

This transcript of the Advisory Board on Radiation and Worker Health, Procedures Subcommittee, has been reviewed for concerns under the Privacy Act (5 U.S.C. § 552a) and personally identifiable information has been redacted as necessary. The transcript, however, has not been reviewed and certified by the Chair of the Procedures Subcommittee for accuracy at this time. The reader should be cautioned that this transcript is for information only and is subject to change.

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ADVISORY BOARD ON RADIATION AND
WORKER HEALTH

+ + + + +

SUBCOMMITTEE ON PROCEDURES REVIEW

+ + + + +

THURSDAY
APRIL 25, 2013

+ + + + +

The Subcommittee convened via teleconference, at 10:30 a.m., Wanda I. Munn, Chair, presiding.

PRESENT:

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

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ALSO PRESENT:

2

TED KATZ, Designated Federal Official
BOB BARTON, SC&A
KATHY BEHLING, SC&A
ELIZABETH BRACKETT, ORAU
RON BUCHANAN, SC&A
HARRY CHMELYNSKI, SC&A
ROSE GOGLIOTTI, SC&A
STU HINNEFELD, DCAS
MIKE KUBIAK, ORAU
JENNY LIN, HHS
JOYCE LIPSZTEIN, SC&A
LORI MARION-MOSS, DCAS
STEPHEN MARSCHKE, SC&A
JOHN MAURO, SC&A
MUTTI SHARFI, ORAU
MATTHEW SMITH, ORAU
SCOTT SIEBERT, ORAU
JOHN STIVER, SC&A
ELYSE THOMAS, ORAU

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Wanda Munn, Chair, 237

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2 10:31 a.m.

3 MR. KATZ: Okay. So let's get
4 started. This is the Advisory Board on
5 Radiation and Worker Health. This is the
6 Procedures Review Subcommittee. Welcome,
7 everybody, and let's do roll call, beginning
8 with the Board Members.

9 And conflict of interest. We have
10 Hanford; two Members, Josie and Wanda, are
11 conflicted at Hanford. We are going to do a
12 transfer related to PER on Hanford. But
13 otherwise, I don't -- we don't have any
14 conflict issues with our Members, so we don't
15 need to address those specifically at all.

16 So let's go with Board Members.

17 (Roll call.)

18 MR. KATZ: Everyone, the agenda for
19 the meeting is posted on the NIOSH website
20 under the meetings page for today's date.

21 And, Wanda, it's your agenda.

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1 CHAIR MUNN: Thank you. 9

2 MS. BEHLING: Excuse me, Wanda, for
3 one second. This is Kathy Behling and I
4 apologize, but I was trying to log on to Live
5 Meeting and I must be doing something wrong
6 here, because what I'm looking at on my screen
7 it says that this is the TBD-6000 Live Meeting
8 Practice. And I'm not sure what I'm doing
9 wrong here.

10 MR. KATZ: So, Kathy, you must be -
11 - you have the wrong invite, I think, if you
12 are getting that message.

13 MS. BEHLING: Okay.

14 MR. KATZ: So you should have a
15 calendar invite for this meeting today. And
16 if you -- I don't think you should get that
17 response if you are using that.

18 CHAIR MUNN: It wasn't sent until
19 this morning, Kathy.

20 MS. BEHLING: Okay.

21 MR. KATZ: Well, previously sent.

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1 It has been resent this morning, Wanda. 10

2 CHAIR MUNN: It was not received
3 here. If it wasn't received here, it may not
4 have gone other places as well.

5 MS. BEHLING: Okay. Can someone
6 resend that to me?

7 MS. BURGOS: This is Zaida. I will
8 send it.

9 MR. KATZ: Thank you.

10 MS. BEHLING: Thank you. I'm
11 sorry.

12 MR. KATZ: Oh, that's all right.
13 Okay. So carry on, Wanda.

14 CHAIR MUNN: Very good. We are
15 happy with roll call now. We are all squared
16 away.

17 The first item on our agenda is our
18 review of what has transpired with the BRS
19 since our last meeting. When we left that,
20 there was going to be some internal
21 discussions with NIOSH as to how we were going

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1 to be able to handle, especially, the
2 overarching issues and the differing kind of
3 information that we were going to be providing
4 for the system.

5 It did differ in a number of ways
6 from what we do with our normal documentation.
7 And I'm hoping that Stu and the folks from
8 NIOSH have some report from us -- for us on
9 that particular issue. Stu?

10 MR. HINNEFELD: Yes, this is Stu.
11 I'll provide what I can here. We did have a
12 discussion about what to do here and we
13 decided that the current method where we
14 listed them as an overarching issue, sort of
15 as a document-type, is probably the easiest
16 way to continue to proceed.

17 And so what we are trying to do now
18 is find the source for the particular issues,
19 the particular overarching issue and then sort
20 of paraphrase a finding from that source.

21 For instance, a couple of items on

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1 the overarching list; one is Super 1~~2~~
2 plutonium.

3 CHAIR MUNN: Yes.

4 MR. HINNEFELD: Another one is
5 incomplete badge wearing, you know. You know,
6 what happens when somebody says they didn't
7 wear their badge all the time or they -- you
8 know, to avoid bumping into a limit or
9 something.

10 And I did find out, I don't know if
11 it's the actual origin, but I found an early
12 document that raised those two issues and that
13 was the SC&A review of the Rocky Flats Site
14 Profile, which goes back to 2005, I think.

15 CHAIR MUNN: Mm-hmm.

16 MR. HINNEFELD: So that seemed --
17 you know, that is pretty early, so that seems
18 like a pretty good place to identify that.
19 And then what I have to do then is sort of
20 paraphrase the finding, make sure I refer to
21 the page and section, so that people can find

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1 the write-up as the finding entry, because ~~we~~
2 don't -- you know, for most of our procedures,
3 review is based on a document where a document
4 is reviewed and then you have several findings
5 tagged onto that document.

6 In this case, what we have is sort
7 of a document called "Super S Plutonium." You
8 know, because it went in in that fashion. And
9 so what we are doing now is trying to find
10 those. So I found those two origins. Two of
11 the overarching issues already before last
12 meeting had an origin in there. They were
13 taken off of other procedure findings that had
14 already been entered into the procedure
15 documents.

16 And I'm pretty confident I'll be
17 able to do this once we get to the point where
18 the BRS will let me add a finding. I have
19 tried to do that, I guess, either Monday or
20 last week and it didn't work. PST worked on
21 it in the meantime, had me try it this

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1 morning, I still get a message about issue
2 with adding information when I try to add a
3 finding.

4 So you know, whether I'm doing
5 something wrong or whether there is an issue
6 with the system, we are still working it out.
7 That's where we intend to be.

8 And then once we put those in, for
9 instance, for Super S plutonium, we think
10 that's pretty much resolved by issuance of an
11 OTIB. I don't remember the number. And which
12 that OTIB itself has now been reviewed and I
13 think we are through that.

14 So I think we can kind of -- once
15 we get the finding in there, we will put in
16 our conversation, you know, probably just one
17 entry box about what has been done.

18 CHAIR MUNN: Right.

19 MR. HINNEFELD: And complete it and
20 then, at some point, presumably the
21 Subcommittee would be able to come through to

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1 close, at least, that one anyway. And I think
2 more of them.

3 CHAIR MUNN: My memory is that the
4 hot particle issue came from several different
5 site reviews.

6 MR. HINNEFELD: I did want to talk
7 about the hot particle issue a little bit,
8 because, in my view, there are kind of two
9 things we have talked about as hot particles.
10 There is the hot particle issue which has come
11 up at Hanford, and I think it came up maybe in
12 2010 or somewhere around there with respect to
13 Hanford, which is a period of time, I guess
14 during the Green Runs, where there was a
15 pretty good potential for a hot particle
16 issue.

17 CHAIR MUNN: Mm-hmm.

18 MR. HINNEFELD: And then the other
19 time we have talked about something that we
20 called a hot particle, which really isn't in
21 my view a hot particle, which is the uranium,

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1 potentially for uranium skin contamination,
2 unidentified uranium skin contamination at
3 some of the uranium processing plants, like
4 the gaseous diffusion plants or Fernald, for
5 instance, where there were rules -- there was
6 not any contamination monitoring. There were
7 rules about showering at the end of the day
8 and things like that. But there could, you
9 know logically, have been during the day some
10 skin contamination occurring there, because
11 there wasn't the attention paid to avoid skin
12 contamination at uranium plants until much,
13 much later.

14 So that's the second. It's kind of
15 the second thing. To me, the two issues are
16 different on several respects. And so there
17 might be another one we may need to -- and I'm
18 not real clear on what this hot particle issue
19 on the overarching issues was supposed to
20 capture.

21 Was that supposed to capture the

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1 Hanford situation or was it supposed to
2 capture the uranium plant situation?

3 CHAIR MUNN: Well, and that there
4 is another aspect of that question, too, that
5 I don't think we have actually addressed and
6 that is whether we need to have multiple
7 findings factored in. We indicated that we
8 were aware that, simply by definition, being
9 an overarching issue, we were likely to have
10 this show up in more than one site review.

11 And whether we were going to
12 attempt to regard all the places where it had
13 been identified or whether we were going to
14 simply accept the earliest one that we could
15 find and acknowledge as being the origin is
16 not, I think, something that was clearly
17 defined at our last meeting.

18 MR. HINNEFELD: Yes. I think, as
19 you mention that, you're right. We could just
20 enter two findings under hot particle. One
21 would be the Hanford situation and one would

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1 be the uranium situation, because nothing
2 prevents us from putting two findings under
3 any of these overarching issues.

4 CHAIR MUNN: Right. I guess it's a
5 question that probably should be addressed
6 here, so that it would save you a considerable
7 amount of time if the decision were made that
8 one finding would be adequate.

9 Paul and Josie, what are your
10 thoughts on that?

11 MEMBER ZIEMER: This is Ziemer.
12 Keep in mind that part of all this is to
13 assure that we are being consistent in how we
14 treat these issues from site to site, within
15 whatever -- there may be differences in some
16 of the parameters, but we want to be able to
17 identify not only where these occur, but the
18 level of consistency, for example, in how we
19 handle hot particles from one site to the
20 other.

21 How we handle, let's say, oro-nasal

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1 breathing from one site to the other, ~~so~~
2 insofar as we populate this with information
3 that will help us confirm the level of
4 consistency, I think, that would be the
5 important issue.

6 CHAIR MUNN: Thank you, Paul.
7 Josie?

8 MEMBER BEACH: The only thing I
9 have is I agree that having it in the section
10 that Jim was just talking about would make it
11 easier to come back and find. But I do have a
12 question.

13 Jim, you talked about going back
14 and looking at earlier documents. Will you--

15 MR. HINNEFELD: This is Stu,
16 actually. Jim has the list.

17 MEMBER BEACH: Oh, okay, I'm sorry.

18 MR. HINNEFELD: This is Stu doing
19 the report.

20 MEMBER BEACH: Stu, so will you go
21 back and look for all earlier documents to try

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1 to populate that system? 20

2 MR. HINNEFELD: Now what I intended
3 to do was find a document, an early document,
4 where the finding came out, where the issue
5 came up. And so from that then, I don't
6 propose that we would search all early
7 documents. I think we have some probably
8 memory of where they are likely to be. And
9 they probably came up primarily in one place.

10 I think that it was not my intent
11 to search all early documents.

12 MEMBER BEACH: Okay. I was just
13 going back to the consistency that Paul
14 brought up.

15 MR. HINNEFELD: I understand. I
16 understood your comment once I started
17 talking. And I think that it will be fairly
18 clear, at least in the ones I'm thinking of,
19 which ones they are to deal with, because I'm
20 pretty sure, for instance, the indications
21 that the badges may have been taken off and

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1 not worn all the time. Rocky Flats was not the
2 only place we heard that. There are other
3 places.

4 CHAIR MUNN: No. We heard a lot of
5 that from NTS.

6 MR. HINNEFELD: And so I think it
7 has been addressed individually at several
8 places.

9 CHAIR MUNN: I think you are
10 correct.

11 MR. HINNEFELD: So we can probably
12 do that as part of the conversation that we
13 include under a finding if it's only going to
14 be one finding. As I thought about this, if
15 it's okay with the Subcommittee, I think the
16 easiest thing for us to do with respect to the
17 specific question I asked about hot particle
18 items is to list two findings under the
19 overarching issue of hot particles, one of
20 which would be the Hanford situation. And one
21 of which would be the uranium plant situation.

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1 And then in the conversation under²²
2 the uranium plant, we would describe if and
3 how we are going to do anything about that or
4 the various, you know, uranium sites, and kind
5 of name the DOE sites and then there would be
6 some -- may be some consideration for AWE
7 sites that used uranium as well.

8 CHAIR MUNN: That sounds reasonable
9 to me. My instinct is to go for the simplest
10 solution, which is to identify an early
11 incident of this type of overarching issue
12 that we are addressing. And then, as Stu has
13 suggested, in the text itself perhaps indicate
14 when there is knowledge of more than one site
15 where this might have occurred.

16 But I certainly take your point
17 well, Paul, but it seems to me that getting to
18 the information to verify how it was treated
19 in any given case is adequate for bolstering
20 our desire for equity. But I could be
21 persuaded otherwise. That's just looking for

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1 the simplest solution. 23

2 Paul, do you feel that we really
3 should try to track down each incident or
4 should we be -- should it be adequate for us
5 to have this resource available for us to
6 identify how the issue was addressed
7 originally?

8 MEMBER ZIEMER: Well, I think some
9 of these will pop up going forward actually.
10 SC&A runs across this from time to time and I
11 think they typically also look at how things
12 were treated in the past. And maybe in a
13 sense this also helps them going forward to
14 say okay, what was done the last time we dealt
15 with this particular issue.

16 John Stiver, John Mauro, may want
17 to comment on that, but I think it's just a
18 tool for helping us remember what was done in
19 the past. Maybe we populate it as we go. I
20 don't know.

21 DR. MAURO: I have a thought on

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1 this. This is John. Very often these kinds
2 of questions come up during a DR review. It
3 could be a Site Profile Review or procedure
4 review, but they often come up during a DR
5 review, at least in my case, with regard to
6 uranium.

7 Now, the way I look at it is all we
8 are is sort of -- we're sampling DRs. We are
9 looking at it at about 1 percent. And when we
10 identify something, like in my case, I could
11 speak not to the Hanford, but to the uranium.
12 Whenever I see that, it looks like there's a
13 place where maybe we should have looked at
14 uranium doses to the skin, on the face, for
15 example. And I put that in as a finding.

16 Now, the reality is all that has to
17 be done is once, because now it becomes an
18 issue that needs to be addressed, whether --
19 in this case, it will be by a DR Committee.
20 It could be kicked over to an overarching
21 scientific issue, but it's in the system.

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1 And I think that's all that ~~is~~
2 important. I don't, I mean I, for one, see
3 the need to track every single one of these
4 because I could tell you when it comes to
5 uranium, none of them have been calculated in
6 a way where you give a localized dose.

7 I can't say that for sure, but even
8 if it is, let's say it turns out some did and
9 some didn't, when it eventually becomes a PER,
10 it then becomes NIOSH's role to go run it down
11 and say okay, in how many cases? Once it is
12 decided yes, this is the protocol we should
13 use for doing hot particle like the one that
14 occurred at Hanford or yes, it is agreed here
15 is the protocol we should use when we think
16 perhaps the uranium dose for the face particle
17 is an issue.

18 And that's a judgment that is made.
19 Well, I'm just presuming that that would
20 trigger a PER process where then NIOSH would
21 have to go back and search in what cases that

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1 were done in the past that might need to be
2 looked at.

3 So, to me, the exercise of going
4 back every time it is discussed and in what
5 venue it was discussed seems to be something
6 that might not be necessary.

7 CHAIR MUNN: I would agree. Do you
8 have any thoughts, John Stiver?

9 MR. STIVER: Yes, I tend to agree
10 with John on this. I mean, we've got to look
11 at it. I think Stu's approach of kind of
12 looking at it as kind of an overarching
13 problem common to, you know, whatever, however
14 many sites there may be as more of an approach
15 and then cannot, you know, take a look at that
16 and see what the effects are.

17 And, you know, as John said, if it
18 turns out that this is going to make a new
19 exposure pathway that is going to result in
20 increased doses, the PER process should be
21 able to capture the number of cases,

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1 individual cases. And so there really would
2 be no need to try to track every single
3 individual case that might come up.

4 I like this proposal. It's a good
5 idea.

6 CHAIR MUNN: Okay. Are we all on
7 the same page or do we have a disagreement
8 here? I think what I'm hearing is: identify
9 the earliest one that's reasonable to try to
10 identify and flesh out the information in the
11 text as we go along. Is that what I'm
12 hearing?

13 MEMBER ZIEMER: I think that's a
14 good start. I'm okay with that. I'm fine
15 with Stu's suggestion.

16 CHAIR MUNN: All right.

17 MEMBER BEACH: This is Josie. I'm
18 okay with that as well.

19 CHAIR MUNN: Good. All right.
20 Anything else we need to say about that? Any
21 other issues that come to mind or, Stu, is

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1 there any concern on your part as to where ~~we~~
2 are going with this?

3 MR. HINNEFELD: No. We will be
4 farther along once we figure out what is going
5 on. I think I must be -- everybody can add
6 findings on our site, but me, so it must be
7 something I'm doing.

8 CHAIR MUNN: Oh, my, well, not
9 necessarily. Blame the system when you can.

10 MR. HINNEFELD: Yes.

11 I would, except I have experienced
12 my ability to use computers, so that's where
13 the problem probably lies.

14 (Laughter.)

15 CHAIR MUNN: Thanks, Stu. If we
16 are finished with that one, let's move on to
17 our next agenda item, which is a couple of PER
18 follow-up items from NIOSH.

19 I believe that we had some
20 communication shortly before the meeting
21 indicating that we would like to substitute

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1 PER-31 for PER-11 and vice versa because ~~of~~
2 the timing of the two. Apparently, we have
3 completed the PER-11 reviews and 31 perhaps is
4 not quite done yet. So let's take a look at a
5 quick follow-up item status for PERs 31 and
6 30.

7 Who is doing them?

8 MR. STIVER: Actually, I think what
9 we are going to do is we had originally
10 scheduled 31 and it turns out that there has
11 been some thorny issues in resolving some
12 details regarding thorium disequilibrium and
13 so that one is not ready. We are probably
14 going to be about two weeks out, but we were
15 able to get PER-11 done.

16 And so what we wanted to do is
17 rather than discuss PER-31 today, we will
18 discuss PER-11.

19 CHAIR MUNN: That's good. Is there
20 anything on PER-30?

21 MR. STIVER: Excuse me? This right

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1 here has some follow-on actions regarding the
2 universe of cases that was being developed
3 that were identified for PER-11 and 30. And
4 because we are discussing PER-11 today, Kathy
5 is going to present that. It may be better to
6 talk about this universe of claims during that
7 discussion.

8 CHAIR MUNN: All right. Whatever
9 is best.

10 MR. STIVER: PER-30, this was the
11 situation at the Savannah River Site. A TBD
12 and TIB revision PER that Ron Buchanan is
13 currently working on. An issue that came up
14 was that there were 54 claims that were
15 identified that could have been impacted by
16 this PER.

17 And, you know, the question that
18 often comes up is well of those, how many were
19 actually impacted and have dose
20 reconstructions redone, reworked and what
21 would be the distribution of the PoCs within

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1 that, which then allows us to go in and
2 identify which cases we would like to select
3 for review under Sub-task 4.

4 And I know that I saw that NIOSH
5 had posted a couple of spreadsheets regarding
6 the PER-11 and PER-30. Now, taking a look at
7 that, Ron, have you had a chance to look at
8 that spreadsheet that NIOSH had put up there
9 yet?

10 DR. BUCHANAN: Yes. This is Ron
11 Buchanan. Yes, I looked at the spreadsheet
12 and then I went back and did a query of my own
13 and came up with similar numbers. I was just
14 in the process of cross-referencing the two XL
15 spreadsheets.

16 See, there are a few cases I came
17 up with and they didn't and they came up with
18 a few cases I didn't, so I'll have to go back
19 and reconcile that. But at this point, I'm
20 still evaluating the basis of PER-30 as far as
21 content. And then the cases to address, I

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1 guess, in my initial report I'll put in what₃I
2 think would be a reasonable approach to go in.

3 And since there is 48 cases that
4 would be subject to auditing, you know, that
5 would be too many probably to do, I would
6 select some criteria to look at, say, 10 of
7 those and see if they look like cases that are
8 good candidates and then see if they do or do
9 not meet the criteria.

10 I believe that NIOSH came up with a
11 final evaluation that none of them met the
12 PER-30 requirements.

13 CHAIR MUNN: Do we have a response
14 from NIOSH?

15 MR. STIVER: Do we have a response
16 from NIOSH? Maybe Scott could kind of
17 elaborate on the selection process that you
18 guys went through.

19 MR. SIEBERT: I believe that's a
20 NIOSH question, not me, sorry.

21 MEMBER ZIEMER: Well, this is

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1 Ziemer. Which one are we talking about now,
2 11 or 30?

3 CHAIR MUNN: We are talking about
4 30.

5 MR. STIVER: We are talking about
6 30.

7 CHAIR MUNN: Hopefully.

8 MR. STIVER: The Savannah River
9 Site.

10 CHAIR MUNN: And I'm assuming,
11 since we have no findings, we probably have
12 nothing on the --

13 MEMBER ZIEMER: Right, nothing new,
14 yes.

15 MR. STIVER: Yes, this is a PER
16 that is currently under development.

17 CHAIR MUNN: Right.

18 MR. STIVER: So this was just
19 something that came up in our discussion about
20 -- remember, there were several PERs that we
21 had not started working on and at the last

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1 meeting, I gave like a little summary
2 presentation of why we thought that -- you
3 know, what the limitations might be in
4 completing a full PER on those cases.

5 CHAIR MUNN: Yes. I think we had
6 thought we might be one step further along now
7 than we seemed to be.

8 MR. STIVER: And this was really a
9 question of: has the universe of cases been
10 fully identified within that universe of the
11 cases that could potentially have been
12 reworked and that we would want to look at?
13 So it's to the Sub-task 4 case selection.

14 CHAIR MUNN: And 5.

15 MR. STIVER: And we are kind of
16 getting -- trying to get ahead of ourselves.
17 We gained a little bit on that.

18 CHAIR MUNN: Right. So the
19 question really hasn't been formally posed to
20 NIOSH yet.

21 MR. STIVER: Exactly. To put it in

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1 simpler terms, that's true. It just hasn't
2 been posed at this point.

3 CHAIR MUNN: All right. That's
4 good.

5 MR. STIVER: But we're trying to do
6 that a little bit farther out in advance in
7 hopes that -- so we don't have a long waiting
8 period after we complete the Sub-task 3 review
9 while we are waiting to do the case reviews.
10 That has happened in the past.

11 CHAIR MUNN: That's fine. I'm
12 gathering from the previous information, what
13 was just said, that we will probably have --
14 we will definitely have PER-31 next time?

15 MR. STIVER: Yes. I think we are
16 probably about two weeks from getting a draft
17 review ready to go on that.

18 CHAIR MUNN: And probably will
19 present something formally to NIOSH in the
20 interim, so that perhaps NIOSH may have some
21 response to PER-30 for us next time, maybe,

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1 right? 36

2 MS. MARION-MOSS: Wanda, this is
3 Lori.

4 CHAIR MUNN: Yes.

5 MS. MARION-MOSS: I'm a little
6 confused here. Exactly what is it that we
7 need to respond to for PER-30? What are --
8 what is the Board looking for here?

9 CHAIR MUNN: If I understand it,
10 SC&A has some questions with respect to
11 whether or not the universe of potential
12 claims has been adequately surveyed. Am I
13 counting that correctly, John?

14 MR. STIVER: Yes. We got the
15 spreadsheet. Out of 54 claims, there is 48
16 identified for -- there was no return. And
17 six identified they were not evaluated. And I
18 was just hoping if you guys could kind of
19 elaborate a little bit on the meaning of those
20 different terms.

21 What did you actually find when you

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1 went in and looked at those? Because we were
2 really trying to identify, you know, of the
3 54, which have been reworked that meet the
4 four criteria under PER-30 that we could then
5 possibly work into our Sub-task 4 case review?

6 CHAIR MUNN: Ted presented that
7 question to you formally, yes. All right.

8 MR. KATZ: This is Ted, Wanda. Can
9 I make a suggestion for John and Lori with
10 these? I understand what the issue is. And I
11 know, John, SC&A -- you know, part of your
12 process is to review whether, you know, all
13 the cases that should have been reviewed under
14 PER were reviewed under the PER, that's sort
15 of an element of your review.

16 I would suggest, I think you can
17 have a discussion with DCAS off-line on each
18 of these PERs as you get into it, as Ron has,
19 and you have questions about, you know, why he
20 keeps coming up with a different potential
21 universe of claims that might have -- should

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1 have been reworked -- DCAS actually reworked³⁸

2 I think we can just go ahead and
3 have a conversation with them to get clarity
4 as to what they did, why, and then about your
5 own thinking and then you can just cover it in
6 your report accordingly.

7 MR. STIVER: Okay. Yes, that's
8 going to be a better use.

9 MR. KATZ: I don't think you need
10 to use, you know, Subcommittee time really to
11 get this. You are welcome to just call them
12 and pursue that question and then address it
13 in your report.

14 MR. STIVER: Okay. So, Ron, I
15 guess the best thing to do is just to work
16 with Lori on getting this resolved as we get
17 close to the Sub-task 4 part of the review.

