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

convenes the

WORKING GROUP MEETING

ADVISORY BOARD ON

RADIATION AND WORKER HEALTH

PROCEDURES

The verbatim transcript of the Working Group Meeting of the Advisory Board on Radiation and Worker Health held at the Marriott Airport, Hebron, Kentucky, on July 27, 2006.

C O N T E N T S

July 27, 2006

TRANSCRIPT LEGEND

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P R O C E E D I N G S

(8:35 a.m.)

WELCOME AND OPENING COMMENTS
DR. LEWIS WADE, DFO

DR. WADE: Good morning, this is Lew Wade and I'm the Designated Federal Official for the Advisory Board. And this is a meeting of a working group of the Advisory Board. It's a working group chaired by Mark Griffon and has on it Robert Presley, Mike Gibson and Wanda Munn. This working group has looked at a variety of issues. Today it's meeting to look at the issues related to the review of NIOSH procedures. This also tracks to Task III under the SC&A contract of procedures review.

It is important that we establish that we do not have a quorum of the Board present, so I would ask if there are any Board members who are joining us by telephone, please identify yourself.

MR. GIBSON: Yeah, Lew, Mike's here.

DR. WADE: Mike, welcome, as always. Anyone else?

(No responses)

Okay. Well, we do not have a quorum of the Board and therefore we can continue. I really have no conflict of interest announcements to make. This is sort of a generic task that -- that we work on, so maybe we can ago around the table here and identify who is here, and then we can hear who's joining us by telephone.

MR. PRESLEY: Robert Presley, Board member.

MR. GRIFFON: Mark Griffon, member of the Board.

MS. BEHLING: Kathy Behling, SC&A.

DR. BEHLING: Hans Behling, SC&A.

MS. HOWELL: Emily Howell, HHS.

MS. MUNN: Wanda Munn, Board.

MR. HINNEFELD: Stu Hinnefeld from NIOSH.

MR. SHARFI: Mutty Sharfi, ORAU team.

DR. MAKHIJANI: Arjun Makhijani, SC&A.

MR. MCFEE: Matt McFee with the ORAU team.

MS. BRACKETT: Liz Brackett with ORAU team.

MR. BUCHANAN: Ron Buchanan, SC&A.

DR. MAURO: John Mauro, SC&A.

DR. WADE: And this is Lew Wade with NIOSH, and I work for the Board.

Could I have any federal employees here in an

official capacity that are on the telephone line identify themselves?

(No responses)

Any contractors to NIOSH?

(No responses)

Any SC&A representatives?

(No responses)

Anyone who wishes to identify themself?

(No responses)

Okay. We are ready to begin. Mark?

MR. GRIFFON: I was just saying before we started that a few nights ago -- I guess it was Sunday evening late -- I sent out revised matrices for the procedures review, the second set of cases and the third set of cases. And I hope everyone got those, either directly or indirectly. I sent them out to the principals, I think. I assumed they would be distributed. The procedures -- all -- all three of these actually were -- were an attempt, and I'll emphasize attempt so Stu, you may have some -- some feedback as we go through, but I attempted to merge Stu's matrices that he presented at the last Advisory Board meeting where he included a NIOSH action with my matrix that had

a Board action in there, and I attempted to merge those two. And this should be a -- knock on wood, our final matrix for these three items. We really hope to close this out by the August 8th phone call or Board meeting.

I wanted to start today -- 'cau-- 'cause of some travel schedules, I think we'll start -- it -- it doesn't really matter, but I think we'll start with the procedures review, if that's okay with everyone, and work through the second and third set that way. So -- hold on one second.

(Pause)

Sorry, just sharing documents here.

(Pause)

MR. PRESLEY: Sorry about that.

(Pause)

MR. GRIFFON: Just one second, I'm just pulling my -- my new version up on my computer now. Hopefully be able to edit real time here.

(Pause)

SUMMARY OF TASK III PROCEDURES, FINDINGS MATRIX

Yeah, so everybody has this. It's labeled "Summary of Task III Procedures, Findings Matrix," and I guess we can just go down the

list.
First findings are on the IG, Implementation Guide, 1 -- you want to review the Board actions and the NIOSH actions? Now I guess a general comment of what -- of mine that I had when I was looking through these NIOSH actions was just a con-- a little bit of a concern that as we track these actions forward it's easy to say a trackable action is revise OCAS-IG-1. But it's a little harder to say well, what were the original problems that we were hoping to have resolved in that rewrite of IG-1. So I hope -- I guess we won't lose that. Right?
MR. HINNEFELD: Well --
MR. GRIFFON: By having it on the matrix, I guess that's the point, we wouldn't lose it.
MR. HINNEFELD: Yeah, my -- my -- my point of putting it here was that if we say we've revised IG-1 and we've fixed all these things, for instance, we should be able to point out in IG-1 what passages were changed for each of the findings. So that's why we want -- I wanted to put them on the matrix then so we could track back to the findings.
MR. GRIFFON: And I like your idea of a

simplified listing so that we can -- you know, that way, but we can't lose sight of why it was originally a concern or whatever.

MR. HINNEFELD: Right. Right.

MR. GRIFFON: Having said that, I think we can go -- and just stop me when people have things they want to discuss, but really the first several -- several just involve review -- or revise OCAS-IG-1. And if -- if there's any that you disagree with -- there's a few in there in this IG-1 section that say "no action necessary," so if there's any concern on those, stop me. But I'm down to OCAS-IG-1 IG -- finding number IG-1-07.

I guess the only reason I highlighted this on my matrix -- I'm trying to remember -- was the distinction between a low and medium priority, and I think Stu's sense is that you're going to revise the whole procedure all at once, so you're not going to go through and revise the medium priority ones early and then address the other findings later. Right? It doesn't make sense.

MR. HINNEFELD: I believe our revision, which is either pretty far along and may already be

issued --

MR. GRIFFON: Yeah, yeah.

MR. HINNEFELD: -- captured the items in here we said we were going to include.

MR. GRIFFON: Right.

MR. HINNEFELD: I believe that's the case.

MR. GRIFFON: So this low and medium priority may kind of be irrelevant at this point but it --

MR. HINNEFELD: Right, I mean it -- just as a mechanical issue as we were making revisions it was just easier to do them all as opposed to (unintelligible) because the low -- low -- some of the low priorities didn't -- it's not like they required more research so they could be done at the same time.

MR. GRIFFON: That's what I assumed, so I'll just unhighlight that medium priority one.

DR. BEHLING: Can I just make comment? With respect to item seven, I think it was brought out for the simple reason that the values identified in TBDs for the threshold varied depending on which TBD you read. They go from as low as 500 keV to up to 1,000 keV, and I think it would just be nice to either delete

that as an issue or come to some consensus as to which one, across the board, would be applicable.

MR. HINNEFELD: Yeah, the -- the situation can be addressed, you know, uniformly because above 1 they're pretty much energy-dependent.

DR. BEHLING: Yes.

MR. HINNEFELD: From 500 to 1 --

DR. BEHLING: Yes.

MR. HINNEFELD: -- they're energy-dependent, so it's a -- it's a known technical issue. It can be written the same way, so I don't -- I don't see any particular problem with dealing with it. I think we all understand that -- how to deal with it.

MR. GRIFFON: All right, moving on -- again, I'm going all the way to the end of IG-1, unless there's any issues. I'm down to IG-1-10, and the only rea-- some of the reasons I highlight these things are -- are when I read through -- when I re-read these things, some of them seemed to maybe -- possibly inconsistent and I wanted to just touch on those and see if they are inconsistent. But it says recommend NIOSH research further and modify as needed.

This seemed different than the other low or medium priority ones and I just wondered if in fa-- what the status is on this item or...

MR. HINNEFELD: I don't have a particular update to give in terms of the update of the research. There's a couple of specific organs that were (unintelligible) out and so I don't -- I don't have a particular update on it.

MR. GRIFFON: But it -- so is this going to hold up the --

MR. HINNEFELD: This won't delay any modifications.

MR. GRIFFON: -- delay of IG-1?

MR. HINNEFELD: No, no, no. I mean if we're not ready to make this modification, we'd issue the other modifications first, complete this research and then (unintelligible).

MR. GRIFFON: I think part of the argument here was that this was more of an important one. Isn't that --

MS. BEHLING: Right.

DR. BEHLING: Yeah, and in fact, it goes beyond the issue of -- of individual organs. I -- I think we've discussed it at length in previous meetings. I believe the whole concept of DCFs,

other than for AP geometry, are potentially subject to -- to reinvestigation, in a sense, because of the issues that we discussed. We won't go into it, but I think it goes beyond organ dose DCFs.

MR. HINNEFELD: Right. Okay, it's (unintelligible) geometry --

DR. BEHLING: Yes.

MR. HINNEFELD: -- kind of -- I always thought of that as sort of the second issue we know --

DR. BEHLING: Yes, yes.

MR. HINNEFELD: We're in complete agreement that that needed to be changed. We wanted to research these two specific organs based on the nature of the finding to see if we felt, yeah, that those are right -- you know, 'cause we picked ICRP numbers. You know, that's -- the numbers we used were published by ICRP. Now there are -- is newer ICRP work that may be relevant to those, so that's the issue.

MR. GRIFFON: And the other DCF issue is captured elsewhere in our -- in the procedures or in case reviews? I know it's come up -- yeah.

DR. BEHLING: I'm not sure, I think it was more

or less addressed in subsequent meetings.

MR. GRIFFON: It's definitely an action, isn't it, somewhere -- yeah.

MS. BEHLING: Yes, that's in procedures.

DR. BEHLING: If I can just summarize it, it's -- due to the fact that we don't really have an air dose to start out with. In other words, this -- these measurements, empirical measurements start out with a TLD or film badge that's being worn, and therefore we do not have an -- free air (unintelligible) dose, an R as a starting point, which is really what the DCFs are based on.

MR. HINNEFELD: Yeah, it's captured in findings IG-1-12 and IG --

MR. GRIFFON: Yeah, I'm getting down to -- exactly -- so we just discussed those. And I highlighted those again because they are higher priority and I just wondered and -- they seemed to potentially impact more cases, too. But I think at this point it's sort of an interim policy that you're suggesting the most claimant-favorable, you know --

MR. HINNEFELD: Yeah, we're just using AP --

MR. GRIFFON: -- all across the board, right.

MR. HINNEFELD: Which is pretty much universally most favorable.

MR. GRIFFON: Yeah, yeah. Okay, so again, those high priorities -- the only reason they were highlighted was I --- just the inconsistency. I think it's going to be all modified at one time, really. Okay. Anything else on IG-1? We're down to 15, 16, 17. That's it for me. Nothing on IG-1?

All right, I'm down at the bottom of -- I think it's page six on the electronic version, ORAU Proc 6. The only reason I highlighted this whole thing -- and I had trouble adding it in that I couldn't find the matrix cell there -- but the -- I just wanted to make sure this got captured on the action item list. It seems like you're going to modify this consistent with IG-1. Is that true, Stu?

MR. HINNEFELD: Yeah, and it's actually -- Procedure 6 has been modified and it's --

MR. GRIFFON: Right.

MR. HINNEFELD: -- considerably different. I mean it was originally written -- it kind of mirrored IG-1.

MR. GRIFFON: Right.

MR. HINNEFELD: And it's considerably different now. And so, it had been rewritten and modified. And I believe none of the findings from IG-1 that would have been relevant to the original Proc 6 I don't believe would be out there in this new version now.

MR. GRIFFON: So you -- but you'll cross-check that or whatever. Right? Or you have already?

MR. HINNEFELD: Yeah -- well, I can. I can, or -- I mean I don't know if you guys are going to take another shot at the new Proc 6 in one of your procedure reviews or not.

DR. BEHLING: No.

MR. HINNEFELD: I don't know if it's on the list or not.

DR. BEHLING: I think in terms of technical things there are probably parallel changes, except with the first finding that says structurally the IG could -- could stand improvement, which in fact are part of Proc 6, because the structural format is exactly what I would hope the Implementation Guide would adopt.

MR. GRIFFON: Yeah. So you'll check at least for the technical changes, that they're

consistent -- I mean I'm sure that seems obvious, but -- don't want to lose that item. Okay.

(Pause)

MS. BEHLING: So Mark, let me just be sure that I understand. So Stu's going to go through and check the technical issues on this. This is not an action item for SC&A.

MR. GRIFFON: Not an action item for SC&A, no. No, I don't think so. No.

MS. BEHLING: Because this is not a procedure that we have been asked to look at --

MR. GRIFFON: Right.

MS. BEHLING: -- since it's been revised.

MR. GRIFFON: Right, right. And the other -- as Kathy's saying this -- the other thing I should mention on the matrices -- the one sort of modification I made from the -- the version you sent out was I added and made the last column "program" actions rather than just "NIOSH" actions.

MR. HINNEFELD: Okay.

MR. GRIFFON: But I still think it's sort of your -- we're going to ask NIOSH to report back to us the status on those actions, but some of

those are SC&A actions -- you know what I mean?
MR. HINNEFELD: Right. I think --
MR. GRIFFON: So if we decided you're going to rewrite and SC&A will review the rewritten ver-- just want to make sure that's, you know, captured in there as well.
MR. HINNEFELD: Okay. Okay.
MR. GRIFFON: All right?
MR. HINNEFELD: Okay.
MR. GRIFFON: Because I -- I think -- because usually the Board recommendation -- the reason I did that was the Board recommendation often said SC&A will review Proc 90 and 92, and then I looked in the action and it said "no action." And I was like -- well -- it looked inconsis--
MR. HINNEFELD: I didn't have any action.
MR. GRIFFON: No, it looked inconsistent, so I add -- you know, I just made -- yeah. Okay. All right. OCAS-PR-3 I'm up to. And this -- the only question I had here -- this is being canceled, basically, and the question was -- in the recommendation it says identify where guidance is now.
MR. HINNEFELD: Well, it'd be -- probably Procedure 6.

MR. GRIFFON: In Proc 6? Okay.
DR. BEHLING: It was the forerunner of Proc 6.
MR. HINNEFELD: Proc 3 was kind of giving a general description of how dose reconstruction was done, but it was really short on specific --
MR. GRIFFON: So I'm going to mod--
MR. HINNEFELD: -- instruction. Proc 6 had a lot more specifics.
MR. GRIFFON: -- I'm going to modify, because that's a discussion that I had with SC&A. They basically said that. I'm going to modify the Board recommendation to say "subsequently covered in Proc 6" or whatever -- so it's not -- it's a closed issue, basically.
This is a real working meeting. I don't want to have homework this time. I always have homework. So I'm trying to update it now.
All right. So we're past OCAS-PR-3, which is several findings. But it's been canceled.
We're zooming right along. We're onto -- I'm onto page ten, ORAU-OTIB-10. And this one should be fairly straightforward, too, 'cause you're modifying TIB-10. Right?
MR. HINNEFELD: Right. That's actually been

done.

MR. GRIFFON: Right. And it's been done.

MR. HINNEFELD: But I'll give you the status separately. Let's don't worry about the status to that.

MR. GRIFFON: Yeah. Yeah.

MS. BEHLING: Has that been published yet? Because I didn't see -- I saw TIB-8 was revised. But I did not see TIB-10 out there, although --

MR. HINNEFELD: It's updated. I'm pretty sure it is. I don't know where it would be.

MR. GRIFFON: Kathy, make sure you speak up enough to --

MS. BEHLING: Okay.

MR. GRIFFON: -- I'm not sure they hear you on the phone.

MR. HINNEFELD: Is it -- June 5th effective date. Mutty pulled it up here.

MS. BEHLING: June 5th?

MR. HINNEFELD: June 5th effective date.

MS. BEHLING: Well, with me having trouble getting access to some of these records...

MR. HINNEFELD: Okay. Yeah, I don't -- yeah, you're right, it may be a -- one of -- part of

that access issue, but I know I've seen it. I pulled it up where I can look and see it, so...

MS. BEHLING: Okay.

MR. HINNEFELD: But I look somewhere else than you look, so...

MR. GRIFFON: I know there's an action for SC&A to review TIB-8 and TIB-10, but I think that came up in the case reviews. I don't know if -- some of -- there's some cross-over here between -- but I know there's an action. Right? You're going to review TIB-8 and TIB-10, the revised versions -- no?

MS. BEHLING: Not that I'm aware of --

MR. GRIFFON: Okay, all right.

MS. BEHLING: -- I don't believe that they are on our revised procedures list.

MR. GRIFFON: Okay. I stand corrected.

MS. BEHLING: In fact -- because I've been watching for the TIB-8 and 10. And like I said, I did print out TIB-8 -- but at least on the O drive where I can access the controlled documents, the TIB-10 has not been revised there. I'm quite sure of that because I checked just before we left. And here -- well...

MR. GRIFFON: Okay. So TIB-10 -- going down, there's a number that say revise/clarify method for dose reconstruction. I don't -- I think basically Stu says that's completed so we should be able to go through those fairly quickly. Again, stop me if you find any questions, inconsistencies, other thoughts. I'm down to -- oh, I was down -- I just went back up -- down to OTIB-8, if I can find it again. OTIB-8 -- it's on page 12 -- 12 on the electronic version. This is basically modified TIB-8 again. Right, Stu?

MR. HINNEFELD: Yes.

MR. GRIFFON: All right. And there's several, including structural improvements, but also --

MR. HINNEFELD: Clarity. It's pretty ambiguous, the way it was originally.

MR. GRIFFON: Yeah. And further down are -- yeah. Yeah, I think we're down to OTIB-7, if there's no questions there -- page 14? Cancel OTIB-7 or revise to address specific comments from the procedures review. So what is the status? Are you canceling it or revising it? Do you know, or are you still --

MR. HINNEFELD: Seven got canceled. Right?

MR. MAHER: It's being canceled and incorporated in 60.
UNIDENTIFIED: Yes.
MS. BEHLING: Proc 60.
UNIDENTIFIED: ORAU Procedure 60.
MR. HINNEFELD: That was Ed Maher.
MR. MAHER: Right, sorry.
MR. HINNEFELD: M-A-H-E-R.
MR. GRIFFON: So let me capture this. It's cancel OTIB-7 -- and ORAU -- ORAU Proc 60 has been revised to incorporate --
MR. HINNEFELD: Yeah, I think it's actually a new -- it's a new one --
MS. BEHLING: It is new.
MR. MAHER: It's new.
MR. HINNEFELD: -- that addresses this issue.
THE COURT REPORTER: Stu, is he with ORAU?
MR. HINNEFELD: He is with ORAU team.
MR. GRIFFON: Has SC&A been tasked to review that one?
MS. BEHLING: Yes.
DR. MAURO: We've looked at 60.
MR. GRIFFON: Okay. Okay. And I'm going to put on there SC&A will review.
MS. BEHLING: Fact, it was part of the

supplemental procedures, and we're looking at the workbook also.

MR. GRIFFON: Okay. So I'll put that as the action is -- now reads -- "cancel OTIB-7 and replace with ORAU Proc 60" and then SC&A will review Proc 60. All right.

DR. MAURO: Mark?

MR. GRIFFON: Yes.

DR. MAURO: This is John Mauro. Just by way of protocol, when we are in the closeout process, for example, whether it's -- let's say we're talking site profiles, I mean we had -- we've discussed this before -- in the case of site profiles, I think we have a unique circumstance when we comment on a site profile and then a brand new site profile is issued, which is basically a re-write -- as in the case of Savannah River. That is what I call out of scope, unless we're authorized to proceed with that review.

MR. GRIFFON: Right.

DR. MAURO: However, when it comes to procedure reviews where let's say a procedure is revised or re-issued or in some way -- I see that as part of it -- and then we go back and look at

it after it's done -- I see that as within. It could -- because it's sort of like, not that big of an increment. It's a manageable situation. That is, here we have an old procedure -- it's being revised to accommodate certain comments. So if the Board --

MR. GRIFFON: To the extent that we're following up on a finding, I agree -- yes --

DR. MAURO: Exactly, exactly.

MR. GRIFFON: -- yes -- we want to track that finding to close. So I think that would be part of your intent --

DR. MAURO: Yeah. Right. That's why I said --

MR. GRIFFON: TIB-8 and TIB-10 are -- are points of that, I think, that --

DR. MAURO: We're okay with that.

MR. GRIFFON: Yeah.

DR. MAURO: That's business as usual.

MR. GRIFFON: I believe so -- is that -- speaking out of turn? I think that's -- I mean we've got to track the finding to close, basically.

MR. HINNEFELD: Well, I don't know. You -- you guys --

MR. GRIFFON: Well, if you -- I mean --

MR. HINNEFELD: That's sort of a Board -- that's sort of a Board decision.
MR. GRIFFON: Yeah, yeah, yeah. Well -- I'm also asking Wanda and Bob and Mike -- yeah.
MS. MUNN: Yeah.
MR. PRESLEY: Yes.
DR. WADE: And contractually that's --
MR. GRIFFON: It doesn't mean a complete re-review hopefully. But sometime -- I mean obviously you're going to have to read through the procedure -- so yeah. Okay.
MS. MUNN: An acceptance re -- more than actual review. Agreement.
MR. GRIFFON: I'm going down to ORAU -- OTIBs-006, page 15. Revise TIB 6 to improve document structure. So is this one being revised as well?
MR. HINNEFELD: I -- I don't know the status on this right now.
MR. GRIFFON: Anyone on the phone know the status on TIB 6?
MR. SHARFI: Procedure 61?
MR. HINNEFELD: No, 61's (unintelligible).
MR. GRIFFON: OTIB-6, no?
MR. SHARFI: 6 is the X-ray -- the X-ray TIB.

And then there's Procedure 61.

MR. HINNEFELD: Oh, you're right. There is a Proc 61 that may actually supersede this.

MR. GRIFFON: So -- are you sure or --

MR. HINNEFELD: I don't know for sure.

MR. GRIFFON: You'll check on that.

MR. SHARFI: Procedure 61's the X-ray procedure --

MR. HINNEFELD: But there is a Proc 61 which is X-ray procedure.

MR. SHARFI: I thought (unintelligible) same thing.

MR. HINNEFELD: Yeah, TIB-6 was X-rays. Proc 61 is X-ray procedure. And that is -- that has been issued. I don't know if this is superseded or not.

MR. GRIFFON: Okay, so still the action stands. Maybe, Stu, if it's going to be replaced by 61, can you e-mail me and let me know and I'll --

MR. HINNEFELD: Well --

MR. GRIFFON: -- clarify the action or add that to the action?

MR. HINNEFELD: Yeah, I can. I mean --

MR. GRIFFON: I guess the action stands. It doesn't --

MR. SHARFI: It does supersede it. It's in the procedure. (Unintelligible) supersedes Proc -- Proc 6.

MR. HINNEFELD: Well, it may -- it may or may -- no -- no -- no it doesn't. No, it doesn't.

MR. GRIFFON: I think we're -- I mean I'm okay. At some point we'd like to know where it -- where it goes.

MR. HINNEFELD: Yeah.

MR. GRIFFON: We don't necessarily need it in the matrix.

MR. HINNEFELD: Yeah -- I was hopeful that we wouldn't have to get today's status on all these action items 'cause I'm not really up to date on where the status is on all these action items. But we will -- we will report.

MR. GRIFFON: Going forward -- going forward you'll --

MR. HINNEFELD: Yes, we will report on status and completion of these.

MR. GRIFFON: You'll track them and tell us where they went.

MR. HINNEFELD: Right. Yeah.

MR. GRIFFON: Okay. So, but it is -- it is -- well, it does say "revise or cancel," so it

sounds like it's possibly been canceled, but the -- the -- doesn't affect the wording in your action.

MR. HINNEFELD: Right, doesn't affect (unintelligible).

MR. GRIFFON: So we'll stay with that wording. OCAS-TIB-7 at the bottom of 16. And it says "revise or cancel". Again, I guess that's pretty straightforward.

MR. HINNEFELD: Right. That's a --

MR. GRIFFON: My fear in all of this is that we don't lose sense of the original substance of the findings, you know --

MR. MAHER: Proc 61 is out.

MR. HINNEFELD: Yeah, okay, Ed. You're -- you're one behind, Ed.

MR. MAHER: Okay, sorry.

MR. GRIFFON: We're looking at TIB-7 now -– OCAS-TIB-7.

MS. MUNN: But we did agree that Proc 61 covered it. Right?

MS. BEHLING: No.

MS. MUNN: No.

MR. GRIFFON: We're not sure yet.

MR. SHARFI: What did we say about TIB-7?

MR. HINNEFELD: TIB-7 is --
MR. GRIFFON: TIB-7's revise or cancel.
MR. HINNEFELD: That was an OCAS-TIB that gave instructions on neutron exposed people -- when do you have to worry about neutron exposures at Savannah River site. So our proposed action here is that -- look, we either need to clean this up and make it, you know, com-- so that it addresses the findings that are com-- made here, or we need to cancel this and include that guidance somewhere else like the Savannah River site profile.
MR. GRIFFON: Like the TBD. Right, right, right.
MR. HINNEFELD: So that's -- that's our course of --
MR. GRIFFON: And that comes up again in some other ones, too.
MR. HINNEFELD: There's another one I think that fits in that category.
MR. GRIFFON: So revise or cancel. And it might be canceled and in the TBD, is the -- possibly.
All right I'm down to OCAS-IG-2. And this is, I think, very much like IG-1 -- in the

comments, anyway. The only thing I had highlighted here was OCAS-IG-- finding number six, I guess. I'm not sure why it's IG-001-06. Shouldn't it be 002?

MR. HINNEFELD: That -- that typo's been in there for a long time.

MR. GRIFFON: Yeah, yeah, yeah. I think we've just noticed it.

MS. MUNN: Should be two.

MR. HINNEFELD: I didn't say it was yours. Could have been mine.

MR. GRIFFON: I'll change that. That's Kathy Behling. Let's get that on the record. No. All right. So finding 6 -- my question was on the NIOSH response column. I wasn't sure I understood that. See response to TIB-8-01. TIB-8 is -- refresh my memory -- it's a general internal dose reconstruction document?

MR. HINNEFELD: Internal dose reconstruction.

MR. GRIFFON: So that it -- oh, okay -- so the -- so that makes sense. Okay. They overlap that way.

MR. HINNEFELD: Yeah, I apologize for writing that --

MR. GRIFFON: And evaluate that model. Yes.

MR. HINNEFELD: It's the same issue that comes up in that -- in that document, and I apologize. I wrote my -- the response in the second place it appeared rather than the first, so --

MR. GRIFFON: Yeah, it seemed like a back-reference -- but anyway, it doesn't matter. We can cut and paste or we can leave it that way. I think we'll leave it that way. Anything else on TIB-- or IG-2 while I change these ones to twos?

Okay? Down to -- I'm down to page 21, Proc 3 -- ORAU Proc 3. And this is just a revision, Stu, or -- or -- it doesn't say "revise or cancel" this time. This is a revision --

MR. HINNEFELD: Right.

MR. GRIFFON: -- I assume. Anybody -- I'm not putting you on the spot, but do you know the status on this one? It is a revision?

MR. HINNEFELD: The intent is to do the revision.

MR. GRIFFON: Okay.

MS. BRACKETT: That's the internal dose reconstruction one?

MR. HINNEFELD: Yeah.

MS. BRACKETT: That's -- actually that's what I'm working on right now. It's completely right. It's going to become a TIB, actually. So it's being completed.

MR. GRIFFON: Okay. So -- do we have a number yet or are you not ready?

MS. BRACKETT: It's OTIB-60.

MR. GRIFFON: TIB-60?

MS. BRACKETT: Yes.

MR. HINNEFELD: That should be OTIB-60.

MS. BRACKETT: OTIB. Sorry, OTIB-60.

MR. GRIFFON: OTIB-60. Yeah. Okay.

MS. BRACKETT: I wasn't sure if you were using that distinction. Sorry.

MR. GRIFFON: OTIB-60 -- 0060 -- okay. And Liz will have a draft by the end of the meeting for us.

MS. BRACKETT: I've got all the internal comments and I'm working on them.

MR. GRIFFON: Okay. Where are we at here? So that was Proc 3. Right? ORAU Proc 3 is being replaced by OTIB-60. Getting confused with that.

All right, OCAS-TIB-8. Okay, and this is the one that we cross-referenced before -- right? -

- from above? This is internal (unintelligible)...

MS. MUNN: Yeah.

MR. GRIFFON: This says, you know, revise for clarity and it has a few technical things that you're going to evaluate. Right? The ICRP GI model, et cetera?

MR. HINNEFELD: Right.

MR. GRIFFON: Any comments, Proc 2? We're down to Page 25. No actions. You'll like these. Look at this. No actions on Proc 2 at all. Is that agreeable -- SC&A? NIOSH? All right? Down to TIB --

MS. BEHLING: Yes.

MR. GRIFFON: Wanda?

MS. MUNN: No.

MR. GRIFFON: -- TIB -- TIB 2 –- OCAS-TIB-2. Now again, the -- revise -- "revise and clarify language," revise -- this is a revision, not a replacement. Right?

MR. HINNEFELD: Yeah, that's our intent.

MR. GRIFFON: ORAU-OTIB-2 at the bottom of the page 26 -– ORAU-OTIB-2. Now this first -- this first finding is more of a technical -- you know, a technical -- rather than just revise

and clarify, this is a -- one specific technical issue that we --

MR. HINNEFELD: Yes.

MR. GRIFFON: Yeah.

MS. MUNN: Yeah. The same issue that we had with two other objectives.

MR. GRIFFON: Yeah, so this is also a revision, not a replacement.

MR. HINNEFELD: Yes.

MR. GRIFFON: Moving on down, this is several pages here. I have in finding OTIB-2-11 -- finding number -- it's on page 30 in the electronic. The Board action, I have something here highlighted that maybe I just didn't understand and that's why I highlighted it. In the current version of OTIB-2, this sentence correctly refers to table 3.1.1-2; no change necessary. Is that --

MR. HINNEFELD: Well, the finding was essentially an editorial finding that --

MR. GRIFFON: Okay.

MR. HINNEFELD: -- this sentence refers to table 3.1-1 when it should be 3.1-2.

MR. GRIFFON: Oh.

MR. HINNEFELD: -- and there's been a page

change apparently in the meantime, because if you pick it up today it refers -- that paragraph refers to what it says it should.

MR. GRIFFON: I just wanted to understand what I was writing. Okay. So we'll leave that in there and there's no action on that one. Next item in the matrix, ORAU OTIB-5. Here's the ICRP GI model again. Then the bottom of page OTIB-1 – ORAU-OTIB-1 -- this is revise, not replace -- is that the intent -- or --

MR. HINNEFELD: The intent was revise. This is the Savannah River high five. So I mean there's discussion going on that --

MR. GRIFFON: Oh.

MR. HINNEFELD: -- in the Savannah River site profile --

MR. GRIFFON: Of putting it in the TBD, right.

MR. HINNEFELD: -- as well, but we intend, you know, to -- depending on -- you know, we don't really know how that conversation will go --

MR. GRIFFON: Right.

MR. HINNEFELD: -- so that could change these plans, but our expectation is that we'll be able to revise OTIB-1 to be able to better explain the basis for it and continue to use it

largely as it is. Right?

MS. BRACKETT: Well, actually we've done a data capture and we've gotten the bioassay results on -- because originally we only had the intakes that had been calculated by Savannah River.

MR. GRIFFON: Right.

MS. BRACKETT: We now have bioassay results.

MR. GRIFFON: Right.

MS. BRACKETT: And that data has been entered into spreadsheets, and I've got somebody working on recalculating those intakes right now. We just started last week on those, so --

MR. GRIFFON: So that may not --

MR. HINNEFELD: Well --

MR. GRIFFON: -- change the status of this item, though.

MR. HINNEFELD: -- it may -- it may not change this --

MR. GRIFFON: You still may -- you still may revise OTIB--

MR. HINNEFELD: Yeah, that conversation and that action kind of came out of the Savannah River site profile.

MR. GRIFFON: The site profile discussion.

Right, right.

MS. BRACKETT: Right.

MR. GRIFFON: Okay. So we'll leave it like this and if -- when we track the action forward, if it changes that, you put it in the TBD, then we'll just track that change.

MR. HINNEFELD: Right.

MR. GRIFFON: Nothing affecting my matrix yet. Now OTIB-001 -- 01 goes on for a ways here, down to page 34, I think -- OTIB -- lost my place again – OTIB-3 – ORAU-OTIB-3 -- and the only --

MR. MAHER: Could -- could I ask that the reference number be ref-- be mentioned? Are you working from the matrix?

MR. GRIFFON: Yes.

THE COURT REPORTER: Is that Mr. Maher?

MR. GRIFFON: The reference number?

MR. MAHER: Yeah. Could you make -- it's much easier to follow.

MR. GRIFFON: Rather than the procedure number? I don't know what the reference number is.

MR. MAHER: The finding number on the matrix.

MS. MUNN: Finding number.

MR. GRIFFON: Oh, finding number, okay. All

right. The finding number -- I'm on page 35, but the finding number is OTIB-0003-01, and the only difference on this is the NIOSH action. And it shouldn't -- I should've changed the header on that page, too -- I guess it didn't carry through, but I'm making these program actions now and so that SC&A -- the action for SC&A will carry through there.

MS. MUNN: Now -- whoa. Now you have me confused. OTIB-3-01. Right?

MR. HINNEFELD: Uh-huh.

MR. GRIFFON: Yes.

MS. MUNN: And my page is 33.

MR. PRESLEY: That's what I was going to say. I can't see (unintelligible).

MR. GRIFFON: Well, there was -- there was -- it's a program action, SC&A is going to review -- there's no NIOSH action.

MS. MUNN: Yes. Right.

MR. GRIFFON: Right.

MS. MUNN: Okay.

MR. GRIFFON: But there's a program action.

MS. MUNN: We're reviewing 11. Right?

MS. BEHLING: Yes.

MR. GRIFFON: Yeah. Yep. So SC&A's going to

review TIB-11.

DR. MAURO: I think it's been reviewed.

MS. BEHLING: It has been.

DR. MAURO: And we find it --

MR. GRIFFON: Okay.

DR. MAURO: -- acceptable. So I mean I think we're -- we'll get that into the matrix, but it's -- I think we're done.

MR. GRIFFON: Well, you -- you haven't presented us with a review yet, though. Right? Or...

