

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

+ + + + +

ADVISORY BOARD ON RADIATION AND  
WORKER HEALTH

+ + + + +

SUBCOMMITTEE ON DOSE RECONSTRUCTION REVIEWS

+ + + + +

TUESDAY  
DECEMBER 1, 2015

+ + + + +

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

PRESENT:

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

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## ALSO PRESENT:

TED KATZ, Designated Federal Official  
BOB ANIGSTEIN, SC&A  
BOB BARTON, SC&A  
KATHY BEHLING, SC&A  
NICOLE BRIGGS, SC&A  
RON BUCHANAN, SC&A  
GRADY CALHOUN, DCAS  
DOUG FARVER, SC&A  
ROSE GOGLIOTTI, SC&A  
JENNY LIN, HHS  
JOHN MAURO, SC&A  
BETH ROLFES, DCAS  
SCOTT SIEBERT, ORAU Team  
JOHN STIVER, SC&A  
KATHY LUDWIG TALBOTT

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

2 (10:30 a.m.)

3 MR. KATZ: So it's time now. Let me  
4 just check, well, let's carry on with roll call.  
5 I'm going to address conflicts of interest up front  
6 before I run through roll call just to make this  
7 more efficient.

8 So, of our Members, Dr. Kotelchuck has  
9 no conflicts. But Ms. Beach has a conflict for  
10 Hanford, Mr. Clawson has one for INL, Ms. Munn also  
11 for Hanford. And Dr. Poston, who as I said, will  
12 be joining us a half an hour late or so, has  
13 conflicts for BWXT, X-10, ANL, Sandia, LANL, Y-12  
14 and West Valley.

15 So the public can know that. And if  
16 you'll abide by the recusal requirements if we  
17 discuss any of the cases there.

18 (Roll call)

19 MR. KATZ: Okay, very good. So then  
20 just a little bit of etiquette, for those of who  
21 haven't been on these calls, please mute your  
22 phones. There's no public comment session, so  
23 public members should definitely have their phones

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1 muted.

2 But mute your phones for everyone,  
3 except when you're addressing the group. And if  
4 you don't have a mute button on your phone, press  
5 \*6 to mute your phone. \*6 will mute your phone.  
6 And then press \*6 again to take your phone off of  
7 mute.

8 And also, please do not put this call  
9 on hold at any point, but hang up and dial back in  
10 if you need to go for a piece because putting the  
11 call on hold will cause a disturbance, cause a  
12 disturbance for everyone else on the line.

13 So that's great. And, Dave, it's your  
14 meeting.

15 CHAIRMAN KOTELCHUCK: Okay, fine.  
16 Folks, welcome. I did get a request that, on the  
17 last item, on case reviews resolution, remaining  
18 cases from Sets 10 to 13, Dr. Mauro has suggested  
19 that, will not be with us late in the day, but will  
20 be here till noon. So what I'd like to do, folks,  
21 is change the agenda.

22 We'll go over the blind reviews first  
23 and then that should leave us time, before noon,

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1 to go over at least that one case. I believe it's  
2 Koppers.

3 So is that okay with folks on the line,  
4 Board Members?

5 MEMBER MUNN: Sure.

6 CHAIRMAN KOTELCHUCK: Okay. Then  
7 let's start with an update on blind review cases,  
8 with SC&A.

9 Let's see, right. No, we have Koppers  
10 up, but we're looking for the table here. Right.  
11 Okay --

12 MR. KATZ: It sounds like someone  
13 dialed a fax machine.

14 CHAIRMAN KOTELCHUCK: Right. What I  
15 would suggest to put up is --

16 MR. KATZ: Could you hold, Dave?

17 CHAIRMAN KOTELCHUCK: Yes.

18 MR. KATZ: Because we have this  
19 disturbance. Zaida, are you on the line? Okay,  
20 if it doesn't cut off soon I'll have that line cut.  
21 But go on, Dave.

22 CHAIRMAN KOTELCHUCK: Good. That is  
23 the comparison report that was up to date the last,

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1 at the meeting. And there should be 14 cases.  
2 There we go.

3 Three of the cases are not yet resolved,  
4 and eleven have been. Does anyone want, from SC&A,  
5 do you want to speak to the three cases that are  
6 still out? Let's go over them one by one.

7 I believe the first one is [redacted].  
8 Is that correct? Kathy?

9 MS. BEHLING: This is Kathy Behling.

10 CHAIRMAN KOTELCHUCK: Yes.

11 MS. BEHLING: Yes. We can start with  
12 the Allied Chemical, if you'd like. There are  
13 three that still have some outstanding issues.  
14 And I'll be relying on others to give us some  
15 details as to the outstanding issues.

16 CHAIRMAN KOTELCHUCK: Good.

17 MS. BEHLING: But we're looking, we're  
18 talking about Allied Chemical.

19 CHAIRMAN KOTELCHUCK: Oh, yes.  
20 Right.

21 MS. BEHLING: Okay, the Allied  
22 Chemical case is under the 17th set. And there was  
23 some question that was remaining.

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1           Dr. Anigstein had requested that we  
2           make sure that NIOSH had looked at the radium issue.  
3           And we did receive a response from Grady. And I  
4           believe that's being shown here.

5           And also we received a response from Bob  
6           Anigstein. So I don't know, Grady, if you want to  
7           start with what your response was and then Bob can  
8           chime in?

9           MR. CALHOUN: Well, basically I don't  
10          have much more to say than what's written right  
11          there. I got that from somebody else to provide  
12          here.

13          And basically our thought is that of all  
14          these different values that we found, we believe  
15          that the value that we used was reasonable.

16          CHAIRMAN KOTELCHUCK: Grady, you're  
17          coming in just a little quietly.

18          MR. CALHOUN: Okay. Basically we  
19          looked at all the multiple values of the radium-226  
20          and uranium-238 content. And we believe that the  
21          ratio that we used, that we did in fact use or  
22          consider radium in the case. And we believe that  
23          the values that we used were reasonable.

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1 CHAIRMAN KOTELCHUCK: Okay. And  
2 let's --

3 MS. BEHLING: Can I --

4 CHAIRMAN KOTELCHUCK: And the SC&A  
5 response to that?

6 MS. BEHLING: Dr. Anigstein?

7 DR. ANIGSTEIN: Yes, this is Bob  
8 Anigstein. The initial concern, I believe, was it  
9 was not clear to us that they included radium, or  
10 they talk about uranium. And uranium was not  
11 specifically talked about. So that was why we  
12 first brought up radium.

13 And then it turned out that they did use  
14 radium, but they assumed it was in equilibrium with  
15 uranium, and we pointed out that in the central  
16 Florida rocks, which is the more, that the higher  
17 uranium and radium concentrations. So that would  
18 be the more claimant-favorable assumption. To  
19 assume that it came from central Florida.

20 The radium and uranium were in  
21 disequilibrium because, you know, 1500 year  
22 half-life. It has time to, and different chemical  
23 properties, it has time to migrate in the rock and

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1 does not stay in equilibrium with the uranium.

2 But then either they, NIOSH pointed  
3 out, that they didn't actually do it that way.  
4 They used the OTIB-43.

5 And that the uranium concentration,  
6 they assumed it was in equilibrium, but their  
7 uranium concentration was higher than the one from  
8 the central Florida rocks. So this becomes a more  
9 bounding, claimant-favorable assumption.

10 And John Mauro and I had just had a  
11 conference shortly, just before this call, and we  
12 thought it should be pointed out, just that if this  
13 should come up in the future, as just a technical  
14 point, that the proper way to consider two  
15 distribution, well, actually there is a specific  
16 statistical test to see whether two distributions  
17 come from the same population or not, or the  
18 samples.

19 But without going into that level of  
20 detail, it's simply enough to look at, NIOSH made  
21 the point, well, since the standard deviations of  
22 the samples overlap, the two are one and the same.

23 We pointed out, no, that's not an

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1 appropriate measure. We should look and see if the  
2 standard error of the mean is different. And here  
3 we see the standard error, if we take the calculator  
4 standard error of the mean of the distribution of  
5 the radium concentration and the uranium  
6 concentration, the difference between the means,  
7 between the mean of each concentration, is greater  
8 than even the sum of the standard error of the mean  
9 of the two.

10 So just as a quick approximation, they  
11 are two distinct populations. And this is just  
12 something that may be of use in future analyses.  
13 But in this particular instance, we don't have a  
14 problem.

15 CHAIRMAN KOTELCHUCK: Okay. So --  
16 okay, good. Which means that, first, interesting.  
17 Secondly, then this is resolved and can be -- the  
18 PoCs can be evaluated.

19 Or the PoC that was evaluated, excuse  
20 me, was it that we now say that the PoC that was  
21 evaluated by NIOSH is in fact an ORAU? That is the  
22 correct one or, I guess no.

23 SC&A needs to then do the calculation

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1 consistent with what you're saying. And has that  
2 been done or will that be done sometime soon?

3 MS. BEHLING: This is Kathy Behling.

4 CHAIRMAN KOTELCHUCK: Yes.

5 MS. BEHLING: At this point in time  
6 that has not been done. And the only other thing  
7 that I wanted to point out with this particular case  
8 is the use of the ten percent of the OTIB-43 values  
9 that is being used by NIOSH.

10 That, at least to me, and Grady can  
11 correct me here if I'm wrong, but it's similar to  
12 them using a template. And so when we went and  
13 actually did this blind dose reconstruction, we  
14 were not familiar that they were using this ten  
15 percent value of the OTIB-43.

16 And because that's not a formally  
17 documented approach, although it is being used in  
18 all of the Allied Chemical cases -- I did go in and  
19 verify that -- it's not something that SC&A would  
20 have done because we just weren't familiar with  
21 that particular approach.

22 CHAIRMAN KOTELCHUCK: Yes.

23 MS. BEHLING: So we use surrogate data.

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1 And I --

2 CHAIRMAN KOTELCHUCK: Okay.

3 MS. BEHLING: And so that was  
4 appropriate, I think, at the time. But now that  
5 we're familiar with this, this approach, and if the  
6 Subcommittee agrees that that's an appropriate  
7 approach, and I think we've looked at it and  
8 reviewed it enough that we feel that it's  
9 appropriate for this particular site. But I just  
10 wanted to verify that this Subcommittee also agrees  
11 with me.

12 CHAIRMAN KOTELCHUCK: Right. Well, I  
13 would say that your -- in this case, it certainly  
14 seems, it seems like a legitimate way to do it. And  
15 also since this is effectively trying to resolve  
16 blind review cases.

17 And I think you have to go ahead with  
18 what you believe is right anyway. I mean that in  
19 the spirit of being a blind review, rather than  
20 having the Committee approve, other than --

21 So excuse me. So you should just  
22 simply go ahead with that. With the blind review  
23 in that case. And then you will post it at a later

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1 time.

2 MEMBER MUNN: Dave?

3 CHAIRMAN KOTELCHUCK: Yes, Wanda.

4 MEMBER MUNN: This is Wanda. I think  
5 I'm hearing that all the parties involved agree  
6 that there was no misappropriation of information  
7 here. It was just simply a differing approach.

8 CHAIRMAN KOTELCHUCK: Right.

9 MEMBER MUNN: And that the difference  
10 is not going to significantly affect the outcome  
11 here. As an acceptable approach in both SC&A, as  
12 I understood it. And NIOSH agreed that it's an  
13 acceptable approach.

14 So I guess I'm a little puzzled as to  
15 why the additional step of running through to prove  
16 that is going to be beneficial for us. Is it?

17 CHAIRMAN KOTELCHUCK: Well, because  
18 there's no question that the PoCs will be in the  
19 same, will be consistent the -- we may --

20 I want to discuss later, a little bit  
21 about how we do blind review cases in future. And  
22 one of the things I want to do is think about, the  
23 very first thing for me, was what constitutes

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1 agreement. And is it simply the PoCs? Should we  
2 think of some other metric for that? And so I'd  
3 like to see that table completed even though  
4 there's no issue in terms of resolving that case.

5 MEMBER MUNN: Well, there's also no  
6 issue with respect to the approach having been an  
7 acceptable one and reasonable under these  
8 circumstances. So that's, I'm a little concerned  
9 about the use of staff time and SC&A time.

10 I think it's legitimate for us to  
11 concern that, ourselves with that when we're trying  
12 to assess what needs to be further reviewed and what  
13 does not.

14 CHAIRMAN KOTELCHUCK: Right.  
15 Although I believe we should set a very high  
16 priority for the blind review cases, the 14 that  
17 we have. And have them, if you will, completed.  
18 They are, I mean to me, an extremely important part  
19 of the Secretary's report.

20 In that regard, I think we should view  
21 each blind review case as one that we need to  
22 resolve and we have resolved it. There's no  
23 question that we've resolved it.

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1 I would consider this a useful use of  
2 staff time. Do other Members of the Subcommittee  
3 have some thoughts on this?

4 MEMBER BEACH: Yes, Dave, this is  
5 Josie. I agree. I think we need to take this all  
6 the way and finish it, personally.

7 CHAIRMAN KOTELCHUCK: Yes. Yes.  
8 Dave Richardson or Brad?

9 MEMBER CLAWSON: I agree with you.  
10 This is Brad.

11 CHAIRMAN KOTELCHUCK: Yes. That is  
12 with me, Dave.

13 MEMBER CLAWSON: That is correct.

14 CHAIRMAN KOTELCHUCK: Yes. Yes.

15 MEMBER RICHARDSON: This is Dave  
16 Richardson. I'm sort of on the fence on this. I  
17 can see Wanda's point. And I mean, it would be fine  
18 to close it out. But my sense is it's a fairly  
19 minor issue.

20 CHAIRMAN KOTELCHUCK: Okay. Well  
21 then, I mean there's, you know, a difference of  
22 different concerns.

23 We have a total of three out of the 14

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1 blind review cases that have, were not completely  
2 resolved. This one is now resolved.

3 Rather than just doing something by  
4 fiat or saying, you know, let's just say -- let's  
5 hold it in abeyance for the moment and see what  
6 happens with the other two that we will discuss.  
7 Or hopefully we'll be able to discuss the other two.

8 MS. BEHLING: Okay, again this is Kathy  
9 Behling.

10 CHAIRMAN KOTELCHUCK: Yes.

11 MS. BEHLING: Dr. Kotelchuck?

12 CHAIRMAN KOTELCHUCK: Yes.

13 MS. BEHLING: If I can, I hope I'm not  
14 going to interrupt the flow here too much, but  
15 perhaps this would be an appropriate time to,  
16 something I was thinking about since our last  
17 discussion.

18 I took this comparison table and I just,  
19 as a means of exploring with the Subcommittee, if  
20 this is something you would be interested in adding  
21 to the table. I don't know if Rose can pull that  
22 up or someone can pull that up. Yes, there it is.

23 I took, just as an example, the very

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1 first line.

2 CHAIRMAN KOTELCHUCK: If I may? If I  
3 may, this is a case where I think I'd rather, if  
4 you don't mind, talk more about the remaining two  
5 and then we are going to have an open discussion  
6 on how we want to proceed in the future. And  
7 perhaps adding a line or a column would be  
8 appropriate, and I would like to come back to this.

9 MS. BEHLING: Okay.

10 CHAIRMAN KOTELCHUCK: But I'd like to  
11 go on to the other two cases first then --

12 MS. BEHLING: Okay.

13 CHAIRMAN KOTELCHUCK: -- if you will  
14 finish up this table.

15 MS. BEHLING: Very good. Very good.

16 CHAIRMAN KOTELCHUCK: Okay.

17 MS. BEHLING: That's not a problem.

18 CHAIRMAN KOTELCHUCK: Okay.

19 MS. BEHLING: So let's go back up then  
20 to the original, the first two original blinds and  
21 the --

22 CHAIRMAN KOTELCHUCK: Good.

23 MS. BEHLING: -- X-10 case. That was

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1       also an issue where we had discussed the  
2       difference, the primary difference in the dose was  
3       that SC&A, I guess it was Method A, assumed that  
4       the individual, this particular worker, should  
5       have received a lumbar spine X-ray because he was  
6       classified as a craft worker.

7               And I believe that, well, Grady was  
8       going to look into this. And he did send a report,  
9       a memo here, that is shown on the screen right now.

10              CHAIRMAN KOTELCHUCK: Yes.

11              MS. BEHLING: Where he is giving us a  
12       definition, based on his research, as to who are  
13       craft workers. And again, I'll let Grady explain  
14       this.

15              MR. CALHOUN: Well, we did that and we  
16       looked. And that individual didn't fall into the  
17       case of craft worker.

18              But let me tell you that we just, I just  
19       now, at 10:10, we actually made a supplemental  
20       request to the site. And we got the actual X-ray  
21       records from X-10. And as it turns out, let's see,  
22       we received them yesterday.

23              The only lumbar spine X-rays performed

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1 on this individual, was because of back pain in 1964  
2 and as a result of an accident. There was not a  
3 set of lumbar spines done, as pre-employment for  
4 this individual, as would be expected for a craft  
5 worker.

6 So we can definitively say that there  
7 were no lumbar spines performed for this guy,  
8 therefore there's no need to include them. And  
9 that pretty much supports the position that we had  
10 that he was not a craft worker.

11 CHAIRMAN KOTELCHUCK: Okay.

12 MEMBER BEACH: So, Grady, this is  
13 Josie. And just with that X-ray, that's great.  
14 But your memo was also very compelling and it solved  
15 it for me. Even before the, you just mentioned the  
16 X-ray that you got. So thank you for that.

17 MR. CALHOUN: No problem. We just  
18 wanted to take one extra step because it wasn't too  
19 difficult to do.

20 CHAIRMAN KOTELCHUCK: Very good.

21 MS. BEHLING: So as far as SC&A is  
22 concerned, I think we also agree, obviously, that  
23 based on all of the work that was done by NIOSH and

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1 Grady, that the lumbar spine issue should not be  
2 included. That dose should not be included.

3 And again, if you'd like, we can go in  
4 and recalculate the doses and the PoC based on that  
5 information.

6 CHAIRMAN KOTELCHUCK: Okay. So  
7 that's another one. A, very good, we resolved it.  
8 And, B, we'll hold in abeyance the question of  
9 whether we should actually go out and finish this  
10 table.

11 So that takes care of two of the three.  
12 And the last one, the third one --

13 MS. BEHLING: Yes.

14 CHAIRMAN KOTELCHUCK: And I'd love to  
15 see, I'm sorry, I'd love to see the original table  
16 again, just to look at the numbers before, from  
17 before. Right. And the third one is, you used to  
18 have it in red so I'm not sure.

19 MS. BEHLING: Yes. The third one is  
20 the Rocky Flats Plant. It's [redacted].

21 CHAIRMAN KOTELCHUCK: Oh, yes. Okay.

22 MS. BEHLING: And in this particular --

23 MS. LIN: Kathy? We can't say the

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1 numbers on the line, remember.

2 MS. BEHLING: Oh, I'm sorry. In this  
3 particular case, the IMBA version that we have does  
4 not calculate the americium ingrowth. And that  
5 issue of getting, of SC&A getting the updated  
6 version of the software, has not yet been resolved.  
7 So I'm not sure how to proceed with this.

8 MR. CALHOUN: This is Grady. We are  
9 having a heck of a time with that. And you would  
10 expect that you could just -- we don't have it  
11 either.

12 ORAU has got it, but we don't have the  
13 modules that we would like that we can distribute  
14 to you.

15 This isn't a module that you can just,  
16 you think you can just go pick it up offline. And  
17 if you look, if you google it, you can kind of, it  
18 kind of seems like you can. But that's not  
19 possible.

20 There is some limited number of  
21 individuals, I think two, that actually have the  
22 rights to distribute this new software. The last  
23 I heard, which was yesterday, we got a version of

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1 it, but it's marked beta. And so we got to figure  
2 that out, and once we do, we'll get you that module.  
3 But there is individual health that's involved.  
4 It's a very contorted situation that we have trying  
5 to get these.

6 CHAIRMAN KOTELCHUCK: Right.

7 MR. CALHOUN: And we want it as bad as  
8 you do so we'll keep trying. And my optimism tells  
9 me that I think that we should be able to have that  
10 within the next couple of weeks, but I just don't  
11 know because it's kind of a strange situation.

12 CHAIRMAN KOTELCHUCK: Yes. And I --  
13 Dave. I see where this problem is. It's been  
14 hanging with us for quite a while.

15 If you think we can get it resolved in  
16 the next couple of weeks, wonderful. But if not,  
17 I personally, I'm prepared to say that we have 14  
18 blinds. If one of them cannot be assessed because  
19 of essentially programmatic and computer  
20 incompatibilities or lack of access or lack of  
21 compatibilities between the computers, then I  
22 think just we can -- I think we should just be able  
23 to go ahead with the 13 that we have, and state that

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1 we're, one, we're not able to do at this time. Or  
2 it's in process, if you will.

3 What do other Subcommittee Members  
4 think? Can we live with 13 rather than 14 and  
5 simply explain that, you know, the 14th requires  
6 further work or further access to certain programs?

7 MEMBER MUNN: Well, this is Wanda.

8 CHAIRMAN KOTELCHUCK: Okay.

9 MEMBER MUNN: As usual I have an  
10 engineer's desire to take the question back to its  
11 base question, rather than the one that is actually  
12 asked.

13 The base question here is really, is  
14 there any reason to believe that there's a  
15 significant difference in the americium ingrowth  
16 between the two methods? That's really the only  
17 basic question.

18 And if there's any reason to believe  
19 that, then perhaps we should pursue it. If there  
20 is no reason to believe that there is significant  
21 difference, then no.

22 We'll have to accept the fact that  
23 software is software, budgets are budgets and never

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1 the twain shall meet. And that's the question  
2 still.

3 The basic question is, is there any  
4 reason to believe that the difference in americium  
5 ingrowth is significant in the two differing  
6 methods?

7 CHAIRMAN KOTELCHUCK: Would somebody  
8 from either group care to respond to that question?

9 DR. BUCHANAN: Yes, this is Ron  
10 Buchanan with SC&A. There is a difference. I'm  
11 working on the Rocky Flat case right now.

12 And it's about 50 percent. So if you  
13 don't have Option 10 in your IMBA program, you'll  
14 come out with an overestimate of about twice what  
15 you should. And so in some cases it is important.

16 Now what I suggest, what I've tried, is  
17 I went back and I got an old case that had the Option  
18 10 in the IMBA file off of the O: drive and I took  
19 it and put in all my new data and it will run on  
20 our government computer like that.

21 MEMBER MUNN: Hey, great.

22 DR. BUCHANAN: And so that's the way  
23 I'm working on the blind case I presently have.

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1                   MEMBER MUNN:    Super.    Can we apply  
2                   that to this?

3                   DR. BUCHANAN:    I believe we could, yes.  
4                   It's a case from Set 17, which I went back and pulled  
5                   up the old americium test count, IMBA program, and  
6                   put in the new data.    So I think we could do it to  
7                   any case.

8                   MEMBER MUNN:    Let's give it a shot.    It  
9                   can't hurt, if not resolve the whole thing in a  
10                  flash.    Dave?    Is anyone hearing me?

11                  CHAIRMAN KOTELCHUCK:        Yes.        I'm  
12                  sorry, I was on mute.

13                  MEMBER MUNN:    Oh, okay.

14                  (Simultaneous speaking)

15                  CHAIRMAN KOTELCHUCK:        I was yelling  
16                  into my phone.    Can you hear me?

17                  MEMBER MUNN:    I'm talking to dead air  
18                  here.

19                  CHAIRMAN KOTELCHUCK:        All right.    So  
20                  we have potentially resolved all the 14 cases.

21                  And in fact, as things stand with Method  
22                  A and NIOSH, which is our, the first, the PoCs will  
23                  be the same in terms of above or below 50 percent

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1 in all 14 cases. Right?

2 I mean we -- and the question is whether  
3 to finish up the table and do it completely. There  
4 were three that would need to be done, or finished  
5 up, really.

6 Because I assume one can go back to the  
7 original calculation and there are one or two --  
8 one issue or so in each. Let me ask the parties  
9 that are doing the calculating, or actually in this  
10 case, SC&A.

11 Would it be -- could you finish the  
12 table off with these three resolutions reasonably  
13 promptly or would it really involve quite a bit of  
14 work, such that we have to view it as a major  
15 assignment or a significant assignment?

16 MS. BEHLING: This is Kathy Behling.  
17 And I'll let anyone from SC&A that, you know, has  
18 worked, Doug or Ron, comment also. But I believe  
19 that it can be done rather quickly.

20 As you said, all of the data is there.  
21 That we've already used to enter into IREP. And  
22 so we can make the changes.

23 The only one that I do have a little bit

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1 of question on is back to the Allied Chemical  
2 because we did not use the ten percent of the  
3 OTIB-43 approach. We used a surrogate data  
4 approach.

5 That, if we go -- if we're requested to  
6 go back in and use that ten percent approach, it  
7 may be a little bit more time-consuming.

8 CHAIRMAN KOTELCHUCK: Okay. So it  
9 sounds like one of the three are pretty  
10 significant, may involve pretty significant amount  
11 of time and the other two should be fairly, should  
12 be able to be done fairly quickly.

13 MS. BEHLING: And let me just ask Doug  
14 and Ron and John Mauro.

15 CHAIRMAN KOTELCHUCK: Sure.

16 MS. BEHLING: Are you in agreement with  
17 that comment?

18 DR. MAURO: This is John. I have a  
19 question. I guess it goes more to process and the  
20 ultimate goal objective of the comparison of the  
21 blinds.

22 When we have a situation where NIOSH  
23 uses an approach template, and perhaps we're not

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1       aware of it, haven't reviewed it, but we use our  
2       own approach, which we believe to be scientifically  
3       sound, and we come up with our numbers, and at the  
4       end, when we compared the two, we see that, oh, we  
5       both used different approaches, both of which are  
6       scientifically valid and within what we'd call  
7       reasonable. They're different, but both would  
8       agree that they're reasonable approaches for the  
9       problem.

10               When we put our reports together, and  
11       I think that's what we're talking about right now  
12       and we're making these tables and compare, is it  
13       the objective that, you know, we in the end agree  
14       that all the approaches used by NIOSH are  
15       reasonable, we redo our numbers using their  
16       approach and we all match up line by line. Or is  
17       it that we say no, we didn't necessarily always do  
18       it the same way, but we all agree that both ways  
19       are reasonable. And they both come out with  
20       numbers that are comparable within the error band  
21       that one would expect in matters like this.

22               CHAIRMAN KOTELCHUCK: Right. If they  
23       appear to you or to NIOSH, whoever, as a valid

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1 approach, use it. And you agree or you disagree.

