph node target organ,
21 but is not an SEC cancer.

22 It's a Hodgkin's disease of the

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1 supraclavicular lymph nodes. And in thinking
2 about, you know, and discussing this back, I was
3 chastised for even introducing the idea that
4 nothing's affected, because even if there had
5 been zero cases here, the issue might remain
6 because it happens frequently, even in a
7 situation of an SEC, the claimant is still alive
8 and has an additional cancer, and they want
9 medical coverage for the non-SEC cancer.

10 Those cases are returned to us for
11 dose reconstruction and we reconstruct as much
12 as we can reconstruct for all the cancers. So
13 just because, you know, the analysis I did
14 doesn't necessarily mean it would be no harm and
15 no foul even if it were zero people.

16 So we're back to the original
17 argument about the solubility class of the
18 uranium. Our position is, and has been all
19 along, that the solubility class of the material
20 made at Blockson was M.

21 CHAIR MUNN: Absolutely.

22 MR. HINNEFELD: And the reason we

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1 say that is that, it was a sodium diuranate that
2 was produced by this process, that was then
3 heated to be dried in an oven, but it was a sodium
4 diuranate and it wasn't really U-308.

5 It's referred to in some AEC
6 documents as U-308 being obtained from Blockson.
7 And it's our conclusion from looking at
8 documents from that era that the AEC routinely
9 talked about the receipts from their suppliers
10 in terms of U-308 equivalent.

11 CHAIR MUNN: That's what they said.

12 MR. HINNEFELD: It would be U-308
13 contained in yellowcake, or in concentrates, or
14 something like that. So the fact that AEC
15 describes it as a U-308 does not mean that it was
16 actually a chemical U-308, they were talking
17 about the equivalency; the amount of the actual
18 uranium they were getting.

19 So our position remains that this
20 was a sodium diuranate product that was then
21 dried. We have some references about sodium
22 diuranate solubility and it's actually pretty

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1 soluble. So we feel like we've addressed it
2 appropriately. So that's the place where we
3 are.

4 MR. STIVER: Yes, this is John
5 Stiver. I was reading through the transcript on
6 this discussion from the last time, and I looked
7 into Blockson a little bit more, and I would tend
8 to concur that the type M is reasonable.

9 CHAIR MUNN: Yes. There's nothing
10 in Blockson's history.

11 MR. STIVER: There's nothing that
12 indicates you would have any insoluble material.

13 CHAIR MUNN: There's nothing in
14 that process that would lead us to believe there
15 was anything other than what's been
16 characterized already. So does this clear the
17 issue for us? Are we considering this to be
18 PER-1, I mean, PER-20, Finding 1?

19 MR. HINNEFELD: I forget which
20 finding it is right now.

21 MR. MARSCHKE: Finding 1 meets
22 NIOSH's science solubility class type M for

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1 uranium and its use.

2 CHAIR MUNN: Yes, that's it.

3 MEMBER ZIEMER: That's it.

4 CHAIR MUNN: That's what we're
5 talking about.

6 MR. HINNEFELD: And there's a
7 second finding that talks about the absorption
8 fraction, which is the same question.

9 CHAIR MUNN: It's, again, urine
10 excretion.

11 MR. HINNEFELD: Right. It's just
12 GI versus respiratory.

13 CHAIR MUNN: Yes.

14 MEMBER BEACH: So that would be the
15 second one; Finding 2?

16 CHAIR MUNN: That would be -- this
17 report applies to both Finding 1 and Finding 2.
18 And hearing no objection, Steve, you may
19 indicate in both cases that NIOSH reports
20 there's no reason to consider this anything
21 other than Type M. SC&A has agreed. And the
22 Subcommittee has closed Findings 1 and 2, unless

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1 I hear argument to the contrary.

2 Dick, have you returned yet?

3 (No response.)

4 CHAIR MUNN: And that will apply to
5 1 and 2, which means that we are complete with
6 PER-20. Now then, while Steve is going to work
7 on that --

8 MR. KATZ: Cases.

9 CHAIR MUNN: -- we can --

10 MR. HINNEFELD: Start the cases?

11 CHAIR MUNN: -- start the fun part
12 of the PER review. What?

13 MR. KATZ: Cases.

14 CHAIR MUNN: That's what I was
15 saying. We can now start the fun part of the PER
16 reviews.

17 MEMBER ZIEMER: That would be the
18 cases.

19 MR. KATZ: Oh, I see. That's the
20 fun part. I see. Okay.

21 CHAIR MUNN: Yes. Now we get to
22 pick all the new stuff we can play with.

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1 MR. HINNEFELD: No, Ted was talking
2 about the cases --

3 MR. KATZ: Cases for this PER.

4 MR. HINNEFELD: -- the audit cases
5 for PER-20.

6 CHAIR MUNN: For PER-20.

7 COURT REPORTER: I didn't get that
8 exchange. I'm sorry.

9 MR. KATZ: We trampled each other.

10 MR. HINNEFELD: Yes.

11 CHAIR MUNN: It's probably just as
12 well. You did get his saying cases, right?

13 COURT REPORTER: Right.

14 CHAIR MUNN: And so what he's
15 calling for is the selection of cases from the
16 Blockson site for these folks to take a look at.

17 MEMBER BEACH: Is there a
18 recommendation of how many we need from this?

19 CHAIR MUNN: Shouldn't be a very
20 large number. The site is small and all of the
21 claims would be very similar. Very similar
22 indeed. So it's just a question of having SC&A

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1 do their review to assure that our cases that
2 they have in front of them have been done in
3 accordance with the --

4 MR. STIVER: Let me just take a look
5 at PER-20 to see if we have actually made the
6 recommendation or not.

7 MR. KATZ: Right.

8 MR. STIVER: Let's see.

9 CHAIR MUNN: I've already closed
10 mine.

11 MR. STIVER: Okay. The table that
12 I had sent out, that Ted sent out just a couple
13 days ago, which is the complete update of PERs
14 as of May, Table 1 has the status of all the PERs
15 that have been assigned. And I believe we're on
16 Page 6 for PER-20, and we did, in fact, recommend
17 for the Subcommittee to select between three and
18 five DRs to complete using the best estimate
19 approach.

20 MR. KATZ: And what's the basis?

21 MR. STIVER: Let me go ahead and,
22 kind of, give you a little bit better background

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1 here. Okay. There are three different things
2 here. Let me just read SC&A's finding here.
3 And this is verbatim.

4 SC&A concurs with NIOSH's approach,
5 assumptions of selection criteria, for
6 reassessing claims affected by Revision 1 for
7 the Blockson TBD. SC&A did, however, identify
8 three potential issues that were not adequately
9 addressed in the TBD: solubility, f1 uptake,
10 which is the same thing which we just closed out,
11 and three, bounding radon estimates.

12 These issues have been raised and
13 are being resolved under purview of the Blockson
14 Work Group. So this, again, a bit of a snapshot
15 in time.

16 March 2011, the Subcommittee
17 meeting, I see we presented the findings. Yes.
18 The Subcommittee agreed with SC&A's findings.
19 The number of cases re-evaluated were 91. The
20 total claims with PoC less than 50 percent, 32
21 are compensated, and 59 were denied.

22 And at the time, a recommended

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1 selection criteria, SC&A recommended the 59
2 denied claims be classified based on the
3 original approach used for dose reconstruction,
4 i.e., maximize for best estimates, and the DR
5 Subcommittee select three to five DRs completed
6 using a best estimate approach.

7 I was not involved in this
8 particular PER and I do not have the basis for
9 that particular selection. I think it was
10 probably a best guess of what would cover the
11 waterfront.

12 MR. KATZ: Okay. So maybe we need
13 to, rather than move forward, since we don't
14 really know the basis for choosing three to five,
15 maybe we can just --

16 MR. STIVER: Yes, I think we might
17 want to back off on this.

18 MR. KATZ: -- get clarification on
19 that first.

20 MR. STIVER: Yes.

21 MEMBER BEACH: Who made the
22 recommendation?

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1 MR. STIVER: I don't know.
2 Probably John, who's not available.

3 MR. KATZ: It's okay though.

4 MR. STIVER: Yes, I mean, we can
5 certainly --

6 MR. KATZ: We can discuss this at
7 the next meeting.

8 MR. STIVER: I think with some of
9 these, actually, that's not the only PER that had
10 outstanding case selection criteria.

11 MR. KATZ: Right.

12 MR. STIVER: But I think we
13 definitely need to take another look at this
14 because some of these are kind of old and we're
15 dealing with a moving target here.

16 MEMBER ZIEMER: So who made the
17 final numerical determination before? It's the
18 basically the number that would go in that second
19 to last column. Where it says, determined
20 number of cases, who determined that?

21 MR. KATZ: The Subcommittee.

22 MR. STIVER: That would be the

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1 Subcommittee.

2 MEMBER ZIEMER: Subcommittee?

3 MR. KATZ: After considering --

4 MR. STIVER: If you're considering
5 all the --

6 MR. KATZ: There are suggestions
7 about what basis there should be used in the
8 report.

9 MR. STIVER: Right, if you consider
10 all the latest.

11 MEMBER ZIEMER: All right.

12 MR. STIVER: At this time,
13 remember, the solubility issue is still in
14 question.

15 MR. KATZ: Right. Exactly.
16 That's why it's confusing, I think.

17 MR. STIVER: Right. We're
18 basically just looking at radon estimates at
19 this point.

20 CHAIR MUNN: And so what we're
21 really and truly seeing here is, are we revising
22 our previous stand with respect to -- and would

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1 the DR Subcommittee make this evaluation.

2 MR. KATZ: No. It's just that SC&A
3 needs to figure out what is a reasonable basis
4 for selecting a number. It may be that one case
5 is enough to check it. It may be that you need
6 -- we need a basis for making --

7 MR. STIVER: Yes. At this point I
8 don't feel comfortable not knowing what the
9 basis for this recommendation of three to five
10 was.

11 CHAIR MUNN: And SC&A --

12 MR. STIVER: I need to go back and
13 revisit that.

14 MR. KATZ: Right, so that's an
15 action item for SC&A.

16 CHAIR MUNN: SC&A action.

17 MEMBER ZIEMER: Yes.

18 MEMBER LEMEN: I'm back.

19 MR. KATZ: Welcome.

20 CHAIR MUNN: Good. Welcome back.
21 Glad to have you, Dick.

22 MEMBER ZIEMER: Yes, they may have

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1 already considered the types of cases and came
2 up with the three to five, but we don't know that.

3 MR. STIVER: Exactly. I just need
4 to follow up on that.

5 MEMBER ZIEMER: Right.

6 CHAIR MUNN: We're just getting
7 ready to look at future PER assignments. I
8 tried to do it earlier and they wouldn't let me.

9 MR. HINNEFELD: This is Stu now, am
10 I clear that we don't have an action on PER-20
11 case selection?

12 MEMBER BEACH: Correct.

13 MR. STIVER: Not until after we
14 clarify our criteria here.

15 CHAIR MUNN: It's my understanding,
16 first, we're going to hear from SC&A what they
17 now believe we should be looking at. Dick, did
18 you receive the material that was just sent out
19 by Ted, which is, again, an update of the Program
20 Evaluation Report reviews --

21 MEMBER LEMEN: Yes.

22 CHAIR MUNN: -- May 2012 status?

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1 MEMBER LEMEN: Yes, I did.

2 CHAIR MUNN: That's what we're
3 going to be looking at now.

4 MEMBER LEMEN: Okay. I've got it.

5 CHAIR MUNN: Okay, in an attempt to
6 try to define what the next group of PERs are to
7 be assigned to SC&A for review.

8 MR. STIVER: Wanda, if I could step
9 in for just a second.

10 CHAIR MUNN: Please do.

11 MR. STIVER: I'd sent out an earlier
12 document. I remember at the Santa Fe meeting,
13 it was June 20th, we talked about a whole series
14 of, you know, from TBDs, Technical Basis
15 Documents, procedures, and then PERs.

16 CHAIR MUNN: Everyone has it.

17 MR. STIVER: And there was
18 conditional authorization granted for, I
19 believe, eight documents. And we decided we
20 would go back and look at the PERs, kind of,
21 separately one-by-one.

22 MR. KATZ: Right.

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1 MR. STIVER: And so what I did is
2 I've created an annotated version of that budget
3 discussion document, which everybody's got, and
4 I guess the first thing that I would like to do,
5 if we could just go through and look at those,
6 those eight documents, if we can go ahead and get
7 those formally authorized, the ones that were
8 tentatively authorized for the Board meeting,
9 and then go look at the PERS --

10 MR. KATZ: Wait.

11 MEMBER BEACH: I thought those were
12 done.

13 MR. KATZ: I'm confused. No. The
14 Board -- for Site Profiles you mean?

15 MR. STIVER: No, not the Site
16 Profiles. Remember, the Site Profiles were
17 authorized, but there was a series of documents
18 that were new documents and we've identified, I
19 believe, five of those, and there were others
20 that had been gone through two to three revisions
21 since our review, and we identified, I believe,
22 four from each of those two groups.

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1 And those, I can show you, where they
2 can be found.

3 MEMBER BEACH: I thought we
4 authorized those?

5 MR. STIVER: Looking through the
6 transcript, I wasn't a 100 percent sure, and I
7 looked through the transcript, and I believe Dr.
8 Melius indicated that these should be formally
9 assigned in the Procedures Subcommittee
10 meeting.

11 MR. KATZ: What's the name of the
12 document that we're --

13 MR. STIVER: It's Follow-up Budget
14 Discussion for Full Board Meeting.

15 MR. KATZ: Okay, thanks.

16 MR. STIVER: Okay.

17 MEMBER ZIEMER: And what's the date
18 on that?

19 MEMBER BEACH: June 15.

20 CHAIR MUNN: Well, the most recent
21 agenda item and report was sent by Ted on the
22 23rd.

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1 MR. STIVER: Yes, that would be the
2 annotated version.

3 CHAIR MUNN: Yes.

4 MEMBER BEACH: So which one is the
5 easiest to work from at this point?

6 MR. STIVER: I think the easiest to
7 work from is the follow-up budget discussion.
8 It has everything laid out in it. The only thing
9 this doesn't have regarding PERs is the Table 1,
10 which would have already been assigned in the
11 status, which we have already determined is a
12 little out of date.

13 MR. KATZ: So what page should we go
14 to?

15 MR. STIVER: So let's go to --

16 MEMBER ZIEMER: What's the document
17 we're looking in?

18 MR. KATZ: It's called Follow-up
19 Budget Discussion of Full Board Meeting.

20 MEMBER ZIEMER: And it was sent on
21 email?

22 MR. STIVER: Ted sent it on the

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1 23rd, I believe.

2 MEMBER ZIEMER: 23rd of?

3 MR. STIVER: Right here. No,
4 that's 6/18.

5 MEMBER ZIEMER: Oh, that's the
6 18th.

7 MR. STIVER: No, that's the old one.

8 MEMBER ZIEMER: That's the old one.
9 23rd?

10 MR. STIVER: Yes, 23rd is the July

11 --

12 MEMBER ZIEMER: Oh, July.

13 MR. STIVER: Yes, July.

14 MR. KATZ: Yes.

15 MEMBER ZIEMER: Let me get back here
16 then. I thought you said it was sent in June.

17 MR. STIVER: Yes, we're kind of
18 mixing up our dates here.

19 MEMBER BEACH: Well, my date says
20 June.

21 MR. STIVER: The actual document
22 does. I didn't revise everything. All I did

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1 was annotate the June version.

2 CHAIR MUNN: The document date is
3 June. The transmission date from Ted is the
4 23rd of this month.

5 MR. STIVER: I actually have a hard
6 copy if you just want to look at that.

7 MEMBER ZIEMER: Yes. I'm
8 wondering if you might have actually sent it to
9 my -- this is my CDC mail. Maybe they didn't
10 send it to the CDC mail.

11 CHAIR MUNN: Yes, it went to the CDC
12 mail, Paul.

13 MEMBER ZIEMER: For me?

14 CHAIR MUNN: Yes.

15 MR. STIVER: He has the hard copy
16 here.

17 CHAIR MUNN: On the 23rd, July 23rd.

18 MEMBER BEACH: What page did you
19 want to start on?

20 MR. STIVER: Let's look at Table 3
21 on Page 6. These are the documents already
22 reviewed by SC&A.

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1 MR. MARSCHKE: These aren't PERs.

2 MR. STIVER: No, we're not in PERs
3 at all yet. We're not getting to the PERs just
4 yet.

5 CHAIR MUNN: Haven't gotten there.

6 MR. STIVER: Okay. These are the
7 documents that we have recently reviewed. I
8 believe we've got some PROCs and OTIBs, a mixture
9 of the two. This is previously reviewed
10 documents with two to three revisions since SC&A
11 review.

12 And basically, what we found in
13 Table 3, we found five documents that we thought
14 might merit review and during the discussions in
15 Santa Fe, we received tentative approval, to be
16 finalized today, for four of those.

17 MEMBER BEACH: What happened to
18 0066?

19 MR. STIVER: We decided the quality
20 assurance records management really wasn't
21 something that would merit a full review. So
22 OTIB-0005, which is internal dosimetry organ,

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1 external dosimetry organ, and IREP model
2 selection by ICD-9 code. That was tentatively
3 authorized.