18 DR. BUCHANAN: Okay. I'll do that.

19 MR. STIVER: All right.

20 CHAIR MUNN: I'll probably still
21 have that item on the draft agenda when I send

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1 it out the next time, whenever that is. And
2 one of you can correct me if I'm wrong on its
3 assignment.

4 The next item on our agenda is the
5 PER case reviews for PER-14 and PER-17. I
6 believe Kathy was going to do that for us?

7 MS. BEHLING: Correct.

8 CHAIR MUNN: Morning.

9 MS. BEHLING: Yes, good morning.
10 This is Kathy. First of all, before we start
11 this discussion, Wanda, I'm wondering if PER-
12 14 is the first Sub-task 4 review that we have
13 done where we have actually had some findings?
14 And I don't believe, at this point in time, we
15 have a method of putting that information on
16 the BRS, or has that been resolved?

17 I thought what we might want to
18 talk about is how you are going to go about
19 putting that information on the BRS, because
20 we have separate findings for PER-14 review,
21 which is construction trade worker, and now

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1 this is the case review portion Sub-task 4 of
2 our protocol.

3 CHAIR MUNN: You are right. We
4 have not gone to that depth up to this point.
5 And PER-14 is probably the ideal place to do
6 that, given that kind of attention that PER-14
7 has.

8 Has there been any discussion
9 behind the scenes about how that might be
10 done? Steve?

11 MR. SIEBERT: No, not as far as I
12 know, Wanda. I was just assuming that they
13 would tag them onto the end of the -- I guess
14 right now there are six findings in PER-14 on
15 the PER itself.

16 CHAIR MUNN: Okay.

17 MR. SIEBERT: I would just assume
18 that you would tag the sub -- the Part 4
19 findings on the audit, I guess, you know, just
20 make them from Finding 7 and onwards.

21 CHAIR MUNN: I had thought that

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1 might be the case, as long as they are
2 identified.

3 MR. SIEBERT: And you, yes, can
4 identify them in the text or something like
5 that or maybe -- I don't even know. You know,
6 I am not sure in the -- in how you set up the
7 finding number.

8 CHAIR MUNN: Can we take a look at
9 the findings, the active findings that we have
10 right now?

11 MS. BEHLING: I believe that all of
12 the findings for PER-14 should have been
13 closed, but, you know, there will be 15 new
14 findings for Sub-task 4. I didn't know if you
15 wanted to have a separate document title that
16 would say "PER-14 Sub-task 4" and then the
17 numbering could reflect that this is Sub-task
18 -- Finding 1-Sub-task 4 or something along
19 those lines or if you just wanted to tag it
20 onto the --

21 MR. SIEBERT: Kathy, I would just

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1 tag it onto the existing PER box and then the
2 numbering scheme is flexible. I mean, you can
3 put in whatever number you want. And if you
4 want to put in PER-014-04-01 to indicate that
5 it is, you know, a Sub-task 4, you can do that
6 in the numbering scheme the way you number the
7 findings.

8 CHAIR MUNN: My instinct would be
9 to not do that because we get confused enough
10 already with the different numbers between
11 SC&A's numerics and our own, sometimes.

12 My suggestion from the point of
13 view of an outside use, essentially, is to
14 continue the numeration that has been started
15 and is a part of the heading of that
16 particular item, address it as being Type 4.

17 MR. SIEBERT: We could do that as
18 well, Wanda. That's perfectly fine.

19 CHAIR MUNN: That seems logical to
20 me. Other users who don't become involved in
21 how we put this together, if you are going to

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1 look for it, Paul and Josie, what's your
2 feeling with respect to what you would expect
3 to see and where you would expect to see it?

4 MEMBER ZIEMER: This is Ziemer. I
5 think as long as it's under the PER-14 or
6 whatever the number would be for a particular
7 situation, that's where you would want to look
8 for it.

9 I think you do want to identify it
10 as the Sub-task 4 in some way, but that could
11 be done in either the title or something like
12 that. In other words, right now, on this
13 particular one, on 14, how many findings do we
14 have, Steve?

15 MR. SIEBERT: Right now we have six
16 findings. And Kathy just said that we had 15
17 findings on the Sub-task 4. So, you know, the
18 first Sub-task 4 one would then be, you know,
19 Finding 8.

20 MEMBER ZIEMER: That would --

21 MR. SIEBERT: We would start with

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1 MR. MARSCHKE: Right now, I don't
2 think it's a possibility, Paul. Yes, I agree
3 with Wanda. I don't think it is.

4 MEMBER BEACH: This is Josie. I
5 agree with Paul. I think it would be -- in
6 the future a year from now, if I'm going to
7 want to look at Sub-task 4, then I'm going to
8 want to search for the PER-14 Sub-task 4. And
9 I guess if it comes up and directs us to those
10 findings, but in the search criteria that
11 would be important.

12 MR. MARSCHKE: Well, in the search
13 criteria, you are going to go -- if you know
14 you are in 14, that's why -- I mean, if you
15 know you are PER-14, that's why I think it is
16 important to put all the PER-14 stuff
17 together so you know that, you know, you have
18 gotten everything in one spot, so when you are
19 looking for PER-14 -- and then when you get to
20 this screen here that I'm looking at now, if
21 it is a Sub-task 4, it would be right in the

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1 heading there, basically, where it says, you
2 know, PER-14-1, the deep dose assessment
3 factor, we would say Sub-task 4 and then, you
4 know --

5 MEMBER ZIEMER: Finding whatever.

6 MR. MARSCHKE: -- finding, yes,
7 whatever. We would prefix this little heading
8 here and you would have to just scroll down.
9 There is no way to -- as I understand it and,
10 Lori, you can correct me if I'm wrong, but as
11 I understand it right now, there is no way to
12 search on and pull up individual findings.

13 MS. MARION-MOSS: You're correct,
14 Steve. Right now, I agree with you. Due to
15 search mechanism, if we keep all findings to a
16 particular document in one location, we will
17 be better off.

18 A user would just have to know
19 that, you know, they would need to read the
20 title of each of the findings.

21 MEMBER ZIEMER: This is Ziemer. As

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1 a practical matter, the Sub-task 4 items are
2 always going to be tagged onto the end, I
3 think, right?

4 MS. MARION-MOSS: Right.

5 MEMBER ZIEMER: So one would know
6 that if you want a Sub-task 4 item, you would
7 just go to that set of findings and look,
8 scroll down until you get to those particular
9 ones. So I would be all right just tagging
10 them on and just to verify as Sub-task 4
11 items.

12 MS. BEHLING: This is Kathy. I
13 guess my question then is: in our report
14 currently our findings are numbered 1 through
15 15. And so you are going to have -- unless we
16 go back in and change our report to start our
17 numbering with 8, we can do that, I was just
18 wondering if we couldn't make these findings--
19 from Sub-task 4, findings 4-1 and then 4-2?
20 Could we --

21 MR. MARSCHKE: Well, Wanda didn't

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1 want to do that, Kathy. 48

2 MS. BEHLING: Oh, I see. Okay.

3 MR. MARSCHKE: And so I mean, I
4 would suggest that we -- you know, again like
5 Paul said, we already know which ones are
6 going to be fixed from the PER review. We
7 either have six or, you know, however many
8 findings we have. And then when you guys
9 start doing your Sub-task 4 review, you pick
10 up the numbering scheme from there in the
11 future.

12 And for this one in PER-14, we can
13 take care of it when the findings are entered,
14 we can make a little note saying that, you
15 know, Finding 7 is identified in the Sub-task
16 4 report as Finding 1 or something like that.

17 CHAIR MUNN: Yes.

18 MR. MARSCHKE: But I would suggest
19 that when SC&A in the future makes a Sub-task
20 4 report, that they, you know, continue the
21 numbering scheme from the review of the PER

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1 itself.

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2 CHAIR MUNN: Okay.

3 MEMBER ZIEMER: And this is Ziemer.
4 You could just indicate in the report itself
5 that that's what you are doing, so that, you
6 know, if you say, okay, we have 10 findings
7 and the first one is finding number such and
8 so, just indicate that it is a continuation of
9 the previous set of findings--

10 CHAIR MUNN: Okay. That --

11 MEMBER ZIEMER: -- for that
12 particular --

13 MS. BEHLING: And then my final
14 question on this issue is: would you like us
15 to reissue this report changing the finding
16 numbers?

17 CHAIR MUNN: I personally would
18 not. I think we can accommodate it with the
19 entry that we make into our BRS.

20 MS. BEHLING: Okay.

21 CHAIR MUNN: I think as long as we

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1 say something in the entry that we make, ~~it~~
2 should be clear to anyone who picks it up.

3 MR. KATZ: This is Ted. Kathy, if
4 it's easy to do to renumber the report though,
5 just to accommodate, then great. But by all
6 means, don't hesitate to do that because I was
7 just thinking down the road, it does get a
8 little bit tiresome when you have to refer
9 from one number to another and so on.

10 If it's easy to do and quick to do,
11 by all means. Otherwise, you know, follow
12 Wanda's guidance.

13 MS. BEHLING: Okay. It should not
14 be a problem to redo that. That's not a
15 problem. So we will reissue the report and we
16 will start our finding numbers with number 7,
17 correct?

18 CHAIR MUNN: Correct.

19 MS. BEHLING: Okay.

20 MR. KATZ: Thank you, Kathy.

21 MS. BEHLING: Okay. All right. I

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1 am ready to talk here about PER-14. I assume
2 -- I'm going to assume that everybody has the
3 document. It was sent to you on April 12,
4 2013.

5 Now, I also had marked up a PDF
6 copy that I was going to show. I don't know
7 if that's necessary on the Live Meeting, but
8 I'm not able to get in, because it's full. It
9 doesn't matter to me. If you all have a copy,
10 it may not be necessary. It's up to you. If
11 you would like me to just go through it, if
12 everyone has a copy in front of you, I can
13 talk right from the hard copy.

14 CHAIR MUNN: Well, if we don't, we
15 can go back to your original transmission and
16 get it, Kathy.

17 MR. KATZ: Kathy, if you want me to
18 drop out, I can drop out right now. Okay?

19 MS. BEHLING: It doesn't matter.
20 Whatever the Subcommittee wants. Okay.

21 MR. KATZ: If you want to do it on-

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1 line, that's fine. 52

2 MS. BEHLING: Okay. Do the Members
3 of the Subcommittee have the report?

4 MEMBER BEACH: Kathy, this is
5 Josie. I have the report in front of me.

6 CHAIR MUNN: Yes, and I have it.

7 MS. BEHLING: Okay.

8 MEMBER ZIEMER: This is Ziemer. I
9 have the report also.

10 MS. BEHLING: Okay. All right. I
11 will just -- in one second here, I will try to
12 get patched in and put it up on the screen,
13 but it sounds like everyone does have it.
14 Hang on one second.

15 Because I have highlighted a few
16 things and I will tell you up front, this is--
17 this report was originally done by Rose
18 Gogliotti of SC&A and John and I have reviewed
19 it.

20 And it is a lengthy report. And as
21 I have stated, there are 15 findings. And so

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1 I do think it is important that I walk ~~us~~
2 through the entire report. If we didn't have
3 any findings, like you will see on the PER-17,
4 I think I could do more of a summary type
5 thing. But in this case, I believe we do want
6 to maybe walk through. I'll try to be as
7 brief as I can and if you have any questions
8 along the way -- and I think Rose is on the
9 phone also and so if there's something I can't
10 answer, I'm sure she can.

11 MS. GOGLIOTTI: Absolutely.

12 MS. BEHLING: Okay. I am trying to
13 get on here. Just one second. I'll see if I
14 can and if not, I won't hold things up here
15 and I'll just start.

16 MR. STIVER: Kathy, this is John.
17 I do have the 14 documents. If you can't get
18 in, I could go ahead and put it up there for
19 people to look at.

20 MS. BEHLING: Okay.

21 MR. STIVER: But it sounds like you

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1 have an annotated version that you want to
2 use.

3 MS. BEHLING: Yes, I just have some
4 things highlighted to bring to everyone's
5 attention.

6 MR. KATZ: Yes, this is Ted. I've
7 dropped off.

8 MS. BEHLING: Okay.

9 MR. KATZ: You should be able to
10 get in.

11 MS. BEHLING: Okay. Still looking.
12 Okay. There we go. Okay. One more second
13 here. It's still thinking about it.

14 What I'll do while this is -- while
15 I see if I can bring this up, I'll start and
16 I'll start here and just remind everybody --
17 hold on one second, it's asking me to do
18 something here. Maybe I can bring it up.

19 Well, I'll get started. Obviously,
20 PER-14 was the construction trade worker PER
21 and it was initiated because of the issuance

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1 of OTIB-52, which are parameters to consider
2 when processing claims for construction trade
3 workers.

4 And on March 16, 2012, SC&A
5 submitted our review of PER-14. And at that
6 time, we -- I think there were -- I was going
7 to say that there were six findings. I
8 believe those findings have been closed. And
9 we were now asked to go in and do Sub-task 4,
10 which is the review of specific cases.

11 We suggested to the Subcommittee
12 that we select at least 10 cases because there
13 are 10 sites that were affected by PER-14.
14 And, in fact, in Table 1.1 you can see the
15 listing of those 10 sites.

16 The initial universe of claims --
17 okay, hold on one second here. I think I may
18 be able to pull this up on the screen now.
19 Let's see. Hold on a moment.

20 MEMBER ZIEMER: It's showing on
21 mine. This is Ziemer. It's now showing on

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1 your -- on the desktop. 56

2 MS. BEHLING: Okay. John must have
3 put it up there.

4 MR. MARSCHKE: I got it. Actually,
5 this is Steve. I got it up.

6 MS. BEHLING: You have it up.
7 Okay. Thanks.

8 MEMBER ZIEMER: Okay.

9 MR. STIVER: Steve, could you
10 possibly reduce the magnification? It's at
11 130 percent right now and a lot of it is kind
12 of trailing off the edge of the screen.

13 MR. MARSCHKE: That's correct.

14 MS. BEHLING: Okay. Then I won't
15 put mine up, because like I said if yours is
16 already there, then I'll have Steve just maybe
17 scroll down as I'm talking and I'll tell you
18 what page we are on here. We are on page 7
19 and below Table 1-1.

20 There were initially 977 potential
21 cases that were identified by doing a keyword

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1 search of 31 different construction trade job
2 functions. And then those -- the criteria --
3 we followed up with the criteria that those
4 construction trade workers had to have
5 external coworker dose assigned. They had to
6 involve the definition of the construction
7 trade worker.

8 And for all of the sites but
9 Hanford, they had to have a PoC of less than -
10 - I'm sorry, a PoC was triggered if it was
11 36.8 percent and 29 percent for Hanford.
12 Hanford has those internal and external
13 component to it.

14 And we had to verify that there
15 were no other PERs affected by this claim.
16 Those were the criteria that were used. And
17 based on that criteria, the 977 cases were
18 reduced to -- it eliminated 925 of the cases.
19 And you can see which were -- what -- how that
20 happened in our Table 2.1 on page 10. And so
21 there were only 52 cases that were actually

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1 returned to NIOSH. 58

2 Now, as with regard to our approach
3 when we do a Sub-task 4 review, a case review
4 as we have been tasked, the SC&A only verifies
5 the methodology and the correct -- you know,
6 the reworked portion of these cases that is
7 associated with PER-14.

8 And so in this case, we are only
9 going to look at the external dose for all of
10 the sites -- for the construction trade
11 worker/ coworker dose portion of the external
12 for all of the sites except for Hanford, it
13 would be the external and the internal
14 portion.

15 We will also in this case, because
16 we recognize that some of the sites did not
17 have any cases that we could review, so we
18 were given the opportunity to go in and say
19 this may have been -- there may be some cases
20 that were pulled because of another PER that
21 were already corrected for PER-14. And so if

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1 we could find a case like that, we would use
2 that case and do our PER-14 reevaluation.

3 And lastly, if there were no cases
4 for one of the 10 sites, we were just asked to
5 look at the technical documentation, the TBDs,
6 any workbooks, any OTIBs that may have been
7 created that incorporated the OTIB-52
8 recommendation.

9 So to start with our first finding
10 on page 10. What we were just questioning
11 whether -- the application of the selection
12 criteria, because there were quite a few cases
13 that were selected or that were brought out
14 that did not clearly require a rework, because
15 they didn't meet the requirements of the
16 selection criteria.

17 And we used an example there of the
18 Kansas City plant. There were five cases that
19 were included in the 52 and none of these had
20 a PC greater than the selection criteria 36.8
21 percent.

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1 So our first finding has to do
2 with, you know, were the selection criteria
3 applied appropriately?

4 Now, if we go on to Finding 2, this
5 is also a finding associated with selection
6 criteria and the fact that we came to realize
7 that, obviously, when you go into these files,
8 there is a form, it is called an Individual
9 Case Evaluation form, it's an ICE form, that
10 is usually included in the file.

11 And if, as I mentioned, this case
12 was already pulled for a PER within a
13 reasonable time frame or a time frame where
14 the other documentation, such as the OTIB-52
15 was already issued, NIOSH said we do not need
16 to reevaluate this for PER-14, because it has
17 already been pulled for another PER.

18 For example, I went into the
19 database and I just selected one of the
20 Hanford cases that was pulled for evaluation
21 under PER-14 and there was an ICE form that

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1 was dated April of 2008 in the file. And it
2 indicated in this form that the case was
3 reevaluated under PER-14.

4 There was also a second ICE form in
5 there that was for PER-29, which I believe we
6 -- I thought we were going to cover. No,
7 that's -- we are not going to talk about that
8 today, but that has to do with TBD changes to
9 the Hanford Site Profile.

10 And it indicated on PER-29 that
11 there was no need to reevaluate the case under
12 PER-29 because it had already been reevaluated
13 under PER-14. And when you do a reevaluation,
14 you use all of the most current guidance
15 documents.

16 However, that did not happen in
17 several of the cases that we looked at, so we
18 are questioning if some of these cases are not
19 being reevaluated under all of the PERs
20 inadvertently because NIOSH is under the
21 impression that it has already been looked at

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1 under 14, so it was being taken care of by the
2 other PERs that were issued in a similar time
3 frame. So that is our Finding 2.

4 Now, if we go into Section 3, we
5 are going to now go into each of the 10 sites
6 and I'll try to be brief as to what we looked
7 at. And like I said, all reviews only are
8 assessing the coworker dose in accordance with
9 PER-14.

10 So for the first site, for Savannah
11 River, there were initially 162 claims that
12 were potentially impacted by OTIB-52. Only
13 five were sent back to NIOSH. We randomly
14 selected one and looked at what was done for
15 the coworker model.

16 In this particular case, the
17 individual works from 1952 to 1953 and he was
18 not monitored prior to 1959. NIOSH, and you
19 can look in our Table 3.1 and although we list
20 everything, the only thing we really paid a
21 lot of attention to during this review was the

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1 external coworker dose. And you can see
2 previous dose was 12.862 rem and the revised
3 dose is 13.998 rem.

4 In the original dose
5 reconstruction, they broke the unmonitored
6 period down into two different periods: 1952
7 to 1955 and 1956 to 1959. The first time
8 frame they assigned a 50th percentile coworker
9 dose model and in the second time frame they
10 assigned a 95th percentile coworker model.

11 In the rework, they also broke it
12 down into two sections, into two time periods.
13 And for the '52 through '55, they assigned a
14 50th percentile construction trade worker/
15 coworker model and they did the 95th percentile
16 again for the '56 through the '59, same as the
17 original.

18 If you go on to page 14, we also
19 looked at the technical documents. Now, when
20 we went into the Savannah River Site external
21 coworker OTIB, which is OTIB-32, we realized

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1 that the data that is in the -- the coworker⁶⁴
2 data that is in that OTIB is a combination of
3 missed and measured dose.

4 And if you look at the guidance in
5 OTIB-52, the guidance specifies that you apply
6 a correction factor of 1.4 to the measured
7 coworker data. And so we were not -- we had
8 asked during the review if we could get a
9 breakdown of the missed and measured and we
10 were not provided that while we were doing
11 this review.

12 So we looked -- we tried to
13 determine our missed and measured based on an
14 equation with two unknowns and based on the --
15 what we could determine or what we assumed
16 from the different tables in OTIB-32, we were
17 -- it does appear that the 1.4 correction
18 factor was applied to the measured dose for
19 the construction trade workers, but we can't
20 be sure because there is any combination of
21 correction factors that could have been

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1 applied that could have given us the same
2 results. So that's our Finding 3.

3 We believe they have done it
4 correctly, but until we actually have the
5 data, the source data, we can't confirm that
6 they applied the 1.4 to only the measured
7 portion.

8 Okay. But with regard to this
9 particular case, we think that NIOSH -- we
10 agree with their assumptions. We thought that
11 their approach was -- that it did follow the
12 OTIB-52 guidance and their approach was
13 claimant-favorable and appropriate.

14 Now, if we go on to Section 4, this
15 is the X-10 case. In this particular case
16 that we selected, the individual had also
17 worked at the Y-12 and the K-25 facility. The
18 individual was not monitored for internal or
19 external prior to 1980. He actually worked
20 between 1962 and 1997.

21 It was -- as you can see in Table

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1 4.1, the external coworker dose went from
2 30.422 rem to 13.438 rem.

3 In the original dose reconstruction
4 from 1962 to 1979, a 95th percentile coworker
5 dose was applied for all three sites. It was
6 difficult to determine -- there was nothing in
7 the record that you could really determine
8 which particular site he was at.

9 So they did a comparison of all
10 three sites and then they selected the highest
11 annual dose for each of the years to assign
12 for the original.

13 In the reworked dates, 1962 through
14 1979, and rather than using the 95th percentile
15 value, they compared the 50th percentile values
16 from each of the sites and assigned the
17 highest annual dose.

18 We also looked at the technical
19 documents associated with X-10, the K-25 and
20 the Y-12. And again, in each one of those
21 guidance documents -- for X-10 it is an OTIB-

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1 21 that incorporates the construction trade
2 worker data. Again, the missed and measured
3 doses were reported as a single value and so
4 we were not able to 100 percent confirm that
5 the 1.4 correction factor was applied to just
6 the measured portion.

7 The same with K-25 and the same
8 with Y-12. And so that's our Finding 4. It's
9 the same as the previous finding, Finding 3.

10 You will see that come up in
11 several additional findings. And I separated
12 them out because I assumed that perhaps this
13 type of finding would be something that would
14 be transferred to a specific Work Group where
15 I didn't mean to have so many findings of the
16 same type, but I wanted to separate out the
17 various sites so that it could go to the
18 appropriate worker if that's where it
19 ultimately ends up.

20 Okay. We are going to go to
21 Section 5, which is the Portsmouth case. Here

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1 again, we selected -- it was 112 Portsmouth
2 claims potentially impacted. Only four were
3 sent back to NIOSH. We randomly selected one.
4 It was a laborer and had to have six skin
5 cancers.

6 In Table 5.2, the unmonitored
7 external dose went from 2.495 dose -- rem to
8 0.909 rem.

9 The original assigned -- the
10 individual actually worked for one year, 1954,
11 and in the original he was assigned the '91
12 with coworker penetrating and non-penetrating
13 dose. And in the rework, he was assigned a
14 50th percentile construction trade worker/
15 coworker dose for photons only.

16 We looked at the technical
17 documents associated with Portsmouth and
18 again, the OTIB-40, which is the document that
19 incorporates this coworker dose to the
20 construction trade worker combines the missed
21 and the measured into a single value. And

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1 again, we have the same finding under Finding
2 5 that applies to Portsmouth.

3 There was also an observation, this
4 is our first observation at the bottom of page
5 21. There is -- there was supposed to be a
6 photon dosimeter correction factor of 1.165
7 applied to -- well, it was applied and we are
8 questioning whether it should have been
9 applied to the entire construction trade
10 worker/coworker dose, because again, this is a
11 combination of missed and measured, so this
12 would actually be an overestimation of the
13 dose as it was applied to both the missed and
14 measured portion.

15 We have no other findings
16 associated with the rework of this Portsmouth
17 case.

18 Section 6, this is a Los Alamos
19 National Lab case. There were initially 49
20 claims, but there was only one that was sent
21 back and this was not updated. I guess we --

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1 the first finding here, Finding No. 6, we were
2 questioning whether NIOSH was planning on
3 revising this particular case because it did
4 look to us like it was a construction trade
5 worker that should have been updated and we
6 weren't quite sure why this case hasn't been
7 updated at this point in time, so that's our
8 Finding 6.

9 MR. HINNEFELD: So this is Stu. I
10 hate -- I didn't want to interrupt, but I just
11 wanted to offer a comment. When you said the
12 case you said here and I think you said in
13 Finding 1 the cases were returned, but not
14 reworked. Is that what you said?

15 MS. BEHLING: That's correct.

16 MR. HINNEFELD: Could it be that
17 the case was on the list to be requested to
18 get returned and didn't actually get returned?
19 Because if it were returned and not reworked,
20 it would be sitting in our inbox and I don't
21 recognize cases from that year as still

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1 sitting in our inbox to be done. 71

2 MS. BEHLING: Rose, I don't know if
3 you can add anything here. I don't know. I'm
4 not sure why it was not --

5 MS. GOGLIOTTI: I believe this one
6 has an ICE file indicating that it was sent
7 back for PER-14, but it wasn't --

8 MR. HINNEFELD: But was the ICE
9 file saying well, it is back or that it meets
10 one of the criteria and it should be sent
11 back? I'm a little confused on what the ICE
12 thing did.

13 MS. BEHLING: I'm not sure, Stu.
14 It's a good question. I can go back and look
15 at this a little further. In some cases, I
16 did actually print out some of the ICE forms
17 and generally it will say on the top returned
18 to NIOSH and it will give you the PER number
19 and say that a dose reconstruction for this,
20 you know, particular case was reevaluated in
21 accordance with the referenced PER.

