

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

+ + + + +

ADVISORY BOARD ON RADIATION AND
WORKER HEALTH

+ + + + +

SUBCOMMITTEE ON DOSE RECONSTRUCTION REVIEWS

+ + + + +

MONDAY
SEPTEMBER 30, 2013

+ + + + +

The Subcommittee convened via teleconference at 10:00 a.m., Eastern Daylight Time, David Kotelchuck, Chairman, presiding.

PRESENT:

- DAVID KOTELCHUCK, Chairman
- BRADLEY P. CLAWSON, Member
- MARK GRIFFON, Member
- WANDA I. MUNN, Member
- JOHN W. POSTON, SR., Member
- DAVID B. RICHARDSON, Member

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ALSO PRESENT:

TED KATZ, Designated Federal Official
NANCY ADAMS, NIOSH Contractor
KATHY BEHLING, SC&A
LIZ BRACKETT, HHS
RON BUCHANAN, SC&A
GRADY CALHOUN, DCAS
DOUGLAS FARVER, SC&A
ROSE GOGLIOTTI, SC&A
DEKEELY HARTSFIELD, HHS
JENNY LIN, HHS
JOHN MAURO, SC&A
JODIE PHILLIPS, ORAU Team
MUTTY SHARFI, ORAU Team
SCOTT SIEBERT, ORAU Team
MATTHEW SMITH, ORAU Team
JOHN STIVER, SC&A

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

2 10:01 a.m.

3 MR. KATZ: It's time to start.

4 Let's begin and give our try at roll call, make
5 sure we have our Board Members.

6 For everyone involved, we are
7 speaking potentially about a number of sites
8 today: Rocky Flats, Los Alamos, Paducah,
9 Portsmouth and Fernald. And none of our
10 Subcommittee Members have conflicts on any of
11 those sites. So we don't need to run through
12 conflict of interest for these sites for the
13 Board Members. But that may not be the case for
14 staff and so on. So please still speak to that
15 for staff. But I'm just covering the Board
16 Members on this.

17 So, let's begin roll call.

18 (Roll call.)

19 Okay. There is an agenda for the
20 meeting. It is probably not posted. I have
21 circulated it to the core staff at least and
22 Board Members. I thought I had circulated it

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1 earlier, but I dropped the ball on that, but I
2 circulated it this morning.

3 And then all sorts of materials have
4 been distributed by SC&A and NIOSH.

5 So, Dave, it's your agenda.

6 CHAIRMAN KOTELCHUCK: Okay. Now I
7 see that we added one item on the agenda,
8 progress report on blind reviews. Who might be
9 speaking to that?

10 MR. KATZ: That would be Grady.

11 MR. CALHOUN: That would be Grady,
12 and our progress is that we still only have two
13 more completed since the very last time that we
14 discussed these. So there is nothing new on
15 this. That is where we are at this point.

16 CHAIRMAN KOTELCHUCK: Very good.
17 How many in total is that that we have? Two more
18 were completed, which gives us a total of?

19 MR. CALHOUN: I will have to look
20 that up there, Dave. Let me check into that.

21 CHAIRMAN KOTELCHUCK: Okay. No
22 urgency. I was just curious. Okay.

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1 MR. CALHOUN: Once I get around ten
2 new ones, I will make a whole new presentation
3 to the Board, or to the Work Group, and have a
4 new assessment.

5 CHAIRMAN KOTELCHUCK: Okay. That
6 sounds good.

7 MR. KATZ: Can I just check with
8 Grady also? Do you sense by the next meeting
9 or are these bottled up for some reason?

10 MR. CALHOUN: They are not bottled
11 up for any reason other than they are not a very
12 high priority for us. We obviously are going to
13 focus on actual dose reconstructions and SEC
14 products before we get into those. So they are
15 kind of like something that we pick when we can,
16 given the fact that we have so many layers of
17 other QC involved with our program.

18 MR. KATZ: Okay. In other words,
19 has this been held up a bit because of
20 sequestration?

21 MR. CALHOUN: Maybe. I would say
22 that that probably had something to do with it

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1 and, also, the fact that we have got the new tools
2 that we haven't really dived into yet either. I
3 know that SC&A has started looking at using those
4 tools, but we wanted to get our guys trained up
5 to those, too, because they would help us. But
6 that is part of it. There's a few things driving
7 it. I would say the biggest thing is that it is
8 just not a pressing matter for us.

9 MR. KATZ: Okay. Thanks, Grady.

10 MEMBER CLAWSON: This is Brad. I'm
11 on the line.

12 MR. KATZ: Oh, welcome, Brad.

13 CHAIRMAN KOTELCHUCK: Very good.
14 Welcome, Brad.

15 MR. KATZ: Brad, for the record, we
16 just went through conflicts. You don't have
17 conflicts for Rocky Flats, Los Alamos, Paducah,
18 Portsmouth or Fernald. So okay.

19 CHAIRMAN KOTELCHUCK: Very good.

20 MR. KATZ: Go ahead, David.

21 CHAIRMAN KOTELCHUCK: Okay. So,
22 we should begin on Set 9. We just have a few left

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1 on that. What is it, two or five, Doug? I
2 forget how many. I saw your note the other day.

3 MR. FARVER: This is Doug Farver.
4 We have got two findings that are open. They
5 both have to do with Huntington Pilot Plant,
6 185.6, and I think it is the next one down, 185.7.

7 CHAIRMAN KOTELCHUCK: Okay. Can
8 we have that on the screen?

9 MR. STIVER: This is John Stiver.
10 I'm bringing it up here.

11 CHAIRMAN KOTELCHUCK: Thank you.
12 Good. Okay. It is on our screens. Let's go
13 ahead, 185. Oh, yes, it's rolling in.

14 MEMBER MUNN: I am not getting it on
15 my screen yet.

16 CHAIRMAN KOTELCHUCK: Okay. Well,
17 we're not there yet, 185.6 and then seven.
18 There were go; 185.6 is on my screen. I trust,
19 Wanda, it's on yours?

20 MEMBER MUNN: Not yet.

21 CHAIRMAN KOTELCHUCK: Okay. We'll
22 wait just a moment.

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1 MEMBER MUNN: I don't know why. I
2 can see attendees, but I'm not --

3 CHAIRMAN KOTELCHUCK: Okay. Well,
4 I'll give folks a chance to read, myself
5 included, the discussion about that, starting
6 with significant underestimate of airborne dust
7 loading to which this particular worker may have
8 been exposed --

9 MR. FARVER: Right. This goes back
10 a ways. Well, it really goes back to Set 8,
11 where we reviewed the Huntington Pilot Plant's
12 Site Profile. If you look over in the
13 right-hand column, you can see, starting in
14 March of 2013, we started talking about this.

15 CHAIRMAN KOTELCHUCK: Yes.

16 MR. FARVER: And it goes down
17 further, and I believe Steve Marschke wrote
18 another report on a review of when they revised
19 the Site Profile. And in that, he had a couple
20 of findings that we never closed out or never
21 fully discussed.

22 And what we came up with was NIOSH

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1 would like to go back and look at that report and
2 provide some kind of input on that. So, really
3 both of these findings relate to issues that had
4 to do with the TBD from past items.

5 CHAIRMAN KOTELCHUCK: Yes.

6 MR. FARVER: And I don't know if
7 Grady is prepared to talk about this or not.

8 MR. CALHOUN: I don't think that we
9 have provided a formal response, but I really
10 thought that 185.6 we had closed in our last
11 meeting, that topic at least.

12 MR. FARVER: No, we closed some of
13 the earlier ones of the 185 --

14 MR. CALHOUN: Around the airborne
15 estimate.

16 CHAIRMAN KOTELCHUCK: Grady, would
17 it be possible, since this is Set 9, way back,
18 is it possible that we could postpone this until
19 toward the end of the meeting and, then, at some
20 time during one of the breaks that you might have
21 a chance to look at it and be willing to comment?
22 Or do we just have to postpone yet again?

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1 MR. CALHOUN: Let's try that. And
2 I will tell you quite candidly that it is not
3 going to be me that looks at it. I'm going to
4 shoot it off to somebody else who's the expert
5 in this TBD.

6 CHAIRMAN KOTELCHUCK: Well, that
7 would be excellent because, hopefully, that
8 person is not irrevocably committed to doing
9 something else today and will have a chance to
10 look it over and report back.

11 So, let us move it down on our
12 agenda. Is there the same issue for 185.7,
13 Doug?

14 MR. FARVER: No. If you go back and
15 look at Steve Marschke's report, he identified
16 several findings.

17 CHAIRMAN KOTELCHUCK: Yes.

18 MR. FARVER: And 185.6 concerns
19 Findings 5 and 6 of his report. 185.7 concerns
20 Finding 1 of his report.

21 CHAIRMAN KOTELCHUCK: Right.
22 Modeled intake values failed to consider

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1 radionuclides other than uranium.

2 MR. FARVER: So, I would recommend,
3 if Grady has someone look at these, to look at
4 those specific findings, 1, 5, and 6, and kind
5 of see what their input is on that.

6 CHAIRMAN KOTELCHUCK: Okay. That
7 sounds fine. And we will come back to it at the
8 end of the day after we close some other ones.
9 Let's say this: I would love to close out nine,
10 but, obviously, it cannot be that we simply give
11 something to somebody and that they look at it
12 and -- put it this way: I don't consider it
13 obligatory that there be a report, a confirmed
14 report, from NIOSH by the end of the day. But,
15 if that were possible, it would be wonderful, so
16 that we don't have to postpone the closing out
17 of nine.

18 That said, let's move on to the Set
19 10 with Rocky Flats. What do we have? Is that
20 not closed?

21 MR. FARVER: No. We stopped at
22 320.5.

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1 CHAIRMAN KOTELCHUCK: Yes.

2 MR. FARVER: So, we have, I believe
3 it is five more findings.

4 CHAIRMAN KOTELCHUCK: Okay. Oh,
5 yes, five, right. Okay. I remember that
6 number. Okay. Sets 10 through 13, Rocky
7 Flats.

8 MR. FARVER: And this was where
9 NIOSH had provided responses. We just never got
10 to discussing the issue.

11 CHAIRMAN KOTELCHUCK: Okay. Yes,
12 I saw that. Alright. This is rolling on our
13 screen now.

14 MR. STIVER: Did you say 320.5?

15 MR. FARVER: 320.5 is where we left
16 off. So we will be starting at 321.1.

17 CHAIRMAN KOTELCHUCK: Okay. Good.

18 MR. STIVER: And this is on RFP. Do
19 you know what page it is supposed to be on,
20 because we are going from 301 here to 327?

21 MS. BRACKETT: It looks like it's on
22 page 33.

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1 MR. SIEBERT: Yes, the problem is
2 all the Rocky's are first -- this is Scott -- all
3 the Rocky's are first and, then, all the LANLs
4 were near the end of the document in the LANLs.

5 MR. STIVER: Okay. It's 33?
6 Okay. Here we go. Finally.

7 CHAIRMAN KOTELCHUCK: Almost
8 there.

9 MR. STIVER: It should be on the
10 screen now.

11 CHAIRMAN KOTELCHUCK: I have 320.5
12 on the screen, which was the last one completed.

13 MR. STIVER: Alright.

14 CHAIRMAN KOTELCHUCK: One more
15 screen down. There, 321.1. There we go.

16 MR. STIVER: It is kind of slow on
17 my end here. Alright. There we go.

18 CHAIRMAN KOTELCHUCK: No problem.

19 MR. FARVER: Okay. The first one
20 is pretty simple, 321.1. Incorrectly assigned
21 a shallow dose as a deep dose for one year.
22 NIOSH agrees that it was incorrectly applied.

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1 And basically, it is a QA issue, and we would
2 suggest closing the finding, unless someone has
3 a good idea of what else to do about it.

4 CHAIRMAN KOTELCHUCK: Thoughts
5 anyone?

6 COURT REPORTER: This is the Court
7 Reporter. Could the last speaker identify
8 himself?

9 MR. FARVER: Doug Farver.

10 CHAIRMAN KOTELCHUCK: So this is a
11 QA concern, but it seems that it was an error and
12 it was found. I'm not quite sure what we are
13 supposed to do with it.

14 MR. FARVER: Oh, you just say no
15 further action; suggest closing it.

16 CHAIRMAN KOTELCHUCK: Okay. I'm
17 more than open. In fact, it says close on there.

18 MR. FARVER: For a recommendation
19 and, then, the --

20 CHAIRMAN KOTELCHUCK: Got it.
21 Let's close it. Okay, fine. Okay.

22 321.2.

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1 MR. FARVER: Okay.

2 CHAIRMAN KOTELCHUCK: Correct
3 number of missed doses was 66 instead of 68.

4 MR. FARVER: Yes.

5 CHAIRMAN KOTELCHUCK: Again, there
6 was an error. That is a matter of concern. But
7 there's nothing that this Committee needs to do
8 further. It sounds to me that it should be
9 closed.

10 MR. FARVER: Okay.

11 CHAIRMAN KOTELCHUCK: Alright.

12 MR. FARVER: This is Doug. Give me
13 a second here. I'm updating the matrix.

14 CHAIRMAN KOTELCHUCK: Yes.
15 Surely.

16 MR. FARVER: Okay. This is Doug
17 again. We go down to the third finding, 321.3.

18 CHAIRMAN KOTELCHUCK: Yes.

19 MR. FARVER: They used a larger
20 intake value than -- the actual intake value they
21 used was larger than what they said they used.

22 CHAIRMAN KOTELCHUCK: Aha. Again,

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1 it was a straightforward error, a QA concern.
2 We should close. Yes, folks?

3 (No response.)

4 It doesn't seem like there is an
5 issue for the Subcommittee, unless someone wants
6 to raise something.

7 MEMBER CLAWSON: This is Brad
8 speaking. This is on Huntington, right? I'm
9 still trying to get all my stuff going.

10 One of our concerns on this was we
11 have had very few of these done, and that if we
12 were seeing these kinds of errors, have we
13 checked to make sure that this hasn't happened
14 on the other ones at the same site. That's what
15 some of the issues of this QA problem are. It
16 is we are doing a very small spot-sampling, and
17 how are we assured that these things aren't going
18 to happen?

19 CHAIRMAN KOTELCHUCK: Right.

20 MEMBER CLAWSON: That is part of the
21 issue.

22 MR. FARVER: This is Doug. This is

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1 for Los Alamos.

2 MEMBER CLAWSON: Okay. Okay.

3 MR. FARVER: But, still, I mean,
4 your concern is valid here. I mean, we have got
5 three findings we have talked about and each one
6 is a QA concern on the same case.

7 CHAIRMAN KOTELCHUCK: Yes.

8 MEMBER CLAWSON: Yes, and this is
9 part of the issue that comes up with QA. I don't
10 want to just, yes, if it is a QA issue, go on with
11 it. The thing is, what are we doing to make sure
12 that these aren't in? And you know, a lot of
13 times, I will be honest, a lot of these have been
14 earlier ones.

15 I'm still trying to get all my stuff
16 up. I apologize.

17 But the thing is that NIOSH has taken
18 steps to correct these, but is that the case or
19 not? I guess that is my question, Doug. Are
20 these an older case or are these a newer one?
21 And what contributed to these QA problems,
22 because they are an issue. You know, we are

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1 doing a very, very small spot-sampling. To find
2 these kinds of issues kind of gives me a red flag.

3 CHAIRMAN KOTELCHUCK: Yes, well
4 taken.

5 MR. FARVER: Well, and it gives us
6 a red flag, too, because we feel that some of
7 these should have been caught. For example,
8 this one, we have talked about the intake was
9 different. Well, that is a matter of reading
10 your report and looking at what was done and say
11 they don't match up. So, from our point of view,
12 we feel a lot of these should have been caught.

13 MEMBER CLAWSON: And, Doug, that is
14 my issue, and I'm not trying to step into your
15 place there, Dave, but --

16 CHAIRMAN KOTELCHUCK: Please do.

17 MEMBER CLAWSON: -- we are looking
18 at this, and, yes, these are QA concerns, but I
19 am agreeing with Doug, these should have -- I
20 want to know how come these got missed like this.

21 CHAIRMAN KOTELCHUCK: Right.

22 MEMBER CLAWSON: This is, I guess,

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1 because I am starting to look at, were we lucky
2 and we hit the one that they messed up on or is
3 this a bigger issue at this site. Is there
4 something in their tool that is missing that they
5 didn't see this? And I thought all the tools
6 that we have changed so much that, you know, it
7 really changed a lot of things.

8 CHAIRMAN KOTELCHUCK: Yes.

9 MEMBER CLAWSON: Doug, is this an
10 older case that has been run or is this one of
11 the newer ones?

12 MR. FARVER: I'm trying to find a
13 date on it.

14 MR. SIEBERT: This is Scott.

15 It's from 2007.

16 MR. FARVER: Okay.

17 MEMBER CLAWSON: Okay.

18 MR. SIEBERT: So, it is pretty old.

19 CHAIRMAN KOTELCHUCK: Well, Scott,
20 when you or when folks from NIOSH find problems
21 like this, what is your standard procedure? We
22 identify something that is a QA problem.

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1 MR. SIEBERT: Generally, what I do
2 is I go through the responses that we have, and
3 then, when we are seeing these types of QA
4 issues, look through the whole process and see
5 if it seems to be some sort of systematic issue,
6 which we have run into those in the past and we
7 have fixed in the tools, as you well know.

8 CHAIRMAN KOTELCHUCK: Yes.

9 MR. SIEBERT: Or, if it seems to be
10 a one-off that automation may not be able to
11 correct as well, in which case we will send out
12 reminders to the dose reconstructors as well as
13 the peer reviewers to be watching these types of
14 cross-checks as well.

15 CHAIRMAN KOTELCHUCK: Okay. And
16 when you are saying you review other similar
17 ones, we are talking about other similar ones at
18 that facility, right?

19 MR. SIEBERT: In general.

20 CHAIRMAN KOTELCHUCK: Yes. Yes.
21 Well, the concern is -- I appreciate, Brad, that
22 you raise that because that is in our purview

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1 when these start springing up.

2 But, beyond that, I think that is a
3 concern. It has been raised here at the
4 meeting. It will be on the transcript. But I
5 think in terms of closing for us, I think
6 probably we just need to go ahead and close this.
7 Would you agree, Brad?

8 MEMBER CLAWSON: Hello. Can you
9 hear me?

10 CHAIRMAN KOTELCHUCK: Yes, we
11 certainly can.

12 MEMBER CLAWSON: Okay. I'm sorry.
13 I had my mute button on, but I can't remember
14 which way it goes.

15 CHAIRMAN KOTELCHUCK: Alright.

16 MEMBER CLAWSON: I agree with you.
17 I agree with you on that. The only thing that
18 I want to be able -- what I want is that we have
19 looked at this, that we address this, and if we
20 continue to see this issue, that we keep this in
21 the back of our mind. Because, to me, these are
22 some serious ones. These are some serious QAs

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1 that I don't see how they can be missed.

2 But I agree with you that that's
3 fine; we can move on. I just want to keep in the
4 back of our minds that we have seen these and just
5 get them documented, that these are issues.

6 CHAIRMAN KOTELCHUCK: Right,
7 right. Let me ask you, Brad -- well,
8 others -- we are looking at a number of them from
9 this facility. Now we are looking at the last
10 ones, and the last ones, if you will, may be the
11 hardest. But the question is, looking at the
12 whole group that we have selected in this
13 facility, have we had a high percentage of QAs,
14 right? We are looking at Rocky Flats, right?

15 MEMBER CLAWSON: Well --

16 CHAIRMAN KOTELCHUCK: Hello. We
17 hear you.

18 MEMBER CLAWSON: Yes. Yes, I
19 thought one of these was Los Alamos.

20 CHAIRMAN KOTELCHUCK: No, actually
21 somebody said it was Los Alamos, and I'm sorry,
22 I thought we were starting with Rocky Flats.

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1 MR. FARVER: No, no. This is Doug.
2 This is Los Alamos. The cases were Rocky Flats
3 and Los Alamos. All the Rocky Flats are closed
4 out.

5 CHAIRMAN KOTELCHUCK: Oh, okay.
6 Alright.

7 MR. FARVER: Half of the matrix was
8 the Rocky Flats, and then they went into the Los
9 Alamos ones. I'm sorry, I should have clarified
10 that.

11 CHAIRMAN KOTELCHUCK: No, no,
12 that's okay. I thought that I saw that one of
13 the plants was finished, and that was Rocky
14 Flats. And we are on Los Alamos. No, it's my
15 mistake.

16 MEMBER MUNN: This is Wanda.

17 CHAIRMAN KOTELCHUCK: Yes?

18 MEMBER MUNN: I have a suggestion.
19 Regardless of what site it is, our real concern
20 here is whether or not we have a major QA issue,
21 right?

22 CHAIRMAN KOTELCHUCK: Right.

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1 MEMBER MUNN: We certainly have the
2 capacity to search our database and identify how
3 many of these have been called out as QA issues.
4 We shouldn't have any difficulty in reviewing
5 our database, identifying what the number of QA
6 issues is, and having a discussion on whether or
7 not these are the same types of errors, whether
8 they are differing errors, or whether they are,
9 in fact, something that we, as a Subcommittee,
10 need to be addressing. Can't we just simply do
11 that?

12 I would like to rely on the back of
13 Brad's memory to call these things up because I'm
14 quite sure his memory is superior to mine, but
15 that doesn't change the fact that I think we have
16 a fairly straightforward method of identifying
17 how large our concern needs to be. I just don't
18 think we have called that out. I don't think we
19 have done that.

20 CHAIRMAN KOTELCHUCK: Yes.

21 MEMBER RICHARDSON: This is David
22 Richardson.

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1 As a response to that one, I think
2 this was something that was reviewed in the
3 10-year report, at least --

4 MEMBER MUNN: I believe it was, too.

5 MEMBER RICHARDSON: -- for the
6 first set. And they described sort of the
7 magnitude of the QA issue.

8 MEMBER MUNN: Yes.

9 CHAIRMAN KOTELCHUCK: I don't
10 recall what was said.

11 MEMBER MUNN: And I don't, either.
12 I recall that there was a topic, but I don't
13 remember whether there was an opinion or whether
14 there was --

15 MEMBER CLAWSON: This is Brad
16 speaking. In the 10-year review, they just
17 talked about the QA issues and that we were
18 trying to work around it, you know, kind of
19 giving a path forward and stuff.

20 Wanda, you're absolutely right, and
21 I don't want to rely on my memory because it is
22 getting foggy, too. But I just wanted to make

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1 sure that we are looking at these in the right
2 situation because QA has been a big issue. In
3 my opinion, that is one of the main reasons why
4 we're looking at so many of these, to make sure
5 that they are done right.

6 And I agree with Wanda that we should
7 have a database that we can go back and take a
8 look at and see how many QA issues we are having
9 and see if this is a site problem or see if this
10 is another problem. And I guess I was going to
11 kind of fall down into Doug's area there because
12 I don't know if I know where that database is at.

13 But I agree. I just want to make
14 sure that we just don't casually go over these
15 and just go, yes, okay, they have found a
16 response that makes you go on.

17 CHAIRMAN KOTELCHUCK: Right.

18 MEMBER CLAWSON: That was my only
19 thing.

20 CHAIRMAN KOTELCHUCK: Right. We
21 can consult the 10-year review, but we are
22 meeting now, and I think that the question is,

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1 first, in my mind, Wanda, are we talking about
2 reviewing the entire database for Los Alamos
3 National Lab or are you talking about reviewing
4 the particular selections that we're looking at,
5 the 1 percent of cases that we're reviewing in
6 this Committee?

7 MEMBER MUNN: I am talking about the
8 items that we have on our current matrices, which
9 are the items we have identified as those we as
10 a Subcommittee are looking at.

11 CHAIRMAN KOTELCHUCK: Okay. Good.

12 MEMBER MUNN: We should be able to
13 at any time pull up that matrix, and for our own
14 benefit identify that we are now going to look
15 at all items that were closed as QA items on, for
16 example, Set 9. We should be able to do that and
17 review it as a Subcommittee and proceed as we
18 choose, once we have identified the types of
19 errors that we have put into the QA box.

20 CHAIRMAN KOTELCHUCK: Right. And
21 we have a Table 2 in front of us.

22 MR. STIVER: Yes, this is John

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1 Stiver.

2 I just want to sort of give a
3 backstory. A couple of years ago -- I believe
4 it was back in 2011 -- we were kind of struggling
5 with how best to expedite a findings
6 resolution --

7 MEMBER MUNN: Right.

8 MR. STIVER: -- because it gives us
9 problems. There is such a huge backlog.

10 One of the other things we had talked
11 about was trying to group them by finding type
12 or finding category. And we had tried, I
13 believe, Category A and found that, really, it
14 wasn't any more expeditious to go that route than
15 to just group them by site, because, you know,
16 typically, you find a lot of the same kind of
17 recurring problems at a given site.

18 And so, that is kind of where we are
19 at this point. This is basically, this Table 2
20 is the Set 10 to 13. And you can see Type E is
21 the QA concern.

22 CHAIRMAN KOTELCHUCK: Aha.

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1 MR. STIVER: If we look at the
2 totals, that is 27 out of 171. It is not the
3 highest proportion really.

4 In this particular Los Alamos I
5 think we have got right here, as you can see,
6 three findings of the QA variety, which are the
7 ones that we're looking at right this minute.

8 MEMBER MUNN: No, we don't show any
9 of them under Category A.

10 MR. STIVER: Also, in the last
11 couple of years -- I mean, keep in mind this is
12 a 2007 case -- they have their own internal QA
13 program.

14 I don't know, maybe Grady could
15 weigh in about how they're tracking the
16 different types of findings and what kind of
17 lessons learned and remedies are being applied
18 there.

19 MEMBER MUNN: John, what is Table 2?
20 I mean, where is it maintained? I'm delighted
21 to see it on the screen.

22 MR. STIVER: This was for a paper I

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1 put together, kind of a White Paper on the
2 backlog reduction strategies.

3 MEMBER MUNN: Oh, okay. I recall
4 that we had --

5 MR. STIVER: Yes, we can copy
6 information out of those matrices very easily.

7 MEMBER MUNN: Yes, I recall we had
8 numerous conversations on how to categorize
9 these things so that they fell out
10 appropriately. And that's one of the reasons I
11 was being kind of puzzled about our current
12 discussion, because it seems to me we have talked
13 about this on more than one occasion, and I
14 thought we had set up a method for being able to
15 identify exactly what I just said. We can
16 easily identify how many of these have fallen
17 into the QA bin.

18 MR. STIVER: Right.

19 MR. KATZ: This is Ted. Unless
20 Grady is going to say something, can I make a
21 suggestion for how to deal with this?

22 I mean, we are trying to get through

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1 Sets 10 through 13; in other words, just close
2 out the findings, so that we have sort of an
3 entire sort of base of cases for which to do our
4 next report to the Secretary.

5 MEMBER MUNN: Yes.

6 MR. KATZ: Dose reconstruction
7 reviews.

8 And it seems to me, I mean, you know
9 this is an issue. QA will be one of the issues
10 that the Subcommittee and the Board will address
11 in reporting to the Secretary on how this program
12 is going. It's the review of how the program is
13 going.

14 So, I mean, I think at that point,
15 once you've gotten through all these sets, we can
16 have, with SC&A's help, some sort of analytical
17 work to sort of do just what Brad is concerned
18 about here.

19 Well, you know, given the size of the
20 sample we have looked at at particular sites, and
21 so on, how do we feel like QA is going for these,
22 et cetera, with all the other issues that we

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1 have, too? So, I think once you get through
2 these sets, I mean, you will have sort of your
3 data to, then, make some judgments about how
4 things are going and what needs to be improved,
5 and so on, which is what will be the substance
6 of your report to the Secretary.

7 MEMBER MUNN: Yes.

8 MR. KATZ: So, I guess all I am
9 saying is I think it probably makes sense to
10 note, for example, as we have been doing, this
11 is a QA issue, and so on, as we go through, but
12 not necessarily try to sort of do half-baked
13 analysis without having all the data in front of
14 you at this point, to wait until you have sort
15 of gotten through all of this and you have your
16 final data.

17 MEMBER MUNN: Yes, and I think
18 that --

19 MR. KATZ: It is just a suggestion.

20 MEMBER MUNN: -- we just checked to
21 see that QA was not finding type Category A,
22 right? QA is --

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1 MR. STIVER: QA is Category E.

