

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 ON DOSE RECONSTRUCTION REVIEWS

+ + + + +

WEDNESDAY
OCTOBER 29, 2014

+ + + + +

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

PRESENT:

WANDA I. MUNN, Acting Chair
BRADLEY P. CLAWSON, Member
JOHN W. POSTON, SR., Member
DAVID B. RICHARDSON, Member

ALSO PRESENT:

TED KATZ, Designated Federal Official
HANS BEHLING, SC&A
KATHY BEHLING, SC&A
RON BUCHANAN, SC&A
GRADY CALHOUN, DCAS
RAY COOPER
DOUG FARVER, SC&A
ROSE GOGLIOTTI, SC&A
MARY ANN JACOBS
JENNY LIN, HHS
JOHN MAURO, SC&A
DAN McKEEL
BETH ROLFES, DCAS
SCOTT SIEBERT, ORAU Team
JOHN STIVER, SC&A

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T-A-B-L-E O-F C-O-N-T-E-N-T-S

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

2 (10:30 a.m.)

3 MR. KATZ: I'm going to start roll
4 call. For Board Members I'm just going to run
5 through your conflicts so that you don't have
6 to remember them and I know you're all in
7 attendance now and I don't expect other Board
8 Members. But I'll check.

9 (Roll call.)

10 MR. KATZ: Okay. The agenda for
11 the meeting is on the NIOSH website under the
12 Board section today's date. And I think we can
13 begin then. And Wanda is, just for everyone's
14 awareness then on the line, Dr. Kotelchuck is
15 out with a family emergency.

16 So Wanda is chairing for today.
17 And we'll have an abbreviated session today
18 because we lose our quorum around 1:30 this
19 afternoon. Wanda, it's your meeting.

20 ACTING CHAIR MUNN: Thank you very
21 much, Ted. I think all of you are as familiar
22 with the agenda as I am. I am sorry we're

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1 having to do without Dave today, but we'll do
2 the best we can and hope him good wishes and good
3 results with his problems.

4 I have spoken with David about how
5 to proceed here and have had some
6 communications with Doug. I think the general
7 consensus is that since we have a couple of
8 outstanding issues with a couple of the
9 matrices that we have for today's meeting, it
10 would probably be a wise idea for us to begin
11 our deliberations with those two matrices where
12 we have only a small number of outstanding
13 issues that we need to close, namely the Hanford
14 and ORNL matrices.

15 So if there's no concern with our
16 taking that direction I think we'll start with
17 those two and then go on to the other remaining,
18 outstanding issues that we have with the 10-13
19 sets. David Kotelchuck had indicated that it
20 was his desire that we do as much as possible
21 to try to close out those 10-13. So if you have
22 any objection to that please let me know now.

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1 MR. CALHOUN: I think that's a
2 great idea, Wanda.

3 ACTING CHAIR MUNN: Okay, not
4 hearing any then let's proceed with, Doug, I
5 believe you have the conn.

6 MR. FARVER: Okay. Well let's
7 start with the Hanford matrix first. And there
8 is only one outstanding finding in that matrix.
9 And for Rose, who is going to be doing the Live
10 Meeting for me, it's on Page 17. It's Finding
11 242.1.

12 Let's see, and just while she's
13 bringing that up I'll try to recap it. The
14 initial finding said incorrect accounting of
15 recorded photon dose. And it has to do with a
16 positive 1947 dose that should have been
17 included in the final dose.

18 And we've had previous discussions
19 about this finding. And what it amounted to
20 was the last action was in April of 2014. NIOSH
21 was reviewing the workbooks to determine the
22 extent of any problem and will produce a written

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1 report.

2 We had some issues about the
3 workbook and how it was summing things and so
4 forth. Is that on the screen now?

5 ACTING CHAIR MUNN: I can't tell
6 you for sure because I'm just coming up myself.

7 MR. FARVER: Okay.

8 MS. GOGLIOTTI: I think I have it up
9 there, Doug.

10 MR. FARVER: Okay. So NIOSH's
11 action was to go back and look at it, see if
12 there's a problem and produce a written report.
13 In June they did that and they sent a file for
14 review, which I did.

15 Their response: historical claims
16 were reviewed and then only two were impacted
17 by the tool issue. So it's not a big problem.
18 Anyway, I reviewed the file that they sent.
19 And I agree with what they have in their error
20 calculation file.

21 So I have no problems with closing
22 this issue. It's been looked at. It was

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1 determined not to have a huge impact on other
2 cases.

3 MEMBER CLAWSON: This is Brad. I
4 move to close it then.

5 MR. SIEBERT: This is Scott. Just
6 another thing I do want to point out and thank
7 you, Doug, that was great. This claim that was
8 done, it's a 2006 claim. So there is the
9 question about the QC on the tools. This was
10 prior to many of the discussions we've had on
11 our QC process, QA/QC process on the tools.

12 I just wanted to point out it was an
13 earlier claim so that we're all aware of that.

14 ACTING CHAIR MUNN: Although we'll
15 have to admit given the material we've been
16 looking at in past meetings, 2006 wasn't that
17 long ago. Does anyone have any concerns that
18 have not been covered by our discussions?
19 Anyone have any objection to our closing this
20 item?

21 If not then let's do consider this
22 closed. And do I understand correctly that

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1 takes care of the Fernald/Hanford cases?

2 MR. FARVER: I believe that closes
3 that matrix. I didn't see any other
4 outstanding issues.

5 ACTING CHAIR MUNN: Very good.
6 That's good news. Alright. Then if we've
7 taken care of that matrix, let's see if we can
8 do as well with Oak Ridge.

9 MR. FARVER: Okay, let me finish up
10 then with this matrix. I'm closing it. And
11 the next one will be the 10-13 Oak Ridge sites.

12 And there are, I think, actually
13 four findings. But we'll probably close all of
14 them hopefully. The first one being 247.1.

15 ACTING CHAIR MUNN: I have that on
16 Page 7 of this matrix.

17 MR. FARVER: 2.1, okay.

18 ACTING CHAIR MUNN: Incorrect
19 exposure period.

20 MR. FARVER: Right and this had to
21 do with how the exposure period was prorated.
22 And it was prorated incorrectly. And from

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1 April it was still open pending NIOSH to look
2 at it. In June they provided a response,
3 application of all corrections discussed from
4 this claim resulted in the final PoC of 49.25
5 percent.

6 The question was since with all
7 these changes in the prorating, you know, how
8 would this affect the PoC? And so they went and
9 looked at that and they came back with their
10 answer so we can, what we suggest is closing
11 this.

12 ACTING CHAIR MUNN: Any concerns,
13 any comments?

14 MEMBER CLAWSON: Doug, this is
15 Brad. Do you remember what the PoC was before?

16 MR. FARVER: No, but I can find it.

17 MEMBER CLAWSON: That's all right.
18 I was just wondering how much of a change we had
19 from --

20 MR. SIEBERT: If I remember
21 correctly it was around 48.5, this is Scott.

22 MEMBER CLAWSON: Thanks.

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1 MR. FARVER: Yes, because it was
2 close to 50 and the concern was it might go over
3 50.

4 MEMBER CLAWSON: That's what I
5 recollected. I just didn't remember what it
6 was on that.

7 ACTING CHAIR MUNN: Any other
8 concerns or comments? If not we accept SC&A's
9 recommendation to close.

10 MEMBER CLAWSON: Close it.

11 ACTING CHAIR MUNN: Sorry, what was
12 that?

13 MEMBER CLAWSON: I said, this is
14 Brad, we can close it.

15 ACTING CHAIR MUNN: Okay. Thank
16 you, Brad.

17 MR. FARVER: Okay. The next one is
18 247.2.

19 ACTING CHAIR MUNN: Inappropriate
20 methods used to determine the model photon dose
21 at Y-12.

22 MR. FARVER: Yes, and --

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1 ACTING CHAIR MUNN: The
2 documentation has now been reviewed, I trust?

3 MR. FARVER: Right and the reason
4 the finding originated is because a different
5 spreadsheet was included with this work package
6 that we had not seen before, and it was not like
7 the usual calculations we would see for
8 coworker data. Anyway, NIOSH's action
9 was to prepare a package that we could review
10 explaining, you know, the worksheet. And they
11 did so and we did so. And so now we understand
12 that worksheet and --

13 ACTING CHAIR MUNN: And we can
14 close the item.

15 MR. FARVER: Yes.

16 ACTING CHAIR MUNN: Any comments,
17 any concerns? If not then the Subcommittee
18 accepts the recommendation of SC&A to close
19 this item.

20 PARTICIPANT: Is there a procedural
21 process?

22 ACTING CHAIR MUNN: Is there a

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1 procedural process for what?

2 MR. KATZ: Wanda, I think that was
3 someone who should be muted who was speaking.

4 PARTICIPANT: I will hit mute,
5 sorry.

6 MR. KATZ: Correct, thanks.

7 MR. FARVER: Okay, that takes care
8 of those two. And next we go to 248.1, Page 12.

9 ACTING CHAIR MUNN: Incomplete
10 accounting of recorded dose.

11 MR. FARVER: Okay. This is the
12 ORNL dosimetry card issue. We've discussed
13 this in the past where there are some
14 handwritten numbers on the cards and sometimes
15 those numbers are, well anyway, it was a matter
16 of how they were interpreted because we'll have
17 two findings here that we looked at for
18 different cases. There was one way they were
19 interpreted in one case and in another case they
20 were interpreted a different way.

21 But we've talked about that. But
22 the action was for NIOSH to go back and look at

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1 this dosimetry card interpretation and kind of
2 give us a better explanation on that.

3 ACTING CHAIR MUNN: And they've
4 given us a White Paper on this.

5 MR. FARVER: Yes, they did.

6 ACTING CHAIR MUNN: Doug, I'm
7 assuming that all of the Subcommittee Members
8 have seen the White Paper and had an opportunity
9 to see for themselves some examples of those
10 dose cards. If not they are available through
11 you. Any questions, any problems, otherwise
12 the Subcommittee will accept SC&A's
13 recommendation to close this item.

14 DR. MAURO: Wanda, this is John
15 Mauro. I just have a process question.

16 ACTING CHAIR MUNN: Yes, John.

17 DR. MAURO: As we go through the
18 process of the White Paper's response, the give
19 and take regarding particular issues we're
20 discussing, in some cases one of the things I
21 was thinking about is the degree to which these
22 types of concerns and how they were resolved,

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1 that they need to be reflected in let's say a
2 next revision of a Site Profile or are these so
3 unique to this worker, for example, that they
4 really do not have any impact on the Site
5 Profile. But the degree to which it may have
6 applicability a little more broadly, it may not
7 be currently addressed in the Site Profile.

8 I don't know if that applies to any
9 of the items we just discussed but I thought I
10 would just pass those thoughts on to the
11 workgroup, the Subcommittee.

12 MR. SIEBERT: This is Scott
13 Siebert. John, you read my mind. I was just
14 about to say this. This one is entirely the
15 case. Yes, this is a generic issue for the data
16 for 1956. All the dosimetry cards have the same
17 issue.

18 The data all looks identical with
19 these "D" doses. So what I was going to mention
20 is we have updated the dose reconstruction
21 guidance document for ORNL. So that
22 information is now in there for the dose

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1 reconstructors to be handling this
2 consistently.

3 It pretty much repeats what this
4 paper is saying to you, the D doses in lieu of
5 the third and fourth quarters. It has also
6 been given to the data entry folks and they have
7 updated their data entry aids to address the
8 situation so that they will include the data
9 consistently that they see in that year as well.

10 DR. MAURO: Wonderful. Thank you.

11 ACTING CHAIR MUNN: And, John, from
12 the 30,000 foot viewpoint, as you probably
13 remember, we've encountered this same
14 discussion in the other Subcommittee from time
15 to time and my personal assessment is that our
16 only option in cases like this is to make the
17 judgment call at the time as to whether or not
18 it has broader applicability.

19 DR. MAURO: Right. And that's why
20 I brought it up because it's certainly
21 something I think as we go through the process
22 we're going through right now.

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1 ACTING CHAIR MUNN: Yes. It's
2 worth bringing the issue up each time it appears
3 that it might be generic. Thank you, John.
4 Any other discussion with respect to this item?
5 I believe we've already said that it's closed.

6 MR. FARVER: Wanda, I just want to
7 make sure I've got the wording right for this.
8 I've included that NIOSH provided a White Paper
9 to the DRSC, revised the DR guidelines and the
10 information will be included in data entry, in
11 the data entry technical guide.

12 MR. SIEBERT: Technically it has
13 already been included in the guide for the data
14 entry folks.

15 MR. FARVER: Okay, and it's
16 included.

17 ACTING CHAIR MUNN: It's now
18 included, yes.

19 MR. FARVER: Okay, thank you.

20 ACTING CHAIR MUNN: You bet, thank
21 you.

22 MR. FARVER: Next is 249.1 on Page

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1 15. And it is the same issue. This is the same
2 White Paper.

3 ACTING CHAIR MUNN: Any problems,
4 any comments? This is one of those fortunate
5 cases where we can kill two with a blow.
6 Hearing no concerns one way or the other I think
7 we can duplicate the same wording on this one,
8 Doug.

9 MR. FARVER: Okay.

10 ACTING CHAIR MUNN: And the
11 Subcommittee accepts SC&A's recommendation to
12 close this.

13 MR. FARVER: And that will close
14 out that matrix too.

15 ACTING CHAIR MUNN: The Oak Ridge
16 matrix closed, 10/29/14. That's great. The
17 Chairman of the Subcommittee will be so
18 pleased. Now then our next move then is to the,
19 I'm sorry, I'm groping for the right --

20 MR. FARVER: You can either go
21 through the remaining sites which is --

22 ACTING CHAIR MUNN: Well I thought

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1 we would go through remaining sites. But we
2 haven't really and truly addressed them, have
3 we?

4 MR. FARVER: It's a little
5 confusing. There's DCAS sites and then
6 there's remaining sites. Remaining sites is
7 what we worked on the last meeting and we didn't
8 get finished. It looks like about 11 pages to
9 go.

10 And the DCAS sites we haven't even
11 started.

12 ACTING CHAIR MUNN: Well, yes, but
13 we did start the remaining sites. You were
14 correct about that. So let's do that. And
15 that starts with --

16 MR. FARVER: It starts with Finding
17 244.1, which should be on Page 61 at the very
18 bottom.

19 ACTING CHAIR MUNN: That's way down
20 there.

21 MR. FARVER: And while this is
22 getting put on the screen I can just give you

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1 a little background. This is --

2 ACTING CHAIR MUNN: Annual intake
3 underestimate, right?

4 MR. FARVER: Right. And it has to
5 do with the environmental intake workbook
6 that's used. And at the time we did our audit
7 we did not understand the workbook and how it
8 changes the intake values from year to year but
9 that's internal in the workbook.