4 OTIB-20 was tentatively approved.
5 It was the use of coworker dosimetry data for
6 external dose assignment. PROC-31, Site
7 Profile and Technical Basis Document
8 development. And PROC-61, occupational
9 medical x-ray dose reconstruction for DOE sites.

10 MR. KATZ: So Stu, you have this
11 right in front of you. It could be useful to
12 hear from DCAS as to the nature of the revisions
13 as to whether -- so the Subcommittee can decide
14 whether it's worthwhile to review them. Are you
15 capable of speaking on these?

16 MR. HINNEFELD: I am not very
17 familiar with these revisions. I don't know if
18 anyone on the phone is or not. First one is
19 OTIB-5, which lists target organs and IREP
20 models. I don't know what the last two
21 revisions have done. I don't know if, Scott, do
22 you know, or anybody?

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1 MR. SIEBERT: I mean, a bunch of
2 different little things we've updated as the
3 ICRP had stated organ ICD-9 codes. Basically,
4 what are we looking for?

5 MR. KATZ: So, for example, that
6 updates an ICD-9 -- and that's kind of trivial.
7 I don't think that really warrants a --

8 MEMBER BEACH: Well the revision is
9 --

10 MR. STIVER: Well, it provides
11 guidance on the selection.

12 MEMBER BEACH: So it shows that
13 there's two revisions to that since you reviewed
14 it.

15 MR. STIVER: Yes, since our first
16 review, there have been two revisions.

17 MEMBER BEACH: Those should be
18 fairly quick, shouldn't they?

19 MR. STIVER: It depends on the
20 nature of the revisions. I guess that was one
21 thing that was kind of outstanding. Basically,
22 we felt that, most of these would merit review

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1 to validate the selection criteria. You know,
2 just assess the degree of implementation.

3 MR. MARSCHKE: One thing to do is,
4 I mean, we don't have to make a decision just
5 today, but we could, if the Subcommittee would
6 like, go back and look at these four documents
7 and see if we can maybe provide the Subcommittee
8 with a summary of what the changes were.

9 I mean, usually if you go to the
10 document itself, if you pull the document out --

11 MR. KATZ: It calls out --

12 MR. MARSCHKE: -- it calls out what
13 the changes were and if there's really no
14 technical changes, if it's just changing, you
15 know, the codes in a table, or something like
16 that, to be consistent with the latest revision,
17 then there's really no --

18 MR. KATZ: That's all I'm raising is
19 that, it's good to understand what the changes
20 are, because if they're trivial, we don't need
21 to spend \$8000 or anything on an SC&A review.

22 MR. STIVER: Yes, some of these --

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1 MEMBER ZIEMER: Yes, and probably
2 in the table and --

3 MR. STIVER: Yes, in some of these
4 we weren't able to locate the most recent
5 revision. We attempted to do that, so that's
6 the main reason why we're not seeing -- I went
7 through and looked at the revisions. In some
8 cases, it wasn't clear exactly what had been
9 done. We have the latest case.

10 MEMBER BEACH: Well, it seems like
11 that would be a DCAS action, is to tell us what
12 the revisions were and then go from there. I
13 mean, why would you have to go look for the
14 documents?

15 MR. STIVER: Well, I was doing that
16 in preparation with this document just to try to
17 have a better understanding of which of these
18 might be, you know, worth expending resources.

19 MR. KATZ: Right.

20 CHAIR MUNN: Well, since they chose
21 it, you know, they'd have a reason to choose it.
22 It'd be helpful to have such a summary,

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1 especially in light of the fact that, in the
2 table itself, the document numbers only show for
3 OTIB-5, the other three don't actually show, so
4 that we'd have the title, but not the
5 designation.

6 MR. STIVER: I sent you a revised
7 version. That accidentally got stripped out.

8 CHAIR MUNN: Yes, it did get
9 stripped out.

10 MEMBER ZIEMER: Is this something
11 we could tell easily by going back into the main
12 document? For example, on OTIB-0005, you've
13 got some idea there as to -- some of those items,
14 for example, were in abeyance awaiting revision
15 or are these -- there'd be some new items in here
16 --

17 MR. KATZ: You'll find that these
18 are all --

19 MEMBER ZIEMER: No, I --

20 MR. STIVER: These are documents
21 that we have reviewed that have undergone
22 subsequent revisions and so they might be worth

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1 looking at --

2 MEMBER ZIEMER: Right.

3 MR. STIVER: -- just on that basis
4 alone.

5 MEMBER ZIEMER: Some of the
6 revisions may have resulted from others too.

7 MR. MARSCHKE: That's why we only
8 identified those that had two or more revisions.
9 We felt that if they did one revision, it was most
10 likely, probably, in response to --

11 MEMBER ZIEMER: Right.

12 MR. MARSCHKE: -- the findings.
13 And so we've identified these five that had two
14 or more revisions, but that's the level of
15 research that we've done.

16 MR. STIVER: Yes. I mean, we've
17 haven't gone to look and see whether those
18 revisions were just trivial or if they were --

19 MR. MARSCHKE: Meaningful or, yes,
20 trivial.

21 CHAIR MUNN: And with the OTIBs,
22 it's easy for us to take a look on our Board page,

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1 the OTIBs, and their changes are listed. So
2 it's easy to see the summary of the changes for
3 the OTIBs. It's not so easy to pull up the PROCs
4 and the other --

5 MEMBER BEACH: Well, the first one
6 I brought up only shows Rev. 1, 0 or 1, so --

7 MR. STIVER: Okay. I've got OTIB-5
8 Revision 4, which I just took off from the list
9 of documents. Presumably, we've gone through
10 three changes, so what we have, we currently have
11 Rev. 4, three, so we must have looked at Rev. 2.
12 And if you look at the publication record, which
13 is on Page 2 of that document, Rev. 2 is 5/7/2004,
14 and here is an external model correction for
15 ICD-9 code change to medical review.

16 We go on to Page 15. External model
17 correction. Okay. I'm not quite sure what all
18 these --

19 MEMBER ZIEMER: My comment was,
20 usually, when a document is revised there's a
21 control thing that tells what the revision is,
22 and I think you have that here.

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1 MR. STIVER: I have it here.

2 MEMBER ZIEMER: He has that.

3 MEMBER BEACH: You're on Page 2 of
4 40, right?

5 MR. STIVER: Yes, this is the next
6 step that I was hoping to get to.

7 MEMBER ZIEMER: Where is that?

8 MR. STIVER: This is OTIB-5, Rev. 4.

9 MEMBER ZIEMER: Oh, it's in the
10 beginning of that particular --

11 MR. STIVER: Yes, this is the
12 tentative.

13 MEMBER ZIEMER: Right.

14 MR. STIVER: An annotation of all
15 the changes that were made.

16 MEMBER ZIEMER: Right. So you can
17 tell whether they're trivial or not.

18 MR. STIVER: Yes, there's actually
19 quite a few. We reviewed Revision 2, which was
20 put out in 2005, and you can see, since then,
21 there's been a page change, Rev. 3 and Rev. 4.
22 The page change was probably fairly trivial.

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1 MEMBER ZIEMER: Yes.

2 MR. STIVER: It just updates Table
3 3.1. Let's see, Rev. 3 adds a discussion by
4 ICD-9 reciting C9 and CM in background session
5 as codes in Table 3.1 that cross-reference codes
6 as clarification for skin cancer. Updates
7 organ selection for ICD-9 codes 155 and 156.
8 Adds clarification this OTIB is not applicable
9 for x-ray procedures. Incorporates internal --
10 okay, that's a whole other matter.

11 So that's fairly substantive there.

12 MEMBER ZIEMER: Madam Chairman.

13 CHAIR MUNN: Yes.

14 MEMBER ZIEMER: I'm thinking that
15 what he's looking at now, I think SC&A could do
16 that part fairly rapidly and make a
17 determination if there's substantive changes,
18 and that we, perhaps, could authorize them if
19 they identify those to proceed. I mean,
20 otherwise --

21 MR. KATZ: Yes. No, we don't want
22 to do that. That's painful.

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1 MR. STIVER: Yes, this is something
2 I was hoping to get through before --

3 MEMBER ZIEMER: But the changes
4 seem to be well-identified.

5 CHAIR MUNN: I think they are.

6 MEMBER ZIEMER: You can look at that
7 and say, yes, we need to look at that. We don't
8 need to look at that.

9 MR. STIVER: Right.

10 CHAIR MUNN: If we can get that
11 summary next time, it would be most helpful.

12 MEMBER BEACH: On those four,
13 right?

14 CHAIR MUNN: Yes.

15 MR. STIVER: Actually, I could
16 probably get this done in a day or so.

17 MEMBER ZIEMER: Right, because you
18 have four documents with a page like that --

19 MR. STIVER: Yes, they're not very
20 many documents.

21 MR. KATZ: And if there are
22 substantive changes, then you just proceed.

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1 MEMBER ZIEMER: We could identify
2 what they are and then proceed.

3 MR. KATZ: Yes, proceed. I mean,
4 just send us a note to tell us what the results
5 were in terms of what you're proceeding on.

6 MR. HINNEFELD: This is Stu. I
7 would offer to John, if you have trouble finding
8 the latest versions of any of these, just let me
9 know.

10 MR. STIVER: Okay.

11 MR. HINNEFELD: We'll make sure we
12 put them someplace where you can get --

13 MR. STIVER: Yes. I had notes and
14 commented on some of these that they didn't have
15 the latest version. One would have been
16 PROC-31. Actually, let's see what I have for
17 PROC-61.

18 CHAIR MUNN: Is that the last one?

19 MR. STIVER: I had a little summary
20 of what it does, but not what the latest updates
21 were. I think I'm -- just a second.

22 MEMBER BEACH: It's 61.

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1 MR. STIVER: Sixty-one. Let's
2 see. This is Number 4. Okay. So, no, I do not
3 have revision updates in this. I thought I had
4 put some of them in, but I know I did it for the
5 PERs, but I did not do it for that first table.
6 So, yes, I'll go back and make a determination
7 of how substantive the changes were and then a
8 recommendation, which, if we determine that they
9 do, in fact, merit a review, would we --

10 MR. KATZ: Proceed.

11 MR. STIVER: -- need to go ahead and
12 proceed with it?

13 MR. KATZ: Yes.

14 MR. STIVER: And just email the
15 Subcommittee?

16 CHAIR MUNN: Yes.

17 MR. STIVER: Okay.

18 MR. KATZ: So just send the
19 Subcommittee a final little memo saying, these
20 ones you're proceeding on because they have
21 substantive changes.

22 MR. STIVER: Okay. All right. We

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1 shall not have that problem with --

2 MEMBER BEACH: Well, and then this
3 should be changed to four instead of five, right?
4 Because we're not going to do --

5 MR. STIVER: Actually, there is
6 another one on the next page. Actually, there's
7 four. There should be four. No, these are the
8 five that we -- this is from the previous June
9 version. These are just the five that we
10 identified.

11 CHAIR MUNN: Okay.

12 MEMBER BEACH: Yes.

13 MR. STIVER: Okay. Moving along.
14 The next would be approved unreviewed documents.
15 This is Table 5 on Page 9, I believe. And of
16 these five documents that I identified, we felt
17 were candidates for review. We received
18 tentative approval for all except Report 45,
19 which is the radium toggle switch, which we
20 probably don't want to spend \$8000 on.

21 CHAIR MUNN: No.

22 MR. STIVER: The first one is

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1 OTIB-55, the Technical Basis for Conversion of
2 NCRP Report 38, Neutron Quality Factors, to ICRP
3 Publication 60, Radiation Weighting Factors for
4 respective IREP input. And we felt that one was
5 definitely something we'd like to look at.

6 CHAIR MUNN: It is.

7 MR. STIVER: Okay. Next is
8 OTIB-79, Guidance on Assigning Occupational
9 X-Ray Dose Under EEOICPA for X-Rays Administered
10 Offsite. We felt that --

11 MR. HINNEFELD: That should be an
12 easy one. It should say don't.

13 MR. KATZ: Yes, what is it?

14 MR. HINNEFELD: I don't know.

15 MEMBER ZIEMER: I have a question
16 though --

17 MR. KATZ: This doesn't make sense.

18 MEMBER ZIEMER: -- on OTIB-55, is
19 that actually a procedure?

20 MR. STIVER: I think it's more of a
21 technical basis, not really something a
22 reconstructor would use, but sort of a basis

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1 document for a process.

2 CHAIR MUNN: I guess it's of
3 interest --

4 MEMBER ZIEMER: I mean, it's sort of
5 like explaining why we would use ICRP-60 instead
6 of ICRP something other.

7 MR. HINNEFELD: This is Stu, as I
8 recall, doses for, I don't know if they're still
9 being, but until recently, doses were recorded
10 using neutron quality factors for NCRP-38.

11 MEMBER ZIEMER: Right.

12 MR. HINNEFELD: And the ICRP-60
13 weighting factor recommendations are different.
14 And those documents didn't really publish
15 weighting factors that align exactly with the
16 IREP bins, Energy bins, for neutrons. And so
17 this, essentially, describes the mathematics
18 that --

19 MEMBER ZIEMER: How we will apply
20 these to the bins.

21 MR. HINNEFELD: Yes.

22 MEMBER ZIEMER: Oh, got you.

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1 MR. HINNEFELD: There's a
2 conversion factor for this bin in IREP --

3 MEMBER ZIEMER: Oh, okay. I got
4 you.

5 MR. HINNEFELD: -- you convert the
6 recorded neutron dose to what we're going to use
7 using this factor.

8 MEMBER ZIEMER: I got you.

9 MR. STIVER: Yes, there's a little
10 note that I took from the TIB, but the purpose
11 is to provide broader technical basis to convert
12 from recorded neutron dose to dose equivalent
13 using radiation weighting factors and the
14 respective site Technical Basis Documents often
15 present this medical basis.

16 So what we would want to do is take
17 a look at, indeed, you know, how those
18 conversions were made and then also at the
19 implementation.

20 MR. KATZ: Right.

21 CHAIR MUNN: These were approved
22 documents, not necessarily approved procedures.

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1 MEMBER ZIEMER: Well, yes, but I
2 think your implementation here is the critical
3 thing because I don't think we have to go through
4 a justification of using the latest ICRP
5 document from an old one, it has to do with how
6 you're going to actually implement that into the
7 system where the IREP was, sort of, binned based
8 on the old system. That's how I understand
9 that. That makes sense.

10 MR. STIVER: The way I saw this is,
11 we just basically look at two aspects. We look
12 at the technical correctness. Was it done in
13 the right manner? And then, look at
14 implementation.

15 CHAIR MUNN: Look at what?

16 MR. STIVER: Implementation.

17 CHAIR MUNN: Implementation, but
18 are you really and truly seeing implementation
19 here? Aren't these, for the most part, may not
20 be true of OTIB-55, but aren't the other three
21 pretty much -- well, they're the PROC pair, not
22 a big one, but I'm --

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1 MEMBER BEACH: Reading 79 correct,
2 there's a lot of different sites that this is
3 used at.

4 MR. STIVER: Yes, basically, you
5 got Table 1 and Table 2. And Table 1 has sites
6 with known occurrence of occupational x-rays at
7 locations other than the covered facility. We
8 wanted to look at those tables and make sure they
9 were, indeed, correct.

10 And then Table 2 contains a list of
11 covered facilities where it's known that
12 occupational medical x-rays were taken onsite or
13 at another covered facility from historic
14 documentation. And Table 2 also contains sites
15 that might have had medical x-rays taken at an
16 offsite location. They can't be demonstrated
17 with certainty.

18 So we'd want to look at those tables
19 and look at the basis for those to make sure that
20 they were, indeed, correct.

21 CHAIR MUNN: Correct in -- and I
22 guess I'm not understanding. Correct in what

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1 way?

2 MEMBER ZIEMER: Are you talking
3 about 0079?

4 MR. STIVER: Yes, 79.

5 MEMBER ZIEMER: Well, if they're
6 offsite, there was always a question of whether
7 it applied. The doses weren't delivered, even
8 if they're required, they weren't delivered at
9 that facility.

10 MR. KATZ: Right. They're not
11 counted if they're offsite.

12 MEMBER ZIEMER: And they're not
13 counted.

14 MR. STIVER: Yes, and this would
15 probably be pretty quick if we want to look at
16 the --

17 MEMBER BEACH: Well, this says
18 onsite or at another covered facility for this
19 particular document.

20 MR. HINNEFELD: I think this is a
21 sorting. It was the compilation of the
22 research. For these covered facilities, where

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1 did the x-rays occur and how much evidence do we
2 have that they occurred there? In some cases,
3 this clearly occurred onsite. In some cases,
4 there's clear indication that they occurred
5 offsite. And then the other case, if you don't
6 know --

7 MEMBER ZIEMER: And then if you
8 don't know, what you do --

9 MR. STIVER: And the other cases,
10 we're not quite sure.

11 MR. HINNEFELD: So I think it falls
12 under the category.

13 MR. KATZ: Okay. You're going to
14 look at those ambiguities.

15 MR. STIVER: Yes, we'd want to look
16 at the ambiguities. We want to look at, you
17 know, whether the tables are accurate. Then
18 we'd want to look at the criteria for judging --

19 MEMBER ZIEMER: The table's
20 accurate in what sense?

21 MR. STIVER: In that those are,
22 indeed, the correct facilities that measured

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1 that. We'd want to look at the technical basis
2 for that.