2 MEMBER MUNN: E, yes.

3 CHAIRMAN KOTELCHUCK: One in eight,
4 roughly, 1 in 8 have a Category E problem. It
5 sounds like a lot to me, but this discussion and
6 these cases have been going on for years. I
7 mean, we were just reviewing a case from 2007,
8 six years ago.

9 But I do think that we can't resolve
10 this issue at this point. Let's just go on, put
11 that down. These findings are being tallied and
12 tabulated, and let's hope in the end we do better
13 than 1 in 8 with QA concerns.

14 MEMBER CLAWSON: And, Dave, this is
15 Brad.

16 What Ted said is absolutely correct,
17 and Wanda. I was just wanting to make sure that
18 we properly address these. A lot of times, what
19 I have found is that NIOSH has been able to say,
20 you know what we found? We found a problem in
21 a workbook, and this is how we took care of it.

22 CHAIRMAN KOTELCHUCK: Yes.

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1 MEMBER CLAWSON: That is kind of the
2 only thing I'm getting to, and in these later
3 ones, it'd be very hard to be able to do that.
4 And I agree wholeheartedly with your path
5 forward. I was just wanting us not to just jump
6 over them and, yes, they're another QA issue,
7 because, to me a QA issue, some of them are big
8 issues like this.

9 So, I agree wholeheartedly with Ted,
10 though, that we have to go push through
11 everything, and then, we will have all the facts
12 in front of us.

13 CHAIRMAN KOTELCHUCK: Okay.
14 Resolved.

15 MR. STIVER: At that point, we can
16 see trends, you know, whether there is
17 improvement or whether it is a total study or
18 what not.

19 CHAIRMAN KOTELCHUCK: Okay. So,
20 let us move on.

21 MR. FARVER: Okay, this is Doug.
22 We were up to 321.4.

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1 CHAIRMAN KOTELCHUCK: Okay.

2 MR. FARVER: And the finding is that
3 NIOSH did not address urinalysis bioassay
4 results. What this concerns is the employee
5 had, I believe it was three bioassay results.
6 The dose reconstruction report did not
7 specifically mention urine bioassay results,
8 and the file that evaluates the urine bioassay
9 was not included with the files that we got to
10 review.

11 So, as we're looking at this and we
12 see bioassay results or urine results, we are
13 thinking, okay, they didn't mention it.
14 There's no file. They didn't address it. So,
15 that is what prompted the finding. There was no
16 indication that they addressed the bioassay
17 results or the urine results.

18 Okay. And then, we go on and look
19 at NIOSH's response. They say all results were
20 evaluated, but the bottom line is the file wasn't
21 included. So, there really wasn't a good -- no
22 indication that the urine bioassay was looked

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1 at, but it was. So, they didn't do anything
2 wrong other than not including the file.

3 CHAIRMAN KOTELCHUCK: Okay. That
4 is straightforward. That is not QA. That is,
5 the file was gone over and was okay as it was.

6 MR. FARVER: And as I understand it,
7 now, Grady, I believe the file was out there. It
8 just wasn't included in the package that we
9 received, is that correct?

10 MR. CALHOUN: I don't know that. I
11 don't know that off the top of my head, if the
12 file was there or not.

13 MR. SIEBERT: Grady, I will speak to
14 that. I believe the dose reconstructor did the
15 comparison, but the file was not in the folder,
16 as you said.

17 This is Scott, for the court
18 reporter, by the way.

19 It was not in there. We recreate it
20 for this finding. But, as I said, we deal with
21 this on a daily basis, these projections. And
22 as we have said before, this is a 2007 case, and

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1 we have gone over this many times with the dose
2 reconstructors to put in all their supporting
3 and defending files since that time. So, we
4 should not be seeing this issue anymore except
5 in the old cases.

6 MR. FARVER: This is Doug. Now,
7 Scott, what is the process for getting the files
8 from your dose reconstructor over to, let's say,
9 Grady?

10 MR. SIEBERT: The process is the
11 dose reconstructor does the work. They turn it
12 over to our initial QC process.

13 I think we discussed this when I went
14 over there. Our QC did that presentation last
15 year in August and November. I outlined this,
16 just in case anybody wants to look back in their
17 notes.

18 Once initial QC looks at it, the peer
19 reviewer has those files, reviews it, and then,
20 it goes to our final QC group. And then, it gets
21 turned over to DCAS as a full submittal package.

22 MR. FARVER: And then it would get

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1 put onto the NOCTS system?

2 MR. SIEBERT: Right, all the files
3 would be handled by DCAS at that time, putting
4 everything up there.

5 MR. FARVER: Okay. And then,
6 Grady, when we request files to do these cases,
7 how does that work? You would go into NOCTS,
8 pull out certain ones, or how does that work?

9 MR. CALHOUN: Yes. Typically,
10 what we do is our IT guys will pull out the DOE
11 submittal files, the DOL initial file at least,
12 I believe, and the files that have been provided
13 to us by ORAU for the dose reconstruction.

14 MR. FARVER: Okay. I have a better
15 understanding now.

16 CHAIRMAN KOTELCHUCK: Okay.

17 MR. CALHOUN: But I'm not telling
18 you that every one of them will always make it
19 over there because some cases you have just got
20 a bunch of different files named a bunch of
21 different things. But I think, for the most
22 part, he may grab -- and when I say he, our IT

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1 guy -- he may grab just the entire folder and put
2 it over there.

3 MR. FARVER: And, Grady, that is
4 kind of where I was coming from. I know there
5 are a lot of files out there that aren't sent to
6 us. And I understand that. Some cases have
7 just a tremendous amount of files.

8 So, I just wanted to get the flow.
9 So, yes, I do understand that we may not always
10 get that, and if we don't get what we are looking
11 for, we probably should just come back to you or
12 go to NOCTS and look for it.

13 Does that make sense to everyone?
14 It occasionally happens that we do not get a file
15 of something related to the case. You know, we
16 might be looking --

17 MR. CALHOUN: But you certainly
18 have access to that, you know.

19 MR. STIVER: Yes, this is John. This
20 would be a good idea to take care of this on the
21 front end, so these things don't become findings
22 later on.

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1 MR. FARVER: That is kind of where
2 I am going on this because I know it happens
3 occasionally where we won't get a name of file
4 for something, and we will write it up as a
5 finding, but maybe we should go check first and
6 see if --

7 CHAIRMAN KOTELCHUCK: Yes, I
8 recommend a technical call.

9 MR. KATZ: It is not even necessary.
10 I mean, as Doug says, he has access to NOCTS.
11 So, yes, I totally concur, Doug, you are welcome
12 to go into NOCTS and look for what you're missing
13 always, and that makes a lot more sense.

14 MR. FARVER: And then, if we can't
15 find it, we can always make a technical call.

16 MR. KATZ: Right, right.

17 MR. FARVER: Write an email or
18 something like that.

19 MR. KATZ: Exactly.

20 CHAIRMAN KOTELCHUCK: It doesn't
21 need to come to the Board.

22 MR. FARVER: No.

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1 CHAIRMAN KOTELCHUCK: Agreed.

2 MR. FARVER: I think we can
3 eliminate a lot of findings like this.

4 CHAIRMAN KOTELCHUCK: Yes. Okay.

5 MEMBER MUNN: Well, it is
6 accessible. That's all that is necessary.

7 CHAIRMAN KOTELCHUCK: That's
8 right.

9 So, let's close it. Yes?

10 MEMBER MUNN: Yes.

11 CHAIRMAN KOTELCHUCK: Okay. Our
12 DRSC action, close.

13 321.5.

14 MR. FARVER: On 321.5, this is Doug
15 again.

16 CHAIRMAN KOTELCHUCK: Yes.

17 MR. FARVER: Let's see. NIOSH did
18 not consider returned badge for 202. And this
19 comes from the CATI report, I believe. Yes.

20 Apparently, when the employee took
21 his badge home after cleaning out his locker, and
22 I guess it was part of the paperwork that the

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1 employee had that was turned over to NIOSH. And
2 so, we said they did not use the results, but,
3 as in the NIOSH explanation, when the employee
4 completed the determination checkout list, they
5 indicated that everything had been returned.
6 So, they did not consider it when it was received
7 later on in 2008. And as it turns out, it
8 doesn't make a lot of difference anyway.

9 MR. SIEBERT: Hey, Doug.

10 MR. FARVER: Yes?

11 MR. SIEBERT: This is Scott.

12 I just want to point out, yes, as you
13 said, this information showed up after the dose
14 reconstruction was completed. But I do want to
15 correct you on one small thing. You just said
16 we did not take that into account when we
17 received it.

18 If you look at our response, there
19 is general correspondence in October of 2008
20 that does state that the additional information
21 was supplied by the claimant, we reviewed it, and
22 it would have no impact.

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1 And I even quoted what the log says.
2 I talked with Chris and the analysis is valid.
3 The new data was reviewed, and Mr. X's dose is
4 essentially all internal and overestimated.

5 So, it was taken into account once
6 it was received.

7 MR. FARVER: I understand, Scott.
8 Yes, I was incorrect. You considered it; you
9 didn't include it.

10 MR. SIEBERT: Right. Correct.

11 MR. FARVER: In other words, lack of
12 an addendum to the dose reconstruction because
13 it wasn't necessary.

14 MR. SIEBERT: Correct.

15 MR. FARVER: Okay. I understand.

16 CHAIRMAN KOTELCHUCK: Okay. And
17 really, our only response is that he probably
18 should have acknowledged it in the DR. But, as
19 you say, the DR had been completed,

20 MR. FARVER: Right.

21 CHAIRMAN KOTELCHUCK: Okay. I
22 mean, if he would have gotten it during the time

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1 that the DR was being worked on, I don't even know
2 if he would have included it then, put a little
3 note in the report.

4 MR. SIEBERT: We likely would have
5 addressed it in the incident section. I like to
6 say that we likely would have. And since we
7 don't have the opportunity to test that in
8 reality, I am going to say 100 percent that we
9 would have stated that in the dose
10 reconstruction report.

11 MR. FARVER: I admire your
12 confidence.

13 (Laughter.)

14 CHAIRMAN KOTELCHUCK: Okay.
15 Alright. Nothing more the Committee needs to do
16 on this, correct?

17 MR. FARVER: Correct.

18 CHAIRMAN KOTELCHUCK: Then, should
19 we close?

20 MEMBER CLAWSON: Yes, let's close
21 it.

22 This is Brad.

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1 CHAIRMAN KOTELCHUCK: Okay.

2 Others agree?

3 MEMBER MUNN: Sure.

4 CHAIRMAN KOTELCHUCK: Okay,
5 closed.

6 DR. MAURO: Doug, I'm sorry to
7 interrupt. This is John Mauro.

8 I got a note from John that you might
9 be talking about Huntington Pilot Plant. And I
10 am just calling in to let you know that I am
11 available if there are still any residual issues
12 related to the AWEs.

13 MR. FARVER: Okay. John, just to
14 update you, that was from the ninth set. There
15 were two findings, and it was NIOSH's action to
16 review Steve Marschke's report --

17 DR. MAURO: Yes.

18 MR. FARVER: -- for Findings 1, 5,
19 and 6.

20 DR. MAURO: Which case? What site?

21 MR. FARVER: Huntington.

22 DR. MAURO: Okay. Yes, I'm

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1 familiar with that. Right.

2 MR. FARVER: And so, Grady is going
3 to assign someone to look at that while we
4 continue on with the meeting. And then, if he
5 can get a response back by the end of the meeting,
6 we will go back to those.

7 DR. MAURO: Oh, okay. Very good.
8 Thank you.

9 CHAIRMAN KOTELCHUCK: Okay. Good.

10 DR. MAURO: Okay.

11 CHAIRMAN KOTELCHUCK: Well, we have
12 finished; we have closed it. And there should
13 be one more.

14 MR. FARVER: There is one more
15 observation.

16 CHAIRMAN KOTELCHUCK: Okay.

17 MR. KATZ: Before we go on, just for
18 the court reporter, that is John Mauro, and he
19 is with SC&A.

20 MS. LIN: Hi, Ted. This is Jenny
21 Lin with HHS. I just wanted to register my
22 attendance.

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1 CHAIRMAN KOTELCHUCK: Okay. Good.

2 MR. KATZ: Thank you, Jenny.

3 MS. HARTSFIELD: And this is
4 DeKeely Hartsfield as well. I called in later.

5 MR. KATZ: Thanks, DeKeely.
6 You're welcome, both of you.

7 CHAIRMAN KOTELCHUCK: Okay. Good.

8 But we have an observation coming
9 up, and that is our fifth case that we have still
10 out. Well, I don't know. For an observation,
11 I don't know if we say the case is out. We need
12 to look at it.

13 MR. FARVER: We usually don't close
14 out observations officially.

15 CHAIRMAN KOTELCHUCK: Right.

16 MR. FARVER: An observation is
17 something that we noticed while we were doing our
18 review, but it is not really a finding. It is
19 just something we would like to point out, so
20 that NIOSH is aware of it.

21 This one has to do with some
22 information in a Technical Basis Document. We

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1 are just going to point out that a pathway had
2 not been completely addressed. And then, they
3 give a response to it. But it is not the level
4 of a finding.

5 MEMBER MUNN: Right. It should be
6 adequate for our purposes.

7 MR. FARVER: Yes.

8 MEMBER MUNN: Yes.

9 CHAIRMAN KOTELCHUCK: Okay. So,
10 thank you for moving it to the bottom, so we can
11 finish reading it.

12 But, for an observation, we do want
13 to look at it, if the Committee Members want to
14 take a quick look at it to refresh your memories.

15 MR. FARVER: Okay. This is --

16 CHAIRMAN KOTELCHUCK: Alright.

17 MR. FARVER: -- the exposure
18 pathway that has not been completely addressed
19 in the TBD or SEC process for potential intakes
20 of workers near the area of the TA-53 evaporation
21 lagoons. The intake would likely be from
22 airborne tritium in concentrations greater than

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1 the LANL environmental concentrations. And
2 that was what prompted the finding.

3 CHAIRMAN KOTELCHUCK: Yes.

4 MR. FARVER: And I am not that
5 familiar with LANL to tell you where the TA-53
6 evaporation lagoons are or anything about that.
7 So this is where I would go back to the NIOSH
8 response and look at their input.

9 CHAIRMAN KOTELCHUCK: Okay.

10 MR. FARVER: It looks like the
11 information is available. And if there is a
12 dose reconstruction that concerns that
13 particular area, the information is available.
14 That is how I read that.

15 CHAIRMAN KOTELCHUCK: Yes.

16 MR. SIEBERT: You read that
17 correctly.

18 CHAIRMAN KOTELCHUCK: Okay. Good.

19 MR. FARVER: Now whether or not that
20 is something that needs to be put into a TBD or
21 something else or referenced somewhere, I don't
22 know. But the information is available,

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1 apparently. So our concern that had not been
2 addressed, is, well, it is not in a TBD and it
3 hasn't been addressed in the SEC, but the
4 information is there, if the dose reconstructor
5 or someone wants to use it.

6 MR. SIEBERT: This is Scott.

7 I do want to point out, it is in the
8 TBD. It is the occupational environmental dose
9 of the information.

10 MEMBER CLAWSON: Scott, this is
11 Brad.

12 So, what you are telling me is that
13 this is all taken in under the environmental
14 dose, if they were to give the person the outside
15 environmental dose? Is that correct?

16 MR. SIEBERT: Give me a second to
17 pull stuff out here.

18 CHAIRMAN KOTELCHUCK: Okay.

19 MR. SIEBERT: Yes, this information
20 is in the occupational environmental TBD
21 TKBS-10-4.

22 MEMBER CLAWSON: Okay. So, Doug,

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1 let me ask you, does that take care of what your
2 observation, that it should have been addressed
3 someplace. Let it be under occupational or under
4 the environmental dose? Yes? No?

5 MR. FARVER: Give me a second. I
6 just closed out that case file.

7 MEMBER CLAWSON: Yes, I thought
8 that I understood your concern was that this
9 should be taken into consideration.

10 MR. FARVER: Yes, I believe the
11 concern was that, if they are in that area, they
12 would just get assigned the environmental dose.
13 And our concern was that the tritium dose would
14 exceed the environmental dose levels.

15 MEMBER CLAWSON: Oh, so if they were
16 working around the ponds, they would have been
17 higher than what the environmental dose was?

18 MR. FARVER: And higher than just
19 the general LANL environmental.

20 MEMBER CLAWSON: So, Scott, I guess
21 my question would be, would somebody that would
22 be working right next to those ponds, say the

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1 pumps or whatever else like that, would that
2 environmental be the same as somebody off around
3 the plant? Is that the way that they would look
4 at it?

5 MR. BUCHANAN: This is Ron
6 Buchanan, SC&A.

7 And, yes, that's correct. Los
8 Alamos has the proton accelerator. And at the
9 end of that is the target area, and over to the
10 east southeast is the tritium or the hold-up
11 ponds. And this held all the drainage from the
12 accelerator floors and tanks and stuff for a
13 number of years. And then, it was cleaned up.

14 And the concern was that the air
15 samplers and stuff were in the general area, but
16 a person that actually was down and worked in the
17 lagoons, they were called, would be exposed to
18 more than the general environmental area.

19 MEMBER CLAWSON: Yes, I agree with
20 you on that. So, yes, I see what the observation
21 is now. I better understand it. I appreciate
22 that.

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1 And I agree with SC&A that this is
2 just being an observation, but somebody that did
3 work down there would have gotten more than just
4 the general person working around the building.

5 CHAIRMAN KOTELCHUCK: Right.
6 Okay. Further comments?

7 (No response.)

8 Then, should we go on to Paducah and
9 Portsmouth?

10 MEMBER CLAWSON: Sure.

11 CHAIRMAN KOTELCHUCK: Okay. Let's
12 do that.

13 MR. SIEBERT: So, correct me if I'm
14 wrong -- this is Scott -- we now have all the
15 Rocky Flats/LANL matrix complete, correct?

16 CHAIRMAN KOTELCHUCK: That is my
17 understanding.

18 MR. STIVER: Yes. This is Stiver.
19 I think we are closed out on LANL and
20 Rocky now.

21 CHAIRMAN KOTELCHUCK: Right.

22 MR. STIVER: As far as I recall,

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1 there were no outstanding findings that we had
2 to go back and review anything for.

3 CHAIRMAN KOTELCHUCK: Right. So,
4 we still have the two that are still hanging from
5 Set 9, which, hopefully we will get to later in
6 the day, and we are ready to go on to Paducah and
7 Portsmouth, which is now on the screen.

8 MEMBER CLAWSON: So, this is Brad
9 again. So, if we have all the Rocky and the
10 other ones done, does this mean we are supposed
11 to have a party on this, because it has been a
12 long time coming?

13 CHAIRMAN KOTELCHUCK: It certainly
14 has been. Well, it is worthy of celebration on
15 this last day of the fiscal year, the
16 government's fiscal year.

17 MEMBER CLAWSON: Oh, so are you
18 telling us --

19 CHAIRMAN KOTELCHUCK: We beat the
20 deadline, folks.

21 (Laughter.)

22 MEMBER MUNN: This probably means

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1 we can have coffee the next time, if ever we see
2 each other face to face.

3 (Laughter.)

4 CHAIRMAN KOTELCHUCK: Alright.

5 MEMBER MUNN: If everybody pitches
6 in.

7 CHAIRMAN KOTELCHUCK: Absolutely.
8 Okay. The first case from Portsmouth. Does
9 somebody want to address that?

10 MR. FARVER: This is Doug. I had to
11 switch out phones. I was picking up some radio
12 transmissions.

13 So where are we at? We're on
14 Paducah?

15 CHAIRMAN KOTELCHUCK: Right,
16 Paducah and Portsmouth, and we're on what I think
17 is 272.1 in the 12th set for Portsmouth, and
18 shown on the screen.

19 MR. FARVER: Okay. I am there now.

20 MR. SIEBERT: Hey, Doug, this is
21 Scott.

22 I notice the one that is up on the

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1 screen has SC&A responses in it. I haven't seen
2 those yet. Did that get sent out, by any chance?

3 MR. FARVER: Yes, that is the one
4 that John wasn't supposed to put up there.

5 MR. STIVER: Okay.

6 MR. FARVER: He was supposed to put
7 up the one that had the NIOSH responses.

8 MR. STIVER: Okay. I must have
9 pulled the wrong one up here. Just a second.

10 MR. FARVER: Okay. I mean, if you
11 want to leave it up, it's okay.

12 But, no, you haven't seen it because
13 it just got done over the weekend.

14 MR. CALHOUN: Okay. Is there any
15 chance that we could get that sent to us, because
16 that would help?

17 MR. STIVER: I can go ahead and send
18 it to you, Grady.

19 So, Doug, you do not want that one
20 up, yes or no on this?

21 MR. FARVER: Not necessarily.

22 MR. STIVER: Okay. I take that as

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1 a --

2 MR. FARVER: No, I don't think there
3 is anything in there that is hurtful.

4 MR. STIVER: Okay. Let me go ahead
5 and pull this one up then.

6 MEMBER CLAWSON: You know, I don't
7 know about anybody else, but this is weird
8 watching this go around. I try to move my cursor
9 to look at something, and I'm having a hard time
10 here.

11 MR. STIVER: You can't, Brad. You
12 are just seeing -- I'm controlling it right now.
13 So, you can't do anything with it.

14 MEMBER CLAWSON: I know it, and
15 that's my problem. I was sitting here trying to
16 scroll and I'm like, what?

17 MR. STIVER: Yes.

18 Okay. This is NIOSH/DCAS's
19 responses. Doug, if you want to take it from
20 here?

21 MR. FARVER: Okay, 272. Internal
22 thorium dose was calculated using the wrong

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1 isotope.

2 CHAIRMAN KOTELCHUCK: May I? I'm
3 just thinking. Pardon me for interrupting.

4 I'm looking at the time. It's 11:00
5 a.m. our time, 8:00 a.m. West Coast time. And
6 we would normally break at noon for lunch.
7 Possibly, we want to take five minutes, a rest
8 break, right now before we get started?

9 MR. STIVER: That would be fine by
10 me, actually.

11 MEMBER MUNN: Always a good idea.

12 CHAIRMAN KOTELCHUCK: Okay. Very
13 good. It is 11:03 here. At 11:10, I would like
14 to get back together.

15 MEMBER MUNN: Very good.

16 CHAIRMAN KOTELCHUCK: Can we do
17 that?

18 MEMBER MUNN: Thank you.

19 CHAIRMAN KOTELCHUCK: Okay, folks.

20 (Whereupon, the above-entitled
21 matter went off the record at 11:03 a.m. and
22 resumed at 11:11 a.m.)

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1 CHAIRMAN KOTELCHUCK: Okay. I
2 know that was a short time. So, others are
3 coming on the line.

4 With our quorum, let us -- Doug, are
5 you there?

6 Or, actually, this is NIOSH. So, we
7 are talking about Grady or Scott. Are you
8 there?

9 MR. SIEBERT: I'm here.

10 CHAIRMAN KOTELCHUCK: Okay, 272.1.

11 MR. SIEBERT: This is Scott. I
12 believe it is still going to work well, since
13 Doug already has initial responses, if he walks
14 through and we can respond, if that's okay with
15 him.

16 MR. FARVER: I just caught the
17 sentence if that's okay with him.

18 CHAIRMAN KOTELCHUCK: If you want
19 to put up your response, that is, the other
20 matrix that you had at first, that NIOSH has not
21 had a chance to review.

22 MR. FARVER: Yes. This is Doug.

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1 That's fine.

2 CHAIRMAN KOTELCHUCK: Sure. Good.

3 MR. FARVER: I think I took all the
4 references to Scott out of it.

5 (Laughter.)

6 MR. STIVER: So, Doug, these are
7 ideologically pure, then, I trust.

8 MR. FARVER: I believe so. If
9 there are any in there, I'm going to blame Rose.
10 Okay?

11 MR. STIVER: Okay.

12 CHAIRMAN KOTELCHUCK: By the way,
13 for the court reporter, I have noticed in past
14 meetings sometimes you will just have something
15 and then say laughter. I find it interesting
16 because it is not referencing right now, but
17 sometimes people say something and some people
18 laugh and some people don't. And I wondered,
19 laughter suggests that everybody was laughing,
20 and very often in real jokes some people laugh
21 and others think, oh, come on, or something like
22 that. So, I just mention that in passing, that

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1 that is a question whenever you're doing a
2 transcript, if you will; we don't know who
3 laughed.

4 Well, we will just have to deal with
5 the ambiguity, if it comes. I have never seen
6 an off-color joke so far, and I trust I never
7 will. So that being the case, we go on.

8 Okay. 272.1, both SC&A responses
9 on the screen.

10 MR. FARVER: Okay. 272.1. This
11 is Doug Farver.

12 Internal dose was calculated using
13 the wrong isotope. What we observed was that
14 the dose that was given was extremely large, very
15 overestimating, and that is what prompted the
16 finding.

17 And according to the NIOSH response,
18 it was overestimated because they used 234,
19 instead of thorium-234, they used uranium-234,
20 since IMBA did not initially have a thorium-234
21 that could be selected. So, it was a
22 limitation. So, it was an overestimating case.

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1 Just a little background on this
2 case. He was a pipefitter at Portsmouth for
3 about six months, from the end of 1954 through
4 the beginning of 1955. So it is just a very few
5 months. And they assigned environmental doses,
6 which would have been the environmental intakes
7 from uranium and thorium for the year of 1955.
8 And this will come into play if you look at the
9 other two observations. But, anyway, so that is
10 the time period we're looking at, a very short
11 time of 1954 to 1955.

12 There was a limitation in the CADW
13 program so they used a thorium-234 and
14 overestimated.

15 In this case, the PoC was less than
16 45 percent. I would guess that, if it had been
17 closer to 50 percent, they would have gone back
18 and done these doses differently, so as not to
19 severely overestimate them. But I understand
20 what they did based on the parameters given in
21 this case.

22 And that is pretty much what our

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1 response says. A CAD model wasn't available.
2 They should have used IMBA, which I said they
3 probably would have if it would have been closer
4 to 50 percent PoC.

5 Scott, Grady, anything you want to
6 add?

7 MR. SIEBERT: Well, this is Scott.

8 I will point out, as we well know,
9 the thorium model in IMBA is also horrendously
10 overestimating because it does not take into
11 account independent kinetics. It deals with
12 them as shared kinetic along with all the
13 daughters. So, the use of IMBA in this case, I
14 didn't do the comparison, but likely would
15 actually give you larger doses than anything
16 that was assumed in this case.

17 This was an earlier timeframe before
18 we had a reliable method to be calculating the
19 thorium-234 with the independent kinetics. So
20 rather than not being able to do those claims at
21 all, we made the determination to use 234 for the
22 small number of claims we had, until we had an

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1 updated method for doing that.

2 And as is stated in the response, we
3 had that updated in 2008, and it has been used
4 since then. So there is really not much more to
5 say about that, I don't think.

6 MR. FARVER: And just for point of
7 reference, this case was, the dose
8 reconstruction was done in March of 2006. So it
9 is kind of an older one.

10 MEMBER MUNN: The explanation
11 sounds valid and comprehensive to me.

12 CHAIRMAN KOTELCHUCK: But you are
13 telling us that either this was recalculated
14 when CADW -- CADW was the later one. Give me
15 that. I'm worried that, was a recalculation
16 done?

17 MR. FARVER: Well, it wasn't
18 recalculated because it was an overestimate in
19 this case.

20 CHAIRMAN KOTELCHUCK: Right.

21 MR. SIEBERT: Yes, it was over 50
22 percent with this overestimate. So, there

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1 would be no need, once we had better assessment
2 methods for thorium, to go back and reassess
3 because the dose would only go down.

4 CHAIRMAN KOTELCHUCK: Okay.

5 MS. BRACKETT: This is Liz
6 Brackett. If I could just clarify something?

7 The response notes that thorium-234
8 was actually not in IMBA at that time. It is not
9 that we could have used IMBA to do it. And
10 actually, IMBA is fine for thorium-234. We can
11 use that now, except for bone surface; it does
12 overestimate that. But, for all other organs,
13 it's fine.