2 So by, if in my opinion, you absolutely  
3 do not want to just say, I'm going to do it like  
4 NIOSH does it. Otherwise it's not a blind review.  
5 The blind review said, you use the certain  
6 approach, you believe it's valid.

7 I suppose we should talk to other  
8 Members of the Subcommittee to see whether they  
9 agree that it's a valid approach. I take it as a  
10 given that you believe it's valid and it seems okay  
11 to me.

12 If that -- if you get a, whatever result  
13 you get, you get. And if you happen to have a  
14 disagreement, then in fact that shows that there  
15 is one of the blinds does not agree. And that is  
16 the PoCs perhaps do not agree or that the PoCs are  
17 significantly different. If I may use the term  
18 significant.

19 So, John, I would say you should use the  
20 ten percent if the Subcommittee believes its valid.  
21 And maybe I'll then turn it over to the Subcommittee  
22 Members to ask, or maybe you should review for us  
23 what that approach is so that we'll all hear it

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1       again.  And then ask Committee Members, does that  
2       seem to them a valid approach.  Okay?

3               DR. MAURO:  No, I think you've answered  
4       my question.  Because a case in point is this  
5       Allied Chemical case.

6               CHAIRMAN KOTELCHUCK:  Yes.

7               DR. MAURO:  Where Bob Anigstein looked  
8       at a particular issue using surrogate data, as  
9       opposed to the ten percent template.  And he  
10      concluded, after seeing the whole story, that the  
11      numbers that were used for radium in this case were  
12      a little bit low, somewhat lower than the ones we  
13      would have used.

14              That doesn't mean that our numbers are  
15      better than theirs, but it was a reasonable  
16      approach to take the surrogate approach he took.

17              And now that we're looking, and this is  
18      what I'm hearing from Kathy, now that we're looking  
19      at the template, we also find that that is a  
20      reasonable approach.  I don't know, is that  
21      something that is an outcome that everyone is  
22      comfortable with?

23              That is, that you can actually have two

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1 different approaches both of which have comparable  
2 validity, do come out with somewhat different  
3 results.

4 CHAIRMAN KOTELCHUCK: The spirit of  
5 blinds is that we use the approach that each group  
6 thinks is the better approach. And we watch and  
7 see that -- and the results fall where they may.

8 DR. MAURO: Okay. So what do we do on  
9 Allied then? Do we --

10 CHAIRMAN KOTELCHUCK: Well, let's --

11 DR. MAURO: I guess that's what I'm  
12 struggling with right now.

13 MR. KATZ: Dave, can I just interject  
14 something here?

15 CHAIRMAN KOTELCHUCK: Yes.

16 MR. KATZ: Sort of to plead to John's  
17 question. I mean, at the end of the day, I mean  
18 the Subcommittees job is to determine that the  
19 NIOSH approach is reasonable and accurate and  
20 quality science and so on.

21 And so, I mean I think SC&A is going at  
22 it a different way and getting information to shed  
23 light on that is fine. I don't think you need to

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1 have SC&A go and redo their approach using NIOSH's  
2 approach or what have you. You just need to get  
3 to the bottom line of the question. Was NIOSH  
4 approach reasonable and accurate and quality  
5 science?

6 So I think, you know, I think it's  
7 pretty simple to handle here. I mean --

8 CHAIRMAN KOTELCHUCK: I agree with  
9 that, and actually was trying to say that in other  
10 words.

11 MR. KATZ: Okay.

12 CHAIRMAN KOTELCHUCK: But I want to go,  
13 precisely because it's the Subcommittee's  
14 responsibility to decide if that's a reasonable  
15 approach. And I would like to ask other Members  
16 of the Subcommittee.

17 I suspect I would probably first like  
18 to hear from Wanda, who certainly has been dealing  
19 with issues of surrogacy and for a while in a number  
20 of different cases. And then other folks, too.  
21 Wanda, do you have thoughts?

22 MEMBER MUNN: Oh, sure. Have I ever  
23 been known not to?

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1                   MEMBER CLAWSON: Well, do you want us  
2 to answer that?

3                   (Laughter)

4                   MEMBER MUNN: No. I think what's  
5 already been said is quite accurate. I think Ted's  
6 view is quite accurate.

7                   My perspective has always been, the  
8 reason we have a contractor is because not everyone  
9 on the Board has the expertise to sit down and look  
10 at these things and evaluate whether or not the  
11 approach actually is accurate and within the bounds  
12 of scientific accuracy and reasoning.

13                   We chose our contactor to be able to do  
14 that. And in the case of blind reviews, it would  
15 seem to me that a truly blind review would not even  
16 make it an issue with respect to what method is  
17 approached.

18                   A truly blind review would be, here's  
19 the case, how would you address this? And if it  
20 turns out that the method used is identical to that  
21 used by NIOSH, that's fine. If it turns out that  
22 it's not, the method also has been adjudicated by  
23 our contractor as being a valid one.

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1           They're using a valid approach. NIOSH  
2           has used a, if we come to the point where our  
3           contractor agrees NIOSH has used a valid approach,  
4           then that essentially is what we are supposed to  
5           determine. We're relying on our contractor to do  
6           that.

7           Once NIOSH and the contractor agree  
8           that the approaches that were used are legitimate  
9           and technically accurate, then that to me is the  
10          end of the question.

11          CHAIRMAN KOTELCHUCK:    Okay.    Okay.  
12          Others?   Other folks?

13          MEMBER BEACH:    I agree with that also.

14          CHAIRMAN KOTELCHUCK:    Okay.

15          MR. CALHOUN:    This is Grady. I got a  
16          question on this Allied one.

17          CHAIRMAN KOTELCHUCK:    Okay.

18          MR. CALHOUN:    I'm not sure I actually  
19          understand the discussion completely. If we both  
20          say, well, they did it right and we did it right,  
21          then our answer is we've got two correct approaches  
22          and one's comp and one's not.

23          CHAIRMAN KOTELCHUCK:    That's --

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1 MEMBER MUNN: No, no, no.

2 CHAIRMAN KOTELCHUCK: -- exactly what  
3 we're trying to find out.

4 MEMBER MUNN: No, no, no.

5 CHAIRMAN KOTELCHUCK: That's exactly  
6 why we use blind reviews.

7 MEMBER MUNN: No, no, no. No, no, no.

8 CHAIRMAN KOTELCHUCK: Wanda?

9 MEMBER MUNN: The wrong word was used  
10 there.

11 CHAIRMAN KOTELCHUCK: Okay.

12 MEMBER MUNN: Acceptable is the right  
13 word. Technically acceptable is the right word.  
14 We're not doing blind review if everybody does the  
15 same exact thing when they do it. That's not a  
16 truly blind review.

17 The whole idea in having a complex issue  
18 like these addressed by two different sets of  
19 authorities is to identify that, whichever method  
20 is used, it is scientifically reasonable and  
21 feasible to do that.

22 CHAIRMAN KOTELCHUCK: Right.

23 MEMBER CLAWSON: This is Brad. Grady,

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1 I didn't understand. So you're saying if we do it  
2 the way NIOSH is that it's not comp, but if we do  
3 it the way SC&A says, they are?

4 MR. CALHOUN: Yes.

5 MEMBER CLAWSON: Because I --

6 MR. CALHOUN: On this Allied case, yes.  
7 But at the beginning of this discussion on this  
8 specific case, it was agreed that we in fact did  
9 assign enough or more dose than was likely received  
10 for this case. So that kind of puts us in a pickle,  
11 I think.

12 MR. KATZ: Grady, I don't think there's  
13 a pickle. I mean you're not in a, the program not  
14 only isn't required, but isn't really allowed to  
15 be sort of beyond claimant-favorable in effect.

16 So I mean you're supposed to be  
17 claimant-favorable where you need to, where  
18 there's uncertainty. But otherwise, I mean you're  
19 not supposed to pad it beyond that.

20 And if the SC&A method comes up with a  
21 higher dose, but the SC&A review and the  
22 Subcommittee's review determines that your  
23 approach was reasonable and claimant-favorable,

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1           then I mean that's the end of the story.

2                         It's not about judging SC&A's approach.  
3           Because that's not the approach you took and it's  
4           being reviewed.

5                         So I mean, SC&A's review is supposed to  
6           shed light on your approach. But the bottom line  
7           is how the Subcommittee judges your approach, not  
8           SC&A's.

9                         MR. CALHOUN: Right, and I understand  
10          that. And it seems like ultimately they decided  
11          that our approach was valid. And --

12                        MEMBER MUNN: Yes.

13                        MR. KATZ: Yes. So, I mean if you had  
14          been -- if SC&A had been in your position and had  
15          produced this approach that they used, and you had,  
16          you know, you flipped it the other way and you had  
17          reviewed it using your approach, then the Board  
18          would have this conundrum of deciding whether  
19          really SC&A was too claimant-favorable or what have  
20          you, but it's the other way around.

21                        MR. CALHOUN: Okay.

22                        MS. BEHLING: This is Kathy Behling  
23          again. I think we, at SC&A, struggled with this

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1 Allied Chemical case because as we discussed during  
2 the case, this was a small operation and we didn't  
3 have very good surrogate data.

4 We used what was available to us. But  
5 then in the end, when we saw the approach that was  
6 taken by NIOSH, we said that seems like a reasonable  
7 approach and we did not, like I said, know that.

8 And perhaps I shouldn't even term this  
9 as a template, although as I stated, the thing that  
10 gave me confidence that it's being used, that it  
11 is being used consistently -- because I did go into  
12 the Allied Chemical cases and ensure that that was  
13 happening -- so it was just that they're using an  
14 approach that we were not familiar with, that I  
15 don't think is formally documented. And we went  
16 about this using surrogate data that perhaps wasn't  
17 necessarily the best data because of the small  
18 operation that was going on at Allied Chemical. So  
19 I think we're fine with everything.

20 If I can make one more comment, perhaps  
21 this will tie things together, if the Subcommittee  
22 agrees. Is it okay, Dr. Kotelchuck, if I just  
23 discuss this comments section that I had wanted to

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1 explore with the Subcommittee at this point?

2 MEMBER CLAWSON: Mute.

3 MR. KATZ: Dave, you're on mute.

4 That's what Brad was trying to say.

5 MEMBER CLAWSON: I was trying to be --

6 CHAIRMAN KOTELCHUCK: I am sorry.

7 MR. KATZ: That's okay.

8 CHAIRMAN KOTELCHUCK: My machine.

9 I'm of mixed mind. Some part of me thinks that if  
10 you wish to, I suppose okay in the spirit of trying  
11 to be as open. So do go ahead. Okay.

12 MS. BEHLING: Okay. And I'm just  
13 exploring this as a potential option that will  
14 maybe tie this whole thing with a nice little  
15 ribbon.

16 If you look what's being shown on the  
17 screen right now.

18 CHAIRMAN KOTELCHUCK: Right.

19 MS. BEHLING: I was giving some thought  
20 to this. And I wrote, I added a row underneath the  
21 very first blind that we did that I called comments.

22 And in this particular case I stated --  
23 I went back to the case and I said, what was the

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1 primary difference in dose here? And I just put  
2 a statement in there that the primary difference  
3 in the total dose and the PoC calculated by SC&A's  
4 Method B was -- and if you look at the numbers you'll  
5 understand why I selected this -- was the selection  
6 of the 95th percentile value from the external  
7 coworker dose model. NIOSH and SC&A's Method A  
8 selected the 50th percentile value for this worker.

9 And this professional judgment issue  
10 was discussed during the meeting of the Dose  
11 Reconstruction Subcommittee, and it was determined  
12 that the 50th percentile worker values were most  
13 appropriate based on the EEs job function and  
14 recorded external doses.

15 If the 50th percentile coworker values  
16 were applied to SC&A's Method B, the resultant PoC  
17 would be less than 50 percent.

18 So to me if, and I don't know if this  
19 type of table will be in your report to the  
20 Secretary, if that's not appropriate or not, but  
21 to me it just seems that that sums up -- and we could  
22 perhaps, if you like, give you that type of an  
23 example for each of the cases, the blind reviews,

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1 and then have you either agree or disagree or change  
2 the wording to whatever you think is appropriate.

3 I'm just exploring that as a potential  
4 --

5 CHAIRMAN KOTELCHUCK: Okay. As one  
6 Member of the Committee, I'm fine -- anything,  
7 people wish to put as comments in the table is  
8 useful to the Subcommittee as you're preparing  
9 tables like this.

10 But I personally don't think this is  
11 useful to send to the Secretary. I think it's a  
12 degree of complication that I don't believe the  
13 Secretary would follow or find useful.

14 MR. KATZ: I concur, Dave, completely  
15 on that.

16 CHAIRMAN KOTELCHUCK: Yes. So I just  
17 -- I would say, if -- you folks designed this table;  
18 it is a very nice table and it always has been. I  
19 mean I found this an extremely useful table from  
20 the first day folks proposed, wrote it down.

21 I am perfectly open to having a version  
22 of the table with comments, if people would like.  
23 But I do not find this useful for the Secretary,

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1 and I'd like to ask other Subcommittee Members what  
2 they think.

3 MEMBER CLAWSON: Dave, this is Brad.  
4 I just wanted to chime in here for a minute.  
5 Because actually what Kathy, as she always does,  
6 cleared up a little, cleared up a few of the  
7 questions that I had in this process here.

8 But I do agree with you that it doesn't  
9 need to go to the Secretary, myself. I think it  
10 needs to be short and sweet to the Secretary because  
11 he's not going to understand all these nuances that  
12 we're going through on this.

13 MR. KATZ: Yes. The Secretary is a  
14 she, but --

15 CHAIRMAN KOTELCHUCK: Right.

16 MEMBER CLAWSON: Oh, she.

17 MR. KATZ: She.

18 CHAIRMAN KOTELCHUCK: Right.

19 MEMBER CLAWSON: Secretary in general.  
20 How about that? But anyway, I don't see that it  
21 would be any benefit to it.

22 But I do like seeing these in there  
23 because it helps me clarify and opens up some of

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1 the questions, as Kathy usually does in so much of  
2 this. So I like to be able to see it.

3 CHAIRMAN KOTELCHUCK: Okay.

4 MEMBER CLAWSON: I don't know. I  
5 prefer that we always do see those.

6 CHAIRMAN KOTELCHUCK: Other -- Josie?  
7 David?

8 MEMBER RICHARDSON: Yes, I agree.

9 CHAIRMAN KOTELCHUCK: Okay.

10 MR. KATZ: Yes. And, Dave, and I just  
11 think it makes for a better, clearer record in  
12 general, which is very, very helpful for the long  
13 term.

14 CHAIRMAN KOTELCHUCK: Right. Okay.  
15 So I think there's an agreement that this would be  
16 nice. We will have a Version A and a Version B of  
17 the table. And the Version B will have comments  
18 and will be preserved for us. But that we will,  
19 to the Secretary, we will leave the comments out.

20 However -- okay?

21 MEMBER CLAWSON: Dave, there is --  
22 Dave, this is Brad.

23 CHAIRMAN KOTELCHUCK: Yes.

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1                   MEMBER CLAWSON: I did want to make  
2                   sure of one thing. Where we're doing two  
3                   different, you know, on these blinds, these are a  
4                   little bit different.

5                   CHAIRMAN KOTELCHUCK: Yes.

6                   MEMBER CLAWSON: And I want to make  
7                   sure that, because, and I know Grady will find this  
8                   interesting, but I want to make sure that, because  
9                   we did it two different ways, that we are not saying  
10                  that one is a finding and that one is not a finding.  
11                  It's that it was just two different principles, but  
12                  we basically came up with the same thing.

13                  Because beyond popular belief, I am  
14                  conscientious about findings or so forth about  
15                  this. I want to make sure that --

16                  Because from what I've just heard,  
17                  either way, you know, NIOSH's process was correct.  
18                  Just because SC&A did it a different way and there  
19                  was some differences to it, NIOSH's was still good.

20                  It's not being -- we're not saying that  
21                  it is, was wrong in any way. I don't want to pass  
22                  any bad -- I don't want it to look, in any way, shape  
23                  or form, that we're saying that one side, you know,

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1 as a group, I see no problem with what NIOSH did  
2 and I don't --

3 CHAIRMAN KOTELCHUCK: Absolutely.

4 Yes.

5 MEMBER CLAWSON: You understand what  
6 I'm saying?

7 CHAIRMAN KOTELCHUCK: Yes, and I agree  
8 with you. And I agree with you absolutely. There  
9 is no -- they each does, uses a scientifically valid  
10 approach and each gets what it gets.

11 MEMBER CLAWSON: Right.

12 CHAIRMAN KOTELCHUCK: And let me just,  
13 if I may add further, if I'm not interrupting you,  
14 Brad?

15 MEMBER CLAWSON: No.

16 CHAIRMAN KOTELCHUCK: To go further.  
17 If we were doing this as a normal case review and  
18 not a blind, this would come up. It would have come  
19 up, presumably, as a finding by SC&A.

20 And the dose -- and the Committee would  
21 resolve it and suggest what would be the better one.

22 I'm particularly sensitive that it may  
23 be that the SC&A approach and the NIOSH approach

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1       could conceivably be on the different side of the  
2       compensability, and we would resolve this in the  
3       normal course of events.

4                   It's just that we're doing this blind  
5       and therefore both approaches are perfectly valid  
6       and we want to see how consistent we are in the  
7       results using valid approaches by each.

8                   MEMBER CLAWSON:     Right.     Because I  
9       don't want in any way to, you know, to cast bad light  
10      that we're, you know, just because SC&A did it this  
11      way, that NIOSH's was wrong.     That's my bottom  
12      line.

13                  CHAIRMAN KOTELCHUCK:     Right.     And  
14      that's important.

15                  MEMBER CLAWSON:     Okay.

16                  CHAIRMAN KOTELCHUCK:     Okay.

17                  MS.     BEHLING:           Excuse me,     Dr.  
18      Kotelchuck.

19                  CHAIRMAN KOTELCHUCK:     Yes.

20                  MS. BEHLING:     One more question.     With  
21      everything that's been said now, I want to be sure  
22      that I understand correctly how we're going to  
23      proceed.

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1           It seems like the comment section, we  
2 will put that in for each of the cases. Now, to  
3 get back to the issue -- because of adding this  
4 comment section, do you think it is still necessary  
5 for SC&A to go in, I think I'm hearing no, to go  
6 in and recalculate our PoCs?

7           I'm assuming you're saying that that is  
8 not going to be necessary anymore or am I wrong?

9           CHAIRMAN KOTELCHUCK: In my mind  
10 you're wrong. In my mind, and I'm one Member of  
11 a Committee.

12           What this does is bring us back to that  
13 question that we left hanging from the first.  
14 Which is, do people need to do the calculations,  
15 complete the table, if you will. And I think the  
16 answer, in my -- I actually feel fairly strongly  
17 that the answer would be yes.

18           When we first discussed this, we  
19 discussed the first case. Now we see that two  
20 cases will be easy, one case will, this one -- well,  
21 you don't have to do it over. So you'll still be  
22 able to do the Allied Chemical. You'll still be  
23 able to do that using the approach that you had.

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1 Right?

2 I mean it will be a modest. Will it not  
3 be a modest effort? Since it's a valid approach.

4 MEMBER MUNN: It's already been done  
5 essentially.

6 MR. KATZ: It's the software issue,  
7 isn't it?

8 MEMBER MUNN: Yes.

9 MR. KATZ: So again, it will moot the  
10 comment. If you have them recalculate, then the  
11 comment will have no value anymore because the  
12 comment is doing, sort of saving you the trouble  
13 of the recalculation, I think is what Kathy is  
14 saying.

15 CHAIRMAN KOTELCHUCK: Wait a minute.  
16 Is this, pardon me, is this --

17 MS. BEHLING: The Allied Chemical --

18 CHAIRMAN KOTELCHUCK: The Allied is  
19 the one that we don't have the program for that  
20 Grady was trying to get?

21 MS. BEHLING: No.

22 CHAIRMAN KOTELCHUCK: No?

23 MS. BEHLING: No, that's the Rocky

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1 Flats.

2 MR. KATZ: I'm sorry.

3 CHAIRMAN KOTELCHUCK: That's right.

4 That's right. I thought so. Okay, I just thought  
5 maybe I was mistaken. No.

6 So will this be --

7 MS. BEHLING: I'm sorry to interrupt.  
8 What I was going to say is, what could be done for  
9 the Allied Chemical is, when we were going through  
10 this process, and John Mauro, help me out here, I  
11 believe that we did determine that your working  
12 level months of values were higher than, and we  
13 agreed on that.

14 If we were to reassess those, the radon  
15 exposure, based on more reasonable assumptions  
16 that we had concluded during our resolution  
17 process, we could rerun this with different working  
18 level months values.

19 With regard to, and here I'm going to  
20 rely on Doug, with regard to SC&A's Method A, I  
21 guess we could look at, we did use a surrogate data  
22 from Blockson, we could take a percentage of that,  
23 if we feel that that's appropriate, and recalculate

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1       it based -- recalculate our doses and our PoC based  
2       on some modification to the process that was  
3       initially used, if I'm making sense.

4                   MR. FARVER:   This is Doug.  Can I bring  
5       something up here?

6                   CHAIRMAN KOTELCHUCK:  Go ahead.

7                   MR. FARVER:  At the time that we did  
8       this blind case, there was no Technical Basis  
9       Document, no DR template, no DR guidelines on  
10      Allied Chemical.  There was about a one-paragraph  
11      description of the process, and that is all we had  
12      to work on.

13                   Now, there is a Site Profile, there is  
14      DR guidelines, there is a whole DR template with  
15      complete references.  None of this existed at the  
16      time we did the blind, so the whole world has  
17      changed since then.

18                   What you're looking at, at Kathy's  
19      table is, apples, apple or apples, oranges, lemons;  
20      everything is different.  Which just goes to show,  
21      when you don't have your documentation written  
22      down, you can be all over the board.  But now they  
23      have their Site Profile, they have a DR template,

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1 they have their DR guidelines. It's all changed.

2 CHAIRMAN KOTELCHUCK: Okay.

3 MR. FARVER: So that's what's evolved  
4 from this process.

5 CHAIRMAN KOTELCHUCK: I guess I -- when  
6 you did this calculation, it was correct with the  
7 methodology that we had? The methodology is  
8 always changing and getting more mature and more  
9 sophisticated and that's an ongoing process.

10 MR. FARVER: No, no, no. There was no  
11 methodology when we did this. That's the point.

12 CHAIRMAN KOTELCHUCK: Okay.

13 MR. FARVER: There was none. Now it's  
14 being documented. There is a process for Allied  
15 Chemical, and their bioassay and profile --

16 CHAIRMAN KOTELCHUCK: Yes.

17 MR. FARVER: -- none of this existed at  
18 the time we did the, our blinds.

19 MEMBER CLAWSON: Dave, this is Brad.  
20 Let me ask Doug --

21 CHAIRMAN KOTELCHUCK: Go ahead.

22 MEMBER CLAWSON: Can I ask Doug a  
23 question? So basically, Doug, what you're telling

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1 us is, if you were to go back and do this now, the  
2 calculation actually would be a little bit  
3 different because now you've got guidelines to be  
4 able to direct you?

5 MR. FARVER: Yes. If you gave us this  
6 blind to do today, we actually have references to  
7 go, we have a Site Profile that we can look at gather  
8 information from. We have DR guidelines that  
9 tells us how NIOSH is approaching this. It would  
10 be completely different.

11 CHAIRMAN KOTELCHUCK: I just don't  
12 see. I mean that -- I think that could be said for  
13 NIOSH's approach as well. Right? They did these  
14 calculations years ago too, in many cases. It's  
15 a problem.

16 But we did -- we do the reviews when we  
17 do the reviews. And we do it with whatever  
18 approach we have and with whatever information we  
19 have to base the reconstruction on. We can't go  
20 back to all of them, I don't think.

21 MEMBER CLAWSON: Yes, but this, I guess  
22 -- Dave, this is Brad again. I guess what I'm  
23 looking at is now with this information that we've

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1       been discussing with Kathy and so forth about going  
2       back and recalculating this, that's, you know,  
3       we're going to come up with something different  
4       because the information is there now. But in my  
5       eye, that's something that we really ought to do.

6                   CHAIRMAN KOTELCHUCK:       Well, that  
7       represents, for me, a -- at the moment, I don't  
8       quite see how to resolve it. I'll ask for other  
9       input from other Members of the Subcommittee.

10                   MEMBER BEACH:    Dave, I don't -- this is  
11       Josie. I don't have anything useful. I'm kind of  
12       on the fence and I think it would be really  
13       complicated to go back and redo it, based on what  
14       we have today.

15                   CHAIRMAN KOTELCHUCK:    Yes.

16                   MEMBER MUNN:    The Subcommittee agreed  
17       at the outset that we would not do that. It's been  
18       generally accepted from the outset that whatever  
19       was the right thing to do at the time the  
20       calculation was done is what will be used to judge  
21       the outcome.

22                   CHAIRMAN KOTELCHUCK:    That -- okay,  
23       that seems good to me, both what you and Josie have

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1 said.

2 MEMBER POSTON: Dave?

3 CHAIRMAN KOTELCHUCK: Yes.

4 MEMBER POSTON: Dave, this is John  
5 Poston here.

6 CHAIRMAN KOTELCHUCK: John, how are  
7 you?

8 MEMBER POSTON: Great. I've been  
9 listening since 11:00.

10 CHAIRMAN KOTELCHUCK: Good, thank you.

11 MEMBER POSTON: But I agree with what  
12 Wanda said. That's what was the agreement.

13 CHAIRMAN KOTELCHUCK: Right. I think  
14 what we have -- okay, then that was -- I'm glad.  
15 And I didn't remember that as specifically an  
16 agreement. It makes good sense. And fine.

17 So then the issue becomes, and we were  
18 -- I'm a little bit keeping an eye on the time,  
19 because I want John Mauro to get in his discussion  
20 of that one case that I mentioned.

21 Oh, John Poston, I -- John Mauro has to  
22 leave this afternoon. So we're trying to squeeze  
23 in the one remaining case issue from 10 to 13 that

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1 he has been dealing with before 12:00 or 12:15.

2 So we still have the issue, however, of  
3 the -- whether the two cases that have to be  
4 calculated, the two cases that are not correct on  
5 the table or should be redone that have not been  
6 resolved, on the table.

7 Can we deal with that? I'm still --  
8 because I see this as so central, this particular  
9 table is very important in our secretarial report,  
10 and the data in it -- other than without comment.

11 I would like to see the two cases done  
12 that can be done. And the one case, if it can be  
13 done in the next few weeks. Otherwise just say  
14 it's in process.

