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

convenes

THE SUBCOMMITTEE FOR DOSE RECONSTRUCTION REVIEW OF THE

ADVISORY BOARD ON

RADIATION AND WORKER HEALTH

The verbatim transcript of the Meeting of the Subcommittee for Dose Reconstruction Review of the Advisory Board on Radiation and Worker Health held at the Marriott Airport, Hebron, Kentucky, on August 20, 2008.

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C O N T E N T S

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TRANSCRIPT LEGEND

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-- "*" denotes a spelling based on phonetics, without reference available.

-- ^/(inaudible)/ (unintelligible) signifies speaker failure, usually failure to use a microphone.

P A R T I C I P A N T S

(By Group, in Alphabetical Order)

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National Institute for Occupational Safety and Health
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GIBSON, Michael H.
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President
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MUNN, Wanda I.
Senior Nuclear Engineer (Retired)
Richland, Washington

POSTON, John W., Sr., B.S., M.S., Ph.D.
Professor, Texas A&M University
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ANNOUNCED PARTICIPANTS

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BEHLING, KATHY, SC&A
FARVER, DOUG, SC&A
HINNEFELD, STUART, NIOSH
HOMOKI-TITUS, LIZ, HHS
MAURO, JOHN, SC&A
RAFKY, MICHAEL, HHS
SIEBERT, SCOTT, ORAU

P R O C E E D I N G S

(9:54 a.m.)

WELCOME AND OPENING COMMENTS
DR. LEWIS WADE, DESIGNATED FEDERAL OFFICIAL

DR. WADE: Okay, good morning. This is Lew Wade and I'm serving as the Designated Federal Official today for a meeting of the Subcommittee on Dose Reconstruction. That subcommittee is most ably chaired by Mark Griffon; members Gibson, Poston, Munn; alternates Clawson and Presley. Here in the room we have Griffon, Gibson, Munn and Clawson. I know Dr. Poston is on the phone. Is that correct, Dr. Poston?

DR. POSTON: Yes.

DR. WADE: Is Robert Presley on the phone with us?

(No responses)

Are there any other Board members who are participating in the call? Any other Board members other than those named participating in the call?

(No responses)

Fine. We really don't have to be concerned about a quorum because this is a meeting of the

subcommittee and we can have a quorum of the Board present. So we have present and participating Griffon, Gibson, Poston, Munn and Clawson.

What we'll do is go around the table here and identify who's present. Then we'll go out into telephone land and identify, and then we'll have a -- a brief discussion about phone etiquette, and then we'll begin the deliberations of the subcommittee.

Again, this is Lew Wade and I'm serving as Designated Federal Official, and I work for NIOSH.

MS. MUNN: Wanda Munn, Board member.

MR. HINNEFELD: Stu Hinnefeld, NIOSH.

MR. SIEBERT: Scott Siebert, the ORAU team.

MS. ADAMS: Nancy Adams, contractor to the Office of the Director, NIOSH.

DR. MAURO: John Mauro, SC&A.

MR. FARVER: Doug Farver, SC&A.

MR. RAFKY: Michael Rafky, HHS, OGC.

MR. CLAWSON: Brad Clawson, Board member.

MR. GRIFFON: Mark Griffon, Board member.

MR. GIBSON: Mike Gibson, Board member.

DR. WADE: And that's us, and Ray Green is

here, and you're up and functioning, Ray, correct?

Okay, so let's go out into telephone land and start with members of the extended NIOSH/OCAS family who might be on the call.

(No responses)

How about other SC&A team members?

MS. BEHLING: This is Kathy Behling with SC&A.

DR. WADE: Pleasure to have you with us, Kathy, as always.

MS. BEHLING: Thank you.

DR. WADE: Any other SC&A team members?

(No responses)

Do we have any other federal employees who are working on this call?

(No responses)

Other federal employees?

(No responses)

How about members of Congress or their representatives who want to be identified as being on this call?

(No responses)

Anyone else who would like, for the record, to be identified as participating in this meeting of the subcommittee?

MS. HOMOKI-TITUS: This is Liz Homoki-Titus with HHS.

DR. WADE: Hi, Liz. How are you?

MS. HOMOKI-TITUS: Good, thank you.

DR. WADE: Anyone else wants to be identified for the record?

(No responses)

Well, let's remember telephone etiquette as we go. You know, mute the phone if you're not on it; speak into a handset as opposed to a speaker phone if you can. I think star-6 will mute a phone if you don't have the ability to do that with a readily-available button, and star-6 will get you back connected. And if we exercise some phone etiquette it will make it easier for all of us participating, so -- Mark, it's all yours.

INTRODUCTION BY CHAIR

MR. GRIFFON: Okay, sorry for my late arrival. I think we have plenty of work to keep us busy here through the day. Just a -- a -- I'll touch on the agenda and then we can get right into it. The -- I -- I thought they -- I didn't send out an agenda, but it's sort of obvious what we're going to cover.

The sixth set of cases, we have some items to close out there so I'd like to start with that, and hopefully we can -- I'm hopeful that we can wrap up the sixth set of cases.

The seventh set of cases we had started at the last meeting. We didn't quite get through the entire matrix, so I'd like to -- to complete that, and I think we also have some initial responses from SC&A on some of the items that we discussed at the last meeting so we can see how to -- I'd like to get one full run through it first, and then maybe go back and look at some of those responses that -- that SC&A sent.

And then what I would like to do is at that point try to cover the -- I -- I sent a draft letter of this first 100 cases report, which I -- I sort of put off for the last couple of meetings. I would like to get it on the table at this meeting and at least have a preliminary discussion. And if people need time to take it home, redline it -- you know, comment on it, whatever, that's fine. But at least to have an initial run-through of that letter and discuss it a little bit.

And then if we still have time we can maybe get

into the eighth set. That might be ambitious, but I know Stu did send out preliminary NIOSH comments for the eighth set, so we have that work available if we -- we still have time. So I guess if we could start with the sixth set of cases --

MR. HINNEFELD: Mark, there's one thing John and I were discussing earlier on and it has to do with the tenth set of dose reconstructions.

MR. GRIFFON: Uh-huh.

MR. HINNEFELD: Of course that's --

MR. GRIFFON: Not quite there yet, yeah.

MR. HINNEFELD: -- but we've started some pre-selection work on it, if you'll recall, and for -- I think for -- maybe for SC&A's benefit, to make sure that they have things to do, and you may want to have this conversation now or may-- maybe talk to Mark at lunchtime or something --

MR. GRIFFON: Yeah, yeah.

MR. HINNEFELD: -- we may put it off till then, but there's some pre-selection work that I can electronically distribute, you know, I'll say see where we are. And we may want to think about that in order to have SC&A -- for SC&A to have some work to do as they go forward.

MR. GRIFFON: That makes sense. Refresh my memory, Stu. Where were we? We did a first --
MR. HINNEFELD: From --
MR. GRIFFON: -- we did a first iteration of it?
MR. HINNEFELD: From my response, we've done the first pass --
MR. GRIFFON: Uh-huh.
MR. HINNEFELD: -- and from what I've -- well, this is where I think we are, or I think we're -- I'll confirm this later. We've done the first pass and there's been some pre-selection, and I believe we've added, from ORAU, the additional information that we always ask for.
MR. GRIFFON: Right.
MR. HINNEFELD: And I believe we've also screened -- had the DOL screen done on those cases, I think. I'm not 100 percent --
MR. GRIFFON: Did you -- you added that information. Did you return it to -- to me or --
MR. HINNEFELD: I'm not 100 percent sure.
MR. GRIFFON: Yeah.
MR. HINNEFELD: I'm not 100 percent sure, so I'll have to confirm where I am at lunchtime,

but it seems like there'd be some value to try to move forward in some way on that. I don't know we -- we probably can't choose anything today, but --

MR. GRIFFON: Right.

MR. HINNEFELD: -- perhaps we can be approaching -- you know, people can look at it between now and September -- you know, the first week of September --

MR. GRIFFON: Yeah.

MR. HINNEFELD: -- and have some decisions there on at least some selections.

MR. GRIFFON: That would make sense to keep -- to put some work --

MR. HINNEFELD: To keep SC&A --

MR. GRIFFON: Yeah, yeah.

MR. HINNEFELD: -- have -- so SC&A has work to do in this.

MR. GRIFFON: Okay. All right, we'll check on that on a break or at lunch today -- check our records and see what we have 'cause I don't -- I don't remember if I got a file back from you on that.

MR. HINNEFELD: I don't know what happened.

MR. GRIFFON: Okay, that -- that sounds good.

SIXTH SET OF CASES WRAP-UP

So to start -- I'm working from -- Stu, you put some -- some of the comments into a sixth-set matrix --

MR. HINNEFELD: Yes.

MR. GRIFFON: Which it says updated by OCAS August 20, 2008. Do people have that -- that matrix, that version of the matrix?

MS. MUNN: Is this the one?

MR. GRIFFON: At the very top it says prepared by the workgroup May 2nd, 2007, parentheses, updated by OCAS August 20, 2008. That's -- that's at the -- on the header.

MS. MUNN: And what -- do we have a date that was transmitted? Was it transmitted, do you know, on the 8th?

MR. CLAWSON: It was last -- it was last week?

MR. HINNEFELD: Last Thursday, I think.

MR. GRIFFON: The 18th? Does that sound familiar?

MS. MUNN: Okay.

MR. GRIFFON: Maybe it was --

MS. MUNN: Yeah, that sounds right.

MR. GRIFFON: The 18th -- the 18th was over a weekend.

MR. HINNEFELD: The 18th was Monday.
MR. GRIFFON: No, it might have been --
MR. HINNEFELD: I think it was -- I think it was the 14th.
MR. GRIFFON: 14th?
MR. CLAWSON: Well, because I --
MS. BEHLING: I believe it's the 13th. This is Kathy Behling.
MR. HINNEFELD: Okay, the 13th?
MS. BEHLING: Uh-huh.
MR. GRIFFON: Take a second to find that and when -- and if -- if Doug and Stu, if you guys can find the starting poi-- I'm a-- I'm assuming, looking at this, that the only ones we have to really discuss any further are the redlined comments that are in this version. But if I'm incorrect, Doug, if you can, you know, look through your notes as we're going.
MR. HINNEFELD: It's actually a subset of that. It's --
MR. GRIFFON: It might even be -- it might even be a subset of that, yeah.
MR. HINNEFELD: There are a number of comments -- it starts on 105.5 --
MR. GRIFFON: Right.

MR. HINNEFELD: -- and there's a August 20th, 2008 underlined date with some below it. So each new thing that was sent -- each new piece of information that was added to the matrix for this update has that heading, that August 20, 2008 date heading on it.

MR. GRIFFON: So you're saying these ones on 104.3 were previously in there?

MR. HINNEFELD: Those were sent previously.

MR. FARVER: And even some of the information from the August 20 notes are -- is clarification information.

MR. GRIFFON: 'Cause they -- they -- hmm. The -- the one -- the -- the matrix I was working from the last meeting -- I think it was the original May 2nd matrix, and that didn't have those -- like the --

MR. HINNEFELD: Any of the redline in it?

MR. GRIFFON: 104.3, it didn't have those comments in, and in fact, I had -- I had a couple of questions on those. Can we -- it -- it might be quick, Stu, but can we step through any of the redlined comments --

MR. HINNEFELD: Yeah, sure.

MR. GRIFFON: -- real quickly and go that way?

Yeah, sixth set.

MR. CLAWSON: We'd be starting at the 104 --

MR. GRIFFON: So I'm starting at 104.3. And -- and for 104.3, for instance, Doug, do you -- is there any further comment on this or what's -- what's SC&A's reaction to NIOSH's comment?

MR. FARVER: Bear with me for a minute. I have to catch up.

MR. GRIFFON: Yeah, it always takes us a little time to start.

DR. MAURO: Oh, yes, this is an external exposure to the slabs issue, and we went ahead and re-derived the doses using our own models and to see if we came up with the same numbers, and I believe there was some disparity between our calculations on the simple external exposure model and the -- the dose rates that you folks came up with. And I guess that's as far as I can take it. As far as your response goes, I -- I haven't looked at --

MR. HINNEFELD: My rec-- my recollection of the finding is that it was -- you guys modeled the actual dimensions of the uranium slab that was rolled and -- sorry about that. Okay. Modeled the actual -- you guys modeled the actual

dimensions of the uranium slab and said the dose rate at these distances would be this, which is somewhat different -- not a lot, somewhat different than the model we used. We had used numbers that had been previously modeled from a different -- somewhat different geometry, just for expedience and because if you're in proximity to uranium metal, you know, you're going to be in the ball park and we felt like we had a really generous model in terms of how close we put the person for how long, and so we felt like our numbers were sufficiently bounding because of that.

And the other -- the other comment that we made was that it's -- a person wouldn't be position at the center of a uran-- you know, a four by eight uranium slab 'cause it's going to lie flat.

DR. MAURO: Uh-huh.

MR. HINNEFELD: It won't be stored on end and you can't stack them very high 'cause it'll just be too much to move. So -- so we -- it sounds like -- while you did in fact -- you know, we aren't arguing with what you modeled because of the dimension. We didn't feel like

it was a particularly relevant value or any more relevant than ours, and we thought that the -- the -- the generosity of the model was such that if -- if -- we thought ours was bounding anyway.

DR. MAURO: I would ag-- you know, in principle I agree with that. In other wor-- when you step back from the analysis, say okay, but really what are we talking about in terms of a -- a significance, bear in mind that we just go through the process that says here's the geometry, here's the duration of exposure, here's the distance.

MR. HINNEFELD: Yeah.

DR. MAURO: We run our calculations, we come up with a number and it's somewhat different than yours.

MR. HINNEFELD: Yeah.

DR. MAURO: But I fully agr-- one of -- one of the philosophies that we -- we're well aware that when you look at -- in a given analysis in a macro scale, you know, collecti-- take into consideration all the assumptions and -- that are built in, when we come at the problem we say well, listen, given that this scenario is

defined in these terms put away, you know, 2,000 hours a year, what's the dose? So -- so we say given that, what dose would we get? And when we do see a difference, we point it out, even though I acknowledge that in the bigger picture the difference doesn't really make a -- much of a difference. Nevertheless, we feel it's incumbent upon us to point out places where we are coming out -- where we're getting a factor of two out, I believe, we're not --

MR. HINNEFELD: Yeah, we weren't very far off, I forget exactly --

DR. MAURO: But when you take it -- now a factor of two could be considered important enough, but when you step back and say but wait a minute, we're making like -- as you pointed out, well, the slabs really aren't going to be laying, you know, perpendicular to the person. The person's really not going to be there 2,000 a year, but that's the assumption that's built into the -- as characterized.

MR. HINNEFELD: Right.

DR. MAURO: And the -- and so how we clo-- I mean how we deal with something like that I guess is a --

MR. GRIFFON: Well, I -- I have my -- I -- I pulled up my matrix from June of 2008, which is what I did real time during the meeting, which I should have sent to you before you put comments into the old one. Now I've got to merge the two so --

MR. HINNEFELD: Yeah, sorry.

MR. GRIFFON: No, that's all right. It's my fault. But in this -- the one thing it does say is NIOSH and SC&A to share calculations and results, just in -- the difference is in doses assessed. Now I -- I -- you know, I see agreement here, but I don't know that --

MR. HINNEFELD: Yeah, I don't think we have any particular --

MR. GRIFFON: -- I don't know that you shared the specifics or -- or...

MR. HINNEFELD: Well, I thought we had. That's what I was thinking about --

MR. GRIFFON: Maybe no, I don't know.

MR. HINNEFELD: I -- I don't think we have any particular -- you know, we don't find any issue with their calculations -- with their model calculations.

MR. GRIFFON: Yeah.

DR. MAURO: And -- and --
MR. HINNEFELD: We thought that it didn't exactly fit the geometry that the person would -- would have and so it wasn't particularly more relevant --
MR. GRIFFON: Right.
MR. HINNEFELD: -- that the other geometry we already modeled. That's --
MR. GRIFFON: Right.
MR. HINNEFELD: -- so that's why we -- that's -- was our --
DR. MAURO: And it wasn't enough I guess -- I'd have to look back, but the difference in dose was -- I guess there's two levels. One, what if the difference in dose was important --
MR. HINNEFELD: Yeah.
DR. MAURO: -- from the point of view of compensation. And second, though, if it was, then things become a little bit more fundamental. That is, then I think it's important that in your scenario you -- and if you do do it with a different geometry and it is -- where you are actually coming in let's say with a factor of two lower, and it's justifiable --

MR. HINNEFELD: Yeah.
DR. MAURO: -- I mean I'm not saying it's not justifia-- and it's justifiable, then I think that's important that that be made, you know, explicit in the analysis --
MR. HINNEFELD: In the -- in the model?
DR. MAURO: In the model, if it --
MR. HINNEFELD: No problem.
DR. MAURO: -- if it's self-- you know -- see, right now the differences we're talking about are one where yeah, we could see you -- you could model it that way, but that's not the way it was described.
MR. HINNEFELD: Yeah.
DR. MAURO: When we modeled it the way described, we come up with something different. Now the difference in this case was -- is a difference that doesn't really change anything in terms of compensation, but it could have.
MR. HINNEFELD: Yeah.
DR. MAURO: And -- and I guess that's where we are right now.
MR. GRIFFON: So I gue-- it -- it -- what -- what I heard from Stu is that you don't disagree with what the calculation that SC&A

did --

MR. HINNEFELD: No, right.

MR. GRIFFON: -- and --

MR. HINNEFELD: Well --

MR. GRIFFON: -- John, you're comfortable with the scenario that they've laid out --

DR. MAURO: Right, that --

MR. GRIFFON: -- as far as -- right, right.

DR. MAURO: Quite frankly, perhaps the idea circumstance and how you want to deal with that is that it be explained that way. That is, when -- in other words, in -- in the actual documentation of what was done, in effect you -- you have an approximation that, you know, that's based on -- takes into consideration that -- the fact that the person may not have been that close that long. But it puts us in a tough spot. We're trying to match numbers.

MR. GRIFFON: Right, I know.

DR. MAURO: And if in fact the methods used differed than -- than what's described in the dose reconstruction, it puts us in a tough spot to say well, are we going to be critical here and -- and -- and we are. You know, we made a -- a comment saying that well, we weren't able

to really get your numbers. What's -- what's done about that, I -- I guess I'm not quite sure.

MR. GRIFFON: Right.

MR. HINNEFELD: Well, it'd be a fairly simple matter to write a sentence in the site profile -- I don't remember, which site is this?

DR. MAURO: Which one is this?

MR. GRIFFON: Superior Steel.

DR. MAURO: Superior Steel.

MR. GRIFFON: Yeah, yeah.

DR. MAURO: The size of -- yeah, I remember the -- I remember this one, yeah.

MR. HINNEFELD: I mean it'd be a simple matter to write it in there. It would affect this -- this DR -- I don't know if there are any Superior Steels waiting to be done or -- of course that's not to say we couldn't get more.

MR. GRIFFON: Right.

MR. HINNEFELD: It's sort of --

MR. GRIFFON: Although it's probably not going to affect any others -- only --

MR. HINNEFELD: I don't think it would.

MR. GRIFFON: -- affects is 'cause they were all done with this technique.

MR. HINNEFELD: It's all done with this technique and we just say -- just describe the technique more fully in the document.

MR. GRIFFON: You're really just changing the (unintelligible) was really being done.

MR. HINNEFELD: Yeah.

MR. GRIFFON: Yeah.

DR. MAURO: Now that I'm -- I'm looking at it and -- and Doug pointed it out, I think it was silent regarding the size of the plates.

MR. HINNEFELD: Oh, okay.

DR. MAURO: It was silent and we -- and we did a little research into what we thought the plates were --

MR. HINNEFELD: Okay.

DR. MAURO: -- and so -- so we -- there is -- if you get to try -- other -- we brought it to a level of resolution that was perhaps greater than the resolu--

MR. HINNEFELD: Right.

DR. MAURO: -- you -- you really specified.

MR. HINNEFELD: We just felt like they were close to uranium metal --

DR. MAURO: Yeah.

MR. HINNEFELD: -- we've got this model, we can

get a dose rate off uranium metal and, although it wasn't exact geometry may-- we knew -- then we didn't really -- in that case we wouldn't really care what the exact geometry was. We'd say well, this is our dose rate for close -- this -- this dose rate, in combination with these --

DR. MAURO: Right.

MR. HINNEFELD: -- parameters about how close they were for how long, is sufficient to bound the dose. And I think really the doses assigned by the site profile are really hi-- are really high compared to what you would see if you looked at the dose rates say from Fernald in the mid-'80s when they were running really high production levels. They almost -- you know, I don't know that we ever had -- we -- or that they ever had anybody get to a rem a year in -- in photon exposure, even when they were -- the place was packed with uranium. So...

MR. GRIFFON: So I -- I mean I -- I hear agreement, and I -- I would just ask that if NIOSH can modify the site profile to add in the scenario used for external dose calculations,

then it's -- then it's put to bed. Right?
MR. HINNEFELD: Okay.
DR. MAURO: Well, you know --
MR. GRIFFON: Just to add that in, just to...
MR. HINNEFELD: Well, we can say in there that -- we can make some clarifying information that this is considered -- you know, we consider this technique appropriately bounding for a uranium metal exposure situation --
DR. MAURO: This class of problem.
MR. HINNEFELD: -- yeah, this class of problem, regardless --
MR. GRIFFON: Right.
MR. HINNEFELD: -- of the geometry -- the specific geometry --
DR. MAURO: And we -- and we --
MR. HINNEFELD: -- uranium.
DR. MAURO: -- would agree with that.
MR. GRIFFON: Yeah. All right, so that one's done. I'm -- I'm moving on to 104.4.
MS. MUNN: Say you're going to (unintelligible).
MR. GRIFFON: Now 104.4, this is what -- this is one thing that sort of -- when I saw your redlined comments, Stu, this is one thing that

-- my memory was different than what was written there and -- only in the sense that I thought this was a generic issue and I was awaiting this sort of white paper to come back on this generic resuspension question, and you seem to -- to answer it more specifically for this instance, but don't allude to any -- any white paper or anything like that, so...

MR. HINNEFELD: Yeah, I think maybe this redline may have predated our -- our final determination --

MR. GRIFFON: Oh, okay.

MR. HINNEFELD: -- and it still remains in global, so --

DR. MAURO: Yeah, we -- yeah, we --

MR. GRIFFON: So -- so the resolution I have is that NIOSH -- or that NIOSH is developing a white paper to address several of these generic iss-- you know, including resuspension, and ingestion I think is the other one.

DR. MAURO: Yeah, that -- that white paper and how you finally decide what to -- how to deal with ten to the minus six resuspension factor --

MR. HINNEFELD: Yeah.

MR. GRIFFON: Yeah.
DR. MAURO: -- it's going to have a ripple effect upon --
MR. GRIFFON: Yeah.
MR. HINNEFELD: -- a lot of stuff.
DR. MAURO: -- across the board.
MR. HINNEFELD: A lot of stuff, yeah.
DR. MAURO: The fortunate thing about it --
MR. GRIFFON: I mean where does that stand, Stu? What --
MR. HINNEFELD: I'd have to get --
MR. GRIFFON: We've been talking about that for a long time. Is that the -- is that in Jim Neton's or --
MR. HINNEFELD: Yeah, I believe it's in Jim's -- it's on his -- Jim's list, along with ingestion, so I think it's in that.
MR. GRIFFON: 'Cause these are pretty global -- you know, --
MR. HINNEFELD: Well, actually -- it's in TIB-70.
DR. MAURO: I was just about to say that, we --
MR. HINNEFELD: It's in TIB-70 and --
DR. MAURO: -- you're going to be seeing --
MR. HINNEFELD: -- it's in procedures.

MS. MUNN: Well, we're going to be talking --
DR. MAURO: -- you're going to see --
MS. MUNN: -- about it tomorrow.
DR. MAURO: -- next -- Hans is just about done reviewing --
MS. MUNN: Yeah, yeah.
DR. MAURO: -- and we just talked about it yesterday, and the biggest criticism of TIB-70, which you ha-- is the ten to -- one of the -- is this ten to the minus six --
MS. MUNN: The resuspension factor --
DR. MAURO: -- resuspension factor --
MS. MUNN: -- right.
DR. MAURO: -- which is --
MR. GRIFFON: So it's in TIB-70, is that --
MR. HINNEFELD: (Unintelligible) procedures review.
MS. MUNN: Yeah, but it's --
MR. GRIFFON: TIB-70 addresses what?
MR. HINNEFELD: Resuspension.
MS. MUNN: Resuspension.
DR. MAURO: Well, post -- post-AWE --
MR. HINNEFELD: Yeah, residual.
DR. MAURO: -- residual radioactivity --
MR. GRIFFON: Residual radioactivity.

MR. HINNEFELD: Okay, for the residual radioactivity period --
DR. MAURO: Right.
MR. HINNEFELD: -- part of which is resuspension.
DR. MAURO: And the fundamental part is how to get the airborne activity --
MS. MUNN: Right.
DR. MAURO: -- and if you know what the activity on the surface, how do you figure how much is in the breathing zone --
MS. MUNN: Yeah, it's --
DR. MAURO: -- and that's where the resuspension factor comes in.
MS. MUNN: It's on the docket for tomorrow.
MR. GRIFFON: So --
MS. MUNN: It's an update.
MR. HINNEFELD: So then in terms of --
MR. GRIFFON: So is 104.4 a residual ra-- I mean would this be a TIB-70 issue or -- or is this resuspension not during a -- I mean, you tell me, is this a TIB-70? Am I saying this is being covered in TIB-70?
MR. HINNEFELD: I think this must be a residual question. Let me see -- let me pull that up --

DR. MAURO: It's -- ten to the minus six is always residual.

MR. GRIFFON: It's always resid-- I -- I think you're right, yeah, yeah, I just wanted to verify that before we -- before we send it over to Wanda's group.

DR. MAURO: See, it could be -- it --

MS. MUNN: It's already being worked there.

DR. MAURO: In theory there are a lot of places where it could be sent.

MR. GRIFFON: Yeah.

DR. MAURO: But 70's probably the best place because it's -- it is a universal --

MR. HINNEFELD: If this find-- I believe this is a residual finding because you wouldn't be talking I think about resuspension unless it was a residual period, but I'm checking that for sure -- I'm pulling up the fin-- the actual report.

MR. GRIFFON: And procedures workgroup, TIB-70, would be a...

(Pause)

MR. CLAWSON: Would that make that like a overarching issue or...

MR. GRIFFON: Well, I guess that's where

they're -- yeah, it is -- it does have, like John said --

DR. MAURO: Yeah, it -- we --

MR. GRIFFON: -- wide-ranging effects.

DR. MAURO: The -- I -- I'm going to take something back. There might be certain sites where ten to the minus six was used also --

MR. GRIFFON: Yeah.

DR. MAURO: -- during operations. Other words, if there was an interest in what might be the dust loading from resuspension during operation -- I'm not -- I -- I really don't want to rule that out.

MR. GRIFFON: Yeah, I know. Tell me -- I mean -- for instance, tell me the difference between 104.4 and 104.5, 'cause one says post-operation inhalation and the other one does not say post-operation inhalation. The sec-- the 104.5 definitely looks like residual to me. The other one, I'm not sure.

MR. HINNEFELD: Yeah, 104.5 relates to what contamination level you start -- I think.

DR. MAURO: Yeah.

MR. HINNEFELD: The -- I'll have to -- let me take a minute here, I've got to find my

reports.

(Pause)

UNIDENTIFIED: (Off microphone) And it's referring to (unintelligible).

MR. HINNEFELD: Four does?

UNIDENTIFIED: (Off microphone) Yeah, it's an exception (unintelligible).

MR. GRIFFON: Oh, rather than the resusp--

UNIDENTIFIED: (Off microphone) Subsequent determination.

(Whereupon, a number of participants spoke simultaneously.)

DR. MAURO: (Unintelligible) subsequent -- subsequent determination, so this is -- this is post (unintelligible).

MR. GRIFFON: The microphones are still working, we've just got a few side --

MR. HINNEFELD: Looks like you're right, Mark, it might be during rolling for 3.-- or 104.4.

DR. MAURO: Yes --

MR. HINNEFELD: We got our sampling data.

DR. MAURO: Yeah, that -- yeah, but there -- well, we br-- in the -- the discussion we're having there are two places where resuspension comes up. The first one is an issue that

resuspension comes up as relates to during rolling operations, what the resuspension exposures might be 'cause there's -- there's residual activity produced during rolling operations.

And then the next one is after termination of rolling, so I --

MR. HINNEFELD: So are we talking about between rolling days?

DR. MAURO: Yes. You know what it was?

MR. GRIFFON: Just like a --

DR. MAURO: And the -- and remember --

MR. HINNEFELD: During the operational period --

MR. GRIFFON: -- right --

MR. HINNEFELD: -- between rollings.

DR. MAURO: Between rollings.

MR. HINNEFELD: Okay.

DR. MAURO: There it is.

MR. GRIFFON: That's what I thought.

DR. MAURO: There it is.

MR. HINNEFELD: Okay. Well, I think, though --

MR. GRIFFON: So it's still sort of a --

MR. HINNEFELD: It's still --

MR. GRIFFON: -- residual --

MR. HINNEFELD: -- it's still a residual situation.

MR. GRIFFON: They probably both fall under TIB-70 is what I'm getting at. I mean --

MR. HINNEFELD: Yeah, it's still a residual situation, even though they rolled more later.

DR. MAURO: Yeah, thi-- this is sort of an unusual circumstance where you have a weekend -- you're doing rolling, during the week you're not doing rolling, and then you roll again --

MR. GRIFFON: Which happened at quite a few of these places, too, yeah. Okay. So 104.4 and .5 are going to the procedures workgroup. I closed them out, Wanda.

MS. MUNN: Thank you. I'll see if I can get them back.

MR. GRIFFON: Okay, 104.6 -- this is ingestion. Now is there a new TIB for this one?

MR. HINNEFELD: Well, there was a technical report that's supposed to be written.

MR. GRIFFON: So -- so it's a white paper technical report?

MR. HINNEFELD: Yeah, it's a global issue.

MR. GRIFFON: Okay.

DR. MAURO: Now there's OTIB-9 where you talk

about that --

MR. HINNEFELD: Okay.

DR. MAURO: -- where -- but it's my understanding that still -- that was 2004.

MR. HINNEFELD: Oh, okay. Well, that would predate this whole discussion, so --

DR. MAURO: Okay, so -- so this new material -- so there is a re-- a global issue here.