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1 That doesn't always happen. ~~71~~
2 fact, in my Finding No. 2, I'm looking at
3 exactly that example from the Hanford Site,
4 but I can go back and look at this closer,
5 because we were just questioning whether this
6 particular case is going to be revised or not.

7 MR. HINNEFELD: Are the claim
8 numbers in the report, in your report so we
9 can find the claim number?

10 MS. GOGLIOTTI: This claim number
11 is in our report.

12 MS. BEHLING: Yes, it is.

13 MS. GOGLIOTTI: I'm looking at it
14 right now. And it was revised in 2006, but
15 that's before this PER was issued.

16 MR. HINNEFELD: Mm-hmm.

17 MS. BEHLING: Yes, the claim number
18 is in the report.

19 MR. HINNEFELD: Okay. We can do
20 some checking on those. If the case was
21 actually returned to us, then it should have

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1 gotten another dose reconstruction, because
2 that's the only way we can get it out of our
3 inbox.

4 It happens on occasion with a PER
5 that we will identify a case and ask DOL to
6 return it because it meets one of the PER
7 criteria and they don't return it because, for
8 instance, it meets the criteria of an SEC
9 Class that has been added since that dose
10 reconstruction was done.

11 And sadly, it happens that the
12 claimant has died in the interim and a
13 survivor has not been identified. So those
14 are kind of the two main categories of cases
15 where we -- if this happens that we will ask
16 for a case back and we don't get one back from
17 the Department of Labor and when we have
18 looked into it early on in these cases, it
19 almost always fell into one of those two
20 categories.

21 MS. BEHLING: Okay. We can look at

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1 this a little bit closer, but as I said, ~~over~~
2 first two findings did question the selection
3 criteria and the fact that some of these were
4 not reworked. And then again, what impact
5 that has on other PERs that are issued around
6 the same time and that, you know, you are
7 under the impression that it was reworked.
8 And inadvertently, these may not all be looked
9 at with the most current guidance again.

10 MR. HINNEFELD: Okay.

11 MR. SIEBERT: This is Scott
12 Siebert. Stu, I looked at this specific claim
13 number, since it's in the report, and, yes,
14 this is exactly the case. It was requested
15 back and DOL did not ever return it for
16 whatever reason.

17 CHAIR MUNN: Okay.

18 MR. HINNEFELD: Okay. Thanks,
19 Scott.

20 MR. SIEBERT: Sure.

21 MS. BEHLING: Okay. Yes, thank

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1 you, Scott. Okay. And I guess you don't
2 follow up or you don't have any reason to
3 follow up with DOL as to why it wasn't sent
4 back?

5 MR. HINNEFELD: Early on, when we
6 were doing this, we did, we checked up with
7 DOL on cases we had asked for and we didn't
8 get back. And in every case, they had an
9 explanation of why it didn't come back. And
10 it always fell under one of the two categories
11 I told you.

12 MS. BEHLING: Okay.

13 MR. HINNEFELD: And so after a
14 while, we didn't do that anymore. We,
15 essentially, considered it sort of a QC on
16 DOL's work and they seemed to be doing -- you
17 know, when we checked on it, everything was
18 okay. And then we didn't continue following
19 up on every case because these were some --
20 you know, lots of numbers. You know, over the
21 years it was a pretty big group of numbers.

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1 MS. BEHLING: Of course. 76

2 MR. SIEBERT: This is Scott again.
3 My guess would be on this one since we are
4 talking LANL, it probably qualifies as a LANL
5 SEC and they determined not to return it
6 because of that.

7 MS. GOGLIOTTI: Is there anywhere
8 that it is documented that DOL did not return
9 it?

10 MR. HINNEFELD: No, they don't tell
11 us why they don't -- they don't give us our
12 list back and say we didn't return these for
13 this reason. They do not do that. They just
14 -- of the list we send, they return the ones
15 that should be returned and if there is a
16 reason not to return it, we don't hear about
17 it.

18 MS. BEHLING: Okay. Okay. Are you
19 ready for me to continue?

20 MR. HINNEFELD: Yes, I am.

21 MS. BEHLING: All right. Okay.

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1 CHAIR MUNN: Yes, please, Kathy, ~~pp~~
2 on.

3 MS. BEHLING: All right. Thank
4 you.

5 CHAIR MUNN: Thanks.

6 MS. BEHLING: We were on Section 6
7 and as I indicated, there were no claims that
8 -- of the 49 that were done, specifically
9 because of being pulled for PER-14.

10 However, we were able to find one
11 that was updated with the most current
12 guidance documents that were pulled for
13 another reason.

14 In that case, the individual worked
15 from November of '63 through June of '99 and
16 then there was also dosimetry dated that
17 indicated he worked -- there was -- that he
18 was monitored in 2001 and 2002.

19 In Table 6.1, you can see that the
20 unmonitored dose went from 1.65 rem to 2.847
21 rem. And just an overview of the original and

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1 the rework, the original used the -- for the
2 unmonitored period used a 50th percentile that
3 was, at the time, based on OTIB-20 and it was
4 based on a compilation of coworker studies
5 using a 50th percentile.

6 In the rework, they used the
7 coworker data only for prorated months and you
8 can see that table or that information in
9 Table 6.2. They went in and determined when
10 he -- just what month he was not monitored.

11 It was modified for a coworker
12 dose, but it was not modified in this
13 particular case for the construction worker --
14 trade worker adjustment factor of 1.4.

15 And so our finding 7 indicates that
16 it doesn't appear that this particular case
17 has the 1.4 adjustment factor applied to the
18 coworker values.

19 In addition, Finding 8, they do not
20 apply a DCF or a Dosimeter Correction Factor
21 to the coworker dose for this particular case,

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1 so that was another finding that we had. 79

2 And then there is an Observation
3 No. 2 on page 26 and let's see here, okay,
4 PER-14 makes the assumption that cases are
5 returned and will be updated with the most
6 recent technical guidance. But in this
7 particular case, the most technical -- the
8 most recent guidance was not incorporated as
9 we indicated in our previous findings.

10 The OTIB-52 guidance was not
11 applied in this particular case. Okay. And
12 that's what we were indicating in our two
13 previous findings.

14 Okay. Moving on to Section 7.
15 This is the Y-12 Plant case. Again, there
16 were 159 potentially impacted claims and 10
17 were sent back. We selected one at random for
18 an individual who worked from '44 through '72
19 and Table 7.1 shows the external coworker dose
20 of 8.237 and it was revised to 19.802 rem.

21 In the original construction from

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1 1949 through 1960 and then again in 1962, 8@
2 coworker dose was assigned and this was based
3 on OTIB-13, which is a Y-12 dose adjustment
4 procedure, specific, you know, for Y-12.

5 In the rework, the rework was done
6 using the 50th percentile gamma coworker dose
7 for construction trade workers from OTIB-64.
8 We looked at the technical documents and
9 although there were no -- we didn't find any
10 workbooks that specifically allowed the dose
11 reconstruction to apply to the coworker model
12 for the construction trade workers, there is
13 an OTIB that has been updated, OTIB-64 as I
14 mentioned, Table 7.2, with the guidance from
15 OTIB-62.

16 And lastly, for this particular
17 case, Finding 9, there should have been a
18 dosimeter uncertain factor applied to the
19 construction trade worker/coworker dose and
20 that was not applied. It is recommended that
21 1.3 or 30 percent uncertainty and that was not

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1 included in this particular dose
2 reconstruction. Everything else was in
3 accordance with the OTIB-52 guidance.

4 I'll get on to Hanford, Section 8.
5 In this particular Hanford case, as I
6 mentioned, Hanford's both external and
7 internal dose is impacted by OTIB-52. We
8 selected a case where the individual worked
9 for one month in 1954 -- I'm sorry, 1943 and
10 for nine months in 1944. This case again was
11 selected by random.

12 There were two skin cancers and as
13 you can see in Tables 8-1 and 8-2, the
14 external dose for the one skin cancer went
15 from 2.718 to 2.586 and in the second skin
16 cancer it went from 2.718 rem to 2.279 rem.

17 An overview of the original versus
18 the rework. The original used the 95th
19 percentile of the coworker model for 1944, for
20 that year only for the deep dose. It didn't
21 consider the one month in 1943.

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1 The rework did a partial dose
2 reconstruction due to the SEC, but a 50th
3 percentile photon and electron prorated to the
4 nine months of 1944 was calculated was neutron
5 dose is prorated to seven months for the time
6 period that he was in the 300 area.

7 Again, in this particular case, we
8 looked at the guidance document, which is
9 OTIB-30, for Hanford, and the missed and
10 measured doses are reported as a single value
11 again. So the same finding as in Finding 3
12 and Finding 4 applies to Hanford that we
13 weren't able to absolutely ensure that 1.4
14 factor was applied only to the measured
15 portion of the dose.

16 The technical document review for
17 Hanford, we -- the Hanford Best Estimate
18 Workbook, let's see here, the TBD was updated
19 and the Best Estimate Workbook was updated to
20 include the OTIB-52 information. So that was
21 taken care of for the external portion.

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1 Now, on the internal portion also,
2 the original dose reconstruction used a
3 hypothetical internal dose, actually through
4 OTIB-2, to maximize his internal dose.

5 In the rework, the Hanford TBD
6 specifies that you should use the Battelle
7 TBD-6000 guidance and that was done in this
8 particular case. We were able to verify that
9 that was done appropriately.

10 However, there was no, as shown in
11 Finding 11, there was no correction factor for
12 the construction trade worker applied to this
13 unmonitored internal dose. So as indicated on
14 page 34, OTIB-52 specifies that the coworker
15 dose should be multiplied by a factor of two
16 and that wasn't done in this case.

17 Also, under Finding 12, we could
18 not find any documentation that made the
19 change for the internal portion of the
20 coworker dose. The technical guidance didn't
21 reflect that.

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1 Okay. Moving on to 9, I knew this
2 was going to be lengthy. Section 9 is the
3 Kansas City Plant. In this particular case,
4 there were no cases that we could identify to
5 evaluate. Therefore, we limited our
6 evaluation just to the review of the technical
7 documentation.

8 And as Finding 13 indicates, we
9 could not find where the guidance from OTIB-52
10 was updated into any of the Kansas City Plant
11 technical guidance documents or workbook.

12 Section 10 is Pantex and that is
13 the same situation. There were no cases to
14 evaluate, so we simply looked at the technical
15 guidance.

16 And under 14, again, we were not
17 able to find where the TBD was updated. There
18 was a new OTIB generated or workbook included,
19 so again, Finding 14 indicates that there --
20 the guidance documents were not updated to
21 include the OTIB-52 guidance for the

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1 construction trade workers. 85

2 Section 11, that's Pacific
3 Northwest National Laboratory. The
4 individuals at this facility follow all the
5 same guidance as at the Hanford Site and so we
6 didn't feel the need to evaluate any claims,
7 since we had already looked at the Hanford
8 claims, plus we looked at the Hanford
9 technical guidance.

10 And then finally under Section 12
11 is the Weldon Spring Plant. Again, this is a
12 situation where there were no cases to
13 evaluate. Again, we looked at the technical
14 guidance document and it doesn't appear that
15 there has been any updating to that guidance
16 document to reflect OTIB-52.

17 So in summary, we had 15 findings
18 and we also have a third observation on page
19 41. First of all, although OTIB-20 is outside
20 of the scope of this, we did take notice that
21 correction factors and uncertainty factors,

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1 dosimetry correction factors, as I have
2 identified in several of the findings, were
3 not always applied as specified in OTIB-20.

4 And so we just felt that maybe
5 OTIB-20 guidance should be looked at in behalf
6 of the three particular cases at LANL, at PGDP
7 and at the Y-12 facility.

8 And then finally, the other thing
9 that we did notice is a lot of times in the
10 original case, and I realize it's a more
11 maximizing approach, there was -- the 95th
12 percentile of the coworker dose models were
13 used.

14 And in the rework often they would
15 select the 50th percentile model.

16 And again, the guidance in OTIB-20
17 seems to indicate that if it's an intermediate
18 low level external radiation exposure, then
19 50th percentile applies. However, for routine
20 exposure it's suggesting to use the 95th
21 percentile value.

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1 And in fact, it brings that ~~out~~
2 especially for pipefitters. And we are just
3 thinking that maybe some clarification on --
4 and I don't know if you can do it by trade,
5 but there could be some clarification maybe
6 put into either OTIB-20 or into the specific
7 guidance as to who should be assigned the 95th
8 and who should be assigned the 50th.

9 And I know this is a discussion we
10 have and we talk about it all the time and I
11 know it's a professional judgment, but it's
12 just something that came out as a result of
13 our review of all these cases. So that's it.

14 CHAIR MUNN: Thank you so much for
15 that thorough review.

16 MS. BEHLING: Well, I'm sorry I had
17 to go on and on, but --

18 CHAIR MUNN: No, you didn't. You
19 really had to go on and on. We can't possibly
20 cover this many sites and this many trades
21 without doing it, Kathy. And thanks to you

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1 and Rose for that exhaustive review. It was
2 necessary and it's much appreciated.

3 MS. BEHLING: Thank you.

4 CHAIR MUNN: Do we have any
5 specific questions right now or are we going
6 to wait for NIOSH's response?

7 DR. MAURO: This is John. Could I
8 make a statement about what we just heard?

9 CHAIR MUNN: Please do.

10 DR. MAURO: As I'm listening to
11 this, I sort of listened to -- you know, you
12 get into the weeds and you hear the fine
13 structure of what is going on. And I always
14 ask myself, you know, I thought I'd step back
15 and say okay, we are collecting information on
16 this PER process.

17 Now, we have been through a large,
18 a significant number of them. And I would
19 like just to make a statement.

20 I think the PER process is the
21 single most important process next to the SEC

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1 that is going on in this program, in terms of
2 where the Board can step in and make a
3 statement about the health of the program.
4 Now, I'm making some, I guess, broad
5 observation.

6 See, what we have here is when you
7 go to -- see, because unlike when we do a Site
8 Profile Review, where we're in a stovepipe.
9 You know, we are in a stovepipe. We are doing
10 DR review, a Site Profile Review, a procedure
11 review.

12 But here we are not in the
13 stovepipe. Here we are crossing all
14 boundaries. We are first checking -- you
15 know, we are looking at the PER from several
16 levels. You know, when you go to the four
17 sub-tasks, for example, we are asking
18 ourselves questions that go across the board.

19 You know, did this PER capture the
20 sense of the concerns that were raised in some
21 Site Profile or some procedure correctly? Did

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1 NIOSH then, you know, understand capture and
2 incorporate that and then go find all of the
3 cases, whether it's a particular site or
4 across the boundary of many sites, as we did
5 here?

6 And ask themselves the question:
7 did we go capture all of those or did we miss
8 something important? Did we miss any?
9 Another question that is outside the
10 stovepipe. Then we go ahead and we review
11 cases where there effects is, you know, being
12 made. And we ask ourselves the question well,
13 did they fix it?

14 So in a way I'm sort of offering up
15 to the Subcommittee the idea to treat the PER
16 as a very special category of work being done
17 by the Board that somehow -- now within the
18 BRS now, we are capturing information, but I
19 would like to offer that we should be able to
20 go in and capture information from the BRS,
21 with regard to PERs now, that are of a very

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1 lofty nature, because what it does is it
2 closes the loop where we get out of our
3 stovepipe and we are crossing the boundary.
4 The very thing that I think Dr. Melius has
5 expressed concern about, about the work we are
6 doing.

7 It just dawned on me the P -- and
8 it may have dawned on you also. I might have
9 been slower than the rest of you, but it just
10 dawned on me how important this is. And I
11 wanted to make that statement so that if
12 you're not thinking of it that way, I think we
13 should be thinking of it that way.

14 And given that when we report back
15 to the secretary, I think this particular type
16 of evaluation should have some primacy,
17 because it is very important.

18 CHAIR MUNN: Thank you for that,
19 John. Some of us agree with you
20 wholeheartedly. Some do have the view that
21 this is the most broad type of programmatic

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1 review that we possibly have undertaken ~~or~~
2 even could undertake. And for that reason,
3 it's one of the few times that Board Members
4 really do get down in the weeds, even more
5 than we do in the ordinary course of events.

6 It is much appreciated that we are
7 undertaking it in that fashion. Thanks.
8 Anyone else have anything to say before we
9 check to see about PER-17?

10 MR. MARSCHKE: Wanda, this is
11 Steve.

12 CHAIR MUNN: Yes?

13 MR. MARSCHKE: I have a question.

14 CHAIR MUNN: Yes, Steve. And thank
15 you by the way, you are a lifesaver.

16 MR. MARSCHKE: Okay. On this PER-
17 14, Kathy and Rose have three observations.
18 Now, the BRS has no ability to, you know,
19 specify an observation or differentiate
20 between an observation and a finding. It
21 basically puts in one thing. There is just

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1 one class of items that can be entered into
2 the BRS.

3 And I guess the question is how
4 does the Subcommittee want to track the
5 observations in the BRS as additional findings
6 or do we not want to put the observations into
7 the BRS? And if we don't, then we, you know,
8 can either track them by hand or we might lose
9 them.

10 So I guess the question is how do -
11 - I mean, the BRS does not differentiate
12 between findings and observations. So how do
13 you want to handle this from a BRS point of
14 view?

15 CHAIR MUNN: My personal position
16 has been from the outset that observations
17 were determined from the outset. From early
18 on, we made the statement that observations
19 are appreciated. They are not necessary
20 tracking items. They are precisely what their
21 name is, an observation.

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1 It is not a finding. It does not
2 require action. It's simply an observation
3 with respect to whatever activity was under
4 surveillance at the time. For that reason, my
5 position remains that we should list them in
6 our BRS as observations, but by their very
7 name indicated that no action is necessary or
8 will be taken.

9 MR. MARSCHKE: So we enter them
10 basically as a closed finding?

11 CHAIR MUNN: Exactly.

12 MR. MARSCHKE: Okay.

13 CHAIR MUNN: All right. Any other
14 feelings?

15 MEMBER BEACH: Wanda, this is
16 Josie.

17 CHAIR MUNN: Yes?

18 MEMBER BEACH: I have a comment on
19 that, because I was going to comment earlier
20 on the, I believe it is, observation that we
21 look at OTIB-20 and suggestion that we review

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1 that OTIB, that was one of the observations⁵

2 Is that correct, Kathy?

3 MS. BEHLING: Yes, it is.

4 MS. GOGLIOTTI: Yes.

5 MS. BEHLING: In fact, Josie, you
6 are touching on something I was just going to
7 mention.

8 MEMBER BEACH: Yes, I just -- and
9 just to -- I don't want to miss that
10 observation by closing it, because I think it
11 is important that we --

12 MS. BEHLING: Well, I agree.

13 MEMBER BEACH: -- follow through.

14 MS. BEHLING: Yes, I agree with
15 you. In fact, what I was about to say is
16 really I think the first two observations
17 there are findings that capture those
18 observations.

19 What we struggled with was the last
20 observation and, in fact, we talked among
21 ourselves whether we should make this a

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1 finding because it has to do with OTIB-20, ~~we~~
2 weren't quite sure if it was appropriate to
3 make it a finding.

4 However, I have to say in
5 retrospect I think we should have, because it
6 is something that came out of this review. It
7 was something based on our looking at all of
8 these cases, it came to our attention. And so
9 I believe that that Observation 3 perhaps
10 should have been a finding, because I also
11 think that it is one of those -- it's
12 something that should be looked into a little
13 bit further.

14 CHAIR MUNN: You are correct,
15 Kathy. If there's anything that requires an
16 action, as this clearly does --

17 MS. BEHLING: Can I suggest this,
18 that when we do -- when I resubmit this
19 changing these finding numbers, that I make
20 that observation into Finding 16 or it will
21 become No. 22 or whatever.

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1 CHAIR MUNN: Correct. 97

2 MS. BEHLING: Okay.

3 CHAIR MUNN: Absolutely.

4 MEMBER BEACH: That's what I was
5 going to suggest as well, so that's great.

6 CHAIR MUNN: Okay. Do you have any
7 objection to that, Paul?

8 MEMBER ZIEMER: No. In fact,
9 conceptually, Wanda, I agree with what you
10 said about observations. It seems to me if
11 it's a true observation, the burden is on
12 NIOSH to do with it what they wish. It's not
13 something that we should track. If it's
14 important for us to track it and close it,
15 then it should, indeed, be a finding.

16 CHAIR MUNN: Good. Any objection
17 one way or the other? If not, we will request
18 that SC&A at their reissuance of the 14 see
19 that what is now categorized as Observation 3
20 becomes a finding. Any other comments?

21 MEMBER ZIEMER: This is Ziemer

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1 again. Early on there was -- somebody
2 suggested that we think about parsing these
3 out by site, but it seems to me in the cases
4 that we have indicated here, where there is a
5 common sort of problem at one plant,
6 typically, which occurs over and over again,
7 it seems to me something like that should just
8 stay with us here.

9 It's something that NIOSH can deal
10 with sort of across the board as opposed to
11 having each site try to deal with that same --
12 it's the same issue in every case. I think it
13 just shows up in different sites.

14 CHAIR MUNN: Parsing out segments
15 of a PER seems to be unwieldy administrative
16 onset to that. It's not attractive to me.

17 MEMBER ZIEMER: Right.

18 CHAIR MUNN: Anyone have any
19 objection to our dealing with -- or continuing
20 to deal with the PER-14 in this Subcommittee?
21 If there is not, we will continue to do so.

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1 One quick question. Kathy, I'm
2 assuming -- are you going to report on PER-17?

3 MS. BEHLING: Yes, I am.

4 CHAIR MUNN: And is it a lengthy
5 report?

6 MS. BEHLING: No.

7 CHAIR MUNN: All right. That's
8 good. Let's anticipate that we will take a 15
9 minute break after Kathy completes PER-17.

10 MS. BEHLING: Great.

11 CHAIR MUNN: Go ahead, Kathy.

12 MS. BEHLING: Okay. One more
13 comment that I wanted to make on PER-14. If
14 anyone from NIOSH or ORAU would like to
15 contact either Rose or myself with regard to
16 giving you some examples of cases that we
17 found under Finding 2, we would be happy to do
18 that. We can, you know, clarify whether that
19 is a problem or not.

20 MR. HINNEFELD: Okay. Thanks,
21 Kathy. We are going to have to work out on

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1 our side when and if we can get to this, so ~~100~~
2 might not happen immediately.

3 MS. BEHLING: Okay.

4 MR. HINNEFELD: But thank you for
5 that.

6 MS. BEHLING: Okay. All right.
7 Again, I was going to try to -- I had
8 highlighted -- I was so proud of myself here.
9 I had highlighted all the key sections in PER-
10 17 Sub-task 4 also and I was going to pull
11 that up on the screen, but for some reason
12 it's not allowing me to do that.

13 Steve, do you happen to have PER-
14 17? This was issued on April 1st, I believe,
15 of 2013.

16 MR. KATZ: This is Ted. Kathy, why
17 don't you just email it to Steve and he can
18 put it up?

19 MR. MARSCHKE: Wait a minute. I
20 might have it. April 1st, I might have it,
21 Ted.

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1 MR. STIVER: This is John. I ~~if~~
2 got it. I can open it up here.

3 MR. KATZ: Oh, okay. I thought
4 Kathy had hers annotated or highlighted.

5 MR. STIVER: Oh, okay. Okay.

6 MR. KATZ: But no --

7 MS. BEHLING: Yes, it's actually
8 fairly brief, because there are -- were no
9 findings on this particular one.

10 CHAIR MUNN: We like that a lot.

11 MR. STIVER: Okay. Can everybody
12 see it? I just pulled it up.

13 CHAIR MUNN: Yes, yes. It's great.
14 Thanks, Steve, or John.

15 MS. BEHLING: Yes, I'm actually
16 having trouble.

17 MR. STIVER: The other Steve.

18 CHAIR MUNN: Yes.

19 MS. BEHLING: Okay. Actually, PER-
20 17, as a reminder, is the evaluation of
21 incomplete internal dosimetry records at Idaho

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1 INL, Argonne National Labs-East and Argonne
2 National Labs-West. And we completed a review
3 of PER-17 on May 15, 2012 and the report that
4 you are looking at is our Sub-task 4 or the
5 review of cases.

6 Now, initially, if you go to page
7 6, this PER was initiated because NIOSH
8 identified that when they were looking at --
9 had records they had requested internal
10 dosimetry records and they realized when they
11 were getting the requests back from -- or the
12 information back from DOE, sometimes there
13 would be no internal dosimetry records and
14 there would sometimes be handwritten notes,
15 sometimes it would be included with the INP-
16 004 form which is a request for personal
17 exposure form. And it would be marked as
18 dosimetry -- Internal Dosimetry Records not
19 readily available or no internal or recorded
20 dose.

21 And because of spotting that, which

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1 was very good, they assumed that perhaps there
2 were people out there that actually had
3 internal monitoring records and they weren't
4 repeating them.

5 And that was the case. NIOSH went
6 back and they had identified 223 cases and it
7 ended up that there were -- once they looked
8 at all the criteria, they identified that
9 there were 83 cases where they actually got
10 data back from DOE regarding the internal
11 dosimetry records for 83 different
12 individuals.

13 62 of those were from the INL site,
14 14 were from the Argonne National Labs-West
15 and 6 were from Argonne National Labs-East.

16 We recommended that we select three
17 cases from INL, two cases from Argonne
18 National Labs-West and one case from Argonne
19 National Labs-East.