15 There was a difference of opinion  
16 before. I hold to what I said before. I'd like  
17 to hear from others.

18 And we had this agreement, John, in the  
19 Subcommittee about whether we should task SC&A to  
20 do Method A again for those two or three cases. So  
21 I would say I'd like to task them to do it.

22 Would others like to suggest, either  
23 agree or suggest that we not do it?

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1                   MEMBER BEACH: Dave, this is Josie. I  
2 agree. I think we should task it to be completed.

3                   CHAIRMAN KOTELCHUCK: Okay.

4                   MS. GOGLIOTTI: Dave, this is Rose.  
5 My only comment is that we have not updated the PoC  
6 on any of the other 12 cases.

7                   CHAIRMAN KOTELCHUCK: Right. We did  
8 not update.

9                   MS. GOGLIOTTI: We haven't gone back  
10 and recalculated, and so you'd be skewing the  
11 results a little bit here.

12                  CHAIRMAN KOTELCHUCK: But for three  
13 cases, right?

14                  MS. GOGLIOTTI: Well, if -- these three  
15 cases are the ones that are unresolved. But we  
16 didn't go back and calculate the issues for the  
17 other cases that we had concerns with.

18                  CHAIRMAN KOTELCHUCK: Right. And in  
19 these three cases, there were differences of  
20 approach and information about what was going on  
21 at the site. It seemed to me --

22                  MS. GOGLIOTTI: It seems that we  
23 haven't finished resolving it. We also had

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1           disagreements with several of the other cases that  
2           we've discussed at the previous team meetings.

3                       MEMBER BEACH:    Rose, I can't hardly  
4           hear you, you're breaking up.

5                       MS. GOGLIOTTI:    Sorry.

6                       MEMBER BEACH:    Thanks.

7                       MS. GOGLIOTTI:    I just question the  
8           value of updating the PoCs further when we haven't  
9           done it for any of the other cases that we've had  
10          disagreements for.

11                      MR. KATZ:    Well --

12                      CHAIRMAN KOTELCHUCK:    These were the  
13          three cases in which there were major differences  
14          between the two.  And there were issues that had  
15          to do with, I thought, site -- information about  
16          the site, not the calculations.

17                      I'd like to hear from other  
18          Subcommittee Members, please, as to what you want  
19          to do.  And please feel free to, we have  
20          differences of opinions, so feel free to express  
21          them.  And certainly my opinion is one person's  
22          opinion out of five Subcommittee Members.

23                      And Josie.  Excuse me, Josie.  You've

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1 just said that you would like to have them  
2 recalculate. How about other Members?

3 And, Wanda, you raised the issue, most  
4 clearly in the beginning, that we're putting a  
5 major responsibility and staff time, requiring  
6 staff time to be spent, by SC&A. Do you -- well,  
7 how do you feel?

8 MEMBER MUNN: I still feel that we  
9 don't have a significant issue here, other than  
10 it's academically satisfying to dot all the i's and  
11 cross all the t's.

12 CHAIRMAN KOTELCHUCK: Yes.

13 MEMBER MUNN: And to do a tada, at the  
14 end. But we essentially have a tada, and we know  
15 that commonsense tells us, based on the technical  
16 data that we do have, that the changes would not  
17 be large enough to offset the reasonable cost of  
18 doing it.

19 In my mind, we have the issues resolved.  
20 And we know that it's not a biggie. It's not as  
21 though we're changing the world, or changing a  
22 pattern of behavior in addressing future panels.

23 So it seems only logical to me that

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1 since none of these involves significant change in  
2 the anticipated outcome, that we're not going to  
3 get any big surprises out of this. We've done our  
4 homework in terms of evaluating the methods and  
5 saying, yes, it's a valid method.

6 CHAIRMAN KOTELCHUCK: If I may, I know  
7 I'm interrupting, but just to speak to what you say,  
8 Wanda.

9 To me, if this was in the ordinary  
10 course of events, I absolutely agree with you.  
11 It's potentially wasting time. But this is a case  
12 where I am now focused on writing a report to the  
13 Secretary. I've been working on this for a long  
14 time now. You know, as we'll discuss later on the  
15 draft.

16 So to me, I do want to dot all the i's  
17 and cross all the t's and say tada. Because I want  
18 to give a package to the Secretary and a report that  
19 is complete, understandable.

20 And so because it's the Secretary's  
21 report that I'm really focused on, that's why I want  
22 to finish the table. Not for my own academic. Not  
23 for academic purposes, at least I hope not.

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1           MR. KATZ: This is Ted. I just want to  
2 understand you, Dave. I mean the -- your report  
3 to the Secretary, you're not planning to give these  
4 tables with these details that will mean nothing  
5 to the Secretary, to the Secretary, right? You  
6 just need the results of this analysis, right, in  
7 effect?

8           CHAIRMAN KOTELCHUCK: Actually, and I  
9 thought that I probably would want to give this to  
10 the Secretary. It's one of the few that I would  
11 actually, with details, that I would like to give  
12 to the Secretary. But that is an open question.

13           And we may decide that it really is not  
14 necessary. If it's not necessary, then it's not  
15 necessary to do the calculation. So implicit in  
16 my approach is that, yes, I think I do want to give  
17 it to the Secretary.

18           MR. KATZ: Okay.

19           CHAIRMAN KOTELCHUCK: The number.

20           MR. KATZ: That certain is --

21           CHAIRMAN KOTELCHUCK: The PoC numbers.

22           MR. KATZ: -- the Board's decision as  
23 to what they want to provide.

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1 CHAIRMAN KOTELCHUCK: Yes.

2 MR. KATZ: It just seems to me very,  
3 very detailed and technical for the Secretary.  
4 But --

5 CHAIRMAN KOTELCHUCK: Right. Okay.  
6 To me it's three columns. Case identification,  
7 PoC for SC&A, PoC for NIOSH. That's my approach.  
8 Good. We're having a good discussion.  
9 Let's hear from other Subcommittee Members.

10 MEMBER MUNN: Yes, let me get in one  
11 last comment and then --

12 CHAIRMAN KOTELCHUCK: Please do.

13 MEMBER MUNN: -- I'll shut up. You  
14 didn't have to suffer through this with me on the  
15 first one, Dave, but my song is from the outset  
16 simplify, simplify, simplify.

17 We're trying to give a very high level  
18 authority. A 30,000-foot look at a very complex  
19 situation that probably has no immediate equal in  
20 the material that comes across our desk.

21 And in that case, it is highly likely,  
22 based on my personal experience, yours may have  
23 been different, that the executive summary is going

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1 to get read. There may be a staff member who reads  
2 the entire thing. But it's not going to be  
3 analyzed.

4 CHAIRMAN KOTELCHUCK: Yes.

5 MEMBER MUNN: And that being the case,  
6 the end result is really and truly all I think ought  
7 to go into that executive summary.

8 And this is, you know, the detail is  
9 back here in the back. If one of the staff members  
10 wants to go through and look at that.

11 But I think what we want to do is paint  
12 a really broad-brush picture. And then I'm going  
13 to shut up because I've sung this song for a long,  
14 long time, and other people need to get heard too.

15 CHAIRMAN KOTELCHUCK: I agree. I'd  
16 like to hear from other people beyond you and me  
17 and Josie.

18 MEMBER MUNN: Yes.

19 MR. CALHOUN: This is Grady. And you  
20 know what I'm going to say. I think my concern is  
21 with --

22 CHAIRMAN KOTELCHUCK: Grady, if I may?  
23 This is one where I really want to have the

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1 Subcommittee Members speak.

2 MR. CALHOUN: Okay, great.

3 CHAIRMAN KOTELCHUCK: Yes, pardon me.

4 Okay, other Subcommittee Members?

5 MEMBER CLAWSON: Dave, this is Brad.

6 You know, both sides are very, very compelling.

7 And we can mark this down in the calendar to the  
8 point.

9 I -- short and sweet has always been my  
10 thing. And, you know, I want to be able to give  
11 the Secretary just the bare minimum.

12 But on the other hand too I think that  
13 we ought to finish this calculation out. So I'm  
14 kind of sitting there on the fence.

15 But too much information is sometimes  
16 just as bad as not enough information. So I'd like  
17 to try to get it at a point to where we give them  
18 what they need to be able to do to evaluate the  
19 process, just my opinion.

20 CHAIRMAN KOTELCHUCK: Okay. John?  
21 Dave?

22 MEMBER POSTON: Well, I've been  
23 listening to everything. I hit the wrong button

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1 and had a lot to say a few minutes ago, but nobody  
2 heard it.

3 (Laughter)

4 CHAIRMAN KOTELCHUCK: No.

5 MEMBER MUNN: Sometimes that's a big  
6 wager.

7 MEMBER POSTON: And sometimes that's  
8 the best thing. But I don't know -- I guess I agree  
9 with Brad about sometimes too much information is  
10 worse than not enough. And I'm pretty -- I think  
11 we just ought to take Wanda's advice and simplify  
12 as much as possible.

13 CHAIRMAN KOTELCHUCK: Okay. David?

14 MR. KATZ: I have an email from David.  
15 He had to break for a piece.

16 CHAIRMAN KOTELCHUCK: Okay, thanks.

17 MR. KATZ: So we'll be missing him for  
18 an hour, hour and a half.

19 CHAIRMAN KOTELCHUCK: Thanks. Well,  
20 you know, folks, first I was not here for that first  
21 Secretary's report. So I, at one level, I bow to  
22 the experience and the wisdom of what's being said.

23 You know, maybe the answer is --

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1 implicit in my approach was that we were going to  
2 use the table. It's clear now that we may not  
3 really want to use the table. And if we don't use  
4 the table, there's no point in asking the people  
5 to do it.

6 And maybe the answer should be that we  
7 are not certain, we have disagreements within our  
8 own Subcommittee. We will be talking about the  
9 report.

10 And at a point where we get in the  
11 report, to that section, where we're talking about  
12 blinds, at that point we will decide, as a group,  
13 and then the Board will decide when we refer it to  
14 the Board, whether we want to use it or not.

15 And at that point we can assign, we can  
16 assign SC&A to do it. And for the moment, we really  
17 don't need to because it may well be that we're not  
18 going to use it.

19 Josie, you and I have -- were the two  
20 who wanted it. And so if I may, would you accept  
21 that or agree with that? That we might just simply  
22 hold off.

23 MEMBER BEACH: Yes, Dave. I can live

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1 with that.

2 CHAIRMAN KOTELCHUCK: Okay. And I can  
3 too. So that's the way we'll resolve it now. And  
4 we have exactly some time, if I may. So that  
5 settles that.

6 We haven't had the discussion about  
7 future blind reviews. We'll save that till later.

8 But because it's 11:50 and, John Mauro,  
9 you have one remaining case issue from Set 10 to  
10 13. There were two, if I'm not mistaken. And you  
11 wanted to discuss one now.

12 DR. MAURO: Yes. And I'll be, and I  
13 think it's going to be very brief.

14 CHAIRMAN KOTELCHUCK: Very good.

15 DR. MAURO: It will be five minutes.  
16 And that's Koppers. So if you'd like, do I --

17 CHAIRMAN KOTELCHUCK: I'd like to.  
18 And I thank you for making -- for getting on the  
19 phone this morning. I'm sorry you can't be with  
20 us this afternoon.

21 DR. MAURO: Yes.

22 CHAIRMAN KOTELCHUCK: Koppers  
23 Company.

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1 DR. MAURO: Yes. If you're ready,  
2 I'll -- Koppers has been discussed quite a bit in  
3 the last series of meetings. And there have been  
4 exchanges of material.

5 And the last exchange was a White Paper  
6 that I prepared and you folks should have it. Have  
7 it in front of you, dated October 2015.

8 And I'll bring it down to its essence.  
9 This worker worked at Koppers at a time when the  
10 facility was involved in some uranium conversion  
11 activities. Where -- and one of the major  
12 conversions was converting UF4 to UF6.

13 Now the worker was not an operator. In  
14 other words, he probably was not a person who  
15 personally was involved in making these uranium  
16 conversions. But he was doing a lot of other  
17 things which may or may not have put him in a  
18 position to experience some exposures. So that's  
19 the setting.

20 Now the difference, the major issue  
21 that I raised, and we discussed briefly at the last  
22 meeting, and I was, at that time, I was requested  
23 to write a brief description of why I still have

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1 some concerns, is provided in this October 2015  
2 report.

3 And let me boil it down to its essence.  
4 With respect to external exposures, that this  
5 worker may or may not have some exposure too,  
6 because of his job description, has to do with --  
7 the way in which NIOSH approached it was, okay, he  
8 might have been standing in the vicinity of a drum  
9 containing some uranium, yellowcake or some other  
10 material, UF4.

11 And they came up with certain doses  
12 that, you know, we checked. And we come up with  
13 some different numbers, but they're in, what I  
14 consider to be the place where they're not  
15 unreasonable. So that's not where the issue lies  
16 on external.

17 With regard to external, the issue has  
18 to do with something that I learned in reading  
19 Christifano & Harris, which is like a source  
20 document that is the foundation upon which we build  
21 many of our, what I would call surrogate  
22 approaches, when we don't have the data.

23 And in that report, they explain

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1 something that I haven't encountered before, but  
2 it might very well apply here. And I'm basically  
3 asking NIOSH if they would take a look at this  
4 particular aspect of uranium conversion, namely  
5 when you're converting UF<sub>4</sub> to UF<sub>6</sub>, the approach  
6 that was described, in Christifano & Harris, is  
7 they pass hydrofluoric acid over the UF<sub>4</sub> and it  
8 converts it, the uranium, to UF<sub>6</sub>. And the UF<sub>6</sub>  
9 comes off as a gas. And they collect the gas.

10 And what's left behind is something  
11 they call an ash. Which contains a sort of  
12 now-concentrated thorium-234, I believe it is.  
13 And that the radiation field in the vicinity of  
14 that, let's call it an ash, on this type of process,  
15 is quite elevated. At least until the thorium has  
16 a chance to decay away.

17 And the only issue that I raised is that  
18 it did not appear that that particular exposure  
19 scenario was given any consideration in the dose  
20 reconstruction. And all I'm asking really, is  
21 that does -- what's NIOSH's position regarding  
22 whether that might be something that needed to be  
23 taken into consideration?

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1           When you consider that the potential  
2           for exposure, from that particular scenario, this  
3           ash, is much greater than the potential for  
4           exposure. For example, from being in the vicinity  
5           of a drum containing yellowcake or some material  
6           containing UF4.

7           So it's, in my opinion, from my  
8           experience, it's a new scenario that I was not even  
9           aware of until I got into the nuts and bolts of  
10          Christifano & Harris. That would be the first  
11          issue.

12          And I'm not saying that it is a matter  
13          that is essential that it be included, but I believe  
14          NIOSH's report, dose reconstruction, is silent on  
15          this. And it needs to be, I think, put to bed.

16          We can -- I have one more concern, and  
17          that's external. And I also have a concern  
18          regarding internal.

19          But maybe we want to hold that off until  
20          we talk a little bit about this ash issue. Because  
21          it's relegated to the external part of the  
22          calculation.

23          CHAIRMAN KOTELCHUCK: Okay. Grady,

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1 do you want to --

2 MR. CALHOUN: There's no way I can talk  
3 about that now. I just don't know. I'll have to  
4 -- we'll have to get back to you and come up with  
5 a response.

6 DR. MAURO: Okay.

7 CHAIRMAN KOTELCHUCK: Okay.

8 MR. CALHOUN: I mean that's --

9 DR. MAURO: Bear in mind, I'll be first  
10 to admit that we really don't know whether or not  
11 this person was in close proximity to that  
12 situation, given his job description, because it  
13 does not appear at all that he was an operator.

14 So I mean, all I'm really raising is,  
15 this is new to me, this ash issue. And it has  
16 emerged on Koppers. It may very well emerge again  
17 in the future. And it's probably a good idea for  
18 us to take a look at it.

19 MEMBER MUNN: So, John, your internal  
20 question that comes later has nothing to do with  
21 the ash?

22 DR. MAURO: No. I think it would be  
23 easier to take one bite at a time.

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1 MEMBER MUNN: Yes.

2 DR. MAURO: Okay, so --

3 (Simultaneously speaking)

4 MEMBER MUNN: That's what I thought.  
5 Just wanted to make sure.

6 DR. MAURO: Yes. Okay, so the  
7 external issue sounds like we're putting in the  
8 parking lot until NIOSH has a chance to take a  
9 little closer look at this issue.

10 CHAIRMAN KOTELCHUCK: Right. Right.

11 DR. MAURO: But let's move on. I'm  
12 almost done.

13 CHAIRMAN KOTELCHUCK: And if I may just  
14 say for Ted. When the NIOSH response comes back,  
15 might you also add on the original October report  
16 by SC&A, so we can look at them together?

17 MR. KATZ: Yes, sure.

18 CHAIRMAN KOTELCHUCK: Thank you.  
19 Okay, do go ahead now with internal.

20 DR. MAURO: Okay. On the internal  
21 side, again, it's uranium conversion.

22 You have the airborne uranium being  
23 generated. And there's a lot of data summarized

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1 very nicely in Christifano & Harris on the levels  
2 of concentration -- the concentrations of uranium  
3 airborne, gross alpha, in uranium conversion  
4 facilities. And there's a nice graphic that shows  
5 that concentration that NIOSH used back then, when  
6 they did the analysis, was compatible.

7 In other words, the number that's given  
8 in Christifano & Harris is 100 dpm per cubic meter  
9 as being sort of a central tendency of what the  
10 concentrations might be in uranium conversion  
11 facilities. But there's a big spread, orders of  
12 magnitude spread.

13 But given, you know, if you were  
14 working, if you were saying that, well we have a  
15 guy that worked at a uranium conversion facility  
16 that might have been doing a lot of different types  
17 of conversions and we don't think he was an  
18 operator, but he might have -- but, you know,  
19 airborne activity is airborne activity, and it  
20 could find its way to places where other workers  
21 might have been exposed.

22 My takeaway is that that 100 dpm per  
23 cubic meter is not a bad number, and that's

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1 comparable to the number that NIOSH used.

2 But then I went a little deeper. I  
3 said, but it turns out that at Koppers, the type  
4 of uranium conversion that was primarily done was  
5 converting UF<sub>4</sub> to UF<sub>6</sub> using what's called  
6 hydrofluorination, which I just described before.

7 And when you look at the data for  
8 hydrofluorination, which is a subset of the  
9 different kinds of things you do when you do uranium  
10 conversion, the airborne concentrations of uranium  
11 are often at least ten times higher than the overall  
12 aggregate concentration.

13 And the question then becomes, should  
14 NIOSH have used a higher uranium default or  
15 surrogate concentration? Because the type of work  
16 there was heavily oriented toward this  
17 hydrofluorination process.

18 Again, I qualify my concern with, you  
19 know, we don't know exactly what this fellow was  
20 doing and whether or not he was exposed. And was  
21 in an area where there may be these quite elevated  
22 levels of uranium associated with  
23 hydrofluorination.

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1           But I feel that it's appropriate for  
2 NIOSH to address this issue, to have a position  
3 regarding this matter.

4           And I'd like to -- and all I'm really  
5 saying in my White Paper is relatively brief. It's  
6 just a few pages. You know, I think it's a good  
7 idea for NIOSH to take a position or discuss this  
8 matter and how they dealt with it.

9           MR. CALHOUN: Basically we're just  
10 going to have to come up with a response to the White  
11 Paper you wrote.

12          DR. MAURO: Yes. Yes. I presume you  
13 received it. It went out. My version, that I have  
14 in front of me --

15          MR. CALHOUN: I got it right in front  
16 of me.

17          DR. MAURO: Okay, great. So you have  
18 it. And it sounds like you'd like to take another  
19 look at it also. And that's it. That's my story.

20          MR. CALHOUN: Absolutely.

21          CHAIRMAN KOTELCHUCK: Okay. Well, it  
22 sounds like that's, we're moving along on that.  
23 And that's good.

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1 Well, folks, it is 11:59 on the East  
2 Coast. It seems like a very good time to take our  
3 lunch break, or breakfast break as the case may be.

4 So what I would like to do is we'll close  
5 off now. We'll get together in one hour. At one  
6 o'clock Eastern Standard Time.

7 And I would like to have a, continue a  
8 discussion about blind review cases for the future.  
9 For what we would like, how many we would like, what  
10 kind of metrics to use to say that things are in  
11 good agreement or not.

12 So think of that over lunchtime. If  
13 you haven't thought about it already actually.  
14 Hopefully you have. And we will get together in  
15 one hour. So -- okay.

16 MR. KATZ: Okay, thanks, everyone.

17 CHAIRMAN KOTELCHUCK: Thank you, all.  
18 See you in an hour. Speak to you in an hour.

19 (Whereupon, the above-entitled matter  
20 went off the record at 12:00 p.m. and resumed at  
21 1:11 p.m.)

22

23

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1 go beyond the agreement of PoCs to suggest how we're  
2 doing on dose reconstruction? Does anybody have  
3 a thought on that?

4 MEMBER MUNN: Wanda doesn't think so.

5 CHAIRMAN KOTELCHUCK: Okay.

6 MEMBER MUNN: I think that's what we  
7 are challenged to do. And doing more serves no  
8 purpose that I can see, unless there's been some  
9 massive miscalculation of some sort that could be  
10 corrected. And that, to this date, we have not  
11 encountered anything like that.

12 CHAIRMAN KOTELCHUCK: Well, it's true.  
13 What we've talked about, the folks are really in  
14 quite good agreement. I think I noted later on  
15 that, I think there's something like two, the  
16 median is .2 percent difference in the PoCs.

17 Does anybody else, anybody have any  
18 more, any thoughts on that? If not, I mean, I  
19 think, I can't think of another metric that we  
20 should be using either. I can't think of another  
21 one we should use. Anybody have thoughts going --

22 MEMBER POSTON: Well, David, I'm not  
23 sure I'm offering any suggestions, except, you

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1 know, that to me this should have been a question,  
2 and should have answered five or six years ago.

3 CHAIRMAN KOTELCHUCK: Oh, it should  
4 have been. I wasn't on the Board --

5 MEMBER POSTON: I mean --

6 CHAIRMAN KOTELCHUCK: -- five or six  
7 years ago.

8 MEMBER POSTON: I know you weren't.

9 CHAIRMAN KOTELCHUCK: Right.

10 MEMBER POSTON: But, you know, we have  
11 I don't know how many people doing dose  
12 calculations and so forth. And it would have been  
13 a simple thing to assign all of them the same case  
14 and see, and answer that question once and for all.

15 CHAIRMAN KOTELCHUCK: Right. Yes, we  
16 could have. We didn't. But on the other hand, now  
17 that we're writing our second report, it's time to,  
18 you know, consider, just as we've been improving  
19 all along the way, ever since 2001, or close to  
20 that.

21 Well, look, we've always been doing it  
22 this way. We don't have other suggestions. Let's  
23 go on. What, how many blinds should we be doing?

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1 Right now we have 14.

2 We started with blinds when, back in  
3 2000, I have it written somewhere in the report.  
4 But 2006 or so. We're doing essentially six at a  
5 time for what, every --

6 MR. KATZ: We're doing six a year.

7 CHAIRMAN KOTELCHUCK: Pardon?

8 MR. KATZ: We're doing six a year.

9 CHAIRMAN KOTELCHUCK: Okay. Six a  
10 year, which is part of our contract, right?

11 MR. KATZ: Sure. But that number can  
12 change.

13 CHAIRMAN KOTELCHUCK: Right.

14 MR. KATZ: That's what it is right now.

15 CHAIRMAN KOTELCHUCK: Right.

16 MR. KATZ: It's six a year.

17 CHAIRMAN KOTELCHUCK: Well, good.

18 What defines that, folks? Is it simply that it's  
19 a lot of work, and this is a reasonable number? Is  
20 this important enough that we should be doing more?

21 And, given the level of agreement that  
22 we found in the 14 we've done so far, maybe it's  
23 not necessary. Well, we're doing six a year.

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1 That's contractual. So I guess we're not going to  
2 go below.

3 MR. KATZ: No, no, no. Dave, I mean --

4 CHAIRMAN KOTELCHUCK: Yes.

5 MR. KATZ: You can do whatever you want  
6 with that number. You can go up. You can go down.  
7 It doesn't matter that it's in the contract. The  
8 contract, the number is not fixed in the contract,  
9 okay. It's a --

10 CHAIRMAN KOTELCHUCK: Okay.

11 MR. KATZ: It's sort of a number by  
12 which we calculated -- we did that for budgeting  
13 purposes, but it's not fixed. So that number, the  
14 Subcommittee --

15 CHAIRMAN KOTELCHUCK: Good.

16 MR. KATZ: -- and the Board is not  
17 confined to that number in any way.

18 CHAIRMAN KOTELCHUCK: Very good.  
19 What do folks think? We have, any thoughts about  
20 whether we should be doing more, less, the same?

21 MEMBER CLAWSON: Dave, this is Brad.

22 MEMBER BEACH: Dave -- Oh, go ahead,  
23 Brad.

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1                   MEMBER CLAWSON: I just -- this phone's  
2 really echoing really bad. I don't know if anybody  
3 else can hear it. But anyway --

4                   MEMBER BEACH: No.

5                   MEMBER CLAWSON: I thought that we had  
6 something in the order that we were to do a certain  
7 percentage of all the dose reconstructions.  
8 Wasn't it like two percent or --

9                   CHAIRMAN KOTELCHUCK: Oh, one percent.  
10 We were supposed to review, just do dose  
11 reconstruction for one, for -- originally, the  
12 original report said two and a half percent.

13                   We are doing about three-quarters of  
14 one percent right now. And increasingly people  
15 are talking about one percent of the cases that  
16 we're going to review, do a dose reconstruction  
17 review.

18                   MEMBER CLAWSON: Well, that's where I  
19 think that, you know, we're eventually going to end  
20 up getting to. I thought when we first started  
21 this out, because, you know, just starting out, you  
22 know, getting our feet wet with all of this, that  
23 that's what, you know, we should do.

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1           So I just want to make sure that we are  
2           abiding by what we're supposed to be doing, as  
3           Advisory Board Members, as we were requested to do.  
4           And I've always wondered if we were a little bit  
5           low on that.

6           CHAIRMAN KOTELCHUCK: Well, in terms  
7           of the spirit of what we're doing, I mean, there  
8           was no question that the first report said that our  
9           goal was two and a half percent. But we're nowhere  
10          near it. And the one thing -- and I said this when  
11          we get to the text of the draft -- the one thing  
12          about this is that we are doing best estimate cases.