DR. MAURO: Oh, it -- it's in there -- the supplement -- the supplement that came out, I believe.

MR. GRIFFON: Okay. I mean we haven't -- we haven't even looked at it. I think we'll leave it this way for now. Yeah. Yeah. We'll get it later.

DR. MAURO: Yeah, I'm pretty sure. Yeah -- oh, no -- yeah -- yeah. Just to let you know, we'll get there. Yeah, it's -- it's...

MR. GRIFFON: Okay. All right.

MS. BEHLING: John, the other thing way may want to do on some of these such as TIB-11 and whatev-- is just to go back and verify the

items that we had initially identified, because --

DR. MAURO: The issues.

MS. BEHLING: -- yeah, these issues, and just verify them against --

MR. GRIFFON: Right.

MS. BEHLING: -- our revision -- our review, I mean, of TIB-11, because in some cases --

MR. GRIFFON: Right.

MS. BEHLING: -- I'm not sure that the -- the original review of TIB-11 was done independently and did not consider all of these issues. We have to go back and do that.

DR. MAURO: Absolutely right. When we reviewed -- I was part of that review, and you're right.

MR. GRIFFON: Okay.

DR. MAURO: I did not go back to the original commentary.

MS. BEHLING: Right.

DR. MAURO: We just reviewed it from first principles on its own merit.

MS. BEHLING: Yes.

MR. GRIFFON: Right.

MS. BEHLING: I believe there's also a workbook with this that I'm --

DR. MAURO: We're going to review the workbook.
MS. BEHLING: Yeah, I'm -- I'm in the process of reviewing it also.
DR. MAURO: Yeah.
MR. GRIFFON: Okay. I'm down to finding number OTIB 0004-01. It's the same thing as above here. I just added a program action in the final column, that SC&A will review OTIB-4. But wasn't this OTIB-4? Why is SC&A...
MS. BEHLING: It's a revision to OTIB-4.
MR. GRIFFON: A revision. I should say a revised -- revised -- SC&A will review the revised OTIB-4. Okay. It's bad when your own sentences don't make sense.
Okay. On down to finding -- oops -- going a little further -- the finding number I'm looking at now, Proc 004-01 -- 0004, I guess it should be -- dash zero one.
MS. BEHLING: Okay. These are the interviews.
MR. GRIFFON: Right.
MS. BEHLING: Interview procedures.
MR. GRIFFON: Now I think on this first one we had agreed, at least in principle, that we -- the workgroup or SC&A or a combination thereof -- would review the acknowledgment package.

It's not a -- a specific procedure is it? It's a --

MR. HINNEFELD: It's a -- yeah, what -- the nature of the finding was how much information does -- is brought to the claimant and -- at interview time. And we said well, we felt like some of that -- some of the information is appropriately brought at the packet -- you know, what we call the acknowledgment packet. It's what we send the claimant when we get the case referred to us from the Department of Labor. We've sent, up -- up until maybe even still now, we're sending an acknowledgment letter, but we're developing this acknowledgment packet, which is not a -- we've not approved the -- the product yet, so we won't necessarily provide it for review until we like it, or at least it's pretty -- pretty close to liking it. Not that we can't ever change it. But then this packet, then, provides some pieces of those information that we felt this finding pointed out should be brought to the --

MR. GRIFFON: Right.

MR. HINNEFELD: -- brought to the claimant. So

we think that packet addresses the nature of the finding.

MR. GRIFFON: Right.

MR. HINNEFELD: And so that's the -- the part that we -- that's why we believe that's -- part should be reviewed, to see if this meets it. Like I said, we want to have a product that we've -- not necessarily a final product that can't be changed -- but one that we feel pretty happy with, before we'd have it reviewed by -- by the Board and SC&A.

MR. GRIFFON: Right. Okay. And so that's the main piece that responds to the finding, in essence, is what you're saying. Right?

MR. HINNEFELD: Yes.

MR. GRIFFON: Yeah. Any comments? SC&A, any comments on this part?

MS. BEHLING: Arjun, are you okay with that?

DR. MAKHIJANI: (Unintelligible)

MS. BEHLING: I knew it.

DR. MAKHIJANI: I thought you were still on -- you know, your dose reconstructions.

MR. HINNEFELD: Double billing.

MS. BEHLING: I was just going to go tap him on the shoulder. I knew he was gone.

MS. MUNN: Hello? Hello?
DR. MAKHIJANI: What page are we on?
MR. GRIFFON: We're up to --
DR. BEHLING: We're on page 39.
MR. GRIFFON: -- pa-- yeah, depending on hard copy or electronic. Yeah, it's the first of the CAT -- CATI procedures. Yeah.
DR. MAKHIJANI: Proc 4?
MR. GRIFFON: Proc 4, right.
MS. BEHLING: And they're going to --
DR. MAKHIJANI: Yes. Yeah, that's --
MR. GRIFFON: "Revise the acknowledgment package," yeah. I mean, you're going to -- SC&A's going to --
DR. MAKHIJANI: Would you send me -- that's been revised. Right?
MR. HINNEFELD: It's not a product -- no.
MR. GRIFFON: Not yet, right.
MR. HINNEFELD: It's not a product that we're happy with yet. When we have a product that we feel -- that is a good product -- not necessarily a final version, though, that can't be changed, but it's a product we're happy with, then we'll share it.
DR. MAKHIJANI: Now, I have a process question

on that because we are -- we are reviewing the -- 90 and 92, and then some pieces are still coming, so I -- I'd just like some guidance on -- you want us to complete a review of those pieces that NIOSH has signed off on, and then wait and do the other pieces later? Or do you want us to do the whole package on the interviews once NIOSH has completed them?

MR. GRIFFON: How are those -- how are those two linked? I -- I have to understand that better, I guess.

MR. HINNEFELD: Well, the procedures -- I think maybe when he says -- procedures 90 and 92 are out there.

MR. GRIFFON: Right.

MR. HINNEFELD: They're issued and they're available for review.

MR. GRIFFON: Right.

MR. HINNEFELD: This acknowledgment packet, which is one of the things that we think is a response to this first round of findings -- first round of procedure review findings -- is not yet available for review.

MR. GRIFFON: Right.

MR. HINNEFELD: So I believe that might be what

he's asking, do you want to wait and get the entirety together.

MR. GRIFFON: My sense is I wouldn't hold up the review on 90 and 92 waiting for another package -- you know.

DR. MAKHIJANI: Okay.

MR. GRIFFON: Yeah.

DR. MAKHIJANI: All right.

MR. GRIFFON: Okay. I'm down to finding number Proc 0004-02.

MR. HINNEFELD: Yeah. Mark, I think you may have cut and pasted the wrong SC&A action there. It says, "SC&A review OTIB-4."

MR. GRIFFON: Oh. Yeah. Yeah. Yeah. I did. I did. I got a little paste-happy there.

MR. HINNEFELD: Yeah.

MR. GRIFFON: Okay.

MR. HINNEFELD: I think it's actually they're going to --

MR. GRIFFON: That's the wrong --

MR. HINNEFELD: -- review that acknowledgment packet.

MR. GRIFFON: Thank -- thank you. Yeah. That's what happens when you edit at 1:00 in the morning.

MS. MUNN: Uh-huh. Should've been in bed at eleven.

MR. GRIFFON: I know. Okay. That's the same action. Again, it's the acknowledgment package that's going to be reviewed, Not TIB-4. All right. Now we're down to finding number Proc 0005-01. And this is the -- now -- now this is ongoing. Right? "SC&A will review Proc 90 and 92." This is what we just discussed. Arjun, you said you started this.

DR. MAKHIJANI: Yeah. We've begun reviewing this. You know, I -- I've done a preliminary read-through of this and begun drafting our comments, and basically I didn't -- I didn't find a great change between the prior procedures and these two. I mean --

MR. HINNEFELD: Right.

DR. MAKHIJANI: -- it didn't seem there was a big material response in terms of the main finding of our prior review. Am I right about that?

MR. HINNEFELD: Yes. You're right. The 90 -- the 90, 92 revision was sort of underway before --

DR. MAKHIJANI: Happened before --

MR. HINNEFELD: -- they kind of passed in the night and so -- I don't think -- and I think I may have commented -- I intended to say this in an earlier work group meeting, I may not have -- that those were not written with these findings in front of us, and so it's not -- you know, it's not likely that the findings from the (unintelligible) review would be incorporated.

MR. GRIFFON: Do we have to have a NIOSH action here that Proc 90/92 needs to be revised --

MR. HINNEFELD: Well --

MR. GRIFFON: -- and then reviewed by --

MR. HINNEFELD: It would be -- well, I -- it would be helpful, I guess, or maybe not, but maybe easier if -- if the findings were just repeated. I mean you have -- you're reviewing 90/92. The findings could be repeated in the review -- in the report of review of 90/92 and -- and addressed in that fashion. I mean I don't know how else to address it right now in this. I know there are some things we're doing to assist in this review --

MR. GRIFFON: My concern is this pushing the ball down the road.

MR. HINNEFELD: Oh, I understand. But I don't know how to --

MR. GRIFFON: Seems like that would add another three months, the way that we work. You know, it's got to come back to another matrix.

MR. HINNEFELD: Well, certainly it's our intent to evaluate the findings and determine what we can incorporate. Some of these findings that are made on the interview and all these -- I just -- some of them, candidly, I don't think we can realistically incorporate. Now some of them we can. And to be honest, I don't know that we've really sorted out what specific actions we feel like yeah, we can take these, we can address these, and which ones we think that we don't really have a kind of a way to implement. And so, that's -- you know, that's -- we're a little farther away I think --

MR. GRIFFON: Yeah.

MR. HINNEFELD: -- from understanding how we're going to end up on these than we are on al-- anything else we're going to talk about today.

MR. GRIFFON: Right. That's -- that was my sense when we read through this.

DR. MAKHIJANI: Mark, procedurally, if I might

suggest -- instead of -- I actually -- not hearing it that explicitly, I didn't know that we kind of crossed in the night that way.

MR. GRIFFON: Yeah, I didn't realize it either. Yeah.

DR. MAKHIJANI: I -- I think it would be more expedient and certainly save resources in terms of the time and priorities if we just addressed the findings of the review -- the major ones, and --

MR. GRIFFON: Right.

DR. MAKHIJANI: -- and discuss today what NIOSH can incorporate, what it cannot incorporate, and develop action items on the basis of that.

MR. GRIFFON: I think that's a --

DR. MAKHIJANI: If there's anything for us to do, we'd be happy to do it, but I -- I -- I'm actually reluctant to kind of cop-- copy a whole review --

MR. GRIFFON: Copy and paste findings for a new --

DR. MAKHIJANI: -- and issue a new report. I don't know...

MR. GRIFFON: Yeah.

DR. MAURO: I guess my react-- listening to

this, if it turns out this level of effort to push out 90 and 92 review is really not going to advance the process very much, let's stop it.

DR. MAKHIJANI: No. And I haven't invested a whole lot of effort. I read through them. I kind of thought, you know, I'm going to be --

MR. GRIFFON: It didn't -- it didn't address the concerns here, so let's go back and try to address these concerns if these are the ones. Right.

DR. MAKHIJANI: That would be -- that would be my suggestion.

MR. GRIFFON: And I don't know that Stu is prepared today to say which ones can or can't --

MR. HINNEFELD: I could -- I could speak philosophically about ones that I think --

MR. GRIFFON: Okay.

MR. HINNEFELD: -- now, I'm a little bit of a -- at a disadvantage because I didn't happen to bring the actual procedures report with me. I've got all the dose reconstruction. So we may -- may want to talk about it from the actual report rather than the matrix, because

you get the full sense of the finding when you have the full report.

MR. GRIFFON: Yeah.

MR. HINNEFELD: But I can -- I can certainly talk about the things that I think that -- certainly, if they look like they're implementable in some fashion and others that may be somewhat -- somewhat of a burden or undue burden for the payoff. I don't mind doing something hard, but if I do something hard, I want it to be worth something.

MR. GRIFFON: Do you want to do that now or do you want to --

MR. HINNEFELD: I can do it however you want.

MR. GRIFFON: Do you want to take ten minutes and get an electronic version of the full report so you have it right in front of you?

MR. HINNEFELD: Yeah.

DR. MAKHIJANI: I can -- I can give you -- I have -- I have the report.

MR. GRIFFON: Why don't we take a --

DR. WADE: Before we start, we do have -- have some members of the public who might want to introduce themselves.

MR. GERLACH: Good morning, Mr. Chairman. My

name's Frank Gerlach. I'm an attorney. I -- Portsmouth, Ohio -- used to be city manager for our town. Was also elected mayor of our town. So I've been a city manager and a mayor.

And just recently I had a relative to get involved in -- in radiation case, and some others. So now I'm trying to get up to speed as to what this is all about -- how you best serve the -- the worker who -- who has a radiation claim. I noticed that you were having a hearing here in Cincinnati and it's close to us and even though you (unintelligible) around the country so I thought I would use this opportunity to come see who the experts are and perhaps be able to learn something from -- from your meetings or talking to you and such. So we appreciate the hospitality which you've shown to us. Wanda got us a chair to sit down and so we -- we appreciate that.

This is my wife Cynthia. She is a nurse and an attorney and we work together on -- on this situation --

MR. GIBSON: (Unintelligible) this is Mike --

MR. GERLACH: -- and if you ever want to look

us up --

MR. GRIFFON: Yeah, Mike?

MR. GIBSON: Could the gentleman please identify himself again?

MR. GERLACH: Sure.

MR. GRIFFON: He couldn't hear you.

MR. GERLACH: Hi. It's Franklin T. Gerlach, G-e-r-l-a-c-h, an attorney from Portsmouth, Ohio, and Cynthia, C-y-n-t-h-i-a, Gerlach, who is a nurse and an attorney -- and we're handling some radiation cases. I have a web site now. It's called atomic lawyer dot com. So if you miss us, then I give you that.

And I have one question. I always like to take pictures. Is it permissible sometime to take pictures of your event? I don't want to interfere with what you're doing. I don't do it for any sinister reason.

DR. WADE: It is certainly -- it's certainly acceptable to me unless someone around the table would offer an objection.

MS. MUNN: Only if we all get copies.

MR. GERLACH: I -- I could do that. Sure.

DR. WADE: Is everybody okay with that?

MR. GRIFFON: Lew -- Lew's okay with a picture

of him.

MR. GERLACH: Well, anyway we appreciate it. We had a little hard time finding out what you're actually doing, but I think as we go along a little longer --

MR. GRIFFON: Yeah. We're -- we're down in the weeds today in today's meeting but we --

MS. MUNN: We really are down in the weeds.

MR. GRIFFON: -- we appreciate you being here.

MR. GERLACH: But anyway, thank you for your hospitality. It's a beautiful place here to meet and we're glad to represent the public.

DR. WADE: Let me tell you very briefly what we are doing here.

MR. GERLACH: All right.

DR. WADE: There is a program, the EEOICPA Program -- you're familiar with it. There are various players in it. The program's administered by the Department of Labor. The Department of Health and Human Services -- a particular agency, NIOSH -- has the responsibility of doing dose reconstructions for workers who file claims under that program. That's an agency, NIOSH, that I work for. The President of the United States has

appointed an Advisory Board to oversee the scientific quality of the work that NIOSH does in these dose reconstructions. That Presidential Advisory Board has various working groups that look at aspects of NIOSH's work. This is a working group that's right now looking at the procedures that NIOSH uses to do its dose reconstructions. It'll also later today look at -- this group looks at a random sample of dose reconstructions to see if the scientific quality of that effort is up to snuff. So you're -- you're looking at a working group that's -- that's into the detail of reviewing the procedures NIOSH uses, and then a working group.

The Board is supported by a contractor, Sanford Cohen and Associates, and there are members of that corporation here and they serve to support the Board in its work to review the scientific quality of HHS/NIOSH's activity. So this will be a very detailed discussion you'll witness, but -- and if you have any burning questions at any point and you feel it can't wait, shout them out. Otherwise take us aside and we'll try and answer your questions.

MR. GERLACH: Thank you very much. I appreciate that.

MR. GRIFFON: Everybody can take five. We're doing -- we're in the process of a document transfer and we'll come back in ten minutes to get (unintelligible).

(Whereupon, a recess was taken from 9:35 a.m. to 9:50 a.m.)

MR. GRIFFON: You have that document now?

MR. HINNEFELD: Yeah, I've got it. I'm just firing up.

MR. GRIFFON: So we're looking at ORAU or -- or finding number Proc 0005-01, and this starts a series of the findings related to the interview, the questionnaire and those things. And so, Stu, I'll turn it over to you. How do you want to go forward with discussing it? You want to discuss each finding and --

MR. HINNEFELD: Yeah. Let me get -- I've got to catch my place here in a couple of places.

DR. MAKHIJANI: Should we go to the findings in the report itself, the way you suggested before?

MR. HINNEFELD: I would like to probably do that unless some -- unless they're apparent to

me in looking. My computer has a start-up routine that must solve a few differential equations on the way or something like that. It takes forever to come on. We made it to Proc 5. Right?

MR. GRIFFON: Yes.

MS. MUNN: Yeah. I'm on page 41.

MR. GRIFFON: Well, the finding numbers in your report are the same as the ones listed in the matrix. So Proc 5-01.

DR. MAKHIJANI: Yeah. The 04 is simply pending the new packet.

MR. GRIFFON: Acknowledgment package. Right, right. So we'll start with Proc 5, I think, if that's okay.

DR. MAKHIJANI: So all -- all of these things that say SC&A will review Proc 90 and 92 will be modified?

MR. GRIFFON: I think we need to modify those, yeah. And I think the Board -- the Board action column and the program action column need to be modified based on our discussion here. Right? At least that's what we're going to try to do. Yeah. Yeah, both the Board action and the column right now that's showing

NIOSH action are going to be revised, pending our discussion here. I didn't realize that, either, when I wrote this action. I thought that 90 and 92 had been revised to incorporate comments on these findings. So I think we -- we had a little -- I didn't understand that there was a cross-over there.

MR. HINNEFELD: Well, I'm having technical issues with my computer not letting me (unintelligible) to log on.

DR. MAKHIJANI: (Unintelligible) it will open the --

MR. HINNEFELD: I can't even open anything. I have to log on with my password and it says the domain is not available.

MR. GRIFFON: Can you -- can you --

MR. HINNEFELD: I'll just look --

DR. MAKHIJANI: Do you want to share -- you want to share?

MR. HINNEFELD: Yeah, let's just look.

DR. MAKHIJANI: You want to change chairs, then we can just share my computer?

MR. HINNEFELD: Sure.

MS. MUNN: I can provide an engineering course.

MR. HINNEFELD: Okay.

MR. GRIFFON: Is there an engineer in the house?

DR. WADE: Hit it with something.

MS. MUNN: That's my prescribed engineering fix.

MR. GRIFFON: Is there a carpenter in the house?

MR. HINNEFELD: Okay.

MR. GRIFFON: Smack it. We're getting there. We're -- now we're sharing computers here. For those on the phone, we're sharing a computer to look at this document. We've only got about ten laptops around the table. Only one has the document on it.

DR. MAKHIJANI: I can e-mail it to everybody.

DR. WADE: You want to do...

MR. PRESLEY: You got 55?

MR. HINNEFELD: We actually are at Proc 4-4. Is that right?

DR. MAKHIJANI: No, I think we're at (unintelligible) -- Proc 4 relates to these acknowledgement forms and the letter --

(Whereupon, several participants spoke simultaneously.)

MR. GRIFFON: Is there an access code for (unintelligible)? You don't know the code to tie into the internet?

(Whereupon, several participants spoke simultaneously.)

MR. GRIFFON: At any rate, that's --

DR. MAKHIJANI: It's gone. It's sent to you.

MR. GRIFFON: Okay. I don't want to hold things up so Stu -- whenever Stu's ready, you -- we can start discussing. I'll try to get it while you're talking through this.

DR. MAKHIJANI: These -- these findings actually don't correspond to the findings in the report.

MR. HINNEFELD: On the table?

DR. MAKHIJANI: The findings in the matrix aren't -- because the findings on the matrix aren't according -- sorted according to the procedures. They were all the procedures together. Or maybe they're from the tables. Well, let me go back and see.

MR. GRIFFON: This was our first one, so we might not have done our best job of cross-walking everything. Yeah, yeah.

DR. MAKHIJANI: Yeah. Can we -- should we go

according to the findings in the report? If you want the full findings -- or we could --

MR. GRIFFON: Sure. If we --

DR. MAKHIJANI: -- go according to the findings in the matrix, whatever you prefer.

MR. GRIFFON: Well we co-- I'd rather go according to the matrix, because most of us have the matrix and you're the only ones that have the report, so...

DR. MAKHIJANI: All right. All right. Okay. Fine.

MR. HINNEFELD: Okay now, Procedure 5 -- was Procedure 4 scheduling the CATI and Procedure 5 conducting the CATI?

DR. MAKHIJANI: Yeah.

MR. HINNEFELD: Okay.

DR. MAKHIJANI: And 17 was review and revision and --

MR. HINNEFELD: Finalization.

MR. GRIFFON: Make sure --

DR. MAKHIJANI: -- and updat-- updating --

MR. GRIFFON: -- make sure you're talking loud enough for the folks on the --

MR. HINNEFELD: Okay.

DR. MAKHIJANI: The -- the 17 was the review updating incorporation in the database -- all of that.

MR. HINNEFELD: Okay. So finding one on Procedure 5 is that "the procedure provides no reference to site profile or closing interview" and -- so I'm trying to think where we are. So this is the procedure for performing the CATI.

DR. MAKHIJANI: Yes.

MR. HINNEFELD: And so I guess I'm -- I'm struggling with -- what would we tell a claimant at that point when we're -- this is essentially -- other than introductory letters and scheduling the CATI, what do we tell them, or what is the recommendation of what's meaningful to tell them at that time about the site profile?

And recall that a CATI interview is scripted. There's an OMB-approved script for a CATI interview. And so, if you -- there's no particular opportunity to make it site-specific in that -- in that fashion, at least the script cannot be, and -- and the close-- and as to not mentioning the closeout interview, the closeout interview will occur far later.

And there's other introductory information about the closeout interview. For instance, when the draft dose reconstruction is sent to the claimant, the letter explains to them that we'll be calling you and talking to you about what this means. And so we feel -- you know, so that's when they're introduced to the closeout interview and the idea that they will be able to talk again when the dose reconstruction is complete.

This is a little -- you know, the time differential between the CATI and the closeout interview is a little less -- in some -- in many cases it's a little less extreme now than it was, but early on when these were being used, the CATI was done probably years before the closeout interview. So -- I mean whatever you would tell them at that time was going to have limited usefulness when you finally got around to closeout interview time. So I guess I'm struggling a little bit with how it's phrased here in the -- in the matrix about how we change the procedure for conducting a CATI to deal with these issues that don't seem to be tractable, given the constraints we're under on

those other aspects of the -- the program.

DR. MAKHIJANI: Yeah, actually --

MR. GIBSON: Stu, this is Mike. Can I jump in for -- for a minute?

MR. HINNEFELD: Yeah.

MR. GIBSON: From what I've heard from some of the claimants -- from Mound, at least -- in the CATI closeout interview you ask for more information if they have any. And there sometimes is a loss of what to do at that point. And then -- I guess I'm jumping ahead here a little bit, but at some point, when they get their OCAS form -- I forget what it -- what the number is --

MR. HINNEFELD: OCAS-1.

MR. GIBSON: Yeah -- to sign to say that, you know, the dose reconstruction is completed, and if -- if it shows the probability of causation less than 50 percent, they think if they sign that, that they are acknowledging that they are denied and not necessarily knowing that they have a right to appeal. They think, you know, by signing this, I give up my rights is -- is the -- the inference I get from people I've talked to.

MR. HINNEFELD: Well, I -- I appreciate that, and that sounds like something that we might be able to deal with in the wording of the OCAS-1, for instance. Because in point of fact, unless -- you know, they -- they must sign the OCAS-1 in order to have an appeal opportunity because --

MR. GIBSON: I under-- I underst--

MR. HINNEFELD: You understand that, but it's not coming across, you're saying.

MR. GIBSON: And that's -- and you know, I know their case will be put in limbo and status quo or whatever, but they are under the indication, it seems to me, that they're giving up their rights. They don't realize they have a right to appeal. They're just acknowledging that you've finished your job.

MR. HINNEFELD: Well, the intent -- and -- and we can look at the -- we can look on working on OCAS-1, which I am not intimately familiar with, but the intent of the OCAS-1 is to have the claimant agree that they have no additional information to provide. That's the intent. And before they sign that, we want to have the closeout interview to address questions that

they might have and try to help them understand what the dose reconstruction entails. So, with respect to that -- but with respect to that specific issue, there are certainly many opportunities for misunderstanding and poor communication on our part in this program, and so we'll go take a look and -- and see if we can't clarify -- or I will -- I will see. I won't commit to changing the OCAS-1 form because I didn't write it and I don't really control it. But I think it's certainly worth our while to take this comment as -- as input on that. Because these forms, while they are forms and they're fixed forms and they're scripted forms, they can be changed. I mean, the OMB -- the CATI form can be changed. It has to be changed -- and we have to go to OMB, and it'll take a while, but we can change it.

MR. GRIFFON: Right.

MR. GIBSON: Yeah. Well, I-- I'm not trying to criticize you. I'm just trying to give you information --

MR. HINNEFELD: I appreciate it.

MR. GIBSON: -- on what I've heard.

MR. HINNEFELD: Yeah, I appreciate that. And

that's -- that's, I think, maybe worth acting on.

MS. MUNN: Stu, is the closeout interview that precedes the OCAS-1 scripted as well? Or is that a little more --

UNIDENTIFIED: It's free-form.

MS. MUNN: -- flexible?

MR. HINNEFELD: It's more free-form.

MS. MUNN: Perhaps that's the spot where -- rather than being concerned with the form itself, perhaps -- if you have the flexibility in the closeout telephone interview, perhaps that's the appropriate place to strengthen the understanding of the claimant as to what OCAS-1 (unintelligible).

MR. MCFEE: This is Matt McFee. I was formerly Task IV manager, which is Claim and Communications currently in BSCC. I can tell you that it certainly is the intention of communication with the claimant during the closeout to answer all their questions and to let them know that despite -- if, for instance, the POC is less than 50 percent -- that this is not the final step; that the OCAS-1 -- signing the OCAS-1 is not the end of the process for

them. And we could get any type of -- the Task IV manager, for instance, or any of the folks involved in that process to give as much information as you need on that.

MR. GIBSON: That's my (unintelligible) and --

MR. GRIFFON: Go ahead, Mike.

MR. GIBSON: Who was -- who was just talking?

MR. MCFEE: That -- Matt McFee.

MR. GIBSON: Okay. Now I'm not meaning to be argumentative. I'm just saying from listening to some of the claimants -- I mean, and as a layman, they're just overwhelmed with the closeout interview and everything else. And if that is included in the closeout interview, that they'll be getting the OCAS-1 form, you know, maybe that sometimes just goes over their head.

MR. MCFEE: It could well as -- if -- if you've looked at any of the dose reconstructions, it's very, very daunting for -- for a lay person to --

MR. GIBSON: Absolutely.

MR. MCFEE: -- to get that. I -- I totally agree with you. I don't know the -- the extent of the -- of the reports that you've gotten --

whether it's one out of 100 or 50 out of 100 or -- and how long ago these were done. I mean a number of parameters impact the way that we'll deal with that. But certainly we want to make this process as -- as good as we can for the claimants.

MR. GIBSON: Again, I'm not criticizing. I'm just trying to give you some -- some field knowledge that, you know, I -- I've received from former -- I used to be union president and just from some phone calls I've had.

MR. GRIFFON: And we've also heard that on the Board. I mean, we've -- we've heard that people are reluctant to -- and I think it's that when you're signing a document, you know, you might have forgot what they told you in the closeout interview, but -- you know, I'm not signing anything. I don't agree with it, you know. But wait a second, the point is, you know, they don't get that next step. So it might be worth at least looking at, Stu, like you said.

MR. HINNEFELD: And -- and it could be worth -- you know, I don't know, we may be able to come to some sort of resolution today on that one.

You know, we want to kind of reach a resolution as much as we can today, but if the work group is uncomfortable with this -- I mean there are people who can speak really knowledgeably about the kinds of communications -- you know, iterative communications -- I mean you don't -- you know, closeout interview doesn't have to occur at one time. You know, it can be -- it can occur over several conversations.

MR. GRIFFON: Right.

MR. HINNEFELD: And so, there's -- there's a -- we try to make an attempt to let the claimant know what -- what's been hit. And we (unintelligible).

DR. BEHLING: Has there been an attempt to include a certified health physicist as part of the closeout interview?

MR. HINNEFELD: At times that will happen. At times that happens. It depends upon the nature of the -- the claimant's questions. If the questions get to -- you know, are -- are pretty technical in nature, then yes, we get a health physicist. I won't vouch for necessarily certified in every case, but we will have a health physicist speak to the claimant in order

to explain the questi-- you know, the answer.
DR. BEHLING: Is -- is a health physicist available to the CATI people --
MR. HINNEFELD: Yeah.
DR. BEHLING: -- while they are there so that --
MR. HINNEFELD: Yeah.
DR. BEHLING: -- so that if there's a request to have a specific question that has been raised that he can answer for a person?
MR. MCFEE: Yes -- again -- Matt McFee again. Yes, the health physics staff, including the dose reconstructor, are available to the CATI staff to answer any questions the claimant has.
MR. MAHER: There's at least two health physicists in Task IV.
DR. MAKHIJANI: But not at the time of the closeout interview.
MR. MCFEE: Generally --
MR. MAHER: Could be. They could be.
MR. MCFEE: They might be. They may not be. We -- we try to do it as timely as we can.
MR. HINNEFELD: And -- and that would be in a situation where the closeout interview may occur over several installments.

UNIDENTIFIED: Right.

MR. HINNEFELD: If the person has a question that's required for -- that a health -- really needs a health physicist to answer the question and there's not one available, or the dose reconstructor isn't available and he's the one that has to answer the question, then it would be continued and it would occur -- it would occur in more than one installment.

DR. MAKHIJANI: This -- this particular matrix item comes from page 196, item number 1.3 in that form, evaluation of Procedure 5. And -- and the rationale for that, page 196 of the Task III report, that PDF file that I gave you --

MR. GRIFFON: Yeah. I'm looking at it. Okay.

DR. MAKHIJANI: It's item 1.3 in that table. The -- the point of putting that in there is not to make the site profile part of the generic CATI form.

MR. HINNEFELD: Right.

DR. MAKHIJANI: This is -- this is obviously very cryptic, in the sense that this kind of table has to be cryptic, but it's linked to the recommendation that the interviewer should have

some knowledge of -- of --

MR. HINNEFELD: Oh, okay.

DR. MAKHIJANI: -- of the site. And I think in principle, especially for sites where there are a lot of claims, this seems possible. Now, I agree that for sites where there are one or two claims, you can't do that. But for a Savannah River Site or a Bethlehem Steel or Hanford or Nevada, you -- you can -- you can have interviewers who are reasonably -- without -- without being a health physicist, who can be knowledgeable about the site so that they have some -- some way -- there are some open-ended pieces of the interview where you're asking open-ended questions and you want to help the interviewer provide that information, and especially for survivor claimants it seems to be important. The piece about the clo-- of course I'm aware that the closeout interview is -- is done much later, after you've completed your draft. But I think the claimant should have some idea of -- that there is another piece coming down the line, that they will, even at the end of the draft reconstruction, have an -- if they've gathered information in

the interim -- you know, they don't hear from you for a year and a half -- that -- that -- that they can -- so they should get -- the first time you contact them they should get an idea of what all is going to be involved and that there will be another opportunity at the end to provide more information. And -- and just to kind of get to the part about the health physicist, our recommendation had been that the health physicist should be available -- not necessarily on-line during the whole closeout interview -- but should be available during the closeout interview so it's not dragged out in -- so the person has forgotten what they said. They may no longer remember what's in the draft dose reconstruction, which is complicated enough as it is. So if they have questions, it would be helpful if they're available the first time, although they may not be needed. So they don't have to be on-line, but if there's a question --

MR. HINNEFELD: Yeah.

DR. MAKHIJANI: -- you shouldn't have to reschedule another telephone call in order to answer -- answer a question.

DR. BEHLING: Fact-- is there a roving health physicist at the facility where the CATI --

MR. GRIFFON: Well, they said there's two in Task IV -- so, you know.

MS. MUNN: Yeah, there are two.

MR. HINNEFELD: Task IV has its own facility. That's the interview facility.

MR. PRESLEY: This is Bob Presley. Let me ask a question. Are those two physicists -- do they have a conflict of interest anywhere or are they clean for all the sites? See, that could be a problem right there. If somebody is at a site and asks a question where one of them has a conflict of interest, then -- then the physicist would have to back off and they would be left --

MR. GRIFFON: Yeah.

MR. PRESLEY: -- to find another physicist.

MS. MUNN: Which is another catch-22.

MR. PRESLEY: That's right. Another catch-22.

MS. MUNN: The person you want there is actually the person who's most familiar with the site.

MR. PRESLEY: Qualified with the areas, exactly right.

MR. GRIFFON: Well, it's not exa--

MR. GIBSON: This is Mike again. And that -- and that's exactly what I brought up at the last meeting. I mean site exper-- or people who worked at sites do these closeout interviews -- you know, that's where I think it would be beneficial to Larry and his staff and an opportunity to give these people a -- an education of -- of all the sites so that, you know, if there's someone who tries to answer the questions in a closeout interview and they have experience at the site, they may use their own knowledge and not necessarily refer back to the site profile.

MR. GRIFFON: The -- yeah -- I guess, you know, part of -- part of where this came from -- I mean I can remember wh-- some early advisory Board meetings where we heard that people got their copy of their interview to review after an interview was done, and some of the things that were captured in it mentioned some processes that they had talked about -- incidents or something related to certain processes -- and, you know, the person reviewed it and -- and said it on the record to the

Board that, you know, they -- they had a process name that wa-- and a building name that was just totally wrong, you know. And they said clearly this person didn't know Portsmouth, you know, because if they did they would have known that terminology, you know.