3 MEMBER ZIEMER: Okay. You're not
4 looking at x-ray doses, you're looking at --

5 MR. STIVER: That the correct
6 facilities were identified.

7 MEMBER ZIEMER: The correct
8 facilities. Okay.

9 MR. STIVER: Yes.

10 MEMBER ZIEMER: Because the doses
11 there are a different question.

12 MR. STIVER: Oh, that's a
13 completely different issue.

14 MR. MARSCHKE: You have to
15 remember. This table, when we generated this
16 table, we looked at -- and we did just look at
17 documents which have been approved and we have
18 not, and I assume the Subcommittee has not,
19 looked at any of these approved documents. So
20 we just want to crack open these documents, see
21 what's in them, kind of do the discussion that
22 we're having around this table, and so that if

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1 somebody says, well, what about this document?

2 We can say, yes, we've looked at this
3 document and it's a no-nevermind. So some of
4 these things, you know, we're showing \$8000 for
5 each one of these reviews, but some of them, I
6 think, will come in substantially below that.

7 MR. STIVER: Those are high-sided
8 estimates.

9 MR. MARSCHKE: Yes. So some of
10 them, we may just crack open the document and
11 say, yes, but it's got a technical name, but
12 there's really nothing in here that's going to
13 affect much, and we might just close it up again.

14 MR. STIVER: Yes, it would be like
15 the three sets of procedure reviews that we did
16 before. I mean, some of them, there's no
17 findings. There's just a very brief discussion
18 and that wouldn't take much time at all.

19 MR. MARSCHKE: Then we would have,
20 on the record, yes, the Subcommittee has looked
21 at these documents and, you know, we have no
22 problems with them. And it would be on the

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1 record to that effect.

2 MR. STIVER: Yes, at least at that
3 point we would have a definitive judgment as to
4 whether, A, we looked at them, and what the
5 significance might be.

6 CHAIR MUNN: Given nothing but the
7 titles, it's hard to see how this is something
8 that we need to be spending much time and effort
9 on, but as much as I hate to say this, never
10 thought I would say this, I'd rather see the
11 \$8000 committed than to see us spend the rest of
12 the afternoon trying to figure out why we're
13 looking at these documents.

14 MR. STIVER: And remember, it might
15 not be \$8000.

16 MR. KATZ: It's your money.

17 MR. STIVER: It might be \$200.

18 CHAIR MUNN: Yes. I agree. It's
19 only money I intended to use for my dotage. Is
20 there any objection to authorizing SC&A to
21 proceed with their review of the four documents
22 that have been identified in Table 5?

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1 MR. KATZ: We've talked about two of
2 them, but what about the other two? Do you all
3 have nothing to say about them?

4 MEMBER BEACH: I just pulled up 0044
5 and just started glancing at it.

6 CHAIR MUNN: It's the only one
7 which, from its title, would lend itself, in my
8 mind, to the kind of review that we would
9 anticipate from our --

10 MEMBER BEACH: Well, it's a 2005
11 document, no revisions of it --

12 CHAIR MUNN: Well, is there no
13 reason to revise it. Once you've established
14 what you're going to do with an SEC, you've
15 established it.

16 MR. STIVER: Yes, we had never
17 reviewed the guidance for the evaluation of
18 these SEC submissions and so we felt that that
19 would be --

20 MR. HINNEFELD: I think you'll find
21 it, fairly, an administrative sort of thing.

22 CHAIR MUNN: Yes, it seems that most

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1 of these were.

2 MR. HINNEFELD: But Report 53 is, I
3 think, something we really should do --

4 MR. STIVER: Yes, 53 is something
5 that really got my attention.

6 MR. HINNEFELD: That is substantive
7 and it is brand new.

8 CHAIR MUNN: Looks as though it's
9 going --

10 MR. KATZ: But so 44, if it's
11 administrative and not technical, we don't need
12 SC&A to review it.

13 MR. HINNEFELD: Well, I suspect
14 that. I don't know for sure. I mean, I trust
15 them to look at it and say, is there anything
16 here?

17 MR. STIVER: Yes, we look at it and
18 determine if it's administrative. We would
19 make a comment to that effect and it would be --

20 MR. KATZ: Then you don't need to
21 review it.

22 MR. STIVER: Well, we would need a

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1 full review and we could say --

2 (Simultaneous speaking.)

3 MR. MARSCHKE: I don't think we'd
4 have to do a full review.

5 MR. STIVER: No.

6 MR. MARSCHKE: I mean, a full
7 review, we have a checklist that we have to fill
8 out and all this other stuff. If we just look
9 at it and say, this is administrative, then we
10 can put a little paragraph in our report, or
11 whatever, saying that, you know, we have not done
12 a full-blown review because we feel that this is
13 an administrative document or whatever.

14 MR. STIVER: I think Steve and I are
15 on the same page with this. That's exactly what
16 I'm saying. If we see something that lends
17 itself as more of an administrative document,
18 that's all it would take, just a paragraph, as a
19 matter of fact.

20 MEMBER BEACH: Well, this is a large
21 document. I mean, it's 61 pages. It goes into
22 examining area facility monitoring information.

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1 It spells out quite a few other documents within
2 it.

3 MEMBER ZIEMER: Which one are you --

4 MEMBER BEACH: This is the 0044.

5 MR. KATZ: It's the SEC.

6 MEMBER ZIEMER: Oh, there it is. I
7 see it.

8 MR. STIVER: You know, I pulled some
9 information out of the introduction from each of
10 these. This was actually a fairly big document.

11 CHAIR MUNN: Well, I think there's
12 no objection to having these four placed in
13 SC&A's hands, is there?

14 MEMBER BEACH: No.

15 CHAIR MUNN: If I hear objections,
16 speak now or forever hold your peace. Going,
17 going, gone. You have those four. And now on
18 to --

19 MR. STIVER: Table 6, these were
20 proposed documents --

21 CHAIR MUNN: Almost issued, but not
22 quite.

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1 MR. STIVER: -- that were selected
2 to review once they're issued and so these are
3 documents that have not yet been approved for
4 release.

5 MEMBER ZIEMER: This is sort of a
6 heads up as to what's coming down the pike.

7 MR. STIVER: Yes, this is what's
8 coming down the pike.

9 MEMBER ZIEMER: So there's nothing
10 to authorize or anything like that.

11 MR. STIVER: No, when the time
12 comes, then we can take a look at these.

13 CHAIR MUNN: This is a later.

14 MR. STIVER: Yes, we just looked at
15 that as a category of what was out there in the
16 pipeline.

17 CHAIR MUNN: Do we have anything
18 else to say about those before we move into the
19 PERs?

20 MR. STIVER: No.

21 CHAIR MUNN: Are we ready to address
22 PERs, folks? If so, let's look at the PERs that

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1 you have outstanding that you have not been
2 assigned and ask everyone -- Ted just recently
3 sent you the segregated table, Table 1.

4 MR. STIVER: Actually, if we could
5 look at the other document.

6 MEMBER ZIEMER: Is that the same as
7 your Table 7?

8 MEMBER BEACH: Table 7?

9 MR. STIVER: The other document of
10 Table 7, I went through and made some annotations
11 on these. I added some more information.

12 MR. KATZ: Right.

13 MR. STIVER: I went through and
14 looked at each of these PERs. I didn't look at
15 them in excruciating detail, but I looked at them
16 and made some preliminary recommendations as to
17 whether we thought it would benefit from a review
18 or we could defer a review.

19 CHAIR MUNN: All right.

20 MR. STIVER: And of those, there's
21 15 that we felt might benefit from review and six
22 others that either have outstanding issues that

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1 are being discussed in a Work Group or are pretty
2 evident that they really don't need a review.

3 And the ones that are highlighted in
4 green are those that we feel could be deferred.
5 The ones highlighted in yellow, obviously, would
6 be the others. And this is Table 7, starting on
7 Page 12 of the follow-up budget discussion, the
8 annotated version.

9 CHAIR MUNN: But we can't
10 differentiate the colors here, so you'll have to
11 --

12 MEMBER BEACH: Lighter
13 highlighted, yellow; darker one is green.

14 MR. STIVER: I can indicate to you
15 which ones --

16 MEMBER BEACH: That's how I could
17 tell on mine.

18 MR. STIVER: And the ones that say,
19 may benefit from an SC&A review.

20 MEMBER BEACH: Yes.

21 MR. STIVER: And now, before we get
22 started, I'd like to clarify something. I know

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1 at the discussions in June there was, what
2 appeared to me to be, some misunderstanding of
3 what our selection criteria really represented,
4 that being the number of cases re-evaluated was
5 pretty clear, but the selection criteria, and
6 the science involved and revising the DR.

7 Now, these ratings of low, medium
8 and high have nothing to do with what we felt that
9 this was an important PER. This was really just
10 as a cost basis. This is for our determination
11 of, what do we think it would cost doing it to
12 prepare this document?

13 MEMBER BEACH: So you could have
14 left it out for us.

15 MR. STIVER: I could have left it
16 out. This is taken from an internal document
17 and, you know, I probably could have spread that
18 a little bit more.

19 MR. KATZ: I mean, I actually
20 remember the background for that, so that's not
21 how these came about originally, because,
22 originally, we discussed this low, medium, high

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1 was intended. The thinking that we had talking
2 about this was that, for a highly complex change,
3 that raises real implementation issues as there
4 could be real mess-ups in implementation.

5 But medium, less so, and low, much
6 less concern about implementation, so that was
7 the thinking.

8 MEMBER ZIEMER: So it's a NIOSH
9 cost, so not SC&A cost.

10 MR. KATZ: No, I'm not talking about
11 costs. I'm just talking about this issue of
12 complexity.

13 MEMBER ZIEMER: Well, complexity of
14 -- oh, got you.

15 MR. KATZ: The complexity of the
16 reason we differentiated that originally was for
17 that, because we thought -- and we've had a PER
18 where we don't even bother auditing cases
19 because the actual implementation was so simple
20 there was no point going and looking at cases,
21 so that was actually -- it may relate to cost as
22 well, but that was the rationale for this

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1 taxonomy.

2 MR. STIVER: Okay. I understand
3 what you're saying. In this particular table,
4 we put those in based on our cost estimate. You
5 know, but clearly, complexity is going to impact
6 the implementation.

7 MR. KATZ: How easy it is to
8 implement the PER.

9 MR. STIVER: Right. Yes, I agree
10 with you.

11 MR. KATZ: So we wanted to be
12 certain to evaluate those PERs in terms of
13 auditing cases where the implementation was
14 complex.

15 MR. STIVER: Yes.

16 CHAIR MUNN: But if I extrapolate
17 then from your current definition of selection
18 criteria, then everything we have to look at here
19 is all, and we have the numbers to prove it, are
20 all in the low-cost area anyway. So we can
21 remove that as a concern, right?

22 MR. STIVER: Yes, most of these are

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1 -- well, there's a few that are a little higher.
2 I think there's some that have, and again, I'm
3 just paging through here --

4 MEMBER ZIEMER: The complexity
5 seems to be level.

6 MR. STIVER: Yes, the complexity is
7 going to drive the cost up. Say PER-27, or
8 excuse me, PER-30 from Savannah River site is a
9 high, and that's \$14,000 as our upper bound
10 estimate on that. What it would cost to do that
11 one.

12 MEMBER ZIEMER: Right.

13 MR. STIVER: So they range between
14 about 6 and 12, and remember, those are
15 worst-case scenarios, and oftentimes, they
16 won't even come close to that.

17 MR. KATZ: So again, I would just
18 say, by the discussions we had previously on how
19 we would go about this, the high complexity would
20 be priorities, medium would be lower priorities,
21 and low would be less. It's not a budget
22 exercise. It's a -- what's most important to

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1 address.

2 MR. STIVER: Kathy, are you still
3 online, Kathy Behling? I guess not. I guess my
4 only concern there is that, whether she used the
5 criteria in the same manner that you're
6 indicating when she put this table together.

7 MEMBER BEACH: Well, yes, because
8 they all say low. The science is the only one
9 that differentiates between --

10 MR. STIVER: Yes, the selection
11 criteria might be fairly straightforward.

12 MEMBER BEACH: Yes.

13 CHAIR MUNN: That's what I was
14 saying.

15 MR. STIVER: But that has --

16 CHAIR MUNN: I thought I said.

17 MR. STIVER: -- nothing to do with,
18 really, the impact of implementation
19 necessarily. It could be pretty significant.

20 MEMBER BEACH: You did.

21 MR. STIVER: Anyway, if people are
22 ready, we can start going through these. The

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1 first one, this is on Page 12 of Table 7, this
2 is PER-13. This is Revision 2. It relates to
3 a Technical Basis Document which was produced in
4 April of 2007.

5 This is the evaluation of the impact
6 of changes to the isotopic ratios for the Paducah
7 Gaseous Diffusion Plant. And it was determined
8 that those ratios published in the TBD did not
9 provide an accurate or bounding dose estimate.

10 Therefore, a revision was required
11 and the revised ratios also affected
12 environmental dose estimates and required a
13 modification to a Technical Basis Document,
14 19-4.

15 As you can see, there's about 734
16 affected claims. Selection criteria, low,
17 science involved, medium. Because these are
18 sorted based on the number of cases we evaluated,
19 this represents the most potentially affected
20 claims.

21 And so we felt that this one would
22 benefit from a review.

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1 MEMBER BEACH: So -- oh, I'm sorry.

2 MEMBER ZIEMER: The exact number is
3 -- I'm sorry. Go ahead.

4 MEMBER BEACH: I was just going to
5 say, I know we're reviewing this in our Work
6 Group also. How does it correlate to this
7 review in what we're doing?

8 MR. STIVER: It would be kind of
9 analogous to the TIB-52 PER-14 in which you've
10 got an ongoing review and you also have a PER
11 because the changes could impact doses, so there
12 may be the type of situation where you have to
13 go back and re-evaluate cases because the doses
14 are going up, and they trip a PoC threshold.

15 But then you still have the separate
16 issue of, you know, debating the nuances of the
17 TBD itself, which may or may not impact this part
18 of --

19 MEMBER BEACH: Okay.

20 MEMBER ZIEMER: Is this number of
21 cases re-evaluated, is this the actual number
22 that the DOL has sent back; this 134?

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1 MR. STIVER: Yes, I believe that's
2 what this comes from. These are the claims that
3 would be -- it's kind of like what we've found
4 in the other PER-77.

5 MEMBER ZIEMER: Right. Yes.

6 MR. STIVER: Those are based on
7 NIOSH's selection criteria.

8 MR. MARSCHKE: I kind of agree with
9 Josie here. I mean, this is a PER that is on a
10 document that this Subcommittee doesn't really
11 review. This is on a Site Profile document.
12 This PER is associated with a Site Profile
13 document, which the Work Group is reviewing
14 those. This Subcommittee doesn't review them.

15 So why would this Subcommittee get
16 involved in the PER review of that document? To
17 me, it seems like this should go -- whoever is
18 reviewing, you know, 19-5, TKBS-19-5, they
19 should also be -- this PER should go along with
20 that.

21 MR. STIVER: Okay. Well, answer me
22 this then, are there situations in the past that

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1 I would not know myself, having not been involved
2 in that that long, are there situations where the
3 PERs are evaluated in Work Groups as opposed to
4 the Procedures Subcommittee, or is that
5 something that's done here in Procedures only?

6 CHAIR MUNN: It's been done here in
7 Procedures only.

8 MR. HINNEFELD: PERs have only been
9 done here.

10 MEMBER ZIEMER: Right. And we
11 don't review Site Profiles.

12 MR. MARSCHKE: But we don't do Site
13 Profiles.

14 MEMBER ZIEMER: Right.

15 MR. STIVER: No, we don't. But
16 see, the change to a Site Profile or any other
17 document --

18 MEMBER ZIEMER: May result in a PER.

19 MR. STIVER: -- results in a PER if
20 they're potentially affecting the PoC. And so
21 you're actually looking at two different angles
22 for the same document.

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1 MR. HINNEFELD: If I could offer one
2 thing. This is Stu. This was a specific change
3 in the prescribed transuranic impurities at the
4 diffusion plants and how to apply those. And
5 so, you know, the PER could be evaluated to see
6 did we make that change appropriately and
7 address those cases appropriately.

8 The part of the review that I think
9 we'll start to trip over the Gaseous Diffusion
10 Plant Work Group would be, is the solution
11 correct part of the PER review, which we've done
12 on some of these things.

13 MEMBER ZIEMER: But we don't look at
14 that here.

15 MR. HINNEFELD: Well, it's come up
16 on some. You know, if the technical resolution
17 hasn't been subject to a review, then it's
18 reviewed as part of this effort. In this case,
19 ultimately, the technical solution here is in
20 review in the Gaseous Diffusion Work Group, and
21 so that part could be excluded.

22 If you choose to do it, the PER

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1 evaluation could take, at face value, the
2 transuranic numbers that were presented in the
3 Site Profile change. You know, don't opine on
4 those, just take those at face value, and say,
5 given those, was the PER executed correctly? I
6 mean, to me, it's certainly doable here.