20 We got those records. NIOSH
21 identified those cases, those six cases and I

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1 went through and I'm not going to go through
2 each of the six because I can just tell you in
3 summary, unless you want me to go through
4 them, but if we go to page 23 in the summary,
5 I found that in each case NIOSH did submit a
6 second request. DOE provided bioassay
7 records. Those records were used to
8 reevaluate all six claims.

9 I thought, you know, in some cases
10 the data was, you know, data that was
11 evaluating the values for the urinalysis or
12 whatever and so I think there was one case
13 where they maybe used that as internal, so --
14 but they did at least consider all of the
15 internal records.

16 I agreed with their approach and
17 their assumptions. I felt that all the cases
18 were done in a claimant-favorable manner. And
19 I had no findings with any of the six cases
20 that I reviewed.

21 There was only one observation and

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1 I know this is something of a reoccurring^{ing}
2 theme, but at the very end on page 23, I do
3 make an observation that five of the six
4 claims, the CATI report indicated that there
5 was bioassay data.

6 And, obviously, when the energy
7 employee fills it out, you know, they will
8 certainly know, but in some of these cases
9 even survivors indicated that there was --
10 there should have been bioassay data. I'm
11 sure when you have to bring a bottle home, you
12 know, everyone in the family knows about it.

13 But I just -- it occurred to me
14 that perhaps if they had looked at the CATI
15 information a little bit closer, maybe they
16 would have identified this as a problem at
17 those particular sites a little bit earlier.

18 The other thing that occurred to me
19 is I wondered if, especially for maybe best
20 estimate cases, there couldn't be maybe like a
21 tracking system that compared, and I know you

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1 have enough work, but, what is in the ~~CATT~~
2 report, did you expect to get bioassay data
3 and did you actually get any? Maybe even just
4 for best estimate cases.

5 And again, this is just an
6 observation and I didn't think it warranted a
7 finding. It's just something that I wanted to
8 mention. And that's it for PER-17.

9 CHAIR MUNN: Thank you for those
10 comments, especially with respect to the
11 potential observation. It sounds all right as
12 an observation. The question is: shall we
13 insert it as such in the BRS?

14 MEMBER ZIEMER: Well, how do we
15 know that there is no findings? Do we simply
16 accept the report?

17 CHAIR MUNN: In my memory, we have
18 had only one such and I believe we entered a
19 statement to the effect that there were none.
20 Am I correct, Steve? Am I remembering
21 something else?

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1 MR. MARSCHKE: No, essentially ~~what~~
2 we have done, in the past, if we have a
3 document, PER-17 -- well, we already have PER-
4 17, don't we already have it?

5 CHAIR MUNN: Yes, I think we do,
6 yes.

7 MR. MARSCHKE: And so some time we
8 enter a finding. We can enter a finding of no
9 finding and that's exactly what we have done.

10 CHAIR MUNN: I thought that's what
11 we had done.

12 MR. MARSCHKE: Later this
13 afternoon, we'll talk about some cases where
14 we have actually done that just recently. And
15 we can, you know, do it that way. Sub-task 4
16 was performed and the finding was no findings.

17 CHAIR MUNN: Yes.

18 MR. MARSCHKE: We could elaborate
19 on the observation and say, you know, there
20 was no findings, but we did make one
21 observation or if you wanted to -- if we want

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1 to do that. 108

2 CHAIR MUNN: That's what I would
3 choose to do, actually.

4 MR. MARSCHKE: And then we could--
5 you know, once we enter that, we could
6 immediately close it and say -- so there is
7 really nothing for NIOSH to do, but it is then
8 in the BRS, so it's part of the record.

9 CHAIR MUNN: It's my personal
10 position that any time we have had an effort
11 to review any of the PERs under Sub-task 4, we
12 should have a heading to that effect, so that
13 anyone who is interested in checking can find
14 years from now that this was, in fact, given
15 the appropriate review.

16 DR. MAURO: Can I jump into the
17 comment on this particular observation?

18 CHAIR MUNN: Yes.

19 DR. MAURO: I think when I review a
20 case and I see that the CATI says there were
21 data, but the DR, you know, uses some kind of

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1 surrogate model where they did not use ~~the~~
2 data, I usually make that a finding. The
3 reason I say that is if there is affirmative
4 evidence by way of a CATI, yes, urine samples
5 were collected, I would be looking for the
6 reason why whether or not an effort was made
7 to confirm that no -- notwithstanding the fact
8 that the CATI says there were, we really were
9 not able to find any.

10 In other words, it's almost as if
11 you might go the extra yard when someone says,
12 especially if it's the claimant or the person,
13 the worker, no, I had bioassay data collected.
14 I would be looking for some discussion of the
15 effort made to find it.

16 But in this particular case for
17 some reason they couldn't find it, it seems to
18 me that leaves the door open a bit. And I
19 hate to leave the door ajar in a situation
20 like that. So all I'm saying is that I can
21 understand, Kathy, why you would call it an

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1 observation. 110

2 But at the same time, I can see
3 someone saying wait a minute, you know, what
4 does NIOSH do when they encounter a
5 circumstance like this?

6 MR. HINNEFELD: Well, this is Stu.
7 And I'll offer up something. And somebody can
8 correct me if they want.

9 For someone who worked at a DOE
10 facility, we have one place to look for their
11 bioassay records and that's the DOE. And we
12 have a point of contact for each of these
13 places and that's where we make our request
14 to.

15 We have done it on occasion where
16 people would say I had bioassay and we have
17 made a second request and we get back the same
18 thing we got the first time, you know.

19 DR. MAURO: So you do go that extra
20 yard? I mean, that's --

21 MR. HINNEFELD: About 100 percent

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1 of the time. 111

2 DR. MAURO: Yes, yes.

3 MR. HINNEFELD: About 100 percent
4 of the time we do.

5 DR. MAURO: Okay.

6 MR. HINNEFELD: So -- on occasion,
7 but, you know, it's not like we have
8 alternative places to look.

9 DR. MAURO: Yes.

10 MR. HINNEFELD: You know, we ask
11 the place. I guess on occasion we have asked
12 again and it -- but the answer generally comes
13 back the same. I don't know of any cases
14 where by asking again DOE kind of, you know,
15 thumps their forehead and said oh, wait, what
16 was I thinking here it is.

17 DR. MAURO: Yes.

18 MR. HINNEFELD: It just seems to--
19 you know, for whatever reason it happens that
20 people say there were in a bioassay program
21 and the DOE has no record of their bioassay.

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1 DR. MAURO: No, and I appreciate
2 the answer. And, you know, I guess that's
3 what I was looking for that it is of concern,
4 but there really is not too much you can do
5 about it. And I understand that.

6 MR. STIVER: This is Stiver. Maybe
7 there is another way to kind of alleviate some
8 of the uncertainty in part of the dose
9 reconstruction, just a statement in the dose
10 reconstruction report, you know, we recognize
11 that the claimant did indicate that they were
12 bioassayed, but we were not able to find any
13 record of it, although we searched various and
14 identify where the searches took place. I
15 think that would kind of help clarify it for
16 our reviewers certainly.

17 DR. MAURO: Yes, I agree with that.
18 A little language to that effect might be very
19 helpful.

20 CHAIR MUNN: Well, that's a
21 difficulty also simply because as was pointed

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1 out you have one source and one source ~~only~~
2 and that source has been contacted with
3 respect to --

4 DR. MAURO: Yes.

5 CHAIR MUNN: -- what is there.
6 It's hard to identify what else could be done.

7 DR. MAURO: Yes.

8 CHAIR MUNN: But then check the
9 single source you have.

10 DR. MAURO: And that's being done.
11 I understand it may not be done in an entire
12 consistent way, but you could see why -- you
13 know, someone looking back on this, I'm posing
14 myself as a claimant, gee, he said he had it,
15 but, you know. I want --

16 CHAIR MUNN: Well, he didn't say he
17 had it.

18 DR. MAURO: -- I would like to get
19 to the issue where NIOSH is bulletproof. You
20 know, someone raises the question, the CATI
21 report, no, we are aware of that and we did

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1 take certain steps as we have in the past, ~~but~~
2 unfortunately, you know, the data just is not
3 available to us, if it's out there.

4 MEMBER BEACH: Wanda, this is
5 Josie. Some of those bioassays come routinely
6 and the worker would know that, but the spouse
7 or survivors may not know that it comes once a
8 year or whatever the routineness is of it.

9 MR. STIVER: There might be a way
10 to just kind of be more open with the
11 claimants and then provide them all the
12 information to where there is no confusion on
13 their part.

14 CHAIR MUNN: I think they have
15 access to most of the information.

16 MR. SIEBERT: This is Scott. One
17 thing I do want to add on to what Stu said,
18 which I agree entirely, we do request that
19 information if there is something else in the
20 file that indicates the person may have been
21 monitored as well and we will request that

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1 data. 115

2 Now, I'm going to back up Stu that
3 we very rarely have gotten anything different,
4 but, yes, pretty much to be on the safe side,
5 we will request that information from DOE
6 again and point to them which parts of the
7 file where we see the information that gives
8 us pause. So we are trying to do that due
9 diligence.

10 CHAIR MUNN: I don't know what else
11 we can do.

12 DR. MAURO: And that's very
13 assuring and I'm glad to hear that.

14 CHAIR MUNN: It seems the
15 observation is a valid observation, but given
16 the fact that there really is no potential
17 action, I don't know why we should make any
18 further effort with it than what we have here.
19 Record it and leave it so. If we record this
20 observation in the database, there is little
21 else that can be done.

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1 Shall we ask Steve to identify ~~the~~
2 observation in the database and let us know
3 what he said? Not necessarily a requirement
4 to do that right now on-line, given our
5 unusually difficult circumstances. Agree?

6 MEMBER BEACH: I would agree with
7 that, Wanda. This is Josie.

8 CHAIR MUNN: Good. Steve, will
9 you, please, if you would like, off-line to --

10 MR. MARSCHKE: I'll see if I can
11 get back into the BRS here.

12 CHAIR MUNN: Oh, that's quite all
13 right. If you will just -- we don't need to
14 do it in an on-time manner.

15 MR. MARSCHKE: Okay.

16 CHAIR MUNN: We can do that
17 afterwards.

18 MR. MARSCHKE: Yes, I have a note
19 to myself to that effect, Wanda.

20 CHAIR MUNN: Good. Give me an
21 email telling me what you have done. And we

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1 will see if the Subcommittee Members have ~~any~~
2 concern with your effort and we'll just do it.
3 Good. No objection, we'll need to take a 15
4 minute break now. Right?

5 DR. BUCHANAN: Wanda, this is Ron
6 with SC&A. Are we going to discuss PER-31 or
7 29? I need to know whether I need to stay on
8 the line or not.

9 CHAIR MUNN: We are going to
10 discuss -- 31 has been postponed for next
11 time.

12 DR. BUCHANAN: 31 is going to be
13 postponed?

14 CHAIR MUNN: That was my
15 understanding. Am I correct?

16 MR. STIVER: That's correct. 31 is
17 not complete, has not been through our
18 internal review process and is not complete.

19 CHAIR MUNN: We are going to take
20 up 11 in its stead.

21 DR. BUCHANAN: Okay. Are we going

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1 to discuss PER-29 this afternoon? 118

2 CHAIR MUNN: It is my expectation
3 that we will talk about it, but I believe what
4 has been decided is that both of those PERs
5 are going to be referred to the Work Group,
6 the Hanford Work Group. Am I correct?

7 MR. STIVER: Yes.

8 MR. KATZ: Ron, this is Ted. So
9 you don't need to hang in for those. It's
10 just administrative. We are just transferring
11 those to the Hanford Work Group to look at
12 them.

13 DR. BUCHANAN: Okay. Good.
14 Thanks. I needed to know that.

15 CHAIR MUNN: You're very welcome.
16 All right.

17 MR. STIVER: And before we close,
18 this is John. I'm going to have to step away.
19 I'm heading out to another meeting that I
20 committed to, but when you get the PROC-44,
21 which is one of the ones I was on, while I was

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1 on the line, I have already spoken to Steve
2 Marschke and I believe Steve Ostrow is on the
3 line and Bob Barton, so I'm going to step
4 away, but anything that might come up where we
5 may need to weigh in, you know, we have our
6 folks there, but I won't be able to join you.

7 CHAIR MUNN: Thank you, John. I
8 appreciate that.

9 MR. STIVER: Okay.

10 CHAIR MUNN: We will address that
11 after the break. Thanks so much. We will see
12 you back in 15 minutes, folks, by my clock
13 that will make it ten minutes after the half
14 hour. Correct?

15 MR. HINNEFELD: Correct.

16 CHAIR MUNN: All righty. Bye-bye.
17 We're off for 15.

18 (Whereupon, the above-entitled
19 matter went off the record at 12:26 p.m. and
20 resumed at 12:42 p.m.)

21 CHAIR MUNN: Very good. We're

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1 back. One question that I have before we take
2 up the rest of our agenda, which was supposed
3 to be -- going to be our morning agenda, is
4 whether either of the items that we have are
5 time-sensitive in terms of personnel, either
6 PROC-44, PER-20 or PER-11? Do we have a time
7 card on any of those as far as our personnel
8 are concerned?

9 If not, then let's try to take them
10 in order. PROC-44, I think NIOSH was going to
11 respond to the findings.

12 MR. HINNEFELD: Lori, are you going
13 to lead this or are you going to have--

14 MS. MARION-MOSS: Yes. Wanda, this
15 is -- we have Mike on the line. Mike, are you
16 there, from ORAU?

17 MR. KUBIAK: Yes, I am. Yes.

18 MS. MARION-MOSS: Mike will be
19 responding to PROC-44 for us.

20 CHAIR MUNN: Good. All right. Go
21 right ahead, Mike. It's all yours.

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1 MR. KUBIAK: Okay. Thank you,
2 Lori. My name is Mike Kubiak. I'm with the
3 ORAU Team's SEC Group.

4 The ORAU Team's procedure on
5 evaluating the SEC's Procedure-44 is already
6 under revision and we have reviewed the -- I
7 believe there is 10 findings total from the
8 SC&A review. And they are all quite helpful
9 observations.

10 And our position is that we can
11 insert text into the Procedure-44 that is
12 currently being revised to address all the
13 observations.

14 I wasn't sure if you wanted to go
15 through each one of them individually or if
16 the Subcommittee's intention was to wait until
17 the procedures arise?

18 CHAIR MUNN: If you have the
19 revisions in-hand, then it would be nice to
20 know at least where you are in those revisions
21 and whether or not -- and when you anticipate

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1 completion. 122

2 MR. KUBIAK: All right. Okay.

3 Well, in a general sense, the revision is a
4 total rewrite. It has been underway since
5 DCAS revised their procedure, I believe, in
6 October of '11. And the rewrite to our
7 procedure it won't look at all like the
8 current procedure does that SC&A reviewed.

9 We are patterning it after, both in
10 content and in flow, the 2011 revision to the
11 DCAS procedure. So the way of handling all
12 the SC&A comments is essentially to insert
13 text into the applicable sections that we are
14 taking out of the DCAS procedure.

15 And the revision is underway. It
16 has not undergone our internal review yet, so
17 we don't have any actual published text to
18 present. I can go through each individual
19 item, and really all I would be saying for
20 each of them is that we are going to insert
21 text to resolve the SC&A comments in the

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1 applicable sections. They don't even have
2 real section numbers that correlate to
3 anything that anybody has seen, other than
4 internal review on our side.

5 CHAIR MUNN: So essentially, you
6 are going to have to give us another document,
7 in any case, giving us responses to the
8 specific requests that are before you with
9 respect to the individual items on the BRS.

10 So without any -- we can't pass
11 judgment on something we don't have. I guess
12 that's what I'm saying.

13 MR. KUBIAK: Yes, that's the way I
14 understood it, that if the procedure is still
15 being revised, that often the final closure,
16 obviously, is held off until you can review
17 the finished product and the finished wording.

18 CHAIR MUNN: Do you have any
19 concept at all time-wise?

20 MR. KUBIAK: Our schedule has us
21 getting it to NIOSH for their initial review

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1 in June.

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2 CHAIR MUNN: In June?

3 MR. KUBIAK: It's the schedule that
4 I'm working toward with current resources.

5 CHAIR MUNN: All right. So we can
6 anticipate that our request for NIOSH to give
7 us feedback is going to be some time well
8 after June.

9 MR. KATZ: This is Ted. I just
10 want to jump in here because I have sort of a
11 larger process question for what has occurred
12 here. So I'm just trying to understand, Mike,
13 or maybe, Stu, I mean, when we have SC&A
14 review this, it's not like even at that time
15 maybe this procedure was under revision. Or
16 was already decided to go under revision?

17 I'm just trying to understand why,
18 because we had SC&A do this work and then it's
19 all being revised. So I'm trying to
20 understand why we had SC&A do this review at
21 this time.

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1 MR. HINNEFELD: Well, this is ~~St 125~~
2 I guess perhaps we didn't speak up loudly
3 enough at the time it was selected. You know,
4 our procedure about SEC was revised a while
5 ago and we have known since then that the
6 revision of our procedure should prompt
7 revision to the ORAU procedure.

8 Now, that doesn't necessarily mean
9 that that revision would have captured all the
10 observations or findings that SC&A made in
11 their review.

12 MR. KATZ: Yes.

13 MR. HINNEFELD: And so we have the
14 additional feedback from SC&A now, based on
15 their review of the old one. And what Mike
16 has said is that he considers those all
17 valuable findings and we will incorporate a
18 response to those findings in the revision,
19 which those particular items may not have been
20 incorporated, you know, absent this, SC&A's
21 review.

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1 So by my way of thinking here, ~~the~~
2 situation where we have a list of findings, we
3 have said we agree with this finding and we
4 will revise the document to incorporate it.

5 So, to me, it seems like all these
6 findings can be placed in abeyance and then
7 when the revised procedure is available, then
8 there can be the review to determine if we
9 adequately addressed the finding that SC&A
10 raised.

11 MR. KATZ: Right. And this is Ted.
12 And I was thinking, when I looked at a number
13 of the findings it seemed like they were -- it
14 was the case that, in fact, it just said, ORAU
15 procedure wasn't yet in sync with DCAS, and
16 that was sort of part of the nature of the
17 finding from SC&A. And so that's why I'm just
18 sort of raising the question.

19 I'm not trying to make a big deal
20 of it. I just don't want to be in a situation
21 where we are getting SC&A to review something

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1 that is in process already, because really
2 it's more efficient then for them to wait and
3 see what their final procedures are.

4 I mean, I know in a way it is more
5 efficient for you to hear input then, but when
6 they're commenting on matters that you're
7 going to fix anyway because they are out of
8 step with DCAS, I guess, there is some
9 inefficiency in that.

10 MR. HINNEFELD: Understood.

11 MR. KUBIAK: This is Mike Kubiak
12 again. I do want to support what Stu said
13 also. There were a lot of very good comments.
14 There were three or four of them on subjects
15 which would have remained, you know, less
16 thoroughly addressed in my previous revision.
17 So there is definitely some improvements made
18 either way.

19 MR. KATZ: Right. Thanks. And I
20 understand there is some value added
21 nonetheless. Thanks, Mike.

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1 CHAIR MUNN: Mike, we have ~~not~~
2 received any information from you. We, being
3 the Board Members, have no information from
4 you, correct? I'm just seeing for the first
5 time what you have submitted. Am I correct in
6 that?

7 MR. KUBIAK: Well, yes, I believe
8 that was uploaded to your tracking system.

9 CHAIR MUNN: Right, right. It's on
10 the tracking system.

11 MR. KUBIAK: Yes.

12 CHAIR MUNN: But we have not
13 received any -- I didn't have an email notice
14 that it had been or anything of that sort,
15 right?

16 MR. KUBIAK: Quite honestly, I'm
17 not the one on our site that handles that, so
18 I'm probably not prepared to answer whether
19 there was or was not.

20 CHAIR MUNN: All right. I guess my
21 concern, again from a procedural point of

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1 view, is I suspect that what has already been
2 said is accurate, that it is incorrect for us
3 to continue to carry this as an open item,
4 that we ought to be carrying it as either in
5 abeyance or -- but in order to do that, we
6 need to insert some kind of a statement.

7 And your statements are fine, but
8 we need to say as a Subcommittee, yes, we see
9 that those are good statements and, yes, we
10 accept that and make our judgment as to
11 whether it's in abeyance.

12 MR. KUBIAK: Well, to answer your
13 question though, Lori did send out notice
14 about the changes, about the responses.

15 CHAIR MUNN: Okay. I thought I saw
16 Lori's email.

17 MR. KUBIAK: Yes.

18 CHAIR MUNN: But somehow I missed
19 PROC-44.

20 MR. KUBIAK: Okay. It's in there.

21 CHAIR MUNN: Yes. Then am I the

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1 only one who has not read those documents, ~~190~~
2 is this Subcommittee, like me, wanting to wait
3 until our next meeting so that I have an
4 opportunity to at least look at these and make
5 some judgment as to what our statement should
6 be and what its status should be?

7 MEMBER ZIEMER: This is Ziemer. I
8 did look at these. I think they were on
9 yesterday, at least I looked at them. And it
10 looks to me like NIOSH has accepted all of the
11 issues.

12 And I mean, basically, they are all
13 saying we are revising this and we are going
14 to take these issues into consideration.

15 CHAIR MUNN: Where they are
16 revising them might be an issue when we
17 identify them in our data and how we identify
18 them in our data.

19 MEMBER BEACH: Yes. Wanda, this is
20 Josie. I did review them also a couple of
21 days ago and I think Paul is correct, they did

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1 show that they were going to revise ~~the~~
2 current procedure.

3 There was a couple of them that had
4 more information on them and I would have to
5 go back and look at them. I wonder if NIOSH
6 or ORAU needs any clarification from SC&A?

7 CHAIR MUNN: Well, my guess is they
8 --

9 MEMBER BEACH: And I believe --

10 CHAIR MUNN: -- probably don't
11 simply because they have their process under
12 way, but our question that is before us right
13 now is do we carry this over to next time or
14 do we try to make some definitive judgment
15 about each of these findings right now?

16 MEMBER BEACH: I believe we should
17 carry them over.

18 MEMBER ZIEMER: Yeah, I would carry
19 them over.

20 CHAIR MUNN: Thank you.

21 MEMBER ZIEMER: I don't see

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1 anywhere where NIOSH has disputed the findings
2 and that something needs to be resolved before
3 they proceed.

4 CHAIR MUNN: I don't --

5 MEMBER ZIEMER: I don't think
6 anyone disputes the findings.

7 CHAIR MUNN: No.

8 MEMBER ZIEMER: Was that your
9 impression?

10 CHAIR MUNN: That -- my impression
11 is that that is not a dispute, that our
12 problem now is tracking where these
13 corrections are going to be made and the
14 timing that they are going to occur and how we
15 should be carrying our item on the BRS. I
16 don't want to --

17 MEMBER BEACH: It feels like it
18 should --

19 CHAIR MUNN: -- call these open any
20 longer than we need to, if they are, in fact,
21 all being resolved. But unless we address

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1 them individually, I don't think we can ~~139~~
2 that. And my preference would be that we
3 address them individually at our next meeting
4 and not at this one.

5 MR. MARSCHKE: Wanda, this is
6 Steve.

7 MEMBER BEACH: I believe -- oh, go
8 ahead.

9 MR. MARSCHKE: Wanda, this is
10 Steve. I just want to -- you know, I spoke,
11 as John mentioned, with John earlier this
12 morning and I, you know, was anticipating that
13 he would be on the call, so I wasn't paying a
14 lot of good attention, but I do know he had
15 some reservations about the degree with which
16 NIOSH is going to address some of these
17 comments.

18 So I think, you know, in general
19 what you say, yes, NIOSH has agreed with the
20 comments and they are going to make some
21 changes to the document to reflect the

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1 comments or the findings, but I'm not sure
2 that -- you know, we get the impression from
3 the statements that are made here that they
4 are going the -- as far as we had anticipated
5 or hoped that they would go.

6 So I would like -- you know, I
7 would vote for putting it off until the next
8 meeting where we can have John Mauro's, you
9 know, direct input into the, you know,
10 changes. Whether they are going to be changed
11 --

12 CHAIR MUNN: I think that's the
13 wise thing to do.

14 MR. STIVER: This is John Stiver
15 and I have also spoken with John and Bob
16 Barton and also Steve Ostrow about this. Yes,
17 it becomes a question of the degree to which,
18 you know, the intent of the finding to
19 actually be incorporated into the new
20 revision. And, you know, until we see that,
21 they really don't have any basis for passing

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1 judgment. 135

2 You know, we say that based on
3 these statements that are in the BRS, it does
4 look like there may be not quite what we
5 really expected, but we can't tell the final
6 product.

7 CHAIR MUNN: All right.

8 MEMBER BEACH: Well, Wanda, this is
9 Josie. I was going to say that this needs to
10 go in abeyance until SC&A has the -- is able
11 to re-review the latest document that ORAU
12 releases.

13 CHAIR MUNN: Well, there is no
14 document.

15 MR. HINNEFELD: Do you want to put
16 it in abeyance or in progress?

17 CHAIR MUNN: Well, we wanted to --

18 MEMBER ZIEMER: Can I comment on
19 that?

20 CHAIR MUNN: Yes, please.

21 MEMBER ZIEMER: Yes. I think

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1 usually when we go in abeyance, we have agreed
2 to what the final thing is going to look like
3 and it just has to be incorporated.

4 CHAIR MUNN: Oh.

5 MEMBER ZIEMER: I don't think we
6 know, at this point, what the final thing is
7 going to look like. So I would keep it in
8 progress.