MR. HINNEFELD: I think the term was cold trap --

MR. GRIFFON: Yeah, cold trap was the --

MR. HINNEFELD: -- and it came out as cold (unintelligible).

MR. GRIFFON: I didn't -- yeah. You remember that specific example. Yeah. Yeah, I didn't -- but we've heard that a few times that --

MR. HINNEFELD: Yeah.

MR. GRIFFON: -- you know, and there is. We all know that at a lot of the sites there's shorthand, there's, you know, different code language. And if you're not aware of that when you're talking to someone, you might just -- something might go right over your head that's fairly important inf-- you know, information. So that was -- that was how it came up, and I know that the interview is scripted, but I think there is an opportunity for the

interviewer to do follow-up, isn't there, on -- on questions?

MR. HINNEFELD: Yeah. You can -- yes. Yes, you can expound on -- on questions.

MR. GRIFFON: So that -- that was the intent. If you had at least -- and I don't think we were necessarily proposing any method, but --

MR. HINNEFELD: Let -- I think this is -- we're tying into knowledge -- knowledge of the interviewer, which other things in here I think relate to as well.

MR. GRIFFON: Yeah. There's other items. I'm a little confused on how these findings match, too.

MR. HINNEFELD: So when we tie -- yeah -- when we tie in there, I believe that was one of the areas where we thought -- well, we certainly should be able to evaluate that.

MR. GRIFFON: Right.

MR. HINNEFELD: You know, I personally can't speak very knowledgeably about it today, but with the --

MR. GRIFFON: Are we having the same interviewers do --

MR. HINNEFELD: -- with the Task IV people, you

know, what is the current status? Do we have people who strive to interview the Savannah River cases, for instance. Do we do some things like that. What kind of training do we provide to the interviewers and -- in terms of to impart some sort of site knowledge and terminology knowledge and things like that.

MR. GRIFFON: Well, I guess what I was talking about --

MR. HINNEFELD: So there are other items on here that I think certainly would warrant investigation, so if -- to the extent that this finding falls into that, I -- I guess that I believe that we -- I don't have a resolution today, but certainly we intend to consid-- or evaluate -- I think that's even here, "evaluate current state of training, or interviewing," and see if we can't --

DR. MAKHIJANI: Yes, it is there.

MR. GRIFFON: Yeah, it is.

DR. MAKHIJANI: It is in there, page 47.

MR. GRIFFON: But what does -- what does this mean then, under finding one here? It says, "procedure provides no reference to the site profile." That's sort of where I was going off

on that direction. I agree with you, Stu, there's other items, but --

MR. HINNEFELD: I think -- I think that's what Arjun was commenting with us about, that the know-- the interviewers' knowledge of the site profile. Is that what you were talking about?

DR. MAKHIJANI: Well, yeah. I think that --

MR. HINNEFELD: So it's an interviewer knowledge sort of issue.

DR. MAKHIJANI: There -- there's two --

MR. HINNEFELD: Yeah.

DR. MAKHIJANI: Unfortunately there -- there are two different pieces to this. Is one -- one is that the interviewee, the claimant, should have some idea of the context of what's coming, that the person that's interviewing them is aware, you know, where the claim is coming from, whether there's a site profile document or not, and be able to communicate that as some kind of -- you know, that there's going to be a closeout interview, that there's kind of a process.

And the second piece of that involves the -- the second piece of that involves the actual knowledge of the -- of the person interviewing.

And there is that item on page 47 where it says NIOSH will consider assigning interviewers to claims from specific sites providing site-specific -- and providing site-specific training to interviewers. And that was one of the recommendations, at least for the sites where there are a lot of claims, that without being a health physicist, the interviewer should have some site knowledge or some significant site knowledge. And so those, if -- if the acknowledgment package that you are developing could have some reference that there's a closeout interview at the end of the process, that -- there is already references I remember that the claimant can provide information while the dose reconstruction is going on --

MR. HINNEFELD: Right.

DR. MAKHIJANI: -- if I'm remembering correctly now.

MS. MUNN: But are we -- are we getting --

MR. GIBSON: Arjun, or -- this is Mike again. The only rea - the only thing I was trying to state is that I think, in my opinion -- this is my personal opinion, it's not the opinion of

the Board or the working group or anyone else -- that I think NIOSH should expand its -- its knowledge base of its staff to where a person can go back and look at the site profile. And that -- that should have, you know, the knowledge and the information from the site rather than, you know, say a person from Mound or whatever. If they personally call a person from Mound, they may use their own personal judgment rather than the information that's provided in the site profile. That's where I just get a little iffy about, you know -- you know, would they do that, or would they have knowledge of the site document rather than use their own knowledge?

MS. MUNN: Well -- we -- now you've all confused me. We started out talking about the closeout interview. And all of a sudden we're talking about the initial CATI and who knows what in the -- in the actual interim process. And I'm concerned about what this specific matrix item is asking us. Have we misworded this matrix item?

MR. GRIFFON: This is the -- my problem -- my problem is cross-walking this matrix with the

report right now. And I think one thing I'm going to ask SC&A to do is to -- to -- in this matrix, maybe parenthetically under the finding number, if you can parenthetically add where it -- how it cross-walks with the other document. Because I think this was one of our first efforts, and I think the matrix came after they issued their report. So we weren't -- you know, I don't think it -- it doesn't cross-walk easily for me. I'm having a hard time right now --

DR. MAKHIJANI: Yeah. I think it does with the table but not with the findings.

MR. GRIFFON: -- understanding where we are, but --

DR. MAKHIJANI: I think it cross-walks with the table but not with the findings.

MR. GRIFFON: Oh. Okay.

DR. MAKHIJANI: And -- and the problem is that this table is such a summary table that it -- it -- you need -- you need the expanded text in order to -- and because these forms were set up to review specific procedures, and the thing was split up into three pieces, and I wrote the findings as explanations of the form -- it's

kind of gotten a little bit confused, even from our own --

MR. GRIFFON: Tell us again. Proc -- Proc 5 does what, overall? Proc. 5 is --

DR. MAKHIJANI: That is the process of the interview.

MR. GRIFFON: That's the process of the CATI.

MR. HINNEFELD: CATI interview.

MR. GRIFFON: So Proc 5, finding one. But then when you reference the closeout interview, Wanda's right. In this -- in this finding we say procedure provides no reference to site profile or closing interview.

DR. MAKHIJANI: The recommendation -- that -- that item is actually a small item in -- as to what the interviewer should do initially. And the initial approach to the claimant should give them an overview --

MR. GRIFFON: A context of where --

DR. MAKHIJANI: -- a context of what's happening.

MR. GRIFFON: So this -- you --

DR. MAKHIJANI: And they have no clue that there's a --

MR. GRIFFON: Okay.

DR. MAKHIJANI: -- that there's an end -- what happens at the end of the process. There is a -- there is some information of what happens during dose reconstruction in terms of the interaction with the claimant, but there is no reference that at the end of the process you can --

MR. GRIFFON: So an overall we -- we've done a site profile on this site or we haven't, maybe --

DR. MAKHIJANI: Right.

MR. GRIFFON: -- we have this information. You know, right now we're going to do an interview with you regarding your job history, work history at the site. After we finish this we will, you know, do your dose reconstruction and then we'll have a closeout -- you know, something like that? Is that what you're saying?

DR. MAKHIJANI: Yes, and you may have --

MR. GRIFFON: Okay. Process. Yeah.

DR. MAKHIJANI: -- and sometimes NIOSH has told us that interviewers will provide information that can -- interviewees will want information that --

MR. GRIFFON: Wan-- Wanda?
DR. MAKHIJANI: -- that will change a site profile. And so that -- the context of -- of how the interview fits into NIOSH's dose reconstruction process --
MR. GRIFFON: All right.
DR. MAKHIJANI: -- both for the site profile and for the claimant at the end, that they can still provide information after the dose reconstruction is complete. So this item is relatively simple, I think.
MS. MUNN: But it appears --
MR. GIBSON: Wanda, this is Mike.
MR. GRIFFON: Wanda, go ahead.
MS. MUNN: Yeah.
MR. GIBSON: You know, I'm sorry and I said I may have been jumping ahead --
MR. GRIFFON: Yeah. We're all kind of jumping all over.
MR. GIBSON: -- but it just -- it kind of tied into this specific thing and I just -- I guess I had expounded on it a little too much --
MR. GRIFFON: That's okay, Mike. We're all kind of jumping around. We're trying to figure this out. But Wanda --

MS. MUNN: Yeah. And my concern is I think that I hear Arjun talking about what additional things need to be done initially. And -- and what I have heard -- what we have heard many times is we can't -- we can't mess around, really and truly, with that initial CATI interview. Perhaps the second -- the second telephone conversation or perhaps the packet that we're talking about -- many of those things may be able to meet Mike's concerns and the concerns that have been expressed by -- by claimants previously. But personally, I --

MR. GRIFFON: Well, we have been told -- we have been told it would take an act of God to switch the questionnaire.

MS. MUNN: Yes.

MR. GRIFFON: It's not quite that far, I don't think, but the --

MS. MUNN: Well, no, but then we all know if we go to OMB and say would you please --

MR. GRIFFON: Yeah.

MS. MUNN: -- give us a new -- consider this new form --

MR. GRIFFON: Right.

MS. MUNN: -- that we'd just set the program

back a year. We don't want that to happen.

MR. GRIFFON: But I don't think that changes -- I think they can still up front set a context. That's what Arjun's --

MR. HINNEFELD: OMB approves the information we ask the claimant.

MR. GRIFFON: Right.

MS. MUNN: Right.

MR. HINNEFELD: That's the script. If we have --

MR. GRIFFON: Provided --

MR. HINNEFELD: -- introductory information, we can add that.

MR. GRIFFON: We can add that. Right.

MR. HINNEFELD: We can add intro-- introductory -- if we're not asking the claimant for anything.

MR. GRIFFON: And you may say that --

MR. HINNEFELD: The OMB approval is because we are asking more than nine citizens to provide us with information.

MR. GRIFFON: And your response may be that you -- you do this already. I don't -- we -- I don't know.

MR. HINNEFELD: And it could very well be. I

mean there are -- like I said, we need to develop more fully -- I need to develop more fully with ORAU what is the current state of affairs with respect to these. I've shared these findings and to be completely honest, because of other priorities and, you know, the fact that we only have -- you know, given the current inventory -- probably less than a thousand interviews to do --

MS. MUNN: Well then, we can't unring the bell on the interviews that have already been done --

MR. HINNEFELD: Right. Now --

MS. MUNN: -- and cases that have already been closed.

MR. HINNEFELD: -- with -- with them. Yeah, you're right. Now that doesn't mean we shouldn't fix this, because there is no --

MS. MUNN: No.

MR. HINNEFELD: -- there's no sunset date on this law right now. As far as we know it's going to continue for -- for a while. And so that doesn't mean we shouldn't fix it, but it -- it kind of explains maybe the priority that's been given in light of other things we're

trying to accomplish is why we haven't got sufficient closure, you know, with ORAU in terms of a serious look at the recommendations, and are these implementable, and in what fashion are they implementable, and what actions would have to be done to do that. So we're just not very far down that path on these last three procedure reviews.

MR. GIBSON: Sorry --

MR. GRIFFON: Okay. But that -- that -- that expla-- Arjun's explanation to me was better.

MR. GIBSON: -- sorry to have delayed you.

MR. GRIFFON: But it -- it -- this is the up-front information to put the overall process in context. I was under-- not understanding the finding either, so it's better clarification.

MR. HINNEFELD: Okay.

DR. WADE: Now, sort of as a general point --

MR. GRIFFON: Yeah.

DR. WADE: -- not to suggest anything, but if the working group feels that this -- this overall topic is important enough, we could have ORAU people, NIOSH people come to the working group meeting and -- and explain the process. We could do that at a Board meeting.

It really depends upon your pleasure. If you want to continue down this path that's fine; if it raises an importance to an issue that's -- that you really want to focus on, then we can get the experts with you to, in an interactive way, answer your questions and take your guidance.

MR. GRIFFON: Well, I -- I think we -- we've initiated some of that process. Right? I mean we're --

MS. MUNN: Yeah, I think that's been done.

MR. GRIFFON: Yeah.

MS. MUNN: Really and truly, it -- but the -- the issue now is has the iterative process been carried into the rea-- the real world so that the issues that we're concerned with are starting to be incorporated into how we do business. I think that's the real issue. Is it not?

UNIDENTIFIED: That's correct.

MR. GRIFFON: I -- I -- I don't -- yeah. I'm not sure there's been any iter-- iteration yet, but we're starting to iterate.

MS. MUNN: Yeah.

MR. HINNEFELD: Well, a -- a proposed course of

action, if I may take the liberty, would be to develop with ORAU from our standpoint -- taking the findings and developing what is implementable here and in what fashion can we implement it. And we feel like this does not represent, you know, an undue burden for no particular benefit, but as things -- things that are -- we feel can be done and -- and are worthwhile to do and -- and propo-- and essentially come up with that, which is what we've done, by and large, with the other findings from dose reconstructions and procedures. We just haven't gotten to that same step on these last three procedures. So provide a -- a more detailed description of -- of kind of a reso-- you know, a comment or sort of response, a resolution comment sort of thing. And that point, once we have that written down and a -- and a proposed path, then I think a conversation with the -- in front of the working group or the Board with the people most responsible for doing this work and who are most knowledgeable about it, that may be the time to have that conversation. But -- or -- or we can start with that. I mean, we --

there's no reason for us to have to prepare a -- a written document if we want to go into a discussion with it. But it would -- we would want to schedule specifically for that, I think, in -- in the bulk of the day to do that.

MS. MUNN: Next working group meeting.

MR. GRIFFON: Yeah. I'll tell you, I -- I was --

MR. GIBSON: (Unintelligible) seven. This is Mike again. I can just tell you that I know of -- and I know there's, you know, not that many cases from Mound, but I know of three specific cases of people who've contacted me that have just given up on the process and said I -- you know, I'm just going to let it go. This is -- this -- this whole process is a joke, this whole law's a joke. You know, and I've -- I've tried to encourage them not to do that and to keep contacting the -- the resource centers and everything else. But at least three cases that people have just flat given up because they don't understand what -- you know, the closeout interview and the CATI forms.

MR. GRIFFON: I -- I'll tell you my -- I mean my heartburn with this is that, you know, this

is not a new issue. I mean, this was a -- you know, Larry and I had a few back and forths on this one. Larry was the Federal Official on the Board. And -- and it's gone nowhere and like Wanda said, at this point we can't unring the bell. So all these interviews have gone out and, you know, it -- I don't know that -- you know, now -- and -- and as I looked at this matrix, when I saw your -- your actions, I was already concerned coming into this meeting that a lot of things were clarified – eval-- or -- or not clarified, evaluated --

MR. HINNEFELD: Evaluate and consider.

MR. GRIFFON: Evaluate and consider, yeah. And I highlighted those. I guess you saw that. But evaluate and consider. And I'm thinking, you know, not only have we been discussing this for years, but this matrix has been out for a year probably.

MR. HINNEFELD: Well --

MR. GRIFFON: And I'm thinking where are we along the way of evaluating and considering.

MR. HINNEFELD: I don't want everybody to get the opinion the situation has been static for three years in terms of how -- how interviews

are -- are conducted and the attentiveness to claimants and -- and the emphasis on -- that ORAU has continually emphasized in terms of making sure that we're serving the claimants' interests by this process. This process was put in to -- to serve the claimants' interests, and we have to emphasize that. And a series of managers, you know -- two project managers and two different Task IV managers -- have emphasized the need to the Task IV staff to do this. And the Task IV staff has undoubtedly become more knowledgeable as time has gone on about the various sites and things, just from working in the program. So it's -- it's -- I don't want to leave the characterization here that this is -- this issue's been on the table since the working group meetings three years ago -- or the Board meetings three years ago -- and the matrix has been out there for a long time and nothing has changed. It certainly focuses on the need -- as with all these inputs, whether it's from working group or from these comments -- have -- have provided feedback to us -- continuing feedback about the emphasis -- the need to emphasize serving the

claimant in this process. So while it's -- I -- I do regret that the resolution of the words on the page isn't farther along, I don't want to leave the impression that really nothing has changed or nothing has been done or that the message has just been, you know -- has been laid there and unheeded for all this time.

DR. MAKHIJANI: What -- Mark --

MR. GIBSON: This is Mike again. Again, I'm not -- I'm not saying that NIOSH is not trying and, you know, I know you -- you know, we've all been working and we've all been trying to make things better. I -- I'm just trying to relay from -- from experience I've had from lay people that they just don't understand this process. They think it's another -- you know, and I don't think we are; I think we're trying to do a good job. I think the Board is, I think NIOSH is and everyone else. But -- but they just think it's another government bureaucracy and they just give up. They don't understand the terms -- the -- maybe the sites, the buildings, whatever -- but they just give up.

MR. GRIFFON: Well, I guess I'll -- I'll go a

little further then, with the fear of putting my foot in it, but I mean -- I -- personally, myself, I've had concerns -- ongoing concerns that the interviews -- not only the -- not only is the -- the questionnaire problematic up front, but the interviews have -- have not been considered a very important part of the overall DR process and -- and are not really used. And they fall on deaf ears. And there's evidence of this. And -- and I know we've -- and I -- I do see that you're making progress on this, like the DR -- some of our findings relate to the DR report and how you're correcting that to address the fact that, you know, if someone raised incidents, it didn't fa-- fall on deaf ears. Actually, you know, the internal dose assigned did actually bound, you know, these incidents that -- but when you sta-- you know, I think that just -- you know, just the fact that, you know, many people go through the trouble in their -- in these interview processes of identifying coworkers, identifying all these incidents and then they get their DR report and nothing's mentioned of any of this. And the procedure -- I don't -- and this I

guess is still being considered, this idea of a trigger -- when -- when would you call a coworker or contact a coworker or pull coworker records to cross-walk a case. You know, four or five years into this, I'm not sure there's a clear process for that still.

MR. HINNEFELD: Right.

MR. GRIFFON: So I mean I -- I guess I'll go a little further than Mike's -- I -- I believe progress has been made but I -- I'm not sure that more value couldn't -- couldn't have come out of this process. And -- and then the other -- I mean -- first of all, I think there -- there could be some technical value to it. But then the second part is it -- it's critical, in terms of communicating with the claimant, that you're doing everything that you can to address their specific concerns about their exposure. It's an individual dose reconstruction, it's not a -- you know, when you start getting boilerplate responses, people say they didn't consider the details I ga-- you know, so --

MS. MUNN: Well --

MR. GRIFFON: -- I guess I'll get off my -- that spot for a second.

MS. MUNN: But conversely, as true as that is, it is also true that, human nature being what it is, it's highly unlikely that an individual with a probability of causation of 35 would ever likely understand fully what that means, nor would -- you -- you've all heard me harp on this before, that we mislead the public by leading them to believe that there is an enormous amount of precision, and perhaps they have not had all of their information incorporated, when the truth of the matter is they have been given every conceivable additional added dose that anyone could possibly dream of in order to give them the benefit of every single doubt that's arisen in the calculation. And it's -- it's --

MR. GRIFFON: Well, at least for the maximizing ones, anyway.

MS. MUNN: Well, not only just the maximizing ones, you know, we --

MR. GIBSON: Mark, this is Mike. Could I respond? With all due respect, Wanda, as I stated yesterday -- we may have a different audience here today -- but, you know, all I heard yesterday was when a worker says

something it's -- I think Brant used the word "alleged". But then when I heard the words from these people that worked at Rocky Flats in the radiological protection program in various capacities and managing -- management capacities, you know, that made up basically the site profile and everything else. But whenever a worker or a claimant says something, it's "alleged." And again, you know, and I bes-- I stated this yesterday and I'll state it again, I've asked how many workers, whether they're hourly or salary, not in a management capacity, have been used to develop site profiles? So, you know, yes, granted, there are some cases they -- NIOSH puts an upper bound on limits, but in some cases how much are these people listened to? And as Mark said, how much is their information looked into?

MR. GRIFFON: I -- I mean -- I guess my fee-- and I don't -- I don't -- you know, the efficiency process has its place in this program and -- and there is this communication problem, certainly. I don't disagree with that. But I also think there's probably a tendency to screen by cancer -- I -- I mean I'm

not sure exactly the efficiency mode but, you know, there's obviously a -- probably a tendency to screen by cancer type. And if someone has a prostate cancer, automatically you -- you probably don't even spend much time with the incidents and at least it deserves to be addressed and say, okay, you know, everything here, even if -- even if they're all -- let's assume they're all true, we're still very bounding in our dose. And -- and then that communicated to the -- and we've talked about that one.

MR. HINNEFELD: Uh-huh.

MR. GRIFFON: So it's those types of things that I think and -- and some, I guess -- at -- at least the perception and I -- and I -- you know, I don't know that we've seen a lot of cases where it looks as though specific things have been looked into. So we -- we're still -- although we've been doing most overestimates --

MR. HINNEFELD: There -- there have been a number of cases that have done that, but of course with a hundred or so samples you wouldn't necessarily have seen them.

MR. GRIFFON: Right, right. And we're looking

-- so far we've looked mainly at the overestimating and the underestimating, which wouldn't necessarily get into that coworker interview as a follow-up on incidents or anything like that. But I guess, you know, some of the responses that we've heard from the field from claimants is that they don't feel that's being addressed. And you know, it may not in every -- in all cases just be a matter of adding in some boilerplate language that says your incidents are covered by our 12-nuclide model, you know. Sometimes, like Mike said, you know, there is some there there and you might look at those incidents and not initially believe them, but see -- check into it and say, wow, you know, we didn't realize that happened at that site, you know, so -- but anyway --

MS. MUNN: Or in cases where the individual provides specific information about their job --

MR. GRIFFON: Right.

MS. MUNN: -- category, perhaps that can be highlighted so that the closeout interviewer refers to that and the -- the -- claimant does

not have the sense that they have been ignored simply because it was not referred to.

MR. GRIFFON: And I -- I think there was -- this might be a broader problem for the full Board but I mean the whole worker outreach program, the -- the same question -- all the questions that are raised in these worker outreach program -- you know, I'm -- I'm hearing from people in the field that they're saying well, we went through this whole process, we went through this whole meeting, we raised a lot of questions and it's been 12 months and the site profile version's the same, so we assume nothing's happening with it, you know. That's -- that's the question, you know, are these things flagged like, you know, if they find something specific in these meetings or in the individual interviews, flagged and do they make a difference in the path forward with the DR. And you know, at least a lot of people's perception now is that, you know, that it -- that's it's not, so...

DR. MAKHIJANI: Mark, it may be -- you know, this -- this -- I think the initial packet and what NIOSH promises in that packet in the

context of the CATI -- very important, you know. I guess most the interviews are done, but whatever remains in that, I think -- I think there should be some commitment to explain how the dose reconstruction is related or not related to the radiological-related items in the interview. So -- so that when that there is a dose reconstruction report, it isn't silent on -- on these items. Just what you were saying, that there -- there is a bulleted list, you said -- and --

MR. GRIFFON: Yeah. And I think --

DR. MAKHIJANI: -- we didn't do this incident because --

MR. GRIFFON: -- this came up in our cases. Right?

MS. BEHLING: Yes.

MR. GRIFFON: And Stu, I believe you made a -- a preliminary commitment to modify DR language, I think was one of the actions.

MR. HINNEFELD: Yeah. I've got a draft on my desk.

MR. GRIFFON: Right, right, right. So you have -- you are considering that, I think.

DR. MAKHIJANI: But I -- but I think that could

be --

MR. HINNEFELD: Yeah.

DR. MAKHIJANI: -- that could be part of this. What -- what the claimant knows initially about the process is very important because -- I've found the same thing, I mean, and it's documented in our report that claimants are confused about what this means and -- and at the end of it, remain confused and then they get -- then they get angry because -- and find it, you know, the interview process and the whole process, meaningless. I think, you know, we have -- I certainly have found the same kinds of thing that Mike has found at Mound echoed in other places as we've interviewed people; that -- that this is -- and I think NIOSH knows this, that this is a problem.

MR. HINNEFELD: Well, certainly it's -- it's not new information. I mean we're not hearing it here for the first time. And I think that we certainly welcome suggestions to improve it. I mean, we have a difficult communication path -- you know, task.

MR. GRIFFON: Yeah.

MR. HINNEFELD: I think everybody will agree

with that. We're trying to explain a program that's not very easily explained to the layman. And so certainly I think in the sense that these findings and the comments we hear and Mike's comments and -- you know, that he relates from others -- these are all important information to us as we carry out our task in terms of how we, you know, emphasize, you know, serving the -- serving the claimant in this process. The -- an added advantage of written re-- findings, specifically on particular parts of the procedure, is that that allows us to systematically incorporate in our instructions -- instructions to our staff, that these are the things that need to be considered as you deal with this, and these are things that we want the claimant -- try to, you know -- attempt to -- you know, try and make the claimant to understand at various places and --

MR. GRIFFON: That'll lose you a championship.

MR. HINNEFELD: I'll make my comment about that later, off the record. But --

MR. GRIFFON: Please, on the record.

MR. HINNEFELD: I put the court reporter to sleep.

The -- so I -- I certainly am not trying to say that these are not -- it's not worthwhile if we've not done it.

MR. GRIFFON: No, I --

MR. HINNEFELD: Quite frankly, you know, my -- my statement about prioritization is that there's a lot of big chunks of work in front of us, and this contract only has about another year before their contract's over, and we have a lot of big chunks of work to wrap up. And so sometimes things that have a, you know -- you know, actually relatively small payoff or -- the ORAU contract -- if they're only going to interview for another year, and that's an if --

MR. GRIFFON: Yeah.

MR. HINNEFELD: -- but the current contract ends in September of next year, and they have all these other chunks of -- and -- and there's not a big interview load in front of them, and there's all these other chunks of work which they have to get done in that year, this -- these activities, these fixes, in terms of formalizing the instruction -- you know, we always en-- we always verbally enforce it -- and -- and reinforce to our staff that you have

to, you know, make sure you're serving the claimant in these interviews. But in terms of the effort needed to formalize these instructions, I've got to say, you know, probably will -- has not been prioritized as highly as some other items.

MR. GRIFFON: Right.

DR. WADE: Now the Board -- the working group or --

MR. GIBSON: Stu, if --

DR. WADE: -- the Board can speak to that.

MR. GIBSON: -- I could just say this. Being an ex-union president, I would just say that hearing from these people about how they're confused about the program, I seriously considered resigning from the Board and going to help these claimants. I mean, that's -- that's how serious this matter is. I -- you know, if ORAU spent -- received from the government I don't how many hundred thousands of dollars, and people don't realize how serious this is, you know -- again, I don't want to see people that don't -- that didn't receive exposures that caused their illness, I don't want to see them receive compensation.

But those that did, I certainly do. And I mean it's that serious to me.

MR. HINNEFELD: Well, that's a good point. That's a good point.

MR. GRIFFON: As we think through this I -- I mean there might be some things in here, Stu, that -- that, as Mike's suggesting, are -- are pretty serious priorities and maybe some that are lesser, you know, because so many in-- interviews have been done already, maybe certain procedural, you -- you know, changes might not be as important, but the DR language and -- and maybe OCAS form one, you know, that's -- that's your interface with the public and that might be more --

MR. HINNEFELD: Yeah.

MR. GRIFFON: -- a higher priority. So you know, I understand what you're saying, you know. You got a lot of -- a load of work ahead and have to consider this in the overall priorities, but --

DR. WADE: But -- but you know, the -- the working group can speak to NIOSH --

MR. HINNEFELD: Yeah.

DR. WADE: -- about its priorities.

MR. GRIFFON: Right.
DR. WADE: And you know -- and -- and I'm sure NIOSH will heed the working group's guidance. So if, as you -- as you complete this, you would like to give NIOSH some guidance on the relative priority of this to other things, then please do that.
MR. GRIFFON: And that's what -- we even tried with OCAS-IG-1 -- we tried to --
MR. HINNEFELD: Yeah.
MR. GRIFFON: -- sort of do that with, you know, this is a low priority --
MR. HINNEFELD: Yeah.
MR. GRIFFON: -- format and stuff like that --
MR. HINNEFELD: Right.
MR. GRIFFON: -- is obviously low priority, so --
MR. HINNEFELD: Right.
MR. GRIFFON: -- so we could certainly attempt that going forward. I -- to get back to the matrix, I was wondering -- you know, I think maybe if we can get back to a path forward on this. Do we need to -- to put a -- an action in here that NIOSH is going to revise as necessary? Maybe we -- we qualify it slightly,

but I -- I don't know that we -- we can answer all these questions today, is my point. But I think I want to have an action in there that -- that holds it so that we move it forward and -- and we don't -- we --

MR. HINNEFELD: Right.

MR. GRIFFON: -- and then maybe the next workgroup session we can all consider which ones are high or medium or low priority amongst these actions and have a more -- more --

MS. MUNN: Perhaps it's reasonable to move this one up as much as the --

MR. GRIFFON: As much as I hate to move --

DR. WADE: Right, I wouldn't --

MR. GRIFFON: As much as I hate to push it along again, I -- I don't think we're going to resolve all these --

DR. WADE: But -- but you could take a general sense -- and again, I don't want to put words in your mouth, but I'm hearing a sense of the working group that in all matters that -- that deal with NIOSH's interaction with the claimant or petitioner population, this working group wants NIOSH to focus it -- focus its attention in terms of the procedures comments on -- on

those issues, and I would think that at the next meeting NIOSH can demonstrate that.

MR. GRIFFON: Right.

DR. WADE: Again, you have to talk about that, but I certainly get that sense from Mike's comments.

MR. GRIFFON: Yeah, I think we've -- we've talked about it, you know, and --

MS. MUNN: I think that's reasonable.

UNIDENTIFIED: Yeah.

MR. GRIFFON: Yeah. Anything that -- the interface with the claimants or the public is certainly higher priority.

MS. MUNN: Need to move up.

MR. GRIFFON: Yeah, yeah.

UNIDENTIFIED: Mark, I --

MR. PRESLEY: Excuse me. This is Bob Presley. It's not -- not just NIOSH, too. I think the Department of Labor -- we've got the same problem with their -- their reports.

MR. GRIFFON: Right.

MR. PRESLEY: In fact, I think that we've got more of a problem with the Dep -- with the stuff coming from the Department of Labor than we do with NIOSH. I'm getting a whole lot more

complaints about -- about Labor than I am anything about NIOSH.

MR. GRIFFON: And that's come to the Board's attention, too, and actually Mike's raised a few good points on that -- brought in sample letters of that.

MR. PRESLEY: Right.

MR. GRIFFON: But what -- that's not really our purview, but you know, yeah.

We -- can I ask -- I think you had a comment?

MR. GERLACH: Yeah. Sure.

MR. GRIFFON: Hold on, Mike, one second. We got a comment from --

MR. GERLACH: Frank Gerlach. One of the things I think you -- you need to do where you -- you know that 60-day letter, or 60 days they have to do something -- I believe they have the opportunity to ask to be put on hold, and they're not notified of that. I think the regulations provide it, if they're actively seeking some additional information that would affect the -- the dose. And if you could work that language into there, I think the due process would be greatly helped.

MR. PRESLEY: Thank you --

MR. GRIFFON: Thank you for the comment, yeah.
MS. MUNN: That's a helpful comment. Thank you.
MR. PRESLEY: -- very much.
MR. GRIFFON: Yeah. Thank you.
DR. MAKHIJANI: Mark? Maybe -- it -- it might be helpful if I -- there are a few items that I think, within the limitations of what Stu has talked about, at least for the short term, that possibly could be changed that could be of great importance. At least, you know, from having done -- done the review of the procedures I can -- and talked to Hans and Kathy who've done all these audits and looked over some of their stuff -- perhaps give you a little bit of a sense of the few items that I think are -- are important that -- that could make a material difference in terms of the actual substance and -- and the public confidence in this thing.
MR. GRIFFON: Yeah.
DR. MAKHIJANI: And -- and I think this introductory package is really important. I don't think it will take a significant change, but I think what is in there and what the

claimant knows in the beginning before the interview, what they're told -- and for the big sites, to really assign the interviewers with some -- with some care about what they know about the site and the site profile, as -- as Mike was saying -- this -- this, I think -- this -- this could -- maybe not a lot -- I don't know how much work it takes inside ORAU, but from -- from the implementability point of view, that might not take very long.

The second item is --

DR. WADE: Just to stop you for a minute. Is -- are your comments captured in the acknowledgments packet? Is that what we're talking about?

DR. MAKHIJANI: Yes, this first --

DR. WADE: The acknowledgment packet.

DR. MAKHIJANI: The first comment in this acknowledgment package that -- and the in-- introductory letter and what happens in the beginning of the interview -- so -- 04 and the beginning of the interview process --

DR. WADE: Okay. Thank you.

DR. MAKHIJANI: Not -- not the questions that -- that the public answers.

The second piece is the trigger for coworker interviews. I think that can be -- I've thought about this a lot, and I think that that can be, at least as a minimal trigger, greatly simplified in that for survivor claimants, or for claimants who cannot answer questions themselves because they are -- employee claimants because they are too sick and somebo-- a survivor or relative is answering for them, if a claimant -- a survivor claimant is going to be denied, and they have gone through the trouble of naming coworkers, I think a coworker interview should be mandatory and it should be documented.

UNIDENTIFIED: Oh, bless you.

DR. MAKHIJANI: And it should be provided -- it should be provided to the claimant, because I think NIOSH has acknowledged that there is an inequity -- it's manifest. You can't -- you can't bring the employee back from the grave. It is -- it's -- it's not an equal playing field. But this one thing can be done to make it less unequal and -- and I think -- and I think it should -- it should be done. I don't think it needs a change in the interview

procedure; it needs a change in the DR form, that you name co -- these coworkers -- this is why we didn't interview them in your case and this is why -- at the time we did this review I think only maybe ten or a dozen coworker interviews had ever been done until Jan-- until January, 2005. And -- and so the DR report would need to be changed.

And the last big item is I do think the coworker interview needs to be -- the closeout interview needs to be carefully documented and any information provided in the closeout interview should be cross-walked with the CATI. Because when -- when the -- when the person is providing the inter-- interview -- in the closeout interview new information about -- that may affect dose reconstruction, or it may already have been there in the CATI and hasn't been used, it's really important for the dose reconstructor and for NIOSH to know that.