14 But our early version of IMBA did not
15 have thorium-234. So, that was not an option at
16 the time.

17 MR. FARVER: The issue has been
18 corrected, right?

19 MS. BRACKETT: Yes. We had an
20 alternative at that time, but it was
21 time-intensive. And so this would be done first
22 as an overestimate. And then, if that couldn't

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1 have been done, then we would have had to have
2 passed this on to someone who could run DCAL and
3 go through all of the permutations of all of that
4 and get a better estimate.

5 MR. FARVER: Right.

6 CHAIRMAN KOTELCHUCK: Okay.

7 MR. FARVER: I am going to put in
8 there that the issue was corrected in the 2008
9 CADW update, and we are going to close the
10 finding.

11 CHAIRMAN KOTELCHUCK: That sounds
12 good. Does NIOSH agree?

13 MEMBER MUNN: I'm sure they do.

14 CHAIRMAN KOTELCHUCK: That we have
15 closed that was to say that it upholds NIOSH.
16 And then, does that close it for the Board?

17 MEMBER MUNN: Yes.

18 CHAIRMAN KOTELCHUCK: Good.

19 Anybody else? Any other comment?

20 MEMBER CLAWSON: This is Brad.

21 This is kind of for Liz. What
22 timeframe did IMBA, just for my own personal

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1 knowledge, though, what time did IMBA start
2 being able to do the thorium? Do you know when?

3 MS. BRACKETT: I'm thinking our
4 last update was in 2008, but --

5 MEMBER CLAWSON: Okay. So, it was
6 probably in that same time period? I was just,
7 when we see this kind of stuff, I wanted to just
8 keep that in the back of my mind, of when these
9 things came to change.

10 MS. BRACKETT: I believe that the
11 last update we had was 2008 or 2009. I don't
12 remember for certain. I could go back and check
13 on that.

14 MEMBER CLAWSON: That's all right.
15 Just a brief time period there. So, when any of
16 these other ones come up, that I could kind of
17 fall back to that a little bit.

18 CHAIRMAN KOTELCHUCK: Okay. Let's
19 go on.

20 MR. STIVER: Can I just check in for
21 a second? This is John Stiver.

22 CHAIRMAN KOTELCHUCK: Yes, please.

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1 MR. STIVER: I have a question for
2 Liz.

3 If I've got this correct, IMBA did
4 not have the dose conversion factors for
5 thorium-234. But, when they did add them,
6 because of the shared versus independent
7 kinetics issue, the doses are grossly
8 overestimated. So, then, you guys went ahead
9 and did your own analysis and put that into the
10 CADW or the Excel tool that you guys used. Is
11 that correct?

12 MS. BRACKETT: No. No, not for
13 thorium-234. The shared kinetics does not have
14 an impact on thorium-234 except for the bone
15 surface model.

16 MR. STIVER: Okay. Alright.

17 MS. BRACKETT: Everything else is
18 okay.

19 MR. STIVER: That makes sense.

20 MS. BRACKETT: There are other
21 isotopes of thorium that present a bigger
22 problem.

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1 MR. STIVER: Okay. Alright.
2 Thank you.

3 CHAIRMAN KOTELCHUCK: Okay.
4 Observation 272.

5 MR. FARVER: Okay. This is Doug
6 again. We can just go through these
7 observations pretty quick.

8 The first one is a questionable
9 value of the intake of thorium-234. This goes
10 back to the previous finding.

11 CHAIRMAN KOTELCHUCK: Right.

12 MR. FARVER: It was an
13 overestimate. It has been corrected in Rev 2 of
14 the TBD. So it is not an issue any longer.

15 Observation 2, the intake was
16 assigned to the wrong year. This is where they
17 assigned the intake to `55 instead of `54. And
18 I don't see it in here. I must have read it
19 somewhere, that they didn't start assigning
20 intakes until `55, but they went and applied the
21 `55 to `54.

22 It was such a short time period, that

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1 you have three months in one and two in another,
2 that it really doesn't matter. It was just kind
3 of pointed out that we thought that it was
4 assigned to the wrong year. It has no impact on
5 the case.

6 MEMBER MUNN: Just a comment; no
7 action.

8 MR. FARVER: Right.

9 CHAIRMAN KOTELCHUCK: Yes. Okay.

10 MR. FARVER: Okay.

11 CHAIRMAN KOTELCHUCK: No action
12 needed.

13 Let's go.

14 MR. FARVER: Okay, 273.1. Okay.
15 Let me call up that case. Is it on the screen
16 and are we ready?

17 CHAIRMAN KOTELCHUCK: Yes, it is on
18 the screen.

19 MR. FARVER: Okay. The employee
20 worked at Portsmouth, it looks like, from '75
21 through '87. He had six skin cancers, was a
22 welder, janitor and fireman. PoC was about 47

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1 percent.

2 Okay. So we have got six skin
3 cancers. NIOSH did not include dose from
4 possible skin contamination.

5 Now we have talked about this
6 before, and this is an older finding. I think
7 what we have kind of agreed upon now is, if there
8 is an indication in the employee's files where
9 they were contaminated on or near the same
10 location of a skin cancer, then you may consider
11 that there was like a particulate contaminant.

12 Is that a recap of kind of where we
13 have been on this discussion? Because in this
14 case there was no indication in the DOE files
15 that there was any contamination of the skin at
16 all, let alone in the locations of the skin
17 cancers.

18 But we have had this issue before
19 where we brought it up about should you have
20 considered skin contamination from
21 particulates.

22 CHAIRMAN KOTELCHUCK: Right.

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1 MR. FARVER: So, anyway, they give
2 a response, and the response is basically there
3 was no evidence of contamination, so it was not
4 considered.

5 MEMBER MUNN: That's comfortable
6 for me.

7 MR. FARVER: And the case was
8 reworked because there was a new cancer added,
9 and it was just a partial rework. I think it was
10 just external, and it was a compensated case.

11 CHAIRMAN KOTELCHUCK: Yes, yes.

12 MEMBER MUNN: No reason to pursue it
13 then.

14 CHAIRMAN KOTELCHUCK: I agree.

15 MR. FARVER: We are going to see
16 this in a couple of other ones on here, I believe,
17 about did not include possible skin
18 contamination, because this was before we had
19 all the discussions during our meetings on these
20 skin contaminations.

21 CHAIRMAN KOTELCHUCK: Right.

22 MR. FARVER: Okay.

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1 MR. STIVER: This is Scott.

2 MEMBER CLAWSON: Doug, this is
3 Brad.

4 Well, go ahead, Scott. I'm sorry.

5 MR. STIVER: Go ahead, Brad.

6 MEMBER CLAWSON: No, go ahead,
7 Scott.

8 MR. STIVER: No, go ahead.

9 MEMBER CLAWSON: Well, my issue
10 is -- and this is Brad again -- my issue is in
11 the early years, skin contamination was really
12 nothing. It wasn't logged. It wasn't done,
13 anything. You would go in and you showered off,
14 scrub it off. The only time that it was actually
15 reported was when it broke through the skin or
16 you had any other -- couldn't get it out.

17 That is an issue. Especially in the
18 earlier years, you had a lot more of this. We
19 didn't have the coverage that we do.

20 I feel, basically, this is somewhat
21 an issue, but --

22 CHAIRMAN KOTELCHUCK: Well, it is

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1 an issue, but not in this case because this has
2 been a PoC greater than 50 percent and was
3 compensated.

4 MEMBER CLAWSON: I know and I
5 understand that, but we're looking -- and, Dave,
6 this is the way I look at these -- we do these
7 as a sample section of them. So this one is okay
8 because this one was compensated, but it is all
9 the other ones that we don't look at that have
10 the same issue --

11 CHAIRMAN KOTELCHUCK: Right.

12 MEMBER CLAWSON: -- many of these in
13 these situations.

14 CHAIRMAN KOTELCHUCK: Right.

15 MEMBER MUNN: If you have decent
16 badge and/or any other kind of information with
17 respect to exposure, then are we recommending
18 that we make things up? Well, this might have
19 happened' so let's add this in. That doesn't
20 seem like a good approach.

21 MEMBER CLAWSON: Or, Wanda, we
22 could do it this way: because they never

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1 reported it, it never happened, but we know that
2 it did happen in many cases with the CATI reports
3 and everything else, but we don't see it.

4 What my issue is, especially with
5 him being as a welder because the welders,
6 because of the way the TLDs were set up, many
7 times, remember, these people had to go into some
8 hot areas and be able to cut out pipes and re-weld
9 them in. They didn't have their TLDs on because
10 they were afraid of the sparks hitting the
11 surface of it and ruining these.

12 My issue is that it falls back a lot
13 onto the hot particles and everything else like
14 that. In the early years they didn't have the
15 dosimetry that we do now that we have fingerings.
16 There's times I go in there that I have more
17 dosimetry on me than anything, fingerings and
18 everything else, because of a hot area like this.

19 My issue is that we do need to keep
20 in consideration that there are skin
21 contaminations out there. This really falls
22 into the skin cancer and all that thing.

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1 CHAIRMAN KOTELCHUCK: Right,
2 right.

3 MEMBER MUNN: But this case was
4 compensated. Why should we add some
5 additional --

6 CHAIRMAN KOTELCHUCK: No, I don't
7 think he is suggesting -- this is done. This is
8 finished.

9 But I don't know how in the other
10 cases that we're going to come to or that were
11 there, I just don't know how to compensate for
12 an exposure that I am confident existed, but was
13 not reported. I mean, we're left holding an
14 empty bag, if you will.

15 But if there is a concern --

16 MR. KATZ: Dave, this is Ted.

17 I don't know if this is truly hot
18 particle we're talking about here or uranium,
19 but, you know, you recall that we have referred
20 this issue as a generic procedure science issue
21 to the Procedures Subcommittee, and it is on
22 their agenda for the next meeting, which is in

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1 a month or so, a little more than a month. But,
2 no, we have already referred this as a generic
3 issue over to Procedures to consider how to deal
4 with these situations.

5 CHAIRMAN KOTELCHUCK: Good.
6 Thanks for reminding us.

7 Let's move on, right? This
8 particular case, we'll move on from this case,
9 not move on from --

10 MEMBER CLAWSON: Well, no. Dave?

11 CHAIRMAN KOTELCHUCK: Yes?

12 MEMBER CLAWSON: Dave, what I'm
13 saying is that I cut Scott off. He probably had
14 a response, and he allowed me to go first.

15 CHAIRMAN KOTELCHUCK: Oh, sorry.

16 MEMBER CLAWSON: I just wanted to
17 make sure that Scott had his opportunity.

18 MR. SIEBERT: And I appreciate
19 that, Brad. Actually, I wanted to point out
20 something a little bit different on this case
21 before we moved on.

22 If you look at the second part of our

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1 response, we mentioned that we are now getting
2 the medical records so that we can see the
3 decontamination and contamination reports for
4 the employees. And I just wanted to point out
5 that I looked at a random sampling of other
6 claims that had additional information that we
7 received after we completed the claims, the less
8 than 50 percent. The ones I checked had been
9 addressed in the pad system.

10 So when it comes to the old records,
11 it is a slightly different issue, but I wanted
12 to point it out that we weren't getting the
13 records; now we are. And we are also going back
14 and checking the ones that it did impact to
15 ensure there's no compensability issues. I
16 just wanted to point that out.

17 CHAIRMAN KOTELCHUCK: Okay.

18 MEMBER CLAWSON: Thank you, Scott.
19 I appreciate that.

20 CHAIRMAN KOTELCHUCK: Okay. Good.
21 And I'm sorry, Scott, that I did not hear you
22 before, and I'm glad you spoke.

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1 But we should go on to 273.2, I
2 believe.

3 MR. FARVER: Okay. This is Doug.
4 273.2, inappropriate procedure used for the
5 calculation of missed photon dose. This is
6 missed photon dose.

7 Normally, when the calculation of a
8 photon dose from a dosimeter reading is done
9 there is a dosimeter correction factor applied.
10 This is Portsmouth. For Portsmouth, they apply
11 a correct -- dosimeter correction factor when
12 they do missed dose.

13 And we thought this was odd. So we
14 have been writing this up as a finding because
15 it is the only site that I know of where they
16 apply a dosimeter correction factor to a missed
17 dose. So we just wanted to bring the issue to
18 light. Like I say, this is an older case from
19 a while back. But we just found that as odd.

20 And I believe if you go through their
21 response, they are going to look at this issue
22 and see whether it needs to be -- or, you know,

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1 they should apply a correction factor or not for
2 missed dose. So, they are going to look into it,
3 I believe.

4 Scott?

5 MR. SIEBERT: That is correct.

6 Did I lose everybody?

7 Yes, that is correct.

8 MR. FARVER: Okay.

9 CHAIRMAN KOTELCHUCK: Okay.

10 MR. FARVER: So, do we want --

11 CHAIRMAN KOTELCHUCK: This is
12 claimant-favorable here.

13 MR. FARVER: Is this something we
14 want to let NIOSH examine and get back to us? Do
15 we want to transfer this to the Procedures group,
16 like we like to do?

17 MEMBER MUNN: Let's don't be too
18 hasty.

19 CHAIRMAN KOTELCHUCK: Yes. Could
20 this be discussed between NIOSH and SC&A, and
21 then report back to us at another meeting?

22 MR. FARVER: NIOSH is just going to

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1 have to look into it. You know, it is a
2 technical issue for Portsmouth, I guess. So, I
3 don't know if it would go to a Work Group.

4 MEMBER MUNN: What is the
5 correction factor for this particular site, for
6 this particular badging?

7 MR. FARVER: You mean the number?

8 MEMBER MUNN: Yes, what were we
9 using as a correction factor?

10 MR. FARVER: Let me go see if I can
11 find it.

12 CHAIRMAN KOTELCHUCK: Okay.

13 MR. FARVER: I don't see it in our
14 report. I would have to --

15 MEMBER MUNN: Well, it is photon
16 doses only, right, that we're talking about
17 here?

18 MR. FARVER: Missed photon dose.

19 MEMBER MUNN: And in any case, we
20 can assume that it would improve the potential
21 PoC for any claimant, correct?

22 MR. FARVER: Oh, yes. It was just

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1 odd, Wanda, but this is the only site that I know
2 of that this is done this way.

3 MEMBER MUNN: Yes. Yes, I
4 understand, and I understand the question; I
5 understand the finding, and I understand why you
6 made it.

7 What I am trying to define here is
8 whether this -- and it is an interesting question
9 because it seems to be site-specific, but that
10 doesn't change -- the question that I have is
11 whether this is something we need to pursue
12 because of its potential impact on the
13 claimants. And that is the major concern of
14 most of us, I think, is the impact that these
15 things have on our findings for the individual
16 claimants.

17 So this is an interesting question,
18 but I am questioning how far we need to pursue
19 it, actually. And I'm trying to recall whether
20 this particular item -- as it says, are we saying
21 that it is a potential to transfer this issue to
22 Procedures or that we have?

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1 MR. FARVER: No, we haven't. It
2 was that we had suggested a response.

3 MR. KATZ: This is Ted.

4 I mean, if it is site-specific, it
5 is really not a Procedures matter anyway. We
6 have a Gaseous Diffusion Plants Work Group. And
7 if this is important enough that you want to
8 bring it to their attention, then you certainly
9 can refer it to them. They have mostly
10 completed their work in their reviews they have
11 done so far.

12 But I think it is good to sort out,
13 first, whether this ends up being important
14 enough to transfer or whether it can just be
15 resolved here.

16 CHAIRMAN KOTELCHUCK: Yes, this is
17 claimant-friendly.

18 MEMBER MUNN: Yes, it is.

19 MR. SIEBERT: I can tell you, the
20 dose correction factor, the correction factors
21 we're talking about range from 1.04 to 1.165,
22 depending on the years. So, it is relatively

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1 small, up to 16.5 percent. And it is all
2 positive. It is claimant-favorable as
3 presently applied.

4 MEMBER MUNN: Yes, I would
5 anticipate that it would be. It just seems to
6 me that, although it is an interesting finding,
7 and one worth noting, I'm questioning whether it
8 is of enough significance in terms of result that
9 we should pursue it further. Is it really
10 something that would have a negative effect on
11 claimants if we said we'll accept that as an
12 artifact of this particular site?

13 MR. KATZ: Before we go on, just the
14 court reporter had asked who is speaking. That
15 was Scott Siebert speaking just before Wanda.

16 MR. SIEBERT: Oh, I'm sorry about
17 that. Yes, that was me.

18 MEMBER RICHARDSON: Hi. This is
19 David Richardson.

20 Just to argue the other side, I
21 think, aside from claimant-favorability, we
22 should have concerns about consistency,

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1 transparency and logic. I find there's so many
2 kind of curious parameters layered upon curious
3 parameters already, that where we find one which
4 is kind of exceptional and apparently sort of ad
5 hoc or applied only in one case and not in others,
6 I think it just makes the program more difficult
7 to explain in a clear and coherent way why one
8 group of workers is being treated one way and one
9 group of workers is being treated a different
10 way.

11 And so, I think it is not necessarily
12 just claimant favorability. It is a principle
13 of, as I said, fairness and transparency, that
14 when we find things that should be cleaned up,
15 they are cleaned up.

16 MEMBER MUNN: I agree. However, by
17 the same token, we must recognize that each of
18 our sites and each of our processes is unique in
19 some respect. And certainly I don't think
20 anyone would fail to argue that the processes at
21 Paducah and Portsmouth did have their own unique
22 signatures. And that if this is an artifact of

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1 that -- and it seems very likely that it would
2 be -- since it is speaking directly to the photon
3 exposure, then I'm just questioning what benefit
4 will come from our pursuing it.

5 MEMBER RICHARDSON: I mean,
6 historically, I think the argument has been that
7 the external dosimetry in these settings is
8 cleaner than in other settings.

9 MEMBER MUNN: Well, that is
10 sometimes true, but, again, I think it depends
11 on the project and what is transpiring at any
12 given time at one of these sites. If you want
13 it to be pursued, David, then just certainly I'm
14 sure that you have the ability to see that that
15 happens. I'm just questioning for our purposes
16 here in this Subcommittee whether it achieves
17 something for us to pursue it. And that is my
18 only question.

19 CHAIRMAN KOTELCHUCK: Well, I mean,
20 it is a concern when you have one set of rules
21 for one facility and another set for another. I
22 mean that consistency is important because,

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1 ultimately, we will be explaining to people in
2 all sorts of facilities what was done and why it
3 was done.

4 There is a part of me that feels like
5 there is nothing to be gained by -- well, I
6 shouldn't say. I would guess we could send it
7 to the AWE Committee. I just don't feel like it
8 is -- it is not going to have any impact here.
9 And there is a part of me that would just say to
10 them, why don't you do something consistent and
11 that we don't change this, and we move on. Not
12 the Procedures Committee, but what was it?

13 MR. KATZ: I'm sorry. It is the
14 Gaseous Diffusion Plants Work Group.

15 But all I was saying is you don't
16 need to refer it to them necessarily. I mean,
17 for this one particular issue, you can just
18 resolve it, get a resolution here. If you think
19 it is a big deal for how things are going at the
20 gaseous diffusion plants, this one in
21 particular, then certainly refer it to that Work
22 Group. But there is nothing wrong with just

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1 resolving it here at the Subcommittee, and,
2 basically, resolving it by getting a final
3 disposition from NIOSH as to what they are going
4 to do, how they are going to deal with this.

5 CHAIRMAN KOTELCHUCK: Right. That
6 is, asking NIOSH to do this in the future. That
7 is, not to use a dosimeter correction for missed
8 doses.

9 MR. KATZ: Well, unless there's a
10 basis for it, I guess.

11 CHAIRMAN KOTELCHUCK: Yes.

12 MR. KATZ: But I guess it is for
13 NIOSH to finally report out what they want to do
14 with this issue. So I'm just saying there's no
15 reason to kick the can over to the Gaseous
16 Diffusion Plants for this one limited matter.
17 And it has this issue that David Richardson has
18 just raised, that it is treating one group
19 differently than other groups possibly. But,
20 anyway, let's get a final disposition from NIOSH
21 on this and go from there.

22 MEMBER MUNN: In fact, we already

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1 looked at these things in the past. Otherwise,
2 there would not be different correction factors
3 for different years. So, they have clearly
4 taken into consideration the activities that
5 were under way at any given time in these plants.
6 But I guess what I am trying to say is it looks
7 to me as though this has been -- this is not a
8 new issue for them. They have obviously looked
9 at this in the process of putting together this
10 TBD and certainly in the process of doing the
11 individual calculations that they have done.

12 So I'm still at a loss to see what
13 additional information can be provided to them,
14 and I do take issue with the idea that
15 consistency is anything other than a hobgoblin
16 when we really and truly recognize that the
17 difference in activities among these
18 sites -- there is a reason why we have different
19 sites.

20 So I guess I can see the arguments
21 that are being made, but I can also see the
22 validity of my own argument here. And my only

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1 question that I'm posing is whether this is
2 worthy of the time and effort of continuing to
3 pursue it further than we have. We have
4 identified it is claimant-favorable and we have
5 identified that the issue has been pursued
6 philosophically because there is a difference in
7 correction factors from one time period to
8 another. So that being the case, I'm unsure as
9 to how pursuing it further would be beneficial
10 other than the superficial argument that we,
11 then, would be consistent across all sites,
12 despite the fact of their variability.

13 CHAIRMAN KOTELCHUCK: Well, I don't
14 know enough about the derivation of the
15 correction factors to feel comfortable in
16 responding to your argument. Your argument is
17 that, because the correction factors vary by
18 year, that this issue has been taken into
19 account, if you will.

20 MEMBER MUNN: It has been taken into
21 account. Whether it is taken into account to
22 the satisfaction of the people who are now

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1 overviewing it is a different question. I'm
2 arguing that --

3 CHAIRMAN KOTELCHUCK: Right.

4 MEMBER MUNN: -- there obviously
5 has been --

6 CHAIRMAN KOTELCHUCK: And I just
7 don't feel, I just don't know enough about those
8 correction factors, and I don't feel comfortable
9 in passing on that. I suppose if NIOSH came back
10 and said, this is the way we're doing it or this
11 is why we included the correction factor here,
12 but didn't include it in other facilities, I
13 would feel more comfortable.

14 But part of it is my ignorance about
15 how the correction factors were derived and what
16 those --

17 MEMBER MUNN: Well, it is clearly
18 odd that they applied the missed dose. That in
19 itself is odd.

20 CHAIRMAN KOTELCHUCK: Yes.

21 MEMBER MUNN: But that doesn't
22 change my initial concern over whether it is of

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1 value, what the end result of pursuing it would
2 get for us or for others, including the
3 claimants.

4 CHAIRMAN KOTELCHUCK: Yes.

5 MEMBER MUNN: But if we choose to
6 pursue it, that's our prerogative certainly.

7 CHAIRMAN KOTELCHUCK: Yes.

8 CHAIRMAN KOTELCHUCK: Well, what do
9 others think on the line? Mark? John? Brad?

10 MEMBER CLAWSON: Well, this is
11 Brad.

12 You know, this may come as a shock;
13 I agree with Wanda in one aspect there. And the
14 aspect is that each one of these sites is unique,
15 and each one of them is going to have their own
16 unique correction factor, be it the type of badge
17 that was used, whatever else like that. I do
18 agree that each one of these is going to be
19 different.

20 But I also agree with David
21 Richardson that we need to make sure that this
22 is transparent enough and that we can actually

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1 explain what we are doing with this.

2 So for me, you know, it is kind of
3 an interesting situation. I think that the Work
4 Group is doing a good job, but maybe they have
5 actually addressed this issue. I don't know
6 anybody on those. Well, Phil.

7 But I think there are two ways we
8 could do this. We could address it best for our
9 needs, for the dose reconstruction side of this,
10 but also assure that the Work Group understands
11 what our issue is with it and make sure that it
12 has been addressed. That is just my opinion.

13 CHAIRMAN KOTELCHUCK: Yes.

14 MR. KATZ: This is Ted.

15 I'm just trying to help you with
16 procedure here. Why don't you just ask,
17 whatever it is that you want to know that you
18 don't know at this point from NIOSH, why don't
19 you clearly ask that of NIOSH and get that
20 response. And then you can consider whether
21 they have put to bed the issue or whether you have
22 continuing concerns. And then you can move on

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1 from this.

2 But I think NIOSH needs just a clear
3 request, what it is you want to know that you
4 don't already know because that is the matter in
5 hand.

6 MR. STIVER: This is John Stiver.
7 If I could jump in for just a second?

8 CHAIRMAN KOTELCHUCK: Please.

9 MR. STIVER: I agree with Ted. I
10 mean, we don't really know what the significance
11 is until we see the response. To me, it is not
12 really an issue of what correction factors are
13 applicable to which sites. I mean, we know
14 there was different dosimetry at different sites
15 in different years and different periods of
16 time. The question is, it just seems like, as
17 David Richardson said, it is a question of logic
18 and consistency. Why are we applying a
19 dosimeter correction factor to missed dose at
20 this particular site and nowhere else?

21 And we just get that response from
22 NIOSH. And if it makes sense and it is

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1 reasonable, then it is the end of the story. If
2 not, then it might be worth pursuing.

3 MS. BEHLING: Excuse me. This is
4 Kathy Behling from SC&A.

5 Let me also, not to add confusion
6 here, but let me ask a question. Missed dose is
7 based on a dosimeter. And so, I don't see there
8 being a problem with applying the appropriate
9 correction factors for missed dose since missed
10 dose is based on a dosimeter reading.

11 MEMBER POSTON: Kathy, I agree. I
12 am just kind of curious as to why it has only been
13 found at this site and nowhere else.

14 MS. BEHLING: Yes. In fact, I
15 think just the opposite. Those sites that they
16 are not applying a correction factor to the
17 missed dose, they should be. I don't know.
18 That's a whole other discussion.

19 MEMBER CLAWSON: Thanks, Kathy. Now
20 I guess that kind of brings up the other part of
21 it, but, yes, I agree with you, John. We need
22 to have NIOSH respond to this. This is Brad.

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1 CHAIRMAN KOTELCHUCK: So, Scott or
2 Grady, might we suggest that you bring this back
3 to our next meeting?

4 MR. SIEBERT: It sounds like you are
5 suggesting that, actually.

6 CHAIRMAN KOTELCHUCK: Yes.

7 MR. SIEBERT: Yes, we will.

8 CHAIRMAN KOTELCHUCK: Good.
9 Alright. Well, then, that resolves it, this
10 issue, for the moment.

11 I don't think we're going to spend
12 a long time. The next meeting should resolve it
13 one way or the other. Because there's merit to
14 both positions, it is a question of what are you
15 going to do and what's logical and what's
16 sensible.

17 MEMBER CLAWSON: And as what Kathy
18 just stated, too, because I think this is part
19 of the root of the problem, too, is that if you
20 are doing it at this site, what is different from
21 the other sites?

22 CHAIRMAN KOTELCHUCK: Okay. So,

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1 this will be a report from NIOSH to our next
2 meeting. And so, for the moment, this is not
3 resolved.

4 And I think we can go on. We have
5 10 minutes or so. I don't know. Do you want to
6 go on 273.3?

7 MR. FARVER: This is Doug. Yes, we
8 can get this wrapped up pretty quick.

9 CHAIRMAN KOTELCHUCK: Well, let's
10 do it then.

11 MR. STIVER: This is John Stiver.
12 Excuse me for interrupting.

13 CHAIRMAN KOTELCHUCK: Sure.

14 MR. STIVER: I just wanted to bring
15 up kind of a procedural thing. At noon SC&A is
16 having a kind of internal state-of-the-union
17 talk, a lunch meeting. And so, if we could break
18 at noon, that would work out really well for our
19 team.

20 CHAIRMAN KOTELCHUCK: Okay.

21 MR. STIVER: Okay. Thank you.

22 CHAIRMAN KOTELCHUCK: Thank you.

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1 We will do that. It's 11:52. Let's go.

2 MR. FARVER: Okay. This is 273.3.
3 NIOSH did not account for all the occupational
4 medical doses.

5 Okay. The employee had several
6 x-rays in the records from 1975 through 1983, and
7 then, another one in 1993. When we reviewed the
8 IREP table, there were no x-ray doses listed for
9 1993, which is what prompted the finding that
10 they missed a dose for 1993.

11 Well, as it turns out -- and it is
12 a very good response -- the dose that would have
13 been assigned for 1993 was much less than a
14 millirem and, therefore, was not included in the
15 IREP sheets.