9 CHAIR MUNN: We do not even know
10 yet unless we group -- unless we make the
11 decision right now to do that, we don't even
12 know that each of these needs to be in
13 progress. And that's what I -- that's why I'm
14 requesting a possibility to --

15 MR. STIVER: Oh, keep them open.

16 CHAIR MUNN: -- postpone it until
17 next time, with a minimum of 30 minutes
18 applied to it next time, probably more than
19 that, so that we can look at each of these and
20 make the assessment. I anticipate they will
21 all be in progress, but we don't know that

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1 unless we make the decision now. 137

2 MEMBER ZIEMER: I'm okay with that.

3 This is Ziemer.

4 MEMBER BEACH: I'm okay with that
5 also.

6 CHAIR MUNN: Yes. Someone was
7 trying to say something?

8 MR. KATZ: Oh, this is Ted. I'm
9 just a little bit baffled by this conversation
10 just because we have Mike on the phone, and
11 John who has indicated that he brief John
12 Stiver and others about his issue and
13 concerns, and they are in the process of
14 revising the document. And rather than come
15 out then with a document where you would see
16 whether they addressed the concerns fully or
17 not, why not now have a discussion of those
18 issues that John indicated to John Stiver he
19 has some concern about the depth to which the
20 response is going?

21 Why not have that discussion now,

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1 so that Mike and his team can do a complete
2 job on the revision, rather than having them
3 produce something that maybe doesn't address
4 all the points to the depth that SC&A's
5 concerns reach?

6 CHAIR MUNN: Excellent point, Ted.
7 Does anyone have any objection to undertaking
8 PROC-44 today?

9 MR. STIVER: This is John Stiver.

10 CHAIR MUNN: I would have preferred
11 to postpone it until next time, but that's all
12 right. It's not necessary. If we need to do
13 that, we can do that.

14 MR. STIVER: Well, this is John
15 Stiver and, you know, I've got to tell you,
16 like Steve, I have talked to John and I don't
17 feel like I'm in a position to be able to
18 speak for him. He had some fairly detailed
19 things that he wanted to talk about. And so I
20 would prefer to wait on this.

21 MR. MARSCHKE: Maybe we could --

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1 this is Steve again. Sorry for interrupting
2 you, John, but maybe we can get John to write
3 down his concerns and we can get them to NIOSH
4 and get them to Mike, not waiting until we
5 have the next meeting, but --

6 MR. STIVER: Right. We could --

7 MR. MARSCHKE: -- try to get that
8 to him in a more timely fashion. It's really
9 unfortunate that John had this commitment that
10 he had to get to, but --

11 MR. STIVER: That would be the best
12 way to do it, I think, would be to -- I
13 wouldn't want to go ahead and make
14 pronouncements that were a little off base
15 from what John had really intended.

16 MR. KATZ: And that's fine. This
17 is Ted. And I don't mean to be too tart about
18 this, but, I mean, we do schedule these well
19 in advance and John Mauro knows when they are
20 and he knows the agenda item, so, I mean, I'm
21 not that tolerant of the idea of just putting

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1 it off for another two months. 140

2 So I think that is a good idea to
3 have John send, if he has more elaborate
4 concerns that are captured in the actual
5 review, by all means send those to DCAS, so
6 that they can, you know, do their revisions,
7 you know, fully in one piece, rather than
8 having to sort of wait and be delayed like
9 this.

10 CHAIR MUNN: Can we agree we will
11 have off-line communications and that we will
12 address this entire issue of PROC-44, each
13 individual one, next time we meet? Is this a
14 major inconvenience to you, Mike?

15 MR. KUBIAK: No, ma'am, not at all.
16 No. I would be -- by that time, I think, we
17 would have draft text that would have been run
18 by DCAS --

19 CHAIR MUNN: And you could have had
20 some communication with our contractor with
21 regard to some specific concerns that they

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1 have regarding your current responses. 141

2 MR. KUBIAK: Right. I suspect that
3 is the most efficient use of your time, for
4 sure.

5 MS. MARION-MOSS: Wanda, this is
6 Lori. Let me ask this. Will John be putting
7 his concerns in the BRS, or all this will take
8 place off-line?

9 CHAIR MUNN: It was my expectation
10 that it would take place off-line.

11 MS. MARION-MOSS: Okay.

12 CHAIR MUNN: All right?

13 MR. KATZ: Yes, well, actually, let
14 me just -- I think it could be in a memo from
15 SC&A. I mean, we do these written content and
16 when we have review concerns, so it definitely
17 doesn't need to be in a teleconference or
18 whatever. It can just be an email from John
19 with whatever elaboration he didn't make in
20 the review itself.

21 MR. KUBIAK: Okay. I'll get off-

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1 line with John and indicate what he needs¹⁴²

2 do and he will put together --

3 MR. KATZ: Okay.

4 MR. KUBIAK: -- a memo with
5 particular detailed items highlighted.

6 CHAIR MUNN: We will anticipate a
7 significant time block at our next meeting for
8 PROC-44.

9 The next question is PER-20, a
10 status update. And, Kathy, are you on-line
11 and are you up for this?

12 MS. BEHLING: Yes, I'm on-line.
13 This will be brief because PER-20 is the
14 Blockson TBD review. And we were assigned two
15 cases that we are going to evaluate under Sub-
16 task 4, the one case that was assigned --
17 actually was not revised and so I requested
18 that we get another case, which we did.

19 I have just really started on that
20 review, but I will certainly have it ready for
21 the next meeting.

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1 CHAIR MUNN: Very good. That's
2 great. And that brings us to PER-11 and that
3 should be an extensive review, as I understand
4 it. And are we ready for that, John?

5 MR. STIVER: Yes, we are. Kathy, I
6 believe is going to lead the show on that.

7 CHAIR MUNN: Okay.

8 MS. BEHLING: Yes. I'll try.
9 Again, PER-11 was just sent to you yesterday.
10 We worked to try to get this out. We were
11 still going through some peer review process.
12 And again, Rose did the initial review and,
13 Rose, are you still on the line?

14 MS. GOGLIOTTI: Yes, I am.

15 MS. BEHLING: Okay. And John and I
16 again did the peer review, but I'll try to go
17 through this as, you know, best I can. We did
18 have five findings, but let's start.

19 If we pull it up and we look at
20 page 8 -- let me see, did I jump ahead? No,
21 page 8 is fine.

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1 PER-11 has to do with the K-25 Site
2 and the changes that had been made or
3 introduced into the issuance, I guess, of the
4 external dose TBD, which is TKBS-0009-6.
5 There were also two OTIBs that affected this
6 particular site. And so all of those were
7 incorporated into PER-11.

8 Some of the changes, it was
9 written, were going to be an increase in the
10 dose and others were going to decrease the
11 dose. And so it -- let me, first of all, just
12 give you a chronology of what happened here.

13 First of all, in November 24, 2004,
14 that was the issuance of the external dose
15 section of the K-25 TBD. There was no
16 external coworker model included in the K-25,
17 in this TBD. On May 31, 2005 --

18 MS. GOGLIOTTI: Kathy, can I stop
19 you?

20 MS. BEHLING: Okay.

21 MS. GOGLIOTTI: There was a

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1 coworker model. 145

2 MS. BEHLING: There was? Okay.

3 Yes. I'm sorry. And I see that -- that we
4 have to make a change here. There was a
5 coworker model included. Okay. We have a
6 wrong word here.

7 On May 31, 2005, OTIB-26 was
8 issued, which actually replaced the coworker
9 guidance in the external dose TBD. And it
10 added a dose to account for the missed portion
11 of the external dose.

12 And in July 29, 2005, OTIB-26 was
13 revised and some of that missed dose was --
14 they reduced some of the missed dose that was
15 added in the original TBD-26.

16 On November 15, 2006, there was
17 another change made to OTIB-26 and this change
18 incorporated the construction trade worker
19 guidance from OTIB-52.

20 In looking at this PER, the PER was
21 fairly vague as to what to expect, so what

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1 Rose did is she went in and she made¹⁴₆
2 comparison, a yearly comparison of all of the
3 key penetrating dose models and -- for the 95th
4 percentile and for the 50th percentile. And
5 you see those in the year 2-1 and 2-2.

6 Also, because coworker dose is
7 dependent on the length of employment, the
8 time of employment, cancer location and job
9 description, she looked at the annual percent
10 change between historical and the current
11 coworker guidance documents. And that you can
12 see depicted in Figure 2-3 and 2-4.

13 Table 2-1 also -- and all of this
14 data is included in Appendices A through C. A
15 summary is provided for you in Table 2-1. And
16 what that is showing is that on average the
17 coworker dose that was calculated using the
18 original TBD underestimates the coworker dose
19 calculated by our most current method in OTIB-
20 26.

21 Historically, however, if we go on

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1 to page 11, the shallow dose overestimated ~~the~~
2 coworker dose, except for a few years.
3 However, for the 50th percentile, for the non-
4 penetrating. However, the 50th percentile for
5 the penetrating dose was overestimated. So
6 one just about cancels the other out. And so
7 it can become an issue.

8 If we move on then to Section 2.2,
9 we had to look at two different sets of data
10 just for the coworker data and then the second
11 set of data that we looked at was for the
12 construction trade worker.

13 And again, the construction trade
14 workers are supposed to receive 1.4 times
15 greater than the measured coworker dose. And
16 Rose also went in and made a comparison
17 between the historic and the current
18 procedures and that data is included in
19 Appendix D and it's summarized in Table 2.2.

20 And basically what Table 2.2 is
21 telling us is that the historic coworker

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1 models underestimate the construction trade
2 worker/coworker dose during most -- for most
3 of the years prior to 1975.

4 And if we go on to Section 3, this
5 is Sub-task 2, which is looking at the
6 approach and the methods to take it for
7 corrective action. Listed there are three
8 sets of criteria. Obviously, the claim has to
9 be from employment at the K-25 Site.

10 The claims were completed between
11 the date of the initial coworker model, which
12 is November 24, 2004, and the date of the
13 issuance of the OTIB-52, which is August 31,
14 2006. And that the claim had a PoC of less
15 than 50 percent.

16 Initially, there were 432 cases
17 that were identified that were potentially
18 impacted by these changes. And I guess the
19 first question that we had is, or the first
20 finding, and this is conditional because when
21 we started to look at the data, just a random

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1 search, we again identified some cases ~~that~~¹⁴⁹
2 were completed prior to the issuance of the
3 TBD, where there was unmonitored dose assigned
4 and in some cases where was ambient external
5 dose assigned.

6 Now, I realize that this is a
7 finding that was also identified when we did
8 the initial review of PER-11. And it was
9 closed based on NIOSH's statement that
10 unmonitored dose for claimants that they felt
11 needed to have coworker dose model, they held
12 those cases and they were pending a coworker
13 dose model.

14 However, just at a glance, you
15 know, randomly selecting some of these cases,
16 we just wanted to verify that, because we were
17 just questioning -- what we would really like
18 to know is what was the methods that NIOSH
19 used in calculating those monitored dose?
20 Perhaps they are overestimates and it will
21 satisfy our question.

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1 Perhaps also there were ~~some~~
2 ambient dose that was identified -- that was
3 just listed because -- that they should have
4 been assigned a construction trade worker/
5 coworker model.

6 So we are trying to get a better
7 understanding of those cases that were done
8 before the issuance of the K-25 coworker
9 model.

10 Let's see here. There was also --
11 let me see here, okay, that answers that.
12 That was that particular one. We were also
13 questioning -- oh, the end date of August 31,
14 2006, there is a gap between the issuance of
15 OTIB-52 and the issuance of OTIB-26. And that
16 gap is a several month period between August
17 and November of 2006.

18 And we are just wondering if the
19 dose reconstructor actually did know that
20 OTIB-52 was out there and applied the
21 construction trade worker correction factor to

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1 those particular cases. And there may not be
2 many cases involved in this.

3 We did look at a few cases and we
4 did realize that, again, the missed and
5 measured dose was combined and so for the
6 cases that we looked at, although the question
7 factor was applied, it was really an
8 overestimate of the dose because it was
9 applied to both the missed and the measured
10 portion of the coworker dose.

11 Okay. And going on to Section 4,
12 Sub-task 3. Okay. NIOSH requested a return
13 for the following two reasons: On page 15,
14 claims that were completed before May 21, 2005
15 using an external coworker model, and claims
16 between May 21, 2005 and August 31, 2006.

17 Our second finding here is there is
18 some date inconsistency. There is a 10-day --
19 let's see here, the selection date is 10 days
20 prior to the issuance of OTIB-26. And maybe
21 this was just an administrative oversight,

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1 maybe there were no cases listed, but we ~~just~~
2 thought that NIOSH should further investigate
3 to be sure no cases were evaluated between
4 that 10-day window.

5 Moving on then to --

6 MS. GOGLIOTTI: Kathy?

7 MS. BEHLING: Yes?

8 MS. GOGLIOTTI: Also we requested
9 clarification in that, because it lists the
10 completion date, but there is no -- we are not
11 sure what the completion date is in the case.

12 MS. BEHLING: That's correct. Yes.
13 Yeah, when we look at a dose reconstruction
14 report, the cover identifies several dates.
15 There is a dose reconstruction completion
16 date. I think, in fact, now it may be called
17 a calculation completion date. There is a
18 peer review completion date and then there is
19 a dose reconstruction approved date.

20 And so I guess this has brought to
21 mind what does NIOSH consider the completion

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1 date? To us, it would seem like it would be
2 the calculation date, but we really need
3 clarification on that. Okay.

4 Now, if we move on to page 16,
5 Finding 3, we were not sure, because it wasn't
6 specified as to what the methodology was used
7 to identify the construction trade workers in
8 this particular case.

9 We assume that they used the same
10 criteria as PER-14. However, it wasn't
11 specified and we just wanted to verify that
12 they did use this keyword search on 31
13 different job types, because it wasn't
14 specified in PER-11.

15 Now, if we move on to Section 4.2,
16 you can see there were -- of the 432 claims
17 that were potentially impacted, there were 94
18 that were returned to NIOSH. And here, again,
19 we are going to get into some confusion from
20 our part as to 69 of the claims were reworked
21 of those 94, and 25 were marked -- they were

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1 not revised and there was no documentation¹⁵⁴
2 those 25 claims indicating that they weren't
3 revised. So that was one issue.

4 And again, we are going to go back
5 to the same issue that we had on PER-14 where
6 we're wondering if, for the cases that were
7 returned but not reworked, there was data in
8 the file.

9 I have found an example again where
10 there was an ICE memo for PERs stating that
11 the dose reconstruction was completed and it
12 was reevaluated under PER-11. And that was
13 not an accurate statement, because the dose
14 reconstruction had not, at least as of the
15 last time we looked at it, which is a few days
16 ago, been revised.

17 And there was also an ICE memo for
18 PER-14 which indicated no evaluation was
19 performed, because the claim was returned for
20 another request, for another PER.

21 So again, we are questioning

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1 whether -- since it's not being revised under
2 PER-11, is it not being revised under PER-14
3 either? And there may be some cases that are
4 falling through the cracks and not, at least,
5 being revised using most current
6 documentation. And that was the same finding
7 as we had in PER-14.

8 We went on and because we thought
9 there were -- we were surprised by how few
10 cases were actually returned. We went in and
11 conducted our own screening and we did the
12 keyword search and we identified 162 claims
13 and within that subset -- or within those 162
14 claims, we realized that a subset of 73
15 indicated that no return was necessary.

16 We selected seven of those cases
17 and looked at them and you can see the break-
18 down. Two of the cases were construction
19 trade workers were monitored and no dose was
20 assigned. And in one case, the construction
21 trade worker was not monitored and no coworker

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1 dose was assigned. 156

2 In two cases, the construction
3 trade worker was unmonitored and assigned
4 coworker dose for K-25. And in two other
5 cases, again, they were employed at other Oak
6 Ridge facilities and they were assigned
7 coworker dose.

8 So, from that, we thought that
9 those four cases should have been revised and
10 we are questioning, again, based on that
11 evaluation, why they were considered that they
12 didn't -- that no return was necessary.
13 Perhaps PER-11, because it was somewhat vague,
14 maybe there was more restrictive selection
15 criteria used that wasn't documented, but we
16 just thought that that should be looked into
17 further.

18 And finally, as we indicated, there
19 were 69 cases that were reworked on behalf of
20 PER-11. However, we are recommending, at this
21 time, that it may be premature to select any

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1 cases or to even recommend selecting any cases
2 until we resolve these findings.

3 Also, based on our questions, we
4 are just wondering if there might be more than
5 69 cases involved in the -- that needed to be
6 reworked under PER-11, and so that may change
7 our recommendation as to how many cases should
8 be reviewed under the Sub-task 4.

9 At this point, if the 69 claims
10 stands, we are recommending that we look at
11 maybe two claims for external coworker model
12 and two claims associated with the
13 construction trade worker cases. And that
14 sums up PER-11.

15 CHAIR MUNN: Thank you very much,
16 Kathy.

17 MS. BEHLING: Rose, do you have
18 anything else to add?

19 MS. GOGLIOTTI: No.

20 MS. BEHLING: Okay.

21 CHAIR MUNN: Very good. Is there -

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1 - do we want to undertake discussion of this?
2 Is our discussion going to take long? Is
3 everyone there starving to death?

4 MR. HINNEFELD: Wanda, this Stu. I
5 think we would be pretty handicapped in having
6 any discussion about this. We just received
7 it yesterday --

8 CHAIR MUNN: I would think so. So
9 that's one of the reasons why --

10 MR. HINNEFELD: -- and we have
11 nothing to offer.

12 CHAIR MUNN: -- I'm asking the
13 question, because it doesn't seem to me that
14 discussion can go very far until you've had an
15 opportunity to absorb this.

16 MR. HINNEFELD: Right. We have to
17 take the findings under advisement and see
18 what we can learn about this.

19 CHAIR MUNN: It was only scanned
20 here, I'll tell you, and not really absorbed.
21 I have to go back and do that.

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1 MR. STIVER: Yeah, this is John¹⁵⁹
2 This was our intent, really, today, given the
3 short notice, was to give it an overall
4 presentation.

5 CHAIR MUNN: Yes.

6 MR. STIVER: With the understanding
7 it would take some time for it to be absorbed.

8 CHAIR MUNN: I appreciate that. Is
9 the Subcommittee happy with the premise that
10 we will have this on our calendar for next
11 time and that, in the interim, both NIOSH and
12 ourselves will have an opportunity to observe
13 this a little better and formulate our
14 positions with respect to the recommendations?

15 MEMBER ZIEMER: Wanda, this is
16 Ziemer. Definitely, NIOSH needs to look at
17 this and respond. I think there is some
18 interesting findings here that we need to
19 learn a little more about at least.

20 MEMBER BEACH: I agree with that.

21 CHAIR MUNN: Yes.

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1 MEMBER BEACH: This is Josie. 160

2 CHAIR MUNN: Good. Then that being
3 the case --

4 MR. SIEBERT: Hey, Wanda, I'm
5 sorry.

6 CHAIR MUNN: Yes?

7 MR. SIEBERT: This is Scott
8 Siebert. I just had a quick question for
9 SC&A. When I look through this, I don't see
10 claim numbers associated with, like, those two
11 cases where a coworker was monitored and no
12 coworker was assigned, things like that. Is
13 that available or I'm just missing it because
14 I'm going through this quickly?

15 MS. GOGLIOTTI: They are not in
16 here, but we can provide them.

17 MR. SIEBERT: That would be key for
18 us addressing this. Thank you.

19 MEMBER ZIEMER: Well, they were
20 redacted. I think they -- weren't they in the
21 original? The top one I'm looking at is

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1 redacted. 161

2 MS. GOGLIOTTI: Some were redacted
3 and we omitted some.

4 MS. BEHLING: Yeah, so we can
5 provide those ID numbers, yes. The other
6 thing I was going to ask is would you like for
7 me to resubmit this changing -- I guess we
8 will want to change the finding numbers. And
9 I'm not sure, Steve, do you know how many
10 findings there were on the -- oh, no, no, I'm
11 sorry. I'm ahead of myself. This is not Sub-
12 task 4. This is the original. Never mind.

13 CHAIR MUNN: Yes. Okay. Good. So
14 the finding numbers you have are going to be
15 the finding numbers we see on the BRS.

16 MS. BEHLING: Yes. Okay, sorry.

17 CHAIR MUNN: That's quite all
18 right. Are we good to go, then? If so, I
19 suggest you all take 45 minutes to have lunch.
20 And we will meet back here again at 15 minutes
21 after the hour, right?

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1 MR. STIVER: Sounds good. 162

2 CHAIR MUNN: Is that agreeable?

3 MR. STIVER: Yes.

4 CHAIR MUNN: Thank you. We will see
5 you at, I guess, 1:15 your time. Right? Good.
6 All right.

7 (Whereupon, the above-entitled
8 matter went off the record at 1:26 p.m. and
9 resumed at 2:15 p.m.)

10

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1 And so what we did was we did ~~164~~
2 review primarily on RPRT-53, but in order to
3 get some additional insight into, you know,
4 how it is going to be used and its impacts, we
5 also looked at RPRT-55, -56 and -58 to see how
6 NIOSH is applying RPRT-53.

7 One of the significant changes from
8 the old methodology, in addition to basically
9 stratifying the sample into two strata,
10 another significant change is the concept of
11 the one-person-one-sample statistic whereas in
12 previous incorporations of this coworker
13 model, we basically were based upon the full
14 spectrum of bioassay results.

15 And what it did was it took
16 everybody's bioassay results for that year and
17 piled them all up into one distribution, log-
18 normal distribution. What they have, NIOSH,
19 now has proposed to do is this concept of one-
20 person-one-sample. And so, in any one year,
21 any one person is represented by only one

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1 sample and that way you get more of an equal
2 weighting between workers, I guess. I think
3 that's the concept, anyway.

4 And so those are really the two
5 significant areas of change that were, you
6 know, incorporated in this RPRT-53.

7 And I think I'm going to pass it
8 off. If Harry is on the phone, I think I'm
9 going to pass it, because a lot of these where
10 you're talking about the statistics are not in
11 my area of expertise. And I would feel more
12 comfortable if Harry, if you are on the phone,
13 when we get into talking about these different
14 findings, particularly Finding 1 where we talk
15 about the R-squared for the ROS does not have
16 the usual interpretation.

17 Well, I don't -- I'm not the one to
18 talk about that, let's put it that way.

19 DR. CHMELYNSKI: Yes, I'm here,
20 Steve.

21 MR. MARSCHKE: Could you pick up

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1 for me, Harry, and carry the ball here ~~and~~
2 correct anything that I've said wrong so far?

3 DR. CHMELYNSKI: I don't see any
4 problems with what you said so far. I will
5 pick up with Finding 1.

6 MR. MARSCHKE: Okay.

7 DR. CHMELYNSKI: As you suggested.

8 MR. MARSCHKE: Well, before you
9 pick up, Harry, let me just say one other
10 thing. Just a point for administrative
11 detail, we have not uploaded these findings
12 into the BRS at this point in time. Now that
13 the document has been issued, we will do that
14 probably in the next day or so. Okay.

15 CHAIR MUNN: Yeah, that's good.
16 Thanks. Thanks very much, Steve, I appreciate
17 your populating it for us. Thanks

18 MR. MARSCHKE: Okay. Harry, it's
19 all yours.

20 DR. CHMELYNSKI: Great. Thanks.
21 The first finding has to do with regression on

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1 order statistics. And our concern there ~~is~~
2 basically with the words statistics.

3 These are order statistics. We
4 take the data and we put them in order and
5 it's well-known that once you do that, these
6 data are auto-correlated and heteroskedastic.
7 In particular, the min and the max have higher
8 variances and as you go closer to the middle,
9 the variances get lower.

10 Unfortunately, this procedure has
11 become quite popular, not just with NIOSH, but
12 I don't think people thought much about how do
13 you decide whether ROS gives you a good fit.
14 We are told what the R-square is. R-square
15 doesn't mean anything really here because they
16 are so auto-correlated.

17 In other words, if you go to the
18 right and you look at the next data point,
19 it's always higher than the one on the left.
20 And we know that isn't happening in regular
21 regression.

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1 We also can't use the t-statistic~~ss~~
2 which would tell us something about how well
3 we know the parameters. So what I'm wondering
4 is how do we know whether we have a good fit
5 with the ROS procedure?

6 And everything I said so far
7 doesn't even introduce the question of non-
8 detects. As soon as you bring those in, it
9 becomes even more complicated as to what the
10 R-squared means and whether we have estimated
11 the coefficient for the GM and the GSB
12 properly. So that's our discussion on ROS.

13 The second statistical problem that
14 we see is the use of a hypothesis test with a
15 high confidence level of 95 percent, when
16 testing the hypothesis that there is no
17 difference between the two groups.

18 In retrospective kind of analyses,
19 like we are doing here, just knowing that we
20 are using a powerful test doesn't really tell
21 us how powerful it is. The problem is that

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1 the real power of the test depends on ~~the~~
2 variability of the data and the sample sizes
3 that are available.

4 When we looked at this question,
5 for example, looking at the neptunium data
6 from SRS for the coworkers and the -- I'm
7 sorry, for the construction workers and the
8 other workers, some of the comparisons are
9 done with sample sizes as small as maybe a
10 handful, 10, 15, with the construction worker
11 data. And a lot of those sometime are non-
12 detects.

13 So what we did was do some
14 simulation to see how powerful this test would
15 be and really the question here is how far
16 apart do they have to be before the tests will
17 say they are different?

18 And we did some simulation work
19 that says, well, maybe if they are a factor of
20 four apart, we might be able to see the
21 difference. In some cases, it might require

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1 something as high as a factor of 10 before ~~the~~
2 test will show us any significant difference.

3 Now, that doesn't seem to be a very
4 powerful test, in our view, and we would like
5 to see some calculations as to what is the
6 power when this is applied. In LO-53, we are
7 talking about the methodology, so what we
8 would like to see on these two issues is
9 discussion of how do we measure the goodness
10 of fit for ROS and how do we measure the power
11 of the hypothesis test?