13          I mean, in the first report we had 95  
14          percent of the cases were maximizing or minimizing.  
15          Now we're doing, I think, 80 percent best estimate.  
16          Again, I'll check the table, the exact number.

17          MEMBER MUNN: Just routinely.

18          CHAIRMAN KOTELCHUCK: Pardon?

19          MEMBER MUNN: I said, just routinely.

20          CHAIRMAN KOTELCHUCK: Yeah, yeah.

21          MEMBER MUNN: And what we need to  
22          remember is that the numbers that were established,  
23          we established.

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1 CHAIRMAN KOTELCHUCK: Right.

2 MEMBER MUNN: That's where those  
3 numbers came from, from internally.

4 CHAIRMAN KOTELCHUCK: Right.

5 MEMBER MUNN: We're the people who  
6 said, "Okay, we need to do at least this many."  
7 Once we have done what we've done now, and we see  
8 the kind of agreement that we're getting, then  
9 there certainly is not, from my perspective, any  
10 reason to increase the number.

11 We might consider continuing at this  
12 rate, and even reduce the number if we continue to  
13 see this kind of agreement in the end result.  
14 There's no point in doing it just to say, "This is  
15 what we've done."

16 CHAIRMAN KOTELCHUCK: Right.

17 MEMBER MUNN: The whole point is to try  
18 to identify that the agency is using good science  
19 and is appropriately following the project as it's  
20 been set up to do. That's the point.

21 MEMBER CLAWSON: But also, too, Wanda,  
22 it's to check the balance, too. Because as  
23 anything, as we've seen with this program, it has

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1 completely changed from when we first started this  
2 out, to where we're at.

3 I'm not advocating in any way that we  
4 need to do more, whatever. I just want to make  
5 sure, coming from a QA background, this is just  
6 checks and balances. It doesn't matter --

7 MR. KATZ: Can I just ask that the  
8 Subcommittee consider -- it might be helpful if you  
9 consider -- again, I think Dave's asking about  
10 blinds, not all the dose reconstruction reviews.

11 CHAIRMAN KOTELCHUCK: Correct.

12 MR. KATZ: But just the blind reviews and  
13 changing the number of that, and changing anything  
14 else about that. But I think it would be helpful  
15 if you guys all reflect a little bit on what you  
16 have found to be the value of the blind reviews,  
17 as opposed to the regular reviews. I mean, maybe  
18 that will help you get to your answer.

19 CHAIRMAN KOTELCHUCK: Well, might be.  
20 I'm quite satisfied with what we're doing now. And  
21 I feel as if we're beginning to cover blinds more  
22 routinely. When I came on, we weren't doing any  
23 blinds at all. That is, in '12, 2012. They just

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1 weren't coming up in the Committee. And we have  
2 certainly tried to catch up. And we have caught  
3 up.

4 Are there any cases for blind that we  
5 -- any cases we've chosen for blinds that are in  
6 the pipeline right now?

7 MR. KATZ: Yes. I mean, they're --  
8 well, Dave, you have six cases that SC&A is working  
9 through right now. I mean, they've done the dose  
10 reconstruction for three of them, but not yet done  
11 the comparative part of the work. And then the  
12 other three are still underway. They haven't  
13 produced the dose reconstructions yet.

14 CHAIRMAN KOTELCHUCK: Right.

15 MR. KATZ: So, you have six underway.  
16 They all should be done. So that's six new ones  
17 you'll have to consider in January, I believe.  
18 January or early February.

19 CHAIRMAN KOTELCHUCK: Well, that's  
20 certainly plenty. By the way, the six that they're  
21 working on are in sets. Which set?

22 MR. KATZ: Oh, that's Set 22.

23 CHAIRMAN KOTELCHUCK: Twenty-two,

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1 right. Just for my sake.

2 MR. KATZ: Yes.

3 CHAIRMAN KOTELCHUCK: Well, I mean,  
4 another way of thinking, if we do something like  
5 six a year. Suppose we were to say we're doing  
6 about six a year now. If we do that, roughly how  
7 many cases will we be doing, cases of dose  
8 reconstruction reviews, in a year?

9 We have, since 2009, when the last  
10 report went in, and to now, we have six years. We  
11 have 334 cases. So we're doing 50 cases a year.  
12 I think we've sped up, folks. I think there was  
13 a slow period a few years back. But we probably  
14 -- let's just say we're doing 75 a year, or 60 a  
15 year.

16 And if we do six, that's one out of every  
17 ten: ten percent of cases that we review are being  
18 blind reconstructed. That's a fair amount. We  
19 probably are doing more like 100 or 120. So maybe  
20 a couple of percent, two or three percent. That  
21 seems, to me, reasonable.

22 MS. GOGLIOTTI: We've done 500  
23 reviews. We just haven't gotten to the issues

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1 resolution part of the remaining.

2 CHAIRMAN KOTELCHUCK: Well, that's  
3 true. I'm actually thinking, until it goes -- you  
4 folks have done many more, both SC&A and NIOSH.  
5 But for the Subcommittee and the report, we have  
6 to count what we have throughput and completed.  
7 And that's 334, right? Wait a minute. Wait a  
8 minute -- 234 that we have actually reviewed, the  
9 work that you've done that we've reviewed, you and  
10 NIOSH, right? We went from 101 to 334. So we've  
11 done 234 in the last six years.

12 MR. KATZ: That's correct, Dave.

13 MEMBER MUNN: I believe that's right.

14 CHAIRMAN KOTELCHUCK: So, it's about  
15 40 a year. So let's figure we'll -- I figure we're  
16 going faster than that now. So let's say 60. So,  
17 again, ten percent. I think that's a reasonable  
18 number. And, to me, I don't think we need to change  
19 it. We certainly -- and I would agree with Wanda,  
20 that if anything we could reduce it. But I'm not  
21 quite ready to let go yet.

22 MEMBER MUNN: No, not quite.

23 CHAIRMAN KOTELCHUCK: Yeah. What do

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1 other people think, other Subcommittee Members?

2 MEMBER BEACH: This is Josie. I agree  
3 with both Wanda and you, that while I'm not ready  
4 to decrease it, I think where we're at is fine.

5 CHAIRMAN KOTELCHUCK: Yeah. And  
6 others? Brad, David, John?

7 MEMBER CLAWSON: Sorry, I was talking  
8 to myself. Anyway, yeah, I'm fine with that.  
9 That's fine.

10 CHAIRMAN KOTELCHUCK: Yeah.

11 MEMBER POSTON: I'm fine with that,  
12 Dave. And this is John.

13 CHAIRMAN KOTELCHUCK: Good, good.  
14 Alright. And, David, I don't know if -- David, are  
15 you back on the line? No.

16 So, okay. So, I think we're going to  
17 stay with the six a year. We're going to continue.  
18 We've had good results. We're going to continue  
19 with six a year. We probably can say in the report  
20 that, given the good results so far, we may in the  
21 near future consider decreasing it a bit, the  
22 number of blind cases that we're trying to do each  
23 year.

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1           Well, finally, I mean, 80 percent of  
2           what we've been doing with the blinds are best  
3           estimates, because there we really are able to  
4           compare, if you will, apples and apples, or maybe  
5           McIntosh with Jonathans, or whatever.

6           Because, of course, there is  
7           professional judgment. And people, as we see, do  
8           things slightly differently, always  
9           scientifically acceptable. So, is there any  
10          reason that we should ever consider doing things  
11          like AWEs, or is there any value in looking at  
12          things that are not best estimates? We surely, for  
13          maximum/minimum, I mean, to say that we -- I don't  
14          see much purpose to that. But maybe others do.  
15          I'm just trying to think a little ahead. I mean,  
16          we are only doing best estimates at this point.

17          Any other grouping that we might  
18          consider that would be valuable to consider in  
19          terms of the six a year?

20                 MEMBER MUNN: I don't know what it  
21                 would tell us.

22                 CHAIRMAN KOTELCHUCK: Yeah, I don't  
23                 know what it would either. That's why -- but I

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1 believe I've gotten a letter from one of the  
2 representatives, I think from Rocky Flats, that  
3 they feel like we're ignoring AWEs. But I think  
4 their concern was for just ordinary dose  
5 reconstruction, not blinds.

6 Well, I raised it. You know, I don't  
7 see much value with it either. So, unless somebody  
8 has some thoughts about any grouping, any aspect  
9 of the six that we should reconsider? I put it as  
10 broadly as that.

11 Well, that's going, going, gone.  
12 Okay.

13 MEMBER MUNN: Good.

14 CHAIRMAN KOTELCHUCK: I don't have  
15 suggestions. I'm just trying to think ahead.

16 Let's see. Okay. So, our  
17 recommendation to the Board, and to the Board for  
18 our report to the Secretary is that we'll continue  
19 at six a year, which probably represents -- I don't  
20 think it's worth putting it in, but it represents  
21 roughly ten percent of the cases that are reviewed  
22 each year. Maybe three or four.

23 MEMBER MUNN: More than a statistically

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1 significant number.

2 CHAIRMAN KOTELCHUCK: Pardon?

3 MEMBER MUNN: More than a  
4 statistically significant number.

5 CHAIRMAN KOTELCHUCK: Yeah. Yes. I  
6 mean, indeed. Okay. Then, folks, let's start  
7 talking about this draft report to the Secretary.  
8 I will tell you that this is -- let's see if we can  
9 put it up.

10 There was the November, there was the  
11 one that's headlined in November. Thank you.  
12 Also, this morning Ted put a suggestion for page  
13 3. I don't -- it will not be up there. But -- oh,  
14 it is there. Thank you. Okay, great. Just a  
15 little clarification about the relationship of the  
16 subcontractors. And, I think, useful comments.

17 What I was about to say also was that  
18 I approached this quite gingerly. This is a zero  
19 order draft. I expect people to chew it over. In  
20 fact, if I was Jim Melius, I wouldn't have chosen  
21 me to start this out. But here I was, Chair of this  
22 Committee, and it seems like everybody said, "Well,  
23 Dave, it's your job." So, with that apologia, we

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1 will start.

2           The first paragraph, findings, this is  
3 really a -- I think -- this is not the intro, because  
4 this will have been said earlier in the report.  
5 You'll remember that the structure of the report  
6 was that we had, I think we -- let me see if I can  
7 find it here in my notes. Basically, we had  
8 introduction -- Ted, we talked about this before.  
9 One moment, please. There we are. The executive  
10 summary, the introduction, which is to say a  
11 summary of the first report, status of the program  
12 reviewed in the current report, relationship to  
13 concurrent Board review activities, SEC petitions,  
14 Site Profiles, et cetera.

15           Methods is the second broad category.  
16 Case selection, case review procedures. And  
17 that's where this first paragraph ought to be  
18 included in.

19           And then the third area is findings,  
20 findings and their limitations. And that's what  
21 I would say -- Part 3A, that's what I was trying  
22 to address. And Part B, future review plans, will  
23 come out of both some of our discussion now, and

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1 also from the Board broadly.

2 And then there will be some appendices,  
3 the data tables, statutory text, a copy of the first  
4 report.

5 So, we are doing findings, the results,  
6 essentially, the findings and their limitations.

7 So, let's start with types of dose  
8 reconstruction. I consider that first paragraph  
9 superseded by the other materials that will come  
10 before when others write.

11 And, Wanda, you and I talked at one  
12 point about your helping me, and us, on the broader  
13 introduction. But I think that -- you know, I  
14 don't know how to construct that, other than to talk  
15 with Jim Melius and ask. I'm not quite clear how  
16 he expects the different parts to be written.

17 The dose reconstruction, that's what I  
18 was asked to do. So, types of dose reconstruction.  
19 Well, I just list the different, you know, types  
20 and why. This is virtually lifted out of the --  
21 I don't think even virtually, it probably is  
22 exactly lifted out of our first report.

23 And is there any suggestion? I'm not

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1 going to read it here. You see it. Anything,  
2 either in terms of grammar, of course technical,  
3 anything anybody wants to say, any suggestions?

4 MEMBER MUNN: I wanted to say, Dave,  
5 that I'm impressed. You did a beautiful job  
6 pulling all this together and have an astonishing  
7 amount of numerical data and have covered it very  
8 well.

9 The painful part of this business is a  
10 matter that I've already addressed earlier in my  
11 comments, which is starting to simplify it. And  
12 right now I think the most important thing is to  
13 do what you're doing, which is gather the  
14 information.

15 Once the information is gathered and  
16 all put together, then comes the really, really  
17 painful part of a couple of meetings of bleeding  
18 over what to throw out, how much verbiage to get  
19 rid of, and how much to keep.

20 And to keep asking ourselves, what does  
21 the Secretary really want to know about this, not  
22 what can we tell her. Because heaven knows we have  
23 more to tell her than she would ever want to hear.

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1 CHAIRMAN KOTELCHUCK: Right. Right.

2 MEMBER MUNN: But what she needs to  
3 know is not going to be very long, actually. And  
4 it won't really and truly involve more than  
5 probably a dozen key numbers.

6 CHAIRMAN KOTELCHUCK: Right.

7 MEMBER MUNN: But we'll have to --  
8 first, we have to do this part. And I think you've  
9 done it very well. I was impressed by how much data  
10 you managed to gather together.

11 CHAIRMAN KOTELCHUCK: Thank you.  
12 Let's go on, actually, as I think about it, types  
13 of dose reconstruction may appear in the first  
14 sections. Let's go to cases sent to NIOSH for  
15 reconstruction.

16 This really comes from suggestions that  
17 I should have probably put this in in the first  
18 place. I just went back to the last meeting. And  
19 on November 4th, DOL talked about 42,000 cases  
20 returned to us by November 1st of this year.

21 And we need to get data on the different  
22 types of dose reconstruction used for these cases.  
23 And also list how many of the cases, of the 42,000

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1 cases, have been covered by the SEC determinations.

2 Is this something that we should ask?

3 I'm not sure whom to ask, whether we ask NIOSH or  
4 SC&A to get us a list of the best estimates,  
5 overestimates, underestimates.

6 MR. KATZ: I think this would be NIOSH,  
7 Dave, that would have these numbers. And we should  
8 probably use NIOSH, not DOL counts. Because  
9 there's somewhat of a discrepancy that relates to  
10 timing, and so on, with that.

11 CHAIRMAN KOTELCHUCK: Got it. Got it.  
12 Well, can we ask, then, that there be a paragraph  
13 in here that the NIOSH folks develop that? And  
14 basically give us a table, like the Table 1, types  
15 of dose reconstruction, with just an overall  
16 summary of the reconstructions that have been done.

17 And I think, Ted, you mentioned to me  
18 that probably still 90-plus percent of the cases  
19 are done by over- and underestimates.

20 MR. KATZ: Yeah, I think so. I mean,  
21 Grady would have a better handle on that. One  
22 clarification that I think Grady's folks will need  
23 is whether you need these numbers based on through

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1 Set 13, or are you saying through the present?

2 CHAIRMAN KOTELCHUCK: Ah. Through, I  
3 believe, through 13. Because the data is up to the  
4 end of 13, with the exception of the two cases, one  
5 of which now, I hope, is resolved.

6 MR. CALHOUN: So, you want numbers of  
7 -- you want that breakdown of the reviewed cases  
8 through 13?

9 MEMBER MUNN: To date, through 13.

10 CHAIRMAN KOTELCHUCK: Through 13,  
11 exactly. And I think, if you could, I would break  
12 it down further from Set 1 to 13 for the total that  
13 we've done since we started doing -- actually, we  
14 didn't start in 2001. The bill was passed. But  
15 let's just do cases 1 to 334, and 101 to 334. Just  
16 the data should be in there.

17 MR. CALHOUN: One to --

18 CHAIRMAN KOTELCHUCK: 334, which is the  
19 total we have done on dose reconstruction.

20 MR. CALHOUN: Okay.

21 CHAIRMAN KOTELCHUCK: Wait a minute.  
22 Wait a minute. No --

23 MR. KATZ: I think what you're trying

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1 to line up, Dave, is the dates when Set 13, whatever  
2 date that takes you through in terms of cases,  
3 that's the date for this denominator data, right?  
4 So that's the date you want to know how many total  
5 cases did NIOSH complete up to that point?

6 CHAIRMAN KOTELCHUCK: That is correct.  
7 Now, how do we set that date? Because we have two  
8 that we haven't done. Or --

9 MR. KATZ: No, Set 13, if you look at  
10 the cases in Set 13, whatever the latest date for  
11 a case is, that's your end date for the period of  
12 cases you've been reviewing, right? More or less.

13 CHAIRMAN KOTELCHUCK: The time it's  
14 been completed. When the last one from 13 is  
15 completed.

16 MR. CALHOUN: Right.

17 CHAIRMAN KOTELCHUCK: That's right.  
18 That's the denominator.

19 MR. CALHOUN: Wait a second. I'm  
20 getting confused. But you still just want those  
21 cases that you reviewed?

22 MR. KATZ: No, no.

23 CHAIRMAN KOTELCHUCK: No, no.

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1       Actually, and that -- I'm glad. I talked loosely  
2       when we were, just a moment ago. I have --

3               MR. CALHOUN: All of the cases.

4               CHAIRMAN KOTELCHUCK: I've done the  
5       route through the dose reconstruction cases and  
6       tried to get them together as best I could. But  
7       we don't have is, overall, what has been done.

8               That is to say, the 99.25 percent of the  
9       cases, plus those 0.75 that we've reviewed. So,  
10      we want all the cases done up through the end of  
11      Set 13.

12              MR. CALHOUN: Okay. So I just need to  
13      pick the latest one. I'll just pick the highest  
14      number for completed in Set Number 13. And I will  
15      break down all of the cases that have been  
16      completed, except for pulled cases, and make a  
17      table similar to Table 1. Is that correct?

18              CHAIRMAN KOTELCHUCK: That's right.

19              MR. KATZ: Yes.

20              CHAIRMAN KOTELCHUCK: That's right.

21              MR. CALHOUN: Okay.

22              CHAIRMAN KOTELCHUCK: The only thing  
23      is, in the denominator of total cases handled, that

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1 will include SEC determinations, cases that are  
2 decided through SEC, right?

3 MR. CALHOUN: Well, the deal here with  
4 that is that we may or may not do a dose  
5 reconstruction for cases that are associated with  
6 the SEC.

7 CHAIRMAN KOTELCHUCK: Oh, no, you  
8 won't. You're not going to do dose  
9 reconstructions on those. We will have --

10 MR. CALHOUN: Wait, wait, wait, wait.  
11 That's not true.

12 MEMBER MUNN: No. Yes, that's not  
13 true.

14 MR. CALHOUN: What happens is that,  
15 let's just say somebody gets comped for a lung  
16 cancer, and then they develop a prostate cancer,  
17 or a non-SEC cancer. We have to do a dose  
18 reconstruction for the lung cancer and the non-SEC  
19 cancer if the combined Probability of Causation  
20 exceeds 50 percent. So that person may get medical  
21 benefits for the non-SEC cancers.

22 CHAIRMAN KOTELCHUCK: Yes. Correct.  
23 You are correct.

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1           MEMBER MUNN:    So the number of dose  
2       reconstructions that are done does not have a  
3       direct correlation to the number of claims that  
4       have been filed initially.

5           CHAIRMAN KOTELCHUCK:   Right.

6           MEMBER MUNN:    And sorting that out  
7       appropriately and simply, especially in light of  
8       what SECs do, is going to be a sticky wicket. But  
9       it can be done. But it will take a lot of head  
10      scratching for what number goes in what block.

11          MR. KATZ:    Wanda, I don't think so. I  
12      think all Grady needs to do is figure out what date  
13      to attach to the end of Set 13. And then he just  
14      counts up his cases of DRs that they've done.

15          MEMBER MUNN:    Yeah.

16          MR. KATZ:    I don't think it should be  
17      difficult.

18          MEMBER MUNN:    No, no.

19          MR. KATZ:    I think he won't have a  
20      problem with that.

21          MEMBER MUNN:    No, it's just a question  
22      of the bins, yeah.

23          CHAIRMAN KOTELCHUCK:    Yes, that's

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1 true. That's true.

2 MR. CALHOUN: Well, we've got them  
3 written down where, when you approve a dose  
4 reconstruction, you assign the term, best  
5 estimate, overestimate, underestimate, or  
6 partial. So we can separate them like that. A  
7 partial is a DR that's done associated with an SEC.

8 CHAIRMAN KOTELCHUCK: Right.

9 MR. CALHOUN: So, I think that that's  
10 doable. And I can just tell you what parameters  
11 I used. And if you want something different, you  
12 can tell me.

13 CHAIRMAN KOTELCHUCK: That's right.  
14 No, that sounds fine. And the 0.75 percent  
15 actually, also, that we have done dose  
16 reconstruction reviews on, that 0.75 percent goes  
17 all the way back to the first set, right? So,  
18 that's fine. So, we don't have to worry about  
19 whether it's 10 to 13; it's 1 to 13, everything that  
20 we've done so far for this.

21 MR. KATZ: Right. That's what Grady's  
22 numbers will be.

23 CHAIRMAN KOTELCHUCK: That's right.

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1 That's right. Okay. That will be fine. And  
2 you'll send it to us, and we'll send it out to the  
3 other Members of the Subcommittee, and of course  
4 the consulting groups.

5 Anything further that should be done in  
6 that? This will set a broader context for what  
7 we've been doing all these years. Sort of an  
8 overall. Is there anything else that should be  
9 included in that section, other than what we've  
10 just discussed?

11 MEMBER MUNN: There's one metric that  
12 I'm not sure we have addressed. And that has to  
13 do with the total number of cases that were  
14 compensated, as opposed to the portion of those  
15 that were SEC cases. I mean, the dose  
16 reconstructions.

17 CHAIRMAN KOTELCHUCK: You are right.  
18 You are absolutely right, in my opinion. Because  
19 we need to talk about -- we need to include data  
20 about the SEC cases that were not reconstructed,  
21 but that were automatic based on having one of the  
22 22 cancers.

23 MEMBER MUNN: This is a distinction

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1 that is poorly understood. And one that it appears  
2 that we should make certain is addressed in our  
3 report.

4 CHAIRMAN KOTELCHUCK: Yes. Yes.  
5 That may not involve too many sentences there.

6 MEMBER MUNN: No, it won't. It won't.

7 CHAIRMAN KOTELCHUCK: It won't. All  
8 we have to do is say how many SECs we have approved  
9 and how many people have been compensated under  
10 those SECs.

11 MEMBER MUNN: Yes.

12 CHAIRMAN KOTELCHUCK: That's  
13 basically one line.

14 MEMBER MUNN: Yes. Pretty much.  
15 What the total number of cases have been  
16 essentially completed because of SECs, as opposed  
17 to the total number, yeah.

18 CHAIRMAN KOTELCHUCK: And now that  
19 we're looking at the numbers --

20 MR. CALHOUN: I think that's something  
21 we'll have to ask Labor about.

22 MEMBER MUNN: Yes, yes.

23 CHAIRMAN KOTELCHUCK: Oh, yes.

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1 MR. CALHOUN: Because if it's just an  
2 SEC cancer we'll never see it.

3 MEMBER MUNN: Yeah.

4 CHAIRMAN KOTELCHUCK: Ah. Okay.  
5 Well, that's important, then, ask them quickly.  
6 They probably have it. I hope they have it.

7 MR. KATZ: Dave, just to get  
8 clarification on this one. Are you wanting -- I  
9 mean, DOL reports on that, I think, at almost every  
10 Board meeting.

11 CHAIRMAN KOTELCHUCK: Right.

12 MR. KATZ: So, if you're wanting,  
13 currently, if you're just trying to get some  
14 context, and you want the current number of SECs  
15 that have been approved, and cases that have been  
16 compensated as a result of those SECs, I think you  
17 just go to the most recent Board report from  
18 November. And it should be in DOL's report. If  
19 it's not in DOL's report, we can certainly ask for  
20 it.

21 CHAIRMAN KOTELCHUCK: Right. No, no.  
22 But it's as of the date that Set 13 was completed.

23 MR. KATZ: But I'm not sure why this has

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1 to be pegged to that. Because, these are SEC  
2 cases, they're not dose reconstructions.

3 MEMBER MUNN: Correct.

4 CHAIRMAN KOTELCHUCK: Oh, that's  
5 correct.

6 MR. KATZ: So, if you're just trying to  
7 tell the Secretary, "By the way, we also do these  
8 SECs, and we've added this many, and this is how  
9 many cases have been compensated," you might as  
10 well just get the current statistic covering all  
11 the way up to the present, right?

12 CHAIRMAN KOTELCHUCK: Well, that's  
13 fine. That's correct. And we have that in the  
14 last report.

15 MEMBER MUNN: Yeah.

16 CHAIRMAN KOTELCHUCK: Yeah. Okay.  
17 You're right. We can do that. And the Secretary  
18 certainly will want to know that. It defines how  
19 much money the federal government is spending on  
20 this program.

21 MEMBER MUNN: It certainly does. And  
22 explains the gazillions.

23 CHAIRMAN KOTELCHUCK: Right, right.

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1 Good. Okay. Then I will -- assuming that I will  
2 be doing some further writing based on this  
3 discussion, I'll add the compensation of SECs.

4 So, Grady, your responsibility would be  
5 just what we talked about before. And then I'll  
6 get the current data on the -- no, I won't get the  
7 current data.

8 MR. KATZ: Dave, I'll get to you the  
9 number of SEC Classes added, and the number of cases  
10 that DOL has ascribed to SECs. I'll get that for  
11 you.

12 CHAIRMAN KOTELCHUCK: Thank you very  
13 much. Yes, good.

14 Okay. Number and types of dose  
15 reconstruction cases reviewed. And that really  
16 gets into the details of our work.

17 So, we've done, as I said before, 234  
18 cases reviewed since the last report: 82 percent  
19 best estimates, 14 percent overestimate, three  
20 underestimates, with two not yet reviewed, pending  
21 updates. And hopefully that will be down to zero,  
22 or one, anyway, in the near future.

23 MS. GOGLIOTTI: Dave, if I could add

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1 one clarification.

2 CHAIRMAN KOTELCHUCK: Yes.

3 MS. GOGLIOTTI: We actually only did  
4 232. Two of the cases we ended up not reviewing  
5 because a PER was in process at the time they were  
6 sent to us.

7 CHAIRMAN KOTELCHUCK: Now, there were  
8 two cases. And that's not the two cases?

9 MS. GOGLIOTTI: We have two cases that  
10 are not finalized yet in issues resolution. One  
11 was the Koppers that John talked about earlier.

