

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

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ADVISORY BOARD ON RADIATION AND
WORKER HEALTH

+ + + + +

SUBCOMMITTEE FOR DOSE RECONSTRUCTION REVIEWS

+ + + + +

MONDAY
JULY 7, 2014

+ + + + +

The Subcommittee convened via teleconference at 10:30 a.m., Eastern Daylight Time, David Kotelchuck, Chairman, presiding.

PRESENT:

DAVID KOTELCHUCK, Chairman
BRADLEY P. CLAWSON, Member
MARK GRIFFON, Member
WANDA I. MUNN, Member
DAVID B. RICHARDSON, Member

ALSO PRESENT:

TED KATZ, Designated Federal Official

KATHY BEHLING, SC&A

RON BUCHANAN, SC&A

GRADY CALHOUN, DCAS

DOUG FARVER, DCAS

ROSE GOGLIOTTI, SC&A

JOHN MAURO, SC&A

BETH ROLFES, DCAS

GENE ROLLINS, 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 (10:34 a.m.)

3 MR. KATZ: So for roll call, we have
4 you all on line, but let me run through the Board
5 Members' conflicts because it's a little
6 complicated otherwise to deal with that, given
7 that we're doing individual cases for lots of
8 sites.

9 So let me just run through those and
10 I'll run through them for the two missing Board
11 Members under the assumption that they will
12 turn up in this meeting at some point. So I'm
13 just going to do this alphabetically:

14 For Brad it's INL. He has a
15 conflict for INL cases. For Mark, no cases.
16 For Dr. Kotelchuck, none. For Wanda Munn,
17 Hanford.

18 For Dr. Poston it's actually quite
19 a list. It's Argonne National Lab, ORNL which
20 is X-10, Sandia, LANL, Y-12, Lawrence Livermore
21 National Lab, West Valley Demonstration
22 Project and anything related to his son who has

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1 in the past done dose reconstruction cases.

2 And Dr. Richardson has no conflicts
3 for any sites.

4 (Roll call.)

5 MR. ROLLINS: I need to say Gene
6 Rollins has conflicts at Hanford and SRS.

7 MR. KATZ: Okay, thank you, Gene.
8 That takes care of that.

9 (Complete Roll call.)

10 MR. KATZ: Okay, well, we can get
11 started. The agenda for the meeting is posted
12 online. All of you should have it and I sent
13 out a correction about the selection of set. I
14 had the wrong set number. Thank you to
15 somebody who corrected me, Beth I think. And,
16 Dave, it's your meeting.

17 CHAIRMAN KOTELCHUCK: Very good.
18 Okay, I have on my screen now, as I guess all
19 of us have, the DR Audit Finding Resolution from
20 April 24th, which indicates that there are 82,
21 yes, 82 outstanding cases from 10 to 13,
22 although I must say that when I go over the cases

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1 that Doug has sent us and Beth also, there are
2 nowhere near 82 and I'm not quite sure whether
3 the audit does not incorporate later changes or
4 quite what.

5 However, maybe what we should do is
6 just simply start with the matrices that were
7 given to us by Doug, actually on the 2nd and then
8 updated today. Let's go to Doug's 10 through
9 13, the remaining sites, I believe.

10 And he had indicated and we had
11 indicated at the end of the last meeting that
12 we were going to start on, I believe, 266.1,
13 NTS, which I believe is in there. There we go.
14 So let us begin. 266.1 is up on the screen.
15 Doug, do you want to start?

16 MR. FARVER: Sure. We discussed
17 this one before, so this has to do with the
18 differences in the summing of the doses and
19 there was a missing 150 millirem.

20 When we last left this, NIOSH was
21 going to look into the missing 150 millirem and
22 they did provide their response, you see there

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1 in the green.

2 And, you know, we don't really have
3 anything to reply to that, other than it is
4 obviously a QA concern when you have different
5 doses and --

6 MR. STIVER: Hey, Doug, could you
7 speak up a little bit? I can barely hear you.

8 MR. FARVER: Oh, I'm sorry. Other
9 than this being a QA concern, I'm not sure that
10 there's much else we can do on this.

11 CHAIRMAN KOTELCHUCK: Right, and
12 your suggestion is to close. So basically we
13 have a response. We have a QA problem. I
14 think we should close, correct?

15 MR. FARVER: Yes.

16 CHAIRMAN KOTELCHUCK: Okay. Any
17 comments from any Board Members, Subcommittee
18 Members?

19 MEMBER MUNN: No.

20 CHAIRMAN KOTELCHUCK: Okay, that
21 is closed. Let's go down to the next one.

22 MEMBER RICHARDSON: Could I ask a

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1 question just for clarification? I'm sorry.

2 CHAIRMAN KOTELCHUCK: Yes. John?

3 MEMBER RICHARDSON: This is David
4 Richardson.

5 CHAIRMAN KOTELCHUCK: Oh, Dave
6 Richardson. Okay.

7 MEMBER RICHARDSON: There seem to
8 be two things said in the green response. One
9 is that there's no indication why the sum is
10 different but all the other years match up.

11 And then the last part says, due to
12 the practice of double badging, the individual
13 dosimeter sums are reviewed for potential
14 duplicates used.

15 Are they saying that this is an
16 issue of -- I'm not clear what this is -- are
17 we saying that somebody else should have been
18 responsible for this? I'm not understanding.
19 Is this a problem of abstraction by the ORAU
20 contractor or are they saying that NTS or
21 somebody should have checked these but they
22 didn't?

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1 MR. SIEBERT: This is Scott. What
2 this comes down to is this is an unusual
3 situation and that the handwritten sum is
4 different.

5 So what we did is what we normally
6 do. We walk through all the individual
7 dosimeter sums and use those. I'm going to say
8 we didn't notice that the handwritten sum is
9 different.

10 And when we can't tell why
11 something's different, normally what we would
12 have done is use the higher of the two, so we
13 would have included the extra 150 millirem in
14 this because we couldn't tell why there was a
15 difference between them.

16 But I just wanted to point out that
17 since there is double badging at NTS, we do look
18 at the individual dosimeters and walk through
19 those and those are what we normally will use.

20 CHAIRMAN KOTELCHUCK: Are we
21 fading?

22 MEMBER RICHARDSON: No, I'm okay.

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1 CHAIRMAN KOTELCHUCK: Alright, is
2 that satisfactory?

3 MEMBER RICHARDSON: The answer is
4 the detailed records should have been used as
5 they're typically used and it's not clear why
6 the detail, why they were entered in sums the
7 way they should have been.

8 CHAIRMAN KOTELCHUCK: Right.
9 Okay, alright. I assume that this would not
10 affect, of course, the PoC. It's a fairly
11 small, it's an error but it's a small one or it's
12 an uncertainty, really, not so much an error.

13 Okay, I've lost my page on the Live
14 Meeting. How about others?

15 MEMBER MUNN: No, I'm still here
16 miraculously after 15 minutes of trying.

17 CHAIRMAN KOTELCHUCK: Okay.
18 Okay, I'll close this browser window.

19 MR. FARVER: The next one we'll go
20 to is on Page 18, 306.1. It's already been
21 closed but NIOSH has a little --

22 CHAIRMAN KOTELCHUCK: Yes.

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1 Alright, if you would go ahead. I'm having
2 some trouble here but please go ahead.

3 MR. FARVER: Okay. Basically as
4 we left this at the last meeting we wanted
5 clarification added to the DR guidance document
6 for Ames Laboratory.

7 NIOSH said that's been done, so
8 that's good. It's already been closed. The
9 finding was closed at the last meeting.
10 They're just updating us to say that the
11 guidance has been added.

12 MEMBER MUNN: What was that number
13 again, Doug?

14 MR. FARVER: 306.1. It's at the
15 bottom of Page 18.

16 MEMBER MUNN: Alright.

17 CHAIRMAN KOTELCHUCK: Okay. I'm
18 just trying to get back on board. And for 307,
19 if I'm not mistaken, [there] were only
20 observations.

21 MR. FARVER: Right. Actually we
22 jump down to Page 24 and it's Case 290. There's

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1 290.1 and this is where we stopped at the last
2 meeting.

3 CHAIRMAN KOTELCHUCK: Right.
4 That's right. Okay, good, and we have several
5 now or several findings on 290. If you will,
6 Doug.

7 MR. FARVER: Okay. So this is for
8 INEL and the finding has to do with the
9 incorrect dosimetry correction factor used for
10 measuring the photon bladder doses.

11 Response, INEL does not use
12 dosimeter correction factors and it really
13 wasn't a dosimeter correction factor we were
14 talking about. It was uncertainty for the
15 photon dosimetry and I believe it's written in
16 the text about the plus or minus 35 percent.

17 The NIOSH response is it doesn't
18 mean that you automatically increase by 35
19 percent all the dosimeter results. So I went
20 back and reviewed it and, you know, I understand
21 what they're saying and they are correct. So we
22 recommend closing this finding.

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1 CHAIRMAN KOTELCHUCK: Okay.
2 Response from Subcommittee Members, questions?

3 MEMBER RICHARDSON: So what is it
4 about the INL dosimeter which suggests that
5 there shouldn't be a correction factor for
6 dosimeter response?

7 MR. FARVER: Scott, you want to
8 handle that?

9 MR. SIEBERT: I'm not prepared to
10 handle that because INEL was not my site. I
11 can't tell you. I mean, I can just refer back
12 to the TBD and say that there are no dosimeter
13 correction factors for INL.

14 MR. FARVER: That's probably the
15 same answer I could give you, David.

16 CHAIRMAN KOTELCHUCK: Which is?

17 MEMBER RICHARDSON: So, I mean,
18 presumably they were using a multi-element
19 dosimeter at one point and then a TLD and the
20 evaluations of the behavior I think, the
21 characterization of all these U.S. dosimeters
22 is that there's some dependence of response on

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1 angles and energy of exposures. It seems, I
2 mean, I guess I'm, that's a curiosity to me
3 about what could be unique about that.

4 CHAIRMAN KOTELCHUCK: That is a
5 question. Now, Brad is conflicted on INL so I
6 will not ask his comment but is there anyone
7 else? Brad?

8 MEMBER CLAWSON: No, I understand
9 fully about that so I just want you to know why
10 I was not commenting.

11 CHAIRMAN KOTELCHUCK: Right.
12 Okay, does anyone else have, I mean, it is a
13 uniqueness about INL and I have no idea why and
14 the people who are not conflicted aren't able
15 to, have not answered as far as I can tell.

16 MR. KATZ: Oh, Dave, this is Ted.
17 You know, I don't know if Grady wants to offer
18 but if he would check with Tim Taulbee and Pete
19 Darnell, who are the leads for INL, [they'll]
20 probably know the answer to this question.

21 CHAIRMAN KOTELCHUCK: Could we get
22 the answer during the course of the day and have

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1 somebody bring us back that information?

2 MR. CALHOUN: Yes, this is Grady.
3 I'll try to get something and I don't know,
4 Scott, if you want to have somebody on your end
5 look at it too. I'll ask and we'll see what's
6 happening.

7 MR. KATZ: Yes, Brian with Moeller,
8 he's the lead there. He would have the answer
9 to that too probably. He wrote the TBD.

10 CHAIRMAN KOTELCHUCK: Okay, and
11 I'll put a note to myself to return to this after
12 lunch break.

13 MEMBER MUNN: We've had several
14 discussions about the differences in the types
15 of badges, the types of dosimeters that we've
16 had in different places and we've also made note
17 of the differences in various models that have
18 occurred over the years.

19 It was my understanding that there
20 are slightly different correction factors for
21 a wide variety of types --

22 CHAIRMAN KOTELCHUCK: Right.

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1 MEMBER MUNN: -- and for a wide
2 variety of operational activities depending
3 upon the types of materials that were available
4 at the given sites at the time of the
5 distribution of those particular types of
6 dosimeters.

7 I didn't think that there was
8 anything uniquely unique about what was at
9 INEL. It was my understanding that one has to
10 take into consideration the uniqueness of each
11 operation and the types of dosimeters that were
12 being used at that particular time.

13 It would be unusual I think for
14 anyone on the Board to have intimate knowledge
15 of the types of dosimeters that were used at
16 specific intervals at all of the sites because
17 those did change fairly radically as I
18 remember.

19 CHAIRMAN KOTELCHUCK: Let's put it
20 this way, this is Dave, if there was a
21 correction factor used, I would assume whenever
22 we're using the dosimeters that there will be

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1 a correction factor.

2 I was not aware personally that
3 there were sites where they simply are not
4 needed, they are not appropriate.

5 And I guess that there's a range of
6 correction factors as, of course, we have
7 talked about often. I don't recall coming up
8 with one where there was no correction factor
9 at all. That's all.

10 MEMBER MUNN: Oh, yes, it's
11 correct. We usually did spend more time
12 talking about the correction factors that were
13 necessary rather than those that were not.
14 That's true.

15 CHAIRMAN KOTELCHUCK: Right,
16 right. Alright, well, let's hope that we can
17 get some information about that and, if we
18 cannot, we will consider it further after lunch
19 break.

20 MR. SMITH: Before we move on, this
21 is Matt Smith with ORAU Team.

22 CHAIRMAN KOTELCHUCK: Good.

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1 MR. SMITH: I've not immersed
2 myself in this particular claim but as I read
3 the response on it, I would agree there's not
4 a specific correction factor, you know, and we
5 say that in the response as noted in the
6 external TBD.

7 There is, you know, a factor for
8 uncertainty and it's a plus or minus 35 percent.
9 And typically what we would do on a claim,
10 especially when we're doing it as a best
11 estimate, we would estimate the dose as a normal
12 distribution and apply the plus or minus 35
13 percent criteria to it.

14 There are a few TBDs out there that
15 sometimes recommend a correction factor,
16 either because of dosimeter filtering or some
17 other type of response issue.

18 But as we've looked at the larger
19 sites, we've usually found that the larger
20 sites were in pretty good shape as far as
21 dosimeter response, you know, be it Idaho or
22 Hanford or Oak Ridge or Savannah River.

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1 In general, we don't have a systemic
2 correction factor that we need to apply to the
3 dosimetry results. Do we apply uncertainty?
4 Certainly we do. I believe that is the case
5 here.

6 CHAIRMAN KOTELCHUCK: Right.

7 DR. MAURO: Yes, and this is John
8 speaking and it's for generalities. We run
9 into correction factors that were needed
10 because of a number of conditions that might
11 exist.

12 One is the way in which the TLD or
13 the film badge was calibrated. The actual
14 energy distribution it was experiencing on the
15 worker might have been different than the
16 energy distribution that was used for the
17 calibration of that detector. That would be
18 one reason why you might need to make an
19 adjustment.

20 Another reason why you might need a
21 correction is angle of incidence. If it turns
22 out the person was exposed, the organ is, let's

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1 say, the stomach but the badge is worn on the
2 lapel, you have different geometry that usually
3 requires, like, a factor of two adjustment. So
4 there are circumstances when we run across, and
5 often, correction factors.

6 But, you know, I would say something
7 maybe a little naive but if it's calibrated with
8 the right energy distribution and you're not
9 concerned too much about the angle of
10 incidence, I would say you wouldn't need a
11 correction factor. That might be
12 over-simplification but that's the way I think
13 about it. That's how we're --

14 CHAIRMAN KOTELCHUCK: Well, that's
15 very helpful.

16 MR. SMITH: This is Matt Smith
17 again. That's what we're facing here
18 literally is we're assuming an AP geometry
19 situation so we're straight on in terms of our
20 exposure to the source.

21 (Simultaneous speaking.)

22 CHAIRMAN KOTELCHUCK: Well, that

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1 seems to resolve it to me.

2 MEMBER RICHARDSON: This is David
3 Richardson. That doesn't resolve it for me.
4 I'm sorry.

5 I mean, yes, if you want to assume
6 its energy is within the range that the
7 dosimeter responds appropriately to for
8 historical multi-element dosimeters and 100
9 percent AP exposure, then it's fine.

10 But typically we've assumed that
11 people are exposed to a range of energy, we make
12 some characterization of them, and a range of
13 geometries.

14 And typically I would say that for
15 historical dosimeters there was some
16 consideration, not just about uncertainty in
17 the response but potential bias in the response
18 for estimating the monitored quantities of
19 interest.

20 I mean, I could be wrong but I just
21 sat through reviews of this for other
22 organizations and that's been the practice and

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1 that was my understanding of the way that the
2 work on bias and uncertainty in dosimeters had
3 been applied within this program.

4 So, I mean, I guess I would not like
5 to have it closed until there's an explanation
6 about what the assumptions of exposure are at
7 INL which would make it such that the dosimeters
8 were perfect in the response with some
9 uncertainty around the response.

10 MR. CALHOUN: This is Grady. Are
11 we potentially -- it sounds to me like this is
12 one of those overarching issues and we're
13 getting more into a procedures issue than we are
14 the specific DR because I don't believe that
15 we're discussing an issue where something in
16 the TBD was not followed. Is that correct?

17 MEMBER RICHARDSON: I mean, that
18 may be. If what you're saying is this was
19 followed and that's the TBD, then it just needs
20 to be punted to somebody else.

21 MR. SMITH: Grady, this is Matt.

22 MEMBER RICHARDSON: But it's a

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1 mystery to me right now.

2 MR. SMITH: This is Matt Smith
3 again. I guess I would tend to say that would
4 be the case. This is an issue that would be
5 brought up either in an overarching sense or in
6 a TBD sense.

7 As a matter of course on this
8 program for quite a while, we've gone with the
9 approach of using AP geometry. That drives us
10 to using the DCFs that are most
11 claimant-favorable as we do the estimation on
12 these claims.

13 Certainly if we take into account
14 other types of geometries, well, then the DCFs
15 are going to be reduced. What effect that
16 would be in terms of offset by corrections on
17 the dosimetry, that would be a matter for study.

18 Certainly the DCFs would be lower,
19 for instance if we were just to assume, you
20 know, rotational, you know, 50-50 rotational
21 and AP.

22 But, again, we're going off on a,

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1 probably an issue that -- Grady's correct.
2 This is more of an overarching issue.

3 CHAIRMAN KOTELCHUCK: Right.

4 MR. KATZ: Well, yes, and this is
5 Ted. I mean, that issue of what geometry to use
6 and so on has been, as I think John Mauro knows,
7 extensively explored, discussed, debated and I
8 think resolved in the Procedures Subcommittee.

9 MEMBER MUNN: Yes, repeatedly.

10 DR. MAURO: Yes, this is John
11 again. Maybe I could help out a little. What
12 I'm hearing is that here we have a person who
13 we took their results of their dosimetry on face
14 value, the implication being there was reason
15 to believe that the detector, film badge or TLD,
16 was properly calibrated. That is, there's
17 reason to believe that, yes, the radiation
18 exposure -- I'm trying to turn it not to a
19 generic issue but to turn it to a case issue
20 which could be confirmed by the people who know
21 INEL well and the dosimetry and this person's
22 job category and that there was reason to

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1 believe that, yes, there was no need for an
2 adjustment or correction factor because of
3 differences in energy distribution between
4 what was experienced and what the calibration
5 energy was. And there's reason to believe that
6 -- and not so much geometry about AP versus ISO,
7 not that geometry. But there was reason to
8 believe that we're not talking about a worker
9 who had, let's say, prostate cancer, I don't
10 know the details here, and was working at a
11 glove box where we know that he's wearing his
12 film badge on his lapel.

13 But if you are and you're interested
14 in calculating the dose to his prostate or his
15 belly, then you would have a correction factor.

16 So it's really a matter of saying it
17 seems that the generic assumptions were such
18 that they worked for this worker. You know, it
19 was an AP without a need, and there was no need
20 because of energy differences and that would be
21 specific to the worker or if you didn't know,
22 you know, or there was no reason to believe

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1 that, well, that the special correction would
2 be needed.

3 It would be good to hear back from
4 the folks who know this particular case and
5 reviewed it and what job he had and know INEL
6 and the kind of things they did and how they
7 calibrated their dosimeters who could actually
8 know there really is no need for a correction
9 factor for at least those two parameters that
10 I am familiar with.

11 Now, there may be other aspects to
12 these dosimeters that require correction
13 factors that I'm not familiar with but those are
14 the two that I'm familiar with.

15 CHAIRMAN KOTELCHUCK: Well, I
16 mean, in that spirit of trying to see if we can
17 resolve it as a case and Dave's concerns that
18 he's expressed, let's try to get hold of
19 somebody and talk about this after the break and
20 then go on to other issues. I'd like to do that
21 unless there is objection.

22 Hearing no objection and, folks, we

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1 are trying to finish up as best we can 10 through
2 13. This has some real urgency. So let's go
3 on to the next, 290.2.

4 MR. FARVER: Okay, 290.2. The
5 finding is that the appropriate photon energy
6 distribution for the bladder was not applied
7 from '94 to 2000 and this was under missed dose.

8 Okay. If you look at the CATI
9 report, he provides information of where he
10 worked. Worked in the Test Reactor through
11 '76, SMC facility from '86 through '93 and then
12 at the Chemical Processing Plant from '94
13 through '99.

14 They're going to have different
15 photon energy distributions and what we saw was
16 that the energy distributions that were used
17 for the missed dose did not match what
18 information the employee provided.

19 However, the information they used
20 to calculate the ambient dose was correct,
21 their energy distributions and time periods.
22 So that was the basis for the finding that they

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1 did not use the same or correct photon energy
2 distributions.

3 And then I can go through the NIOSH
4 one or they can go through it.

5 CHAIRMAN KOTELCHUCK: Well,
6 personally I do not quite follow you. Maybe --

7 MR. FARVER: Okay, well, for
8 example, when the person worked at the SMC
9 facility they should have a photon distribution
10 of, energy split of 90 percent 30 to 250 keV and
11 10 percent greater than 250 keV.

12 Then when they move to the Chemical
13 Processing Plant, it changes from a 90/10 to a
14 20/75 energy split. So those are supposed to,
15 you know, coincide with the time periods that
16 the employee worked for those facilities.

17 CHAIRMAN KOTELCHUCK: Correct.

18 MR. FARVER: Those values were not
19 used for those time periods for the missed dose.
20 They were used for the ambient dose.

21 CHAIRMAN KOTELCHUCK: Okay, which
22 was correct.

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1 MR. FARVER: Yes.

2 CHAIRMAN KOTELCHUCK: Okay. And
3 not using them for the missed dose did not have
4 an impact?

5 MR. FARVER: According to our
6 finding, if they would have used them it would
7 have raised it about three percent, the dose.

8 MR. SIEBERT: This is Scott. I
9 just want to point out, it may have raised the
10 dose by three percent. However, the split that
11 was used, that's SMC, was 90 percent 30 to 250
12 keV. That is the claimant-favorable
13 assumption.

14 CHAIRMAN KOTELCHUCK: Right.

15 MR. SIEBERT: Thirty to 250 keV
16 will always give you the higher PoC than the
17 other split.

18 So what appears to have happened
19 here is the dose reconstructor looked at all the
20 information, not just the CATI but also the
21 information that was in the claim file, and
22 picked what they believed was the most, the

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1 majority of the time that they spent in any
2 single year, where they thought that was.

3 And for '94 to '99 that was SMC as
4 well as the other facility, but SMC does have
5 that more claimant-favorable split so they went
6 with that assumption for assigning the facility
7 during that time.

8 CHAIRMAN KOTELCHUCK: Right, so
9 there was an error but it was
10 claimant-favorable?

11 MR. FARVER: Well, it may have been
12 claimant-favorable, but there's not anything
13 about that in the dose reconstruction.

14 The DR report gives specific time
15 periods and locations and those time periods
16 and locations were used for the ambient dose.
17 Now --

18 MR. SIEBERT: And I agree that the
19 dose reconstruction report should have stated
20 that the facilities -- should have been stated
21 more clearly and we state that in our response,
22 the second to last paragraph. The DRR should

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1 have been more descriptive as to what was
2 assigned, which --

3 MR. FARVER: In our opinion, the
4 dose reconstructor screwed up and it's a QA
5 concern because there's nothing in any of the
6 files that says he was doing it to be
7 claimant-favorable or that he recognized that
8 he should have been doing it this other way but
9 he was doing it because it was
10 claimant-favorable this other way. So it just
11 happens to be claimant-favorable so he must
12 have been thinking that way but I don't --

13 CHAIRMAN KOTELCHUCK: That seems
14 to me virtually an observation, that it wasn't
15 written up properly.

16 On the other hand, the resolution of
17 the case was claimant-favorable and,
18 therefore, I mean, it seems to me that that is
19 appropriate to close it, as you indicated.

20 MR. FARVER: Oh, I agree with
21 closing it. I just don't want to, well, I
22 believe it's the way it should be identified.

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1 CHAIRMAN KOTELCHUCK: Yes.

2 (Simultaneous speaking.)

3 MEMBER RICHARDSON: This is David
4 Richardson. It wasn't consistent is the other
5 thing I'm hearing.

6 So for ambient dose, there was an
7 assumption in the same period that the energy
8 distribution was different than this dose, and
9 for recorded dose is there an assumption made
10 about the energy distribution as well?

11 MR. FARVER: You are correct.
12 They were different. Different assumptions
13 were used for the different calculations.

14 MEMBER RICHARDSON: And for me the
15 key difference would be between the recorded
16 dose and the missed dose assumptions in the same
17 periods and locations?

18 MR. FARVER: The measured and
19 missed dose were the same assumptions. The
20 ambient dose used the date and work locations
21 that were stated in the dose reconstruction
22 report.

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1 MEMBER RICHARDSON: So at minimum
2 that would be confusing, I mean, for a claimant
3 to understand what had happened.

4 MR. FARVER: Yes.

5 CHAIRMAN KOTELCHUCK: Oh, yes,
6 yes. But --

7 MEMBER RICHARDSON: And is it
8 claimant-favorable for the claimant if they're
9 recorded on a missed dose? A
10 claimant-favorable assumption was made for the
11 recorded and missed dose but not for the ambient
12 dose, is that, or was that the reply?

13 MR. FARVER: No, the --

14 MEMBER RICHARDSON: Vice versa?

15 MR. FARVER: NIOSH is claiming that
16 the mistake or that the energy distributions
17 that they used were claimant-favorable even
18 though, that if they were to use the same energy
19 distributions that were in the DR report it
20 would have raised the missed dose by three
21 percent.

22 They're saying it would have been a

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1 higher dose but it would have been less
2 claimant-favorable because the energy
3 distribution was different.

4 CHAIRMAN KOTELCHUCK: Right.

5 MEMBER RICHARDSON: I guess what
6 I'm asking, if there were two sets of
7 assumptions about the energy distribution and
8 they were applied differently for the ambient
9 you're saying from the missed dose and recorded
10 dose and it would seem that the most
11 claimant-favorable would be the most
12 claimant-favorable energy distribution
13 assumption applied to all three components of
14 the dose.

15 MR. FARVER: I would think so. If
16 you're going to claim that it's
17 claimant-favorable, you would apply it to all
18 of them.

19 MEMBER RICHARDSON: Yes.

20 MEMBER GRIFFON: I mean, I agree
21 with David Richardson. This is Mark Griffon,
22 by the way.

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1 CHAIRMAN KOTELCHUCK: Hi, Mark.