7 MR. KATZ: It's doable. I would
8 just suggest we don't, though, because the PER
9 review starts with the methodology. I mean,
10 normally, with the assumption that the
11 methodology has been reviewed, and is all
12 kosher, and gives that background. I would
13 suggest we wait till that's done before we have
14 a PER review.

15 I mean, why do the PER review --

16 MEMBER ZIEMER: Well, in fact, I
17 don't understand why you'd have a PER until
18 you've answered the question.

19 MR. KATZ: Well, because they move
20 ahead.

21 MR. HINNEFELD: We did this change
22 and this PER before the current discussion of a

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1 Site Profile.

2 MEMBER ZIEMER: Oh, I got you.

3 MR. HINNEFELD: Yes.

4 MR. STIVER: And typically what we
5 will do is, if a basis document has not had a PER,
6 which in this case, the Technical Basis
7 Document, that hasn't been formally reviewed by
8 SC&A, then we will do that review. But here's
9 a situation, kind of like what we have in TIB-52,
10 only in a grander scale --

11 MR. KATZ: Right.

12 MR. STIVER: -- where you've got
13 that review going on as we speak in a different
14 venue.

15 MR. KATZ: Right.

16 MR. STIVER: And so, you know, I
17 think Stu may be on the right track here and if
18 you go ahead and move forward with this, let's
19 just look at implementation. And if I don't
20 start questioning --

21 MR. KATZ: Well, I don't see the
22 point in doing that until the technical matter

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1 is resolved.

2 MR. STIVER: How far along is the
3 technical review on it?

4 MEMBER BEACH: Well, we keep trying
5 to schedule a meeting and we keep getting pushed
6 back to, I believe, next year now, was the last
7 one.

8 CHAIR MUNN: I agree with Ted.

9 MEMBER BEACH: That's for the
10 Gaseous Diffusion.

11 CHAIR MUNN: There's no real
12 pressure on us to select this right now. I can
13 see no reason why we have to make that decision.

14 MEMBER BEACH: You recall the
15 emails.

16 MR. KATZ: That's right.

17 CHAIR MUNN: There's no reason why
18 we cannot postpone this until the issue has been
19 resolved in Work Group, is there?

20 MR. STIVER: Okay.

21 CHAIR MUNN: Yes, this is one we can
22 do without.

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1 MEMBER ZIEMER: Question though,
2 NIOSH, based on some determination, either
3 internally or with the Work Group, has
4 determined that they should go back and review
5 some cases, is that correct?

6 MR. HINNEFELD: Well, this is all
7 done.

8 MEMBER ZIEMER: Yes, it's already
9 done.

10 MR. HINNEFELD: Yes, this has all
11 been done.

12 MEMBER ZIEMER: Already been done.
13 It would be a little bit like, I'm trying to think
14 of a case, high-fired plutonium. When we go
15 back and do a PER on it, we don't look at whether
16 or not they should have considered high-fired
17 plutonium versus, you know, what some other
18 model -- we hadn't looked at that here, right?

19 CHAIR MUNN: No.

20 MR. KATZ: Right.

21 CHAIR MUNN: It's not our job.

22 MEMBER ZIEMER: Now, suppose that,

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1 in the discussions on high-fired plutonium,
2 NIOSH had said, oh, let's just go ahead and do
3 the PER process and review all these. And then
4 before the whole issue is reviewed, the Work
5 Group, well, that would be us, wouldn't it?
6 It's overarching.

7 CHAIR MUNN: Yes, it would be us for
8 that.

9 MEMBER ZIEMER: But let's suppose
10 you said --

11 CHAIR MUNN: Bad example.

12 MEMBER ZIEMER: -- you know, we
13 don't accept that super-fired theory and we're
14 going to keep things as they are. If they've
15 gone ahead and done it, it's too late anyway,
16 right?

17 MR. STIVER: Well, that's why we
18 have that Sub-task 2 in the PER review process
19 where, you know, we will take a look at the basis
20 and if it's been reviewed, then we summarize what
21 that might have been, like we did with TIB-49.

22 MEMBER ZIEMER: Yes.

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1 MR. STIVER: It's pretty easy to do
2 when you're dealing with a TIB. When you're
3 dealing with a Technical Basis Document that's
4 under review, it's more nuanced. And I guess
5 that's the question. We can certainly look at
6 the selection criteria, evaluating the basis,
7 but going in and looking at the Technical Basis
8 Documents would be, you know, going after a
9 moving target here.

10 MEMBER ZIEMER: Yes.

11 MR. KATZ: Yes.

12 MEMBER ZIEMER: Well, a TBD is not
13 a procedure, per se.

14 MR. KATZ: Well, yes, but it's kind
15 of an --

16 MR. STIVER: It's a basis document.

17 MEMBER ZIEMER: It's a basis for a
18 procedure.

19 MR. KATZ: Yes, right.

20 CHAIR MUNN: Let's hold PER in
21 abeyance until we have looked at the others. If
22 we go ahead and identify the others as being

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1 appropriate to move forward on, then we don't
2 have a problem. SC&A can live without one
3 assignment. What's our next one?

4 MR. STIVER: The next one is PER-31.
5 This is Y-12, again, TBD revisions. This is
6 their Technical Basis-14. It's been revised
7 several times. Some changes would result in an
8 SEC designation, while others would increase the
9 dose for some previously completed DRs.

10 And let's see, this was produced in
11 2007. It refers to Rev. 1, page change 2 of the
12 -- okay, but this is the one that incorporated
13 some substantial changes that increased doses.
14 This is the equilibrium ratio of thorium-228 to
15 232. Okay. So you're assuming less
16 equilibrium. Okay. So you're going to have a
17 higher thorium-232 content.

18 This would increase the dose
19 estimate for claims containing thorium intakes.
20 And then I have the concurrent version of the
21 Rev. 3, which is dated March 2012, they both
22 incorporate SEC designations and NIOSH

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1 determined that those revs do not result in
2 increased doses and do not require a PER.

3 So the PER is still valid and there's
4 nothing new that came along that might result in
5 an additional PER. But this is one where it
6 could be a big impact on dose. Let's see,
7 there's almost 700 claims that would be
8 involved. This is one, I don't believe is under
9 review at this point. Y-12, I don't believe a
10 Work Group has been appointed for Y-12 at this
11 point.

12 MR. KATZ: No, it's not.

13 CHAIR MUNN: No. Does anyone have
14 any objection to assigning this document to
15 SC&A?

16 MEMBER BEACH: No.

17 CHAIR MUNN: Dick? If not, you're
18 assigned PER-31.

19 MR. STIVER: Okay. The next one is
20 one with medium science involved. This is
21 PER-21, Rocky Flats Plant dose reconstruction
22 method modifications. Let's see, PER-21, dated

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1 September 2007, involved revisions to several
2 TBDs and TIBs. Basically, Technical Basis 3 and
3 4, medical and environmental did require PERs
4 and that was really the basis for this.

5 So there's several different
6 documents that have all been changed that are
7 kind of resulting in this PER. It's not just one
8 particular one. And so that's, I guess, why the
9 science involved would be a little bit more
10 complex; 590 potentially affected claims in this
11 one.

12 CHAIR MUNN: If anyone has any
13 reason why they should not be assigned, speak
14 now, please. You're assigned PER-21.

15 MR. STIVER: Okay. Thank you.
16 All right. PER-32, Nevada Test Site TBD
17 revisions. Let's see, this is Technical Basis
18 8. Again, several revisions. Some result with
19 an SEC designation and there's increased dose.
20 Okay. The PER was initiated or completed and
21 put forth, published, December 2007.

22 It refers to Technical Basis

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1 Documents 4 through 6, revised in April 2010.
2 Okay. There were two changes that could result
3 in an increased dose. Okay. These are kind of
4 small changes. First being the increase in the
5 detection limit for the dosimeters used after
6 1986. There could be a missed dose issue on
7 that.

8 Second is an adjustment to missed
9 and recorded dose from '60 to '65. Okay. This
10 was using a different type of film pack, a DuPont
11 559 with a lead filter. Okay. So this was kind
12 of a small change in dose or PoC, but --

13 CHAIR MUNN: Large impact.

14 MR. STIVER: -- a large impact. A
15 large number of claims affected. So, you know,
16 we try not to look at the impact on PoC on these,
17 but more, you know, just, is the science being
18 done correctly? Certainly, you know, the Group
19 might want to look at that in terms of, you know,
20 how to best allocate resources.

21 CHAIR MUNN: These changes were
22 very significant.

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1 MEMBER ZIEMER: I have a question.

2 CHAIR MUNN: Yes.

3 MEMBER ZIEMER: Part of the changes
4 were to accommodate SEC designation. I'm
5 trying to understand how that impacts here. Are
6 we then talking about non-SEC cancer claims on
7 the rest of it?

8 MR. HINNEFELD: Yes, well, when an
9 SEC Class is designated --

10 MEMBER ZIEMER: Right.

11 MR. HINNEFELD: -- for a site where
12 we have a Site Profile --

13 MEMBER ZIEMER: Right.

14 MR. HINNEFELD: -- that means that
15 there's something that we thought, you know,
16 that we can't --

17 MEMBER ZIEMER: Right. You could
18 do that, you're really not doing now.

19 MR. HINNEFELD: So we couldn't do
20 that.

21 MEMBER ZIEMER: Right. So those
22 are out.

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1 MR. KATZ: So those changes
2 themselves, obviously you don't need SC&A to
3 review because it's just taking away something
4 --

5 MEMBER ZIEMER: Right.

6 MR. KATZ: -- that used to be a
7 procedure.

8 MEMBER ZIEMER: But the number of
9 cases are still what's left outside the SEC then.

10 MR. STIVER: Yes, this was after the
11 SEC designation.

12 MR. HINNEFELD: I don't know.

13 MR. STIVER: No, you know what?
14 Actually, they may not be.

15 MEMBER ZIEMER: I'm just trying to
16 get a feel -- what?

17 MR. STIVER: They may not be because
18 --

19 MR. HINNEFELD: No.

20 MR. STIVER: -- remember, this PER
21 was produced in December of 2007 and the changes
22 to accommodate the SEC were done in April 2010.

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1 And so the revision, those two changes that I
2 indicated, in July of 2007, which precipitated
3 the PER, may be impacted to some extent by the
4 SEC designation.

5 MR. KATZ: It may be impacted
6 enormously; the SEC designation.

7 MR. STIVER: Now, this is external
8 dose.

9 MR. HINNEFELD: There should be a
10 smaller number of claims, because what'll happen
11 is that, since there were what, 400 and some odd
12 looked at by the PER, is that what that 481 number
13 is?

14 MR. STIVER: Right.

15 MR. HINNEFELD: That's how many the
16 PER looked at? That was done in '07.

17 MEMBER BEACH: Right.

18 MR. HINNEFELD: Before the addition
19 of Nevada Test Site of 292, so it would be a great
20 many of those cases, undoubtedly, went to the SEC
21 and so it may be irrelevant anymore.

22 MR. STIVER: So you may need to

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1 review the number of claims on this.

2 MR. HINNEFELD: Boy, it's going to
3 be hard to find.

4 MEMBER ZIEMER: I think it would be
5 good to clarify that. I mean, this could, in my
6 mind, have dropped it way down.

7 MR. STIVER: Yes, we may be looking
8 at 10 or 15 cases for all we know.

9 MEMBER ZIEMER: Yes. I mean, quite
10 willing that they go ahead and look at and figure
11 out whether it's --

12 MR. STIVER: Yes, I think this one
13 might be better to be deferred, given that --

14 MEMBER ZIEMER: Well, either that
15 or tell us what the right thing -- I mean, unless
16 the Chair wants to proceed in some way. I'm only
17 raising a question. I don't object to them
18 looking at it. I'm just thinking that it may be
19 a little -- I don't think I fully understand
20 what's going on here with the interplay of the
21 SEC.

22 CHAIR MUNN: What is the desire of

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1 the Committee?

2 MR. HINNEFELD: If you would like to
3 know how many cases are currently possibly, I
4 think we can do that, because the two changes
5 that John describes here would affect people who
6 were after 1986 and people who worked from 1960
7 to 1965.

8 So you've got those sets of people
9 who are outside the SEC. And, I mean, I would
10 think you would result in a somewhat quite a lot
11 smaller number than 480.

12 MEMBER BEACH: But we don't pick
13 these based on the number. At least, I wouldn't
14 think we would.

15 MR. KATZ: Well, it's a factor.

16 MR. STIVER: Well, it's going to be.

17 MEMBER BEACH: It's somewhat of a
18 factor.

19 MR. STIVER: I mean, I'm trying to
20 look at the resources. Not sure you're going to
21 do all of them --

22 MR. HINNEFELD: Honestly, a change

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1 in the sensitivity of dosimeter, I mean, you're
2 talking from 20 millirem to 40 millirem, maybe,
3 for exchange.

4 MR. STIVER: Yes, you can figure out
5 the maximum number of exchanges that would be and
6 would that be significant in terms of PoC?

7 MR. HINNEFELD: I don't want to
8 offer anymore work if we think we can defer this
9 one and get enough work somewhere else. I don't
10 want to offer to do this.

11 MR. STIVER: Okay. Let's just keep
12 this one in abeyance.

13 MEMBER ZIEMER: And I know we don't
14 base it on numbers, but suppose it was ten people
15 affected, would you still want to do it right
16 now?

17 MR. STIVER: Well, we'll get down to
18 those towards the bottom of the grouping. There
19 are some that are very few cases impacted.

20 CHAIR MUNN: Do I hear defer?

21 MEMBER BEACH: I'm fine with
22 deferring it and maybe getting an idea of what

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1 we're even looking at there.

2 MR. STIVER: Then, also, have DCAS
3 look at the number currently affected --

4 MR. HINNEFELD: Well, do you want us
5 to do that or can we just wait on that?

6 MEMBER ZIEMER: If we're deferring
7 it, let's do other stuff.

8 MR. KATZ: We choose to defer it.

9 MR. STIVER: Okay. We'll come back
10 to it.

11 CHAIR MUNN: Deferred.

12 MR. STIVER: Deferred.

13 CHAIR MUNN: PER-11.

14 MR. STIVER: Okay. This is the
15 K-25 TBD and TIB revisions. This PER was
16 initiated in September 2007 and does, indeed,
17 refer to the latest TBDs. In the latest
18 issuance of OTIB-26 and OTIB-52, which we're so
19 familiar with, several changes were required to
20 the K-25 external dose TBD, which impacted our
21 methodology.

22 And I have here, the revisions to the

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1 external coworker model would affect any claim
2 completed before May 21st, 2005, but there's
3 kind of this narrow window here because the data
4 was not available until November of 2004, so it's
5 kind of a small number of cases would be
6 impacted. Well, 432, at least on that.

7 OTIB-52, okay, we already know about
8 OTIB-52. So it would impact the construction
9 trade workers, obviously. So you have two
10 different aspects of it. I guess the
11 construction workers may be contributing most of
12 that 432.

13 CHAIR MUNN: Do I hear any
14 objections to assignment of this? Going once,
15 going twice, you're assigned PER-11.

16 MEMBER BEACH: Here's a question.
17 How many of these do you think we're going to
18 assign? I was just wondering if we --

19 CHAIR MUNN: Probably 10; maybe 15.

20 MEMBER BEACH: I was just wondering
21 if we couldn't decide if we had questions on some
22 of them, to look at those, just to speed up the

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1 process a little.

2 CHAIR MUNN: However you'd like to
3 do it, Josie. I don't care.

4 MEMBER BEACH: It's just a
5 suggestion.

6 MR. STIVER: Well, I could suggest
7 something here. It's starting to get down on
8 Page 19 -- you're getting down to where you've
9 got 15 and fewer affected claims. Granted, that
10 may not be the best basis for determining whether
11 to proceed. However, we got four of those we
12 have recommended deferring, and so there's
13 really only one in that group that we may pick.

14 Well, even now, if you go down here,
15 let's just jump ahead for a second. This is
16 PER-34 on Page 19, Harshaw Chemical. If you
17 don't mind. If everybody's onboard for that we
18 could just take a look at that real quick. And
19 this is, again, a TBD revision.

20 MR. KATZ: Let me just suggest, I
21 don't think it's trivial to consider these
22 one-by-one.

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1 MR. STIVER: Okay.

2 MR. KATZ: So I would just suggest
3 you get as far as you want to get. It'll be
4 plenty, because we're already assigning, so I
5 don't think you should just, sort of --

6 MR. STIVER: Jump ahead?

7 MR. KATZ: -- forget the
8 consideration and just dump them onto them. I
9 think you should just consider the ones as far
10 as you want to consider and then move on in the
11 agenda. We'll have another meeting and more can
12 be assigned.

13 MR. STIVER: Okay.

14 CHAIR MUNN: They'll still be
15 there.

16 MR. STIVER: Seems reasonable.
17 Okay. So, let's see, we just left off on --

18 CHAIR MUNN: Can we go to PER-5?

19 MR. STIVER: Yes, PER-5, this was
20 misinterpreted application of external dose
21 factor for Hanford dose reconstruction.