MR. HINNEFELD: Yeah, Jim, you know, presented this and I submitted this at one -- one of these meetings, Jim presented at a workgroup -- at a Board meeting, you know, some information relevant to this, he said. So this is kind of his and (unintelligible) said well, we ought -- we need to put this in a technical paper and -- of some sort, whether it's a TIB or whatever, and yeah, that's not been (unintelligible).

MR. GRIFFON: Yet to be formalized or whatever.

MR. HINNEFELD: Yeah, it's -- right now it's just a PowerPoint presentation and there's probably additional detail that needs to go into it.

MR. GRIFFON: And the -- and the -- since it's a technical paper, I'm just wondering just -- just --

MR. HINNEFELD: Well --
MR. GRIFFON: -- just disposition --
MR. HINNEFELD: Well, it's a general technical -- technical document is a general term we use --
MR. GRIFFON: Yeah.
MR. HINNEFELD: -- to describe a TIB or a procedure or a site profile or --
MR. GRIFFON: So I mean I wonder if it should fall under procedures workgroup or if it would stay here or --
MR. HINNEFELD: In terms of the -- the generic --
MR. GRIFFON: In terms of us looking at it, yeah.
MR. HINNEFELD: Yeah, I suppose it's probably -- it'd be more -- it would be I guess better procedures workgroup --
MR. GRIFFON: Yeah.
MR. HINNEFELD: -- but all we say here is a generic issue and we -- there's no suggestion on our part where it gets resolved.
MR. GRIFFON: Right.
MR. HINNEFELD: That's kind of up to you guys to --

MR. GRIFFON: I mean my sense would be that it is -- it is a --

MR. HINNEFELD: Would be more procedure-like than dose reconstruction.

DR. WADE: And fortunately we have the chair of the procedures group right here.

MR. HINNEFELD: Sorry.

MS. MUNN: I don't know whether that's fortunate or not.

DR. WADE: Fortunate for us.

MS. MUNN: Hmm.

MR. GRIFFON: Wanda, you want this future document? Well, you know, the other thing is that we -- I -- I think we -- you know, getting back to SC&A's role in this, we -- you know, before we pull a TIB into the procedures workgroup, we usually task SC&A to look at it, and we haven't ta-- you know, this isn't even developed so we're getting maybe ahead of ourselves, but I would anticipate this would sort of belong there, so we'll --

MS. MUNN: Reluctantly, probably.

MR. GRIFFON: -- we'll put kind of a place-holder for that and I think that's where it's going to go. Okay.

104.7, and this is the --

MR. HINNEFELD: OTIB.

UNIDENTIFIED: 53.

MR. HINNEFELD: That's -- get it right.

MR. GRIFFON: This is TIB-53?

MR. HINNEFELD: Right.

MR. GRIFFON: And it's not -- it's not -- it's still not out?

MR. HINNEFELD: Correct.

MR. GRIFFON: Well, when it is, it is another TIB.

MR. HINNEFELD: Yeah.

MR. GRIFFON: Okay, so I got the same note on that, for procedures workgroup.

Now we're on to 105, and I think we're getting on to the one Stu was talking about.

MR. HINNEFELD: Okay.

MR. GRIFFON: Again, I'm going through this to look mainly for the redlines, comments -- comments that were added. If there's any other com-- you know, anything I'm missing going along that wasn't resolved, please let me know. I'm up to 105.5, and maybe I'll just turn that over to either Stu or -- or Doug. Well, I guess, Stu, since you put this comment in --

MR. HINNEFELD: Yeah.
MR. GRIFFON: -- it would make sense for you to introduce it.
MR. HINNEFELD: This finding related to the fact that surrogate organ use -- this is esophageal --
MR. GRIFFON: Yeah.
MR. HINNEFELD: -- esophageal cancer --
MR. GRIFFON: Yeah, I think it's multip--
MR. HINNEFELD: -- surrogate -- surrogate organ for the medical X-ray was lung, but it was supposed to be -- it was supposed to be like the male or female, and it was the other one. You know, the dose reconstructor used the wrong one. I'm a little confused on which it was supposed to be, but the one it was supposed to use would have been somewhat higher. And so -- and that is correct, the -- the dose it should have used -- you know, the finding is correct for that. There have been subsequent, though, refinements of the SRS site profile that adjusts both values downward, so that the -- if you were to do it today, using the correct gender's lung dose, it would still be somewhat lower than what was done in the dose

reconstruction.

MR. GRIFFON: The thing that I -- the note I have for this entire case was that the entire case was under -- under re-evaluation as part of a PER review.

MR. HINNEFELD: Probably is --

MR. GRIFFON: Yeah.

MR. HINNEFELD: -- considering --

MR. GRIFFON: It's a Savannah River.

MR. HINNEFELD: -- the site it came from, probably is. So it would be reworked, with all the new site profile information in it.

DR. MAURO: Mark, by way of just your protocol, when that occurs, where a particular case is being re-evaluated as part of a PER, is it still something that is -- is -- does it move out of here as closed or something that we would call in abeyance if we were doing procedures? Other words, how -- how -- in terms of tracking, I'm not sure if there's been agreement on what -- what we're going to label that and would -- and if there's any future action the work-- the subcommittee might have relating to that matter once -- say the -- the PER is issued, the work is done, the re-- would

that become a PER -- that would have to be triggered if that was something you'd want reviewed -- you see what I'm --

MR. GRIFFON: Yeah.

DR. MAURO: -- it's the boundary between --

MR. HINNEFELD: That's a -- kind of an interesting question because it would be -- well, the time it would be reviewed -- when it is reworked, re-adjudicated, a new answer was back, that would be the time when it would be available for the Advisory Board to review because then it's no longer an active case. And there will be a lot of these. I mean if you want to think about making it a point of going back and finding all the ones that were reworked during by P-- that you reviewed --

MR. GRIFFON: Right.

MR. HINNEFELD: -- and then were reworked by PER, and pulling those back again and saying okay, based on the PER, how much -- you know, did -- is it done correctly now --

MR. GRIFFON: Yeah, yeah.

MR. HINNEFELD: -- that kind of thing. So I'll just leave it to you. I mean there will be a lot --

MR. GRIFFON: Yeah, I know --
MR. HINNEFELD: -- 'cause there have been a lot of PER returns and we've seen a lot on these reviews where these are being reworked under PERs, and so that's a huge population to try to deal with. Is there more value in that than say in a random selection of that case, or a selection of that case just as part of the normal selection process. Those are things I think for you guys to think about --
MR. GRIFFON: Yeah.
MR. HINNEFELD: -- and maybe before we try to come to close on -- you know, a decision here --
DR. MAURO: PERs are in the procedures group right now.
MS. MUNN: Yeah, they're sort of --
DR. MAURO: We've been -- we've been --
MS. MUNN: -- they're sort of broken out as a separate --
DR. MAURO: Separate --
MS. MUNN: -- entity, and it's --
MR. GRIFFON: The PERs themselves, you're saying --
DR. MAURO: The PER --

MS. MUNN: Yeah.
DR. MAURO: -- the whole pro-- because we did one, we did the --
MS. MUNN: Right.
DR. MAURO: -- thoracic lymphoma --
MS. MUNN: Correct.
DR. MAURO: -- and delivered a report --
MS. MUNN: Correct.
DR. MAURO: -- and that's -- I think it was under your purview.
MS. MUNN: Yes, I think so, too.
MR. GRIFFON: But when you say you've done that, John, you did -- you reviewed the -- what did you review? You didn't review --
DR. MAURO: Oh, I'll tell you exac-- we reviewed --
MR. GRIFFON: -- specific cases from --
DR. MAURO: -- and we picked three cases.
MR. GRIFFON: You picked three, right.
DR. MAURO: Right, so it wasn't that we did all -- I mean ob-- obviously --
MR. HINNEFELD: Not going to do them all.
DR. MAURO: -- there's 5,000 --
MR. GRIFFON: No, right, right --
DR. MAURO: -- in other wor-- I mean 500, so --

MR. HINNEFELD: (Unintelligible) about those, but there's well over a thousand --

MR. GRIFFON: For the super S, yeah.

DR. MAURO: -- I -- we -- we've got an interesting bridge that we're trying to build that, you know -- you know, you have a particular case whose resolution will be part of a bigger umbrella, under PER, in theory it could go into a part of a PER process, but we may not actually look at that case. We may look at some other sample from the big umbrella. So it's -- the -- the boundaries here are a little vague.

DR. WADE: I think the important thing, though, is to not lose the information. Let's say that the subcommittee punts a number of issues to procedures and they're looked at as -- and the case is looked at as part of a PER. I think it's important to keep that information resident in the matrix somewhere so that at some point you go back and do a roll-up and see just how much of that there is, and then the subcommittee or the Board could decide it wants to investigate and see how that -- that has played out. So as long as you keep that, and I

think it will be kept in the matrix, as I understand it.

MR. GRIFFON: See, I -- I think there -- yeah, I think we might have to look at this -- in the subcommittee's role, anyway -- almost case-by-case because, you know, the ones that I -- I can remember, and these were not necessarily re-evaluations done for PER reasons, but these were re-evaluations I think kind of as a result of our review --

MR. HINNEFELD: I think -- yeah, we've done some of those.

MR. GRIFFON: -- right? And -- but in those cases, as you've said, Stu, many times when you go to re-evaluate these cases, you look at it all across the board, you don't just look at the one from the finding.

MR. HINNEFELD: Right.

MR. GRIFFON: So -- so all -- a lot of things are going to change. And I would say the ones that the subcommittee's probably most interested in is the ones between 45 and 50 where it went -- underwent a PER review and you reassessed the entire case and, you know, I think tho-- you know, so we might be able to

narrow our field that way, you know, and say let's -- let's not re-look at all these cases but let's re-look at some that were, you know, borderline, that had some findings before and, you know, we go back at them that way. That may be a possible way to --

MR. HINNEFELD: You want to think about that for anoth-- a new selection round maybe? Is that what you're thinking, or --

MR. GRIFFON: Well, not -- but to go back to that case, that specific case, not to just randomly get it.

MR. HINNEFELD: Okay, but ones that were on here already --

MR. GRIFFON: Right.

MR. HINNEFELD: -- that were between 45 and 50 and then were reworked.

MR. GRIFFON: Right.

MR. HINNEFELD: Okay.

MR. GRIFFON: So some that -- what I'm saying is some -- if they were on here -- this is just -- just a -- a possibility is what I'm offering, is that -- I don't think we want to re-look at every case that underwent PER review because, like you're saying, there's going to

be a lot of them.

MS. MUNN: We can't.

MR. GRIFFON: Right.

MS. MUNN: That will be physically impossible.

MR. GRIFFON: Plus there's that -- there's going to be a long -- a significant time delay, too.

MR. HINNEFELD: Yeah.

MR. GRIFFON: You know, I mean, we're (unintelligible) look at this case a year later or something. But for those -- to keep an eye on, like, as Lew said, to track these and -- and the ones that -- I think it might be worthwhile to go back to some smaller subset of those that we've -- you know, we've had some findings with in the initial round, they were between 45 and 50 percent POC, therefore they're -- they're of a particular interest to this group and we want to see how the -- you know, mod-- when the modifications were made, how -- how it affected the case. So I think to go back to those cases might be worthwhile.

DR. WADE: It'd be reasonable for the subcommittee periodically at a meeting --

MR. GRIFFON: There's not a big set that way,

either, you know.

DR. WADE: -- just look at, you know, how many of those have been redone and decide if you want to go back and look at them. I mean as long as the information's in front of you --

MR. GRIFFON: Right.

DR. WADE: -- you can make rational decisions.

MR. GRIFFON: Right.

MS. MUNN: Do we have an electric sort -- an electronic sort that we can --

MR. GRIFFON: Well, yeah, we're -- we're --

MR. HINNEFELD: We --

MS. MUNN: -- do on this matrix that would give us that --

MR. GRIFFON: Yeah, we're putting this all in the -- in the -- and we're not discussing it today, but we're putting all this in a database, same as you're -- very similar to what Steve has set up --

DR. MAURO: So in effect you're -- you want to assign some label to some -- this is -- later on, at any time, you could sort on that label and say okay, how many cases do we have right now that --

MR. GRIFFON: Like if we say a case --

DR. MAURO: -- we could place into this box.
MR. GRIFFON: -- being re-evaluated under PER review --
DR. MAURO: Right, and then -- then you bring them up --
MR. GRIFFON: Yeah, you find all of those --
DR. MAURO: -- so -- and then it becomes something that's --
MR. GRIFFON: Right.
DR. MAURO: -- readily tractable once we automate it.
DR. WADE: But the key piece of information would be -- let's say you have that field assigned to PER review. Will you go back in and enter into the field when that case has been redone?
MR. HINNEFELD: We can run this query ourselves out of our NOCTS database. We can find the ca- - the cases you described to me, 45 percent POC -- 45 to 50 percent POC that have -- that have been reviewed by the -- the subcommittee that have subsequently been worked by --
MR. GRIFFON: Yeah, you have all that already, right.
MR. HINNEFELD: -- reworked and is now once

again available for review, we can do that.

MS. MUNN: Great.

MR. HINNEFELD: We can -- we can find those. So --

MR. GRIFFON: And then can we --

MR. HINNEFELD: -- so rather than build -- there's tracking database to keep track of this --

MR. GRIFFON: But we should be able to match them to our case numbers, too.

MR. HINNEFELD: Yeah.

MR. GRIFFON: Right? And we have that --

MR. HINNEFELD: Yeah.

MR. GRIFFON: -- so...

MR. HINNEFELD: Yeah.

DR. WADE: But that would take a request from the subcommittee to you to do that.

MR. GRIFFON: Right, right.

MR. HINNEFELD: Yeah, well --

MR. GRIFFON: But it's not difficult. Right? You can --

DR. WADE: That's right, that's right.

MR. HINNEFELD: It's easy for me, I don't have to do it. I tell the people to do it and they write the query and they find it, and so --

DR. WADE: So the subcommittee needs to consider asking this question periodically, that's --

MR. GRIFFON: But what I'm hearing also is that Stu's saying that the -- the -- the database exists to do this, we don't have to --

MR. HINNEFELD: Yes.

MR. GRIFFON: -- recreate the wheel to do it.

MR. HINNEFELD: Yes.

MR. GRIFFON: Right? So...

MS. MUNN: So then our question becomes how often do we look at this and what do we do with it when we do look at it, because I think the question that John was asking --

MR. GRIFFON: Right.

MS. MUNN: -- and it's one that bothers me, is where are the parameters that we set with respect to how long do we go on with this review and re-review business --

MR. GRIFFON: Right.

MS. MUNN: -- especially once the PER has been completed. And that's --

MR. GRIFFON: Well, and that's why I -- that's what I was proposing was one -- one proposal, anyway, of looking at the ones that fell

between a certain POC and were PER reviewed. That's one option. And I think you'll find right now, if you went back to the first 100 cases, you'd find what, two? You know, three maybe.

MS. MUNN: Maybe.

MR. GRIFFON: Maybe. I mean I don't even think that many.

MS. MUNN: All right, I don't (unintelligible).

MR. GRIFFON: So you know, it's not a large number. It's going to keep our population down I think if we do it that way.

MR. HINNEFELD: Yeah, if you restrict that initial POC --

MR. GRIFFON: Yeah.

MR. HINNEFELD: -- if you restrict the initial POC, that -- that will keep the population down. Now realistically, if we went back now and looked at the first 100 cases, there be -- there may be quite a lot of those that have subsequently been determined PER --

MR. GRIFFON: Right.

MR. HINNEFELD: -- but maybe that never came up during discussion.

MR. GRIFFON: How many were -- were returned

and are in -- in between 45 to 50? I mean we know --

MR. HINNEFELD: There -- there should not be -- there will not be a --

MR. GRIFFON: -- I just did that report. We know --

MR. HINNEFELD: -- huge population.

MR. GRIFFON: -- only five percent were in --

MR. HINNEFELD: Yeah.

MR. GRIFFON: -- 45 to 50, so --

MS. MUNN: Yeah, right, and then the number of those that we've reviewed was smaller still, so if we're going to be tracking the information -- the data from this particular set, or any particular set, then we are not going to review any mass of PER data that comes back to us that might be associated with it in some way. We would only be focusing on the cases that were in the sets we have reviewed.

MR. GRIFFON: Right. Right.

DR. WADE: Could -- could the subcommittee say to you now, of those first 100 cases, how many have been reworked, and then how many fall within some boundary?

MR. HINNEFELD: Of the first 100?

DR. WADE: Yeah.

MS. MUNN: Uh-huh.

MR. HINNEFELD: Yeah, I mean it'll take me a whi-- I mean I --

DR. WADE: I'm not saying now.

MR. HINNEFELD: -- can't -- I can't do this. I have to get our TST to write the query and find that stuff, but yeah. I mean if you want to do that, we can do that.

DR. WADE: Yeah, then the subcommittee can ask that question when it wants to.

MR. HINNEFELD: Well -- and -- and when you -- when you ask me, if you ask me to do this, I want to make sure we're clear on whether you want ones that were only reworked for PER reasons, or ones that were reworked, you know, for any reason -- because there have been times when a case has been reopened by the Department of Labor for the changes in the demographic or -- or cancer information. You know, either -- it's usually changes in the employment or cancer information, and -- and they'll be sent back, reopened, and those will be reworked as well, so -- and we do the same thing with those. We get one of those back, it's done in

accordance with the current -- all the current guidance, so it's another population of these things we can go through. But you know -- and we can find those separate from the PER returns, I believe.

MR. GRIFFON: Yeah.

MR. HINNEFELD: So just something for you guys to decide.

MR. GRIFFON: We can find this out -- maybe in between meetings at some point we can do some queries and bring them back to the subcommittee and look at it and -- and see what we want to do, you know.

MR. HINNEFELD: Sure.

MR. GRIFFON: We don't have to firmly set our criteria now --

MR. HINNEFELD: That's right.

MR. GRIFFON: -- if we realize our window's too large --

MR. HINNEFELD: Yeah.

MR. GRIFFON: -- and we're getting too many cases to redo later --

MR. HINNEFELD: Yeah.

MR. GRIFFON: -- I think we're going to -- we'll want to rethink it, so --

MR. HINNEFELD: Sure.
MR. GRIFFON: -- you know.
DR. MAURO: I'm sorry -- see, we have a very limited number of cases, really. In the grand scheme of things, the number of cases we're reviewing --
MR. GRIFFON: Right.
DR. MAURO: -- is relatively small, about 200.
MS. MUNN: By design.
DR. MAURO: By design, two and a half percent if we reached our (unintelligible) nowhere near that, anyway. We're closer to one percent.
MS. MUNN: Correct.
DR. MAURO: But let's say we -- now what we're really saying here is along the way of closing out issues on each case, some of them we can't close out right now. But in principle, at some time in the future, there's a process taking place -- whatever that process is, including PER, including whatever -- there is a commitment that has been made on the part of the program to revisit this particular issue, so it's not possible to close it out at this time. So in my mind, from the point of view of this database, that's all you really need. You

need some kind of pointer or -- or -- or indicator that there's a -- here is a case that was reviewed, an issue that's been raised, and as of -- as of this date, there are steps being taken to fix this problem -- and it may be one of many different ways in which that could occur. But I think it's important that it be in the database that we know that that's the status of that issue and --

MR. GRIFFON: Yeah, and that's fine, we're -- I'm --

DR. MAURO: -- and that could be just like --

MR. GRIFFON: -- we've got -- we're capturing that. We're capturing it.

DR. MAURO: Right now we call that in abeyance --

MS. MUNN: Uh-huh, correct.

DR. MAURO: -- you know, and -- and -- and now -- you want -- whatever term you want to call -- this way you never lose it, and you could always sort later, say okay, how many -- how many cases or issues do we have in our database that are still sort of in this limbo state --

MS. MUNN: In abeyance.

DR. MAURO: -- and -- and --

MR. GRIFFON: We're cap-- we're cap--
DR. MAURO: -- and you bring it right up and --
MR. GRIFFON: Yeah, we're --
DR. MAURO: -- you decide at that time what do you want to do about it.
DR. WADE: And then periodically you can then ask the next question, which is what happened to those cases.
MR. GRIFFON: We got it, we got it. The one thing I -- I want to caution, and some-- 'cause sometimes I think on some of our case reviews when a case is being re-evaluated for PER review, I want to make sure that -- that the -- there's a list of findings. I want to make sure all the findings are addressed except for the one related to the PER review, if that makes any sense -- to the extent we can, Stu, because I think sometimes we say well, this case is being reworked anyway. I'm not sure that -- you know, I think we want to answer -- technically answer the finding in front of us as best we can. Like if there's a finding related to dose conversion factor, obviously that -- there's a PER question directly related to the finding, that's fine. If there's a --

you know, for super S, it's directly related to the finding, that's fine. But if there's -- you know, other findings, I think we should answer them the best we can. We can still note that the entire case is going into PER review, but we should make sure we try to answer the -- the finding -- you know, close out the -- the other findings. You could -- does that make sense?

DR. MAURO: Yes.

MR. HINNEFELD: Yeah. I -- I mean I just have to envision -- I'll have to look at some specific examples to get my head around how we're -- how we can do that.

MS. MUNN: Yeah, how --

DR. MAURO: Well, you could almost envision -- let's say you have a Savannah River case that's being -- that -- say that we have a PER going that's going to affect a large number of Savannah River cases. When you get -- and let's say we have a case here where in that case we have a number of comments, there may be seven or eight comments. Of course on one tier we're saying but wait a minute, this is under our PER, great. So that's important to know.

But then when you get inside the tier you say but wait a minute, a couple of these comments deal with some global issues that -- that -- that are identified, maybe it's ingestion, whatever it is. So I don't know if you want to lo-- you don't want to lose that. So I agree without -- I guess what I -- I think I understand what -- what Mark was saying is within the overall idea that, listen, even though we're going to be reviewing this case under the broader umbrella of a PER for Savannah River, there are issues that are imbedded in it that get into a higher granularity that you don't want to lose track of. That is, you know, it -- it -- you're going to review it, but that particular issue is -- is -- is being dealt with as a global issue under the ingestion piece. Under a higher scale, yeah, we're looking at the whole case under a PER, for -- for broader reasons, so I -- I think that -- so the case itself, in a way, might be something that's being revisited under a PER, the overall, but there are issues within that case that are being also reviewed, maybe on a generic basis, on this --

there's some -- some global reasons.
MR. HINNEFELD: Or it's -- there could be a specific finding on the case about -- there could be some comment about years --
DR. MAURO: Years -- years of --
MR. HINNEFELD: -- internal exposure that were assumed based on the bioassay data.
DR. MAURO: Yeah.
MR. HINNEFELD: You know, that -- that finding comes up on occasion.
DR. MAURO: Right.
MR. HINNEFELD: The dose reconstruction will choose a particular duration of exposure, and there may be a finding about that duration of exposure.
DR. MAURO: Yeah, you don't want to lose that granularity.
MR. HINNEFELD: And -- and so --
DR. MAURO: You want to keep that granularity.
MR. HINNEFELD: I mean I'm just trying to -- I'm just trying to figure out -- I have to talk to Scott at some point and figure out how we're going to capture these because --
MS. MUNN: This is getting really complex.
MR. HINNEFELD: -- this'll be complicated.

It's almost a -- it would almost serve to have a -- a sort of a supplemental comment via our comment form. Same form -- same form, different use.

MR. GRIFFON: I guess my point -- that's a good example, Stu, is that if -- if you -- you know, if you have a question about duration of internal exposure and you say well, this case is being reworked for super S anyway, and then later we decide only to take some of these PER cases, we may never look at that one again.

MR. HINNEFELD: Yeah.

MR. GRIFFON: And we -- we never answered that question of was that -- was that --

MR. HINNEFELD: Yeah, I'm not --

MR. GRIFFON: -- broad --

MR. HINNEFELD: -- worried about losing the generic --

MR. GRIFFON: Yeah, I mean that's the question.

MR. HINNEFELD: -- to be honest with you. You know, even if the case comes back out and the generic thing's not resolved, then there's a change to technique based on that resolved -- that -- that generic issue, we'll go back and find all those and we'll -- we'll apply that.

I'm not worried about losing the generics. The ones that'll get lost are the specific -- or the task-specific, the claim-specific comments --

DR. MAURO: I agree.

MR. GRIFFON: Yeah.

MR. HINNEFELD: -- that will get lost.

DR. MAURO: And how we label it here in the database is the -- is the vehicle we're going to have available to us to make sure that doesn't happen.

MS. MUNN: Yeah.

DR. MAURO: So somehow we have to label each one of these issues in a manner that will make sure that doesn't happen.

MR. HINNEFELD: Okay, that's --

DR. MAURO: And I'm not sure of that.

MR. HINNEFELD: -- that's an issue -- I'm still working on my issue --

MS. MUNN: Yeah.

MR. HINNEFELD: -- of how we're going to do this.

UNIDENTIFIED: I think (unintelligible) comment form would work.

DR. WADE: From the matrix point of view,

right, you have the information --
(Whereupon, Mr. Griffon, Dr. Mauro and several participants spoke simultaneously.)
MR. HINNEFELD: He said -- he things use of a comment form. We have a comment form -- we review all the dose reconstructions --
MR. GRIFFON: Right.
MR. HINNEFELD: -- and we have a comment form we send -- if we have comments on dose reconstructions, right, fill out a comment form and send it back, and it's -- it's your classic comment resolution -- everybody's seen those kind of forms. So the question then becomes -- you know, we could put these findings on those comment forms, and the question becomes when do we prepare that form? You see -- see where I'm coming from here?
MR. SIEBERT: (Off microphone) (Unintelligible) globals closed out (unintelligible) review (unintelligible) might work.
MS. MUNN: That would be the logical time.
MR. HINNEFELD: Well, but there's -- I mean these things occur --
MR. GRIFFON: Yeah.
MR. HINNEFELD: -- are all over the phase.

These reviews occur all over the life cycle of a dose reconstruction. I mean -- well, actually these reviews all occur post-closure, and so -- but -- so you're talking about all through the life cycle of the PER. Like there will be some that we'll -- we'll -- we'll see that well, we reviewed and we requested that this be sent back for PER that hasn't made it back yet. So in those cases it would be relatively simple to clip out, you know, the findings from here, put it on a comment -- a finding form, send it over as a sort of a supplemental form for when you -- when you rework this case, these comments have to be addressed. Okay? That would be something that could happen.

The second -- but there's another type that, by the time we review it, has already been reworked by PER, so that's where we're in danger of really losing (unintelligible). We'll have to work on it. We'll have to work on it.

MR. GRIFFON: Yeah, let's all think about that one more --

DR. WADE: You also need to work it in the --

in your tracking matrix.

MR. GRIFFON: Yeah.

DR. WADE: It can -- it has to appear twice in that --

DR. MAURO: (Unintelligible) the action has to (unintelligible).

DR. WADE: It has to appear twice that it's to be dealt with as part of a PER, but there are other aspects of the finding that need to be dealt with outside of the PER.

DR. MAURO: In a funny sort of way, as long as you don't close it out in this tracking matrix, you know, when it's finally automated --

MR. GRIFFON: Yeah.

DR. MAURO: -- as long as it's not closed, then you could always query the tracking sys-- says listen, please list everything that's not closed, and then -- I mean a -- I mean that -- that's a -- in the simplest sense, then we say there's a reason why it's not closed. And we may find ourselves in a position of well, let's take a look, this is not closed, how come? I mean the problem really becomes, in this tracking system for this, we close it, then we ha-- when it really shouldn't be closed -- we

could always go back and say well, why wouldn't we close it, and then we -- it may take a little work to unravel, but it wasn't closed because of all these things we're talking about. But as long as we don't close it in here, we're never going to lose it. You know, can't slip through -- slip through the crack, but it'll be -- it'll be there --

DR. WADE: Might take some work to find --

DR. MAURO: -- haunting us.

DR. WADE: -- but that's --

DR. MAURO: Might take some work to -- now there may be things we can do in here --

DR. WADE: To make it easier.

DR. MAURO: -- to make it easier. But I think at a minimum, just don't close it.

DR. WADE: First thing, you don't want to lose the data, but secondly, you want to be able to retrieve it easily.

DR. MAURO: Qui-- quickly, exactly.

MS. BEHLING: Excuse me for just one second. Would it be beneficial for SC&A, when we are doing our case reviews, to go into the NOCTS database and determine if there has been a PER completed during our review process? Would

that help to ensure that nothing gets lost? Or are we going beyond what we should be doing here?

DR. WADE: From my perspective, I think that at some point the subcommittee's going to have to ask for a complete search, so you'll catch it then.

MR. GRIFFON: Yeah. But usually -- I mean you've always provided that to us, Stu, that -- that, you know, this one's under PER review or this one -- you know.

MR. HINNEFELD: Yeah, we can pull that. We've got that in the database --

MR. GRIFFON: Yeah.

MR. HINNEFELD: -- so that --

MR. GRIFFON: I'm not sure --

MR. HINNEFELD: -- can be pulled out.

MR. GRIFFON: -- who needs to do it, but -- but you know, usually we get it by the time we develop the matrix.

MR. HINNEFELD: As a gen-- you know, when the cases are selected for review, we make sure that there aren't any in there that are back with us for PER. We do that.

MR. GRIFFON: Right.

MR. HINNEFELD: But the issue then arises is by the time --

MR. GRIFFON: It comes up later.

MR. HINNEFELD: -- we get a resolution, others may have come back.

MR. GRIFFON: Right.

MR. HINNEFELD: Or there may be other evaluations and -- that have determined that it should come back, so...

MR. GRIFFON: Okay.

MR. HINNEFELD: We -- we'll have to puzzle on this one.

MR. GRIFFON: Yeah, we -- we can work on this a little more. That --

MR. HINNEFELD: But yeah, I'll let you guys worry about --

MR. GRIFFON: I mean the one thing I -- I -- I don't want to -- the one thing I'm concerned about with the just not being closed out in the database isn't necessarily enough if we're -- if we're saying that we're not going to go back and re-review all -- all these cases. You know what I'm saying? 'Cause if some -- a lot of them are going to PER review, we've said well, we don't want to, you know, go back to these

specific cases a year from now and re-review every one of them necessarily. But if -- if -- you know, so then what about these other findings that were, you know, linked with that case?

DR. MAURO: Well, as -- as long as the findings are not closed --

MR. GRIFFON: Right.