MR. GRIFFON: Isn't the closeout interview documented already?

MR. HINNEFELD: Yeah.

MR. GRIFFON: I mean --

MR. HINNEFELD: It's -- it's -- might be

related to the phone log, but I mean it would need -- it may need some specific assistance in the, you know, the categories of things you think should be documented there. Th-- they are documented in the phone log.

MR. GRIFFON: Documented that you -- that you had one or --

DR. MAKHIJANI: I think they're documented in the sense that it happened.

MR. GRIFFON: Oh, just that it happened, or -- no? Notes from the call, yeah.

MR. MCFEE: No, there is extensive, extensive notes from the call, generally cut and pasted from Word into the phone log. We can get you copies of th--

DR. WADE: Right, but Arjun's point is that it needs to be scripted in a way that the -- the right interactions are made --

MR. HINNEFELD: Right.

DR. WADE: -- and presented to the claimants. So we -- we understand.

MR. HINNEFELD: And just in case anybody's interested, if there's information presented in the closeout that is different than the assumptions during the dose reconstruction,

then the dose reconstruction is redone.

MR. GRIFFON: Yeah. Right.

MR. HINNEFELD: We have a whole loop for that.

MS. MUNN: Uh-huh.

MR. GRIFFON: Have you reviewed the -- the close-- SC&A, have you guys reviewed closeout interview logs?

UNIDENTIFIED: No.

MR. GRIFFON: I assume in some of the cases we've looked at those -- no?

UNIDENTIFIED: (Unintelligible)

MR. GRIFFON: Because they're -- they're on the -- they're on the case --

MR. HINNEFELD: They're on the phone log part. They're in the AR -- in the AR for the case --

MR. GRIFFON: Right.

MR. HINNEFELD: -- and in the phone log part.

MR. GRIFFON: Right.

MR. PRESLEY: This is Bob Presley. I have a question.

MR. GRIFFON: And I think that might be worthwhile looking at prior to our next interaction on this issue. Yeah.

MR. PRESLEY: Don't you all have a process where somebody identifies a coworker, that you

all already go and check and see if we have anything on that coworker, interviews or -- or anybody that's on that coworker list has had a dose review or anything like that?

MR. GRIFFON: Doesn't necessarily happen.

MR. HINNEFELD: No, it's not necessarily a routine thing.

MS. MUNN: There wouldn't be a reason to do that if you have information on the worker. If you have the worker's record, then there's no reason why you would.

MR. PRESLEY: Right, but I mean there was --

MR. GRIFFON: Well, that --

MR. PRESLEY: If they -- if they list coworkers, though --

MS. MUNN: Yeah.

MR. PRESLEY: -- right up front.

MS. MUNN: So you wouldn't need that if you had the worker's record.

MR. HINNEFELD: Calli-- calling a cowork -- if we -- you know, the -- the --

MR. GRIFFON: Well, that -- that's why we --

MR. HINNEFELD: -- just speaking hypothetically, just --

MR. GRIFFON: That's why we talked about the

triggers.

MR. HINNEFELD: Yeah. Just --

MR. GRIFFON: I mean you may not need it, but what triggers it? What should trigger it, you know.

MR. HINNEFELD: -- just talking. I'm not making decisions --

MR. GRIFFON: Yeah.

MR. HINNEFELD: -- or advocating a position here, but a co-- if we're going to have a coworker interview, it should be for a purpose, you know. We shouldn't just call them and ask them the entire CATI about Joe Smith who says he was your coworker. We -- we -- you know, and so you -- if you're going to make that -- these triggers then almost have to be in what circumstances will it be helpful? Now certainly a survivor -- a survivor claimant is at a disadvantage in term-- in terms of telling what happened at the site and knowledge of the site and knowledge of things exposed -- it may be that, you know, we know the radionuclides that were present at the site. We've interviewed 500 other people, 500 energy employee claimants from that site, and we have

information and we've captured that information or through our research and it's in the site profile so we know what -- what they were exposed to. We may know about the site practices. We may know that it was accepted practice to take your badge off and -- and shield it so that you didn't get timed out. You know, there may be some things like that. So when -- so when you start -- I'm -- I'm really struggling with -- with the concept of a trigger for a survival -- for a survivor interview when in fact the survivor interview is -- you know, it's really for a specific purpose, you know. I was involved in this event and so was Joe Smith and I don't think it's in my record, and sure enough it's not in his record, and you call Joe Smith and he says, yeah, we did that and whatever ever reason they don't show up on our film badge -- I mean, that's -- that's a pretty extreme example, but --

MR. GRIFFON: Right.

MR. HINNEFELD: -- you -- you almost have to call him for a purpose --

MR. GRIFFON: Right. Oh, I agree. I agree.

MR. HINNEFELD: So when we say coworker interviews should be done, it's not quite as simple as saying you can have cer-- you can have a threshold for a coworker interview. You know, it's a little more complicated than just that.

MR. GRIFFON: No, I think the trigger -- I -- I didn't suggest that this trigger proc-- process would be like one -- one trigger. I think there's a -- you know, sort of a --

MR. HINNEFELD: Sort of a ser-- a logic pathway.

MR. GRIFFON: If this -- if this/then this -- yeah, a logic --

MR. HINNEFELD: Sort of a logic pathway. I see.

MR. GRIFFON: Right.

DR. WADE: And there's two parts --

MR. GRIFFON: That's kind of what I was envisioning anyway.

DR. WADE: There's a logic pathway. But then Arjun is saying, if the logic pathway takes you not to conduct a coworker interview, then you should present the logic for that to the individual who gave you the information --

MR. HINNEFELD: Yeah. That would be the dose reconstructor.

DR. WADE: -- since we didn't do that (unintelligible).

MR. GRIFFON: And that would be in the DR report, yeah. Yeah, we -- we -- you know, you did identify individuals; however, we didn't need to contact them, because --

DR. MAURO: The difficulty with -- and -- and certainly that makes sense, but I think that the last time we discussed this, the reason the coworker interviews were not as prevalent as your -- it was because you didn't --

MR. GRIFFON: Maximizing.

DR. MAURO: -- the maximizing approach, and I -- and I have to say, it's going to be one difficult time to try to explain -- in other words, as though -- as you had just mentioned -- well, the reason we didn't follow up on your recommended coworkers is because we used this maximizing approach which uses these 12 radionucli-- you know, and -- and then you're down into this position where you -- where it's going to get worse. It's not going to get better. So it's almost as if we've got

ourselves --

MR. GRIFFON: I hate to give up before we try.

DR. MAURO: -- an un-- un-- yeah. Yeah. Right. Now -- but then -- then there's, so -- from the point of view of the -- there's the other side of the questions. Do you perform a coworker interview? Do you open up a dialogue because you're more concerned with a bedside manner issue; that is, you're trying to create peace of mind. What I'm hearing is really that your -- your objective is to get factual information that's going to allow you to do the best job you possibly can do in your dose reconstruction --

MR. GRIFFON: That's the way we've behaved (unintelligible).

DR. MAURO: -- and that's the way it's been designed, and I can understand that. But what I'm hearing at the same time is that one of the unanticipated consequences of going down that path is the cre-- is the creation of some degree of alienation, because that process does not always lend itself to developing confidence and a -- and a sense, you know, that yes, I am being treated as a human being, I -- there's

someone out there who cares about it. So I think that we have thi-- a situation that is -- perhaps we -- we could strike a balance someplace where we optimize, but I do think we have conflicting objectives that are not easily resolved entirely. Certainly we have to get the information we need to do the dose reconstruction, but unfortunately, I think, to date, in so doing I think it's possible that the bedside manner side of the equation --

MR. GRIFFON: I --

DR. MAURO: -- has been -- has not been tended to.

MR. GRIFFON: I don't think they're incongruous, if that's the right word.

DR. MAURO: Yeah, yeah. Okay.

MR. GRIFFON: I mean I -- I think that -- you know, from the claimant's standpoint, they want to know that you've considered their specific information. But if you didn't -- if you had no reason, I think they wou-- and -- but it's not in the report right now, or -- or it wasn't in the older reports --

MR. HINNEFELD: No, it's not.

MR. GRIFFON: -- an explanation that, you know,

you provided all these specifics, but here's why we didn't need to go down that path with your particular case. We had your specific dosimetry; we had -- you know --

MR. HINNEFELD: Yeah. We -- we don't --

MR. GRIFFON: I -- I think --

MR. HINNEFELD: -- comment on coworker.

MR. GRIFFON: -- with thi-- this maximizing issue it does get -- it can get complicated --

DR. MAURO: Yeah.

MR. GRIFFON: -- but I think it can be done and I don't think that they would -- you know, I don't think that we should -- I -- I -- at least personally, I don't feel that we should ask the program to interview coworkers just for the sake of being able to say to the claimant that yeah, we checked with these coworkers and we verified that you worked at K-25, you know? It had nothing to do with your dose reconstruction report, but there you go.

DR. MAURO: We did it any-- we did it anyway.

MR. GRIFFON: You know, isn't that good bedside manner. I mean that's --

DR. MAURO: I -- I understand, yeah.

MR. GRIFFON: I mean I -- I don't think that's

useful at all.
MS. MUNN: No, and as a matter of fact, there are even privacy issues that are involved there, that --
MR. GRIFFON: Right, right.
MS. MUNN: -- you don't want to get into that --
MR. GRIFFON: I just think -- I -- I -- don't think that --
MS. MUNN: -- unless you have to.
MR. GRIFFON: I think Stu's stated policy is good, that -- that you do it when you need to do it for the purposes of the individual dose reconstruction. Now the -- the question is, with survivors, I think you -- you get into the question of do you know enough about that person's job history, because you're not -- Arjun's point is that when you're interviewing the survivor they're likely not to know much about that person's job history. And then, you know, is there a different trigger on those survivor claims that says, you know, geez, we have sketch-- real sketchy dosimetry information on this person --
MR. GIBSON: This -- this is Mike --

MR. GRIFFON: -- all we know about them is that they worked at that plant. Maybe we need to interview a coworker and find out more about what -- what this individual did, you know? Go ahead, Mike.

MR. GIBSON: I just want to make sure that we're not getting confused here and -- and, you know,-- I know I've got us off subject, but I originally started talking about living claimants that have a potential case that don't understand the process, not necessarily the coworkers or their survivors -- which are important, but I'm -- I was just talking about claimants themselves that don't understand this process.

And secondly, I just -- you know, I want to agree with Mr. Presley that, you know, I'm not criticizing NIOSH. It's DOL, it's the whole structure of the process that has had -- that has claimants confused and giving up when, you know, they may or may not have a legitimate case to file.

MR. GRIFFON: No, we -- we got that point, Mike. I guess we were going down that path because Arjun was going down some specific

recommendations on ways to modify some of these procedures. And that's why we got into the coworker question.

MR. HINNEFELD: Yeah.

MR. GIBSON: Okay.

DR. MAKHIJANI: Well, some -- some -- sorry, Mike. Go ahe--

MR. GIBSON: No. No, I'm done.

DR. MAKHIJANI: In regard to -- in regard to the specific case of survivor claimants who are going to be denied, let me just kind of -- because I have thought about this a lot. The -- they cannot talk about incidents. Generally they don't know about radionuclides. Very often they don't know about processes. So you -- you read the interview forms and most of it is "don't know," even though the interview form is minimal compared to the employee interview form. I think in that -- unless you have an extraordinarily complete record for this record for this worker, you don't know that they haven't been involved in spills, 'specially when you've got workers from the 40's, 50's and 60's, when the documentation on-site is -- we know is more sparse than in later times.

You've -- you've got a situation where I feel you cannot be confident, as a dose reconstructor, that when you apply the 12 or the high five, that you're actually doing a good dose reconstruction. You don't know that. We -- we --

UNIDENTIFIED: Question.

DR. MAKHIJANI: -- we saw that at Mallinckrodt, that I -- I personally have looked at cases where the 12 from Hanford were applied to Mallinckrodt cases, and when we actually got into the details of the actiniums and the protactiniums, I felt -- and we did write in the report -- that if you go back and redo those things, you may actually find a higher dose than what NIOSH was confident could not be exceeded under a maximum dose reconstruction. And I think if there is not -- if there's not some kind of -- when the -- when the survivor has gone through the trouble of finding a coworker, if there's not an interview process that -- that -- by which NIOSH can be sure that -- that they haven't -- otherwise, NIOSH has to certify that this is a complete dose reconstruction file and we have not -- we don't

see the need for a coworker interview because we've got every film badge record and we know that there were no incidents in which this worker was involved -- which are not documented -- I think that is a very, very high bar from whatever I know about the program.

MR. GRIFFON: I -- I still think this falls into that whole logic tree of triggers that I was, you know, sort of -- from an action standpoint, I think it's -- it kind of falls under that category. But I -- I mean to -- to be -- I -- I hear your point, Arjun, but I'm wondering if -- trying to think of some of the AWE site where you would say that for all workers we're applying this model and -- I think this is a big and -- but it's -- and they -- they -- on-line training?

UNIDENTIFIED: Yep.

MR. GRIFFON: And -- and there's -- in the -- in your process of doing the Bethlehem Steel you've interviewed 20 or so workers at the site and therefore, you know -- so in that case do you still think each survivor should have a coworker interview done if they've identified a coworker? I'm just -- just probing you on this

point a little bit, I guess.

DR. MAKHIJANI: Yeah. I -- I'm not sure.

MR. GRIFFON: Yeah.

DR. MAKHIJANI: I mean Bethlehem Steel is a kind of very stripped down case where there's --

MR. GRIFFON: But there's a lot of those AWEs that fall into that category, that's why I ask. Yeah.

DR. MAKHIJANI: Yes. Yeah. Yes, that's true.

MR. GRIFFON: So maybe not for every co-- you know.

DR. MAKHIJANI: Yeah. Let --

MR. GRIFFON: So let's ask for some kind of logic to that trigger, I think, is what we're --

DR. MAKHIJANI: -- let me just say that if -- at the -- at the end of the day, there is a subst-- it's not a bedside manner question, in my mind.

MR. GRIFFON: Right.

DR. MAKHIJANI: There's a substance issue involved. And before you get to get to the convincing the survivor, I think the substance issue's got to be settled. At the end of the

day, is NIOSH sure that it has sufficient information that the number that it has -- either on a best case or a maximum case -- is truly what has been promised in the regulation and the law. And I'm not confident that currently that -- that is always the case, and I've given you a specific example of that.

MR. GRIFFON: Yeah. Right. Okay.

DR. MAKHIJANI: The -- even in the maximum case. Once that is done, then you can represent that. So this -- this coworker interview process has to be -- so, okay, you've interviewed 20 workers and you've got the rolling part of it, and you've got the cooling bed part of it, and the shearing part of it, and you've got the cobbling part of it; okay. So you -- you've -- we've done that actually for Bethlehem Steel. We've got all of these interviews and I think that that can be explained, that your husband or your father worked at the rollers, and we have that --

MR. GRIFFON: And we've interviewed some people that -- yeah.

DR. MAKHIJANI: -- and we have these interviews --

MR. GRIFFON: Interviewed coworkers.
DR. MAKHIJANI: -- that fulfill the same function --
MR. GRIFFON: Right.
DR. MAKHIJANI: -- as the person whose name you gave us. And I don't think -- I don't think a person at the other end would take it amiss that that -- you know, Joe Smith wasn't called, but --
MR. GRIFFON: That's the only reason I pointed that out --
DR. MAKHIJANI: Yeah, no, I think that's right.
MR. GRIFFON: -- because it could be -- yeah. Yeah.
DR. MAKHIJANI: But some-- someth--
MR. GRIFFON: So I think still the action is probably that this coworker trigger question that you might consider -- and it's clearly a sort of logic tree approach, I guess.
MR. HINNEFELD: Yeah. I -- I can just -- it just seems problematic to me, but I mean I'm not saying it can't be done. But I'm saying it will be difficult to come up with a logic path that -- in -- in a lot of cases. But maybe not. Maybe -- maybe I'm just being

pessimistic.

MR. GRIFFON: I mean you -- you have any problems right now that you want to identify or you want to just think on it and report back?

MR. HINNEFELD: No, it's -- it's more of --

MR. GRIFFON: Yeah.

MR. HINNEFELD: -- more of a gut feeling. I'm try-- well, if we're going to ask -- you know, I -- I would guess since we will have a particular set of things to ask a coworker, because you really -- I mean, you'd call for a reason, you're essentially then customizing each one, you know -- or maybe not. May-- if you have -- if it's not a custom interv-- if it is -- if it's not a custom interview, if it's a standard interview, then -- and we ask more than nine, then we have to have an OMB approval on a coworker interfor-- interview form. If, you know, there are --

MR. GRIFFON: You've got coworker interviews now, to date, haven't you?

MR. HINNEFELD: Yeah, but you know, they were in a sense a -- custom coworker interviews, you know, for a particular issue.

MR. GRIFFON: Right. But how would that be --

I don't think we're asking for a different --
MR. HINNEFELD: So you're asking -- but these are custom, and you're asking for a custom interview --
MR. GRIFFON: Yeah.
MR. HINNEFELD: -- on every survivor claim, which is half the claims.
MR. GRIFFON: And they only -- and -- and they only would be done for the purposes of answering a question, as -- as you --
MR. HINNEFELD: Right.
MR. GRIFFON: -- I don't think it's different than your stated policy.
MR. HINNEFELD: I'm just -- I'm just --
MR. GRIFFON: Right.
MR. HINNEFELD: I'm struggling with it, will we find all the triggers. You know, will we -- will have a --
MR. GRIFFON: I agree.
MR. HINNEFELD: -- coherent --
MR. GRIFFON: I mean I'm just thinking --
MR. HINNEFELD: -- ahead of time.
MR. GRIFFON: Right.
MR. HINNEFELD: Will we be able to foresee the -- the things that are going to say well, maybe

this sh--

MR. GRIFFON: I agree.

MR. HINNEFELD: -- should be done in this case. And then -- and again, there -- and, as you've alluded to, there are a lot of cases that, on the face of them, are not going to be successful and we just aren't going to be able to make them successful. People who have short employment periods, short or a non-ex-- or almost non-existent latency periods, and cer -- and a -- and a radiation-resistant cancer, you can't find out enough stuff to make that case compensable.

MR. GRIFFON: Right, right.

MR. HINNEFELD: And so there are certain cases where it kind of drops off. I -- I'm sorry, it just does.

DR. MAKHIJANI: Well, I -- I think that that -- you know, this information is held in a kind of a closed way by the cognoscenti of the program. All of us who do numbers and sit in meetings know that prostate cancers almost never get compensated. And you know, I've broached this subject in -- in private with -- with some of the people --

MR. HINNEFELD: Yeah.

DR. MAKHIJANI: -- that I think that the public ought to know that, that prostate cancers, from the way the law is written, and -- and Dr. Wade testified to this -- to this effect -- that, you know, many people get denied, not -- not because NIOSH is-- isn't good -- doing a good job, it's from the way the law is written; that if you have to have a 50 percent or more PC and given the nature of the best we know about radiation, prostate cancers are almost never going to be compensated.

MR. HINNEFELD: Right.

DR. MAKHIJANI: And I think this is a simple truth that the public does not know. And --

MS. MUNN: But if you're going to give that truth, then you need to also give the truth of what the actual epidemiological evidence is. And I know everybody fights that. No, no, this is not an epidemiological study. I know it's not a study, but the truth is, if -- and I'm unsure of what the exact percentage is, but my memory is that it's well over 60 percent of all males over the age of 60 have some form of prostate cancer.

MR. SHARFI: Proportional to your age.
MS. MUNN: Yeah. And -- and if that's the case, then if we're going to on the one hand say we can't provide you compensation for this because the law says this, then we must also on the other hand, to be fair, say however, in point of fact, the reality is, you probably -- given the statistical realities that exist in the world today, you can't -- there's no way that one can say your employment had anything to do with this.
MR. GRIFFON: Well, I guess you read further in tha-- into that than I did, but I -- I mean -- just to say we can't because of the law, I -- I guess I see your point. I mean --
MS. MUNN: That's not what I --
MR. GRIFFON: I don't think the law -- I don't think the law's wrong in that, you know.
MS. MUNN: No, but -- but --
DR. MAKHIJANI: No.
MR. GRIFFON: I mean prostate cancers probably should not be 'cause they're less radio-sensitive. At least the evidence is --
DR. MAKHIJANI: Yes.
MR. GRIFFON: -- to date, says that, so --

DR. MAKHIJANI: If there's a probability of causation test --

MR. GRIFFON: Right.

DR. MAKHIJANI: -- and this is -- so this is sort of outside of our purview -- so long as that test is there, then it is from the -- it is from the general occurrence of prostate cancer that that probability of cancer is so difficult --

MR. GRIFFON: Yeah.

DR. BEHLING: -- to exceed 50 percent. So actually, what you're saying complements -- is -- it isn't opposed --

MR. GRIFFON: Right.

DR. MAKHIJANI: -- to what I was saying or what's in the law.

MR. GRIFFON: And I -- I agree with Stu. I think you need -- I mean, I think we need to consider this moving forward, if -- if a trigger can work, or what -- what type of logic can be consi--

MR. HINNEFELD: We can -- we can certainly take a look at it.

MR. GRIFFON: -- because I can see some pitfalls in --

MR. HINNEFELD: I mean, I'm not saying we're not going to do it -- I'm just, I'm -- maybe I'm just a pessimist --

MR. GRIFFON: I mean I'm not sure how -- how exactly the program uses POC triggers, either, 'cause I think that's a dicey little area -- because NIOSH is not in the business of estimating P-- or calculating POCs. Right? That's DOL.

MR. HINNEFELD: DOL makes the determination of POC but we certainly --

MR. GRIFFON: Right. So how you screen on POC, and --

MR. HINNEFELD: Well, we--

MR. GRIFFON: -- how you write that up in your procedure, I think --

MR. HINNEFELD: Well, I mean --

MR. GRIFFON: -- if -- if you include that -- go ahead.

MR. HINNEFELD: It's in -- it's in, kind of, Procedure 6 and --

MR. GRIFFON: Oh, it is. Okay.

MR. HINNEFELD: There is a categorization -- yeah, we do it.

MR. GRIFFON: Okay.

MR. HINNEFELD: You know -- and do it from accumulated knowledge of whether a case is --
MR. GRIFFON: Right.
MR. HINNEFELD: -- this looks like this is almost surely a pay-- I mean there's plenty of case -- long -- long exposure to actinides in a lung cancer --
MR. GRIFFON: Yeah.
MR. HINNEFELD: -- you know, that's -- that's going to be easy; short -- short exposure and -- or -- short --
MR. GRIFFON: So, I agree, I mean -- I agree with --
MR. HINNEFELD: -- short latency period and most solid tumors, that's -- or -- you know, or not -- not metabolic type of tumors are not going to be, you know --
MR. GRIFFON: My sense -- my sense is that in writing a logic pattern for the triggers, I think you're right -- we're not going to --
MR. HINNEFELD: I don't think we're going to foresee everything.
MR. GRIFFON: Up front -- up front you're probably not going to foresee everything, right. I mean you're not going to get all the

what-ifs. I mean, the AWE one that I just brought up, I think there's good rationale for -- for probably not interviewing all coworkers from survivors because you've already interviewed a bunch for Bethlehem, you know. That's one example. And then -- but you're not going to foresee all the -- you know, but --

DR. WADE: But the fact that you're not going to foresee them all is -- is not a reason to not strive.

MR. GRIFFON: Doesn't mean you can't --

MR. HINNEFELD: -- to not try. Right.

MR. GRIFFON: Exactly. Exactly. That's my point.

DR. WADE: The instruction is clear that the working group would like to see NIOSH explore this issue of triggers that would require that we follow up on coworker interviews.

MR. GRIFFON: Right.

DR. WADE: And in the case of survivors, we expect that to be much more of a hair trigger. We expect that -- the test to be --

MR. HINNEFELD: Easier on a survivor claimant.

MR. GRIFFON: Right.

MR. PRESLEY: Yeah.

MR. GRIFFON: Right.
DR. MAKHIJANI: And that's what -- and NIOSH needs to come back to the working group and say here is our thought on this, and then the working group can --
MR. GRIFFON: Now -- now, generally -- again, I don't want to cut Arjun off, but generally what I've done with the action here is to say that in most of these -- and I'll re-send my matrix one more time on this -- but most of them are now going to say NIOSH will modify procedures and policies as appropriate. SC&A will review. The trigger one I'm going to -- some of the specific ones we had in there, I'll leave those as -- as written before. But some of the ones that before just said, for instance, for SC&A to review Proc 90 and 92, I think we've realized that -- that wasn't really appropriate.
MR. HINNEFELD: Right.
MR. GRIFFON: So I'm -- I'm replacing it with just kind of a "NIOSH will modify procedures and policies as appropriate" -- that qualifies it big time --
MR. HINNEFELD: Right.

MR. GRIFFON: -- "and SC&A will review" -- and we'll move this forward, you know --
MR. HINNEFELD: Yeah, and --
MR. GRIFFON: -- 'cause my intent is to close this --
MR. HINNEFELD: Right.
MR. GRIFFON: -- procedures review out. I mean we really need to --
MR. HINNEFELD: This would be -- right --
MR. GRIFFON: -- to move on to the procedures that are being used in the program.
MR. HINNEFELD: This would be a step after -- after CATI. You were saying -- I like what you said, "modify procedures and -- and policies" because -- we don't want to specify which one because it may be something we write --
MR. GRIFFON: Right.
MR. HINNEFELD: -- that occurs after the CATI step.
MR. GRIFFON: Right.
MR. HINNEFELD: You know, realistically, that's where it would occur --
MR. GRIFFON: Yeah.
MR. HINNEFELD: -- is after the CATI step where you'd run through these triggers--

MR. GRIFFON: So --
MR. HINNEFELD: -- to determine whether to do a coworker interview.
MR. GRIFFON: Is that okay? And then -- go ahead.
MS. MUNN: We have to be realistic. You know, as much as we would like to mechanize everything that we do and say here's the jump-off point, here's where you do this, here's where you don't do this, this alone tells us how impossible that is. We -- you know --
MR. GRIFFON: Well, yeah. And the other -- the --
MS. MUNN: -- we're making -- we're doing our best to try to do that.
MR. GRIFFON: I agree. I agree.
MS. MUNN: But in point of fact, what it comes down to is everyone involved in this process at some juncture has to use their best technical judgment.
MR. GRIFFON: Well, and there's -- there's ways to -- I just -- I'm glad you brought up that point, 'cause there's way -- in those triggers, I think there's ways procedurally -- and you guys do this for a living more than I do, but I

mean the -- the -- or the DR or -- can be shall, should, and may, you know? I mean you can have different levels of -- so it's --

MR. HINNEFELD: Right.

MR. GRIFFON: -- it's a little fuzzier. I mean I, you know -- we don't -- we -- you know, 'cause -- 'cause of just the situations that Stu is describing, I think we're not going to foresee everything so we may have to, you know, certainly consider some softer language in those triggers that, you know -- but you know, I think we need to at least attempt that and move forward with that. And as -- as Lew said, probably a -- more of a hair trigger with the survivors.

MS. MUNN: Right.

MR. GRIFFON: More of a hair trigger. Arjun, did you have other sp-- specifics that we --

DR. MAKHIJANI: No, I think --

MR. GRIFFON: Because I think we're almost --

DR. MAKHIJANI: Yeah, I think I've mentioned the most important things --

MR. GRIFFON: Right.

DR. MAKHIJANI: -- from -- from the review. The -- the four things. And I think the rest

is detail -- either detail or would require modification of the CATI form, which -- I don't know how you want to proceed with that.

MR. GRIFFON: Well, we still have the -- we still have that in there as a recommendation -- "NIOSH to consider the -- the modification of the for--," the CATI questionnaire itself. Right?

MR. HINNEFELD: It -- it's in there, and --

MR. GRIFFON: Yeah.

MR. HINNEFELD: -- and it's something that we might -- you know, we can do.

MR. GRIFFON: We can carry tha-- as much as I didn't like the fuzzy language, I think we can carry that forward to consider.

MR. HINNEFELD: I wouldn't -- I would like perhaps a little instruction. I don't know if we can get this today, but maybe from the workgroup or SC&A, we were given an example of a preferable interview that was the Y-12 berylliosis or beryllium interview. And -- and I'm puzzled by the -- the more desirable features. You know, why -- what about that form -- I -- I've read -- I've read the questionnaire.

MR. GRIFFON: Yeah.
MR. HINNEFELD: What about that questionnaire is better than the CATI questionnaire? You know, what is it that -- and I'm just not a -- maybe I'm just not an interview person, but I -- I read it, and it looked a lot like the CATI interview to me, except of course it was specific to Y-12. And it could be a lot -- you know, it could have details about what buildings you were in and stuff --
MR. GRIFFON: Right.
MR. HINNEFELD: -- 'cause it was specific to Y-12. But I -- I didn't -- other than that, I didn't see the advantage. And I got -- I brought some examples, if anybody wants to take it with them and let me know what the ad-- advantage of that interview is over a CATI.
MR. GRIFFON: Yeah, maybe if you have the examples, yeah.
MR. HINNEFELD: And in fact, the dose reconstruction -- our –- our--
MR. GRIFFON: You can share those with us and we can consider it at the next meeting, but...
MR. HINNEFELD: -- our Task IV and our do-- you know, work with the communicators, and the --

now I'm losing everything --

MS. MUNN: I didn't take it, I swear.

MR. HINNEFELD: -- the communicators and the dose reconstructors probably have some ideas about things that might be worthwhile to ask in a CAT-- or maybe there are some things in the CATI now that really don't ever yield any benefit.

MR. GRIFFON: So maybe we can -- we'll carry that action -- we'll carry that action forward, and when we have it on the next time we'll get some of the people that are doing it in the room with us and we can discuss that specifically. Right? Arjun?

DR. MAKHIJANI: In regard to the -- in regard to the Y-12 beryllium interview, this is something that I'd like Kathy DeMers to address because she had a lot of experience with that and we -- as you know, we did this -- this piece of the Task II report together, and I think one of the things, for example, was she was saying, you know, when you interview somebody in person it makes a lot of difference. And we realize it was a telephone interview --

MR. HINNEFELD: Sure.
DR. MAKHIJANI: -- and I think they did in-person interviews and they had a little bit more free form. Fro-- from the -- from my own review of the CATI, which -- which was in a -- in a different realm rather than the process, it -- it related to the substance of things that are not in there, which are on page 205 --
MR. HINNEFELD: Right.
DR. MAKHIJANI: -- of our Task III report.
MR. HINNEFELD: And -- and I believe what we said in our response was sounds like there's some pretty good suggestions here; we ought to take this back and evaluate, you know, if we want to do this.
DR. MAKHIJANI: So -- so those -- I would suggest sort of a two-track resolution of that, whether the -- about what to do with the CATI form.
MR. HINNEFELD: Uh-huh.
DR. MAKHIJANI: One is let me consult with -- with Kath-- Kathy and have either her or me get back to you about this particular form and --
MR. GRIFFON: Yeah, just --
DR. MAKHIJANI: -- so she can explain to you

her view of this.

MR. HINNEFELD: Yeah, what's the aspect of this that's better than the CATI interview --

DR. MAKHIJANI: Yeah.

MR. HINNEFELD: -- 'cause I'm -- maybe I'm just not a very good interviewer --

DR. MAKHIJANI: I -- I don't recall -- I don't recall our discussion from about two years ago about -- about this thing so I want -- so I want her to tell you, but there is this sort of very specific item, no question about food, no question about overtime.

MR. HINNEFELD: Right.

DR. MAKHIJANI: I mean if these could be thought about --

MR. HINNEFELD: Right.

DR. MAKHIJANI: -- in terms of expanding the CATI form -- modifying it.

MR. GRIFFON: And there are -- it's quite a bit of experience from the medical surveillance programs, too, and every program has their different questionnaires.

MR. HINNEFELD: Yeah.

MR. GRIFFON: You know, some are probably consistent with what you have; some might be

different. But I mean -- you know, my experience in that program is that I get more valuable information with regard to work practices and/or buildings and operations and processes than radionuclide or chemical checklists, you know.

MR. HINNEFELD: Yeah.

MR. GRIFFON: It's difficult--

MR. HINNEFELD: Yeah.

MR. GRIFFON: -- but anyway, the --

MR. HINNEFELD: Yeah.

MR. GRIFFON: -- we can continue on that path and SC&A will share their information with you --

MR. HINNEFELD: Okay.

MR. GRIFFON: -- and go forward.

DR. WADE: The only procedural thing is we need to break for lunch by 12:30.

MR. GRIFFON: Yeah, I was going to say 12:30. I think we need to take five in a few minutes.

DR. WADE: Right. They're going to shift -- they're going to shift rooms when we break. There's been a confusion in terms of the rooms, but we just move down two doors. But if we do that by 12:30, we're fine.

MR. GRIFFON: All right. Are we -- did we cover everything in these -- so -- so I'll -- I'll send the new matrix, but a lot of these items now are going to have that -- that NIOSH will recons-- or will consider the policy and procedures and SC&A will review them, so we're going to sort of carry this task -- or this review forward and not jump off into 90 and 92. It doesn't make sense.

DR. MAURO: No. We'll -- we'll pull the plug on that.

MR. GRIFFON: We'll stick with these specific issues, yeah. Yeah.

MR. HINNEFELD: Yeah.

DR. MAURO: We're pulling the plug on 90 and 92 for the time being.

MR. GRIFFON: Yeah.

DR. MAURO: Okay. Good.

MR. GRIFFON: All right?

DR. WADE: Just for my general information, this acknowledgment pack and a revised attachment to CATI letter, has that -- are we in the process of reviewing what NIOSH has prepared?