16 Now, in the past I have seen doses
17 less than a millirem included in the IREP sheets.
18 They will show up as zero when you look at them.
19 But, then, if you click on the cell, you can
20 actually see what the number is.

21 That's correct, right, Scott? I
22 mean, you will see numbers? Even though it

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1 appears to be a zero, it will actually have the
2 real number?

3 MR. SIEBERT: That is correct.

4 MR. FARVER: Okay.

5 MR. SIEBERT: There are times that
6 those are left in; that is correct.

7 MR. FARVER: Yes, and in this case
8 those were not left in. And there can be
9 different reasons for that, I know. Sometimes
10 if they do a cut-and-paste in, then they would
11 just not include those. So, there are reasons
12 why it would not be included.

13 But the bottom line is, it was less
14 than a millirem. It didn't need to be there.
15 It caused some confusion on our part, just
16 because we just didn't see the 1993 year with a
17 zero or a very small number next to it.

18 CHAIRMAN KOTELCHUCK: Yes.

19 MR. FARVER: Okay.

20 CHAIRMAN KOTELCHUCK: This appears
21 to be technical because the partial dose
22 reconstruction gave a PoC greater than 50

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1 percent. So, if we had put it in at 0.0794, it
2 would have raised it a little bit, but it is
3 already above 50 percent and, presumably, it was
4 compensated.

5 So, I don't see any reason -- I'm not
6 quite sure whether this shouldn't have been an
7 observation.

8 MR. FARVER: Oh, well, David, this
9 is Doug.

10 CHAIRMAN KOTELCHUCK: Yes?

11 MR. FARVER: At the time we looked
12 at this case, it was not a compensated case.

13 CHAIRMAN KOTELCHUCK: Ah.

14 MR. FARVER: It was at 46 percent.
15 The case was reworked. I think there was an
16 additional cancer or so, and the case got
17 reworked. And then, it was over 50 percent.

18 But, when we looked at it, it was
19 still less than 50 percent, and we didn't see
20 that -- there was no indication that they did a
21 calculation for it.

22 CHAIRMAN KOTELCHUCK: I see.

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1 Well, that's fair enough. But it is now
2 resolved?

3 MR. FARVER: It is resolved.

4 CHAIRMAN KOTELCHUCK: So, I don't
5 think there's anything that the Committee needs
6 to -- well, let the Committee -- I'm one
7 Committee member. I don't see that we need to
8 do anything further, and we can just close it.
9 Other Members may have other thoughts.

10 MEMBER MUNN: I have no objection to
11 closing it. It seems logical. What else can we
12 do?

13 CHAIRMAN KOTELCHUCK: Yes.

14 MEMBER CLAWSON: Well, this is
15 Brad. I just have one question for Doug. Have
16 we seen this in any of the other cases that we
17 have looked at, Doug?

18 MR. FARVER: This is Doug.

19 We have seen, like I had mentioned,
20 sometimes they will not include a dose that is
21 less than a millirem in their calculations or in
22 the IREP table, but many times they do. And I

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1 think a lot of it comes down to how they do their
2 calculations because I know sometimes they will
3 cut and paste from one worksheet into another.
4 And I believe sometimes they just don't include
5 them.

6 MR. SIEBERT: This is Scott. I can
7 speak to that. It is not just willy-nilly. We
8 can leave out anything that is less than 1
9 millirem. I mean, that has been an accepted
10 process since the beginning of the project.

11 But, in order to ensure or reduce the
12 number of, as we know, QA errors that we
13 discussed before, if a tool automatically
14 calculates something that is less than 1
15 millirem, generally speaking, we won't have the
16 dose reconstructor go in and physically remove
17 those because that is an individual going in and
18 making changes that really don't affect the
19 claim, but have the opportunity to introduce
20 errors in cutting and pasting and things of the
21 sort.

22 So, generally speaking, we will

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1 leave the information in unless there is a reason
2 for us to take it out, such as in this case, the
3 medical x-ray values don't come directly out of
4 a tool. They were hand-entered by the dose
5 reconstructor. So, when there was less than 1
6 millirem, they did not put those
7 less-than-1-millirem values in. Does that make
8 sense?

9 MR. FARVER: I agree with you 100
10 percent, Scott, and we probably shouldn't write
11 that down.

12 But, yes, that is what we have seen.
13 And I would have suspected that, like you said,
14 this was done from a hand calculation because
15 that is the type of thing we will see, where it
16 is not always included in the IREP table when
17 they do the calculations by hand. But, when it
18 is done by the tool, they are left in and we will
19 see the low numbers. So, I agree with you
20 completely.

21 CHAIRMAN KOTELCHUCK: Okay. That
22 seems like a reasonable procedure, and that has

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1 always been done.

2 MEMBER MUNN: Yes, it is
3 reasonable.

4 CHAIRMAN KOTELCHUCK: So, nothing
5 new.

6 MR. FARVER: To answer Brad's
7 question, that is the type of -- we will see it,
8 like Scott said, when they do their hand
9 calculations and when it is not done by the tool.

10 CHAIRMAN KOTELCHUCK: Okay.

11 MEMBER CLAWSON: I understand.
12 Thank you.

13 MR. FARVER: Okay.

14 CHAIRMAN KOTELCHUCK: Okay.
15 Close, folks?

16 MEMBER CLAWSON: Close.

17 MEMBER MUNN: Close.

18 CHAIRMAN KOTELCHUCK: Closed. It
19 is 11:59. Shall we take a break now until one
20 o'clock? One o'clock, Eastern time.

21 MEMBER MUNN: Yes.

22 CHAIRMAN KOTELCHUCK: Okay, folks,

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1 see you back at one o'clock Eastern.

2 MEMBER MUNN: Thank you.

3 CHAIRMAN KOTELCHUCK: Thank you.

4 Eastern Daylight. Bye-bye.

5 (Whereupon, the above-entitled
6 matter went off the record at 11:59 a.m. and
7 resumed at 1:01 p.m.)

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1 A-F-T-E-R-N-O-O-N S-E-S-S-I-O-N

2 1:01 p.m.

3 MR. KATZ: So, I think we can just
4 proceed from here. We are on Portsmouth.

5 But, Dave, it's your agenda.

6 CHAIRMAN KOTELCHUCK: Okay.
7 Right. We just finished 273.3 before. And we
8 are ready to go for the next one, I assume 273.4.

9 MR. FARVER: Okay. This is Doug.

10 CHAIRMAN KOTELCHUCK: Okay. Hi.

11 MR. FARVER: Oh, 273.4, NIOSH needs
12 to further address the types and number of
13 cancers.

14 There were six confirmed cancers in
15 this case. In the correspondence there seemed
16 to be a lot of going back and forth to get the
17 correct pathology. And at one point it was
18 listed as a jaw. And then, it was changed to
19 another, you know, eyelid. So there is a lot of
20 confusion going back and forth, and that is what
21 prompted this finding, just to make sure that
22 everybody was on the same page.

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1 As you can see from the NIOSH
2 response, they were reviewed and verified; the
3 cancers are correct. As it turns out, there was
4 a later seventh cancer, and that is the cancer
5 that caused the PoC to go over 50 percent. The
6 case was reevaluated and it was compensated.
7 But there was just a lot of confusion in this
8 matter about where the cancers were and what they
9 were. So we had a little confusion on our part.

10 CHAIRMAN KOTELCHUCK: Yes, by both
11 NIOSH and SC&A, these were, if you will, unusual
12 cancer sites, but they were checked out from both
13 ends and confirmed. And in a sense, it was a
14 technical issue, yes?

15 MR. FARVER: Yes.

16 CHAIRMAN KOTELCHUCK: And it looks
17 like it should be closed.

18 MR. FARVER: Yes.

19 CHAIRMAN KOTELCHUCK: Any Board
20 Member comment?

21 MR. SIEBERT: This is Scott. I'm
22 sorry, I just want to clarify that there is

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1 absolutely nothing wrong. The documentation
2 was all there from the Department of Labor, and
3 the final version that they sent us, which is
4 what we used for the assessment, was correct.

5 MR. FARVER: Yes.

6 CHAIRMAN KOTELCHUCK: Yes.

7 Absolutely. I suspect this was done before
8 August 2010, when this SC&A response was made.
9 Am I right? No? Maybe not. I don't know when
10 the SC&A response was originally written, but
11 things came to a conclusion with agreement on
12 both sides.

13 MR. KATZ: This is Ted. This is
14 just an error on SC&A's side with respect to the
15 finding. The finding wasn't warranted in this
16 case, but that is all.

17 CHAIRMAN KOTELCHUCK: Yes, yes.

18 Okay. It may have been more worthy of an
19 observation. But whatever it was, it is settled
20 now. And again, unless I hear something from
21 one of the other Board Members, I would move to
22 close.

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1 MR. FARVER: And, Dave, I would like
2 to point out that this probably would have been
3 better as an observation.

4 CHAIRMAN KOTELCHUCK: Yes, yes.
5 Okay. Good. Closed.

6 Now Observation 1 on 273.

7 MR. FARVER: Okay. This is Doug.
8 Observation 1 of 273, that's more of trying to
9 get our understanding of the guidance that is in
10 place than an observation. It was just, is this
11 correct, how the tool is being used? Has that
12 been outside the primary beam or, just because
13 of the area on the skin of the back of the neck,
14 is that outside the beam, or how is that
15 considered?

16 NIOSH gives a good explanation there
17 on how it was done. It was done correctly, and
18 it was not a finding. It was just trying to get
19 our understanding straight.

20 MEMBER MUNN: So, is the NIOSH
21 response satisfactory? It appears to be --

22 MR. FARVER: Yes, yes.

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1 MEMBER MUNN: So no further action
2 required. Closed.

3 CHAIRMAN KOTELCHUCK: Right.
4 Current guidance supports the use. Okay. So
5 that is so noted.

6 Any other comments?

7 (No response.)

8 Okay. 326.1, we are starting on
9 Portsmouth.

10 MR. FARVER: Okay, 326.1.

11 CHAIRMAN KOTELCHUCK: Excuse me.
12 Is this -- it may not be starting on Portsmouth.
13 We have been doing --

14 MR. FARVER: Portsmouth.

15 CHAIRMAN KOTELCHUCK: We have been
16 doing Portsmouth before. This is the next set.
17 We have been doing the 12th set of Portsmouth.

18 MR. FARVER: Right.

19 CHAIRMAN KOTELCHUCK: And now, we
20 are doing the 13th. Good.

21 MR. FARVER: This is actually going
22 to be our last Portsmouth case, and then we will

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1 move into the Paducah cases.

2 CHAIRMAN KOTELCHUCK: Okay. Good.

3 MR. FARVER: 326, let's see, he
4 was[identifying information redacted],and
5 worked there from `53 through `94. Was
6 diagnosed with prostate cancer and bladder
7 cancer in `99. And the PoC was about 45 percent.

8 CHAIRMAN KOTELCHUCK: Yes.

9 MEMBER MUNN: That is a pretty fair
10 indication this is not a borderline case.

11 MR. FARVER: Okay.

12 CHAIRMAN KOTELCHUCK: Yes.

13 MR. FARVER: Sorry, I had to change
14 the phone there. The battery was dying on my
15 other phone.

16 CHAIRMAN KOTELCHUCK: Okay.

17 MR. FARVER: I'm back now. That is
18 the background behind it, and our finding was it
19 was based on where the person worked and the TBD.
20 We felt that, even though they were not monitored
21 for neutron dose, we felt they should have had
22 neutron dose assigned, based on the external TBD

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1 and the work areas that were noted, X336, X330,
2 X333. And that is what prompted the finding.

3 Dose-wise, we have estimated it at
4 about 0.7 rem.

5 MEMBER MUNN: Not a bunch.

6 MR. FARVER: Not a bunch. As you
7 can see in NIOSH's response, the neutron dose
8 probably should have been assigned, but it would
9 not have changed the PoC. But it is one of those
10 things where, okay, it should have been; it
11 wasn't. Who missed it? Why was it missed?
12 And what can we do about that to make sure it is
13 not missed again, when maybe sometimes it does
14 matter?

15 CHAIRMAN KOTELCHUCK: Right.

16 MEMBER MUNN: So, it is a QA issue?

17 MR. FARVER: It is, and, honestly,
18 I am not sure how you correct it, but --

19 MEMBER MUNN: I'm not, either.

20 MR. FARVER: -- all we can do is
21 identify it at this point. I don't know that we
22 can do anything else on this finding. I just

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1 wanted to point that out. You know, it is
2 probably something that should have been caught
3 somewhere along the line.

4 CHAIRMAN KOTELCHUCK: Does this
5 mean that this person was not monitored for
6 neutron dose?

7 MR. FARVER: I believe not.

8 CHAIRMAN KOTELCHUCK: Because it
9 said, should be assigned.

10 MR. SIEBERT: This is Scott. That
11 is correct. They were not monitored.

12 CHAIRMAN KOTELCHUCK: Yes. And it
13 should have been assigned. Well, that is a
14 major area of exposure, and 7/10ths of a rem is
15 not a small amount, a small dose.

16 MEMBER MUNN: Well, but when a
17 person is in the 20th percentile, then the
18 addition of that dose clearly will not make a
19 difference.

20 CHAIRMAN KOTELCHUCK: Sure.

21 MEMBER MUNN: That kind of
22 assessment is a question of whether to include

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1 something else in a case that clearly it is not
2 compensable on the face of it, it sounds like a
3 judgment call. And as was pointed out, it
4 probably is not something that you can correct
5 because it would be a case-by-case view, it
6 appears.

7 CHAIRMAN KOTELCHUCK: Well, to me,
8 it is that neutron dose was ignored, both in the
9 field and in our process. And that, to me, is
10 the most significant issue.

11 MR. FARVER: This is Doug. I don't
12 think I would categorize this as a judgment call.
13 It was more, you determine the work locations,
14 and once you establish that, you go to your TBD.
15 And your TBD says, if it is this location, then
16 you assign neutron dose. It was more just not
17 following your TBD.

18 MR. STIVER: Doug, this is John.
19 This was also a best-estimate case, wasn't it?
20 I mean, looking at the PoC.

21 MR. FARVER: No, it is PoC less than
22 45 percent. So, I am sure that it is more of a

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1 hybrid case.

2 MR. STIVER: Yes. So it could have
3 been an overestimate, in which case that was just
4 overlooked or just made the decision not to
5 include it. But I think that after you cross
6 that threshold, then it is very small, 45.12, but
7 that would trigger a more thorough review, and
8 that might have been included.

9 CHAIRMAN KOTELCHUCK: It seems just
10 a broad category to miss, a broad category of
11 exposure. That's what bothers me.

12 Well, I'm not sure what to say about
13 the QA process.

14 MEMBER RICHARDSON: Doug -- if I
15 could, this is Dave. I just have a question for
16 Doug.

17 CHAIRMAN KOTELCHUCK: Okay.

18 MEMBER RICHARDSON: You are saying
19 that this could have been a hybrid or not. Do
20 we know exactly for sure what this kind of was,
21 what this case was? They used a best estimate
22 or what?

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1 MR. FARVER: Really, I don't really
2 know. Let's see, this was done in 2008. So,
3 they were doing the hybrids back then. And I
4 believe that, if it was less than 45 percent,
5 they could go ahead and use some overestimating
6 or some efficiency techniques.

7 CHAIRMAN KOTELCHUCK: But it was
8 over 45 percent.

9 MR. FARVER: 44.97.

10 CHAIRMAN KOTELCHUCK: No, but it
11 started out as 45.12, right? And before this
12 oversight was identified --

13 MR. FARVER: It started out at, it
14 should have been 44.97. Let me check that.

15 CHAIRMAN KOTELCHUCK: No, it says,
16 changed from 45.12 to 44.97.

17 MR. STIVER: That might be a typo.
18 Because I think just look at the logic of it. By
19 adding a dose, you would have increased it to --

20 CHAIRMAN KOTELCHUCK: Yes, I would
21 think it was a little bit strange.

22 MS. BEHLING: Not always -- this is

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1 Kathy Behling -- when you are doing the Monte
2 Carlo.

3 MR. FARVER: I believe the original
4 one was the 44.97.

5 MR. SIEBERT: This is Scott. I
6 think I can clarify that.

7 This is because we have a process
8 that we are working through. When we initially
9 put this response together, we sent the initial
10 claim over to DCAS at 45.12 percent. They then
11 ran the 30 IREP runs with the 10,000 iterations
12 that they do when it is in the best-estimate
13 territory. And the final PoC actually was 44.97
14 percent in the original case, which is what Doug
15 is referring to and the SC&A report refers to.

16 So I really should have had that as
17 the first PoC as well. And there was no change
18 in PoC is the bottom line here.

19 CHAIRMAN KOTELCHUCK: Yes, that's
20 clear.

21 MR. SIEBERT: But that does not
22 change the fact that we agree that the dose

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1 reconstructor and the peer reviewers should have
2 noted that work location and should have
3 assigned neutrons. We are not arguing that at
4 all.

5 CHAIRMAN KOTELCHUCK: Yes.

6 MR. FARVER: But to answer Brad's
7 question whether this is a true best estimate or
8 a hybrid, I am not sure.

9 MR. SIEBERT: I believe it actually
10 was a best estimate, Brad.

11 MEMBER CLAWSON: Okay. Well, I
12 understand that. I am looking at it from the
13 standpoint that we have these processes that we
14 are supposed to follow. As NIOSH has said, he
15 should have had the neutron dose assigned to him,
16 and it wasn't. I guess, to me, that is the
17 bottom of the issue. That is the whole issue
18 right there.

19 And what have we done? I am sure
20 that we have -- and this is to NIOSH -- I'm sure
21 that they have put something in their workbooks.
22 I know we have made numerous changes over the

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1 year to be able to correct things like this.

2 CHAIRMAN KOTELCHUCK: Given that
3 this is a sample, would/should anybody have gone
4 back and looked at other cases where there might
5 have been cases where the neutron dose was again
6 overlooked?

7 MR. STIVER: Dave, are you implying
8 that it would be a systematic problem in their
9 approach as opposed to just a missed QA-type
10 thing?

11 CHAIRMAN KOTELCHUCK: Yes, that is
12 the question.

13 MEMBER CLAWSON: Has NIOSH changed
14 anything in the process in the last two years to
15 be able to correct something like this, I guess
16 is where I'm coming from.

17 CHAIRMAN KOTELCHUCK: Okay.

18 MR. STIVER: This is John. I think
19 we are coming up against the same type of problem
20 we had with the Los Alamos QA issues. We have
21 identified a problem, but at this point what can
22 we really do about it?

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1 I mean, once these sets are all
2 completed and we do kind of an overview and look
3 at trending and the different categories of
4 findings, I think, once again, it would be kind
5 of inconclusive to look at this in isolation
6 from --

7 CHAIRMAN KOTELCHUCK: Yes. Well,
8 no, I mean, I agree. I am willing to wait until
9 we are finished. I asked the question, has this
10 been done. And maybe the answer is no. And
11 that would have to rest, then, I guess, until we
12 finish the set. And that is what I think I have
13 heard, that other cases haven't been looked at.
14 This will be put down as a QA Type E error. And
15 we will continue on, right?

16 There is no question about what the
17 outcome is, and that in terms of this particular
18 case, it should be closed, right?

19 MR. STIVER: From the broader
20 perspective, it is closed for this particular
21 case, but it does raise the issue of QA in
22 general.

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1 CHAIRMAN KOTELCHUCK: Yes.

2 MR. STIVER: And that is going to be
3 looked at in kind of more of a broader --

4 CHAIRMAN KOTELCHUCK: Right.
5 Well, to the extent that the Subcommittee is
6 supposed to act, then it seems to me we ought to
7 act to close it and move on.

8 MR. SIEBERT: Maybe to make
9 everybody feel a little bit better -- I'm sorry
10 I have been so quiet; I was typing away, getting
11 information.

12 The new Portsmouth TBD does have
13 more explicit instructions on assigning neutron
14 dose.

15 CHAIRMAN KOTELCHUCK: Good.

16 MR. SIEBERT: So, it is more clearly
17 defined for the dose reconstructors, in my
18 understanding, than it was at the time we did
19 these claims, this specific claim.

20 And I have also checked, and we have
21 assigned neutrons in the past many times. I
22 don't think it is, it is probably not systematic.

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1 I think it is just the dose reconstructor did not
2 catch the correct location in this dose
3 reconstruction.

4 CHAIRMAN KOTELCHUCK: Well, that's
5 good. And that means that something has already
6 been done in a systematic way in terms of the
7 instructions to the dose reconstructors. That
8 is positive and responsive. Good.

9 Let's go on, I believe.

10 MR. FARVER: Okay. The next case
11 is going to be Paducah, 232.1.

12 A little background on the Paducah
13 case, the individual worked there from `52
14 through `95.

15 CHAIRMAN KOTELCHUCK: Did you skip
16 some observations?

17 MR. FARVER: Oh, did I? I may have.

18 CHAIRMAN KOTELCHUCK: Yes, there
19 was 326, Observation 1.

20 MR. FARVER: Oh, yes. Okay. We
21 will go back to 326, Observation 1. It has to
22 do with the missed dose correction factor that

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1 we talked about earlier.

2 CHAIRMAN KOTELCHUCK: Yes.

3 MR. FARVER: Only this time we made
4 an observation because we had written it up
5 before as being a finding.

6 CHAIRMAN KOTELCHUCK: Ah, right.
7 Okay.

8 MR. FARVER: So we are trying to
9 eliminate some findings by writing
10 observations.

11 CHAIRMAN KOTELCHUCK: Right. Very
12 good. Okay. In this case, you did both.

13 MR. FARVER: Yes.

14 CHAIRMAN KOTELCHUCK: Right.
15 Okay. Let's move on.

16 MR. FARVER: Okay.

17 CHAIRMAN KOTELCHUCK: And by the
18 way, when I, as Chair, to other Board Members,
19 when I say, move on, I am always open to somebody
20 saying, wait a minute, I have a thought or
21 concern. So, that is not an order if any Board
22 Member says, wait a minute. Okay?

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1 All right, the 10th set, Paducah,
2 232.1.

3 MR. FARVER: Okay. This is Doug.
4 The background on the case, he worked there from
5 1952 through 1995. Was diagnosed with, it looks
6 like, two skin cancers. Total dose was 25.5 and
7 22.5 rem to each location. And the PoC was over
8 50 percent. So, the case was compensated.

9 And the DR was done in 2007. So that
10 gives you a timeframe.

11 CHAIRMAN KOTELCHUCK: Okay.

12 MR. FARVER: And the first item here
13 has to do with the inappropriate procedure used
14 to determine the medical dose. And in our
15 review, we go through and say you have picked the
16 wrong number, used the wrong year. For the '73
17 doses, they used the '75 tabulated values, and
18 it is one of those cases.

19 And you can see NIOSH's response.
20 Yes, they did use the wrong one, the lower value,
21 and they also had the incorrect values for the
22 1970, beginning in 1970, for the left forehead.

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1 The case was compensated. So it
2 really doesn't affect this case. It's just a
3 matter of another QA issue, how they got the
4 wrong ones, why they used the wrong ones, and so
5 forth.

6 CHAIRMAN KOTELCHUCK: Yes.

7 MR. FARVER: And I don't know if
8 this is a workbook or if this was something that
9 was hand-calculated. I know a lot of times on
10 the workbooks they will have all this input into
11 the workbook, so that the dose reconstructor
12 doesn't even have to enter the values for the
13 x-rays; it automatically calculates them. So,
14 I don't know for this case. I would have to go
15 back and track down the file. In any case, it
16 is probably something that should have been
17 caught.

18 CHAIRMAN KOTELCHUCK: So it is
19 another QA error to be assigned, but the case is
20 closed.

21 MR. FARVER: That is what I would
22 suggest.

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1 CHAIRMAN KOTELCHUCK: What do
2 others think, Board Members, Subcommittee
3 Members?

4 MEMBER CLAWSON: This is Brad. I
5 recommend that we close it.

6 CHAIRMAN KOTELCHUCK: Okay.

7 MR. SIEBERT: This is Scott. I,
8 once again, was frantically typing, just to
9 verify. And there was no workbook at this time.
10 The workbook had not been created yet for
11 Paducah. So this was hand calculations across
12 the board. So, that's why. There is one now.
13 So, this, presumably, would not be the same
14 issue.

15 CHAIRMAN KOTELCHUCK: All right.
16 That's good. Then let's close and move on.

17 MR. FARVER: Okay. This is Doug.
18 Observation 1 from 232. Oh, okay. NIOSH
19 assigned the photon dose of 32 millirem for '91
20 and '94. We could not locate those doses in the
21 records. And I do remember looking at this now,
22 and there is no workbook. These were hand

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1 calculations. And I don't know where they got
2 the 32 from. It was just not in the records, and
3 there was nothing in the files to tell where that
4 number came from.

5 And I believe NIOSH agrees they
6 couldn't find it either in the records. And it
7 was assumed just to be an error on the dose
8 reconstructor's part.

9 MR. STIVER: So, it is an
10 observation, not a finding?

11 MR. FARVER: It is. Looking back
12 on it now, I probably would have made it a
13 finding, but I think we didn't because it was
14 claimant-favorable at that time. That is why we
15 didn't do it. I probably would have made it a
16 finding, just to address the QA aspect.

17 CHAIRMAN KOTELCHUCK: Yes.

18 MR. STIVER: So will it enter the
19 tally in this next summary, in the report, when
20 we would tally up QA issues?

21 CHAIRMAN KOTELCHUCK: No.

22 MR. FARVER: Probably not, because

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1 unless we can make it a finding somehow, we would
2 have to add a --

3 CHAIRMAN KOTELCHUCK: You know,
4 once this is assigned, you can't change it,
5 right? Or can you?

6 MR. FARVER: Oh, I could probably go
7 back and modify a report.

8 CHAIRMAN KOTELCHUCK: Yes, you
9 would have to do that.

10 MR. KATZ: No. Excuse me. This is
11 Ted. I mean, these cases come to the Dose
12 Reconstruction Subcommittee for their final
13 disposition. So, really, it is up to the
14 Subcommittee to decide whether something should
15 or shouldn't be a finding. And you can do it
16 here, and SC&A doesn't have to revise their
17 report for that. It just needs to be recorded
18 finally.

19 CHAIRMAN KOTELCHUCK: Right.
20 Okay.

21 MR. KATZ: So Dave Richardson was
22 asking. If you think that this actually should

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1 have been a finding, then, by all means, that is
2 what you should record it as.

3 CHAIRMAN KOTELCHUCK: Sounds to me
4 as if it should have been a finding. What do
5 other people think?

6 MEMBER CLAWSON: Yes, it should
7 have been a finding. Remember -- I agree with
8 what Ted just said -- SC&A does an initial report
9 and they bring it to us. And I think there are
10 several times that we have changed it from an
11 observation to a finding.

12 CHAIRMAN KOTELCHUCK: Okay. Well,
13 this seems to be an appropriate case. We just
14 finished one that was a finding that should have
15 been an observation. But I'm not going to go
16 back. I didn't know if we had the power to do
17 it. Since we have the power to do it, let's just
18 take 232 and make a finding out of it. Decide.

19 And for that, since we are making a
20 change in this record, I want to make sure that
21 all agree. I agree. Brad, you said you agreed?

22 MEMBER CLAWSON: That is correct.

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1 CHAIRMAN KOTELCHUCK: Wanda?

2 John? Dave?

3 MEMBER POSTON: John agrees.

4 CHAIRMAN KOTELCHUCK: Okay. Dave?

5 Wanda?

6 MEMBER RICHARDSON: David

7 Richardson agrees.

8 CHAIRMAN KOTELCHUCK: Okay.

9 Wanda?

10 MEMBER MUNN: Well, I'm of two minds
11 on it, primarily because I don't see 32
12 millirems. I look at outcomes, and I am of two
13 minds.

14 CHAIRMAN KOTELCHUCK: Yes.

15 MEMBER MUNN: But, yes, it was an
16 error and should be addressed as one, yes.

17 CHAIRMAN KOTELCHUCK: Okay. So,
18 that will be changed to a finding.

19 MEMBER RICHARDSON: S, one thing,
20 Wanda, is what I am imagining is, at some point,
21 as you said, we would like to summarize these
22 data. And if the story is a good news story,

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1 then, you know, a number of types of errors, and
2 maybe the overall rate of errors, has diminished
3 over time. And so we would like to have a kind
4 of accounting of those when they happen. And if
5 this is the case that happened in the past and
6 where it won't happen later, we would like to see
7 those.