DR. MAURO: -- then we're always in a position to go back and sort -- say please list all the findings that were not closed in this sixth set, whatever it is, and we -- and then -- and -- so we can't lose it then. Other words -- now granted, that may not be very satisfying because you -- there are probably reasons why it isn't closed and we -- I mean it's prob-- maybe it should be closed now because certain things have happened, but I mean at least, you know, until we -- I guess the -- the subcommittee is convinced that the actions have been taken, whatever venue, to close that issue, we really shouldn't close it in this box. I guess --

MS. MUNN: As long as we keep it in abeyance and there's something in the notes that tells

us why it's in abeyance --
DR. MAURO: Right.
MS. MUNN: -- then we don't have a problem.
MR. GRIFFON: Right.
MS. MUNN: We're good to go. But --
MR. GRIFFON: All right.
MS. MUNN: -- the -- not having --
MR. GRIFFON: I think we're all saying the same thing.
DR. MAURO: Yeah, we are.
MS. MUNN: -- not having a note --
MR. SIEBERT: Presupposing that you'll always go back and review the case later on, which I thought is what you said later --
MR. GRIFFON: That's what I was --
MR. SIEBERT: -- earlier that you weren't --
MR. GRIFFON: -- that's what I was just talking --
MR. SIEBERT: -- doing.
MR. GRIFFON: Right, that's what I was just talking about.
MR. SIEBERT: That's what I thought you were getting at.
MR. GRIFFON: Right.
MR. SIEBERT: 'Cause if you leave it open, you

always have --
MR. GRIFFON: Well, that's why I -- I started this discussion --
MR. SIEBERT: -- to add something --
MR. GRIFFON: -- about ten minutes ago saying that, you know, that's why I'd like to close out all the findings not directly associated with a PER, you know. Like if it's not a super S issue, we should try to -- to the extent possible, to close it out --
MR. HINNEFELD: Close them in this form.
MR. GRIFFON: Yeah, close them in this form, yeah.
MS. MUNN: Uh-huh.
MR. GRIFFON: Not just -- 'cause I feel like sometimes we're punting on it, we're saying well, it's under re-review anyway, let's just --
MR. HINNEFELD: Right.
MR. GRIFFON: -- you know, push it down the road --
MR. HINNEFELD: That's right.
MR. GRIFFON: -- but we may not come back to it --
MR. HINNEFELD: That's right.

MS. MUNN: Uh-huh.
MR. GRIFFON: -- so I don't think we can push it down the road.
MR. HINNEFELD: That's right. Yeah.
MR. GRIFFON: So that -- that's all I'm saying is let's keep our eye on that kind of thing.
MR. HINNEFELD: Yeah.
MR. GRIFFON: A lot of times -- and especially in our first cut-through and at the end of the day we -- we get well, it's PER review -- PER -- you know, case is --
MR. HINNEFELD: Well --
MR. GRIFFON: -- being re-evaluated -- we get a little hasty and we --
MR. HINNEFELD: -- we often -- yeah, we often say that in our responses when we admit the finding is valid, you know, something should have been done a particular way and we say oh, you're right, we should have done it that way --
DR. MAURO: And we'll catch it during --
MR. HINNEFELD: -- but --
DR. MAURO: -- 'cause we're going to look at --
MR. HINNEFELD: -- well, we're catching it, we're going to redo it again with the PER, so -

-

MR. GRIFFON: But even -- but even to say that in the matrix, that NIOSH agrees --

MR. HINNEFELD: Yeah.

MR. GRIFFON: -- it should have been done this other way, and when we do the re-evaluation under this PER review, we will do this --

MR. HINNEFELD: Yeah.

MR. GRIFFON: -- that's a commitment to do it -- you know --

MR. HINNEFELD: Yeah.

MR. GRIFFON: -- so that's -- that's -- you know, that part of it is -- is closed out, in my opinion.

MR. HINNEFELD: Yeah, that's what -- that's what I was thinking, yeah.

MR. GRIFFON: Right. I mean if you put it in the matrix and put it in writing that you're doing it that way --

DR. MAURO: And you would close that?

MR. GRIFFON: -- I -- I think I would close it, yeah. I mean we're going to go back to a fraction of the ones that were PER reviewed anyway, you know, but if they outline exactly what they're planning on doing --

DR. MAURO: Im-- im-- important to ref--
MR. GRIFFON: -- you know, in writing, I mean I think that -- you know, it's down in writing and, you know.
DR. MAURO: No, no, don't get -- I'm just -- I just want to --
MR. GRIFFON: Yeah.
DR. MAURO: -- that philosophy is not what we're doing in Task III. Other words, until the procedure has been rewritten and been corrected, it stays in abeyance.
MS. MUNN: We're holding it.
DR. MAURO: And that's fine.
MR. GRIFFON: A little different than --
MR. HINNEFELD: But looking at all of them, too.
MS. MUNN: It is different.
MR. HINNEFELD: Once it's revised, though, you guys look at --
DR. MAURO: And then we look at it, right.
MR. HINNEFELD: Yeah, so that's not proposed here.
DR. MAURO: Right.
MR. HINNEFELD: See, that -- that works if you're --

DR. MAURO: If you're going to go back.
MR. HINNEFELD: -- every one of them -- you're going to go back to every one of them.
MR. GRIFFON: Well, it's one thing to go back to each procedure; it's another to go back to every --
MS. MUNN: Every case.
MR. GRIFFON: -- individual case, you know, so --
MS. MUNN: Yeah, yeah, yeah, the individual cases are too much of a load.
DR. MAURO: 132 procedures, there are 240 dose reconstructions.
MS. MUNN: Uh-huh.
DR. MAURO: I mean --
MR. HINNEFELD: Yeah, ultimately -- ultimately.
MR. GRIFFON: Yeah, but -- but how many of those procedures are you revisiting in depth? I mean -- it may be a lot, I don't know.
DR. MAURO: No, not -- not many.
MR. GRIFFON: Not many?
DR. MAURO: Not many.
MR. GRIFFON: That's fine.
DR. MAURO: We're wait-- we're waiting for the in abeyance to be sent back --

MS. MUNN: Uh-huh.
DR. MAURO: -- you know, we did it; take a look.
MS. MUNN: Uh-huh, right.
DR. MAURO: So I -- but I may not -- you know, that's where we are right now. That's what we're doing now.
MS. MUNN: Not that bad, so far.
MR. GRIFFON: Well, that's my -- that's my point. If we're not comfortable closing one out, we'll -- we'll note it, and as long as -- as everyone's said -- that we can track it, we're fine, we can decide later. I don't think we're going to want to redo all of them, though. That's the only thing, you know, so... Okay, with that little side discussion --
DR. MAURO: That always happens. Right? Can't get away --
MR. GRIFFON: -- we're getting dangerously close --
DR. MAURO: -- from this.
MR. GRIFFON: -- to the database discussion --
MS. MUNN: Well, there's no --
UNIDENTIFIED: (Unintelligible)
MS. MUNN: No, not -- it won't -- the -- the

whole difficulty is that we do not have a rigid process that we can follow that's gone before us. We're always plowing new ground.

MR. GRIFFON: Right, that's -- that's -- yeah.

MR. CLAWSON: Well, and each one of these are a little bit different than the other ones, so it's hard to put a clear road out there.

MS. MUNN: Yeah, it is.

MR. GRIFFON: So on -- on -- going on to 105.6 then, if we can get back to the meat and potatoes -- Ray's asking what time the meat and potatoes are, I figured I'd get that on the record. We've got a little while.

All right. So I have that SC&A concurs with this, I -- in my previous notes I had -- had NIOSH agrees, dose was recalculated, no effect on the case -- was kind of where it was left. And then SC&A agrees with this. Is that accurate?

MR. FARVER: Correct.

MR. GRIFFON: Okay. So we got -- so -- so now this is 105.6, which the case is being reworked. You know, here's your example, but this particular finding is -- has been addressed --

MR. HINNEFELD: Yeah.
MR. GRIFFON: -- and you specifically -- I mean you know, your -- your response is very specific.
MR. HINNEFELD: Yeah.
MR. GRIFFON: Right?
MR. HINNEFELD: Yeah. I think we should try to do this --
MR. GRIFFON: Right.
MR. HINNEFELD: -- like you said.
MR. GRIFFON: So we're closing this one out.
MR. HINNEFELD: We want to try to close the finding --
MR. GRIFFON: Right.
MR. HINNEFELD: -- the technical finding that's not affected by (unintelligible).
MR. GRIFFON: Right. Okay. Moving on. Flipping through, looking for the page -- the next page. I think it's 107.4, is that --
MS. MUNN: Looks like it.
MR. GRIFFON: So this is regarding the assumptions for the internal dose calculation, I think. I don't know, you guys'll have to tell me if -- there were some cases where you exchanged some IMBA runs and stuff. I don't

think this was one of them, but maybe it was.
MR. HINNEFELD: We talked about this one at some point.
UNIDENTIFIED: March 25th (unintelligible) subcommittee meeting.
MR. HINNEFELD: March 25th DR subcommittee meeting, we have a note that SC&A agreed with our discussion and now that's all that I have, that note --
MS. MUNN: And I --
MR. HINNEFELD: -- so we have to go back to that -- (unintelligible) Wanda?
MS. MUNN: I have another note, 6/9/08, incorrect assumption here. SC&A does not agree, although this does not change the compensability of the claim. OCAS will look at this again to verify the appropriateness of the method used.
MR. GRIFFON: Yeah, that's kind of where my comment --
MR. HINNEFELD: Okay, well, we'll have to do that --
MR. GRIFFON: That was the June meeting, yeah.
MS. MUNN: Yeah.
MR. GRIFFON: So NIOSH is going to look at this

again?

MR. HINNEFELD: Yeah.

MR. FARVER: If you want I could sum this up real quick.

MR. HINNEFELD: Yeah.

MR. FARVER: Employee basically had two bioassay results a year apart, and they assessed it as a chronic intake beginning six months before the first sample, whereas we took it to be a midpoint between the beginning employment date and the bioassay sample date and assessed it as an acute. So it's different methodologies.

MR. GRIFFON: Yeah, it -- it's -- it's either -- if I read your thing right, Doug, it's either acute versus chronic or, at the bottom of your response, or the time frame for the exposure I think is --

MR. FARVER: Or both.

MR. GRIFFON: Right, or both, right.

MR. FARVER: Yes.

MR. GRIFFON: So that's the things we want to look at. These are not new things, but --

MR. FARVER: You know, typically we go a midpoint between --

MR. GRIFFON: Right.
MR. FARVER: -- dates, and in this case it was six months before, and there may be a basis but I don't know -- I did not find it.
MR. GRIFFON: Okay, so we'll leave that with NIOSH is going to look back at that again. 107.5 -- I, at the last meeting -- I think this is resolved. NIOSH agrees, change results in a reduction of the POC, no further action's necessary -- is what I had from the last meeting, so I think we're okay there. 107.6, this is the -- the Pu-238 issue. Doug, maybe you can --
MR. HINNEFELD: Yeah, we did provide --
MR. GRIFFON: -- summarize this --
MR. HINNEFELD: -- new information for (unintelligible).
MR. GRIFFON: Okay.
MR. FARVER: I think what this finding touches upon is how do you know that all the files are included in the employee's record files. Other words, it looks like the dose reconstructor actually did the calculation, but the file was not included with the record files.
MR. SIEBERT: Well, this is -- this gets back

to (unintelligible) files.

MR. HINNEFELD: Yeah.

MR. SIEBERT: I don't think (unintelligible).

MR. HINNEFELD: Okay. We're trying to get with our contractor about what can be done along this line of unused attempts. You know, we've had that conversation in here --

MR. GRIFFON: Right.

MR. HINNEFELD: -- and we've had some preliminary discussions back and forth, a couple -- we've had a couple of different starts that never really came to fruition (unintelligible) discussion of (unintelligible) --

MR. GRIFFON: It's this show your work question.

MR. HINNEFELD: Yeah, show your work, essentially show your work on the exam. And so I suspect there'll be threshold questions. For instance, every spreadsheet, did I fill out all these -- you know, anything I do as a convenience --

MR. GRIFFON: Yeah.

MR. HINNEFELD: -- things like that. I think it's -- I think that it's pretty clear to me

that if it's a -- say a -- an IMBA run that results in a dose of less than one millirem, it'd be worthwhile to have it in there and show that it was in fact considered and it was -- the reason's not the dose reconstruction --

MR. GRIFFON: Right.

MR. HINNEFELD: -- but less than a millirem.

MR. GRIFFON: Right.

MR. HINNEFELD: That's a fairly clear threshold group of things to put in.

MR. GRIFFON: Right.

MR. HINNEFELD: I suspect there'll be some other categories of things that could be done, but there -- I sus-- the hardest part I think is going to be meeting -- you know, meeting common expectation, or we may think we're doing it and the reviewer may not. You know, that kind -- that -- that may still be occurring. I mean that may -- even after we say we're doing it, it's -- that statement still may (unintelligible) happen. But I'm also working with the contractor on what's -- what's the logistics here, because I don't really know contractor logistics for preparing a dose reconstruction and assembling the files. I

don't really know what kind of impact I'm ma-- I'm asking them to take on when I say this.

MR. GRIFFON: Right.

MR. HINNEFELD: So that's what the -- that's where we're at.

MR. FARVER: It's not practical to include all the work files --

MR. HINNEFELD: Right.

MR. FARVER: -- so you just need to -- how you triage it down to a certain set.

MR. HINNEFELD: So that's just -- see, that's going to -- that's going to be a question, and the other question is how much impact does this have on productivity to do this. You know, I don't know if it would have much, but it -- it -- I don't know, it might. I just don't know enough about the process, so those -- that's the -- the nature of the discussion. I apologize, I haven't forced this to completion sooner, but we've -- you know, we'd have -- we'd have initial conversation, it wouldn't go anywhere and I'd -- I'd be overcome by events and wouldn't keep pushing on it.

MR. GRIFFON: Well, let -- let me ask the -- the follow-- I mean that's the -- the record's

question. Let me ask the -- the -- just a little follow-up question from the internal dose side. I understand it's a fairly trivial dose. This was assuming a certain exposure duration. Was that consistent with the finding we just discussed for the uranium side of the -- 'cause I think you were talking --

MR. SIEBERT: Different issue.

MR. GRIFFON: It's a different -- different issue?

MR. SIEBERT: Yeah, it's environmental for plutonium-238 after we stopped assigning plutonium-238 --

MR. GRIFFON: Oh, after --

MR. SIEBERT: -- on bioassay.

MR. GRIFFON: Okay, okay. All right. That's fine. That's fine.

MR. FARVER: And I guess it could be something as -- in other words, if they would have just included it in the -- the environmental workbook at that time and showed that it was in there --

MR. HINNEFELD: Yeah.

MR. GRIFFON: Yeah.

MR. FARVER: -- even though it would have came

(sic) up to be less than a millirem, it still would have been documented that it was looked at.

MS. MUNN: That it was there.

MR. GRIFFON: So the -- the -- from an action standpoint on this one, Stu, you -- you're saying that NIOSH is working with the contractor to resolve, you know, what --

MR. HINNEFELD: To decide what can -- what we can do --

MR. GRIFFON: -- to what extent (unintelligible) --

MR. HINNEFELD: -- about beginning to put files in there that are not utilized in the --

MR. GRIFFON: Right.

MR. HINNEFELD: -- in the dose reconstruction. I don't -- see, and like I say, I just don't know enough about the contractor preparation process and the --

MR. GRIFFON: Right.

MR. HINNEFELD: -- and you know, Scott does dose reconstructions. I don't actually do dose reconstructions in my current job and so guys like Scott would be in a better position to come up with some ideas about how this might

work, so -- but that's where we're at, we're in those conversations with our contractor.

MR. GRIFFON: Okay. Let's take a -- want to take a five-minute just comfort break --

MR. HINNEFELD: Sure.

MR. GRIFFON: -- and then we'll plan on lunch at a little -- around -- a little after noontime or whatever. Let's take five, for those on the phone.

DR. WADE: We're just going to mute the phone. We'll be back in five.

MR. GRIFFON: Thank you.

(Whereupon, a recess was taken from 11:05 a.m. to 11:18 a.m.)

MR. GRIFFON: We're ready, we'll start up again --

DR. WADE: Okay, we're -- this is the subcommittee conference room and we're back in session.

MR. GRIFFON: Okay, I think I -- I'm up to 110.2, is that where you guys have it? Yeah.

MS. MUNN: Looks like it.

MR. GRIFFON: So this is a question of I think -- well, again, employment question, and I think the locations and -- and whether there

was neutron exposure 'cause I think --
UNIDENTIFIED: Yep.
MR. GRIFFON: -- the crux of this. And Doug, I might turn it over to you to...
MS. MUNN: Bef-- hold on just a sec. Before we go to 110.2 --
MR. GRIFFON: Did I miss --
MS. MUNN: Well, there isn't -- I still -- I have notes on my matrix from June, I think, with respect to 110.1-C22 -- is that on here? Yeah, it's --
MR. GRIFFON: 110.1?
MS. MUNN: Yeah, C22, and over in the resolution column I have two statements: Inconsistent treatment of blank data fields in dose records when it's unmonitored versus when it's zero.
MR. GRIFFON: Right.
MS. MUNN: NIOSH will provide additional follow-up to this finding.
And then I have: ORAU -- a different date, ORAU has agreed, unmonitored doses redone and incorporated; no change in comp-- compensability. Still on the table is a site profile issue because of the coworker model.

I don't know why I have that, but...

MR. GRIFFON: Yeah, I'm not sure about the coworker model question at the end there. I do have -- I have that NIOSH agrees inconsistent treatment of blank data fields in dose records, parentheses, when is unmonitored versus when is zero.

MS. MUNN: Uh-huh.

MR. GRIFFON: And it sa-- my notes say NIOSH recalculated the dose, and I think the response includes that. Yeah, and then -- then I have that this case is under PER review, as well. But the question is, again for me, can this finding be closed without, you know -- it's under PER review, but for what -- under what context? Super S? Yeah. So super S is not really this issue. Can this issue be closed, you know, regardless of the PER review. And I think if there's enough specificity in the response, then we'd try to close it out.

MR. HINNEFELD: I think in this case we agreed there should have been 15 additional zeroes in missed dose.

MR. GRIFFON: Right.

MR. HINNEFELD: And without a PER, it would not

change the outcome PER anyway, so I was thinking we were done.

MS. MUNN: Okay, so this is closed -- closed for our purposes.

MR. GRIFFON: My thought was that the response was pretty specific and it said, you know, we missed 15. If we added them in it would add three percent or so to the dose and --

MR. HINNEFELD: Yeah, even just to the missed dose component --

MR. GRIFFON: Right.

MR. HINNEFELD: -- it would be a small percentage --

MR. FARVER: Has this been corrected into the Hanford workbook? I mean how to count blanks or zeroes or --

MR. HINNEFELD: I don't know that.

MR. FARVER: 'Cause I -- I think that was the original question.

MR. HINNEFELD: Yeah.

MR. FARVER: Sometimes they were zeroes, but they were entered as blanks.

MR. HINNEFELD: Well --

MR. GRIFFON: Right.

MR. HINNEFELD: Yeah.

MR. FARVER: And I guess 'cause -- is he unmonitored or is it a zero.
MR. HINNEFELD: Yeah.
MR. GRIFFON: So that's the broader question, you're right, Doug.
DR. MAURO: With the coworker model.
MR. HINNEFELD: Yeah, so if it were unmonitored, then it should be a coworker as opposed to a missed.
MR. GRIFFON: Right, that's your -- that's probably your note, Wanda.
MS. MUNN: Which is probably what my note's about, so I can say it's closed for our purposes.
MR. HINNEFELD: I thought -- I thought we were done.
MS. MUNN: Yeah, okay.
MR. FARVER: It's just a matter of if it af-- if it affects other cases.
MR. HINNEFELD: Yeah.
MR. GRIFFON: You know.
MR. HINNEFELD: And I'd have to get somebody (unintelligible). We'd have to -- I'd have to get somebody who was really -- you know, certain -- certain people specialize in certain

sites --

MR. GRIFFON: Certain sites, right.

MR. FARVER: I believe I read somewhere in the documentation where certain years, even if the person was monitored, it was entered if a blank if it was a zero. They weren't always put in as zeroes.

MR. HINNEFELD: Okay.

MS. MUNN: Well, I'm a Hanford person but if I say anything about it, I have to be killed, so...

MR. HINNEFELD: And there are -- there are multiple records from (unintelligible), I know that.

MS. MUNN: There certainly are.

MR. HINNEFELD: There are -- there are multiple -- and in a response from DOE for exposure history, you'll see several versions that contain the same data, so there could be they're zeroes in some places and blank in others. I don't -- I don't know, I'm just -- I'm just talking.

MR. FARVER: I just remember reading that and I believe it might be somewhere in the documentation like the technical basis or --

MR. HINNEFELD: Somewhere in the site profile?
MR. FARVER: Yeah, somewhere in there.
MR. HINNEFELD: Why don't you drop me a line on that if you could --
MR. FARVER: Sure.
MR. HINNEFELD: -- just an e-mail, and pointing out where in it -- where it was and -- and then I'll get -- that'll prompt me to get over to ORAU with -- get one of their Hanford folks to weigh in on it.
MR. GRIFFON: Well, I think we should -- we should formally follow up on that part of it. I think it's closed out for the case --
MR. HINNEFELD: Yeah.
MR. GRIFFON: -- but does -- does the -- is the broader issue resolved --
MR. HINNEFELD: Just to make sure. You know, I think the -- you know, we -- we -- we've got some people -- they're not dose reconstructionists, but they could give advice on the interpretation of the records. We've got a number of people on the project with Hanford experience, so I would think that if we're doing it -- we're doing it right, but we'll find out.

MS. MUNN: So it is or is not closed for our purposes? Are you going to carry this somewhere else or --

MR. GRIFFON: Closed for the case, and I'm asking that -- that we -- NIOSH confirm that it's -- you know, something is in place to --

MR. HINNEFELD: Yeah.

MR. GRIFFON: -- ensure that it doesn't happen in other cases. Now that -- that -- that something, that gets me back to -- which we'll discuss after the lunch, but -- I mean I don't know if this is something that sort of is addressed in those DR notes or -- or DR guidelines that you have for certain sites --

MR. HINNEFELD: Well, I'm not real sure.

MR. GRIFFON: -- that kind of thing?

MR. HINNEFELD: I'm not real sure, it may be -- it might be, or it might be in the training that's provided for -- for Hanford dose reconstructors, and it may be in the direction that's given to the data entry people in how -- in entering -- you know, because all this -- we get all this stuff hard copy and it gets put on -- electronically entered into a sheet. Some of it (unintelligible) dose reconstructors

(unintelligible) stuff like (unintelligible) so it may be in the instructions or the training to those people. So whatever the situation is --

MR. GRIFFON: All right.

MR. HINNEFELD: -- like I said, I would think that we've got to be doing this correctly 'cause there's just so many, you know, people on the project that have experience at Hanford and can -- and understand the Hanford records. But I'll find out.

MR. GRIFFON: All right. We'll just confirm that. Thanks, Wanda.

MS. BEHLING: Excuse me -- excuse me, Mark. Can I ask a question? I apologize here because I guess maybe I'm -- I'm -- I'm not clear on something, and maybe NIOSH can just verify this for me. This particular finding is a good example. Since this case will be going through the PER process, or the PER process has started, will the dose reconstructor that's doing -- that's recalculating this particular case see this finding and incorporate it into that PER?

MR. HINNEFELD: Well, Kathy, that's kind of

what we were talking about earlier. That --

MS. BEHLING: Okay, that -- that -- okay, I --

MR. HINNEFELD: The capturing of these findings and getting them to the right people is what we have to cogitate on between us and the contractor about how -- how best to accomplish that, because that's -- to me, right -- sitting here right here today, it's not something -- I don't see an easy place to do it, so with -- we may -- but there are more creative and more knowledgeable people than I am on this project. There may be a relatively easy way to do it that just takes a -- one additional step on our part and everything's taken care of at the appropriate time. So we'll just -- we'll just have to see.

MS. BEHLING: Yeah, because I know that in certain cases, especially like in our eighth and ninth set, there were a lot of cases that I realized may have already been through the PER process for super S, and I had checked the NOCTS system and in some cases a PER was already completed. That's why I guess I made the comment earlier, it might be beneficial for us, while we're doing the review, to say it

appears, based on information in NOCTS, that a PER has already been completed. So if there is a finding that would impact that case, it's not going to get caught during that PER process. Or have I missed something?

MR. HINNEFELD: I mean I don't think we'd write that response because we would know from looking at the dose reconstruction whether they had used the new technique that led to the PER. I mean you can certainly say that. I mean you can look at those, 'cause I think it is -- that information is in NOCTS. But we would only make -- we only make that response when we look and see that this was done with an old version that has since been changed by PER, so that's the only time we'd write that response.

MS. BEHLING: Okay. Okay, that -- as you said, this is an area that you're looking into. I just wanted to be sure I understood what's going on. I apologize.

MR. GRIFFON: That's all right. I think we're okay on it, though. Okay.

So back to 110.2 -- and I have in my notes NIOSH to provide a follow-up response.

MR. HINNEFELD: Yes, and it's August 20th down

there -- August --

MR. GRIFFON: Yeah.

MR. HINNEFELD: Okay?

MR. GRIFFON: So these are here --

MR. HINNEFELD: Yes.

MR. GRIFFON: -- and also SC&A has a response, I see, so --

MR. HINNEFELD: Well --

MR. GRIFFON: -- maybe you can start, Stu, and --

MR. HINNEFELD: Okay, yeah. Our response is that the finding's correct and that the unmonitored neutron doses should have been added for the years specified. That's '46, '49, '51, '52 and '57. The worker had dosimetry records, being a rover, and worked in the 100 area, reactor area, so the neutron -- unmonitored neutron should have been there. So we put that in and then took out some overestimating factors in the original dose reconstruction -- for instance, external ambient. When a person wears a -- wears a badge, we normally don't include ambient, so you take out ambient for those days, and also assign medical X-rays only on the actual number

of -- of exams, which are -- we have a -- not from all sites, but on this site we have a record of the actual full number of exams. And so when those -- when you add those, there's almost no change -- make all those changes, there's almost no change in the POC.

MR. GRIFFON: So in the -- in the first --

MR. HINNEFELD: So in the first one there were some over--

MR. GRIFFON: -- in the first they -- they did some overestimating on the medical X-rays especially. Is that what you're saying?

MR. HINNEFELD: Medical and ambient.

MR. GRIFFON: Yeah, and (unintelligible).

MR. HINNEFELD: There was some --

MR. GRIFFON: Right.

MR. HINNEFELD: -- overestimating, and so when you take those overestimates out it's -- it offsets the increased dose.

MR. GRIFFON: And Doug, do you have a -- an agreement on this or --

MR. FARVER: Yes.

MR. GRIFFON: Okay, so I think that one is closed -- yes. 110.3.

MR. HINNEFELD: I believe this is our initial

response.

MR. GRIFFON: Okay.

MR. HINNEFELD: Is that right?

MR. FARVER: I believe it is.

MR. GRIFFON: Yeah, you're right

MS. MUNN: 10.3?

MR. HINNEFELD: Yeah, 110.3, I believe this is our initial response.

MR. GRIFFON: I do have a note, though, that -- that NIOSH will compare this case to OTIB-54?

MS. MUNN: Uh-huh.

UNIDENTIFIED: Fission products.

MR. FARVER: Fission products.

MR. GRIFFON: Right.

MR. HINNEFELD: Yeah, that's the fission products TIB.

MR. GRIFFON: Right, right, right.

MR. SIEBERT: And it is actually at the bottom of that response that it's included.

MS. MUNN: 110.3?

(Pause)

MR. GRIFFON: I assume this is the first SC&A has seen this -- right? (Unintelligible) saw it when it was sent out, yeah.

MR. FARVER: Yeah, I re--

MR. HINNEFELD: (Unintelligible) or whenever we sent it out. They (unintelligible) haven't had the opportunity (unintelligible).

MR. GRIFFON: I mean let me ask a question while Doug's pondering over this. Midway down on page 30 on the response there's a -- a sentence here, or a section, that says (reading) This is unreasonable since the TBD gives specific guidance for assigning intakes based on air and monitoring results as opposed to the whole body counting determination. And I'm trying to remember -- I mean I don't know if that's a little bit of a -- probably gets into the site profile -- I don't know if we've reviewed the site profile for this.

UNIDENTIFIED: It was -- that remark --

MR. GRIFFON: (Unintelligible) little circular logic to -- you know.

MR. SIEBERT: A -- an older version of the site profile had the -- I think it was -- it had specific intakes based on air monitoring results for days prior to whole body counts --

MR. GRIFFON: Okay.

MR. SIEBERT: -- being done. Then once we had the coworker OTIB for Hanford, that part was

yanked out and the coworker OTIB was used --
MR. GRIFFON: Okay.
MR. SIEBERT: -- from that point forward. This is referring to the older process which was replaced --
MR. GRIFFON: Right.
MR. SIEBERT: -- at the time we did this claim.
MR. GRIFFON: Right.
MR. FARVER: Which is fine. We've seen that in many cases where, for that time period, that was the table you would use and that information. What kind of raised the red flag here was it -- I think it was the nuclides, it -- according to the site profile, you would choose ruthenium-106 as claimant favorable, but according to the Hanford radionuclide chooser it would be cerium-144.
MR. SIEBERT: That's because they were based on --
MR. FARVER: Two different things.
MR. SIEBERT: -- two different things, right, right.
MR. FARVER: And that was not clear. I don't know, since it was pulled out, it probably doesn't need to be made clear.

MR. SIEBERT: Right, since -- yeah, since it's a totally new process with the coworker.

MR. FARVER: Right. But at that time, the technical basis stated that it was ruthenium-106 and then you had cerium-134 as being also claimant favorable. I mean I don't have a problem with the -- their -- the present-day scenario, how it would be done now. That's -- that's perfectly fine. You have the unmonitored period, the monitored period, then the unmonitored period again. It was just a -- a little discrepancy between the nuclides that were chosen. If that has been remedied with the new technical basis provisions --

MR. HINNEFELD: Yeah.

(Pause)

MR. GRIFFON: So I -- I guess, getting back -- getting specific on the first sentence, NIOSH followed the TBD (unintelligible) the time. Do you agree with that, Doug? I mean is there --

MR. FARVER: Yes, they followed the technical basis --

MR. GRIFFON: It seems like the right changes were made, but --

MR. FARVER: The conflict was between the

technical basis and the -- and the radionuclide chooser --

MR. GRIFFON: Oh, the --

MR. FARVER: -- the workbook.

MR. GRIFFON: -- in -- in the workbook.

MR. HINNEFELD: Workbook.

MR. GRIFFON: Right, right. Okay.

MR. FARVER: Two separate things. There was a little bit of a discrepancy, but no, they did follow the technical basis.

MR. GRIFFON: Okay. So there's no further action on this --

MR. FARVER: Nope.

MR. GRIFFON: Okay, and I think -- coming up on 111.1. That was it for 110. Right?