12 CHAIRMAN KOTELCHUCK: Right.

13 MS. GOGLIOTTI: And one we're waiting  
14 on an AWE action.

15 CHAIRMAN KOTELCHUCK: Right. Right.

16 MEMBER MUNN: One more category.

17 CHAIRMAN KOTELCHUCK: And I keep going  
18 back and forth, as you'll see, in the data, or have  
19 seen in the data, between 232 and 234. And we'll  
20 update that when we get -- the one on Koppers, I  
21 hope we'll resolve in the next -- a little while.

22 I don't remember what the other case  
23 was. It's on the agenda at the end of today's

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1 meeting. Although we may not get to it. Do you  
2 happen to remember, since you're talking about it.

3 MS. GOGLIOTTI: That's Tab 221.

4 CHAIRMAN KOTELCHUCK: Pardon?

5 MS. GOGLIOTTI: This is Rose, by the  
6 way.

7 CHAIRMAN KOTELCHUCK: Rose. Thank  
8 you. My apologies.

9 MS. GOGLIOTTI: However, there are two  
10 other cases that we did not review because they were  
11 PER. So that number should only be 232.

12 CHAIRMAN KOTELCHUCK: Ah. Okay.

13 MEMBER MUNN: And this means you have  
14 to explain what a PER is to the Secretary.

15 CHAIRMAN KOTELCHUCK: Okay.

16 MR. KATZ: No, you don't.

17 CHAIRMAN KOTELCHUCK: Two not  
18 reviewed.

19 MR. KATZ: Just cut to the chase with  
20 the numbers that you have. You don't need to talk  
21 about ones that you didn't review.

22 CHAIRMAN KOTELCHUCK: That's right.  
23 Okay. Well, I'll put it this way. Thank you for

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1       that correction.  And I'll put it in my mental  
2       machine, and try to explain it -- or my writing  
3       machine, and try and explain it.  I'll do my best.  
4       But the point is made.  And I will try to take care  
5       of that.

6                So, what I did note here -- and this is  
7       a point -- and I know, Ted, I think you looked at  
8       this earlier when I first started writing.  A total  
9       of 17 percent of the cases we've done since the last  
10      report were over- or underestimated.  And I noted  
11      that in the first report to the Secretary, 93  
12      percent were over- or underestimated.  And I tried  
13      to explain it.

14               And then Table 1, of course, shows the  
15      data.  And by the way, so, Rose, are you saying that  
16      really not completed is four?

17               MS. GOGLIOTTI:  Two we will never  
18      complete, though.

19               CHAIRMAN KOTELCHUCK:  Right.  Two we  
20      will never complete.  And two are not completed.  
21      So really it's four that are not completed.

22               MS. GOGLIOTTI:  That's correct.

23               CHAIRMAN KOTELCHUCK:  Okay.  I'll

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1 correct.

2 MS. GOGLIOTTI: Or you could answer,  
3 best estimate, overestimate, or underestimate,  
4 without having those resolved.

5 CHAIRMAN KOTELCHUCK: Yes. Yeah.  
6 Okay. Table 1. Hold it just one second. I'm  
7 just doing this for my -- I've got to take good notes  
8 for this.

9 Now, what I tried to explain -- and tell  
10 me, folks, if this is an adequate or good  
11 explanation. This reflects the maturation in the  
12 process of dose reconstruction during the past six  
13 years since our first report.

14 The initial review period had a limited  
15 number of Site Exposure Profiles completed, and  
16 various analytical issues were still outstanding.  
17 And therefore, dose reconstruction focused on  
18 those cases that were easy to assess.

19 Is that a fair -- particularly older  
20 timers, which is most of the Members of this  
21 Subcommittee -- would you say that's a fair  
22 explanation of why there's this major difference?  
23 Or could it be better explained? How did that

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1 sound to folks?

2 MEMBER MUNN: Well, it stopped me when  
3 I read past it. But I'm sure that will get worked  
4 over before we're done.

5 CHAIRMAN KOTELCHUCK: Well, that's  
6 okay. Okay. Well, anybody else have any comment  
7 about that? I think you're right, Wanda. And  
8 therefore, let's go on to the next page. There we  
9 go.

10 I thought it was important to mention  
11 that we have 37 site-specific Work Groups, and a  
12 Procedures Review Subcommittee, as well as Dose  
13 Reconstruction. I just thought it was important  
14 that the Secretary realize that we have, you know,  
15 for our -- what do we have, Ted, 16 Members now,  
16 or 18 Members of the Board?

17 MEMBER MUNN: I thought it was 17.

18 CHAIRMAN KOTELCHUCK: Okay. Well,  
19 and we have 37, we have 39 different groups within.  
20 And I hope that indicates to the Secretary that  
21 we're working hard, folks, all of us.

22 MR. KATZ: I was on mute. We have 15  
23 Members. I mean, 15, yeah.

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1                   CHAIRMAN KOTELCHUCK:   Fifteen, okay,  
2                   right, right.  And I like the suggestion you had  
3                   that there, you know, the last sentence that you  
4                   added.  "Although best estimates are relatively  
5                   infrequent under the NIOSH, they are particularly  
6                   important in making correct compensation  
7                   decisions."  I like that.

8                   Other people, since this was added just  
9                   today, yesterday.  Any comments?

10                  MEMBER RICHARDSON:   This is David  
11                  Richardson.  I had a question about the change in  
12                  the distribution of best estimates.  Can you  
13                  remind me, is this in part also a reflection of a  
14                  change in a decision about what types of cases get  
15                  reviewed?

16                  MEMBER MUNN:   No.

17                  MEMBER RICHARDSON:   No?

18                  MEMBER MUNN:   I don't think so.  I  
19                  think when we first started we had a plethora of  
20                  cases.  Some of them, obviously, were not going to  
21                  be compensated.  Others, obviously, were going to  
22                  be compensated.

23                  And for those that you can tell, just

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1 by reading through it, that it's going to be  
2 compensated, then that is an easier thing to do than  
3 to run a complete dose reconstruction.

4 So it was done as an expeditious move  
5 during the early years of the Subcommittee so that  
6 we could provide as many completed reconstructions  
7 as possible during those early years.

8 As we began to have more and more cases  
9 that were going to require analysis, that number  
10 of over- and underestimates would naturally go  
11 down.

12 MR. KATZ: I think you're probably  
13 talking about different things. Because, Wanda,  
14 the number of efficiency cases is very high, and  
15 has always been very high. It was, indeed, in the  
16 first few years, they were all efficiency cases  
17 pretty much. But, I mean, that was just the first  
18 few years.

19 But, on the other hand, the Board did  
20 decide to focus on the -- as Dave has it in his  
21 report, to focus its efforts, especially, or to a  
22 greater extent, on reviewing the best estimates.  
23 So two things are going on.

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1           One is, I mean, the rate of efficiency  
2 cases isn't changing much. I mean, in the initial  
3 years there were no best estimates, hardly. But  
4 otherwise that rate probably isn't changing much  
5 from year to year. Grady could correct me.

6           MR. CALHOUN: No, you're absolutely  
7 right, Ted. And, I mean, the number of cases  
8 between 48 and 52 is less than two percent.

9           MR. KATZ: Okay.

10          MR. CALHOUN: So that would be the best  
11 estimate. So that really hasn't changed much over  
12 time. It's just the fact that that's all that you  
13 guys review anymore. So I think that is  
14 artificially inflated. It's just a reflection --  
15 it's really a reflection of the change in the review  
16 protocols that the Subcommittee is employing, not  
17 a maturation of our dose reconstruction process.

18          MEMBER RICHARDSON: Yeah. Thank you.  
19 That was the nuance I was looking for there.

20          CHAIRMAN KOTELCHUCK: So the choices  
21 of the Dose Reconstruction Subcommittee which --  
22 I like maturation, because I want to talk about how  
23 our program is improving. But if these are choices

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1 -- these are choices that we're able to make now,  
2 that we were not able to make in the past, yes?  
3 That is to say --

4 MR. CALHOUN: You could have made  
5 those. You could have requested those in the past.

6 CHAIRMAN KOTELCHUCK: Yeah, yeah.

7 MR. KATZ: In the very beginning there  
8 were no best cases for you to review.

9 CHAIRMAN KOTELCHUCK: Right.

10 MR. KATZ: So there was no option early  
11 on to review best cases. And the tough part now  
12 is having enough best cases to review. And in your  
13 contract with SC&A we do have a portion of  
14 efficiency cases that we continue to review each  
15 year. So we haven't cut out the review of those  
16 completely. We've just reduced the frequency.

17 CHAIRMAN KOTELCHUCK: Right. Okay.  
18 Well, good. I will make that change, then. And  
19 thank you for this discussion.

20 Let's go on to case findings. Now,  
21 here we're discussing the findings, right. So, a  
22 large, significant amount of it is SC&A. So, in  
23 examining, now, really the 232 cases from Set 6 to

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1 13 will be done. All those, that will be changed.

2 As I understood from the data that SC&A  
3 provided, we had 670 findings, or about three per  
4 case. Of those findings 82 percent were low  
5 impact, 15 percent medium, and three percent high.  
6 And I defined what is low, medium, and high based  
7 on the data folks, the write-ups that folks have  
8 given me.

9 Now, here's a question. And I believe,  
10 Grady, this was a matter of some concern for you,  
11 and for all of us. The blank. As a result of  
12 discussion and review, the Probability of  
13 Causation was changed in only "blank" cases. And  
14 I really don't know what that number is, and I think  
15 that should result in a discussion.

16 Now, if we could. People, I wonder if  
17 either our Subcommittee Members, or NIOSH, or SC&A  
18 might want to address what we remember about how  
19 many cases were changed.

20 As I remember, there were only two or  
21 three. But that's my memory and it may be lacking.  
22 In particular, I don't know -- Sets 6 through 9,  
23 I really don't know so well.

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1 MR. CALHOUN: My recollection is two to  
2 three overall. I don't know, off the top of my  
3 head. But I think what's important is, I think we  
4 all should take at least a quick look at those and  
5 determine if it was really an error, or something  
6 other.

7 CHAIRMAN KOTELCHUCK: Yes.

8 MR. CALHOUN: And the ones I can think  
9 of were something other. And I just want to make  
10 sure that we're all on the same page with that.

11 CHAIRMAN KOTELCHUCK: I agree. These  
12 need to be -- we need to review those cases again,  
13 look at each of them and get a hard count. We  
14 certainly talked about it informally, but we were  
15 not compelled to resolve it. I think for the  
16 Secretary, the report to the Secretary we are. Do  
17 SC&A folks, what's your --

18 MS. GOGLIOTTI: My only concern is it's  
19 a little difficult to quantify. Because we may  
20 have made a finding, and then NIOSH realized there  
21 was a mistake and did a PER and corrected it before  
22 it became an issue with the Subcommittee. So,  
23 those, it's really difficult to capture.

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1           MR. KATZ:     Well, if the case was  
2     produced already, but you had that finding, and it  
3     came with a PoC, you would have that.  I mean, the  
4     PER fixes it after, later on.  But that would be  
5     one example.

6           CHAIRMAN KOTELCHUCK:  Yes.

7           MS. GOGLIOTTI:  Yes.  But, generally,  
8     when it comes up for discussion we say, "Oh, this  
9     case has since been corrected by a PER that  
10    addressed this concern."  And then we wouldn't dig  
11    into further whether or not it was actually  
12    compensated.

13          CHAIRMAN KOTELCHUCK:  I think we need  
14    -- what we need to do is, at our next meeting, is  
15    to bring the data together that each group has,  
16    NIOSH and SC&A, as best they can, to look at ones  
17    that we believe, or maybe changed, the probability  
18    was changed.

19          MR. CALHOUN:  That would be great if we  
20    could get them like a week or two before the next  
21    meeting.

22          CHAIRMAN KOTELCHUCK:  Yeah, it would  
23    be.  But it seems to me that we need to produce a

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1 body of data to look at, just as we looked at the  
2 blind review cases.

3 MR. CALHOUN: Right. And then you're  
4 going to still have to think about the way that  
5 sentence is worded. Because it says, "as a result  
6 of the discussion and review of the findings, the  
7 Probability of Causation flipped."

8 CHAIRMAN KOTELCHUCK: Right.

9 MR. CALHOUN: You know, that's  
10 something, that's cause and effect there.

11 MR. KATZ: Yeah. I don't -- you  
12 probably want to change that wording.

13 CHAIRMAN KOTELCHUCK: Yeah, yeah.  
14 What would we change it to?

15 MR. CALHOUN: I think the first step --  
16 and this is Grady. I think the first step really  
17 is to look at those cases that are suspect, at least  
18 that would be included in this conversation.  
19 Because, I mean, I don't want to belabor the point,  
20 but the one off the top of my head that I remember  
21 is a Rocky Flats case where we requested data, and  
22 Rocky Flats did not provide neutron data. So we  
23 assumed there was no neutron dose. We didn't

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1 assign the neutron dose.

2 SC&A thought we should assign neutron  
3 dose, even without the data. We re-requested the  
4 data at a later point and we got neutron data. So,  
5 the site failed to give us the information. And  
6 then the case went comp. So, that was a failure  
7 on DOE's part, not on our part.

8 CHAIRMAN KOTELCHUCK: Right.

9 MR. KATZ: And that's a nice  
10 illustration. But so, I mean, I agree with what  
11 Grady's saying. I think it would be good to get  
12 the cases before everybody and then you can walk  
13 through them.

14 CHAIRMAN KOTELCHUCK: Right. Seems  
15 to me that's what we need to do. Is that doable  
16 for the next meeting, whenever that is?  
17 Presumably our next meeting will be a further  
18 discussion of the draft to get ready to present  
19 things to the Board in, what was it, March, did we  
20 say?

21 MR. KATZ: Right. The Board's meeting  
22 in March. And the Subcommittee probably wants to  
23 meet in February, then.

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1 CHAIRMAN KOTELCHUCK: Yeah. Do you  
2 think that could be done by February, folks?

3 MS. GOGLIOTTI: We'll look into it,  
4 definitely.

5 CHAIRMAN KOTELCHUCK: Okay.

6 MS. GOGLIOTTI: I think we can get that  
7 done. And to clarify, we're only concerned with  
8 ones that flipped the PoC over 50 percent?

9 CHAIRMAN KOTELCHUCK: That's correct,  
10 right.

11 MS. GOGLIOTTI: And we don't care about  
12 anything that might be flipped under.

13 CHAIRMAN KOTELCHUCK: Well, wait a  
14 minute. Why wouldn't we?

15 MR. KATZ: No. I think you want those  
16 too.

17 CHAIRMAN KOTELCHUCK: We want them  
18 both. It changed the decision.

19 MR. KATZ: Right.

20 MS. GOGLIOTTI: Okay. We will go  
21 either way.

22 CHAIRMAN KOTELCHUCK: Okay. By  
23 February DRSC meeting. Okay.

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1                   MR. KATZ: Well, I think if we have a  
2 deadline to get those cases distributed, we should  
3 get those cases distributed in January sometime,  
4 so people have plenty of time to read them and think  
5 about them.

6                   CHAIRMAN KOTELCHUCK: Right. Right.  
7 Okay. January?

8                   MS. GOGLIOTTI: Okay.

9                   CHAIRMAN KOTELCHUCK: Alright. Good.  
10 Then let's scroll down.

11                   MEMBER CLAWSON: Hey, Dave, this is  
12 Brad.

13                   CHAIRMAN KOTELCHUCK: Yeah. Yes,  
14 Brad.

15                   MEMBER CLAWSON: I got a -- that  
16 sentence too, we need to take and think about that  
17 sentence and how that is set up. I understand what  
18 it is saying. But, you know, I'm listening to Rose  
19 and I'm also listening to Grady. To me, I can think  
20 of very few that, you know, bumped it over. And  
21 we're going to find that. I also don't want in any  
22 way to, I guess put undo -- saying that NIOSH has,  
23 you know, this is in our -- I just want to make sure

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1 this statement is -- I think we could word it a  
2 little bit different. So I wish that we'd all  
3 think about it a little bit more, how we'd want to  
4 address this.

5 CHAIRMAN KOTELCHUCK: Could I make a  
6 request? I agree with you, Brad. I'm not the one  
7 to revise it. I wondered if one or two Members of  
8 the Subcommittee would volunteer to redo that  
9 sentence, to make it even-handed.

10 MEMBER CLAWSON: One of the things I  
11 think we need to be able to do is look at how the  
12 data comes back to us, you know. As Rose has  
13 already said, you know, we're looking at January.  
14 Well, let's just take a look at that. I just wanted  
15 to --

16 CHAIRMAN KOTELCHUCK: Okay.

17 MEMBER CLAWSON: Because I really, I  
18 kind of feel that that statement is a little bit,  
19 you know, misleading in a way.

20 CHAIRMAN KOTELCHUCK: Okay.

21 MEMBER CLAWSON: I'm a  
22 right-to-the-point type person. I don't  
23 sugarcoat stuff. But I do think this is a little

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1 bit of a misleading statement. And I just want to  
2 make sure that we look at it.

3 CHAIRMAN KOTELCHUCK: Got it. Okay.  
4 After we get the data.

5 MEMBER CLAWSON: Right. That's what  
6 I'd suggest. And I'll help with whatever I can.  
7 But I'm a person that, my writing is right to the  
8 point.

9 CHAIRMAN KOTELCHUCK: Well, but your  
10 suggestion is a good one, which is to say, we really  
11 can't rewrite that sentence until we get the data.  
12 And then we'll have gone through it. And then at  
13 that point I will ask for someone to help me balance  
14 it.

15 MEMBER CLAWSON: Okay.

16 CHAIRMAN KOTELCHUCK: That will be  
17 done. Now, the next, on the next page, still  
18 working in that same section. That we have three  
19 findings per case, or less than the four per case  
20 in the first Secretary's report.

21 Again, I don't know what -- maybe  
22 maturity is not the word again. "The rate of  
23 deficiencies reflects a growing maturity." Well,

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1 I do, it sounds, "reflects the growing maturity of  
2 this program, as many of the initial issues have  
3 been resolved." Is that, again, is that fair? It  
4 uses maturity again. But I think it's  
5 appropriate.

6 MEMBER CLAWSON: But also, too, I think  
7 that you need to address a lot of it, as you have  
8 said, a lot of changes to the program. I think at  
9 the very beginning of this, how many findings we  
10 had that were basically QA. We have made this  
11 process mature better.

12 What we are finding, the dose  
13 reconstructions that we're having brought to us now  
14 are far superior to what they were when we started  
15 out. From that first report to what it is now, I  
16 think it is night and day.

17 I don't think that we're seeing near as  
18 many of the QA issues that we had before, which were  
19 a lot of the findings, I think. But, you know, you  
20 broke that down a little bit different, too. And  
21 the findings that we are finding are not as severe.

22 It's just the discrepancy. So, you  
23 know, maturity is a great word to be on the new

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1 report, because we are getting better at we are  
2 doing. You know, we can pretty well sit down with  
3 this program and understand where we are at. We're  
4 able to redo the dose reconstructions. Look at all  
5 the templates, and stuff like that, that have  
6 matured over the process, and how we are doing it.  
7 We're not leaving up so much to judgment, and  
8 everything else. So, you know, I think there's a  
9 lot that comes into that one statement of maturity.

10 CHAIRMAN KOTELCHUCK: Okay. I took  
11 some notes on that. And we'll try to work a little  
12 on that.

13 The distribution of impacts -- low,  
14 medium, high -- seems to be similar, which I found  
15 interesting. And I'm not quite sure it fits in  
16 with the concept that we're doing better quality  
17 assurance now. I don't know why the distribution  
18 impacts are similar in both reports. Frankly, I  
19 didn't understand when I wrote it. So I just wrote  
20 it as a fact. We're certainly having fewer  
21 findings per case.

22 Well, I don't know. Anybody have  
23 thoughts about why? How it could be that we're

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1       having -- I mean, everything you said, Brad, makes  
2       complete, I mean, makes sense to me, who wasn't  
3       there then. On the other hand, why would the  
4       distribution of impacts be more or less the same?

5                   MEMBER CLAWSON: That one, I don't  
6       know. To me, looking at what we have done, just  
7       from a layman's term here, of us, of me looking at  
8       a dose reconstruction, I can tell you now that I  
9       understand far more. Maybe that's from my  
10      maturity, or whatever. But the product that is  
11      coming from NIOSH and ORAU is so much cleaner, and  
12      a lot better product. I don't know why we'd still  
13      be -- to tell you the truth, that kind of surprised  
14      me, because I thought we were a lot lower than that.

15                   CHAIRMAN KOTELCHUCK: It surprised me,  
16      as well. Anybody else in the Subcommittee, or the  
17      consulting groups, have thoughts as to why we  
18      should have --

19                   MEMBER MUNN: I suspect you're going to  
20      get some differing concepts on that. And I'd want  
21      to think about it before I made actual statements  
22      and before I actually started to put word to paper.  
23      But I think one of the things that this Subcommittee

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1 has been particularly sensitive to is the human  
2 error that occurs in everything we do. As a  
3 result, we've often observed those in the reports  
4 that we get.

5 You know, I don't think any of us can  
6 do anything that would withstand the kind of  
7 scrutiny that the Subcommittee gives these dose  
8 reconstructions, without having numerous, "you  
9 should have done this, you didn't cross that T, you  
10 didn't put your" --

11 CHAIRMAN KOTELCHUCK: Could you please  
12 speak a little louder?

13 MEMBER MUNN: Yes. I'm sorry about  
14 that.

15 CHAIRMAN KOTELCHUCK: That's okay.

16 MEMBER MUNN: So, I think there might  
17 be a sentence that could be said about that, but  
18 it would take some thought in order to construct  
19 it well, I think.

20 CHAIRMAN KOTELCHUCK: You know, as  
21 you're speaking, it does dawn upon me that human  
22 error might be uniformly distributed between low,  
23 medium, and high. A human error could result in

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1 something really quite serious. Or it could have  
2 rather minor results. So, in a way, low, medium,  
3 and high may not reflect quality assurance, which  
4 is much more, as you said, human error.

5 MEMBER MUNN: Now we're getting deep  
6 and philosophical.

7 CHAIRMAN KOTELCHUCK: Okay. Okay.

8 MEMBER MUNN: But yes, you probably --

9 MEMBER CLAWSON: But let me ask this.  
10 Because as Wanda was going through this -- or is  
11 this where we're getting into this magic question  
12 out there, that we've even got somebody looking  
13 into it, professional judgment.

14 Are we classifying that as a human  
15 error? Because there's a lot of situations. And  
16 I have to agree that the person did a professional  
17 judgment of the best of what he had.

18 And now we're coming back, you know,  
19 trying to beat him up. Going through this, and  
20 many of the cases that I've reviewed, there's been  
21 very -- there's been a few, but not that many human  
22 errors. But the ones that I saw that were big were  
23 classified that, you know, they did their best

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1 professional judgment that they could do this.

2 Now, I know in the later ones that we're  
3 doing, they've taken quite a bit of that  
4 professional judgment out. But there still has to  
5 be some in there. And we can debate back and forth  
6 all we want on that. But they're doing the best,  
7 you know, we've got to give them a little credit  
8 there, too.

9 So I guess, Wanda, my question was, is  
10 this where some of this difference comes in? I  
11 don't want to say that it was human errors.  
12 Because I can think of very few. But some of the  
13 differences were professional judgments.

14 MEMBER MUNN: Yes, that's always the  
15 case. And quite often those differences in  
16 professional judgment, in discussion inside the  
17 Subcommittee and Work Groups, have been resolved.  
18 You know, that's what we do.

19 MR. KATZ: I would just say, this is  
20 Ted. There's no ex ante reason to believe that  
21 improving the quality overall is going to change  
22 that distribution in one direction versus the  
23 other. I mean, really, you'd really have to dig

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1 deep into it. I mean, because, if you think about  
2 it, for example, ORAU has automated things that  
3 have important consequences. And they've  
4 automated it to take human error out of it, and to  
5 get uniformity, consistency.

6 But they've also, NIOSH and ORAU have  
7 sort of fixed and standardized things that are, you  
8 know, of minor consequence, like the clarity of the  
9 report, and so on. So, I don't think there's any  
10 ex ante judgment really that it should go one way  
11 or the other, in terms of changing the  
12 distribution.

13 I think what you want to see is that the  
14 number comes down, of problems. But I don't know  
15 what, you draw much conclusions about the other,  
16 the distribution of them.

17 MEMBER MUNN: Yeah. That's why I said  
18 it's getting too philosophical.

19 MEMBER CLAWSON: Maybe we ought to get  
20 a Work Group on this one. No, I'm kidding. I'm  
21 kidding, really.

22 MEMBER MUNN: Let's put that one on the  
23 shelf for contemplation, and ask the Members of the

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1 Subcommittee to think --

2 MEMBER BEACH: Wanda, you're really  
3 fading. If you could speak up a little?

4 MEMBER MUNN: That's odd. Because I'm  
5 speaking directly into my handset.

6 MEMBER BEACH: Thanks.

7 MEMBER MUNN: Will try.

8 MR. KATZ: Dave, are you still there?

9 CHAIRMAN KOTELCHUCK: A fire engine  
10 was going by, and I forgot. Thank you.

11 Looking down at the next paragraph. For  
12 Table 2, the categorizations in Table 2, when did  
13 we start them? I wrote in red, Set 6. I think  
14 that's about when we started. Does anybody  
15 remember Table 2?

16 MEMBER MUNN: I don't.

17 MS. GOGLIOTTI: I think these have  
18 always been in place.

19 CHAIRMAN KOTELCHUCK: Wait a minute.  
20 The Table 2 was -- no, no. It's the wrong Table  
21 2. The Table 2 in my report.

22 MS. GOGLIOTTI: Oh, in your report. I  
23 apologize.

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1 CHAIRMAN KOTELCHUCK: Yeah. If we can  
2 just go back to my report, and just go up a little  
3 bit. Wrong. That's it. There it is.

4 MS. GOGLIOTTI: These we began with the  
5 10th set, I believe. But we were tasked to go back  
6 and retroactively assign them to 6 through 9.

7 CHAIRMAN KOTELCHUCK: Okay. So it  
8 does begin in Table 6. So this categorization  
9 began -- or put it this way: although we began it  
10 in 10 because we asked you to go back -- which, thank  
11 you for having done that -- then this really goes  
12 back to Table 6. Set 6, excuse me, Set 6. And  
13 we're on page 3, Set 6, confirmed. Okay. That's  
14 what I thought. Good.