10 So we wrote this finding. This is
11 similar to a finding we wrote and talked about
12 the last meeting for a different site. And
13 this goes back, you know, three or four years
14 since we've done the 11 set.

15 The issue has been addressed. We
16 addressed this in, gosh, the Subcommittee
17 meeting in Cincinnati one time, I believe. So
18 it's been addressed. We understand it now.
19 But at the time we did not.

20 ACTING CHAIR MUNN: It has been
21 discussed.

22 MR. FARVER: Yes, yes, years ago.

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1 ACTING CHAIR MUNN: And what I'm
2 hearing is that SC&A is now accepting of the
3 explanation that NIOSH has given and unless
4 there is some comment or concern outstanding
5 from the Subcommittee can we accept this
6 recommendation to close? Hearing no objection
7 the Subcommittee accepts the recommendation.
8 This item is now closed.

9 MR. SIEBERT: Wanda, this is Scott
10 again. Just one minor comment. We jumped all
11 the way down to 244. There was one that was
12 still open prior to that.

13 ACTING CHAIR MUNN: Thank you.
14 Let's make sure we have this one closed and then
15 we'll go back, Scott.

16 MR. FARVER: You're correct.
17 It's, let's see --

18 MR. SIEBERT: 265.1.

19 MR. FARVER: Actually let's just go
20 back and I can give you an update. We had three
21 actions on SC&A's part. We'll go back to 228,
22 Observation 2, this is where we, I'll try to get

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1 you a page number real quick.

2 ACTING CHAIR MUNN: 228. I
3 thought we started --

4 MR. FARVER: Well we officially
5 closed it but we had an action too and I'm trying
6 to get it. It's an observation to the finding
7 or finding to an observation and reissue the
8 report. We had three of these.

9 And the changes have been made and
10 the reports have not been issued. So when the
11 reports are issued or reissued again, I will go
12 back in here and make the appropriate changes.
13 For example, 228, Observation 2 is to change
14 that to a finding.

15 So when that becomes a finding it
16 gets a finding number. It gets criteria from
17 Table 2 and if there's any other updates I need
18 to do to change the finding numbers in that
19 case. And I just go over to 291.1 to change a
20 finding to an observation.

21 So I went back to the report. Had
22 to, you know, change a little wording, deleted

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1 the finding and made it an observation. Then
2 we'll reissue that, and I'll go back and change
3 it to the numbering in the findings matrix.
4 And 234 was another issue where we had to change
5 an observation to a finding.

6 So when all that gets finalized and
7 the reports are issued I will come back to this
8 matrix and put in the appropriate finding
9 numbers and categories.

10 MR. KATZ: Doug, I'm sorry to
11 interrupt. But there's some background noise
12 and someone was shouting "no, no". Please
13 everyone who doesn't have a speaking role,
14 please mute your phones. If you don't have a
15 mute button press star six, that will mute your
16 phone.

17 But please mute your phones and if
18 you need to leave the call at some point hang
19 up, don't put the call on hold because that will
20 also cause problems. Thank you. Okay. Go
21 ahead, Doug, sorry.

22 MR. FARVER: Okay. So we had those

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1 three changes and when the reports get reissued
2 I'll go back and update the finding numbers if
3 I need to because I know some of them it affected
4 all the findings, the numbers changed. And
5 what Scott was referring to is 265.1.

6 MS. GOGLIOTTI: Page 35.

7 MR. FARVER: Page 35. Okay. The
8 finding number, ambient doses may not be
9 claimant-favorable.

10 MR. KATZ: Doug, can you state the
11 site please?

12 MR. FARVER: The site is Mound.

13 MR. KATZ: Thank you.

14 MR. FARVER: 265.1.

15 ACTING CHAIR MUNN: Ambient doses
16 may not have been claimant-favorable. Okay.
17 Did submit urine samples.

18 MR. FARVER: Okay. Scott, would
19 you like to explain the White Paper a little bit
20 that you wrote or the response to this because
21 it will probably help explain it a little
22 better?

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1 MR. SIEBERT: Sure, no problem.
2 The background on this is there was a year for
3 this individual where they had two samples for
4 polonium, urine samples, but they did not have
5 any external monitoring.

6 And what we pointed out is
7 originally there was no external dose assigned
8 during that year because the TBD is very clear
9 that people were monitored if they needed to be
10 so if there is a period where an individual does
11 not have badging, ambient is to be assigned
12 because it's appropriate.

13 This individual, as pointed out as
14 I said, had two bioassay urine samples during
15 the same year that he was unmonitored or he or
16 she, I actually don't remember, was unmonitored
17 with a badge. So it's an unusual situation
18 someone would be monitored for internal and not
19 for external.

20 So what the Subcommittee asked us to
21 do is to review that a little bit further and
22 determine if that's a larger problem or if it's

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1 a really unusual case for this specific claim.
2 We went back and we looked at it.

3 And the fact that the site expert
4 who deals with the claims also is owner of the
5 TBD as well as some of the other dose
6 reconstructors that do many of the Mound
7 claims, they said in their recollection this is
8 the first time they had seen that issue where
9 there was actually urine bioassay during a time
10 frame that there was no external monitoring.

11 Not to say that it never occurred,
12 but it did not, none of them recalled, for
13 emergent events that they had seen. So looking
14 back at it, we've determined it seems to be an
15 unusual circumstance and we agree that in this
16 case it's a reasonable assumption to backfill
17 that unmonitored time frame with adjacent
18 cycles since there is no coworker for Mound
19 based on the fact that, as I said, the TBD states
20 that people were monitored, they were monitored
21 when they needed to be.

22 So in this very unusual

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1 circumstance it seems reasonable to use the
2 adjacent cycles to actually assign an
3 unmonitored dose for this individual rather
4 than ambient. So I've also included in here
5 suggested wording that's going into the Mound
6 TBD presently in process.

7 There's going to be an update to the
8 TBD. If you see the red wording at the end of
9 that section before the references it's just
10 clarifying for the dose reconstructors [that]
11 here is a rare case where you make the
12 unmonitored dose such as internal monitoring
13 where there's no external monitoring and that
14 can be reasonably filled with adjacent cycles.

15 MR. FARVER: Scott, is this the red
16 wording? Is that the change?

17 MR. SIEBERT: Correct.

18 MR. FARVER: Okay.

19 MR. SIEBERT: Yes, that's just
20 inserted into what is presently going into the
21 new TBD.

22 ACTING CHAIR MUNN: Any comments or

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1 concerns? If not I think we're good on that
2 one. Thank you for the explanations. And if
3 we have one remaining one on this group.

4 MR. FARVER: Let me finish updating
5 and I will check it out.

6 ACTING CHAIR MUNN: Alright. I'm
7 going through this again very quickly. 234 is
8 one of the observation changes. TBD update on
9 Simonds. And otherwise I don't see anything
10 else that's highlighted. Have we missed
11 anything?

12 MR. FARVER: No, those were the
13 ones that we had actions on, those four issues.
14 And --

15 ACTING CHAIR MUNN: Can we now
16 close --

17 MR. FARVER: There was one TBD
18 update.

19 ACTING CHAIR MUNN: Yes. We have a
20 couple of those with that in terms of our
21 actions here. I don't see anything else on
22 this matrix unless I'm missing something.

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1 MR. FARVER: No, those were the
2 only ones there were actions on.

3 ACTING CHAIR MUNN: Alright. We
4 can call the remaining sites for the 10-13 sets.

5 MR. FARVER: No, no, no. We have
6 to go back to 244; there's an observation. So
7 that's at Page 62.

8 ACTING CHAIR MUNN: But I thought
9 only those, the only two outstanding I saw were
10 --

11 MR. FARVER: Those were the ones
12 that we had gotten to in the past and we had
13 actions on. There are still several pages of
14 findings that we have not even discussed yet.

15 ACTING CHAIR MUNN: Page --

16 MR. FARVER: Top of Page 62 there's
17 an observation, which really is the same as
18 Finding 244.1. It has to do with the
19 environmental intakes changing over the years
20 and the workbook. So that was really the same.

21 ACTING CHAIR MUNN: We're still
22 talking about Observation 244, right?

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1 MR. FARVER: Right. It's the same
2 as 244.1. The reason it was not made a finding
3 is because there's no dose. The dose is --

4 ACTING CHAIR MUNN: Right. Right.

5 MR. FARVER: Okay.

6 ACTING CHAIR MUNN: Any concerns
7 with that? I don't see any need personally.

8 MR. FARVER: No, it falls under the
9 same as 244.1.

10 ACTING CHAIR MUNN: And you've
11 already said that it's understood and accepted.

12 MR. FARVER: Right.

13 ACTING CHAIR MUNN: So --

14 MR. FARVER: So next we move on to
15 Case 313, but there are no findings. There is
16 just one observation. And really the
17 observation has to do with --

18 MR. KATZ: I'm sorry, Doug, can you
19 name the site when you start the case?

20 MR. FARVER: The site, SLAC,
21 Stanford Linear Accelerator.

22 MR. KATZ: Thank you, Doug.

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1 MR. FARVER: It has to do with the
2 uncertainty factor changing from 1.3 to 1.2 in
3 the middle of, for '72 and later. And we
4 thought it could be better documented in the
5 dose reconstruction report. That was all.

6 ACTING CHAIR MUNN: Okay. No real
7 --

8 MR. FARVER: No real action.

9 ACTING CHAIR MUNN: I see no reason
10 why that should remain on our list of concerns.
11 Does someone else have any concern with that?
12 We've already said no response is needed. So
13 I think we're good with that one without hearing
14 any comments to the contrary.

15 MR. FARVER: The next case is W.R.
16 Grace 315.1. NIOSH did not include the
17 dosimetry correction factor of 1.3 to convert
18 measured dose to organ dose. And this goes
19 back to the technical basis document that says
20 you should include an uncertainty of 1.3.

21 And then in the NIOSH's response, I
22 believe the basis for their response is it was

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1 using OTIB-17 for the skin cancers. You don't
2 use dose confirmative factor of one therefore
3 you don't use the uncertainty of 1.3. John
4 Mauro, I don't know if you have any comments.
5 This is one of your AWE cases.

6 DR. MAURO: Yes, for skin cancer
7 the dose, the standard practice is just using
8 the one and not the 1.3. I agree with that.

9 ACTING CHAIR MUNN: Any concerns,
10 any comments? Otherwise we're closing the
11 W.R. Grace 315.1.

12 MR. FARVER: Excuse me. 315.2,
13 the dose construction underestimates the
14 shallow dose. NIOSH's response is rather
15 lengthy.

16 ACTING CHAIR MUNN: Yes.

17 MR. KATZ: Doug, can you go ahead
18 and summarize it please?

19 ACTING CHAIR MUNN: It's fairly
20 complex. Concerns about the beta dose.

21 MR. SIEBERT: This is Scott.
22 Basically the bottom line is the records at W.R.

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1 Grace switched the way they reported shallow
2 dose in the 1969 to '70 time frame. The TBD is
3 pretty clear that it was at about '70.

4 This was an unusual case, the claim
5 we're looking at in these records actually
6 switched over for this individual in '69 how
7 they changed it as opposed to in '70. So it was
8 an unusual situation we haven't seen before.

9 So the dose reconstructor, if I
10 remember correctly, actually addressed this
11 with the new methodology as they should have
12 dealing with the new type of data. And what
13 we've done is we've also updated the W.R. Grace
14 guidance to give the dose reconstructors a
15 heads up that this is a possibility they can see
16 in 1969 and how to handle it. Did I just say
17 that to everybody muted?

18 ACTING CHAIR MUNN: No.

19 MR. KATZ: No, it was beautifully
20 clear. Thank you, Scott.

21 ACTING CHAIR MUNN: We got it.
22 Thanks and the notation we have says that is

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1 understood. It says roger and out here but we
2 are still carrying it. It looks like we can
3 close that unless I hear comments to the
4 contrary. I believe SC&A has recommended that
5 we close it, correct?

6 And I believe the explanation is
7 acceptable. Hearing no comment to the
8 contrary, the Subcommittee accepts the
9 recommendation to close for 315.2.

10 MR. FARVER: Okay. In 315.3 NIOSH
11 responded, addressed all missed shallow dose.
12 And I believe this is, well let's see, it's
13 similar, but it has to do with data changing
14 between '68 and '70 and how the data is
15 interpreted.

16 ACTING CHAIR MUNN: But it's
17 explained here and appears to have been
18 acceptable to SC&A. The contractor accepts
19 this and recommends that we close. Does the
20 Subcommittee have any other comments or
21 concerns? If not we accept the explanation and
22 the recommendation. 315.3 is now closed.

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1 MR. FARVER: 315.4, NIOSH did not
2 receive all the requested or available data
3 regarding the bioassays. Give me a second, I
4 want to call up the original finding.

5 ACTING CHAIR MUNN: It looks as
6 though the TBD describes this adequately.

7 MR. FARVER: Yes, it has to do with
8 some information within the CATI report where
9 the worker states that he was restricted at
10 times for waiting for the count to come down
11 where this might be an indication of
12 restrictions due to bioassay results that
13 implies that records may not have been found or
14 turned over to NIOSH. So that's the basis for
15 the finding.

16 ACTING CHAIR MUNN: TBD default
17 intakes were used. And they were
18 overestimating the responses. That being the
19 case I'm sure that's the basis on which the
20 contractor indicates that he's understood and
21 accepted the explanation. If there is any
22 comment or concern from the Subcommittee please

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1 speak now.

2 Hearing none the Subcommittee
3 accepts the SC&A recommendation to close this
4 item, 315.4. It is now closed.

5 MR. FARVER: Okay. The next one is
6 an observation at the bottom of the page where
7 we believe that NIOSH shouldn't assign a
8 minimal occupational internal dose.

9 ACTING CHAIR MUNN: And there's an
10 SEC covering that and the individual's
11 employment date?

12 MR. FARVER: So we are unable to
13 because of the SEC.

14 ACTING CHAIR MUNN: Any concerns or
15 comments from the Subcommittee? If not we
16 accept the contractor's statement that the
17 explanation is acceptable. Observation 1 of
18 315 is closed.

19 MR. FARVER: Okay. Next we move on
20 to Westinghouse, Case 316.

21 ACTING CHAIR MUNN: That template
22 has been updated so that won't occur again.

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1 MR. FARVER: Right, this was air
2 monitored internal doses based on their samples
3 that were taken in '71 and '72. But we couldn't
4 verify it because the documents were not
5 referenced in the DR report.