MS. MUNN: Yes.

MR. GRIFFON: And 114.3 is the next one I'm finding. Let me know if there's anything that we missed in between.

MR. HINNEFELD: .2.

MR. GRIFFON: 142.3?

MR. HINNEFELD: .2.

MR. GRIFFON: Oh, .2, I'm sorry -- .2, yes.

(Pause)

Yes, so 114.2 and is this -- Stu, I think this

is NIOSH's first response on this one. I don't have anything --

MR. HINNEFELD: Yes, yes, it is. Yes, it is. Yes, it is. It's our initial.

MR. FARVER: And the response makes sense, and I'll have to go back and -- and check the data for this year that's mentioned against OTIB-17, 'cause I know it gets confusing with OTIB-17 on when you assign shallow dose missed dose and when you assign deep dose missed dose, and you really just have to write it all out.

MR. GRIFFON: Okay.

MR. FARVER: It's probably okay, and what I can do is I can check the data and I can fire off an e-mail saying it's okay.

MR. GRIFFON: All right, that's fine. So SC&A will check out the (unintelligible). Response 114.3. This is the question of the locations for neutron exposures at Y-12.

MR. HINNEFELD: Yeah, this is a -- a Y-12 one, and we agree that there is a -- there is a discrepancy in the site profile and it's report 33, or whatever the document is, report something, about locations of neutron exposures at Y-12. And we've -- will address that either

in site -- during the site profile revision, which as you know, is an open (unintelligible). We've made sure we've put it on our project planning list, essentially a to-do list -- but really it's a to-do list of the things that we intend -- that we know we need to accomplish, and it's listed as a specific activity to resolve this difference in the ac-- in the broader activity to revise the Y-12 site profile. The Y-12 site profile revisions came from the SEC discussion of Y-12. There were a number of issues identified as non-SEC issues that are still to be resolved.

MR. GRIFFON: Right.

MR. HINNEFELD: So that's an activity that's out there, and we've -- we've captured -- whether this is -- this particular item is not on the findings matrix from that, but we've added it to our project plan so that it doesn't get lost, so it will get fixed in the revision process.

MR. GRIFFON: Are there any -- you talked about developing a listing of buildings where neutron exposures could have taken place?

MR. HINNEFELD: Yeah.

MR. GRIFFON: I guess there's potentially some classification issues related to that?
MR. HINNEFELD: There might be. There might be.
MR. GRIFFON: Yeah. That might be.
MR. HINNEFELD: I'm not real conversant about those.
MR. GRIFFON: Right, but I'm sure (unintelligible).
MR. HINNEFELD: Might be. We may run into that in that Y-12 stuff. The issue right now is there are two different lists.
MR. GRIFFON: Yeah.
MR. HINNEFELD: There's one in the site profile and one in this other document.
MR. GRIFFON: I take it you're going toward -- I mean it looks like a commitment to make a comprehensive list. I just throw that caution out there 'cause I think that can come up.
MR. HINNEFELD: Yeah, I'm not real conversant about those kinds of issues, but if we run into those sorts of things we try to -- what, you know, a remedy is to encompass more area than truly -- you know, rather than be exactly specific, if that's going to be a problem --

MR. GRIFFON: With the area or with -- with mentioning the source, you know, sort of, you know --

MR. HINNEFELD: Yeah.

MR. GRIFFON: -- and saying neutrons versus saying what's generating the neutrons --

MR. HINNEFELD: What's generating the neutrons.

MR. GRIFFON: That's where you might get --

MR. HINNEFELD: Yeah, so --

MR. GRIFFON: -- issues, yeah.

MR. HINNEFELD: -- it's a -- it -- I -- I don't really know --

MR. GRIFFON: Right.

MR. HINNEFELD: -- but --

MR. GRIFFON: That's fine.

MR. HINNEFELD: -- I think there's a way to work around it.

MR. GRIFFON: So I have -- this is one of these ones, as far as tracking is concerned, not -- I'm saying that, you know, we'll -- we'll revise the -- NIOSH will consider this -- modifying the listing in the site profile.

MR. HINNEFELD: Yeah, and whether the site profile gets changed or whether report 33 gets changed, whatever the reso-- whatever the right

answer is, you've got to have one list.
MR. GRIFFON: And then -- and then it -- you know, depending on the result of that rework and mod-- you know, re-evaluation --
MR. HINNEFELD: This may or may not have to be.
MR. GRIFFON: -- re-evaluate this case if necessary --
MR. HINNEFELD: -- if necessary.
MR. GRIFFON: -- is what I said.
MR. HINNEFELD: Yeah.
MR. GRIFFON: Now that's got to stay on our tracking radar, that's all.
MR. HINNEFELD: Yeah.
MR. GRIFFON: But just to make a note of that, yeah. Okay.
114.4, I think I have SC&A agreeing on that.
MR. FARVER: Yes.
MR. GRIFFON: 114.5, SC&A agrees again, with this?
MR. FARVER: Yes.
MR. GRIFFON: I don't know, there's -- there might be a little bit more to this one. Is this --
MR. FARVER: It's a two-part, and the first part we agreed, then the -- NIOSH provided more

information and -- somewhere down here --

MR. GRIFFON: There's this question of whether you were looking at excretion data or intakes and --

MR. FARVER: And they are correct, it was comparing apples and oranges.

MR. GRIFFON: Oh, okay.

MR. FARVER: But I believe they also say that, you know, you probably should have used the actual data.

MR. HINNEFELD: Should use actual data.

MR. GRIFFON: Right.

MR. FARVER: I think that was one of the concerns. It wasn't appropriate to use coworker data when you actually had 50 urine samples.

MR. GRIFFON: Right, so NIOSH agrees on that part. Right?

MR. HINNEFELD: Yeah.

MR. GRIFFON: You were looking at these as intakes, not as excretions. Is that -- is that --

MR. FARVER: Yes, when I was -- when I was making --

MR. GRIFFON: -- part of the disconnect on the

doses?

MR. FARVER: When I was making a comparison between the employee's data and the coworker data and said -- and it was not the same, I was incorrect. I was comparing apples and oranges.

MR. GRIFFON: Okay. All right. So overall, this is closed. Is that accurate?

MR. FARVER: Yes.

(Pause)

MR. GRIFFON: Sorry I took -- I just wanted to capture all that 'cause it's like a two-part --

MS. MUNN: Uh-huh.

MR. GRIFFON: -- two-part resolution.

Okay, moving on.

MS. MUNN: 115.1 --

MR. GRIFFON: You have something on 115.1?

MS. MUNN: Well, it puzzled me because I have, in my NIOSH resolution box, NIOSH agrees, no effect on case, QC presentation to be provided by NIOSH.

MR. GRIFFON: Yeah, that's what I have.

MS. MUNN: And what QC presentation where?

MR. HINNEFELD: Larry presented it to the Board.

MS. MUNN: It's the one --

MR. GRIFFON: Yeah, Larry --
MS. MUNN: -- that's the one we've seen.
MR. GRIFFON: Right.
MS. MUNN: So we're done.
MR. GRIFFON: Right. Presentation was provided by NIOSH on -- I don't remember --
MS. MUNN: Yeah.
MR. GRIFFON: -- which meeting, but --
MS. MUNN: I -- well, that's -- that was my question, was that what we've seen?
MR. GRIFFON: Yeah, yeah, that was what we saw, yeah. This was before --
MR. HINNEFELD: Yeah, that was before that presentation.
MR. CLAWSON: That was in St. Louis, wasn't it?
MS. MUNN: I think so.
MR. GRIFFON: I think you're right, yeah.
MR. HINNEFELD: I can't keep any of this straight.
MS. MUNN: No, I'm never sure where I was --
MR. GRIFFON: St. Louis what year -- what year?
MR. HINNEFELD: Yeah, what year?
MR. GRIFFON: Okay, so then I think 117.1, right? I have this -- my note has it closed out, but --

UNIDENTIFIED: (Unintelligible)
MR. GRIFFON: Yeah, okay. But the previous matrix I didn't have this response in from SC&A, and I've got to tell you, I'm a little confused about this -- this letter. Can you describe what -- refresh my memory here. What is this letter?
MR. HINNEFELD: This was our letter that led to those OTIB-4 cases.
MR. GRIFFON: Okay.
MR. HINNEFELD: That was the LET. Now -- so that's the letter we're talking about.
MR. GRIFFON: Okay. So I take it it's clos-- it's closed out. I just wasn't --
MR. FARVER: Yes.
MR. GRIFFON: -- clear on what the letter was, trying to remember what that letter was. All right, 118.1 --
MR. HINNEFELD: Yeah, these are our initial responses --
MR. GRIFFON: Yeah, right.
MR. HINNEFELD: -- these are all 118, these are all initial responses.
MR. GRIFFON: Right. So Stu, maybe you can start us off with all these.

MR. HINNEFELD: I'll try. The first one has to do with what we believe was a code on the dosimetry report rather than a part of the dosimetry number, and there's a code -- a reason code, either 13 or 15, for the reported beta dose of zero, which makes it look like 13,000 or 15,000, so that's what we believe is the basis for the first ones.

MR. GRIFFON: And I don't know -- Doug, some of these are pretty detailed responses. I don't know if you've had a chance to look at these and --

MR. FARVER: Well, some of them --

MR. GRIFFON: -- prepared to really discuss them or --

MR. FARVER: -- and in -- can I just give you a little background on this employee. From '55 to '87 he worked at Idaho National Lab. Now during that time period, from '62 to '75, he worked at ANL West. The only records I could find were from Idaho and were not from ANL West. Specifically, in some of his records it was deleted and said ANL West not reported. So the basis from probably almost all these findings is dosimetry data from ANL West was

not requested, so we can't tell if it's really claimant favorable or not claimant favorable with either internal or external, and that's the gist of this case. So I guess the question comes up is what's the guideline for requesting data? If the employee puts down that this is where he worked, do you request it? And is ANL West really Idaho?

MR. HINNEFELD: It is.

MR. FARVER: And if so, should that data be reported when you request the Idaho data?

MR. HINNEFELD: And Idaho does report ANL West data. They don't report the NRF data. They were (unintelligible) facility when they -- to us.

MR. FARVER: Okay.

MR. HINNEFELD: But they do report ANL West. And ANL -- and there are records in there. You know, you have to look several places in the responses, but there are records that give a dose record for these -- for his employment that's different from that sheet.

MR. FARVER: Well, I understand it does give summaries, it gives totals.

MR. HINNEFELD: Yeah.

MR. FARVER: But -- I mean it also clearly says ANL West not reported.
MR. HINNEFELD: Well, that's on that record.
MR. FARVER: On this record.
MR. HINNEFELD: This was a particular record. We received --
MR. FARVER: It was a year by year record for the dosimetry data.
MR. HINNEFELD: But there are -- there's -- yeah, but there are other records in that file from which you can deduce and we have apportioned that dose to that time period.
MR. FARVER: I understand, by subtracting out what you know from -- from what you don't know --
MR. HINNEFELD: Yeah.
MR. FARVER: -- you can --
MR. HINNEFELD: You can deduce the ANL West.
MR. FARVER: Correct. I guess my question was how -- why can't you just get the ANL West data altogether reported?
MR. HINNEFELD: Because Idaho always provides it anyway. We -- you know, we don't -- ANL West does not provide a response to us on their dosimetry. Idaho provides it, and this is what

Idaho has.

MR. FARVER: Okay. Why didn't -- why didn't they --

MR. GRIFFON: That's all they have, they don't --

MR. FARVER: -- report it when they reported the other -- the -- the yearly data, the yearly dosimetry data?

MR. HINNEFELD: In all likelihood, they don't -- they didn't have it.

MR. FARVER: Okay.

MR. HINNEFELD: They had the annual -- they had the summary, and they gave us what they have. The DOE is -- is really good about getting us what they have. Idaho provides us response for ANL West, so that's what we have --

MR. FARVER: Okay.

MR. HINNEFELD: -- and we've then apportioned it, we believe in a favorable fashion, to the -- to that period of time and -- and taking-- and done -- I would think we've done a suitable dose assignment. Now I'd have to go back and look at it again to say yeah, I really feel good about this or not, but I believe we probably have. But that's -- that's the

difference, because ANL West does not -- we don't have a contact. ANL West does not respond to our requests. We go to Idaho and they respond and they include ANL West.

MS. MUNN: But it's all an umbrella.

MR. HINNEFELD: Yeah, right, I mean -- I -- I don't -- I'm not familiar with -- I -- I looked at these cases, these specific ones, these specific sheets. And in this case you're right, there's not a year by year total for ANL West. We had to deduce what their total was at ANL West.

MR. FARVER: Okay. And the other thing was, if you look at the -- the request for data records, there's a request for Idaho but there is not a separate one for ANL West.

MR. HINNEFELD: That's because they don't provide it.

MR. FARVER: Okay, I understand that.

MR. HINNEFELD: Yeah.

MR. FARVER: But I would say put that in the documentation somewhere, the technical basis. I didn't find it in either the Argonne documentation or the INL documentation saying that --

MR. HINNEFELD: Okay, --
MR. FARVER: -- ANL dosimetry data is included with the Idaho.
MR. HINNEFELD: It'll be like a site profile thing.
MR. GRIFFON: Yeah.
MS. MUNN: I would think so.
MR. FARVER: And that should clear it up then, because what it appears is that you didn't request the data.
MR. HINNEFELD: Yeah.
MS. MUNN: Yeah, yeah.
MR. CLAWSON: So Stu, is there -- are there blanks in it that INL West -- I -- I know how the system works out there, I --
MR. HINNEFELD: The annual -- in this case -- I'm not familiar -- I'm not an expert on the Idaho records that we get, but in this case, the year by year -- we got one list that gave the year by year totals, and that did not have the ANL West years in there, and it said ANL West not reported. Presumably that was something that was in the -- in the person's file from his employment by the contractor at the other -- you know, when he was over at the

other part of the plant, and it was for them and so they weren't so -- you know, so they didn't necessarily have the ANL West included in there.

MR. FARVER: But they have handwritten totals at the bottom.

MR. HINNEFELD: Uh-huh.

MR. FARVER: With the missing data subtracted out.

MR. HINNEFELD: Yeah.

MR. FARVER: It appears.

MR. HINNEFELD: Yeah, and then so --

MR. FARVER: And then there's another page that had cumulative data over --

MR. HINNEFELD: Right.

MR. FARVER: -- the worker's history.

MR. HINNEFELD: Yes.

MR. FARVER: So by taking the handwritten numbers, subtract them from the cumulative, you can assume what's missed.

MR. HINNEFELD: Yes. Yes. So -- but I -- we don't think there's an insurmountable problem with ANL West, and I only know -- and it's just this case, but I know it's -- it may be okay in other cases, I don't know.

MR. CLAWSON: Because I -- because I know there's an issue because they were under DOE Chicago, we were under DOE Idaho, and I worked there for a while and I know that my dose didn't show up on Idaho's because it was through DOE Chicago and I don't know why they -- they did these things this way.

MR. HINNEFELD: Our unders-- our belief is that it's taken care of in what we did. We did everything from Idaho, including ANL West -- not everything, but Idaho, excluding (unintelligible), so we did everything, all the other sites that we get from Idaho and we have nobody else badged.

MR. FARVER: Of course the same holds true on the bioassay --

MR. HINNEFELD: Yeah.

MR. FARVER: -- it's -- it's not clear in the records that it was even requested, nor that it's separate or totaled.

MR. HINNEFELD: Yeah. We can make comment in the site profile that would provide, you know, instruction to everybody.

MR. CLAWSON: Well, their bioassay was done at Idaho and their dosimetry reading was done at

Idaho, but the information went to --
MR. HINNEFELD: Yeah, so the record-keeping for both would likely be the same, but it's our bel-- you know, our belief is that we are getting it all, everything.
MR. GRIFFON: I mean have you checked with the Chicago and -- DOE Chicago office to see if records are there --
MR. HINNEFELD: I don't know. I don't know that we've done that.
MR. CLAWSON: That -- that's the point I'm getting at.
MR. HINNEFELD: We can -- we can go to -- that would be a simple request for us 'cause we'll just go to DOE headquarters and we'll say hey, let us know -- here's what we see -- we can give them this specific example. Here's what we see in these records from this guy from Idaho. We see ANL West is different, it's excluded in this one area and we had to deduce it here --
MR. GRIFFON: I believe that'd be worth --
MR. HINNEFELD: -- have you got anything in Chi-- you know, at Chicago do they have anything that would fill this out some. We can

try that.

MR. GRIFFON: At least -- at least for a simple --

MR. HINNEFELD: That's a simple question -- at this point it's a simple question to headquarters.

MR. CLAWSON: Well, and al-- also because it's -- in the site profile like this we need -- we haven't addressed this in R-2 because for many years it was -- they were completely separate entities. Things were done here, but all the information went back east.

MR. HINNEFELD: Yeah.

MR. CLAWSON: And -- and I know that a lot of the claimants and petitioners and stuff like that have -- have those questions because they were juggled around somewhat and all of a sudden to have big gaps in their -- in their history, that's usually going from one side to the other.

MR. GRIFFON: Getting -- getting back to the more specifics on this 118.1 especially, I -- the second paragraph of your response, Stu, the -- it says the reported photon dose for this date does not appear to be based on a dosimeter

result. What -- what -- what does that mean, does not appear to be based on a dosimeter result? How -- how does -- how -- how did you come to that conclusion, I guess is my -- I'm not familiar with the details, either, but I'm just asking.

So some-- somehow there was a positive result, and there were zeroes reported. Right?

MS. MUNN: However, at the end of that week, the same record indicates a dose of 7,200 millirem was reported for the period of March 16 through 25, and the beta dose is left blank.

MR. HINNEFELD: Anybody know the date of the SL-1 accident off the top of your head? It was 1958.

MR. GRIFFON: It was '58, yeah, I don't know.

MR. FARVER: Well, I think when you keep reading it's possible that the -- that these handwritten records are corrections --

MR. HINNEFELD: Yeah.

MR. FARVER: -- because the 7,200 millirem is -- is committed effective dose equivalent.

MR. HINNEFELD: Oh, okay.

MR. FARVER: So we're not really sure what that 7,200 is, but it probably is not the dose --

external dose.

MR. HINNEFELD: Yeah, our dose reconstructor speculates that it was a -- a fully-executed correction to the record based on that committed effective --

MR. FARVER: That could be.

MR. HINNEFELD: -- or it could be an investigation report. I don't know the date of SL-1, it might be an investigation report result from SL-1. It could be that. I mean wouldn't -- you wouldn't necessarily have an investigation report, but a number of people responded to SL-1 and there may have been some assigned doses based on their response --

MR. GRIFFON: I mean don't we -- don't we need to know? This is kind of a significant little dose.

MR. HINNEFELD: Well, I can -- I can find out. Just give me some time. I can find out the date of SL--

MS. MUNN: Wikipedia says January 3rd, 1961 --

MR. HINNEFELD: '61? Oh --

MS. MUNN: -- we started --

MR. GRIFFON: 1961.

MR. HINNEFELD: -- '58 was the Y-12

criticality.

MS. MUNN: Yeah.

MR. HINNEFELD: '58 was Y-12 criticality.

MR. GRIFFON: Right.

MS. MUNN: Yeah. After shut down.

MR. GRIFFON: (Unintelligible)

MS. MUNN: Well, you know, it's the easiest thing to get to --

MR. HINNEFELD: Probably easiest to fin-- easier to find in the site profile.

MS. MUNN: -- absolutely, yeah.

MR. GRIFFON: Yeah, if we can't get -- oh, forget it, I won't go there.

MR. FARVER: Now this one clearly was involved in an incident in '58.

MR. GRIFFON: So there was an incident in '58?

MR. FARVER: Yes.

MR. GRIFFON: I mean my question is if this is some sort of corrected dose or -- you know, I think we -- we want to know the details, don't we?

MR. FARVER: Actually that week of '58, incident on March 20th, so the period that we're talking about is March 16th through March 25th of 1958.

MR. GRIFFON: I mean if this -- if this measurement and then they corrected -- I don't know. I don't know what the scenario is, so...

MR. HINNEFELD: Well, all this stuff that are throw in there -- our -- what we put in our response, all the stuff we throw in there, is sort of -- kind of things to say hey, look, there are all these reasons to believe that we put this dose in twice, 'cause we put it on the internal side -- right?

MS. MUNN: Uh-huh.

MR. HINNEFELD: -- and we also put it on the external side because we think they screwed up. We think they botched the correction. But we put it in both times. You know, we didn't rely on all this -- all this long discussion that we lay out here about the (unintelligible), we didn't rely on that to exclude it -- half of it and say it's in the record twice. We're putting it in twice, even though we think it's half of -- might be wrong. So I mean that's -- that's the nature of this whole discussion. I -- you know --

MR. GRIFFON: Yeah, but if there -- if there's an incident report, you know, and --

MR. HINNEFELD: I don't know --
MR. GRIFFON: I don't know, I --
MR. HINNEFELD: -- why would you expect it to be any better than this -- than what we got from their exposure history? I mean, to me --
MS. MUNN: Shouldn't be.
MR. HINNEFELD: -- to me, it's -- it's -- I'm hard-pressed to find -- you know, with -- this is -- this is a really full explanation. I think it's kind of speculative, but it's speculative that well, we included it. Maybe it's not as -- you know, maybe it's true and we should have included it anyway, and maybe it -- maybe someone did decide the incident report that they had 7,200 or 7,000 from that incident that's described, even though from our reading of it -- a report of that incident, we would say you couldn't have -- hadn't spent that much time, 46 hours in that high dose rate, in order to get this -- the highest measurable dose rate in order to -- to get this dose, so --
MR. GRIFFON: So you have looked into the incident --
MR. HINNEFELD: Yeah.
MR. GRIFFON: -- yeah. Where was the incident?

Where --

MR. HINNEFELD: The -- I don't think the response says --

MR. GRIFFON: -- was it ANL or was it on the Idaho side?

MR. FARVER: It would be on the Idaho side in '58. Probably, I believe that's where he worked -- yes, ICPP.

MR. GRIFFON: CPP, yeah, sounds like a CPP technical.

MR. FARVER: Uh-huh.

MR. GRIFFON: I mean I'd be -- I'd be curious to see -- you have dose rates and stuff from this apparently. I'd be curious to know if -- if he was wearing a dosimeter and if they said they -- did they throw that result out or did they -- you know.

MR. HINNEFELD: Well, there -- there could be a limit on how much we'll learn -- I mean we can try to find out. You know, my view is -- you know, in terms of this finding, how you want to treat this finding, you know, we'll go to headquarters and we will ask, you know, about the Argonne question --

MR. GRIFFON: Yeah, --

MR. HINNEFELD: -- could there still be some stuff in Chicago. We can -- we have clarify the site profile that the -- that the responses from Idaho include, you know, all parts of Idaho that are included, so we can do that kind -- we can do those things.

MR. GRIFFON: I guess -- I mean my -- I -- I don't know --

MR. HINNEFELD: You know --

MR. GRIFFON: -- my feeling is that, you know, you say the dose doesn't appear to be based on a dosimeter result, but it's a high number and we put it in there twice so it should be good enough. I don't know if I'm -- I'm very comfortable with, you know, just saying --

MR. HINNEFELD: Well, I understand, I guess. You understand, though, when -- when we do these things, and for that matter when we prepare responses in these discussions, we're spending resources that are not doing dose reconstructions for claimants, not evaluating SEC petitions --

MR. GRIFFON: I understand.

MR. HINNEFELD: -- so we're competing with some other tasks to do this. And so now if we -- if

we look -- if we try to find more information on this -- on this, which we might, and I -- I have almost no knowledge of how effective in our searches in Idaho, we try to find some additional information. What's the likelihood that we're going to learn anything that's going to be useful broadly or what's -- learn anything that's going to make it -- this case, even --

MR. GRIFFON: Right.

MR. HINNEFELD: -- you know, be unfavorable, you know, what we've done on this -- this (unintelligible).

MR. GRIFFON: What type of case was it? What -- what --

MR. HINNEFELD: What's the type of --

MR. GRIFFON: -- cancer type and POC?

MR. FARVER: Appendix.

MR. HINNEFELD: Appendix?

MR. FARVER: POC --

MR. HINNEFELD: I would not think the POC was very high.

MR. FARVER: -- 46 percent.

MR. GRIFFON: Yeah.

MR. HINNEFELD: 46? Really?

MR. GRIFFON: Wow.
MR. HINNEFELD: On an appendix?
UNIDENTIFIED: (Unintelligible) overestimate.
MR. GRIFFON: That was a pretty over(unintelligible) --
MR. HINNEFELD: He must have got a lot -- I mean we must have put a lot of (unintelligible) dose reconstruction.
MR. FARVER: Yeah, it was a combination of claimant favorable and maximizing, so it's...
MR. GRIFFON: Well, that -- that's -- that's -- the question is, you know, it would appear to be claimant favorable because you got a high POC on the appendix, you know.
MR. FARVER: How about if we --
MR. GRIFFON: That's like a circular argument to me, too. I mean you -- you just assume --
MR. FARVER: If we look at that --
MR. GRIFFON: -- that these doses couldn't have happened.
MR. FARVER: If you let us look at that --
MR. GRIFFON: Yeah.
MR. FARVER: -- 118.1, and like I say, most of the others will probably go away with --
MR. GRIFFON: Right, the others I think are the

ANL issues that --

MR. FARVER: Yeah, resolving the ANL issue --

MR. GRIFFON: Yeah.

MR. FARVER: -- how do you find it, when do you look for it, who do you ask.

MR. GRIFFON: But the 118.1 is a little different than --

MR. FARVER: Right, let us -- let us look at that and we'll compare it with responses is because I'm looking at our initial finding goes into the type of film that was used in dosimeter, and it is surrounding an incident, so let's --

MR. GRIFFON: Can I ask is -- 'cause Scott seems to have some of the -- I mean is this incident report on the -- in the individual's file?

MR. SIEBERT: Yes.

MR. GRIFFON: Okay, so SC&A is --

MR. SIEBERT: It's one of the responses from the DOE.

MR. GRIFFON: Okay, so SC&A has this -- maybe look at that further. I'm not asking Stu to commit more resources to looking for more data, maybe just let -- let --

MR. FARVER: Not on this one. I believe it is in the file. I thought I remembered seeing it.
MS. MUNN: The incident report --
MR. GRIFFON: For now let's just keep it with SC&A, look further at it compared to the incident and, you know, I'm happy with that. And the other -- the other ones are ANL issues I believe we can step down on, but I think just to follow up with headquarters would be a good -- good approach to that and they -- they might go away otherwise.
MR. CLAWSON: That -- that may help you in your site profile, too, because you're going to see a lot of petitioners that that question's always come up, but going back and forth like that, all of a sudden now there's big blanks.
MR. GRIFFON: Can I ask one question on -- and it may be a silly question -- on 118.2, that is -- it might just be the font and it might mean -- it might necessitate me getting glasses out, but is that -- that's 1,818 millirem or 1.8 millirem?
MR. CLAWSON: 1,818 millirem.
MR. SIEBERT: (Unintelligible)
MR. GRIFFON: Oh, it is 18, okay. I was going

to say that's awful precise for -- so it's 18.

MR. SIEBERT: Since it's underlined (unintelligible) comma there.

MR. GRIFFON: Yeah, yeah. That's sad that I can't see that. Okay, anyway.

MS. MUNN: You have our sympathies.

MR. GRIFFON: So going on -- on to the other ones, Doug, it -- you know, I know we're coming up on the lunch hour, too, but I don't want to rush through these if we -- are these mostly ANL West issues, the 118.2 and 118.3?

MR. FARVER: Yes, 18.2, 18 -- 118.3 --

MR. GRIFFON: Now 118.4, the neutron dose --

MR. FARVER: -- 118.4 --

MR. GRIFFON: You're saying at a reactor facility they wouldn't have added in neutron do-- they wouldn't have any reason for neutron exposures? Stu, is that what I'm understanding from the response?

MR. HINNEFELD: That is what the response is, and that's what the site profile -- I looked this up in the site profile --

MR. GRIFFON: Yeah.

MR. HINNEFELD: -- and (unintelligible) is not listed as one of the locations for neutron dose

-- 'cause I looked it up. I said (unintelligible) --

MR. GRIFFON: Yeah. I mean why? I could see maybe low, but --

MR. HINNEFELD: I mean I can -- I can get some folks who know about such things probably to chime in on why that would be.

MR. GRIFFON: Yeah.

MR. HINNEFELD: But I just -- you know, I got it and I didn't take it out -- you know, it was either not send it over or send it over like this, and the site profile does read as it says. I mean in the site profile (unintelligible) is not one of the neutron exposure areas.

MR. FARVER: Right, we don't dispute that. I think --

MS. MUNN: I wouldn't expect.

MR. FARVER: -- what it came down to was since we didn't receive the dosimetry data for ANLW, we can't say that the missed doses --

MR. GRIFFON: Right.

MR. FARVER: -- were properly assessed.

MR. HINNEFELD: So what -- your question really hits to the site profile.

MR. GRIFFON: Really the site profile, yeah.
MR. HINNEFELD: Okay.
MR. GRIFFON: I mean I think the person followed -- you're saying the person followed the right protocol --
MR. HINNEFELD: They followed the site profile. We've never -- we've never been satisfied with that response, you know. When -- when we get a DR finding and say well, we did it in accordance with the procedure, I say well, that doesn't answer the mail, you know --
MR. GRIFFON: Yeah, yeah.
MR. HINNEFELD: -- so we -- we're never really satisfied with that response. In this case I sent it over because I had no basis not to be satisfied with the response. The Technical Basis Document really does say that --
MR. GRIFFON: Right.
MR. HINNEFELD: -- and there must be some reason why it says that, so I'll have to -- we'll -- I'll have to maybe -- I can ask. Maybe I can just send you what I find out.
MR. GRIFFON: Or we can -- or -- but it is a site profile question.
MR. HINNEFELD: It is a site profile question.

MR. CLAWSON: John, isn't Idaho of them that we've got sitting back?
DR. MAURO: Yeah, we have -- that's been sitting on the shelf for two years now.
MR. HINNEFELD: I don't know anything about it.
MS. MUNN: Well --
MR. HINNEFELD: Wanda's talking about what EBR was so --
DR. MAURO: Experimental Reactor, I mean you would say no neutrons?
MS. MUNN: Well -- well, yeah, but you know, it's --
MR. CLAWSON: Experimental Breeder Reactor 1.
MS. MUNN: Yeah, I know it's -- the core is smaller than a Coke can and it's --
MR. GRIFFON: Yeah, I'm not saying --
MS. MUNN: -- unshielded and it's --
DR. MAURO: It makes you have to look at it --
MS. MUNN: Well, I -- you know, it's a -- it is a fast reactor and --
DR. MAURO: Well, you know, during the break I could --
(Whereupon, Ms. Munn, Dr. Mauro and Mr. Griffon spoke simultaneously.)
MR. HINNEFELD: I -- I'm -- I'm completely

unfamiliar with EBR-1.