15 MS. GOGLIOTTI: These numbers will  
16 change, because we are in the process of  
17 reclassifying all the findings.

18 CHAIRMAN KOTELCHUCK: Okay. And I'm  
19 just curious, why is it necessary? Since you did  
20 it before.

21 MS. GOGLIOTTI: We're reclassifying  
22 findings as findings. If you recall, from our  
23 meeting last week. So some findings will be

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1 removed. So these numbers will go down.

2 CHAIRMAN KOTELCHUCK: Yes. Alright.  
3 Yes.

4 MS. GOGLIOTTI: And actually, while  
5 we're on that topic, we have still not received the  
6 reclassification from NIOSH on the remaining  
7 findings that are in question for 6 through 13.

8 MR. CALHOUN: I'll get that to you. I  
9 think I probably have that and failed to pass that  
10 on.

11 MS. GOGLIOTTI: Okay. Great. Thank  
12 you.

13 CHAIRMAN KOTELCHUCK: Okay. So, and  
14 the case observations. Slightly less than one per  
15 case. Now, we started, is that correct, the  
16 observations began being noted and recorded in Set  
17 8, right?

18 MS. GOGLIOTTI: Yes.

19 MEMBER MUNN: I have no idea. I  
20 thought we were recording earlier than that. But  
21 I figured you'd looked it up.

22 CHAIRMAN KOTELCHUCK: I did. And I'm  
23 pretty sure I did look it up, or I would have put

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1 it in red. But since we're talking about it, I want  
2 to confirm with the folks who really --

3 MEMBER MUNN: Who really did it.

4 CHAIRMAN KOTELCHUCK: Yes. So, you  
5 folks, SC&A folks, just want to --

6 MS. GOGLIOTTI: There are no  
7 observations before Set 8. So I'm assuming that  
8 was a new process of --

9 CHAIRMAN KOTELCHUCK: Good. Okay.  
10 That's fine.

11 MEMBER MUNN: Well, I don't know. We  
12 discussed that very early on. But, then, Set 8 was  
13 pretty early. Okay. I'm not going to take issue  
14 with it.

15 CHAIRMAN KOTELCHUCK: Right. Okay.  
16 And also, my remembrance is that in one of our  
17 discussions somebody once said that we talked about  
18 observations earlier, but we didn't always record  
19 them. And that by Set 8 we decided, no, we had to  
20 record the observations. Is that possibly why  
21 there's slight discrepancy?

22 MEMBER MUNN: Well, that's possible.  
23 But it seems to me we could check some of the earlier

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1 --

2 CHAIRMAN KOTELCHUCK: Yeah.

3 MEMBER MUNN: We didn't always have  
4 transcripts early on.

5 CHAIRMAN KOTELCHUCK: Yes.

6 MEMBER CLAWSON: Well, I thought that  
7 Ted brought this up to us because all we had was  
8 findings and stuff. And some of them really fell  
9 into the realm that they were mere -- it was an  
10 observation. But we couldn't really -- we were  
11 having so many we were classifying them as findings  
12 and it wasn't fair.

13 MEMBER MUNN: But there was no action  
14 to be taken, yeah, it was a --

15 CHAIRMAN KOTELCHUCK: Right.

16 MEMBER CLAWSON: So I thought that's  
17 when we started coming into this and, you know,  
18 these are observations, they're not findings.  
19 And, well, okay. Let the professionals go to it.  
20 But I remember many of those battles.

21 CHAIRMAN KOTELCHUCK: Yeah. I recall  
22 that I had seen this written, and check it out. And  
23 I'll just maybe leave with SC&A, if you have a

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1 chance, or not just if you have a chance, just  
2 double-check on that if you can.

3 MS. GOGLIOTTI: Okay.

4 CHAIRMAN KOTELCHUCK: And is this  
5 correct? None of the 206 observations have  
6 resulted in a change of dose assessment? Because  
7 that's what an observation is about, right?

8 MR. KATZ: Right.

9 CHAIRMAN KOTELCHUCK: Okay. Let's  
10 keep rolling to page 5. Number of dose  
11 reconstruction cases reviewed. And here's where  
12 we get into the percentage of claims that are  
13 reviewed.

14 And I used the 44,000 number that -- or  
15 file that's of 2015. And actually we're going to  
16 get a better number on that. So, when we have the  
17 number from Grady, I will make a change in that.

18 Remember, at first, I think I had  
19 something like 0.82 percent. But as I checked with  
20 that 44,000 as the denominator, it's 0.76 percent.  
21 And I said slightly less than the current goal of  
22 one percent. Certainly, I remember Board meetings  
23 discussing it. And I do remember talking with Jim

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1 Melius about this. And, you know, he confirmed.  
2 He said, you know, maybe in a methods discussion  
3 meeting, Josie, that, you know, the goal, we set  
4 our goal. And there's no reason why we can't  
5 change the goal if it's appropriate. And we're  
6 certainly working at a good speed now. So, there  
7 we are.

8 And I suggested that we set a goal at  
9 2.5 percent before, because I thought, we're going  
10 to have the 2009 report as an appendix. So the  
11 Secretary will be able to see it. There's a part  
12 of me that might have thought that the Secretary  
13 wouldn't remember. You'll excuse me for saying  
14 this. No. But there's -- we needed -- I think,  
15 let me, in a more positive way say, that the  
16 Secretary will have in our appendix the earlier  
17 report. And it says 2.5 percent. And here we are  
18 at less than one percent.

19 And this change, and as I say here,  
20 reflects our experience of having 93 percent of  
21 reviews that were over- and underestimates. And  
22 since the Subcommittee has changed from seven to  
23 82 percent best estimate reviews, they're precise,

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1 but more time consuming.

2 And that has slowed down -- the review  
3 process has necessarily slowed down and our goals  
4 have been reduced. I'm sure, actually, the more,  
5 as I read it I say to myself, the Board is going  
6 to chew over and make changes in this to give the  
7 report in the best light that we can.

8 MR. KATZ: Yeah. One thing, Dave, is  
9 best estimate reviews, they're not any more  
10 precise, they're more extensive. The dose  
11 reconstruction results are more precise with best  
12 estimates. But the reviews are just much more  
13 extensive, because there's more methodology to be  
14 addressed. And more data to be addressed.

15 CHAIRMAN KOTELCHUCK: That's a good  
16 suggestion. Very good. Page 5. Alright. Got  
17 that.

18 Now, I said at the last sentence, maybe  
19 I shouldn't say it, or maybe we shouldn't say it.  
20 "The Board and DRSC fully expects to reach its goal  
21 during the next operational period." Which would  
22 mean a 33 percent increase in the rate at which we  
23 are doing reviews.

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1 MR. KATZ: I wouldn't promise that.

2 CHAIRMAN KOTELCHUCK: So I think I  
3 should delete the last sentence. Okay. I don't  
4 think we can. And I think we're doing -- at least  
5 I think we're doing a good job, great job.  
6 Alright.

7 Now, it is now 2:30 p.m. We got back  
8 together at 1:00 p.m. Maybe this would be a good  
9 time to just stop for a few minutes. Would people  
10 like to take a short break?

11 MEMBER MUNN: Yes, please. Ten or  
12 fifteen?

13 CHAIRMAN KOTELCHUCK: Okay. It's  
14 2:33 p.m. on the East Coast. And let's see, want  
15 to start back up at a quarter of 3?

16 MEMBER MUNN: Good.

17 CHAIRMAN KOTELCHUCK: A little over  
18 ten minutes. Okay. Speak to you all in about ten  
19 minutes.

20 MR. KATZ: Okay.

21 CHAIRMAN KOTELCHUCK: Bye-bye.

22 (Whereupon, the above-entitled matter  
23 went off the record at 2:33 p.m. and resumed at 2:46

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1 p.m.)

2 CHAIRMAN KOTELCHUCK: Well, we have  
3 our full Committee.

4 MR. KATZ: Yes.

5 CHAIRMAN KOTELCHUCK: Okay, good.

6 MR. KATZ: Dave, I have been pondering  
7 your puzzle, pondering your question about the  
8 distribution. You thought, and Brad thought,  
9 about why it seems like it should have improved,  
10 and I think I stand by what I was saying before about  
11 I'm not sure why distribution should change in  
12 terms of -- but then it occurred to me, so I don't  
13 know if this is useful or not, but that we really,  
14 in this case, we have two different populations of  
15 dose reconstructions we sampled from.

16 The first set of dose reconstruction  
17 was mostly efficiency cases, overestimate and  
18 underestimate.

19 CHAIRMAN KOTELCHUCK: Right.

20 MR. KATZ: And the second is mostly  
21 best estimates. And I think one might say, or you  
22 could theorize, that all other things being equal,  
23 the seriousness should have gone up because there

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1 is more opportunity for serious mistakes when you  
2 get to the best estimates.

3 With the efficiency cases, it's all  
4 very coarse and you can't really -- it's hard to  
5 go wrong.

6 CHAIRMAN KOTELCHUCK: Yes.

7 MR. KATZ: So, I don't know. So, one  
8 way, I think, it may be that the fact that the  
9 distribution has stayed the same is a good thing  
10 because it shows improvement, because you would  
11 expect there to be more serious problems as you get  
12 to those best estimate cases, and, in fact, we're  
13 not having more serious problems.

14 CHAIRMAN KOTELCHUCK: Right. Well,  
15 it --

16 MR. KATZ: It's a theory, anyway.

17 CHAIRMAN KOTELCHUCK: Yeah, it's an  
18 interesting theory. The problem is things that  
19 balance out -- you know, it sounds to me like, if  
20 you'll excuse me, some assessments of federal  
21 agencies where they say, no, nothing has changed,  
22 but if we weren't there it would be worse. That's,  
23 you know, it's a weak argument, unfortunately.

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1 MR. KATZ: Okay. It might be.

2 CHAIRMAN KOTELCHUCK: But, anyway, I  
3 appreciate the thought, and, well, let's -- we'll  
4 have time to go over this.

5 Okay. So we are going to delete the  
6 sentence about the Board fully expects to reach a  
7 1 percent goal next period.

8 And let us go on now to the  
9 "Distribution of Dose Reconstruction Sites Across  
10 Employment Sites." Now, here is, first, just the  
11 text and then we'll go over to the Figure 1 from  
12 Rose's letter of September 16th.

13 The breakdown of employment sites,  
14 well, I guess, I think we will need to go to Rose's  
15 -- folks, can you pull up the summary statistics  
16 and the graph, Figure 1?

17 There we go. Thank you. Now, that  
18 doesn't have any comparison, it just shows, as you  
19 would expect, that the larger sites have a larger  
20 number of people, cases reviewed.

21 One of the more interesting ones is the  
22 bottom number, sites with one case, sites with two  
23 cases, which I found, you know, that was a very nice

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1 way to characterize.

2 That's not a plant, but it gives an  
3 estimate of things that are not included in  
4 individual plants. Let's go back now.

5 Is there anything to be said on this  
6 that should be said, folks, as you take a look at  
7 this, other Subcommittee Members or anyone else on  
8 the line, any one of the consultants on the line  
9 or agencies?

10 MEMBER MUNN: I think this is the best  
11 kind of data, it's just raw data.

12 CHAIRMAN KOTELCHUCK: Yes, it  
13 certainly is.

14 MEMBER MUNN: And it tells the story.

15 CHAIRMAN KOTELCHUCK: Right.

16 MEMBER MUNN: And now, it seems to me,  
17 nothing needs to be said about this.

18 CHAIRMAN KOTELCHUCK: Okay, I'll buy  
19 that.

20 Let's go back. There we go. As  
21 indicated many small sites are covered by 64 of the  
22 cases reviewed, 38 from one and 26. So, these, so  
23 I just noted that 64 cases were reviewed from small

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1 sites for one or two reviews, so that's good.

2 These covered the army of array of  
3 claims filed. In Figure 2, the blue bar, oh, yes,  
4 this is the 1 percent. If we can go back to Figure  
5 3. Sorry, I'm keeping somebody very busy on these  
6 back and forth. There we are.

7 I thought this was a very nice --  
8 whoever did it in SC&A, it's aesthetically  
9 pleasing. The colors are chosen such that you can  
10 really see what we did with the first hundred cases,  
11 the cases since then, and the total.

12 And you can see where we did not achieve  
13 our -- where the blue line is significantly below  
14 the other line is in Savannah River Site, we haven't  
15 reached our 1 percent. And, of course --

16 MS. GOGLIOTTI: Dave?

17 CHAIRMAN KOTELCHUCK: Yes?

18 MS. GOGLIOTTI: That's actually the  
19 reverse. We've done more Savannah River cases  
20 than the 1 percent would suggest.

21 CHAIRMAN KOTELCHUCK: Wait a minute.  
22 Goal to 1 percent. No, 38 -- wait a second.  
23 Cases, no, we did 37 cases, 101-334, and 18 cases,

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1 1 to 100. Oh, I'm sorry, excuse me. Yes, thank  
2 you. I said exactly the opposite thing from what  
3 you said. We have exceeded the blue line,  
4 therefore we have more than 1 percent. Thank you.  
5 I hope I am not getting battle-weary or  
6 meeting-weary.

7 So, Hanford has just about, the two are  
8 about equal. I, then, if we go back to the text,  
9 I did comment on the blue bar and thus -- and we'll  
10 go down to the next line. As noted in Figure 2,  
11 of the 26 sites listed the Subcommittee has met or  
12 exceeded a 1 percent goal for 11 of them and not  
13 met it for 15. However, six of the 15 are large sites  
14 with 15 or more reviews needed. These six sites  
15 represent about 80 percent of the reviews needed  
16 for the 15 deficient sites, and all six are within  
17 25 percent of the 1 percent goal, if that's not too  
18 awkward.

19 Okay. Well, people should just look at  
20 it to skim it and -- I did the last sentence, the  
21 deficiencies at the 15 large- and medium-sized  
22 sites could readily be corrected during the next  
23 review period.

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1           Again, these are pretty much hard  
2 numbers and we can -- obviously, based on what  
3 people have said, clearly, some of this will be  
4 honed down and condensed, I should say.

5           Any comment, though? Anything in  
6 terms of -- it's more or less just simply describing  
7 what the graph says in plain terms.

8           Okay. Hearing nobody, next,  
9 "Distribution of Probabilities of Causation."  
10 And let's go to Figure 7. Great, thank you.

11           I would like to delete in that, in the  
12 final report, if we use this pie chart, I'd like  
13 to delete the selection goal. There's no need for  
14 it and we didn't necessarily meet all of those  
15 either. Zero to 44.9 is much more than 40 percent,  
16 nor do I see -- just take a look at the cases.  
17 Essentially, the cases, the PoC greater than 50:  
18 21 percent.

19           MEMBER MUNN: I think you are  
20 absolutely correct, Dave. These are, you know,  
21 the goals are just arbitrary numbers, anyway.

22           CHAIRMAN KOTELCHUCK: Yes.

23           MEMBER MUNN: And what we want to see,

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1 at least what I personally want to see, is the real  
2 data.

3 CHAIRMAN KOTELCHUCK: Yes.

4 MS. GOGLIOTTI: Grady has actually  
5 provided me with the real data. I was just waiting  
6 to update these tables until I had the  
7 reclassification of findings done as well.

8 CHAIRMAN KOTELCHUCK: Oh.

9 MEMBER MUNN: That's great, Rose.

10 CHAIRMAN KOTELCHUCK: That's good,  
11 that's excellent.

12 MS. GOGLIOTTI: So I can include those  
13 percentages --

14 CHAIRMAN KOTELCHUCK: Okay. You'll  
15 send them to me when you are finished?

16 MS. GOGLIOTTI: Yes.

17 CHAIRMAN KOTELCHUCK: Great. Okay,  
18 let's go back to the text. Cases between 45 and  
19 50 percent have been targeted in the recent past.  
20 Actually, I should have said 52 percent, should I  
21 not have?

22 MEMBER MUNN: No, I don't -- well --

23 CHAIRMAN KOTELCHUCK: I think we have

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1       been choosing -- do folks recall from the  
2       Subcommittee, haven't we been targeting for --

3                       MR. CALHOUN:   Forty-five to 52.

4                       CHAIRMAN KOTELCHUCK:   Yeah, 45 to 52.

5       Let me just write a note down to myself, 45 to 52  
6       percent have been targeted for selection.  
7       One-third of the case reviews since 2000 have been  
8       in the range 45 to 50, major increase compared to  
9       only 5 percent before.

10                      "This reflects both an increased number  
11       of best estimate cases reviewed in the post-2009  
12       period and a more fine-tuned focus on assuring  
13       correct compensation decisions."   That's bland,  
14       but I think correct.

15                      Another subgroup with cases 50 to 52  
16       have been targeted recently among the 45 to 50  
17       percent.   I think I should have written 50 to 52  
18       up above and I'm not sure it's worth making note  
19       of the 50 to 52 percent as a special category.

20                      MEMBER MUNN:   Agreed.

21                      CHAIRMAN KOTELCHUCK:   Yeah.   Should I  
22       -- I mean, this may get taken out, I wonder, this  
23       issue of agency policies, where errors are found

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1 the claimant is not asked to return his or her  
2 compensation money.

3 MEMBER MUNN: No, I think that's a  
4 reasonable thing to say.

5 CHAIRMAN KOTELCHUCK: Okay. Because  
6 that's honestly the case and humane.

7 MEMBER MUNN: Yes.

8 CHAIRMAN KOTELCHUCK: Okay.

9 MEMBER MUNN: You're not going to get  
10 it back anyway.

11 CHAIRMAN KOTELCHUCK: Yes. Right,  
12 that's true, maybe as well. Even with this focus  
13 -- folks should just read the end of the paragraph.  
14 Again, the wording will be worked over, as it should  
15 be, unless there is an error.

16 MR. CALHOUN: Yes, Dave, this is Grady.

17 CHAIRMAN KOTELCHUCK: Yes?

18 MR. CALHOUN: I am thinking on, let's  
19 see, one, two, three, four, five, the sixth line  
20 down, it says, "This reflects a sharp decline in  
21 overestimation cases." I think that should say  
22 "underestimation cases."

23 MR. KATZ: I think it's a sharp decline

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1 in the review of.

2 MR. CALHOUN: It is, but --

3 CHAIRMAN KOTELCHUCK: Yes. Yes, it's  
4 both.

5 MR. CALHOUN: But if you are looking  
6 through 45 to 50, you're not -- those aren't,  
7 they're never overestimates.

8 CHAIRMAN KOTELCHUCK: Right, right.

9 MR. CALHOUN: So that just was  
10 confusing to me.

11 CHAIRMAN KOTELCHUCK: Overestimate,  
12 let me look at that. And I think I would just --

13 MR. CALHOUN: The line below, it seems  
14 to me that it should be over, if you're going to  
15 use either of those, but neither of them are really  
16 over- or underestimates.

17 CHAIRMAN KOTELCHUCK: Right. Right,  
18 okay. Page 7 also, line 6, check. Check and  
19 rewrite. You're right, it's a bit confusing, and  
20 the 45 to 52 I'm not satisfied. I should pay  
21 special attention to that, that much attention to  
22 that. So let me -- I'm just putting a note to  
23 myself to rework it. Thanks.

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1                   MEMBER MUNN: There is another factor  
2 that wasn't mentioned. And that factor is the  
3 changing of process as a result of the Board's  
4 assessments of how to approach certain kinds of  
5 information, and the decisions that we make at the  
6 Board level factor into this.

7                   And when we make decisions like the  
8 fact that, you know, we can't place people at the  
9 site, and, therefore, we're just assuming  
10 everybody is all over the site. That affects these  
11 things.

12                   When we say we won't accept that there  
13 was zero exposure, that there was at least, you  
14 know, they must be given credit for this kind of  
15 exposure and this kind of exposure, those are  
16 decisions that are made at the Board level that  
17 affect the way the calculations of each of these  
18 dose reconstructions are done.

19                   So that has changed over the period of  
20 years, so that the effect of decisions that are made  
21 in the Board deliberations have expanded the manner  
22 in which dose reconstructions will be done. And  
23 we don't say anything about that in this paragraph.

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1 It seems to me that it's a fact and it seems to me  
2 that this is where it probably needs to be said.  
3 Exactly how to say it, I am not sure, but --

4 CHAIRMAN KOTELCHUCK: Okay. Well,  
5 I'll give a crack at it. That's a good thought and,  
6 I think, a good point. Any other comments before  
7 we move on?

8 Okay. Moving right along, "Blind  
9 Reviews." Now, here we are, basically -- this is  
10 the table on three I am talking about as to how I  
11 would put the blind reviews in.

12 Not all the data, but let's see, let's  
13 read over that first paragraph and then scroll  
14 down. We've basically talked about blind reviews.

15 MR. KATZ: Can I ask, what is that  
16 number on the left?

17 CHAIRMAN KOTELCHUCK: Which number on  
18 the left?

19 MR. KATZ: [Identifying information  
20 redacted].

21 CHAIRMAN KOTELCHUCK: That's the case  
22 --

23 MR. KATZ: Okay. So we don't want the

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1 case numbers in there, right? Is that what it is?

2 CHAIRMAN KOTELCHUCK: I was confused  
3 then actually. I don't know, is Jenny on the line  
4 or was she on the line? I'm not sure which one I  
5 am supposed to put in and which one I am supposed  
6 to leave out. I thought -- is it proper to name  
7 the plant but just not give the case number?

8 MR. KATZ: It's fine to name the plant,  
9 but I don't think you want to put case numbers in  
10 there.

11 CHAIRMAN KOTELCHUCK: Okay. So I'll  
12 just put, right now, whatever we do with that for  
13 Table 3, remove case numbers.

14 MR. KATZ: Yes, thanks.

15 CHAIRMAN KOTELCHUCK: I thought they  
16 are our cases numbers and were not --

17 MR. KATZ: They might be, but I  
18 wouldn't have them in there.

19 CHAIRMAN KOTELCHUCK: Good, okay,  
20 done.

21 MEMBER MUNN: They are still an  
22 identifier.

23 CHAIRMAN KOTELCHUCK: Yes. Okay,

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1 let's scroll down to the top of page 8.

2 MEMBER BEACH: Dave, don't forget  
3 you'll need to change the header on that, too,  
4 probably.

5 CHAIRMAN KOTELCHUCK: "Blind Case  
6 Reviews," what, how so?

7 MEMBER BEACH: Well, it says, "Case  
8 Number."

9 CHAIRMAN KOTELCHUCK: Oh, yes, yes,  
10 so, certainly, yes, indeed. Thanks. Okay. Now,  
11 below that table we'll go, Set 20 blinds, that is  
12 correct, Set 20 blinds.

13 MR. KATZ: Okay.

14 CHAIRMAN KOTELCHUCK: Or was that Set  
15 22 blinds? Twenty?

16 MS. BEHLING: Twenty, yes. This is  
17 Kathy.

18 CHAIRMAN KOTELCHUCK: Okay, thank you.

19 MR. KATZ: So, now I understand, Dave,  
20 why you wanted -- I thought you wanted the SC&A  
21 table in this report. Now I see what you are  
22 talking about, why you wanted the final numbers.

23 CHAIRMAN KOTELCHUCK: I mean, I look at

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1 those numbers and it gives me great confidence in  
2 the -- not the accuracy, but the precision with  
3 which these complicated things are done.

4 MR. KATZ: No, right. I just -- I  
5 couldn't imagine the other table in here, but this  
6 I can understand.

7 CHAIRMAN KOTELCHUCK: Yes, you were  
8 thinking about, I'm sure, about --

9 MR. KATZ: The SC&A table with the --

10 CHAIRMAN KOTELCHUCK: You know,  
11 external exposure, internal exposure, how many  
12 rems, medical. No, no, that's not --

13 MR. KATZ: Right.

14 CHAIRMAN KOTELCHUCK: Now, let's first  
15 look at the text below the table. Let's see, I  
16 noted the median difference is 0.39 percent, 0.40  
17 percent; and the average difference, 2.1; which is  
18 to say, a couple are quite large. This is quite  
19 good agreement. And to be modified.

20 I think this is, if you will, the facts,  
21 and there is not much that need be said. I think  
22 we agreed we don't need any other metrics. We need  
23 to say here that there is agreement in all of the

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1 cases in terms of the PoC, with, I expect, the last  
2 three, the three cases will be in agreement. And  
3 I don't think a lot more needs to be said.

4 But do people -- this is what I was  
5 thinking of putting in and is this -- now let's  
6 return to the question of whether we want to task  
7 the people, the people at SC&A, to redo those three  
8 cases, or to, yeah, do the two cases that they can  
9 do.

10 Maybe we should just -- I ended up being  
11 reasonably persuaded that this is going to be gone  
12 over by a further Subcommittee that Jim calls  
13 together, maybe the Methods Subcommittee or  
14 whatever, and, of course the Board. So we don't  
15 have to decide now. Should we just leave it as is  
16 or --

17 MR. KATZ: So, Dave, which of the two  
18 cases here that would be amended? Or Rose?

19 CHAIRMAN KOTELCHUCK: Rose.

20 MEMBER BEACH: And I thought we had  
21 X-10 would be redone, because that's a fairly  
22 simple.

23 CHAIRMAN KOTELCHUCK: Okay.

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1                   MEMBER BEACH: Rocky Flats was going to  
2 be fairly quick. And the one that was in question  
3 was the Allied Chemical, is that correct?

4                   MS. GOGLIOTTI: That's correct.

5                   CHAIRMAN KOTELCHUCK: Good. Thank  
6 you.

7                   MR. KATZ: So in the Allied Chemical,  
8 which is complex, I think the commentary, was that  
9 the one with the commentary that basically said it  
10 would be less than 50 percent?

11                  MS. BEHLING: No, I added only a  
12 comment to the very first line that we did, which  
13 is Portsmouth. I did not make any comments because  
14 I wanted to explore with --

15                  CHAIRMAN KOTELCHUCK: Right.

16                  MR. KATZ: I see.

17                  CHAIRMAN KOTELCHUCK: But if you had  
18 put a comment down -- or put it this way, if you  
19 revised that table to put comments down as Version  
20 D of that table, which we all agreed, I think we  
21 agreed, would be useful. I mean, even though I  
22 don't believe it will be helpful for the  
23 Secretary's report, it would be helpful for our

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1 further analyses and future use. And I think that  
2 would be -- so you will have a chance to put comments  
3 in, right? Is that correct, people on the line,  
4 I mean particularly Subcommittee Members, that's  
5 what we agreed, yes?

6 MR. KATZ: Right, that's what we  
7 agreed, Dave.

8 CHAIRMAN KOTELCHUCK: Yes.

9 MR. KATZ: But that was settled. No,  
10 all I was thinking is that if two of these are easy  
11 to correct, and one of them is more complicated but  
12 you could simply say less than 50 percent if that's  
13 case, or whatever it is, then you may just take that  
14 simple solution and do less than 50 percent on that  
15 one.