8 So, I guess, in order to be able to
9 understand whether the things that have been
10 implemented to reduce the rates of errors are
11 occurring, we would like to be able to get a good
12 count of these events.

13 MR. FARVER: Okay. This is Doug.
14 I will go and make that a finding and give it a
15 finding number and appropriate Table 2
16 indicator/category. So, I will go ahead and
17 take care of that. And then it will be a finding
18 number.

19 CHAIRMAN KOTELCHUCK: Well, right.
20 And, David, you basically are suggesting that
21 let's just say let's not do this too often?
22 Could I take that as a conclusion? Or would you

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1 say we shouldn't do it now?

2 MEMBER RICHARDSON: Oh, no, I think
3 we should do it.

4 CHAIRMAN KOTELCHUCK: Okay. Then
5 we will do it, Doug, as you said. We will do what
6 you said.

7 MR. FARVER: Okay. Now we are
8 going to keep this open? Do you want to close
9 it? Is there anything we can do to it other than
10 give it a number?

11 CHAIRMAN KOTELCHUCK: No, I think
12 we should close it.

13 MR. FARVER: Okay.

14 MS. BEHLING: Excuse me. This is
15 Kathy Behling. Shouldn't there be a category
16 assigned to this, so that it ultimately gets put
17 into a QA bin?

18 CHAIRMAN KOTELCHUCK: Kathy, I
19 can't hear you.

20 MS. BEHLING: Okay. I'm just
21 asking, should this be assigned a category code,
22 so that it gets put into an appropriate bin,

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1 ultimately?

2 MR. FARVER: Kathy, this is Doug.
3 I will take care of all that. I will give it a
4 Table 2 identifier and category and all that. I
5 will make it a finding, just like a normal one.

6 MS. BEHLING: Okay. And does that
7 also go for all of the previous findings that we
8 have been talking about? Because, at this
9 point, I didn't see category codes in that
10 column.

11 MR. FARVER: You know, I noticed
12 that, too, and I don't know why. But, yes, I
13 will have to have a category.

14 MS. BEHLING: Okay.

15 CHAIRMAN KOTELCHUCK: Good. Thank
16 you for pointing that out.

17 The 11th set for Paducah.

18 MR. FARVER: Okay, 251.1 is easy.
19 We can close that.

20 CHAIRMAN KOTELCHUCK: Right.

21 MR. FARVER: I'm guessing that
22 somehow during our editing we eliminated a

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1 finding and just never got the renumbering
2 correct.

3 CHAIRMAN KOTELCHUCK: Oh, okay.
4 So, we go to 251.2.

5 MR. FARVER: Okay. A little
6 background. Worked at Paducah from 1969
7 through 1980. Had three skin cancers.
8 Associate design engineer, weld inspector. The
9 PoC was 49.09. Okay.

10 And, oh, okay, 251.2, NIOSH did not
11 include dose from possible skin contaminations.

12 CHAIRMAN KOTELCHUCK: I thought we
13 said that was in the Procedures Committee.

14 MR. FARVER: It is. This looks
15 very similar to the one from Portsmouth.

16 CHAIRMAN KOTELCHUCK: Yes.

17 MR. FARVER: I believe at this time
18 is when we were writing this up as a finding
19 because there was still a lot of discussion about
20 that.

21 CHAIRMAN KOTELCHUCK: Right, and
22 appropriate.

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1 MR. FARVER: But this is a case
2 where there was nothing to show, like in the
3 records, where the person was deconned. And
4 then a skin contamination or a skin cancer
5 appeared at that location. So, there is nothing
6 in the DOE records to show.

7 CHAIRMAN KOTELCHUCK: I think we
8 have to hold -- if this is a case that's going
9 to the Procedures Committee, then we just have
10 to hold it in abeyance, right?

11 MR. FARVER: Well, no, I believe we
12 closed it, because it's already being addressed.
13 Now I will have to go back and find out our
14 wording.

15 CHAIRMAN KOTELCHUCK: From where I
16 can see, I don't see -- on the screen I don't see
17 where it says closed.

18 MR. SIEBERT: I don't believe we put
19 in a recommendation on this, Doug.

20 MR. FARVER: Okay. I see, I see.
21 I don't know. It's a judgment call, but --

22 MR. SIEBERT: It is similar enough

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1 to the previous TC-99 question that we could
2 probably use the same recommendation, don't you
3 think?

4 MS. GOGLIOTTI: The past one was
5 compensated, though. That's the difference.

6 MR. KATZ: This is Ted. I mean, I
7 still think, irrespective of how the case comes
8 out, I mean, you can close it here. I mean, we
9 will have the record of all the cases that fit
10 within this little box of these skin
11 contamination cases.

12 And then when Procedures resolves
13 the matter, I mean, then, hopefully, you will
14 have that done before it's time to write the
15 report to the Secretary. And so, for all of
16 these cases, you will have resolution from the
17 Board as to what it thinks is appropriate with
18 respect to these cases. And you can apply that,
19 then, to the block of them in your report to the
20 Secretary.

21 CHAIRMAN KOTELCHUCK: Including
22 this one.

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1 MR. KATZ: Yeah, yeah. So, I think
2 you can close it here. You don't need to leave
3 it open, because there is nothing more for you
4 to do on this, except to hear what the
5 Board -- and you will certainly be a part of it
6 at the end of the road -- but what the Board
7 considers appropriate for handling these kinds
8 of cases.

9 CHAIRMAN KOTELCHUCK: Okay. So,
10 you are saying the result in this case, one would
11 have to say, is uncertain, but the Committee
12 can't do anything about it?

13 MR. KATZ: Right. I mean, they are
14 not --

15 CHAIRMAN KOTELCHUCK: We have no
16 role in deciding that.

17 MR. KATZ: -- individual cases on
18 the basis of the reviews. So your review of this
19 case is completed. You noted that there is an
20 issue. That issue will get resolved by, first,
21 the Procedures Subcommittee and, then by the
22 Board, once the Procedures Subcommittee

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1 believes it has the right handle on it, right?

2 CHAIRMAN KOTELCHUCK: And then they
3 will come back to this --

4 MR. KATZ: It won't come back to
5 this Subcommittee, but it will come back for all
6 of these cases that you have in this bin when you
7 write your report. If the Board at the end of
8 the day decides that these aren't being handled
9 in the right way, that would be one of the things
10 that you cover in your report. At least that is
11 the way I would suggest.

12 CHAIRMAN KOTELCHUCK: Okay.
13 Comments, folks?

14 MS. BEHLING: This is Kathy
15 Behling. The only thing that I would suggest is
16 that you clearly mark somewhere in here that this
17 is going to either -- I don't know if this is up
18 to the Procedures Committee or if this is going
19 to the scientific overarching committee. But I
20 would make sure that that gets in this matrix
21 somewhere.

22 CHAIRMAN KOTELCHUCK: Right. No,

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1 this is in Procedures.

2 MR. FARVER: This is Doug. I will
3 go back. I thought we had this before where we
4 wrote in there where it was transferred to the
5 Procedures Committee.

6 MR. KATZ: We did.

7 MR. FARVER: Okay.

8 CHAIRMAN KOTELCHUCK: Yes.

9 MR. FARVER: I will go back and find
10 the wording and paste it in here.

11 CHAIRMAN KOTELCHUCK: Good.

12 MR. FARVER: I don't know where it
13 is at right now, but I remember writing it.

14 MR. KATZ: Yes, that is correct.
15 This is Ted. And that's fine. That is the way
16 to --

17 CHAIRMAN KOTELCHUCK: Good.
18 That's good. That will make it clearer when we
19 go back over the record.

20 MR. FARVER: Wasn't it last meeting
21 we talked about this?

22 MR. KATZ: I believe so, Doug.

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1 MR. FARVER: Okay. I will go back
2 and check those matrices.

3 MR. KATZ: Right. Because, in
4 fact, I know so, because I sent a memo out once
5 I got the transcript of this last meeting, your
6 last meeting, to the Procedures Subcommittee,
7 giving them this issue.

8 CHAIRMAN KOTELCHUCK: That's
9 right.

10 MR. KATZ: Because of the
11 discussion.

12 CHAIRMAN KOTELCHUCK: Yes.

13 MEMBER MUNN: Correct.

14 CHAIRMAN KOTELCHUCK: Yes. Yes,
15 that's right. I'm reminded of it because you
16 cc'ed me on that, as appropriate.

17 MR. FARVER: I will check the August
18 7th matrices that we did. And I will put in the
19 appropriate wording.

20 CHAIRMAN KOTELCHUCK: Okay, good.
21 So, that will be closed with that wording.

22 And we are ready to go on to 251.3.

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1 MR. FARVER: Yes, there is one
2 observation, one 251 observation, Observation
3 1. It refers to the OCAS-IG-001. They have a
4 method in there about determining the median
5 number of zeroes. And in this case, it came up
6 to two-and-a-half zeroes for missed dose, for
7 determining missed dose.

8 And the observation is, well, gee,
9 you could have just upped it to three zeroes.
10 Okay?

11 CHAIRMAN KOTELCHUCK: Right.

12 MEMBER CLAWSON: Doug, this is
13 Brad. Is everybody else's screen showing --

14 CHAIRMAN KOTELCHUCK: Blank?

15 MEMBER CLAWSON: Seeing nothing,
16 yeah.

17 MEMBER MUNN: Mine went blank, too,
18 Brad.

19 MR. FARVER: Yes, that just
20 happened. Hang on a second.

21 CHAIRMAN KOTELCHUCK: Okay.

22 MEMBER CLAWSON: I wanted to make

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1 sure I wasn't the only one with a blank look.

2 CHAIRMAN KOTELCHUCK: Right.

3 MEMBER MUNN: Well, we can never
4 tell. We can never tell. There's no way.

5 CHAIRMAN KOTELCHUCK: There we are.
6 Thank you.

7 MR. FARVER: Okay. So, the
8 difference in dose is 11.5 millirem, which is
9 half a zero, basically.

10 I don't know. They followed their
11 procedure. I guess that's why it wasn't a
12 finding. It was just an observation saying, you
13 know, there is no such thing as two-and-a-half
14 zeroes.

15 CHAIRMAN KOTELCHUCK: Right.

16 MR. FARVER: I don't know. There's
17 really no action required or anything.

18 CHAIRMAN KOTELCHUCK: Well, yeah.

19 MEMBER MUNN: Close it and move on.
20 It's just an observation.

21 CHAIRMAN KOTELCHUCK: Yes.

22 MEMBER MUNN: Nothing to be done.

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1 CHAIRMAN KOTELCHUCK: Thank you.

2 MR. FARVER: Okay.

3 CHAIRMAN KOTELCHUCK: Twelfth set.

4 MR. FARVER: Close out a couple of
5 windows. Case 2, tab 270. And worked at
6 Paducah for eight months in 1952 as a truck
7 driver and welder. Was diagnosed with lung
8 cancer in `81. The PoC was over 50 percent, and
9 the dose reconstruction was done in March of 2006
10 as an underestimate. Okay.

11 So, we move into the finding.
12 Incorrect date of cancer diagnosis.

13 CHAIRMAN KOTELCHUCK: And that's a
14 type?

15 MR. FARVER: Let me find the
16 finding. Incorrect date of cancer diagnosis.

17 MEMBER MUNN: Isn't this is a
18 clerical error that doesn't affect outcome?

19 MR. FARVER: It doesn't affect
20 outcome. I mean, that's --

21 MEMBER MUNN: It's a clerical error
22 if it doesn't affect outcome.

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1 MR. FARVER: Yeah. It was another
2 confusing issue with different letters that were
3 in the case file giving different dates. One
4 said '79 and others said '81.

5 CHAIRMAN KOTELCHUCK: The death
6 certificate gave a date of diagnosis?

7 MR. SIEBERT: Well, this is Scott.
8 The death certificate gave a general timeframe
9 prior to death, like 18 months or whatever. I
10 don't know the number off the top of my head.
11 And that is what the initial number -- the
12 number was to subtract to get the date.

13 CHAIRMAN KOTELCHUCK: Good.

14 MR. SIEBERT: And this is one where
15 DOL actually did go back and forth discussing it.
16 They made their final decision, and that's what
17 we assessed it on. Even though we knew it could
18 be different, once it was compensable, there was
19 no point in even going back to DOL to change
20 anything.

21 CHAIRMAN KOTELCHUCK: Yes, I agree.
22 Just when I see a number like that coming off a

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1 death certificate, I just consider that kind of
2 data on a death certificate unreliable.

3 But since it was over 50 percent, and
4 had the correct date been put in, it would still
5 remain over 50 percent, then there is nothing to
6 decide. I mean, I think the case should be
7 closed.

8 MR. FARVER: Correct. They used an
9 earlier date.

10 CHAIRMAN KOTELCHUCK: Yeah.

11 MS. BEHLING: This is Kathy
12 Behling. Can I just ask a quick question for
13 clarification, maybe from Scott?

14 So, am I hearing you say that if you
15 did go into the records and you determined that
16 perhaps DOL assigned an incorrect cancer date,
17 you would go back to DOL and ask them about that,
18 you know, ask them to clarify that that is the
19 correct date of diagnosis?

20 MR. SIEBERT: Yes. If we have in
21 the document something clear for us to point at,
22 we will ask for clarification, yes.

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1 MS. BEHLING: Okay. Thank you.

2 CHAIRMAN KOTELCHUCK: Good. So, I
3 am going to say case closed. Any further
4 Committee comments?

5 Okay. Hearing none --

6 MEMBER CLAWSON: This is Brad. I
7 am good with proceeding ahead with that date.

8 CHAIRMAN KOTELCHUCK: Good. Okay.
9 Hearing no disagreement, we go on. It's closed.

10 MR. FARVER: Okay. This is Doug.
11 270.2, "Incorrect calculation of total uranium
12 intake."

13 CHAIRMAN KOTELCHUCK: Are other
14 folks having the program jump out of Live
15 Meeting?

16 MEMBER MUNN: I have had a couple of
17 incidents with that, but not as bad as it used
18 to be.

19 CHAIRMAN KOTELCHUCK: It's quite
20 frequent.

21 MR. FARVER: Okay. This should
22 have been just a matter of pulling a number off

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1 of a table in the TBD of so many becquerels per
2 day intake, and then multiplying it by the X
3 amount of days that the employee worked there.

4 We came up with a little different
5 number than NIOSH did. And so that is what
6 prompted the finding.

7 And to give you some idea of the
8 difference in the total becquerels, I think we
9 came up with about 7,828 becquerels, and they
10 came up with 7,203 becquerels. So, you're off
11 by -- what's that -- 600 becquerels. I mean,
12 that was the difference, and we just couldn't
13 understand why we came up with such a different
14 value.

15 And the worksheet was not included
16 to show what the basis for the calculation was.
17 It looks like they used 140 days instead of the
18 213 days, and it didn't matter because it was
19 still a compensated case. It was just unclear
20 about what the reasoning was.

21 And like I said, this case was back
22 from 2006, and they are getting much better at

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1 including this information in these more recent
2 cases. So, I'm not sure there is anything we can
3 do about this, Scott, unless you have anything
4 to add?

5 MR. SIEBERT: No, I agree
6 wholeheartedly that that spreadsheet should
7 have been in there to clearly define what the
8 assumptions were.

9 CHAIRMAN KOTELCHUCK: Yes. So,
10 it seems like it should be closed.

11 MR. FARVER: Okay.

12 MEMBER MUNN: Agreed.

13 CHAIRMAN KOTELCHUCK: Okay. Go
14 on.

15 MR. FARVER: Okay, 270.3. This is
16 another one where it was unclear what the basis
17 was for assigning tech-99 and thorium-230.

18 You can see a lot of this comes down
19 to that the calculational spreadsheets weren't
20 there. So the dose reviewer has to go through
21 and try to go back to the TBD and determine how
22 they came up with their different values.

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1 And I believe that, even in our
2 report, we refer to a column 2, or column 3, of
3 a Table 5.2. And I think the value that they
4 really meant was column 2 because that works out
5 to be the ratio that he was referring to. And
6 the ratio that he looked at of thorium-230 to
7 uranium-234 was .25. And the one in Rev 00 came
8 out to be .027. It was off by a factor of 10,
9 which prompts the finding.

10 Okay. That's the background of the
11 finding. We just didn't really understand
12 where the numbers came from.

13 CHAIRMAN KOTELCHUCK: And since it
14 goes back a way -- I mean, is there any response
15 that can be given or should be given by NIOSH or
16 ORAU?

17 MR. FARVER: Well, on the one hand,
18 I can say the case was compensated.

19 CHAIRMAN KOTELCHUCK: Yes.

20 MR. FARVER: And I'm not sure that
21 NIOSH can go back and say exactly why the numbers
22 there were used.

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1 CHAIRMAN KOTELCHUCK: Right. So,
2 it seems to me that it is something that isn't
3 going to happen again, right? It's been
4 resolved because we have a workbook?

5 MR. FARVER: I don't know. Scott,
6 any input on that?

7 MR. SIEBERT: Yes, this
8 information, this would not be done in the dose
9 reconstructor's own calculational spreadsheet
10 anymore. There's tools for applying these
11 types of things which did not exist consistently
12 back in 2006. So, yes, it would not occur at
13 this point.

14 CHAIRMAN KOTELCHUCK: Okay. I
15 think that resolves it. I mean, that --

16 MEMBER GRIFFON: Hey, Dave, this is
17 Mark Griffon.

18 CHAIRMAN KOTELCHUCK: Mark,
19 welcome back.

20 MEMBER GRIFFON: Yeah, I was off for
21 a little while.

22 CHAIRMAN KOTELCHUCK: Sure.

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1 MEMBER GRIFFON: I came back about
2 10-15 minutes ago.

3 But on this one and the last case,
4 I don't disagree with the fact that the worksheet
5 should have been in the file and now we have
6 already resolved that. The question I would
7 have is, on both of those, should NIOSH provide
8 the worksheet and resolve these calculational
9 differences? Or are they so trivial that we are
10 willing to overlook them? I didn't quite follow
11 that. I mean, I think we should maybe still
12 follow through on that.

13 CHAIRMAN KOTELCHUCK: Well, this
14 one is compensated.

15 MEMBER GRIFFON: Okay. This one's
16 compensated, yeah.

17 CHAIRMAN KOTELCHUCK: And I think
18 the previous one was. I can't see it. Wasn't
19 the previous one compensated, folks?

20 MR. FARVER: Well, the finding was.
21 I mean, it was the same case.

22 CHAIRMAN KOTELCHUCK: Yeah.

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1 MEMBER GRIFFON: Oh, okay.

2 CHAIRMAN KOTELCHUCK: Alright.

3 MEMBER GRIFFON: Alright. If it is
4 compensated, that's fine. I didn't catch that.
5 I'm sorry.

6 CHAIRMAN KOTELCHUCK: Yes.

7 MR. FARVER: And NIOSH can go back
8 and -- if those spreadsheets even exist now. I
9 mean, they do in current cases, but at that time
10 I am not sure they did exist.

11 CHAIRMAN KOTELCHUCK: Right. I
12 mean the question was raised, essentially,
13 shouldn't one go back and do a workbook on it now,
14 you know, do it again? But, given that it is
15 compensated, there is no point to that.

16 MR. FARVER: Correct.

17 CHAIRMAN KOTELCHUCK: I think we
18 just close it.

19 MEMBER GRIFFON: And also, just to
20 understand, if it's something -- a problem that
21 could be carried through to other cases, I mean,
22 I know this is --

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1 CHAIRMAN KOTELCHUCK: Oh, sure.

2 MEMBER GRIFFON: Yes.

3 CHAIRMAN KOTELCHUCK: Sure. I
4 don't know. I guess there's too much work ahead
5 that has to be done for other cases.

6 MEMBER GRIFFON: I will defer to the
7 Chair on this.

8 CHAIRMAN KOTELCHUCK: Okay.
9 Alright. But thanks for the input on that.

10 Observation 270

11 MR. FARVER: Okay, this is Doug
12 again. "Overall strategy for internal dose
13 minimization could be clarified." Agreed. We
14 had spreadsheets that weren't there. There was
15 just not a good explanation in the DR report.

16 Once again, in more recent cases
17 they are getting much better at putting in
18 explanations and including spreadsheets.

19 But, basically, that was our
20 observation, which was it was making it
21 difficult to figure out what was going on because
22 it wasn't well documented.

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1 CHAIRMAN KOTELCHUCK: Yes.

2 MR. FARVER: And I don't think any
3 of us disagree with that.

4 CHAIRMAN KOTELCHUCK: Right.
5 That's the consistent issue. But it ultimately
6 reflects the same issue we just were talking
7 about, right?

8 MR. FARVER: Yes.

9 CHAIRMAN KOTELCHUCK: Yes. So, I
10 would go on.

11 MR. FARVER: Okay.

12 CHAIRMAN KOTELCHUCK: 271, no
13 findings. Okay.

14 MR. FARVER: No findings; just one
15 observation. It comes down to prorating the
16 doses. And they said it was four months for one
17 year and three months for another. Instead, we
18 found it was four months when they said it was
19 three months. So, you're talking about small
20 differences. And I will have to look to see if
21 this was a compensated case or not.

22 (Pause.)

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1 MR. SIEBERT: This is Scott. It
2 was not.

3 MR. FARVER: It was not. It was
4 close, 49.3 percent. Nine skin cancers. Wow.

5 CHAIRMAN KOTELCHUCK: In other
6 words, in this case, though, the 1954 data was
7 calculated for four months when it should have
8 been only three.

9 MR. SIEBERT: Correct.

10 MR. FARVER: Yes.

11 CHAIRMAN KOTELCHUCK: So, the
12 effect of correcting it would be to reduce -- it
13 was close, but it would still reduce the PoC?

14 MR. FARVER: Yes. And that is why
15 it was made an observation and not a finding,
16 because it was claimant-favorable.

17 CHAIRMAN KOTELCHUCK: Yes. Is
18 that a quality assurance --

19 MR. FARVER: I don't know. I'm
20 thinking that they didn't have the workbooks
21 back then, and that probably it wouldn't happen
22 again today like that.

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1 CHAIRMAN KOTELCHUCK: Yeah. Yeah.

2 MR. FARVER: This is also an
3 older --

4 CHAIRMAN KOTELCHUCK: I hope so.

5 MR. FARVER: This was done in April
6 of 2008. And I don't know if they had Paducah
7 workbooks then or not.

8 CHAIRMAN KOTELCHUCK: Could
9 anybody say? Was there a workbook or when did
10 the workbook come?

11 MR. SIEBERT: I am looking here.

12 CHAIRMAN KOTELCHUCK: Sure. I
13 suspected you were.

14 MR. FARVER: And while he is
15 looking, we can go on to Observation 2, which
16 just talks about the electron dose, the same
17 issue.

18 CHAIRMAN KOTELCHUCK: Okay.

19 MR. FARVER: And once again, that
20 would have added an extra 80 millirem.

21 CHAIRMAN KOTELCHUCK: So, if we
22 correct it, it would reduce it by 80 millirem

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1 and, again, reduce PoC?

2 MR. FARVER: Correct.

3 MR. SIEBERT: This is Scott. There
4 was not a Paducah workbook at that point.

5 CHAIRMAN KOTELCHUCK: Yes.

6 MR. FARVER: But, Scott, there is
7 one now?

8 MR. SIEBERT: I am verifying that is
9 the case, but I believe that is.

10 CHAIRMAN KOTELCHUCK: Okay.

11 MR. SIEBERT: Yes, there is a
12 Paducah workbook now.

13 CHAIRMAN KOTELCHUCK: Yes. Well,
14 it's an observation. It is so observed.

15 The screen went blank.

16 MEMBER MUNN: Again.

17 CHAIRMAN KOTELCHUCK: There we go.

18 MEMBER MUNN: There it is. Thank
19 you, whoever did what.

20 CHAIRMAN KOTELCHUCK: Well, okay.
21 I guess the next one.

22 MR. FARVER: The next one is 298.1.

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1 A little background: he worked at Paducah for
2 three months in 1964. He was diagnosed with
3 lung cancer in 1995. A PoC of just over 50
4 percent. Worked as a laborer and a painter and
5 was not monitored for external or internal.

6 So we are going to be talking about
7 coworker doses. So our first finding is:
8 "Inappropriate coworker percentile used," would
9 be the basis. "SC&A finds the use of the 95th
10 percentile coworker dose to be inappropriate and
11 excessive for the employee." So, we are saying
12 that they overestimated it by using the 95th
13 percentile.

14 We thought that the 50th percentile
15 would have been more appropriate, based on
16 OTIB-31, which states, "In general, the 50th
17 percentile dose may be used as a best estimate
18 of a worker's dose when professional judgment
19 indicates the worker was likely exposed to
20 intermittent low levels of radiation."

21 And they make a good point in their
22 response, saying that it really doesn't matter

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1 because the internal dose is what is going to be
2 the driving force. You know, the total dose is
3 20.5 rem.

4 MEMBER MUNN: And it's all assigned
5 dose anyway, right?

6 MR. FARVER: Pardon?

7 MEMBER MUNN: It's all assigned
8 dose anyway?

9 MR. FARVER: It's all coworker
10 dose.

11 MEMBER MUNN: Yes, right.

12 MR. FARVER: And the internal dose
13 component of that is 20.2 rem. So, the driving
14 dose was the coworker internal dose.

15 MEMBER MUNN: Well I certainly
16 agree with you that it appears to be an
17 overestimate. But it is a technical judgment
18 call.

19 MR. FARVER: Yes.

20 MEMBER MUNN: And it's now water
21 under the bridge, and we can't recall it because
22 it is compensated. And for the Subcommittee's

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1 purposes, it appears to me that it is closed. We
2 have noted that it occurred.

3 CHAIRMAN KOTELCHUCK: Yes. Okay.

4 MR. FARVER: Okay. Let me get this
5 updated.

6 CHAIRMAN KOTELCHUCK: Alright.

7 MR. FARVER: Okay. The next one is
8 an observation. And they are referring to the
9 medical dose.

10 CHAIRMAN KOTELCHUCK: Are you
11 saying that that was the wrong medical dose data
12 that was given? It was given for the wrong plant
13 or calculated with the data from the wrong plant?
14 This is Paducah.

15 MR. SIEBERT: This is Scott. What
16 happened is the values that are in the Paducah
17 TBD are rounded to the nearest millirem.

18 CHAIRMAN KOTELCHUCK: Okay.

19 MR. SIEBERT: And the numbers that
20 are in the tool are the actual fully-calculated
21 numbers which go beyond the 1 millirem.

22 CHAIRMAN KOTELCHUCK: Right.

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1 MR. SIEBERT: So, the values are the
2 exact values that are calculated as opposed to
3 the specific truncated or rounded values that
4 are in the TBD.

5 CHAIRMAN KOTELCHUCK: Right.

6 MR. SIEBERT: I mean,
7 realistically, they are the same number.

8 CHAIRMAN KOTELCHUCK: Yes, rounded
9 off to the same number. Okay.

10 MEMBER MUNN: And it has now been
11 observed. No action necessary.

12 MR. FARVER: Scott, this is Doug.
13 Do they happen to be just the same as for the
14 Pinellas plant?

15 MR. SIEBERT: I believe -- I don't
16 have that in my response -- but I want to say in
17 the back of my mind I believe that is correct,
18 but I am not positive. That is entirely from my
19 memory.

20 MR. FARVER: I don't think that
21 would be too unusual because it is x-rays.

22 MEMBER MUNN: Yes, if it had to do

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1 with operation, I would say that doesn't make
2 sense, but --

3 MR. FARVER: Right, but it --

4 MEMBER MUNN: But a medical x-ray,
5 yes.

6 MR. FARVER: Alright. Okay.

7 MEMBER MUNN: It was probably the
8 same all over the complex, give or take a couple
9 of millirem.

10 MR. FARVER: Okay. That's why it
11 was just an observation.

12 CHAIRMAN KOTELCHUCK: Alright. So
13 observed. Results are credible.

14 MR. FARVER: Oh, you are going to
15 hate to hear this, but that's the end.

16 MEMBER MUNN: Aw.

17 MR. FARVER: I know. I know.

18 CHAIRMAN KOTELCHUCK: Now, Grady,
19 you sent something out this morning on Fernald.
20 And we have Set 9 still hanging, the two cases
21 from Set 9 from Huntington.