2 Welcome.

3 MEMBER GRIFFON: I agree with
4 David's point on that and I wonder if NIOSH has
5 a response to that.

6 I mean, either way, I think you
7 close it but, you know, if what I'm thinking is
8 true, I think I stand with Doug's finding, that
9 it's a QA, likely a QA problem and still can be
10 closed. But, you know, just wonder if NIOSH
11 has a response to that, that last discussion.

12 MR. SIEBERT: Well, this is Scott.
13 All I can say is I agree that it seems to make
14 sense that they should have been consistent
15 across the board.

16 So, I mean, that's all I can -- And
17 more importantly, the dose reconstruction
18 report should have reflected the facilities
19 that were specifically broken out and used in
20 each of the components if they were different.

21 So I can't really say why the
22 ambient used a different energy split than the

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1 recorded and missed, and we've gone back and
2 we've looked at the case and I can't tell you
3 why.

4 CHAIRMAN KOTELCHUCK: But you can
5 be confident that the resolution was a correct
6 resolution on the case?

7 MR. SIEBERT: Well, changing the
8 facilities on the ambient is going to have very,
9 very little impact on the overall PoC.

10 CHAIRMAN KOTELCHUCK: Right.

11 MR. SIEBERT: As well as the fact
12 that, as we point out at the end of this, this
13 claim has been reworked due to additional
14 cancers and it's already been compensated.

15 CHAIRMAN KOTELCHUCK: Aha. Then
16 if it has already been compensated, I think we
17 all understand where the errors are and that it
18 was an error and since it has been compensated
19 that, I think, should close it.

20 MEMBER MUNN: Agreed, it should be
21 closed. However, I think the issue begs one
22 other observation and that is we want things to

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1 be favorable to the client and to the claimant
2 in cases where we do not have information that
3 would cause us to feel that there was more
4 accurate assessment available.

5 In cases where you have information
6 that leads you to believe that a figure is more
7 accurate than what would be considered, quote,
8 claimant-favorable, end quote, my
9 understanding is that we are to err on the side
10 of accuracy when at all possible. Is that not
11 the case?

12 And I don't know about this case.
13 One can't speak to that without having seen it
14 and worked it but it would seem that, and
15 especially in these larger sites, if we have
16 real confidence in something like, perhaps,
17 ambient exposures, then it would seem logical
18 to use those without correction. I don't know
19 that that's the case. Just pointing out that
20 it might be.

21 DR. MAURO: This is John. I think
22 our dilemma is we're not sure if we have a

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1 quality assurance breakdown here or the actual
2 dose reconstructor used an expediency method.

3 MEMBER MUNN: Well, yes.

4 DR. MAURO: Let's get through this
5 quickly, and didn't tell his story completely
6 in his dose reconstruction but he knew exactly
7 what he was doing and why he was doing it and
8 he felt that his outcome is appropriate within
9 the boundaries of the discretion he has under
10 the regs.

11 So, I mean, really it's a matter of
12 whether or not this was, in fact, an error that
13 ended up being an error with no consequences or
14 was it that the person just used an expediency
15 to get through the process quickly but didn't
16 document it accurately and that's where it
17 really leaves us as far as, like, a bookkeeping
18 issue.

19 MEMBER MUNN: Yes, thank you, John.
20 That's much better said. Thanks.

21 CHAIRMAN KOTELCHUCK: Yes, and we
22 don't know. It's classified as Classification

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1 E which, somebody, do remind me, I don't have
2 it in front of me, what does that stand for, what
3 kind of an error?

4 MEMBER MUNN: We need to go back to
5 the beginning whenever that question is asked.

6 MR. STIVER: Type E is a QA issue.

7 MEMBER MUNN: Yes. Thank you,
8 Matt.

9 CHAIRMAN KOTELCHUCK: Okay, thank
10 you. I think we should, unless people, oh,
11 other Subcommittee Members, unless you object,
12 I think we should go on. Close this and go on.

13 I mean, we should be accurate and
14 that's what we're going over it for. If it was
15 a question that the case was already closed, we
16 wouldn't even look at this, right?

17 We're looking at it because we want
18 to be accurate but it's clear that we can't say
19 why the dose reconstructor did what he or she
20 did. And we hope that will be helpful to NIOSH
21 as they go through other cases. Could we leave
22 it at that and close?

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1 MEMBER MUNN: Fine with me.

2 CHAIRMAN KOTELCHUCK: Others?
3 Mark? Dave, I know you're concerned. Mark?

4 MEMBER GRIFFON: Yes, I guess, you
5 know, not to dwell on this too much but I think
6 if it, you know, it seems like maybe it was a
7 claimant-favorable decision by a dose
8 reconstructor but did they not sort of go
9 against their own procedures and --

10 CHAIRMAN KOTELCHUCK: They did.

11 MEMBER GRIFFON: And it should have
12 probably been documented. I mean, I think
13 it's, you know, I just --

14 CHAIRMAN KOTELCHUCK: There was no
15 --

16 MEMBER GRIFFON: -- wonder about
17 that. You wonder if it's a higher dose and they
18 would stick strictly to these ratios and break
19 out the dose that way. Maybe John's right.
20 But, I mean, I think it's a question of we may
21 not be able to determine this. That's the
22 problem, right?

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1 CHAIRMAN KOTELCHUCK: That's the
2 point. I feel we don't know and we can't know
3 at this point.

4 MEMBER GRIFFON: Yes, yes.

5 CHAIRMAN KOTELCHUCK: And it has
6 been reviewed and nobody knows exactly why the
7 person did it. It could be that it was a
8 reasonable decision or it could be an error, you
9 know, a quality assurance error. But I don't
10 think the Subcommittee can do anything further
11 about it and, therefore, there's reason to go
12 on with a long agenda.

13 MEMBER GRIFFON: Yes, okay.

14 CHAIRMAN KOTELCHUCK: David?

15 MEMBER RICHARDSON: Yes, I mean, I
16 feel it's an error that should be noted. It
17 sounds like there's agreement on that.

18 CHAIRMAN KOTELCHUCK: Yes, it is
19 and it is so noted within E, so Category E, so
20 an error. So this should be closed.

21 And I believe the next one is, Doug,
22 is that not a Mound case? 323, is that the next

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1 one?

2 MR. FARVER: No, we --

3 CHAIRMAN KOTELCHUCK: We missed
4 that.

5 MR. FARVER: 290.3.

6 CHAIRMAN KOTELCHUCK: Oh, my
7 goodness. Okay, yes, I'm sorry, the other
8 findings on 290. I'm sorry. I forgot that
9 there were several. In fact, there were seven
10 or eight of them. No, a couple. Anyway, do go
11 ahead.

12 MR. FARVER: This is a pretty -- one
13 has to do with the whole body count and the use
14 of a reporting level for MDA. In this case the
15 whole body count was listed as less than one
16 microcurie or --

17 CHAIRMAN KOTELCHUCK: Folks, I'm
18 sorry. I gave an incorrect suggestion. We
19 need to go back to 290.3.

20 MR. FARVER: Okay.

21 CHAIRMAN KOTELCHUCK: Or 290.2
22 actually.

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1 MR. FARVER: 90.2. What do we want
2 to do with 290.2?

3 CHAIRMAN KOTELCHUCK: I believe it
4 was the next one that we were to consider.

5 MR. KATZ: That's 290.3, Dave.

6 CHAIRMAN KOTELCHUCK: Okay.

7 MR. KATZ: That's what Doug's
8 reporting on.

9 CHAIRMAN KOTELCHUCK: Okay.

10 MR. FARVER: Okay, 290.3.

11 CHAIRMAN KOTELCHUCK: Alright.

12 MR. FARVER: No justification for
13 the use of the MDA value when the intake was
14 unknown. Okay, the whole body count results
15 were reported as less than reporting of --

16 MS. GOGLIOTTI: I'm so sorry.
17 What page is that?

18 MR. FARVER: Bottom of Page 25.

19 MS. GOGLIOTTI: Thanks.

20 MR. FARVER: And it was just
21 written up as less than 0.1 microcuries for
22 whole body count, which was higher than the MDA

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1 of 12 nanocuries.

2 But in the calculations, the dose
3 reconstructor used 12 nanocuries as the -- make
4 sure I'm correct. I believe that's correct.
5 Yes, they used 12 nanocuries instead of the 0.1
6 microcuries which would have been the upper
7 bound.

8 Dose-wise it really doesn't matter.
9 It's a couple millirem. It was just, you know,
10 typically they would use the reporting level
11 and not the MDA. I believe that's correct.
12 Isn't that correct, Scott?

13 MR. SIEBERT: Yes, we'll agree that
14 the MDA that's coming out of the TBD should not
15 have been used. The reporting level that was
16 on the actual record should have been used.

17 MR. FARVER: Okay.

18 CHAIRMAN KOTELCHUCK: Comments by
19 Subcommittee Members, concerns?

20 MEMBER MUNN: None here.

21 CHAIRMAN KOTELCHUCK: Just
22 straightforward, or nothing, again, we can do

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1 about it. Right, and the case was compensated,
2 person was compensated. So we accept it as a
3 Type D error and close unless I hear objection
4 or a concern or question.

5 (No response.)

6 Okay, then let us close and go on.

7 Now, Doug, am I correct that we go
8 to the --

9 MR. FARVER: Well, there's an
10 observation we could talk about if you want.

11 CHAIRMAN KOTELCHUCK: Okay.

12 MR. FARVER: It's rather lengthy
13 and what site were we talking about here? Oh,
14 INEL, okay.

15 Prior to this person working at
16 INEL, they worked at a non-DOE project, a
17 shipyard. And during that time period at the
18 shipyard, the employee made some note that he
19 was involved in a radiation exposure event, a
20 cobalt source.

21 And our observation simply refers
22 to a statement in the dose reconstruction

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1 report. The statement reads, in interviews it
2 was indicated that the EE [employee] worked at
3 a non-DOE project just prior to employment and
4 was involved in maintenance activities and an
5 incident involving a cobalt-60 source. It is
6 more likely that this intake was a result of
7 work at a non-DOE activity. However, to be
8 claimant-favorable, the internal dose was
9 attributed to DOE work.

10 So basically it probably didn't
11 happen at DOE but we're going to assign it just
12 in case and this is the same one we were talking
13 about where it was, you know, couple millirem.

14 Okay, our point is the employee
15 started work at INEL in 1969, September of '69.
16 Whole body count that we're talking about was
17 in May of 1970.

18 So it probably was a whole body
19 count from INEL and not the shipyard. The
20 shipyard work was most likely an external dose
21 and that's what all that verbiage there in those
22 two columns states.

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1 It's another incident where the
2 dates don't match up to where the employee
3 started work and stopped work. It doesn't
4 affect the dose reconstruction at all.

5 MR. SIEBERT: This is Scott. I do
6 want to point out, as Doug was saying, that
7 although the off-site appears to be an external
8 exposure, the whole body count was at INL. So
9 to be claimant-favorable, we assumed an
10 internal exposure which is what we were
11 discussing just earlier with the cobalt-60.
12 So the bottom line is to be claimant-favorable
13 we assumed it occurred on the DOE facility and
14 assigned it.

15 CHAIRMAN KOTELCHUCK: Okay.

16 MEMBER MUNN: And, again, that is
17 simply an observation. It's not a finding.

18 MR. FARVER: Right.

19 CHAIRMAN KOTELCHUCK: Right.
20 Okay, fine. I just, for the folks who prepared
21 this, there's the name of an individual in that
22 observation that I believe should not be there.

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1 MR. FARVER: That will go away.

2 CHAIRMAN KOTELCHUCK: Please make
3 sure that that's done.

4 MR. FARVER: Okay.

5 CHAIRMAN KOTELCHUCK: Well those,
6 since we're not called to act upon that, we are
7 called to comment if we wish and do a, anyone
8 wish to comment, any of the Subcommittee
9 Members?

10 MEMBER MUNN: None here.

11 CHAIRMAN KOTELCHUCK: Okay.
12 Okay.

13 MR. FARVER: Okay, next one is from
14 Lawrence Berkeley National Lab, 228.1,
15 incorrect use of the ICRP and uncertainty
16 factors. Okay. Right there. Hang on. I
17 want to --

18 CHAIRMAN KOTELCHUCK: Sure.

19 MR. FARVER: -- make sure I've got
20 all my facts straight.

21 CHAIRMAN KOTELCHUCK: Okay.

22 MR. FARVER: Well, I can't find the

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1 table I'm looking for so I'll go ahead and,
2 okay, what it comes down to is if you go to the
3 TBD Table 6.3 the final column is what is listed
4 as just ICRP 60 correction factors and it really
5 was an adjusted correction factor.

6 And what they did is they wrapped
7 them all into one factor so it should not just
8 be called an ICRP 60 correction factor. It
9 should be named something different and that
10 was kind of what we came up with after reading
11 their reply.

12 So they did it correctly, okay?
13 Their table had some confusion in it so that if
14 you're looking back and trying to interpret
15 what they did it may not be as easy to understand
16 as it could be so we suggested they modify their
17 table.

18 And the most recent response for
19 Part A was, the suggested change has been noted
20 by the TBD author and will occur at the next
21 revision. It's a matter of --

22 MR. SIEBERT: Just letting you know

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1 I have discussed that with the TBD author and
2 they have their notes for the next revision.

3 MR. FARVER: Okay.

4 CHAIRMAN KOTELCHUCK: Okay.

5 MR. FARVER: For Part A, we suggest
6 closing that. It's not that they did anything
7 wrong. It's just their TBD had some confusion
8 in it, you know, as we come across sometimes,
9 and we like to point them out.

10 CHAIRMAN KOTELCHUCK: Alright.

11 MR. FARVER: Now, there's a Part B.
12 Part B was that the dose reconstructor could
13 have used a photon uncertainty of 1.2 but they
14 didn't, so this was a conflict.

15 In our opinion it's a QA concern,
16 and then NIOSH agrees that they should have used
17 the 1.2 photon uncertainty when applying the
18 N/P ratio for the measured photon dose.

19 Since there was no dedicated LBNL
20 tool at the time of this assessment, the SM tool
21 was adapted by the dose reconstructor for this
22 case.

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1 So it was an individual DR error,
2 dose reconstructor error. So we suggested
3 closing this part off, which would close the
4 whole finding.

5 CHAIRMAN KOTELCHUCK: Comments
6 either on A or B? This Part B, Doug, this was
7 an error, an individual dose reconstructor
8 error, and you're suggesting it has no
9 consequence?

10 MR. FARVER: Well, it's not a
11 workbook error because they didn't have a
12 workbook in place at the time.

13 CHAIRMAN KOTELCHUCK: Right.

14 MR. FARVER: They tried to use
15 another workbook or they used another workbook.
16 The dose reconstructor made a mistake while
17 using that so it's a dose reconstruction error.
18 So we look at --

19 CHAIRMAN KOTELCHUCK: What is the
20 consequence of that error?

21 MR. FARVER: I don't believe it was
22 a significant concern, I mean, you know, as for

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1 changing the case.

2 MR. SIEBERT: This is Scott. I
3 will point out that once we hit .2 we're going
4 to have a discussion of neutron-to-photon ratio
5 where we accidentally used a very
6 claimant-favorable overestimating assumption
7 so that would have overwhelmed any small
8 increase that would come from .1, so there would
9 be no change in compensability.

10 CHAIRMAN KOTELCHUCK: Okay.
11 Other concerns or questions? And we're still,
12 we're dealing with the 290. We're dealing
13 with, if you could scroll up, we're dealing with
14 290.3.

15 MR. FARVER: 228.1.

16 CHAIRMAN KOTELCHUCK: 228.1.
17 Okay. Sorry, excuse me, okay. Should we
18 close, folks?

19 MEMBER MUNN: Yes.

20 MEMBER GRIFFON: I agree.

21 CHAIRMAN KOTELCHUCK: Okay.
22 Hearing no objections, it's closed. 8.1.

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1 Sorry.

2 MR. FARVER: Now we're going to go
3 to 228.2, incorrect use of the neutron-photon
4 value and uncertainty factors. And he used
5 2.47 as the N/P ratio instead of 0.73 and
6 resulted in an overestimate of about 3.4 times
7 too high.

8 That's Part A. Okay, so, you know,
9 we're going to look at this and say, well,
10 someone should have caught that if it's 3-1/2
11 times too high.

12 CHAIRMAN KOTELCHUCK: Yes.

13 MR. FARVER: Second Part B, is dose
14 reconstructor should have used a photon
15 uncertainty of 1.2 when applying the
16 neutron-to-photon ratio but did not, which is
17 the same as Part B from above --

18 CHAIRMAN KOTELCHUCK: Right.

19 MR. FARVER: -- for the measured
20 dose. And our point is that, you know, they
21 probably should have caught this error.

22 CHAIRMAN KOTELCHUCK: Right. And

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1 further, can we scroll down further? Okay.
2 So, oh goodness. Alright, folks, what can we
3 do?

4 MEMBER MUNN: This is really
5 unfortunate. It's hard to imagine why the peer
6 review didn't catch that but since it didn't,
7 it didn't, and it's now for us to comment on.
8 That's unfortunate but [can] be no other action
9 other than closing it.

10 MEMBER RICHARDSON: This is David
11 Richardson. I have one question. The
12 introduction of this use of --

13 CHAIRMAN KOTELCHUCK: Why?

14 MEMBER MUNN: I'm not hearing you.

15 CHAIRMAN KOTELCHUCK: I didn't
16 hear you, David.

17 MEMBER RICHARDSON: Let me try
18 again. Can you hear?

19 MEMBER MUNN: Yes. Right, I heard
20 the first part but I don't know whether you
21 continued talking or not. You seem to be
22 cutting out for me.

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1 CHAIRMAN KOTELCHUCK: The same for
2 me.

3 MEMBER RICHARDSON: Can you hear
4 me?

5 MEMBER MUNN: Yes.

6 CHAIRMAN KOTELCHUCK: Hear you
7 now, sure.

8 MEMBER RICHARDSON: Okay, the
9 introduction of this terminology of using Part
10 A and Part B, these are parts of a response? Is
11 that correct or where are the parts coming from?

12 MR. FARVER: The finding was two
13 parts to a finding. In other words, it
14 mentioned two different items. Well, I
15 wouldn't say different. It had to do with the
16 same calculation.

17 MEMBER RICHARDSON: Okay, and so
18 when we open or close them, they are opened or
19 closed together and if there are findings
20 regarding issues they're going to be documented
21 and traced together as an ensemble now, is that
22 right?

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1 MR. FARVER: Yes. And in this
2 case, for 228.1 the finding had to do with the
3 recorded neutron dose calculation. Now, in
4 that calculation we found that there were two
5 errors. So we wrote up one finding and we
6 identified both the errors. And then the --

7 MEMBER RICHARDSON: I'm just, I
8 guess what I'm wondering about is, so this is
9 a claim and it seems to have a large number of
10 errors, well, not large but it has a number of
11 errors associated with it.

12 And some of them are counted as,
13 there are multiple errors but they're listed
14 now as a single finding and there's a finding
15 number and some of them should have been caught
16 in QA but weren't.

17 I guess I'm just trying to think
18 about understanding the number of errors.
19 When we summarize the findings and things are
20 broken into parts, does this help us or not?

21 MR. FARVER: So, I mean, it was a
22 little unusual in this case because we could

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1 have written it up as two separate findings.
2 They probably would have had the same Table 2
3 number, like E.1.1. They just would have had
4 different finding numbers.

5 In other words, we could have broken
6 228.1 into two findings, both with the E.1.1
7 talking about the calculation of recorded
8 neutron dose.

9 CHAIRMAN KOTELCHUCK: Right.
10 Doug, I don't recall having seen Parts A and
11 Part B in a finding before.

12 MR. FARVER: Well, normally we
13 don't find two errors in the same calculation.

14 CHAIRMAN KOTELCHUCK: Right, two
15 different errors. My feeling, if we're going
16 to assess how we're doing is that they would be
17 two different findings, that is .2 and .3.

18 Put it this way, I would prefer as
19 much as possible using a different finding for
20 each point. You're saying that these really
21 are so intimately connected that they're really
22 one basic error.

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1 MR. FARVER: That's why we wrote it
2 up as one finding, because --

3 CHAIRMAN KOTELCHUCK: Yes. Okay,
4 and I would just say that's --

5 MR. FARVER: If you would prefer,
6 we will not do that in the future.

7 CHAIRMAN KOTELCHUCK: I certainly
8 would prefer not to do that as much in the
9 future, to minimize. Let's not say you can't
10 do it or you shouldn't do it.

11 Let's just say these should be
12 minimized unless you can really argue why these
13 should not be separate findings because that
14 will affect our assessment, our report to the
15 Secretary as to how many and what kind of errors
16 we found.

17 So I'm not going to, I do not know
18 enough about this to be able to say to you this
19 should have been broken up into two points but
20 I would prefer if there is an option to break
21 it up into a couple of points rather than having
22 Part A, Part B, Part C, you know, in one finding.

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1 MR. FARVER: Okay.

2 MEMBER MUNN: But this is kind of
3 unusual, I think, Dave, in that the second, that
4 is Part B, derives from the error in Part A.
5 It's not two, if I am reading this, it appears
6 that they're not two distinct errors.

7 Part A, the error in selection of
8 the geometric mean resulted in a photon ratio
9 problem which wouldn't have occurred if the
10 first one had not occurred.

11 CHAIRMAN KOTELCHUCK: Yes.

12 MEMBER MUNN: Am I reading that
13 correctly, Doug?

14 MR. FARVER: Yes, and it's really a
15 judgment call. I mean --

16 MR. SIEBERT: This is Scott. Let
17 me clarify that because, Wanda, yes, that's not
18 quite incorrect.

19 CHAIRMAN KOTELCHUCK: Not quite
20 correct.

21 MEMBER MUNN: Correct, right.
22 Okay, okay.

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1 MR. SIEBERT: Sorry about that.

2 (Simultaneous speaking.)

3 MR. SIEBERT: Yes, what happened
4 here, actually Part B in this one is actually
5 just an extension of Part B of the previous
6 finding, .1 as well.

7 The problem is the dose
8 reconstructor did not use that photon
9 uncertainty of 1.2 factor in the first finding,
10 which was the photon dosimeter.

11 And then when he applied, or she, I
12 don't remember which, applied the
13 neutron-to-photon ratio to that value,
14 obviously that value, the photon value, didn't
15 have that 1.2 factor in it because we had
16 already talked about the fact that they didn't
17 use it earlier.

18 So that Part B is just a repeat of
19 the Part B earlier as well. Even though it's
20 in the same overall calculation, this really
21 goes back to the root of they did not use that
22 factor correctly in the photon and then it

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1 extended through the neutron as well.

2 MEMBER MUNN: Okay. I almost get
3 that, yes.

4 MR. FARVER: We will not write it up
5 this way. We'll write it up as separate
6 findings.

7 CHAIRMAN KOTELCHUCK: Okay, if
8 that seems appropriate or only one Part B or
9 whatever. I'm just making a rather more
10 general recommendation. I'm not saying that
11 you put this in. It's in our records and it's
12 in the matrix. And Scott's explanation was
13 helpful.

14 MR. KATZ: Dave, I think it's
15 important to actually get clear on this for Doug
16 going forward because what I just heard was that
17 one of the errors sort of cascades to the next
18 one.

19 And it seems to me where you have a
20 situation where you're the dose reconstruction
21 review, you found an error and it cascades
22 elsewhere, that's really all one.

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1 You know, if it's all the root of one
2 problem, then that is one finding I think and
3 you start it where it initiates the problem and
4 you don't repeat it as a new finding each place
5 it shows up in further calculations or
6 whatever, right? You wouldn't want that
7 because --

8 CHAIRMAN KOTELCHUCK: No,
9 certainly.

10 MR. KATZ: Right. So I'm just
11 saying this out loud for Doug's sake because I
12 think we do want our accounting to be correct
13 and what I heard from Scott is at least in part
14 the second error derived from the first.

15 MR. FARVER: Well, the only concern
16 with that, Ted, is that it's going to be two
17 different Table 2 codes because one was for
18 neutron dose and the other was for beta dose,
19 electron dose.

20 MR. KATZ: Okay but, I mean, I think
21 nonetheless we need to figure out a way then to
22 account for these where someone makes one error

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1 and it cascades through the dose reconstruction
2 and it really only can be picked up where it
3 initiates.

4 I mean, that's one error and I don't
5 think you want to count it as five findings. I
6 mean, so I think you want to somehow capture
7 that, you know, as a whole rather than, you
8 know, flogging NIOSH five times for a single
9 error that cascaded like I said.

10 MEMBER MUNN: Surely we're not
11 precluded from using more than one Table 2
12 finding, are we?

13 MR. KATZ: Or code or whatever.

14 MEMBER MUNN: Or code. Seems we
15 should be able to use more than one code.

16 MR. FARVER: We would and that's
17 what we would use in this case because that
18 certainty error happened for neutron and
19 happened for electron so that's two different
20 codes, so it would get written up separately in
21 each case.

22 CHAIRMAN KOTELCHUCK: Right. But

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1 in the last meeting that we had, we decided that
2 we were not going to use two codes until we
3 finish our report and then we would consider
4 changing our system, our categorization of the
5 errors, to possibly using two.

6 MR. FARVER: No, no, no, no. We're
7 using the Table 2 codes but if you look in Table
8 2 there's a section for photons, a section for
9 neutrons, a section for electrons. Each one of
10 those has a separate code associated.

11 So if the error is made in the
12 neutron section, that is E something. If it's
13 made in the electron section, it's going to be
14 D something.

15 So in this case, that 1.2 error
16 would get written up twice if we were writing
17 these up separately because it's in two
18 separate areas.

19 CHAIRMAN KOTELCHUCK: Right.
20 Well, I'm --

21 MR. STIVER: This is John Stiver.
22 I might be able to help out a little bit here.

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1 CHAIRMAN KOTELCHUCK: Good.

2 MR. STIVER: I think we may be
3 conflating the Table 2 codes with the general
4 types of codes that we came up with.

5 A couple years ago the A through F,
6 which are more generalized types of errors --
7 remember there was the worker placement, there
8 was creating the exposure scenarios, whether
9 the proper external dose and internal dose
10 models were used and QA and then none of the
11 above.

12 And those are kind of more general
13 bins or general types of errors as opposed to
14 these, what we had in Table 2 from pretty much
15 the origin of the dose reconstruction process
16 where we look at all the individual components
17 of dose: photon, neutrons and so forth.

18 CHAIRMAN KOTELCHUCK: Well, I want
19 to come back to what Ted said. I mean, that's
20 why I said I'm not mandating, no, go back and
21 change 228.2 to two parts.

22 But just it seems to me we have to

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1 just say to use your judgment but, you know, to
2 be frugal with the use of Part A/Part B unless
3 there is a real justification.

4 And there is a real justification
5 here which I've heard now so I'm comfortable
6 with keeping it as C, but I think we do want to
7 minimize the number of times that we do that and
8 not cascade the errors.

9 MR. FARVER: I agree, David, and we
10 don't usually do this. This was, like Steve
11 said, it's unusual.

12 CHAIRMAN KOTELCHUCK: Yes, okay.
13 Should we close, folks?

14 MEMBER MUNN: Yes.

15 CHAIRMAN KOTELCHUCK: Okay.
16 Mark, David?

17 MEMBER GRIFFON: Yes, I'm okay with
18 closing it.

19 CHAIRMAN KOTELCHUCK: Okay.

20 MEMBER RICHARDSON: Yes.

21 CHAIRMAN KOTELCHUCK: Okay, good.
22 We will close. By the way, it's 11:49. I'm

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1 figuring on going till 12:30 on Eastern
2 Daylight Time, which would then be 9:30 for
3 folks out on the coast. Would that be okay?