6 We could not verify the model that
7 was used. We updated the template for
8 Westinghouse to include these references,
9 which is good. So we have no concerns over that
10 now.

11 ACTING CHAIR MUNN: This is
12 acceptable to SC&A and their recommendation is
13 to close. Any comments from the Subcommittee?
14 Hearing none, 316 is now closed.

15 MR. FARVER: And that will move us
16 to Case 322.

17 ACTING CHAIR MUNN: Weldon.

18 MR. FARVER: Which is Mallinckrodt
19 and Weldon Spring case. And for the first
20 finding, NIOSH used a dose equivalent, dose
21 conversion factors instead of the correct
22 exposure factors.

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1 I believe NIOSH is agreeing here
2 that they should have used the other correction
3 factors or different correction factors.

4 MR. SIEBERT: That is correct,
5 Doug.

6 MR. FARVER: And there was a PER?

7 MR. SIEBERT: Correct. There was
8 a Mallinckrodt PER that was conducted in August
9 of 2012. And then we went back and looked at
10 that and they did use, I guess, a correct DCS
11 in the PER assessment and there was no change
12 in compensability.

13 MR. FARVER: Okay. But the PER
14 wasn't for the dose conversion factor?

15 MR. SIEBERT: No, it [was] for the
16 update to the Mallinckrodt TBD.

17 MR. FARVER: Okay. So given that
18 the TBD has been updated and the PER was
19 conducted to take care of those changes we
20 suggest closing it.

21 ACTING CHAIR MUNN: Do I hear any
22 concerns or comments? If not the Subcommittee

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1 accepts the recommendation to close and
2 Mallinckrodt Weldon Springs, Item 322.1 is now
3 closed.

4 MR. FARVER: And 322.2 is the same
5 thing, it's for the mixed photon dose I believe.

6 MR. SIEBERT: That is correct.

7 MR. FARVER: So it's the same
8 issue, same response.

9 ACTING CHAIR MUNN: Any concerns
10 from the Subcommittee? If not we accept the
11 recommendation. It's now closed, 322.2.

12 MR. FARVER: Okay. 322.3.

13 ACTING CHAIR MUNN: Incorrect
14 organ used.

15 MR. FARVER: Yes, they used the
16 gall bladder instead of the urinary bladder to
17 do the dose on the prostate. I think that's it.

18 ACTING CHAIR MUNN: Would not have
19 changed the decision.

20 MR. FARVER: Okay.

21 ACTING CHAIR MUNN: Alright. If
22 the Subcommittee has any comment with respect

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1 to the response and the acceptance by SC&A? If
2 not we can close that item. 322.3 is closed.

3 MR. FARVER: Now this looks like, I
4 don't know, is this something we call a QA
5 concern because they used the wrong organ?

6 MR. SIEBERT: This is Scott. I
7 would agree.

8 MR. FARVER: Do you want me to,
9 right now we don't have QA concern anywhere in
10 this finding, do you want me to put it
11 somewhere?

12 MR. SIEBERT: I believe that's
13 reasonable.

14 ACTING CHAIR MUNN: I think so.

15 MR. FARVER: Okay.

16 MR. KATZ: Just for clarity, Doug,
17 aren't all of these three findings QA?

18 ACTING CHAIR MUNN: Pretty much so.

19 MR. FARVER: Yes.

20 MR. KATZ: Okay, thanks.

21 MR. FARVER: So, I probably should
22 include it somewhere. You want me to include

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1 it under the action at the very right or do you
2 want me to put it under --

3 MR. KATZ: I mean aren't the
4 findings classified as QA? I mean isn't that,
5 don't you have that covered already?

6 ACTING CHAIR MUNN: Isn't that what
7 the category is?

8 MR. FARVER: These categories are a
9 little different. They're not all the same.
10 It looks like there's --

11 ACTING CHAIR MUNN: Yes, I see
12 they've changed. I never can have the category
13 list in front of me to identify exactly what
14 that --

15 MR. FARVER: Because at the time
16 that we categorize the finding we don't always
17 know whether it's a QA or not a QA.

18 ACTING CHAIR MUNN: Yes.

19 MR. KATZ: Right, I'm just saying
20 at this point don't we categorize it as a QA?

21 ACTING CHAIR MUNN: Yes.

22 MR. FARVER: Yes, we could or we can

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1 just put QA in or do both.

2 MR. KATZ: Well whatever works for
3 when you do your accounting for reports. So
4 however you need to do it for that, that's what
5 I think would be useful.

6 ACTING CHAIR MUNN: That seems to
7 be the key.

8 MR. FARVER: Okay.

9 ACTING CHAIR MUNN: To be labeled
10 to pick it up.

11 MR. KATZ: Exactly.

12 ACTING CHAIR MUNN: When you roll
13 it out.

14 MR. FARVER: Okay, I will.

15 MR. KATZ: Thanks, Doug.

16 MR. FARVER: I'll add it to each of
17 the findings. Okay. That will take care of
18 Case 322. The next case is Pacific Proving
19 Grounds, Case 325.

20 ACTING CHAIR MUNN: Point one:
21 failure to properly account for all recorded
22 photon dose.

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1 DR. H. BEHLING: Can I interrupt?
2 This is Hans Behling. I think I should take
3 this, Doug.

4 MR. FARVER: Yes, you should
5 because it says to discuss and I'm not one to
6 discuss this case.

7 DR. H. BEHLING: Okay. This was a
8 special case here. It involves an individual
9 who served two tours of duty at the Pacific
10 Proving Grounds in the early 50's and then in
11 the late 50's.

12 And I reviewed that particular case
13 because of my familiarity with the Marshall
14 Island work that I did. And I realized that
15 this particular dose reconstruction was based
16 on a TBD that was issued in 2006 and that TBD
17 had really never been reviewed by SC&A.

18 And I identified a total of seven
19 findings. And most of those findings were
20 really targeting the actual TBD that was used
21 for the dose reconstruction. And it was half
22 on because of the concerns that the TBD had

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1 never been reviewed and then in, let's see, in
2 2012 SC&A was authorized to review the PPG Site
3 Profile separately.

4 And there are identified nine
5 findings which truly affect this particular
6 case. And we have discussed this I think on
7 several occasions and also there were a series
8 of memos that were exchanged between NIOSH and
9 SC&A that involved this particular case and the
10 TBD that was used.

11 And the conclusion was that the TBD
12 was going to be revised significantly and that
13 was in response to my concerns that I raised.
14 And I guess on May 20th of this past year NIOSH
15 responded to each of these nine findings and in
16 looking at the findings they were all tied to
17 this particular case.

18 So at this point I think what is
19 likely to happen is that upon the revision of
20 this particular PPG Site Profile, there may be
21 or at least I'm projecting that there will be
22 a PER that will be issued that will address all

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1 of the changes that will be incorporated in the
2 revision of the TBD and as a result this case
3 will probably be subject to reevaluation among
4 the cases.

5 By the way this particular case
6 involves a melanoma, which is not included in
7 the SEC. And so I suspect that if a PER is
8 issued in behalf of the revisions through the
9 PPG Site Profile, these cases will be affected
10 and I would at this point assume there would be
11 little or no purpose in addressing the findings
12 that are initially identified.

13 And unless somebody has a change in
14 heart here, I would recommend that we put this
15 on the back burner until we have a chance to
16 review the revised PPG Site Profile and perhaps
17 subsequently to that the PER that may come to
18 pass and would involve not just this case but
19 many other cases as well.

20 ACTING CHAIR MUNN: Thank you,
21 Hans. That's certainly an excellent
22 recommendation. It seems to have great merit

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1 from my perspective. Comments from the other
2 Subcommittee Members?

3 MEMBER CLAWSON: This is Brad. I
4 agree with Hans.

5 ACTING CHAIR MUNN: Thanks, Brad.
6 It does seem to me that addressing this right
7 now is getting our cart before the horse a
8 little bit.

9 MR. KATZ: So may I make a
10 suggestion, which is given the discussion you
11 just had that these just be left in open, right,
12 or in progress I guess in effect. But I don't
13 think you need -- my suggestion to the
14 Subcommittee, and I guess we should wait until
15 we have the Chair and all too, is that the report
16 that's going to be prepared, the roll out
17 report, you probably don't have to hold that
18 hostage to this because I don't know when this
19 will get resolved.

20 But you can probably just parcel
21 this out from that bullet report.

22 ACTING CHAIR MUNN: I would think

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1 we're not ever going to be in a position where
2 every single item has been closed. And, yes,
3 I certainly agree there would be no reason to
4 withhold any report and we could carry this as
5 a continuing open item in progress.

6 MR. SIEBERT: Wanda, this is Scott.
7 And I don't know if it's my place to even mention
8 this. But when I look through these I believe,
9 as Hans said, almost all if not all of these are
10 issues with the TBD as opposed to the claim
11 itself.

12 It looks like the dose
13 reconstructor used a TBD and used it
14 appropriately, it's just the issues were on the
15 TBD. My question becomes can you close these
16 out or transfer them over to the new Working
17 Group rather than carrying them along if --

18 MR. KATZ: No, Scott, this is Ted.
19 I understand what you're saying perfectly.
20 But at the end of the day the dose
21 reconstruction sort of review process for case
22 review will need to reflect these being closed

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1 and how they were closed and on what basis.

2 So it needs to be closed out
3 properly within the Subcommittee once the
4 issues are resolved. I know that the PPG Work
5 Group and the Site Profile will be addressed
6 there but this ultimately needs to be settled
7 here in terms of where there were errors, what
8 kind of errors they were and so on.

9 MR. SIEBERT: No problem. I just
10 wanted to bring it up. Thanks, Ted.

11 MR. KATZ: Yes, thanks.

12 ACTING CHAIR MUNN: I appreciate
13 that. This procedural issue with respect to
14 how to address these is always confusing and
15 it's well worth addressing again whenever a
16 question arises in our minds.

17 MR. FARVER: What wording would you
18 like me to put in there?

19 ACTING CHAIR MUNN: I think you
20 need to identify this as being in process
21 pending the completion of the Work Group's
22 review of changes to the TBD. That would be my

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1 suggestion.

2 DR. MAURO: Wanda, this is John.
3 Yes, we had a perfectly analogous situation
4 which has closed the loop related to a number
5 of AWE Site Profiles where it was acknowledged
6 that this was a TBD-6000 issue.

7 The issue remained in progress but
8 the notation was this issue, this goes back now,
9 is being dealt with by Paul Ziemer and the
10 TBD-6000 Work Group. And you may have noticed
11 in my recent e-mail all we really need to do is
12 close that loop.

13 ACTING CHAIR MUNN: Close that
14 loop.

15 DR. MAURO: Exactly. So this is a
16 perfectly analogous situation except in the
17 case of TBD-6000 we're done. We just need to
18 close that loop. In this case we have to await
19 the course for the resolution of the issues of
20 Pacific Proving Grounds.

21 ACTING CHAIR MUNN: And we just
22 simply have to await the actions of the Work

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1 Group.

2 DR. MAURO: Right.

3 ACTING CHAIR MUNN: Until they have
4 closed out their TBD issues we can't move on
5 this. So, yes, it remains in progress for us
6 and is that approximate wording acceptable to
7 other Members of the Subcommittee? If not
8 speak now and if so --

9 MEMBER CLAWSON: We've talked
10 about this. This is Brad. We've talked about
11 a lot of stuff. So what is the exact wording
12 that we were going to use I guess is my question?

13 ACTING CHAIR MUNN: What I had
14 suggested is that Doug include wording here to
15 say that this item will be maintained open, in
16 progress, for the Subcommittee until the PPG
17 Work Group has completed its work on the TBD.

18 MEMBER CLAWSON: Okay. So that's
19 what we're tying everything to is to finish this
20 out. I just wanted to make sure. We talked
21 about a lot of different stuff there. So I have
22 no problems with that.

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1 ACTING CHAIR MUNN: Okay. Thank
2 you, Brad. Anyone else?

3 MR. FARVER: And I will add that to
4 all the findings there.

5 ACTING CHAIR MUNN: Good. Thank
6 you, Doug.

7 MR. KATZ: And, Doug, just again,
8 just don't let us forget this when we do roll
9 up, any of the cases that in effect, we're
10 leaving out from the roll up so we can address
11 that.

12 MR. FARVER: Okay.

13 MR. KATZ: Thanks, Doug.

14 MR. FARVER: Okay, that takes care
15 of those seven findings for case 325.

16 ACTING CHAIR MUNN: 325. Now we
17 move to --

18 MR. FARVER: Now we move to Case
19 328. It's Sandia National Lab in Albuquerque.
20 And let me call up the case here because I looked
21 at this earlier and it's not real clear from the
22 finding as it's written.

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1 In the previous Sandia Technical
2 Basis Document, I believe there were medical
3 X-rays in 1953. This employee had two exams:
4 an exam in 1951 and 1952. In our finding we
5 explain that the TBD doesn't really explain
6 what to do for exams before 1953.

7 And we would say to be
8 claimant-favorable they should have included
9 these two PFG exams. So that was what the
10 finding was. In NIOSH's response the TBD has
11 now been changed.

12 There's a section has been added to
13 the table with dash one that addresses the time
14 period before 1953. And it, I'm going to let
15 Scott explain this because it has to do with
16 requesting documents from Los Alamos.

17 MR. SIEBERT: Yes, we/you don't
18 get, directly, information from Sandia. The
19 information is coming from LANL records. So
20 it's kind of convoluted how you have to request
21 records when we don't have this information.

22

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1 So basically, as we said in the
2 updated TBD, first we request, from LANL
3 records, for any employment predating
4 Sandia-Livermore because they were
5 administered by the same people. I believe it
6 was the University of California --- I could be
7 wrong, but that seems to stick in my mind, so
8 that if they are available, LANL could give them
9 to us. And if LANL doesn't have any then we can
10 make the assumption there were no X-rays or the
11 dose reconstructor has the option of if the dose
12 reconstruction PoC is less than 45 percent
13 rather than doing an additional data request
14 and slowing down a response to the claimant, we
15 can just use default values from LANL and assign
16 those per the table that we stated.

17 And as long as it's less than 45
18 percent it's considered an overestimate and you
19 get an answer to the claimant. And as we said,
20 the TBD has been updated to be very specific
21 about this process now and down the road there
22 will be a PER scheduled for the update to the

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1 TBD.

2 ACTING CHAIR MUNN: Thank you, that
3 helps.

4 MR. FARVER: I checked the TBD this
5 morning and they did make the updates. I will
6 admit, though, it's still a little confusing
7 about the LANL stuff, but that's okay.

8 At least it's specified now.
9 That's good. But we would suggest now that the
10 times have been added to close this finding.