MR. HINNEFELD: We're -- we're --

DR. WADE: Or is it not prepared?
MR. HINNEFELD: It's not prepared.
MR. GRIFFON: No. It's not final.
MR. HINNEFELD: It's a product that's not -- not -- we're not ready to share it with the Board. I mean -- it -- we'll share it with the Board --
MR. GRIFFON: But when it is --
MR. HINNEFELD: -- when it's absolutely final, but we want to have a product we're happy with.
DR. WADE: When it is, you'll share it with SC&A so that's--
MR. HINNEFELD: And if the -- see, that was the acknowledgment packet -- and the attachment to the CATI letter is -- has been done. That was -- that issue had to do with -- there was sort of some coercive language on -- this was the CATI introduction letter. You know, we -- we're going to interview you, and there was an attachment on there that kind of said that you'd better interview, you know, it's really important, et cetera, et cetera -- and so it kind of set in mind -- and this was part of the findings in the bulk of the report -- you won't find it on the matrix, but in the bulk of the

report, was this is kind of a scary -- you know, you really are --

MR. GRIFFON: Right.

MR. HINNEFELD: -- setting these people up and putting them in a bad situation. Now that attachment has been changed.

DR. WADE: Okay.

MR. HINNEFELD: And I prob-- I believe I provided copies of the -- the new and the old, but I can.

MR. GRIFFON: I don't know if I've captured that on the matrix, but we should probably add that on, that the attachment gets --

DR. MAKHIJANI: I think it is in the matrix.

MR. GRIFFON: -- gets reviewed again.

DR. MAKHIJANI: It is in the matrix that it has been changed.

MR. HINNEFELD: Yeah, it has -- we have changed it.

MR. GRIFFON: But -- but not that SC&A is reviewing it.

DR. MAKHIJANI: No. We have -- I have not seen it. Maybe I lost it in the whole report.

MR. GRIFFON: I'll -- I'll carry it through, but that will be an SC&A action.

MR. HINNEFELD: Yeah, I'll e-mail you a copy of both.

DR. MAKHIJANI: Okay, great.

MR. GRIFFON: I think if we can take five, I think some people might have to check out of the hotel. Let's take a short break and then we'll still plan on breaking for lunch at 12:30, but we'll start the second set of cases when we get back.

MS. MUNN: Did I hear Lew say we had to move rooms?

MR. HINNEFELD: Yeah, after the lunch break.

MR. GRIFFON: After the lunch break at 12:30 we'll have to move rooms.

MS. MUNN: Well...

(Whereupon, a recess was taken from 11:25 a.m. to 11:40 a.m.)

MR. GRIFFON: Everyone on the line, we're ready start here. I think we have just -- just a second here to close out on the procedures review section. Stu, you had a comment.

MR. HINNEFELD: I had -- I had one comment to make. One of the -- one of the proposed actions on the matrix from earlier was to -- for SC&A to sit in on closeout interview -- a

closeout -- or closeout interviews, and we're proceeding to -- down that pathway. I just wanted to make one comment about the proposed course of action, which was they would listen in, write the report and then share it with the claimant. I want to make sure OGC weighs in on that because having the claimant review -- this is an active claim. Now this is not a claim that's closed. And so presenting this product to an active claimant departs pretty far from what we've ever done. And so I -- I want to -- I just want to put in there, I'm not so sure that we want -- that we'll be able to accommodate providing the product to the claimant to review.

DR. MAKHIJANI: Okay.

MR. HINNEFELD: Because the claimant's participation -- I mean, this -- this audit process is sup-- not supposed to perturb --

MR. GRIFFON: Yeah.

MR. HINNEFELD: -- the claimant's par-- participation at all, because this is still an active claim.

MR. GRIFFON: That might be a problem. I mean that's inconsistent with what we've done before

--

MR. HINNEFELD: Yeah.

MR. GRIFFON: -- with other case reviews, so I don't --

MR. HINNEFELD: So we'll set up the process, and in fact it may already be, as I told Kate yesterday -- yes, for sure, you know, ORAU will initiate the contact and we'll re-- and we'll initiate the scheduling. We think we have a -- a method that will work. But I'm -- I'm concerned about having -- you know, introducing a perturbation in the claimant's process.

DR. MAKHIJANI: I have a question about that. Our -- you know, I think Stu sent us a set of terms where SC&A would essentially be strictly an observer and say nothing. And I think -- and I think that's ent-- entirely right and we should say nothing. We -- we will, for our own review process, have to document our observations because you can't rely on memory. I mean --

MR. HINNEFELD: Sure.

DR. MAKHIJANI: And so we're going to be making some notes during this process. And the idea of sending the notes both to the interviewer

and the interviewee for a fact-- was for a factual check. Now if that's going to perturb the -- as to -- as to whether the notes were accurate or not -- and now if that's going to perturb the process, then I -- I just have a question about how is the documentation of the interview to -- observation process to be presented to the Board?

MR. GRIFFON: Well, I think -- I think you might consid-- I mean I think where you may end up is having -- sharing that -- your notes with the interviewer for the factual check and coming to agreement between the interviewer and -- and the observer --

MR. HINNEFELD: There's -- there's no particular problem --

MR. GRIFFON: Yeah.

MR. HINNEFELD: -- with noting and making notes and --

MR. GRIFFON: Right.

MR. HINNEFELD: -- preparing your product. But what I think the concern -- the effect of the concern is perturbing the process --

MR. GRIFFON: Right.

MR. HINNEFELD: -- for an active claimant.

MR. GRIFFON: I don't think we can go there.
DR. MAKHIJANI: Right. And we don't want to do that, obviously. There's -- there's no point.
MR. GRIFFON: So -- but I think that the rest of the process is fine. Right, Stu? The rest --
MR. HINNEFELD: As far as I know the rest is fine.
MR. PRESLEY: And -- and then it could be redacted when it comes back to the Board.
MR. GRIFFON: Right. Present it to the Board --
MR. PRESLEY: There's no problem there.
MR. HINNEFELD: Well, yeah -- the Board is entitled to see unredacted information.
MR. GRIFFON: We can see the Privacy Act -- yeah.
MR. HINNEFELD: If we're going to make it public -- if we want to make it public we would have to redact it.
MR. PRESLEY: Right.
DR. MAKHIJANI: Okay.
MR. GRIFFON: And it's not clear to me that the -- I mean, a redacted version in this -- in this instance is probably adequate.

MS. MUNN: Yeah. I think so.
MR. GRIFFON: We're not looking for who, we're looking for -- you know --
MS. MUNN: No. We're not looking for who, we're not looking for buildings --
MR. GRIFFON: Right, right.
MS. MUNN: -- we're not even looking for site.
MR. GRIFFON: But anyway -- yeah, yeah.
DR. MAKHIJANI: Yeah, no.
MR. GRIFFON: Yeah.
DR. MAKHIJANI: It was -- it was just so we're not relying on our memory of a complex process in order to doc-- you know, in order to arrive at conclusions from --
MR. HINNEFELD: Yeah, there's no problem with preparing a -- a report or a product --
MR. GRIFFON: Yeah.
MR. HINNEFELD: -- from listening in. I think it's the perturbation --
MR. GRIFFON: So I think sharing it with the -- sharing with the claimant is not going to happen then. Right?
DR. MAKHIJANI: Okay. I mean --
MR. HINNEFELD: I believe that's probably where we would have to --

MR. GRIFFON: I'm asking SC&A if you're -- if you're agreeing with it right now. You don't have to get a read from your legal.

DR. MAKHIJANI: Well, if there's any -- if it's questionable in any way from the point of view of perturbing the process, I'd -- I'd personally actually rather not--

MR. GRIFFON: Right.

DR. MAKHIJANI: -- go there.

MR. GRIFFON: Right.

MR. HINNEFELD: Yeah.

MR. GRIFFON: So it's -- strike that, we won't ask for that.

MR. HINNEFELD: Yeah.

MR. GRIFFON: Okay. Anything else on procedures review? I think we're ready to go into the second set of cases, at least start it before lunch, and maybe -- you know, I -- I think we'll go through most of these fairly quickly. We've been doing this for a while. These cases date back a ways. So, okay -- everyone have that matrix in front of them?

SUMMARY OF FINDINGS MATRIX CASES 21 THROUGH 38

It's "Summary of Findings Matrix Cases 21 through 38, prepared by the work group July

23rd through 2006." Lew, I don't know if we have -- can we make copies available?

DR. WADE: We can. I can have copies made, if you would like.

MR. GRIFFON: I mean, I'm thinking for people watching in here.

DR. WADE: Well, maybe I can give them my copy and I can look over someone's shoulder.

MR. GRIFFON: So I'll go by the finding number. Just for those on the phone, I'll read the -- go down the finding numbers. And I'm really just going to go where -- where I have something highlighted unless other people raise other questions. So the first one -- sometimes they're hard to read 'cause the finding and response overlap into two pages but, you know, we did the best we can to limit the pages on this, but it's down to 60, I think -- 57.

MS. MUNN: Down to 60.

MR. GRIFFON: Yeah.

MS. BEHLING: Mark?

MR. GRIFFON: Yeah.

MS. BEHLING: I realize on the very first finding, 21.1 --

MR. GRIFFON: Right.

MS. BEHLING: -- and we talked about this and I gave you wrong information for the NIOSH action under this first finding. This -- actually this case is a Rocky Flats case and --

MR. GRIFFON: Oh, okay.

MS. BEHLING: -- it doesn't have to do with a Hanford issue, although this Hanford issue about the skin dose will come up later.

MR. GRIFFON: Okay.

MS. BEHLING: So I'm afraid we're going to have to change --

MR. GRIFFON: So this wasn't a Rocky.

MS. BEHLING: -- this NIOSH action. This is a Rocky issue. And --

MR. GRIFFON: What was the NIOSH action prior to this? There was no action, was there? Or was --

MR. HINNEFELD: Well, we were going to talk about this --

MR. GRIFFON: Yeah.

MR. HINNEFELD: -- because there's a discrepancy in the -- in the dose record I think we can talk about today. It's really minor.

MS. BEHLING: It -- it is minor.

MR. HINNEFELD: If we just talk about it a little bit I think we can just say okay, good enough. I have copies of some things if -- I have -- I have made eight copies. I want to make sure Hans and Kathy have one and I want to make sure the Board members have one. I suppose Ray should have one. Maybe everybody else can share -- because it explains the record and why this calculation error -- or apparent calculation error appears in the dose reconstruction.

MR. GRIFFON: Okay.

MR. HINNEFELD: Okay. Now what I just handed out -- the packet I just handed out has essentially a two-page excerpt from the dose reconstruction review -- I'm sorry, a three-page excerpt. The top three pages are from the dose reconstruction review. And then I've attached to that an additional -- oh, about five or six pages which are additional renditions of the occupational dose record for this energy employee that line up with the -- the one sheet that's attached. You know, there -- the -- Rocky Flats provides -- I'll call them three different renditions of the

occupational exposure record with their -- with the file. And so the -- the basis for the arithmetic error is that shallow -- the -- the shallow dose calculation is supposed to start from the difference between shallow and deep photon. Okay? And you take that difference and that starts the calculation for -- for the shallow dose. And in the page that's attached to the finding -- in other words the third page of the package I just handed out, and in the rendition immediately behind that which is two more pages, for the various years that are highlighted -- well, it's exposure -- entry lines 18, 19 -- or eight, nine, ten -- and they are marked by little arrows on page two. For those lines and those years there's a discrepancy. If you use this exposure record there really is no difference between shallow and deep dose and so there shouldn't be a shallow dose calculation, but on the dose reconstruction report there is one.

Now, if you look at the final rendition of the exposure history, this one -- this is the final rendition of the exposure history for those years -- and a good example is 19-- well, 1997

is a good example. It's on the first page of the -- this record -- '77 -- 1977, I'm sorry, 1977. This -- this rendition provides what appears to be components from various -- or, yeah, doses from various dosimeter components because you have a DDE or deep dose equivalent -- which could be deep dose equivalent photon dose -- you have SDE-SK, shallow dose equivalent or skin dose photon, and then to the right you have a column that says neutron. And there's a number in that neutron for one of the badges in 1977 and it's three, maybe we -- that just starts a whole 'nother debate and subject to another finding. But on this sheet there is a difference between the shallow and the deep photon dose. So if you add up all the nu-- all the 1977 -- there's more than one 1977 badge -- so if you add up all the 1977 badges you have a difference between shallow and deep. And so this -- this rendition of the dose record which -- which appears to present the photon shallow and the photon deep, and that difference then is the starting point for the dose calculations. That's why the dose reconstruction was done. The numbers are so

small that it really doesn't matter. So we can just, you know, go beyond that. But I did want to explain that.

MS. BEHLING: Okay.

MR. HINNEFELD: Thank you.

MR. GRIFFON: Okay, so there's no action on this then.

MS. BEHLING: No action.

MR. GRIFFON: We thought it was a Han-- I thought it was Hanford, okay.

MS. BEHLING: Yeah, I misguided you there.

MR. GRIFFON: That's okay. It's those dogs getting in our way.

All right, I'm on 21.2 -- 21.2. I didn't highlight this and I'm wondering why. But in -- in the NIOSH action column there's this excerpt from a memo apparently, and I don't know that we've seen the memo or anybody --

MR. HINNEFELD: It's an e-mail.

MR. GRIFFON: It's an e-mail?

MR. HINNEFELD: Yeah.

MR. GRIFFON: Oh, it's just e-mail. Okay.

MR. HINNEFELD: I can forward it.

MR. GRIFFON: Yeah, I think so. It --

(Pause)

Yeah, I guess we just wanted to see -- so it's not a -- it's not a -- nothing more than a e-mail. It's not a procedure or policy --

MR. HINNEFELD: I give -- I give ORAU tons of instructions in e-mails.

MR. GRIFFON: Okay.

MS. BEHLING: Thi-- this has not been incorporated, say, into the revision to Proc 6 or anything -- this change in -- I'm going to call it a change in -- in the NIOSH philosophy. This, you know --

MR. HINNEFELD: I don't know if you'll find it in Proc 6 or not, but -- I mean Proc 6 talks about ORAU's thinking, gets kind of a -- but -- and some of them are maybe unnecessarily generous -- but at least there is -- you know, there is a prescribed -- there is a scri-- prescribed pathway, you know, for these things. This instruction was -- rather than see dose reconstructions with, you know, unnecessarily high estimates -- just, you know, throw in some doses just because you can 'cause nothing's going to change -- we said you shouldn't do that.

MR. GRIFFON: Right.

MS. BEHLING: Okay.
MR. GRIFFON: Right.
MR. HINNEFELD: Now there may be things that are efficient that, on the face of it if you look at it, don't seem efficient but really are, based on the dose reconstruction tools.
MS. BEHLING: Okay.
MR. HINNEFELD: And you're going to commit to tools.
MS. BEHLING: Yes.
MR. GRIFFON: Right, right.
MS. BEHLING: And we -- we understand that.
MR. HINNEFELD: Okay.
MS. BEHLING: And -- we certainly agree with any efficiency process, but when -- as we've said before -- you can go to a table or you can look at things very easily and calculate the correct information or the correct -- pick the correct organ of interest, then we should do that, and I just didn't know if that was going to be reflected in -- in changes to Proc 6 --
MR. HINNEFELD: We'll --
MS. BEHLING: -- which is where I think it should be.
MR. HINNEFELD: Again, there are -- there's a

tool that provides -- you know, there may be a table where you can look up the true value, and the tool may not have that built in.

MS. BEHLING: Okay.

MR. HINNEFELD: And the -- and the tool allows you to do the overestimating technique that -- like I said, it doesn't necessarily look like an efficiency, but it is --

MS. BEHLING: It is.

MR. HINNEFELD: -- as the dose reconstructor and (unintelligible).

DR. BEHLING: I think what sometimes is confusing is when you don't identify the reference. Obviously, if you use the TBD which is site-specific -- and they give you LOD values and they differ from the generic TIB-8 or 10 --

MR. HINNEFELD: Uh-huh.

DR. BEHLING: -- I would say either one is fine. If you're going to overestimate, use the complex-wide generic procedure such as 8 or 10, realizing that those numbers may not necessarily agree with the TBD for a specific time frame.

MR. HINNEFELD: Right.

DR. BEHLING: But if someone says a reference then we sort of say, okay, that's what they used and this is how they document the ultimate value that's entered into the IREP input. And -- and sometimes that's not necessarily clear, so you don't know which document they use, realizing that there's some disagreement when you deal with the complex-wide versus site-specific documents.

MS. BEHLING: And I think we're -- we're jumping ahead here a little bit with this issue.

MR. GRIFFON: I was just -- I'm thinking the same thing. Go ahead, yeah.

MS. BEHLING: Since -- since Hans mentioned it, though --

MR. GRIFFON: The workbook.

MS. BEHLING: -- the workbook issue is in referencing the workbooks, that’s typically not done in dose reconstruction reports. So if it was referenced there, then I think that would also help us to not identify something like this as a finding. But that’s going to come up again --

MR. GRIFFON: Right.

MS. BEHLING: -- later.
MR. GRIFFON: That'll come up later, but we've got it now. Okay, I -- so I -- the same thing is on 21.3. I'm not going to go through that. I -- Stu, just if you can provide that e-mail to us --
MR. HINNEFELD: Yeah. I -- I'm confident I can find it --
MR. GRIFFON: -- I don't think there's any question -- I think we all are in agreement that that's the appropriate policy.
MR. HINNEFELD: Right.
MR. GRIFFON: I'm going to scan down. I'm looking through case 21. And if anybody has anything, certainly step in, but I'm down to case 22 now. Case 22 finding 22.7-B.3, to be specific. Well, this sort of -- we discussed in the --
MS. BEHLING: In the procedures.
MR. GRIFFON: -- in our procedures review, yeah. So I think the CATI question is -- is going to be covered in there so I'm willing to sort of defer that to that section, if you guys are okay with that.
MS. BEHLING: Yes.

MR. GRIFFON: So I'll take that out. In that first paragraph, "NIOSH has modified DR report language, SC&A will review report language" -- that was what was in there initially. Is that -- is that agreeable?

MR. HINNEFELD: We are modifying.

MR. GRIFFON: NIOSH --

MR. HINNEFELD: It has not been completed yet.

MR. GRIFFON: -- is modi-- I'm sorry. Okay.

MR. HINNEFELD: Okay.

MR. GRIFFON: NIOSH is modifying. I always count on Paul to check my grammatical stuff -- no. Okay, so "is modifying." Yeah, now 22.8 is the same -- same change. Sorry, I'm just -- if I don't capture these edits now, it's a lot more work later.

(Pause)

All right. I'm on case 23 -- 23.2. Since Proc 6 was mentioned in the NIOSH response, I added it in an action. It -- it -- I think it's also co-- sort of covered in our procedures review that you said you would look at that and consider differences from IG -- or maybe not, I don't know.

MR. HINNEFELD: Yeah, the --

MR. GRIFFON: From IG-1.
MR. HINNEFELD: There's a kind of recurring theme that measured dose isn't always captured in the normal distribution and in ca-- in this particular case, probably should have been a normal distribution. So we're thinking about how we get that instruction out there. Procedure 6 seems to be the li-- logical place for it to be. If we deviate from that and decide it should be somewhere else, we'll let you know -- but I think Procedure 6 is the place for that guidance to be.
MR. GRIFFON: So is that -- I'll keep that in the action now and if you deviate from that you'll --
MR. HINNEFELD: Yeah.
MR. GRIFFON: -- you'll explain why.
MR. HINNEFELD: Yeah.
MR. GRIFFON: Yeah. All right.
MS. BEHLING: What's the comment -- excuse me, but -- "re-evaluate case 23 in light of comments provided" -- what --
MR. GRIFFON: Oh. Yeah.
MR. HINNEFELD: Well, there -- there were enough -- there were enough items on here that

I thought should be reworked that we just wanted to rework those, you know -- the case. You know, take into account all of the findings here, rework the case with these findings.

MS. BEHLING: And -- and that's being done?

MR. HINNEFELD: Yeah.

MR. GRIFFON: Okay.

DR. BEHLING: Let me ask a couple of things, because it's been brought up on previous dialogue that we've had with you and Jim Neton on the issue of uncertainty which frequently was not used, but I think in this -- with the addition of workbooks which do the calculations for you, I think that problem is by and large resolved. But early on, it was discussed that the issue of -- of uncertainty, when it's not necessarily identified, is compensated by claimant-favorable selection of DCFs that would potentially compensate for the absence of an uncertainty. Is that still a policy to --

MR. HINNEFELD: They're -- we're eval-- there's -- one of our actions on here is to evaluate -- to show whether that's an -- under what conditions is that --

DR. BEHLING: Okay.

MR. HINNEFELD: -- use of a DCF of one --
DR. BEHLING: Yes, a DCF of one --
MR. HINNEFELD: -- in place of a triangular DCF that's below one, times the normal distribution and is that sufficiently favorable -- that evaluation's pretty far along.
MR. GRIFFON: That is action. That is an action on here.
MR. HINNEFELD: We've got to run it model by model so it's a lot of calculation to do, but it's -- or organ by organ, because of combinations and (unintelligible) and risk code, so -- IREP models, so -- but yeah, we're pretty far along in that effort to illustrate -- so I have calculations to illustrate that that decision goes down the normal distribution times the triangular DCF.
MR. GRIFFON: Okay. Hans? You okay?
DR. BEHLING: Yeah. Yeah. Yeah -- it would be helpful, however, in doing the audit, in -- in perhaps making a note of that so that we don't end up citing it as an issue --
MR. HINNEFELD: Right.
DR. BEHLING: -- when in fact that becomes a no-issue.

MR. GRIFFON: Well if -- if workbooks are referenced, that's the other action --
DR. BEHLING: Yes.
MR. GRIFFON: -- then you would know. Right?
DR. BEHLING: Yes.
MR. GRIFFON: That --
DR. BEHLING: Well, when a claimant-favorable DCF is used, then perhaps the tedious task of doing an uncertainty analysis is not necessary.
MR. GRIFFON: Right.
MR. HINNEFELD: Right.
MR. GRIFFON: All right. We're -- you okay over there, Ray?
THE COURT REPORTER: Yeah. I just realized he moved again.
MR. GRIFFON: Yeah.
MR. HINNEFELD: They don't want to make it easy for you, Ray. You're the world champ, come on.
MR. GRIFFON: Down to case 24. We should clarify the record, I don't think he is world champ.
MS. MUNN: Yeah, he is.
MR. PRESLEY: In our book he is.
MR. GRIFFON: Silver medalist, but he's our world champion.

MR. PRESLEY: He's the world champ.
MS. MUNN: Nobody does it better.
MR. GRIFFON: Oh, no, Wanda's breaking into song. I knew it would come to this.
MS. MUNN: We've gone too long.
MR. GRIFFON: Case 24 we're on, and I think I -- I didn't change anything in the action column. I believe I tried to highlight --
MS. BEHLING: And we talked about this earlier and TIB-8 and 10 have been revised. And we did look -- and I'll correct the record -- we did look out on the O drive and both of those procedures are there now.
MR. GRIFFON: Are there, yeah, so we're -- and -- and as John said, as a course of action to carry through these, I -- I think we -- we have SC&A -- it's "SC&A will review these," at least with respect to the findings here.
DR. MAURO: I guess -- does (unintelligible) need another column on this thing eventually saying, you know --
MR. GRIFFON: Well, we're going to have a list of actions out of this -- from this --
MR. HINNEFELD: Maybe we could track that on the action item list --

MR. GRIFFON: Yeah.
MR. HINNEFELD: -- as opposed to this matrix?
MR. GRIFFON: Yes. Yeah, I think we -- we'll try to close this matrix --
DR. MAURO: Okay, move the ma-- yeah, we talked --
MS. MUNN: Yeah.
MR. GRIFFON: Close the matrix and have a listing of ac-- ongoing actions.
MR. BUCHANAN: You say that the new version of 8 and 10 are on the O drive now?
MS. BEHLING: Yes. Yes.
MR. GRIFFON: Yes, they are, yeah. We'll find --
MS. BEHLING: Let me just ask a question. John, are we going to review the entire 8 -- on 8 and 10, or are we only looking specifically at these issues? Because 8 and 10 has not been -- is not part of our supplemental procedures.
DR. MAURO: Yeah, I -- I guess my reaction is we're only going to review it with respect to this issue.
MR. GRIFFON: But -- but the issue was that they were ambiguous, so I think you're going to end up --

DR. MAURO: Well, then we're forced to. You know what I'm saying -- I'd like, as a matter of policy, keep it cl-- you know, to be responsive to this particular issue.

MR. GRIFFON: To the finding, right.

DR. MAURO: Now if the issue is -- is of a general nature where we have to review the whole thing, that's what we'll do.

MS. BEHLING: Okay. Because that's what -- we will have to do it on this case.

DR. BEHLING: And it -- and it may come up in the -- the litmus test of having resolved the ambiguity of the procedure will be tested when we look at future audits where that particular TIB will be used. And -- and at this point, we can only make a very subjective evaluation regarding the clarity of the procedure.

MS. BEHLING: However those TIBs were just issued, and it's not likely we're going to see those cases for quite some time.

MR. HINNEFELD: Not for a while.

MR. GRIFFON: Yeah.

MS. BEHLING: Any cases that would use tho-- the revised TIB, we just -- you just don't get -- it doesn't get through the process quick

enough for us to see them. It will probably be a year --

MR. HINNEFELD: We're at least months away-- at le-- way-- at least months -- could be a year.

MS. BEHLING: Yes.

MR. GRIFFON: And -- and I'll let -- I mean I think John may want to discuss with Lew, you know, any kind of -- as we -- as you look at the scope of what's generated out of this, the -- any contracting concerns. Because it -- it -- I mean, I'm thinking if -- if an action is always -- I mean we have several actions that were to, you know, defer to a new procedure or defer to this or -- or clarify it in this, and it seems like that may be sort of a change order -- but, you know --

MR. HINNEFELD: Right.

DR. WADE: We have a lot of flexibility under Task III so I think we can accommodate it.

MR. GRIFFON: Yeah. Okay. It's beyond my scope.

DR. MAURO: (Unintelligible) Task III because it -- they're smaller chunks.

MR. GRIFFON: Okay.

DR. WADE: And there's a lot of them that are

scheduled new for a year, so we should be able to accommodate them.

MR. GRIFFON: Okay. I just didn't to put you in a bind that way.

Okay. Down to case 25, I think. No?

DR. BEHLING: No, can I just make a comment, because it's appropriate at this point to perhaps state something. TIB-8 and 10 have been notorious sources of findings in the past, including through the fourth set.

MR. GRIFFON: Yeah.

DR. BEHLING: I think starting in the future -- and we will, probably for the next conceivable time frame, look at similar problems that involve TIB-8 and 10, because as -- as we just finished mentioning, chances are we won't see the benefit of the revisions to those TIBs for a long time. We're not going to cite them again as a finding. We will possibly make an observation without having to go through the matrix, because at this point we have resolved the issue. And so hopefully --

DR. MAURO: No. I -- I'm sorry. This goes toward -- and a funny -- in a way the Task IV proposal -- that is, what we're getting at here

is that right now, to -- to repeat a finding again and again and again in each one of our audit reports line item and an IREP--

MR. MAHER: The -- the speaker needs to get closer to the mike.

DR. MAURO: I guess this -- this might be a good example of something that we're going to be discussing either at the next full Board meeting on the conference call or in September, and this is a good preview for it. There are certain efficiencies SC&A could incorporate into our audits of cases which would allow us to -- to more quickly process the audit, and this would be an example. That is, if there -- if as you're going through it, if there's a TIB-8, 10 issue that is self-evident, rather than spending time working it up, working it into the report, we can just move on to -- to new issues and not just rehash old issues. And this is a judgment call that right now in our proposal that all of the Board members has before them now, we actually pr-- provide an option. One of the options is -- we probably can -- for the same price, we can probably do a lot more cases if we are given a certain amount

of leeway of not having to, you know, delve into some of the issues. And this is a tough call, whether -- you know, it means that we would have -- rather than being as strict in terms of our audits as we were in the past where we went over every line and checked every number, now there would be a certain degree of discretion. I think that's the word we actually used in our proposal, leaving Hans and Kathy and the rest of the team with a certain amount of discretion on which particular issues we will pursue and which ones really represent things that we've already talked about and really don't require us to spend very much time on. So this is -- I -- all I'm saying is, this is a topic we will probably just have to discuss before the full Board, but it's a good opportunity now at least to introduce it to the working group and the Board members here, that we will be engaging this. I see an efficiency on our end now, coming in, if we can do this.

MR. GRIFFON: I think we have to carefully consider it. I mean I'll --

DR. MAURO: Yes.

MR. GRIFFON: -- wait for your proposal, but I

--

MS. BEHLING: Right.

MR. GRIFFON: -- you know, the downside of it is, you have to remember that we're doing a percentage of cases -- I mean that the goal of the overall audit -- and if you start to not look at some of these -- you know, it may be old news, but we're only doing -- you know, in the overall picture it should still be listed as a finding and just -- we would just streamline the resolution process. In other words, we know what you -- what you've done, so we don't need to, you know --

MS. BEHLING: Mark, excuse me just one second, because I've given that some thought also and I -- what I was going to consi-- going to recommend doing for the fifth and sixth sets is a situation like this where we know a revision has ma-- been made to 8 and 10 but we're still looking at older dose reconstructions --

MR. HINNEFELD: Right.

MS. BEHLING: -- rather than making it a finding in the write-up, we make it an observation, and possibly even capture it by making a change to our checklist, where we

still state no. But rather than high, medium, and low under the significance, we could make it an observation indicating -- or some indication that this is an issue that's already been resolved.

MR. GRIFFON: But what's the benefit of downgrading it to an observation?

DR. BEHLING: The fact that it doesn't end up in a matrix and go through --

MS. BEHLING: So it doesn't get -- get into a matrix process.

DR. BEHLING: -- this whole issue of resolution. I mean, the purpose of a matrix is to find resolution to existing problem. We have solved the problem with the revision of TIB-8 and 10.

MR. GRIFFON: But -- but you've solved the -- but you're not getting my point. My point is that you -- if you're looking at an overall program review, you -- you solved the problem, but it still existed in these other cases --

DR. BEHLING: Yes.

MR. GRIFFON: -- that you've come across. So now you're saying, well, it's old news so we're -- sort of downgrading it to an observation.

You know, I know there's no more resolution to be done, but I hate to --

DR. BEHLING: How about a finding with an asterisk, that says --

MR. GRIFFON: Well, yeah. Something like that. I think we can get there.

DR. BEHLING: -- it's been resolved. It doesn't have to be entered into a matrix.

MR. GRIFFON: I'm saying streamline the work but maybe don't -- don't disregard it as a finding, 'cause --

MS. BEHLING: It would certainly become a finding if it --

MR. GRIFFON: Yeah.

MS. BEHLING: -- you know, significantly impacted the case in any way on that individual case.

DR. BEHLING: Well, those are -- it wouldn't. They're -- and they're --

MR. GRIFFON: Well, yeah --

DR. BEHLING: -- basically, these two TIBs used to estimate maximized doses and the likelihood that it would ever impact a claim that goes from non-compensable to compensable is virtually nil. And so it's -- it has limited

value --

MR. GRIFFON: Yeah.

DR. BEHLING: -- in that regard.

MS. BEHLING: Yeah.

MR. GRIFFON: It may be that they were sort -- yeah -- probably in the observation category all along, you know.

DR. BEHLING: Yeah.

MR. GRIFFON: Yeah.

DR. BEHLING: Well, it's -- it's a finding that has a low impact --

MR. GRIFFON: Right.

DR. BEHLING: -- as we always acknowledge.

MR. GRIFFON: As we -- as we acknowledge, yeah.

MS. BEHLING: Maybe we can keep it a finding with an asterisk just to alert everyone that this is something that's already been resolved.

DR. BEHLING: And really should not be --

MR. GRIFFON: Or we'll de-- we just know in the path forward there's no resolution process, yeah, we don't fret.

DR. BEHLING: Yeah, it should not be part of the next matrix.

MR. PRESLEY: Yeah, and it stops right there.

MR. GRIFFON: We don't -- we don't bog it down

in the matrix process.

MS. BEHLING: Right.

DR. BEHLING: Yes. That's what I want to avoid, the issue of having a 30, 40-page matrix where you said -- when in fact the issue has been resolved.

MR. GRIFFON: Right, right. I get -- I -- okay. All right.

So back to -- I'm up to case 25. Only stopping if I hear something. Case 26 -- 26.1 I have something. Always-- and I think this is okay, I just added this but -- Stu, this was not from you. I added it as a NIOSH response. Don't want to put words in your mouth, but I think it's -- it was at the bottom of -- of the finding, really, or the -- it was at the bottom of the third column in the matrix there.

MR. HINNEFELD: That's fine.

MR. GRIFFON: That a class has been added for Iowa, so --

MR. HINNEFELD: Okay.

MR. GRIFFON: -- okay. And there's no action on these.

MS. MUNN: That's 26. Right?

MR. GRIFFON: Yes, 26. And it goes on for the

next couple --

MS. MUNN: Yeah.

MR. GRIFFON: -- same thing. Okay --

MS. MUNN: Number 27?

MR. GRIFFON: -- 27.1 --

MS. BEHLING: This is what we talked about earlier.

MR. GRIFFON: Yes, yes.

MS. BEHLING: And this is -- that it would be helpful for us when a workbook is used, that it actually be referenced -- and possibly even the version of that workbook be referenced -- in the dose reconstruction report. That would certainly be helpful me.

MR. HINNEFELD: That would be easy to do in the revised DR format that we're looking at --

MS. BEHLING: Okay.

MR. HINNEFELD: -- in the health physicist portion of that DR. That would be easy to put in there.

MS. BEHLING: Okay.

MS. MUNN: Good. That would be nice.

MR. GRIFFON: So it -- the reference would be in the DR. Right?

MR. HINNEFELD: Yeah.

MR. GRIFFON: Not in the procedures. I think I misstated that.
MS. BEHLING: In the DR.
MR. HINNEFELD: DR.
MR. GRIFFON: Because a lot of the proce-- a lot of the tools are related -- not all the tools are related to procedures.
MS. BEHLING: No.
MR. HINNEFELD: Ah, procedures, TIBs, you know -- other -- they -- they should all draw their information from a published technical document.
MR. GRIFFON: Right.
MR. HINNEFELD: But now which one you're -- I -- I see your point -- where you draw from, where's it drawn from.
MS. BEHLING: Yeah.
MR. HINNEFELD: I think that -- our -- our envisioned rewrite of the dose reconstruction format where we're going to have a section for the health physicist would allow us to -- I think -- list pretty clearly what tool is used.
MS. BEHLING: Okay. That'd be con-- very helpful.
MR. GRIFFON: Now I didn't number this, but it

-- would this be a NIOSH action?