12 And I would like to see some
13 discussion of that in the report and some
14 instructions for exactly how large a sample is
15 needed to detect the kind of differences we
16 are looking for.

17 Now, that brings up another
18 question, which is how big of a difference are
19 we looking for? NIOSH has decided to, what I
20 think, turn the cart around and put the horse
21 in the back. They say we have to look for

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1 significant differences and when we will
2 decide whether they mean anything.

3 Well, you really can't tell whether
4 you have any significant differences unless
5 you decide what difference it is that you are
6 trying to look for.

7 So I think you really have to
8 design the problem from the beginning, saying
9 I have two populations; I want to know whether
10 they are a factor of two apart or a factor of
11 three apart and then say, well, what sample
12 would I need to do that?

13 And if you do it that way, you'll
14 probably find out you're going to need, like
15 it says in the report, at least 30, maybe
16 more. It depends on the variability. And I
17 guess that's it for our statistical questions.

18 The final topic, I think, that
19 Steve has already introduced, is the idea of
20 OPOS, O-P-O-S. And since I'm a statistician,
21 I think about the statistical aspects of OPOS,

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1 but there is a lot more thinking here in terms
2 of the modeling and the exposures that have to
3 be considered.

4 So all I can say is, well, let's
5 remember that the last S there doesn't really
6 mean sample. It means a sample statistic.
7 And again, since it's a statistic, it has
8 uncertainty and a lot of times what we call an
9 OPOS is really just an average of a single
10 value. Other times it might be an average of
11 20 values.

12 Some of them are known very
13 imprecisely. Some of them are known better.
14 That's all ignored when we put them under
15 regression. So we would like to see again
16 some rules, in a sense, for exactly what is
17 the sample size you need to get at the one-
18 person-one-sample approach. And do those
19 sample sizes have to be similar within the
20 group and across groups?

21 And I guess I'll leave it there,

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1 because I think OPOS is a conversation that~~is~~
2 really, health physicists should have, rather
3 than a statistician. So are there any
4 questions?

5 CHAIR MUNN: I think we are all
6 stunned.

7 MR. MARSCHKE: We did look into
8 some, just to pick up on what Harry said, we
9 did look into some OPOS and we did -- I think
10 we mentioned at one of the previous meetings
11 that we were going to try and run some -- make
12 some IMBA runs. I-M-B-A --

13 CHAIR MUNN: Yes.

14 MR. MARSCHKE: -- runs with OPOS
15 and compare some OPOS/IMBA runs to some IMBA
16 runs that were made with actual measurements
17 for actual cases. And we did that but we
18 decided not to put that into this report,
19 because we thought it was just tangential to
20 the problem and it would just, basically,
21 maybe confuse or distract people from really

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1 the focus of RPRT-53. 174

2 So I can, you know, give you a
3 summary of what I thought were the pertinent
4 points from that little study that we did, but
5 again, like I said, we decided that, you know,
6 it was really tangential to RPRT-53 and we
7 decided that we should not put it into this
8 report.

9 CHAIR MUNN: Well, I personally
10 would like to hear it. I don't know what
11 Josie and Paul feel, but I would like to hear
12 your take.

13 MR. MARSCHKE: My take is that, in
14 most cases, when you average all the sample
15 data that you have, or the various samples
16 that you have, in the half or dozen or so
17 cases that we looked at, in most of those
18 cases, the OPOS resulted in larger intake.

19 Let me see, let me back up.

20 CHAIR MUNN: How significantly
21 larger?

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1 MR. MARSCHKE: Not terri~~ply~~
2 significant. Let me back up. What we did was
3 we looked at actual sample data and we took
4 some cases that NIOSH had actually performed
5 the IMBA runs on and then we calculated an
6 equivalent OPOS for that data and re-ran IMBA
7 and compared the continuous intake rate that
8 was calculated from the OPOS to the continuous
9 intake rate that was calculated in the NIOSH
10 actual claimant run.

11 CHAIR MUNN: And you did it on five
12 or six?

13 MR. MARSCHKE: And we had five or
14 six of those, yes.

15 CHAIR MUNN: Yes, okay.

16 MR. MARSCHKE: And in most cases,
17 like I say, the OPOS came up with larger
18 continuous intake than the actual data did.
19 And I think it has to do with the way IMBA
20 does its curve fitting, because it actually
21 doesn't do -- I don't know it does its curve

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1 fitting. 176

2 I mean, I don't think it really
3 tries to fit the curve because it factors in
4 biological responses as well. So the IMBA
5 results do not really -- when you compare the
6 IMBA results from an actual case, they do not
7 track the actual bioassay data all that well.
8 Let's put it that way, I guess.

9 MR. STIVER: Steve, I know Joyce
10 had had some concerns regarding the OPOS
11 methodology and some of the situations that
12 might arise, like when you have a radionuclide
13 that is a relatively long-lived or retained
14 for long periods of time in the body and yet
15 may -- you may have situations where you have
16 a short-term incident-related intake as
17 opposed to a continuous intake.

18 CHAIR MUNN: I'm sorry, I didn't
19 hear that last part of your sentence, John.
20 Your voice is getting very soft.

21 MR. STIVER: I'm sorry. I am still

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1 recovering from laryngitis that I had a ~~few~~
2 months ago. I don't know if I'm going to ever
3 get my voice all the way back.

4 CHAIR MUNN: I'm sorry to hear
5 that. We don't want to push you, but maybe
6 just a little closer to the microphone.

7 MR. STIVER: Yes, I'll just try to
8 get a little bit closer to the mic. Joyce,
9 are you out there, at this point?

10 DR. LIPSZTEIN: Yes, I am. I am.
11 The problem with the OPOS is that there is no
12 real definition, because the OPOS is that if a
13 worker had a lot of bioassay results, then one
14 way that NIOSH proposes to deal with it is to
15 take all those bioassay results, probably
16 because it was related to an accident or
17 because there was a special procedure that
18 they had to follow, but this worker had a lot
19 of bioassay results and what NIOSH says is it
20 is being put together with the data from the
21 other workers that have just one result.

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1 There are going to be a distortion~~ion~~
2 on the coworker model because the coworker
3 model uses the data from many workers. So if
4 you have one worker that had an accident and
5 has a lot of high results and the other
6 workers don't have this problem, when you put
7 all the results together in this same log-
8 normal distribution, then all those results
9 are going to distort the curve, which is true.

10 So before the idea of the OPOS and
11 the coworker model, what NIOSH used to do
12 when there was a case of an accident, they
13 would take all the data off and wouldn't
14 consider it.

15 So this time, we say, now we are
16 going to take all the data from this worker,
17 but we are going to use just one result for
18 this worker, which would be the maximum
19 possible result for this worker.

20 The problem that I see with it is
21 that you -- NIOSH doesn't really define the

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1 interval of time they are going to apply ~~the~~
2 OPOS. Is this just for that accident, just
3 the results that are around this accident or
4 are they going to apply it for the whole year
5 or for a quarter of a year? It doesn't say
6 what is the period of time.

7 And then there are some other
8 documents that use the 53 results, like when
9 they are applying it to --

10 CHAIR MUNN: Are you still there,
11 Joyce?

12 DR. LIPSZTEIN: Yes, yes. Can you
13 hear me?

14 CHAIR MUNN: Oh, I thought you were
15 breaking up. I heard -- after 53, I lost you.
16 I don't know whether other people did.

17 DR. LIPSZTEIN: Oh, I'm sorry.
18 Where did you lose me?

19 CHAIR MUNN: Yes, you had just
20 finished emphasizing that no period of time
21 had been identified and --

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1 DR. LIPSZTEIN: Exactly. 180

2 CHAIR MUNN: -- you started to say
3 something else, something further and I lost
4 you.

5 DR. LIPSZTEIN: Ah, oh, okay.

6 CHAIR MUNN: Did anyone else lose
7 her? Was it her phone or was it mine?

8 MR. STIVER: I think it was her
9 phone. This is John. I had her cut out as
10 well.

11 CHAIR MUNN: Oh, okay. Good.

12 DR. LIPSZTEIN: Oh, okay. I'm
13 sorry.

14 CHAIR MUNN: That's quite all
15 right. It's not you. It's your phone.

16 DR. LIPSZTEIN: Okay. So I'm
17 repeating it.

18 CHAIR MUNN: That's fine.

19 DR. LIPSZTEIN: Please interrupt me
20 if I'm going too fast or if you can't hear me.
21 So there was some applications of 53 that we

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1 saw. For example, it was applied for
2 neptunium at Savannah River Site. And the
3 interval that was used was one year for all
4 the workers. So what happens?

5 If the idea is one result for the
6 worker, so if you have one year, suppose you
7 have one worker that has like a routine
8 monitoring result, but it's very low. And
9 then he has another result two months after
10 and it's very low. And then he has the high
11 number of results related to some special task
12 that he was doing.

13 And then, again, maybe he was
14 monitored again and had a low result. Let's
15 suppose that it was a nuclide that was very
16 fast released from his body. So he will have,
17 after those high results, he'll low results
18 again.

19 So when you take the mean for all
20 those results, the small ones, together with
21 this very big one to represent the accident,

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1 but when representing the intake of ~~the~~
2 worker, his intake is distorted. You don't
3 see the time pattern of the intake and what
4 happened.

5 And if you had, you know, many
6 workers that had the same pattern as him,
7 everyone on the same month, you don't see that
8 when you do just one result for the whole
9 year. Essentially, you don't see that, for
10 example, in the month of -- though there was
11 something that made the intakes, there was
12 some special work that made the workers have
13 the high results.

14 Then you were comparing one
15 distribution of workers with another
16 distribution of workers. And the other
17 distribution of workers may not have had that
18 kind of accident or may -- he just had this
19 other group of workers that just had routine
20 intakes and so just had routine results.

21 And then maybe when you compare the

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1 distribution because you reduce that then ~~189~~
2 just one result mixed with routine results,
3 then when you compare the two groups, the two
4 groups might give similar results like if
5 there were two identical group of workers.
6 And in reality, it wasn't.

7 So the problem is that it distorts
8 and I think it needs more work on this.

9 CHAIR MUNN: Thank you, Joyce.
10 That, I think, captures pretty well any
11 concerns that one might have with this
12 particular type of approach.

13 The question that rises to mind
14 when thinking about this is the one that I
15 have already broached with Steve and don't
16 have an answer to, which is how significant do
17 these variances turn out to be in the real
18 world? We can imagine all kinds of things
19 that would make them either very small or very
20 large. But I still don't have a feel in my
21 own mind of how seriously affected the end

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1 results is by this kind of statistical¹⁸⁴
2 analysis.

3 And, so far, I haven't heard anyone
4 tell me that.

5 MR. MARSCHKE: It's a very
6 difficult question to respond to, Wanda,
7 because it's very dependent upon the
8 radionuclide that is in question. As Joyce
9 mentioned, how long it stays in the body and
10 so on and so forth. And it also depends upon,
11 you know, the number of people that you have
12 in your sample and how many samples they have
13 and, like Joyce mentioned, whether or not you
14 would have people in there that have had
15 experience with, you know, accident samples,
16 post-accident sampling.

17 So it's very much dependent upon
18 the problem that is being looked at. And I
19 don't know whether or not -- you know, in some
20 cases, I think the OPOS would work well and in
21 some cases it's not going to work so well.

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1 Again, and the other thing is I'm
2 not exactly sure how much data editing NIOSH
3 does when they actually make an OPOS or how
4 much data editing they do when they, you know,
5 used to use a coworker model.

6 Do they hunt out the outliers on
7 the bio-samples and try to, you know, not
8 include them or handle them differently? And
9 so, again, before we can answer your question,
10 there is a lot of things that need to be
11 known.

12 CHAIR MUNN: Well, one understands
13 the number of variables is in itself variable.
14 But without having some feel, or at least some
15 range, it's difficult to think about the
16 advantages and disadvantages to this type of
17 approach, I would think.

18 DR. LIPSZTEIN: May I try to
19 explain a little bit more? NIOSH has used
20 OTIB-53 to compare construction workers with
21 workers from the -- with normal workers. And

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1 in some of the documents, they say, well, ~~the~~
2 construction workers were mostly monitored
3 when they were doing some -- when they had an
4 accident or in special situations when they
5 were dealing with very high radioactivity.

6 CHAIR MUNN: Right.

7 DR. LIPSZTEIN: So suppose there
8 was a construction worker, he was monitored.
9 Let's say he began working at the installation
10 and he was monitored just before starting the
11 work in that place, so he had the background
12 on his urine sample.

13 Then he does this special work and
14 he has a lot of the data, very high data
15 because he was working in this special place.
16 And the nuclide, let's suppose, didn't have a
17 long half-life. It was very fastly excreted.
18 So he had the peak in one month, the month
19 that he worked very hard there. And he was
20 monitored, let's say, two times a week, so he
21 had eight monitoring results during that

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1 month.

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2 And then he had a very high result
3 there, very high results there. Okay. Eight
4 very high results. And then he was monitored
5 after that because the radionuclide had a fast
6 half-life and it was a small half-life, he
7 decreased very rapidly to background. And he
8 was monitored again.

9 So when you take all the data for
10 the whole year together, his result is going
11 to be relatively small because he had some
12 results after that work that were nearly
13 background, and before the work also nearly
14 background, and then he had the high results
15 during his work.

16 So when you take the mean, many of
17 them, some results above the background, the
18 final mean will be small. And then you have
19 the normal worker that was doing routine and
20 was routinely working. He would only have
21 small results.

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1 So then you have -- and this will
2 take, you know, many workers like that from
3 the construction site and workers, normal
4 workers on the other site that just have the
5 routine monitoring results, small group
6 monitoring results.

7 When you compare the two
8 distribution, you might end up thinking, oh,
9 the inspection workers and the non-
10 construction workers had similar results, but
11 that's not true. That was masked by, you
12 know, the OPOS on the non-construction
13 workers.

14 Do you understand what I'm saying?

15 CHAIR MUNN: Yes, I understand.

16 DR. LIPSZTEIN: Okay.

17 CHAIR MUNN: Yes, yes.

18 MS. BRACKETT: This is Elizabeth
19 Brackett.

20 CHAIR MUNN: Oh, good.

21 MS. BRACKETT: I have a comment on

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1 that. That's true, but we have not done ~~any~~
2 coworker studies on anything with short half-
3 lives, other than tritium, which is not
4 handled in the same way. That we would
5 actually assess the dose if we would use all
6 of the bioassay results and do actual dose
7 assessments.

8 But all of the rest of the coworker
9 studies have been done only on uranium,
10 plutonium --

11 DR. LIPSZTEIN: But, Liz, if you
12 have Type-F uranium, it's the same thing. It
13 doesn't matter.

14 MS. BRACKETT: No.

15 DR. LIPSZTEIN: You know, it was
16 just an example. If you have Type-F uranium
17 would happen the same thing.

18 MS. BRACKETT: No. It still comes
19 out in the urine though. It continues to come
20 out in the urine.

21 DR. LIPSZTEIN: Yes, but it fastly

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1 goes out. It decreases a lot very fast. ~~The~~
2 problem is, Liz, I think what we need and I
3 couldn't find, you know, in OTIB-53, is a
4 definition of what time period if the OPOS
5 being applied? Is this applied just for the
6 month of the accident or is this applied for
7 the whole year always? I don't know.

8 MS. BRACKETT: Well, it's normally
9 done for a year at a time. It depends on the
10 amount of bioassay data. But going back to
11 your scenario, it still would not be the case,
12 because you wouldn't sample somebody weekly or
13 biweekly or even monthly for long-lived
14 nuclides. You would have just a couple of
15 results for the year.

16 So if they were in an incident, you
17 would have those results and probably not a
18 lot after that. And it would continue to be
19 positive, even if it were Type-F. But you
20 wouldn't continue to sample a person after
21 their results dropped very low. Most people

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1 are on, say, an annual sampling period ~~for~~
2 these longer lived nuclides.

3 So you don't get --

4 DR. LIPSZTEIN: Suppose you have
5 uranium Type-F, or even Type-M is the same,
6 even after the weekend it drops a lot. So you
7 have a period of time that the person was not
8 working, that drops a lot. So I'm not saying
9 it goes -- you know, just if it goes to a
10 small number after, you know, a peak and the
11 other curve just has a big constant. You
12 know, just has the small ones, it may end up
13 with two distributions that they say are the
14 same. And they're not really are the same, so
15 it's --

16 MS. BRACKETT: So I think we have
17 to look at the individual data, because I
18 don't believe your concern is a valid one. I
19 think we would have to look at the specific
20 data and show that this is not the case, what
21 you are saying.

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1 DR. LIPSZTEIN: But if you think
2 about Type-F, and even Type-M, but mostly
3 Type-F, if take uranium, if you take a sample
4 before the weekend and after the weekend it
5 just drops so much. So it's --

6 MR. MARSCHKE: Well, I don't think
7 that has anything to do with the OPOS. I
8 don't think that -- I kind of agree with Liz
9 on this.

10 CHAIR MUNN: Well, I have to ask,
11 are these concerns you feel well-captured in
12 the findings and in the report that we have
13 before us? Do you think there is some other
14 aspect of the concerns, other than those that
15 are set forth in the findings as we have them?

16 MR. MARSCHKE: I think the findings
17 basically -- these concerns are in the
18 findings. Maybe we are going into a little
19 bit more detail in this discussion than what
20 the findings -- but I think the findings can
21 lead us to -- will lead us to the same

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1 discussion if we look at the findings. 193

2 CHAIR MUNN: Well, my point is that
3 until NIOSH has an opportunity to respond to
4 the findings --

5 MR. MARSCHKE: Right.

6 CHAIR MUNN: -- perhaps our
7 discussion here is illuminating for some of us
8 as Board Members, but it may not get us very
9 far in terms of resolving the issues
10 themselves.

11 MR. STIVER: This is John. If I
12 could step in for a second?

13 CHAIR MUNN: Yes.

14 MR. STIVER: I second that. In a
15 very large way, this was a very complicated
16 review. There is a lot of statistical tests
17 who were analyzed. I followed most of it.
18 Well, I'm actually reading it. Unlike Harry,
19 I probably couldn't give you an impromptu
20 discussion of significance on a lot of it, but
21 all of that is in our report.

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1 And it is a lot to digest. I would
2 think that NIOSH would certainly want to take
3 some time and read it very carefully and
4 formulate their responses to where we could
5 have this kind of detailed discussion where we
6 all really kind of have our positions staked
7 out maybe a little bit more clearly than we do
8 right now.

9 CHAIR MUNN: Well, I couldn't agree
10 more, especially in light of the fact that
11 this kind of discussion becomes very esoteric
12 very quickly. And in any case, once it stops
13 being particularly illuminating for those of
14 us who are not involved in the actual
15 calculations, then we have misplaced our
16 priorities for our meeting here.

17 So I want to make sure, that's why
18 I asked the question are all of the concerns
19 adequately covered in the findings themselves?
20 And if everyone here is comfortable with the
21 fact that those findings are, in fact,

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1 illustrative of what we need to be doing, then
2 we will ask for your agreement that we hand
3 this into NIOSH review for their consideration
4 and ask them the question whether there is a
5 possibility that we need to keep this on the
6 agenda for next time or will we be
7 anticipating a longer period for response?

8 MR. HINNEFELD: This is Stu and I
9 hate to estimate really any deliveries going
10 forward. I think our best shot would be to,
11 as we did this time, communicate with Ted in
12 advance of whenever the next scheduled meeting
13 is about what we will be able to -- whether we
14 think we will be able to have something to
15 talk about.

16 CHAIR MUNN: We will hold it as a
17 carryover, Stu, and expect for a status
18 meeting next time.

19 MR. HINNEFELD: Yeah, we can either
20 -- you know, I would suspect that some time
21 before the next meeting, we will know whether

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1 or not we are going to have anything to ~~say~~
2 about it at the next one.

3 CHAIR MUNN: Right, right. That's
4 good. All right. Thank you all for the
5 presentation and for the mental stretch after
6 lunch, that's good. Does anyone have any
7 comments or any concern with our procedure
8 going forward here?

9 MEMBER ZIEMER: Well, this is
10 Ziemer. I don't have a concern, but I have a
11 comment or a question.

12 CHAIR MUNN: Please do.

13 MEMBER ZIEMER: I'm wondering, and
14 maybe I'll ask Liz this question, as you guys
15 review this, would it be feasible to provide
16 some sort of a sensitivity analysis that would
17 address some of the -- I think some of the
18 things Joyce was describing were sort of
19 extremes of what might happen in special
20 cases.

21 And maybe some sort of sensitivity

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1 analysis could be included as you address ~~the~~
2 issues that are framed out, that's sort of the
3 question or comment.

4 CHAIR MUNN: It believe it would be
5 helpful to some of us, Paul.

6 MEMBER ZIEMER: The other thing
7 was, and maybe just for clarity, when you talk
8 about the OPOS methodology where you have one
9 sample representing one person, or one tag
10 representing a person, does that multiple
11 samples for, say, a year, does that still
12 count as one towards say, the 30 samples that
13 would be needed, for example, to reach a
14 statistical decision, or is it just one?

15 MS. BRACKETT: Yes, I can -- the
16 second question I can answer easily. Yes, the
17 one sample just counts as one, regardless of
18 how many results went into that. So we would
19 need 30 people, 30 individuals in a year.

20 MEMBER ZIEMER: Okay. I just
21 wanted to check on that.

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1 MS. BRACKETT: And as to the first~~198~~
2 question, we have statisticians that would be
3 far better qualified to look at that. We will
4 have to have them look at -- well, Tom LaBone
5 and the statistician, they are the ones who
6 did the work on OTIB-53 and would be able to
7 address your first question.

8 MEMBER ZIEMER: Thank you.

9 CHAIR MUNN: Very good. Josie, you
10 have any comments or concerns?

11 MEMBER BEACH: No, I don't at this
12 time. Thank you.

13 CHAIR MUNN: Very good. Anyone
14 else? Not hearing anything, we will look
15 forward to a status report next time on RPRT-
16 53. And we will move to the next agenda item,
17 reviewing the status of, to begin with, PROC-
18 31.

19 MR. MARSCHKE: Well, Wanda, these
20 were -- I believe what these were were four
21 reports that we -- or four documents that we

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1 looked at and we did a pre-review and back in
2 January when we sent the Subcommittee a report
3 which indicated that they found out these four
4 documents had been reviewed or revised two or
5 more times since SC&A did the review of these
6 documents.

7 And so we did a pre-review to see
8 whether or not the revisions had significant
9 technical changes to the documents that would
10 require there being a full re-review of these
11 documents.

12 And in January of this year, we
13 sent a report to the Subcommittee saying that
14 the results of these pre-reviews of these
15 documents do not require a full re-review.

16 And what we did, we talked about
17 this in the February meeting, and I believe
18 the reason these are on the agenda was that I
19 had an action item to add to each one of the
20 four documents a finding of no finding into
21 the BRS.

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1 And what we can see -- I guess ~~you~~
2 can see it on your screen now if you are
3 looking at the shared screen?

4 CHAIR MUNN: Yes.

5 MR. MARSCHKE: Is this the pre-
6 review finding that I have added, and so has
7 Steve Ostrow, I added it in Steve Ostrow's
8 name, stating that, you know, basically just
9 saying what I just said. And so I have added
10 these four or similar four statements to each
11 one of these four documents, or a similar
12 statement to each one of these four documents.

13 And the only problem that I have
14 had, and I might have to get some help from
15 Lori, is I cannot, for some reason, change the
16 status to closed.

17 CHAIR MUNN: Oh, really? That's not
18 good.

19 MR. MARSCHKE: I've been trying to
20 change the status to closed and I just can't
21 do that. I was able -- I had better luck than

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1 Stu. I was able to add the findings, but I
2 can't change the status on the findings. Once
3 I add it, I can't change it. So that's --

4 CHAIR MUNN: Have we encountered
5 this before, Lori?

6 MS. MARION-MOSS: Not that I'm
7 aware of, but I'm working on it as we speak.

8 CHAIR MUNN: This sounds like a new
9 glitch. It would be wonderful if Lori could
10 close them for us from her lofty perch.

11 MR. MARSCHKE: Yeah. So right now,
12 you know, each one of these four documents,
13 PROC-31 and PROC-61, OTIB-20 and OTIB-5, I
14 have added, you know, a finding like this and
15 they need to be closed.

16 CHAIR MUNN: Let us just for the
17 record look at each of them, and as we do, let
18 me make sure that the Subcommittee agrees that
19 the only action that we have left here today
20 is to see that these are changed to closed in
21 some way.

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1 MEMBER BEACH: Wanda, this ~~202~~
2 Josie. I do have one quick question or
3 comment.

4 CHAIR MUNN: Yes, please.

5 MEMBER BEACH: We talked earlier
6 during the 014 that we would like a review of
7 OTIB-20 possibly. Is this the same document
8 that we are discussing now?

9 MR. MARSCHKE: Yes.

10 MEMBER BEACH: Okay.

11 MR. MARSCHKE: Yes. This is the
12 same OTIB-20.

13 MEMBER BEACH: That might bear some
14 discussion because Kathy was going to make
15 that a finding that we review that document.

16 MR. MARSCHKE: Yes. And that would
17 be, you know, if we decide that that document
18 has to be revised or reviewed with the new
19 light that Kathy had, I think that that's
20 almost independent because what we looked at
21 before was, again, it was summarized in the

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1 January report. 203

2 CHAIR MUNN: Yeah, I see that as a
3 separate item, personally. And we will
4 continue to carry PER-20, definitely.

5 MR. STIVER: And I think the
6 important thing to note is that our
7 recommendation was based on the substantive
8 changes in the revision --

9 MEMBER BEACH: Right.

10 MR. STIVER: -- require another
11 pass on it, but what Kathy has come up with is
12 completely from another angle. So I agree
13 with Steve, they are independent in a way.