11 ACTING CHAIR MUNN: Certainly
12 sounds appropriate to me. Any comment or
13 concern from the Subcommittee?

14 MEMBER CLAWSON: Scott, this is
15 Brad. So you're telling me that you're getting
16 the information for Sandia through Los Alamos?

17 MR. SIEBERT: I believe for the old
18 records that's how that information was kept.
19 Like I said, I'm going from my memory on this.
20 But I believe that is the case.

21 MS. GOGLIOTTI: I think the labs
22 were the same labs. Sandia was part of LANL.

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1 MEMBER CLAWSON: Well, we're just
2 talking about the earlier case then, correct?

3 MR. SIEBERT: Correct.

4 MEMBER CLAWSON: I know we're
5 having problems with Sandia and information and
6 stuff. But I was just trying to understand the
7 flow chart of this.

8 MR. SIEBERT: Right. This is the,
9 for any information pre-'53, early days.

10 MEMBER CLAWSON: Okay. Then that
11 takes care of that. I have no problem with
12 that, Wanda.

13 ACTING CHAIR MUNN: Okay. Thank
14 you, sir. Anyone else? Hearing no other, the
15 Subcommittee accepts the recommendation of
16 SC&A to close this item. Sandia Albuquerque
17 Finding 328.1 is now closed. And that brings
18 us to 328.2.

19 MR. FARVER: 328.2. NIOSH may not
20 have considered all the information from the
21 CATI report and, Rose, would you like to talk
22 about this? I believe it was one of yours.

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1 MS. GOGLIOTTI: I certainly can.
2 Let me look here.

3 MR. FARVER: Apparently the
4 employee was a buyer but the CATI report
5 describes that he made deliveries to various
6 laboratories around Sandia. And that's what
7 the concern was based on, I believe.

8 MS. GOGLIOTTI: I don't think this
9 one is mine.

10 MR. FARVER: Pardon.

11 MS. GOGLIOTTI: I don't think this
12 one is mine. I have a similar case.

13 MR. FARVER: Okay. That could be.
14 But anyway, there's not much time he spent
15 inside the laboratories or other facilities
16 where they could have been exposed to
17 radioactive materials. That was our concern.

18 ACTING CHAIR MUNN: But he did have
19 one recorded dosimeter cycle, right?

20 MR. FARVER: Yes. After looking
21 at this and reading NIOSH's response, I
22 understand what they did. You know, in

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1 hindsight I would probably, would have gone
2 back and made this an observation because, I
3 think it has some merits, but --

4 ACTING CHAIR MUNN: That's
5 understandable.

6 MR. FARVER: -- it's one of those
7 iffy ones if it ranks to a finding or not. I
8 probably would have made it an observation had
9 we done this today.

10 ACTING CHAIR MUNN: But in any case
11 the explanation is adequate --

12 MR. FARVER: It is.

13 ACTING CHAIR MUNN: -- to me. SC&A
14 finds it acceptable as do I. Other
15 Subcommittee Members? Hearing no concerns the
16 Subcommittee accepted the recommendation to
17 close Finding 328.2, which brings us to the end
18 of this matrix, I do believe.

19 MR. FARVER: That's correct. And
20 it looks like the only thing that's going to be
21 open in this matrix are the PPG issues and there
22 was some up around Page 240 which has to do with

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1 Simonds Saw, a TBD update.

2 ACTING CHAIR MUNN: Yes.

3 MR. FARVER: So those will be the
4 two issues that will remain open for this
5 matrix. It has to do with TBDs.

6 MR. KATZ: But, Doug, the Simonds
7 Saw is not a finding that's left open, right?

8 MR. FARVER: I thought it was.

9 MR. KATZ: Okay.

10 ACTING CHAIR MUNN: Yes, there's
11 one, 240.8.

12 MR. FARVER: There's four of them,
13 240.1, 240.2, 240.8, and 240.9.

14 MR. KATZ: Okay, thank you.

15 ACTING CHAIR MUNN: Yes. I think
16 that's true. And the others, the West Valley
17 stuff, were observations. That's all I see.
18 Excellent.

19 We are going to consider that one
20 closed out for our purposes. That's great.
21 We're not going to stop very often during this
22 session. But it seems to me that this is an

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1 appropriate time before we undertake the new
2 matrices, which will be the ones we haven't seen
3 at all yet, right?

4 MR. FARVER: Correct.

5 ACTING CHAIR MUNN: We'll be
6 starting them completely -- the DCAS sites
7 grouping.

8 MR. KATZ: Do you want a five minute
9 comfort break?

10 ACTING CHAIR MUNN: Let's have a
11 five minute comfort break and we do mean five
12 minutes. Let's not dawdle here if we can avoid
13 it. And we'll see you back in five minutes.

14 MR. KATZ: Thanks, everyone.

15 ACTING CHAIR MUNN: Thank you.

16 (Whereupon, the above-entitled
17 matter went off the record at 11:46 a.m. and
18 resumed at 11:52 a.m.)

19 MR. SIEBERT: Wanda, this is Scott.
20 I have one other comment for you on the
21 remaining sites matrix.

22 ACTING CHAIR MUNN: Okay.

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1 MR. SIEBERT: I did some digging
2 over here while we were on the break and [for]
3 Simonds Saw and Steel we have completed the TBD.
4 It is presently in ADC review. So that should
5 be available within the next week or so is my
6 guess.

7 So whatever the next step is, I
8 believe it would be SC&A is going to review the
9 new TBD against the old findings that should be
10 available very shortly. I just wanted
11 everyone aware of that.

12 ACTING CHAIR MUNN: Great.

13 MR. KATZ: Thanks, Scott, for
14 reminding me. Actually, yeah, so SC&A is
15 actually already tasked with reviewing that as
16 soon as it's through with its review. And
17 they're just reviewing it to make sure that the
18 agreed upon changes are as they are, as they
19 should be.

20 ACTING CHAIR MUNN: That's
21 wonderful. Then with any luck at all, by the
22 time the Subcommittee meets again, that review

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1 will have taken place and we can remove that
2 item from our list. We'll try to remember that
3 for the agenda next time, to check to make sure
4 that's occurred.

5 I'm sure they will keep us on point
6 with that. Thank you very much. And that
7 being the case, any other comments about the
8 work we've done so far? Are we ready to take
9 over the DCAS Site Matrix?

10 MR. FARVER: Yes, let me -- I'm
11 going to go back to that matrix and put a little
12 note in there about Simonds Saw, because
13 otherwise I might forget.

14 ACTING CHAIR MUNN: Yeah, let's do
15 give ourselves a couple of seconds here for Doug
16 to take care of his administrative burden.

17 (Pause.)

18 MR. FARVER: Okay. That will take
19 care of it. That will remind me.

20 ACTING CHAIR MUNN: Great. Thank
21 you very much. It looks like our first item is
22 from the 10th set, General Steel, 220.1,

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1 correct?

2 MR. FARVER: Correct. And the
3 first one is Case 220, General Steel. The
4 issue is [that] occupational medical dose
5 should have included PFG exams.

6 If you remember, a long time ago we
7 were still concerned that AWEs may have had PFG
8 exams. And since then, we have discussed this
9 and have put it to rest. And I believe it's
10 even in the documentation now that they are not
11 to be included for AWEs. I know it is. I've
12 read it before. But I can't quote it to you off
13 the top of my head. So this is an old issue that
14 was really addressed long ago.

15 ACTING CHAIR MUNN: Yes. The
16 Subcommittee has long ago made its
17 determination in this regard. This is just an
18 outline that we need to agree upon, and if you
19 have any comments or concerns, please express
20 it at this time. As Doug has already said,
21 we've done this long, long ago.

22 ACTING CHAIR MUNN: Alright. We

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1 accept the SC&A recommendation to close General
2 Steel, Finding 220.1. This item is now closed.

3 MR. FARVER: Okay. The next one is
4 220.2.

5 ACTING CHAIR MUNN: CATI report
6 concern.

7 MR. FARVER: I'm going to ask John
8 Mauro if he has any input on this General Steel
9 case.

10 ACTING CHAIR MUNN: Are you there,
11 John? Are you with us?

12 (No response.)

13 MR. FARVER: He may not be.

14 ACTING CHAIR MUNN: It looks like
15 we may have lost him.

16 MR. FARVER: Okay. In any case, it
17 has to do with some information in the CATI
18 report about the Betatron area. And in the
19 response from July, the issues have been
20 evaluated by the Work Group and there's an
21 agreement in principle that the methods used in
22 the dose reconstructions adequately addresses

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1 possible breakdowns in controls over
2 management of the radium source.

3 So it was handled in the Work Group.
4 And based on the work that was done in the Work
5 Group, I believe they have put this issue to
6 rest.

7 ACTING CHAIR MUNN: It has been
8 discussed at great issue, at great length. And
9 it has been agreed that was the general process
10 and there is no outstanding issue in this
11 regard, to my knowledge, in the Work Group.

12 If there are concerns from the other
13 Subcommittee Members please express them now,
14 otherwise we will accept the SC&A
15 recommendation to close.

16 (No response.)

17 ACTING CHAIR MUNN: Hearing none,
18 Finding 220.2 for General Steel is now closed.
19 And we move on to Observation 1.

20 MR. FARVER: Observation 1. When
21 we reviewed TBD-6000, Appendix BB, we weren't
22 real happy with the external exposure rate,

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1 [that it] might not be claimant-favorable.
2 The Work Group has completed their review, and
3 the new Appendix BB has been drafted and
4 approved.

5 Well, we should have reviewed that
6 by now. It says that, "until we've had an
7 opportunity to review the Site Profile."

8 Now, just for my general
9 information, is that something we would do as
10 part of the Work Group, our person on the Work
11 Group, you know, would be assigned to review the
12 profile?

13 MR. KATZ: Doug, I mean, it would be
14 helpful actually to get John Mauro on the line
15 for these. But I can just tell you that, yeah,
16 I guess this was written -- this is sort of --
17 I don't know when this was written, the SC&A
18 response. But it's old.

19 MR. FARVER: It's old?

20 MR. KATZ: Yes, that's the problem.
21 So that work has all been done. The TBD
22 Appendix for this site has been updated and

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1 there were many changes to it. So, I mean,
2 these were substantive changes to methodology.
3 So that's how these things were resolved.

4 MR. FARVER: Right. And, you
5 know, it's my fault. I didn't have this marked
6 as an SC&A action, probably because it's under
7 observation. But I should have and I hope we
8 don't come across any findings that I messed up
9 like that.

10 ACTING CHAIR MUNN: I think that's
11 unlikely.

12 MR. STIVER: Doug, this is Stiver.
13 Bob Anigstein just got finished up reviewing
14 the latest revision to GSI and I think it's now
15 in NIOSH's hands to try to resolve some of this
16 stuff.

17 So it's the kind of thing that our
18 review was just recently -- I believe it was an
19 action that was taking place last month.

20 MR. KATZ: No, Bob's review is not
21 out and published yet.

22 MR. STIVER: It's not -- excuse me,

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1 it's not published yet but it's kind of in the
2 process of being finalized.

3 MR. KATZ: Right. It will be out
4 soon, I expect. But it's not out.

5 MR. STIVER: Let me see if I can get
6 John Mauro back on the line here. Hang on just
7 a minute.

8 MR. FARVER: I'm putting a note in
9 here that we need to, that SC&A needs to review
10 this per these issues.

11 ACTING CHAIR MUNN: Both
12 observations are -- this is well underway.

13 MR. KATZ: Well, yeah, I mean,
14 right. Let's wait, I guess, to see if we can
15 get John on the line.

16 ACTING CHAIR MUNN: Yeah, it would
17 be helpful.

18 MR. FARVER: Because I see, for the
19 next case, it's a finding that to close it out
20 we need to review the TBD.

21 MR. KATZ: Yeah, in effect, all of
22 these, I think. John will tell you all of these

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1 findings were related to substantive issues
2 with the TBD that were then addressed by the
3 Work Group and resolved by the Work Group and
4 resulted in very substantive changes to the
5 TBD.

6 ACTING CHAIR MUNN: Yes, they were
7 and are substantive.

8 MR. KATZ: Right.

9 ACTING CHAIR MUNN: And we will --
10 the PER is a given.

11 MR. FARVER: Okay. I'm going to
12 put it in there. It's going to show up as a
13 couple of findings that I'm still going to keep
14 open, pending an SC&A review, which we should
15 have done before but we will do --

16 MR. KATZ: Well, yeah, I'm not sure
17 that you're going to leave these open actually
18 here, because the review of the methodology
19 related here has already been done by the Work
20 Group. But let's wait for John.

21 ACTING CHAIR MUNN: Yeah, and --

22 DR. MAURO: I'm here.

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1 MR. KATZ: Oh, okay.

2 DR. MAURO: This is John. The
3 reason I was off is I was having a little trouble
4 getting on Live Meeting and I was trying to get
5 some help with Laurie Loomis and for some reason
6 I'm being blocked.

7 So I do have the files in front of
8 me, the two of them, one called "Remaining Case
9 Files" and the other called "DCAS Sites." So
10 I have those matrices in front of me, but I'm
11 not on Live Meeting with you. But I think I
12 should be able to follow along.

13 MR. KATZ: Thanks, John.

14 ACTING CHAIR MUNN: John, we're
15 working on the "DCAS Sites" and we've completed
16 the other matrices. And we're now in the DCAS
17 sets and we are dealing with the first items
18 there that are involved with General Steel.

19 And those GSI items, starting with
20 the 239, are referencing the activities in the
21 Work Group with respect to Appendix BB and where
22 we are with that. And that's what the

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1 questions are arising from here.

2 MR. KATZ: Wanda, this is Ted. I'm
3 sorry. But can we go back? I think, really,
4 why don't you let John address, starting with
5 220.2.

6 ACTING CHAIR MUNN: Fine.

7 MR. KATZ: Because I think that
8 could use John's explanation.

9 ACTING CHAIR MUNN: Very good.

10 DR. MAURO: 220.2.

11 MR. KATZ: Right, right. The very
12 beginning, John.

13 DR. MAURO: I'm right there at the
14 very beginning. It starts with 220.

15 MR. KATZ: 220.1 is PFG and that
16 Doug handled ably. But 220.2 is sort of, would
17 be much easier for you to handle than --

18 DR. MAURO: Okay. I noticed that
19 we have an SC&A suggested action to close on my
20 matrix.

21 ACTING CHAIR MUNN: Yes. And we
22 actually have said that we would do that but

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1 we're concerned with the lack of complete
2 explanation here. And we're asking you for a
3 little more enlightenment.