4 MEMBER GRIFFON: That's fine.

5 MEMBER RICHARDSON: Works for me.

6 CHAIRMAN KOTELCHUCK: Okay, fine.

7 Let's continue.

8 MR. FARVER: Okay, 228.3, very
9 similar. Instead of an N/P ratio we have an
10 E/P, electron-to-photon ratio. Dose
11 reconstructor used the incorrect value. Very
12 similar to what we just talked about, the N/P
13 values, but it's just another QA concern with
14 this case.

15 CHAIRMAN KOTELCHUCK: It is.
16 Well, several errors. SC&A concurs. It's
17 worrisome.

18 MR. CALHOUN: This is Grady and if
19 I'm reading this right, and Scott can chime in,
20 it looks to me like maybe there's a tool
21 developed now that'll preclude this from
22 happening in the future.

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1 MR. SIEBERT: That's correct.
2 There was no tool at that time. He had to use
3 the complex-wide, but there is now.

4 CHAIRMAN KOTELCHUCK: Okay, that's
5 good to know.

6 MEMBER MUNN: And is quite
7 specific.

8 CHAIRMAN KOTELCHUCK: Good. Then
9 --

10 MEMBER RICHARDSON: Could you
11 remind me what year this case was first started,
12 I mean, when this occurred?

13 MR. CALHOUN: 2007.

14 MEMBER RICHARDSON: 2007?

15 MR. FARVER: Yes.

16 MR. KATZ: Okay and, Doug, you're
17 capturing that there's a tool available, right,
18 somewhere in the matrix?

19 MEMBER MUNN: Actually it says so
20 in the matrix, yes.

21 MR. KATZ: Okay, great.

22 MEMBER MUNN: Somebody got this

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1 from the DR for this --

2 CHAIRMAN KOTELCHUCK: Oh, yes,
3 yes, yes, at the time. Okay. Then I believe
4 we can close and go on.

5 MEMBER MUNN: Yes.

6 CHAIRMAN KOTELCHUCK: Okay?
7 Without objection, let us go on to your
8 observations.

9 MR. FARVER: Okay, I was just
10 adding up a little information about the LBNL.

11 CHAIRMAN KOTELCHUCK: Sure,
12 surely.

13 MR. FARVER: I'm going to add it to
14 all of these. Okay. Observation 1, NIOSH
15 added an extra 25 millirem of recorded photon
16 dose for 1978. And this is one of these we
17 could have written up as a finding but it really
18 didn't have a lot of impact on the case.

19 CHAIRMAN KOTELCHUCK: No, it
20 certainly would not have. Alright.

21 MR. FARVER: And NIOSH agrees and
22 they should have, you know, the duplicate entry

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1 should have been removed by the dose
2 reconstructor and we have several dose
3 reconstructor errors here.

4 CHAIRMAN KOTELCHUCK: Okay, second
5 one, second observation.

6 MR. FARVER: Has to do with the
7 counting of the number of zeroes for the missed
8 dose and we came up with 267 compared to NIOSH's
9 273. Looks like the 267 was the correct number
10 so it's really just an overestimate, the more
11 additional dose.

12 CHAIRMAN KOTELCHUCK: Correct.

13 MEMBER RICHARDSON: This is David
14 Richardson. The explanation says 12 zeroes
15 were left out by NIOSH in 1981 and yet they ended
16 up with a number that's larger, the 273, so were
17 there multiple miscountings there or what
18 happened?

19 MR. SIEBERT: Yes, this is Scott.
20 There were duplicate zeroes in those additional
21 year, '73, '75, '78, '79 and '80. So the
22 additional 18 duplicates that were over, that

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1 outweighs the 12 that were not.

2 CHAIRMAN KOTELCHUCK: Eighteen
3 minus 12 is six. Two hundred sixty-seven plus
4 6 is 273.

5 MEMBER RICHARDSON: So on the one
6 hand there was an error involving inclusion of
7 18 duplicates and then there was a second error
8 of omitting 12 in 1981 and it sort of, in the
9 end, almost washed out.

10 CHAIRMAN KOTELCHUCK: Yes.

11 MEMBER GRIFFON: It's sort of a
12 good news/bad news story.

13 CHAIRMAN KOTELCHUCK: This is
14 bothersome, the fact that it washes out to make
15 it an observation. The fact is there were lots
16 of errors. There were two sets of errors.

17 MR. FARVER: Well, David, the
18 reason we made this an observation was because
19 at that time we did not know that there were two
20 errors. All we knew was our sum did not match
21 their sum but it was not that big of a
22 difference.

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1 CHAIRMAN KOTELCHUCK: Right,
2 right. Then when you went over it, you found
3 that there were a couple of errors, two types
4 of errors.

5 MR. FARVER: NIOSH responded back
6 that there were errors.

7 MR. KATZ: Right. This is Ted.
8 So, I mean, it just seems, quickly, it's no
9 longer an observation. It really is a finding.
10 You just didn't realize it was a finding at the
11 time and I think it probably, right, is due
12 change of categorization.

13 CHAIRMAN KOTELCHUCK: I would
14 prefer that.

15 MR. FARVER: Okay. Okay.

16 CHAIRMAN KOTELCHUCK: Alright, so
17 let's let you write that up and then let's go
18 on. Are there any other observations on 228?

19 MEMBER MUNN: Yes, there are a
20 bunch but all of those have been agreed to and,
21 again, they are Observations 3, 4, 5 and 6, I
22 believe, if I remember my reading correctly.

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1 We have agreement from the agency
2 and the subcontractor and we have only
3 observations, not findings involved in these.
4 Seems reasonable to close them as a group unless
5 someone really wants to go over them one at a
6 time.

7 MR. FARVER: Just so the
8 Subcommittee knows, what I'm going to do is I'll
9 change that to a finding. I'll give it a number
10 and a finding number and everything and we'll
11 go back and make that modification to our DR
12 report or review and probably reissue it.

13 MEMBER MUNN: Sounds like the
14 legitimate thing to do.

15 CHAIRMAN KOTELCHUCK: Wanda, I
16 hate to spend time going one by one over a large
17 number of observations. But if it is our
18 responsibility to review the observations in
19 case it has implications for other things, I
20 don't think we can just simply wash it out. I
21 think we have to go over them one by one despite
22 my desire not to do so as an individual.

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1 MEMBER MUNN: Well, we've just
2 demonstrated that it's possible to upgrade them
3 to findings and so it's your call.

4 CHAIRMAN KOTELCHUCK: Well, my
5 call would be I think we need to go over them
6 one by one. Let's just do what we can quickly
7 and, Doug, if you would, go to Observation 3.

8 MR. FARVER: Okay.

9 MR. CALHOUN: This is Grady.
10 Before you get to that, Doug, I just want
11 clarification. You said you're going to
12 reissue that as a finding. Are you going to
13 reissue it as a closed finding?

14 CHAIRMAN KOTELCHUCK: Oh, yes.

15 MR. CALHOUN: Instead of a closed
16 observation?

17 CHAIRMAN KOTELCHUCK: I believe
18 we, absolutely and I would say --

19 MR. CALHOUN: Okay, sure.

20 CHAIRMAN KOTELCHUCK: Yes. Okay?
21 Unless I hear objection from the others. That
22 would be a finding but a closed finding for 2.

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1 MR. FARVER: Yes.

2 CHAIRMAN KOTELCHUCK: Okay.

3 Let's go over 3. Let's try to go over them
4 quickly, Doug, but I believe we must go over
5 them individually. Number 3, Observation 3.

6 MR. FARVER: Observation 3,
7 there's no obvious criterion used to define
8 when no dosimetry information was available or
9 months in which there was a gap or gaps in EE
10 monitoring records. This has to do with
11 ambient dose. It really wasn't clear what the
12 strategy was for applying ambient dose.

13 CHAIRMAN KOTELCHUCK: Would the
14 tool clarify that? Would the existing tool
15 clarify that?

16 MR. SIEBERT: This is Scott. I
17 don't necessarily agree that there was no
18 obvious criterion because the monthly exchange
19 frequency as we state in our response was based
20 on guidance in the TBD.

21 So we had a reason for assuming
22 there would have been 12 badges if the person

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1 was fully badged and if there wasn't we filled
2 with ambient dose so --

3 CHAIRMAN KOTELCHUCK: Okay. I
4 accept that as okay. Anybody else want to say
5 anything? Let's go on to 4.

6 MR. FARVER: Four, Technical Basis
7 Document apparently contains a small error in
8 Table 3.2 on Page 19. The Year column should
9 read '70 to '75 instead of '71 to '75 because
10 the first row reads pre-'70.

11 CHAIRMAN KOTELCHUCK: Dose was
12 assigned correctly and I see rather than minor
13 error and certainly deserves an observation and
14 no more. If I can suggest, let's go on.

15 MR. FARVER: Okay, Observation 5,
16 we ran the CADW program for Solubility Type S
17 and M for thorium and found Type M thorium
18 resulted in 2.9 E to the 3 rem. Type S resulted
19 in a magnitude less. The NIOSH DR used the
20 smaller value. Both cases the value is tiny
21 but probably should have used Type M.

22 CHAIRMAN KOTELCHUCK: Okay, but

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1 we're talking about four millirems so that
2 could not have had an impact unless we were
3 absolutely on the border. In fact, it probably
4 would have no impact. Let's go on.

5 MR. FARVER: Okay, during the CATI
6 interview, the employee states he often could
7 not wear a dosimeter badge into magnetic
8 equipment areas because of the badge's metallic
9 content.

10 Although NIOSH acknowledges this in
11 the DR report, they don't account for any
12 potential dose received during the period the
13 metallic dosimeter was in use or wasn't used.
14 I'm going through.

15 CHAIRMAN KOTELCHUCK: Why is this
16 an observation? You're saying that there's an
17 exposure that's not recorded. They indicate
18 why it wasn't recorded. I can understand that.

19 But then how do you deal with that?
20 How did they deal with that or how should they
21 have dealt with it? Okay, you're scrolling
22 down to let us see.

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1 Yes. What you're saying, do I
2 understand that they're working in one of the
3 cyclotron or synchrotron facilities and that
4 once the exposure has stopped there is no
5 residual exposure? No, no, no, no.

6 MEMBER MUNN: No.

7 CHAIRMAN KOTELCHUCK: You're not
8 saying that. Let me finish reading. Sorry.
9 I missed the corrections. Could you scroll up?
10 Sorry, scroll up again just to the previous one.
11 All the changes in this review. Okay, I see.
12 Okay, and putting in, re-analyzing this they --

13 MR. SIEBERT: That portion of it
14 just --

15 CHAIRMAN KOTELCHUCK: There was a
16 decrease in the exposure?

17 MR. SIEBERT: That point just
18 explains that for all the findings and
19 observations we revised everything and looked
20 at it the impact was that it's still less than
21 50 percent. We just put in the last
22 observation. It doesn't apply specifically to

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1 that observation.

2 CHAIRMAN KOTELCHUCK: Right, okay,
3 because obviously there is exposure that you're
4 considering now that you did not consider
5 before, small possibly, but. Okay, then that
6 was considered and I accept that as an
7 observation. Others, any comment that you
8 want to make? Okay, let's go on to the next
9 one.

10 MR. FARVER: Next one, 291.1, has
11 to do with the environmental intakes. The
12 NIOSH-assigned environmental intakes were not
13 consistent with the tabulated values and they
14 underestimated the dose.

15 And this is taken from TKBS-0049,
16 the technical basis for Lawrence Berkeley.
17 Yes, okay. And this looks like it was a
18 screw-up on our part.

19 Oh, oh, I'm familiar with this one
20 now. Okay. Yes, when you look at the CADW
21 tool that's used for this one and for
22 environmental intake, it shows you the initial

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1 time period for intake. So as the intakes
2 vary, you don't typically see that unless you
3 go over to the yearly intake button.

4 So it was our misreading of the CADW
5 file and, yes, this has come up before. Now we
6 are aware of it so it won't come up again. When
7 you look at it, it's not clear that the intake
8 varies over time periods.

9 CHAIRMAN KOTELCHUCK: When you say
10 it's your error --

11 MR. FARVER: In other words the
12 person reviewing this was not aware that the
13 intake for this tool, that the intakes are
14 varied within the tool.

15 CHAIRMAN KOTELCHUCK: Got it.
16 Okay.

17 MR. FARVER: We are now aware of
18 this.

19 CHAIRMAN KOTELCHUCK: They are now
20 aware of this.

21 MR. FARVER: I am now aware of this,
22 yes.

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1 CHAIRMAN KOTELCHUCK: Okay.
2 Alright. So whose error is this now? Wait a
3 minute.

4 MR. KATZ: It's an SC&A error,
5 Dave.

6 CHAIRMAN KOTELCHUCK: Yes, and if
7 it is, then --

8 MR. KATZ: No problem, the finding
9 is resolved but --

10 CHAIRMAN KOTELCHUCK: Yes, it is
11 absolutely and that -- so, okay. We're not
12 assessing, I don't believe, SC&A errors.
13 We're assessing NIOSH errors.

14 MR. KATZ: Oh, no, no, no. It's
15 just, it's a mistake in finding in other words
16 so the finding gets withdrawn, in effect.

17 CHAIRMAN KOTELCHUCK: Yes.

18 MR. KATZ: Yes.

19 CHAIRMAN KOTELCHUCK: Right, so
20 this should be withdrawn. So as far as the
21 Subcommittee is concerned, this is closed.
22 But I don't think it should be recorded as a

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1 NIOSH error, that's all, in the Category 2
2 Table.

3 MR. KATZ: Right.

4 CHAIRMAN KOTELCHUCK: So, Doug,
5 you will change this to an observation if you
6 want to, or eliminate it entirely, either way,
7 whatever the bookkeeping --

8 MR. KATZ: The bookkeeping is when
9 a finding is incorrect, you withdraw it, right?

10 MEMBER MUNN: Yes, that's correct.

11 CHAIRMAN KOTELCHUCK: Okay.

12 MR. FARVER: So is this another
13 case where we'll go back and change our report
14 to remove the finding?

15 CHAIRMAN KOTELCHUCK: Yes.

16 MR. FARVER: Okay. And how do you
17 want the matrix to read?

18 MR. KATZ: Well, it comes out. It
19 comes out.

20 CHAIRMAN KOTELCHUCK: I think the
21 matrix, we've lost a case. We've lost a --

22 MR. KATZ: Right.

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1 CHAIRMAN KOTELCHUCK: We have
2 nothing for that 291.

3 MR. FARVER: It just disappears?
4 Is that what you want?

5 CHAIRMAN KOTELCHUCK: That's
6 right, yes.

7 MR. FARVER: Okay. I will take
8 those actions.

9 CHAIRMAN KOTELCHUCK: Okay. Not
10 only did that disappear, my screen's
11 disappeared too, but let me hope I can get it
12 back.

13 DR. MAURO: It's nice when SC&A
14 errors disappear.

15 CHAIRMAN KOTELCHUCK: There we go.

16 DR. MAURO: Isn't that nice? Nice
17 position to be in.

18 CHAIRMAN KOTELCHUCK: Yes, right.

19 MEMBER MUNN: It is.

20 CHAIRMAN KOTELCHUCK: Right.

21 Okay, now we go on to Mound.

22 MR. FARVER: Okay, 265.

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1 CHAIRMAN KOTELCHUCK: Okay.

2 MR. FARVER: Okay, the finding was
3 that the ambient doses may not have been
4 claimant-favorable. Follow up the case.
5 Okay.

6 Our point is that by assigning
7 ambient dose for the years when the employee was
8 not monitored could underestimate the
9 potential exposure.

10 The average dose for the 14 years
11 that the employee was badged, including two
12 years when it was zero, is 103 millirem per year
13 which is over seven times the average
14 environmental dose value.

15 Unfortunately there is presently
16 not a coworker model or an OTIB that the dose
17 reconstructor could have used for the case.

18 So what we're saying, it should have
19 been assigned an unmonitored dose or a higher
20 dose than just ambient or a coworker dose or
21 something that was better reflective of his
22 unmonitored years.

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1 CHAIRMAN KOTELCHUCK: Well, and
2 what was --

3 MR. SIEBERT: This is Scott. The
4 bottom line in the guidance is that Mound did
5 do external monitoring when it was required.

6 So if there is a lack of dosimetry
7 for years, it is reflective of the fact that the
8 individual was not noted by the site as needing
9 dosimetry for that specific time frame. So any
10 time there is not dosimetry available, the
11 ambient doses for the site are used.

12 CHAIRMAN KOTELCHUCK: Doug,
13 others?

14 MR. FARVER: Yes, we still stick to
15 our guns and we think that they should have,
16 there were better ways to do this, more
17 claimant-favorable ways than assigning the
18 ambient dose so it was not reflective of the
19 employee's average dose.

20 MR. CALHOUN: Well, this is moving
21 into a TBD issue then, because it appears that
22 this is our guidance that we currently have.

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1 MR. FARVER: Is there any coworker
2 model being worked on?

3 CHAIRMAN KOTELCHUCK: Wanda,
4 somebody?

5 MR. CALHOUN: For that at this
6 time?

7 MEMBER MUNN: I don't think that
8 there's, I don't think it, well, it's a matter
9 of perception. I think always and in cases like
10 this I personally still feel that when you have
11 reasonably accurate ambient data, and they
12 certainly did have [it] if I recall in Mound,
13 I haven't really looked at that for quite a
14 while, but it seems to me they had pretty good
15 monitoring of their environmental there.

16 And there is no question -- you
17 can't have it both ways. You can't say on the
18 one hand that the person is always being exposed
19 and on the next case say that they changed jobs
20 all the time. And the safety records of the
21 companies and the sites indicate that these
22 folks did quite often take jobs for a period of

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1 time that did not involve exposure.

2 Then, you know, it seems rational to
3 me that you place some validity on the records
4 that are available and that's what's been done
5 in this case.

6 When you say it's seven times, that
7 makes it sound spectacular but the truth is 1/7
8 of 100-plus millirem is a pretty tiny number.

9 CHAIRMAN KOTELCHUCK: Other
10 Subcommittee Members?

11 MEMBER RICHARDSON: This paragraph
12 is NIOSH's response which concerns the
13 unmonitored period in 1965. They say the
14 dosimetry file, the paragraph above that, the
15 penultimate one says, show a minor line or a
16 dash in 1965, which is interpreted here. I'm
17 not quite sure. I've interpreted that way in
18 the past, but this indicates the site did not
19 appear to monitor in 1965.

20 But then it goes on to say the person
21 did submit polonium urine samples and NIOSH
22 seems to be computing here based on this.

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1 Assigning the average annual photon dose as the
2 more claimant-favorable approach is
3 reasonable.

4 So is the position that the guidance
5 is clear or is this a statement that the
6 guidance is clear but a more reasonable or
7 favorable approach would be to use the average
8 annual dose net year?

9 Is NIOSH in the response raising a
10 question about the reasonableness of the
11 guidance which they've been given?

12 CHAIRMAN KOTELCHUCK: Somebody
13 from NIOSH.

14 MR. SIEBERT: This is Scott. I
15 can't specifically state that. I would assume
16 and this is, well, considering I'm conflicted
17 with Mound, all I do is give the responses that
18 people who are not conflicted have given. I'm
19 not going to speculate at all on the answer
20 there. So I'm really not in position to go any
21 further into anything on the polonium urine
22 samples at Mound.

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1 MEMBER RICHARDSON: Oh, so who
2 wrote this response?

3 MR. SIEBERT: It would be, let me
4 check, I want to verify that I'm right but I
5 believe it was a TBD author.

6 MEMBER RICHARDSON: Because it's
7 --

8 MR. SIEBERT: No, I take that back.
9 It was not the TBD authors. I'll go back and
10 we'll look into this a little bit further.

11 CHAIRMAN KOTELCHUCK: So we'll
12 hold this open, correct? For a little while
13 anyway.

14 MEMBER MUNN: Yes.

15 CHAIRMAN KOTELCHUCK: Okay, and
16 that was -- let me get the number again. I
17 didn't put that down. 265.1. Okay, 265.1 is
18 open. Alright. Doug, you'll record that.

19 MR. FARVER: Yes.

20 CHAIRMAN KOTELCHUCK: And, let's
21 see, where are we? We have a few more from
22 Mound, right? Well, we have some

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1 observations, right?

2 MR. FARVER: You want to take care
3 of them?

4 CHAIRMAN KOTELCHUCK: Yes, let's
5 do that.

6 MR. FARVER: Okay. Observation 1,
7 time period used for the badge exchanges are not
8 always consistent in the Technical Basis for
9 Mound. And in NIOSH's response they really
10 kind of concede this. It's got multiple
11 tables. It is confusing.

12 Actually in this case I think they
13 used frequencies that were less than favorable
14 for this case, not that it mattered that much
15 in general. So they responded the TBD is being
16 revised. They said that should help avoid some
17 confusion.

18 And the latest response is Table
19 6.1 lists exchange frequencies and Table 6.7
20 lists exchange frequency for neutron
21 dosimeters. Now we've kind of cleared things
22 up a little bit in the new revision.

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1 CHAIRMAN KOTELCHUCK: Okay. And
2 it's not that anything is wrong. They're just
3 simply... it's confusing.

4 MR. FARVER: Yes.

5 CHAIRMAN KOTELCHUCK: Okay, and
6 that will be dealt with. So that's fine.
7 What's the next observation?

8 MR. FARVER: One has to do with
9 medical x-rays, and the Mound TBD somewhere
10 states in it that you would multiply them by
11 1.3, assignment in a normal distribution with
12 an uncertainty of 30 percent.

13 And we've talked about this before
14 and don't use both. You don't use both the 1.3
15 and the 30 percent. So they have cleared this
16 up in the TBD.

17 CHAIRMAN KOTELCHUCK: Yes. Okay,
18 that's cleared up. And then Mound 323.1 opens
19 up.

20 MR. FARVER: You want to take that
21 now or --

22 CHAIRMAN KOTELCHUCK: No, I think

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1 that really opens up a new case and a new issue
2 and it's 25 after 12:00 here on the East Coast.
3 So this may be a reasonable time to take a break,
4 folks. And let's get back together at 1:25 or
5 is that reasonable, 1:25?

6 MEMBER MUNN: Sure. See you in an
7 hour.

8 CHAIRMAN KOTELCHUCK: Okay, see
9 you all in an hour.

10 MEMBER MUNN: Alright.

11 CHAIRMAN KOTELCHUCK: 1:25. Have
12 a good lunch, folks.

13 MEMBER MUNN: You too.

14 CHAIRMAN KOTELCHUCK: Bye-bye.

15 MEMBER MUNN: Bye-bye.

16 CHAIRMAN KOTELCHUCK: Bye-bye.

17 (Whereupon, the above-entitled
18 matter went off the record at 12:24 p.m. and
19 resumed at 1:28 p.m.)
20
21
22

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

9

(1:28 p.m.)

10

CHAIRMAN KOTELCHUCK: Okay, so we

11

can begin. And it is 1:28. And, Scott, you

12

had a report on 290.1.

13

MR. SIEBERT: Correct. We looked

14

into it over lunch. Matt, can you handle that

15

for us, please?

16

MR. SMITH: Sure. Again, with

17

respect to a correction factor, looking back

18

over things, one can note that there's a factor

19

that is put forth in the Savannah River TBD.

20

And that factor really is one that converts the

21

dose into what we call would modern Hp(10) type

22

of dose. And then we use the appropriate DCF

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1 from IG-001 --

2 CHAIRMAN KOTELCHUCK: If you
3 wouldn't mind, for clarity -- by the way, your
4 name for the record --

5 MR. SMITH: Sure, sorry. It's
6 Matt Smith of ORAU Team.

7 CHAIRMAN KOTELCHUCK: Okay, great.
8 And the Hp, if you'll start with the acronyms.
9 Pardon.

10 MR. SMITH: Sure, Hp(10) dose, you
11 know, which is the current dosimetry quantity
12 that we would use off a modern dosimetry system.

13 CHAIRMAN KOTELCHUCK: Okay, thank
14 you.

15 MR. SMITH: Basically, it's where
16 the dosimeter has been calibrated on a phantom,
17 and it's taking into account backscatter from
18 that phantom acting as a surrogate for the human
19 body.

20 CHAIRMAN KOTELCHUCK: Okay, good.

21 MR. SMITH: We had a set of dose
22 conversion factors. And those are in

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1 Implementation Guide 001, published by DCAS.
2 And those, when we are doing the estimate of
3 external dose, those dose conversion factors
4 are used to convert what's been measured by the
5 dosimeter into the dose to the organ.

6 CHAIRMAN KOTELCHUCK: Okay.

7 MR. SMITH: So depending on the
8 nature of the dosimetry data that we have, we
9 will use the appropriate dose conversion factor
10 from IG-001.

11 If it's a modern dosimeter -- for
12 the sake of the discussion here, we'll say that
13 it's gone through the DOELAP accreditation
14 process -- it's measuring what we call Hp(10).

15 CHAIRMAN KOTELCHUCK: Okay.

16 MR. SMITH: We would use that
17 particular Hp(10) DCF.

18 CHAIRMAN KOTELCHUCK: Okay.

19 MR. SMITH: For dosimeters that
20 were calibrated without a phantom in place --
21 in other words, in free air -- we would use the
22 exposure, or, in a sense, roentgen-to-dose DCF.

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1 When I say dose, I mean dose to the organ.

2 You know, typically the TBDs will
3 recommend to us what era to make those
4 decisions. Some TBDs, like Savannah River, do
5 provide a -- you know, we'll call it a
6 correction factor.

7 In other words, it allows us to
8 correct dose in the era where they did not use
9 a phantom for calibration. It allows us to
10 convert it to what we would call an Hp(10)
11 quantity. And then we use the Hp(10) DCF.

12 CHAIRMAN KOTELCHUCK: Right.

13 MR. SMITH: The issue that Dr.
14 Richardson brought up regarding angular
15 response, again -- and as we did discuss before
16 -- we've looked at the claimant-favorability of
17 doing things and also the efficiency of doing
18 things. And for the longest time on this
19 program, we've gone with an AP assumption.

20 Certainly, we do correct the dose
21 for geometry considerations. A good example
22 would be a glove box worker. That's been

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1 discussed many times in many different groups.

2 CHAIRMAN KOTELCHUCK: Right.

3 MR. SMITH: When we have a worker
4 where there is a geometric exposure situation
5 with respect to the source term, we certainly
6 do then apply a geometric correction factor to
7 the dosimeter dose.

8 But typically, you know, we're
9 running with 100 percent AP assumption with
10 respect to geometry. In those kind of
11 situations, we're not making any corrections
12 for angular dependence.

13 CHAIRMAN KOTELCHUCK: Okay. And
14 that was the case for INL?

15 MR. SMITH: INL, there is no
16 correction factor for the dosimeter dose. And
17 I think that's mentioned in the response.

18 CHAIRMAN KOTELCHUCK: Right.

19 MR. SMITH: There is, of course, an
20 uncertainty factor associated with that dose.

21 CHAIRMAN KOTELCHUCK: Right.

22 MR. SMITH: That's applied,

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1 typically, as I mentioned before, as a
2 log-normal distribution as we process the dose
3 for use in IREP.