22 MR. CALHOUN: Right. Let me see.

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1 CHAIRMAN KOTELCHUCK: Let's go
2 back. Folks, let's go to the two Huntington
3 cases then, and talk about them.

4 MR. CALHOUN: I might not have
5 anything on that. Hold on. Let me see what he
6 said.

7 CHAIRMAN KOTELCHUCK: Okay.

8 (Pause.)

9 MR. CALHOUN: Okay. Here's what
10 his response was: "The first one is from what we
11 discussed during DR Subcommittee meeting on
12 August 7th and presumably agreed to by SC&A and
13 the Subcommittee. I can write another
14 response. Do you want the long or the short
15 version?"

16 And then the second one was -- the
17 second one on the list concerns Finding No. 1.
18 "I doubt I can get sufficient response done
19 today."

20 So, we are not going to be able to
21 close them both out. So we might as well leave
22 them both open.

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1 CHAIRMAN KOTELCHUCK: That sounds
2 fine.

3 MEMBER MUNN: And which two again,
4 the numbers?

5 MR. FARVER: 185.6 and 185.7.

6 MEMBER MUNN: Okay. So, it's all
7 185. Sorry.

8 CHAIRMAN KOTELCHUCK: Okay.

9 DR. MAURO: This is John Mauro. I
10 called in just specifically for Huntington to
11 see if I could help out.

12 CHAIRMAN KOTELCHUCK: Okay,
13 thanks.

14 DR. MAURO: In terms of our
15 understanding of where things are, I put
16 together a brief memo that I sent on to Doug
17 earlier. It reflects, I guess, my
18 understanding and Steve Marschke's
19 understanding, from SC&A, of where things are at
20 Huntington. I just want to make sure we are on
21 the same page, because you folks may have
22 responded and we didn't review it.

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1 But where we are right now is that
2 we had a number of findings. I don't want to
3 take up too much of your time, but one of the big
4 findings, that was really the most important
5 one, had to do with the dust loading of nickel,
6 where we felt that the way in which the protocol
7 was being used underestimated the potential dust
8 loading of nickel, which is important because it
9 is directly related to the dust loading of
10 uranium. And we refer to those as Issues 5 and
11 6.

12 It's my understanding that those
13 issues are closed now. I just want to make sure
14 everyone sees it the same way, because NIOSH
15 explained at the last meeting that the time
16 periods when the literature that we reviewed
17 showed these relatively-high levels of dust
18 loading really does not apply to the time period
19 when the nickel barriers were being processed.

20 CHAIRMAN KOTELCHUCK: That's
21 right, yes.

22 DR. MAURO: So, that was the big

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1 one. And I just want to make sure --

2 CHAIRMAN KOTELCHUCK: That was
3 185.6.

4 DR. MAURO: Okay. Good. Because
5 I don't actually have the numbering system in
6 front of me that you folks are working with. And
7 I call those issues 5 and 6. They were related.

8 CHAIRMAN KOTELCHUCK: Yes.

9 DR. MAURO: And those are closed.
10 But we do have a few that I have here that I see
11 as being items that are still unresolved,
12 nothing major. And I just wanted to make sure
13 that everyone agrees that these are, in fact, the
14 ones, as I understand them and Steve understands
15 them. So I will be very brief.

16 There was Finding No. 1, which had
17 to do with recycled uranium. The protocol in
18 the Site Profile made certain assumptions
19 regarding what fission products, and perhaps
20 other activation products, might be present
21 along with the uranium in these nickel barriers
22 that were being processed. And we raised some

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1 question whether or not they missed any.

2 And my understanding, that the way
3 we left it is that NIOSH would look into that.
4 Am I correct that that is where we are right now?
5 Or has NIOSH already looked at it and resolved
6 it?

7 MR. CALHOUN: I think that that's
8 where we are at, John. I think that 185.7 here
9 has to do with radionuclides other than uranium.

10 DR. MAURO: Okay. Good.

11 MR. CALHOUN: This is Grady, by the
12 way.

13 DR. MAURO: Bear with me, I'll be
14 very brief. Good. The second one had to do
15 with the specific activity. Well, I think it
16 had to do with levels of enrichment -- perhaps
17 that is where it came in -- of the uranium that
18 was airborne. And we just raised the question
19 whether or not the right level was worked with.
20 Is that still an open issue that NIOSH is looking
21 at or has that been resolved?

22 MR. CALHOUN: It is not on this

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1 matrix.

2 DR. MAURO: Okay. Well, maybe I
3 would just like to alert the Subcommittee that
4 it's my understanding that that one is still a
5 question. It was called, I think it was Finding
6 No. 2, where we raised some questions pertaining
7 to that, whether or not that was the appropriate
8 picocuries per milligram.

9 MR. STIVER: Hey, John, this is
10 Stiver.

11 DR. MAURO: Sure.

12 MR. STIVER: I think we may be
13 confusing the Attachment 3 from Set 8 with this
14 particular case.

15 DR. MAURO: Oh, okay. Very good.
16 Okay.

17 MR. STIVER: It's still relevant.

18 DR. MAURO: I'm confounding the
19 two. Okay. So, you know, the case and the
20 attachment are sort of connected at the hip, but
21 you're saying in this case that this particular
22 issue does not have applicability?

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1 MR. STIVER: It doesn't necessarily
2 apply to this particular finding.

3 DR. MAURO: Oh, okay. Okay.
4 Well, those were the technical issues that were
5 still on our minds. There were other matters
6 relating to, you're right, not the case, but that
7 Attachment 3 that are what I would call more like
8 typo kind of issues.

9 But I just wanted to make sure we're
10 on the same page. And it sounds like that we
11 are. And thank you for bearing with me for a
12 moment.

13 CHAIRMAN KOTELCHUCK: Sure, sure.

14 MR. CALHOUN: Shall we go ahead and
15 close out 185.6 then?

16 CHAIRMAN KOTELCHUCK: We could.

17 MR. CALHOUN: And I'll just owe you
18 the next one, which is 185.7.

19 DR. MAURO: Yes. I mean, from my
20 perspective, that is what was on my mind.

21 And the answer is, yes, I think that
22 we have resolved the nickel dust loading issue,

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1 but we haven't resolved yet the recycled uranium
2 issue.

3 MEMBER MUNN: Okay. So airborne
4 dust loading can come off of our plate.

5 CHAIRMAN KOTELCHUCK: Okay. Good.

6 MEMBER MUNN: Excellent.

7 CHAIRMAN KOTELCHUCK: Fine. Okay.

8 Then, we have one open on Set 9, and we will come
9 back to that next meeting, after our Board
10 meeting.

11 And I don't know what to say about
12 Fernald. Just this morning, Grady, you sent us
13 your comments about Fernald, right?

14 MR. CALHOUN: Right. Yes, Scott
15 put those together. Just to be clear, I am going
16 to be very quiet on this because I am conflicted
17 at Fernald. But I did send that information
18 from Scott to the group.

19 CHAIRMAN KOTELCHUCK: Okay. But
20 there is not any point for the Committee to
21 consider this, for the Subcommittee to consider
22 this, until we get an SC&A response, right?

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1 MR. FARVER: And I looked at them.
2 I do have responses.

3 MR. KATZ: Okay. Yeah, this is
4 Ted. We actually sent these out on Friday, not
5 today.

6 CHAIRMAN KOTELCHUCK: I'm sorry.

7 MR. KATZ: So, great, if Doug is
8 ready to take any of them on, that's fine. We
9 can work through some of them.

10 MR. FARVER: Yes, I did them
11 yesterday.

12 CHAIRMAN KOTELCHUCK: Appreciate
13 that.

14 MR. FARVER: So we are ready to go
15 as soon as I find it.

16 CHAIRMAN KOTELCHUCK: Alright.
17 Good.

18 MR. FARVER: And, John, you can go
19 ahead and put the -- I believe I sent you the SC&A
20 responses with the Fernald.

21 MR. STIVER: I am trying to find
22 them. When were they sent?

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1 MR. FARVER: This morning when I
2 sent you the other information.

3 MR. STIVER: Hang on. They're not
4 showing up.

5 MR. FARVER: Okay.

6 MR. STIVER: Just give me a minute
7 here. We have been having email issues here. I
8 think there is some sporadic collections of data
9 in those servers that aren't going through, and
10 I think this might have happened here.

11 CHAIRMAN KOTELCHUCK: Okay.

12 MR. STIVER: Let me see if I can find
13 it.

14 MR. FARVER: Yeah, this was sent to
15 your CDC account this morning, when I sent
16 you -- I don't know, I sent you some other things.

17 MR. STIVER: Hang on a second.

18 MEMBER MUNN: Interestingly, I have
19 three blank pages.

20 MR. STIVER: I found it. Never
21 mind. Just a minute. I've got to save it and
22 then open it up.

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1 MEMBER MUNN: Mine starts on page
2 four. Odd.

3 MR. STIVER: Bear with me one moment
4 here.

5 MR. FARVER: I believe I took all
6 the references to Scott out of this, too.

7 MR. STIVER: Okay. It's loading
8 up, and I have to share it here.

9 CHAIRMAN KOTELCHUCK: Okay.

10 MR. STIVER: Here we go. Can
11 everybody see this?

12 MEMBER MUNN: So far, yeah.

13 CHAIRMAN KOTELCHUCK: There it is.

14 MR. STIVER: 225.1.

15 CHAIRMAN KOTELCHUCK: Yes.

16 MR. STIVER: Okay.

17 MR. FARVER: Okay, 225.1, first
18 finding. "Inappropriate method used to
19 calculate unmonitored neutron dose."

20 A little background, the employee
21 worked at Fernald from [identifying information
22 redacted], '56 through [identifying information

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1 redacted], of '57. So about six months. And
2 was diagnosed with 11 basal cell carcinomas and
3 a squamous cell carcinoma. So we've got 12
4 cancers, skin cancers. He was an electrician.
5 The dose for each cancer was probably about 1.6
6 rem for each cancer site, and the total PoC was
7 just under 44 percent.

8 The employee was monitored for
9 external photon and electron exposure, and also
10 some urine bioassays for the internal.

11 Just as a matter of note, for the
12 internal dose, it's about a half a rem of that
13 1.5 rem. So you've got about a rem external,
14 about a half a rem internal, to each cancer site.
15 So just kind of keep that in perspective.

16 Okay. And the finding has to do
17 with which NP ratio you use, whether you use it
18 for low-enriched uranium or you used it for
19 depleted uranium. And we believe that it was
20 better to use the low-enriched uranium, anyway,
21 based on guidance in the Technical Basis
22 Document. Okay.

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1 MEMBER MUNN: That's difficult.
2 Based on the TBD, you said?

3 MR. FARVER: Yes.

4 MEMBER MUNN: The TBD telling you
5 what about this case and this electrician?

6 MR. FARVER: The TBD is saying that,
7 since the uncertainty cannot be properly tracked
8 without a detailed job history and material
9 tracking information, in order to simplify the
10 dose reconstruction, the low-enriched uranium
11 neutron-to-photon ratio should be used. This
12 assumption will tend to slightly overestimate
13 the actual neutron-to-photo ratio and is
14 considered a reasonable, but necessary,
15 claimant-favorable assumption, given the
16 limited data available.

17 MEMBER MUNN: Okay. So I can
18 understand the rationale for the original use of
19 depleted uranium, but the TBD says to use
20 low-enriched.

21 MR. FARVER: And that's kind of what
22 generated our finding.

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1 MEMBER MUNN: Yeah.

2 MR. FARVER: Okay. And our big
3 concern is, well, could this have happened
4 before? What's to prevent it from happening
5 again? You know, and even though it is really
6 just a small increase in the total PoC, that's
7 an increase of about 1.15 percent of the PoC, not
8 1.5 PoC points, but the increase is a
9 percent-and-a-half of the 43.91 number.

10 MEMBER MUNN: Yeah, but the issue
11 really is, are you following the prescribed
12 guidance or not?

13 MR. FARVER: That's the big thing.

14 MEMBER MUNN: That's really the big
15 issue.

16 MR. FARVER: And how do we make sure
17 that it hasn't happened and isn't happening, and
18 things like that?

19 MEMBER MUNN: Yeah.

20 MR. FARVER: But, yes, that's the
21 big issue. And that's kind of where I left it
22 because I don't -- you know, what do we do? Do

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1 we need to go back and look and see if a PER is
2 needed? Is there something in place now that
3 was not in place then that makes this an unlikely
4 event to happen again?

5 MR. CALHOUN: Doug, this is Grady.

6 MR. FARVER: Yes sir.

7 MR. CALHOUN: I just looked
8 back -- and I'm just speaking from an
9 administrative standpoint here. The Technical
10 Basis Document for external dose is Rev 0 and was
11 approved in 2004. The newest revision is in
12 process and is kind of hung up in the Work Group
13 for Fernald. So when that document comes out,
14 and if the doses go up, a PER will be completed.

15 MR. FARVER: Okay. Has the
16 guidance changed?

17 MR. CALHOUN: Not as far as I know,
18 but Scott might know that better than I do. The
19 TBD has not changed, unless this was approved
20 before '04, and I don't know when this DR was
21 approved. It's not in front of me.

22 MR. SIEBERT: No. At present, the

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1 TBD has not changed. This was done in 2007.

2 MR. FARVER: Right, but I mean has
3 it changed now? Is the guidance different
4 today? If this were to be done today, is there
5 something so this error would not happen again?

6 MR. CALHOUN: I can't tell you what
7 the new guidance is on that, again, because I am
8 not even privy to anything going on with Fernald
9 dose reconstruction techniques. So I don't
10 know that. I could check, or Scott could check
11 and find out later, but I don't know that right
12 now. And there is no new TBD. So my guess is
13 no.

14 MR. SIEBERT: Well, this is Scott.
15 From the documentation point of view, this is not
16 a systemic issue. This is a dose reconstructor
17 selected the wrong neutron-to-photon ratio to
18 use in this specific case. I don't see that as
19 a systematic issue unless you're saying that
20 people are consistently doing that, and we are
21 not aware of that being the case.

22 MEMBER MUNN: That was the question

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1 I was going to ask. Do we have any indication
2 that this is anything other than a single data
3 choice issue? If it were previously seen or
4 eventually seen in kind of repetition, then it
5 wouldn't seem to -- although I understand the
6 concern, but I'm not sure whether doing a PER,
7 or what other action could be taken to ascertain
8 that it is or is not a repeatable kind of error
9 that we see. But it appears it would require
10 some kind of additional data mining to identify
11 whether this is a common error or whether it is
12 a singleton.

13 MR. STIVER: This is John Stiver.
14 It seems like if there was an error that was
15 recurring because of an ambiguity in the TBD,
16 that that might then prompt a change. But if
17 this is just a mistake that has arisen, I don't
18 see that a PER would really be appropriate. I
19 may be wrong.

20 MEMBER MUNN: It doesn't seem like
21 it.

22 MR. STIVER: And correct me if I am.

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1 MEMBER MUNN: Not on the basis of a
2 single case that we see here. Agreed.

3 MR. CALHOUN: This is Grady again.
4 A PER is pretty much driven just by changes in
5 documented approaches to dose reconstruction.
6 So until that document comes out, and if the dose
7 comes up, we don't know if a PER will be required
8 or not.

9 MEMBER MUNN: Well, in this case, it
10 is very clear that their guidance existed at the
11 time that it was done, but it was not done in the
12 way the guidance prescribed. So, it looks like
13 -- I see no reason for us to believe that it is
14 anything other than a one-off error that should
15 be corrected.

16 CHAIRMAN KOTELCHUCK: Go ahead,
17 Brad.

18 MEMBER CLAWSON: Grady, you said
19 that this was held up, this new PER, or whatever,
20 was held up with the Fernald Work Group. I am
21 just wondering if there is something that I need
22 to be taking care of.

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1 MR. CALHOUN: That's just my
2 understanding, Brad. I think that it's one of
3 those deals where everybody is discussing the
4 TBDs, because I think there is an SEC that is
5 pending there, and they may be waiting for all
6 those, for the SEC to become final before they
7 issue the TBDs. But I am not sure of that.

8 MR. SIEBERT: Grady, you are
9 correct. That is exactly what is going on.

10 MR. CALHOUN: Okay.

11 CHAIRMAN KOTELCHUCK: Clarify,
12 please.

13 MR. STIVER: This is John Stiver.
14 I might be able to add a little bit, too. I have
15 been involved in Fernald for a number of years
16 and the SECs have been decided at this point.
17 And now we are in a position to go back and look
18 at all these Site Profile issues that have kind
19 of been held on the back burner while the SECs
20 were being decided.

21 Now, having said that, I don't
22 believe that this particular issue was in play

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1 at the time, although I don't know for sure. I
2 do recall something about doing some work
3 on -- some of our people have done this years ago,
4 looking at the uranium, low-enriched uranium,
5 and the neutron generation from the
6 tetrafluoride.

7 So, at this point, we are going to
8 have to wait until we can systematically go
9 through those findings and resolve them before
10 there will be any kind of a change, a potential
11 change that might potentially result in a PER.

12 MEMBER MUNN: But it doesn't appear
13 to me that there is any change appropriate.
14 That's the whole question here. The issue is
15 that someone did not follow the guidance that
16 existed. The guidance doesn't need to change,
17 does it? It exists. It was not followed
18 appropriately. There was an error in this --

19 MR. FARVER: And, Wanda, I agree
20 with you. I don't know that a PER is needed or
21 not. I put that in there. I think you
22 understand my concern. My concern is --

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1 MEMBER MUNN: Yes, I do.

2 MR. FARVER: -- the guidance wasn't
3 followed. And how do we make sure that it
4 doesn't happen again? And that's all.

5 MEMBER MUNN: Yeah.

6 MR. FARVER: Okay. And I don't
7 have a good answer for the second part of that.

8 MEMBER CLAWSON: Doug, I think this
9 is really going to fall back to the -- and, John,
10 you need to help me remember this, because we
11 have been kind of waiting, holding off going into
12 the Site Profiles for Fernald. And this is
13 something that maybe we need to be able to
14 address and look into a little bit deeper as a
15 Work Group.

16 MEMBER POSTON: Agreed, Brad. As
17 it relates to this particular case, I don't think
18 it's a PER issue, but there is kind of a larger
19 issue of addressing the Site Profile findings
20 for Fernald. That is something we are going to
21 have to look at.

22 MEMBER MUNN: You don't have a

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1 workbook for Fernald?

2 MR. KATZ: Wanda, there is
3 something wrong with your phone because you are
4 barely audible.

5 MEMBER POSTON: Yes, this is John.
6 I can't hear her at all.

7 MEMBER MUNN: What I asked was --

8 MR. KATZ: Wanda, you're still
9 barely audible. Something is wrong with your
10 phone.

11 MEMBER MUNN: I'll change my phone.

12 MR. KATZ: And while she is doing
13 that, can I just ask a question? So, did I
14 understand this correctly? This is a QA issue
15 basically. Somebody didn't follow, right, the
16 procedure?

17 MR. FARVER: It's a QA issue, and
18 how do we prevent it from happening again? Is
19 there anything we can do? Is it a workbook,
20 something that is in the workbook? I don't
21 know. But, yes, a QA issue.

22 MEMBER MUNN: Can you hear me now?

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1 CHAIRMAN KOTELCHUCK: Yes, much
2 better. Thank you.

3 MEMBER MUNN: Okay. I was simply
4 asking the question: do we have a workbook?

5 MR. SIEBERT: Yes. Yes, there is.
6 This is Scott. Yes, there is a workbook. It's
7 just the dose reconstructor did not make the same
8 decision as to work location, as SC&A pointed
9 out, and I tend to agree with SC&A's decision on
10 this, that the work location as everywhere is a
11 better ratio, could have been used for the
12 enriched rather than the DU. So I still see this
13 as the dose reconstructor made a poor decision
14 as to location.

15 MEMBER MUNN: Okay. Because I was
16 seeing this as he had an oversight with respect
17 to the appropriate selection of the ratio, that
18 he chose the wrong ratio. But you are saying
19 that he or she chose the incorrect workplace
20 location. Yes.

21 But, regardless of how you look at
22 it, it is an error in selection criteria, not --

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1 MR. KATZ: Well, I think the
2 question that was being asked, is there
3 something that can be done with the guidance to
4 avoid this judgment error, if you want to call
5 it that? Or is the guidance as good as it can
6 be and it is simply just a QA problem,
7 non-compliance with the guidance? Scott?

8 MR. SIEBERT: I'm sorry, I'm also
9 talking to the dose reconstructor off to the side
10 who did this one, to try to get the thought
11 process at the time as well.

12 Yeah, it's not a systematic issue.
13 The individual is just looking that they
14 selected a location as opposed to all locations,
15 which would be the most claimant-favorable
16 process for this electrician who did walk
17 throughout the plant. So they are admitting
18 that it was just a bad location decision while
19 they were doing the claim.

20 MEMBER MUNN: No amount of
21 instruction is going to change that or prevent
22 it from happening again.

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1 MR. SIEBERT: Well, what prevents
2 it again in this case, at least for this dose
3 reconstructor, is they know about the issue and
4 it's in their mind.

5 MEMBER MUNN: Exactly.

6 CHAIRMAN KOTELCHUCK: So you don't
7 think it is a matter of sending it back to the
8 Fernald Committee?

9 MEMBER MUNN: There is nothing they
10 can do. There's really nothing to be done here.
11 You have a workbook. You have instructions. A
12 choice was made that was an inappropriate
13 choice. How are you going to change that? How
14 can you prevent it from happening? One really
15 can't.

16 MEMBER CLAWSON: This is Brad. I
17 beg to differ on that. On many of these, this
18 is what we are here to look at, is how are we to
19 be able to make these so that, basically, these
20 errors aren't made again. I think this one has
21 two folds on this, and part of this lays with me,
22 as the Fernald Work Group Chair, that we've got

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1 a lot of Site Profile issues. We really haven't
2 dove into -- I think after the SEC has been put
3 in, and we take and address the areas, because
4 I believe that it may have somewhat changed from
5 the very beginning of this, and we may have to
6 be able to put something into place to be able
7 to make sure that the people like electricians,
8 or whatever, as they go throughout the site --
9 or all the workers, because they went from one
10 side to the other -- that this selection won't
11 be made anymore. It will be all -- probably all
12 the not-depleted uranium; it would be all
13 slightly enriched.

14 And I think this is part of what our
15 task is here, is to be able to try to make sure
16 that when we find issues like this, how can we
17 prevent these from happening again?

18 CHAIRMAN KOTELCHUCK: So do I
19 understand that that really suggests that maybe
20 the workbook can be improved?

21 MEMBER CLAWSON: In my opinion,
22 yes. Looking at something like this, yes.

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1 You know, we put an awful lot -- I'm sorry, though
2 I don't know a lot of dose reconstructors or
3 anything else like that, but this is where we get
4 into like the 10-year review of professional
5 judgment, or whatever else like this.

6 Some cases they are going to have to
7 be able to make this, but in something like this
8 I don't think that they should have to be put into
9 the position, when we could improve this
10 workbook so this wouldn't be a mistake that would
11 happen again.

12 And I look at Fernald because
13 Fernald has been out there on the books for a long
14 time. We have sidestepped a lot of the Site
15 Profile issues. And by maybe changing the Site
16 Profile issues, this would not have been an
17 issue.

18 But I disagree that this is
19 something that we should just look past, that
20 this is a one-time incident. I am a firm
21 believer that we are handling a very small amount
22 of these. If we see these issues, to me, they

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1 are a fairly significant issue. We should see
2 what we should do to be able to make it better
3 for the claimants, but also for the dose
4 reconstructor, that his guidance is more clear.

5 He or she should not be put into a
6 lot of these situations. They are going to have
7 to be in some, but where we can, we should be able
8 to do better.

9 CHAIRMAN KOTELCHUCK: Okay. Well,
10 now, Fernald has been decided to be an SEC? I'm
11 trying to remember from our last meeting. Or is
12 that coming up?

13 MEMBER CLAWSON: The Board has
14 submitted it up, and I believe that we are
15 waiting for Dr. Howard, or whoever, to be able
16 to respond back if they accept our
17 recommendation. I believe that's correct.

18 CHAIRMAN KOTELCHUCK: Okay. Fine.
19 We made the decision. Okay.

20 MEMBER POSTON: Yes, Dr. Melius
21 read it into the record of the Board
22 teleconference.

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1 CHAIRMAN KOTELCHUCK: Okay.

2 Pardon my short memory, but okay.

3 MS. BEHLING: This is Kathy
4 Behling. Can I just interject some comments
5 here, my opinion?

6 CHAIRMAN KOTELCHUCK: Sure.

7 MS. BEHLING: Okay. One of the
8 things that Scott just mentioned, and that I
9 think is important and is correct in what he
10 stated, in this particular case, yes, the dose
11 reconstructor perhaps should have, or
12 definitely should have for
13 claimant-favorability assumed that the
14 individual worked throughout the plant.

15 The only thing I will make mention
16 of -- and sometimes, if you have been through
17 these dose reconstructions, you can understand
18 how this type of thing can happen -- in some
19 situations, when you are trying to determine
20 certain external dose parameters, it's more
21 claimant-favorable to go in and say, "Oh, we know
22 he worked at plant 4" or "We know he worked at

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1 plant 6."

2 So, as you are going through these
3 dose reconstructions, you have maybe something
4 of a little bit of a mindset that you said, okay,
5 I'm going to assign him to this particular plant.
6 And now you are coming to another parameter where
7 it would be more claimant-favorable to say he
8 worked throughout the plant.

9 So, in my judgment, I don't know how
10 something like that could be put into a workbook.
11 But what I do think is important is when NIOSH
12 agrees with a finding that we have and feels that
13 this was a judgment call, they should go back to
14 that particular dose reconstructor, make them
15 aware of that, and, as Scott just said, he just
16 did that, and that dose reconstructor will now
17 be more aware of thinking about that.

18 I can easily understand how
19 something like this happens. I don't know how
20 it gets put into a workbook. But I think, not
21 only in this case, all cases or all findings
22 where NIOSH does agree with us, it might be

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1 important -- and I don't know if they do this
2 routinely -- that they go back to that dose
3 reconstructor and just say, "During this meeting
4 this was decided. And so maybe when you are
5 doing your judgment calls, keep this in mind."
6 Correct me if I'm wrong, Scott.

7 MR. SIEBERT: No, and you are
8 correct. And the other thing I would point out
9 is, normally, if the dose reconstructor is still
10 working on the project, those are the people who
11 give me the first responses on these, and then
12 I go back and forth with them. So they are
13 generally the people who are aware of this in the
14 first place, when we get the responses, as well
15 as if -- and this is something I know we have
16 talked about in the past, but we have a process
17 in place, when claims come back for re-work, if
18 we have reviewed under the Subcommittee, that
19 information is flagged and the dose
20 reconstructor is notified to talk to me about any
21 outstanding issues that we have found in the
22 review, so that we can ensure it doesn't happen

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1 again.

2 MR. KATZ: This is Ted. I just want
3 to thank Kathy. I mean, I think that insight is
4 immensely helpful in understanding this case.
5 So, thank you for bringing that detail to the
6 table.

7 CHAIRMAN KOTELCHUCK: Yes.

8 MS. BEHLING: You're welcome.

9 MEMBER CLAWSON: Dave, this is
10 Brad.

11 CHAIRMAN KOTELCHUCK: Yes.

12 MEMBER CLAWSON: Kathy, I do agree
13 with you with, but I do have a question for Scott,
14 then.

15 You have gone back to this dose
16 reconstructor and explained that. Is this the
17 only dose reconstructor that does this? Is his
18 whole thing just Fernald? Or is he doing other
19 sites, too?

20 MR. SIEBERT: Well, the individual
21 is doing other sites as well.

22 MEMBER CLAWSON: Okay. See, so you

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1 have come back and corrected it with this one,
2 but could this come up with other dose
3 reconstructors?

4 I guess I kind of looked at one of
5 our processes that we have at my site that is
6 called "lessons learned." And, you know, it
7 goes out to all of us, so that we understand when
8 somebody had a judgment problem or something
9 else like that, so we can all learn from that
10 mistake. Is there any way that that is
11 portrayed to all the dose reconstructors?