22 MEMBER BEACH: We missed 11 though,

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1 just for --

2 CHAIR MUNN: We've assigned PER-11.

3 MR. STIVER: 11's been assigned.

4 MEMBER BEACH: Oh, I thought we
5 didn't. Okay. Thank you.

6 MR. STIVER: Okay. This PER was
7 produced in June 2006. Thirty-one cases were
8 identified that required re-evaluation. The
9 maximum increase in external dose was nearly 5
10 rem and the minimum was 80 millirem, so these 30
11 cases could be a potential underestimates in the
12 magnitude of now only about 5 rem, which, you
13 know, it could impact a compensation decision,
14 at least close to 50 percent.

15 So again, you got a small number of
16 cases, but it looks like the impact could be
17 significant.

18 CHAIR MUNN: Is there any objection
19 to assigning PER-5?

20 MR. KATZ: Okay. Well, actually,
21 this one, you can't even speak to, Wanda.

22 CHAIR MUNN: I know. I can't vote

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1 on it.

2 MR. KATZ: Paul, you can ask Dick
3 this question.

4 MEMBER ZIEMER: Well, okay, so if
5 Josie and Richard --

6 MR. KATZ: Josie and Wanda are out.

7 MEMBER BEACH: No, I can't.

8 MEMBER ZIEMER: Oh, you're both
9 out.

10 MR. KATZ: Yes, this is Hanford
11 we're talking about here.

12 MEMBER ZIEMER: I'm a majority of
13 one then.

14 CHAIR MUNN: No, you have --

15 MR. KATZ: So you have Dr. Lemen.

16 MEMBER LEMEN: I'm still here.

17 MEMBER ZIEMER: Okay, Dick, you got
18 a coin there with you? I don't object. Let's
19 go ahead. I'm willing to have them assign the
20 Hanford.

21 MR. KATZ: I think that makes sense.

22 MR. STIVER: That might be a good

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1 one.

2 CHAIR MUNN: You're assigned PER-5.

3 MR. KATZ: PER-5.

4 MEMBER ZIEMER: It's PER --

5 MEMBER LEMEN: That's okay with me.

6 Josie, what's your vote.

7 MR. KATZ: No, Josie can't vote.

8 MEMBER ZIEMER: She can't vote.

9 MEMBER LEMEN: Oh, she can't. Oh,
10 who is it, just me and Paul?

11 MEMBER ZIEMER: Yes.

12 MEMBER BEACH: It's all on your
13 shoulders.

14 MEMBER LEMEN: All right, Paul.

15 MEMBER ZIEMER: Okay.

16 MEMBER LEMEN: I'll go with you. I
17 agree.

18 MEMBER ZIEMER: We're going to do
19 it. All the blame's on our hands if it's --

20 MEMBER LEMEN: I know. It's a
21 heavy burden.

22 MR. KATZ: Very good.

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1 CHAIR MUNN: Can we move on to
2 PER-16?

3 MR. STIVER: PER-16, this is one we
4 considered deferring. This is the
5 implementation of the IREP procedures for claims
6 near 50 percent PoC. And this is the 30-run
7 average using 10,000 replicates of the Monte
8 Carlo code in order to get tighter statistics.

9 And let's see, a little summary
10 here. Okay. It was for PoCs between 45 and 50
11 percent were revised to increase statistical
12 precision like I just said. The largest
13 increase resulting from the change was 2.27
14 percentage points and the largest decrease was
15 2.71.

16 Basically, then these newly
17 established PoC values remained below 50 percent
18 for each claim. So we felt this was pretty
19 well-established. The statistical precision
20 was getting better. It didn't appear that this
21 is a significant change. So we thought, you
22 know, while it would interesting to look at that,

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1 that maybe there's some others that seemed more
2 useful.

3 MR. KATZ: It's just a mechanical
4 process.

5 MR. STIVER: Yes, it's a mechanical
6 process.

7 MR. KATZ: They're pointless to
8 review, I think.

9 MR. STIVER: Yes. So that's where
10 we are on PER-16. PER-10, however, looks a
11 little more interesting. This is the effect of
12 the --

13 CHAIR MUNN: So what are we doing
14 with PER-16? We are removing it --

15 MR. KATZ: We're not reviewing.

16 CHAIR MUNN: -- from the list,
17 right?

18 MEMBER ZIEMER: Well, at least
19 deferring it.

20 MR. STIVER: Yes, either defer or
21 remove. At this point we're just not going to
22 --

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1 CHAIR MUNN: Well, let's make the
2 decision whether or not we are going to remove
3 it.

4 MR. STIVER: I would.

5 CHAIR MUNN: If it is of low
6 consequence at this moment, then it's not going
7 to likely increase in consequence as time goes
8 on. Shall we keep this on the list active or
9 shall we remove it? I would choose to remove it.

10 MR. STIVER: I would agree to remove
11 it.

12 CHAIR MUNN: Remove it. Thank you.

13 MR. KATZ: Josie's shaking her
14 head. She's pondering away.

15 CHAIR MUNN: Now, let's go to PER --

16 MEMBER BEACH: Yes.

17 MR. KATZ: For the record.

18 MEMBER BEACH: I heard him shake his
19 head yes.

20 MR. KATZ: I heard Dick shaking his
21 head too.

22 MEMBER BEACH: Okay.

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1 MR. STIVER: Okay. PER-10, this is
2 the Rocky Flats neutron dose reconstruction
3 project. This one was produced in April of
4 2007. Additional neutron doses relating to the
5 effort of the NDRP made it necessary to reassess
6 completed Rocky Flats DRs. Eighty-eight of
7 these require reevaluation. The science
8 involved here would be a medium level.

9 Let's see, based on guidance for the
10 use of Rocky Flats in ORAU-OTIB-50 2005. Okay,
11 that was the basis for this PER. TIB-50 has been
12 canceled. That information was moved into
13 Technical Basis Document 6. Let's see, there's
14 an October 2010 revision clarified guidance for
15 the use of neutron dosimetry data.

16 It's not clear whether the -- there
17 may have been inconsistent guidance from 2007 to
18 2010 and it may result in additional
19 questionable dose assessments.

20 CHAIR MUNN: On the other hand,
21 there may not be.

22 MR. STIVER: There may not be.

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1 CHAIR MUNN: And so shall we spend
2 \$12,000 to find out?

3 MR. STIVER: Let's see, the cases
4 may concern workers at the plutonium production
5 facility from '52 to '69 when workers were
6 monitored for neutrons using NTA film. The
7 additional neutron dose data may cause an
8 increase or decrease on a case-by-case basis and
9 probably would cause a -- I think that's where
10 the complex science comes from.

11 CHAIR MUNN: A great deal has been
12 made of NTA film.

13 MR. KATZ: Does this relate at all
14 to the SEC or no?

15 MR. HINNEFELD: I don't think so.
16 I remember that, when I was working in the
17 program, we wanted to get the NDRP neutron doses
18 from Rocky and they weren't done yet. And it was
19 actually hung fire for us to get it. We thought
20 we were going to get it quite a lot earlier than
21 we did.

22 CHAIR MUNN: A long time.

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1 MR. HINNEFELD: But we did get it
2 eventually and so once we had those, those now
3 became Rocky Flats reported exposures for these
4 cases, as opposed to what they had told us
5 earlier, so I'm pretty sure that's what prompted
6 this PER.

7 MR. STIVER: Probably why.

8 CHAIR MUNN: I think so too. My
9 preference would be to remove it. Does anyone
10 object?

11 MR. HINNEFELD: Remove it?

12 MEMBER ZIEMER: Based on?

13 CHAIR MUNN: You want to do it?

14 MR. HINNEFELD: I don't care. I
15 don't do any of these things.

16 CHAIR MUNN: I know you don't.

17 MR. HINNEFELD: If I'm not talking
18 about this down here, I'm going to be talking
19 about something else.

20 CHAIR MUNN: Yes, and we like to
21 keep you busy.

22 MEMBER ZIEMER: What would be the

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1 basis for removing it?

2 CHAIR MUNN: A couple of bases.

3 MEMBER ZIEMER: Okay.

4 CHAIR MUNN: One, in my mind, was
5 just given to us by the information about what
6 followed up this particular PER. And the other
7 is the relative cost against the number of cases
8 that are being affected.

9 MEMBER BEACH: Is any of this going
10 to be addressed in the current Work Group
11 deliberations? Will any of this come to play?

12 MR. HINNEFELD: Well, the current
13 work that we're involved in at Rocky is the SEC
14 Evaluation Report relates to tritium exposure.

15 MEMBER BEACH: Tritium?

16 MR. KATZ: Yes.

17 MR. HINNEFELD: Now once we deliver
18 that, I don't know whether this would come up or
19 not.

20 MR. KATZ: Well, there's two
21 things, though, for the Work Group. There's
22 that, the SEC. They're gearing up, or not

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1 gearing up, but they'll be ready.

2 MR. HINNEFELD: We intend to
3 deliver that --

4 MR. KATZ: To address that, right.

5 MR. HINNEFELD: -- because then we
6 have to start assessing --

7 MR. KATZ: Right. But the other
8 thing the Rocky Flats --

9 MR. HINNEFELD: -- contractors and
10 make sure that they know we're serious. And I
11 suppose they're listening. We intend to
12 present that in September.

13 MR. KATZ: Yes. But the other
14 thing that the Rocky Flats Work Group will be
15 doing is looking at, now, the TBD issues that
16 were left behind from SEC actions.

17 MR. HINNEFELD: Yes.

18 MR. KATZ: So that is separate and
19 I can't answer your question, Josie, as to
20 whether --

21 MR. HINNEFELD: I don't know.

22 MR. KATZ: -- this relates to what's

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1 in their, sort of, TBD issues that were remaining
2 after all that SEC work. I don't know. I know
3 there is a matrix that I believe Joe Fitzgerald,
4 or someone, updated to prepare for that. I
5 don't know what's on it.

6 MR. STIVER: I can take that as an
7 action to work with Joe and see exactly where
8 they stand.

9 MR. KATZ: Yes, I think it's Joe. I
10 could be wrong about that.

11 MEMBER BEACH: And for me, I'm okay
12 with deferring this at this time, but I don't
13 think we should remove it. That's just my
14 thought.

15 MR. KATZ: Yes, I agree too. I
16 don't think -- first, just the fact that it's a
17 limited number of cases should be really not a
18 reason to remove anyway, particularly if it's an
19 important complex change that we might worry
20 about how it was done.

21 MEMBER BEACH: And I'm okay with
22 just moving forward and assigning it as well.

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1 So I can do either of those.

2 CHAIR MUNN: Paul?

3 MEMBER ZIEMER: I favor deferring
4 for the time-being.

5 MEMBER BEACH: Okay.

6 MR. STIVER: Well, at least until we
7 sort out what's going on in the Work Group.

8 MEMBER ZIEMER: Yes.

9 CHAIR MUNN: Dick? Defer?

10 MEMBER LEMEN: I would say defer.

11 Hello?

12 MEMBER ZIEMER: We got you.

13 CHAIR MUNN: Thank you. Got it.

14 MEMBER ZIEMER: We're good.

15 CHAIR MUNN: PER-10 is deferred.

16 PER-27?

17 MR. STIVER: 27,

18 Clarksville/Medina Site Profile issue. Some

19 claims were completed using information

20 developed prior to its issuance. Due to TBD

21 changes during the comment resolution process,

22 the dose is assigned to the pre-TBD claims or

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1 underestimated; approximately 65 of them.

2 And no additional information under
3 here other than that there are no additional TBD
4 revisions since the PER was initiated.

5 MR. KATZ: We probably have SECs.

6 MR. HINNEFELD: We just added
7 Classes to both these places.

8 MR. STIVER: Just add a Class. We
9 got SEC issues now.

10 MEMBER BEACH: I think we should go
11 back and automatically re-look at those cases
12 that were done before --

13 MR. HINNEFELD: No, we did. That's
14 what the PER-27 did.

15 MEMBER BEACH: Right.

16 CHAIR MUNN: It closed it.

17 MR. STIVER: I guess the question
18 then would be, how many of those would be
19 candidates for the SEC?

20 CHAIR MUNN: Any problem with
21 assigning this?

22 MEMBER ZIEMER: Well, we have the

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1 same issue on this. Are these the number of
2 cases after the SEC has been --

3 MR. KATZ: No, this is prior.

4 MR. STIVER: This is October 2007.

5 MR. HINNEFELD: It goes back to
6 2007. That was probably the number of claims
7 that fit this category that were done before the
8 TBD was finalized. And I don't remember this
9 issue at all, so I don't know what the issue was.
10 It was an internal issue, you know, uranium
11 internal issue. That's all off the table now
12 anyway.

13 MEMBER ZIEMER: There could be
14 hardly any cases left here.

15 MR. KATZ: I would defer this one.

16 MR. STIVER: Yes, this is not going
17 to be a candidate for --

18 MEMBER BEACH: And could we look at
19 this and see?

20 MR. KATZ: Yes, it's worth figuring
21 out what the SEC --

22 MR. STIVER: Defer with an update.

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1 MR. KATZ: -- impact was.

2 MR. HINNEFELD: Well, who's looking
3 at it, SC&A or us?

4 MEMBER BEACH: I would say --

5 MR. STIVER: I would say you.

6 MR. HINNEFELD: Okay. And what
7 should we tell you about it? I mean, the number
8 of cases that -- well, first of all, we could find
9 out what the issue was.

10 MR. KATZ: Right.

11 MR. HINNEFELD: What we were doing
12 before and then what the TBD made us do
13 differently.

14 MR. STIVER: Yes, and whether
15 that's even an issue.

16 MR. HINNEFELD: So I can find out
17 what that is.

18 MR. KATZ: And if the SEC takes it
19 off the table completely, then of course,
20 there's no value to this at all.

21 CHAIR MUNN: The recommendation is
22 that this is to be deferred. Do you have any

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1 objection, Dick?

2 MEMBER ZIEMER: I hear none.

3 MEMBER LEMEN: No.

4 CHAIR MUNN: No objection.

5 MEMBER ZIEMER: No.

6 MR. KATZ: No objection.

7 CHAIR MUNN: PER-27 is deferred.

8 MEMBER LEMEN: No.

9 MEMBER ZIEMER: Yes, we got you.

10 CHAIR MUNN: Thank you. We got it.

11 MR. KATZ: Thank you.

12 CHAIR MUNN: Next is PER-30.

13 MR. STIVER: Okay. This is, again,
14 a Savannah River site TBD revision. So this is
15 also a dated one; December 2007. It addressed
16 changes in Rev. 1 of Technical Basis Document 3.
17 This would be the occupational medical. It's
18 been revised three times. Some of these
19 revisions would result in an increase in dose for
20 previously completed DRs.

21 Again, 54 may be modified. It may
22 not be applicable nowadays, given the SEC. So

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1 my recommendation would be deferral on that.

2 CHAIR MUNN: What is the
3 Committee's desire?

4 MEMBER BEACH: Would that come with
5 some action also to look at that to see where we
6 stand?

7 MR. STIVER: Yes, in any case you're
8 going to have to do the occupational medical
9 doses for anybody who falls outside the SEC.

10 MEMBER BEACH: Exactly.

11 MR. STIVER: The only impact for the
12 SEC would be on the number of claims. So if you
13 want to reassess the number of claims.

14 MEMBER BEACH: Or just assign it
15 because it needs to be done if it's been reviewed
16 three times.

17 MR. STIVER: That would be a Board
18 decision.

19 CHAIR MUNN: Paul?

20 MEMBER ZIEMER: I don't have a
21 feeling that these occupational medical doses
22 rarely affect anybody's outcome, do they?

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1 MR. STIVER: The only time they do
2 is if --

3 MEMBER ZIEMER: They'd have to be
4 right out --

5 MR. STIVER: -- PFG is involved.

6 MEMBER ZIEMER: What?

7 MR. STIVER: The only time that I've
8 seen any kind of a substantial impact was when
9 a PFG gets done.

10 MR. HINNEFELD: Yes,
11 photofluorography was done.

12 MEMBER ZIEMER: Yes.

13 MR. STIVER: In this case, I'm not
14 sure.

15 MEMBER ZIEMER: And they were doing
16 lumbar spines at Pantex?

17 MEMBER BEACH: This is Savannah
18 River.

19 MR. STIVER: No, this is Savannah
20 River.

21 MEMBER ZIEMER: Oh, at which one?
22 Oh, I'm looking at --

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1 CHAIR MUNN: We're on PER-30.

2 MR. STIVER: Yes, I think you're
3 looking at 26. Yes, these are two similar --

4 MR. KATZ: Wait, so PER-30 is
5 medical doses?

6 MR. STIVER: Yes. These are
7 medical doses.

8 MR. KATZ: And the science is high?

9 MR. STIVER: I think there might be
10 some complexities. Again, I didn't personally
11 do that review.

12 MEMBER ZIEMER: Well, this says the
13 revisions would result in an increase of doses
14 and could be --

15 MR. STIVER: I think in determining
16 the magnitude of the doses for a given claimant
17 might be what's causing the --

18 MR. HINNEFELD: Do we know for sure
19 this is only medical? I mean, Savannah River is
20 that Site Profile where it's all one --

21 MEMBER BEACH: Yes, it doesn't say
22 it.

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1 MR. HINNEFELD: There are no
2 individual --

3 MR. STIVER: Oh, you know, you're
4 right. This is not necessarily related to --
5 okay. That's my mistake.

6 MR. HINNEFELD: And if I'm not
7 mistaken, there might be a PFG question at
8 Savannah River because they told us for a long
9 time they didn't do them, and we started finding
10 the little films that are taken with a PFG for
11 a camera that say, oh, gosh, you really were.