4 CHAIRMAN KOTELCHUCK: Okay.

5 MEMBER MUNN: And, Matt, this is
6 Wanda. How large is the DCF from air
7 measurement to Hp(10)?

8 MR. SMITH: How large is the -- I
9 guess repeat the question one more time.

10 MEMBER MUNN: How large is the
11 correction factor between air measurement and
12 Hp(10)?

13 MR. SMITH: Oh. For Savannah
14 River, it turned out to be a factor of 1.119.

15 MEMBER MUNN: Okay, that gives us
16 a feel.

17 CHAIRMAN KOTELCHUCK: That
18 certainly does.

19 MEMBER MUNN: Thank you much.

20 CHAIRMAN KOTELCHUCK: That
21 certainly does. Are there any comments? That
22 seems to answer, for me at least, what was going

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1 on. Are there any remaining concerns, David or
2 Mark?

3 MEMBER RICHARDSON: This is David
4 Richardson. The statement was that for INL
5 there's no correction factor. And I didn't
6 hear the reason why that was. Are you saying,
7 over the history of INL, it was always estimated
8 -- the dosimetry system was always estimating
9 Hp(10)?

10 MR. SMITH: Yeah, let me clarify
11 with respect to INL. I don't have it directly
12 open in front of me, but basically it gives
13 recommendations of the particular era in which
14 it's appropriate to use either the exposure DCF
15 or the Hp(10) DCF.

16 And typically we see that
17 changeover occur when the switch to TLD
18 measurement came into play. Sometimes it's
19 apparent from looking at the site factors that,
20 even after switching the TLDs, the calibration
21 might have still been done in free air. But let
22 me crack open the INL TBD, if that will help.

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1 CHAIRMAN KOTELCHUCK: Okay.

2 MEMBER RICHARDSON: I guess the
3 question is, just more generally -- maybe I'm
4 not following the language here. As I
5 understood the statement, there's no bias
6 correction applied to INL.

7 And we know that INL didn't use TLDs
8 over its entire history. So regardless of when
9 the changeover happened -- and this may be the
10 issue of language I'm not understanding -- my
11 interpretation was that the dosimeters were
12 treated the same way in terms of bias in
13 response over its entire history.

14 MR. SMITH: In terms of bias in
15 response, the answer would be yes.

16 MEMBER RICHARDSON: I mean, well, I
17 would separate the issue of uncertainty from
18 bias and the correction factor in dealing with
19 wanting to get to a common metric, let's say
20 $H_p(10)$, and needing to apply a correction
21 factor to the dosimetry results in order to get
22 the measured values onto that scale.

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1 And the statement was that no
2 correction -- there's no correction for bias
3 for INL. And it wasn't during period of TLD or
4 during period of multi-element dosimeter, but
5 that there was no correction factor and they're
6 all treated the same way. Am I
7 misunderstanding something still?

8 MR. SMITH: No. I think we're
9 understanding the same thing. But in the Idaho
10 TBD, I can reference you to Section 6.4.1. And
11 the statement there is there are no adjustments
12 to photon dose, okay? So in terms of any bias
13 adjustment, none is recommended.

14 MEMBER RICHARDSON: Okay. And
15 then my understanding is correct. And it's
16 just remarkable to me. But I suppose we can
17 leave it at that, or we can ask --

18 (Simultaneous speaking.)

19 MEMBER RICHARDSON: So for
20 example, we're talking about the situation at
21 Savannah River and it's describing a
22 period-specific correction. Then you have

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1 Idaho, [which] does not require those.

2 MR. SMITH: With respect to then
3 converting the dosimeter dose to organ dose,
4 the reference there would be Section 6.6.

5 MEMBER RICHARDSON: I understand
6 that. That's a different issue.

7 MR. SMITH: Okay. But to the
8 question of there being a bias or an adjustment
9 to photon dose for Idaho, the TBD states no.

10 CHAIRMAN KOTELCHUCK: Okay.

11 MR. KATZ: So this is Ted, Dave and
12 David. I mean, I think this is a case then
13 where, I mean, in effect it sounds like, David,
14 you have a TBD comment. And I think that needs
15 to be communicated. Independent of going
16 forward with these cases, the Subcommittee
17 needs to communicate that concern or issue for
18 further explanation by the INL Work Group.
19 Because they're the ones who are interacting
20 with NIOSH on the TBDs.

21 MEMBER RICHARDSON: Right, thank
22 you. I agree.

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1 CHAIRMAN KOTELCHUCK: I agree,
2 right.

3 MR. SIEBERT: This is Scott. I do
4 have one question. I'm just wondering if
5 there's a clarification that we're missing
6 here. Dr. Richardson, are you asking why
7 Savannah River would have a correction factor
8 during the film badge era and INEL does not?
9 I mean, is that the root of the question?

10 MEMBER RICHARDSON: Well, it's not
11 just specific to Savannah River, but yes. That
12 would be among the list of questions.

13 MR. SIEBERT: Okay. Because the
14 reasoning for that is we have dose conversion
15 factors that are for exposure. And there are
16 dose conversion factors that are the Hp(10)
17 dose conversion factors. They were created
18 separately.

19 And the appropriate dose
20 conversion factor is used based on the time
21 frame of which dosimetry was being used at a
22 site. Savannah River is the unusual site in

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1 that it was an early-on site when we created the
2 process of doing that.

3 So we made these correction factors
4 to use Hp(10) DCF across the board. All other
5 sites will use the exposure DCFs during the time
6 frame of film badges. And we use the Hp(10)
7 DCFs for the time frame of TLDs. Does that make
8 a little bit more sense?

9 MEMBER RICHARDSON: You've
10 embedded them into the organ dose coefficients
11 for the other sites. Is that what you're
12 saying?

13 MR. SIEBERT: That is correct.

14 MEMBER RICHARDSON: Okay. So
15 they're there. They're simply buried. They're
16 multiplied in. Thank you.

17 CHAIRMAN KOTELCHUCK: Okay.

18 MR. SMITH: And let me just close
19 the loop on it with respect to Idaho itself.
20 Again, the section of interest would be Section
21 6.6 of the external TBD. For the period of time
22 before 1981, we would use the exposure DCF with

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1 the data. For the period starting with 1981
2 and going forward, we would use the Hp(10) DCF.

3 CHAIRMAN KOTELCHUCK: Okay.

4 MR. SMITH: And we would not do any
5 correction to the older pre-81 data that Scott
6 was describing for Savannah River. That does
7 not occur here at Savannah River.

8 CHAIRMAN KOTELCHUCK: Okay.

9 MR. SMITH: You just go ahead and
10 use the appropriate DCF for the appropriate
11 era.

12 CHAIRMAN KOTELCHUCK: Alright.
13 Then that, I think, closes it, right? The
14 question's responded to well and in detail.
15 Can we close that? Any objections?

16 MEMBER MUNN: Seems appropriate.

17 CHAIRMAN KOTELCHUCK: Okay.

18 290.1 is closed.

19 Let's now go back to our first Mound
20 [case], which is 323.1. That is on our screen.
21 Doug?

22 MR. FARVER: Okay, 323.1,

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1 incomplete assignment of missed photon dose.
2 For 1978, NIOSH did not assign a missed photon
3 dose for August 7th, '78, and October 16th, '78.
4 The recorded value was less than the LRD over
5 two, so it should have been a missed dose.
6 That's the basis for the finding. It had been
7 treated as a missed dose.

8 Okay. And when we looked at their
9 first response and went back and tried to find
10 the IREP input, and there were no IREP inputs
11 after 1977 for measured photon dose. So then,
12 NIOSH, you responded in June of 2014.
13 Apparently there was a workbook error.
14 The workbook was not doing what it was supposed
15 to. Or if it was, then the dose reconstructor
16 was not. But anyway, there's an error
17 associated with this. And I'll turn that over
18 to Scott.

19 MR. SIEBERT: Yeah. And, Doug,
20 you're right. It was not a tool issue. The
21 tool did exactly what the tool was asked to do.
22 It's the dose reconstructor who made an error.

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1 They entered -- and this is the complex-wide
2 best estimate tool, because this claim was done
3 back in 2009 -- they entered a zero error for
4 the dosimeters. And the tool, when a zero
5 error is entered, does not include that year.
6 It doesn't look at it. It doesn't do the
7 calculation for it.

8 So that was the actual issue, the
9 dose reconstructor entered the wrong entry into
10 the tool and then the tool did exactly what it
11 was told to do.

12 MR. FARVER: Now, Scott, was that
13 something you manually enter, the error?

14 MR. SIEBERT: Back at that time
15 frame, before we had a site-specific tool for
16 Mound, yes. Now we do have a site-specific
17 tool that handles that, so that is not the case.

18 MR. FARVER: Okay.

19 CHAIRMAN KOTELCHUCK: Which is to
20 say that that's been resolved since.

21 MR. SIEBERT: Correct.

22 CHAIRMAN KOTELCHUCK: Could you

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1 scroll up a little bit? Is this a -- right,
2 this is a Category C error. Okay, so the
3 recommendation -- the tool has been changed.
4 And the recommendation is to close, right?

5 MEMBER MUNN: I wasn't sure that I
6 heard they're getting a correction made. I
7 thought I heard that the tool was okay. And --

8 MR. SIEBERT: No, they're -- let me
9 clarify. I'm sorry, Wanda, I'm referring to a
10 lot of different things.

11 The complex-wide best estimate
12 tool that was used at the time this claim was
13 done was because it had to be the generic tool.
14 And there was no Mound best estimate tool at
15 that time.

16 The dose reconstructor entered the
17 information incorrectly. So there was nothing
18 wrong with that tool itself. It was used
19 incorrectly.

20 Now, since that time frame, we do
21 have a best estimate tool for Mound. So the
22 dose reconstructor can't even make that same

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1 error.

2 MEMBER MUNN: Right. But I just
3 wanted to make sure that the question that's
4 being asked here on the hard copy of our matrix
5 is in fact being answered and that what we used
6 to close it out here will explain that.

7 MR. FARVER: Yes. I put down that
8 the CWBE tool is no longer used for Mound. A
9 site-specific Mound tool is now used, so the
10 error cannot recur.

11 MEMBER MUNN: And so SC&A accepts
12 that?

13 MR. FARVER: Yes.

14 MR. KATZ: And Category C means
15 what again, Doug?

16 MR. FARVER: Gosh, I'll have to go
17 look that up.

18 MR. KATZ: Because this sounds
19 like it's a QA issue, right? Because he
20 entered the wrong -- he used the tool wrongly.
21 The tool wasn't the problem.

22 CHAIRMAN KOTELCHUCK: Somebody is

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1 looking up C.

2 MR. FARVER: C, was the correct
3 external dose model and assumption used?
4 Well, no. So it could be C or E.

5 CHAIRMAN KOTELCHUCK: And E is,
6 we've said before --

7 MR. KATZ: E is QA.

8 MR. STIVER: E is a quality issue.
9 And, you know, I think at the last meeting we
10 came to conclusion that we could actually have
11 kind of a hybrid type.

12 CHAIRMAN KOTELCHUCK: Right.

13 MR. STIVER: So it could possibly
14 be C and related to the external model but also
15 a quality issue in how it was implemented.

16 CHAIRMAN KOTELCHUCK: Yeah.

17 MR. KATZ: Okay. I just thought I
18 heard Scott say that the problem was he didn't
19 understand his tool, not that he didn't know
20 what he was doing otherwise.

21 CHAIRMAN KOTELCHUCK: Okay. I
22 think we're ready to close. I would like to

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1 propose that.

2 MEMBER MUNN: Yes.

3 CHAIRMAN KOTELCHUCK: Okay.

4 MEMBER CLAWSON: Dave, hold on one
5 second.

6 CHAIRMAN KOTELCHUCK: Brad, yes,
7 hi. Good to hear you. You were not
8 participating earlier with INL.

9 MEMBER CLAWSON: Well, it's been
10 INL and I've been out chasing my dog around the
11 yard. Because, you know, I can't talk anyway.

12 CHAIRMAN KOTELCHUCK: Right.

13 MEMBER CLAWSON: But what I was
14 going to ask Doug is, in this situation, this
15 was just a finding, correct? This one that
16 we're just closing right now. Because my issue
17 is -- I look at this a little bit different
18 maybe. We have a lot of QA issues coming up,
19 and we've changed a lot of these. But if
20 there's a significant effect to somebody, we're
21 sampling a small amount of people here.

22 So my question is how many other

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1 times has this been, and if it's a no never mind,
2 it really didn't get up to that much, then we're
3 not worried about it. But I want us to keep in
4 mind that we are sampling a small, small amount
5 when we start finding things like this.

6 And, yes, it has been corrected to
7 where now the human involvement, but, you know,
8 how many claims were in and how many different
9 little things that we have go wrong to them, is
10 my question. So to you, Doug, is there any
11 significant impact to any claim because of
12 this?

13 MR. FARVER: Well, it's hard to
14 tell. I mean, it's human error. And it didn't
15 get caught in your QA. So it's hard to tell
16 what else isn't getting caught. That's all.
17 I mean, I can't put a magnitude on it.

18 MEMBER CLAWSON: Okay. Well, I
19 just wanted us to think about that. Because,
20 you know, it's real easy, yeah, it's just QA,
21 we just jump on and keep on going. But here's
22 the other part of the question. How many

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1 others and how much did this affect?

2 CHAIRMAN KOTELCHUCK: Yeah. Well
3 taken.

4 MEMBER CLAWSON: Okay.

5 CHAIRMAN KOTELCHUCK: Well taken.

6 MEMBER CLAWSON: We can close it.

7 CHAIRMAN KOTELCHUCK: Okay. So
8 we're going to close unless I hear a further
9 objection. Unless I hear objection, I should
10 say. Alright. Let's go on.

11 MR. FARVER: Alright, 223.2 is the
12 same finding for missed neutron dose.

13 MR. SIEBERT: And this is Scott.
14 I'll save you some time. It's the identical
15 answer. It would be error being entered as
16 zero in the complex-wide best estimate tool.

17 CHAIRMAN KOTELCHUCK: Right. It
18 is the same issue. Okay.

19 MEMBER MUNN: And can we assume
20 that SC&A no longer needs the IREP entry number?

21 MR. FARVER: Yes.

22 MEMBER MUNN: Okay.

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1 CHAIRMAN KOTELCHUCK: Right, you
2 should change that. Any other additional
3 concerns? Let's close that.

4 And .3?

5 MR. FARVER: Okay, lack of
6 investigation of unmonitored period from 1982
7 to 1996. Let me get my dates right on this guy.
8 This person worked at Mound from -- he started
9 in 1965 and through -- the paperwork says
10 through February 9th of 1996. That's both in
11 the DOL paperwork and the DR report. That is
12 his final date.

13 But there was no, what's ceded to
14 us is there's no data after 1982. There's no
15 data in the records. So that is what prompted
16 the finding.

17 MEMBER MUNN: Can we assume this
18 was a compensable claim?

19 MR. FARVER: No.

20 MEMBER MUNN: The real question
21 here is if it was compensated.

22 MR. FARVER: No.

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1 MEMBER MUNN: No, okay.

2 CHAIRMAN KOTELCHUCK: I'm not
3 quite -- the person terminated employment in
4 '82 or '83. And what was the employee's
5 employment from '82 to '96? You're saying that
6 the person was still employed at Mound?

7 MR. FARVER: I'm saying that all
8 the paperwork says he lasted -- the last day of
9 employment February, whatever, 1996.

10 CHAIRMAN KOTELCHUCK: The
11 paperwork from the company?

12 MR. FARVER: No. The paperwork --

13 CHAIRMAN KOTELCHUCK: From DOE?

14 MEMBER MUNN: The claimant.

15 CHAIRMAN KOTELCHUCK: Okay.

16 Alright.

17 MR. FARVER: And apparently it
18 says -- I remember just reading it at lunchtime
19 -- when the employments were verified. Now, I
20 don't know. This is really strange. Because
21 that final date is the employee's date of death.

22 CHAIRMAN KOTELCHUCK: Yeah.

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1 MR. FARVER: Now, I don't think
2 it's unusual to have employees retire and then
3 come back.

4 CHAIRMAN KOTELCHUCK: Right.

5 MEMBER MUNN: But the record says
6 that he terminated January 1, '82. And that's
7 when the dosimetry records stop.

8 MR. FARVER: But the final
9 employment date was 1996.

10 MEMBER MUNN: Well, that's what it
11 says on the claimant's --

12 CHAIRMAN KOTELCHUCK: Is it
13 possible the employee could have been working
14 for Mound in another capacity such that they
15 would not be exposed at all? Well, there's
16 ambient exposure.

17 MR. FARVER: That is possible.
18 But it's also possible he was working there and
19 the records were either filed under another
20 employee number or something like that.

21 Because if -- and that's if the 1996
22 date's correct. There's just that lapse from

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1 '92 to '96 where there's just absolutely
2 nothing in the records that were provided, any
3 dosimetry data, or there's no indication that
4 the job changed. He was still listed as a
5 millwright mechanic during the entire
6 employment period.

7 CHAIRMAN KOTELCHUCK: Could you
8 scroll down a little bit more? No lack of
9 investigation for the unmonitored period, so
10 there was an investigation and nothing came up.

11 MR. FARVER: No, no. We felt that
12 they should have investigated this time period
13 to figure out, you know, what was going on.

14 CHAIRMAN KOTELCHUCK: Yeah.

15 MEMBER MUNN: That's not what the
16 words say.

17 CHAIRMAN KOTELCHUCK: Right.
18 Since it was not compensated, I don't even see
19 the rationale for saying close.

20 MR. FARVER: Well, I'm not sure
21 what else you're going to do.

22 MR. CALHOUN: Well, you're looking

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1 into -- this is Grady. And I don't know, it
2 seems like the crux of this is if we didn't
3 re-request dosimetry data from Mound?

4 MR. FARVER: Well, there's nothing
5 in the DR report about that period. I mean, if
6 you're contending that he retired in '82, then
7 why would you go ahead and give him -- I think
8 we go on and we have some environmental dose or
9 something later in the year or later in the time
10 period.

11 There's just no information for
12 that time period that was contained in the
13 records or in the DR report. I mean, if he was
14 employed and if his job didn't change, it might
15 have been appropriate to give coworker-type
16 dose or --

17 MEMBER MUNN: Conversely, the
18 record says he was paid sick leave until he
19 retired, effective January 1, '82. He was
20 receiving sick leave. It doesn't seem likely
21 that he would have eliminated his sick leave
22 payments even if he were not reporting for work.

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1 CHAIRMAN KOTELCHUCK: Well, we're
2 talking a 14 year period.

3 MEMBER MUNN: Yes, we are. And he
4 was employed from '60-when to --

5 MR. FARVER: '69, was it? '65?
6 Something very early on.

7 MEMBER MUNN: Okay.

8 MR. SIEBERT: 1965.

9 CHAIRMAN KOTELCHUCK: '65, wow.

10 MR. FARVER: You know, our point
11 was there should have been some sort of
12 investigation, some sort of rationale covering
13 this time period. And it was not included in
14 the DR report.

15 MEMBER MUNN: So what his claim
16 says is he was employed for 16 years. And then
17 for another 16 years there was more claim of
18 employment but no record that was returned from
19 the file.

20 MR. FARVER: Right.

21 CHAIRMAN KOTELCHUCK: And was this
22 case filed after the employee had died, after

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1 '96?

2 MR. CALHOUN: It says so, yes.

3 MR. FARVER: Yes.

4 CHAIRMAN KOTELCHUCK: So that the
5 claim of his working from '82 to '96 was his
6 family's claim or his survivor's claim.

7 MR. FARVER: I don't know.

8 CHAIRMAN KOTELCHUCK: Not his.

9 MR. FARVER: They filled out the
10 paperwork, yes. It all has to get verified by
11 DOL.

12 CHAIRMAN KOTELCHUCK: Right.

13 MEMBER MUNN: And if he died in
14 '96, then it's a lead-pipe cinch he was not
15 filing the paper for this claim.

16 CHAIRMAN KOTELCHUCK: That's the
17 point.

18 MEMBER MUNN: Yes.

19 CHAIRMAN KOTELCHUCK: In which
20 case the family could have been -- first, this
21 is absolutely, this is speculative. I don't
22 know and there's not evidence. But I'm

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1 wondering if the discrepancy in the records and
2 in reports is the discrepancy between the
3 family's report and the actual employment. I
4 mean that the family may have said something in
5 error.

6 MEMBER MUNN: Or simply entered a
7 wrong date.

8 CHAIRMAN KOTELCHUCK: Yeah.

9 MR. FARVER: The question is why
10 the Department of Labor would verify a date when
11 he didn't work that time period.

12 CHAIRMAN KOTELCHUCK: Should it be
13 sent back to the Department of Labor?

14 MR. FARVER: Well, our point was
15 somebody should have asked some questions at
16 the time, you know? Are there records? And
17 that just wasn't done. I mean, that's the
18 basis for the finding. It's a mystery. I
19 don't know what the answer is. But we felt that
20 someone should have done some initiative and
21 looked into it.

22 MEMBER MUNN: I don't believe we

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1 can return claims to DOL.

2 CHAIRMAN KOTELCHUCK: No. It's
3 not an issue of returning, it's an issue of
4 perhaps they made a mistake in their
5 verification process. It that possible?

6 MR. FARVER: It could.

7 CHAIRMAN KOTELCHUCK: At the
8 moment, it seems more of an observation than a
9 finding. You're saying that the data that we
10 were provided with was properly evaluated but
11 that there is a conflict between the claim
12 itself and the period, the time of the claim
13 itself and the period investigated.

14 MR. CALHOUN: Hold on a second.
15 Let me read you a sentence here.

16 CHAIRMAN KOTELCHUCK: Okay.
17 Thank you.

18 MR. CALHOUN: It says, "Dosimetry
19 records were not available for '82 through '95
20 so only on-site ambient dose was assigned for
21 this portion of the employment."

22 CHAIRMAN KOTELCHUCK: Right.

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1 MR. CALHOUN: And I've got dose in
2 his DR all the way up through '95.

3 MR. FARVER: I understand. Our
4 point was --

5 MR. CALHOUN: I know you
6 understand. I just didn't think that the other
7 people on the line might have understood that.

8 CHAIRMAN KOTELCHUCK: I did not
9 understand that. So thank you.

10 MR. CALHOUN: So we did assign
11 ambient. And the fact that we didn't go back,
12 I don't know if that's an issue.

13 CHAIRMAN KOTELCHUCK: What do the
14 other Committee Members think? Subcommittee
15 Members?

16 MEMBER CLAWSON: Well, this is
17 Brad. I'm sitting here, you know, I think it's
18 kind of interesting that we have this kind of
19 an error or mistake, whatever we want to call
20 it. But --

21 MR. CALHOUN: There's no mistake.

22 MEMBER CLAWSON: It's not a

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1 mistake? You guys just gave him some dose?

2 MR. CALHOUN: That's not what the
3 mistake was.

4 MEMBER CLAWSON: When did he leave
5 employment at Mound?

6 MR. CALHOUN: '95. And we gave
7 him the dose through '95.

8 MEMBER CLAWSON: Okay.

9 CHAIRMAN KOTELCHUCK: Yeah.

10 MR. CALHOUN: So where's the
11 mistake?

12 MR. FARVER: The problem is
13 there's no record of his employment after 1982.

14 MR. CALHOUN: Right. So we
15 requested dosimetry information. We got
16 dosimetry information. We used the
17 information we had. Where we had holes, we
18 added ambient dose like we always do, or
19 something else. So I don't see a mistake here.

20 MEMBER MUNN: My question is, in
21 the verbiage that we have, I did not see
22 anything that gave me the information I just

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1 heard, which was that he was employed through
2 '95. I didn't see that in what I read.

3 What I read was the record shows he
4 was discharged, that his employment was
5 terminated January 1st, 1982. But I just heard
6 that he actually was terminated in 1995.
7 That's new information to me.

8 MR. SIEBERT: Well, this is Scott.
9 The verification from DOL is through 1996. The
10 date of his death is verified by DOL.

11 MEMBER MUNN: Now, that does not
12 appear in anything that I just read, though,
13 Scott. That's what I'm saying. This is new
14 information to me.

15 MR. SIEBERT: Okay. So that is the
16 verified employment from DOL. And I would
17 recommend remembering that the claim number for
18 this is [identifying information redacted].
19 So it's a very early one, even for DOL, when they
20 were in their process as well. So the DOL
21 verified date is through '96. That doesn't --

22 MR. CALHOUN: It's actually just

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1 two months into '96. Not even.

2 CHAIRMAN KOTELCHUCK: Okay.

3 MEMBER MUNN: But that's okay. The
4 fact that the DOL record shows anything is news
5 to me. I just wasn't reading that.

6 MR. SIEBERT: Right. And when we
7 looked at the DOE response, it states that he
8 retired and left and was also on sick leave at
9 the end of the time frame. I think it was in
10 1982.

11 MEMBER MUNN: Yeah. He may have
12 been on sick leave and not on-site the rest of
13 those 15 years. Who knows?

14 MR. SIEBERT: Now, I'm looking at
15 the request for information that was conducted
16 early on. And the dates of employment of the
17 request are -- it originally states -- and I'm
18 looking at the original DOE response page -- I'm
19 sorry, page 2 of the original DOE response, the
20 dates of employment are typewritten through the
21 date of death, which is 2/9/1996. But that is
22 then lined out, and written over it is 1/1/82.

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1 And it states that the 2/9/96 date is when he
2 passed away.

3 So it looks as if Mound, when they
4 responded or when we requested -- I can't tell
5 the difference -- was stating that the
6 employment ended in the beginning of '82.

7 However, when we assessed the claim,
8 we just made the assumption that it was all the
9 way through '96, because the DOL verified
10 employment stated that, even though there may
11 have been more indication saying he left in '82.
12 And as a claimant-favorable assumption,
13 thinking that he may not have even been on-site,
14 that we don't have any monitoring, we don't have
15 any indication of monitoring, it was assigned
16 to ambient for the time frame from when he's
17 listed in the DOE records as leaving the site
18 until the date the DOL ended their verification
19 of the employment.

20 MEMBER MUNN: Yeah. My only
21 puzzlement was I had seen nothing in the wording
22 of the finding and subsequent comments that gave

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1 me the information about DOL saying he was
2 employed until '95. That explains it
3 completely, seems to me. And right there it
4 says covered end date established by DOL as
5 1996. Okay, got you.

6 MR. FARVER: The basis for the
7 finding was that, if he was employed during that
8 14 year period and if his job and occupation did
9 not change, environmental dose was not
10 claimant-favorable and he probably should have
11 done something like coworker dose.

12 MEMBER MUNN: Yes.

13 MR. FARVER: That's the basis for
14 the finding, because there was just no
15 information for that period.

16 MEMBER MUNN: Yeah.

17 CHAIRMAN KOTELCHUCK: If folks will
18 excuse me on the conference call, somebody
19 knocked at [my] door. And I missed a little bit
20 of the discussion. So please continue.

21 So there seems to be, Wanda, you were
22 saying basically that you agree with the

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1 finding.

2 MEMBER MUNN: Yes.

3 CHAIRMAN KOTELCHUCK: And there is
4 enough information on the record now that there
5 should have been coworker data entered.