16 CHAIRMAN KOTELCHUCK: Yes, that sounds  
17 nice.

18 MR. KATZ: But I would update this,  
19 considering this is a very simple presentation  
20 here.

21 CHAIRMAN KOTELCHUCK: Right. I would  
22 like to have it. I mean, I would like it.

23 MR. KATZ: Well, I wouldn't wait, then.

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1 I would go ahead and pass that.

2 CHAIRMAN KOTELCHUCK: Folks,  
3 Subcommittee Members, is that a reasonable  
4 compromise, the two cases which are easy to do,  
5 relatively easy to do, will be done and we'll leave  
6 the Allied in process, less than 50 percent?

7 MEMBER MUNN: Yes, in process will --

8 CHAIRMAN KOTELCHUCK: Yeah.

9 MEMBER MUNN: Yeah, I don't know  
10 whether they're even in process, but, yes, we know  
11 it'll be less than 50 percent.

12 MEMBER BEACH: Well, yes, I don't if  
13 I'd say "in process," because it really isn't going  
14 to be, is it?

15 MEMBER MUNN: No. I would say  
16 accepted and closed, yes.

17 CHAIRMAN KOTELCHUCK: Yes. Okay.

18 MEMBER MUNN: And clearly be less than  
19 50 percent. It would not be compensable and  
20 accepted.

21 CHAIRMAN KOTELCHUCK: Yeah. That  
22 will be good. And then there is agreement on all  
23 of them and one of them doesn't have a number and

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1 all the rest have. That's fine. I'd like to see  
2 that and I think this would -- I hope this will be  
3 useful. This gave me an awful lot of confidence  
4 in the quality of the dose reconstructions, in both  
5 parties, both sides.

6 MEMBER MUNN: Yeah.

7 CHAIRMAN KOTELCHUCK: And I think a  
8 Secretary, this wouldn't be overwhelming at all.  
9 It would make you feel good.

10 MEMBER MUNN: Yeah.

11 CHAIRMAN KOTELCHUCK: Okay. Is it  
12 worth, folks, let's scroll up just a little bit on  
13 page 8. Is it even worth putting in the median and  
14 the average? It may not even be worth it. And,  
15 of course, the Board will decide, too.

16 You know what, it wouldn't hurt. It  
17 wouldn't hurt if I add that and the Board takes it  
18 out. And that way it's simple enough to do. I like  
19 it that the median is so small, 0.4 percent. Yeah,  
20 that's really pretty impressive. Okay, good.  
21 Moving further, so SC&A will do the two.

22 "Distribution by Years of Employment,"  
23 Figure 8. Good. Again, selection goal out, we'll

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1 take that out. Do you want to put this in the form  
2 of a table? I mean, I happen to like the pie chart,  
3 but you said previously that you could give numbers  
4 rather than percent numbers. Do we want numbers  
5 with percent or numbers alone on a table?

6 MEMBER MUNN: Well, I, like you, think  
7 the pie chart is a wonderful visual and easy. You  
8 know, you don't really have to read it, you can see  
9 it. And you just check some of the legend and  
10 you've got it.

11 CHAIRMAN KOTELCHUCK: Yeah. Now, the  
12 only one that I was a little confused about is the  
13 less than one year, 4 percent. It's 250 days. So  
14 it means that somebody has between 250 and 364 days?

15 MEMBER MUNN: Yeah.

16 CHAIRMAN KOTELCHUCK: And that's 4  
17 percent, okay.

18 MEMBER MUNN: That seemed odd to me,  
19 too, but --

20 CHAIRMAN KOTELCHUCK: You know what I  
21 would do? If I may, as we do that, as folks in SC&A  
22 redo it, I would put a little star down below and  
23 say, "less than one year, 250 days minimum for

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1 compensation," less than one year, or just less  
2 than one year between 250 and 364 days.

3 MR. KATZ: I don't understand the  
4 confusion here about less than one --

5 MEMBER MUNN: Too much stuff.

6 CHAIRMAN KOTELCHUCK: Pardon?

7 MEMBER MUNN: Too much stuff, yes.

8 CHAIRMAN KOTELCHUCK: Too much stuff?

9 MR. KATZ: I'm not understanding the  
10 confusion here.

11 MEMBER MUNN: Well, the confusion is  
12 that most people who work a year, who work less than  
13 a year, haven't put in more than -- would barely  
14 have put in 250 days.

15 MR. KATZ: Why does 250 days matter at  
16 all here?

17 CHAIRMAN KOTELCHUCK: Because that the  
18 criterion for being compensated.

19 MR. KATZ: No, no, only for SECs.

20 MEMBER MUNN: Just for SECs.

21 MR. KATZ: It's not a criterion for  
22 dose reconstructions, no. Dave, that's only for  
23 SEC cases.

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1                   CHAIRMAN KOTELCHUCK:   Gee, what do you  
2                   know.  You learn something new every day.  No, I  
3                   did not realize that.

4                   MR. KATZ:    Oh, yeah.

5                   CHAIRMAN KOTELCHUCK:        I   hadn't,  
6                   obviously, had not looked carefully enough at it.  
7                   Well, that's fine.  Then, okay, hopefully that  
8                   will be somewhere up in one of the earlier sections.

9                   Okay.     So, years of employment,  
10                  obviously, it makes one -- one is quite satisfied  
11                  in looking at that big green sector, which is 32  
12                  percent, and then the other next larger, 20 to 30  
13                  years.

14                  So the people who are being compensated  
15                  are, in large majority people, who have worked over  
16                  20 years.  In fact, I'm sorry, greater than 40 at  
17                  6 percent.

18                  MS. GOGLIOTTI:  This isn't related to  
19                  compensation.  This is related to only the cases  
20                  that we have reviewed.

21                  CHAIRMAN KOTELCHUCK:  Oh, yes.  Oh,  
22                  yes, sorry, again.  I stand corrected.  That's  
23                  right, these are the cases that were reviewed.

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1           MEMBER MUNN: It might be a good idea  
2 to add the word "reviewed" into the heading.

3           CHAIRMAN KOTELCHUCK: Yes, yes, yes.

4           MEMBER MUNN: Just to make it very  
5 clear so that there is no confusion about the  
6 possibility that that might be compensation.

7           CHAIRMAN KOTELCHUCK: I think so, and  
8 that would be true in other tables, too.

9           MR. KATZ: Yes. And, Rose, we should  
10 also take off the "SC&A, Inc." from all these  
11 tables.

12          MS. GOGLIOTTI: Oh, this is just a  
13 PowerPoint that I put together --

14          MR. KATZ: Oh, I see, okay. Right.

15          MS. GOGLIOTTI: They're just easier to  
16 view in this kind of --

17          MR. KATZ: Yes, yes, for sure.

18          CHAIRMAN KOTELCHUCK: Okay, that's  
19 good. That's good. Okay, let's go back. Okay,  
20 "Distribution by Years of Employment." These  
21 remain consistent. I don't know if it's worth  
22 saying these results are consistent with the  
23 observation in many common types of cancers. I

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1       like that, thinking of radiations and physical  
2       exposure.    Some people make a distinction of  
3       radiation as sort of different.

4                   MEMBER MUNN:   Yeah, they certainly do,  
5       and that is one of those gotchas that can be argued  
6       with definition, but not going to do it now.

7                   CHAIRMAN KOTELCHUCK:   Maybe we should  
8       just say many common types of cancers take about  
9       20 years to develop after first exposure.    So I  
10      will make a note on that, page 8, delete chem and  
11      phys.   Good.   Anything?   Let's go down to the next  
12      page.

13                   MR. CALHOUN:   You know --

14                   CHAIRMAN KOTELCHUCK:   Oh, wait, wait.

15                   MR. CALHOUN:   This is Grady.   Let me  
16      just, I'd just throw this out there.   For that,  
17      what you are just talking about there, I'm not so  
18      sure that the years of employment, and then you talk  
19      about the latency, it doesn't matter if they were  
20      employed or not.

21                   MEMBER MUNN:   Yeah, you're right.

22                   CHAIRMAN KOTELCHUCK:   Oh, I understand  
23      that.   I did say to develop after first exposure,

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1 so I did not suggest that -- but that may escape  
2 people.

3 MR. CALHOUN: It just seems like an odd  
4 placement of that there, but that's just my  
5 opinion.

6 CHAIRMAN KOTELCHUCK: Okay. Well,  
7 that's what we want, so I'm going to write down  
8 delete, question mark. Maybe it's not worth, if  
9 it opens up potential confusion. To me, it always  
10 -- you know, when you are out in the field in other  
11 areas of health and safety, you know, and a person  
12 comes and said I have developed cancer and they've  
13 worked there for seven years, except for leukemia  
14 or something like that, you'd say, well, there's  
15 no way it could have been caused, you know, by the  
16 job.

17 But we use that sort of rough rule of  
18 thumb, but I think I'm going to delete because we  
19 don't need it. And we don't need to write  
20 something that may lead to confusion.

21 MEMBER MUNN: Yeah.

22 CHAIRMAN KOTELCHUCK: So let's do  
23 that. Okay, very good.

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1                   "Reflects a slight average increase in  
2           years compared to those" -- this is not surprising  
3           since the current report developed six years into  
4           the first, so, of course, the years of exposure may  
5           be longer since there is a starting period for this.  
6           You can call that '41, '43, whatever, 1941, '43.  
7           And the median is 21 years.

8                   I should probably go back to saying this  
9           is our dose reconstruction reviews. I think that  
10          spirit of that should be infused in several of these  
11          texts.

12                   Wanda, you were going to say something?

13                   MEMBER MUNN: I was just going to say  
14          I am not, you know, these are the kinds of things  
15          that we need to deliberate in our own minds with  
16          respect to how much does this actually add. It's  
17          interesting information for us.

18                   CHAIRMAN KOTELCHUCK: Yes.

19                   MEMBER MUNN: Good for us to see and  
20          think about. Does the administration really and  
21          truly, does it improve their knowledge of what we  
22          do and what is accomplished?

23                   CHAIRMAN KOTELCHUCK: Right, right.

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1                   MEMBER MUNN:   And, you know, to me this  
2                   is our interesting background information.

3                   CHAIRMAN KOTELCHUCK:   Right, nice,  
4                   but.

5                   MEMBER MUNN:   Yes.

6                   CHAIRMAN KOTELCHUCK:   Well, I think  
7                   that that, there is a real truth to that.

8                   MEMBER MUNN:   And it's just another one  
9                   of those -- Yes, and just where do you do that  
10                  simplified --

11                  (Simultaneous speaking)

12                  CHAIRMAN KOTELCHUCK:   Yes.   At this  
13                  point I was just summarizing, so it's summarized.  
14                  If we take it out, that's fine.   I think you may  
15                  well be right.

16                  To me the 20- or 30-year, the 20-year  
17                  latency period gave a sense that this is consistent  
18                  with other things that we know, so, you know, we're  
19                  in the right ballpark.

20                  MEMBER MUNN:   Yes, but --

21                  CHAIRMAN KOTELCHUCK:   But it's worse  
22                  because --

23                  MEMBER MUNN:   There are acute doses.

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1 CHAIRMAN KOTELCHUCK: Yes. Yes, I  
2 think more -- I think what I will do is clean it  
3 up a bit and I think we may -- do you want to, folks,  
4 we might want to just think of tightening it up or  
5 even taking it out now.

6 What do people think of Wanda's  
7 suggestion? I think in the spirit of it maybe it  
8 just doesn't add enough and we should just take it  
9 out right now.

10 MEMBER MUNN: It's hard to think in  
11 these terms, but if you can think if -- if I try  
12 to put myself in the Secretary's shoes, I am  
13 thinking I am going to get tired of reading this,  
14 you know.

15 CHAIRMAN KOTELCHUCK: Right. Yes,  
16 yes.

17 MEMBER MUNN: So what's, I guess my  
18 bottom-line question if I were in those shoes would  
19 be, and what have you done for me recently?

20 CHAIRMAN KOTELCHUCK: Right.

21 MEMBER MUNN: And this is information  
22 but it doesn't tell me what you've done for me  
23 recently.

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1                   CHAIRMAN KOTELCHUCK:    Yes.  You know  
2                   what, why don't I after the -- since I got the data  
3                   and it will be of some interest to our Board but  
4                   not to the Secretary, why don't I just take at the  
5                   beginning at the subheadings, just write probably  
6                   may not be useful for Secretary's Report.

7                   MEMBER MUNN:    Yes.

8                   CHAIRMAN KOTELCHUCK:   And that way our  
9                   people read it, our Board will read it, and --

10                  MEMBER MUNN:    Internal information.

11                  CHAIRMAN KOTELCHUCK:   Yes.  And the  
12                  same, probably, the risk model, distribution of  
13                  cases by risk model.

14                  MEMBER MUNN:    Yes, very similar.

15                  CHAIRMAN KOTELCHUCK:   Yes.

16                  MEMBER MUNN:    Very similar.

17                  CHAIRMAN KOTELCHUCK:   Yes.

18                  MEMBER MUNN:    Wonderful for us to know.

19                  CHAIRMAN KOTELCHUCK:   Yes.  I do think  
20                  that on the distribution of cases by risk model,  
21                  I do believe that the non-melanoma skin may raise  
22                  some eyebrows, maybe because it has, when I've  
23                  looked it over, because non-melanoma skin, of

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1 course, can be impacted by UV radiation and outdoor  
2 work.

3 But our rules are clear and the  
4 congressional mandate is clear, so I think it will  
5 raise eyebrows. I'm not sure if --

6 MEMBER MUNN: Yes. Yes, it quite  
7 often does.

8 CHAIRMAN KOTELCHUCK: But I would just  
9 defend that as this is what Congress passed. You  
10 know, I'm not sure a judgment couldn't be made, but  
11 then you could get into lung cancer and smoking and  
12 Congress decided, in trying to be  
13 claimant-favorable, that it was not going to look  
14 to countermand the impact of these cancers because  
15 of other exposures.

16 MR. KATZ: Well, Dave, smoking is  
17 accounted for.

18 CHAIRMAN KOTELCHUCK: How so?

19 MR. KATZ: In the risk models.

20 CHAIRMAN KOTELCHUCK: Oh, that's true,  
21 that's true.

22 MR. KATZ: The lung cancer.

23 CHAIRMAN KOTELCHUCK: Yes. But we

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1 have data on the smoking?

2 MR. KATZ: Yes.

3 CHAIRMAN KOTELCHUCK: You actually  
4 have said this before.

5 MR. KATZ: Yes. So the claimants have  
6 to, they are categorized by the level of smoking  
7 that they did, their smoking history.

8 CHAIRMAN KOTELCHUCK: Aha, okay.  
9 Good.

10 MR. KATZ: Yes. So that's the one sort  
11 of, whatever you want to call it, behavioral or  
12 lifestyle factor that is addressed.

13 CHAIRMAN KOTELCHUCK: That's good.  
14 Thank you. And you actually have said this to me  
15 before but I obviously forgot.

16 MR. KATZ: Okay.

17 CHAIRMAN KOTELCHUCK: Okay.

18 MR. CALHOUN: As far as the skin  
19 cancers go it doesn't address UV, Dave, but there  
20 is also a plug-in there for ethnicity.

21 MR. KATZ: That's right.

22 CHAIRMAN KOTELCHUCK: A what?

23 MR. CALHOUN: Ethnicity.

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1 CHAIRMAN KOTELCHUCK: Yes. There is?

2 MR. CALHOUN: Yes, there is. So --

3 CHAIRMAN KOTELCHUCK: You mean --

4 MR. CALHOUN: -- for example --

5 CHAIRMAN KOTELCHUCK: -- Caucasian,  
6 African-American.

7 MR. CALHOUN: -- Caucasian people are  
8 much more likely to get skin cancer than are people  
9 of color, therefore, the amount of dose required  
10 to get a 50 percent PoC is much higher for a  
11 Caucasian than it is for an American Indian, for  
12 example.

13 CHAIRMAN KOTELCHUCK: Aha. And then  
14 that also, are there number for Hispanic and Native  
15 American?

16 MR. CALHOUN: Yes.

17 CHAIRMAN KOTELCHUCK: I see, okay.

18 MEMBER MUNN: Melanin, melanin,  
19 melanin.

20 CHAIRMAN KOTELCHUCK: That's  
21 consumer-unfriendly to persons of non-Caucasian  
22 skin color.

23 MR. KATZ: Well it's, I mean it's just

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1 the, well it's population statistics on their risk.

2 MR. CALHOUN: It's just the risk  
3 factors, yes.

4 MR. KATZ: Right.

5 CHAIRMAN KOTELCHUCK: Yes.

6 MR. KATZ: I mean these are just the  
7 best available data, epi data provides you with  
8 that.

9 CHAIRMAN KOTELCHUCK: Yes, yes.

10 MR. KATZ: It's not unfriendly, it's  
11 just accurate.

12 CHAIRMAN KOTELCHUCK: Yes, yes.  
13 Okay, let's go back to the text. Folks, we are  
14 moving rapidly and this is very good. Oh, right,  
15 we'll go back to the text now.

16 MS. GOGLIOTTI: It's frozen, because I  
17 have it up on the screen.

18 CHAIRMAN KOTELCHUCK: Ah.

19 MS. GOGLIOTTI: Let me try getting out.  
20 It says attempting to restore connection here on  
21 my screen.

22 CHAIRMAN KOTELCHUCK: All right,  
23 that's fine. A few moments' rest for most of us.

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1 MR. KATZ: Yes, you might need to give  
2 Rose a couple minutes to reboot or whatever if it's  
3 frozen.

4 CHAIRMAN KOTELCHUCK: Yes. So years  
5 of employment risk model, distribution of -- the  
6 last item was going to be distribution of cases by  
7 decade first employed, and every one of those last  
8 three, which says distribution of below blind  
9 reviews, I am going to write a note on the subhead,  
10 right?

11 MEMBER BEACH: Yes.

12 CHAIRMAN KOTELCHUCK: The last three  
13 bullets, note on subhead. And I think it may not  
14 even be worth going --

15 MEMBER BEACH: Yes.

16 CHAIRMAN KOTELCHUCK: We do need to,  
17 however, to get back from the tables, or from the  
18 figures. After this, by the way, we are  
19 essentially finished. Okay, we are essentially  
20 finished for review on discussion.

21 I will make changes. We'll get some  
22 data by January for the summaries of the claims that  
23 we've reviewed that have been, of the doses that

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1 have been reconstructed and the SEC, and I will send  
2 them to people.

3 While we are waiting, we might talk  
4 about when we should meet next. We don't need the  
5 computer for that.

6 MR. KATZ: Yes, we can do that, Dave.  
7 And, also, but the last bullet, you haven't  
8 addressed.

9 CHAIRMAN KOTELCHUCK: Oh, I'm aware,  
10 yes.

11 MR. KATZ: No, no, before, I mean --

12 CHAIRMAN KOTELCHUCK: The really last  
13 bullet, Set 14?

14 MR. KATZ: No, no, the bullet under  
15 review, the possible changes in review methods for  
16 future case reviews. You've discussed it for  
17 blind reviews --

18 CHAIRMAN KOTELCHUCK: Oh, yes, yes,  
19 yes.

20 MR. KATZ: -- but you haven't discussed  
21 it for the normal --

22 CHAIRMAN KOTELCHUCK: You know what it  
23 is? I did not reprint my agenda with that line

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1 added. Yes, thank you for reminding me about that.

2 MR. KATZ: Sure. So we can do either  
3 right now. If you want to schedule, we can  
4 schedule. If you want to take up that, we can take  
5 up that.

6 CHAIRMAN KOTELCHUCK: I'd like to --  
7 why don't we schedule now, folks?

8 MR. KATZ: Sure.

9 CHAIRMAN KOTELCHUCK: And then what we  
10 have is that last bullet, we have one remaining case  
11 issue. Aha, okay, that's alright. Sets 14 to 18,  
12 I think we should take a look at where we are and  
13 John Stiver sent us data on this.

14 I don't know if it was shared with the  
15 group or it was sent only to a limited number of  
16 us, but it's worth looking at.

17 MR. KATZ: Okay. Are we going to  
18 calendar issues first?

19 CHAIRMAN KOTELCHUCK: Yes, I'd like  
20 to. As we talked before for -- in order to get  
21 things moving along for our March meeting, we can  
22 and should meet I think in February, so let's talk  
23 about dates in February.

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1 MR. KATZ: Sure. What I have is wide  
2 open except, somewhere in February there is  
3 President's Day, right?

4 MEMBER BEACH: Yes, it's the 15th.

5 MR. KATZ: Thank you.

6 CHAIRMAN KOTELCHUCK: Okay. I am  
7 going to, February -- now let's see, Washington's  
8 Birthday is the 15th.

9 MEMBER BEACH: You might want to meet  
10 early in February to give time if there is more that  
11 needs to be done.

12 CHAIRMAN KOTELCHUCK: Right. Right,  
13 I agree. Martin Luther King's birthday is after  
14 Washington's, is it not?

15 MR. KATZ: I think so.

16 CHAIRMAN KOTELCHUCK: Let's take a  
17 look at --

18 MR. KATZ: Let's find out when that is,  
19 too, because that's out.

20 CHAIRMAN KOTELCHUCK: Right.

21 MEMBER POSTON: Martin Luther King is  
22 January 18th.

23 CHAIRMAN KOTELCHUCK: Thank you.

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1 MR. KATZ: Oh, okay, before.

2 CHAIRMAN KOTELCHUCK: Okay. So let's  
3 look at those first two weeks in February.  
4 Lincoln's birthday -- oh, no, no, hold it.

5 MR. KATZ: No, the presidents' days are  
6 combined now.

7 CHAIRMAN KOTELCHUCK: Yes, it is.  
8 They are, I should say. I personally am free any  
9 day in those two weeks.

10 MR. KATZ: Yes. So about the week of,  
11 well it's either the week of the 8th --

12 CHAIRMAN KOTELCHUCK: Let's try the  
13 week of the 8th.

14 MR. KATZ: That whole week is open.

15 CHAIRMAN KOTELCHUCK: Okay. Tuesday,  
16 Wednesday, Thursday of that week, figuring the  
17 Monday people are starting the week and --

18 MR. KATZ: Yes, it's always the rougher  
19 day.

20 MR. CALHOUN: I prefer not Tuesday.

21 CHAIRMAN KOTELCHUCK: Good.

22 MR. KATZ: Okay. How about Wednesday  
23 the 10th?

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1 MR. CALHOUN: That works for me.

2 CHAIRMAN KOTELCHUCK: Wednesday the  
3 10th works for me.

4 MEMBER MUNN: Okay here.

5 MEMBER BEACH: Okay with me.

6 CHAIRMAN KOTELCHUCK: And since we  
7 have our whole Subcommittee here we don't have to  
8 worry about getting a second date if it --

9 MR. KATZ: Right, as long as we hear  
10 from everybody. John Poston, is that good for you?

11 CHAIRMAN KOTELCHUCK: John is probably  
12 on mute so give him a sec.

13 MR. KATZ: And, David --

14 MEMBER POSTON: I will have to make it  
15 by telephone. We are in class that day.

16 MR. KATZ: Yes, there's always  
17 telephone anyway.

18 MEMBER POSTON: Yes. Yes, that'll be  
19 all right.

20 CHAIRMAN KOTELCHUCK: Fine, like  
21 today.

22 MR. KATZ: How about David?

23 MEMBER RICHARDSON: I think so, yes.

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1 MR. KATZ: Okay.

2 CHAIRMAN KOTELCHUCK: Okay.

3 MR. KATZ: That's what we'll do.

4 CHAIRMAN KOTELCHUCK: Wednesday the  
5 10th, okay.

6 MEMBER CLAWSON: Oh, you guys won't  
7 even ask me.

8 MR. KATZ: You don't count. No, I  
9 meant to ask you and then I forgot.

10 MEMBER CLAWSON: No, no, no, it's okay.  
11 I see how I fit.

12 MEMBER POSTON: Hey, Brad, are you  
13 going hunting or something?

14 MEMBER CLAWSON: Well, actually -- No,  
15 that will be fine.

16 CHAIRMAN KOTELCHUCK: Okay.

17 MR. KATZ: Thank you. Sorry, Brad.

18 CHAIRMAN KOTELCHUCK: Oh, how did I get  
19 this? I put in Dracula meeting, DRS -- oh, I see.  
20 There we go. Good. So we've got that set and I  
21 believe we are back on. We're still not, we still  
22 haven't gotten back completely.

23 MS. GOGLIOTTI: I am working on it. I

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1 had to restart my computer.

2 CHAIRMAN KOTELCHUCK: Yes.

3 MS. GOGLIOTTI: Kathy, do you know how  
4 to drive the screen?

5 MS. BEHLING: I'm sorry, Rose, were you  
6 talking to me?

7 MS. GOGLIOTTI: Do you know how to pull  
8 it up on the screen from your computer?

9 MS. BEHLING: I will attempt to.

10 CHAIRMAN KOTELCHUCK: Again, the  
11 meeting date we'll do as usual, 10:30 to 5:00?

12 MR. KATZ: Yes.

13 CHAIRMAN KOTELCHUCK: Yes. Well, we  
14 could talk about that last bullet point. Ted,  
15 would you remind me?

16 MR. KATZ: Sure. So it's just, I think  
17 Dr. Melius wanted us to consider any suggestions  
18 we may have about how we do dose reconstruction  
19 reviews.

20 CHAIRMAN KOTELCHUCK: Yes.

21 MR. KATZ: Not just the blind ones, but  
22 the other ones.

23 CHAIRMAN KOTELCHUCK: Right.

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1                   MR. KATZ: Not that, do you necessarily  
2                   have a new approach, but if there are issues, if  
3                   some sites are not getting gotten to or whatever  
4                   you have, this would be a good time to look at it.

5                   CHAIRMAN KOTELCHUCK: Right. Well we  
6                   certainly did discuss that we have, the question  
7                   of the AWEs has been raised that we are not paying  
8                   enough attention to them, but actually I think that  
9                   since most of those models, most of them like the  
10                  AWEs have just a basic model.

11                  And I did note that the one-and-two  
12                  DRRs, plants with one or two DRRs are in excess of  
13                  1 percent. I think that's okay.

14                  MR. KATZ: Yes. I don't think the  
15                  criticism is factual.

16                  CHAIRMAN KOTELCHUCK: Yes, right.

17                  MEMBER MUNN: Well I guess I don't  
18                  understand what the criticism is. What do you mean  
19                  there is not enough attention being paid to AWEs?