12 MR. STIVER: Okay, that changes
13 everything then.

14 MR. HINNEFELD: So there might be a
15 medical, you know, meaning non-PFG to PFG
16 decision in there. There might be other
17 decisions as well because it doesn't say it's
18 specifically a medical.

19 MR. STIVER: Yes.

20 CHAIR MUNN: Well, Savannah River
21 shows an occupational medical dose section
22 revision effective November 30, 2009. And TIB

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1 --

2 MR. KATZ: This is December 2007.

3 MR. STIVER: Okay.

4 CHAIR MUNN: Yes. It doesn't show,
5 prior to that, the original --

6 MR. HINNEFELD: Okay. Lori has
7 found the PER and here -- is that the first
8 bullet?

9 CHAIR MUNN: PER-30, it says --

10 MR. HINNEFELD: Okay. Yes, here
11 are the changes that this PER was written for.
12 Rev. 0 required the urine samples be adjusted to
13 a daily rate by assuming 1.4 liters per day
14 standard rate; however, many samples reported
15 this activity per 1.5 liters, that sounds like
16 it would make it go down.

17 Revision 0 provided a table that
18 contained errors in the pre-calculated missed
19 intakes for plutonium exposure. The values
20 that were miscalculated in Rev. 0 were corrected
21 in Rev. 1. All the values for type M plutonium
22 were too high in Rev. 0 and values for type S were

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1 too low.

2 Because of this, claims used type S
3 values and Rev. 0 required a new dose estimate.
4 Let's see, some dose estimates, including
5 ambient external dose, change in hours from 2000
6 to 2500. TBD included table of maximum
7 site-wide ambient intakes of various isotopes.
8 In that table, the heading for plutonium and
9 uranium were transposed and corrected in 1.

10 Most dose estimates from -- that
11 would be a computational tool. That tool
12 contained the appropriate values. Some claims
13 -- well, that seems to be kind of a small deal
14 there.

15 CHAIR MUNN: There is some --

16 MR. HINNEFELD: Some of the changes
17 in these two revisions presented phased
18 implementations and this approach TBD is issued
19 with some sections either marked reserved or a
20 specific issue is not covered in order to allow
21 the completion of claims unaffected by that
22 aspect of the dose reconstruction.

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1 The revision is later issued with
2 new information so that the affected claims can
3 be completed. These types of modifications do
4 not require an evaluation. In this case, this
5 case was the photofluorography implementation
6 in Rev. 2. It's quite a hodgepodge --

7 MR. STIVER: Yes, there's a whole --

8 MR. KATZ: It's a menu of different
9 little things.

10 MR. HINNEFELD: And it could go,
11 some of them go up and some go down.

12 MR. STIVER: Yes, depending on how
13 you type this.

14 CHAIR MUNN: Getting into analogous
15 arguments, you name it, there's been a revision
16 for it.

17 MEMBER BEACH: So are we going to
18 assign this one? We're not.

19 CHAIR MUNN: What is the desire of
20 the Committee?

21 MEMBER ZIEMER: Sounds to me like we
22 may need to assign this one.

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1 MEMBER BEACH: Yes.

2 CHAIR MUNN: You're assigned
3 PER-30.

4 MR. STIVER: Okay.

5 CHAIR MUNN: Next item, PER-26;
6 Pantex.

7 MR. KATZ: Do you want to move on in
8 your agenda?

9 MR. STIVER: How many we got so far?

10 MR. HINNEFELD: I've got five in
11 mine.

12 MEMBER ZIEMER: It feels like we've
13 done more than five.

14 MR. KATZ: We deferred a number.

15 (Simultaneous speaking.)

16 MR. MARSCHKE: You did ten and we
17 assigned five, deferred four, and we moved one;
18 according to my book.

19 MR. KATZ: I'm just asking you,
20 Wanda, you have a lot of other things on your
21 agenda here.

22 CHAIR MUNN: They'll still be there

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1 next time.

2 MR. KATZ: Right. So it's just a
3 matter of what's more important for you to get
4 to.

5 MR. KATZ: I'm fine to carry on.
6 It's 3:30 right now.

7 CHAIR MUNN: Yes.

8 MEMBER BEACH: It's break time.

9 MR. KATZ: It's break time.

10 CHAIR MUNN: All right. We're on
11 break.

12 MR. KATZ: And return at what time?

13 CHAIR MUNN: We'll return in 15
14 minutes, that would make us --

15 MR. KATZ: Okay. 3:45?

16 CHAIR MUNN: All right. 3:45 is
17 fine.

18 MR. KATZ: Okay.

19 (Whereupon, the foregoing matter
20 went off the record at 3:32 p.m. and went back
21 on the record at 3:45 p.m.)

22 MR. KATZ: Okay. So we're ready to

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1 get started again. Dick, are you back on the
2 line?

3 MEMBER ZIEMER: I think he said he
4 may -- well, he didn't say he may.

5 MR. KATZ: He was going to return.

6 MEMBER ZIEMER: Yes.

7 MR. STIVER: He said he might be
8 late.

9 MEMBER BEACH: No, that was after
10 lunch.

11 CHAIR MUNN: At the suggestion of
12 the Members here in the room, we will stop
13 working on the PERS, we'll pick those up the next
14 time we meet, and we will move on to the two OTIBs
15 we have listed for after lunch, move from those
16 to the IGs, and if we have any time leftover,
17 we'll do the carryover items.

18 Otherwise, we will carry over the
19 carryovers. OTIB-37, you want to go for us,
20 Lori?

21 MS. MARION-MOSS: Yes. Elyse, you
22 want to --

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1 MS. THOMAS: Yes. This was one
2 where, you know, there were findings. NIOSH had
3 provided some responses back in 2009, but that
4 was when the database, or I guess the Board
5 Review System, was being designed, or worked on,
6 and so those responses somehow never got entered
7 into the Board Review System.

8 And I don't think -- they might have
9 been distributed to the Subcommittee and SC&A,
10 but it would have been as an attachment to an
11 email, and I don't know that the Subcommittee has
12 ever really examined those responses.

13 So just in combing through older
14 items in the Board Review System, I came across
15 them, and I went ahead and entered the responses
16 with the original date.

17 CHAIR MUNN: Thank you, Elyse. Do
18 you want to tell us which findings you are
19 speaking to; 2 and 4, correct?

20 MS. THOMAS: Yes, it's OTIB-37,
21 Findings 2, 3, and 4. One of them, I'll have to
22 call them up here on the Board Review System, has

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1 a, you know, 2012 date because there was new
2 information, but the other two responses have a
3 2009 date, but again, I think the status is open,
4 so I don't think the Subcommittee has addressed
5 them at all.

6 CHAIR MUNN: I don't believe so, but
7 we need to change the status, and if you will read
8 them in order, the new increase that you have
9 just placed, that you've -- well, 2 shows the
10 November 9 date, but it now has a NIOSH comment.
11 That's the first response.

12 MS. THOMAS: Yes, do you want me to
13 read them?

14 CHAIR MUNN: If you would very
15 quickly.

16 MS. THOMAS: Okay. Finding 1,
17 well, first of all, the title of this one is,
18 Internal Dosimetry Coworker Data for Paducah
19 Gaseous Diffusion Plant, and Finding Number 1
20 was closed.

21 CHAIR MUNN: Yes.

22 MS. THOMAS: Finding 2, like I said,

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1 we provided a response back in 2009. It just
2 never got entered.

3 CHAIR MUNN: Correct.

4 MS. THOMAS: So you'll notice the
5 status is still open and it says the response is,
6 uranium enrichment was the purpose of the plant.
7 The statement in the TBD was meant to indicate
8 that bioassays began with plant startup.

9 MR. KATZ: This is OTIB-37.

10 MEMBER ZIEMER: Oh, 37.

11 MS. THOMAS: Examining the numbers
12 included in the coworker study, there were as
13 many or more workers samples early in the plant's
14 history than in later years.

15 CHAIR MUNN: Thank you. I
16 appreciate that, Elyse. Do we need to await an
17 SC&A response to that?

18 MR. MARSCHKE: I'm not ready to talk
19 on --

20 MR. STIVER: I'm not ready on this
21 either.

22 MR. MARSCHKE: -- 37.

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1 CHAIR MUNN: Action item, SC&A,
2 Finding 2, OTIB-37.

3 MR. HINNEFELD: Can we change the
4 status then to in progress?

5 CHAIR MUNN: Change status to in
6 progress.

7 MR. KATZ: SC&A response needed.
8 Okay.

9 CHAIR MUNN: Next item is Item 3,
10 the finding was that the fitting of the data to
11 a log normal distribution is statistically
12 acceptable, but many times did not represent
13 well the data at the high-end of the results.
14 Significant discrepancies between the high real
15 results and the ones generated by the curve.

16 And the response that we had was, in
17 August of 2009, you see that response, and today
18 there is a new response from NIOSH. Want to go
19 ahead?

20 MS. THOMAS: Yes, I'll read the
21 latest response with the 2012 date. OTIB-37 has
22 been incorporated into ORAU-TKBS-0019-5, which

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1 is the Portsmouth Gaseous Diffusion Plant
2 occupational internal dose TBD. The 95th
3 percentiles are provided, including direction
4 to the dose reconstructors about when to apply
5 them.

6 The TBD will be issued in the near
7 future.

8 CHAIR MUNN: Does SC&A want to
9 postpone that and include that in their action
10 item?

11 MR. STIVER: I would want to include
12 it in the action item.

13 MR. MARSCHKE: Well, yes, but the
14 only thing is, we can't really do too much until
15 the TBD has been issued.

16 CHAIR MUNN: Okay. It's still in
17 your court.

18 MR. STIVER: Okay.

19 CHAIR MUNN: The status should not
20 change.

21 MR. STIVER: Well, wait a minute.

22 MR. MARSCHKE: Well, the status can

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1 change to in progress.

2 MEMBER BEACH: In progress.

3 CHAIR MUNN: Oh, well, that's
4 right, because it's still open because it wasn't
5 caught; the August one. It wasn't caught. And
6 Finding 4, when NIOSH uses the 50th percentile
7 dose distribution it should not be understood as
8 the 50th percentile of the worker's intake
9 rates.

10 They correspond to a model intake
11 rate that will fit the chosen percentiles for
12 some periods of time when the urine excretion
13 rates will be underestimated and some periods of
14 time when they will be overestimated.

15 This observation is not critical to
16 the intake rate model, but instead, is an
17 argument in favor of raising the percentile from
18 which the intake should be derived. We have a
19 response that was made in August of 2009, now
20 just being incorporated for the first time. You
21 want to read that?

22 MS. THOMAS: Okay. It says, this

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1 finding isn't completely clear. It seems to be
2 describing the variation of individual data
3 points from the fitted line that describes the
4 data. If it is saying that a larger percentile
5 of the bioassay results should be used, from
6 which a larger intake rate would be derived, the
7 same variation of those individual points from
8 the line that fits them will be present.

9 If this finding means to convey that
10 the use of the full distribution intake, rather
11 than a higher percentile, like the 95th, may not
12 be claimant-favorable in every case, then NIOSH
13 concurs and the document has been changed as
14 noted in the response to Finding 3.

15 And that response was, essentially,
16 drafted in 2009, which is why it has that date,
17 but that last phrase, you know, was added to the
18 response in 2012.

19 CHAIR MUNN: Right. All right.
20 I'm assuming that also goes in the action item
21 for SC&A.

22 MR. STIVER: That goes in the action

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1 item as well. I need to get a better
2 understanding of what transpired and why.

3 CHAIR MUNN: Very good. And again,
4 status changes.

5 MR. MARSCHKE: In progress?

6 CHAIR MUNN: In progress.

7 MR. STIVER: In progress.

8 CHAIR MUNN: Thank you very much,
9 folks. We appreciate that. Is there any other
10 activity with respect to OTIB-37? Any comment
11 that needs to be made? If not, let's move on to
12 the next item on the agenda, which would be
13 OTIB-54, the status of the new revision.

14 MS. THOMAS: Yes, this is Elyse
15 again, and the OTIB-54, the revision to it, has
16 not been issued and so NIOSH is waiting to
17 respond to those SC&A comments until the
18 revision is actually completed. So we're not
19 there yet, but we're moving in that direction.

20 CHAIR MUNN: Do we have any
21 expectation as to when it might be available?
22 Any guesstimates?

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1 MS. THOMAS: That, I'm not sure.

2 MR. HINNEFELD: Well, we have a
3 project schedule that is fluid.

4 CHAIR MUNN: Right.

5 MR. HINNEFELD: Okay, because we
6 always have a newest hot issue to go work on,
7 like, right now it's Rocky Flats and Los Alamos
8 to make sure those are ready for September. So
9 we make up these project schedules with the
10 understanding that they're fluid.

11 This schedule, I hate to put a lot
12 of stock in this, but it looks like this is about
13 scheduled for somewhere in the October time
14 frame now, with the caveat that that could
15 change, and in fact, this may not even be the most
16 up to date because of the resources that are
17 being required elsewhere.

18 So you're talking about, you know,
19 not in the next couple of weeks, but with any
20 luck, by the end of the year.

21 CHAIR MUNN: Going to classify it as
22 a carryover with probable completion before

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1 year-end.

2 MR. HINNEFELD: Well --

3 CHAIR MUNN: Or probable by
4 year-end. That's close enough.

5 MR. KATZ: Okay. So it does not
6 need to be on the agenda for the next meeting.

7 MR. HINNEFELD: I mean, if you would
8 ask us, is it done?

9 MR. KATZ: Are you ready?

10 MR. HINNEFELD: Yes.

11 CHAIR MUNN: Yes, I'll have it as a
12 placeholder.

13 MEMBER ZIEMER: Just a question, is
14 that an ORAU OTIB?

15 MR. HINNEFELD: Yes.

16 CHAIR MUNN: Yes, it is an ORAU --

17 MEMBER ZIEMER: Why am I not seeing
18 it on the Board Review System? I see 51, 52, 57.

19 CHAIR MUNN: No, OTIB-54. We'll
20 get it for you.

21 MEMBER ZIEMER: Well, aren't they
22 normally in order in here?

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1 CHAIR MUNN: No.

2 MEMBER BEACH: Not necessarily.

3 MEMBER ZIEMER: Not necessarily.

4 CHAIR MUNN: No, they were grouped
5 by when they were assigned.

6 MEMBER ZIEMER: Oh, that's right.

7 CHAIR MUNN: So if you put it in your
8 search block, you'll pull it up.

9 MEMBER ZIEMER: Got you.

10 CHAIR MUNN: All right. Let's move
11 on to the IGs. We'll start with IG-001.

12 MR. MARSCHKE: At the last meeting
13 SC&A was asked to look at the revision, the
14 recent revision, to IG-001 and see whether or not
15 -- or see how many outstanding issues could be
16 closed after that revision. And back in May, I
17 sent to the Work Group, or to the Subcommittee,
18 an email giving you the review -- Kathy Behling
19 did that review, and I sent the Subcommittee a
20 summary of that.

21 And I'm working desperately here now
22 trying to get up to speed. And it looks like

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1 what we did was, Kathy went through and she
2 identified a number of the non-closed issues,
3 which --

4 CHAIR MUNN: Which is still about a
5 dozen or so as I recall.

6 MR. MARSCHKE: Which could be
7 closed, or some of them could be closed, and some
8 of them, we're still going to be recommending
9 that they still remain open. I'm just trying to
10 get this set up here.

11 CHAIR MUNN: Did we get the system
12 populated?

13 MR. MARSCHKE: The database has
14 been populated. I'm just trying to figure out
15 which ones we want to go to. We want to go to
16 Issue Number 1, which, we're changing our
17 recommendation from transferred to close. We
18 want to go to Issue Number 8.

19 CHAIR MUNN: Shall we take them one
20 at a time or do you want to run through --

21 MR. MARSCHKE: I want to make some
22 notes here, which one we want to go to.

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1 CHAIR MUNN: Okay.

2 MR. MARSCHKE: 18 was changed, 21
3 was changed, 23 was changed. Okay. Now, I want
4 to go to the -- okay. IG-001. Okay. In
5 Finding Number 1, basically, the finding was
6 covered. Finding 1 and Finding 19 are the same,
7 so at this point, SC&A is recommending that
8 Finding 1 be closed since it's a duplicate of
9 Finding 19.

10 CHAIR MUNN: Committee Members, do
11 you have your data --

12 MEMBER BEACH: So it remains open in
13 19? It shows open. That's why I was --

14 MR. MARSCHKE: It shows it being
15 open, yes.

16 CHAIR MUNN: So we're closing
17 Number 1 if you have no objection. Are you
18 reading Number 1; the current finding? It's
19 dated May.

20 MEMBER BEACH: May 7th?

21 CHAIR MUNN: Yes, right.

22 MEMBER ZIEMER: And Number 19 is

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1 much more extensive than Number 1, so you're
2 saying that Number 1 is like a subset of 19.
3 They're not identical. There's a lot more stuff
4 in 19.

5 MR. MARSCHKE: Well, what happened
6 was, 19 -- what I think -- yes, you see, starting
7 with Issue 19, or actually, starting with Issue
8 Number 18, you're on Rev. 2 of IG-1. Findings
9 Numbers 1 through 17 are on Rev. 1.