6 MEMBER MUNN: No. I don't feel
7 that's the case. I think that what was done was
8 done appropriately because there is no
9 dosimeter record. There's an indication that
10 the employee was sick at the time that the first
11 dates that we talked about --

12 CHAIRMAN KOTELCHUCK: Right. The
13 '82, right.

14 MEMBER MUNN: The '82 dates, and
15 they don't have dosimeter records after that
16 time. Then that's been checked. I think they
17 did the appropriate thing.

18 CHAIRMAN KOTELCHUCK: Okay. Other
19 Subcommittee Members?

20 MEMBER CLAWSON: Where was he?
21 What did he do?

22 MEMBER MUNN: He may have been home

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1 sick for 15 years, as I said.

2 MEMBER CLAWSON: Fifteen years?

3 MEMBER MUNN: Yeah.

4 MEMBER CLAWSON: One year, long
5 term disability, then you're kicked on Social
6 Security. They don't hold you on. I think
7 we're missing something here.

8 MR. KATZ: I think, Brad, what they
9 were explaining was that they have -- all they
10 have to say that he worked until '96 is the DOL
11 verification. But all of their narrative in
12 their records seems to suggest that he actually
13 retired in '82 and that the date -- '96 is the
14 date he died, not the date he left employment.

15 So that's what, I think, NIOSH is
16 trying to say. I don't want to put words in
17 their mouth, but that's more or less what they
18 said.

19 MR. CALHOUN: But we're not
20 ignoring that period either. We're trying --

21 MR. KATZ: So they credited the
22 ambient dose just out of some uncertainty about

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1 that. Because they still have that DOL date.
2 But all their records otherwise seem to indicate
3 he retired in '82.

4 MR. CALHOUN: Exactly.

5 MR. KATZ: Right. So I'm just
6 trying to synopsise all this so you understand
7 why they did what they did.

8 MEMBER CLAWSON: I understand, and
9 I appreciate it.

10 MR. KATZ: Okay.

11 CHAIRMAN KOTELCHUCK: Other
12 comments?

13 MEMBER GRIFFON: I just agree with
14 the original finding. I wonder if this wasn't
15 a borderline case. What would you have done if
16 this was a best estimate case? I don't know if
17 it was, even.

18 But what would you have done if it
19 came up near the 50 percentile? Would you have
20 assigned dose when the person wasn't even
21 working at the site for 13 years? It was a bit
22 -- you know, it seems like you would want to

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1 check that.

2 MR. CALHOUN: We definitely would
3 have assigned dose.

4 MEMBER GRIFFON: This was
5 convenient additional dose. You know, you can
6 say claimant-favorable --

7 (Simultaneous speaking.)

8 MR. CALHOUN: -- at the site.

9 MR. SIEBERT: Well, let me tell you,
10 what we likely would have done at that time was,
11 if it was in best estimate territory, we may have
12 asked the question to DOL about the verification
13 and/or asked additional questions of Mound.

14 However, it was not in best estimate
15 territory. It was well less than 50 percent.
16 It's 33 percent. So assigning ambient is
17 reasonable and follows the dictates of what we
18 assign when there is no monitoring at Mound.

19 MEMBER GRIFFON: Okay. I like that
20 explanation better actually, Scott. I mean, if
21 it's that low, and I'm hoping that if it was
22 approaching that you would have done more

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1 investigation, you know, if you got to 45
2 percent or whatever. Alright.

3 CHAIRMAN KOTELCHUCK: Could I ask
4 what would have happened had you made the
5 extreme assumption that the dosimetry records
6 were missing but that the person stayed on the
7 same job from '82 to '96? I assume -- well, let
8 me ask you. Do you think the PoC would have
9 risen significantly?

10 MR. SIEBERT: Without running
11 anything, I cannot begin to address the
12 question.

13 CHAIRMAN KOTELCHUCK: Right. And
14 that is --

15 MR. SIEBERT: The fact that it's at
16 33 percent indicates to me -- we also have to
17 remember that PoC is not linear to dose.

18 CHAIRMAN KOTELCHUCK: Oh,
19 absolutely, absolutely.

20 MR. SIEBERT: As you get higher and
21 higher and closer to 50 percent, it takes more
22 and more dose. You know, you have to double the

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1 dose. If I remember correctly, this is off the
2 top of my head.

3 CHAIRMAN KOTELCHUCK: Right.

4 MR. SIEBERT: You have to pretty
5 much double the dose to get from around 40 or
6 42 percent to 50 percent. It takes a lot more
7 to get there.

8 So if we're sitting at 33 percent,
9 and we're talking about basically doubling this
10 individual's dose if we assume he was working
11 another 16, it still would not likely get you
12 into that territory.

13 But that is just loose looking at the
14 numbers. I can't say anything for sure without
15 actually running anything.

16 CHAIRMAN KOTELCHUCK: Yes. And
17 there is -- first, I have the problem of
18 diversion in the middle of the conversation.
19 So there are things I believe I missed or am
20 unclear that you may have dealt with.

21 But I believe there's a good chance
22 -- I think there's a very good chance that your

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1 assumption is correct, that the person died in
2 '96.

3 But there is evidence that -- there
4 is something on the record that says that the
5 person worked through '96. Calling it ambient
6 dose doesn't seem to me to be dealing with it.

7 I would be much more comfortable
8 were this rerun with the person working at their
9 same job that they worked at up to 1982. I just
10 feel as if we're not being claimant-favorable.
11 We're dealing with the data that we have. But
12 the data that we have, there seems to me to be
13 a deep conflict in there.

14 MR. CALHOUN: David, what we do is
15 we have to use the weight of the evidence. And
16 even if this guy hadn't passed away, we would
17 try to go back and look to see if anything had
18 changed. In this case, we found out that he was
19 sick and he was likely not there. And because
20 the lack of dosimetry comes at the end rather
21 than at the beginning of his work era, it's much
22 more reasonable to assign ambient dose. I'm

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1 completely okay with that approach.

2 CHAIRMAN KOTELCHUCK: Yeah. If he
3 were really working -- I don't think he was
4 working, but that's thinking, not evidence.

5 MR. CALHOUN: You've got to look at
6 the era too. This is 1982.

7 CHAIRMAN KOTELCHUCK: Yeah.

8 MR. CALHOUN: And if he was working
9 at that time, it's a very, very high likelihood
10 that he would have been monitored.

11 CHAIRMAN KOTELCHUCK: Oh, yes.

12 MR. SIEBERT: Especially through
13 1992 once 835 compliance has kicked in.

14 CHAIRMAN KOTELCHUCK: Yeah. Well,
15 that's true. That's true.

16 MR. CALHOUN: If this was a 1950s
17 case, maybe we'd think about it a little
18 differently.

19 CHAIRMAN KOTELCHUCK: Yeah.
20 You're right that they would -- I would have
21 confidence that he would have been monitored.
22 While I'm pondering, other folks anything?

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1 MEMBER MUNN: I would imagine,
2 after he had worked there for 15 years, if he
3 was not being monitored he himself would raise
4 an issue, I would think. I've never known
5 anyone who worked at any of these sites who was
6 not conscious of the fact that they needed to
7 be monitored.

8 CHAIRMAN KOTELCHUCK: I agree.

9 MEMBER MUNN: Not after 15 years of
10 employment.

11 CHAIRMAN KOTELCHUCK: That's
12 absolutely reasonable.

13 MEMBER GRIFFON: Yeah. But I think
14 Doug raised this question. I mean, these are
15 all -- we're all sort of speculating here. But,
16 I mean, if he left and came back, it could have
17 been that he was monitored, they just didn't put
18 the records together. He might have been
19 assigned a different employee number. I don't
20 know exactly how Mound --

21 MR. SIEBERT: This is Scott. I
22 will look. I'm doing some additional looking

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1 through the records as we do this. In looking
2 through the DOE records, I am finding
3 assessments that were done by Mound in -- let
4 me look at the date here -- in 1999 as part of
5 the dose reconstruction project that was done.
6 And this individual is clearly listed in those
7 dose reconstruction reports as leaving in '82
8 or '83.

9 Whereas, if the site was assessing
10 things back in the late '90s time frame, they
11 would have been aware of the fact that there were
12 multiple ways to link to an individual. And
13 they would have taken that into account.

14 CHAIRMAN KOTELCHUCK: Good.

15 MEMBER CLAWSON: And, Scott, I
16 think that if statements like that were included
17 in the DR report it would have cleared a lot of
18 this up.

19 CHAIRMAN KOTELCHUCK: Okay. Yeah.

20 MEMBER CLAWSON: You know, our
21 basis for assigning ambient and environmental
22 is because our bioassay records show that he was

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1 not monitored and, you know, you have more
2 justification for it. But that was just
3 absent.

4 CHAIRMAN KOTELCHUCK: Yeah.

5 MR. KATZ: So, Scott, I don't want
6 to prolong this, but can I ask you just one
7 question? Those records that you just looked
8 for, are they part of his claims file? Or did
9 you find that elsewhere?

10 MR. SIEBERT: No. That is part of
11 his claims file. It is in the DOE record --

12 MR. KATZ: Okay, okay, okay. But
13 so, Doug, I mean, in part answer to you, I mean,
14 if it's in the claims file, that's part of what
15 you review when you review these cases, no?

16 MR. FARVER: That is.

17 MR. KATZ: Okay.

18 MR. FARVER: But just because we're
19 looking up, you know, it's under bioassay
20 records, doesn't mean he can't have some
21 external records that are missing.

22 I can't really fault them too bad for

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1 what they did after we get the explanation.
2 It's when you're looking at the data and looking
3 at the DR report, and the DR report doesn't say
4 something, then you kind of have to wonder,
5 well, did they think of this? And the 14 years
6 was a big gap.

7 CHAIRMAN KOTELCHUCK: I'm
8 satisfied measurements were made in a later
9 period. And if he doesn't have -- if they are
10 not there for that person, then that suggests
11 that that was not appropriate to monitor him for
12 whatever reason. I could close on this.
13 Others?

14 MEMBER CLAWSON: This is Brad. We
15 can close it.

16 CHAIRMAN KOTELCHUCK: Okay.
17 David?

18 MEMBER RICHARDSON: Yes.

19 CHAIRMAN KOTELCHUCK: Okay. Then
20 we are going to close.

21 The observation?

22 MR. FARVER: Observation: in

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1 February 1972 plutonium bioassay result,
2 there's a transcription error. The value used
3 was 0.162. It should have been 0.135.

4 CHAIRMAN KOTELCHUCK: Yeah.

5 MEMBER MUNN: Which is
6 claimant-favorable.

7 CHAIRMAN KOTELCHUCK: Yeah. It's
8 claimant-favorable, and it's really minor.

9 MEMBER MUNN: Yeah.

10 CHAIRMAN KOTELCHUCK: So we've
11 observed. Let's go, folks, to Pinellas.
12 There are some observations on 233.

13 MR. FARVER: Let me find that case.

14 CHAIRMAN KOTELCHUCK: Right.
15 While he's looking, Ted or others, I'm just
16 checking my own records of what we've talked
17 about today. And it seems to me that we have
18 -- am I correct that we have closed everything
19 that we've looked at?

20 MR. KATZ: Yes.

21 CHAIRMAN KOTELCHUCK: Right. That
22 we don't have anything open from today's

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1 discussion. Okay. Good, Ted. Thank you.

2 MEMBER MUNN: Well --

3 CHAIRMAN KOTELCHUCK: I know you're
4 keeping notes.

5 MEMBER MUNN: We did have one thing
6 we were going to pursue, did we not?

7 CHAIRMAN KOTELCHUCK: The 290.1 we
8 closed.

9 MR. SIEBERT: No, actually --

10 CHAIRMAN KOTELCHUCK: Oh, 265.1.

11 MR. SIEBERT: Yes. Yes, we are
12 going to look further into that issue.

13 MEMBER MUNN: Yeah.

14 CHAIRMAN KOTELCHUCK: There is one
15 open. Okay. Okay, Pinellas.

16 MR. FARVER: 233. I'm getting
17 there.

18 CHAIRMAN KOTELCHUCK: Okay.

19 MR. FARVER: Okay. Observation 1,
20 on Page 7 of the CATI report one question, when
21 questioned, Are you aware of any records related
22 to your information you provided that may help

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1 us estimate your doses? The remark is yes, next
2 to the incident reports. While the employee's
3 file, DOE file, contains mostly medical
4 records, the DR report should have at least
5 acknowledged the CATI information. That was
6 the basis for the observation.

7 MR. SIEBERT: And as to -- and this
8 is Scott. We've had a long discussion as to why
9 we did what we did. But I will agree with Doug
10 that it would have been wise to have addressed
11 that in the dose reconstruction report itself,
12 at least mention that they said that in the CATI
13 about the incident.

14 I'm looking back at the claim. And
15 it was done in 2005, before we updated many of
16 the things that we additionally document. So
17 I want to bear that in mind.

18 MR. FARVER: Right. This is one of
19 those pretty standard observations we were
20 recording because we didn't feel they were
21 making good use of the CATI information.

22 I'm sure you remember those

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1 discussions. And really we just felt like if
2 you put a statement in there saying that, you
3 know, acknowledging what was in the report or
4 the CATI report, that was all. That's why it
5 was an observation, not a finding.

6 CHAIRMAN KOTELCHUCK: Yes. Okay.

7 MEMBER MUNN: And I think the
8 explanation that the employee was assigned the
9 99th percentile external and internal doses for
10 all years more than adequately covers that in
11 the absence of a spectacular event of some kind.
12 Exposure to smoke stack, well, yeah, that's
13 pretty well covered by 99 percentile.

14 CHAIRMAN KOTELCHUCK: Okay.
15 Further comments before we move on?

16 (No response.)

17 CHAIRMAN KOTELCHUCK: Let's go.

18 MR. FARVER: Okay, next one. This
19 is another Pinellas case, 299.1, failure to
20 assign external neutron dose.

21 Our reviewer felt that after
22 reviewing the records supplied by DOE, the CATI

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1 report and site-specific information, that
2 despite the fact there were no dosimeter results
3 available, there was enough evidence to support
4 assigning unmonitored external neutron dose.

5 Based on the work history and the
6 CATI report, the employee most likely worked in
7 the area from '60 to '65.

8 MEMBER MUNN: Yeah, the revision
9 covers it. And, well, the contractor
10 recommends the finding be closed. It certainly
11 seems reasonable. Recommend closure.

12 CHAIRMAN KOTELCHUCK: Okay.
13 Comments? Scroll up so we can just look again
14 at SC&A's response. Okay. Close?

15 MEMBER MUNN: Yes.

16 MEMBER CLAWSON: That's fine with
17 me, Dave.

18 CHAIRMAN KOTELCHUCK: Okay. Then
19 it's closed.

20 MR. FARVER: Okay. Next finding,
21 299.2, X-ray frequency was not consistent with
22 the interview information.

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1 And this is some more CATI report
2 information where the employee recalls X-rays
3 were performed annually from '58 through '92.

4 CHAIRMAN KOTELCHUCK: Could we
5 scroll up to NIOSH's response in the green?
6 Thank you.

7 MEMBER MUNN: TBD sounds pretty
8 specific. The record sounds pretty specific.
9 They're done on an annual basis, but they didn't
10 always include X-rays. The record exists to
11 support their position.

12 CHAIRMAN KOTELCHUCK: Right. That
13 sounds --

14 MEMBER MUNN: It sounds as though
15 they did what the, well, what the documents tell
16 them to do. And that's really what we're
17 looking at here.

18 CHAIRMAN KOTELCHUCK: Right.

19 MEMBER MUNN: Did they follow their
20 instructions? I'd recommend closure.

21 CHAIRMAN KOTELCHUCK: Seems to me
22 they did.

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1 MEMBER MUNN: Is SC&A accepting
2 that? Do you have any comments?

3 MR. FARVER: Yes.

4 CHAIRMAN KOTELCHUCK: Okay.

5 MEMBER MUNN: Good.

6 CHAIRMAN KOTELCHUCK: Yeah.

7 MEMBER MUNN: Recommend closure.

8 CHAIRMAN KOTELCHUCK: Agreed.
9 Objection, concern? In this case, I think we
10 have written evidence on the record that X-rays
11 were not always taken.

12 MR. FARVER: Okay.

13 CHAIRMAN KOTELCHUCK: And that's
14 why it makes sense. Okay, I agree. Let's
15 close. If I hear no objection --

16 MEMBER CLAWSON: That's fine. Go
17 ahead.

18 CHAIRMAN KOTELCHUCK: Go ahead.
19 .3?

20 MR. FARVER: .3, omission of a 1968
21 X-ray exposure. Although there exists only a
22 reference the June 1968 chest X-ray and no DOE

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1 records were provided, SC&A thought that it
2 would be claimant-favorable to include this
3 exposure, since you're including other actual
4 records.

5 There wasn't any actual X-ray
6 record, but there was a reference to a June '68
7 chest X-ray.

8 MR. SIEBERT: And this is Scott. I
9 looked a little more deeply into this even than
10 we'd explained here.

11 It really comes down to, as Doug was
12 saying, there's a memo in the file of a DOE
13 response where the doctor is talking about --
14 they're tracking the elevation of the
15 diaphragm. And they're saying, in '70, it's
16 very much the same as previous examinations of
17 June '68, January of '64 and October of '69.

18 In that statement, the two later
19 ones, the 1964 and the 1969 X-rays, are
20 corroborated by the actual X-ray record. There
21 is no record of a June 1968 X-ray.

22 Now, there is, in the file, a June

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1 1958 X-ray in the file. And I look back at this,
2 and there are clearly only three X-rays in the
3 file before 1970. And the memo is responding
4 and stating there are three X-rays they're
5 referring to.

6 And it's very easy to make the
7 assumption that they made a typographical error
8 of 1958 -- they wrote it as 1968. The
9 additional thing that makes me think that as
10 well is the order they are written in the memo,
11 as June '68, January '64 and October '69.
12 They're out of order, out of date order. If you
13 make the assumption it should have been '58,
14 where we do have a record, it makes perfectly
15 good sense, because they would have been in
16 order.

17 CHAIRMAN KOTELCHUCK: Sounds good.

18 MEMBER MUNN: And speaking as a
19 person who made their living typing during that
20 particular period, that makes eminently good
21 sense.

22 CHAIRMAN KOTELCHUCK: Yes.

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1 MEMBER MUNN: Recommend closure.

2 CHAIRMAN KOTELCHUCK: I agree.

3 Doug, do you accept that?

4 MR. FARVER: Well, having gone and
5 looked at that, I can see where you could go
6 either way. I mean, you're looking at a piece
7 of paper. And it's hard to tell.

8 I mean, a lot of these records that
9 we look at, it can go either way. I mean, I
10 can't fight too hard on it. My only defense is,
11 if you decide you're going to use actual
12 records, then you want to at least be
13 claimant-favorable to include this.

14 DR. MAURO: This is John. I'd like
15 to jump in also, just a little bit. In the many
16 cases -- now we're talking on the DOE side of
17 the house as opposed to AWE -- the default has
18 always been to assign annual chest X-rays unless
19 there was some affirmative evidence to the
20 contrary.

21 In this case, we have an interesting
22 circumstance where it sounds like we have some

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1 affirmative evidence that there were at least
2 three, I guess, prior to 1970. That's the
3 position that's being taken.

4 MR. SIEBERT: There were plenty
5 after that we listed as well.

6 DR. MAURO: But they were after.
7 Now, it just seems that we aren't in -- and
8 you're right, we're in sort of gray territory.
9 The fact that you have affirmative evidence
10 making reference to these three, in effect what
11 we're saying is -- the fact that they do make
12 reference to these three -- and we'll accept
13 that 1958 for the purposes of this conversation.
14 In effect what we're saying is the fact that,
15 when they made past reference to pre-70, that
16 is sort of affirmative evidence that these were
17 in fact the only X-rays that were taken. And
18 that's certainly a reasonable decision. But
19 it's the first time we've -- at least the first
20 time I've heard this.

21 So, in effect, the fact that they
22 spoke about just those three, as long as

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1 everyone is comfortable, I think that puts you
2 in a place where you're feeling confident.
3 That means, in the other years, X-rays were not
4 taken. And that's, in effect, what you're
5 doing right now.

6 And, you know, it's a tough call
7 which way you want to go on that. Because if
8 it was silent regarding X-rays in the records
9 for this worker and in the Site Profile, we would
10 assign.

11 CHAIRMAN KOTELCHUCK: Correct.

12 MEMBER MUNN: But it is not silent.

13 CHAIRMAN KOTELCHUCK: But there is
14 not silence.

15 MR. SIEBERT: The TBD is clear that
16 if we have no information, we go with annuals.
17 But we do have information in this case,
18 correct.

19 DR. MAURO: Okay. I just wanted to
20 make sure it's clear that that's the path we're
21 going on. And we'll keep that in mind in our
22 future evaluations.

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1 CHAIRMAN KOTELCHUCK: Right. And
2 we will close this. Okay. Good. Let's go to
3 the next.

4 MR. FARVER: Okay, 299.4, failure
5 to include radiological incident in the DR.
6 The DR report reads, in part, according to the
7 telephone interview, the EE was involved in one
8 radiological incident in 1975. The incident
9 involved the vacuum shop where the EE was
10 working at the time. Information in the
11 interview indicated the vacuum shop was found
12 to be contaminated while the EE was there.

13 Once contamination was discovered,
14 the area was shut down. Given that the EE was
15 periodically monitored for tritium throughout
16 '75 and assigned internal doses based on a
17 reasonable evaluation of bioassay data, it is
18 unlikely that this incident resulted in a
19 tritium dose higher than the assigned dose.

20 Okay. So that's a tritium exposure
21 in the vacuum shop in '75. The one we're
22 referring to is where the employee mentions in

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1 the CATI report that he worked in maintenance
2 from -- oh, having to work one weekend on top
3 of a stack while it was blowing out, he put up
4 an antenna. He worked in maintenance. So he
5 was up on the stack while it was still blowing
6 out. And he's putting up an antenna.

7 During the time period from '67
8 through '92, no urine bioassays were taken
9 between '78 and '92. So there [we] were through
10 the first part.

11 We believed it was reasonable to
12 assume that the incident may have resulted in
13 the inhalation of radioactive materials, and it
14 should have been addressed somehow. That is
15 the basis for that finding.

16 CHAIRMAN KOTELCHUCK: And did he --
17 It's not clear, the basis for SC&A suggesting
18 to close the findings.

19 MR. FARVER: Because, if I'm a dose
20 reconstructor, I don't know what I'm going to
21 do. You know, I don't know how you handle
22 something like that, that could have happened.

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1 I thought at the very least they
2 should put a statement in there acknowledging
3 it. But I don't know how you would, you know,
4 calculate a reasonable dose from that, or if you
5 should. But I just thought they should have
6 mentioned something.

7 CHAIRMAN KOTELCHUCK: Okay. And
8 that was a finding?

9 MR. FARVER: It was. This goes
10 back to where they were writing up information
11 in the CATI report. It is not addressed in the
12 DR report. You have to kind of remember the
13 time period we're in at this time.

14 CHAIRMAN KOTELCHUCK: Comments
15 from anyone?

16 MR. FARVER: And I'm not familiar
17 with Pinellas, their stacks or anything like
18 that.

19 MEMBER MUNN: I think the
20 assumptions being made are reasonable. No
21 reason to maintain it open. I don't know what
22 you're going to do other than what's been done.

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1 And it's easy to agree. It would have been a
2 lot better if they'd mentioned it. But it
3 wouldn't have affected the end result. That's
4 really what we're looking at here, would this
5 likely have affected the outcome of the claim?
6 And it's unlikely.

7 CHAIRMAN KOTELCHUCK: Right.

8 MEMBER CLAWSON: This is Brad.
9 We've also got to look at the quality of what's
10 going on. I understand what Doug's saying
11 here, is that all this, this is something that
12 may just -- it's an unusual thing to be able to
13 do, especially if you look at Pinellas.

14 They had one of the main stacks that
15 was blowing out. They had several other ones
16 too. But it doesn't make me feel that good that
17 something like this would be bypassed a little
18 bit. But I'm with Doug. You know, what do we
19 do on this?

20 MR. STIVER: This is John. As a
21 contextual way to look at this, incidents are
22 always a problem, whether you're doing the dose

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1 reconstruction or you're reviewing the Site
2 Profile or an SEC.

3 And the general philosophy is that
4 if there is, in fact, evidence of a
5 comprehensive health physics oversight program
6 where there's air sampling, there is ongoing
7 bioassay, it's more of a more current, recent
8 type of program underneath -- I guess it's part
9 of the -- what's the DOE reg that came out, the
10 Number 835, kind of post -- the DOE protocols
11 that got much more formal.

12 The idea being that if an incident
13 occurred, it would have been recorded. If the
14 person claims he might have been doing a job
15 where you're concerned that he might have gotten
16 exposure, you would expect the bioassay to
17 follow such an exposure.

18 So you generally get a warm and fuzzy
19 feeling that when you have that set of
20 circumstances, that you feel there's a strong
21 health physics oversight, this goes toward
22 everything we do, even SECs, you come out at the

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1 other end saying, well, if this person was
2 exposed from an incident, we would have his data
3 reconstructed. There would be something in his
4 record regarding it. And there's a way to
5 manage that problem.

6 But if you don't have that context,
7 I don't know. What year are we talking about
8 here for Pinellas? Do we have when this worker
9 was involved in working, I guess, on the roof
10 and perhaps being exposed to, I guess, tritium
11 that might have been exhausted? Is that the
12 issue here?

13 MR. FARVER: Yeah. It could have
14 been like the '80's.

15 MR. STIVER: Yeah. Well, I did
16 look at Pinellas quite some time ago. And,
17 again, it's a contextual issue. And, you know,
18 feeling that you're comfortable with saying,
19 no, if this person did get a snoot full because
20 he was doing a certain kind of job, the nature
21 of the health physics oversight at the time was
22 such that he would have been put on the bioassay

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1 program to watch for this.

2 Now, it's within the context of the
3 Site Profile that really helps you make that
4 judgment. And I'm not quite sure, you know, do
5 we have that context?

6 CHAIRMAN KOTELCHUCK: Thanks.
7 Alright. Comments, further comments? I think
8 there's not that much more we can do. I agree.
9 Do we want to close it?

10 MEMBER MUNN: Yes. The point's
11 been made.

12 CHAIRMAN KOTELCHUCK: Yeah.

13 MEMBER MUNN: It would have been
14 wiser to have made some comment about it.

15 CHAIRMAN KOTELCHUCK: Yeah.

16 MEMBER MUNN: It wasn't done. But
17 it wouldn't have changed anything.

18 CHAIRMAN KOTELCHUCK: Okay. Let's
19 move to close it.

20 MEMBER MUNN: So moved.

21 CHAIRMAN KOTELCHUCK: Okay. So,
22 Aliquippa, 248, we can -- let's forge on, folks.

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1 MR. FARVER: Do you want to talk
2 about the Aliquippa Forge?

3 CHAIRMAN KOTELCHUCK: Yes. With
4 only observations.

5 MR. FARVER: Observation 1, SC&A
6 questions why the DR was performed using a --
7 (Telephonic interference.)

8 MEMBER MUNN: And the answer was
9 it's an overestimate. And SC&A accepts that.

10 CHAIRMAN KOTELCHUCK: Okay. Then
11 let's move on.

12 MEMBER MUNN: Closed.

13 MR. FARVER: Okay. Although NIOSH
14 calculated exposure to residual contamination
15 using Table 4 of OTIB-004, the thyroid dose was
16 selected as a surrogate organ to the brain.
17 However, Table 4 contains dose specific to the
18 brain. It would have been more appropriate to
19 use the actual organ instead of a surrogate.