4 DR. MAURO: I'll do the best I can.
5 I did call Bob Anigstein, who was really the
6 author of all of this, to see if he would join
7 us. In fact, probably the smart thing to do,
8 quite frankly, is for me rather than try to fake
9 it --

10 MR. KATZ: John, if you look, if you
11 just give it a look. I mean, this is, you were
12 there for the whole, you know, all that work on
13 GSI. And this is --

14 DR. MAURO: I have been.

15 MR. KATZ: It just needs some
16 explanation for the Board Members who aren't on
17 the Work Group [so they] can follow along.

18 DR. MAURO: I'm reading real quick.
19 Give me a second. Because I've been over this
20 before, but I can tell you I didn't look closely
21 because I thought it was closed and I thought
22 that we were going to be moving on. But let me

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1 see what I can do.

2 Yeah, there was quite a bit of
3 extensive discussion regarding the radium lost
4 sources. There's no doubt about it. And the
5 way it was put to bed was it was judged, first,
6 there was no explicit information that there
7 was in fact this radium source.

8 It was through interviews with
9 workers that they believed that there was a
10 source that was mishandled. And there was some
11 indication that was in fact a real scenario.
12 And the agreement was that, well, granted that
13 there may have been such an incident. What do
14 you do with this, when you have a word-of-mouth
15 position, and that maybe it occurred, maybe it
16 didn't occur? And the way in which it was left
17 is that, you know -- that, of course, would be
18 for a particular worker -- a couple of things
19 were done.

20 One was to say that, well, you know,
21 unless we have a real worker, where we know
22 there was an incident and he was involved, we

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1 really can't address it. And, you know, until
2 we actually have a case where we're going to try
3 reconstruct the doses because of this
4 mishandling. That would be for the worker that
5 would have, in theory, have taken the source
6 away and brought it home with him.

7 So that was one aspect of it. It
8 was agreed that until we have to deal with the
9 real worker that was in fact in his CATI or there
10 was some evidence that was the case.

11 The other side of it had to do with
12 the mishandling of radium sources in general,
13 whereby they may have been left open, there may
14 have been inadequate barriers while the radium
15 source was used for non-destructive testing.

16 And both Bob Anigstein and Dave
17 Allen both set up models to say, okay, let's
18 postulate that such mishandling occurred. It
19 was left out without adequate control. And
20 they simulated, and there was agreement by the
21 Work Group with Paul that, well, yes, we'll
22 assume that the workers were working in the

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1 vicinity may have crossed over and walked by
2 this open source without adequate controls of
3 somewhat of a barrier around it.

4 So it was part of a simulation. And
5 the doses were calculated. And it was found
6 that those doses did not contribute, were
7 considered in the scenario that was used to
8 reconstruct the doses. Because, as you know,
9 all doses at this facility are based on,
10 basically, simulations of external exposure
11 and internal exposure. There are no, during
12 certain time periods, during the radium period
13 where this issue has come up, there are really
14 no dosimetry records of any type. So
15 everything is based on these simulations.

16 And this issue with the Work Group
17 with Paul has been closed. That is, it was
18 decided that both the issue for the person
19 himself who might have handled that would be
20 dealt with on a case-by-case basis.

21 And second, other people that might
22 have been in the vicinity of, let's say, an

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1 inadequately controlled radium source and
2 those doses were taken into consideration
3 through the modeling effort that was done
4 independently by both SC&A and NIOSH.

5 So that's where that issue stands.
6 Now, that all being said, that was in
7 discussions that were held during the TBD-6000
8 Appendix BB Work Group meeting. Now, where we
9 stand as of today, is that NIOSH has in fact
10 issued an Appendix BB revised that reflects
11 five years' worth of work.

12 SC&A, Bob Anigstein, has reviewed
13 it, has completed his review and we're probably
14 a day away from delivering our review of this
15 revised Appendix BB. And so NIOSH hasn't yet
16 seen, we do have some comments. Now, the
17 degree to which I reviewed that, this issue is
18 not an issue in the latest version of Appendix
19 BB.

20 MR. KATZ: Okay, thanks.

21 DR. MAURO: That's the best I can
22 do. I wish I could do better.

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1 MR. KATZ: No, no, that was
2 helpful. And I think the point you make, that
3 should be clear, is that the methods have been
4 changed as a result of this extensive review.

5 DR. MAURO: Absolutely.

6 MR. KATZ: So that's how this
7 finally gets put to bed.

8 DR. MAURO: Yeah. And, of course,
9 I think that, certainly to close the loop again,
10 some type of note perhaps from Paul to this
11 effect, because that was agreed upon and it's
12 actually in the transcripts of the meeting.

13 But I could tell you, from reading
14 the report, the latest review, I can say that
15 I don't recall seeing this particular question
16 explicitly addressed in the latest version of
17 Appendix BB. But, of course, I could always
18 take another look at it. But it certainly is
19 in the transcripts.

20 ACTING CHAIR MUNN: I think that's
21 probably all we need, John.

22 DR. MAURO: Okay.

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1 ACTING CHAIR MUNN: Thank you very
2 much. And we have taken the action to identify
3 that particular finding 220.2 as closed.

4 DR. MAURO: That's what I would say
5 is the reason it was closed. And I think that
6 rationale still holds.

7 ACTING CHAIR MUNN: Yeah, I think
8 we're clear on that. Thank you for the
9 elucidation. It's very helpful.

10 Now we're on to Observation 1, I
11 believe.

12 MR. FARVER: Correct.
13 Observation 1 has to do with the default
14 external exposure rate for non-Betatron
15 workers. John, do you know if this has been --

16 DR. MAURO: Oh, now we're getting
17 into the -- they're getting a lot easier now.

18 All of this has been revised.
19 Let's talk with Observation 1, regarding this
20 .72 mR per hour. This whole issue has been
21 reviewed, revised. It is now addressed
22 explicitly in Appendix BB. The issue has been

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1 resolved in principle. We do have some
2 comments, which I would consider to be of
3 marginal importance in terms of just
4 clarifying, which you haven't seen yet. You
5 will see that within a week, I would imagine.
6 When I say you, I mean NIOSH and the Work Groups.

7 So this is a Site Profile issue that
8 I believe has been resolved in principle. And
9 you're really just waiting to see through the
10 issues resolution process out of Appendix BB.
11 The plan hasn't changed. All this .72 mR per
12 hour business, you know, has been revised. And
13 the whole Appendix BB approach has been
14 substantially revised.

15 ACTING CHAIR MUNN: Fine. Thank
16 you, John. The response that we have is that
17 the item is in abeyance until the Site Profile
18 review is available. And we're hearing, I
19 think, that's going to take place imminently.

20 DR. MAURO: Yes.

21 ACTING CHAIR MUNN: And my
22 observations on this observation, and

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1 Observation 2 as well, is that these will be
2 resolved by the actions that are going to be
3 forthcoming between now and the next meeting of
4 this Subcommittee. I'm assuming that we can
5 leave these two observations as they are,
6 pending our status at the next meeting will have
7 changed, I think, most of these.

8 Is there any suggestion that we
9 proceed in any other fashion?

10 (No response.)

11 ACTING CHAIR MUNN: If not, then
12 let's move on to the next finding, number 239.1.

13 DR. MAURO: Same thing.

14 ACTING CHAIR MUNN: This is
15 modeling of photon doses to the personnel.

16 DR. MAURO: I mean, we're dealing
17 with, again, a complete rewrite, revision,
18 except for the item that's closed, the second
19 one where it deals with PFG. Of course, we can
20 close that for the same reason we closed it
21 previously.

22 ACTING CHAIR MUNN: Correct.

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1 DR. MAURO: But everything else, I
2 believe, is still in a state of -- in abeyance,
3 agreed in principle, you know, and we're
4 waiting on the close out of any residual issues
5 as a result of SC&A's review of the latest
6 version of Appendix BB.

7 MR. KATZ: John, I think, actually,
8 these things can be closed for the DR
9 Subcommittee. The reason why I think that is,
10 regardless of what further discussion there may
11 be on the revised Appendix, what is agreed upon
12 is that the old methods were not adequate and
13 were changed.

14 DR. MAURO: Right, right.

15 MR. KATZ: And that's a fact. And
16 that can be dealt with, right?

17 DR. MAURO: And I'll take it a step
18 further. I would say all the issues have been
19 resolved during the Work Group meetings. And
20 the only thing that's sort of still to rub is
21 that, when getting down to the final version of
22 Appendix BB where we were asked to look at it,

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1 there was some language in there and there are
2 some issues that are discussed in manner that
3 we still want to sort of like polish the apple
4 a little bit.

5 MR. KATZ: But I guess my point for
6 Wanda and the Subcommittee to consider is, as
7 far as the Subcommittee is concerned, these
8 cases are reviewed. They are effectively
9 reviewed by the results of the TBD-6000 Work
10 Group work as well. And the findings hold that
11 there were problems with these methods. So
12 that's not going to change by any -- what John
13 is talking about -- any cleaning up of the final
14 issued TBD.

15 And so I think this Subcommittee is
16 through with these, because it did find what it
17 found and that holds up.

18 DR. MAURO: Yeah.

19 MR. KATZ: Yeah.

20 DR. MAURO: Absolutely.

21 MR. KATZ: So we don't need to hold
22 up -- I'm concerned, I don't want to hold up the

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1 roll up for these things that are in abeyance
2 when really they're all closed.

3 DR. MAURO: I've got [to] say, I
4 agree that these have all been resolved. And
5 the testament to that is contained in the
6 transcripts of the Work Group meeting.

7 The only thing you really don't have
8 is, you know, this process where the Work Group
9 meeting then closes the loop.

10 MR. KATZ: No, I know. But you
11 have an updated TBD that changes these methods,
12 which in and of itself indicates the methods
13 were adequate.

14 DR. MAURO: Correct. Very good.

15 MR. KATZ: That's why I'm just
16 suggesting to the Subcommittee that it actually
17 close these so that these don't be left out of
18 that roll up report.

19 DR. MAURO: I understand. And I
20 agree.

21 ACTING CHAIR MUNN: And let me make
22 the comment that these items run through Page

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1 10 of this particular matrix that we are
2 observing now. And with only one or a few
3 exceptions, the statements that we had been
4 making here are broad enough to cover virtually
5 all of these items and the wording in our SC&A
6 response column pretty closely reflects that.

7 There are only one or two exceptions
8 to that. And I would suggest that we take a
9 couple of minutes here and let the Members of
10 the Subcommittee go through these individually
11 and take a look at the summary of findings and
12 the current SC&A response and point out any
13 items that you feel need specific addressing
14 here beyond what we have done already.

15 Let's take just a couple of minutes
16 to do that, through Page 10, please.

17 MR. FARVER: Wanda, for this
18 Finding 239.1, it's a finding. So what I'm
19 writing in there is the Work Group has revised
20 the TBD. The Subcommittee agrees to close the
21 finding. But SC&A will -- well, we've reviewed
22 the TBD but I'm going to go back and add the date

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1 of the review when we've actually issued a
2 report.

3 So it's closed. But SC&A has got
4 the action of going back and including the data
5 in the report. Is that adequate?

6 ACTING CHAIR MUNN: It is from my
7 perspective.

8 MR. FARVER: Okay. And similar
9 wording will probably follow most of these
10 findings, and I'll add the title and the date
11 even to the observations just for completeness.

12 ACTING CHAIR MUNN: That's
13 appropriate. Let's give the other Members an
14 opportunity to read through these briefly.

15 DR. MAURO: I suspect that there
16 will be a PER after this Appendix BB and any
17 final cleanup of the issues resolution, which
18 should occur very quickly. Then there will
19 certainly be a PER and a lot of cases will be
20 reviewed.

21 ACTING CHAIR MUNN: I would
22 anticipate that.

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1 DR. MAURO: Yes.

2 (Pause.)

3 ACTING CHAIR MUNN: I'll give you
4 another 30 seconds or so, then we'll roll this
5 up.

6 (Pause.)

7 ACTING CHAIR MUNN: Alright. This
8 discussion that we've had takes us through the
9 end of Page 10. If there is anyone on the
10 Subcommittee who has any concern with our
11 dealing with these items in this way, please
12 just let us know. Anyone who feels rushed and
13 wants more time, please let us know.

14 (No response.)

15 ACTING CHAIR MUNN: Hearing none.
16 Yes, Doug, please proceed as we have indicated.
17 And we will consider, for purposes of this
18 Subcommittee, that the GSI items shown on this
19 matrix through Page 10 are now closed.

20 That brings us to Finding 221.1,
21 Hooker. Exposure period may exceed 5 percent
22 of the worker's time.

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1 DR. MAURO: This is John. I could
2 help out again here.

3 MR. FARVER: John, before you do
4 that, I just want to -- again, this more
5 bookkeeping -- but if you go to the top of Page
6 9, there's one General Steel finding about the
7 photon doses, and it was because a file was not
8 included, a NIOSH file.

9 We reviewed the file. Everything
10 is fine. This is a little different. We're
11 just going to close this one. I would suggest
12 closing this one. But it's a little different.
13 It's not a TBD issue.

14 ACTING CHAIR MUNN: Yes. That's
15 correct. It is different. This is very
16 specific to this claim itself and we should
17 address that separately. Thank you, Doug.

18 DR. MAURO: Doug, this is an
19 observation number you're looking at right now?

20 ACTING CHAIR MUNN: No, it's 310.1.

21 DR. MAURO: Oh, okay.

22 ACTING CHAIR MUNN: General Steel,

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1 from the 13th set.

2 DR. MAURO: Okay. Yeah, okay.

3 ACTING CHAIR MUNN: And the
4 contractor has suggested that this action is
5 complete and can be closed. Do I hear any
6 concern or comment with respect to that
7 suggestion?

8 (No response.)

9 ACTING CHAIR MUNN: If not then the
10 Subcommittee accepts the recommendation of
11 SC&A.

12 MR. KATZ: Doug, was that a QA, are
13 you saying? A QA issue?

14 ACTING CHAIR MUNN: It looks like
15 it is.

16 MR. FARVER: I'll have to go dig up
17 the case. I mean, I've got it here. You just
18 have to --

19 ACTING CHAIR MUNN: It says 1966
20 correction, one year alone was -- it looks as
21 though the run was made and no change.

22 MR. FARVER: Okay, yeah. I

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1 probably would classify this as a QA error. It
2 was, "used value listed in Appendix BB for year
3 1966 and divided it by two to account for the
4 fact that the employee left GSI in the middle
5 of the year. However, the values listed for
6 that year already account for the fact that the
7 contract ended in June."

8 So they divided by two when they
9 really weren't supposed to divide by two. They
10 didn't need to.

11 So, yes, I would probably classify
12 that as a QA concern. I will put that wording
13 somewhere in there.

14 ACTING CHAIR MUNN: Thank you for
15 catching that from the suggestion.

16 MR. FARVER: Now, I believe that's
17 the only other outstanding finding that's
18 different than the other issues we've talked
19 about. In which case, I'll go back and add that
20 wording to the findings and observations, but
21 I won't take the Subcommittee's time now to do
22 that.