MR. CLAWSON: You got to -- you've got to look at the structure of how EBR-1 was designed in there and I -- to tell you the truth, I -- I'm questioning and I know there probably wasn't that much, but the way that was designed I bet you there were -- were some 'cause if you look at the configuration of it and where everything was at, it --

MS. MUNN: Well, 1 and 2 both were -- were so easy to walk into, you know, it just -- you could stand next to them and --

MR. CLAWSON: Well, 1 especially --

MS. MUNN: -- things in and out.

MR. CLAWSON: -- 1 especially.

MS. MUNN: But it was still --

MR. CLAWSON: Well, if you were the guy with the axe to cut the rope...

MS. MUNN: Not on 1, not on EBR-1, no, I'm sorry, I -- Chicago is a little bit further from there than EBR-1.

MR. GRIFFON: Well, at least follow -- you know, that -- that's the only question.

MS. MUNN: Might be a good idea to check it out.

MR. GRIFFON: If it's -- if it's -- really can be shown that it's de minimis, then I think, you know, we close it. Right?

MR. HINNEFELD: Well, I'll find out what we know about it. It may get down to (unintelligible).

MR. GRIFFON: 118.5?

MR. FARVER: That goes back again to we don't -- we can't tell if they assessed the chronic doses properly because we don't have -- we may not have all the data from ANLW. I -- I don't think we're disagreeing that if this is all the data you have, then what you did is incorrect. I mean we're not -- we're not arguing that, we're just saying there might be more data out there and we can't tell unless you look.

MR. GRIFFON: I'm a little confused.

MR. HINNEFELD: Wait a minute, there's a --

MR. GRIFFON: Your response seems to be --

MR. HINNEFELD: There's a .5 --

MR. GRIFFON: -- talking about something else, doesn't it?

MR. HINNEFELD: Yeah, there's a -- you were talking about .6, or -- there's a .5 that we included in --

MR. FARVER: Oh --
MR. HINNEFELD: Was this the one?
MR. FARVER: -- this is -- this is where -- yes.
MR. HINNEFELD: Yeah, this -- the matrix I was working from -- I don't know if this was the final matrix or not, the .5 that I sent was in the draft -- apparently was in a draft report, it was in an early version of the matrix, and so it's been removed actually, and so Doug was talking about what's -- what's numbered as .6 --
MR. GRIFFON: Okay.
MR. HINNEFELD: -- on this report 'cause .5 was removed -- withdrawn by SC&A.
MR. GRIFFON: Okay, but -- so the response is to a removed finding. Right?
MR. HINNEFELD: Yeah.
MR. GRIFFON: That's the -- the -- that's the AP versus exotropic geometry in question?
MR. HINNEFELD: Yeah, for an environmental exposure situation.
MR. GRIFFON: And you agree with that?
MR. FARVER: Yeah, that's --
MR. GRIFFON: But that -- but what I'm looking

at, this 118.5 on my matrix, the summary of the finding talks about internal dose, so I'm a little confused. Is that -- is that the finding for 118.6?

MR. FARVER: Yes.

MR. GRIFFON: Okay. So did things get shifted here or what?

MR. HINNEFELD: Yes, I -- I screwed that up somehow.

MR. GRIFFON: Right.

MR. FARVER: Stu's findings aren't the same as your findings. How's that?

MR. GRIFFON: Okay. So -- so this goes away, 118.5 is dropped by SC&A, and then -- so let -- let's move on to 118.6 then, I guess.

MR. FARVER: 118.6 where the finding is assigned internal dose appears low. Is that what you have?

MR. GRIFFON: Well, I have -- now if --

MR. FARVER: I'm just wondering which matrix you're going by, Stu's matrix or --

MR. GRIFFON: I have one that says assigned 1958 internal dose appears low.

MR. FARVER: The doses appear low, okay. You want to go -- we'll do that one.

MR. GRIFFON: All right. But what -- what is this other one, unclear whether all chronic intakes were properly accounted for in the internal dose?

MR. FARVER: This is where, since we didn't receive the data, we don't know if there's outstanding bioassay data, we can't tell --

MR. GRIFFON: Well, what finding number is that one? Is that also in 118.6 or what -- what is -- I'm getting a little confused on the matrix.

MR. FARVER: On the report it's 118.5-F.2.

MR. GRIFFON: Right.

MR. FARVER: Okay. Now that's the correct finding number, but in a draft report 118.5 had to do with the dose conversion factors.

MR. GRIFFON: Okay, so -- so NIOSH's response doesn't --

MR. FARVER: During our conference --

MR. GRIFFON: -- respond to that one obviously.

MR. FARVER: During our conference calls we probably said all this is taken care of, and we deleted it from the draft report.

MR. GRIFFON: Okay.

MR. FARVER: So in the final report, it's not there about the -- the isotropic --

MR. GRIFFON: Right.
MR. FARVER: -- dose conversion factors.
MR. GRIFFON: But this 118.5.F-2 still is there.
MR. FARVER: It's still there.
MR. HINNEFELD: So I think you -- if you read in -- what -- the matrix I sent, if you drop down one --
MR. FARVER: Right, he's off by one.
MR. GRIFFON: You're responding to the --
MR. HINNEFELD: -- my responses are off by one.
MR. GRIFFON: Just testing us, huh?
MR. HINNEFELD: When I -- I got to the end -- I got to the end --
MR. GRIFFON: All right.
MR. HINNEFELD: -- and the last finding was -- was that the summary finding? Is that where we are here -- 18.7?
MS. BEHLING: Yes, there is a summary finding.
MR. FARVER: Yes.
MS. BEHLING: 118.7.
MR. HINNEFELD: Yeah, and when the res-- so I got that, and I think what happened was the summary finding, we would just say well, this is a summary of our findings and so we're not

going to -- so we don't really need to respond anymore --

MR. GRIFFON: Yeah, yeah, yeah.

MR. HINNEFELD: -- and so I think I got that from the contractor, but I said what the heck, there's no finding to go with this, what are they talking about? I guess the summary finding kind of thing was removed. But -- so I assumed that that one was removed rather than the one earlier.

MR. GRIFFON: I see, okay.

MR. HINNEFELD: I was tired.

MR. GRIFFON: Okay, we -- we -- all right, we know where we're at then. So -- so going back to the one you were just talking about then --

MR. HINNEFELD: (Unintelligible)

MR. GRIFFON: -- well -- well, is there a discussion on --

MR. HINNEFELD: Okay, the ones --

MR. GRIFFON: -- so the response listed under 118.6-G.3, NIOSH's response is really to 118 --

MR. HINNEFELD: .5.

MR. GRIFFON: -- .5.F-2, right?

MR. HINNEFELD: Yes.

MR. GRIFFON: Okay.

MR. HINNEFELD: So their finding is about not getting the ANL West data.

MR. FARVER: Right.

MR. HINNEFELD: That's their finding. So our response, incorrectly located, is that we did get the ANL West data and it was in the -- what DOE reported.

MR. FARVER: Which -- which may be true. I mean this goes back to the initial --

MR. HINNEFELD: And our response refers to specific places in the office and so it's going to be a pain to go check and see what we sent, but...

MR. GRIFFON: Okay.

MR. FARVER: No, I just want to say we don't have a problem with what they wrote or how they did it, if that's all the data that's available.

MR. GRIFFON: Yeah.

MR. HINNEFELD: And -- and it goes back to our question to headquarters about are we getting -- does Chicago have anything that we're not getting.

MR. FARVER: Right.

MR. HINNEFELD: Now you're --

MR. GRIFFON: Then the next one -- your next response, Stu, should be shifted up one. Right?

MR. HINNEFELD: Yeah, the -- verifying 118.6, you have to look down to 118.7 --

MR. GRIFFON: Right.

MR. HINNEFELD: -- for our response.

MR. GRIFFON: Right.

MR. FARVER: There really are sever-- our finding surrounds the 1958 incident that the employee was involved in.

MR. GRIFFON: Right. So you're saying you averaged the data and you think that SC&A looked at the highest, is that --

MR. HINNEFELD: I'm not real sure. I think -- I think we -- we need to see the IMBA file or -- or whatever --

MR. GRIFFON: So can we get --

MR. HINNEFELD: -- was done to --

MR. GRIFFON: -- both -- can we get you guys to share IMBA files?

MR. HINNEFELD: Yeah.

MR. FARVER: I think we'll look at this one, too, and our response, what our initial finding was.

MR. GRIFFON: I think that needs a follow-up with a sharing of the analytical files, the IMBA files, 'cause I -- otherwise we're going to talk past each other, I think. Right? So...

MR. HINNEFELD: Yeah.

MR. GRIFFON: Yeah.

MR. HINNEFELD: Yeah, I just think we need to share IMBA files.

MR. GRIFFON: All right. Now there's about four pages of this, I'm -- I'm skimming through it. Is there anything else to this or just...

MR. HINNEFELD: Well, it had to do with --

MR. GRIFFON: There's some good specifics in here, yeah.

MR. HINNEFELD: -- sample data and some stuff about comparing a --

MR. GRIFFON: And whether samples were decay-corrected, and those various --

MR. HINNEFELD: Yeah, and --

MR. GRIFFON: -- there's a lot of --

MR. HINNEFELD: -- looks like there's a typographical error in the secondary record that we got from DOE --

MR. GRIFFON: Right.

MR. HINNEFELD: -- and so -- so there's --
MR. GRIFFON: So -- so can consider all this looking at, yeah.
MR. HINNEFELD: -- there's a lot of stuff to look at.
MR. FARVER: Yeah, it'll take time to look at all this and --
MR. HINNEFELD: And we'll ship our IMBA files then over --
MR. GRIFFON: That'll be good, okay. Great. Now, I -- I really would like to get through this matrix, I think we're almost done now, looking ahead here. I think we are done, unless anybody else finds other -- this little table at the very end, also -- I'll point that out to -- I'm sure Doug saw it, but on the last page, it goes back to finding 118.7 of that same case, so -- but were there any others after 118 that -- that we had?
MR. HINNEFELD: I don't think there's any.
MR. GRIFFON: I don't think so. Wanda I'm asking 'cause she's looking at her old notes. I just want to make sure.
MS. MUNN: I don't think so.
MR. GRIFFON: 119 or 120, if you have anything.

I don't in my notes, so --

MS. MUNN: I have agreed --

MR. GRIFFON: Okay.

MS. MUNN: -- on 119 --

MR. GRIFFON: Yeah, I think we had agreement on those.

MS. MUNN: -- yeah, and NIOSH will review language in the DR report template (unintelligible) nothing.

MR. GRIFFON: Okay. I think it's time for a lunch break, and if we could re-- reconvene 1:20, is that -- gives us an hour.

DR. WADE: Okay, for those on the phone, we're going to take a lunch break, reconvene at 1:20. We're going to break the line now and then call back in at 1:15. Okay?

(Whereupon, a recess was taken from 12:20 p.m. to 1:24 p.m.)

DR. WADE: This is the subcommittee conference room and we're ready to begin. Let me just verify -- Dr. Poston, are you still with us?

(No responses)

Dr. Poston?

(No responses)

MR. GRIFFON: I think he might have had a --

MR. HINNEFELD: He had that (unintelligible).

MR. GRIFFON: Yeah.

DR. WADE: Okay. And Kathy, are you with us?

MS. BEHLING: Yes, I'm still here.

DR. WADE: Good. Is there anyone else on the line who'd like to be identified for the record as being on the line after lunch?

(No responses)

Okay, we're ready to begin.

SEVENTH SET OF CASES MATRIX

MR. GRIFFON: Okay, we're going to pick up with the seventh set of cases now, and -- and my -- based on Kathy's e-mail and my notes, I think we left off on case -- or finding number 137.8. We'd just finished that one so we're moving on to case number 138 -- finding 138.1, and this'll be our first pass through on these. I guess it's what -- what I'd say is I'd like to get through the first pass on all these, we're almost to the end of this matrix, and then maybe look at that report of the first 100 cases. So let's start here at 138.1 is a Pinellas case, and I guess, Doug, if you can give us an overview on the finding and then let Stu explain the response a little bit and go

like that.

MR. HINNEFELD: I'm still trying to get there. You got to wait to navigate when you get to the stuff this way.

MS. MUNN: Too -- too many files.

(Pause)

MR. GRIFFON: I feel like I've got dead air on my radio show here.

MS. MUNN: Yeah.

MR. GRIFFON: Where -- where -- we got -- I think, Kathy, you're probably one of the only people on the line, but we're trying to get everyone on the computer and get to the right place on their matrix, so we're working here.

DR. WADE: We're working hard, it just doesn't appear that way.

MR. GIBSON: That's 138, you say?

MR. GRIFFON: 138.1, yeah.

MS. MUNN: I thought I had it --

MR. FARVER: Mark, I could sum up the finding for you.

MR. GRIFFON: Okay.

MR. FARVER: It has to do with the tritium dose that they used or that they assigned, and they should have assigned a maximum tritium dose,

and the dose they used was not consistent with the technical ba-- with the numbers in Table 5-7 of the technical basis, so there's a little difference in values used. So that was the gist of the finding.

And then NIOSH provided a response. I have one dated from May 30th --

MR. HINNEFELD: Well, it's just going to take me a while. I'm trying to look at Scott's real quick so I can speak but I'll be on -- I'll have my own here pretty soon -- well, not pretty soon, the way it (unintelligible).

MR. FARVER: And I'm ok-- we're okay with their finding -- with their response.

MR. GRIFFON: Okay. Well, that may save you a lot -- a lot of description, Stu.

UNIDENTIFIED: (Off microphone) (Unintelligible) the answer.

MR. GRIFFON: Yeah.

MR. HINNEFELD: Well, I guess our response -- part of our response was the Pinellas TBD wasn't yet --

MR. FARVER: Correct.

MR. HINNEFELD: -- available at the time -- when the dose reconstruction was done --

MR. GRIFFON: Right.
MR. HINNEFELD: -- so they used another technique which is, I think, suitable, I guess. I'm -- I'm still -- I'm paraphrasing it from looking at this. I don't have everything up yet.
MS. MUNN: Finding number again is 138?
MR. GRIFFON: 138.1, yes. It's on page 60 on my printout of your -- sometimes that doesn't work, but...
MS. MUNN: It doesn't.
MR. GRIFFON: Yeah. So -- this is a compensable claim, too, right?
MR. FARVER: Right.
MR. GRIFFON: So -- yeah.
MR. FARVER: And it looks like NIOSH went back and recalculated the doses, and they did change it, but it was still over 50 percent.
MR. GRIFFON: Right, still be compensable. So I think there's agreement on this, Stu. I don't want to get ahead of you if you -- if you're --
MR. HINNEFELD: Okay.
MR. GRIFFON: And I don't think there's any action, really, because they -- this was prior

to the TBD and the TBD is appropriate. Right, Doug? Is that --

MR. FARVER: Yes.

MR. GRIFFON: No further action. 139.1 is also a Pinellas case, according to my notes.

MR. HINNEFELD: He asked me to take a little (unintelligible) may take a little more (unintelligible) maybe (unintelligible) complicated (unintelligible) don't agree with it.

MR. GRIFFON: Yeah.

MR. FARVER: Well, if you agree it'd be easier.

MR. HINNEFELD: Yeah. Well, I try to agree wherever I can. Trust me on that. There was -- thi-- this relates to an issue of early dosimetry from Pinellas. Is that correct?

MR. FARVER: Well, as I read the original finding, it has to do with records being received after --

MR. HINNEFELD: Oh --

MR. FARVER: -- the DR was completed.

MR. HINNEFELD: -- records received after it was completed, okay.

MR. GRIFFON: Right.

MR. HINNEFELD: Okay. And that did in fact

happen. With Pinellas we had some data that we found -- I think it was in the Atlanta Records Center -- that we did not get. It was personal exposure information we didn't get when we made the request for Pinellas exposure records. We've since captured those now and linked them to the file, so I mean it's not a lingering issue, but that's why this dose -- this dose reconstruction didn't have that additional information. We just -- you know, and so the -- the site -- if DOE doesn't reply with it, you (unintelligible) DOE doesn't have (unintelligible).

MR. FARVER: There seems to be some questions about the actual data that was received, the units weren't there, what -- one had a -- one entry was listed as a one without a unit, so how do you interpret that. And I guess what it comes down to is we -- we had felt that you should find out what these records mean.

MS. BEHLING: I believe there were also several entries that had just an asterisk, and I'm not sure there was any explanation for what that asterisk meant, either.

MR. FARVER: Correct, that's another undefined

term. Of the 61 entries, 21 had an asterisk and 40 had 0.000 -- entries for whole body count -- whole body readings.

MR. HINNEFELD: Well, I guess this -- you know, the issue here would, I think, speak to the Pinellas site. You know, it's not this specific claim issue, it's a Pinellas site issue.

MR. FARVER: Correct.

MR. HINNEFELD: It may be appropriate to transfer this to Pinellas site profile, which I -- if I'm not mistaken, is getting underway now. Right?

DR. MAURO: Yeah, there's a --

MR. HINNEFELD: Have you finished your review?

DR. MAURO: -- yeah, there's -- there is a review, there's a -- there's a workgroup now.

MR. HINNEFELD: I believe there's a workgroup, but we have a person assigned, I know.

DR. MAURO: Yeah, Phil's -- I think Phil --

MR. HINNEFELD: Phil might be the chairman.

DR. MAURO: I have to check.

MR. HINNEFELD: And so it may be something to hand there, and this whole issue of do we -- are we getting from DOE a complete set of

Pinellas records.

DR. MAURO: If I recall, one of the comments on the site profile was we believe that there are other records centers where Pinellas --

MR. HINNEFELD: Okay, good. Good.

DR. MAURO: -- exist, and we left it at that.

MR. GRIFFON: So for this particular case, since I'm not -- well, I'm just looking at the matrix, did you use a coworker to fill in gaps or what -- how would -- how are --

MR. HINNEFELD: I'd have to -- we'll have to do some more research on that. Do you remember, Doug?

MR. GRIFFON: Maybe Doug had that up, I don't know.

MR. FARVER: No, I don't remember.

MR. GRIFFON: It seems to me at least part of our action will be defer it to the site profile group, but I don't want to lose the whole thing if -- if there's something --

MR. HINNEFELD: Of course to the extent -- I mean changes -- you know, universal changes to Pinellas go back to all the sites and all the cases, including this one, so it won't be lost to the benefit of this claim.

MR. FARVER: Looks like it was assumed that the employee was not monitored.

MR. HINNEFELD: Okay. That's usually what's happened, and I don't know if we used coworker or some other model.

MR. FARVER: And only assigned external dose for occupational medical and on-site ambient.

MR. HINNEFELD: And there were a lot of people at Pinellas that were not monitored. There is a lot of -- it was a --

MR. GRIFFON: Right.

MR. HINNEFELD: -- it was a, quote, low dose site, but --

MR. FARVER: Correct.

MR. HINNEFELD: -- always in quotes, low dose site in quotes.

MR. FARVER: But then the monitoring data showed up later --

MR. HINNEFELD: Yeah.

MR. FARVER: -- and apparently no changes were made.

MR. HINNEFELD: You know, it strikes me that we've even recently heard that perhaps other data that was stored someplace that might be Pinellas -- actually, I think it was a -- I

think it's somewhere in the southwest. I want to say it's in Albuquerque or Los Alamos. I think it might be Albuquerque. So I think -- I don't know how much farther we can go on the specific --

MR. GRIFFON: Right.

MR. HINNEFELD: -- on this specific issue in this discussion. It's certainly an issue for site profile, and it's good to hear that it's already on the findings list so we don't have to make any heroic effort to make sure it gets there. And I just don't know that I have a good -- a good story to tell today, you know. I think our response is a, you know, hey, we -- we did the dose reconstruction with what we had, you know, and our experience with DOE almost everyplace is DOE sends you what they have. I'm sure Pin-- although Pinellas isn't there anymore, I'm not -- do you know who we get our records from? They went to -- I think they actually went to Al-- I think the Pinellas records actually went to Albuquerque. I think that's -- I think we would go to Albuquer-- the -- the DOE point of contact for Albuquerque --

MR. CLAWSON: Well, I --

MR. HINNEFELD: -- for Pinellas.

MR. CLAWSON: -- I'm on the working group with Phil and them and that was part of our problem was trying to get information and --

MR. HINNEFELD: Yeah, there's not a Pinellas office, like you can go to Oak Ridge and you can go to Hanford and talk to the DOE people, but there -- you can't do that at Pinellas. And if I'm not mistaken, Pinellas records and our requests go to Albuquerque, if I'm not mistaken -- but I could be mistaken. So -- and we may have -- like I said, we may have just encountered some more that we're not getting, some data we're not getting in the exposure histories that -- some more Pinellas data, seems like it might be personal monitoring data that we're not getting in the exposure -- as far as we know, we're not getting in the exposure histories. Could be we are, but we -- it's something -- you know, looks like it's Pinellas data. So it'll be -- now you -- you said Kansas City?

DR. MAURO: I remember a part of our work on Pinellas was -- there was some feedback about our interviews with workers that, you know,

there might be, in addition to the record centers that were searched, you know, other than -- I remember -- I remember they mentioned the -- Kansas City was mentioned.

MR. HINNEFELD: Well, there's a Kansas City records center.

DR. MAURO: Yeah, and there were others. There were about three other record centers that were -- this -- that were indicated should be explored. Whether there was any truth to that or not --

MR. HINNEFELD: Okay.

DR. MAURO: -- that was a comment, one of the comments.

MR. HINNEFELD: Was that in the site profile review?

DR. MAURO: That would be in our review, yes.

MR. HINNEFELD: Okay. Well, that'll be -- I mean that'll be an effort then for us to determine. I know we've been to Kansas City Records Center, but you don't just go to Kansas City Records Center and look at all the records.

DR. MAURO: No.

MR. HINNEFELD: You go there for a reason, and

you usually -- they've got a finding aid or something, or you tell them these are -- this is what we're looking for. Now if go for Pinellas, just 'cause we've been there doesn't mean anything.

MR. SIEBERT: (Unintelligible) we get from DOE (unintelligible).

MR. HINNEFELD: Okay. Scott has found out that I'm -- odd -- odd thing just happened, I wasn't mistaken. We do go to Albuquerque Operations to get -- to get our exposure histories for Pinellas. So I think it -- it'll be fruitful and it'll be a good discussion in the site profile review. I don't -- I don't know where we can go with it here.

MR. GRIFFON: Well, I -- I guess the question lingering for me on this one is -- and because I'm not looking at the case --

MR. HINNEFELD: Yeah, how did we do that?

MR. GRIFFON: -- well, how did you -- you didn't assign any dose, is that what I'm understanding, no external dose, no --

MR. FARVER: They assigned a medical dose and ambient dose.

MR. HINNEFELD: Ambient.

MR. GRIFFON: Medical and ambient? But no -- I mean there was no --
MR. FARVER: No recorded or missed --
MR. GRIFFON: So somehow you determined that this person -- I mean I agree, it's a low dose site. We do have a coworker model for some --
MR. HINNEFELD: As far as I know, we don't have a Pinellas coworker --
MR. GRIFFON: No --
MR. HINNEFELD: -- model --
MR. GRIFFON: -- no.
MR. HINNEFELD: -- as far as I know, but again, always with the caveat: I can be mistaken.
MR. GRIFFON: So if you don't find records, even if an individual was thought to be in the areas where there could have been exposures, there's no -- you don't assign dose?
MR. HINNEFELD: I'd -- I -- I hate to say I think that there are -- you judge -- if you judge a person to be unexposed, then you do not do a coworker dose or (unintelligible) --
MR. GRIFFON: I guess that's what I'm asking is that judgment is --
MR. HINNEFELD: Yeah, there -- there is a co-- for a dose reconstruction, in order to use a

coworker dose, you either have to determine that the person -- as near as you can tell, to the best of your ability -- was either steadily exposed, in which case they get a high percentile of the coworker, or intermittently exposed, in which case they get a lower percentile of the coworker. Or you can judge that --

MR. GRIFFON: But they --

MR. HINNEFELD: -- they were not exposed, in which case they get ambient.

MR. GRIFFON: But there's -- so somehow that judgment was made to give --

MR. HINNEFELD: That judgment --

MR. GRIFFON: -- ambient.

MR. HINNEFELD: -- was made somehow.

MR. GRIFFON: But is there a criteria in the prof-- in the site profile? Is there -- sometimes you'll lay out, you know --

MR. HINNEFELD: Sometimes will be --

MR. GRIFFON: -- certain jobs, certain --

MR. HINNEFELD: -- in the site profile --

MR. GRIFFON: -- buildings, whatever.

MR. HINNEFELD: -- sometimes -- I won't say it necessarily is in every case, I'm not familiar

with Pinellas site profile.

MR. GRIFFON: Yeah, I guess I'm asking about this one, but we -- I guess we don't have the details in front of us.

MR. HINNEFELD: Realistically, we could -- we could go -- we could look at the Pinellas site profile on line. It's out there on our web site.

MR. GRIFFON: Yeah, I know.

MR. HINNEFELD: But that would be kind of a laborious thing for us to do today.

MR. GRIFFON: Well, we're going to do site profile review anyway.

MR. HINNEFELD: Right.

MR. GRIFFON: I'm just -- I'm just wondering whether anything like -- like you said --

MR. HINNEFELD: I'm not aware --

MR. GRIFFON: -- pertaining to this case --

DR. MAURO: You could -- you could pull up the -- this could be done quickly, if you'd like -- pull up the SC&A Pinellas review and just look at the findings, the --

MR. HINNEFELD: Well, it -- I should be able to do it, but my --

(Whereupon, Mr. Hinnefeld and Dr. Mauro spoke

simultaneously.)

DR. MAURO: Yeah, and I recall that particular --

MR. GRIFFON: I mean what -- what is the -- does anyone have the job title for this individual?

MR. SIEBERT: It was maintenance.

MR. GRIFFON: Maintenance.

MR. HINNEFELD: Maintenance.

MR. GRIFFON: So that doesn't -- that doesn't strike me right off the bat as not exposed, you know.

MR. HINNEFELD: Correct. Correct. Of course there are --

MR. GRIFFON: Yeah, yeah --

MR. HINNEFELD: -- exposed -- there are unexposed maintenance --

MR. GRIFFON: -- it doesn't -- it doesn't necessarily mean exposed, either.

MR. HINNEFELD: At Pinellas, you know, it's -- it was essentially an assembly plant.

MR. SIEBERT: So maintenance may not necessarily --

MR. HINNEFELD: And maintenance -- there can be a lot of different kinds of maintenance.

MR. GRIFFON: I agree. I agree. I'm just saying it's not administrative or it's not -- you know.

MR. HINNEFELD: It's not like, you know, a site manager's secretary --

MR. GRIFFON: Right.

MR. HINNEFELD: -- which give you a pretty good --

MR. GRIFFON: Right.

MR. HINNEFELD: -- you know, pretty good clue.

MR. SIEBERT: Yeah, the -- the site profile dose say based on the review of the available dosimetry data, employees with any significant potential external dose exposure appear to have been routinely monitored. So the bottom line in the -- in the site profile does say that --

MR. GRIFFON: They're concluding that if --

MR. SIEBERT: -- they would have been monitored --

MR. GRIFFON: -- exposed.

MR. SIEBERT: -- if they had an exposure potential.

MR. GRIFFON: Yeah.

MR. HINNEFELD: Oh, yeah, I think at some point -- at some point we even say that the large

number of zero results from Pinellas supports that.

MR. GRIFFON: Maybe that -- that part goes back to a site profile question, were the right people monitored, et cetera, et cetera.

MR. HINNEFELD: Yeah, so that's -- that's one issue. But the broader issue, though, is not getting everything from DOE.

DR. MAURO: Yeah, that was the --

MR. HINNEFELD: That's a much -- that's a very -- that's a big issue to me.

MR. SIEBERT: Especially when you're talking about assumptions.

MR. HINNEFELD: Yeah.

MR. GRIFFON: Yeah, right. Okay, so the main -- so I agree, it's probably not case-specific. The bulk of this is going to the site profile review workgroup.

Can we move on to 139.2, dare I? This looks like a more familiar one, so... Doug, this is just the organ selection -- right? -- for --

MR. FARVER: Yes, that's correct.

MS. MUNN: (Unintelligible) agreed (unintelligible).

MR. FARVER: And --

MS. MUNN: Non-corresponding values.
MR. FARVER: Okay. It has to do with the dose to the lungs and to the esophagus. I guess our position was that the table contains two separate values for the lungs and the esophagus for the male, and what was used was the lungs for the female and the esophagus value, which happens to be the same as the dose to the lungs for a female, which is different than the dose to the lungs for a male. So that's -- that was the basis of the finding saying it was -- being the wrong organ choice -- improper organ selection.
MS. MUNN: Do you recall how significant the difference was?
MR. FARVER: Not much, and actually it -- you know, it was an overestimate. You're looking at a difference of 1.26 rem compared to 1.35 rem.
MR. GRIFFON: Right.
MS. MUNN: You're right, not much.
MR. FARVER: Right. But I mean our point was the value was there and it's --
MS. MUNN: Chose -- chose the wrong one, yeah.
MR. FARVER: -- chose the wrong one.

MR. HINNEFELD: Our response says we chose the right one. I'm still trying to get my brain around this response.

MS. MUNN: The response does? You have a response for 139.2?

DR. MAURO: It's esophageal cancer --

MR. HINNEFELD: Yeah.

DR. MAURO: -- and it -- and used the lung dose.

MS. MUNN: Two? I don't see any response other than -- oh, yeah, there's one.

MR. HINNEFELD: Yeah, I think the comment was the person was a male but we used the female lung dose.

MR. FARVER: Right.

MS. MUNN: Uh-huh.

MR. HINNEFELD: And I believe our re-- our response says that female lung dose is the correct esophageal dose given for a male. That's what our response says.

MS. MUNN: Uh-huh.

MR. HINNEFELD: And I would have to look at OTIB-6 (unintelligible) that says. The only chest X-ray value (unintelligible) OTIB-6 for the esophagus were based on doses to the female

lung. Okay.

MS. MUNN: Uh-huh.

MR. HINNEFELD: Wait a minute -- and be-- no, this -- this doesn't make any sense, and because the EE was a male, the male lung doses were used for the esophagus. Sorry, I'm having trouble following.

MR. GRIFFON: Yeah, I know, without --

MS. MUNN: Yeah.