20                  CHAIRMAN KOTELCHUCK: Well I got -- I  
21                  would say a representative, [identifying  
22                  information redacted] just said and [identifying  
23                  information redacted] that where they, well I guess

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1 [identifying information redacted].

2 Let me clarify. I think it was  
3 [identifying information redacted] who represents  
4 two AWEs, and he did raise that point in a letter,  
5 but I don't think that his thinking about it is,  
6 I don't think, a valid criticism.

7 MEMBER MUNN: From looking at the chart  
8 that we just looked at I don't see how that can be  
9 substantiated.

10 CHAIRMAN KOTELCHUCK: No, I agree. I  
11 agree. We may not have done as many as he would  
12 like for his, the ones he represents, but that's  
13 a different matter.

14 MEMBER MUNN: That may be.

15 CHAIRMAN KOTELCHUCK: That's a  
16 different matter.

17 MEMBER MUNN: That may be very true.

18 CHAIRMAN KOTELCHUCK: Right.

19 MEMBER MUNN: But that doesn't change

20 --

21 CHAIRMAN KOTELCHUCK: Now there has  
22 been raised the question by, I don't remember what,  
23 wrote -- Kathy I guess, of possibly trying to have

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1 a Category 1, Category 2 discussion between SC&A  
2 and NIOSH, that if SC&A and NIOSH got together  
3 before our DRSC meetings when we are doing just  
4 regular case reviews and gave us a Type 1 or a Type  
5 2, Type 1 there is no basic disagreement or there  
6 is only one issue and they resolve it together and  
7 then they send it to us before the meeting so that  
8 the meeting focuses on substantial issues, if you  
9 will.

10 And I have some, I think that has some  
11 merit. I don't, I inferred that Jim didn't think  
12 it was a very good idea, but I'm not speaking for  
13 Jim; I'm speaking for myself.

14 It seems to me the issue becomes if the  
15 two technical groups make a decision, do we as a  
16 Board, are we really exercising proper oversight  
17 over them and Jim, and I think now I recall that  
18 earlier discussion when it first came up and Jim  
19 said how are you going to compel people to look  
20 carefully at the Type 1s that don't need reviews,  
21 in which case we are just moving, signing our  
22 responsibility over to the subcontractors or to the  
23 DCAS in this case, and that's his concern.

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1           I don't know how to assure that we all  
2       look over all of the cases in that Category 1. I  
3       would, I'm rather open, I've been trying to think  
4       about that and I thought we could assign Members  
5       of our Subcommittee, we're supposed to get that at  
6       least a week in, get the decisions as to which is  
7       a Title 1 or Title 2 and if we could assign  
8       individual Subcommittee Members to take a look and  
9       report back at the meeting, not just that SC&A and  
10      NIOSH agree, but that we've looked it over as Board  
11      Members and agree with the agreement, right, that  
12      that seems like there is no issue, so that that  
13      would allow the Board a role.

14           Now that is a, to me that is a  
15      possibility --

16           MR. KATZ: Although, Dave, you still  
17      would have to have the Subcommittee as a group then  
18      agree with that. That person would have to make  
19      a report to the Subcommittee and the Subcommittee  
20      would have to agree with it.

21           CHAIRMAN KOTELCHUCK: That's correct.

22           MR. KATZ: Right.

23           CHAIRMAN KOTELCHUCK: Yes, exactly.

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1 MR. KATZ: Otherwise, it won't fly.

2 CHAIRMAN KOTELCHUCK: Oh, yes,  
3 absolutely.

4 MR. KATZ: Alright.

5 CHAIRMAN KOTELCHUCK: And we would ask  
6 that person, so that adds a responsibility to all  
7 of our Members before -- If we use, if we were to  
8 try and adopt that method.

9 And I recognize that it may, suppose,  
10 now all of us are hardworking and we do our jobs,  
11 but suppose we have a Member at some time who is  
12 rather busy with the rest of their life and maybe  
13 their full-time job and they just have a chance to  
14 glance it over and don't, if you will, chew on it  
15 a bit, and just say oh, yes, I looked at it, it looks  
16 okay, having made a cursory glance.

17 How could we assure that the person --  
18 what the person would have to do is a give a report.  
19 Could we feel assured as the full Subcommittee that  
20 the person giving the report has, can we ask  
21 appropriate questions or know that that person  
22 really looked at it as a substantial responsibility  
23 and not just gave a glance?

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1           If we felt we could then we would save  
2 ourselves a fair amount of time on a fair number  
3 of cases.

4           MEMBER MUNN: Boy, I don't know.

5           CHAIRMAN KOTELCHUCK: I don't know how  
6 people -- first is I have never asked other Members  
7 of the Subcommittee what they think of that  
8 approach.

9           We received this email, what, in  
10 October was it? When did you send it, Kathy?

11          MS. BEHLING: This is Kathy. Yes, the  
12 memo went out on July 15th.

13          CHAIRMAN KOTELCHUCK: Sorry. Okay,  
14 in July. Do people, I wonder if other folks have  
15 had a chance to look at it or remember it?

16          MEMBER MUNN: Vaguely.

17          CHAIRMAN KOTELCHUCK: You know what,  
18 folks, it sounds like, is it possible that it was  
19 sent out long enough ago people have forgotten, or  
20 what they read then and maybe want to look at it  
21 again?

22          MEMBER BEACH: Yes, I think that's a  
23 good idea.

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1                   CHAIRMAN KOTELCHUCK:   Okay, then let's  
2                   put that as a bullet point for the consideration  
3                   of that proposal for the next Subcommittee meeting,  
4                   then people will have had a chance to look it over,  
5                   you know --

6                   MS. GOGLIOTTI:    I'll see if I can  
7                   resend that out.

8                   CHAIRMAN KOTELCHUCK:  -- and also come  
9                   up with other -- pardon?

10                  MS. GOGLIOTTI:  I can resend that out  
11                  if --

12                  CHAIRMAN KOTELCHUCK:  Why don't -- I  
13                  think that would be good.  I'll tell you what, do  
14                  we want to, we have a few weeks before Christmas  
15                  and we have -- let me make a suggestion that that  
16                  be sent out in January, early January.

17                  MS. GOGLIOTTI:  Okay.

18                  CHAIRMAN KOTELCHUCK:  Because I am a  
19                  little worried that you will send it out and we're,  
20                  life gets busy around Christmas for all of us.

21                  MEMBER MUNN:    Yes.  It will be lost  
22                  already forever.

23                  CHAIRMAN    KOTELCHUCK:                Exactly,

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1 exactly.

2 (Simultaneous speaking)

3 CHAIRMAN KOTELCHUCK: Even those of us  
4 who don't celebrate Christmas per se will be busy  
5 with activities at the end of the year.

6 MEMBER BEACH: Rose, when did you  
7 originally send that out?

8 MS. GOGLIOTTI: Kathy, you said it was  
9 July 15th?

10 MEMBER BEACH: Oh, it was Kathy.

11 MS. BEHLING: I think, yes, 15th.  
12 Yes, I'm looking at the memo, it was the 15th, I  
13 believe, that it was sent out.

14 MEMBER BEACH: Thank you.

15 CHAIRMAN KOTELCHUCK: Yes, I have it.  
16 I have it, I saved it. Ah, so, here we are. Good.  
17 Thank you. By the way we're up, as many of you now  
18 notice, our Live Meeting is back up. Thank you,  
19 folks. Sorry for that.

20 MEMBER MUNN: I cannot remember all the  
21 things I thought at the time that I was reading  
22 through that, but from your discussion that you  
23 just gave, one of the things that occurred to me

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1 was a slight difference in what, closer to what we  
2 do now, but a slight adjustment to what we have done  
3 routinely.

4 It has always been of primary interest  
5 to me to hear SC&A's presentation of findings. It  
6 really clarifies for me any concern that might be  
7 raised.

8 CHAIRMAN KOTELCHUCK: Yes.

9 MEMBER MUNN: In many cases, it's very  
10 clear from those concerns that if the technical  
11 people spent 15 minutes even out in the hallway  
12 talking about this themselves it would save us an  
13 hour and a half time in committee, but we haven't  
14 done that.

15 MR. KATZ: Well they do that now,  
16 Wanda.

17 MEMBER MUNN: Yes, to some degree  
18 that's true, but we always seem to make a big point  
19 of saying you two guys talk about this and get back  
20 to us. It's true and I know people do that during  
21 our lunch hour while we're in the midst of  
22 deliberations.

23 MR. KATZ: No. Yes, what I mean is now

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1 the method is when SC&A has, for example, concerns  
2 about something but concern they may not quite  
3 understand it as well and so on, they go to NIOSH  
4 while they are doing the review and get  
5 clarifications and so on, so a lot of those matters  
6 get cleared up before they complete their review.

7 MEMBER MUNN: I know they do.

8 CHAIRMAN KOTELCHUCK: Right.

9 MEMBER MUNN: But what I was trying to  
10 articulate, and obviously I am not doing it well,  
11 is that we may not have been as effective as we could  
12 be in addressing some of these finer points in a  
13 different way without having it taken care of  
14 before the finding is actually, before we put it  
15 into the hands of individual Members to think  
16 about.

17 I guess that's what I'm really saying,  
18 but I'm not going to comment any further on that.  
19 We are going to talk about it at a later time when  
20 everyone has had a chance to read it and think about  
21 it more.

22 CHAIRMAN KOTELCHUCK: Yes, let's --

23 But I agree with the spirit of what you are saying,

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1 Wanda, and I would like to try to think of  
2 variations.

3 There is a fair amount of time spent at  
4 meetings when we are doing just our regular case  
5 reviews when I feel as if I could read that or I've  
6 read it or I've seen it, it's true, you know, and  
7 that sometimes there is a tendency to go over every  
8 detail, you know, each provisional area, internal  
9 exposure, external, medical dose, et cetera,  
10 environmental.

11 MEMBER MUNN: Yes.

12 CHAIRMAN KOTELCHUCK: That seems a  
13 little, certainly more, a little excessive to me,  
14 not necessarily to everybody.

15 So let's think about, I mean let's think  
16 about both the proposal that there be the two formal  
17 categories of ones that have a full Board  
18 discussion versus ones that have an abbreviated and  
19 also any intermediate way of saving time that Wanda  
20 is basically, I think, trying to lead us to.

21 MEMBER MUNN: Yes. How could we focus  
22 on the real questions and not go over things that  
23 we may not have been privy to the solution to but

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1 which have been resolved.

2 CHAIRMAN KOTELCHUCK: Yes, yes. I  
3 think that is both, that's worth our time and we  
4 will focus on that question at our February 10th  
5 Board meeting, excuse me, our Subcommittee  
6 meeting.

7 So with that, we are back. Is there  
8 anything else to take a look -- we were last in the  
9 middle, I think we were talking about, the last  
10 thing we saw on the screen was the figure for the  
11 distribution of cases by risk model.

12 Let's just go back to the distribution  
13 of cases by decade first employed. Probably this  
14 is, this is another one that I will indicate may  
15 not be useful to the Secretary, right.

16 Thank you. Yes, by decade first  
17 employed. And that, of course, that more narrowly  
18 addresses the issue of 20 years or more for -- after  
19 first exposure for the latency of cancers.

20 And this is, it is, as you might expect  
21 it to be, right, it ends in the 1980s, which is 35  
22 years ago, 1980 is 35 years ago. So this might be  
23 the area where if we use it at all we take note of

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1 the 20-year latency period, typical 20-year  
2 latency period.

3 With that said, let's just go back to  
4 the text. I think there may not be anything more  
5 to say or -- of course, I just spoke and I'm, now  
6 I say I finished, I don't think there is anything  
7 more to say.

8 No, but others may have something to  
9 say. I would appreciate it. Anything? Anybody  
10 want to say anything about it? Just take a quick  
11 read over. Here it is, the longer latency periods  
12 for most cancers.

13 MEMBER MUNN: I don't think that has  
14 anything to do with -- well --

15 CHAIRMAN KOTELCHUCK: Yes.

16 MEMBER MUNN: -- you know, it's a --

17 CHAIRMAN KOTELCHUCK: It gives me a  
18 security knowing that our results are consistent  
19 with other findings about cancers. Many times  
20 people ask me oh, you people have done studies and  
21 you know that the rate of cancers is higher among  
22 radiation workers and, in fact --

23 MEMBER MUNN: No, that's not --

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1 CHAIRMAN KOTELCHUCK: -- we haven't  
2 done that study because we are a compensation  
3 committee. The studies have been done and that's  
4 why people are receiving compensation because it's  
5 an established fact, scientific.

6 (Simultaneous speaking)

7 MEMBER MUNN: Yes. Frequently  
8 refuted, yes.

9 CHAIRMAN KOTELCHUCK: Yes. Okay,  
10 well then, that -- let's scroll up to ten. I don't  
11 think there is anything much. Well, I put  
12 something there? Week? Let me just -- Yes, thank  
13 you, scrolling down.

14 None were reviewed in this cohort from  
15 1990 or later reflecting very few claims. Now  
16 certainly there must have been claims from the  
17 1990s but we didn't review any apparently, maybe  
18 because there are few of them.

19 Last sentence, this appears to reflect  
20 both increases in cancers with age and years of  
21 exposures and in filing of claims as the '40s and  
22 '50s cohorts reached retirement ages. That last  
23 thing, that last part is, I would change that

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1       because it suggests that people don't want to file  
2       until they are ready to retire. I don't wish to  
3       raise that issue.

4                       (Simultaneous speaking)

5                       MEMBER MUNN: -- no. I don't see any  
6       evidence of that.

7                       CHAIRMAN KOTELCHUCK: Last line, yes,  
8       and I don't, it's -- certainly, people with cancers  
9       may well who are not, who have cancers that are,  
10      that people have a fairly long life expectancy or  
11      cancers that are not fatal, went to work and not  
12      filed for claims till later, just like many of us  
13      who are retired didn't want to tell people we were  
14      thinking of retirement until we pretty well were  
15      ready to retire and then said, hey, I'm ready to  
16      retire.

17                      MR. KATZ: You're removing that, is  
18      that the bottom line?

19                      CHAIRMAN KOTELCHUCK: I am removing  
20      it, yes. I don't want to get into the -- okay. And  
21      there is no need strengthening it because probably  
22      it's not going to be in the final report, maybe a  
23      sentence, maybe.

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1           So we are now finished. It is 4  
2 o'clock, very good. We are finished with all the  
3 items on the agenda with respect to the draft report  
4 and I will work on it and do the things I can do  
5 now or soon.

6           Case reviews issue resolution, we went  
7 through, with John Mauro, the Koppers case, one of  
8 the remaining two of Sets 10 to 13. There is a  
9 second one. I don't remember what it is, if  
10 somebody could refresh my memory and maybe let's  
11 talk about that if we can.

12           MS. GOGLIOTTI: That is Tab 221, it's  
13 a Hooker case.

14           CHAIRMAN KOTELCHUCK: Aha, okay.

15           MS. GOGLIOTTI: And we have two  
16 findings and two observations associated with that  
17 case. However, we are waiting on an action from  
18 the AWE Work Group to close those.

19           CHAIRMAN KOTELCHUCK: Well, I thought  
20 we -- I am on that Work Group and I thought we met  
21 and resolved that.

22           MR. KATZ: No, not that Work Group, not  
23 for Hooker.

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1 CHAIRMAN KOTELCHUCK: We didn't do  
2 Hooker, okay. Await AWE, okay. And I assume that  
3 Henry Anderson knows something.

4 MR. KATZ: Yes. So the Work Group is  
5 awaiting, NIOSH has to do work before the Work Group  
6 can take up the work.

7 CHAIRMAN KOTELCHUCK: Aha, aha.

8 MR. KATZ: That's what's being awaited  
9 and as of yet it's not ready.

10 CHAIRMAN KOTELCHUCK: Okay. By  
11 NIOSH, okay. I'll make a note. So we're not, it's  
12 not ready to do yet. All right, then I -- It is  
13 now 4 o'clock, let us take a look at John's, the  
14 last item, Sets 14 to 18, essentially returning to  
15 our ordinary review of cases.

16 I'd like to look at the table that John  
17 set out yesterday, John Stiver. Could we put that  
18 up?

19 MS. GOGLIOTTI: I don't think it was  
20 sent to me. I don't have that. I haven't gotten  
21 an email from John.

22 CHAIRMAN KOTELCHUCK: John, are you on  
23 the phone?

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1 MR. STIVER: Yes.

2 CHAIRMAN KOTELCHUCK: Did you send it?  
3 You may not have sent it to everybody.

4 MR. STIVER: I just sent it to you and  
5 Grady and Ted because Grady was asking about the  
6 number of --

7 CHAIRMAN KOTELCHUCK: Right.

8 MR. STIVER: -- and have a better  
9 progress on finding resolutions, so that first  
10 table is going to be some -- let me see if I can  
11 --

12 CHAIRMAN KOTELCHUCK: Right. That  
13 was nice and if it was what --

14 MR. STIVER: Let me go ahead and share  
15 this here, I've got it pulled up.

16 CHAIRMAN KOTELCHUCK: Would you  
17 please, yes, that's good. I thought it was useful.

18 MR. STIVER: Where are we here?

19 CHAIRMAN KOTELCHUCK: It'll focus us  
20 on the days ahead. There we are.

21 MR. STIVER: Yes, this kind of gives --  
22 As of November at the Board meeting this is how  
23 things stood.

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1 CHAIRMAN KOTELCHUCK: Very good.

2 MR. STIVER: We made quite a bit of  
3 progress on 12 to 13, but, you know, the remaining  
4 sets there is still quite a bit to be done.

5 CHAIRMAN KOTELCHUCK: Right. Folks,  
6 for 14 to 18, look, it's been a long day, we've gone  
7 over a lot of material, I don't, unless people  
8 disagree, I don't propose to start reviews on 14  
9 and 15, but I did want to bring attention to the  
10 fact that we've only done roughly one-eighth of the  
11 cases in the first three of those four: 14, 15, and  
12 16.

13 So we've got -- and, unfortunately,  
14 life pushes us on so we have to resume again that.  
15 We have spent our time today on our highest  
16 priorities, which are working on the blind reviews,  
17 making decisions about them, reviewing the draft  
18 report, which we will be able to have another  
19 discussion about.

20 I don't believe the draft report  
21 discussion next time will be quite as lengthy  
22 because basically what we will be doing is just  
23 making corrections to the cases, to the draft that

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1 we just went over and we'll just want to make sure  
2 that those changes that were supposed to be made  
3 are made.

4 And I, unless people disagree, I would  
5 suggest that we simply get started on 14 through  
6 16, or I should say get, move farther along on 14  
7 through 16 next time and hope that we will start  
8 on that.

9 Is that a task that folks are open to  
10 and closing it today, closing our discussion today?

11 MEMBER MUNN: Yes, we can do that.

12 MEMBER BEACH: Works for me.

13 CHAIRMAN KOTELCHUCK: Works for me.

14 MR. STIVER: Dave, this is John. Just  
15 one question and clarification.

16 CHAIRMAN KOTELCHUCK: Yes?

17 MR. STIVER: Did you want to try  
18 implementing some form of Kathy's approach at this  
19 February meeting?

20 (Simultaneous speaking)

21 CHAIRMAN KOTELCHUCK: No. No, we want  
22 to discuss it.

23 MR. STIVER: Okay.

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1                   CHAIRMAN KOTELCHUCK:       And the  
2       Subcommittee, if we are changing the review  
3       process, it seems to me the proper way to do it is  
4       for our Subcommittee to do further consideration  
5       and then recommend it to the Board for our March  
6       meeting.

7                   MR. STIVER:    Okay.

8                   CHAIRMAN KOTELCHUCK:    I mean we can --  
9       but we cannot make changes, I think, in the process  
10      until the Board approves.

11                  MR. STIVER:    Okay.

12                  CHAIRMAN KOTELCHUCK:    Am I right,  
13      other Subcommittee Members?

14                  MR. KATZ:    You are right.

15                  CHAIRMAN KOTELCHUCK:    Yes.

16                  MR. STIVER:    Now, be that as it may, I  
17      mean we could certainly still provide the  
18      Subcommittee with, you know, the matrices of  
19      responses, which, Rose, you may correct me, but  
20      isn't that already in the BRS at this point?

21                  MS. GOGLIOTTI:    Yes.

22                  MR. STIVER:    Yes, so that would be, if  
23      you go the BRS and see all the findings and

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1 responses and so forth you kind of get --

2 CHAIRMAN KOTELCHUCK: Well, I saw a  
3 fairly sharp response by our Chairman and his  
4 feeling was let's make sure the Board follows its  
5 prerogative.

6 MR. STIVER: Yes, all right. All  
7 right, I didn't want to, I guess I wasn't being as  
8 clear as I could have been. I was just saying so  
9 that the Subcommittee Members can see the matrices  
10 and the responses that are already out there  
11 without any judgments being made --

12 CHAIRMAN KOTELCHUCK: Now that would  
13 provide us -- you are saying you would like to  
14 provide us with further information on some of  
15 them?

16 MR. STIVER: Right. Well the  
17 information is already out there, it's just  
18 alerting everybody to the fact that it's there and  
19 can be reviewed well in advance of the next meeting  
20 so that, you know, as Wanda was saying, that we  
21 don't spend a lot of time trying to get acquainted  
22 with things that really are no-neverminds or it  
23 shouldn't take that much, or that much time.

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1                   CHAIRMAN KOTELCHUCK:   Okay.  Although  
2                   I think, to my mind it's really the process and I  
3                   don't, and the only thing I would personally find  
4                   useful would be for you to say, of the cases that  
5                   you are reviewing, what percentage of them are  
6                   Title 1 and Title 2, and I guess you would want to  
7                   put a few examples.

8                   I don't want to slide into the process.

9                   MR.   STIVER:        Oh, I wasn't even  
10                  suggesting that we try implementing the process.  
11                  I mean just put the, just to alert the Subcommittee  
12                  that the findings are already out there in the BRS  
13                  so they can review them.

14                  CHAIRMAN KOTELCHUCK:  Yes, yes.

15                  MS.  GOGLIOTTI:  They are in the BRS --

16                  CHAIRMAN    KOTELCHUCK:                Folks,  
17                  Subcommittee Members, what do you think, would it  
18                  be useful?

19                  MEMBER MUNN:  It wouldn't hurt, would  
20                  it?

21                  MEMBER BEACH:  I don't think it would  
22                  hurt at all.

23                  CHAIRMAN  KOTELCHUCK:        Okay.    Well

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1 then it sounds --

2 MEMBER CLAWSON: This is Brad. I  
3 think it would be great to tell you the truth.

4 CHAIRMAN KOTELCHUCK: Great, that  
5 sounds good, okay.

6 MS. GOGLIOTTI: They are in the BRS and  
7 I also include a PDF copy of the BRS printouts of  
8 every meeting file that I send out a week in advance  
9 of the meeting.

10 CHAIRMAN KOTELCHUCK: Okay.

11 MR. KATZ: But, Rose, you've already  
12 sent those materials to David and John, right,  
13 because they don't have access to the BRS?

14 MS. GOGLIOTTI: Yes.

15 MR. KATZ: Yes.

16 CHAIRMAN KOTELCHUCK: Okay, good, thank  
17 you. All right, fine, Subcommittee suggests that  
18 that would be good and so thank you for doing it.

19 May I make also a suggestion that that  
20 also be sent out? Well, you can send it now.  
21 There is a part of me that says send it early in  
22 January. What do other people think? I mean it  
23 --

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1                   MR. KATZ: I think it would be great for  
2                   Rose. Rose, if you would remind all of the Board  
3                   Members in early January to sort of get a head on  
4                   that, that would be great.

5                   MS. GOGLIOTTI: Yes, I can absolutely  
6                   do that.

7                   MR. KATZ: Yes, I'm sure they'd  
8                   appreciate it.

9                   CHAIRMAN KOTELCHUCK: Okay. Or if you  
10                  want to just send it out and send us a reminder.  
11                  Yes, either way.

12                  MS. GOGLIOTTI: No problem. And they  
13                  are, again, in the meeting folder for this meeting  
14                  that's on the O: drive currently.

15                  CHAIRMAN KOTELCHUCK: Ah, okay, good,  
16                  good. Folks, we got through a lot today. Thank  
17                  you, all. I think we are ready and --

18                  MS. GOGLIOTTI: Dave, one more thing.

19                  CHAIRMAN KOTELCHUCK: Yes?

20                  MS. GOGLIOTTI: Does everyone know how  
21                  to use the BRS to access these?

22                  MEMBER POSTON: No.

23                  CHAIRMAN KOTELCHUCK: Now --

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1 MS. GOGLIOTTI: Okay.

2 MEMBER CLAWSON: This I Brad, I don't.

3 MS. GOGLIOTTI: I could do a quick  
4 demo, if you'd like?

5 CHAIRMAN KOTELCHUCK: Sure, sure.  
6 For those of us who would like that would you --

7 MR. KATZ: Yes, why don't you do that?

8 CHAIRMAN KOTELCHUCK: In fact, what we  
9 may do is formally close the meeting and then some  
10 of us stay on the line.

11 MR. KATZ: Right, exactly.

12 CHAIRMAN KOTELCHUCK: Okay. So I move  
13 to close the meeting. Are there any further items  
14 that people want to raise now?

15 Okay, good. Those of us who wish to get  
16 instruction on the BRS and accessing the BRS, like  
17 myself, will stay on the line.

18 MS. GOGLIOTTI: John? John Stiver,  
19 are you still on the line?

20 MEMBER POSTON: Dave?

21 CHAIRMAN KOTELCHUCK: Yes?

22 MEMBER POSTON: I have one problem. I  
23 am going to have to request assistance later. My

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1 computer died and I haven't been able to  
2 participate.

3 MR. KATZ: John, you don't have access  
4 to the BRS anyway, so --

5 MEMBER POSTON: Okay, all right.

6 MR. KATZ: -- this stuff was FedEx'd to  
7 you by Rose.

8 MEMBER POSTON: Okay. I got that.

9 MS. GOGLIOTTI: You got a PDF copy --

10 MR. KATZ: Yes.

11 MEMBER POSTON: Yes, I got it.

12 MS. GOGLIOTTI: -- of all the matrices.

13 CHAIRMAN KOTELCHUCK: Okay, very good.

14 MEMBER POSTON: All right, so long.

15 CHAIRMAN KOTELCHUCK: Take it easy.

16 Thank you very much.

17 MR. KATZ: All right, thanks,  
18 everybody.

19 CHAIRMAN KOTELCHUCK: And, folks, have  
20 a nice holiday. Have a nice next holiday.

21 (Whereupon, the above-entitled matter  
22 was concluded at 4:06 p.m.)

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