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1 ACTING CHAIR MUNN: Thank you,
2 Doug. That'll be great. Thank you much.

3 MR. FARVER: That would take us to
4 Page 10, Page 11. Well, Hooker. Tenth set,
5 Hooker, 221.1.

6 ACTING CHAIR MUNN: And I believe
7 John said he has something to contribute here.

8 DR. MAURO: Yeah, there's an
9 overarching matter, and then we can go through
10 each item quickly to decide whether they could
11 be closed notwithstanding the overarching
12 issues.

13 The Hooker process has some
14 history. The last deliverable by SC&A to
15 address the Site Profile for Hooker was dated
16 March 2013. And we have a number of findings.
17 For example, the very first item we're looking
18 at, 221.1, deals with the time period. It's
19 basically saying that in the original, in this
20 dose reconstruction, there was a worker at
21 Hooker and they based it on the assumption that
22 he was exposed to this residue for five percent

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1 of his time.

2 And, you know, we did our work and
3 we found that probably is an underestimate.
4 And there were these types of things, these and
5 the concentrations of radionuclides in the
6 slag. So there were a number of issues that go
7 toward the reconstruction of the doses to
8 individuals, such as this particular case.

9 But these are all Site Profile
10 issues, as indicated in the column called SC&A
11 Response. You'll note in that column, the very
12 last sentence in this box says, "however, we
13 concur that these are Site Profile issues and
14 not DR issues."

15 So there certainly are Site Profile
16 issues. We have identified this particular
17 one as a Site Profile issue and we have our
18 comments on why we have concerns. That's all
19 contained in a report that we've submitted
20 dated March 2013.

21 And I believe -- now, please help me
22 if I'm wrong -- I don't believe NIOSH has yet

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1 prepared a response to our report regarding
2 these matters. So, you know, I'm a little
3 behind the curve on this one. But I think that
4 this still, this particular report that SC&A
5 wrote with its various findings, one of which
6 deals with this five percent issue, has not yet
7 been resolved.

8 MR. STIVER: John, this is Stiver.
9 You're absolutely correct that our findings
10 haven't been discussed in the TBD-6001, the UR
11 AWE Work Group yet. And so that's still very
12 much in play.

13 MR. KATZ: Yeah, this is Ted. I'm
14 not sure that it's true that NIOSH hasn't
15 responded. I think it hasn't come before the
16 Work Group. But it may be that -- I vaguely --
17 I think NIOSH has responded to these and I think
18 it's up to the Work Group to take this up.

19 MR. CALHOUN: I'm checking on that,
20 Ted. I'm not sure.

21 MR. STIVER: To tell you the truth,
22 it's been a while. I don't remember if they

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1 have responded or not.

2 MR. KATZ: Yeah, I know, it's been
3 a while. And the thing is I think that [the]
4 Work Group has a number of sites with sort of
5 small matters for several sites to deal with and
6 it hasn't pulled them all together to meet yet.
7 I think that's sort of the situation.

8 DR. MAURO: You know this actually
9 might be the AWE Work Group.

10 MR. KATZ: It is. It's the Uranium
11 Refining Work Group.

12 DR. MAURO: Right, the refining
13 one, right.

14 MR. KATZ: Exactly. That's the
15 case. But I know that NIOSH has actually
16 responded to a number of the action items on the
17 table for that Work Group for different sites,
18 but the Work Group hasn't taken them up yet.
19 Anyway, that leaves you in the same place
20 because the Work Group hasn't resolved these
21 matters.

22 ACTING CHAIR MUNN: And I don't

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1 believe there's anything that we can do here in
2 the Subcommittee right now. I think we do have
3 to wait for TBD-6001. That's not the right
4 name anymore, is it?

5 MR. KATZ: No, it's the Uranium
6 Refining AWE Work Group.

7 ACTING CHAIR MUNN: The AWE Work
8 Group, better terminology. We'll have to
9 await their action. So this will be in
10 abeyance for awaiting the Work Group's action,
11 not only 221.1 but that would also be 221.2.
12 And --

13 MR. KATZ: But I think these are
14 then in progress but not really in abeyance
15 because --

16 ACTING CHAIR MUNN: I guess that's
17 true.

18 DR. MAURO: .3 is a little
19 different.

20 ACTING CHAIR MUNN: Yeah, it is a
21 little different.

22 DR. MAURO: And I think I agree with

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1 the answer. In other words, what's being said
2 here is that, you know, this goes back to the
3 old resuspension factor issue, which has all
4 been resolved under Paul's Work Group, the
5 TBD-6000 issues and how to deal with
6 resuspension factors and residual periods and
7 that sort of thing.

8 And there's always a question of
9 when do you use 10^{-6} per liter and when to use
10 10^{-5} ? And this goes back also to the OTIB-70.
11 The argument made here, in my mind, regarding
12 this particular issue and this particular
13 resuspension factor as applied here, this idea
14 that outdoors and rain, I think is a reasonable
15 argument.

16 Now, this hasn't come before us
17 before. And what I mean by that is as a generic
18 issue whereby are there are circumstances
19 where, you know, if it's outdoors and, you know,
20 the stuff could have been washed away, is it
21 reasonable to resort to 10^{-6} ?

22 You know, we haven't talked about

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1 this generically. Whether you want to resolve
2 this here on this particular case is certainly
3 a judgment call. But I consider that argument
4 reasonable. See, the point is that you use 10^{-6}
5 per meter when you have reason to believe that
6 largely the removable material that's on the
7 surface is really no longer there. Anything
8 that's readily removable has cleaned away for
9 whatever reason. Most of the time it's because
10 it's gone through a D&D cleanup operation. And
11 if there is any residue, and often there is,
12 it's not readily removable and therefore you
13 could use a very low resuspension factor, like
14 10^{-6} .

15 The argument being made here is
16 that, well, this is outdoors for a long period
17 of time and it's reasonable to believe that you
18 wouldn't have very much of a resuspension
19 factor.

20 ACTING CHAIR MUNN: Well, it's the
21 natural D&D process.

22 DR. MAURO: Exactly, the natural

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1 attenuation, if you want to call it that. So,
2 in my opinion, I think that's a reasonable
3 argument. Whether it's appropriate, though,
4 because it is sort of like a generic issue that
5 has applicability perhaps elsewhere, you know
6 how to deal with that, you know, however you'd
7 like to deal with that.

8 MR. KATZ: John, I don't think just
9 because the NIOSH guidance on this doesn't
10 address outdoor, rained on environments or
11 whatever, I mean, the principles that you just
12 covered have been addressed. So I think you
13 guys can make a decision on this here.

14 DR. MAURO: I mean, I would
15 recommend closure, in my opinion, because I
16 think it's reasonable. But of course the rest
17 of the Work Group would have to concur.

18 MR. KATZ: Right.

19 ACTING CHAIR MUNN: I have no
20 problem at all with the explanation that's been
21 given. And it seems appropriate to me that we
22 might be able to close it.

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1 But I'll leave that to the
2 discretion of the other Subcommittee Members.
3 If you have concerns and prefer that we not
4 close this, please let me know.

5 MEMBER CLAWSON: Well, Wanda, I
6 want to just make sure, because we've gone a lot
7 of different places on this. We're saying that
8 we can close this why, John? What was --
9 because I guess, you know, we kind of went
10 around and I wanted to make sure I was
11 understanding what you were telling us.

12 DR. MAURO: Yeah, when it comes to
13 the residual period where you have residual
14 contamination on surfaces, there's been a long
15 history of discussion, and that go towards
16 OTIB-70 and what is the appropriate
17 resuspension factor. So you have residual
18 activity on the floor.

19 Initially, originally, NIOSH
20 employed a resuspension factor of 10^{-6} per
21 meter. It's a relatively low resuspension
22 factor and we had lots of discussions

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1 regarding, you know, under what circumstances
2 that is a good number or not.

3 And the general consensus, and it's
4 been closed out and resolved, that the only time
5 you really could use a resuspension factor of
6 10^{-6} is when there's a reason to believe that
7 the facility has undergone some
8 decontamination where readily removable
9 contamination on the surfaces has been removed.

10 In fact, this goes back to an NRC
11 NUREG. And NRC recommends that if you're going
12 to do any post-cleanup dose assessment to see
13 if you comply with their criteria for clearance
14 of a structure, you can use 10^{-6} resuspension
15 factor for any residual activity that might be
16 there because it's not readily removable, okay?

17 However, if you have not undergone
18 decontamination and there is residual activity
19 that is loose and can be resuspended fairly
20 readily, you wouldn't use 10^{-6} . In fact, the
21 agreement, I believe, is that now, under the new
22 OTIB-70, they would use something closer to

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1 10⁻⁵. And I also saw 5 times 10⁻⁵ in one
2 instance.

3 So that being the background
4 information on this subject, now we're
5 confronted with an unusual circumstance. We
6 have an argument that, well, you know, this is
7 outdoors where any residual contamination that
8 might have been present outdoors was
9 experiencing what we would call natural
10 attenuation, where it's raining and it's being
11 washed away.

12 So, in effect, one could argue that
13 you really would not expect relatively loose
14 contamination outdoors to remain for very long
15 periods of time when it's been exposed for
16 extended periods of time to weathering, like
17 rainfall and wash-off. And so would you think
18 that -- you know, what do you do in those
19 circumstances?

20 In my opinion, you know, you're
21 effectively saying that, well, you know, it
22 really has undergone -- it's unlikely that

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1 there still remains relatively loose
2 contamination that could have a high
3 resuspension factor. So I have, you know --
4 and this is more of a judgment call -- I would
5 say that, under these circumstances, it's
6 equivalent to as if it was cleaned up and
7 therefore a resuspension factor of 10^{-6} is not
8 unreasonable.

9 And that's the position -- this is
10 my sense of the matter -- and that's exactly the
11 argument that's being made here by NIOSH. And
12 I'm willing to accept that argument.

13 ACTING CHAIR MUNN: And one can
14 point out with great validity, I believe, that,
15 absent an enclosure of any kind, resuspension
16 as we think of it is not likely to occur.
17 There's nothing new.

18 DR. MAURO: It would go away. It
19 would go up and go away.

20 ACTING CHAIR MUNN: Exactly.

21 DR. MAURO: And for those of you,
22 outdoor resuspension factors have been studied

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1 extensively, for example, at the Nevada Test
2 Site. And numbers on the order of 10^{-9} are not
3 unusual.

4 ACTING CHAIR MUNN: Much, much
5 lower --

6 DR. MAURO: Yeah, much lower. You
7 know what happens very quickly -- and we're
8 talking about soil now -- what happens
9 relatively quickly is the -- you'll start off
10 at a -- this is from the Nevada Test Site --
11 start off at a relatively high resuspension
12 factor, perhaps as high as 10^{-4} .

13 But quickly -- this is all
14 Anspaugh's work. You'll remember Lynn
15 Anspaugh joined us for quite some time a few
16 years ago. And he has shown, and he has
17 published widely on this, that the outdoor, the
18 residual activity outdoors, is washed away and
19 stabilized, migrates downwards.

20 In other words, it gets into a form
21 that makes it relatively difficult to
22 resuspend. So his model actually, the way it's

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1 structured is, within the matter of a year or
2 two, on that order, your resuspension factors
3 reduce all the way down to 10^{-9} per meter.

4 So, once you're outdoors it really
5 changes the whole scenario. And a 10^{-6}
6 resuspension factor in this case seems to be
7 reasonable.

8 MEMBER CLAWSON: Okay. Well, I
9 just -- we've talked about so many different
10 stuff the last few minutes so I just wanted to
11 make sure what I was speaking on. I have no
12 problem with closing that, Wanda.

13 ACTING CHAIR MUNN: Thank you,
14 Brad. I appreciate that. Anyone else?

15 (No response.)

16 ACTING CHAIR MUNN: If not, then I
17 believe we can safely say this issue has been
18 addressed in numerous venues. And corrections
19 and additions have been made to the appropriate
20 documentation. On that basis, this
21 Subcommittee has closed this item effective
22 this date. Is anyone not amenable to that

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1 solution?

2 (No response.)

3 ACTING CHAIR MUNN: If not, then,
4 Doug, if you will do that.

5 MR. FARVER: Okay.

6 ACTING CHAIR MUNN: We will close
7 out 221.3.

8 MR. FARVER: And we move on to
9 221.4, CATI report indicates additional
10 cancers. And we've seen this in the past. And
11 I understand NIOSH's response. In the CATI
12 report, it mentions additional colon and larynx
13 cancer.

14 ACTING CHAIR MUNN: It's been dealt
15 with appropriately given the procedural
16 applications that are necessary in cases like
17 this.

18 MR. FARVER: Right. I mean, I
19 understand we can close this. But for future
20 cases, you know, how would you like us to
21 proceed when we come across something like
22 this? Would you like us to note it as an

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1 observation?

2 I think we need to mention it just
3 so that they are aware that there is a little
4 difference. I mean, I don't know that we need
5 to make it a finding every time, because we've
6 come across this before and we've talked about
7 it in this Subcommittee. But I still think it
8 needs to get mentioned somewhere, maybe an
9 observation.

10 ACTING CHAIR MUNN: I think that's
11 appropriate. Certainly for the record it
12 needs to be shown that this issue was recognized
13 and was addressed. But since it is a policy and
14 procedure issue, which the Subcommittee cannot
15 change, then it appears to be appropriate, from
16 my perspective, that it be an observation.

17 Does that meet the concerns of
18 others or would you prefer it to be handled in
19 a different way?

20 MEMBER CLAWSON: I think it's an
21 observation. We've run across these -- this is
22 Brad by the way. I think we've run into this

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1 many times.

2 MR. FARVER: And the one
3 circumstance I don't want to miss is when these
4 dose reconstructions on new cancers are added
5 the dose reconstructions are revised and you
6 get different versions. Let's say somehow we
7 don't get the latest revision of the dose
8 reconstruction where they've added three more
9 cancers. Somehow the file doesn't get
10 included. But now we come across this in the
11 records where there's three more cancers. I
12 think we need to point that out. And that's my
13 thought. I don't want to miss it.

14 ACTING CHAIR MUNN: No, no, it does
15 need to go on the record. But it seems that the
16 appropriate method for getting it on the record
17 is to list it as an observation.

18 MR. FARVER: Okay.

19 ACTING CHAIR MUNN: Any other
20 concerns?

21 MEMBER CLAWSON: Doug, this is
22 Brad. Don't you feel that would be the best way

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1 to do that? I just want to make sure that we're
2 addressing what your concern is too. I
3 understand about not wanting to miss this, but
4 do you feel comfortable this will be addressed
5 properly?