MR. HINNEFELD: Yeah.

MR. GRIFFON: I don't have your numbering system -- we can -- we can get that later. I can.

MR. HINNEFELD: I can -- I can in-- I can tell you if I can just -- if I can remember it real quick. DR -- this would be DR 27.1.

MR. GRIFFON: DR 27.1. And it -- it should read --

MR. HINNEFELD: And this is the only place it appears.

MR. GRIFFON: It should read --

MR. HINNEFELD: Yeah.

MR. GRIFFON: -- "NIOSH will reformat DR report language to --"

MR. HINNEFELD: Yeah.

MR. GRIFFON: " -- include..."

MS. MUNN: Reference workbooks, uh-huh.

MR. HINNEFELD: Let's just say -- yeah -- yeah.

MS. MUNN: Uh-huh, "Procedures will be revised to reference workbooks in the DRs".

MS. BEHLING: DRs.

MR. HINNEFELD: No, it's the DR. Refor-- the reformatted DR will reference the workbook.

MS. BEHLING: Great. But not the procedure.

(Pause)

MR. GRIFFON: Reference Excel tools. Should I leave "as appropriate" in there? Just some qualifying language. Okay.

MS. MUNN: It's going to -- just -- it's going to reference the DR, isn't it?

MR. HINNEFELD: Yeah. No, the DRs will reference the tools.

MR. GRIFFON: DR will reference the tool.

MR. HINNEFELD: And it's -- if none were used, then it won't reference them. I don't think you really have to (unintelligible).

MR. GRIFFON: Right. Okay, got it. On to -- where -- where'd my matrix go?

MS. BEHLING: It's 27 -- this is the --

MR. GRIFFON: Twenty-seven point five --

MS. BEHLING: Again, this is issue of recorded dose uncertainty and -- that we discussed earlier.

MR. GRIFFON: So I -- I just added -- that came out of the NIOSH response column and I -- as a way to track this -- this is an SC&A action, not a -- not a NIOSH action. Correct?

MS. BEHLING: Well, earlier I think we also

said that NIOSH is looking into this issue. When workbooks are used, yes, SC&A is reviewing that issue among -- within Task III and the workbook evaluations.

MR. GRIFFON: But is there a NIOSH action on this you're saying, too?

DR. MAURO: There -- there's this last sentence here about -- however, I -- we're looking at 27.5 right now.

MR. GRIFFON: Uncer-- uncertainty, yeah.

DR. MAURO: Yeah, there's just something here about uncertainty -- additional uncertainty, which goes over and above, I guess, just making reference to the workbook and whether or not there's an action here dealing with additional uncertainty that might be -- need to be incorporated.

DR. BEHLING: That was basically part of the implementation guide because it's really the implementation guide that identifies the three --

DR. MAURO: Yes.

DR. BEHLING: -- components of uncertainty.

DR. MAURO: Okay.

DR. BEHLING: -- and -- and so if -- if the

revised implementation guide 01 addresses that, then it satisfies this as an issue.

MR. HINNEFELD: Yeah, that's where we describe uncertainty approaches. And the id-- and so while these -- what they describe there are laboratory uncertainties on individual badge reading, you know, in application the uncertainty's applied to an annual total which may be 12 badge readings. And so the uncertainty sort of converges as you combine multiple badge totals. So I think we have in our revision IG-1 -- I think we have a description of the basis for uncertainty. That's what we're supposed to have, the basis for the uncertainty we're using.

DR. BEHLING: And -- and the workbooks usually reflected that methodology.

MR. HINNEFELD: Yes. Yes.

MR. GRIFFON: So that -- that action stands as an SC&A action?

MS. BEHLING: Yes.

MR. GRIFFON: Is that okay, Stu, that --

MR. HINNEFELD: Yeah.

MS. MUNN: That's been captured in "Revise IG-1". Right?

MR. GRIFFON: What's that, Wanda? Should I add some --

MR. HINNEFELD: That -- that -- she was making a --

MS. MUNN: That I was say-- I was just saying -- which has been captured in the revised IG-001.

MR. GRIFFON: Yeah. Right -- I'm down to 28.1, finding 28.1-C.1-1. Oh, this is the same thing. Right?

MS. BEHLING: Can we go back --

MR. GRIFFON: Yeah.

MS. BEHLING: I'm sorry, Mark. Can we go back to 27.9?

MR. GRIFFON: Twenty-seven point nine. Okay. Oh, yeah.

MS. BEHLING: This is an action regarding the -- (unintelligible). Okay, maybe this is -- is this covered by the new Proc 60? Am I in the wrong --

MR. HINNEFELD: Okay, this has -- this has to do with that there were several -- the SRS site profile gives all these -- a variety of options for doing ambient depths. That's the nut of this one. Right?

MS. BEHLING: Oh, yes.
MR. GRIFFON: Yeah.
MR. HINNEFELD: I guess my preference would be we move that into Savannah River site profile since it's the site profile where the stuff's written. And Proc 60 is the new -- either 60 or 61, I can't keep them straight --
MR. GRIFFON: Sixty.
MS. BEHLING: Sixty.
MR. HINNEFELD: Sixty. Proc 60's a new ambient dose one, so I don't -- I don't really know if it specifically says about, you know --
MS. BEHLING: Yeah.
MR. HINNEFELD: -- what to do about Savannah River or not.
MS. BEHLING: Is Savannah River's specific data incorporated into 60? I know there's a few --
DR. MAURO: The table there (unintelligible) --
MR. GIBSON: Mark?
MR. GRIFFON: Yes.
MR. GIBSON: I'm having a hard time hearing the lady that's speaking.
MS. BEHLING: Kathy, I'm sorry.
MR. GRIFFON: Okay, Kathy, yeah -- we'll -- we'll get her to speak up. Sorry, Mike.

MS. BEHLING: I'm sorry, Mike. It's Kathy Behling.
MR. GIBSON: Okay. Thanks, Kathy.
MS. BEHLING: Okay. I was just questioning from back on 27.9 -- finding 27.9. We indicated that they were going to reconsider two KBS 00 -- yeah 003, which is the Savannah River site technical basis document -- and I wasn't sure if the new procedure, Proc 60, may already incorporate Savannah River Site's specific data.
MR. HINNEFELD: It's not in the data table.
MS. BEHLING: Okay.
MR. HINNEFELD: There is a -- there's a note to the data table that refers to a specific table in the site profile -- in the Savannah River site profile.
MS. BEHLING: Okay, because I thought -- I thought possibly this would be resolved through 60, but --
MR. HINNEFELD: It's not resolved through 60.
MS. BEHLING: It's -- no, it's not.
MR. HINNEFELD: I think it should be moved to -- it's a site profile issue, though, and should be taken care of there, which is under -- that

-- that discussion's ongoing, too.

MR. GRIFFON: Yeah. So this -- this item being tracked is where we'll get there. Right?

MR. HINNEFELD: Yes.

MR. GRIFFON: Yeah.

MR. HINNEFELD: Yes. I'm trying -- making a mental note to myself how I'm going to do that, but yes.

MR. GRIFFON: Okay. All right, 28.1? This is the same tool question being referenced, I think.

MS. BEHLING: Yes.

MR. GRIFFON: That's all we need in there.

MR. GRIFFON: And if I have the same thing -- and that's still going to be -- Stu, to stay with your numbering system, that'll still be 27.1. Right? DR (unintelligible) --

MR. HINNEFELD: Yes. Yeah. Once it's -- the first time it appears.

MR. GRIFFON: Once it's the -- right. That's what I thought. So I'll carry that through for the next several here. The next four have that. If you feel it's inappropriate, let me know. Then I'm down to case 28.13 actually, "SC&A will review under Task III work." Is

that -- this is a DCF question, I think.

MS. BEHLING: I'm sorry again, Mark. Can we go back to 28.7? I -- I know you don't have this highlighted, but I --

MR. GRIFFON: Okay.

MS. BEHLING: I think this is -- we're questioning here --

MR. GRIFFON: Yeah.

MS. BEHLING: -- did -- did NIOSH --

MR. GRIFFON: Oh, yeah, yeah, yeah.

MS. BEHLING: -- change its mind about --

MR. GRIFFON: Thank you.

MS. BEHLING: -- agreeing with us.

MR. GRIFFON: Right. This is your "upon further reflection" is kind of the opening NIOSH action, and it seems like the previous column, "NIOSH agrees," might not be appropriate anymore.

(Pause)

We might -- you want time over lunch to look at that one, Stu, and come back? We can proceed down, or -- it's up to you.

MR. HINNEFELD: The -- the issue had to do -- I mean I don't think it needs to be -- I wouldn't really carry it any farther.

MR. GRIFFON: Okay.

MR. HINNEFELD: The issue is this, that the comment was made. There's no need to -- if you've got a shallow dose there's no need to apportion it among, you know, what's photon, what's do-- what's beta, because it -- it's the shallow dose.

MR. GRIFFON: Right.

MR. HINNEFELD: When in fact the range effectiveness factor for beta particle's different from a 30 to 250 KB photon. So if you -- you know, in this case it's an overestimate; it's just a bigger overestimate. It doesn't matter. I mean they essentially double-added it here. I mean so it was an overestimate, but --

MR. GRIFFON: Yeah.

MS. BEHLING: It is --

DR. BEHLING: But -- but let me -- let me just interject something. If you look at Appendix B of Implementation Guide 1, and you look under skin dose, there's a footnote up in the header that says disregard all these things if you have a seven milligram skin dose, which serves as the way of assessing --

MR. HINNEFELD: Organ -- organ dose correction factors.

DR. BEHLING: Yes.

MR. HINNEFELD: Okay.

DR. BEHLING: DCF.

MR. HINNEFELD: Right, for organ dose correction factors.

MS. BEHLING: Two different issues.

MR. HINNEFELD: The difference is, in IREP a thirt-- a two hun -- a 30 to 250 keV photon has a higher radiological effectiveness factor than the -- than a beta particle, which -- the beta particle is the same as a high-energy photon. So if you -- you can apportion out the skin dose that comes from those photons, you know, you actually have a higher risk. And so that's why we apportioned it. Now in this case it was done doubly. I think it was kind of thrown into both beta and photon.

MS. BEHLING: It was. It was. And this has been an oversight. And I did go back to the TBD and the TBD does specify to do it this way. It just seemed strange. And the -- these are really two different issues --

MR. HINNEFELD: Okay.

MS. BEHLING: -- the photon component and then the issue of the skin. And once you have the seven -- seven milligram dose you don't have to apply a DCF.

MR. HINNEFELD: Right. Gotcha. Gotcha.

MS. BEHLING: I think they're okay here.

MR. GRIFFON: Yeah, I think they're okay.

MS. BEHLING: Yeah.

DR. BEHLING: Was this a best estimate?

MS. BEHLING: No.

MR. HINNEFELD: No.

MS. BEHLING: Yes.

MR. HINNEFELD: No -- what -- was it?

MS. BEHLING: Or was this --

DR. BEHLING: I mean it seems like an awful lot of investment in time to --

MR. HINNEFELD: Oh, it was a workbook. It was a workbook.

MS. BEHLING: Yeah, this is a best estimate.

MR. HINNEFELD: This was workbook case. Right? Wasn't 28 a workbook case?

MS. BEHLING: Yes.

MR. HINNEFELD: Okay.

MS. BEHLING: It was a best estimate.

MR. GRIFFON: Okay. All right.

MS. BEHLING: But that was a conservative assumption. Okay.

MR. GRIFFON: Twenty-eight point thirteen. Is that okay, that action, SC&A will rev--

MS. MUNN: Missed photon dose.

MS. BEHLING: Okay, one second.

MS. MUNN: And organ dose.

MS. BEHLING: This is Savannah River.

(Pause)

MR. HINNEFELD: So the -- is this the total range? DCF -- the total range of the DCF using -- being used in the workbook rather than the AP range? Is that what this one is?

MS. BEHLING: I'm trying to get re-oriented. I don't know, just a minute.

MR. GRIFFON: Okay.

MS. BEHLING: Yes, this will be covered under the workbooks under Task III and it does have to do with the range --

MR. HINNEFELD: Yep.

MS. BEHLING: -- and DCFs --

MR. HINNEFELD: Yep.

MS. BEHLING: -- and using -- they use the min/max as opposed to --

MR. GRIFFON: The total min/max as opposed to

the AP min/max.

MS. BEHLING: Exactly.

MR. GRIFFON: Gotcha.

DR. BEHLING: Yeah. In fact, you'll see that in the fourth set, too.

MR. HINNEFELD: Yep.

MR. GRIFFON: Okay.

DR. BEHLING: The workbook just defaults to the lowest among the -- all four geometries.

MR. HINNEFELD: Yeah.

DR. BEHLING: And we've kind of agreed that --

MR. HINNEFELD: AP should be used.

DR. BEHLING: -- the AP geometry is the driver at the moment.

MR. HINNEFELD: Yeah.

MR. GRIFFON: Okay. Looking ahead, we're almost at lunchtime and I'm looking at the clock. But I'm on to case 30, 30.1.

MS. BEHLING: Mark?

MR. GRIFFON: You want to go back again?

MS. BEHLING: I'm sorry. Just to capture everything --

MR. GRIFFON: Yeah.

MS. BEHLING: -- 28.19 --

MR. GRIFFON: Okay.

MS. BEHLING: -- here again, I just want to be sure that that does get captured then in the site profile.

MR. GRIFFON: Right. And I think --

MS. BEHLING: Is that going to take --

MR. GRIFFON: TK-- TKBS. Right?

MS. BEHLING: Yes, Savannah River.

MR. GRIFFON: Yeah. So that, by definition, is caught in the site profile.

MS. BEHLING: Okay, I --

MR. GRIFFON: Understand that Stu's got to make sure we're tracking --

MR. HINNEFELD: What -- which number are we talking about?

MS. BEHLING: All right, 28.19 --

MR. GRIFFON: Twenty-eight point nineteen.

MS. BEHLING: -- and 28.20.

MR. GRIFFON: There's a action --

MS. BEHLING: I just don't want to lose those.

MR. GRIFFON: Right. No, I agree. It's the same thing as before.

UNIDENTIFIED: Photon and electron.

MR. HINNEFELD: Oh, it's ambient photon at Savannah River, right.

MR. GRIFFON: Got to make sure you -- might go

in the site profile. Got them there.
MR. HINNEFELD: Yep.
MR. GRIFFON: Then we're on to 30, if -- I'll pause while you look through 29.
DR. BEHLING: There's nothing in 29.
MR. GRIFFON: Thirty is what -- a case from what site? It's from Hanford. Hanford. Right?
UNIDENTIFIED: Hanford site.
MR. GRIFFON: Yeah.
MS. BEHLING: Okay.
MR. GRIFFON: So I -- this is a workbook issue and a site profile I guess, really. So there's kind of -- this -- this issue's been deferred to the --
MS. BEHLING: To the Task III workbook review.
MR. GRIFFON: Or the site profile review. Right?
MS. BEHLING: Both.
MR. GRIFFON: Yeah.
MS. BEHLING: Yes.
MR. GRIFFON: Okay. And the same on the next, 30.2. And we're down to 30.4, you have a DR general one.
MR. HINNEFELD: That goes all back -- all the

way back to the first matrix.

MR. GRIFFON: Right.

MR. HINNEFELD: The first 20 matrix.

MR. GRIFFON: Okay. This -- and this involves rever-- revising the DR report format. Right?

MR. HINNEFELD: Yes.

MR. GRIFFON: So there's a couple of those. Several with no actions -- 30.9 I just edited your response there in yellow. I think you meant to put LOD over two. It's another -- it's in the other matrices that way, before it had said LOD.

MR. HINNEFELD: Yeah. Okay. Should be LOD over two.

MR. GRIFFON: Right.

MS. MUNN: Which number?

MR. GRIFFON: Thirty point nine -- finding 30.9.

MR. HINNEFELD: I did bring this e-mail where I -- (unintelligible) attach to change management, if you're interested.

MS. MUNN: LOD over two?

MS. BEHLING: Yeah.

MR. GRIFFON: Yeah. I mean I guess we should have that. Yeah, that would be good.

MS. MUNN: LOD over two?
MS. BEHLING: Uh-huh.
MR. GRIFFON: Oh, you brought a hard copy of that one. Okay.
MR. HINNEFELD: Yep.
(Pause)
MR. HINNEFELD: Ray, here's another one. Send that on around.
MR. GRIFFON: Is this the same thing or...
MR. HINNEFELD: Yeah.
MR. GRIFFON: Yeah.
MR. HINNEFELD: Says finding -- finding 30.9, the copy was just -- we inadvertently kept two over here.
MR. GRIFFON: So help us out here, Stu -- what -- what are we looking at?
MR. HINNEFELD: Okay. This -- the front is the e-mail string that documents the timing of the conversation. The back form is an ORAU change management form, which -- when we tell them you can do something one way, we want you to do it a different way -- as a general rule, they put it -- they document that direction to them in this fashion. They prepared this form, and so this is the one we conveyed over -- I hope I

got the right one, yeah, LOD over 2 -- and said yes, in fact we want you to behave that way.

MS. BEHLING: Okay.

MR. GRIFFON: Okay.

MR. MAHER: And that's scheduled for implementation the first of September.

MS. MUNN: Who said that?

MR. HINNEFELD: That was Ed Maher.

MR. MAHER: That's because it requires a tools change.

MR. HINNEFELD: Right.

MR. GRIFFON: Okay. Thank you. All right, we're up to 30 -- the end of case 30. Look through all those -- everybody set with those 'cause I think we're -- we're ready to break for lunch. And as Lew said, we have to switch rooms so I think we should sti-- stick to our 12:30 lunch break here.

DR. WADE: As I mentioned, there's someone outside the door.

MR. GRIFFON: Does anybody have anything else on 30? Otherwise, we're ready to close for lunch.

(No responses)

Okay, I think we'll --

DR. WADE: What time back?
MR. GRIFFON: Yeah, we'll come back at 1:30, resume the meeting at 1:30.
DR. WADE: Okay, 1:30. Dial back in. We'll be back.
(Whereupon, a recess was taken from 12:30 p.m. to 1:35 p.m.)
UNIDENTIFIED: (Unintelligible) with ORAU is here.
DR. WADE: Okay.
MS. GARRISON: This is Deb Garrison. This is -- this is the party.
DR. WADE: Well, thank you for joining us. Anyone else?
MR. MAHER: Ed Maher.
DR. WADE: Okay. Anyone else?
(No responses)
Okay, thank you. We'll begin in a moment.
MS. MUNN: No Mike yet.
MR. GRIFFON: Okay, everyone on the phone, we're starting off back on the second set of case matrix. And we're on case number 31, I believe. And the first thing I have is -- well, let's look at 31.1, actually. This is the DCF equal to one issue -- right, Kathy? --

that you were discussing earlier?
MS. BEHLING: Yes. Yes, we discussed (unintelligible).
MR. GRIFFON: So just to point that out, that's -- that's going to be carried through.
MS. BEHLING: Okay.
MR. GRIFFON: And is that in response to modifying a particular procedure, or is this --
MS. BEHLING: Well --
MR. HINNEFELD: It's a -- it's a recurring comment --
MR. GRIFFON: Right.
MR. HINNEFELD: -- from dose reconstruction reviews, and apparently number six, initially.
MS. BEHLING: This actually tied back, I thought, to the Implementation Guide -- the external Implementation Guide for counting for photon doses (unintelligible) critical (unintelligible).
MR. HINNEFELD: Well, there -- there's – IG-1 is where we describe how to do it.
MS. BEHLING: Right.
MR. HINNEFELD: So if we think that fits, we'll -- we'll take care of it. Uncertainty -- but this is a kind of subset of that question of

uncertainty.

MS. BEHLING: It is. Yes.

MR. HINNEFELD: So we -- this is a specific analysis which we're almost done with.

MR. GRIFFON: That's what I thought, okay.

MS. BEHLING: Okay.

MR. GRIFFON: All right. Going on to 31 -- or 32, actually -- 32.1 --

MS. BEHLING: Can --

MR. GRIFFON: Or the general one you want to look at? Yeah.

MS. BEHLING: Got to go already. But -- can I just go back to 31.2?

MR. GRIFFON: Uh-huh.

MS. BEHLING: I know this, again, has to do with revising the dose reconstruction wording. Oh, I guess I'm cur-- did you say you have a draft in mind for that dose reconstruction wording? Because --

MR. HINNEFELD: I have a draft on my desk.

MS. BEHLING: Okay, 'cause in this particular case we're referring specifically to the fact that -- I guess -- we misinterpreted how many missed photon doses were actually calculated here, and so they said that they were going to

try to make the dose reconstruction report -- am I interpreting this correctly?

MR. HINNEFELD: The way the response is written -- what I think what the finding said was the DR says the maximum dose missed is such and such, but the numbers didn't work out, you know. And the -- and it was --

MS. BEHLING: Right.

MR. HINNEFELD: -- to me it was the structure -- it was the language that was chosen in the dose reconstruction report to describe --

MS. BEHLING: That's it. Yes. Okay.

MR. HINNEFELD: -- so -- and that's why we think we can clarify it with a language change.

MS. BEHLING: Okay. That's right. That's -- now I know the issue. Okay.

MR. HINNEFELD: Okay.

MS. BEHLING: But that is being taken care of in the re-write or the -- whatever changes.

MR. HINNEFELD: Yeah, we think -- we think we're saying it better now --

MS. BEHLING: Okay.

MR. HINNEFELD: -- than we were when this dose reconstruction was written --

MS. BEHLING: Okay.

MR. HINNEFELD: -- but we are still going to take care of it in that new format.

MR. GRIFFON: Thirty-two point one.

MS. MUNN: OTIB-10 has been (unintelligible).

MR. GRIFFON: Has been revised.

MS. MUNN: Has been revised.

MR. GRIFFON: I'm not exactly sure why I highlighted this one in this case, but -- is there a particular reason I highlighted that one, Kathy?

MS. BEHLING: I'm not sure.

MR. GRIFFON: Help me out.

MS. BEHLING: I know, I'm looking at it, too. I -- I'm not sure, 32.1.

MR. GRIFFON: Was it a question of --

MS. BEHLING: It's the same -- it's the same issue.

MR. GRIFFON: Yeah, it's a TIB-10 issue though. Right?

MS. BEHLING: Yes.

MR. GRIFFON: It wasn't a question there -- okay. I think it's -- I think we're okay with that.

MS. BEHLING: We're okay.

MS. MUNN: It's done now.

MS. BEHLING: It's done.
MR. GRIFFON: All right. Never mind about the highlighting there. Now I'm going on down, I'm down to 34.1 unless there's other ones that you see.
MS. MUNN: Someone needs to mute their phone.
THE COURT REPORTER: Whoa. Gets right to the point.
MS. MUNN: Someone still needs to mute their phone.
MR. GRIFFON: Would you give her chocolate? She needs chocolate after lunch.
MS. MUNN: Someone still needs to mute their phone.
(Pause)
Thank you. Well, it's ugly.
MR. GRIFFON: We'll take -- we'll take a chocolate break, don't worry. All right, 34.1 -- Kathy, are we there? I just wanted to wait for you for a second.
MS. BEHLING: Okay, it's an --
MR. GRIFFON: And -- oh, I know what I did here, Stu, I modified the NIOSH response.
MR. HINNEFELD: Yeah.
MR. GRIFFON: Because it -- before, it had said

that -- it was worded differently.

MR. HINNEFELD: Okay. I like this wording, actually.

MR. GRIFFON: Well, ba-- thank you. Basically in your -- in your action you said that in this case the efficiency approach was justified --

MR. HINNEFELD: Uh-huh.

MR. GRIFFON: -- but the prior response didn't say that.

MR. HINNEFELD: Right.

MR. GRIFFON: So I said we-- we've got to be consistent.

MR. HINNEFELD: Right.

MR. GRIFFON: It was just a consistency thing.

MR. HINNEFELD: Yes. Thanks.

MR. GRIFFON: So is that okay? Are we up to that point, too, Kathy?

MS. BEHLING: Yes. Yes.

MR. GRIFFON: Okay. I'm freezing. All right. Chocolate has been delivered to Wanda, and we're all set --

MS. MUNN: Calm will now prevail.

MR. GRIFFON: Thirty-four point four, Proc -- I -- I added an action that SC&A will review Proc 60 --

MS. BEHLING: Yes.
MR. GRIFFON: -- in this action column. Not a NIOSH action, but -- okay. Same thing for the next one.
MS. MUNN: Where did you add that?
MR. GRIFFON: In the final column.
MR. HINNEFELD: Thirty-four dot -- 34.4.
MR. GRIFFON: I'm sorry -- 34.4 and 5, actually.
MS. MUNN: So you -- so it now reads --
MR. GRIFFON: SC&A will review Proc 60.
MS. MUNN: Oh, okay.
MR. GRIFFON: Yeah, that's all.
MS. MUNN: Yeah, that's --
MR. GRIFFON: It was already in there.
MS. MUNN: -- what it says, yeah.
MR. GRIFFON: Any questions on 34.6, Kathy, or these -- these specific NIOSH findings -- or actions, I mean?
MS. BEHLING: Okay, you know, this is fine.
MR. GRIFFON: These are fine. Right? Yeah -- I just wanted to pause.
MS. BEHLING: Yes. That's appropriate.
MR. GRIFFON: Okay. I'm panning down to 36.1. I gue-- I'll wait to make sure.

MS. BEHLING: Just one second.
MR. GRIFFON: Yeah.
MS. BEHLING: Okay, yes.
MR. GRIFFON: I think we're okay on that.
MS. BEHLING: Yes.
MR. GRIFFON: So 36.1 --
MS. BEHLING: Okay, let me be sure. This is the issue where this document right here that's attached to a lot of the --
MR. GRIFFON: Is this the Hanford? Yeah, yeah --
MS. BEHLING: -- Hanford cases --
MR. GRIFFON: -- this is the Hanford. Right.
DR. BEHLING: (Unintelligible) hard copy DOE records.
MS. BEHLING: Right. And --
DR. BEHLING: And the binder with a -- an explanation.
MS. BEHLING: Right. They provide an explanation of how they deal with various doses for various years -- for assigning various doses and -- and shallow dose specifically. And they have two tables and these --
MR. GRIFFON: This is in every case file for Hanford, basically. Yeah, yeah.

MS. BEHLING: Yes.
MR. GRIFFON: Yeah.
MS. BEHLING: And so this becomes an issue that we'll have to deal with, I think -- that we have to talk to the Hanford DOE about because the two tables have conflicting data -- conflicting information on them as to how to treat shallow dose. At least based on how we read it. I think table one and table two --
MR. HINNEFELD: Okay, I didn't attach table one, I only attached -- oh wait, there they are. There it is.
MR. GRIFFON: Table one and two at the back of Stu's handout.
MS. BEHLING: And --
MR. HINNEFELD: Are those the table one and two we're talking about? Or have I mixed and matched table one and two -- did not -- didn't include all of table one?
MR. GRIFFON: Yeah, I don't know if they're the same.
MS. BEHLING: This is -- oh, you have -- you have something for this.
MR. GRIFFON: Yeah, it is. It the same.
MR. HINNEFELD: Uh-huh.

MS. BEHLING: I'm sorry.
MR. HINNEFELD: Okay, that is what I handed out, right.
MR. GRIFFON: Yeah.
MS. BEHLING: Okay, it is.
MR. GRIFFON: So we want to -- basically as an action, we thought --
MR. HINNEFELD: What -- what I want to do is talk about --
MR. GRIFFON: Okay, you can --
MR. HINNEFELD: -- what my understanding --
MR. GRIFFON: Uh-huh.
MR. HINNEFELD: -- of this dosimetry record that we have and the two -- there is, let's see -- there are, again, two renditions of the exposure record there in my package, the -- what I handed out. The third and fourth page are two separate renditions of the exposure record. The -- in the table, the era we're talking is 1980 and 1981. That's when the doses were recorded for this person. And so on table two, you look and see this -- this two-sided table appears that -- is saying that. But on the left-hand column it gives the dosimeter components of the dosimeter badge.

In other words, they had a component that read non-penetrating photons, penetrating photons, slow neutron and fast neutron, so those were the neutron components.

Now on the right-hand column it describes how are those components used to develop the skin and the -- and the whole body doses. So the whole body dose is comp-- is the components -- you know, the combination of the penetrating photon, slow neutron and fast neutron component. And the skin dose is the whole body component -- in other words, all that stuff you just added -- plus the shallow photon component. Non-penetrating. Plus the non-penetrating component.

MR. GRIFFON: Yeah.

MR. HINNEFELD: Okay? So -- all right, I'm reading from -- I'm reading from '72 because I believe these dates are the date of change. So the '72 rules would last up through '80 and '81, all the way to '87.

MS. BEHLING: That's right.

MR. HINNEFELD: Okay? All right. Now on the renditions of the exposure report, which appear to be the same, the values that are reported in

-- on one are whole body and skin -- external whole body and skin -- and that seems to match with what they've reported in table two, or in the se-- right-hand column of table two they report whole body and skin. So if you look at the values for whole body and skin -- this would be on the first rendition of the attachment -- the difference between the 40 and the ten is the non-penetrating component of the dosimeter badge, the non-penetrating components' contribution --

MR. GRIFFON: Right.

MR. HINNEFELD: -- based on -- on this table. And so that's the difference then between a non-penetrating exposure to the badge and the penetrating photon exposure. And so that's the difference that's the starting point of the shallow dose calculation. And I believe the DR was done in that fashion.

MR. PRESLEY: In other words, you're -- you're saying that there was a calculation made to -- to bring that level up for skin that would allow for some type of a -- of a-- some piece of --

MR. HINNEFELD: That --

MR. PRESLEY: -- right -- plastic or something?
MR. HINNEFELD: What I'm saying -- yeah, the skin dose -- what's reported as the skin dose already includes the penetrating dose, and then the skin is additional to that.
MR. PRESLEY: Uh-huh.
MR. HINNEFELD: So it's not -- so you wouldn't -- in developing the skin dose you wouldn't take the non-penetrating -- or you wouldn't take the skin and whole body totals and add them together from the back.
MR. PRESLEY: Right.
MR. HINNEFELD: But it would be -- but the non-penetrating dose, or the skin dose, would be the difference between what's reported as whole body and what's reported as skin.
MR. MAHER: This is the clerk of the Hanford records.
MR. HINNEFELD: That was Ed Maher again. Yes. It's not -- and we did agree with the comment, and one part of the comment was the Hanford records were confusing, and we certainly did agree with that part of the comment.
MS. MUNN: But they're consistent records.
MR. HINNEFELD: Yeah.

MS. MUNN: Once you know what to do, I mean.
MR. GRIFFON: Well, then -- back to your original, Kathy, on these tables being inconsistent.
MS. BEHLING: Well, yeah, that's what I thought we had looked here. But I -- I have to -- I have to go back and think about this one. Because I think it had something to do with --
DR. BEHLING: Where does table three come from?
MS. BEHLING: This is our table.
MR. GRIFFON: Yeah. And table -- Stu, in your handout table three is the same as the other table two?
MS. BEHLING: Table three is --
MR. GRIFFON: There's like something in there called table three.
DR. BEHLING: And I think this comes from the TBD.
MR. GRIFFON: And then it's a different version of table two, isn't it?
DR. BEHLING: Yeah, and I think this is where the problem came in.
MR. HINNEFELD: Okay, so it's inconsistent between table two and three, then?
MR. GRIFFON: Maybe, I don't know. That's --

that's -- I'm not sure.

MS. BEHLING: Yeah, --

MR. HINNEFELD: Table three comes from the TBD?

DR. BEHLING: And your second page is -- is a table three, and I think that comes out of --

MR. GRIFFON: From the TBD?

DR. BEHLING: -- from the TBD.

MR. GRIFFON: Yeah. And the other one's in the DR file.

DR. BEHLING: Yes.

MR. GRIFFON: And you're saying they might be incon-- I think we might need time. And I don't know if we can do this real time, but --

MR. HINNEFELD: Well, from '72 to '94 period it looks to be the same. Right? That table just summarizes --

MR. GRIFFON: Yeah.

MS. BEHLING: Yeah, it does.

MR. HINNEFELD: -- it's -- it's a different date grouping.

MS. BEHLING: Yeah.

MR. HINNEFELD: It's a different date grouping than table two, but it seems to say the same things that I just said about that period. And we didn't check -- I haven't checked all these

other date periods in that because I'm -- maybe I misunderstood the nature of the comment.

MS. BEHLING: (Unintelligible) because here, in this table, shallow (unintelligible) -- the records -- I don't know.

MR. GRIFFON: Here -- here's what I propose is we leave that initial finding 3-- or action 36.1. Stu, you -- you've given us a respon-- you know, a response toward that end, I think. Your DR 36.1 --

MR. HINNEFELD: Sure.

MR. GRIFFON: -- and let's delete the highlighted yellow section at this point. And after further review, if -- if Hans and Kathy feel like there is an inconsistency, then we'll add that on in our --

MS. BEHLING: Yeah. I'll -- I'll let you know about that. For some reason I thought there was.

MR. GRIFFON: -- but the path forward will -- will hinge on your first action. Okay, Stu? Is that --

MR. HINNEFELD: Okay. Okay.

MR. GRIFFON: So I'm deleting that bottom section of the action.

DR. BEHLING: Yeah, I -- I think the issue really comes into play when you look at the actual records themselves, which are defined in -- in -- different terms, where you really are given a shallow dose, a deep dose, a neutron, (unintelligible), et cetera. And then when you just kind of go through the identification of those values and -- without necessarily going through the exercise -- you would tend to come with some -- up with some questionable conclusions out of -- by the table methods in table two or table three. It's just somewhat confusing. I think in the end you may be right. As -- if you go through the full exercise and going over and identifying each of the components that are defined as shallow or deep, you will probably end up with the right number.

MR. GRIFFON: Let's -- let's just leave it there and you --

MS. BEHLING: Yeah.

MR. GRIFFON: -- it'll give you time to -- to look at those again. It's -- you know. Thirty-six point two has this -- I highlighted the DCF-1 issue. Prior to this we had had it

as an action, I think. Right? So I did-- didn't know.