20 CHAIRMAN KOTELCHUCK: The thyroid
21 wasn't provided a higher dose than the brain?

22 MR. FARVER: It was used as an

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1 overestimating method. I understand, it's
2 just kind of strange if you already have the
3 brain number there. You would just pull that
4 one off. But that's okay. I mean, it's an
5 overestimating table.

6 CHAIRMAN KOTELCHUCK: It is an
7 overestimate. Okay. Let's go on.

8 MR. FARVER: Very similar, the next
9 one is why use OTIB-004 for your inhalation and
10 ingestion when you have specific guidance in
11 your TBD? Overestimate.

12 CHAIRMAN KOTELCHUCK: Yeah,
13 understand. Okay, West Valley.

14 MR. FARVER: Okay, West Valley,
15 234.1. The DR does not account for all the
16 recorded photon dose. Specifically, there are
17 three time periods. One is for 70 millirem, one
18 is for 206 millirem and one is for 67 millirem
19 for a total of 343 millirem that is omitted.
20 And that's the basis for the finding.

21 CHAIRMAN KOTELCHUCK: The total is
22 dose is over 39 rems. Was this a compensated

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1 case?

2 MR. FARVER: No, 48 [PoC].

3 CHAIRMAN KOTELCHUCK: Okay.

4 MEMBER MUNN: SC&A concurs.

5 CHAIRMAN KOTELCHUCK: Yeah.

6 MR. FARVER: It's a QA issue.

7 MEMBER MUNN: No, it's a serious
8 mistake, actually.

9 CHAIRMAN KOTELCHUCK: Three
10 instances, right?

11 MEMBER MUNN: Two pages of the file
12 overlooked.

13 CHAIRMAN KOTELCHUCK: And this
14 error was made when?

15 MR. FARVER: What year?

16 CHAIRMAN KOTELCHUCK: 2-06 period,
17 roughly. Well, okay. SC&A agrees.

18 MR. FARVER: Yeah, I'm not sure what
19 you can do about it except write it up as a QA
20 concern.

21 CHAIRMAN KOTELCHUCK: Yeah.

22 DR. MAURO: I'm sorry, I didn't

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1 follow the numbers exactly. This is John. Did
2 you say that the PoC was 48 percent?

3 MR. FARVER: Yes.

4 DR. MAURO: And total dose was in
5 the multiple high rems --

6 MR. FARVER: Thirty-nine.

7 DR. MAURO: Thirty-nine. And
8 you're adding what, 150 -- 150, about, is
9 missed?

10 MR. FARVER: Four hundred.

11 CHAIRMAN KOTELCHUCK: Four
12 hundred.

13 DR. MAURO: Four hundred is missed.
14 Yeah, you could see where that could create a
15 little tension. I, for one, would say that I
16 don't think 400 millirem is going to tip you --

17 MEMBER MUNN: I wouldn't expect
18 that either.

19 DR. MAURO: Yeah. But still, this
20 is a concern.

21 MEMBER MUNN: Yeah.

22 CHAIRMAN KOTELCHUCK: Right.

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1 MEMBER MUNN: It's a bad error.

2 CHAIRMAN KOTELCHUCK: Yes.

3 MEMBER MUNN: Even though the dose
4 itself is not going to make any effective
5 change, likely would not make any effective
6 change.

7 CHAIRMAN KOTELCHUCK: Right,
8 right.

9 MEMBER MUNN: But still, it's a
10 serious error and it's too bad.

11 CHAIRMAN KOTELCHUCK: Right.

12 MEMBER MUNN: But NIOSH has done
13 everything they could. They've --

14 MR. FARVER: Well, if you look at
15 their response, you can see that there seems to
16 be a problem with their QC file.

17 MEMBER MUNN: Yes.

18 MR. FARVER: It overlooked the last
19 two pages when they were doing the transcription
20 from the DOE file. So we have a little bit of
21 issue with the data entry. That's how the QC
22 file gets populated, I believe.

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1 MEMBER MUNN: Yeah, not good.

2 CHAIRMAN KOTELCHUCK: Well,
3 there's no reason for the Subcommittee to do
4 anything but close it and record it.

5 MEMBER MUNN: Yeah.

6 DR. MAURO: There's a question of
7 process. When we all agree that, yes, there was
8 some dose that was missed, or an error was made
9 that resulted in an underestimate of the dose,
10 and right now, I guess, we're all on the phone
11 agreeing that, well, yes, it's an error.
12 Here's the magnitude of the error. And that
13 that error is not sufficient to bring you from
14 uncompensated to compensated.

15 CHAIRMAN KOTELCHUCK: Correct.

16 DR. MAURO: And, of course, that is
17 a judgment call that we're making through
18 intuition.

19 I'm not quite sure what NIOSH does.
20 When this happens, do you go back and confirm,
21 check "Yes, we agree. We did miss that dose.
22 And if we re-ran the case and here's how the PoC

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1 changes." Or do we just stop at the place we're
2 at right now?

3 MEMBER MUNN: Well, NIOSH has given
4 us some words, John.

5 DR. MAURO: Okay.

6 MEMBER MUNN: It doesn't say that
7 they re-ran the data. But it does say they
8 checked it, and it appears to have been a data
9 entry error and that they'd had a lot more
10 experience since then. And they feel okay that
11 this probably won't happen again.

12 DR. MAURO: Okay.

13 MEMBER MUNN: I think that's a tacit
14 admission it's pretty bad do-do there on this
15 one.

16 CHAIRMAN KOTELCHUCK: Yes. But it
17 doesn't say that it's been re-run. Often when
18 we have issues, they will say, look, we re-ran
19 it, or we looked more carefully into the
20 possibility of a re-run and recognized that it
21 was not necessary.

22 DR. MAURO: Okay.

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1 MR. SIEBERT: This is Scott. And
2 yes, generally, for most of the time, we will
3 do that to determine if there is an impact,
4 especially something that's around 48 percent.
5 I'm not going to argue with that.

6 We have not, however, discussed
7 Observation Number 1, which also comes into it,
8 where we over assign 470 millirems, which
9 basically cancels out that same --

10 MEMBER MUNN: Yeah, more than--

11 (Simultaneous speaking.)

12 CHAIRMAN KOTELCHUCK: Yes, okay.

13 MR. SIEBERT: So I believe -- we put
14 these responses together a long time ago. But
15 I believe, in my thought process, there's no
16 reason to re-run it when those cancel each other
17 out or over-cancel it out.

18 MEMBER MUNN: Yes, you already know
19 it in advance.

20 CHAIRMAN KOTELCHUCK: You're
21 right, you're right. Okay. Then we should
22 close that.

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1 MEMBER CLAWSON: Well, this is
2 Brad. I think in, you know, serious QA issues
3 like this we ought to punch the dose
4 reconstructor and make them listen to these
5 meetings, or at least --

6 (Laughter.)

7 MEMBER CLAWSON: -- that would
8 teach them.

9 MEMBER MUNN: That's probably a
10 good idea.

11 MEMBER CLAWSON: Just kidding.
12 Thanks, we can close it.

13 CHAIRMAN KOTELCHUCK: Sure. And
14 with that, we've also discussed Observation 1?

15 MEMBER MUNN: Yes.

16 MR. FARVER: Well, Observation 1's
17 a little different. It has to do with
18 interpreting handwritten numbers on a dosimetry
19 card. It was unclear if certain doses were
20 included or excluded, from the information on
21 that card, if it was included or excluded in the
22 dose assessment. Well, it was more a question.

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1 And I guess the answer is they added
2 a duplicate dose in there when they didn't have
3 to. And that's where the extra 470 millirem
4 comes from.

5 MR. SIEBERT: Correct.

6 MR. FARVER: Yes.

7 CHAIRMAN KOTELCHUCK: Well, this
8 most assuredly balances out.

9 MR. FARVER: Well, it does, but it
10 goes back to reading dosimeter cards and how
11 they're interpreted and --

12 CHAIRMAN KOTELCHUCK: Yeah. No,
13 it's proper that it be an observation. But in
14 terms of our concern in the finding, I'm
15 satisfied about that, our decision to close it
16 and that we are not changing the compensation.
17 So, let's go on. Observation 2.

18 MR. FARVER: Observation 2 is
19 basically agreeing to disagree on the total full
20 body exposure. SC&A comes up with one number,
21 NIOSH comes up with one number, and both numbers
22 are different from the DOE number that's in the

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1 DOE records.

2 The good news is the NIOSH and SC&A
3 numbers are higher. And I think this just kind
4 of indicates some of the difficulties
5 interpreting some of these records.

6 CHAIRMAN KOTELCHUCK: Yeah.

7 MR. FARVER: But it's just an
8 observation to point out that our number, we
9 couldn't match the DOE number, NIOSH didn't
10 match it. We didn't match NIOSH. So we're
11 just agreeing to disagree.

12 CHAIRMAN KOTELCHUCK: Alright.
13 Next observation?

14 MR. FARVER: Next observation is
15 the dose reconstructor applied a
16 claimant-favorable assumption that the
17 uncertainty factor of 1.3 was to be used in this
18 case for missed dose as well as for positive
19 recorded dose.

20 This looks like a case where the dose
21 reconstructor inserted the 1.3 using the DR tool
22 and gave an incorrect answer.

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1 CHAIRMAN KOTELCHUCK: Yeah.

2 MEMBER MUNN: Favorable, but
3 incorrect.

4 MR. FARVER: Yeah. It's another
5 one of those where they're changing the numbers
6 in the DR tool or entering information
7 incorrectly.

8 MEMBER MUNN: Right.

9 MR. FARVER: And it's from July 2007
10 time period again.

11 CHAIRMAN KOTELCHUCK: Right. If
12 it was an error, why was it an observation?

13 MR. FARVER: Probably because it
14 didn't have a big impact on anything.

15 CHAIRMAN KOTELCHUCK: Yeah.

16 MR. FARVER: I mean, I don't
17 remember. But that's probably --

18 CHAIRMAN KOTELCHUCK: Yeah. In
19 assessing how well we're doing, this really
20 should be a finding.

21 MEMBER MUNN: Well, but the tool's
22 been changed since.

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1 CHAIRMAN KOTELCHUCK: Yeah.

2 MEMBER MUNN: And that's the real
3 point, is to make sure it doesn't continue
4 happening.

5 CHAIRMAN KOTELCHUCK: Okay, next
6 observation. There are a lot of observations
7 on this one.

8 MEMBER MUNN: Yes.

9 MR. FARVER: And a lot of times
10 we'll write up findings, and then during our
11 one-on-one Board Member discussions, when we
12 discuss the cases, sometimes findings are
13 turned into observations, sometimes
14 observations are turned into findings. So all
15 of these have been discussed with Board Members
16 prior to you seeing them here.

17 CHAIRMAN KOTELCHUCK: Yeah, good
18 point. And that's important.

19 DR. MAURO: This is John again.
20 Regarding the last one that we just moved away
21 from, the fact that it was an observation.
22 There is a good story there that, I think, needs

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1 to be part of the record. And I guess it is part
2 of the record now from our, you know,
3 transcript.

4 But what we have here is there's a
5 workbook, I guess this goes back to 2007, that
6 had an error in it that resulted in an
7 overestimate. And in my mind -- and it was
8 clearly an error -- that is a quality issue.
9 That is a finding. The good news is there's a
10 process at work where that's been corrected.

11 And it seems to me, by leaving it as
12 an observation we do a disservice to the record.
13 I think it is a finding. And there's a process
14 at work where that --

15 MR. KATZ: I agree with John.

16 MR. FARVER: Okay. Do we want
17 Observation Number 3 changed to a finding?

18 CHAIRMAN KOTELCHUCK: Yeah. That
19 was my feeling. And I agree with what's been
20 said. Let's do that. You'll categorize it
21 properly.

22 MR. FARVER: And it's going to be a

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1 QA issue.

2 CHAIRMAN KOTELCHUCK: Right.

3 MR. FARVER: And the action's going
4 to be that the tool has been updated to prevent
5 this error.

6 CHAIRMAN KOTELCHUCK: Yes.

7 MR. FARVER: So we're going to close
8 this with no further action?

9 CHAIRMAN KOTELCHUCK: Correct.

10 Let me just get it for my record.
11 That was Observation Number -- which one's being
12 changed to a finding, three?

13 MR. FARVER: Observation Number 3.

14 CHAIRMAN KOTELCHUCK: Right.
15 Okay, good. So we're on Four.

16 MR. FARVER: Four, the observation
17 basically states that the TBD says workers had
18 a yearly physical examination and a PA exam
19 every two years, which is exactly what NIOSH
20 did. And it was very reasonable. So, pointing
21 out a good thing.

22 CHAIRMAN KOTELCHUCK: Somebody's

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1 on the phone. If they could just shield it for
2 a moment. Okay.

3 MR. FARVER: What we were pointing
4 out was that they were following the guidance
5 in the TBD.

6 CHAIRMAN KOTELCHUCK: Yeah. Okay.
7 Then if they were, and no response necessary,
8 fine. Let's go Number 5.

9 MR. FARVER: Number 5.

10 CHAIRMAN KOTELCHUCK: By the way,
11 folks, in about 15 minutes or so we will take
12 a short break, if that's agreeable.

13 MR. KATZ: I was going to suggest
14 after we get through this case.

15 CHAIRMAN KOTELCHUCK: After we get
16 through this observation.

17 MR. KATZ: Yeah, whatever, these
18 observations.

19 CHAIRMAN KOTELCHUCK: If they ever
20 -- I do trust it will come to an end.

21 MR. FARVER: If they ever end, okay.

22 MR. SIEBERT: It's the last one.

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1 MR. FARVER: Last one.

2 CHAIRMAN KOTELCHUCK: Okay.

3 MR. FARVER: The internal alpha
4 dose was assigned during the full six years that
5 the employee was monitored for external
6 exposure. However, the tritium dose was
7 assigned for only two years that the employee
8 was actually bioassayed for tritium.

9 Because of the relatively short
10 biological effective half-life of tritium, the
11 results of the two bioassays for tritium being
12 below MDA values, it is not possible to
13 determine if the employee had a tritium intake
14 during '70 to '73. These are years prior to him
15 being bioassayed.

16 Therefore, to be consistent with the
17 alpha internal dose assignment, NIOSH could
18 have assigned the model coworker internal doses
19 for tritium for those two years. It would have
20 been a small dose and probably would have had
21 no impact on the case.

22 DR. MAURO: You know, this is John,

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1 this is an interesting question, you know, as
2 I'm listening. This is a judgment call. You
3 can't really call it a quality assurance issue.
4 It is a judgment call. And different people
5 could make different reasonable judgments.

6 I'm not quite sure how we categorize
7 something like this even if we agree. Let's say
8 right now we talk about we could have assigned
9 a coworker dose to this person, or you couldn't
10 have. And this is a judgment call. What do we
11 do with things like this?

12 MEMBER MUNN: Well, it's always
13 been a problem, what we do with things like this.
14 Because so many of the things that one has to
15 do when you're looking at this kind of program
16 is rely upon the judgment of the professional
17 people who are dealing with the information.

18 You know, we just simply have to do
19 it. We don't have -- there's no mechanical way
20 to do this and see that it magically happens.
21 There are too many variables. And we just have
22 to rely on the good will and the confidence of

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1 the people who are doing the work, in my view,
2 at any rate.

3 And I have great empathy for the
4 people who have to do this work.

5 DR. MAURO: And I think it's
6 important that we're about to make a judgment
7 on this. I mean, that's why I jumped in when
8 I did. I wanted to raise the question.
9 Because the way we deal with this sets a standard
10 that, I think, has implications on how we deal
11 with these kinds of issues in general.

12 And I'm sure there's plenty of
13 history in the ten years we've been doing this
14 where we did discuss these judgmental calls.
15 But quite frankly, you know, I'm not quite sure
16 how it all ends up.

17 To help ensure consistency, it's
18 almost as if, when these kinds of judgments are
19 made, the rationale for why, in this particular
20 case, coworker dose was not provided -- Doug,
21 do you know whether or not there's a discussion
22 of why the dose reconstructor's judgment was not

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1 to assign coworker doses for tritium prior to
2 that date?

3 MR. FARVER: I believe it's silent.
4 But this, you know, this I could look at and say,
5 well, if the dose that we're missing out on is
6 a rem-and-a-half, well, that could be
7 significant.

8 DR. MAURO: Yeah.

9 MR. FARVER: You know, we're
10 talking about a two-year tritium dose which
11 might be a couple millirem.

12 DR. MAURO: Yeah.

13 MEMBER MUNN: Yeah, yeah.

14 MR. FARVER: And I have a feeling
15 that's why it's an observation.

16 DR. MAURO: Yeah.

17 MR. FARVER: I could see this -- and
18 I think we discussed it earlier today, where we
19 would have done it differently. We would have
20 assigned coworker dose for missing years.

21 CHAIRMAN KOTELCHUCK: Right.

22 MEMBER MUNN: Oh, sure. If you're

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1 talking about cesium exposure, you know, any
2 gamma, but for goodness' sake, when you know
3 what the general limits are of the tritium
4 protection on the site, and you recognize, as
5 the verbiage points out, this doesn't cost a lot
6 of money anymore either. There would have been
7 no reason not to do it if it were an issue.

8 This is what I meant when I said you
9 have to rely on the experience and the judgment
10 of the individuals who are handling this.
11 There are just too many variables.

12 MR. FARVER: I understand, for this
13 case, for this instance. But if we can go back
14 to our conversation we had earlier in the day,
15 when we were suggesting you add coworker data
16 for the missing 14 years when you have no
17 information, that would be similar but not
18 really similar.

19 MEMBER MUNN: Yeah. But --

20 CHAIRMAN KOTELCHUCK: I think we're
21 -- folks, I think we're going over a case. We're
22 not establishing general principles. I'm

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1 willing to consider if we are violating general
2 principles. But I'm not -- this is, in some
3 sense, not, in my opinion, an appropriate
4 discussion at this point.

5 MEMBER MUNN: It's philosophy and
6 not enough concrete.

7 CHAIRMAN KOTELCHUCK: Yeah. And I
8 would like to move on.

9 MR. FARVER: Okay. I just wanted
10 to point out that we were, for this case, we are
11 looking at it as an observation just because of
12 the parameters involved.

13 CHAIRMAN KOTELCHUCK: Right.

14 MR. FARVER: In the other case, we
15 looked at that as a finding because the
16 parameters were different there.

17 MEMBER MUNN: Yeah.

18 CHAIRMAN KOTELCHUCK: Yes.

19 MR. FARVER: There are some
20 questions, and we understand that.

21 CHAIRMAN KOTELCHUCK: Yes, okay.
22 Now, where are we at now? Was that the last

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1 observation for this?

2 MR. FARVER: Yes.

3 CHAIRMAN KOTELCHUCK: Where do we
4 go next? What's our next case? Are we at the
5 end? I'm going on the -- I'm on the live
6 network, so I'm not --

7 MR. FARVER: Well, I thought --

8 MEMBER MUNN: Yeah. But next we
9 have the Simonds Steel.

10 CHAIRMAN KOTELCHUCK: Simonds
11 Steel.

12 MEMBER MUNN: Simonds Saw.

13 CHAIRMAN KOTELCHUCK: Yeah, 240,
14 okay. Well, then why don't we take a break now,
15 as suggested. It's 3:14, 3:15. Let's take a
16 15 minute break, and we'll be back at 3:30.

17 MEMBER MUNN: Thank you so much.

18 (Whereupon, the above-entitled
19 matter went off the record at 3:15 p.m. and
20 resumed at 3:32 p.m.)

21 CHAIRMAN KOTELCHUCK: Doug?

22 MR. FARVER: Yes. There we are.

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1 MR. FARVER: Okay.

2 CHAIRMAN KOTELCHUCK: We're
3 reading the NIOSH response on Simonds Saw,
4 240.1.

5 MR. FARVER: Okay. Yes. I was
6 talking earlier, but you couldn't hear me,
7 because I had the mute button pushed.

8 CHAIRMAN KOTELCHUCK: Oh. Is that
9 it? Okay. That'll do it every time.

10 MEMBER MUNN: Yes.

11 MR. FARVER: Fortunately, I pushed
12 it again instead of the off button which I do
13 sometimes. That never works.

14 CHAIRMAN KOTELCHUCK: Okay.

15 MR. FARVER: Okay. Simonds Saw,
16 240.1.

17 CHAIRMAN KOTELCHUCK: Well, this is
18 from, well, let me let you present.

19 MR. FARVER: Okay. I'm in Simonds
20 Saw and Steel, method used for measuring
21 external submersion surface contamination dose
22 is not claimant-favorable.

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1 MR. SIEBERT: And, Doug, this is
2 Scott. I just want to point out, that first
3 portion is not accurate. It was not updated in
4 between. We agree with that.

5 That is entirely my fault when these
6 first responses went in. I apologize to
7 everybody. It's really the green response that
8 we need to be looking at.

9 CHAIRMAN KOTELCHUCK: Right.
10 Question is, is this a TBD issue? It is a TBD
11 issue. And we're waiting for their results.
12 In that sense, I don't see that we would take
13 any action. That is, this should be
14 transferred over to TBD. And our portion of the
15 activity should be closed.

16 MR. KATZ: I don't think it needs
17 transferring, because I think it's addressed
18 by, it's being addressed by the Work Group.
19 Isn't that correct, John?

20 CHAIRMAN KOTELCHUCK: Right.

21 MR. KATZ: Yes.

22 CHAIRMAN KOTELCHUCK: But, I mean,

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1 this is not for, this does not require further
2 action on the part of the Subcommittee.

3 MR. KATZ: Yes. The only problem
4 is that you can't really close it with respect
5 to whether the finding is correct or not.

6 MEMBER MUNN: Yes. You can't close
7 it at this time, until after the Work Group has
8 responded to you on what the --

9 MR. KATZ: Well, the Work Group is
10 about to meet. So --

11 MEMBER MUNN: Yes, we are.

12 MR. KATZ: -- it'll be, if I'm not
13 mistaken, we'll be addressing this then.

14 CHAIRMAN KOTELCHUCK: Okay. I see
15 what you're saying.

16 DR. MAURO: This is John. This is
17 going to be the case in many, many of the AWE
18 cases that are before you. I know I looked at
19 about 50 findings that came in on Thursday.

20 CHAIRMAN KOTELCHUCK: Yes.

21 DR. MAURO: A very large number of
22 them make reference to revised Site Profiles.

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1 Because many depend entirely on the matrix
2 that's in the Site Profile.

3 CHAIRMAN KOTELCHUCK: Right.

4 DR. MAURO: So there'll be many of
5 these in the same situation.

6 CHAIRMAN KOTELCHUCK: Okay.

7 MR. FARVER: That's what I wanted to
8 get straight on how we're going to handle these.
9 A lot of these are TBD revisions that are in
10 process.

11 Do you want me to put in that action
12 section that it's open pending update to TBD or
13 something like that, no action?

14 CHAIRMAN KOTELCHUCK: Yes.

15 MEMBER MUNN: Yes, that's
16 appropriate, yes.

17 CHAIRMAN KOTELCHUCK: That has to
18 be done, I think.

19 MR. FARVER: Okay. Because I was
20 looking at a lot of these, and we're going to
21 run into this quite a bit.

22 CHAIRMAN KOTELCHUCK:

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1 Unfortunatley.

2 MEMBER RICHARDSON: Can someone
3 clarify, what is the implication in terms of the
4 category, I guess, of the finding? Why can't
5 we close them?

6 MR. KATZ: Well, because, I mean, it
7 depends on what the finding is we're talking
8 about. But if it's a finding as an issue as to
9 whether the current, whether the procedure used
10 in the dose reconstruction is correct and the
11 TBD 6000 Work Group is still resolving the
12 finding, in effect, as to whether they agree or
13 not with the SC&A finding, there's no way to
14 close it.

15 Because you don't have an answer to
16 that question. You don't know if the dose
17 reconstruction is correct or not.

18 MR. FARVER: Well, we often have
19 this issue that they say the procedure that was
20 in effect at the time the evaluation was or was
21 not used or implemented correctly, if we say we
22 have a procedure that was in effect at the time

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1 we disagree with, then I think we need to punt
2 it back to Procedures, for example.

3 Then that, you know, it sort of does
4 seem like we can close it or we can say we're
5 making an evaluation all the time on these in
6 terms of whether it was done with the procedures
7 in effect at the time that the case was evaluated
8 --

9 MR. KATZ: Well, I mean, I don't
10 know. I think those two situations are
11 different.

12 I mean, where in the dose
13 reconstruction case review you raise an issue
14 about whether a methodology is correct or not
15 and that methodology gets resolved elsewhere,
16 I don't think we've, in the past, resolved the
17 cases themselves until we have an answer to the
18 question is the science right or not.

19 But it makes more sense, I mean, then
20 when you have, when you're reviewing your dates,
21 I mean, this is sort of the overlap between case
22 review, and Site Profile review and SEC reviews.

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1 And I think you want them to be, you
2 know, that overlap is good at sort of reassuring
3 that you have that overlap, that you're having
4 a finding of a case and it relates to the issue
5 they're wrestling with on the TBD level or SEC
6 level.

7 But again, I don't know how you close
8 it until you know whether it's right or wrong.

9 MEMBER MUNN: What we've done in
10 other venues is we've made the notation in the
11 matrix that this is transferred to whatever Work
12 Group or Subcommittee is dealing with it.

13 And we do not deal with it ourselves
14 until we hear back from that source what their
15 determination was. At that time, it becomes a
16 question of whether or not there's a change
17 going to be made.

18 For example, will there be a change
19 in the existing TBD? Will there be a new
20 revision? In which case, it then becomes an
21 in-abeyance activity until NIOSH has, in fact,
22 issued that revision. That's what we've done

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1 in other cases.

2 MR. KATZ: Right, but in this case,
3 in this situation, that works fine for the Site
4 Profile, I mean, for the Procedures
5 Subcommittee when it's doing its business and
6 it refers something to a site-specific Work
7 Group. That works fine.

8 Here we have cases where we have
9 findings on cases. Until you have the outcome
10 into the finding, you can't close the case, I
11 think. Because you don't have an answer as to
12 whether the finding is correct or not.

13 MR. STIVER: Yes. This is John
14 Stiver. I think we had that same situation on
15 the Set Nine case. I believe it's Huntington
16 Pilot Plant. We had to wait until the TBD
17 issues were resolved.

18 MR. KATZ: Right. And we did.

19 MR. STIVER: That's an outstanding
20 case or two --

21 MR. KATZ: Yes. And I think it's
22 desirable to get that result first.

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1 MR. SIEBERT: Just, can I clarify?
2 The Huntington, it's a different situation,
3 because it was a mini-TBD review that was done
4 as part of the 9th set. It wasn't just the
5 claims in the 9th set.

6 MR. STIVER: That's right. But
7 there were a couple of claims that were still
8 outstanding in addition to the mini-review, as
9 I recall. Maybe I'm not recalling it
10 correctly, but I'm pretty sure that's what it
11 was.

12 DR. MAURO: To throw a monkey wrench
13 into this a little bit, I do a lot of the TBD
14 reviews and the case reviews for AWE sites.