12 MR. SIEBERT: I can say not on a
13 one-by-one basis of all responses we deal with
14 on the Subcommittee. But as soon as I see trends
15 that are going on, I am making sure my group and
16 Joel's group across the dose reconstructors, in
17 our meetings that we have with them, very much
18 like you are saying, a lesson learned, what have
19 we seen.

20 It's very much like the way we handle
21 peer review comments that are trending, we are
22 seeing the same issues. And I know I gave a

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1 presentation to the Subcommittee last year about
2 how we are trending those now and watching them
3 more carefully.

4 It's the same thing. When we are
5 seeing trends, we do put that information out to
6 all the dose reconstructors to ensure that they
7 are aware of it.

8 So, yeah, it is a very good question,
9 Brad, and we are doing that.

10 MEMBER CLAWSON: So, Scott, what
11 you are telling me is, even with some of the
12 internal QA issues that you guys uncover
13 yourself, you are tracking that? And when you
14 start to see a trend, you are making sure that
15 everybody is aware of this and to be able to look
16 at it? Is that a correct assumption?

17 MR. SIEBERT: Yes, that is correct.

18 MEMBER CLAWSON: Okay. Thank you.

19 MS. LIN: Hi. This is Jenny. I
20 think I might have missed part of the
21 conversation. I'm sorry, I'm going in and out
22 of the conference call today.

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1 But I wasn't sure, are we talking
2 about this one specific error that is associated
3 with this claim? Because it seems to me that we
4 are using this one observation to imply that all
5 others have issues, all other claims have
6 issues.

7 CHAIRMAN KOTELCHUCK: Well, I mean,
8 that discussion has been going on all day.

9 I mean, the question is, when you see
10 it, when you are doing a one percent sample and
11 you are picking out and you find the problem, is
12 this not indicative of another problem or is it
13 a one-off?

14 MS. LIN: Right. So what would be
15 the basis for you to say that this is an issue
16 across all the claims that use the same Site
17 Profiles or conducted by the same dose
18 reconstructors?

19 So, I'm just trying to put these
20 issues in perspective here. Because,
21 obviously, if we are responding to public
22 inquiries or letters to the Secretary, we need

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1 to be very clear about what is it that we are
2 seeing, right?

3 So, if this is a speculation that the
4 dose reconstructions has this serious error,
5 based on the one percent audits, then I think we
6 need to have more of a stronger basis to have that
7 conversation than just the speculation, right?

8 CHAIRMAN KOTELCHUCK: I don't know
9 how to answer that. Part of it is I am not clear.
10 I'm waiting for somebody to suggest how we
11 resolve this, how we act on this.

12 MS. LIN: Right. So what I am
13 hearing is that ORAU is tracking trends of either
14 internal audits or issues brought to light by
15 this Subcommittee?

16 CHAIRMAN KOTELCHUCK: Yes.

17 MS. LIN: So does ORAU have any
18 plans in terms of -- so it sounds to me that ORAU
19 is tracking, and then they will make adjustments
20 to their procedures or they will provide
21 guidance to dose reconstructors?

22 CHAIRMAN KOTELCHUCK: The latter.

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1 MS. LIN: Yes. Okay.

2 MEMBER CLAWSON: Jenny, this is
3 also Brad. One of the things, there are several
4 contributing factors to this. The one thing we
5 were looking at it is from the standpoint to make
6 sure that there isn't something that we can put
7 into place to make sure this doesn't happen
8 again.

9 This is when Kathy also explained to
10 us that, no matter what, it would be very hard
11 to be able to put into this. And this is when
12 Scott explained to me what they are doing
13 internally when they see an issue like this and
14 how they can track, and when he starts to see
15 trending, the corrective actions that they are
16 taking care of internally in-house.

17 MS. LIN: Okay.

18 MEMBER CLAWSON: And this is what
19 I was looking for, is to make sure that we have
20 something in place. We have seen small issues.
21 This is how they are taking care of it. This is
22 what we are going forward with.

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1 The other adding factor into this
2 is, if Fernald has just been made an SEC, some
3 of the Site Profile issues have not been fully
4 addressed yet. And we are hoping that, when
5 they are addressed, that it will probably take
6 care of this problem.

7 MR. KATZ: Well, yes, I am not sure
8 whether they overlap, Brad. But, I mean, I
9 think in this case what we have just heard,
10 basically, is there was an error in judgment, in
11 NIOSH's opinion, and it's not something that is
12 systemic. We also sort of figured that out.
13 But it has to do with sort of the nature of this
14 kind of case, which has some complexity to it.

15 And so I think the Subcommittee can
16 close this out. There is not more to do on this
17 case. You now understand what happened, why
18 it's correctly found as being an error, and that
19 is really it for this.

20 I mean, the Fernald Work Group will
21 be working on the Site Profile issues, which may
22 or may not overlap with this at all. But that

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1 is sort of independent of this, I think.

2 MS. LIN: Okay. Thank you. So,
3 just to be clear, this issue isn't necessarily
4 indicative of any trend for claims at Fernald
5 necessarily? This is just this claim.

6 MR. KATZ: No, I mean, this was very
7 clearly explained by the end of the
8 conversation, that this was really a complicated
9 judgment issue here.

10 MS. LIN: Okay. Thank you.

11 MR. KATZ: So, right, it's
12 individualistic here.

13 MS. LIN: Okay. Thank you.

14 CHAIRMAN KOTELCHUCK: So I think we
15 do know that this is being taken care of for the
16 future in terms of working with the dose
17 reconstructors. And I think that's all we can
18 do with it, unless --

19 MEMBER CLAWSON: Dave, I agree with
20 you. This is Brad. We just wanted to make sure
21 that there wasn't something that we could put in
22 place. And I would like to thank Scott because

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1 this makes me feel better, understanding their
2 internal process of how it has been working. I
3 know we have been working on this numerous years
4 for this. And Kathy's input of how difficult
5 this is, and by addressing it the way we have,
6 I don't see that we can do much more. That is
7 my personal opinion, but I think we have run
8 everything to ground. We have looked at it.
9 We've done what we needed.

10 CHAIRMAN KOTELCHUCK: Well, maybe
11 this is a reasonable time to close, based on the
12 discussion we've had.

13 MEMBER CLAWSON: I agree with that.
14 This is Brad.

15 CHAIRMAN KOTELCHUCK: Yeah. Any
16 other comments? We have gone along for quite a
17 while. If people have other --

18 (No response.)

19 Then, I'm simply going to propose
20 that we close it. Are there objections?

21 (No response.)

22 All right. Then, let's consider

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1 that closed.

2 Now, we just did 225.1. It is
3 nearing 3 o'clock. 225.2. Should we take a
4 break now, folks? We have had a long
5 conversation. Take a 10-minute break?

6 MEMBER MUNN: That sounds
7 reasonable.

8 CHAIRMAN KOTELCHUCK: Okay. It's
9 2:50. Let's get back together at 3:00. Or do
10 you want to make it five after 3:00? I don't
11 know.

12 MR. KATZ: Three is fine. John has
13 to leave us at 4:00. So it would be good to get
14 in what we can while John is with us.

15 CHAIRMAN KOTELCHUCK: Wonderful.
16 Okay, three o'clock it is. See you all back in
17 10 minutes. Thank you. Bye-bye.

18 (Whereupon, the meeting in the
19 above-entitled matter went off the record at
20 2:50 p.m. and resumed at 3:00 p.m.)

21 CHAIRMAN KOTELCHUCK: Well, one of
22 the more minor virtues of having a telephone

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1 conference call or a Live Meeting like this is
2 that there's no chance, when you take a 10-minute
3 break, for you to sit around and talk with the
4 other people on the Committee and talk about last
5 night's football game or whether the government
6 is going to close down, and then you get wrapped
7 up in a conversation and overstay your time.
8 We're all isolated.

9 MR. KATZ: That's right.

10 MR. CALHOUN: We in Cincinnati
11 prefer not to talk about Sunday's football game.

12 CHAIRMAN KOTELCHUCK: Oh, I see.
13 Right, yes. Well, I shouldn't talk about it;
14 one of our teams in New York has lost four
15 straight.

16 Anyhow, enough said. Let's go back
17 to business because John has to leave at 4:00.
18 And by the way, is that John Poston?

19 MR. KATZ: Yes, that is John Poston.

20 CHAIRMAN KOTELCHUCK: Yes, that's
21 what I thought.

22 MR. KATZ: Yes.

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1 CHAIRMAN KOTELCHUCK: Okay. Well,
2 then, let us proceed. Something like a trip of
3 1,000 miles begins with a single step. Well,
4 we're kind of in the middle, I hope, of that 1,000
5 miles, though it seems a long way off.

6 Somebody is controlling? We have
7 just finished 225.1. We were just getting to
8 225.2, I believe.

9 MEMBER POSTON: Do we still have
10 Doug online?

11 CHAIRMAN KOTELCHUCK: I wonder,
12 Doug may not be on the line. That's what I am --

13 MR. FARVER: I'm here, guys.

14 CHAIRMAN KOTELCHUCK: Oh, okay.
15 That's all right.

16 MR. FARVER: I had to swap out
17 phones again.

18 CHAIRMAN KOTELCHUCK: Oh, I see.
19 Okay. You weren't talking with your colleagues
20 about yesterday's football game or anything like
21 that?

22 MR. FARVER: No, no, no.

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1 CHAIRMAN KOTELCHUCK: No? Okay.

2 MR. FARVER: Okay.

3 CHAIRMAN KOTELCHUCK: 225.2,
4 please.

5 MR. FARVER: 225.2, that's the
6 x-ray dose.

7 CHAIRMAN KOTELCHUCK: Yes.

8 MR. FARVER: Just to recap, I think
9 this person had 12 skin cancers. Five were
10 identified on the left side of the face, and the
11 remaining seven were either the right side or the
12 front of the face, as I recall.

13 So the basis for our finding, I know
14 it says, "did not consistently follow the
15 guidance," but the reviewer did not understand
16 why five of those facial cancers were treated one
17 way and then the remaining seven were treated
18 another. And I'll explain.

19 The five cancers on the left side of
20 the face, it was assumed that the left side of
21 the face was toward the beam. So, it was getting
22 a higher exposure. The remaining cancers were

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1 treated assuming that it was the dose to the eye,
2 which would have been a lesser dose.

3 And this was the way , gosh, this was
4 the way it was done back in that time period.
5 And I am trying to get the exact time period.

6 MR. SIEBERT: It was early 2007,
7 Doug.

8 MR. FARVER: Oh, okay. But we just
9 didn't understand what they were doing because
10 it just wasn't real clear. It is not that they
11 did it wrong. We didn't understand the reason
12 for assuming higher dose on one side and then
13 assuming the eye for the other side.

14 Without going into a lot of detail,
15 this has all changed. There is a new OTIB-6 that
16 is out. It was a 2011 revision, and it has a
17 whole listing on skin doses, depending on if it
18 is left side of the head, including the temple,
19 front torso, base of the neck to the end of the
20 sternum. It's extremely detailed. So this
21 issue is not going to be an issue anymore. It
22 should not be, anyway.

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1 But the basis for the finding was
2 that it was not clear why it was done the way it
3 was done. Other than that, since it has all
4 changed --

5 CHAIRMAN KOTELCHUCK: It is now
6 clear.

7 MR. FARVER: It's now clear, and
8 it's really clear in OTIB-60 -- or OTIB-6.

9 CHAIRMAN KOTELCHUCK: Right. But
10 it was done correctly in the first place,
11 according to the rules in place at that time?

12 MR. FARVER: Correct. It just
13 wasn't clear. Even the guidance wasn't clear at
14 the time, but it was done correctly.

15 MEMBER MUNN: We can accept SC&A's
16 recommendation and close this finding.

17 CHAIRMAN KOTELCHUCK: Okay. The
18 changing or updating or correcting of the rules
19 would not -- I don't know whether this one was
20 compensated or not.

21 MEMBER MUNN: But it's not an issue
22 as to whether it was or not. The only issue was,

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1 why did you do this?

2 CHAIRMAN KOTELCHUCK: Right.

3 MEMBER MUNN: And that has been
4 explained to the satisfaction of the reviewer.

5 CHAIRMAN KOTELCHUCK: Right. And
6 it is not a case where the new OTIB or the new
7 TIB was sufficiently different that we needed to
8 go back and take a look at what we had done
9 before?

10 MEMBER MUNN: It wasn't changing
11 anything. It was broadening the information,
12 making it more --

13 MR. SIEBERT: Right. This is
14 Scott. It clarified from location to location
15 which view and what dose should be used.

16 I did do a comparison as to what was
17 done in the case versus how it would be done under
18 present-day, and for the majority of the skin
19 sites, the dose would either remain the same or
20 go down, in some cases significantly, from like
21 81 millirem to 2 millirem. And there were a
22 couple of places where it moved up from 2

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1 millirem to 8 millirem.

2 So, on the balance, even for this
3 case with the many skin cancers, there would be
4 no impact or reduction in dose.

5 CHAIRMAN KOTELCHUCK: Good. Good
6 to know, that is. So, okay. Then, anybody else
7 have any comments from the Subcommittee?

8 MEMBER CLAWSON: This is Brad. I
9 don't have any.

10 CHAIRMAN KOTELCHUCK: Okay.
11 Hearing no others, I move that we close.

12 And let's go on to 225.3.

13 MR. FARVER: Okay. This is Doug.
14 225.3, the finding was that, "NIOSH did not
15 consider that he may have been exposed to
16 plutonium, as reported in the CATI report."

17 If you read the response, basically,
18 it's correct. It says that, under the one
19 section of the CATI report that talks about what
20 you were exposed to, the employee checked
21 plutonium and I believe put "drums."

22 However, at the time the employee

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1 was employed, which was `56 through `57, there
2 should not have been any plutonium or any
3 recycled uranium with plutonium onsite.

4 CHAIRMAN KOTELCHUCK: Okay.

5 MR. FARVER: Yes, he only worked
6 there for, gosh, about six months, seven months.
7 Okay. So there should not have been any onsite.
8 So maybe he incorrectly marked it or I don't
9 know.

10 CHAIRMAN KOTELCHUCK: But the
11 records are clear that there was no plutonium
12 there while he worked?

13 MR. FARVER: Well, this is where I
14 want to defer to some Fernald people because the
15 recycled uranium contaminants appears to be like
16 an ongoing issue. Or has that been resolved?

17 MR. STIVER: This is John. I can
18 just weigh in on this, since I was intimately
19 involved in this recycled uranium issue.

20 MR. FARVER: Okay.

21 MR. STIVER: As of now, it is no
22 longer an SEC issue. It is a Site Profile issue.

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1 There will have to be a revision to the Site
2 Profile to address the new model.

3 And, basically, there are three time
4 components. There is from the inception, when
5 the first batch of recycled materials arrived,
6 which was not in 1961; it was actually 1953, I
7 believe, if memory serves. But there was a very
8 small quantity. I think there was only like one
9 barrel there for a few years. I believe in `56
10 or `57 a little more was received. They didn't
11 start getting production-level quantities until
12 1961, but there was still some material onsite.

13 And so what we have is like three
14 different timeframes during which the presumed
15 plutonium constituents in the recycled uranium
16 varies, I believe. I don't remember the exact
17 numbers. I do remember that, from `61, I
18 believe, to 1970, 100 parts per billion on a mass
19 basis is assumed. And then, from `70 up until
20 `86 or `87, I believe, when it wasn't really an
21 issue of concern, it was 400 parts per billion.
22 And I think we are proposing about 10 parts per

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1 billion in that earlier period, pre-1961.

2 So, the notion that there was
3 absolutely no plutonium onsite is really not
4 technically accurate prior to 1961. So it's
5 becoming a matter of, you know, this is one of
6 those things that is kind of on hold until the
7 TBDs are updated to reflect the new guidance.

8 MR. SIEBERT: Yes, this is Scott.
9 I should probably clarify. What I was saying
10 is, per the documentation that was in place at
11 the time the dose reconstruction was done, there
12 was no recycled uranium, yes, RU, until 1961.
13 However, obviously, any changes that are going
14 on in the Working Group and the TBD will be
15 reflected in an ongoing PER.

16 CHAIRMAN KOTELCHUCK: Which we are
17 awaiting, right?

18 MR. SIEBERT: Correct. We are
19 still in the midst of updating and working out
20 the specifics on the TBD.

21 CHAIRMAN KOTELCHUCK: Right. So
22 that would suggest that we have to hold this

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1 open.

2 MR. SIEBERT: I would tend to say
3 that that's not the case because it was done
4 correctly per the dose reconstruction process at
5 the time, and it would be considered under the
6 PER process if it was impacted under the updates
7 in the TBD.

8 CHAIRMAN KOTELCHUCK: Got it. So
9 if we were to close it, then when the PER comes
10 out, that would be relooked at?

11 MR. SIEBERT: Correct, if it's
12 impacted by the change in the TBD, right.

13 CHAIRMAN KOTELCHUCK: Right.
14 Okay. And if it's not impacted, it's not
15 impacted.

16 MR. STIVER: Yes, that was my
17 understanding as well.

18 CHAIRMAN KOTELCHUCK: Okay. Well,
19 that sounds reasonable. Other comments?
20 Other Committee Members?

21 (No response.)

22 Well, then, it sounds like we should

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1 be closing it. Any objections?

2 MEMBER MUNN: None here.

3 CHAIRMAN KOTELCHUCK: Okay. Fine.

4 Then let's go on.

5 MR. FARVER: Okay. The next one is
6 225, Observation 1. This goes back to when SC&A
7 reviewed the Site Profile. We had a concern
8 about the film dosimeter that was used between
9 1953 and 1980.

10 CHAIRMAN KOTELCHUCK: Yes.

11 MR. FARVER: This issue is
12 apparently being addressed by the Fernald
13 Working Group as part of a TBD review. So, at
14 least we know where that stands now. It's good.

15 CHAIRMAN KOTELCHUCK: Okay. Good.
16 And let's go on to the 11th set, 241.1.

17 MR. FARVER: 241.

18 CHAIRMAN KOTELCHUCK: 241.1.

19 MR. FARVER: Okay. The employee
20 worked at Fernald from, gosh, [identifying
21 information redacted], of '56 through
22 [identifying information redacted], of '57 and

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1 had a skin cancer on the forehead. He was a
2 laborer, a machine tool operator. The PoC was
3 47 percent. And the dose reconstruction was
4 done in April of 2008.

5 And this is our concern with uranium
6 fires and possible skin doses. Because,
7 according to the CATI information, the employee
8 was in an area at the time there were uranium
9 fires, and the feeling was that he could possibly
10 have some particulates on the skin which would
11 lead to skin doses.

12 CHAIRMAN KOTELCHUCK: Now, was this
13 a skin cancers case?

14 MR. FARVER: It was a skin cancer
15 case, skin cancer of the forehead. Yes.

16 CHAIRMAN KOTELCHUCK: So, there is
17 no indication in his record?

18 MR. FARVER: Right. This is the
19 same thing we talked about earlier where it is
20 possible, but there is nothing in the record
21 saying that he had contamination and was
22 deconned or anything like that, that there was

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1 a particle removed or anything to that effect.
2 So what do you do? My opinion is, unless you
3 have some indication that there was
4 contamination in that area, you really can't do
5 much about it.

6 MR. STIVER: Doug, this is John.
7 When was the employee at Fernald, this
8 particular employment?

9 MR. FARVER: '56.

10 MR. STIVER: But I guess my concern
11 there is this was during the NLO, National Lead
12 of Ohio's tenure as the M&O contractor. And
13 during that period in the '50s, there was really
14 kind of a problem, a systemic problem, in that
15 there was not really a robust radiation
16 protection program in place during that time.
17 In fact, that really didn't take place until
18 Westinghouse came in by the mid-1980s and
19 instituted a lot of programmatic changes.

20 But during those earlier years, it's
21 hard for me to believe that a skin contamination
22 event would have been reported as an accident or

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1 anything like that. So I don't know. It's one
2 of those things that I might have to revisit the
3 TBDs in this regard. I don't think you can rely
4 on the presence or absence of an incident report
5 as being a trigger for whether there was a
6 contamination event here in this case.

7 MEMBER MUNN: But, John, this
8 employee was continuously monitored. If we are
9 going to say that his monitoring was universally
10 unacceptable, then we need to be very clear about
11 what we are saying. If we are saying we don't
12 trust this particular individual's monitoring,
13 then that is kind of a different thing. But if
14 we are going to -- I guess the point I am trying
15 to make is it doesn't seem you would need to rely
16 on an incident report when you have an employee
17 that is continuously monitored.

18 MR. STIVER: I guess the only
19 problem with that, though, is that your external
20 film badge or a urine bioassay wouldn't
21 necessarily help you in determining whether
22 there was a skin contamination event. I know

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1 this is something that we have dealt --

2 CHAIRMAN KOTELCHUCK: Yes.

3 MEMBER MUNN: That's true.

4 MR. STIVER: -- with at some of the
5 other sites.

6 MEMBER MUNN: Of course.

7 MR. FARVER: This is the same issue
8 we have talked about, and it's going to be
9 handled by Wanda.

10 MEMBER MUNN: Yes.

11 MR. STIVER: Yes, we talked about
12 this in the Procedures meeting last time.

13 MEMBER MUNN: Yes, yes.

14 CHAIRMAN KOTELCHUCK: Okay. Then
15 that is a hold in abeyance, as I understand,
16 right? Or wait a minute. No, it isn't. It is
17 a closed and we will come back.

18 MR. KATZ: It is one where, when we
19 close it here, this falls in the same bucket that
20 we have for a bunch of cases that raise this
21 issue. But we can't really address it with
22 respect to reporting out on this until the

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1 Procedures and the Board have made their
2 decisions about what is actually the correct
3 procedure here, or their opinion of it.

4 CHAIRMAN KOTELCHUCK: Yeas. Okay.
5 So that's a close. Comments?

6 (No response.)

7 I don't hear anybody. Hello?
8 Hello?

9 MEMBER GRIFFON: I'm here, just
10 quiet.

11 CHAIRMAN KOTELCHUCK: Okay.
12 That's alright. Well, then, I guess that is
13 closed and we'll move on.

14 MR. FARVER: Okay.

15 CHAIRMAN KOTELCHUCK: 241,
16 observation.

17 MR. FARVER: Observation. It
18 sounds familiar. "SC&A does not agree that the
19 film dosimeter between '53 and '81 was able to
20 actually measure skin dose."

21 CHAIRMAN KOTELCHUCK: Right,
22 right.

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1 MR. FARVER: Same as before, it is
2 going to be taken up by the Fernald Work Group.

3 CHAIRMAN KOTELCHUCK: Yes. That's
4 right. Okay. Exactly the same observation.
5 Let's go on.

6 MR. FARVER: Observation 2.

7 MR. SIEBERT: Does anybody hear
8 that annoying clicking besides me?

9 CHAIRMAN KOTELCHUCK: No, I don't
10 hear any.

11 MR. FARVER: No.

12 MEMBER MUNN: You're special.

13 MEMBER GRIFFON: It has quit, too.
14 So I am special. Thank you.

15 (Laughter.)

16 CHAIRMAN KOTELCHUCK: Well, right.
17 Every five minutes my mind gets diverted by the
18 fact that I have to sign in again. I go out.
19 I'm out again. You go ahead, folks.

20 MR. FARVER: Okay.

21 MEMBER MUNN: This is a major
22 drawback to what we were talking about earlier

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1 with regard to advantages and disadvantages of
2 meeting by teleconference.

3 CHAIRMAN KOTELCHUCK: Yes. I
4 recognize that.

5 MR. KATZ: John, this is Ted. I
6 think what's happening, you can extend your -- I
7 mean, I think it's happening because you have
8 your computer set to five minutes without
9 activity because you are not typing on your
10 computer or anything. So you can extend that
11 time and avoid this trouble.

12 CHAIRMAN KOTELCHUCK: Oh, would
13 that be nice.

14 MR. KATZ: Okay. So, anyway, I
15 don't want to interrupt this with that.

16 CHAIRMAN KOTELCHUCK: Yes.

17 MR. KATZ: But it's solvable.

18 CHAIRMAN KOTELCHUCK: Thank you.
19 That would be a big help.

20 MR. FARVER: Okay. The
21 observation was that the employee states in the
22 CATI report potential exposure to radium. And

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1 we believe that that should have been mentioned
2 in the DR report. Just an observation.

3 Once again, the radium is identified
4 in that little section where you check the boxes
5 on what you were exposed to. And we have had talks
6 about that before.

7 MEMBER MUNN: Okay.

8 CHAIRMAN KOTELCHUCK: Alright. So
9 observed.

10 MR. FARVER: Yes. In fact, the DOE
11 records indicate the employee worked at plant 6.
12 Now he could have visited the silos, but there
13 really wasn't anything in the documents to say
14 that. So you go with what you have.

15 CHAIRMAN KOTELCHUCK: Yes.
16 Twelfth set, 286.1.

17 MR. FARVER: Alright.

18 MEMBER MUNN: No further action.

19 CHAIRMAN KOTELCHUCK: No. Well,
20 it's an observation.

21 MR. FARVER: Okay, 286.1.
22 Employee worked from '54 through '60, was

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1 diagnosed with two skins cancers, one on the
2 face, one on the forearm. Was a laborer. PoC
3 was 45 percent. And the dose reconstruction was
4 done in February of 2008. So that is our
5 starting point.

6 CHAIRMAN KOTELCHUCK: By the way,
7 there is a typo. The last thing in your comment,
8 "misapplied" is one word and one "S." You don't
9 need to correct it right now, but just I'd note
10 it. "Could still be misapplied." Let's go on.

11 MR. FARVER: Okay. The clothing
12 attenuation factor was incorrectly applied to
13 the missed photon doses on the forearm.

14 NIOSH, in their statement, they
15 agreed that they should not have applied it to
16 the forearm. And it raised the dose about 400
17 millirem.

18 CHAIRMAN KOTELCHUCK: Yes.

19 MR. FARVER: Once again, our
20 concern is going to be, well, how do we make sure
21 it doesn't happen again? And I don't know if
22 that's a rhetorical question or not because I'm

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1 not sure what to do about it.

2 CHAIRMAN KOTELCHUCK: Yes.

3 Clothing attenuation factor.

4 MR. FARVER: I mean, does this just
5 get chalked up as a QA concern, something that
6 possibly should have been caught, and we close
7 it and move on? Or is there some action that can
8 be taken? I don't know.

9 MEMBER MUNN: Certainly. There is
10 nothing clearly that could --

11 CHAIRMAN KOTELCHUCK: Well, again,
12 one might suggest that the ORAU people speak to
13 their dose reconstructors, both the individual
14 who was involved with this decision and --

15 MEMBER MUNN: I think we've been
16 reassured that that occurs.

17 CHAIRMAN KOTELCHUCK: Pardon?

18 MEMBER MUNN: I thought we had been
19 reassured that that occurs.

20 CHAIRMAN KOTELCHUCK: Well, that's
21 fair enough. There was another one similarly
22 before.

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1 MEMBER MUNN: Yes.

2 CHAIRMAN KOTELCHUCK: And, Scott,
3 that falls under the same category, right?

4 MEMBER MUNN: It seems to me.

5 MR. SIEBERT: That is correct.

6 CHAIRMAN KOTELCHUCK: Okay.

7 MR. SIEBERT: That would be the
8 professional judgment application.

9 CHAIRMAN KOTELCHUCK: Sure, sure.

10 MR. FARVER: Scott, this is Doug.
11 Is this something that is programmed into the
12 workbook? Or is that something that the dose
13 reconstructor has to like check a box on?

14 MR. SIEBERT: They have to choose to
15 apply it or not.

16 MR. FARVER: Okay.

17 MR. SIEBERT: So they chose to apply
18 it when they should not have.

19 MR. FARVER: Okay.

20 CHAIRMAN KOTELCHUCK: Alright.
21 Then it is a quality assurance issue, and we
22 should close it, I think.

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1 MEMBER MUNN: Agreed.

2 CHAIRMAN KOTELCHUCK: Okay.

3 Hearing no objections, we go to 286.2.

4 MR. FARVER: Okay. Just a second.

5 CHAIRMAN KOTELCHUCK: Sure.

6 MR. FARVER: 286.2, "Environmental
7 intakes underestimate the dose and are not
8 claimant favorable."

9 I will say this was our error, our
10 misunderstanding. The CADW tool, when it
11 applies the intakes when the intakes can vary
12 from year to year, as was this case, when you look
13 at the front page of the CADW tool, you just see
14 the initial intakes. So it might say a time
15 period from like `54 through `80, but you will
16 just see the initial intake for 1954.