MR. HINNEFELD: Well, I -- it was a comment I threw in --

MR. GRIFFON: Yeah.

MR. HINNEFELD: -- because it -- you know, one of -- part of the comment was if it's skin dose you shouldn't use the DCF but use a DCF of one. And using DCF of one is the same (unintelligible) as DCF.

MR. GRIFFON: Right.

MR. HINNEFELD: So I just threw that comment in.

MR. GRIFFON: Yeah.

MR. HINNEFELD: It can be taken out.

MR. GRIFFON: Yeah. No, I mean I'll -- I'll just un-highlight it. It's fine.

MR. HINNEFELD: Yeah.

MR. GRIFFON: Kathy, Hans, are we moving forwa-- are you?

MS. BEHLING: Yes. Yes.

MR. GRIFFON: Look at that later. I -- I think we'll look -- yeah.

MS. BEHLING: Sorry.

MR. GRIFFON: It's a continued action. I don't

want to lose the other --

MS. BEHLING: Okay.

MR. GRIFFON: So I'm on 36.7. I don't have anything highlighted here but I just wanted to make sure that Kathy and Hans didn't have anything.

MR. HINNEFELD: Thirty-six seven, eight and nine kind of go together.

MR. GRIFFON: Yeah. Okay.

MS. BEHLING: Okay. Is this the case where the individual worked at Y-12 and K-25?

MR. GRIFFON: No.

MR. HINNEFELD: No, this one is the guy who scratched his face and...

MS. BEHLING: Oh, okay. Yeah. You resolved that. I think you resolved that.

MR. GRIFFON: Yes.

MR. HINNEFELD: Yeah. We -- I've got copies of our additional request and our responses --

MS. BEHLING: Yes.

MR. HINNEFELD: -- if anybody wants them.

MS. BEHLING: I think that's resolved based on those records.

MR. GRIFFON: Well, "there's no further action" is what's on there right now. Right? For

36.7, yeah, yeah.

MR. HINNEFELD: What I'm saying is that we've done what we -- you know, at the last -- at the last meeting, said this is a fairly recent, you know, there -- there might be first aid records, and the --

MS. BEHLING: That's right.

MR. HINNEFELD: -- the response form, the original response from Hanford didn't have anything checked when he got the incident. It didn't say present, didn't say non-valid -- didn't say anything --

MS. BEHLING: That's right.

MR. HINNEFELD: -- nothing was checked. So we went back and asked. We asked again, hey, specifically for this -- this particular case, do you have any acci-- any incident or first aid information? And they looked for more than just the year we specified. They looked for several years and in two different record cabinets. And they didn't find anything. And this time they did -- when they responded -- they did check either "not available or does not exist" to provide -- but they did make the check on their most recent response.

MS. BEHLING: Okay.
MR. HINNEFELD: I -- I've included both their original cover sheet and their second cover sheet.
DR. BEHLING: And that was really all our recommendation was, just to verify that there was -- there were no records that suggest that there -- such an injury ever took place.
MR. HINNEFELD: Right. And so we did pursue that.
MS. BEHLING: Okay.
MR. GRIFFON: The next two, 36.8 and 9, I'm going to delete that second part because we've discussed it in the procedures review. Right? That's what I said earlier, it's the CATI question.
MR. HINNEFELD: Yeah.
MS. BEHLING: Uh-huh, this is --
MR. GRIFFON: Thirty-six point eight and 36.9.
MS. MUNN: Eight and nine. The highlighted stuff comes out. Right?
MR. GRIFFON: It's in the procedures review, correct.
MS. MUNN: Yeah.
MR. GRIFFON: All right. And that concludes

the second matrix, I think. Everybody satisfied with that?

MS. BEHLING: Uh-huh.

MR. GRIFFON: Wow, are we good.

MS. MUNN: (Unintelligible) none, none, none and none. Oh, I like those nones.

MR. GRIFFON: Nein. Not none. All right.

SUMMARY OF FINDINGS MATRIX: CASES 39 THROUGH 60

Opening up the third set matrix now. Third set of cases titled "Summary of Findings Matrix: Cases 39 through 60." Everybody got that prepared? "July 23rd" it should say on the top -- it's the version.

MS. BEHLING: Uh-huh.

MR. GRIFFON: All right, 40.1. Is there -- so this is a -- an evaluation, Stu, that's ongoing on 40.1?

MR. HINNEFELD: It's one of our actions, right.

MR. GRIFFON: Right, okay. I didn't know if you had a related handout.

MR. HINNEFELD: No. That's (unintelligible).

MR. GRIFFON: Okay, 41.1. This is the CATI question again, so I think it's going away; 42.2 has that action on the "evaluate whether the constant value is bounding," that's the

DCF-1 issue?

MR. HINNEFELD: Yes.

MR. GRIFFON: Yep. Forty-two point four -- yeah, this -- this question was -- "discuss in the site profile review" was in the NIOSH resolution column. And then "none at this time" was the -- so I -- I thought that was inconsistent there. Is the action to discuss this in the NIOSH site profile review?

MR. HINNEFELD: This -- well, it could be drawn into the earlier discussion we had where we talked about the OCAS-TIB that talked about assigning neutron doses at Savannah River, 'cause that's the question here. This was a Savannah River worker. And the question was raised -- maybe this guy should be assigned neutrons, having worked there -- because he worked for -- the entirety was before 1971 when TLD badging got -- when they started using TLDs and neutron monitoring kind of got a little more reliable at Savannah River. And so, what about this guy who's an iron worker? And this particular employee has an extensive bioassay record. And the advantage of the bioassay record in this case is it has a work location

on it. The majority of this person's bioassays were collected under the abbreviation CS, which is central shops, in the 700 area -- which -- where you would not expect to have a neutron exposure to an iron worker. He was in the reactor area, and some of his bioassay was in the -- it would say C or K or P and so he'd be in the reactor area for some of it. And so the is-- the question -- and I -- the way we get into the site profile or into the OCAS-TIB about neutron exposures is is the guidance sufficient -- is it sufficient so that it was applied correctly and is being applied correctly to people like this. My own reading, which is not necessarily the expert reading because I -- I was doing it to prepare for this, it's not exactly like I know this exactly off the top of my head, is this -- this seems to be like an okay selection. You know, the selection that this guy -- if he was ex-- exposed to neutrons, it would have been sort of incidental and not -- not really much to it -- came from the fact that he generally seemed to work out of central shops. So he would have been in a number of places rather than in the

reactor building. In the reactor -- in the reactor facilities there are some jobs where we do want to include neutron exposure if they worked in a crane bay -- the maintenance in the crane bay, so --

MR. GRIFFON: Now I don't -- I don't know enough about Savannah River and how they outsourced maintenance people, but I know some facilities certainly you would have been out of the central shops but you would have done a lot of work --

MR. HINNEFELD: Well, he certainly would have worked all over the plant.

MR. GRIFFON: Right.

MR. HINNEFELD: That's for sure.

MR. GRIFFON: But -- but not in the reactor buildings?

MR. HINNEFELD: He was assigned. He worked in the reactors. But in the reactors, the neutron -- the people who were neutron-exposed, according to our OTIB -- or R-TIB, not an OTIB; not an OCAS-TIB -- according to that it's -- it's not everybody in the reactor areas. There's, you know, people working maintenance in the crane bays and there's a certain number

of construction-type job titles -- or maintenance-type job titles listed there. Iron worker was not one of them. But maybe iron worker should be.

MR. GRIFFON: Right.

MR. HINNEFELD: And then perhaps operators and (unintelligible) control technicians. Those are the people who were likely in the crane bay while the reactors were running. Most other people in the reactors don't really -- didn't really have a lot of potential for neutron exposure, according to our TIB. So the question, I think, about whether this case was done correctly relates to is the guidance for selecting the people who are potentially neutron-exposed -- is that good enough? Is that good guidance? And which wraps up into Savannah River and TIB combination questions. So that's why I thought it would be best disposed of in the Savannah River site profile.

MR. GRIFFON: Okay. Well, I'm in agreement with that. I just noticed that there was no action in your action column.

MR. HINNEFELD: Oh, I was tired that day.

MR. GRIFFON: Okay. So I -- the -- the next

two I would propose just moving over my resolution into the action also, "discuss in the site profile review."

MR. HINNEFELD: Yeah. Yeah.

MR. GRIFFON: And you want me to number these as 42.4 -- DR 42.4?

MR. HINNEFELD: Sure. Now 43.1 is a different case.

MR. GRIFFON: Oh, okay -- yeah, you're right. But it was -- that's right. I thought that was the same case. I'm sorry. Well, this one is 4-- DR -- it'd be DR --

MR. HINNEFELD: This would be DR 42.4.

MR. GRIFFON: -- 42.4 as an action.

MR. HINNEFELD: Yeah.

MR. GRIFFON: And it's just to "discuss further in the site profile review."

MS. BEHLING: Uh-huh.

MR. GRIFFON: And the next one is -- Stu is correct, it's 43.1, a different case. So is this --

MS. BEHLING: This is -- excuse me, Mark, I'm sorry. This was a finding that we just added --

MR. GRIFFON: That's right.

MS. BEHLING: -- based on our discussions --
MR. GRIFFON: This is the K—K-25 one? Yeah.
MS. BEHLING: No.
MR. GRIFFON: No?
MS. BEHLING: This is still not K-25.
MR. GRIFFON: Okay.
MS. BEHLING: This is Y-12. But we just --
DR. MAURO: A coworker.
MS. BEHLING: Yeah, this was another coworker issue, and we just added this based on our last --
MR. GRIFFON: Right.
MS. BEHLING: -- working group meeting.
MR. HINNEFELD: Is this the Y-12 --
DR. MAURO: The pre-'61 coworker problem.
MR. HINNEFELD: Okay, we didn't use that for this 'cause they had exposure records pre-'61. Here, I got -- I've got them --
MR. GRIFFON: Yeah, this matrix -- you were working off --
MR. HINNEFELD: I was working off the previous matrix.
MR. GRIFFON: Right.
MR. HINNEFELD: But I did look at yours.
MR. GRIFFON: So this was -- it was sort of in

that matrix, Stu. It was in -- part of the resolution column it said "add finding 43.1" or something like that. So this is more or less --

MR. HINNEFELD: This case --

MR. GRIFFON: -- more or less new, I think.

MR. HINNEFELD: Yeah, this case didn't use the pre-'61 photon coworker model. We used a pers-- this individual's exposure records.

MR. GRIFFON: Oh, okay.

MR. HINNEFELD: This -- this is this claimant's exposure records.

MR. GRIFFON: Oh, okay.

MR. HINNEFELD: Now clearly the pre-'61 photon, you know, coworker issue is on the table in Y-12.

MR. GRIFFON: Why do we -- yeah.

DR. MAURO: But didn't go to that year.

MR. HINNEFELD: But this -- well, this -- this guy was ba-- badged. He was badged in '54 when he started working.

DR. MAURO: So he's one of those few percent --

MR. HINNEFELD: One of those few percent that were badged.

UNIDENTIFIED: (Unintelligible) and this is him

here.

MR. HINNEFELD: Uh-huh. Yeah, I had to take off the -- the identifier, but if you look up -- you have access to the record -- you know, you look up this guy, this is in his DOL response -- DOE response.

MR. GRIFFON: So a coworker model was not -- applied here.

MR. HINNEFELD: A coworker model was not used for this case.

DR. MAURO: I seem to forget now, but for pre-'61 when you do have data for those two percent to 20 percent over that time period where you have data -- external data -- I guess I wasn't quite sure whether you always went to the coworker model or you actually used that --

MR. HINNEFELD: Well, that's a good point. If -- if his exposure record would penalize him compared to the coworker model, we would use the coworker model.

DR. MAURO: Ah, I gotcha.

DR. BEHLING: And only if you were dealing with a maximized dose reconstruction.

MR. GRIFFON: Right.

DR. BEHLING: I would assume that if you were

doing a best estimate you would use the --
MR. HINNEFELD: It's been so long I couldn't tell you. I don't really know.
MR. SHARFI: But you know --
MR. GRIFFON: I would assume that would be the case.
MR. SHARFI: I would think we'd be always -- we'd default to their -- they have exposure records -- that we'd -- that for best estimate we'd have to use their exposure records.
DR. BEHLING: Yeah, I mean --
MR. GRIFFON: Right, right. And that seems to make sense.
DR. BEHLING: -- regulatory commitments bind you to that. Records always prevail over anything else.
MR. MAHER: That's right, the hierological (sic) data usage, yeah.
MR. HINNEFELD: Yeah.
MR. GRIFFON: Yeah. So what -- I'm trying to figure out 43.1 again. And it was for photon doses so --
MS. BEHLING: Well, I believe that we were questioning also -- this particular person was a machinist and I think the reason we put it

into the site profile review issue is because we were questioning whether -- and -- and I have to say I'm not -- I didn't go back to these records to realize that this person actually had records -- his own records as opposed to coworker data, but I think we were questioning whether coworker data is appropriate for all of the job -- job titles. But he actually may have gone beyond -- based on the work locations, he actually may have gone beyond being a machinist.

MR. GRIFFON: But he -- it looks like in this case he has dosimetry for all the peri-- all the covered periods. Is that what you're --

MR. HINNEFELD: He -- yeah, he was one of the few guys. I believe he started working in '54 and that's when his exposure record starts, I believe.

MR. GRIFFON: 'Cause that --

MR. HINNEFELD: There's another --

MR. GRIFFON: He didn't work pre-'54, we're pretty sure -- you're sure of that.

MS. BEHLING: '56 and '57 I believe. And I think what we wrote in here is that we were questioning if the use of the coworker model,

which combines dose for all monitored worker -- workers, is appropriate for specific groups of workers such as -- you know, in this particular case, I guess this individual -- as we said earlier, they did not use a coworker model, but we're -- we were questioning, I think, if it's appropriate for all specific types of workers --

MR. HINNEFELD: Okay, we'll --

MS. BEHLING: -- and that's why it got referred to the site profile.

MR. HINNEFELD: That's clearly a Y-- yeah, that's a Y-- that's a site profile (unintelligible).

MR. GRIFFON: That is a site profile issue --

MR. HINNEFELD: Yes.

MS. BEHLING: Okay.

MR. GRIFFON: -- but I think there's no action here for this.

MS. BEHLING: Not for this case.

MR. GRIFFON: Doesn't look like it. Right? Okay. I'm just going to complete the matrix putting no action on that.

MS. BEHLING: Okay.

MR. GRIFFON: And also in the resolution I

think I'm going to add that for this individual there were -- he had individual dosimetry records. Yeah.

MR. HINNEFELD: I think this individual may have worked in one of the buildings where thorium was used at Y-12 as well. So it may -- the whole case may become -- this pretty good case may become moot.

MS. BEHLING: That's it. That's it.

MR. GRIFFON: That's what we -- that's what we were discussing.

MS. BEHLING: Yes.

MR. GRIFFON: I knew there was a reason this was in here. Yes, that's what we were discussing.

MS. BEHLING: Yes. That's it. I couldn't -- that's it. Yes.

MR. GRIFFON: That was why the site profile thing came up.

MS. BEHLING: Yes.

MR. PRESLEY: He worked in (unintelligible)?

MR. HINNEFELD: Ninety-two twelve one?

MR. GRIFFON: But it's not -- this says assigning photon doses but --

MS. BEHLING: Yeah.

MR. PRESLEY: 9201-1?
MR. HINNEFELD: I can't recall.
MR. PRESLEY: That's the general machine shop. Most of your thorium work was done in five.
MR. HINNEFELD: Five?
MR. PRESLEY: 9201-(unintelligible) --
MR. HINNEFELD: He has like four or five --
MR. GRIFFON: You've got to look at a list of buildings, yeah.
MR. HINNEFELD: -- he has -- he listed about four or five buildings where he worked and I asked Bomber, I said any of these buildings on the list for thorium, and he -- Bomber was pretty sure that they were.
MS. BRACKETT: He's got chest counts for thorium.
MR. HINNEFELD: He does have chest counts that include thor-- well --
MR. GRIFFON: But that was later. Right?
MR. HINNEFELD: -- chest count's a (unintelligible) amount, though. Right? Or do they only -- do they only record thorium if there's a potential for thorium or did chest counter just spit out that thorium number?
MS. BRACKETT: No, I believe it was just for

people who had the potential, because we've got a coworker study based on those results.

MR. HINNEFELD: See there, he does have chest counts for thorium.

MR. GRIFFON: That would have been post –- post-'57. Right?

MR. HINNEFELD: Yeah.

MS. BRACKETT: Right, it's later on, so...

MR. GRIFFON: So did he work there earlier is the question, yeah. But -- that really is a separate, though, site profile issue. But that was part of the discussion I think. Yeah. But for photon doses, the -- I'm putting the resolution that he does have individual dosimetry records, and there's no action for this specific case.

MS. BEHLING: That's right.

MR. GRIFFON: Is that okay? All right, 43.3, I'll take out that (unintelligible) finding 43.1.

MS. BEHLING: Yes.

MR. GRIFFON: Now this -- here's the internal part. Right?

MS. BEHLING: Yes.

MR. GRIFFON: So this is the -- I think this

would involve further discussion in the site profile review. I'm sure it's going to be caught there anyway, but -- right, Stu?

MR. HINNEFELD: Yeah. Yeah. There's another aspect of this is this person has a pretty complete bioassay record so why did we use TIB-2. You know, that's one aspect of the finding and it probably shouldn't have used --

MR. GRIFFON: That was before --

MR. HINNEFELD: -- probably should not have used TIB-2.

MR. GRIFFON: -- that was before the thorium question came up with the -- yeah.

MR. HINNEFELD: So in this particular case, chances are that the DR should have been done with an internal dose reconstruction using the bioassay record as opposed to using TIB-2. But the -- but -- the whole -- like I said, the whole case I believe is going to be moot 'cause I did check this guy's diagnosis and I believe that's a specified dose -- pretty sure he has a specified cancer.

MR. GRIFFON: Okay, I'm going to put DR 43.3, though -- follow up on site profile review? Or does that -- might not make sense?

MR. HINNEFELD: Well, I think-- well, it can. I mean the internal question is -- is certainly open in -- in site profile and if you want us to try to take a look at a -- you know, we could -- I would prefer not to go do an internal dose assessment using bioassay record on this case --

MR. GRIFFON: Yeah.

MR. HINNEFELD: -- if it's -- if it's not going to -- when it's not ever going to go anywhere, because -- you know, so...

MS. BEHLING: Of course.

DR. MAURO: The only question is what cancer did he have, if it's covered by the --

MR. HINNEFELD: I can -- I can confirm that and let you know. I -- I-- in fact, if you've got the DR report it'll say it in the DR review.

DR. BEHLING: Yeah.

MR. GRIFFON: You're saying the other part -- you're -- the other part we're capturing anyway in the SEC follow up. Right? So we don't need an action on this.

MR. HINNEFELD: That's listed. Right? Yeah.

MR. GRIFFON: All right. So then -- then there's no action. Right? For this specific

case. Okay.

MS. MUNN: We can take the site profile review --

MR. GRIFFON: Right.

MS. MUNN: -- on the --

MR. GRIFFON: I'm deleting that, yeah. Forty--44.1 I'm down to.

MS. BEHLING: This was the individual that worked at Y-12 --

MR. GRIFFON: Yes.

MS. BEHLING: -- and K-25.

MR. GRIFFON: So re-evaluating this case, Stu, is what you're talking about.

MR. HINNEFELD: Right.

MR. GRIFFON: And -- is there any other comments on that?

MS. BEHLING: You haven't done any of that re-evaluation?

MR. HINNEFELD: We have not done it, no. I will -- I will tell you that -- this one, I do remember a little bit and it has to do -- the guy worked in both Y-12 and K-25 --

MR. GRIFFON: Right.

MR. HINNEFELD: Correct? He was a machinist?

DR. BEHLING: No -- no records for him in K-25.

MR. HINNEFELD: And no records in K-25. He worked -- the building identified, 1401 at K-25, is the maintenance building.

MR. GRIFFON: Right.

MR. HINNEFELD: So he could very well have machined --

MR. GRIFFON: Anything.

MR. HINNEFELD: -- contaminated equipment. But he wouldn't have been a uranium machinist, which he appeared to be at Y-12. And so the exposure -- chances are there was no -- maybe there was no monitoring required -- I don't know if anybody can help me out -- at, you know, K-25 in the -- in the machining building or the maintenance building, which would not be one of the production buildings.

MR. GRIFFON: No, there was -- there was monitoring.

MR. PRESLEY: Yeah, and they were all monitored --

MR. GRIFFON: They were all monitored.

MR. PRESLEY: -- 'cause that's -- you know, that -- that building's --

MR. GRIFFON: They had every -- yeah -- they were monitored in that.

MR. HINNEFELD: Okay -- in 1305?
MR. PRESLEY: Yeah.
MS. BEHLING: And this was -- this was back in the '60s and early '70s, '65 through '71.
MR. GRIFFON: I checked that time period and the -- and where he was there should have been monitoring. Okay.
MR. PRESLEY: Yeah.
MR. HINNEFELD: Okay. All right.
MR. GRIFFON: So it's worth following up that --
MR. HINNEFELD: We may --
MR. MAHER: Should be something there, Stu.
MR. HINNEFELD: Yeah.
MR. PRESLEY: Something (unintelligible).
MR. GRIFFON: Forty-six point one -- finding 46.1 -- the only question I really had here, Stu, was DR 6.4 -- oh, it -- so it came from the first case matrix. Right?
MR. HINNEFELD: Yeah, I'm sorry.
MR. GRIFFON: But it says revise IG-1 or other document.
MR. HINNEFELD: I was writing my note. Which number are we on?
MR. GRIFFON: Oh, 46.1, I'm sorry -- 46.1, and

it's DR 6.4, which would refer back to the first set of twenty cases.

MR. HINNEFELD: Uh-huh.

MR. GRIFFON: But it -- revise IG-1 or other document. I didn't know what that meant.

MR. HINNEFELD: Well, I didn't want to restrict myself to IG-1. I think IG-1 will probably be where it ends up, but there might be something else where we'd want to put it in.

MR. GRIFFON: Okay.

MS. BEHLING: And this is --

MR. HINNEFELD: For example, this is about the LOD over two issue.

MR. GRIFFON: Right.

MS. BEHLING: You got the memo?

MR. HINNEFELD: Yeah. We sent the -- we sent the change management over, said hey, we want you to do it this way. I mean, it involved changes to a whole bunch of tools.

MR. GRIFFON: But you're going to incorporate it in a procedure, but you're not sure, it might be in others?

MR. HINNEFELD: I'm not sure of the best place to put it. I think IG-1 is a good place to put it, but there might be other places to put it

that would be better -- that would make more sense. And so that's why I put that in there. Might be Proc 6, might be somewhere else, you know.

MR. GRIFFON: And as we follow it, we'll know. Right? So --

MR. HINNEFELD: Yeah.

MR. GRIFFON: Okay. Forty -- the same thing on the next two, yeah, so I'll just delete the highlighting.

MS. MUNN: More of the same.

MR. GRIFFON: Sorry to be picky. I was just looking for consistency. Forty-eight point one's the same, question of the DCF-1, whether it's bounding. Right?

MR. HINNEFELD: Yeah.

MR. GRIFFON: I'm down to 49.2. I guess I -- I was just getting -- looking for clarification on what the program evaluation report is.

MS. BEHLING: Mark? I'm sorry.

MR. GRIFFON: Oh, go ahead. Back?

MS. BEHLING: I -- I'm back. I'm back still reading something. I'm way back on 47.1. And --

MR. GRIFFON: Okay.

MS. BEHLING: I -- I assume that you thought that this was the issue that we're still going to discuss on the --

MR. GRIFFON: Yeah.

MS. BEHLING: -- the Hanford records.

MR. GRIFFON: But it's different?

MS. BEHLING: But I believe in this case, if I recall, this -- we only received lifetime -- a summary lifetime report and an annual exposure records. We didn't have monthly or quarterly records to verify. And I believe there was a difference between those two --

MR. GRIFFON: Oh yeah.

MS. BEHLING: -- which we see, you know, occasionally.

MR. GRIFFON: Yeah, I did -- I did characterize that as a data collection --

MR. HINNEFELD: Yeah.

MS. BEHLING: Okay.

MR. GRIFFON: -- error. But you're right. The action doesn't really reflect that, does it?

MS. BEHLING: No.

MR. HINNEFELD: I think -- well, they -- you're right.

MS. BEHLING: And I believe what you typically

do is you look at the two and you select the highest, and -- that's what I've seen, anyway, in the past. I didn't know if there was any other follow-up or if you try to get any of the more detailed records.

MR. HINNEFELD: We did not follow up in this case because the case could be completed. Actually, it was a compensable case --

MS. BEHLING: Okay.

MR. HINNEFELD: -- using the lower numbers on the reported exposure and not worrying about missed and things like that. So we could --

MR. MAHER: Right. It was an underestimate and it went comp right away.

MR. HINNEFELD: So since it was a compensable case, we didn't really want to delay the process by going back and asking for a record.

MS. BEHLING: Okay. But in -- in cases where it's not a compensable case, 'cause I do see this occasionally, do you just automatically assume the highest? Do you try to go back and get more detailed records?

MR. MAHER: We try to get the -- the -- the regular monitoring data rather than the summary data.

MS. BEHLING: Okay.
MR. MAHER: In fact we're doing that right now with the bioassay at a number of the national laboratories.
MS. BEHLING: Okay.
MR. HINNEFELD: So I think I'm going to change the resolution, too. I mean I think the resolution in this case was there was no nee-- you know, NIOSH felt there wasn't a need to --
MR. MAHER: On this case only.
MR. GRIFFON: On this case only, right. Right.
MR. HINNEFELD: Yeah. This sets a case-specific decision on this case, we felt there wasn't a need to.
MS. BEHLING: Okay -- that -- that I agree with.
MS. MUNN: So, for the entire case we're doing this?
MR. GRIFFON: Yeah, it's only one item.
MR. HINNEFELD: It's only one finding -- 47.1 is the only finding.
MS. MUNN: So it is -- since I was back on 46.
MR. GRIFFON: Okay. Sorry, I'm just taking notes here. And I'm going to -- there's no action on this one, is there? I think the

action for 36 stands alone, doesn't it? We don't need to say for case 36 and 47.

MR. HINNEFELD: Right. The one for case 36 stands by itself.

MR. GRIFFON: Right, so no action on this. All right. Are we back down to where I was there, Kathy?

MS. BEHLING: Yes. I'm sorry.

MR. GRIFFON: Okay. That's all right, I'm glad you caught it. So I was up to 49.2.

MS. BEHLING: Yes.

MR. GRIFFON: This que-- I think I know what you mean here, Stu, but I just wanted to clarify what the program evaluation report was.

MR. HINNEFELD: This is a non-Hodgkins lymphoma. We've not that long ago changed the target organ for that particular diagnosis to a different target organ, so this case has to be re—re-done anyway as part of that process to determine whether the --

MR. GRIFFON: And then re-evaluated based on the findings of the program evaluation report?

MR. HINNEFELD: Well --

MR. GRIFFON: I mean, not really via the program --

MR. HINNEFELD: Well, we call --
MR. GRIFFON: -- or --
MR. HINNEFELD: A program evaluation report is sort of the vehicle we use to evaluate completed cases and the impac-- the impact on a completed case when we make a change in methodology --
MR. GRIFFON: Oh, okay.
MR. HINNEFELD: -- like this. So that's the vehicle we use to evaluate that impact. And it's --
MS. BEHLING: Okay.
MR. HINNEFELD: -- this is hundreds, I know, of cases that are being re-evaluated. We're in the middle of it.
MS. BEHLING: I was looking for an OCAS-PER.
MR. HINNEFELD: PER number?
MS. BEHLING: Yeah --
MR. HINNEFELD: I -- I don't know the PER num-- well, the actual PER is probably going to be wrapped up when we've decided which ones to get back from Labor and rework and things like that, so --
MS. BEHLING: That explains that.
MR. GRIFFON: So I think we're okay on that.

It was just a matter of a clarification of what that document was. Fifty point three?

MR. HINNEFELD: Oh, yeah. This is a -- has to do with how -- which DCF was applied to the ambient dose in -- at Fernald.

MS. BEHLING: Oh.

MR. HINNEFELD: I think we'd like -- if we're going to address this, let's roll it into the Fernald TBD question because it has several years worth of data where it's -- the data's reported in a particular table as mrem per hour, and did they really adjust? Because the early environmental measurements were made with film, which probably wouldn't be an mrem, it would be an mR measurement, which would require a different DCF and at some point (unintelligible) change -- and we're talking about a couple of hundred millirem a year in most cases. In some cases it'd be higher than that. If -- I mean, if we want to pursue a resolution here, I think we should just kind of -- the Fernald site profile's being reviewed and we can try to just make sure it's clear that that site profile clearly specifies what to do with these numbers, whether it's mrem or

mR.

MS. BEHLING: I believe I recall that this was just an issue of consistency we made and I noticed --

DR. BEHLING: Yeah, I mean if you go back -- if you back to the original report, I -- I highlighted -- I said, for mere consistency --

MR. GRIFFON: Yeah, yeah.

DR. BEHLING: -- (unintelligible) you have to (unintelligible) recorded missed dose. Where they used the DCF of 1.244 --

MR. HINNEFELD: Yeah.

DR. BEHLING: -- they should have applied that same --

MS. BEHLING: Applied it also.

DR. BEHLING: -- elevated -- we know it's a generous --

MR. HINNEFELD: Yeah.

DR. BEHLING: -- gift to -- to be given that value, but it was strictly one of consistency. If you're going to apply it there, why wouldn't you apply it for ambient dose.

MR. HINNEFELD: Right. Right. Well th-- and again, if the ambient dose -- it was undoubtedly early on measurable film if they

were measuring it, so it should have been done at that point, and I think '85 was the year they changed.

DR. BEHLING: It's strictly cosmetic.

MR. HINNEFELD: Yeah.

MR. GRIFFON: So is the action that we'll discuss further in the site profile? Doesn't seem like you need much discussion. I mean --

MR. HINNEFELD: I wouldn't think it would require much. I mean --

DR. BEHLING: No, it -- this is up to the discretion of the dose reconstructor.

MS. BEHLING: The dose reconstructor.

MR. HINNEFELD: Okay.

DR. BEHLING: I mean, he didn't have to do it in any of the cases.

MR. GRIFFON: We are rolling, unless Kathy stops me.

I'm pausing 'cause there's a few new findings in here I -- people should look through. Not findings, actions. People should check these on me because I did edit these late at night.

(Pause)

MS. BEHLING: This I think is an issue that needs to be --

MR. GRIFFON: Which one are you at, Kathy?
MS. BEHLING: Oh, I'm sorry, 51.1.
MR. GRIFFON: Yeah.
MS. BEHLING: Are you -- is Ray okay?
MR. GRIFFON: Yep, he's fine.
THE COURT REPORTER: Yeah.
MR. GRIFFON: He's not dozing off again.
MS. BEHLING: No.
MR. GRIFFON: That was only this morning.
MS. BEHLING: I believe this is the situation where the Fernald -- the occupational medical dose that was identified in the TBD is inconsistent with -- was it with another TBD or was it with OTIB-6?
DR. BEHLING: I think they just broke rank with the rest of the DOE complex values.
MR. MAHER: No, there is a -- there is a difference in the dose here between those documents she referenced, and we have since verified that as being fixed.
MS. BEHLING: Okay.
MR. MAHER: In -- in this case it's a .3 rem difference so the -- would not affect the compensability outcome.
MR. GRIFFON: Right.

MS. BEHLING: Okay. Just so that this is followed through and -- and (unintelligible).
MR. MAHER: But the X-rays cited Fernald at the table there. Yeah.
MS. BEHLING: Okay.
MR. GRIFFON: Does the -- does the action stand?
MR. HINNEFELD: That's the action we're in the middle of.
MR. GRIFFON: Right. You're in the middle of it.
MR. MAHER: That's right, we're right in the middle of that right now.
MR. GRIFFON: Okay. Kathy, I'm waiting for you. I'm down at 54.
MS. BEHLING: Okay, I -- I'm moving, yeah.
MR. GRIFFON: Hurry up, hurry up -- no.
MS. BEHLING: These are all TIB-10s again. I'm down to 55 -- (unintelligible) 55. Okay.
MR. GRIFFON: Yeah. A lot of TIB-10s, TIB-8s, yep.
MS. BEHLING: TIB-8s and 10s, okay. Now we're down to --
MR. GRIFFON: Fifty-six point four?
MS. BEHLING: -- 56.4.

MR. GRIFFON: 56.4, everyone.
MS. BEHLING: Yeah, the wording in this section of the NIOSH resolution is not really great wording, but --
MR. GRIFFON: Yeah, right. Well, I might have written that, too. That might explain it. It was actually not when I was sleepy. But I looked back -- I looked back at it and highlighted it and said what did I write?
MR. HINNEFELD: I don't think I've ever presumed to write not -- "SC&A agrees". I don't believe I've ever written that.
MS. MUNN: It's -- it's too presumptuous.
MR. HINNEFELD: Yeah.
MS. BEHLING: Okay. I did go back and look at this case and I -- this was an issue where the worker was a steam plant operator and did work in areas where there were potentially neutron exposures, and the records -- I guess I'm going to go back to rehash this, but the records did show zero under neutron as if she was monitored, and it was zero, and I just thought in that case --
MR. GRIFFON: Right.
MS. BEHLING: -- there was -- they could have

assigned missed neutron dose. And I guess you felt that, based on -- on the job title and the work locations, she would not have been necessarily exp--

MR. HINNEFELD: Yeah the -- the approach that's taken -- certain -- certain sites hang -- when they hang a dosimeter, there's a neutron component. And so there's always a neutron component in the -- in the badge, regardless of whether a person has potential for exposure.

MR. GRIFFON: That was the explanation.

MS. BEHLING: Okay.

MR. HINNEFELD: And so the record will show that zero in the neutron column, and so for those sites, we try to judge -- by job title and assignment -- whether there's potential for neutron exposure or not. I'm not intimately familiar with this case, so I don't --

MR. GRIFFON: My recollection was at last meeting you had kind of accepted this explanation, yeah -- yeah.