14 MEMBER BEACH: Okay. That's all I
15 wanted to clarify. Thank you.

16 CHAIR MUNN: You betcha. Now, 61?

17 MR. MARSCHKE: I'm looking at 61
18 here now and that was -- again, I put it up in
19 Harry Pettengill's name and it is very
20 similar. It should be -- basically, I think I
21 have --

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1 CHAIR MUNN: The wording looks fine
2 to me. Open and change to closed. No other
3 action, from my point of view. Subcommittee?

4 MEMBER ZIEMER: Right. I agree.
5 Actually, I'm all for these. If the wording
6 is in there, we can close them all.

7 CHAIR MUNN: Yes, that's my intent.
8 I just wanted to have in the record that we
9 looked at them one at a time and verified that
10 they were all of the same nature, the wording
11 is accurate, they can be closed.

12 If we can take a look at OTIB-20,
13 to see it?

14 MR. MARSCHKE: There it is. And
15 that was the one, I think, that we did the
16 pre-review on, OTIB-20.

17 CHAIR MUNN: All right. Very good.
18 Change to closed. Any comments from the rest
19 of the Subcommittee?

20 MEMBER BEACH: No, I agree.

21 MEMBER ZIEMER: Just one question

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1 there. I see you have a January 25th date ~~for~~
2 the action and the meeting was actually in
3 February.

4 MR. MARSCHKE: Well, we actually
5 responded to the Subcommittee. That's the
6 date of our report.

7 CHAIR MUNN: Yes.

8 MEMBER ZIEMER: Got you.

9 MR. MARSCHKE: Okay.

10 MEMBER ZIEMER: The last one is
11 supposed to be the report. I don't know where
12 that is showing up. I thought it was being
13 attached. I'm not so sure how the attachment
14 shows up, but --

15 CHAIR MUNN: Well, but that's the
16 response date.

17 MEMBER ZIEMER: That's right.
18 Okay.

19 MR. MARSCHKE: But that's where I
20 was -- that's what I was referring to, Paul.

21 CHAIR MUNN: Yes, our action was in

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1 February, but their -- we agreed to it ~~200~~ ⁱⁿ

2 February, but --

3 MR. MARSCHKE: Right.

4 CHAIR MUNN: -- it was a response
5 date.

6 And the last of them is OTIB-5.

7 MR. MARSCHKE: There it is, OTIB-5.

8 CHAIR MUNN: Very good. We'll mark
9 it closed. With no concern from the rest of
10 the Subcommittee Members, we will remove that
11 item from our agenda. Thank you very much,
12 Steve, for seeing that it happened. It's
13 appreciated.

14 MR. MARSCHKE: No problem.

15 MR. KATZ: In the interim, for
16 whoever just cut out, please don't do that
17 again, whether you put us on hold or whatever.
18 Thanks.

19 CHAIR MUNN: Thanks. Our next item
20 then has to do with the Hanford PERs and I'm
21 going to drop out of the conversation. This

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1 portion of it will be chaired by Dr. Ziemer~~er~~,
2 because I'm conflicted on all matters that
3 have to do with the Hanford Site, as is Josie,
4 I believe. And so we will not participate in
5 this brief portion of the proceedings today.
6 Go ahead, Paul.

7 MEMBER ZIEMER: Well, we already
8 agreed, administratively I think with the --
9 with our Designated Federal Official that it
10 is appropriate to transfer these to the
11 Hanford Work Group, and it sounds like I can
12 make the motion, second it and vote
13 unanimously to do that.

14 In any event, since we are not
15 actually doing an action on Hanford, I'm not
16 sure it matters whether the other two are
17 involved or not, Ted. All we are doing
18 is --

19 MR. KATZ: Right, right. I think,
20 Paul, we can just handle this. We don't need
21 to vote or do anything. I'm happy to send the

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1 Chair of the Hanford Work Group and let ~~them~~²⁹⁸
2 know that -- let him know, because I think
3 that is Dr. Melius, that we are transferring
4 these two items, these reviews for him to
5 handle in his Work Group.

6 So I'm happy to do that, and then
7 we can carry it forward with that Work Group.
8 I think he is planning to convene that Work
9 Group before the July meeting, in any event.

10 CHAIR MUNN: Then there is no
11 further action necessary for anyone in this
12 group, as I understand it, correct? That
13 being the case, that item is also dropping off
14 of our agenda.

15 MEMBER ZIEMER: My phone cut out
16 there, so I'm back. I don't remember where we
17 were.

18 MR. KATZ: Sorry, Paul. So I just
19 said -- I didn't realize I had lost you, Paul.

20 So I'm happy to send the Chair of
21 that Work Group, which is Dr. Melius, a

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1 missive about this and ask his Work Group ~~20~~
2 take this one, these two PERs up, the reviews.

3 MEMBER ZIEMER: Okay.

4 CHAIR MUNN: Thank you much. Now,
5 we have the interesting OTIB-55 up for us.
6 And we are anticipating responses from NIOSH
7 for the multiple findings that we have had in
8 the past on the NCRP report and this is for
9 quality factors. Matt, do I understand
10 correctly you are leading this?

11 MR. SMITH: Yes, I sure can.

12 CHAIR MUNN: All right. Please do.
13 It's all yours.

14 MR. SMITH: Okay. All right. Then
15 I'm not doing anything with my desktop, but I
16 see that the response is up on the screen.

17 The first comment was on using the
18 most recent ICRP recommendations for weighting
19 factors. The response here is that IREP
20 itself uses ICRP-60 weighting factors as does
21 the DOE complex, at this time. Around the

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1 2010 time frame, all the DOE sites basically~~ly~~
2 switched over to using ICRP-60 as weighting
3 factors for neutrons.

4 So because IREP was using ICRP-60
5 to convert the dose into rad, it really would
6 not make any sense to jump to ICRP-103
7 weighting factors. Doing so would cause us to
8 have to -- would cause a change in IREP. And
9 in addition, the reporting that we are getting
10 now from DOE is in compliance with ICRP-60.

11 So that's the response on that one.

12 CHAIR MUNN: Does anyone have a
13 comment with respect to the NIOSH response?
14 SC&A, what's your take?

15 MR. STIVER: This is John. It
16 seems reasonable from an implementation
17 standpoint. Steve just put that out there to,
18 I believe, to indicate that, you know, this is
19 kind of a continuing -- continually evolving
20 process and that the concern was whether the
21 program was keeping up with the latest

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1 scientific guidance. 211

2 But given the problems we have and
3 the lag in adoption by the various agencies
4 and the use of IREP and so forth, I would
5 consider that to be a reasonable response. I
6 don't know if Steve has any comments regarding
7 that.

8 MR. MARSCHKE: No. I think that I
9 would agree with that. Again, it was more for
10 the sake of completeness. I put this in and
11 it was, you know --

12 CHAIR MUNN: That's very good.

13 MR. MARSCHKE: If I recall
14 correctly, ICRP-60 factors were -- where they
15 differed from the ICRP-103, the ICRP-60 are
16 more conservative or more claimant-favorable.

17 MR. STIVER: Yes, that's my
18 recollection, too, that it's actually lower on
19 some organs for ICRP-103.

20 CHAIR MUNN: So any question or
21 comment from Subcommittee Members?

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1 MEMBER ZIEMER: No comment here~~2~~²

2 I'm satisfied with it.

3 MEMBER BEACH: This is Josie.

4 Same, I'm satisfied.

5 CHAIR MUNN: Fine. SC&A accepts
6 the recommendation and the Subcommittee
7 considers this item closed. Can the -- do we
8 have enough flexibility for you to update that
9 now, Steve?

10 MR. MARSCHKE: Well, we can give it
11 a try.

12 CHAIR MUNN: Let's see if we can do
13 this on this cumbersome process.

14 MR. MARSCHKE: I wasn't able to do
15 it for the other ones. I don't know if --

16 CHAIR MUNN: Perhaps Lori has
17 worked magic for us in our lag time.

18 MS. MARION-MOSS: Not yet.

19 CHAIR MUNN: Okay. Thanks for
20 trying.

21 MR. MARSCHKE: I had to put the

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1 phone down to type, so -- 213

2 CHAIR MUNN: That's quite all
3 right.

4 MR. MARSCHKE: Let's see if it
5 works. No. That's the error message I get
6 when I try to -- Lori, if you are looking at
7 the screen, when I try to change a status,
8 this is the error message I get.

9 MS. MARION-MOSS: Yes, I see it.

10 CHAIR MUNN: Lori, do you have the
11 ability to close it?

12 MS. MARION-MOSS: No. It doesn't
13 work for me either. There has been a change.
14 I recognize what the change is, so I'll have
15 to get with our IT Group.

16 CHAIR MUNN: All right. I hope you
17 are making notes, so that you can go back
18 after we are off the air here and close all of
19 these that we are attempting to close real-
20 time.

21 MR. MARSCHKE: Now, I don't know

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1 how to get back to the -- I'm lost. 214

2 CHAIR MUNN: That should take you
3 back.

4 MR. MARSCHKE: Okay.

5 CHAIR MUNN: Back to OTIB-55.

6 MR. MARSCHKE: And what I'll do,
7 Wanda, is I'll just make notes here as to what
8 status changes we decide upon and then when
9 Lori gives me the green light, I will make the
10 changes, if that's okay with you.

11 CHAIR MUNN: That's fine, yes.

12 MR. MARSCHKE: Okay.

13 CHAIR MUNN: Just keep the
14 Subcommittee updated to ensure that that
15 happens. Are we ready for Finding 2?

16 MR. SMITH: Sure. Finding 2 was
17 commenting on the difference in
18 recommendations for a situation where you
19 don't necessarily know exactly what the
20 neutron spectra was for the energy employee.

21 IG-001 was written at the birth of

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1 the program and, of course, this TIB followed²¹⁵
2 that. And then after this TIB followed
3 several TBDs, so as time was going on, we have
4 gotten more and more information about what
5 exactly the neutron spectra is at given sites.

6 In the IG-001, though, going all
7 the way back to that, there is no mandate in
8 there with any language like "should" or
9 "shall." We use the information that is in
10 Table 2.2, there is some examples in Table 2.2
11 of different exposure scenarios and the
12 weighting factor that would go along with
13 those different types of scenarios.

14 When OTIB-55 came along, the
15 emphasis there was to kind of take something
16 that would be workable for any situation and
17 certainly the 0.1 to 2 MeV energy range turned
18 out to be the most claimant-favorable choice,
19 both in terms of the weighting factor
20 correction and also in terms of Probability of
21 Causation that ends up being calculated by

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1 IREP. 216

2 So that's the historical flow. You
3 know, the 0.1 to 2 MeV is kind of the
4 claimant-favorable suggestion made by the
5 OTIB. And then subsequent to that, as written
6 in the response, the TBDs, you know, fleshed
7 out the picture for each site as each site was
8 developed.

9 CHAIR MUNN: Thank you, Matt.
10 John, is SC&A inclined to respond --

11 MR. STIVER: Yes, we have discussed
12 this aspect of IG-001, I believe, at the last
13 meeting. Kind of looking back in time as to,
14 you know, how it was intended and a lot of
15 these aspects were fleshed out and the TBDs
16 were detailed with specific guidance for the
17 different sites on these issues.

18 I am personally satisfied with Matt
19 Smith's response.

20 MR. MARSCHKE: What I would
21 suggest, this is Steve, is, you know, that we

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1 put as this kind of -- I mean, I would like~~219~~
2 get the two documents saying the same thing.
3 Not that they are, you know, necessarily
4 contradicting each other right now, but they
5 are not saying the same thing.

6 And one person could go, you know,
7 to one document and get one direction and get
8 another. So what my recommendation would be
9 is to put this kind of like in abeyance status
10 and just put a -- on the next time that IG-001
11 gets changed or if it ever gets changed, put
12 it on the list of changes to be made, is to
13 make sure that it is -- that this portion of
14 it is consistent with what is in OTIB-55.

15 MEMBER ZIEMER: Hang on a second.
16 This is Ziemer. Isn't IG-001 the document
17 that is never used in dose reconstruction?

18 CHAIR MUNN: That's pretty much it,
19 yes.

20 MEMBER ZIEMER: We went through
21 this before. It's a general guidance

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1 document. It is never used in dose
2 reconstruction.

3 MR. STIVER: That's my
4 understanding of it as well. And it is never
5 used in dose reconstruction. I don't know
6 that we gain much by going back and --

7 MEMBER ZIEMER: It probably won't
8 be revised either.

9 CHAIR MUNN: My concern is more
10 with -- as I interpret what Matt has said in
11 this particular finding, he is saying that the
12 guidance in the Site Profile documents are the
13 documents of concern when they are doing this
14 type of calculation.

15 And if that's the case, then there
16 should be, in my mind, more concern with how
17 OTIB-55 relates to the Site Profile document
18 instructions than it does with IG-001, because
19 we have discussed that many times and I think
20 that is thoroughly understood by all of us.

21 If there is differing instruction

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1 that exists in the Site Profile documents ~~than~~
2 in OTIB-55, then this is undoubtedly the right
3 place to address that. I don't know the
4 answer to that. Are there differing
5 instructions in the site documents?

6 MR. SMITH: In general, the answer
7 to that would be no. If anything, the site
8 documents will go into more detail. The site
9 documents are going to be presenting whatever
10 data can be found to show what the neutron
11 spectra was around the facilities where
12 neutron exposure was possible.

13 CHAIR MUNN: But it would not be in
14 conflict with OTIB-55?

15 MR. SMITH: No. It's going to be
16 using the data from -- yes, it's going to be
17 using the data from OTIB-55.

18 CHAIR MUNN: Okay.

19 MR. SMITH: The TBD is built upon
20 OTIB-55.

21 MR. STIVER: Yes, OTIB-55 and the

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1 ICRP-60 recommendations are actually hard²⁰
2 wired into IREP to begin with.

3 MR. SMITH: Correct.

4 CHAIR MUNN: Then perhaps what is
5 needed here is a slight revision in the
6 wording of the response here, so that it might
7 say, ultimately, both documents are superseded
8 by more detailed guidance in the Site Profile
9 documents, rather than leaving the inference
10 that there is disparate ability.

11 Or in some other way clarify that.
12 I think that's what I heard, that there is not
13 conflict instructions. It's just that the
14 more detailed one appears in the Site Profile
15 documents than in OTIB-55, simply because the
16 Site Profile documents can't afford to be more
17 specific.

18 MEMBER ZIEMER: Wanda, this is
19 Ziemer again. This one, though, is a
20 Technical Basis Document as opposed to a
21 guidance document, so I don't think this is

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1 superseded. The guidance isn't really
2 superseded either. It's just general, has
3 nothing to do specifically with dose
4 reconstruction.

5 This is a Technical Basis Document
6 which really deals with the conversion
7 factors. Isn't it? I'm pulling it up here.

8 CHAIR MUNN: I think so. I'm going
9 to let you do the work.

10 MR. SMITH: Just a short statement
11 while that's being pulled up. That's true,
12 that the TBDs are basically going to be citing
13 the technical information in OTIB-55.

14 MEMBER ZIEMER: Right.

15 MR. SMITH: For example, the
16 fraction of a given neutron source that falls
17 into the 0.2 to 2 MeV range, the TBD is going
18 to be recommending this factor of 2 to correct
19 for the weighting factor difference.

20 CHAIR MUNN: So the point I'm
21 trying to make is the only issue that we have

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1 here in the Subcommittee right now is²²²
2 semantics issue, correct?

3 MR. SMITH: Right. The response
4 was addressing the comment that TIB-55 was not
5 in total agreement or saying the same thing as
6 IG-001.

7 CHAIR MUNN: Yes, yes, right, yes.
8 And we have already addressed the IG-001
9 issue. We are quite familiar with that and
10 understand the difference between the guidance
11 document and the directive document. The
12 issue that remains is semantic and related
13 only to whether or not "supersede" is the
14 appropriate word to be using here.

15 I guess, alternatively, we could
16 create yet another entry as we close it out,
17 if we agree that we can, in fact, close it out
18 given this information and we could address
19 exactly what our discussion has been here and
20 close it. Is there any problem with that?

21 MR. MARSCHKE: If there is no

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1 changes to either the document itself, OTIB~~15~~₂₃
2 55, or any of the Site Profile documents, that
3 it's just a wording change in the response,
4 then I think it is -- you know, I think we
5 should -- our recommendation would be to just
6 close it.

7 MR. STIVER: I would tend to second
8 that. I don't see any point in changing it
9 unless we are going to have a continued
10 discussion. We have all agreed that it can be
11 closed.

12 CHAIR MUNN: And we certainly do
13 want to get it off the books and stop taking
14 up everybody's time with it, if we have
15 reached an agreement.

16 Is there any problem with our
17 saying that this is accepted and we close it
18 out?

19 MEMBER ZIEMER: I'm good with that.

20 MR. STIVER: I'm fine with it.

21 CHAIR MUNN: Josie?

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1 MEMBER BEACH: I'm good with that ~~that~~
2 also.

3 CHAIR MUNN: All right. You have
4 your marching orders, Steve. Let's see if we
5 can do it.

6 MR. SMITH: All right. Do you want
7 me to move on to No. 3?

8 CHAIR MUNN: Well, I was hoping
9 that Steve could go ahead and --

10 MR. SMITH: Oh.

11 CHAIR MUNN: -- close it out.
12 Well, do everything except the closed part..

13 MR. MARSCHKE: It's not going to
14 allow me to do anything, Wanda.

15 CHAIR MUNN: Yes, I know, but if we
16 -- if you go ahead and put the words in that
17 we have just used before, everybody agrees,
18 and it's closed. And then we will let Lori
19 close it for us after we have gone away and
20 everybody is sleeping.

21 MR. MARSCHKE: I can't put any

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1 words in. I can't make any modifications ~~for~~^{for}
2 this one yet.

3 CHAIR MUNN: Oh, it won't let you in
4 to do it for No. 2?

5 MR. MARSCHKE: Oh, wait a minute.
6 Maybe I can -- oh, you want me to edit Matt's
7 --

8 CHAIR MUNN: No.

9 MR. MARSCHKE: I don't think I
10 can --

11 CHAIR MUNN: No, no. I wanted you
12 to add a statement as we did in Finding 1.
13 Just add --

14 MR. MARSCHKE: No, we didn't add a
15 statement in Finding 1. It wouldn't let me
16 add a statement.

17 MR. STIVER: Yes, that was the
18 problem, we couldn't get in to make changes in
19 Finding 1.

20 CHAIR MUNN: All right. All right.
21 Very good.

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1 MR. MARSCHKE: We tried to do ~~it~~
2 it just -- yes.

3 CHAIR MUNN: Even though we saw you
4 type it in, it wouldn't even accept that?

5 MR. MARSCHKE: Even though you saw
6 me type it in, it just --

7 CHAIR MUNN: It wouldn't accept it?

8 MR. MARSCHKE: It went into the bit
9 bucket.

10 CHAIR MUNN: All right. All right.
11 I thought the only thing it would not let you
12 do is change the status. I didn't realize --

13 MR. MARSCHKE: No, no.

14 CHAIR MUNN: -- it wouldn't let you
15 insert anything.

16 MR. MARSCHKE: It won't let me do
17 anything.

18 CHAIR MUNN: In a case like that,
19 we know what has to happen with No. 2 as well.

20 Now, I guess we are back to you,
21 Matt, and No. 3.

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1 MR. SMITH: Okay. No. 3, ~~the~~
2 finding or comment here was that the TIB does
3 not present the rationale for using NCRP
4 Report 38 as a basis for adjusting pre-'73
5 neutron measurements.

6 The response takes us to the end of
7 Section 2 and I wrote there page 7. It kind
8 of starts on the bottom of page 6. And the
9 statement in the TIB is the following and it
10 is referring to comparing NCRP Report 38 to
11 NCRP Report 20.

12 It states that "The two sets of
13 data for the neutron quality factor are in
14 close agreement despite the differences in the
15 shape of the tissue-equivalent phantoms used
16 to represent the human torso.

17 Figure 2-1 illustrates both data
18 sets and how they are basically overlaying
19 each other. The final sentence before Figure
20 2-1 states that the results in the following
21 sections, meaning the following sections of

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1 the OTIB, are based on the newer ~~more~~²²⁸
2 extensive set of data from NCRP Report 38."

3 So that's the response on that for,
4 you know, basis of using NCRP-38.

5 MR. MARSCHKE: So you say -- I
6 missed that at the bottom of page 7.

7 MR. SMITH: It starts at the bottom
8 and the word that is quoted starts at the very
9 bottom of page 6 and they continue on to page
10 7 and then Figure 2-1 is also part of it.

11 CHAIR MUNN: Any questions or
12 comments? John, is this acceptable to you?

13 MR. STIVER: I was just reading the
14 differences between the two. NCRP-20 used the
15 calculations based on a slab phantom as
16 opposed to the cylindrical phantom in Report
17 38. And I would tend to agree that Report 38
18 is a more extensive updated data set on which
19 to base these values.

20 MR. MARSCHKE: Well, wait a minute.

21 MR. STIVER: Now, whether it is

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1 laid out well-enough in Report 55, I guess~~59~~²²⁹

2 Steve, that was your --

3 MR. MARSCHKE: No. I think the
4 question was: what did the -- the concern was
5 to adjust the doses that an individual
6 received in the 1950s or pre-1973 to the ICRP-
7 60 factors. And so what you would have to do
8 is you would have to take out whatever quality
9 factor was used.

10 MR. STIVER: Okay, I see what
11 you're saying. All right.

12 MR. MARSCHKE: Whatever quality
13 factor had been used back in history and then
14 multiply it by the new quality factor.

15 MR. STIVER: Now, see you have to
16 back out the old factor before you could
17 multiply them.

18 MR. MARSCHKE: Could you multiply
19 by the new factor? And so that was really the
20 question here. So when you go before 1973,
21 obviously, nobody had the Report 38 quality

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1 factors, so they must have used the Report²³⁰
2 quality factors, so those are the ones that
3 should have been backed out.

4 MR. SMITH: Right. And the authors
5 here are stating that, you know, they found
6 that 20 and 38 essentially agreed and so they
7 used 38 as the basis to then go forward
8 because of -- there was more extensive data.

9 MR. STIVER: But the actual values
10 weren't significantly different to where it
11 would make any difference -- okay. Okay. I
12 get it. All right.

13 Well, if what Matt is saying is
14 true, then essentially they are close enough.
15 I don't know what kind of differences we are
16 talking about, a percent or two or less. But
17 then again, 38 is based on a more extensive
18 set than your -- essentially, you have the
19 continuity in the values going back beyond
20 that.

21 MR. MARSCHKE: Well, you can look

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1 at the figure there. The only one where ~~they~~²³¹
2 seem to be -- if you go way onto the left
3 side, that seem to be a factor of 2 versus a
4 factor of 3, but the other ones seem to be a
5 lot closer.

6 MR. STIVER: Yes, the others are
7 all basically within the uncertainty.

8 MR. MARSCHKE: Within the
9 uncertainty. So I guess, you know, I would --

10 MR. STIVER: Get down to the
11 thermal energy levels, maybe there might be a
12 little bit of a difference.

13 MR. MARSCHKE: Right. So I really
14 have -- I guess I have no serious misgivings.
15 If they just wanted an explanation, then there
16 is an explanation.

17 MR. STIVER: That's the
18 explanation. I just need to find a way to put
19 it into the BRS.

20 MR. MARSCHKE: Well, again, you
21 know, if the Subcommittee agrees with that

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1 explanation, I think SC&A or myself as ~~the~~
2 generator of this finding, I think, you know,
3 I'm satisfied with it.

4 MR. STIVER: Would you want to go in
5 at some point when you have access and put in
6 another response saying that we accept it
7 based on X, Y and Z?

8 MR. MARSCHKE: If the Subcommittee--
9 - you know, if the Subcommittee accepts this
10 now, then I don't see that there is any reason
11 for us to do that. I mean, you know, this --
12 because the Subcommittee overrides anything
13 that, you know, that we do.

14 MR. STIVER: I mean, just for the
15 record, to have it in there.

16 MEMBER ZIEMER: Well, it's good for
17 the record if you say that you agreed with it.

18 MR. MARSCHKE: Well, what we would
19 do is I would put it in the same statement,
20 basically saying that the Subcommittee, and
21 then as I had indicated before, and SC&A agree

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1 with the NIOSH response and have decided ~~2~~³
2 close the finding.

3 MR. STIVER: Yes, that's all I was
4 saying was something along those lines would
5 be adequate. I would say let's go ahead and
6 close it out.

7 CHAIR MUNN: Very good. We have
8 agreement on resolution. Any comments from
9 any Board Members, any concerns, any
10 questions?

11 MEMBER BEACH: Not from me.

12 MEMBER ZIEMER: No, I'm good with
13 that.

14 CHAIR MUNN: Very good. Let's put
15 that on the list of more to close. That's
16 great. And so doing, we can move on to No. 4.
17 Matt?

18 MR. SMITH: Okay. No. 4 was a
19 comment on the data in the table of OTIB-55
20 pulling out Quality Factor 3 for the early
21 years versus a statement in the Chalk River

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1 document which quotes RBE as being 5. 234

2 I definitely did go back to George
3 Kerr, one of the prime officers on this to get
4 his take on it. And he does point out that,
5 you know, RBE is an empirical value whereas
6 the weighting factor and quality factors are
7 consensus values.