10 So what Kathy did was, she did both
11 the reviews, and now she's doing this, you know,
12 she did, also, this for today, she looked at the
13 previous issues and Finding 19 is basically just
14 saying a deficiency identified under Rev. 1
15 review was a fragmented structure and illogical
16 sequence of the information here in the finding
17 resolution process.

18 NIOSH agreed with SC&A's comments,
19 they were constructive, and future revisions
20 would include changing the structure. However,
21 no such modifications were introduced in Rev. 2
22 of IG-1. So it's really kind of just relating

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1 the two findings on structure of the document.

2 CHAIR MUNN: Let me interject here
3 just a moment, Steve. IG-001-01 has no
4 technical issue in it. It is deficiencies with
5 procedure layout, include fragmented structure,
6 excessive amount of useless data, and historic
7 background in the main body, and critical data
8 for dose reconstruction found in the appendices
9 rather than the main body. That was the issue.

10 The issue is now considered a subset
11 of Finding Number 19, the latter one being a
12 finding on the later revision of this IG. Does
13 anyone have any problem with closing Finding 1?
14 Dick?

15 MEMBER LEMEN: I'm okay.

16 CHAIR MUNN: Hearing no objection,
17 Steve, please note that Finding 1 has been
18 accepted by the Subcommittee as closed.

19 MEMBER ZIEMER: Just a procedural
20 question here, we're basically closing it
21 because it's covered again in the other finding.

22 CHAIR MUNN: That's correct. The

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1 other finding --

2 MEMBER ZIEMER: But the other
3 finding --

4 CHAIR MUNN: Is much more
5 extensive.

6 MEMBER ZIEMER: -- is number what;
7 19?

8 CHAIR MUNN: 19.

9 MEMBER ZIEMER: And that's not been
10 closed.

11 CHAIR MUNN: No. That's still
12 open.

13 MEMBER ZIEMER: It seems to me, when
14 we say it's closed, we should reference the fact,
15 in essence, the issue hasn't been closed.

16 CHAIR MUNN: No, this finding is
17 closed and it's closed because, as the last --

18 MEMBER ZIEMER: Because it's
19 covered in the --

20 CHAIR MUNN: -- item states it's
21 covered under Finding 19.

22 MEMBER ZIEMER: Okay. I guess I

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1 didn't open the --

2 CHAIR MUNN: That wording appears
3 in the text.

4 MEMBER BEACH: The last one, yes.

5 CHAIR MUNN: Item 1 is now --

6 MEMBER ZIEMER: I got it. I see it.
7 Okay.

8 CHAIR MUNN: Okay?

9 MEMBER ZIEMER: I hadn't seen that
10 last comment.

11 CHAIR MUNN: Item 1 is now closed.

12 MEMBER ZIEMER: Yes. Okay. Good.

13 CHAIR MUNN: Go ahead, Steve, once
14 you finish there. Didn't mean to provide you
15 with a bow wave.

16 MR. MARSCHKE: I think I got it.
17 The Committee has determined that this finding
18 is closed since the concerns raised by this
19 finding are covered in Finding 19.

20 MEMBER ZIEMER: That's good.

21 CHAIR MUNN: That satisfies Dr.
22 Ziemer. And Dr. Ziemer being satisfied, we can

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1 move on to Item 2.

2 MR. MARSCHKE: Well, Item 2 is
3 basically a guidance in the -- again, in Kathy's
4 review of Revision 3, we found that the guidance
5 for film/TLD uncertainty in neutron source have
6 not been addressed in Revision 3. Note, the
7 revision or provision on finding and the lack of
8 guidance on dosimetry and uncertainty in
9 calculation of occupational medical doses,
10 which was resolved in Rev. 2. The finding
11 should remain in abeyance.

12 That's the latest SC&A position.
13 The actual finding was guidance for deriving
14 film and TLD dosimeter uncertainty neutron dose
15 from source term and occupational medical dose
16 using an x-ray machine. Operating parameters
17 requires data and resources that are not
18 available to the dose reconstructor.

19 And what Kathy is saying is that, for
20 the film badge/TLD uncertainty and neutron
21 source, that remains true.

22 MEMBER BEACH: So does that make it

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1 a NIOSH action?

2 CHAIR MUNN: So a portion of it's
3 still open. Is Rev. 3 out?

4 MR. MARSCHKE: Rev. 3 is out.

5 CHAIR MUNN: So we have the third
6 revision and still don't have this particular
7 finding covered. It's in abeyance for now, so
8 no change in that. It would appear to be a NIOSH
9 action.

10 MR. MARSCHKE: Finding --

11 MR. HINNEFELD: This is Stu, can we
12 talk about this one just for a little bit here.

13 CHAIR MUNN: Yes, why not?

14 MR. HINNEFELD: Is the issue here
15 that it doesn't provide sufficient guidance for
16 individual dose reconstructors? Because dose
17 reconstructors don't use this document. I'm
18 struggling with this one a little bit here.

19 CHAIR MUNN: Is this an item that
20 needs to be discussed?

21 MR. HINNEFELD: Well, it'll be for
22 us to come back, I think, with additional

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1 information if we want to discuss this.

2 CHAIR MUNN: Right.

3 MR. HINNEFELD: But to me, I mean,
4 guidance for film and TLD uncertainty and --
5 well, I don't know about neutron source term.
6 Normally, that information is all incorporated
7 into some other document, which is then used to
8 build the tool that the dose reconstructor uses.

9 CHAIR MUNN: Right.

10 MR. HINNEFELD: You know, this is
11 sort of like a principles, or concepts, sort of
12 document rather than any specific guidance.
13 You know, TBDs are supposed to take these things
14 into consideration when they're written, but no
15 one actually picks this thing up and utilizes it,
16 other than, like, a TBD writer.

17 MR. MARSCHKE: Stu, this is kind of
18 what you say, back in 2005 --

19 MR. HINNEFELD: Yes.

20 MEMBER ZIEMER: Right.

21 MR. MARSCHKE: -- that it's not used
22 by individual dose reconstructors. It's a

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1 high-level document. But I think what the key
2 thing, and the reason why it's in abeyance is,
3 however, the comment is valuable feedback and
4 future revisions of this document will be made
5 in light of it.

6 Revisions that incorporate the
7 comments will be made as time is available. I
8 think it was that second to last sentence there
9 saying that future revisions of the document
10 will be made in light of it.

11 MR. HINNEFELD: Okay.

12 MEMBER BEACH: Well, the next
13 comment says that it's a low-priority for 3,
14 medium priority for 1 and 2. What does that
15 mean?

16 MR. MARSCHKE: Well, if you look,
17 again, at the way the comment was written; Item
18 1 was film and TLD dosimeter uncertainty; Item
19 2 was neutron dose from source term; and Item 3
20 was occupational medical dose. So they're
21 saying that the medical dose has a low priority
22 and the other two have a medium priority.

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1 CHAIR MUNN: May we make a response
2 to that a NIOSH action --

3 MEMBER ZIEMER: It looks like the --

4 CHAIR MUNN: -- to give you a chance
5 to look at it?

6 MEMBER ZIEMER: -- 2007 comment
7 from SC&A has acknowledged some revisions;
8 October 29th comment. The uncertainty
9 calculation of occupational medical exposure
10 has been modified. The neutron flux equation
11 has been removed, the section describing
12 assessing neutron dose from source term, and
13 then it says the recommendation remains the
14 same, so I'm a little confused by that.

15 It says all these things have been
16 done, but what? Nothing's changed?

17 CHAIR MUNN: No, they're focused in
18 on only one of those aspects and that is, the film
19 and TLD uncertainty, and the neutron source term
20 hasn't been addressed. The other things have
21 dropped out, but guidance for film and TLD
22 uncertainty and the neutron source term have not

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1 been addressed in Rev. 3.

2 The occupational medical dose and
3 dosimeter uncertainty has dropped out.

4 MR. MARSCHKE: So SC&A did address
5 those. Well, actually, probably Rev. 2
6 addressed those.

7 CHAIR MUNN: Yes, they've been
8 addressed.

9 MR. MARSCHKE: They've been
10 addressed by Rev. 3.

11 MR. STIVER: That's acknowledged in
12 Kathy's response here.

13 CHAIR MUNN: So we're asking NIOSH
14 to take a look at this issue again and see where
15 they stand on the film and TLD uncertainty, and
16 the neutron source term. The status still
17 remains in abeyance because it's still being
18 worked and waiting for coverage somewhere or our
19 closure of this item upon further information.

20 Okay. I don't want to move off of
21 it unless you're happy.

22 MR. HINNEFELD: I mean, well, we're

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1 just going to have to read the original finding
2 and kind of piece this back together --

3 CHAIR MUNN: Right.

4 MR. HINNEFELD: -- to figure out
5 what exactly is missing.

6 CHAIR MUNN: Right.

7 MR. HINNEFELD: You know, what
8 exactly have we not fixed? Because it's not
9 clear.

10 MEMBER ZIEMER: I guess it's
11 guidance for film versus TLD uncertainty.

12 MR. HINNEFELD: Well, it has
13 something to do with the neutron source term.
14 Apparently there's some comment about a neutron
15 source term technique that we include in there
16 that never got resolved.

17 MR. MARSCHKE: You may want to,
18 also, I mean, look at way back to January 2005,
19 you know, report. That was the first one.

20 MR. HINNEFELD: Yes, the first one.

21 MR. MARSCHKE: The very first one,
22 because there'd be more information in that

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1 report than there is in the BRS.

2 MR. HINNEFELD: Yes, right. See,
3 that's what I'm saying. I've got to go back and
4 look at that first report --

5 MR. MARSCHKE: Let me look at that
6 first report.

7 MR. HINNEFELD: -- and then figure
8 out which pieces of which are fixed and not.

9 CHAIR MUNN: Action on Finding
10 Number 2; NIOSH; in abeyance; no change. The
11 next one?

12 MR. MARSCHKE: 3, 4, 5, 6, and 7 are
13 already closed.

14 CHAIR MUNN: Correct.

15 MR. MARSCHKE: So the next one is --

16 CHAIR MUNN: We're down to 8.

17 MR. MARSCHKE: -- Number 8. And
18 Kathy reviewed, and this is Kathy, not Hans, Rev.
19 3 of IG-1 has included the use of more practice
20 methods, such as employee neutron to dose photon
21 ratios. SC&A recommends closing this finding.

22 CHAIR MUNN: Does the Committee

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1 have any objection to closing this finding?

2 MEMBER ZIEMER: Close.

3 CHAIR MUNN: Steve, you may
4 identify -- Josie?

5 MEMBER BEACH: No.

6 CHAIR MUNN: Any objection?
7 Steve, you may indicate that the Subcommittee
8 has accepted SC&A's recommendation and has
9 closed Finding 8.

10 MEMBER BEACH: So isn't, like, IG-1
11 slash 24 slash -- this says 33, some of them say
12 35, I thought that was how many in total. The
13 number changed on me. So is that something --

14 CHAIR MUNN: Well, remember, we
15 have this particular entry is covering two
16 revisions now, actually, into the third
17 revision.

18 MEMBER BEACH: Oh, so there may have
19 been more findings.

20 CHAIR MUNN: Yes.

21 MEMBER BEACH: Okay.

22 MR. MARSCHKE: Actually, what those

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1 numbers after the finding number are, they
2 indicate the page in the January 17th, 2005
3 report where you will find that discussion, or
4 in the case of the findings which are on the
5 second Rev., the page in the 2007 document, which
6 were the findings.

7 MEMBER BEACH: Thank you.

8 CHAIR MUNN: And you closed 8. The
9 next one that I see open is 12.

10 MR. MARSCHKE: 12 is in abeyance.

11 CHAIR MUNN: And the latest
12 information we have from Kathy?

13 MR. MARSCHKE: There has been no
14 modification introduced into Revision 3 of IG-1
15 to either address the fact that the PA geometry
16 dose conversion factors are in error and should
17 not be used or recommend the use of a dosimetry
18 location correction factor. Finding should
19 remain in abeyance.

20 CHAIR MUNN: Another action for
21 NIOSH it would appear. As long as you're
22 looking at that whole thing anyway, might as well

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1 do them all, right? All right.

2 MR. MARSCHKE: 13 and 14, 15 are
3 indicated as being closed. That leads to 16,
4 Kathy's response, there has been no discussion
5 added to Revision 3 of IG-1 that addresses
6 environmental uncertainties. Finding should
7 remain in abeyance.

8 CHAIR MUNN: Finding 16? Action
9 NIOSH?

10 MR. MARSCHKE: Basically, if you
11 could see way back to the initial response of
12 NIOSH back in 2005, OCAS will revise the
13 uncertainty language in various sections so that
14 it reflects the basis of the uncertainty
15 approaches utilized in the program.

16 CHAIR MUNN: Yes, NIOSH will take it
17 as an action item. And that brings us to 17.

18 MR. MARSCHKE: Revision 3 does not
19 resolve the issue of consistency or address the
20 need for professional judgement. What is that
21 all talking about? The issue is, the finding
22 was, guidance for the selection of uncertainty

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1 distributions for total organ dose raises
2 questions of consistency and requires
3 professional judgement.

4 The initial OCAS response was, OCAS
5 will revise the uncertainty language in various
6 sections so that it reflects the basis of the
7 uncertainty approaches utilized in the program.
8 And I guess that was not done.

9 CHAIR MUNN: Can we add 17 to the
10 action items for NIOSH to review? This brings
11 us to an open item.

12 MR. MARSCHKE: This is the
13 beginning of the Rev. 2.

14 CHAIR MUNN: We're in Rev. 2 stuff.

15 MR. MARSCHKE: The comments that
16 were initially made on Rev. 2. So these are all
17 open because probably this is the first time
18 we've discussed them here in the Subcommittee.

19 CHAIR MUNN: However, Kathy says
20 Rev. 2 has cleaned this one up and recommends
21 that the finding is closed. Any objection?

22 MEMBER BEACH: No.

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1 MEMBER ZIEMER: No.

2 CHAIR MUNN: Without objection,
3 Steve, you may say that the Subcommittee has
4 accepted SC&A's recommendation. This finding
5 is closed. I don't think we have to debate very
6 much on Finding Number 19. We spoke to it
7 earlier when we were talking about Finding 1.

8 And the recommendation from SC&A is
9 that there's been no change in the structure and
10 they recommend keeping it open. We've already
11 said that.

12 MR. MARSCHKE: Do you want to keep
13 it open or keep it in progress?

14 MEMBER BEACH: In progress.

15 CHAIR MUNN: In progress.

16 MR. MARSCHKE: That's Finding 19.

17 CHAIR MUNN: Yes. And that will be
18 another NIOSH action with regard to IG-1.
19 Number 20.

20 MR. MARSCHKE: 20.

21 CHAIR MUNN: Kathy says, the
22 methodology for assessing neutron dose from

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1 source term has not changed in Rev. 3. SC&A's
2 recommendation is to keep the finding open. I
3 think she means active.

4 MR. MARSCHKE: Yes.

5 CHAIR MUNN: And it would,
6 therefore, change its status to in progress, but
7 it would be a NIOSH action. Any objection?

8 MEMBER BEACH: No.

9 CHAIR MUNN: Next finding is
10 Finding Number 21. I'm going to read to you
11 while Steve's busy typing. Many technical and
12 site-specific documents have been published
13 since the release of IG-1, Rev. 1; however, Rev.
14 2 of IG-1 does not consistently direct the dose
15 reconstructor to these technical documents.

16 And Kathy's comment is that, Rev. 3
17 didn't include any wording that would direct the
18 dose reconstructor, but it's nearly the same as
19 Finding 22, so she's recommending closing it.
20 Finding 22 says, IG-1 should, but does not,
21 direct the dose reconstructor to technical and
22 site-specific documentation where the DR can

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1 find more specific guidance.

2 Sounds like the same thing actually.
3 Any objection to accepting SC&A's
4 recommendation to close 21, as it's covered in
5 22?

6 MEMBER BEACH: No.

7 MEMBER ZIEMER: No objection.

8 CHAIR MUNN: If not, Steve, on 21,
9 you can say Subcommittee accepts SC&A's
10 recommendation as the finding is covered in
11 Finding 22.

12 MEMBER ZIEMER: Question. Stu,
13 can you remind us now, on these IG documents, and
14 they're not used directly in dose
15 reconstruction. They are guidance. Are they
16 guidance for dose reconstructors?

17 MR. HINNEFELD: Well, they're sort
18 of foundation documents for the writing of Site
19 Profiles and whatever files from those, like,
20 tools and things like that. These are some
21 principles. Remember, IG-1 and --

22 MEMBER ZIEMER: Right.

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1 MR. HINNEFELD: -- let's just say
2 IG-2, IG-1 is like the first thing ever written
3 when we didn't know how anything was going to
4 work.