MS. BEHLING: I -- yeah, I -- and we -- I did go back and I -- I calculated what that neutron dose would have been and if it would have impacted this case, and it would not have.

MR. GRIFFON: It would not have anyway, right, so, yeah.
DR. BEHLING: Yeah -- 720 milligrams --
MR. GRIFFON: Right.
MS. BEHLING: I still thought that initially I was legi--
MR. HINNEFELD: Yeah.
MS. BEHLING: -- it was a legitimate issue, that neutron dose.
MR. GRIFFON: So I've slightly reworded that resolution. SC&A agrees based on job title information --
MR. MAHER: Well -- a lot of this is the professional judgment of the DR after reading, you know, the information about the EE and the CATIs and all that and, you know, there are differences of opinions among people whether they should be or not.
MS. BEHLING: Sure.
MR. GRIFFON: Right, right.
MR. MAHER: But there are consistent, you know, pretty constant problems throughout this project, yeah. Not a problem, but a difference of opinion.
MS. BEHLING: Right.

MR. GRIFFON: That's why it was raised --
MS. BEHLING: Yeah.
MR. GRIFFON: -- but I think we reflected on it --
MS. BEHLING: Okay.
MR. GRIFFON: -- and we're -- we're in agreement.
MR. MAHER: Also, there was an absence of shallow or deep dose -- photon dose -- on this person, which would further collaborate they weren't exposed.
MS. BEHLING: Okay.
MS. MUNN: Yeah.
MS. BEHLING: Is that true?
(Pause)
That's true. I guess it was mostly missed dose that was calculated. Okay.
MR. MAHER: That's part of the thinking for the DR is there -- you know, is there photon dose.
MS. BEHLING: Yes, I agree. I agree.
MR. GRIFFON: All right. So I'm on to 57.4, if you're ready.
MS. BEHLING: Which -- which one are you on, Mark?
MR. GRIFFON: Fifty-seven point four, 57.4.

The only --

MS. BEHLING: Okay --

MR. GRIFFON: -- thing I wanted to approve -- go ahead, if we need to go back?

DR. BEHLING: Fifty-six point five -- is that one still under re-- under review? We'll be able to determine --

MR. GRIFFON: Oh, yeah.

MR. HINNEFELD: Yeah, we're going to try to -- we'll make another attempt and see if we can find bias in that.

MS. BEHLING: Okay.

MR. HINNEFELD: Yeah.

MS. BEHLING: Okay.

MR. GRIFFON: Then we got the TIB-10s.

MS. BEHLING: TIB-10s, okay, I'm good.

MR. GRIFFON: Then we're up to 57.4 is -- the only question I had was the note that, Stu, you had added this, I think.

MR. HINNEFELD: Well, the finding was that -- should you -- I think the finding was that -- should -- shouldn't have used the 12 -- should have used the 12 radionuclide --

MS. BEHLING: You're right.

MR. HINNEFELD: -- intake. And we felt like

well, there was places --
MS. BEHLING: Yes.
MR. HINNEFELD: -- where fission products are a problem, so we felt like using the 28 nuclide was appropriate.
MR. GRIFFON: So we --
MR. HINNEFELD: But I just threw it in --
MS. BEHLING: That is. That's appropriate.
MR. GRIFFON: -- so we accept that?
MS. BEHLING: Yeah.
MR. GRIFFON: All right. Un-highlight it.
MS. MUNN: (Unintelligible)
MR. HINNEFELD: Hey, fission products are fission products.
MS. MUNN: Yeah, I know. I know, I know.
MR. GRIFFON: Just -- just to stay on that one for a second, is this -- SC&A agrees with this then, so -- and -- and...
MS. BEHLING: Yes.
MR. GRIFFON: Well, wait a second, there -- are this -- this is two parts again.
MR. HINNEFELD: It's two parts. One is the selection of the organ --
MR. GRIFFON: It's the organ and the --
MR. HINNEFELD: -- and it was --

MR. GRIFFON: -- 28 radi-- yeah, so there's --
MR. HINNEFELD: -- it was an early model that only allowed use of the --
MR. GRIFFON: So -- okay.
MR. HINNEFELD: -- of the colon, and now --
MR. GRIFFON: There's two parts.
MR. HINNEFELD: -- the model allows a broader selection.
MR. GRIFFON: So you agree with the one part but the other point is --
MR. HINNEFELD: Yeah.
MR. GRIFFON: - right, okay. Gotcha. All right. Fifty-eight point three. This is gone, this highlighted section -- again, the CATI.
MS. MUNN: Yeah, we eliminate that whole (unintelligible). Right?
MR. GRIFFON: Yeah. And I'm down to 60.
MS. BEHLING: Okay, 59 is being re-evaluated.
MR. HINNEFELD: Yeah.
MS. BEHLING: Case 59.
MR. HINNEFELD: Yeah.
MR. GRIFFON: And actually so is 60, apparently.
MS. BEHLING: Same with 60.
MR. GRIFFON: On 68.2, Stu, the thing I had

here was 60.1 and 60.3 said "attempt to resolve differences and re-evaluate the" -- it seemed like -- and then -- it seemed like the whole case was being re-evaluated and you had something different for 60.2, I forget what you had. I should have saved changes. Or -- or -- tracked changes.

MR. HINNEFELD: I don't remember 60 right off hand.

MR. GRIFFON: Shoot, I don't know if I have -- I do, hold on one second. I've got the old hard copy.

MR. HINNEFELD: Oh, I remember now.

MR. GRIFFON: You got it?

MR. HINNEFELD: This person worked at Pantex for two years and was -- I believe this is one who was a patrol officer -- so we felt like if -- if this is -- you know, if 60.2 is correctly, you know, summarized there, we feel like the hypothetical intake -- you know, a TIB-2 intake -- was certainly being conservative for -- for that person in a two-year work history.

MR. GRIFFON: I guess what I was questioning is in the resolution column we had "NIOSH will re-

do case" for all three of those, and then I saw no action for 60.2. It looked a little strange, you know.

MR. HINNEFELD: Well, the re-working of the case -- or the -- actually what we said we'd do is we would try -- there's a difference between the exposure record we got and the guy's employ-- verified employment records.

MR. GRIFFON: So you don't have to re--

MR. HINNEFELD: He has verified employment for two years in the '80's. There's like one -- I think there's a triti-- one tritium bioassay sample from the '90's.

MR. GRIFFON: So then we need to--

MR. HINNEFELD: -- and that's the extent of his monitoring records.

MR. GRIFFON: We need to change the resolution column, not the action column.

MR. HINNEFELD: I believe the action column speaks to what we intended to do. We're going to try to see if we can't resolve why does the guy have verified two years of employment -- verified employment in the '80s and one tritium sample in the '90's.

MS. BEHLING: Yes.

MR. HINNEFELD: You know, why did that happen? And -- and then -- but as far as the TIB-2 intake, it's hard to imagine that a patrol officer in two years at Pantex would have more than a TIB-2 intake, because --

MS. BEHLING: Agreed.

MR. HINNEFELD: -- a TIB-2 intake is like 110 DAC years of intake.

MR. GRIFFON: Right, right.

MS. BEHLING: Right.

MR. GRIFFON: So SC&A agrees -- the resolution is SC&A agrees with this -- NIOSH's response on the 28 radionuclide question. Right?

MS. BEHLING: But -- but you still are going to go back and see if you --

MR. HINNEFELD: We're going to try to resolve that difference --

MS. BEHLING: -- to resolve that --

MR. HINNEFELD: -- in the records, yeah.

MS. BEHLING: Yeah --

MR. HINNEFELD: We're going to try to do that.

MS. BEHLING: -- just because those records were very strange --

MR. GRIFFON: But that's for 60.1 and 3.

MR. HINNEFELD: Yeah.

MS. BEHLING: Yes.
MR. GRIFFON: Yeah. So you don't really have to do anything with the 28 ra-- that part of it.
MR. HINNEFELD: Right.
MR. GRIFFON: So I'm going to change 60.2 -- the resolution to read "SC&A agrees with NIOSH response" and then no action. That's for 60.2.
MR. MAHER: This where -- the case the claimant claims to have had something in 1990?
MR. HINNEFELD: No, we've got -- it's on his exposure record, Ed. He's got like one tritium bioassay sample from '92 or '94 or something like that, and his verified employment is two years in the '80's.
MR. GRIFFON: Right.
MS. MUNN: And it may be a clerical error.
MR. GRIFFON: Cler-- yeah, yeah.
MR. HINNEFELD: So he may have gone back as a -- on a tour.
MS. MUNN: Could have been that.
MR. MAHER: That's right.
MS. MUNN: Or it could be a clerical error.
MS. BEHLING: But the other thing that was strange is the only records I -- as I recall,

were summary records, and those summary records were dated like 1992. And it was so much discrepancy between the dates on these various records, and there wasn't -- there was no detailed records. It was always summary or annual records.

MR. HINNEFELD: I was thinking we just had one. I -- I thought we only had one record. It was like --

MR. MAHER: Right, just one record.

MR. HINNEFELD: -- one -- one indication, or maybe it was one year's -- maybe it was annual tritium dose of zero or something in '92 or something like that. But I was thinking it was really (unintelligible).

DR. BEHLING: There may also have been a discrepancy between issues of statements made in the CATI report regarding --

MR. MAHER: That's what I think it was is --

DR. BEHLING: -- monitoring.

MR. MAHER: -- CATI --

MR. HINNEFELD: Yeah, we'll --

MR. MAHER: -- where he had (unintelligible) --

MR. GRIFFON: So you're going to check those either way.

MR. HINNEFELD: Yeah.
MS. BEHLING: But you're going to check into it.
MR. HINNEFELD: We're going to chase it down.
MS. BEHLING: Plus the work history, it was a combination.
MR. MAHER: Yeah and -- and where we often see the claimants confused security badges with dosimeter badges.
MR. HINNEFELD: Yeah, and just people oftentimes in a CATI say that they have -- were breath -- had breath monitoring. Breath monitoring as bioassay was really only done for radium.
MS. MUNN: Yeah.
MR. HINNEFELD: And -- and -- they -
MR. MAHER: He was given 22 rem --
MR. HINNEFELD: Yeah.
MR. MAHER: -- and with POC of 18 percent.
MR. GRIFFON: Right.
DR. BEHLING: I mean --
MR. HINNEFELD: We'll take another look. We'll try to resolve the record for the (unintelligible).
MR. GRIFFON: Just those discrepancies, right.

MR. HINNEFELD: But I don't think the case is going to change.

MR. GRIFFON: But the -- the middle -- the 60.2 remains. No action on 60.2.

MS. MUNN: Doesn't make any sense, 22 rem (unintelligible) –

FOURTH SET MATRIX

MR. GRIFFON: And then we're -- we're up to the fourth matrix. Only an introduction.

MR. HINNEFELD: I'm not ready to talk about it.

MR. GRIFFON: I know, I know. I did want to --

MR. HINNEFELD: Except in general terms.

MR. GRIFFON: I think we're done with the third -- are we done with the third set?

MS. BEHLING: Yes.

MR. GRIFFON: The only way I -- the only thing I did want to do is just maybe get a path forward on the fourth set. Kathy and Hans, can I ask -- I have a version here -- I think in the title here it -- it doesn't have a date on the matrix.

MS. BEHLING: That was probably the initial matrix that I generated, that I sent in. Is there a date in the bottom?

MR. GRIFFON: There's no date.

MS. BEHLING: No date?
MR. GRIFFON: No dates at all.
MS. BEHLING: Okay.
MR. GRIFFON: Maybe you can e-- e-mail -- have you done any -- not -- any --
MR. HINNEFELD: I've not added any responses.
MR. GRIFFON: -- responses? No NIOSH responses at this point.
MS. BEHLING: But you have my matrix.
MR. HINNEFELD: Yes.
MS. BEHLING: Okay.
MR. HINNEFELD: Yes.
MS. BEHLING: He has my matrix.
MR. HINNEFELD: I have the matrix. I've not put anything in the matrix and so I've not made any modifications to it. We have done some work on the cases and so we have some information we could put in there.
MR. GRIFFON: Right.
MR. HINNEFELD: But I have not gone to the step of getting it in there.
MR. GRIFFON: This is the fourth set. I don't know --
MR. HINNEFELD: Fourth set.
MS. BEHLING: Fourth set.

MR. GRIFFON: -- if you have it. We might -- if you could, maybe e-mail it again, just to the work group?

MS. BEHLING: Okay.

MR. GRIFFON: And I think you should e-mail it to John Poston, too, because I think when we pick this up again we'll be in our subcommittee -- right, Lew? Yeah.

MS. BEHLING: Is there any general comments that you want to make about the fourth set of cases?

MR. HINNEFELD: Well, I'll say this. There -- there are a number of -- there are a few cases -- I think there are three cases in there where it was identified that overestimating approaches were used on a compensable claim.

DR. MAURO: OTIB-4.

MR. HINNEFELD: And so -- yeah, TIB-4, a TIB-4 approach. And so I can say a little bit about how that came to pass.

MS. BEHLING: Okay, bec--

MR. HINNEFELD: This was a -- an effort on our part to identify cases where we may not ever do any better than a general approach. And we have a generous approach and I thought it would

be to our benefit in order to -- well, not necessarily I -- we thought it would be in our benefit, if we are in a situation where we have some sites where we may never ever do any better than this --

MS. BEHLING: So you don't --

MR. HINNEFELD: -- we may not refine it any better.

MS. BEHLING: Okay.

MR. HINNEFELD: This might be the best we can do. Now, in doing that, in our haste to get these cases out, we neglected some things. For instance, we didn't modify TIB-4 to say things like this is an overestimating case or can be used in cases where the -- the exposures cannot be refined any further. And so TIB-4 really precludes its use in a compensable case and so that was our bad. But we did it with the best of intentions. We did it with the best of intentions in order to make progress on cases where we didn't foresee making any better estimate, any more refined estimate, and doing an estimate in those cases.

MR. GRIFFON: And wh-- where are these. I think we can say without identifiers where

these cases were from. Do you recall?

MR. HINNEFELD: If I recall -- and whether they were --

MR. GRIFFON: Were they all AW-- small AWE sites?

MR. HINNEFELD: They gen-- they tended to be AWEs but they weren't, and so there's another question of did we -- did we apply our approach appropriately or did we make mistakes in the application, and that's probably on the (unintelligible).

(Whereupon, multiple participants spoke simultaneously.)

DR. BEHLING: AWE facilities where we questioned not just the -- the use of it for compensation, but the fact that they may not be appropriate.

MR. HINNEFELD: Right.

MR. GRIFFON: Right.

MR. HINNEFELD: So the application of what we were attempting to do we didn't pull off very well.

DR. MAURO: There were two problems that I thought of as part of this process. One had to do with -- in fact one was Bridgeport Brass

where you used OTIB-4 as a -- where a -- I think there -- and Hans and Kathy, please help me out. When I -- when I reviewed the Bridgeport Brass, this first one, where you used OTIB-4 and you compensated. Now there is a Bridgeport Brass site profile. Now my concern goes toward okay, now that the site profile is out, and a dose reconstructor has access to that, and then let's say deny using the site profile, you're -- you're in a difficult situation, and you underst-- so --

MR. HINNEFELD: Oh, sure.

DR. MAURO: -- and we're -- we're about to do that again 'cause I think I -- we have some new cases now --

MR. HINNEFELD: Yeah, I believe there are probably five.

DR. MAURO: -- where we -- and I'm not quite sure what would happen there, whether he's a compensating or not, but you could see -- I could see the problem coming up -- oh, we used the site profile and denied on a -- on one case, but in another case, you used TIB-4 and granted. So I -- that -- that was one dilemma. And of course the other was using TIB-4 for a

site that was not an AWE, such as West Valley.

DR. BEHLING: No, it's an AWE but not --

DR. MAURO: West Valley was AWE?

MR. HINNEFELD: It's not -- it's not a uranium handling --

DR. MAURO: Not a uranium handling. Okay.

DR. BEHLING: Because it's not a uranium facility, so...

DR. MAURO: Okay.

MS. BEHLING: And --

MR. HINNEFELD: The -- go ahead.

MS. BEHLING: Excuse me, 'cause -- and then there's a third issue as to whether we should assume now that TIB-4 can be used to compensate cases for AWEs where you do not intend to develop a site profile.

MR. HINNEFELD: Well, not in its present form. Not as -- not in the words on the page today. There would have to be changes to the words on the page on TIB-4 to allow that use.

MS. BEHLING: Okay. Okay.

MR. HINNEFELD: This entire population of claims came -- was done in a short period of time in 2005 that -- we know the entire population of claims. We're in discussion with

DOL about what will happen with these claims, so it's -- it's an issue that clearly is on the table that we're having --

MR. GRIFFON: I mean Stu, is this -- I'm trying to understand -- was this kind of an ad hoc policy in -- in application of TIB-4 or --

MR. HINNEFELD: Yeah, I guess you would call it that.

MR. GRIFFON: How did you decide what facilities -- it was kind of within your -- within your DR group? Or how -- I don't understand the sort of process on how this was -- determinations were made.

MR. HINNEFELD: Well, there's intent and then there's execution and --

MR. GRIFFON: Yeah.

MR. HINNEFELD: -- communication failures and communication breakdowns.

MR. GRIFFON: I mean I'm not trying to point at -- I'm just trying to understand --

MR. HINNEFELD: The intent was that there is this population of claims that OTIB-4 -- there were the uranium sites that TIB-4 correctly applies to. Chances are we will not be able in any kind of timely fashion to do any better

than this, so we -- we should use this as -- we can't refine the estimate any more than this. It -- that was the intent. That was the thought process.

DR. WADE: And the -- the policy level was made at the Director of NIOSH's level.

MR. HINNEFELD: Yes. The execution and communication of that, among our own staff and to our contractor -- there were some communication failures in terms of how the implementation of that should go. And so, based on that, some things -- some -- it was applied more broadly than chances are it would have been applied. This was an attempt to move cases. You know, this was May of 2005. There was a lot of pressure to move cases. We were doing it for the best of purpo-- best of reasons --

MR. GRIFFON: Right.

MR. HINNEFELD: -- to try to get answers to people, and -- and in looking for broader application, we just pushed the boundaries of applicability beyond the point it should have been.

DR. BEHLING: Has -- has TIB-4 been revised

currently to the point where it can be used for compensating claims and -- and -- in a sense --

MR. GRIFFON: I think he said no.

MS. BEHLING: He said no.

DR. BEHLING: -- that it defines bounding values -- it has not?

MR. HINNEFELD: No. No, it has not. And it's not being used in that -- has not been used in that sense for probably over a year.

DR. BEHLING: But we will tell you that --

MS. BEHLING: This set.

DR. BEHLING: -- in the sixth set has a number of --

MR. HINNEFELD: They were all done in that same period.

DR. BEHLING: Okay.

MR. GRIFFON: They were all done in the same time frame, yeah.

DR. BEHLING: So in all likelihood we will then be forced to just bring that up as an issue.

MR. HINNEFELD: You'll have -- it'll be the same issue. It'll be just like -- it'll be TIB-- TIB-8 and TIB-10 revisited. It'll be --

MR. MAHER: For -- for more than a year now our direction is not to use overestimates on co--

compensable cases.

DR. BEHLING: I was under the impression that perhaps there had been some revisions where you would say TIB-4 provides bounding estimates, and since we're not going to use -- develop TBDs, then it can be used to reach a --

MR. HINNEFELD: We may in fact get there. We may do that.

DR. WADE: It's a reasonable approach.

MR. HINNEFELD: It is a reasonable approach to do.

DR. BEHLING: If that's a statement in the TIB, then that's fine.

MR. HINNEFELD: Exactly.

DR. WADE: But as Stu said, it hasn't been modified.

MR. HINNEFELD: Yeah, it has not been modified to that effect yet.

MR. GRIFFON: At this -- at this point, Stu, you have -- is there one of these -- I forget what they're called, directives or whatever, that you -- things like you said were --

MR. HINNEFELD: I could probably come up with a --

MR. GRIFFON: -- in touch with that e-mail

stream --

MR. HINNEFELD: I can probably come up with a trail.

MR. GRIFFON: -- that show that a year ago you -- you --

MR. HINNEFELD: I told them to do this and then --

MR. GRIFFON: Right.

MR. HINNEFELD: -- later on told them to stop? I think I probably can.

MR. GRIFFON: I mean as we go down the matrix, I think that might be useful, you know.

MR. HINNEFELD: I think I probably can.

DR. MAURO: What might help the process also is we just completed a review of Rev 3 of TIB-4, the latest version of TIB-4.

MR. HINNEFELD: Okay.

DR. MAURO: And -- and by and large, the most important aspect of it has to do with adopting the 100 MAC as the default upper bound value and we -- we come away with saying that that is a reasonable, plausible upper bound. That is, when you look at the distribution of the data upon which that 100 MAC was selected, it falls in at about the upper 95th percentile of the

distribution measurements that were made for those seven facilities that were used --

MR. HINNEFELD: Right.

DR. MAURO: -- as the basis for it.

MR. HINNEFELD: Right.

DR. MAURO: So what I'm getting at is I could see TIB-4 being a very functional upper -- plausible upper bound for AWE --

MS. BEHLING: Appropriate AWEs --

DR. MAURO: Appropriate, yeah. It's appropriate and not some -- some gross unrealistic, unreal overestimate or whatever.

MR. HINNEFELD: Right.

MR. GRIFFON: Yeah.

MR. HINNEFELD: And we -- we may do that.

MS. BEHLING: But you're not there yet.

MR. HINNEFELD: But we are not doing it today.

MS. BEHLING: Okay. That helps us with moving on.

MR. HINNEFELD: Yeah.

MS. BRACKETT: And isn't Battelle doing the AWEs now anyway? Would they be using (unintelligible)?

MR. HINNEFELD: I -- I'm not really up to date on what they're doing. But Battelle -- many of

these sites are now the responsibility for Battelle to do the dose reconstructions and so --

DR. WADE: It's a policy decision.

MR. HINNEFELD: But a policy decision's a policy decision.

DR. BEHLING: Okay. That answers a lot of critical questions for the next set.

MS. BEHLING: Yes. Yes.

MR. GRIFFON: I think that's -- I mean I don't know that we can go much further with this fourth set. Really I -- I, you know, it -- I think at the next Board meeting we should be in a position where we're going to set up our subcommittee. Right? And we'll carry this work over into the subcommittee, I assume.

DR. WADE: We were going to try to charter it on a call --

MR. GRIFFON: Right.

DR. WADE: -- and have it ready to go in September.

MR. GRIFFON: Yeah. Okay. So if -- if -- maybe by the September meeting, Stu, do you think it's realistic that you might have responses at least for part of this matrix?

MR. HINNEFELD: Yeah.
MR. GRIFFON: Okay.
MR. HINNEFELD: By the September Board meeting, we said the 19th of September?
MR. GRIFFON: Yeah.
MR. HINNEFELD: We can cer-- I mean, we have some pieces and parts --
MR. GRIFFON: Right.
MR. HINNEFELD: -- I just haven't put it on the matrix yet, and so we do have some -- I can have some (unintelligible).
MR. GRIFFON: I mean if -- if -- even if it's still, you know, under -- under further review or whatever, you know --
MR. HINNEFELD: Yeah.
MR. GRIFFON: -- but if you can get a lot -- if you can get most of them and there's a few outstanding --
MR. MAHER: Stu, we -- we have completed our responses to that fourth set.
MR. HINNEFELD: Okay. So they're --
MR. GRIFFON: Yeah, okay.
MS. MUNN: Just about ready.
MR. GRIFFON: So we -- we'll pick that up in September and carry it into the subcommittee, I

think.

DR. WADE: And now you do have the fifth and sixth sets.

MR. GRIFFON: Fifth and sixth set? Yeah, and on those I think I had asked SC&A to look at that listing and look at the cases and see if the cases lined up with the definition of best estimate or maximum-minimum case. And Kath-- Kathy e-mailed a response and I don't know that I'm -- I haven't cross-walked -- the one question I had was there was a -- I haven't cross-walked it with what we thought the fir-- when we had the selection matrices we had a final column. And Stu you said that, you know, this was a judgment so it might -- there might be some areas or some, you know --

MR. HINNEFELD: Yeah.

MR. GRIFFON: -- but I haven't cross-walked -- have you cross-walked that, Kathy, or --

MS. BEHLING: No --

MR. GRIFFON: All right.

MS. BEHLING: No, I haven't I --

MR. GRIFFON: What I wanted to look at was did the selections match up with the reality on those cases. In other words, if we thought we

had ten best estimates and ten --

MS. BEHLING: Yes.

MR. GRIFFON: -- max, did we get ten, then ten? And --

MS. BEHLING: In the fifth set -- especially the fifth set -- I do not believe that you did because we also went into the fifth set -- you all went into the fifth set in selecting cases of AWEs that we haven't reviewed yet. Some of those -- most of those AWEs were on that list of full external/full internal. But I think, as you would define a best estimate, they -- in my mind -- would not be considered a best estimate. However, they were on that list of full internal/full external.

MR. HINNEFELD: An AWE that was done in accordance with a one-size-fits-all TIB --

MR. GRIFFON: Right.

MS. BEHLING: Right.

MR. HINNEFELD: -- would be -- we would click as best estimate.

DR. MAURO: We would click it as best estimate.

MS. BEHLING: Exactly.

DR. MAURO: At the Linde site, that was a best estimate.

MR. GRIFFON: And I think I'll -- I'll try to present something at that on the August 8th phone call and -- and -- because the -- it still may be important, especially for those AWEs that don't have TIBs. Even though it's a one-size-fits-all, this may be our shot at reviewing that site, more or less, you know. So it may still be that the Board wants to do that, you know. And I think it will be.

MS. BEHLING: And it's --

MS. MUNN: It might not be a bad idea.

MS. BEHLING: It was difficult --

MR. GRIFFON: Right. Right.

MS. BEHLING: It was difficult for me to classify those, and so I tried to put a little bit of a different explanation. Rather than putting min/max or best estimate, I said compensated using TIB-4 or some -- something along those lines. But I know what your idea of a best estimate is --

MR. GRIFFON: Yeah.

MS. BEHLING: -- and I wouldn't think that those fall into that category.

MR. HINNEFELD: There aren't -- there won't be too many AWEs that really get a full-blown what

we think of as a best estimate from Savannah River.

DR. WADE: Mark -- excuse me -- do you want us to have any information on the call that could allow for the replacement of cases? Or would you --

MR. GRIFFON: Let me first -- let me first -- I'll -- let me do the cross-walk and talk with Kathy if I have any questions on that.

DR. WADE: Then let us know so we --

MR. GRIFFON: And then if there -- yeah, and then -- then I'll let you know if -- if we need to maybe pull -- have some cases available. But it may be -- it may be that it's close enough that we don't -- you know.

MR. HINNEFELD: Okay.

MS. BEHLING: Okay.

DR. WADE: Okay.

MS. MUNN: But especially if all of -- If literally all of the cases that were on the original list we had to choose from -- if too many of them fall into the category that don't fit our -- our need, then --

MR. GRIFFON: We may have to --

MS. MUNN: -- (unintelligible) --

MR. GRIFFON: Yeah, we don't want to waste our time.

MS. MUNN: No.

MR. GRIFFON: Yeah, right. That was the whole point of doing that, we don't want to waste our time with --

DR. MAURO: We began work on the fifth set, I mean, they're just -- they're moving forward.

MR. GRIFFON: Oh, okay.

DR. MAURO: Should we -- should we reign that in?

MS. MUNN: That's fine.

MS. BEHLING: Oh.

DR. WADE: I would say no.

MR. GRIFFON: Yeah, I would say -- I would say no. But -- let me -- I-- I'll look quickly at this.

DR. WADE: Certainly look at the sixth one.

MR. GRIFFON: You haven't started on the sixth?

MS. BEHLING: The sixth -- I've done that also but I haven't cross-walked that.

DR. WADE: But you haven't started working --

DR. MAURO: It's not actually doing work. We haven't --

MS. BEHLING: But there's -- but there, I do

believe you've captured quite a few --

MR. GRIFFON: Yeah, I think -- I think the sixth we were safer 'cause we were picking mostly from best estimate cases.

MS. BEHLING: Yes. Like DOE sites.

MR. GRIFFON: Yeah.

DR. MAURO: The -- I think there may -- perhaps this designation of best estimate, 'cause I was surprised to see that, for example, we -- we have a -- a Linde site was one of the -- in the fifth set that I just finished, and I noticed that the -- the whole dose is based on an exposure matrix for Linde. One size fits all. And I guess I was having a little -- and I see that in the write-up you represent the matrix as a best estimate. And there's something about calling a one-size-fits-all a best estimate that would apply to everyone that worked at Linde just -- I don't know, there's something about that I'm having a little trouble getting my brain around.

MR. HINNEFELD: Well, let me just explain the thought process and the choices you have as a dose reconstructor, or as a reviewer, when you approve a dose reconstruction. The choices you

can pick are full internal and external, which is what we call best estimate; underestimate, primarily internal; underestimate, primarily external; underestimate, internal and external; and then overestimate for those three categories. And those are your choices. So when you have a one-size-fits-all, you haven't made any maximizing assumptions, you haven't thrown in any extra -- you know, extra zeroes in the missed dose, you haven't jacked up the DCFs.

DR. MAURO: And so in that respect --

MR. GRIFFON: Let me understand.

DR. MAURO: -- you didn't do any of that.

MR. HINNEFELD: I haven't done a TIB-2 overestimating intake --

DR. MAURO: Yeah, you didn't do any of that.

MR. HINNEFELD: -- it's all --

DR. MAURO: It's all there.

MR. HINNEFELD: -- one-size-fits-all.

DR. MAURO: It's all there.

MS. MUNN: It's the best you can do.

MR. GRIFFON: Stu, I under-- I understand your --

DR. BEHLING: But you know, in a loose sense of

the word, it does comply with the descriptions --

MR. GRIFFON: John, was your -- was your point that in the DR report that it was --

DR. MAURO: Yeah, the do-- the dose -- the actual --

DR. BEHLING: -- (unintelligible) best estimate you can get.

MS. MUNN: Best you can get.

DR. BEHLING: So, in a loose way, it does satisfy the definition.

MS. MUNN: Yeah. That, of course, is not what we're meaning in later cases when we have the option.

MR. GRIFFON: That -- that's my -- I guess that might be different in the DR report, if it's characterized as a best estimate and --

MS. MUNN: Yep.

DR. MAURO: It -- it is.

MR. GRIFFON: And if you --

MS. MUNN: It's the best you can do.

MR. GRIFFON: I mean that -- that may be something that you want to bring forward as a finding -- I don't know, you know -- depending on what you think of -- you know, whether you

think that mischaracterizes --

MR. HINNEFELD: Well, in a DR report we'll say a case is an overestimate to indicate -- we've done an efficiency method, an overestimate. And we'll put in there words like "if the facts of the case change we have to rework it" --

MR. GRIFFON: Right.

MR. HINNEFELD: -- "but dose may actually go down because of the overestimating efficiency techniques we used in this overestimating approach."

MS. MUNN: Uh-huh.

MR. HINNEFELD: And in an underestimate -- we'll call an underestimate in dose reconstruction an underestimate because we don't use all the components of the dose and so it won't look like others. But if we have a one-size-fits-all exposure matrix --

DR. MAURO: You use it all.

MR. HINNEFELD: -- they're all going to do that. You know, they're all going to come out there and that's as fine as we've -- best we can do.

MR. GRIFFON: That's the best you can do, so it is a best estimate in a sense.

MR. HINNEFELD: It's just not a -- not a complicated -- it's a really simple dose reconstruction. It's not a complicated one like a -- a best estimate at Hanford.

MR. GRIFFON: And that's part of why we want to go down this path, is when we were looking for best estimates we were looking for the more complicated, you know --

MR. HINNEFELD: We could bring -- I mean, for selection purposes, we could bring additional information. If we have AWEs that are called best estimates, we can come to the table saying whether that AWE best estimate really was relying on individual data, because we do have some individual data from A-- some AWEs and we could theoretically do some --

DR. MAURO: Not in this case.

MR. HINNEFELD: -- individual cases.

DR. MAURO: The one I'm looking at --

MR. HINNEFELD: No. No.

MR. GRIFFON: I think in the last round of selection, you know -- I --

MR. HINNEFELD: Meaning the last time --

MR. GRIFFON: -- we kind of called on you because I was, you know, saying -- when we were

picking uranium facilities I was saying isn't this another one-size-fits-all?

MR. HINNEFELD: A lot of those uranium AWEs that --

MR. GRIFFON: You were confirming that it was -- yeah.

MR. HINNEFELD: -- were non-compensable you can almost count on being TIB-4.

MR. GRIFFON: Right. Right.

MR. HINNEFELD: But there were some on there that surprised me. There were some AWEs that I thought would be a cookie cutter that we actually had the exposure record on, and it was generated off the exposure record. So in selec-- I remember one in particular in the sixth selection.

MR. GRIFFON: So let's -- let's -- I'll give an update on five and six at the August 8th, but don't hold up work, I agree.

MS. BEHLING: Okay.

MR. HINNEFELD: We -- we wouldn't hold up work.

DR. BEHLING: We're well into doing the audits.

MR. GRIFFON: Okay. All right. And I think we're done. Is that a wrap?

DR. WADE: It's a wrap.

MR. HINNEFELD: Good by me.

DR. WADE: Well done. Thank you all.

MR. GRIFFON: Meeting adjourned at this time.

DR. WADE: We'll see you next in -- on the phone call on August 8th, although there is a working group meeting next Monday, Dr. Melius's working group dealing with conflict of interest. And maybe we'll see some of you there -- or hear some of you there.

(Whereupon, the meeting was concluded at 3:00 p.m.)

CERTIFICATE OF COURT REPORTER

STATE OF GEORGIA

COUNTY OF FULTON

I, Steven Ray Green, Certified Merit Court Reporter, do hereby certify that I reported the above and foregoing on the day of July 27, 2006; and it is a true and accurate transcript of the testimony captioned herein.

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

WITNESS my hand and official seal this the 9th day of September, 2006.

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STEVEN RAY GREEN, CCR

CERTIFIED MERIT COURT REPORTER

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