15 And when we have a little bit of
16 ambiguity here, when I'm reviewing an AWE case
17 that depends entirely on an exposure matrix that
18 was not reviewed, okay, what I do is I review
19 the exposure matrix, and I will have findings
20 based on my review of that exposure matrix.

21 Now, however, if a review has
22 already been performed on an exposure matrix,

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1 and there are a number of findings, and it is
2 before a Work Group, like the AWE Work Group,
3 and that's in process, okay, and then I get a
4 case that uses that exposure matrix.

5 I simply point out that there are
6 issues that have, I will say in my write-up,
7 there are issues that we express concern that
8 could have a bearing on this case. But I am not
9 going to score this case negatively because of
10 that, you see.

11 And I have to say, it may not be the
12 best way to do things, but I feel as if, that
13 if they performed their dose reconstructions in
14 accordance with the procedure that they said
15 they followed.

16 Even though I may not like the
17 procedure they followed, I do not score them
18 negatively if that procedure is currently in the
19 mill. So it's kind of a very strange place to
20 be. But that's how I do it.

21 MR. KATZ: But, John, let me feed in
22 here now. Because this is, what you're saying

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1 is sort of inconsistent with the discussion we
2 had now, I think, going on two years ago with
3 Jim Melius where he joined the Subcommittee.

4 And we were talking about the fact
5 that we wanted consistency, and we wanted sort
6 of more unification between Site Profile, SEC
7 and this. We wanted to know that the case
8 reviews were, in effect, consistent with the
9 findings elsewhere.

10 In other words, we should be
11 finding, in a case review, an issue that ends
12 up resulting in an SEC action or what have you.
13 Where it's possible to find those, we should be
14 finding those.

15 And it's not in our review
16 procedures to say that if they followed their
17 TBD, it's correct. That is not part of our dose
18 reconstruction review procedure, to say that.

19 DR. MAURO: But that's what we do on
20 DOE sites.

21 MR. KATZ: Not when we have an issue
22 with the procedure, we don't. I mean, I do want

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1 to --

2 DR. MAURO: I think we have a
3 problem here.

4 (Simultaneous speaking.)

5 MR. KATZ: There are cases where
6 we've raised, and we did this analysis, again,
7 two years ago. We looked at a bunch of cases
8 and found, aha, yes, it's true. In a number of
9 these case reviews we did, we had findings that
10 were consistent, then, with findings that arose
11 in the TBD or SEC review.

12 And that was actually encouraging to
13 us that we were, in fact, finding the same thing
14 if the case review. So we were not ignoring
15 matters that, even though the TBDs that do it
16 this way, we're not ignoring them if we
17 disagreed with them.

18 I mean, we did that. And John
19 Stiver, if you're on the line now, you may recall
20 that. Because we did it for a set number of
21 cases just to get a sense of this when Jim Melius
22 raised this issue.

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1 MR. STIVER: Yes. I do recall
2 there was some, there was some type of issues
3 that were raised in the dose reconstruction. I
4 don't recall off the top of my head if those were
5 captured in the section 1.3 which, you know,
6 that previously identified how all those
7 findings are listed.

8 But they're actually sort of
9 independently derived from the dose
10 reconstructor. I remember there was fraction
11 of cases that followed either category.

12 MR. KATZ: Right. And to go
13 further, I mean, we very specifically said going
14 forward we want to capture these. We want to
15 be identifying problems with science, do case
16 review as well if they're apparent to us.

17 So anyway, if you think big-picture
18 in terms of what the Secretary's report ought
19 to be, the Secretary wants to hear from a sample
20 of cases how the dose constructions are going
21 and not just from the basis of whether they're
22 following their procedures and QA issues.

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1 I mean, if there are scientist views
2 that are identified through the case review
3 process, the Secretary wants to know those. So
4 in these cases where we may have issues raised
5 about the science, and then those get resolved
6 elsewhere, we want those results when there is
7 resolution elsewhere as part of our report to
8 the Secretary.

9 CHAIRMAN KOTELCHUCK: Okay. Well,
10 for this particular case, open pending TBD
11 updates. And let's go on.

12 MR. FARVER: Okay, 240.2. The
13 method used for assessing the proton dose from
14 uranium billets. Exposure is not
15 claimant-favorable. Looks like another TBD
16 issue.

17 CHAIRMAN KOTELCHUCK: And NIOSH
18 says it uses a large GSD, log-normal GSD. Could
19 I ask, I don't understand, Doug, from what you
20 said, why the method is not claimant-favorable.

21 MR. FARVER: I'm going to refer to
22 John Mauro.

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1 DR. MAURO: You know, I wish I could
2 help you, but I have to refer to Bob Barton.
3 He's our guru on, he did the Site Profile review
4 and, I believe, case reviews. So there's one
5 special area. I'm at a loss.

6 CHAIRMAN KOTELCHUCK: Okay.

7 MR. STIVER: Now sadly, Bob Barton,
8 I believe, is away this week on vacation.

9 CHAIRMAN KOTELCHUCK: Well, okay.
10 So 240.1 is open. I think we just have to leave
11 240.2 open.

12 DR. MAURO: I'm sorry. I know you
13 want to move this along. But, Ted --

14 CHAIRMAN KOTELCHUCK: No, that's
15 okay. I mean, we have a person that's not here.
16 And it isn't like we're not coming back to this.
17 So we'll just have to keep it open.

18 DR. MAURO: And I also have a
19 question for Ted. So, Ted, if there is an open
20 issue on Hanford, and we're doing the dose
21 reconstruction and we don't agree with the
22 neutron-to-photon ratio, which is an issue,

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1 let's say that's being researched, delta that's
2 historic, are you saying that, and we don't like
3 that neutron-to-photon ratio, we should have a
4 finding and score negatively the case because
5 SC&A believes that's a bad neutron-to-photon
6 ratio?

7 MR. KATZ: Yes. And we actually
8 talk, I mean, we talked about this. We also
9 talked about actually whether it needed,
10 whether we needed some sort of category or
11 something which I think we discounted, that we
12 don't, but to indicate these cases where it's
13 going to be resolved elsewhere, I think.

14 But any problem we have with a dose
15 reconstruction case, whether it is something
16 that has to be resolved elsewhere or within this
17 Subcommittee, they should all be indicated,
18 yes.

19 DR. MAURO: Okay. And that's a
20 finding. Alright. I just wanted to make sure
21 we got that clear. Because --

22 MR. KATZ: That's a finding. I

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1 mean, that's a finding. If we have a problem
2 with the science, it's a finding.

3 DR. MAURO: Yes, got it. Okay.

4 MR. STIVER: Although there's one
5 little wrinkle there that we probably ought to
6 be aware of. It's kind of blurring the process
7 that's in place in a way, at least maybe in my
8 mind, for the PER process where there's a change
9 to the TBD. And then NIOSH is going to go back
10 and look at the cases that were affected and then
11 make changes to them if need be.

12 MR. KATZ: The PER process is
13 something NIOSH does when it changes the TBD.
14 But that doesn't affect our review of cases that
15 have been completed.

16 MR. STIVER: There was just a little
17 concern that there might be sort of a, as kind
18 of doubling the work really, in that sense as
19 opposed to --

20 MR. KATZ: Well, whose work are we
21 doubling? I mean, NIOSH does its TBD updates
22 based on whatever, their own insights into

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1 things that need to be improved as well as SC&A
2 reviews of all these different matters, whether
3 it's cases, or SECs or TBD reviews.

4 But all we're doing here is a proper
5 accounting of the findings we have for each case
6 that we review.

7 MR. STIVER: But, I guess, maybe
8 John maybe can help me out here. You seem to
9 be a little concerned about the situations where
10 there are findings that have, say, come out of
11 the TBD review --

12 MR. KATZ: Yes.

13 MR. STIVER: -- that now you have
14 resolved or are still in play.

15 MR. KATZ: Right.

16 MR. STIVER: And so we capture that
17 in our dose reconstruction. But we don't score
18 it as a negative. Because it wasn't in play at
19 the time that they did the dose reconstruction.

20 MR. KATZ: Exactly right.

21 MR. STIVER: It's a matter of
22 whether it was fair or not to hit NIOSH on

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1 something that they weren't aware of at the
2 time.

3 But, you know, since reviews have
4 changed and improved, then it becomes a
5 situation where it would go back and be captured
6 again there in NIOSH's PER process as opposed
7 to a situation where a dose reconstructor might
8 actually find some new problem with a TBD, that
9 to the extent of the finding, that hadn't
10 previously been identified. And I could see
11 where that would be a fair assessment.

12 MR. KATZ: So you're saying to score
13 negatively if it's found in the case review
14 originally, but where it's accounted for
15 because you're aware of it because of TBD
16 reviews going on or an SEC, then you don't score
17 it. Is that what you're saying?

18 MR. STIVER: It's the way I
19 understand it, yes.

20 DR. MAURO: You know,
21 unfortunately, I know this is important because
22 I've been operating on the premise that if it's

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1 an exposure matrix and it is under review, it
2 is really a Site Profile issue. And it would
3 be inappropriate for me to judge, at that point
4 in time, while I'm doing a case and say, no, the
5 external dose is incorrect because we don't like
6 the model you used generically in your Site
7 Profile. You know, it's --

8 MR. KATZ: But, John, I guess the
9 thing I'm confused about, you're saying it's
10 inappropriate to judge. But it's just what
11 you're doing with everything, you're making
12 your judgments as to whether there's a QA error
13 or what have you. I mean, it doesn't get
14 resolved until it's resolved. But you're not
15 the final --

16 DR. MAURO: We know it's there.
17 Don't get me wrong. It's there that we have
18 this concern. But we don't give it a negative
19 score.

20 In other words, as I say, you're
21 talking about external dose, whatever it is.
22 And the way they did it, and I don't like the

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1 way the matrix does the external dose, for
2 whatever reason.

3 CHAIRMAN KOTELCHUCK: Yes.

4 DR. MAURO: And I know that this is
5 an issue that we're talking about. And this
6 might be a very perfect example for Simonds Saw.
7 It's going on right now.

8 And the very first comment you just
9 read, that's a Site Profile issue. The
10 question becomes, in the case that we're looking
11 before us, apparently it was given a negative
12 score.

13 And I guess I was a little bit
14 surprised to see that because I thought that
15 would be something we would not give a negative
16 score. And so there was some judgment made by
17 the active AWE review of that particular case,
18 of that particular Site Profile. A little
19 embarrassing to say this, but I guess --

20 MR. KATZ: Okay, but --

21 DR. MAURO: -- I'm not quite sure
22 what the ground rules are here --

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1 MR. KATZ: Okay. But again, going
2 back, I mean, this is exactly the issue we
3 discussed two years ago with Melius. And it was
4 exactly his concern. He wanted to be certain
5 that we were, in fact, doing this because he
6 didn't want a bunch of dose reconstruction cases
7 coming out and saying everything's fine and
8 dandy.

9 And on the other hand, right over
10 here in Door Number 2, they're saying this TBD
11 is a mess and needs improvements. And he didn't
12 want that conflict and asked us to look into this
13 very question.

14 Actually, how are we doing about
15 capturing things here, not expecting that every
16 time we do a case review we're necessarily going
17 to capture the same thing?

18 Because we're not really expected in
19 this situation to capture half as many
20 situations as you would when you're doing the
21 TBD review and digging into all the background
22 documentation.

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1 DR. MAURO: Yes. I thought that
2 was why we put in 1.3 in the dose reconstruction
3 format. It's there, we point it out, alert
4 everyone that in this case there are several
5 active issues that are undergoing review that
6 could impact this case.

7 But we don't actually negatively
8 score it. This goes toward more of the DOE
9 sites. It doesn't happen as much on AWEs,
10 because, you know, AWE --

11 MR. KATZ: I know, right.

12 CHAIRMAN KOTELCHUCK: You know, I
13 think what we can do, given I was not there when
14 Melius met with us, that was before my time.
15 But --

16 MR. KATZ: Well, I think you were
17 actually. But --

18 (Simultaneous speaking.)

19 MR. KATZ: -- the beginning of your
20 time, though. So I'm not --

21 CHAIRMAN KOTELCHUCK: Oh, it may
22 have been. It may have been while Mark was

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1 Chair and I was just starting. Anyway, be that
2 as it may, you're looking at this as scoring.

3 We can explain in the results that
4 we send to the Secretary, the report that we send
5 to the Secretary, that not all of these cases
6 were errors.

7 In many cases, we updated procedures
8 to improve upon the dose reconstruction. And
9 so not everything that's listed in one of the
10 categories is an error.

11 And therefore, not everything that
12 we're categorizing is a negative score in your
13 way of saying it. Is that helpful?

14 (No response.)

15 So, I mean, I think we were given
16 instructions essentially from Jim at that time
17 to score more issues.

18 MR. KATZ: Yes. He wasn't saying
19 to score more. He was just checking on his
20 concern as to whether we were capturing these
21 things or not. He wasn't saying score more, he
22 was expecting that we were capturing these

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1 things when we could, when it would be obvious
2 in a case review.

3 CHAIRMAN KOTELCHUCK: Well, that
4 means operationally that we're scoring more
5 than we need to. And John is saying, you know,
6 I'm giving them a negative score by even citing
7 this in our matrix. And that's true.

8 MR. STIVER: Yes. And I think
9 we're correct at verifying. We're capturing,
10 well, at least identifying in a case what
11 ongoing issues are at play that may impact that
12 case at a future time, even though we're
13 capturing what's going on in the other groups
14 and procedures or --

15 CHAIRMAN KOTELCHUCK: Yes.

16 MR. STIVER: -- Site Profile
17 reviews. If something wells up as a result of
18 the dose reconstruction, then we can go find it.

19 CHAIRMAN KOTELCHUCK: Yes.

20 MR. STIVER: And so I think we're
21 all on the same page here. We're just
22 expressing slightly differently.

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1 CHAIRMAN KOTELCHUCK: Right, we
2 are. And I would like to go on.

3 MR. CALHOUN: Hold on. I got it,
4 and I've got to at least say something here.
5 This is Grady.

6 CHAIRMAN KOTELCHUCK: Okay.

7 MR. CALHOUN: We've got the guys
8 that are doing the reviews that are somewhat
9 concerned that they haven't been writing stuff
10 down, because they didn't know the rules.

11 And the reason I say that is, almost
12 by definition, we're going to get more findings
13 now. And so I just, you know, and who's going
14 to close them out? Is it going to be the
15 Procedures group, is it going to be our group?
16 Are we just going to throw them all to the Board?

17 I'm just worried that that's
18 muddling something up now that's going to get
19 captured. I'd rather just, if you find them,
20 great, but think of a mechanism to send them to
21 somebody else or else, we're making great
22 progress in this group now, and I don't see how

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1 that's not going to throw a major wrench in
2 things. Because now, if you say, well, you
3 know, I really think that those could be higher,
4 then we've got to somehow explain how. And who
5 closes this out? It could be already being
6 reviewed. I don't like it.

7 (Simultaneous speaking.)

8 MR. STIVER: -- here, in that you
9 might be doing things on a case by case basis
10 and getting a lot of duplication which I think
11 might have been one of the reasons we went to
12 Work Groups in the first place, is to capture
13 all the things that related to our TBD revision
14 at one time as opposed --

15 MEMBER MUNN: If you can stand a
16 sixth perspective on the issue, if, I believe
17 that what the exercise we went through with Jim
18 a couple of years ago did what it was intended
19 to do, that is to say it reassured us that we
20 were not dropping these things through the
21 cracks and we were not exercising them unduly,
22 I think John Mauro's case is well taken.

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1 We have taken the position from the
2 outset, I believe, that we are doing two things
3 here. One is we're checking to see whether or
4 not the folks who did the dose reconstruction
5 did them properly.

6 And the only way we can do that is
7 to assess whether they followed the procedures
8 that were in place at the time.

9 The key is, once we make that
10 definition, if the end result is, yes, they were
11 okay at the time, but there's an outstanding
12 issue with respect to the science of some point,
13 then we do not close it in our matrix.

14 That's just exactly what Dave asked
15 to begin with. We don't close it. We indicate
16 that this will be closed when the matter is
17 addressed and revised in the TBD following the
18 discussion in the Work Group.

19 And I think that is the reassurance
20 that we've had after we looked at the process
21 to make sure that we were, in fact, doing what
22 we needed to do.

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1 But John Mauro is absolutely
2 correct. From my memory, we have always worked
3 on the assumption that if the folks did what they
4 were instructed to do by the procedures, then
5 they did it right.

6 However, we can't close the issue,
7 because the science is under debate in some
8 other forum. And until that revised issue is
9 resolved, we can't close it. Does that make
10 sense?

11 CHAIRMAN KOTELCHUCK: It does.

12 DR. MAURO: Yes. Wanda,
13 everything you said is absolutely the way I'm
14 thinking about it. But where we run into
15 trouble is the scorecard, you know, when we say
16 we have a finding, okay.

17 I would say, and certainly I'll be
18 corrected, if one of the items where you put a
19 check mark in that Table 2 says yes or no or not
20 applicable, now if it turns out there is an
21 active issue related to one of those line items,
22 the C.1.1, and it is an active issue in the Site

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1 Profile related to that particular subject and
2 is yet to be resolved, but they did, in fact,
3 do the dose calculation according to the
4 procedures as they were currently in effect when
5 they did it, I do not say no.

6 I say, I give it a yes. So right
7 now, the record that we're creating, where we're
8 going over each of the findings, those findings
9 are not here. You see what I'm getting at?

10 MEMBER MUNN: Yes, I do.

11 DR. MAURO: The finding that we have
12 an issue with regard to a particular item in the
13 Site Profile is not captured in the record we're
14 creating right now.

15 (Simultaneous speaking.)

16 MR. STIVER: Well, remember we also
17 have a category called under review.

18 DR. MAURO: I take it back. You're
19 absolutely correct.

20 MR. KATZ: But that's a finding.

21 DR. MAURO: You're absolutely
22 correct.

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1 CHAIRMAN KOTELCHUCK: Yes, it's a
2 finding.

3 DR. MAURO: So I am mistaken.
4 You're right. We have been using the under
5 review check mark to keep that active. And is
6 that a finding? I mean, I'm asking a stupid
7 question. But in the findings we're talking
8 about, do they include the under-review ones
9 also?

10 MR. STIVER: It means the impacts of
11 the deficiency cannot be determined at this
12 time.

13 DR. MAURO: Yes.

14 MR. KATZ: Right, right. I mean
15 you don't even know that it's a deficiency until
16 it's resolved.

17 DR. MAURO: Exactly.

18 MS. BEHLING: This is Kathy
19 Behling. I just want to interject one other,
20 or two other issues. As we mentioned, this is
21 why I thought we had included, in our report,
22 a Section 1.3 which is supposed to identify that

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1 there is an ongoing Work Group that is
2 discussing the Site Profile that is part of our
3 dose reconstruction.

4 So because we're doing that, we're
5 already stating up front that there are some
6 issues, even if we have an issue, it's probably
7 being discussed in another forum.

8 And John Mauro's comments are
9 appropriate for a lot of the AWEs, because what
10 has started to happen, under what we maybe would
11 classify as an advanced review, is for the AWEs
12 that don't have a Work Group or that SC&A is not
13 going to look at an exposure matrix, we've been
14 given, I felt that we'd been given a green light
15 to look closer at that exposure matrix.

16 So nothing has fallen through the
17 cracks because, while we do a dose
18 reconstruction, we're also looking at technical
19 issues associated with that exposure matrix.
20 And then those become findings in that dose
21 reconstruction audit.

22 DR. MAURO: True.

1 MR. KATZ: Right. So there's
2 nothing, I think then, I'm just trying to get
3 back to Grady's concern about the whole process
4 being somehow hogtied by having other groups
5 that have to resolve their, Hanford or whoever
6 it is, that has to resolve their TBD or SEC
7 review findings.

8 So, I mean, you can go two paths with
9 this. You can leave these then in terms of
10 trying to go forward, I think, the Subcommittee
11 could leave those just as, I think, whoever most
12 recently characterized it, these things are
13 under consideration. And you could report out
14 iterating the number of findings that are under
15 consideration and hence not resolved. Or you
16 could report them out after you close it.

17 And I guess if we're trying to get
18 a report to the Secretary, we may want to just
19 go ahead with that path of leaving findings
20 unresolved but to be resolved, you know, through
21 this kind of science review process that's
22 external from the case review process.

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1 CHAIRMAN KOTELCHUCK: Yes.

2 MR. KATZ: Yes. You may want to do
3 that because you do want to get a report to the
4 Secretary.

5 CHAIRMAN KOTELCHUCK: Right. And
6 that's the way to take it into account in the
7 report.

8 MR. KATZ: Right. So you'll still
9 have the findings; they'll be tabulated. But
10 then you're going to have this category of
11 findings that's, you know, the science is under
12 review, in effect. And then we don't lose
13 anything.

14 MR. STIVER: I have a little bit of
15 deja vu going on here.

16 MR. KATZ: Okay. Deja vu's
17 probably good in this case.

18 MR. STIVER: Yes, I think so. It's
19 definitely been done this way before.

20 CHAIRMAN KOTELCHUCK: Right. So
21 anyway, this 240.2 is under review or, as we said
22 before, as we said up above, open, right?

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1 MR. FARVER: I have a list --

2 CHAIRMAN KOTELCHUCK: Unless you
3 want to call, you want to say under review or
4 to go to the --

5 MR. FARVER: I have it currently
6 listed as open pending updates to TBD.

7 CHAIRMAN KOTELCHUCK: Right, let's
8 do that again here.

9 DR. MAURO: I think that's the way
10 to do it, yes.

11 CHAIRMAN KOTELCHUCK: Okay. And
12 we can now look at three, .3.

13 MR. FARVER: .3, it goes back to PFG
14 X-rays at AWE sites. And we have resolved this
15 where PFGs should not be used for AWEs. Now,
16 there's a time period where they were saying
17 they thought they should be. But this has been
18 resolved for a while now.

19 CHAIRMAN KOTELCHUCK: The PFG is,
20 please, remind me?

21 DR. MAURO: Photofluorographic
22 X-rays as opposed to classical chest X-rays.

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1 CHAIRMAN KOTELCHUCK: Okay, fine.
2 Okay.

3 DR. MAURO: And then the doses are
4 much, much higher.

5 CHAIRMAN KOTELCHUCK: Oh, yes.
6 Absolutely.

7 DR. MAURO: And as a result, and
8 there was a time when the standard, when you're
9 dealing with DOEs, this is a good thing for
10 everybody to, again, deja vu. You know, after
11 ten years it's important to refresh your memory
12 on these things to make sure we're all on the
13 same page.

14 DOE in OTIB-6, I believe it is, and
15 60, there's a couple of them, takes the position
16 that PFG should be assumed to be the case as
17 something that they did routinely.

18 Even if the records aren't, there's
19 no clear affirmative evidence of it prior to
20 1970, assume PFG is used -- and that was very
21 important, and that's at DOE sites -- unless
22 there's affirmative evidence to the contrary.

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1 However, for AWE sites, we don't do
2 that. And there's a good reason for that. And
3 this is something that was resolved quite some
4 time ago. But it's good for you to be reminded
5 of it.

6 CHAIRMAN KOTELCHUCK: Yes.

7 DR. MAURO: Because the AWE sites
8 are under contract with the Atomic Energy
9 Commission or the MED at the time. And if the
10 contract did not call for X-rays, or PFG or
11 whatever, they would not be automatically
12 assigned.

13 So that's where the contract itself
14 has to be clear and unambiguous. Say yes, in
15 fact, they did do X-rays, whether it's X-rays
16 or PFG.

17 But the PFG issue is very important
18 for DOE sites pre-1970 where, unless they
19 revised the procedure, you automatically
20 assumed that the person did get a PFG annually
21 as part of his routine exposure examination.
22 And that's quite a dose, three rem.

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1 CHAIRMAN KOTELCHUCK: Oh, yes.

2 DR. MAURO: I think it was three rem
3 per examination, on that order, as opposed to
4 whatever, 10 millirem. But I'm not sure if I
5 got the numbers right.

6 But is that everyone's, and folks
7 there at, you know, DCAS and ORAU, am I telling
8 the story in a correct way? Or am I just
9 revealing that I've lost touch?

10 MR. SIEBERT: This is Scott. No,
11 you're right on. I would clarify one thing,
12 that PFGs are not always claimant-favorable.
13 It's dependent on the organ and whether it's in
14 the beam or not.

15 DR. MAURO: Okay.

16 MR. SIEBERT: But other than that,
17 as to why PFGs are not assumed at AWE, yes,
18 you're right on there.

19 DR. MAURO: Right.

20 CHAIRMAN KOTELCHUCK: Okay.

21 DR. MAURO: That's reassuring to
22 me, believe me. Because I realize that I've

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1 been away from deep involvement the way I was
2 originally. And it's very easy for me, and this
3 program's very complex, and it's very easy to
4 abstract.

5 CHAIRMAN KOTELCHUCK: Right.

6 MEMBER MUNN: Yes. But those
7 fluorographic examinations resulted in
8 exposures in many cases, more than a magnitude
9 above what the actual occupational and --

10 CHAIRMAN KOTELCHUCK: Yes, yes.

11 MEMBER MUNN: -- and the
12 operational that were very important.

13 DR. MAURO: Yes.

14 CHAIRMAN KOTELCHUCK: Oh, yes.
15 Alright, for basic, that also was a public
16 health problem --

17 MEMBER MUNN: Yes.

18 CHAIRMAN KOTELCHUCK: -- outside of
19 our worker population. Okay. Well, that
20 should be closed now, right?

21 MEMBER MUNN: Yes.

22 CHAIRMAN KOTELCHUCK: Let's go on.

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1 MR. FARVER: Okay, 240.4, method
2 for reconstructing doses, inhalation of
3 resuspended residual uranium contamination may
4 not be claimant-favorable.

5 As noted in the SC&A response, there
6 are additional issues being resolved for
7 Simonds Saw and the impact of previous changes
8 to the Site Profile. And upcoming changes will
9 be examined when the update is completed.

10 CHAIRMAN KOTELCHUCK: Right. So
11 this is an open issue.

12 MR. FARVER: Looks like another
13 open pending update.

14 CHAIRMAN KOTELCHUCK: Pending TBD
15 6000.

16 MR. FARVER: And 240.5 looks very --

17 MR. SIEBERT: Wait a second, wait a
18 second. This is Scott. I think this is
19 slightly different.

20 We have agreed that the method
21 needed to be changed. And it already has been
22 changed in the most recent TBD. All we're

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1 saying is that additional determination of the
2 impact will not be done as a PER until all issues
3 in the TBD that are still out there are being
4 resolved.

5 We've already agreed this issue has
6 been resolved in the present TBD. So I think
7 this is a different category --

8 CHAIRMAN KOTELCHUCK: I see.

9 MR. SIEBERT: -- than we were just
10 discussing.

11 CHAIRMAN KOTELCHUCK: I see. So
12 this is resolved. But still, the results are
13 pending, the review is pending.

14 MR. KATZ: No. This one you can
15 just close. Because there's agreement on the
16 science, and it's resolved.

17 MEMBER MUNN: And there is an
18 automatic redo that falls on every revision to
19 a TBD of this sort.

20 CHAIRMAN KOTELCHUCK: Okay.

21 MEMBER MUNN: Every case that might
22 be affected by that change is redone

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1 automatically by NIOSH.