6 MR. FARVER: Well, if we make an
7 observation it'll get talked about anyway in
8 this Subcommittee. You know, NIOSH's reply
9 might be, "oh, we forgot to include the most
10 recent dose reconstruction." That's okay.
11 But at least it's brought to light. I have no
12 problem making it an observation because over
13 the years we have discussed this and the
14 Subcommittee is aware that sometimes we find
15 things that are not included in the dose
16 reconstruction because it has to go through
17 DOL.

18 So we've talked about this specific
19 instance. I just want to make sure we don't
20 miss it in the future for some other reason. An
21 observation is fine with me.

22 ACTING CHAIR MUNN: Alright. I

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1 don't hear any argument from other Subcommittee
2 Members. I think you can accept that as a
3 template to go forward with.

4 In the future, we will address this
5 type of thing as an observation since it's a
6 policy matter that we can't address.

7 Now we can go to Observation 1 of
8 Finding 221.

9 MR. FARVER: Observation 1.

10 DR. MAURO: I can help out a little
11 bit again here.

12 MR. FARVER: Okay.

13 DR. MAURO: If you'd like. Our
14 March 2013 report -- this goes back now to our
15 review of the latest version of the Site Profile
16 for Hooker -- has a number of findings, six
17 findings, some of which are new, have new
18 information.

19 And I do believe they do have direct
20 bearing, namely, how those issues are resolved
21 have direct bearing on Observation 1 and
22 Observation 2. So these are certainly TBD

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1 issues. They're TBD issues that have not, I
2 don't believe, been resolved, been discussed
3 and resolved.

4 And they go toward, really,
5 concerns we have on the concentrations of the
6 residue -- the concentrations of radioactivity
7 in the residue which would affect both
8 Observation 1 and Observation 2 having to do
9 with external radiation fields. And so I think
10 that these are items that really need to await
11 resolution by the AWE Work Group.

12 ACTING CHAIR MUNN: I agree with
13 John's assessment, personally. And that
14 applies to both Observations 1, 2 and 4.

15 MR. FARVER: What type of wording
16 would you like me just to include there? Just
17 something simple.

18 ACTING CHAIR MUNN: The statement
19 that it needs to be addressed by the AWE meeting
20 is appropriate, I think, for Observation 1 and
21 Observation 2, because really what we're saying
22 here is that these Hooker issues are still

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1 outstanding in the Work Group. Observation 3
2 is different.

3 MR. FARVER: You closed that one,
4 yes?

5 ACTING CHAIR MUNN: Yeah, we want
6 to close that. It was recommended in July but
7 I don't think we got to this last time we were
8 looking at it. And so I've asked the
9 Subcommittee Members to take a look at
10 Observation 3 and see if we can close that this
11 time.

12 MR. KATZ: Does someone want to
13 state the observation?

14 MR. FARVER: "The basis for the
15 median exposure rate of 0.376 mR per day for
16 contaminated surfaces was not apparent in
17 TBD-6001. SC&A performed a corroborating
18 calculation resulting in a value of .026 mR per
19 calendar day, a value lower than was used in the
20 dose reconstruction."

21 And the last sentence of NIOSH's
22 response is, "the TBD since has been revised."

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1 Or did I read the wrong observation?

2 ACTING CHAIR MUNN: No, but you're
3 reading Observation 2 and I had thought that we
4 were covering that with our statement that the
5 Work Group still had something to do. But --

6 DR. MAURO: The Observation 2,
7 there's a process we're going through here
8 where, at the time, we looked at it, checked
9 some numbers. But that was before, you know,
10 we came up with this new set of findings related
11 to the Hooker Site Profile.

12 So we have a whole new set of
13 findings with new information that could have
14 a bearing on this that we, I think, need to wait
15 to see how that unfolds before we could close
16 out Observation 2, even though the argument is
17 made here that, you know, that the methodology
18 is actually an overestimate.

19 That needs to be reconsidered in
20 light of the new information that we now have
21 provided NIOSH with in our March 2013 review of
22 the Hooker Site Profile.

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1 ACTING CHAIR MUNN: So we are
2 carrying this forward. There's still work to
3 be done both by the Work Group and by SC&A,
4 correct?

5 DR. MAURO: I agree.

6 ACTING CHAIR MUNN: Okay. So
7 that's carried forward.

8 MR. FARVER: Well, this is an
9 observation. We don't usually track these as
10 being open and closed.

11 DR. MAURO: Yeah, we do have an
12 interesting dilemma, I have to admit. I would
13 have thought that these would have been
14 findings.

15 In other words, at this point, at
16 this stage in the process, perhaps something
17 that previously we considered to be an
18 observation, in light of the new work that was
19 done where we may very well find that we don't
20 agree with the assumption regarding exposure
21 times, the five percent exposure time, nor do
22 we agree with the concentrations of uranium in

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1 the residue, and we have our reasons for that,
2 which really changes all Site Profile issues,
3 of course.

4 Now, what do you do with that now
5 that we're dealing with real cases that were
6 based on a previous Site Profile, a previous set
7 of assumptions, and now we know -- at this point
8 in the process, it's the Site Profile that we
9 had issue with and we think needs to be
10 reconsidered.

11 And let's say NIOSH agrees that
12 you're right, we agree that those comments
13 you're making regarding exposure times and
14 concentrations of uranium in the residue are
15 legitimate, and then you'd have to take a look
16 at that point to see the effect that it might
17 have or might not have on this particular dose
18 reconstruction.

19 I'm not saying it would have a
20 substantial effect, but it does mean that you
21 have to take a look at that. Is that an
22 observation, that kind of situation?

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1 ACTING CHAIR MUNN: Well, this
2 issue comes up almost every meeting of the
3 Subcommittee, I think. And when we get into a
4 situation like this one, which we will have
5 consistently in every meeting from now on when
6 we are looking at items that have not been
7 covered by the Subcommittee before, we're going
8 to have the same issue arise again and again and
9 again.

10 It would behoove us, I think, to
11 make some general guidelines for how we're
12 going to approach these things, because it's
13 obvious the same issue is going to arise
14 repeatedly.

15 And we thought we knew what we were
16 doing when we decided what was going to be an
17 observation and what was not. But as John
18 points out, the circumstances change, as do the
19 data that we have to rely on as time goes
20 forward. So I'm at a loss, personally, to know
21 how to proceed with this. I personally think
22 that observations serve a good purpose just

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1 being observations. But there's certainly an
2 argument to be made from time to time that
3 they've risen to the level of a finding. And
4 I don't know of anything that we can do other
5 than address these on a case-by-case basis.
6 But we still would be well advised, I think, to
7 give some consideration to what guidelines
8 we're going to apply.

9 MR. KATZ: This is Ted. I would
10 suggest you just leave this open, because
11 whether this deserves to be a finding or an
12 observation will also, I assume, get resolved
13 when you get resolution of the findings on the
14 Site Profile review.

15 ACTING CHAIR MUNN: That will help.
16 As long as we are awaiting the work from the
17 applicable Work Group, it seems reasonable to
18 leave them, as Ted suggests, open.

19 MR. FARVER: Okay.

20 ACTING CHAIR MUNN: Observation 3,
21 however, falls in an entirely different
22 category. That's back to the PFG question.

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1 And we have a similar recommendation to the one
2 that we have worked with before that recommends
3 closing the issue.

4 That would be my recommendation as
5 well, even though, as Doug points out, we have
6 not been in the business of opening or closing
7 observations. But if we're going to carry them
8 and address them individually it seems that we
9 need to have a process for closing. And I would
10 recommend our saying that this is closed.

11 DR. MAURO: I agree. This goes
12 back to this PFG business that across the board
13 we're closing. You notice in the last set when
14 we talked about Appendix BB, GSI, we closed
15 these issues, because we can. That issue has
16 been resolved for some time now. And I don't
17 see keeping this open for any purpose.

18 ACTING CHAIR MUNN: Unless I hear
19 negative comments from the other Subcommittee
20 Members, we're going to close this.

21 (No response.)

22 ACTING CHAIR MUNN: Hearing none,

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1 Doug, would you please indicate the
2 Subcommittee closed this?

3 MR. FARVER: Okay.

4 ACTING CHAIR MUNN: As of this
5 date.

6 Now, when we get down to Observation
7 4, we're back to the business of just leaving
8 it open because there are documents coming that
9 may change it. Any problem with that?

10 (No response.)

11 ACTING CHAIR MUNN: That's more of
12 the airborne concentration issue. Observation
13 5.

14 MR. FARVER: Observation 5. SC&A
15 questions the assumption that the airborne
16 concentrations remain constant during the
17 period of residual radioactivity. This is
18 especially true since the slag handling with
19 attendant dust deposition and resuspension
20 occurred out of doors. However, the
21 assumption used in the dose reconstruction is
22 claimant-favorable. That sounds like the

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1 outdoor resuspension issue.

2 DR. MAURO: I would go a step
3 further, though. Certainly resuspension is at
4 play here but so is the concentration in the
5 residue. And I believe we're going to find
6 that this concentration in the residue is at
7 play in light of our work. So I'm not sure we
8 can close this.

9 In other words, I think that, you
10 know, in the issue before we were talking about
11 resuspension factors and it was a narrower
12 subject. There was no problem there; the 10^{-6}
13 seemed to work. But remember here now we're
14 talking about the combination of the
15 resuspension factor with the residue.

16 And do we agree that the concentration of the
17 uranium, the residue, is in fact a good number?

18 I know that from our work on the Site
19 Profile issue we have some concerns with that.
20 And so I don't know, I think this falls into that
21 same category where we have to await the AWE
22 findings, the Work Group findings.

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1 ACTING CHAIR MUNN: So may we add to
2 the SC&A response there that poses a question?
3 Can we answer the question and, whether we can
4 or cannot, we will be leaving this open
5 apparently. But should we respond to the
6 question?

7 I would assume that it does, that
8 the response does apply to the residual period,
9 since the observation questions residual
10 radioactivity period. Is that not correct?
11 The response does apply to the residual period.

12 DR. MAURO: Yes, it does. And what
13 the concentrations are -- but I think it's a
14 residual period question but it's still an
15 issue because, embedded in the model of
16 resuspension and internal exposure, is what is
17 the concentration in the residue?

18 And I think that we still might have
19 to have some discussion on that subject with the
20 AWE Work Group.

21 ACTING CHAIR MUNN: Yeah. And the
22 Subcommittee, I think, would recommend that the

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1 slag issue be covered in the Work Group. And
2 I'm assuming that they have that on their plate
3 already, although I don't guess we can assume
4 that completely.

5 There's no Member of that Work Group
6 on the Subcommittee is there? I'm not aware of
7 it. Do any of you have an assignment to the AWE
8 Work Group?

9 (No response.)

10 ACTING CHAIR MUNN: I do not. I
11 don't think we have representation from that
12 Work Group here.

13 So, Doug, may we just add an item to
14 this, to the response, or to the Subcommittee's
15 response that we will assume that the Work Group
16 will address the slag issue in its
17 deliberations.

18 MR. FARVER: What I put under
19 SC&A's response was, "the issue does apply to
20 the residual period, however, the
21 concentration determination is an AWE Work
22 Group issue."

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1 ACTING CHAIR MUNN: Excellent.

2 MR. FARVER: And then I have it
3 open. I keep it marked as being opened.

4 ACTING CHAIR MUNN: Sounds good to
5 me. Any comment or any concern from other
6 Subcommittee Members?

7 (No response.)

8 ACTING CHAIR MUNN: If not, then
9 we'll leave that in that condition and we'll go
10 on to Bethlehem Steel, the 11th set.

11 MR. FARVER: Okay. Bethlehem
12 Steel, it's 238.1. And the finding is that the
13 DR report should explain why no doses are
14 assigned for the post-1952 residual period.

15 DR. MAURO: Perhaps I could help
16 out a little bit here. Again, this goes toward
17 the -- let me set the stage. I'll try to be
18 brief. As you know, all the Bethlehem Steel
19 issues really were addressed very early on in
20 this project and they all were addressed within
21 the context of the SEC, which was granted.

22 A new Site Profile was issued that

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1 addressed all the matters that were of concern.
2 Now, however, you're going to have to help me
3 out a little bit here. I don't know if SC&A
4 ever reviewed the final version of the Site
5 Profile. You know, all issues were resolved in
6 principle around the SEC petitioned Evaluation
7 Report. There's plenty -- the record goes on
8 forever. And, you know, that's all been taken
9 care of.

10 Then there was a revised Site
11 Profile that came out. And I have to admit I
12 don't recall reviewing it. And it would have
13 been something that I would have reviewed.
14 Anybody in the room, Scott, do you recall
15 whether we've been through this? Did we
16 actually review it?

17 Now, that being said, whether we've
18 gone through that process or not and the issues
19 have been resolved or not, the argument made
20 here, though, for this particular item is
21 valid, made by NIOSH. Namely, as you may
22 recall, while AWE activities, machining

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1 operations were going on at Bethlehem Steel for
2 uranium -- that was done on weekends. And then
3 they would resume during the week to go back to
4 their steel operations, which put down loads of
5 steel residue on top of the uranium.

6 I would agree just, you know, the
7 heuristic argument, that you're really not
8 going to have very much potential to resuspend
9 the relatively small amounts of uranium that
10 might have been deposited during the weekend
11 once you get started on the steel operations,
12 which move into a lot larger quantities of
13 material.

14 So, I mean, the argument made here
15 is reasonable. Now, that's all within the
16 context of, did we talk about this already?
17 And, you know, it's part of the review of the
18 revised final Site Profile which came in after
19 all of the SEC business was taken care of.

20 And I have to admit that I'm at a
21 loss. I really don't recall reviewing the
22 final Site Profile, although, you know, I'm not

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1 sure.

2 MR. KATZ: Well, John, this is Ted.
3 I can't tell you whether you reviewed the final
4 Site Profile or not. I don't recall. But
5 there was definitely a whole lot of
6 conversation about this issue.

7 DR. MAURO: Yeah, yeah.

8 MR. KATZ: That definitely was
9 discussed by not just SC&A but by the Board as
10 well.

11 DR. MAURO: Yeah, yeah.

12 ACTING CHAIR MUNN: But I don't
13 think that discussion took place necessarily in
14 this Subcommittee. I'm unaware of a lot of
15 that conversation going on here, but certainly
16 in other venues of the Board it was discussed.

17 DR. MAURO: Yeah, this particular
18 issue is kind of unique to Bethlehem Steel. It
19 is not something we would have encountered
20 elsewhere, where you have, you know, these
21 other operations just dwarfing the uranium
22 operations that occur on the weekends.