17 But, inside the program, it will
18 change the intakes as needed, as they vary
19 throughout the years. It's just not obvious.
20 Okay? And that was our misunderstanding.

21 CHAIRMAN KOTELCHUCK: Oh, okay.

22 MR. FARVER: So when we look at

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1 this, we look at that, and when it says a time
2 period of 1954 to 1980 and it shows this intake,
3 you know, we get a little concerned because
4 that's not the correct intake for all years.
5 And that's what prompted the finding.

6 CHAIRMAN KOTELCHUCK: Right.

7 MR. FARVER: Okay. They didn't do
8 anything wrong. And now that we are aware of
9 that, we won't have this finding again.

10 CHAIRMAN KOTELCHUCK: Okay. So it
11 was a technical misunderstanding that does not
12 affect the result. Is that correct?

13 MR. FARVER: Yes.

14 CHAIRMAN KOTELCHUCK: Okay.

15 MEMBER MUNN: And we accept SC&A's
16 recommendation to close it.

17 CHAIRMAN KOTELCHUCK: We should.
18 Let's go on.

19 MR. FARVER: Okay, 286, Observation
20 1. "NIOSH multiplied the dose correction
21 factors from IG-001 by the correction factor and
22 a multiplier of 1.3 to arrive at quantities for

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1 the effective DCF."

2 Okay. Basically, the DR report
3 says that they were going to do it one way, but
4 they did it a different way or another way. So
5 we have seen this before, where the final report
6 doesn't always follow it. And I think a lot of
7 that is the boilerplate that is generated.

8 And since I have been working on
9 these, our blind dose reconstructions that we're
10 in the process of working on, I have become a bit
11 more tolerant of these errors, because it does
12 get confusing using the different tools. And
13 I could see how now that the boilerplate, when
14 you try to merge your files and get a dose
15 reconstruction report generated, there is a lot
16 of boilerplate that has to be checked. So I'm
17 more understanding.

18 CHAIRMAN KOTELCHUCK: Okay.

19 MR. FARVER: Once again, it's just
20 an observation that there was that little bit of
21 difference. There is no change in the dose.
22 They didn't do anything wrong other than they put

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1 something in the text that they didn't do or
2 weren't supposed to do.

3 CHAIRMAN KOTELCHUCK: Got it.
4 Yes, that is pasting error. Okay. 287.1.

5 MR. FARVER: Okay. "Incorrect
6 annual dosimeter doses for the organ dose
7 calculations." Okay.

8 MR. SIEBERT: Doug, this is Scott.
9 Would you like me to walk through this one?

10 MR. FARVER: Yes, because I knew it
11 yesterday, but now I'm looking at it and --

12 CHAIRMAN KOTELCHUCK: Sure.

13 MR. SIEBERT: It's complicated.
14 It's a tool issue and how things are calculated
15 within the tool. And I want to point out at the
16 beginning of this that it's not a tool that is
17 used anymore. All these calculations are now
18 wrapped up into our best-estimate tool with the
19 Vose.

20 This was something that had to be
21 done off to the side back when this claim was done
22 in 2007. We had a specific tool for calculating

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1 best-estimate doses that took all the data into
2 the information and ran it through the Monte
3 Carlo calculations.

4 And the front-end input tab had the
5 correct values in it, the same version that was
6 in the file. There is a midpoint tab where the
7 calculations are done, and then there is a final
8 tab where the output comes in IMF format.

9 In that interim tab, SC&A caught the
10 fact that, when you look at the calculations,
11 some of the values were slightly higher, and a
12 very small amount, but slightly higher than the
13 input values that were in the records and also
14 in the input tab. And those calculations were
15 carried through to the IREP sheet as well.

16 When I looked at it and I rehit the
17 calculate button, it straightened everything
18 out. So what appears to have happened in this
19 case is the dose reconstructor did the work
20 initially. I don't know what specific
21 correction factors they may have had in the
22 initial run. But when they went back and they

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1 corrected it, finding that it's in best-estimate
2 territory, they may have missed hitting that
3 button, and it was just not caught by the dose
4 reconstructor or in peer review that there was
5 a small difference between the input and the
6 output.

7 CHAIRMAN KOTELCHUCK: Well, good.
8 A good explanation.

9 MR. FARVER: Yes. Thank you.

10 CHAIRMAN KOTELCHUCK: Very
11 helpful.

12 MR. FARVER: Once again, it should
13 not be an issue now because it's no longer used,
14 the tool.

15 MR. SIEBERT: Correct.

16 CHAIRMAN KOTELCHUCK: Okay.

17 MR. FARVER: Just closing the
18 finding?

19 CHAIRMAN KOTELCHUCK: Yes.

20 MR. FARVER: Okay. Are we ready to
21 move on?

22 CHAIRMAN KOTELCHUCK: Yes.

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1 MR. FARVER: Finding 287.2,
2 "Failure to account for all unmonitored
3 intakes."

4 Okay. They only accounted for a
5 thorium dose for 1955, and should have had some
6 for 1954 and did not. And that's what prompted
7 the finding.

8 CHAIRMAN KOTELCHUCK: October
9 through December, you're saying they worked
10 there?

11 MR. FARVER: They worked there --

12 CHAIRMAN KOTELCHUCK: Three
13 months.

14 MR. FARVER: Three months in '54,
15 correct. And then to '55. But there should
16 have been some dose assigned in '54. I mean,
17 that was the point.

18 CHAIRMAN KOTELCHUCK: Right. That
19 was an error.

20 MR. FARVER: And I believe it was an
21 error, but it really doesn't matter because it
22 was a compensated case.

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1 CHAIRMAN KOTELCHUCK: It was a
2 compensated case before the error was
3 discovered?

4 MR. FARVER: Well, I don't know if
5 it was just an error and it just happened to be
6 a compensated case.

7 CHAIRMAN KOTELCHUCK: Okay. I'm
8 trying to come back onto the --

9 MR. FARVER: This would fall into a
10 QA issue, another QA concern, where, well,
11 shouldn't you somehow account for all the years,
12 three months of '54 and all of '55? Should
13 someone have seen that? Is it just an error on
14 the dose reconstructor? I don't know.

15 MR. CALHOUN: This is Grady. And
16 just generally speaking, not about a Fernald
17 case, but if there was a dose reconstruction that
18 came over and it was a comp case, and I reviewed
19 it and noticed that I could have assigned more
20 dose, as a peer reviewer, I certainly wouldn't
21 have made that comment because it doesn't
22 matter.

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1 CHAIRMAN KOTELCHUCK: Yeah.

2 MR. FARVER: Grady, I agree it
3 doesn't matter. And on the one hand, I would
4 say, you know, it would be nice if you just put
5 a little memo in the file saying, "I looked at
6 it and, you know, we should have had some dose
7 for 1954." And on the other hand, as a practical
8 point of view, I would say it just doesn't
9 matter. So I could see it both ways.

10 CHAIRMAN KOTELCHUCK: Well, one of
11 the reasons that we have this Subcommittee
12 functioning is that we want to find out about
13 quality assurance. We want to check on quality
14 assurance.

15 MR. FARVER: And for that reason, I
16 would say you should make a little memo and put
17 it in the file.

18 CHAIRMAN KOTELCHUCK: Right. That
19 sounds like a proper request.

20 MR. CALHOUN: Well, I don't know
21 about that, because I don't think that I want to
22 have the DRs, I am not sure that I want to have

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1 them include every bit of dose that they don't
2 need in a comp case.

3 CHAIRMAN KOTELCHUCK: Why not?

4 MR. CALHOUN: In this case, it
5 sounds like it's not a big deal. But let's just
6 say, for example, you are at one of the National
7 Labs and I have got somebody that has literally
8 six or ten different radionuclide urinalyses in
9 his dosimetry, I don't want to go through and say
10 that I didn't use any of them but, you know,
11 einsteinium-123, if that's what I used to comp
12 the case. I mean, that's just my thought.

13 The DR is going to say that it's a
14 partial estimate or an underestimate, and I
15 think it is somewhat intuitive, then, that I
16 didn't include all the dose I could have.

17 MR. STIVER: Grady, this is John.
18 I'm just wondering, now the situation where you
19 are doing a partial, you would include, say, in
20 this case, thorium. But in the course of doing
21 that partial, wouldn't you -- or excuse me -- you
22 know, the underestimate, if you were picking a

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1 particular radionuclide, wouldn't you then just
2 give them the full credit for the entire period
3 of exposure where you truncated? It seems like
4 it was kind of an arbitrary distinction that
5 we're going to take off that first portion of
6 1954 and give them the rest, as opposed to not
7 putting every little millirem of dose that he
8 could have picked up, say, at an accelerator
9 facility. That's kind of a different
10 situation.

11 MR. SIEBERT: This is Scott. I can
12 address that. Actually, it does kind of make
13 sense from a dose reconstruction point of view.
14 In the CAD process, it assigns annual doses. It
15 does not assign partial-year doses. The dose
16 reconstructor has to go and pro-rate the dose for
17 the shorter amount of time.

18 So in that case, it's creating more
19 work that is not needed in this case. And I can
20 see that being a thought process. Did it happen
21 in this case? I can't tell you one way or the
22 other, and I agree the dose reconstructor

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1 probably should document it if they didn't
2 assign the whole time, just to be clear. But I
3 can definitely see that process even within this
4 smaller timeframe.

5 MR. STIVER: Okay. I guess that
6 makes more sense that it would take an additional
7 effort to do the pro-rating.

8 MR. FARVER: And I guess it comes
9 down to was it done on purpose, or was it just
10 accidental and you happened to be compensated
11 anyway? Because I am looking at it, and the
12 total dose is 12.5 rem to the liver. And it's
13 not intuitive that that's going to be over 50
14 percent.

15 MEMBER MUNN: Well, it's not likely
16 that you are going to do a partial on something
17 that is not showing compensation.

18 MR. CALHOUN: I don't have the dose
19 reconstruction -- this is Grady -- in front of
20 me, but one thing you would want to look at is
21 does the dose reconstruction say that this is an
22 underestimate or does it maybe exclude external

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1 altogether? I mean, I don't know that. That
2 would be something to look at.

3 MR. STIVER: Yeah, it would go a
4 long way to help our auditors if there was even
5 a paragraph indicating that this is a
6 minimizing -- have them just highlight the
7 things that were actually the exposures that
8 were considered.

9 MR. FARVER: This is Doug. In our
10 report, it says that, "The DR report indicates
11 that best-estimate methods were used."

12 MR. STIVER: That sounds more like
13 a hybrid case, though.

14 MR. FARVER: Well, they couldn't
15 use a hybrid if it's over 50 percent. You could
16 use an underestimate or you can use a best
17 estimate.

18 MEMBER MUNN: Since the whole point
19 of a dose reconstruction is to identify whether
20 or not a claimant is going to be compensated,
21 once you've identified the fact that the
22 claimant is going to be compensated, then any

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1 additional information is extraneous and puts an
2 undue burden on the folks who were doing dose
3 reconstruction. Once you've reached the goal,
4 which is to determine whether it is compensated
5 or not, then that should be adequate.

6 MR. SIEBERT: This is Scott. In
7 the dose reconstruction report there is a table
8 that clearly defines that it was only assigned
9 for 1955. We never say that we tried to assign
10 it for 1954. Whereas, we did assign radium for
11 '54 and '55. And there is a sentence in it
12 saying he was only assigned unmonitored dose for
13 thorium-228 and -232 for '55 only. So it is
14 stated within the claim.

15 MR. FARVER: Well, right, I mean,
16 it's stated that they didn't assign it, but that
17 was what prompted the finding, that it was only
18 assigned for '55.

19 MS. LIN: Okay. So, this is Jenny.
20 I'm just trying to understand. Is this a dose
21 reconstruction scientific issue or is this a
22 document issue?

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1 MR. FARVER: A document issue.

2 CHAIRMAN KOTELCHUCK: Document.

3 MS. LIN: Okay. So if it's a
4 document issue, then I think the agency has heard
5 the Board's recommendation, and the agency would
6 take that recommendation under consideration.
7 And, obviously, you need to balance between its
8 staff resources versus the missions of the
9 program, which is provide dose reconstruction
10 for compensation outcome, and also balancing the
11 need to make sure that the program has a good
12 QA/QC in place. Okay?

13 CHAIRMAN KOTELCHUCK: Okay. So are
14 we finished with the discussion?

15 MEMBER MUNN: It appears so.

16 CHAIRMAN KOTELCHUCK: Sounds it.
17 Then, let's go on. We have a few more minutes
18 before at least John leaves.

19 MEMBER MUNN: So, our disposition
20 is?

21 CHAIRMAN KOTELCHUCK: Close.

22 MEMBER MUNN: Yes.

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1 CHAIRMAN KOTELCHUCK: Oh, yes, it's
2 closed.

3 MR. FARVER: Okay, 287.3. Okay.
4 "Environmental intakes are not
5 claimant-favorable." This is the same, I
6 believe, CADW issue, which was our
7 misunderstanding from --

8 CHAIRMAN KOTELCHUCK: Oh, yeah,
9 286.2, right, right.

10 MEMBER MUNN: So we can accept
11 SC&A's recommendation.

12 CHAIRMAN KOTELCHUCK: Absolutely.
13 We can just close this. This is the same issue
14 as before, precisely.

15 MR. FARVER: Okay.

16 CHAIRMAN KOTELCHUCK: And it was
17 not an error. It was a --

18 MEMBER MUNN: Misunderstanding.

19 CHAIRMAN
20 KOTELCHUCK: -- misunderstanding.

21 MEMBER MUNN: On the part of the
22 reviewer.

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1 MR. FARVER: Okay. Now we are into
2 observations.

3 CHAIRMAN KOTELCHUCK: Good.

4 MR. FARVER: "S&CA questions
5 whether the DOL forwarded this case to NIOSH for
6 dose reconstruction prior to determining,"
7 blah, blah, blah.

8 And I agree with NIOSH's response.
9 They get it from DOL. DOL makes the decision.
10 Okay.

11 CHAIRMAN KOTELCHUCK: That's
12 right. That's fair enough.

13 MEMBER MUNN: No action.

14 MR. FARVER: Okay.

15 CHAIRMAN KOTELCHUCK: And to
16 Observation 2.

17 MR. FARVER: Observation 2, "The
18 overall strategy for dose minimization could be
19 clarified."

20 I don't think there will be much
21 argument about that, that they could add some
22 clarification, which means it wasn't clear to

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1 our reviewer in many instances. And I think
2 that's reasonable.

3 MEMBER MUNN: No action.

4 CHAIRMAN KOTELCHUCK: Okay.

5 MR. FARVER: Observation 3, "The
6 basis for intakes based on bioassay not included
7 in the DR report."

8 Again, it's not always clear what is
9 going on or how things are calculated in the DR
10 report. The methodology is correct; the
11 wording could be a little better. And we have
12 had long discussions about this in the past.

13 CHAIRMAN KOTELCHUCK: Yes. Okay.

14 MR. FARVER: And I will say that in
15 the more recent cases, the DR reports are getting
16 much better at adding phrases and wording to make
17 them more clear.

18 So, there is improvement.

19 Observation 4, "Guidance on thorium
20 intakes should be updated." This is a Work
21 Group issue. Okay.

22 CHAIRMAN KOTELCHUCK: Okay. Are

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1 we near the end of this? Now it's 3:47.

2 MR. SIEBERT: Yes, there is only one
3 single finding on the next one, and then we are
4 done with Fernald.

5 CHAIRMAN KOTELCHUCK: Good.

6 MR. FARVER: Okay. I don't even
7 have to open the report for this one. "NIOSH
8 omitted 60 millirem beta dose." They re-ran it
9 to include the 60-millirem dose. It didn't
10 change the PoC much.

11 The concern is the 60 millirem is in
12 week 11 of the 1955 data tab, does not appear in
13 the dosimetry data input file, or in the tool,
14 the workbook. It appears to be a data entry
15 error. In other words, it never got entered
16 into the input file. Which prompts the
17 question, how are data entry errors identified,
18 prevented, et cetera?

19 CHAIRMAN KOTELCHUCK: Yes.

20 MR. FARVER: Other than that, it's
21 a QA issue, obviously.

22 CHAIRMAN KOTELCHUCK: Yes.

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1 MR. FARVER: And I'm not sure what
2 we can do other than talk about data entry
3 errors.

4 CHAIRMAN KOTELCHUCK: So, yes, this
5 is exquisitely close to 50 percent, isn't it?
6 But NIOSH did it, the ORAU folks did it, and you
7 folks at SC&A re-did it. And you got the same
8 PoCs.

9 MR. FARVER: Well, we didn't run the
10 PoC, but that's not the concern.

11 CHAIRMAN KOTELCHUCK: Right.
12 Right. You don't run PoCs. Only ORAU does,
13 right? Is that correct? Only ORAU does?

14 MR. FARVER: I believe they will run
15 it, and then they will send it to DOL. And DOL
16 will have the final determination.

17 MR. SIEBERT: Yes, technically, DOL
18 is the decider of the PoC, that is correct.

19 MR. FARVER: Yes.

20 CHAIRMAN KOTELCHUCK: Okay. Good.
21 DOL. Alright.

22 MR. FARVER: But our concern is the

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1 data entry. You know, here we have a data entry
2 error that is identified. So when we are
3 looking for different types of QA concerns, here
4 is an example of what I believe is a data entry
5 error.

6 CHAIRMAN KOTELCHUCK: Yes.

7 MEMBER MUNN: It's a classic, 30
8 years old, far older than this program. If we
9 seize upon some magic to prevent human error in
10 data entry, then we can certainly make all of the
11 Board Members fat and happy.

12 CHAIRMAN KOTELCHUCK: Right. But
13 data entry errors, when you are up above 49
14 percent and under 50, they make one very anxious.
15 But there it is, and it has been checked and I
16 think we have to close it.

17 MR. FARVER: Right. I just wanted
18 to point out that this one, this type of error
19 just looks like a data entry, not a dose
20 reconstructor error.

21 CHAIRMAN KOTELCHUCK: Yes.

22 MR. FARVER: Okay.

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1 CHAIRMAN KOTELCHUCK: Yes. Okay.
2 So Fernald is closed.

3 MR. FARVER: Yes, all of Fernald is
4 gone.

5 CHAIRMAN KOTELCHUCK: Great.

6 MEMBER MUNN: Excellent.

7 CHAIRMAN KOTELCHUCK: Now we have a
8 few -- what are left are a few Hanfords. I
9 assume you didn't do the Hanfords. Or let me ask
10 you. Pardon. Doug, did you get a chance to
11 review Hanfords? Is there something?

12 MR. FARVER: Scott did not have a
13 chance to get responses to the Hanfords.

14 CHAIRMAN KOTELCHUCK: Okay.

15 MR. SIEBERT: Yes, we had Fernald
16 and Hanford in the same matrix. Fernald, I
17 really cranked it so we had it to talk about
18 today.

19 CHAIRMAN KOTELCHUCK: And it's most
20 appreciated, really.

21 MR. SIEBERT: So Hanford should
22 probably be in SC&A's hands within the next

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1 couple of weeks. I will just put it back into
2 this matrix when I get it from Doug. And then
3 I'm moving on to the Oak Ridge sites, unless
4 anybody has an issue with that.

5 CHAIRMAN KOTELCHUCK: Okay.

6 MR. KATZ: Can you be specific which
7 sites you're moving onto, Scott?

8 CHAIRMAN KOTELCHUCK: Yes,
9 because, actually, I would like to -- I don't
10 have it in front of me. There are now fairly
11 small numbers of cases at the remaining sites,
12 right? There are three or four different sites?

13 MR. FARVER: I don't have that in
14 front of me.

15 CHAIRMAN KOTELCHUCK: I remember
16 from the last discussion that we had, I think,
17 two or three from GSI. We have a few -- here we
18 are.

19 MR. STIVER: So, we have GSI, NTS,
20 and Oak Ridge, and then a mixture of cases with
21 multiple sites.

22 CHAIRMAN KOTELCHUCK: Right.

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1 MR. CALHOUN: And the ones where we
2 basically just have two or fewer cases.

3 CHAIRMAN KOTELCHUCK: Right. Is
4 it possible that we could at the next meeting do
5 all the rest of them? That is, 11 -- oh, no, no.
6 We have 17 cases with multiple sites. So, we
7 have 28 cases to go before we finish up.

8 MR. KATZ: Yeah, that sounds like
9 about two meetings' worth at least.

10 CHAIRMAN KOTELCHUCK: Yes, it does.
11 Yes, it does.

12 MR. KATZ: Yes.

13 CHAIRMAN KOTELCHUCK: Well, at the
14 next meeting, which will now be, of course, after
15 Denver, what would the folks think that we could
16 reasonably hope to cover, that they could hope
17 to do and we could hope to cover?

18 MR. SIEBERT: Well, this is Scott.
19 Let me point out a lot of those multiple site
20 cases are actually ones that have multiple Oak
21 Ridge sites, Y-12, X-10, K-25.

22 So, if we focus on Oak Ridge to start

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1 in our next set, it's probably the largest
2 grouping that is left over. And then, we could
3 probably, I would guess, lump everything else
4 either together or a couple of the larger that
5 are left at that point.

6 CHAIRMAN KOTELCHUCK: Okay. How
7 does that sounds, folks?

8 MR. FARVER: So, Scott, you're
9 going to work on Hanford and Oak Ridge?

10 MR. SIEBERT: Correct. And then
11 seeing how far I get, if anybody has any
12 suggestions for where to go beyond that, I'm all
13 ears.

14 MR. FARVER: I have a feeling that
15 that will be enough for a while. That will take
16 us a little while to get through.

17 CHAIRMAN KOTELCHUCK: Right. And
18 then after that, is it possible that we will then
19 be able to finish up?

20 MR. STIVER: If a lot of the
21 multiple sites include an Oak Ridge component,
22 I would presume then that we would cover those

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1 under the Oak Ridge umbrella.

2 CHAIRMAN KOTELCHUCK: Right.

3 MR. STIVER: So, that would be GSI
4 and NTS, 8 cases, 18 findings. And then those
5 less than 2.

6 MR. FARVER: Okay.

7 CHAIRMAN KOTELCHUCK: Yes.

8 MR. STIVER: So we could probably
9 knock a lot of those down, if not most, in two
10 meetings, I would think.

11 CHAIRMAN KOTELCHUCK: Yeah, I would
12 think.

13 MR. KATZ: Okay. So, this is Ted.
14 So I will have Hanford and Oak Ridge on the agenda
15 for the next meeting. We have finished Fernald.
16 That will fall off the agenda. We have finished
17 Paducah. We have finished Portsmouth, and we
18 have one case for Set 9. Is that correct?

19 CHAIRMAN KOTELCHUCK: Right.

20 MR. SIEBERT: I think there is only
21 one finding for Set 9.

22 MR. KATZ: No, I know, one finding.

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1 MR. SIEBERT: Just one case.

2 CHAIRMAN KOTELCHUCK: Right.

3 MR. KATZ: Okay. Good.

4 CHAIRMAN KOTELCHUCK: I think we
5 made a lot of progress. Should we try here to
6 pick a time, a date?

7 MR. KATZ: We might as well. Let me
8 pull up a calendar and give you the ballpark of
9 when the soonest could be.

10 CHAIRMAN KOTELCHUCK: Good.

11 MR. KATZ: So I would say we could
12 do it no sooner than the week of -- well, and then
13 we have the issues of what's going on right now
14 with the government.

15 CHAIRMAN KOTELCHUCK: Yeah, well,
16 that we can just --

17 MR. KATZ: Well, no, that's not
18 going to affect us that far out, but it's going
19 to affect our being able to post a Federal
20 Register notice.

21 CHAIRMAN KOTELCHUCK: That's
22 right. That's right.

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1 MR. KATZ: We need 30 days for that.
2 That's the problem. So I don't want to start too
3 soon on it. So, let's begin with the week
4 of -- when's Thanksgiving?

5 MEMBER MUNN: It's the 28th.

6 MR. KATZ: Okay. Good. So the
7 week of the 18th, that would work. How is that
8 for you folks?

9 CHAIRMAN KOTELCHUCK: The week of
10 November 18th?

11 MR. KATZ: It's the week before the
12 week of Thanksgiving, in other words.

13 MEMBER MUNN: Oh, that's workable.

14 CHAIRMAN KOTELCHUCK: It is. I'm
15 okay that week.

16 MR. KATZ: Okay. Well, does
17 someone have a favorite day? Any of them work
18 for me.

19 CHAIRMAN KOTELCHUCK: Well, I would
20 rather not do Monday.

21 MR. KATZ: How about the 19th, which
22 is Tuesday?

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1 MEMBER POSTON: I would rather not
2 do Tuesday.

3 MR. KATZ: That's fine.
4 Wednesday, the 20th?

5 MEMBER POSTON: Wednesday's great.

6 CHAIRMAN KOTELCHUCK: Wednesday's
7 good. How is it for other people?

8 MS. LIN: This is Jenny.

9 CHAIRMAN KOTELCHUCK: Wednesday,
10 November 20th?

11 MS. LIN: Mondays are the best for
12 me.

13 CHAIRMAN KOTELCHUCK: Pardon?

14 MS. LIN: I'm just joking.

15 (Laughter.)

16 MR. KATZ: Jenny will be busy with
17 other work at that point.

18 CHAIRMAN KOTELCHUCK: Right. A
19 face-to-face meeting would have resolved that.

20 MS. LIN: Yes.

21 CHAIRMAN KOTELCHUCK: But right.
22 Good.

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1 MR. KATZ: Okay. So, if there are
2 no problems with everyone onboard here then
3 let's go with the 20th.

4 CHAIRMAN KOTELCHUCK: That sounds
5 good.

6 MR. KATZ: The same time, 10:00 a.m.
7 start time. Okay.

8 MEMBER MUNN: Thank you.

9 CHAIRMAN KOTELCHUCK: Okay. I
10 will write that down. Dose Reconstruction
11 Subcommittee. Good.

12 Alright. Then I think that would be
13 it. And then after November, December, and then
14 the next one would presumably be in January.

15 MR. KATZ: Right.

16 CHAIRMAN KOTELCHUCK: You don't
17 want to schedule two? I would love to think that
18 we are going to finish 10 through 13.

19 You know, I've been a member of this
20 Subcommittee and that's all we have ever done,
21 is 10 through 13. I have never gotten away. It
22 is like a sinkhole I can't get out of.

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1 (Laughter.)

2 MR. KATZ: No, it would be sometime
3 in January. We have another Board meeting in
4 January, at the end of January.

5 CHAIRMAN KOTELCHUCK: Oh, do we?
6 Okay. Then we can talk about this in Denver when
7 we meet for our Board meeting and people can chat
8 a little bit.

9 MR. KATZ: Well, even at the next
10 meeting we set all this up.

11 CHAIRMAN KOTELCHUCK: Yes, we
12 certainly can.

13 MR. KATZ: Okay.

14 MEMBER MUNN: Maybe February might
15 be a better time.

16 CHAIRMAN KOTELCHUCK: Yeah, it
17 might be a good time.

18 MEMBER MUNN: Alright.

19 CHAIRMAN KOTELCHUCK: Alright.
20 Folks, thank you very much. I think we made a
21 lot of progress again. We are rolling on, and
22 I like to think that things are coming into place

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1 on the technical end. And therefore we are able
2 to move ahead on the judgment end here from the
3 Subcommittee.

4 Very good. Have a good week, folks.

5 MEMBER MUNN: Yes, yes.

6 CHAIRMAN KOTELCHUCK: Very good,
7 and let us hope that our federal folks who are
8 on the line will have a paycheck tomorrow.

9 MEMBER MUNN: They'll have a
10 Continuing Resolution.

11 CHAIRMAN KOTELCHUCK: Okay. Very
12 good.

13 MEMBER MUNN: Alright.

14 CHAIRMAN KOTELCHUCK: Bye-bye.

15 Thank you, and thanks to the reporter.

16 MR. KATZ: Thanks, everybody.

17 CHAIRMAN KOTELCHUCK: Bye-bye.

18 (Whereupon, at 3:59 p.m., the
19 meeting in the above-entitled matter was
20 adjourned.)

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