8 I will note that George came up
9 with a reference that is a little bit
10 different than the one that is footnoted on
11 these tables, but you will see in the
12 response, the reference there that he is
13 citing a quality factor of 3 in NCRP Report 20
14 and also in NBS Handbook 63.

15 So the response basically here is
16 that the early consensus quality factor was 3.
17 It probably doesn't assess updating the
18 reference that goes along with that table,
19 that's Table 3-1.

20 CHAIR MUNN: Reactions, SC&A?

21 MR. MARSCHKE: It sounds like it is

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1 in abeyance, if they are going to update ~~the~~
2 reference.

3 CHAIR MUNN: Any other thoughts?

4 MR. MARSCHKE: I would like to
5 check again the reference that they give.
6 Matt, just --

7 MR. STIVER: For the Dose Handbook
8 63?

9 MR. MARSCHKE: Right. I would like
10 to, you know --

11 MR. STIVER: I would like to check
12 that, too, just to make sure that everything
13 is --

14 CHAIR MUNN: All right.

15 MR. MARSCHKE: Yes.

16 CHAIR MUNN: In which case, we will
17 need it to be in progress, right?

18 MR. MARSCHKE: But I'm assuming
19 that, you know, when we check it, it will be
20 as Matt said. And then, you know, it would be
21 in abeyance.

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1 MR. STIVER: Once we check it, it's
2 just a matter of having it incorporated into
3 the document. Yes, we do the in abeyance, at
4 that point.

5 CHAIR MUNN: All right. Then we
6 will check 04 next time. We will leave it on
7 the agenda for your response.

8 MS. MARION-MOSS: Does the status
9 of Finding 4 have to change?

10 MR. MARSCHKE: Change to in
11 progress.

12 CHAIR MUNN: I believe in progress,
13 yes.

14 MS. MARION-MOSS: Thank you.

15 MR. MARSCHKE: Until, you know, we
16 check the --

17 CHAIR MUNN: Right.

18 MR. MARSCHKE: -- Report 20 and
19 Handbook 63.

20 CHAIR MUNN: Very good. We will
21 leave 4 open and we will move on. I'm relying

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1 on you to shift the screen, Steve. 237

2 MR. MARSCHKE: Oh, I'm sorry.

3 Where are we going? We're going to PERs?

4 CHAIR MUNN: I believe unless, I
5 guess, this is the last one, then I should ask
6 whether anyone has any closing thoughts,
7 comments or concerns,

8 MR. MARSCHKE: That is the last.
9 That is the last finding under OTIB-55.

10 CHAIR MUNN: Fine. And we have
11 essentially closed three and have one that is
12 being opened one more round. Wow, references
13 are checked. Other than that, we are done
14 with that one, unless we have some other
15 response from someone.

16 Not hearing any --

17 MR. STIVER: Interested in a
18 comfort break at this point?

19 CHAIR MUNN: We are just about
20 ready for one. Do you want to do that before
21 we start with the next set of PERs?

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1 MS. MARION-MOSS: Yes. 238

2 CHAIR MUNN: All right. Very good.

3 MR. STIVER: I've been overridden.

4 CHAIR MUNN: Let's take -- do you
5 need 15? We can take 15, if you need it. And
6 we will be back at 3:50, right?

7 MR. KATZ: Right.

8 CHAIR MUNN: Very good. We will see
9 you back at 3:50. Bye-bye.

10 MR. MARSCHKE: Bye.

11 (Whereupon, the above-entitled
12 matter went off the record at 3:37 p.m. and
13 resumed at 3:50 p.m.)

14 CHAIR MUNN: Let's begin with the
15 Status Reports on the four PERs that we have
16 listed, the first of which is 33.

17 MR. STIVER: Okay. This is John.
18 33 and 25 are going to get combined. If you
19 remember, this is the Huntington Pilot Plant
20 PERs from different revisions. This is one of
21 the ones that we were doing an updated Site

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1 Profile Review. It was that one and PER-~~38~~³⁹
2 which is Hooker, is another one that we were
3 doing a Site Profile update on.

4 And so I have the analysts who are
5 doing those Site Profile Reviews also slated
6 to do the PERs for obvious reasons. And it
7 looks like we will probably have a Site
8 Profile Review for Huntington is almost
9 complete and so, you know, right on the heels
10 of that will be the PER review.

11 And I believe we will -- shouldn't
12 have any trouble having that ready for the
13 next Board meeting.

14 CHAIR MUNN: Okay.

15 MR. STIVER: The same said for
16 Hooker, the Site Profile Review has been
17 delivered and we are in the process of getting
18 started on the PER. That, too, should be
19 ready by the next Board meeting.

20 37 was --

21 MR. KATZ: Wait, before you --

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1 MR. STIVER: Yes? 240

2 MR. KATZ: John, before we move on,
3 let me just get some clarification from the
4 Subcommittee on this. With Huntington there
5 is no issue. We don't have a Work Group.

6 The Hooker Site Profile was
7 actually done before the Uranium Refining AWE
8 Work Group.

9 MR. STIVER: Right. That will be -
10 - yes, we have the same issue with quorum,
11 whether it will have to be transferred.

12 MR. KATZ: It's not a quorum issue
13 with Hooker, but Hooker I just wanted to
14 confirm since we have, again, a Work Group
15 that has dealt with the Site Profile, I think
16 they should be dealing with the PER review as
17 well except for this, right?

18 MR. STIVER: I would assume so.

19 MR. KATZ: Yes. I'm asking that of
20 the Subcommittee really, because they have to
21 look -- you would refer that to the

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1 Subcommittee -- to the Work Group, the Uranium
2 Refining AWE Work Group.

3 CHAIR MUNN: Yes. I think we have
4 agreed we're going to do that routinely,
5 right?

6 MR. KATZ: Okay. Good.

7 CHAIR MUNN: I think. Although
8 from my perspective, we still need to track
9 these things until they go and we need to
10 identify here in this Subcommittee on the
11 record that that responsibility has gone,
12 because we still have the BRS to see to.

13 MR. KATZ: Right. And we are
14 actually going to try to get other Work Groups
15 to review the BRS. I mean, John's folks at
16 SC&A will be putting stuff into the BRS for
17 Work Groups. I think we can make that all
18 happen.

19 CHAIR MUNN: Hopefully. But for
20 the time being, we will continue to track
21 these four PERS until ultimately they are

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1 closed, but for the time being, we ~~will~~^{will}
2 anticipate seeing Huntington next time and
3 Hooker next time. We will see and then send
4 to the Work Group and go on from there.

5 MR. STIVER: And Ames is -- we are
6 still getting the Site Profile Review finished
7 up. That should be in hand within a couple of
8 weeks and then following on that, then will be
9 the PER review.

10 I'm kind of hesitant to commit to
11 having that in time for the next meeting,
12 although I'll certainly work with Ted and
13 Wanda to keep you apprised of the progress.
14 And if it does look like we are going to have
15 it in time, then we could go ahead and slate
16 it for a discussion.

17 CHAIR MUNN: We will call it a big
18 maybe.

19 MR. STIVER: Big maybe.

20 MS. BEHLING: John, this is Kathy
21 Behling. And Hans and I are working on the

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1 Ames, you know, Site Profile work and TBD. 243
2 believe we should certainly be ready by the
3 next meeting, I'm hoping.

4 CHAIR MUNN: All right.

5 MR. STIVER: And just to kind of
6 backtrack a little bit, 31, which we
7 substituted 11 for, will also be ready for
8 discussion at that meeting.

9 CHAIR MUNN: 31 will be ready.

10 MR. STIVER: And possibly 30 as
11 well, Savannah River Site. We should have
12 something in hand there within -- probably by
13 mid-May.

14 CHAIR MUNN: Okay.

15 MR. STIVER: So we will have a lot
16 of PERS to discuss next time around.

17 MR. KATZ: John, can you remind me
18 to -- one of these -- I'm thinking it was
19 Hooker, but I could be wrong. We discussed
20 the Site Profile Review at the last Board
21 meeting and it was decided in the Board

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1 meeting we wouldn't go on with a PER review²⁴⁴
2 until that Site Profile Review had been
3 reviewed by the Board and a decision was made.

4 MR. STIVER: That was Ames,
5 actually. That was not Hooker.

6 MR. KATZ: Okay. I just wanted to
7 make sure that was clear. So we're not
8 proceeding with a PER on that until we have
9 the Site Profile Review in hand and considered
10 by the Board.

11 MEMBER BEACH: Ted, this is Josie.
12 I believe they were going to put a Work Group
13 together for that one, if I'm not mistaken.

14 MR. KATZ: Yes.

15 MEMBER BEACH: For Ames.

16 MR. KATZ: You're right. You're
17 exactly right, Josie.

18 MR. STIVER: That's right. I
19 recall that now. That should be a Work Group
20 established. Dr. Melius had sent out a
21 notification asking for volunteers, as I

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1 recall.

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2 MR. KATZ: That's right.

3 MR. STIVER: So, you know,
4 committing to a PER review on that would be
5 premature then, at this point.

6 CHAIR MUNN: But for the time
7 being, we will continue, for our purposes, to
8 follow 33, 25, 37 and 38. All right. Any
9 other thoughts, comments? We will hope for
10 all of those, plus 31 and 30, next time. We
11 will see how that goes.

12 MR. STIVER: Like I said, I'll try
13 to keep you apprised if there is any changes
14 in the plans.

15 CHAIR MUNN: Good. Thank you much,
16 John, appreciate it.

17 The next item that we have is OTIB-
18 37. We had three open findings and we were
19 going to get feedback from NIOSH today.

20 MS. MARION-MOSS: Wanda, this is
21 Lori.

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1 CHAIR MUNN: Good. 246

2 MS. MARION-MOSS: It's my
3 understanding that SC&A was waiting for the
4 reissue of the TBD for these particular
5 findings.

6 CHAIR MUNN: I think that's
7 correct.

8 MS. MARION-MOSS: And the TBD has
9 been issued, and I'm just wondering if SC&A
10 had an opportunity to look at it?

11 MR. MARSCHKE: That was the August
12 24th issue, Lori?

13 MS. MARION-MOSS: Yes, it was.

14 MR. MARSCHKE: Okay. Yes, I don't
15 think we looked at it yet.

16 MR. STIVER: Actually, I did get an
17 email from Joyce and she had looked at it and
18 felt as though it had met her concerns. She
19 hasn't written any formal responses yet, so we
20 would have to put those into the BRS.

21 CHAIR MUNN: So --

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1 MR. STIVER: She wasn't able ~~249~~
2 stay on for this part of the discussion, so
3 I'll have to get back in touch with her after,
4 off-line, and then Steve and I can go ahead
5 and upload responses.

6 CHAIR MUNN: So we don't have
7 anything in writing yet on any one of the
8 three?

9 MR. STIVER: We have a verbal
10 commitment, but nothing in writing, at this
11 point.

12 CHAIR MUNN: Okay. We have three
13 outstanding. We will just carry them over.

14 MR. MARSCHKE: Yes, but now it's an
15 SC&A --

16 CHAIR MUNN: Yes, it is.

17 MR. MARSCHKE: -- action as opposed
18 to a NIOSH action.

19 CHAIR MUNN: Got it.

20 MR. STIVER: All right. So it's in
21 our court now.

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1 CHAIR MUNN: Yes. And -- 248

2 MEMBER ZIEMER: Same status we had
3 last time, because at our last meeting the TBD
4 had already been issued and SC&A needed to
5 review it.

6 CHAIR MUNN: Yes. I think that was
7 the case and --

8 MEMBER ZIEMER: Sounds like the
9 review was pretty well done, but not written
10 up yet.

11 CHAIR MUNN: Yes, that's what it
12 sounds like. That's what I hope I'm hearing
13 anyway.

14 MR. STIVER: That is correct.

15 CHAIR MUNN: And the next item then
16 is OTIB-54. A report on the revision that is
17 coming out, we hope.

18 MS. MARION-MOSS: Well, this is
19 Lori again. OTIB-54 is still within the
20 review cycle. During the review cycle, we
21 encountered some technical issues, some

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1 additional issues, so we are currently doing
2 some additional research, so that particular
3 document will possibly have to be carried over
4 as well.

5 Right now, we are -- we have a
6 completion date of the end of May.

7 CHAIR MUNN: Okay. That bodes well
8 for our next meeting, then. We will expect to
9 hear from you on that. Any comments,
10 questions?

11 If not, we are sweeping through the
12 last hour and a half of our meeting very
13 quickly. The next item that we have is IG-
14 003. I am still continuing to search for any
15 indication of where that came from. I have
16 struck out so far every time I have looked,
17 but I'm continuing.

18 I'm not going to take that off yet,
19 because I want to make sure that we have a
20 correct answer. If it's there, I will find
21 it. It's not easy because it is not easy to

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1 search by category always, but I'm looking. 250

2 As far as PER-27, I think Brad
3 knows about that. I think that has been
4 transferred and that will drop off, which
5 brings us up to administrative detail.

6 And that means our next meeting
7 when we are going to have it. Now, we had
8 some discussion earlier this year about going
9 back to our original process in former years
10 of combining some of our meetings with full
11 Board meetings.

12 I expressed some concern, at that
13 time, because we have had difficulty with
14 spreading our staff between our demand and the
15 demands of a Board meeting, but as was pointed
16 out to me, and it's true, we have done it in
17 the past and, apparently, we have managed to
18 succeed and live through it.

19 So the question that is before us
20 is: when is our next meeting? We clearly have
21 things that are going to be done in May and in

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1 June. I would think that we would not want²⁵₅₉
2 schedule anything before, at the very
3 earliest, the last week in June and if we are
4 going to go that late, then should we consider
5 meeting with the Idaho Falls meeting in July
6 or not? I think someone is trying to --
7 needs to comment on that.

8 MR. HINNEFELD: Wanda, who did you
9 say should comment on that?

10 CHAIR MUNN: Yes, please.

11 MR. HINNEFELD: From our
12 standpoint, you know, we have largely
13 telephone participation anyway from ORAU and
14 so I don't see a whole lot of issue with
15 combining it with the Idaho Board meeting. Of
16 course, we won't know for a while what that
17 Board meeting's agenda is and how full it is
18 and how late the Board meeting will go, so it
19 could be sort of a fluid situation in terms of
20 what day would we actually have the --

21 CHAIR MUNN: Well, I think we would

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1 have to assume that we were going to meet ~~the~~
2 day before, rather than the day after, because
3 we won't know whether there is a day after or
4 not.

5 MR. KATZ: Well, this is Ted, hold
6 on, Wanda.

7 CHAIR MUNN: Okay.

8 MR. KATZ: Can you hear me? So
9 it's not looking to me, although, you know, I
10 don't have enough information to even do a
11 tentative schedule yet for the Board meeting,
12 but I'm not thinking it's likely at all that
13 we have a two and a half day Board meeting.

14 So actually, it doesn't hurt to
15 occur before the Board meeting, if we are
16 going to pair it up with the Board meeting.

17 CHAIR MUNN: You are saying we
18 should do it on the 18th if everybody wants to
19 do it on the 18th?

20 MR. KATZ: No, or the 17th. I
21 mean, it just depends on -- I don't know how

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1 long the Board meeting is going to be yet, 259
2 that's why I think it's kind of fluid as to
3 what the Board meeting will be.

4 So I mean, that's one possibility.
5 I don't -- I mean, yes, that's one
6 possibility. I'm not sure there is a huge
7 advantage in -- I mean, that makes it easy for
8 the Board Members, because they are already
9 there, if they want to attend a day at the
10 Subcommittee meeting if they're there.

11 But I think this also was pretty
12 easy today and this can be scheduled, you
13 know, anytime. So in other words, doing this
14 by teleconference at Live Meeting.

15 CHAIR MUNN: Well, I'm pleased that
16 it was easy for others. It was not easy for
17 me.

18 And I don't anticipate that magic
19 is going to happen in the meantime, but that's
20 fine. My preference personally would still be
21 to do this at some other time, but if it is

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1 the Subcommittee's desire that we do it ⁱⁿ~~254~~
2 conjunction with the Idaho Falls meeting, then
3 that or we can -- I guess I need response from
4 someone else.

5 Would you rather that we move
6 decisively into this telephonic kind of
7 meeting or would you prefer, as I would, that
8 we have face-to-face meetings in Cincinnati
9 when we have this kind of agenda to address?

10 You know, I have expressed myself
11 fairly frequently. What's new about that?
12 Nothing. Okay. But I am not hearing from
13 Josie and Paul and need to do that, I think.

14 MEMBER ZIEMER: Okay. This is
15 Ziemer. Either way I will only be there by
16 phone. I won't be allowed to participate in
17 the meeting directly because --

18 CHAIR MUNN: Yes.

19 MEMBER ZIEMER: -- of medical
20 reasons.

21 CHAIR MUNN: Right. Josie?

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1 MEMBER BEACH: I am fine either²⁵⁵
2 way. The phone works, but also face-to-face
3 is fine, so --

4 MR. KATZ: And this is Ted. I
5 mean, I think as long as it's functional,
6 which I think it was very functional today, I
7 mean, despite -- and again, part of your
8 problem, Wanda, are computer problems which
9 can be fixed actually. They are individual,
10 but they are not a problem with the system.

11 But the Board is having to save
12 some money here and there and one of the main
13 ways it can do this is through cutting out
14 travel that isn't necessary. And while there
15 are some groups that need to meet face-to-
16 face, I think it actually is quite practical
17 for this group to meet, you know,
18 telephonically with Live Meeting.

19 So I mean, the Idaho meeting is
20 sort of a separate case. We are going to be
21 out there already and it's another group that

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1 is lined up for whatever. If we have a ~~day~~
2 free, basically, because we don't need all
3 that time for the Board meeting, then that
4 might work because it's not going to -- we are
5 not going to incur any special costs from
6 that.

7 But in general, going forward, I
8 think it makes sense for this Procedures Work
9 Group to meet by telephone and by Live Meeting
10 at least most of the time.

11 MR. HINNEFELD: Yes, this is Stu.
12 If I could offer from a programmatic
13 standpoint, we are in a situation where money
14 we spend -- you know, it's much more severely
15 this year than in previous years. Money we
16 spend on things like travel is going to be
17 subtracted from the work we can do
18 programmatically.

19 And from our standpoint, the remote
20 meetings are -- it's really important for us
21 to move as much as possible to the on-line

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1 meeting format. 257

2 Now, having said that, I think
3 something to consider might be shorter and
4 maybe more frequent on-line meetings, because
5 it, from our standpoint also, it's less
6 disruptive to spend half a day in a meeting
7 than it is all day. And when people are --
8 when you are traveling people across the
9 country to meet, then it makes sense, well, if
10 you are going to do that, go to that trouble
11 and that expense, let's get our day's worth
12 and make a whole day meeting.

13 But if you are meeting on-line, I
14 think we can relook at the paradigm of doing,
15 you know, eight-hour meetings and maybe do
16 half day meetings, which I think fits the
17 daylight schedule, the time of day schedule
18 more readily for all of us since we are spread
19 across the country and also is somewhat less
20 of an imposition on the daily work of us and
21 our contractors.

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1 MR. KATZ: That's a great point,
2 Stu. I think that is worth considering for
3 the Subcommittee to do.

4 CHAIR MUNN: So what do I hear as a
5 suggestion for our next meeting? What and
6 where?

7 MR. HINNEFELD: Well, as always,
8 the Institute will do what the Board and the
9 Work Groups and the Subcommittees want to do.

10 I think the suggestion would be
11 toward the latter part of June, the last half
12 of June sometime and a short -- maybe don't
13 plan to do eight hours, plan to do four hours,
14 because we have some things remaining from
15 today that we couldn't finish that may be
16 moved along and we will have some things to
17 work on.

18 CHAIR MUNN: Taking Stu's
19 suggestion to heart, how about the 20th of
20 June, Thursday?

21 MR. HINNEFELD: As a personal

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1 matter, I prefer not to do it on a Thursday,
2 but I can.

3 CHAIR MUNN: Okay. What about the
4 18th, Tuesday, or the 25th, Tuesday?

5 MR. KATZ: I have to schedule -- I
6 have Work Group meetings to schedule for the
7 17th through the 19th. I have to hold off on
8 until I've sorted out the Work Group's date.

9 MR. HINNEFELD: I can do the 20th
10 if need be.

11 MEMBER BEACH: Wanda, this is
12 Josie. I am available the 20th. However, I'm
13 not available the last week of June.

14 CHAIR MUNN: Okay.

15 MR. HINNEFELD: And if we are doing
16 it on-line the 21st might work, too.

17 MR. KATZ: Yes, what about the
18 21st? How about the 21st?

19 MEMBER ZIEMER: I can't do the
20 21st.

21 MR. KATZ: Okay.

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1 MEMBER BEACH: I have a conflict ~~2:40~~
2 the morning of the 21st.

3 MR. HINNEFELD: Well, okay, back to
4 the 20th, I guess.

5 MEMBER ZIEMER: Okay. I can do any
6 other day in the week of the 17th or the week
7 of the 24th.

8 CHAIR MUNN: Okay. Well, Josie
9 said she can't do the 24th and so that --

10 MEMBER ZIEMER: That week?

11 CHAIR MUNN: Yes. She can't do that
12 week.

13 MEMBER BEACH: That whole week.

14 CHAIR MUNN: So she is out.

15 MEMBER ZIEMER: I got you.

16 MR. HINNEFELD: Wait a minute. The
17 20th, I would have to --

18 CHAIR MUNN: Well, that's too
19 complicated already.

20 MR. HINNEFELD: The 20th is going
21 to be hard for me in the morning.

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1 CHAIR MUNN: Yes, we need to ~~give~~
2 up on the 20th. So we have given up on the
3 20th and 21st. And Ted has the 17th and 19th
4 tied up, which is --

5 MR. KATZ: Yes, that would be the
6 17th, 18th and 19th. Let me -- I could probably
7 peel away the 19th if I need to.

8 CHAIR MUNN: That's all right.

9 MR. KATZ: But I shouldn't yet. I
10 shouldn't yet.

11 CHAIR MUNN: No, don't mess yourself
12 up. There is no point in doing that.

13 MEMBER BEACH: What about the first
14 week of July, Wanda? I know it's a holiday
15 week on the 4th. What about the 1st, 2nd or 3rd?

16 CHAIR MUNN: Well, it doesn't
17 matter to me. The 2nd would be fine for me.

18 MEMBER BEACH: That's fine for me
19 as well.

20 CHAIR MUNN: Paul?

21 MR. KATZ: That's no problem for

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1 me. How is that for Paul? 262

2 MEMBER ZIEMER: Actually, I am in
3 therapy all week that week.

4 CHAIR MUNN: Okay. We don't want
5 to do that. It is beginning to look to me as
6 though we would be wise to schedule this
7 behind Idaho Falls, if we are going to be
8 there anyway.

9 MR. KATZ: Well, we have to --
10 okay. But we have the week of July 8th, too.

11 CHAIR MUNN: Yes. But again, my
12 concern is whether or not the staff is going
13 to be able to devote time and energy the week
14 before a Board meeting.

15 MR. STIVER: I also just want to
16 point out the week of July 8th is the HPS
17 meeting.

18 MR. KATZ: Oh, okay.

19 CHAIR MUNN: Which makes it bad for
20 three-quarters of the people involved.

21 MR. STIVER: It would be bad for me

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1 because I need to go out there. This ~~20~~
2 Stiver.

3 CHAIR MUNN: Yes. Can we say that
4 we are going to meet with the Idaho Falls
5 meeting? And leave -- we are assuming that we
6 will meet on the 18th?

7 MEMBER BEACH: Or the 16th.

8 MR. KATZ: But the Subcommittee
9 won't be the 15th, because that will be the
10 Board meeting.

11 MR. HINNEFELD: Working on the 16th
12 would mean we'd need to --

13 CHAIR MUNN: Yes, the 16th is when
14 the Board starts.

15 MR. HINNEFELD: -- travel on Sunday
16 to be there on the 15th.

17 CHAIR MUNN: Yes. Or we can assume
18 that if we are going to have a one and a half
19 day meeting, that no one is going to fall
20 apart over the fact that we get a break
21 between, a few hour break between the end of

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1 the Board meeting and the beginning of ~~our~~
2 meeting the next day.

3 MEMBER BEACH: That would work for
4 me.

5 CHAIR MUNN: We are going to be
6 there anyway. And our key folks will be
7 there. Hopefully, others can be there or be
8 on the phone.

9 Steve, can you make it on the 18th?
10 Have we lost Marschke?

11 MR. STIVER: Still out there,
12 Steve? He's probably muted.

13 CHAIR MUNN: We have lost Steve.

14 MR. KATZ: It's okay. I mean, staff
15 can join by teleconference, so unless Steve
16 has a holiday planned for that week, but I
17 have to follow up anyway with Dick as well.
18 He is not on the call.

19 CHAIR MUNN: Yes.

20 MR. KATZ: So I can see about
21 availability for the 18th. And again, I can't

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1 commit to that, at this point, because I don't
2 know about the Board meeting itself, but
3 anyway, I can pencil this in, check with Dick,
4 check with Steve and we will see.

5 We won't actually settle this for a
6 little while yet, because the Board meeting
7 won't be settled for a little while yet.

8 CHAIR MUNN: All right. That's
9 good.

10 MR. KATZ: Okay.

11 CHAIR MUNN: Do we have any other
12 items which need to be addressed or which need
13 to be anticipated for the next agenda item?

14 If not, then we are adjourned at,
15 what, 5:15 your time, right? No, 4:15 your
16 time.

17 MR. KATZ: Yes.

18 CHAIR MUNN: Very good. We will
19 see you in Idaho Falls.

20 (Whereupon, the teleconference
21 meeting was concluded at 4:15 p.m.)

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