5 MEMBER ZIEMER: Right. But see,
6 they're asking that it direct the dose
7 reconstructor to this technical document.

8 MR. HINNEFELD: I think we should
9 all remember that.

10 MEMBER ZIEMER: If the dose
11 reconstructors don't read this --

12 MR. HINNEFELD: No.

13 MEMBER ZIEMER: -- what's the point
14 of making that change?

15 MR. HINNEFELD: Well, I don't think
16 we're going to. In fact, when we get to our
17 response to these things that's, essentially,
18 what we're going to say. I want to make sure I
19 follow through this and see what's being talked
20 about, but our response is going to say, any of
21 these findings that have to do with, you know,
22 a dose reconstructor confusion or insufficient

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1 specificity to the dose reconstructor should go
2 away because dose reconstructors don't read
3 these things.

4 MEMBER ZIEMER: Don't read these.

5 MEMBER BEACH: Do they still use
6 this document when they're writing the lower
7 documents though?

8 MR. HINNEFELD: Well, I mean, to be
9 honest, I don't know who refers to this anymore.
10 It's sort of a principles sort of thing.

11 CHAIR MUNN: It's a historic thing,
12 yes.

13 MEMBER ZIEMER: But they're asking
14 for this to tell the dose reconstructors --

15 MR. HINNEFELD: By now, when you've
16 been doing this program for eight or ten years,
17 you know, you don't have to refer back to this,
18 you know what's being done, and what's accepted,
19 and what's being done.

20 MEMBER BEACH: Yes.

21 MEMBER ZIEMER: See, I'm concerned
22 about having to spend time revising a document

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1 to tell something to dose reconstructors when
2 they don't even use this.

3 CHAIR MUNN: Well, but we will make
4 that decision when we get NIOSH's response.

5 MEMBER ZIEMER: Right. That's
6 fine. I was concerned that we were tasking, not
7 tasking, but suggesting suddenly to NIOSH that
8 they do a lot of extra work for something that's
9 superfluous.

10 CHAIR MUNN: No, we just want to
11 close IG-1.

12 MEMBER ZIEMER: We want to close it.
13 Okay.

14 CHAIR MUNN: We want to get it to
15 where it needs to be so that we don't have to be
16 concerned with it too much anymore.

17 MEMBER ZIEMER: Well, I was sort of
18 thinking maybe we could close it without going
19 through that.

20 CHAIR MUNN: Good luck. No, I
21 don't think so.

22 MEMBER BEACH: Still got to answer

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1 it.

2 MEMBER ZIEMER: If we don't think
3 that's the answer, we don't have to. I don't
4 think we have to say that they have to respond
5 to that statement. That's my humble opinion.

6 CHAIR MUNN: IG-22 needs to be --

7 MR. HINNEFELD: Just to stir the
8 pot, SC&A is your contractor and you can say,
9 well, thank you, Mr. Contractor, but we're not
10 going to convey these on, we're going to close
11 them without conveying them on to denial.

12 MR. KATZ: I don't know how you
13 record John Stiver's look in here. That was
14 good. I like that.

15 (Laughter.)

16 CHAIR MUNN: We can show Item 22 as
17 in progress.

18 MR. HINNEFELD: Our contractor
19 writes things that we don't convey on to the
20 Board.

21 MEMBER BEACH: We're almost done.

22 MR. KATZ: You can request, but

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1 Wanda's not biting.

2 CHAIR MUNN: I'm not biting.

3 Sorry.

4 MEMBER BEACH: Now moving on to 23?

5 CHAIR MUNN: 23, yes.

6 MEMBER BEACH: Recommended
7 closing.

8 MR. HINNEFELD: Well, since 21 was
9 closed because of 22, we have an action on 22,
10 right?

11 CHAIR MUNN: Yes, you do.

12 MR. HINNEFELD: Okay.

13 CHAIR MUNN: You are on my list and
14 I'll go through the finding numbers with you when
15 we're done here, that I have, to make sure we're
16 on the same page. Kathy says, Rev. 3 does add
17 working to clarify the evaluation of missed
18 neutron data by recommending the use of
19 site-specific neutron to photon dose ratios, and
20 SC&A recommends closing the finding.

21 MR. STIVER: Which one are we on
22 here?

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1 MEMBER ZIEMER: 23.

2 MR. STIVER: 23? Oh, okay.

3 CHAIR MUNN: 23. Any objection
4 from the Subcommittee?

5 MEMBER BEACH: No.

6 MEMBER ZIEMER: Let's close it.

7 CHAIR MUNN: If not, Steve, please
8 indicate on 23 that the Subcommittee accepts the
9 recommendation of SC&A and has closed this
10 finding.

11 MEMBER BEACH: So, Stu, is that the
12 same with IG-003 and 005 as well? Are those,
13 like, parent documents?

14 MR. HINNEFELD: Yes, see, I'm
15 trying to remember which ones those are.

16 CHAIR MUNN: All IGs are.

17 MEMBER BEACH: All IGs are.

18 MR. HINNEFELD: Well, I know the
19 implementation guidance, which one's 3?

20 MR. STIVER: 3 and 5, that's a
21 separate issue. That had to do with the
22 two-pager subject selection.

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1 MR. MARSCHKE: Let's finish up.

2 CHAIR MUNN: Let's not go there
3 until we finish.

4 MR. STIVER: That's something
5 different.

6 MR. HINNEFELD: 1's surrogate data.

7 MR. KATZ: 1 is surrogate data.

8 MEMBER BEACH: Yes, 1 is surrogate
9 data.

10 MR. MARSCHKE: Let's finish up.

11 CHAIR MUNN: Let's don't go there
12 until we finish with --

13 MR. KATZ: Yes, 4 is surrogate data.

14 CHAIR MUNN: -- IG-1. The last
15 item that we have is Finding 24 and Finding 24,
16 in the response from SC&A says, Rev. 3 does not
17 cover correct PA geometries, address
18 environmental uncertainty associated with
19 dosimeters, provide more specific guidance for
20 selection of uncertainty distributions.
21 SC&A's recommendation is that the finding remain
22 open.

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1 Again, we would interpret that to
2 mean change the status to in progress. And
3 without argument, I hope, Finding 24 becomes the
4 last of these items that will be NIOSH action
5 upcoming. Is that acceptable to all?

6 MEMBER ZIEMER: Yes.

7 MEMBER BEACH: Yes.

8 CHAIR MUNN: Then, Steve, you may
9 say as much on your screen. And --

10 MEMBER BEACH: So the last revision
11 was in 2007 for IG-001, is that correct?

12 CHAIR MUNN: No.

13 MR. HINNEFELD: No.

14 MEMBER BEACH: Because that's what
15 came up here.

16 MR. MARSCHKE: Well, that's a
17 question that Lori and I were talking about at
18 lunch time as to, when you click on the link to
19 the document that was reviewed, which document
20 do you want to be pulled up?

21 Do you want the document which the
22 findings are associated with to be pulled up, in

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1 this case that would be difficult because
2 there's two different revisions of that document
3 in which these findings are associated with, or
4 do you want the most recent revision of the
5 document to be pulled up?

6 MEMBER BEACH: I would prefer the
7 most recent. That's just me.

8 CHAIR MUNN: But if we had the most
9 recent, then we don't have the raw data from
10 which the finding was derived.

11 MR. MARSCHKE: But we might have the
12 resolution to the finding.

13 CHAIR MUNN: Well, can't we go to
14 later revisions elsewhere? This also begs the
15 question as to why we could not have more than
16 one revision, if that's necessary, in our BRS.

17 MR. MARSCHKE: I guess, from my
18 point of view, it was very easy to say that the
19 IT people could put multiple links in here; Rev.
20 0, Rev.1, Rev. 2, Rev. 3, and link to multiple
21 versions of this document. But again, that just
22 complicates the, you know, programming of this

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1 thing.

2 CHAIR MUNN: Let's talk offline or
3 have some email exchanges about whether or not
4 this is a smart thing to do and how to address
5 it so that we can easily have access to pulling
6 up more than one revision.

7 MEMBER ZIEMER: Are we limited to
8 one?

9 CHAIR MUNN: At this moment, so far
10 as we know, we are, but we don't know.

11 MR. HINNEFELD: That's a question
12 for our programmers.

13 CHAIR MUNN: Yes.

14 MR. MARSCHKE: Well, right now, the
15 thing, just basically, what you do is you put
16 your cursor on the document name and so you'd
17 have to redesign this somewhat.

18 MEMBER ZIEMER: Well, not if the
19 document name was basically a file with all three
20 documents or just have them all in there. The
21 PDF size isn't limited, is it?

22 CHAIR MUNN: Let's don't try to

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1 solve it today. Lori, can you setup a
2 teleconference with at least the three of us --

3 MS. MARION-MOSS: Yes, I can.

4 CHAIR MUNN: -- to try to at least
5 identify some potential solution we could bring
6 to the Subcommittee next time?

7 MS. MARION-MOSS: Okay.

8 CHAIR MUNN: Okay.

9 MEMBER BEACH: Yes, because the one
10 I pulled up when I hit on that document was 2007
11 Rev. 3. That's why I asked if that was the
12 latest.

13 MS. MARION-MOSS: Yes, it is.

14 MEMBER BEACH: So it is? Okay.

15 MR. MARSCHKE: Rev. 3 or Rev. 2?

16 MEMBER BEACH: I had pulled up Rev.
17 3.

18 MR. HINNEFELD: Rev. 3 is linked.

19 MEMBER BEACH: Okay. So I think
20 you're right, that's a good technical call,
21 Wanda.

22 CHAIR MUNN: Okay. We'll do that.

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1 And, Stu, here are action items from IG-1
2 findings that I have listed on my list as action
3 items for you; Findings 2, 12, 16, 17, 19, 20,
4 22, and 24.

5 MR. HINNEFELD: Exactly the ones I
6 have.

7 CHAIR MUNN: Very good.

8 MR. HINNEFELD: That's astounding.

9 CHAIR MUNN: It really is. Well,
10 it's just great minds working in the same camp.
11 At this juncture, we are going to discontinue our
12 following agenda and we'll carry over any item
13 that has not been covered. We need to talk very
14 quickly about when our next meeting is going to
15 be and how we can arrange that.

16 Obviously, since we had so many
17 carryovers, we have a good agenda to start with,
18 but we need some time to work on what we've got.

19 MR. KATZ: Right. I mean, there's
20 not that much work involved with these; what's
21 left on the agenda. Although 3 and 5 --

22 CHAIR MUNN: Well, we had a lot of

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1 OTIB fun stuff. Maybe not.

2 MEMBER BEACH: What's happening
3 with the two-pagers? Is everything out that
4 needs to be reviewed?

5 CHAIR MUNN: No, everything is not
6 out that needs to be reviewed.

7 MEMBER BEACH: Because when I went
8 and looked through them I wasn't sure.

9 CHAIR MUNN: No, it's primarily my
10 action. The big news is that the IT folks now
11 have 20 of the completed reports and they are
12 starting to put together a Web page. So you will
13 be able to see that before long and you'll be
14 hearing from me with respect to the three batches
15 that we have not addressed.

16 MR. KATZ: Well, and Wanda owes me
17 another 30, right?

18 CHAIR MUNN: I do. Yes.
19 Actually, 32, I believe, in the batch.

20 MR. KATZ: Yes. I like that. That
21 sounds right.

22 CHAIR MUNN: But I owe you 15

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1 in-between. I hate to wait that long, but we
2 can't schedule anything else during this fiscal
3 year, correct?

4 MR. KATZ: Right.

5 CHAIR MUNN: And so that means we
6 are into October and my calendar won't turn me
7 loose until -- I could do the 22nd, I guess, of
8 October.

9 MEMBER BEACH: That's a Monday?

10 CHAIR MUNN: 22nd or 23rd.

11 MEMBER BEACH: 22nd or 23rd?

12 CHAIR MUNN: How's everybody else
13 looking? I assume we've lost Dick. Dick, are
14 you still there?

15 MEMBER LEMEN: I am still here.
16 You've ignored me, but I'm still here.

17 CHAIR MUNN: Oh, we're not trying to
18 ignore you.

19 MEMBER BEACH: Wanda, how's the
20 30th look for you?

21 MR. KATZ: I was.

22 CHAIR MUNN: The 30th would be okay

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1 for me. We're looking at calendars, Dick.

2 MEMBER LEMEN: I know.

3 CHAIR MUNN: Does the 23rd or 30th
4 of October sound reasonable to you?

5 MEMBER ZIEMER: Oh, October.

6 MEMBER LEMEN: Well, the twenties,
7 no, I'll be in Italy then.

8 CHAIR MUNN: Oh, you poor babe.
9 How about the 30th?

10 MEMBER LEMEN: I'll still be there.

11 CHAIR MUNN: Oh, you're just going
12 to be there.

13 MR. KATZ: That's acceptable if you
14 take me.

15 CHAIR MUNN: Yes.

16 MEMBER LEMEN: Well, you can go.

17 CHAIR MUNN: Well, would it be
18 possible? Could you arrange for the
19 Subcommittee to meet in, what city are you going
20 to be near?

21 MEMBER LEMEN: I'm going to Carpi.
22 It's near Bologna.

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1 CHAIR MUNN: Can we fly in?

2 MR. KATZ: You can fly to Bologna.

3 MEMBER LEMEN: You can take the
4 train from Milan to Bologna.

5 CHAIR MUNN: Very good.

6 MEMBER LEMEN: I'll be happy to have
7 the meeting over there. I'll even arrange for
8 a place to have it if you decide to do that.

9 CHAIR MUNN: Well, I would like very
10 much to be able to recommend that, but I don't
11 think it's going to, if you'll excuse the pun,
12 fly. So when are you going to be back? We'll
13 have to decide whether to meet without you.

14 MEMBER LEMEN: Well, actually, I
15 will not be available until the first part of
16 November. Most of my October is shot.

17 MR. KATZ: That's fine. Only the
18 end of October would have worked anyway.

19 MEMBER LEMEN: But any time after
20 the 1st of November I will be available.

21 MEMBER BEACH: There's a Board call
22 on the 5th.

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1 CHAIR MUNN: Boy, that's a long way
2 out.

3 MR. KATZ: That's way out there.

4 CHAIR MUNN: That's a long way out.

5 MEMBER LEMEN: We have our Board
6 meeting on the 15th, right, of November?

7 MR. KATZ: Yes, what about --

8 CHAIR MUNN: On the 15th? We have
9 a teleconference call the 5th.

10 MR. KATZ: What about November 1st?

11 MEMBER LEMEN: That'll work for me.

12 CHAIR MUNN: It will?

13 MR. KATZ: Yes.

14 MEMBER LEMEN: Yes.

15 CHAIR MUNN: Anybody have any
16 problem with November 1?

17 MEMBER ZIEMER: No.

18 MEMBER BEACH: No.

19 CHAIR MUNN: November 1 it is.

20 MR. KATZ: Going, going, gone.

21 MEMBER LEMEN: Does this mean
22 you're adjourning your meeting now?

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1 CHAIR MUNN: It means that we are
2 unless --

3 MR. MARSCHKE: I'd like to have one
4 more, just thing, to let the Subcommittee know
5 that, we made some good progress today. If you
6 look at the screen, we have the status at this
7 morning, and it shows we had 43 open, 40 in
8 progress, 92 in abeyance, and 318 closed.

9 And if you look at the current
10 status, it shows we have 25 open, 47 in progress,
11 81 in abeyance, and 340 closed. So we jumped up
12 from 318 to 340 closed issues today, so that's
13 22.

14 CHAIR MUNN: Oh, this is excellent
15 progress, especially when we recognize how many
16 open items we beat down today.

17 MR. KATZ: Of course, two of them
18 were items we closed, then reopened, but I'm just
19 joking.

20 MR. HINNEFELD: Always the
21 optimist.

22 MR. STIVER: Should we assign

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1 partial credit to those then?

2 CHAIR MUNN: In any case, thank you.

3 MR. KATZ: False progress.

4 MR. HINNEFELD: You and Jim.

5 CHAIR MUNN: Thank you all for the
6 hard work that was necessary to get us to where
7 we are now, even though we're still behind the
8 curve. I'll try to get out notations to you,
9 with respect to the two-pagers, in another
10 couple of weeks, and we'll have a teleconference
11 set up to identify what we need to do about the
12 issue of multiple revisions appearing for us.

13 And everything else will carry over.
14 Everyone have a --

15 MEMBER LEMEN: What's this
16 teleconference you're talking about?

17 CHAIR MUNN: Oh, we had had a
18 question with respect to how we might be able to
19 see more than one revision at a time when we're
20 working with the Board Review System here. We
21 wanted to be able to see when we've had multiple
22 revisions of a procedure, and we have multiple

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1 findings with respect to those various
2 revisions, we could only pull up one of the
3 revisions at a time and it was confusing because
4 we couldn't see where all of the findings were
5 related in the base document.

6 So we're going to have a small
7 technical call just to try to identify what we
8 want to do more than anything else and recommend
9 it to you. You'll get an email about that one.

10 MEMBER LEMEN: Okay. Thank you.

11 CHAIR MUNN: All right. Thank you.
12 Anything else for the good of the order? Steve,
13 thank you again for a yeoman's job and for
14 letting us know that we've made progress. It's
15 greatly appreciated.

16 MR. KATZ: Thank you, Lori, as well
17 and everyone behind you guys as well.

18 CHAIR MUNN: Yes, welcome to both
19 Lori and Josie. We're glad to have you with us.
20 You both do good work. Thanks a bunch and we'll
21 see you later. We'll leave a light in the window
22 for you.

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(Whereupon, the foregoing matter
was concluded at 4:42 p.m.)