2 CHAIRMAN KOTELCHUCK: Okay. How
3 do we express this?

4 MR. FARVER: This is a TBD change
5 that has been implemented.

6 MR. KATZ: Exactly.

7 MR. FARVER: Okay.

8 MS. BEHLING: This is Kathy
9 Behling. While we're waiting for just one
10 second, shouldn't there also be some numbering
11 system under 240.2 and 240.3 that ties us back
12 to the Table 2 findings. I don't see that in
13 the matrix.

14 MR. FARVER: I inserted them,
15 Kathy. I didn't see them in here, but I went
16 back to the report, and I put them in. It's
17 C.1.1 and C.1.3.

18 MS. BEHLING: Okay, very good.
19 Thank you.

20 MR. FARVER: Okay. Changes to TBD
21 6000 have been implemented. There is no
22 further action.

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1 CHAIRMAN KOTELCHUCK: Yes.

2 MR. FARVER: Okay, 0.5. It looks
3 like that's similar.

4 CHAIRMAN KOTELCHUCK: Yes, it does.

5 MR. FARVER: And it looks like it
6 should have a similar answer.

7 CHAIRMAN KOTELCHUCK: There is not
8 the mention of TBD 6000 or --

9 MR. SIEBERT: Well, the reason we
10 didn't mention that in every single one was the
11 fact that all of these where we've already
12 agreed, what we weren't going to do is determine
13 the impact on it, because that is what's going
14 to be done under the PER when everything is
15 completed. So I just didn't put that comment
16 in every single response where that --

17 CHAIRMAN KOTELCHUCK: Okay.
18 Alright.

19 MR. FARVER: So is this the same
20 issue as above, Scott?

21 MR. SIEBERT: Yes. It's a
22 resuspension issue.

1 MR. FARVER: Okay.

2 DR. MAURO: This is important. See,
3 this is a good news story, you know. We looked
4 at an issue that came up that we were concerned
5 about, the resuspension factor, et cetera, et
6 cetera. And we may have raised it.

7 But another part of the process, the
8 issue has been resolved in the process. And it
9 closes the loop for this case in a very
10 satisfactory way.

11 But the actual doses have not been,
12 see, interesting, have not been recalculated
13 because the PER process hasn't begun yet. In
14 a funny sort of way, this story is the entire
15 story of this whole program.

16 MEMBER MUNN: It is. It's going to
17 work.

18 DR. MAURO: It's working.

19 CHAIRMAN KOTELCHUCK: Okay.

20 MR. FARVER: Okay, 240.6.

21 CHAIRMAN KOTELCHUCK: Okay.

22 MR. FARVER: These are questions

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1 whether the activity fractions for Pu-239 and
2 neptunium-239 are appropriate and
3 claimant-favorable. That should be
4 neptunium-237, I believe.

5 MR. SIEBERT: That is correct.

6 MR. FARVER: Okay. And I guess the
7 gist of this is the TBD has been revised,
8 Revision 1. And Revision 1, the derived intake
9 for plutonium and neptunium are higher than they
10 were in Revision PC-1.

11 MEMBER MUNN: But then they will be
12 covered in the PER.

13 MR. FARVER: I don't believe this is
14 an issue anymore.

15 MEMBER MUNN: No.

16 MR. FARVER: Close?

17 CHAIRMAN KOTELCHUCK: Right.

18 MR. FARVER: No further action.

19 240.7, reviewer questions whether the
20 assumptions used for calculating thorium
21 inhalation are claimant-favorable.

22 It's been addressed in the Site

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1 Profile and an SEC. I guess, just according to
2 the SEC, this is no longer an issue either.
3 Because it's covered under the SEC.

4 CHAIRMAN KOTELCHUCK: Yes.

5 MR. FARVER: The ability to
6 reconstruct thorium exposure.

7 CHAIRMAN KOTELCHUCK: Okay.

8 MR. FARVER: So that'll be a closed,
9 no further action.

10 CHAIRMAN KOTELCHUCK: Okay.

11 MR. FARVER: And 240.8, the method
12 for reconstruction thorium doses from the
13 inhalation of resuspended residual
14 contamination may not be claimant-favorable.

15 I believe Revision I of the TKBS-32
16 does cover for an exposure during residual
17 periods.

18 MR. SIEBERT: This is one of those
19 that we have addressed the resuspension issue.
20 However, there's additional open issues with
21 residual internal doses with TBD 6000 with the
22 Work Group.

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1 But I think this is probably one of
2 those that would still be open. The present TBD
3 reflects it, however there are still upcoming
4 ideas as to whether that's fully appropriate or
5 not that the Working Group is looking at.

6 CHAIRMAN KOTELCHUCK: Okay.

7 MR. FARVER: Well, just for my
8 information, the resuspended issue has been
9 addressed, but you're still working on some
10 other internal dose issues.

11 MEMBER MUNN: Right.

12 MR. FARVER: Okay.

13 CHAIRMAN KOTELCHUCK: Okay.

14 MR. FARVER: Okay. 240.9, methods
15 for reconstructing doses from the ingestion of
16 resuspended residual thorium contamination may
17 not be claimant-favorable. Similar?

18 CHAIRMAN KOTELCHUCK: Yes.

19 MR. FARVER: Okay.

20 MR. SIEBERT: This would be
21 identical. It's just inhalation and
22 ingestion.

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1 MR. FARVER: Okay. Open pending
2 update to TBD. 240.10, some of the interview
3 information is not consistent with the data used
4 in the dose reconstruction.

5 And this has to do with, in the CATI
6 report, an employee recalled working up to 60
7 hours per week including weekends. But the
8 hours were not adjusted in the dose
9 reconstruction to accommodate this or any
10 mention made of it. So that was the basis for
11 the finding.

12 CHAIRMAN KOTELCHUCK: I'm not sure
13 what SC&A understands and accepts, that the
14 person did not work 60 hours or that he did?

15 MEMBER MUNN: Yes, he did not appear
16 to be, likely.

17 MR. FARVER: Well, I'm going to have
18 to, I can't tell you how to write this answer.
19 So --

20 CHAIRMAN KOTELCHUCK: Pardon?

21 MR. FARVER: That's not a good
22 excuse, but I can look into it. We can keep it

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1 open if you'd like. A lot of these I send off
2 to people to get responses to, because I'm just
3 not familiar with AWE sites.

4 CHAIRMAN KOTELCHUCK: Well, it did
5 not appear likely, yes.

6 DR. MAURO: Yes. I did not, well,
7 this is John. I normally would have looked at,
8 I looked at a real large number of issues that
9 came in last week. And let me see if, is this
10 one of those?

11 Because I went through all of those.
12 And I have in front of me the, it's part of the
13 General Steel. But it went down to a whole
14 bunch of other cases, different AWE sites. Is
15 this? I might have looked at this.

16 MR. FARVER: I believe you looked at
17 it.

18 DR. MAURO: Yes.

19 MEMBER MUNN: This one refers you to
20 the DOL file.

21 DR. MAURO: I'm just looking to see
22 if Simonds Saw is among the cases that came in.

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1 Bethlehem Steel is here. But I'm looking, just
2 bear with me.

3 CHAIRMAN KOTELCHUCK: It's a
4 different file, I believe.

5 DR. MAURO: Yes, I know. No, see
6 the package that I looked at, all the AWE, did
7 not include Simonds Saw. Otherwise, I would
8 have looked at this and been in a better position
9 to help out here. But I have to apologize.
10 This is not among the package of AWE issues --

11 CHAIRMAN KOTELCHUCK: Right.

12 DR. MAURO: -- that came in last
13 Wednesday or Thursday.

14 MR. FARVER: No. This came in a
15 week before that or so that I sent you.

16 DR. MAURO: You know, and --

17 MR. FARVER: You emailed me back,
18 and I --

19 DR. MAURO: It probably went, okay,
20 go ahead, keep going.

21 MR. FARVER: And you emailed me
22 back. You didn't update the matrix. You just

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1 had some responses to the text --

2 DR. MAURO: Okay.

3 MR. FARVER: -- for certain ones.

4 And if I could find the email, I would read it.

5 DR. MAURO: Yes.

6 MR. SIEBERT: Just to point out,
7 this SC&A response is back from February of this
8 year.

9 MR. KATZ: Right, I was going to
10 say.

11 DR. MAURO: Okay, this goes way back.

12 MR. KATZ: Way back. And, John,
13 you didn't have any new information on it?

14 DR. MAURO: I don't. And I have to
15 say, I'd have to refresh my memory, and I did
16 not, for this. I probably could have helped out
17 here, but I just did not have the presence of
18 mind to go back and to look at these.

19 (Simultaneous speaking.)

20 CHAIRMAN KOTELCHUCK: We'll keep
21 this open.

22 MR. SIEBERT: Well, what it really

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1 comes down to is there are additional, when you
2 look in the DOL files, there are additional
3 places where the individual was employed during
4 the same time frames based on pay records from
5 the Social Security Administration, it looks
6 like.

7 So it seemed to make sense to us that
8 maybe he did work a lot of hours, but not
9 necessarily all of them were at Simonds Saw and
10 Steel. That's the basis of the answer here.

11 CHAIRMAN KOTELCHUCK: Yes.

12 MEMBER MUNN: That's what it
13 appears to be. If he's working somewhere else,
14 then he's not putting in 60 hours a week at
15 Simonds Saw.

16 MR. KATZ: Right. And I would
17 assume, John, you may not remember, but back in
18 February you reviewed this and accepted it. I
19 would sort of take that on faith.

20 DR. MAURO: I believe you.

21 MR. KATZ: Yes.

22 DR. MAURO: And again, I should have

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1 refreshed my memory on this. And it may very
2 well be that Bob too, because I know Bob and I
3 worked very closely on -- there was actually a
4 transition where I moved off Simonds Saw and Bob
5 moved in. So I might not be as close to it as
6 I should be.

7 CHAIRMAN KOTELCHUCK: So the
8 claimant has approved the list of his employment
9 records --

10 MEMBER MUNN: No. DOL does that.
11 DOL tells us whether --

12 CHAIRMAN KOTELCHUCK: Right.
13 Okay. So DOL has done that. And there are,
14 okay, there are records of other places that he
15 worked --

16 MEMBER MUNN: Where he worked.

17 CHAIRMAN KOTELCHUCK: -- at that
18 time. Yes.

19 MEMBER MUNN: Correct.

20 CHAIRMAN KOTELCHUCK: Okay. And
21 so you went back and put it in at 40 hours at
22 Simonds Saw.

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1 MEMBER MUNN: Right.

2 CHAIRMAN KOTELCHUCK: That is what
3 you will do.

4 MEMBER MUNN: Or did not cover the
5 period from --

6 (Simultaneous speaking.)

7 MR. KATZ: Dose reconstruction was
8 correct. And SC&A's in effect withdrawing,
9 having looked at the records that Scott referred
10 to, allows that he couldn't have worked 60
11 hours.

12 CHAIRMAN KOTELCHUCK: Yes.

13 DR. MAURO: And you're saying that
14 was previously discussed and closed?

15 MR. KATZ: No. It's being closed
16 now. It has been discussed. It's been sitting
17 on the, you know, on the back to be closed.

18 CHAIRMAN KOTELCHUCK: This is, in a
19 way, this is not a finding, is it?

20 MR. KATZ: Well, it would have been
21 a finding if it was, I mean, it would have been
22 a finding if it were correct that he worked 60

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1 hours and not been credited for it.

2 CHAIRMAN KOTELCHUCK: Right.

3 Okay.

4 MR. KATZ: But that doesn't seem to
5 be the case.

6 CHAIRMAN KOTELCHUCK: Right. So
7 then this is actually just to be closed.

8 MR. KATZ: Yes.

9 MR. FARVER: Yes. I think what was
10 done, this is the CATI information thing again.
11 You know, it was information in the CATI report
12 that --

13 CHAIRMAN KOTELCHUCK: Right.

14 MR. FARVER: -- does not appear to
15 be considered.

16 MR. KATZ: Well, no. I mean, but if
17 they looked at the documentation, that's what
18 they based it on, not the CATI which doesn't mean
19 they didn't discuss it in the CATI in the dose
20 reconstruction report. But it sounds like they
21 used the correct basis for --

22 CHAIRMAN KOTELCHUCK: Right.

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1 MR. KATZ: -- adjustments.

2 CHAIRMAN KOTELCHUCK: And they
3 followed-up on the CATI.

4 MR. KATZ: Right, yes.

5 MR. FARVER: All we're saying is the
6 CATI information is not consistent with what we
7 used in the DR. So it's --

8 CHAIRMAN KOTELCHUCK: Right.

9 MR. FARVER: -- findings we used to
10 make all the time about the information in the
11 CATI report --

12 CHAIRMAN KOTELCHUCK: Right.

13 MR. FARVER: -- and what this works
14 out to be, you know. There's information in the
15 CATI report that is not used, not acknowledged.

16 CHAIRMAN KOTELCHUCK: Right. And
17 they explain --

18 MEMBER MUNN: And that was because
19 there's documentation that shows otherwise.

20 CHAIRMAN KOTELCHUCK: Alright.

21 And this has been examined. Closed.

22 MR. FARVER: Well, that's okay now.

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1 But it just wasn't in the DR report.

2 CHAIRMAN KOTELCHUCK: Okay.

3 Therefore it could be closed.

4 MR. FARVER: Yes.

5 MEMBER MUNN: Yes.

6 CHAIRMAN KOTELCHUCK: Okay. Now,
7 look. It is now 4:30. We need to close at
8 5:00. And the question is how to proceed. We
9 have a few more [cases] in this file.

10 As I understand, we have a couple of
11 open ones in ORNL and, three, and we have two
12 open findings in the Fernald/Hanford file. And
13 we have several in this file, right? I looked
14 before. Let me ask you, this would come to be
15 about a dozen, roughly. Well, the observations
16 will take us time. But clearly we need another
17 meeting.

18 MR. KATZ: Right. And don't you
19 have, you have pictures from other sites too,
20 right, like GSI and so on?

21 CHAIRMAN KOTELCHUCK: Yes. Well,
22 that was this morning, right? That's your

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1 sense, a file?

2 MR. FARVER: Yes.

3 MR. KATZ: Yes.

4 CHAIRMAN KOTELCHUCK: Yes.

5 MR. KATZ: So definitely we need
6 another meeting, right. So I guess I think it's
7 a good idea, Dave, to sort of run through these
8 other logistics first before we carry on. Do
9 you want to schedule another meeting first
10 before we do anything?

11 CHAIRMAN KOTELCHUCK: Well, what
12 other logistics, I mean, we --

13 MR. KATZ: Oh, no. I mean, but we
14 have these other items on the agenda that we
15 might touch upon. But not all of them we need
16 to touch upon. But at least one I want to talk
17 to you about.

18 CHAIRMAN KOTELCHUCK: Okay. Well,
19 I would just say for the moment, we're talking
20 about this, let's simply set the most reasonable
21 date that we can as quickly as we can, given the
22 60 day notice.

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1 MR. KATZ: Yes. It's always, it's
2 a 30 --

3 CHAIRMAN KOTELCHUCK: Thirty day
4 notice, sorry.

5 MR. KATZ: Thirty day notice. And
6 then there's about, I mean, another week on top
7 of that to actually get it through our system.

8 CHAIRMAN KOTELCHUCK: Right. July
9 9th, this is July 7th.

10 MR. KATZ: So I would say --

11 CHAIRMAN KOTELCHUCK: September,
12 early September?

13 MR. KATZ: Well, I would say we
14 could do it in August. I don't see why, if you
15 guys can make it in August, it would be better
16 to meet in August.

17 CHAIRMAN KOTELCHUCK: It would be
18 fine to meet in August. I'm anticipating that
19 it would be very hard, given some people's
20 vacation plans. But that's to be determined.

21 MR. KATZ: Yes. Let's give it a
22 shot. Because, I mean, the agenda's set. We

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1 have all this work sitting on the table.

2 CHAIRMAN KOTELCHUCK: We sure do.

3 MR. KATZ: So I mean, for example,
4 I think, people, just speak up. From August
5 16th, or 17th or 18th, as soon as that, I think,
6 I could get, you know, Federal Register notice
7 out and we'd be fine.

8 CHAIRMAN KOTELCHUCK: Okay.

9 MEMBER MUNN: How about the 20th?

10 MR. KATZ: Or that we --

11 CHAIRMAN KOTELCHUCK: I'm out that
12 week entirely.

13 MR. KATZ: Which week, David?

14 CHAIRMAN KOTELCHUCK: The week of
15 the 16th.

16 MR. KATZ: Okay, that's fine.

17 CHAIRMAN KOTELCHUCK: For
18 vacation.

19 MR. KATZ: Yes. So how about the
20 week of the 21st?

21 CHAIRMAN KOTELCHUCK: Let's see.

22 MEMBER MUNN: The 21st of August?

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1 MR. KATZ: 21st of --

2 CHAIRMAN KOTELCHUCK: No, 25th of
3 August.

4 MR. KATZ: Oh, I'm sorry, right,
5 right, right, I'm on the wrong month here.

6 MEMBER MUNN: No. I was going to
7 say, 21st is not a start. How about --

8 (Simultaneous speaking.)

9 MEMBER MUNN: -- August 26th?

10 MR. SIEBERT: I believe there's a
11 Procedures Subcommittee meeting on the 28th and
12 --

13 MEMBER MUNN: On the 28th, that's
14 correct.

15 MR. SIEBERT: On the 28th, right.

16 MEMBER MUNN: So the 26th would be
17 good.

18 CHAIRMAN KOTELCHUCK: 26th works
19 for me.

20 MR. KATZ: How about everyone else?

21 MR. CALHOUN: It works for me.
22 This is Grady.

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1 MR. KATZ: How about David
2 Richardson and, did you say yes, that's okay?

3 MEMBER RICHARDSON: I'll be out on
4 the 28th.

5 CHAIRMAN KOTELCHUCK: Well, we're
6 talking about Tuesday, the 26th.

7 MEMBER MUNN: Yes, we are.

8 MEMBER CLAWSON: This is Brad. I
9 could do that one.

10 CHAIRMAN KOTELCHUCK: Mark?

11 MR. KATZ: I didn't hear David
12 Richardson. Was that okay, the 26th?

13 MEMBER RICHARDSON: No, it's not.

14 MR. KATZ: Okay, then that does it.
15 Okay, well, anytime that week are you saying or
16 --

17 MEMBER RICHARDSON: I'm going to be
18 in Seattle that week. I have a conference
19 there.

20 MR. KATZ: Yes, that's fine.

21 CHAIRMAN KOTELCHUCK: Okay, that's
22 fine. If we could get, if Mark or John were

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1 available that would be a fourth person.

2 MR. KATZ: Yes. I need to get that
3 before I can go forward.

4 CHAIRMAN KOTELCHUCK: I'm just
5 saying--

6 MR. KATZ: And Mark, I've always --

7 CHAIRMAN KOTELCHUCK: Mark, I don't
8 hear.

9 MR. KATZ: [interruption] -- with
10 Mark because it doesn't rule his life so much.

11 CHAIRMAN KOTELCHUCK: Right.

12 MEMBER MUNN: So can we do this on
13 the 14th then?

14 MR. KATZ: The 14th of what?

15 MEMBER MUNN: August. Is that
16 pushing too close?

17 CHAIRMAN KOTELCHUCK: I cannot do
18 the week of the 13th. I mean, that entire week
19 I'm out.

20 MEMBER MUNN: So you're gone the two
21 weeks.

22 MR. KATZ: Let's move to another

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1 date. Because let's at least get a date when
2 everyone on the phone can do it here.

3 CHAIRMAN KOTELCHUCK: I think
4 that's September.

5 MR. KATZ: It looks like it is. So
6 September is getting pretty busy. So how about
7 September, well, September 1st is Labor Day.
8 That's not happening. September 2nd?

9 MEMBER CLAWSON: I have to travel to
10 get back to Cincinnati that day.

11 MEMBER MUNN: How about the 4th?

12 MR. KATZ: Oh, that's right, no.
13 So that week's no good.

14 MEMBER CLAWSON: That's Fernald and
15 --

16 MR. KATZ: That's no good for that
17 week. And the next week is no good because Brad
18 is out for a chunk of the next, oh no, Brad's
19 not.

20 MEMBER CLAWSON: I'm not.

21 MR. CALHOUN: I'm gone the whole
22 week of the 8th.

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1 MR. KATZ: Okay, so that's no good.
2 Okay. So we're well into September now. The
3 week of the 15th?

4 MEMBER MUNN: We have our ABRWH
5 telecon on the 17th, right?

6 MR. KATZ: Right. That's on the
7 17th --

8 MEMBER MUNN: 15th or 16th?

9 MR. KATZ: How about the 16th or the
10 18th? Or the 15th, whatever.

11 MEMBER MUNN: Yes.

12 CHAIRMAN KOTELCHUCK: 16th or 18th
13 is okay for me, Tuesday or Thursday. We have
14 a Board conference call on --

15 MR. KATZ: Yes, on Wednesday. So
16 is the 16th or the 18th okay with you, David?

17 MEMBER RICHARDSON: The 18th works.

18 MR. KATZ: Okay, 18th. And Wanda?

19 MEMBER MUNN: Okay.

20 MR. KATZ: Okay. And, Brad, 18th?

21 MEMBER CLAWSON: Yes.

22 MR. KATZ: September?

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1 MEMBER CLAWSON: Yes.

2 MR. KATZ: Okay. So let's go for
3 the 18th. And then I'll make a note to {John}
4 Poston and to Mark.

5 CHAIRMAN KOTELCHUCK: Okay.

6 MR. KATZ: September 18th.

7 CHAIRMAN KOTELCHUCK: Okay, 10:30?

8 MR. KATZ: Yes, same thing.

9 CHAIRMAN KOTELCHUCK: Okay.

10 MR. KATZ: Okay. The one other
11 thing to check with you guys about is selecting
12 Set 21.

13 Oh, first of all, just to remind
14 those of you that have not sent me your picks
15 for the blind cases, I need those. So please
16 send them in to me. I just need you to identify
17 the cases by the case numbers. That's all I
18 need, in an email or what have you.

19 CHAIRMAN KOTELCHUCK: Right. And
20 I will get you that last one, sorry.

21 MR. KATZ: Right, right. And then
22 I just need them from the other Board Members

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1 that I don't have them from. Some have already
2 responded.

3 So selecting Set 21, I'm just
4 assuming we're okay with sticking with our
5 selection criteria that we used for the first
6 30 cases that we selected for this year for SC&A
7 to review. We'll use those same --

8 CHAIRMAN KOTELCHUCK: Right.

9 MR. KATZ: -- criteria for the
10 second set of 30.

11 MEMBER MUNN: Let's please do.

12 CHAIRMAN KOTELCHUCK: Okay, very
13 good. So as soon as the blind cases, as soon
14 as I have those selected, then I'll go forward
15 with asking NIOSH to pull candidate cases for
16 the second set of 30. But I've got to get the
17 blind cases in first.

18 CHAIRMAN KOTELCHUCK: Yes.

19 MEMBER MUNN: Good.

20 MR. KATZ: So I just wanted to make
21 sure that's okay with you. And that's it.
22 Then we can, you know, that's it. That's all

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1 I needed to cover before we can carry on with
2 cases or whatever for the last 15 minutes.

3 CHAIRMAN KOTELCHUCK: Okay. Is
4 there anything we can do or should do about the
5 Board report? Or are there any preliminary
6 activities that should be carried on or could
7 be carried on?

8 MR. KATZ: And I think, I thought we
9 would be further along. But since we still have
10 a significant chunk to finish, I don't think we
11 can really get SC&A drafting up. Because what
12 they would do, there're like data tables and so
13 on to summarize --

14 CHAIRMAN KOTELCHUCK: Got it.

15 MR. KATZ: -- things. And we can't
16 really get them doing that.

17 CHAIRMAN KOTELCHUCK: Okay. Could
18 somebody resolve, I mean, the last full report
19 I have from John Stiver was that there are a
20 total, on April 29th you said there were a total
21 of 82 that needed doing.

22 And we probably went over ten of them

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1 today. By looking at the files that I've been
2 presented with by Doug, it doesn't seem to me
3 that we have anywhere near that number. And
4 what's missing?

5 MR. STIVER: Those were 82
6 findings. I don't know.

7 CHAIRMAN KOTELCHUCK: Oh --

8 MR. STIVER: Not cases.

9 CHAIRMAN KOTELCHUCK: Oh, okay,
10 okay, 82 findings. Alright. Because like
11 today we had one finding with ten, one case with
12 ten findings. Fine. Because I do believe we
13 can finish up if we push hard --

14 MR. KATZ: At the next meeting.

15 CHAIRMAN KOTELCHUCK: -- at the
16 next meeting.

17 MR. KATZ: Yes.

18 CHAIRMAN KOTELCHUCK: And I hope we
19 can put a focus on getting that done.

20 MR. STIVER: I'd like to see them
21 all done. I'm sure there has to be work to --

22 CHAIRMAN KOTELCHUCK: Right. And

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1 I hope we can force ourselves to focus tight on
2 those.

3 MR. STIVER: Yes.

4 CHAIRMAN KOTELCHUCK: Okay.

5 MR. FARVER: Dave, this is Doug.
6 I'm going to go through each one of those and
7 check it off to verify that number.

8 CHAIRMAN KOTELCHUCK: Yes.

9 MR. FARVER: You know, in the past
10 when we did these sets by complete set, all the
11 findings were in one matrix.

12 CHAIRMAN KOTELCHUCK: Right.

13 MR. FARVER: But now, since we are
14 jumping around by site, the bookkeeping's a
15 little trickier. So I want to go through and
16 just, you know, make sure I account for every
17 finding. And then I can give you whether that
18 number's good or not.

19 CHAIRMAN KOTELCHUCK: I appreciate
20 that. I will admit that that has been a little
21 crazy. And, in fact, if I were a little bit on
22 top of it, I probably should have started with

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1 Oak Ridge today which we don't have too many
2 findings on.

3 Two of the three files had not too
4 many findings. And the one we covered today had
5 lots of findings. So I'd appreciate if you were
6 to do that and send it out.

7 MR. KATZ: Okay. And then the
8 other, just to keep things rolling with the rest
9 too, I think NIOSH folks had gotten a start on
10 Sets 14 through 18 with answers. But we want
11 to just keep that process going.

12 CHAIRMAN KOTELCHUCK: Right.

13 MR. FARVER: Even though the
14 Subcommittee hasn't gotten to resolving any of
15 them, if NIOSH will keep chewing away at
16 answering the findings for those sets, that'd
17 be great.

18 MR. SIEBERT: That is correct.
19 That's exactly what we're doing.

20 MR. FARVER: Yes, thank you.

21 CHAIRMAN KOTELCHUCK: Very good.
22 Appreciate it.

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1 MR. FARVER: Good, that's great.

2 CHAIRMAN KOTELCHUCK: Okay. So,
3 is there anything more to say on blind reviews?

4 MR. KATZ: No. We just don't have
5 time to mess with that.

6 CHAIRMAN KOTELCHUCK: Right.
7 Okay. Sounds good. Folks, thank you all very
8 much. Have a very good rest of the summer,
9 although we will be meeting before the end of
10 the summer anyway. So I'll see or speak to many
11 of you later.

12 MEMBER MUNN: Very good.

13 CHAIRMAN KOTELCHUCK: Thank you,
14 everybody.

15 (Whereupon, the above-entitled
16 matter went off the record 4:40 p.m.)

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