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1 I know we talked about this issue
2 and I have to say that it'll take a little
3 homework perhaps either on my part or NIOSH's
4 part to go back and to see, you know, where, how
5 did this all end? In other words, are there any
6 remaining Site Profile issues with Bethlehem
7 Steel that yet need to be resolved?
8 You know, I'd have to check that out. I'm not
9 sure.

10 MR. STIVER: John, this is Stiver.
11 I was going through my records and I'm not
12 finding any indication that we ever reviewed
13 the May 23, 2013, update.

14 DR. MAURO: Okay, yeah, because I
15 don't recall doing it. But that doesn't mean
16 we didn't. Okay, thanks, John. So it sounds
17 like we do have a situation where maybe there's
18 some merit to putting that to bed. Because, you
19 know, there have been cases in the past where
20 we would take care of all the hot button SEC
21 issues and never really get back to the Site
22 Profile issues.

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1 MR. STIVER: Yeah, some of those
2 have kind of fallen off the radar screen,
3 unfortunately. This may be one of those cases.

4 ACTING CHAIR MUNN: Well, it
5 appears to me that, the SEC notwithstanding,
6 SC&A needs to be directed to review last year's
7 NIOSH review on residual contamination at
8 Bethlehem. Is there any alternate or opposed
9 recommendation?

10 (No response.)

11 ACTING CHAIR MUNN: If not, it
12 seems appropriate to me that SC&A be instructed
13 to review that document and hopefully apply it
14 to this finding and see if we can close this out.

15 MR. STIVER: Okay, we will take
16 that action.

17 ACTING CHAIR MUNN: Thank you much,
18 John.

19 Move on to Finding 238.2. NIOSH
20 elected to assign occupational medical dose on
21 the basis of a claimant-unfavorable
22 assumption. And the NIOSH response: This is

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1 another PFG issue. SC&A has concurred and
2 recommends closing.

3 Do I hear any concern with this
4 closure?

5 (No response.)

6 ACTING CHAIR MUNN: Then I'm going
7 to indicate that the Subcommittee agrees with
8 the recommendation to close this issue and it's
9 closed.

10 That will move us to Item 238.3,
11 which has been paid through an SEC.
12 Recommendation to close it. Speak now if you
13 have opposition.

14 (No response.)

15 ACTING CHAIR MUNN: If not, the
16 Subcommittee recommends the closure of 238.3.

17 MR. FARVER: Wanda, just for my
18 information, the SEC covers prior to '52, or '52
19 and before, or some period before '52. Is that
20 correct?

21 ACTING CHAIR MUNN: I would have to
22 go back and look at it. Can someone answer that

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1 question specifically?

2 MR. FARVER: I believe that's why
3 this one is covered under the SEC, because of
4 the time period.

5 MR. CALHOUN: Correct, I think it's
6 '49 to '52, but I would have to check.

7 MR. SIEBERT: That's correct,
8 Grady.

9 ACTING CHAIR MUNN: Covered quite a
10 chunk.

11 DR. MAURO: I've got an interesting
12 question. Bear with me. Though this is an
13 issue, it is really no longer an issue because
14 everyone agreed that while you really can't
15 reconstruct doses during this time period and
16 the SEC was granted -- now, stay with me.

17 Now I recall the reason the SEC was
18 granted had to do with cutting these cobbles.
19 No, no, it was a cutting -- there was a cutting
20 operation going on, yes. And there was a
21 specific reason why the SEC was granted.

22 But there were other aspects of

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1 exposures that it was agreed that could be
2 reconstructed, some of the rolling operations,
3 placing a plausible upper bound. Some of the
4 external exposures, placing a plausible upper
5 bound.

6 But it was this actual cutting of
7 the cobbles, using a torch, where I remember
8 standing up in front of the full meeting
9 discussing this issue and the idea that
10 surrogate data, in that particular case, was
11 strained. And everyone agreed.

12 You know, it was difficult to figure
13 out what the dust loading would be to these
14 people involved in cutting the cobbles with a
15 torch. And I think a lot of the SEC decision
16 rested with that particular issue.

17 Now, that being the case, one could
18 argue that if you have a worker who has a type
19 of cancer that's not covered by the SEC and he's
20 working during this time period and, you know,
21 you're sort of obligated to say, okay, we're
22 going to do a partial for this person, as best

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1 you can.

2 If there are still issues, this
3 brings us back to the Site Profile, if there are
4 still Site Profile issues at play, that may bear
5 on how you would do a partial for a person who
6 is not compensated or covered. Now, in this
7 case, I don't know if we're dealing with a
8 person who has been compensated under the SEC
9 or not.

10 But let's say he's a person that was
11 not compensated.

12 ACTING CHAIR MUNN: Well, it says,
13 this statement says this claim was paid.

14 DR. MAURO: Oh, okay. Then I take
15 that back. Okay, well, you see where I'm
16 headed with this.

17 ACTING CHAIR MUNN: Yeah, yeah, and
18 I follow your argument absolutely. And in a
19 generic sense, you're absolutely correct. But
20 of course, in these cases we're looking
21 specifically at this claim and no other.

22 DR. MAURO: And he's closed.

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1 ACTING CHAIR MUNN: Exactly.

2 DR. MAURO: And absolutely you're
3 right. If he's compensated, that's the end of
4 the story.

5 ACTING CHAIR MUNN: Right.

6 MEMBER POSTON: Wanda, this is
7 John.

8 ACTING CHAIR MUNN: Yes.

9 MEMBER POSTON: I hate to be a party
10 pooper but in about ten minutes I'm going to
11 have to go to class.

12 ACTING CHAIR MUNN: Well, I know,
13 you got to do what you got to do, John. We will
14 miss you, and please tell us when you're signing
15 off specifically so that we will shut things
16 down.

17 And as a matter of fact, with the
18 warning that you've given us before you go the
19 one thing we would like to try to take a look
20 at, I think, is when our next meeting is going
21 to be. If you have your calendar there, and the
22 other folks are available as well, it will save

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1 us some grief if we can define a range of dates,
2 at least, in which we can move forward.

3 Now, bear in mind that we have,
4 gosh, how many, we're almost finished with --
5 this is not a lengthy group that we have in this
6 matrix. But this only gets us through 10
7 through 13, correct? And we have all of the
8 other response sets from 14 through 18 that we
9 need to deal with.

10 So I am quite sure that your
11 Chairman would want to schedule another full
12 day of meeting. And we need to know when an
13 appropriate time would be for that. There is
14 some concern about getting through this sooner
15 than later.

16 So my recommendation would be to
17 begin by thinking in terms of about a month from
18 now. Please tell me if everybody feels that is
19 too soon, if we need to be looking at December
20 or whether we can look at something either the
21 last week of November or --

22 MR. KATZ: No, Wanda, you can't --

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1 ACTING CHAIR MUNN: That's
2 Thanksgiving Day, you can't do that.

3 MR. KATZ: No, Wanda, this is a
4 Subcommittee. You can't meet without Federal
5 Register notice and so on.

6 ACTING CHAIR MUNN: Exactly. You
7 have to have 30 days for that. Which puts us
8 into December no matter what.

9 MR. KATZ: You can't even think
10 about it before, I would say, the week of, let's
11 see --

12 ACTING CHAIR MUNN: December 8th?

13 MR. KATZ: I would say the
14 beginning of -- let's see, hold on.

15 ACTING CHAIR MUNN: We have the
16 Test Site in Cincinnati on the 3rd.

17 MR. KATZ: Yeah, I think we'd be
18 okay the week of December 8th and forward.

19 ACTING CHAIR MUNN: Okay.

20 MR. KATZ: But also we have two Board
21 Members who aren't on the line either. So
22 whatever we do right now is tentative.

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1 ACTING CHAIR MUNN: It's tentative.
2 My suggestion would be the week of the 8th.

3 MEMBER POSTON: That's a great
4 time. That's a great time for me. Monday and
5 Tuesday and Wednesday and Thursday there are no
6 classes.

7 ACTING CHAIR MUNN: Super.
8 Alright. So John is available. Let's say
9 Tuesday through Thursday?

10 MEMBER POSTON: Monday through
11 Thursday.

12 MR. SIEBERT: This is Scott. I'm
13 sorry. I'm going to be a pain. I'm available
14 Monday that week but I'm on travel the rest of
15 the week.

16 ACTING CHAIR MUNN: How mean.

17 MR. SIEBERT: I'm sorry.

18 ACTING CHAIR MUNN: Alright.
19 Well, we do the best we can. I have no
20 objection to Monday meetings but I know some
21 people do.

22 MEMBER POSTON: That would be fine

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1 with me.

2 MR. KATZ: How about David?

3 MEMBER RICHARDSON: I think that's
4 okay.

5 MR. KATZ: Okay. Well, let's come
6 up with a second date at least, because our
7 other two Members aren't on the line and that's
8 cutting it close in terms of the Federal
9 Register notice. So what about the 15th, 16th
10 or 17th?

11 ACTING CHAIR MUNN: I would be
12 available any one of those three.

13 MR. KATZ: How about everybody
14 else?

15 MEMBER POSTON: I think I could
16 make 15th, 16th, 17th, yeah.

17 MEMBER CLAWSON: I'd be good with
18 it. This is Brad.

19 MR. KATZ: Okay, Brad. And David?

20 MEMBER RICHARDSON: That's
21 December?

22 MR. KATZ: Yes. December 15th,

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1 16th or 17th.

2 MEMBER RICHARDSON: Yeah, that
3 works.

4 MR. KATZ: Any of those? Okay.
5 That's a good number of dates actually to run
6 by the other two Members.

7 ACTING CHAIR MUNN: Yeah, that's
8 great.

9 MR. KATZ: Okay. Thank you.
10 Thanks for that.

11 ACTING CHAIR MUNN: Thank you.
12 We're good to go now, John, I think. Thank you
13 for your help.

14 MR. KATZ: And John has to leave in
15 five minutes.

16 ACTING CHAIR MUNN: Yeah. We'll
17 give ourselves another five minutes. Maybe we
18 can get through 238 here and then we'll assume
19 you'll be gone after that.

20 Now then, 238.4 is a similar thing.
21 It's paid through the SEC. Unless I hear from
22 the contrary, the Subcommittee is going to

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1 close that per the recommendation of SC&A.

2 MEMBER RICHARDSON: What's the
3 flag of M, mean?

4 ACTING CHAIR MUNN: What's the
5 what?

6 MR. KATZ: Code M.

7 ACTING CHAIR MUNN: Oh, I don't
8 know. That's the coding that -- I was saying
9 I'm always remiss in not getting that coding in
10 front of me when we're looking at them. I'm not
11 certain what that category is.

12 DR. MAURO: I might make a guess at
13 it. In our scorecard in our DR reports in Table
14 2, we assign the importance of the finding as
15 high, medium or low in terms of the significance
16 to not only the dose reconstruction for the
17 person but also to the program in general. And
18 I'm guessing that's what this means.

19 ACTING CHAIR MUNN: Oh, really? I
20 had thought we had an entire -- but you could
21 be right.

22 DR. MAURO: I'm making a wild guess

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1 here.

2 ACTING CHAIR MUNN: Well, no, we're
3 only seeing H and L and that's -- you're
4 probably right. But, golly, I had thought that
5 there all kinds of letters involved there. But
6 maybe you're right.

7 In any case, we can't give you a
8 definitive answer. It is to be seen on some of
9 our older matrices.

10 MR. FARVER: Yes, that stands for
11 Medium.

12 ACTING CHAIR MUNN: Okay.

13 MR. FARVER: So that was important.
14 And there was a time period where we
15 experimented with a new way of categorizing
16 people or issues into five different
17 categories, such as QA, internal dose, external
18 dose and things like that into five categories.

19 ACTING CHAIR MUNN: Yeah.

20 MR. FARVER: But that's a different
21 code than this. And --

22 ACTING CHAIR MUNN: It's a

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1 categorization method, one of several that we
2 use. That's the bottom line.

3 MR. FARVER: And we probably should
4 go back to include that in here if that is the
5 way we want to start categorizing in addition
6 to the high, medium and lows of our table. It
7 can get a little confusing, though.

8 ACTING CHAIR MUNN: It does get
9 confusing, yeah. And let's don't take time to
10 debate that. I will put that on my list of
11 things to talk about and suggest that go on the
12 agenda next time. I'll suggest that to Dr.
13 Kotelchuck.

14 And that being the case, are we
15 shortchanging you with that, David, or will
16 that do for your concern?

17 MEMBER RICHARDSON: I was just
18 wondering if we were tracking QC issues.

19 ACTING CHAIR MUNN: Yeah, we are
20 tracking QC issues. Yes, we are. And Doug's
21 very cautious about trying to make sure that
22 happens.

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1 MR. FARVER: I would like to have us
2 go to one method, though, of categorizing, just
3 for bookkeeping. I mean, it's a little easier
4 if we just have one code in there than putting
5 two codes for each finding.

6 ACTING CHAIR MUNN: Yes, it
7 certainly would be. Would it be appropriate
8 for me to suggest that, Doug, you and the folks
9 who deal with this at SC&A give some thought to
10 how we ought to address this categorization
11 issue and give us a little suggestion before our
12 next meeting so that Dr. Kotelchuck will have
13 a suggestion from the folks who are on the
14 ground doing it as to how to proceed? That
15 would be helpful I think for us.

16 MR. FARVER: Okay. We will do
17 that.

18 ACTING CHAIR MUNN: Thank you
19 much. I do appreciate it.

20 MR. KATZ: Okay, Wanda, I do
21 believe it's time to adjourn.

22 ACTING CHAIR MUNN: Alright.

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1 We've lost our people and there's --

2 MEMBER POSTON: So long.

3 MR. KATZ: Thank you, John, for
4 hanging in there.

5 ACTING CHAIR MUNN: We really
6 appreciate it. Bye-bye.

7 MR. KATZ: Take care, everybody.

8 ACTING CHAIR MUNN: Alright. We're
9 going to stop right there where we are. We left
10 off at 238.3. And my guess is that's probably
11 where we'll take up in December, whenever that
12 is.

13 MR. KATZ: And, Wanda, thank you
14 for chairing. I appreciate that.

15 MR. FARVER: Did we close it?

16 ACTING CHAIR MUNN: Yes, we did.

17 MR. FARVER: Okay. So we're going
18 to start with 238.4.

19 ACTING CHAIR MUNN: Correct.

20 MR. KATZ: Take care. Thank you,
21 Doug. And thank you, John Mauro.

22 ACTING CHAIR MUNN: Thanks to all.

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1 We'll see you soon. Bye-bye.

2 (Whereupon, the above-entitled
3 matter went off the record at 1:25 p.m.)
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