MR. GRIFFON: -- seeing the tables, I'm a little --

MR. FARVER: Well, the tables can list the male lung dose, a female lung dose, and then an esophagus dose, which is the same as the female lung dose.

MR. HINNEFELD: Okay.

MR. SIEBERT: (Unintelligible) difference?

MR. HINNEFELD: And so did the dose reconstruction use the lung -- the female lung dose or did it -- 'cause I can't tell -- I read our response and in one part we say we used the --

MR. GRIFFON: Yeah.

MR. HINNEFELD: -- female lung dose, but then because it's a male, we used the male lung

dose.

MR. GRIFFON: Yeah.

MR. SIEBERT: Used the male.

MR. GRIFFON: I think you used the male lung dose.

MR. SIEBERT: Just used the -- yeah, male lung dose 'cause it's a lung and esophagus (unintelligible) use the same dose (unintelligible).

MR. HINNEFELD: So the table here only lists one value, and that's based on the female. Even our response says that.

MR. FARVER: Yeah, our finding has to do with the dose associated with the dose for both the lung cancer and the esophagus cancer were the same, were recorded, as it were, and assigned as the same dose when there are separate ones listed in the table.

MR. HINNEFELD: Okay.

MR. SIEBERT: When you say "the table," which table are you (unintelligible)?

MR. FARVER: I believe it's 3.2 -- it's out of Rev. 2 of OTIB-6 and I don't have Rev. 2; I have Rev. 3.

MR. SIEBERT: Yeah, three -- three two is the

analogous organs (unintelligible) --
MR. FARVER: Oh, I'm sorry, it's six five then.
MR. SIEBERT: It's six five.
MR. FARVER: And in our finding when we refer to a Table 4-1 of Rev. 2, and I don't have Rev. 2 of OTIB-6, so I don't know what that table was.
DR. MAURO: I recall comparing those tables (unintelligible) 4.0.1 and (unintelligible) revised, but I remember comparing those numbers, and they all say the same.
MR. HINNEFELD: Okay.
DR. MAURO: So my guess is whatever one you -- whatever Rev. you have in front of you probably is the (unintelligible).
MR. HINNEFELD: This is the (unintelligible). Says the list of the (unintelligible) -- analog-- analogous organs, is that (unintelligible) one (unintelligible) for the esophagus that says female lung?
MR. SIEBERT: No, it just says lung.
MR. HINNEFELD: It says lung?
(Whereupon, Mr. Siebert, Mr. Hinnefeld and others spoke simultaneously.)
MR. FARVER: On that table, yes.

MR. HINNEFELD: On that table they're identical, but on -- this only gives one lung dose, so what -- where did we get the male and female lung?

MR. FARVER: Page 22 of Rev. 3.

MS. BEHLING: I thought we were actually saying that selecting the lung in behalf of --

MR. GRIFFON: Can't hear you, Kathy.

MR. HINNEFELD: Kathy, can --

MS. BEHLING: Okay, I'm -- I'm sorry. I thought we were actually saying that by selecting the lung, and I -- I don't -- not sure I see in here any difference that we initially identified between male and female. We just said selecting the lung in behalf of the esophagus resulted in a slight underestimate of the dose, unless I'm looking at the wrong thing here. But -- and the difference between the dose that was entered was .796 rem as opposed to .84 -- .874 rem, so it was a little bit of an underestimation of the dose, at least based on what I'm looking at here in our original --

MS. MUNN: But in any case we're talking about 100 millirem. Right?

MS. BEHLING: Correct.

(Pause)

MR. HINNEFELD: Well, we can come -- we'll have to modify our response here, I think.

MR. GRIFFON: Yeah. Yeah, it's probably not the magnitude of the dose, it -- but we do want to -- if it's a TIB-6 issue, you know --

MR. HINNEFELD: Well, there needs to be some clarity here on what number --

MR. GRIFFON: Yeah.

MR. HINNEFELD: -- what number are we supposed to use for esophagus 'cause there's a table in here that gives an esophagus dose.

MR. GRIFFON: Right.

MR. HINNEFELD: And it gi-- it's -- and that same table just has one lung number, and they're the same.

MR. GRIFFON: I believe that's -- I believe that's the issue, yeah.

MR. SIEBERT: Which is that female lung number.

MR. HINNEFELD: And that -- but that number is the female lung number in a different table. It gives both the male and the lung (sic) --

MR. GRIFFON: Yeah, right.

MR. HINNEFELD: -- and that's the female lung,

so are you supposed to use the lung dose, the sex-appropriate or the gender-appropriate lung dose --

MR. GRIFFON: Right.

MR. HINNEFELD: -- or are you supposed to use that specific number for esophagus; that seems to be the question.

MR. GRIFFON: And I believe that's the question that they're raising, yeah.

MR. HINNEFELD: Yeah.

MR. GRIFFON: Okay. So NIOSH will look into this further. 139.3?

MR. FARVER: The finding has to do with inappropriate procedure or method used for determining ambient dose, saying that the dose -- ambient dose that was issued was based on data from 1983 to 1992, summary data, and is not necessarily representative of the time that the person worked, from 1960 through 1981.

MS. MUNN: Essentially the dosage assigned was too high.

MR. FARVER: I believe that's their response.

MR. GRIFFON: Yeah, I think you said even though we didn't have the data, we -- our number was higher than -- now that we have the

data.

MR. FARVER: Right, and --

MS. MUNN: But --

MR. FARVER: -- and all we said was since we don't have the data that represents that time period, we can't tell if it's maximizing or not.

MS. MUNN: Yeah, it looks like effective--

MR. FARVER: And it looks like after this was done, that's when the site profile's available, which has more recent data and that data shows that it was an overestimate. So I'm okay with that finding -- or with that response.

MR. GRIFFON: And is this the -- I guess the only question I would have there is this -- this 100 millirem per year, which I think we all agree is a pretty low number, is -- is that including the later Pinellas data that came in? I guess -- didn't you say you got some Pinellas data later on?

MR. HINNEFELD: I don't know. To be honest, I don't know.

MR. GRIFFON: But that would be a site profile question anyway, so --

MR. HINNEFELD: Yeah, I don't know -- I'm not

sure how that -- yeah, it -- it would be -- I mean it would be -- that -- it would be a site profile question, I think, but I don't know about these -- these exposure results that we're finding. I don't know if they're very high or not, you know.

MR. GRIFFON: Right.

MR. HINNEFELD: So --

MS. MUNN: Do you know if this was a compensable case?

MR. HINNEFELD: I don't right now.

MR. GRIFFON: Esophageal cancer, is that... probably low POC.

MR. HINNEFELD: Yeah, I would not think it would be very high.

MS. MUNN: I wouldn't think so but --

MS. BEHLING: The POC is 44 percent.

MR. SIEBERT: 44 percent.

MR. GRIFFON: Oh, 44, really?

MR. SIEBERT: But it has these -- all these overestimates --

MS. MUNN: Overestimates, yeah, if we knew -- overestimate by a factor of four on this particular -- the one dose (unintelligible) it's --

MR. GRIFFON: Was it a -- what kind of cancer?
MS. MUNN: Esophageal.
MR. GRIFFON: I mean -- was it multiple or (unintelligible)?
MR. SIEBERT: It's a lung and esophageal.
MR. GRIFFON: Lung and esopha-- that's why, okay. That makes more sense then.
MS. MUNN: Yeah.
MR. GRIFFON: Well, I guess my question there would be -- back to site profile issue -- is the ambient -- the ambient model representative of all the, you know, monitoring data that you have. It's not a -- it's not an issue for this case, though, based on what we see here. It is an overestimate, so...
MS. MUNN: So we're done with this one for right -- for our purposes. Right?
MR. GRIFFON: For the case, yeah --
MS. MUNN: Yeah.
MR. GRIFFON: -- I would say. The site profile's being reviewed anyway, so... Okay, 139.4?
MR. FARVER: Okay, questions whether inappropriate assumptions were used for assigning internal doses. Part of this goes

back to are we sure we have all the data, first part, and then -- it looks like there's about three parts to the finding. One part has to do with, you know, the records -- do we have all the records. The question why there's no unmonitored exposures plutonium, which was also present at the site during these employment period, and I believe NIOSH has a response to all this.

MS. MUNN: They said no, there was no internal plutonium dose.

MR. GRIFFON: Well, you say there were no plutonium intakes, so there was plutonium present at the site.

MS. MUNN: But no intakes.

MR. GRIFFON: But no intakes. They were completely --

DR. MAURO: If I recall --

MR. GRIFFON: -- sounds like Nevada Test --

DR. MAURO: -- there -- there was -- the site.

MR. GRIFFON: -- Site, yeah.

DR. MAURO: I'm thinking back to the site profile again and the plutonium issue. We raised that, but -- and during our discussions it became apparent that we were talking about

extremely small quantities of plutonium, barely detectable, on the surface of pits, and it wasn't as if we were dealing with plutonium the way we're dealing with it at Rocky, so I remember there being some discussion on that during the site profile meeting 'cause we did raise that as a question. And the outco--

MR. GRIFFON: For Pinellas?

DR. MAURO: For Pinellas.

MS. MUNN: Pinellas.

DR. MAURO: And the outcome of that was you -- you're right, the -- the potential for any exposures of plutonium are --

MS. MUNN: Zilch.

DR. MAURO: -- nil. Nevertheless, it became an issue because plutonium wasn't mentioned --

MS. MUNN: Yeah.

DR. MAURO: -- as -- there were some traces there, I don't know if you -- part of that --

MR. GRIFFON: Well, not (unintelligible).

DR. MAURO: Okay. But nevertheless, I -- I'm doing this from my memory from the list when we had that meeting, so I -- I don't know what type of -- the response here regarding this to the effect...

MS. MUNN: Reliably de minimis, I would think.
MR. FARVER: Indicates that no plutonium intakes on the site, therefore no internal plutonium doses need to be assigned for Pinellas.
MS. MUNN: Uh-huh.
DR. MAURO: I -- that's very compatible with my memory of the comment we had on the site profile. Other words, that -- we're dealing with something that just could not have been an important contributor. But you know, I'd hate to do that from memory. It's something we should look at in, you know, our site profile review discussions.

My only recollection was the big item that came up of course was tritium exposure and tritides, and these other radionuclides were almost, you know, second order issues that could have been a problem there but were not of any significance.

MR. HINNEFELD: Well, that's certainly my recollection, but I'm not -- I haven't been involved in those discussions --
DR. MAURO: Yeah, I mean I --
MR. HINNEFELD: -- (unintelligible)

discussions. My recollection of Pinellas is that it's a tritium site --

DR. MAURO: Yeah.

MR. HINNEFELD: -- and I think it had maybe generators, I'm not sure about that. But -- so I don't --

DR. MAURO: 239 we're talking about now. The 238, there was -- I'm -- I'm reaching now --

MR. HINNEFELD: Okay.

MR. GRIFFON: Let's call it a site profile issue, I think --

DR. MAURO: Yeah, let's see how --

MR. GRIFFON: -- from this standpoint, and if it's determined that it's de minimis at the site profile, then it's resolved, yeah.

MS. MUNN: And site profile and no -- no --

MR. GRIFFON: Right.

MS. MUNN: -- context for this case.

MR. GRIFFON: 139.5 I'm moving on to.

MR. FARVER: Once again, this comes down to did they get all the data, is the data adequate to make a determination of POC.

MR. GRIFFON: This seems like a summary type of finding. Right?

MR. FARVER: It is, it -- it's -- it falls

under the summary section.

MR. HINNEFELD: Well, I think other than the question of missing monitoring records that we've already captured elsewhere, I think this is largely the same.

MR. FARVER: It is.

MR. HINNEFELD: There were some -- early on, before the Pinellas site profile, there were some cases done with, you know, these whopping big, you know, ambient doses, and -- and some big overestimates just to get some cases out. And -- and did the -- did we have data to support it? Well, no, not prior to the site profile. The site profile would provide lower doses. So it's kind of the same thing we've been talking -- talking about, I think.

MR. GRIFFON: So why -- I'm reading your response -- I mean you said that NIOSH instructed ORAU to rework nearly all the Pinellas cases, but not this one.

MR. HINNEFELD: Well, I don't know why this one -- I didn't know why this one didn't. What we decided was -- you know, we were getting these doses and -- however, these dose reconstructions I guess would have to -- some

of them went, we -- you know, we get comments from our reviewer, said you know, hey -- hey, how are we -- can even support this, you know, we've got these -- these really big doses in here; what's -- what's the basis for this and don't they seem awful high, you know, given what we know. And so we didn't approve -- I mean ORAU worked them. We held them, so they didn't go out -- get to DOL or anything, we didn't approve them. And then we -- you know, took us a while to -- we have to cogitate. So once we decided okay, if we're going to get a site profile, let's just wait until the site profile is done and then we -- we sent them back at that point with comments, you know, do these in accordance with the site profile when it comes out. And so that's when we sent them back. Now some of them -- we may not have caught all of them at that point, or we may have -- may have already approved -- you know, have some reviewers approve them before people started objecting to what they were seeing, and so that may be why this one didn't get sent back and they're -- went all through the process with this big overestimate. You know,

I suspect one of those two situations. Either we didn't catch it when we intended to or some-- we had already had a reviewer say okay and sent it on.

MS. MUNN: Why would we want to do more if we know the dose is going to (unintelligible)?

MR. GRIFFON: What?

MS. MUNN: Why would we want to do more?

MR. GRIFFON: Oh, I'll -- I'll give you a -- I'll give you a --

MS. MUNN: Just to respond to --

MR. GRIFFON: -- I'll give you a easy reason why. 'Cause the person's at 44 percent, gets another cancer --

MR. HINNEFELD: Yeah.

MR. GRIFFON: -- and they're thinking they're going to get compensated, then you come back and say they're at --

MR. HINNEFELD: Twenty percent, yeah.

MR. GRIFFON: -- 15 percent, you know. I mean that's -- it's just a quality question more than --

MR. HINNEFELD: And there was -- I mean --

MR. GRIFFON: -- than a science question.

MR. HINNEFELD: We all know that there were

times when we put out some big overestimates just -- just to get things done and --

MR. GRIFFON: I know, I know.

MR. HINNEFELD: -- exactly what you're telling them comes back to haunt us.

MS. MUNN: Uh-huh.

MR. GRIFFON: But I mean it seems odd that the --

MR. HINNEFELD: It seemed like a good idea at the time.

MR. GRIFFON: -- it kind of slipped through the cracks somehow, but you don't really know how, yeah.

MR. HINNEFELD: Yeah.

MS. BEHLING: Excuse me, Mark, can I just make one other comment -- and I know -- I don't mean to beat this to death, but if we go back to finding 139.4, the previous finding, as Doug indicated there were three aspects to that and I know it may not have -- we're going to push this off to the site profile, but the second aspect of this is, again, this issue of NIOSH calculated apparently some environmental internal dose based on what they identified as hypothetical intakes, and there was no file to

support that data. And just to point out this, in my mind, would be primary data -- primary data meaning either a workbook or an IMBA file or something that would support that dose, and that -- that wasn't included there. I just wanted to make that point about --

MR. GRIFFON: Yeah.

MS. BEHLING: -- 'cause we talked at length about a lot of the data that sometimes is not included in the case files.

MR. GRIFFON: And Stu, you already have that as sort of an overarching action --

MR. HINNEFELD: Yeah.

MR. GRIFFON: -- right? You're going to talk to ORAU about --

MR. HINNEFELD: Yeah.

MS. MUNN: So is the item closed or open? It's unclear to me.

MR. GRIFFON: Well, that was -- that was going back to 139.4, so --

MS. MUNN: Right.

MR. GRIFFON: -- you know --

MR. HINNEFELD: Which we decided was a site profile issue.

MR. GRIFFON: Decided it was a site profile

issue and this is a separate thing which, I agree, Kathy, that -- and Stu's making a note that the -- I mean some sort of file should probably have been in the case file. Right?

MR. HINNEFELD: Seems like it.

MR. GRIFFON: Yeah. So there's no disagreement from NIOSH on that. That -- that aspect I think is closed in that NIOSH is going to go back and, you know, try to work this out with ORAU on what level -- what files get included and don't get included. Then 139.5 -- I mean I don't know -- I don't know whether there's any-- anything there or not to close.

MS. MUNN: I don't know what else one can --

MR. GRIFFON: Right, I don't know what else we can do on that.

MS. MUNN: It's been addressed and what was done at that time is not what will be done in the future.

MR. GRIFFON: Right, I mean it's unclear why that case made it through, but it did. That's the fact and -- it also seems pretty clear it was an overestimate, from everything we can see.

MR. FARVER: I guess the only way the case

would change is if you go back and look at the Pinellas data and you figure out what the asterisks mean, and if the employee has some data that was not considered and you wind up calculating a photon dose, either recorded or missed, then -- I guess that was the point, can't tell if it's adequate because we have this data lurking out there that we're not really sure what it means, were not interpreted.

MR. GRIFFON: Right.

MR. FARVER: Which we caught earlier in one of our earlier findings, so --

MR. GRIFFON: Right, so these things do overlap with the site profile, but other things -- you know, this idea of a maintenance worker, you know, I'm not necessarily persuaded that that would have been an unexposed person, you know.

MS. MUNN: So if we --

MR. GRIFFON: It could have been, but you know...

MS. MUNN: So if we rework this case, does that resolve the outstanding concerns that SC&A had?

MR. HINNEFELD: Well, I -- the -- the case, though -- one of the issues that's relevant

here is the exposure data, is there other exposure data out there, and how do you interpret --

MR. FARVER: Right.

MR. HINNEFELD: -- the pieces that we got.

MR. GRIFFON: Right.

MR. HINNEFELD: So until we can do some-- get some sort of resolution on those, I don't know that there's much point in going back and doing anything.

MR. FARVER: No, no, that would probably clear out a lot of these findings.

MR. GRIFFON: Right.

MS. MUNN: So it still boils down to a site profile issue. Right?

MR. GRIFFON: I think so, yeah. Yeah. Okay, I think we're ready to move on, 140 is pretty easy to address I think.

MR. FARVER: We agree on that one.

MR. GRIFFON: Yeah.

MS. MUNN: So we're closing that item on 139?

MR. GRIFFON: It's a site profile, I think.

MR. HINNEFELD: (Unintelligible) findings.

MS. MUNN: Yeah, it was a site profile.

MR. GRIFFON: 141.1? Is this the X-10 site, is

that --

MR. FARVER: Portsmouth.

MR. GRIFFON: Oh, it's Portsmouth.

MR. FARVER: Do not properly account for unmonitored neutron dose. I guess this is an issue of Portsmouth where they didn't routinely monitor for neutrons till about 1997. We go back to the response and claim has been re-evaluated to determine impact, and unmonitored neutron doses were calculated using both measured and missed photon doses. And I assume they're doing a neutron -- photon to neutron ratio? Yes.

DR. MAURO: Is -- is that done with a coworker model developed independent of this or is it part of -- part of this profile? I mean -- we've been through that?

MR. GRIFFON: Well, it had to be a -- it's an N/P ratio --

DR. MAURO: Yeah.

MR. GRIFFON: -- approach. Right? So...

DR. MAURO: Is that -- is that part of the site profile or is that something else?

MR. GRIFFON: I don't know if you've --

DR. MAURO: I know that there was some separate

OTIB (unintelligible) might have been (unintelligible) through this.

MR. HINNEFELD: There are several OTIBs and I don't remember which one this falls into.

DR. MAURO: And whether we reviewed that or not, could ultimately --

MR. GRIFFON: Well, it was a glovebox OTIB. Right? Is that what you're telling me?

DR. MAURO: There is a -- yeah, but I'm not sure if it's specific for --

MR. HINNEFELD: Coworker issue, there's -- I mean the neutron's a pretty -- neutron and neutron to photon ratio's kind of a broad issue --

DR. MAURO: Yes.

MR. GRIFFON: Right.

MR. HINNEFELD: -- kind of pops up everywhere.

DR. MAURO: Sure.

MR. HINNEFELD: So this may get wrapped up in that, to a certain extent. There are a lot of things that may --

MR. GRIFFON: Yeah.

MR. HINNEFELD: -- you know, ancillarily or -- you know, may affect this.

DR. MAURO: The way I see this is that

apparently you agree as to neutron exposures is something that -- it's a valid comment, need to look at neutrons; you did look at neutrons using a certain protocol.

MR. HINNEFELD: Yeah.

DR. MAURO: However, I -- I presume that we haven't looked at that --

MR. GRIFFON: Looked at that protocol --

DR. MAURO: -- protocol.

MR. GRIFFON: -- right, right.

MR. FARVER: Right, because they don't really go into detail on exactly how they did it, they just --

MR. GRIFFON: Right.

MR. FARVER: -- did it.

MS. MUNN: So you're going to look at it.

DR. MAURO: (Unintelligible) action item?

MR. GRIFFON: Well, it will be a site profile action, but I don't even know if you've looked at -- if we've tasked that site profile.

DR. MAURO: We've -- I have to say that I recall --

MR. GRIFFON: Portsmouth?

DR. MAURO: -- Portsmouth and its OTIBs. Now whether one of those OTIBs was the neutron to

phot-- neutron to photon, I don't know. We could find out, but right now -- we may already have something on the record.

MR. HINNEFELD: Yeah, you did a Portsmouth, didn't you?

DR. MAURO: Yeah, we did -- oh, we did Portsmouth, yeah, but I just don't remember if part of that was the neutron to photon ratio --

MR. HINNEFELD: Yeah.

DR. MAURO: -- and whether or not -- 'cause that's always a big deal, you know.

MR. HINNEFELD: Yeah.

MS. MUNN: And -- that...

DR. MAURO: What might be helpful is if there was some clarification on particular protocol that was followed to get to the neutron dose here.

MR. GRIFFON: Right.

DR. MAURO: Let us know what that is. If it turns out it's oh, yes, we used the protocol outlined this -- at this -- then -- then the -- then the ball's in our court --

MR. GRIFFON: Yeah.

DR. MAURO: -- to check that.

MR. FARVER: And if they did it like the other

cases and probably took the -- their photon doses they calculated and multiplied them by a number.

DR. MAURO: Yeah, right, and -- some (unintelligible) --

MR. GRIFFON: Yeah, but they key is what number --

DR. MAURO: What -- what number.

MR. GRIFFON: -- and was it -- was it consistent across the whole --

MR. FARVER: Oh, that's correct, what ratio to use.

MR. GRIFFON: Yeah.

DR. MAURO: But that's the whole -- that's the whole show.

MR. FARVER: And where's that document?

MR. GRIFFON: And how reliable is that ratio, yeah.

MR. FARVER: Right.

DR. MAURO: And it's important 'cause these neutron doses often contribute significantly.

MR. FARVER: In this case it probably didn't matter, POC was about 37 percent.

DR. MAURO: Oh, yeah.

MR. GRIFFON: Right. So we're going to --

we're going to --

DR. MAURO: Two-step process.

MR. GRIFFON: Yeah, NI-- NIOSH will give us further information on --

MR. HINNEFELD: We'll write additional -- additional detail on (unintelligible).

MR. GRIFFON: And then it may still end up with site profile, but maybe we can try to avoid -- you know, avoid that.

MR. GRIFFON: Okay, moving on, 141.2?

MR. FARVER: Questionable assumptions in the selection of intake regimes. It looks like for their acute intakes they selected a date before the bioassay as the intake date, whereas protocol has been established you use a midpoint. And the response was claim has been re-evaluated to consider the impact of the assumptions.

DR. MAURO: Okay, so your -- you could -- you want to talk chronic intake regime, okay.

MR. HINNEFELD: (Unintelligible) usually (unintelligible) employment -- employment period and this apparently is based on the highest bioassay result, so if that -- the intake regime overestimates all the other

bioassay --

MR. FARVER: We're okay with their response.

MR. GRIFFON: And what was the -- my question, and this probably is a site profile question, but it says the recycled uranium contaminates were calculated using ratios for X-700. I assume that is indeed the highest, or most conservative, values. Is that correct, or -- and why would 700 be the --

MR. HINNEFELD: I would -- I would guess that. We said it's a claimant-favorable assumption so I would guess that's what it means, but I don't -- I'm not familiar enough with the site profile to tell you.

MR. GRIFFON: But the 700 building, to me, I wouldn't know if that's spec-- oh, I (unintelligible), that's more of a site profile question, I think, but I don't know if you have any more details at this point on that or...

MR. HINNEFELD: No, I'd be hard pressed to come up with any more details about --

MR. GRIFFON: Does that come up in the site profile review at all, the questions on recycled --

DR. MAURO: Yes, we al-- we alwa-- whenever --

MR. GRIFFON: So it's already being considered in the --

DR. MAURO: Of the -- let me -- a recurring theme.

MR. GRIFFON: Yeah.

DR. MAURO: Whenever -- whenever recycled is an issue, we -- we usually research the degree to which the assumptions regarding parts per billion, you know, how much it was used and -- it's always a question raised, seeing how many times --

MR. GRIFFON: Right.

DR. MAURO: Can't say for sure it's here, but I wouldn't be surprised.

MR. GRIFFON: But other than -- other than the question of the ratios, I think we're comfortable with this approach as outlined.

DR. MAURO: Yeah, chronic -- going with chronic?

MR. GRIFFON: I agree with that -- yeah, I agree with that.

DR. MAURO: Absolutely.

MR. FARVER: For some reason -- I think the recycled issue's in your site profile review?

DR. MAURO: Yeah.

MR. FARVER: I think that was one of the issues that was brought up in that, but I can't find it right now. Okay.

DR. MAURO: Am I correct that all matters related to recycled is a global issue that's being addressed that will have bearing on any site that had recycled material and whether or not the assumptions --

MR. GRIFFON: I wouldn't think so, but --

DR. MAURO: -- now -- in the --

MR. HINNEFELD: I don't know. It's possible that we have a -- feel like we've done the research of the site, like we got some site-specific data during --

DR. MAURO: We go with that.

MR. HINNEFELD: -- the site profile that --

DR. MAURO: We're going to go with that.

MR. HINNEFELD: -- we're going to go with that.

MR. SIEBERT: That's how the OTIB is written.

MR. GRIFFON: Okay.

MR. HINNEFELD: So if there's site-specific information, the OTIB says use that.

MR. GRIFFON: I think for Paducah and Portsmouth you have site-specific -- right? -- that -- yeah.

MR. HINNEFELD: Should have some, certainly --
MR. GRIFFON: And then you're going to --
MR. HINNEFELD: -- certainly should --
MR. GRIFFON: -- come up with a generic approach for the other uranium sites, I think, is...
MR. HINNEFELD: I -- I would think so.
MR. GRIFFON: Yeah.
MR. HINNEFELD: I would think so. You -- you would think that a lot of these sites would have had site-specific information that could be utilized that would be certainly a lot easier to utilize than -- might -- in that site-specific information than to try to put it in general OTIB.
DR. MAURO: Uh-huh.
MR. HINNEFELD: I would certainly think that would be easier.
MR. GRIFFON: Okay, so I -- I put that the -- that SC&A agrees with response, consideration of recycled U would be a site profile issue.
DR. MAURO: Yeah, that's fair enough. And may -- it may be, may not. I mean, you know, it -- we -- we'll check to see if, you know, it is an issue --

MR. GRIFFON: Right.
DR. MAURO: -- or something that's been resolved. (Unintelligible) our comments you say no, this looks like the -- a bounding assumptions regarding recycled material. I -- I don't know, but it's certainly something we should look at.
MR. GRIFFON: Okay. Yeah, I'll put may be a site profile issue, okay.
142 has no findings. 143.1?
(Pause)
MR. FARVER: 143.1 re--
MR. GRIFFON: Yeah.
MR. FARVER: -- reviewer questions whether NIOSH received all the available dosimetry data. And just -- my computer's locked up and I can't call up the report. Speculating from my notes here, I believe that the claimant had records in his --
MS. BEHLING: That's correct, Doug --
MR. FARVER: Is that --
MS. BEHLING: -- in the CATI report the survivor that filled out that CATI report indicated that the employee wore radiation dosimetry badges throughout -- I think --

throughout some period of his employment and that she had records. And I'm not sure if NIOSH ever looked into that issue or ever determined if she actually had dosimetry records.

MR. FARVER: Right, that was the question, did you look at the records and compare her records with the DOE records to see if they were compatible.

MS. MUNN: The same thing.

MR. FARVER: Yeah.

MR. HINNEFELD: Well, from our response, I guess that hasn't been. I don't know if anything's been done on it since we wrote our response or not. LANL has been --

MS. MUNN: Since --

MR. HINNEFELD: -- there is some -- there -- I mean there've been some sort of inconsistencies at LANL in terms of (unintelligible). I mean people would have records that indicate something different than what we got from DOE --

MR. GRIFFON: Yeah.

MR. HINNEFELD: -- and I think that's come up before.

MR. GRIFFON: That has.
MR. HINNEFELD: And I don't know that there's been an ultimate resolution of that or not. I know there's been a lot more work on LANL since this time, so --
MR. FARVER: Well, when a claimant says on their -- in their interview that they have records and they're willing to provide it, do you request a copy --
MR. HINNEFELD: Well, I think --
MR. FARVER: -- or ask for a copy?
MR. HINNEFELD: I don't know. I don't know. I would think that in many cases we would. I don't know that in every case -- it may have to do with the completeness of the dosimetry records we had. Like if we had a dosimetry record and it looks like this is a complete record, then we might conclude that they're going to give -- send us additional copies of what we have. I'd be -- don't know that that decision was made on LANL, though, because we generally don't -- you know, I don't know that we ever were that crazy about the LANL response.
MR. FARVER: To be -- I -- I would think that

if someone's willing --

MR. HINNEFELD: Seems like the --

MR. FARVER: -- to provide you information --

MR. HINNEFELD: Yeah.

MR. FARVER: -- you would take it and compare it to what you --

MR. HINNEFELD: Well, as a general rule, we do. I mean if someone's got a box of records and they wa-- you know, they, as a general rule, are not willing to ship us their -- their single box, and copying a box of records would be -- would be kind of a burden on the claimant to do that. And so I would guess for us to go do that, we would want to do it in conjunction with another data capture in the area. If we were going to fly across the country in order to scan this person's documents, if they let us do that, we'd want to do it when we were going to go there anyway.

MR. FARVER: I mean I guess our concern is there -- is that if someone indicates they have records, is there a mechanism to evaluate whether you want them or not.

MR. HINNEFELD: I'm not 100 percent sure. Scott?

MR. SIEBERT: Well, in this case, looking at the DOE sub-- DOL submittal, and it's 400 and some pages, which indicates to me, and I looked through it real quick, the claimant gave to the DOL a whole lot of records that came to us in the DOL submittal to us.

MS. MUNN: (Unintelligible)

MR. SIEBERT: And that may be what they're referring to.

MR. GRIFFON: Yeah.

MR. SIEBERT: And if that's the case, then they'll be with it.

MR. FARVER: Well, no, and if that's the case, but I didn't see in the correspondence anywhere where you requested them from nor asked the employee or there's any indication that the employee's records were considered.

MR. HINNEFELD: Well, it see-- it seems to me that the decision about whether we -- I mean if we in fact concluded that what -- I mean did we even ask them, when they said we have all these records, if they said we have all these records and we -- we submitted them with our claim --

MR. GRIFFON: Yeah --

MR. HINNEFELD: -- if that's what they said --

MR. GRIFFON: -- that would be different, yeah.
MR. HINNEFELD: -- then we would say then we got them.
MR. FARVER: I agree.
MR. GRIFFON: Right.
MR. HINNEFELD: But if they said I've got all these records if you want them, we don't do any more about that, then that's a little -- that's worrisome.
MR. FARVER: Okay.
MR. HINNEFELD: That is worrisome.
MS. MUNN: But in the -- in the NIOSH response here it says the records mentioned by the claimant were obtained when the claim was submitted.
MR. SIEBERT: That's -- yeah, what -- what -- what the CATI says is the individual has copies of his medical and lab reports which she obtained from Los Alamos human resources when she filed the claim. They have a box full of paper. And when I look at the DOL information that we got from DOL, like I said, it's 400 and something pages, what I've just looked through real quick, are medical reports and lab reports, which would indicate to me that that's

--

MS. MUNN: That's what they sent her.

MR. SIEBERT: -- the same thing they're referring to.

MR. FARVER: But there is no letter or memo to file saying this is what they are, these are the employee's records.

MS. MUNN: Are you saying this is just an assumption, there's no evidence that it was in fact verified --

MR. FARVER: Correct.

MS. MUNN: -- with the claimant that it was the same material.

MR. FARVER: And I guess part of my question was just how do you know that you get those records from the employee if they're willing to provide it? Do you want copies and --

MR. HINNEFELD: Does -- now does -- Scott, one more time, does the claimant describe them as medical and -- what do they describe them as?

MR. SIEBERT: In the CATI it's medical and lab reports.

MR. HINNEFELD: Okay. So then in the CATI it's described as medical and lab reports.

MR. FARVER: Uh-huh.

MR. HINNEFELD: We see 400 pages of --
MR. SIEBERT: Medical and --
MR. HINNEFELD: -- in -- in a DOL file, not all of which would be medical and lab reports, but there are a number of medical and lab reports in there, and we would say that's what they're talking about. So that's -- I just think that's probably what the dose reconstructionist concluded, too. That's what the claimant's talking about and we have that.
MR. GRIFFON: I think the CATI also said, if I heard Kathy right, that they were monitored as well.
MR. HINNEFELD: Did they say they were monitored?
MR. GRIFFON: That they said they were monitored.
MS. MUNN: As many pages of medical --
MR. GRIFFON: And did -- did you have --
MS. MUNN: -- and monitoring records are evident.
MR. GRIFFON: And did you have dosimetry records? I'm not, again, looking at the case.
MR. HINNEFELD: I don't know.
MS. MUNN: Medical and monitoring records --

medical monitoring records are almost --
MR. GRIFFON: No, monitored -- TLD. Kathy, did I hear you right that she -- somewhere else in the CATI, not the same response, she indicated she wore TLDs or film badges, something --
MR. FARVER: Routinely wore radiation dosimeter badges and the claimant has copies of the employee's dosimeter records.
MR. GRIFFON: Right, so.
MR. FARVER: Since NIOSH did not acknowledge this issue in the DR report, SC&A is questioning whether the additional dosimetry records were requested from the claimant and requested from DOE.
MS. MUNN: If they are in fact additional records or if --
MR. FARVER: If they are, and then how do you distinguish --
MS. MUNN: That's the only real question, is were they additional --
MR. GRIFFON: Or just a call to verify that they're the same --
MS. MUNN: -- or duplicates.
MR. GRIFFON: -- yeah.
MR. HINNEFELD: Well, let me figure out a

little more on this one, and just on LANL -- Los Alamos in general --

MR. GRIFFON: Yeah.

MR. HINNEFELD: -- rather than try to sort through and -- and do some more here. I think it is important that we have the record, and if there is -- and it has -- and it will occur on occasion that a claimant will have a record that they got from the site, like when they left or something, a termination exposure report, and it may be different than what the DOE gives us and they have detail we would want. Different in that it would have additional information or -- or otherwise it might be a summary when we're getting, you know, read-by-reads or something that -- so I think that's -- that's fairly important that we do that. I'll have to see what the practice is.

MR. FARVER: And I'd say sometimes employees would be given kind of like an incident write-up, if they were involved in an incident, which may not come out in your request for records.

MR. HINNEFELD: It depends on the filing -- the filing practices of the --

MR. FARVER: Correct.
MR. HINNEFELD: -- DOE site as to whether that would be in their personal exposure record, yeah.
MR. FARVER: So it might be good to distinguish, you know, employee records from DOE records.
MR. HINNEFELD: Yeah.
MR. GRIFFON: Okay, I think we can move on to 143.2.
(Pause)
MR. FARVER: 143.2.
(Pause)
MR. GRIFFON: Well, this goes back to that simple phrase, all LANL personnel who have the potential to be exposed, and that's -- you know, basically depends on which side of that you come down on, you can either say yeah, we're sure LANL did it right, or we question whether LANL did it right, you know.
MR. HINNEFELD: Yeah. And in fact, get this claim up 'cause I'm having a lot of trouble manipulating my report. I wonder what the cancer is 'cause Los Alamos is an SEC.
MR. GRIFFON: Yeah.

MR. HINNEFELD: The first -- starting in '49.
MR. GRIFFON: That's right, yeah.
MR. FARVER: Brain, yeah.
MR. GRIFFON: Brain?
MR. HINNEFELD: Is brain listed? It's listed, isn't it? Yeah, I know it's listed.
MR. GRIFFON: Yeah.
MR. HINNEFELD: I know it's listed because I -- I took some umbrage at that, that brain cancer should be in -- supposedly when you learn radiation biology that tissue isn't radiation sensitive.
MS. MUNN: Yeah.
MR. GRIFFON: Right, right.
MR. HINNEFELD: So that's about all the radiation biology I (unintelligible). They may have reached different conclusions by now.
DR. MAURO: (Unintelligible) sites.
MR. HINNEFELD: But yeah, I'm almost -- almost positive brain is --
MR. GRIFFON: So this could be an SE-- an --
MR. HINNEFELD: It's probably an SEC claim, so the question here relates to the decision of -- that not being issued a dosimeter is equal to unexposed.

MR. GRIFFON: Right.
MR. FARVER: Yes.
MR. HINNEFELD: That's the question.
MR. GRIFFON: Yeah.
DR. MAURO: Your -- in your response you mention that when he was issued a dosimeter.
MR. GRIFFON: John, you've got to speak up there.
DR. MAURO: I'm sorry, I had -- I notice in the ra-- the response --
THE COURT REPORTER: Everybody down there needs to speak up.
MR. GRIFFON: Right.
DR. MAURO: I was --
MR. GRIFFON: Liven up. We need to do some calisthenics or something, yeah.
DR. MAURO: All I was pointing out -- all I was pointing out, Ray, was that I noticed in the response, though, you also added that when they did have records they were predominantly zeroes. What I recall you saying earlier, when you see that, that's one of the triggers that -- when you would say that well, we're not going to assign a dose to this person, just mis-- just ambient dose.

MR. HINNEFELD: Well, I think it's -- I think we consider it a reassuring -- if you're -- if you're deciding that people not getting a dosimeter equals no dose, it's reassuring to see a lot of zeroes --

MS. MUNN: Uh-huh.

MR. HINNEFELD: -- 'cause badges will -- you know, that means the site is badging people with some potential who don't end up getting it, or at least not enough to be recorded on the badge --

DR. MAURO: Uh-huh.

MR. HINNEFELD: -- so it's somewhat reassuring and so we'll say that, but I don't know that we ever use that as a criterion --

DR. MAURO: Okay.

MR. HINNEFELD: -- for deciding that they didn't. I think we try to get some other evidence from the site records to decide that.

MR. FARVER: So he -- he was a machinist who began employment in 1945. I don't know, is that an unmonitored person or should they (unintelligible) an unmonitored dose?

MR. HINNEFELD: You say he started in '45?

MR. FARVER: Yeah.

MR. SIEBERT: He didn't get his Q clearance until '90 -- '49, but there doesn't seem to be (unintelligible).

MR. HINNEFELD: So would we conclude from that, Scott, that since he didn't have a clearance he would not be exposed?

MR. SIEBERT: Prior to that point, definitely.

MS. MUNN: Uh-huh.

MR. HINNEFELD: Okay. So without clearance, we would not expect him to be exposed. And that would be based on --

MR. GRIFFON: But then -- yeah, people are fading and Ray's having trouble --

MR. HINNEFELD: You've got to really speak up, don't just speak to me.

MR. SIEBERT: I'm sorry.

MR. HINNEFELD: That's -- that would be based on LANL-specific information. You know, a decision that a badge -- or no badge equals unexposed or a decision that no security clearance equals unexposed, that's based on LANL-specific information, so we can -- and I believe there is a LANL site profile --

MR. GRIFFON: Yeah, there is --

MR. HINNEFELD: -- out there and the discussion

-- I think there's maybe a workgroup and stuff?
MR. GRIFFON: Uh-huh.
MR. HINNEFELD: So --
MR. GRIFFON: Yeah, I'm chairing it, so --
MR. HINNEFELD: Oh, well, we've got a good way to make sure this gets to site profile, then.
MS. MUNN: Uh-huh.
MR. HINNEFELD: So it seems to me that this -- we could put -- say to these -- or to this one, it would -- if anything, it's a site profile issue if -- if our argument is not convincing, and I certainly can't make it convincing in this room, that these are good decisions, then it's a site profile because that has to be based on site research.
MS. MUNN: We're not sweeping it under the table, we're giving it to Mark's group.
MR. HINNEFELD: You guys enjoy giving these back and forth, don't you?
MR. GRIFFON: I know.
MR. FARVER: I mean if that's the basis for your decision, you know, no security clearance, and as long as that is documented somewhere --
MR. HINNEFELD: Yeah, if it's in the site profile and there's a basis for it, you know,

that should be okay if there's a -- if suit-- suitable basis for, you know, unbadged people's unexposed if -- you know, these things are all questions that are going to relate to the site and the site decision.

MS. BEHLING: I think -- excuse me. I think that the basis for our finding was the fact that the LANL site profile indicated that in '43 they generally only issued PICs to a whole group of people, and that in '45 only film badges were issued to the highest individuals. So that was part of the justification for this finding, along with the information that was provided in the CATI report.

MR. HINNEFELD: But now -- but you say a film badge to the highest exposed people. Is there any indication, though, that anyone who didn't have a security clearance would have been working around any of the radiological material? Because you can say well, they only issued film badges to the most highly exposed people, and what you mean is the most highly exposed people with a security clearance.

MS. BEHLING: Yeah, that I don't know.

MR. FARVER: I think that's probably something

that should get clarified in the --
MR. GRIFFON: Yeah, that -- that could --
MR. FARVER: -- site profile.
MR. GRIFFON: -- be, yeah. Yeah.
MS. MUNN: Were the PICs not recorded?
MR. HINNEFELD: As far as I know, the PICs were recorded but I don't know. I'm not familiar with the Los Alamos records and I couldn't tell you if we didn't -- you know, 'cause that's usually a handwritten logsheet --
MS. MUNN: Well, it's --
MR. HINNEFELD: -- although oftentimes they're --
MS. MUNN: Yeah.
MR. HINNEFELD: -- translated into a, you know, electronic record once -- once electronic records --
MR. GRIFFON: Recorded and assigned to a group? Is that the way they did?
MR. HINNEFELD: Well, is that what it means, Kathy, was it a PIC per group?
MS. BEHLING: They indicate here we moni-- I'll read the -- in fact, we cite this from the LANL -- when monitoring for external radiation exposures started in -- in 1943, PICs were

assigned to, quote, a few persons thought to have the highest potential for receiving exposure at or above the tolerance limits. And then it just goes on to say by 1945, when film badges were in use by a number of the LANL groups, only workers with the higher exposure potentials were issued dosimetry badges.

MR. HINNEFELD: Okay.

MR. GRIFFON: Okay.

MS. BEHLING: And that -- let -- let me just finish one more sentence here 'cause it says at the time of the earliest criticality experiments and accidents at LANL, workers who received the highest exposures had not yet been issued film badges.

MR. HINNEFELD: Well, until then they hadn't been highly exposed.

MS. BEHLING: Okay.

MR. GRIFFON: Well, that -- it's definitely a site profile issue, though. I mean I think we've got to...

MR. HINNEFELD: Yeah.

MS. MUNN: At least not anything that came close to a criticality level.

MR. GRIFFON: And -- and some of this, as far

as the site profile issue goes, may have been already resolved 'cause we awarded an SEC for the early years. Right? So -- you know, yeah.

MR. HINNEFELD: Yeah.

MS. MUNN: Yeah, a big chunk of years, as I recall.

MR. HINNEFELD: Through '74 -- 4 or 5 -- as I recall.

MS. MUNN: Yeah, a big chunk.

DR. MAURO: I got a question when I -- I heard the statement regarding the PICs. Are any of your dose re-- external dose reconstructions based on solely PIC information?

MR. HINNEFELD: I don't know.

MR. GRIFFON: All right, let's try 143.3.

MR. FARVER: Failed to account for potential unmonitored neutron dose. Employee was monitored at least in 1964 for neutrons and assigned a missed neutron dose. We believe that probably should have been an unmonitored neutron dose for the other years. Let's see --

MR. HINNEFELD: I think it's a site profile issue also 'cause it's the same issue. We -- we rely on the non-monitored equals non-exposed argument and so it's the same issue as earlier,

a good argument or not, it's just applied to neutrons.

MR. GRIFFON: Okay. 143.4, on-site ambient?

(Pause)

So Doug, I -- in this case are you saying the on-site ambient was -- was overly maxi-- you know, was too generous or...

MR. HINNEFELD: Probably just support --

MR. FARVER: I think we were just trying to support it.

MR. GRIFFON: Right.

MR. FARVER: Why they used one instead of the value from Table 4-30.

MR. HINNEFELD: Was this done before the site profile, I suppose?

MR. FARVER: I don't know.

MR. HINNEFELD: Well, maybe not.

MR. FARVER: My guess is it was just a maximizing assumption.

MR. HINNEFELD: Yeah.

MR. FARVER: Now I haven't -- I haven't looked at Table 4-30, but I'm assuming it's less than a rem per year.

MR. HINNEFELD: Yeah.

MR. FARVER: So this will be a maximizing

assumption. And I think that the big disagreement was that it was unsupported. In other words, if they would have said this is a maximizing assumption, it probably would have been okay.

MR. HINNEFELD: Yeah, I think the -- it would be done now. I think the site profile would provide -- I think it has the ambient doses for the years.

MR. GRIFFON: So is -- we have agreement in that you're saying that even though it didn't -- was this done before the site profile, or we're not sure on that?

MR. FARVER: We're not sure.

MR. SIEBERT: No, it was done after.

MR. GRIFFON: It was done after?

MR. HINNEFELD: (Unintelligible) anyway.

MR. SIEBERT: It was just rather than look it up in the table --

MR. GRIFFON: Okay.

MR. SIEBERT: -- use a rem.

MR. GRIFFON: Yeah.

MR. SIEBERT: But that's --

MR. GRIFFON: Right, right.

MS. BEHLING: I -- I guess I almost got the

impression, in looking at what the dose reconstructor did here, is maybe they assumed that this individual was supposed to be monitored and made up for it on this on-site ambient dose. I -- I think that was part of this comment also.

MR. FARVER: It is, and --

MS. BEHLING: (Unintelligible) was using the on-site ambient dose to maybe make up for unmonitored dose.

MR. SIEBERT: I doubt that was the thought process involved. I would say the am-- the ambient was probably just using a rem per year as a simplistic assum-- overestimating assumption.

MR. FARVER: Well, the DR states: Even though the employee was monitored for ionizing radiation doses during the employment period, on-site ambient doses were assessed as part of this dose reconstruction in order to maximize the dose estimate.

So from that you would assume that the employee was monitored.

MR. SIEBERT: Which they were during some years, but not entirely. You're right. But

I'm guessing what they were saying is they were assigned that rem of ambient every year, including the years that they were monitored.

MR. GRIFFON: That's the -- that's the --

MR. SIEBERT: It's not an elegant way to say it, however.

MR. GRIFFON: That's the over-maximizing, yeah, yeah, yeah.

MR. FARVER: Yeah.

MR. GRIFFON: But why not the values --

MS. BEHLING: He was only monitored for three years.

MR. GRIFFON: -- from the TBD, just to simplif--

MR. SIEBERT: It was probably a time savings.

MR. GRIFFON: Yeah.

MR. SIEBERT: Just dropping in one rem is quicker than going to the TBD and entering each one where you may have transcription errors.

MR. GRIFFON: Right.

MS. MUNN: What did you say about three years, Kathy?

MR. GRIFFON: But you would agree it wouldn't be done that way now. Right?

MS. BEHLING: I -- the -- the individual was

only monitored for three years.

MS. MUNN: Oh, only had three years of monitoring data.

MR. GRIFFON: Yeah, right.

MR. FARVER: And he worked there from what, '46 through '90.

MR. GRIFFON: So I think -- what I -- what I think I -- I'm trying to read through the discussion here, but I would say, Stu, NIOSH agrees with this. However, the approach used was an over-- you know, you -- you probably should have used the values, but the approach used was overly conservative.

MR. HINNEFELD: Yeah.

MR. GRIFFON: Right. Does that satisfy you, Doug?

MR. FARVER: That satisfy you, Kathy?

MS. BEHLING: No, but that's okay. No, I'm kidding. I'm okay.

MR. GRIFFON: No, tell me if it doesn't satis--

MS. BEHLING: No, I'm -- I'm really joking. You all are so --

MR. GRIFFON: We want you satisfied.

MS. BEHLING: -- no, I'm -- I'm okay with that.

MS. MUNN: You just want to wake us all up.

MS. BEHLING: That's it.
MR. GRIFFON: We're going to take a break after this case is over, so get ready, guys.
MR. FARVER: I'm not that concerned about this finding, about the ambient dose. It more affects the unmonitored photon and neutron doses.
MS. BEHLING: That's exactly right, and I think that the point I was trying to make is, again, this points to should there have been some unmonitored photon and neutron dose being calculated. And just what they did here with the ambient made me question -- maybe they thought also there was some unmonitored periods here, so that's the only point I was going to make. But no, I agree with the -- the resolution of this particular finding.
DR. MAURO: I just wanted to go -- go back to a statement that I -- I think was mentioned before. By assigning the high ambient -- in fa-- am I -- is that supposed to cover the fact that there are lots of years where the worker was not monitored -- other words, was -- looks like he -- there are a lot of years where he was not monitored, but he could have

experiences some exposures. Now, during the time period when he was not monitored, some -- some value was assigned, or not? I believe the answer was no, just ambient.

MR. HINNEFELD: Right.

DR. MAURO: Okay. And now -- I guess the question then becomes almost a common sense question. Was it reasonable to assume that he received no exposures during the unmonitored period, and if that's so, why? And second, the -- the -- if -- if that -- if -- there's an answer to that and -- you -- you're covered. But if the answer is a no, he might have received some exposures but we accounted for it because we gave him so much dose ambient, that's a little less convincing.

MR. GRIFFON: But I think Scott already answered that, he says --

DR. MAURO: That wasn't --

MR. SIEBERT: I don't believe that --

MR. GRIFFON: -- it's unlikely --

MR. SIEBERT: -- was the thought process.

MR. GRIFFON: -- it's unlikely they went through that, yeah.

DR. MAURO: Okay.

MR. GRIFFON: I would a-- I would agree, it was probably just kind of a quick shortcut and they -- you know, and it works out because it's higher than all your values in the TBD. But from a quality standpoint, it's probably not the best practice, you know, so I think that one we can --

DR. MAURO: But -- but -- but I mean --

MR. GRIFFON: Yeah.

DR. MAURO: -- go back -- the -- the question we asked Ka-- Kathy, I guess what I'm hearing is that there's still some question whether or not it was appropriate to assign zero dose for the years he was not monitored.

MR. GRIFFON: Right, that's a -- that's a separate finding.

DR. MAURO: That's a dif-- that's still here?

MR. GRIFFON: Yeah, that's still --

DR. MAURO: Oh, okay, oh, I'm sorry, I --

MR. GRIFFON: Yeah.

MR. HINNEFELD: We had that on two or three of the other findings.

DR. MAURO: Okay, so -- okay, I misunderstood. I apologize.

MR. GRIFFON: That's those other findings. We

haven't let those go, yeah.

DR. MAURO: Okay.

MR. GRIFFON: 143.5 -- two more before our break.

MR. FARVER: Reviewer questions whether NIOSH received all available bioassay data. Apparently the employee indicated in the CATI report that he had copies of the submitted urine samples and had copies of the -- the records. So this is another records -- did you get copies of the records, did you compare them, was any of this looked at?

MS. MUNN: No follow-up request was made.

MR. HINNEFELD: Well, I'll have to go see where we are on this. I know Los Alamos is --

MR. GRIFFON: It's that same thing, did you check with the individual, yeah.

MR. HINNEFELD: Yeah -- yeah, it's kind of the same -- did we try to get the records.

MR. GRIFFON: Right, right.

MR. HINNEFELD: Okay.

MR. FARVER: Which goes back to when someone indicates they have records, what's the process and how do you document the process.

MR. HINNEFELD: Yeah.

MR. GRIFFON: And the last one, 143.6, similar thing, isn't it?

MR. HINNEFELD: Seems to be the same thing --

MR. GRIFFON: Same thing, yeah.

MR. HINNEFELD: -- it's just that it's in the CATI portion of the DR review.

MR. FARVER: Yes.

MR. GRIFFON: So NIOSH is going to follow up on that.

MR. HINNEFELD: Yeah.

MR. GRIFFON: Why don't we -- we don't have much left of the seventh set but I think we all need a little break here, so -- I was hoping to finish it off, but let's take a little break now, we'll come back --

DR. WADE: Take five or ten minutes and we'll be back on --

MR. GRIFFON: Yeah.

DR. WADE: -- we're not going to break the line then, so I'll just put it on mute.

(Whereupon, a recess was taken from 2:47 p.m. to 3:00 p.m.)

DR. WADE: Okay, we're back in session.

MR. GRIFFON: Okay, we're -- we're -- I want to finish up the seventh set of cases, get -- get

entirely through this. We only have one case to go -- one case to go, so finding 144.1 -- this is also a LANL case, I think.

The first one looks very similar to -- well, no, maybe not.

(Pause)

MR. FARVER: I guess what we're saying is since the employee received only zero readings for his shallow dose, missed shallow dose should have been applied. And my guess is this goes back to the workings of OTIB-17 --

MS. MUNN: Uh-huh --

MR. GRIFFON: Yeah.

MS. MUNN: -- yes, which (unintelligible) only photons.

MR. FARVER: And just because there's a zero in the shallow dose doesn't necessarily mean you get a missed dose for shallow dose. It depends on the combination of shallow to deep, and I'll go back and I will look at this one, 'cause you really have to go back and look at each individual dosimeter result. This is another one that I can accomplish by e-mail. I mean I can say yea, it's okay or...

MR. GRIFFON: All right, 144.2?

MR. FARVER: On-site ambient dose, did not use appropriate procedure for assigning on-site ambient dose. And you know, I think what we're saying is we're not able to verify the doses 'cause the doses in Attachment B to PROC-60 do not match the ones that are listed -- or something similar, couldn't verify it.

And in NIOSH's response, what they do is state basically what they did about dividing it by the -- to correct it for the number of work hours or number of hours in the year, and then they multiply it by an uncertainty factor of 1.3.

I'm okay with how they did it. And on our part, we probably should have included a sample calculation in there saying how we thought it should have been done, and that would have made it much easier for us to see how we differ.

MS. BEHLING: Can I ask a question regarding the NIOSH response? When you say the highest value from Table 4-25, I assume that's Table 4-25 of the Technical Basis Document?

MR. HINNEFELD: I would think that's what it is.

MS. BEHLING: Okay. 'Cause I think in -- I

don't know why we have in our comment Table 4-30 from the Los Alamos Technical Basis Document. I have to look at that.

MR. GRIFFON: Maybe that's the site-wide one, I don't know. I just -- (unintelligible).

(Pause)

So -- so you're okay with this one or are we looking at that table or -- I'm not sure --

MR. FARVER: We're trying to look up the table --

MR. GRIFFON: Okay, yeah --

MR. FARVER: -- if we can do it quickly.

MR. GRIFFON: -- yeah.

MR. FARVER: There is a Table 4-30 on page 51 of the environmental technical basis section. It does list the maximum ambient doses per year.

(Pause)

And our point was that if you sum up those doses, you come up with a higher value than what was calculated.

MS. BEHLING: Yeah, Table 4-25 is area badge data -- data.

MR. FARVER: Right, and then Table 4-30, Kathy, on page 51 of that document --

MS. BEHLING: Right. In fact that's what we used, yes.
MR. FARVER: Correct.
MR. GRIFFON: So they might -- Stu, you might have referenced the wrong one here, 4-25, you might have meant 4-30. Right?
MR. FARVER: Well, they've got the area badge data.
MR. GRIFFON: Yeah.
MR. SIEBERT: Okay, I -- (unintelligible) -- 144.2 -- right?
MR. GRIFFON: 144.2, yeah --
MR. SIEBERT: Okay.
MR. GRIFFON: -- and in the middle there you reference Table 4-25.
MR. SIEBERT: Well, you -- you're talking about 4-30, those are intake rates. That's internal.
MR. HINNEFELD: Is that -- what's that ambient dose rate on there?
MR. FARVER: No, at the -- at the -- the far right-hand column.
MR. SIEBERT: Are you talking --
MR. HINNEFELD: What's the ambient dose number in that far right-hand column?
(Pause)

MR. SIEBERT: They seem to be the same as the site-wide maximums in 4-25.
MS. MUNN: So that's the badge data (unintelligible) which area.
MR. SIEBERT: Yeah, they're identical results as the --
MR. GRIFFON: Are they?
MR. SIEBERT: -- site-wide --
MR. FARVER: Okay.
MR. SIEBERT: -- in 4-25.
MR. FARVER: So if we sum up the maximum values, it comes up with a different value than was in the report --
MR. SIEBERT: Right, because --
MR. GRIFFON: Because of the TA, you took the highest TA --
MR. SIEBERT: -- technical areas, not the site-wide map.
MR. GRIFFON: -- right.
MR. FARVER: Okay.
MR. HINNEFELD: So they used the (unintelligible)?
MR. GRIFFON: And I think that's why you highlighted that in your comment, that you used the highest TA value, not -- not site--

MS. MUNN: Not site-wide.
MR. GRIFFON: Right.
MR. HINNEFELD: Well, how is the highest -- how is the site maximum higher than the highest TA value?
MR. SIEBERT: That's a good question.
MR. GRIFFON: Yeah, that's the question.
MS. MUNN: It is? (Unintelligible) combination of those areas?
MR. GRIFFON: Okay, that site-wide -- site-wide is something different, isn't it? I don't know what it is 'cause in --
MR. HINNEFELD: (Unintelligible) 1997, just reading across 4-25, the site-wide maximum number is higher than those TA numbers.
MR. SIEBERT: (Unintelligible)
MR. HINNEFELD: Oh, I'm sorry, (unintelligible).
MR. FARVER: Why don't we do this, why don't --
MR. GRIFFON: Something -- something weird is in the -- yeah, 'cause if you look at 1973 on that same table, Stu, that one the site-wide maximum is 345 and that is equal to one of the TAs --
MR. HINNEFELD: One of the TAs --

MR. GRIFFON: -- TA-18.
MR. HINNEFELD: -- TA-18, yeah.
MR. GRIFFON: That sort of makes sense to me.
MS. MUNN: Yeah.
MR. GRIFFON: But then if you go down to 1971, the site-wide maximum is 106 and that's lower than any of the TAs.
MR. HINNEFELD: Yeah, lower than -- yeah.
MR. GRIFFON: So I don't understand. Something's funny. Maybe you need to check into this -- follow up on the values.
MR. FARVER: Well, I'd say for -- for this finding, I mean other than the values in this table, which appears to be now something unusual --
MR. GRIFFON: Yeah.
MR. FARVER: -- why don't we just have them just -- just a very, very simple sample calculation on how it's done, just for a year. You could e-mail it, we could -- 'cause really your ambient dose is pretty straightforward. I mean you go through what they said about dividing it by the 8760 and multiplying it by 2600 times 1.3, pretty straightforward. It's a matter of what value you started with.

MR. GRIFFON: Right, right.
MR. FARVER: So if they would just go do that, that would probably help clear up things. Now the separate issue of what these numbers in the Table 4-25 mean, I don't know.
MR. GRIFFON: Yeah.
MS. MUNN: Table 4-25 and 4-30. There must have been something else there.
MR. GRIFFON: Okay, so NIOSH will check into those -- those values in Table 4-25 and 4-30. Right?
MS. MUNN: Uh-huh.
MR. HINNEFELD: Yeah.
MR. GRIFFON: And -- and I -- as Doug requested, (unintelligible) out a simple calculation how -- I don't know why it --
MR. HINNEFELD: Different than what's described in our --
MR. GRIFFON: Yeah, do you really need a calculation? I mean you just said the calculation.
MR. FARVER: If it's different. I mean if that's --
MR. GRIFFON: It -- it is what it is. Right?
MR. HINNEFELD: That should be it.

MR. GRIFFON: It's a matter of where the initial number comes from.

MR. GRIFFON: Right.

MR. SIEBERT: That's what we need to (unintelligible).

MR. GRIFFON: Yeah, so the tables are wh-- yeah, so I don't think you need a calculation. There it is, right there.

Okay.

MS. MUNN: We shouldn't pass up an opportunity to use this week's most hackneyed phrase, it is what it is.

MR. GRIFFON: All right, 144.3.

MR. FARVER: Okay, OTIB-18, hypothetical intake model, was used to assign a internal dose. Questions whether that's appropriate to use. The em-- the employee had chest counts and bioassay data in '92. Even though this was after the cancer was diagnosed, one of the chest counts was a baseline and one was marked recount.

I guess what it comes down to is there's some question whether maybe they did -- did they receive all the bioassay data, and is it appropriate for -- to request more, I believe.

I'm not real sure about this.
Kathy, do you have any input on this one?
Help?
MS. BEHLING: I'm looking. I think what we were questioning -- based on bioassay data that was included in the file, I'm not sure there was enough information -- there was nothing listed under activity results, so we don't even know what those values were. I don't know -- and I think what we were questioning is if they should have looked a little bit closer at these bioassay results.
MS. MUNN: Over and above the urinalysis and baseline chest count? Both non--
MS. BEHLING: No, I -- I think --
MS. MUNN: -- both non-detectable.
MS. BEHLING: -- the chest count was marked as a -- as a baseline, and then there was a second -- I guess there was a second chest count done a few months later that was marked as a recount, and I think that's really what we were questioning. And -- and both of the records identified plutonium and americium, but then there's no value cited under the activity.
MS. MUNN: Well, the res-- response says

special bioassay and the baseline chest count were non-detects.

MR. GRIFFON: Well, and -- and more --

MS. MUNN: And the recount --

MR. GRIFFON: -- importantly, they were after the diagnosis of the cancer.

MR. FARVER: Right.

MR. GRIFFON: That's another critical point.

MS. MUNN: And the recount...

MR. GRIFFON: I mean if -- if a special was taken, you might say well, yeah, there was a reason for it, but if it was after the diagnosis of the cancer, I'm not sure it's relevant, you know.

MR. SIEBERT: There was no real indication to us that --

MR. GRIFFON: Right.

MR. SIEBERT: -- those bioassays had anything to do with anything prior to the --

MR. GRIFFON: Prior to, yeah, yeah.

MR. SIEBERT: -- date of diagnosis.

MS. BEHLING: Yeah, I -- I agree. I agree.

MR. GRIFFON: Seems to be...

MS. MUNN: And no indicators, no --

MR. GRIFFON: That seems logical, yeah.

MS. MUNN: Yeah. So acceptable?
MS. BEHLING: I -- I think that, yeah, we're accepting NIOSH's response here, now that I look at this a little closer.
MR. GRIFFON: All right. Moving on -- I was wrong, I thought that was the last case. I spoke too soon.
MR. FARVER: There's always one more.
MR. GRIFFON: 145's an easy one. Scott, you want to take this one?
MR. SIEBERT: (Unintelligible)
MR. GRIFFON: Yeah. 146.1?
MS. MUNN: Resolved by OTIB-10, resolved by OTIB-10 --
MR. HINNEFELD: You've got those in your notes, right?
MS. MUNN: Yeah.
MR. HINNEFELD: 146.--
MS. MUNN: Uh-huh.
MR. HINNEFELD: 'Cause those -- we didn't say that in here, but those sound like OTIB-10 findings.
MS. MUNN: Yeah, this is -- I have red-lined under here, resolution --
MR. FARVER: Yes, that's an OTIB-10 finding for

a -- has to do with OTIB-10 -- OTIB-10.

MS. MUNN: But that's just 1 and 2.

MR. FARVER: One and 2, correct.

MR. GRIFFON: And I had -- I had a question, it says which resolved this finding -- is TIB-10 closed out in the procedures workgroup? I can't remember.

MR. HINNEFELD: I believe it is. It's been revised.

MR. GRIFFON: It's been revised and we've --

MR. HINNEFELD: And --

MS. BEHLING: And we looked at it, yes, and it's closed out. We agree with NIOSH's changes.

MR. GRIFFON: So it is resolved, good. All right.

Then I think we're on to 146.3.

MS. MUNN: Nancy says yes?

MS. ADAMS: Yep.

MS. MUNN: Nancy says yes, OTIB-10's closed in procedures.

(Pause)

MR. GRIFFON: So this -- this was done before the (unintelligible)NL site profile obviously, but (unintelligible) -- the site profile seems

to support what you did. Right?
MS. MUNN: Both (unintelligible) done correctly.
MR. HINNEFELD: Well, yeah, the response would indicate the case was done before the (unintelligible)NL site profile.
MR. GRIFFON: Yeah.
MR. HINNEFELD: And (unintelligible) the site profile would (unintelligible) lower doses (unintelligible).
MS. MUNN: So acceptable?
MR. FARVER: Acceptable.
MR. GRIFFON: Okay. 147.1?
MR. FARVER: 147.1.
MR. GRIFFON: So I think S-- NIOSH is agreeing with this, but saying that it wouldn't affect the outcome of the claim, is that...
MR. FARVER: I believe so. POC was about 32 percent, so it probably would not have affected the outcome of the claim.
MS. MUNN: It says raises it only slightly, claim remains non-compensable.
MR. GRIFFON: Is that right, Stu?
MR. HINNEFELD: Yeah. We did in fact have a data entry.

MR. GRIFFON: Data entry error, yeah.
MR. HINNEFELD: Yeah, I guess it's based on the ORNL -- confusing reporting format for ORNL. We (unintelligible).
MR. GRIFFON: 147.2, unless (unintelligible).
MS. MUNN: Resolved.
MR. GRIFFON: 147.2?
(Pause)
So this is the question of including incidents in the --
MR. FARVER: Ah, okay --
MR. GRIFFON: -- dose assessment?
MR. FARVER: -- yes. In the CATI interview the employee indicated there were quite a few times that he was hot, (unintelligible) a spill. This is kind of a judgment call. I mean did they -- we're not sure that they adequately justified their reasons for not looking harder at these re-- at the EE's reported incidents.
MR. GRIFFON: Well, what -- I mean I guess there's a question of -- I think you're saying in your response, NIOSH agrees with SC&A that doses resulting from such incidents should have been? It says would have been included in the DR.

MR. HINNEFELD: No, I think what -- what our -- what we would say is that the dose assigned was -- was --

MR. GRIFFON: Would have been covered by --

MR. HINNEFELD: -- conservative enough that it would have covered the dose --

(Whereupon, Mr. Griffon and Mr. Hinnefeld spoke simultaneously.)

MR. HINNEFELD: And so that's what we -- that's what our --

MR. GRIFFON: And SC&A came to that conclusion, too? I guess that's what I'm --

MR. FARVER: Yeah, I guess our -- our concern is more in the discussion in the DR report.

MR. GRIFFON: Right, so it should have been brought up there.

MR. FARVER: Should have been more complete.

MR. GRIFFON: Right. At least acknowledge that -- yeah.

MR. HINNEFELD: And we agree with that.

MR. GRIFFON: And we've had that comment --

MR. FARVER: Right.

MR. GRIFFON: Okay. And you -- and NIOSH has modified their -- your template for that, too. Right? To some --

MR. HINNEFELD: We now make a point of saying you have to address everything in the CATI --
MR. GRIFFON: Right.
MR. HINNEFELD: -- has to be discussed in the dose reconstruction.
(Pause)
MR. GRIFFON: All right, and last is 148.1.
MR. FARVER: This looks like another OTIB-10 --
MR. GRIFFON: Yeah, and that's --
MR. FARVER: -- correction factor, an uncertainty issue.
MR. GRIFFON: Which is resolved in the procedures workgroup. Okay. That's that. That was easy enough.
I don't -- I think -- I think for the next time we'll probably consider -- SC&A did provide some follow-up responses to some of the earlier -- seventh set, but what I would ask for the next subcommittee meeting is that you go -- you know, go through the rest of what came up today and maybe --
MR. FARVER: Sure.
MR. GRIFFON: -- add -- add onto this -- and we'll work from this for the next meeting, and we still have some stuff from the sixth set as

well, yeah.

MR. HINNEFELD: Yeah, sixth set, and then --

MR. GRIFFON: Yeah.

MR. HINNEFELD: -- some stuff from us on the --

MR. GRIFFON: Yeah.

MR. HINNEFELD: -- seventh set, both today and the ones that we had already covered before today.

MR. GRIFFON: Right. And I'll try to generate -- I will generate the sixth set and seventh set matrix 'cause I --

MS. MUNN: Good.

MR. GRIFFON: -- I think for the sixth set I had a bunch of the resolution columns completed, but now I have to merge it with Stu's revised -- 'cause you were working from a previous matrix --

MR. HINNEFELD: Yeah.

MR. GRIFFON: -- but I -- I'll work that out and I'll get a new copy out sooner than later so we don't run into this again.

MS. MUNN: That would be great.

SUMMARY REPORT OF THE FIRST 100 CASES

MR. GRIFFON: All right. Now I think what is most likely the last item of the agenda today -

- I don't think it's likely we're going to get into the eighth set. I mean people are -- it's difficult enough to get through these two.

DR. WADE: We could have that little discussion item of the tenth set, too.

MR. GRIFFON: Yeah, but we're -- we -- that might be something that Stu said he wanted to look into someti--

MR. HINNEFELD: I've got to -- I've got to --

MR. GRIFFON: -- sometime before --

MR. HINNEFELD: -- (unintelligible) where we are.

MR. GRIFFON: -- we leave today -- yeah, we're going to try to figure out where we are on that.

But I'd like to shift gears a little bit and go to this -- I sent out a draft report -- I'm -- I -- sorry, but I finally got it out. I've promised this for several subcommittee meetings.

MS. MUNN: (Unintelligible)

MR. GRIFFON: Noon yesterday, I waited till Wanda got on board and then I sent it. I checked her itinerary -- no.

MS. MUNN: I always like to have something to

greet me when I reach the hotel. Thank you.
MR. GRIFFON: Okay. But you know, as I said, this is just a first cut. I -- I think when I sent the e-mail I put "draft" in capitals. A lot of this -- you'll -- let me just walk through the thing and then we can discuss it a little bit.
UNIDENTIFIED: Give the title of it.
MR. GRIFFON: The title is Summary Report of the First 100 Cases. I mean this is not necessarily the final form it'll be in, but I -- I actually worked -- we have issued three letter reports to the Secretary from the case reviews we've done. We did the first 20, we did the second and third set as one report, and then the fourth and fifth set as one report, so three total letter reports. And some of the up front part of this summary report is lifted from there, stating, you know, the citations to the Act and everything and why we're doing this. And -- and then what I tried to do is, in this front end, give a little bit of an overview of here -- of some of the statistics and -- and -- and in order to -- to sort of have this flow a little more like a letter

report, I -- I put in here at the time of the case selection for the fifth set of cases, cases 80 through 100, 8,000 cases had been adjudicated and therefore available for the Board review. I was sort of going around in my mind as to whether to break that out 'cause when we did the first set of cases there were not nearly that many cases available, but I didn't really want to put a table in here of cases available and set and all that. I think this was good enough to get, you know, for a summary report. The cases reviewed had completion dates ranging from -- and I asked Stu to help me out there, this -- those completion dates were just for the last set of -- the last report we did. I didn't know -- it probably is -- is fairly similar to that, but --

MR. HINNEFELD: Oh, you want some -- okay.

MR. GRIFFON: Yeah.

MR. HINNEFELD: Okay.

MR. GRIFFON: I mean and we -- we might even be able to broaden it and say, you know, completion dates ranging from 2003 to 2005, you know. I don't know that we need to be that

specific in this letter.

MR. HINNEFELD: You want to just hear some? Or I can, you know --

MR. GRIFFON: If it's easy enough to look up the other, then we can decide which one we're going to, you know, leave in the letter.

MR. HINNEFELD: Okay. Yeah, or something.

MR. GRIFFON: Okay.

MS. MUNN: See, I downloaded --

MR. HINNEFELD: No, actually (unintelligible).

MR. GRIFFON: And then the -- the third paragraph on the first page is where I said attached are five tables which show a breakdown of the cases by site, decade first employed, years of employment, type of cancer and probability of causation. And this was a work product that -- that SC&A put together for us before. Kath-- I think Kathy worked on this primarily, but we sort of showed these graphics of the breakdown of what we've covered, and I think those -- those pretty much speak for themselves. I don't think we need to summarize it in the front end of the letter.

I did point specifically to one, which was that we -- only five percent of our cases fall in

that 45 to 50 percent probability of causation range.

The next page is the summary of findings, and this should look very familiar. It's -- it's from the letter format previously used. It has the method of ranking and it -- and it summarizes the finding. In here I just -- I just summed up all our numbers for the findings impacted individual estimates versus the -- the program-wide impact. You'll notice in my comments on the side that I had a little trouble making the numbers equate. Kathy's checking into one of these things for me. Interesting from a tracking standpoint, my notes show that 12 unresolved issues were -- were in the second and third set of cases, and I asked Kathy was -- what are -- what are those, or -- you know, we need to look back at those, maybe. That was a little surprise to me. I thought before we issued these letter reports that we had closed most things out, but...

And then the -- the last couple pages go into conclusions and recommendations.

MS. MUNN: Wait before you leave that page.

MR. GRIFFON: Okay, I was just stepping through the whole thing and then if you want to go back, Wanda --

MS. MUNN: Oh, okay -- okay, go ahead.

MR. GRIFFON: Yeah. Conclusions and recommendations, and these -- these -- most of these are fairly -- we -- we've had these in our letter reports before. What I did was I did add some text in a couple of areas. I took out some of the -- the details where we referenced case numbers, et cetera, things like that. I kept it a little broader, but most of these issues, if they weren't in all -- in all three letter reports, they were at least in two of the three letter reports that we previously submitted. Not the exact wording, but the -- the headings, so to speak, those conclu-- conclusion headings.

So that's sort of stepping through what's in the report in general, and then we can go back and get specific comments. And I don't ex-- you know, I mean -- from my standpoint, I know you just got this, so if people want to red-line it and give me more in-depth comments, then I'm certainly -- you know, we can work

that way with this as we move forward. Just wanted to start the ball rolling on it.

MS. MUNN: It's a really long report.

MR. GRIFFON: Yeah.

MS. MUNN: One would be led to think we'd done a lot of work here.

MR. GRIFFON: Well, it has been three years, so --

MS. MUNN: It has been --

MR. GRIFFON: -- or four years, I don't know.

MS. MUNN: -- yes, indeed.

MR. GRIFFON: Yeah.

MS. MUNN: On that page three, I guess -- one, two -- it starts on page two, I guess -- under the summary of findings which have program-wide or site-wide impact.

MR. GRIFFON: Yeah.

MS. MUNN: That -- the last three sentences there, starting with (reading) It is noted there's a greater level of high level and medium level deficiencies -- I -- I read through those sentences three times.

MR. GIBSON: Starting where, Wanda?

MS. MUNN: With (reading) It is noted -- under summary of findings which have program-wide or

site-wide impacts, right after the 145 low level --

MR. GRIFFON: Yeah.

MS. MUNN: -- low level deficiencies, trying to figure out, you know, where's the error here.

MR. GRIFFON: Maybe not greater level, it should be greater number, I think. Yeah.

MS. MUNN: I think -- I think so. You know, the -- I re--

MR. GRIFFON: This was cut and pasted, too, so we might have missed it -- that before.

MS. MUNN: Well, I reread those three sentences --

MR. GRIFFON: Yeah.

MS. MUNN: -- more than once, and it -- every time I read them I thought this doesn't read properly.

MR. GRIFFON: Yeah.

MS. MUNN: This is --

DR. MAURO: I -- I have to -- yeah, I know what --

MS. MUNN: This is not right.

DR. MAURO: -- I know what it means, but it's --

MS. MUNN: I know what it means, yeah --

DR. MAURO: -- someone not close to it is going to have trouble understanding --
MS. MUNN: Yeah.
DR. MAURO: -- what you're trying to say.
MS. MUNN: I just didn't get it and thought now we need to -- we need to work on -- this needs work.
MR. GRIFFON: Yeah, okay.
MS. MUNN: And I guess in -- under the summary --
MR. GRIFFON: Yeah, I agree. That language was lifted from before, but I --
MS. MUNN: Yeah.
MR. GRIFFON: -- I agree, it's not --
MS. MUNN: It's not clear.
MR. GRIFFON: -- for an outs-- especially for an outside observer, you know --
MS. MUNN: Yeah, uh-huh.
MR. GRIFFON: -- it's not obvious.
MS. MUNN: The paragraph underneath that, I highlighted the last sentence on the page there, (reading) This is also reflected in the case statistics.
I think we -- we've said that before, and I didn't know whether you were deliberately

trying to make a --

MR. GRIFFON: No -- yeah.

MS. MUNN: -- big point of it, and if so, we should say "as previously stated" or something.

MR. GRIFFON: I don't think we need to restate it. I think I was -- you know, I was -- I was cutting and pasting and putting this together, so I think it came up twice.

MS. MUNN: Yeah, we said that already.

MR. GRIFFON: Yeah.

MS. MUNN: And just a real nit, in the first sentence on the next page, right after "review," that really needs a comma between "review" and "concerns".

MR. GRIFFON: Okay, Paul.

MS. MUNN: No, it really does.

MR. GRIFFON: Where was that at?

MS. MUNN: Oh, the very -- the second line of the next page.

MR. GRIFFON: Review -- okay, yeah.

MS. MUNN: Total outcome of most of the cases reviewed will likely not be impacted by the findings in this review, comma, concerns were identified which would have a broader impact. It actually needs a semicolon.

MR. GRIFFON: Yeah, a semicolon.
MS. MUNN: Under concerns about the dose reconstruction final reports, I guess it's a matter of personal preference in that first line. It is apparent that the DR reports that NIOSH provides to the claimants -- I -- I'm not at all sure that "apparent" is what you really want to say. Apparent has sort of a prejudicial sound to it, and the double that that, you know, I guess -- that's a very long sentence. It just goes on and on and on. So if you would like, I'll be glad to suggest a -- a couple of --
MR. GRIFFON: Feel free.
MS. MUNN: -- minor editorial changes --
MR. GRIFFON: Feel free.
MS. MUNN: -- there on that one.
MR. GRIFFON: By the way, this sentence was also lifted from our previous letter report, so --
MS. MUNN: It's just (unintelligible).
MR. GRIFFON: I know, it --
MS. MUNN: It just goes on.
MR. GRIFFON: Yeah. And I think we did say apparent before, but I -- I think I know what

you're saying, yeah.

MS. MUNN: And with your -- your comment five, my personal thought is that no, I -- I don't see any reason why it should stay in the summary report.

MR. GRIFFON: Which one? Oh, no, I --

MS. MUNN: Procedural issues.

MR. GRIFFON: No, I -- I -- I edited that paragraph to the point where I thought it did still belong in --

MS. MUNN: That it should --

MR. GRIFFON: -- 'cause that --

MS. MUNN: -- be there.

MR. GRIFFON: -- TIB-8 and 10 came up in all three letter reports, so I thought --

MS. MUNN: Yeah.

MR. GRIFFON: -- you know, they were -- I thought it was -- yeah, I do think that should stay. And I know it is a -- a longer report this way, but...

I would actually point you to something that -- I think at the end of the internal quality control section is one of the areas that's -- that's a little different than previous letter reports --

MS. MUNN: Yeah.

MR. GRIFFON: -- so I'd draw your attention to that. And there's a couple things in there. One is this DR notes or guidelines are mentioned.

MS. MUNN: Uh-huh.

MR. GRIFFON: And this question that came up -- actually came up today, this inclusion of analytical files in the case file, you know, and I -- I think NIOSH is obviously aware of that and they're looking into that, you know, at what -- you know, as Stu put it, at what threshold do you -- you know, does something warrant being put in as opposed to not being put in.

And then the question about the peer review -- internal peer reviews process --

MS. MUNN: Yeah, I guess that -- I was a little uncomfortable with the way that -- that last part of the internal quality control segment was worded. I'm wondering whether this is the appropriate spot for us to be officially requesting things of NIOSH.

MR. GRIFFON: Right.

MS. MUNN: Is this -- should we not be doing

that in some other forum, rather than this letter to the Secretary? This is a report to the Secretary. Right?

MR. GRIFFON: Uh-huh.

MS. MUNN: And if we are going to be asking action of the Board, it just seemed to me that this was not the proper place to do that in quite this way. If we're going to say the -- the --

MR. GRIFFON: I see your -- yeah.

MS. MUNN: -- that we anticipate that we -- we will be requesting this or -- I just -- didn't seem quite right.

MR. GRIFFON: Right.

DR. WADE: That's reasonable. You can certainly, as a board, request something from NIOSH during that meeting --

MR. GRIFFON: Right, right, right.

DR. WADE: -- and then say you requested it.

MR. GRIFFON: And then say we requested it, yeah.

DR. WADE: You -- you're an advisory board to the Secretary. You can request things of NIOSH. That's fine.

MR. GRIFFON: Well, I -- I guess -- yeah, I

mean -- and this is sort of -- I wrote this -- I thought this would raise some discussion. I -- you know, part of the reason I'm writing this is that I felt like I requested the notes and guidelines be in the case files --

MS. MUNN: Uh-huh.

MR. GRIFFON: -- and have found out a year and a half later they're still not being put in --

MS. MUNN: Right.

MR. GRIFFON: -- so I thought, you know, that was requested, as far as I was concerned. At some point we have to --

MS. MUNN: Formalize the request.

MR. GRIFFON: Well, I -- I don't know, how much more formal can it be than being brought up ten times on a Board meeting and have and agreement, you know. Now this last one, the peer review, I agree we have not really requested that yet, so that's a different thing. But these notes and DR guidelines, that has been brought up repeatedly, so...

DR. WADE: I mean Stu, from your perspective, has NIOSH heard that request and we just haven't acted on it, or --

MR. HINNEFELD: It's -- it's come up in this

group, yeah. We've heard it. We've started to act on it a number of times, and it just kind of fizzled out.

DR. WADE: Okay. So you've heard -- you've heard the Board's request.

MR. HINNEFELD: I've asked the contractor before. I haven't followed up, and then we were overcome by other events and it got pushed, you know, sort of off the table, so...

DR. WADE: Okay. So then Mark's reaction is appropriate --

MR. GRIFFON: And I know you had a -- you had a --

MR. HINNEFELD: I understand Mark's reaction. I understand Mark's reaction.

MR. GRIFFON: You had a year worth of time when your contractor was depleted, too. I understand that.

MR. HINNEFELD: Yeah, there -- well, there was a time when we were real short of money and --

MR. GRIFFON: Right.

MR. HINNEFELD: -- it's still not the best of situation. We're going extension by extension.

MR. GRIFFON: Right.

MR. HINNEFELD: So it's -- there was a time

when we stopped a lot of things -- essentially stopped a lot of things in order to maintain the essential services.

MR. GRIFFON: I understand. But -- but Wanda's point was well-taken on the last part. I -- I would even be willing to modify that the Board anticipates requesting, or we can bring this up --

DR. WADE: Just do it first.

MR. GRIFFON: -- and request it in the Board -- do it first --

DR. WADE: At the meeting.

MR. GRIFFON: -- right, right. Yeah. Is that --

MS. MUNN: Yeah, yeah, if we request it at the Board meeting, then that should --

MR. GRIFFON: We've talked about this peer review stuff but I've not requested that, I agree.

DR. WADE: Now you can do that as the chair of the subcommittee, or you can have the Board do it as a whole.

MR. GRIFFON: Right.

DR. WADE: It's up to you.

MR. GRIFFON: I gue-- I guess that's -- that's

another -- I mean we could -- you know, that's another discussion for NIOSH. Would -- would that raise concerns or heartburn of -- of requesting a peer review -- internal peer reviews be included -- I think you --

MR. HINNEFELD: I'll have to ask the contractor --

MR. GRIFFON: -- do track them in your --

MR. HINNEFELD: -- yeah, there's -- there's a checklist still done on --

MR. GRIFFON: Right.

MR. HINNEFELD: -- peer reviews.

MR. SIEBERT: Right. Well -- yeah, there's a sign-off -- the peer reviewer signs off on a form --

MR. HINNEFELD: On a form that I looked at these things.

MR. GRIFFON: Right.

MR. HINNEFELD: So if they didn't find anything, there -- I guess it would only have a signature on it.

MR. SIEBERT: They -- there's -- there's only -- that's all there is. There's that single form saying I followed the peer review checklist and form --

MR. GRIFFON: Oh, I thought there were --
MR. SIEBERT: -- and everything falls into place and it's good to go. That's all there is.
MR. HINNEFELD: So they won't -- they don't fill one of those out if there's --
MR. GRIFFON: There's not -- I've seen comments --
MR. SIEBERT: If it gets returned -- no, there's not one of those because it has not been -- has not been completed yet --
DR. WADE: What is the record?
MR. SIEBERT: -- (unintelligible) goes back to the dose reconstruction -- (unintelligible) --
DR. WADE: What is the record?
MR. SIEBERT: The record is the peer review form, once it's signed off, saying I did consider everything in the peer review and everything's acceptable.
DR. WADE: Right, now is there anything -- if -- if the peer reviewer has problems --
MR. GRIFFON: Comments or --
DR. WADE: -- is that captured somewhere?
MR. SIEBERT: No.
MR. HINNEFELD: Not in that kind of a form, I

guess.

MR. SIEBERT: Not in a record form because it's --

MR. HINNEFELD: Is it (unintelligible)?

MR. SIEBERT: Yeah, it's -- it's an interim, back-and-forth process, such as sometimes, you know, a dose reconstructor will walk to the next cubicle and talk to somebody, and whereas creating all documentation going back and forth -- we've had discussions on that and that just did not seem feasible.

MS. MUNN: But if a peer review does --

MR. GRIFFON: I thought you had specific forms where -- I -- I've seen some copies of these where there's a comment, and then there was a response from --

MR. SIEBERT: There's a -- there's a NIOSH comment --

MR. GRIFFON: Oh, that was NIOSH --

MR. SIEBERT: -- resolution comment --

MR. GRIFFON: -- that was NIOSH, not ORAU.

(Whereupon, Messrs. Siebert, Griffon and Hinnefeld spoke simultaneously.)

MR. SIEBERT: Correct, not our -- our internal.

MR. GRIFFON: Gotcha.

MR. HINNEFELD: Ours are in that fashion. Our comments are in the record. They're in --

MR. GRIFFON: They're in the record in the case file?

MR. HINNEFELD: Yeah, which folder are they in? They -- is that an ADR?

UNIDENTIFIED: ADR folder.

MR. HINNEFELD: ADRs, right?

MR. SIEBERT: It should be in the DR (unintelligible).

MR. GRIFFON: Oh, they're not -- okay.

MR. HINNEFELD: Yeah, our -- if we make a comment --

MR. GRIFFON: So NIOSH's comments --

MR. HINNEFELD: -- during review --

MR. GRIFFON: -- are in there. Right?

MR. HINNEFELD: -- that's in there. Now you put resolution on that form and put it back in there?

MR. SIEBERT: Correct.

MR. HINNEFELD: So that -- our comment resolutions are there. Their peer reviewer apparently just signs --

MR. SIEBERT: Internal review process, yes.

MR. HINNEFELD: -- they just sign and say I

looked at all these things --
MR. GRIFFON: All these items --
MR. HINNEFELD: -- and it's okay. That's --
MR. GRIFFON: -- and it's okay.
MR. HINNEFELD: -- that's all it is.
MR. GRIFFON: Right, right, right.
DR. WADE: So what -- maybe I should ask Mark, but --
MR. GRIFFON: Yeah.
DR. WADE: -- the phrase "peer review reports", what does that mean?
MR. GRIFFON: Yeah, maybe I'm misspeaking there. There are no reports. Right?
MR. HINNEFELD: There -- there -- yeah, there are no --
MR. SIEBERT: Yeah, all there is is the sign-off sheet.
MR. HINNEFELD: -- the -- the signed form that --
DR. WADE: But when NIOSH reviews the document, there is comment resolution.
MR. HINNEFELD: Yes.
DR. WADE: So that exists.
MR. HINNEFELD: Yes.
MR. SIEBERT: There is a comment form --

MR. GRIFFON: That's -- in my eyes, is a peer review rep-- when I said --
MR. HINNEFELD: Okay, those --
MR. GRIFFON: -- there's two levels of review, one is ORAU, one is NIOSH. Right?
MR. HINNEFELD: Yeah.
MR. SIEBERT: Right.
MR. GRIFFON: And so at least --
MR. HINNEFELD: And the NIOSH --
MR. GRIFFON: -- there's a report for the second --
MR. HINNEFELD: -- the NIOSH is in -- the -- NIOSH's are there.
MR. GRIFFON: -- and they're there already.
MR. HINNEFELD: Yeah.
MR. SIEBERT: On the form 73(unintelligible) that form --
MR. HINNEFELD: I don't know.
MR. SIEBERT: I see (unintelligible).
MR. HINNEFELD: The form number is not (unintelligible) of your mind when you (unintelligible).
DR. WADE: So then to follow on to the action part of this then, you're proposing that NIOSH come to the Board and report trends --

MR. GRIFFON: Right.
DR. WADE: -- in that. Well, I know recent --
MR. GRIFFON: Have you looked at trends on these? I don't know that (unintelligible).
DR. WADE: I know recently Larry did a QA/QC presentation.
MR. GRIFFON: Yeah.
DR. WADE: Did he cover this, do you recall, Stu?
MR. HINNEFELD: I -- I don't know. We record -- we do have a statistic and we keep a record of the number of dose reconstructions delivered to us that we send back with comments, percentages, and he may have talked about that because we do keep that statistic. I mean it's an easy query that's pulled up automatically, and it's -- you know, the number that are approved as they're -- when they're delivered is -- is well over 90 percent, as I recall. It -- it's over 90 percent of (unintelligible), so you know, there would be some ten percent then that would have a NIOSH comment (unintelligible) --
MR. GRIFFON: Yeah, I think -- I think part of the -- the -- you know, part of the reason --

part of where this comes from is that, you know, we've noted that -- in some cases we've seen, and we've said it around the table here, that how could QA miss this one or -- you know, if it was being QA'd, these -- there were some things that we just --

MR. HINNEFELD: Well, there are some things in there --

MR. GRIFFON: -- you know, so that -- that's when we -- we questioned --

MR. HINNEFELD: -- that we've said yeah --

MR. GRIFFON: -- yeah.

MR. HINNEFELD: -- you're right, there are a number of things -- recall, though, that -- I think I've said this --

MR. GRIFFON: You've got a lot of --

MR. HINNEFELD: -- several different times --

MR. GRIFFON: -- cases going through. Right?

MR. HINNEFELD: -- we -- if we see a small mistake, we won't necessarily send it back. That's been -- that's been a standard practice for a while. I guess the guys are still doing this, but from the time when the idea was we are so far behind we have to get these dose reconstructions out --

MR. GRIFFON: Uh-huh.

MR. HINNEFELD: -- if we were reviewing one and we saw that say they left out the ambient dose for three years -- now that's just something I made up -- and the --

MR. GRIFFON: Yeah.

MR. HINNEFELD: -- POC's 30 percent, we wouldn't send it back. We'd approve it and send it on, because, A, it's not going to change anything in terms of outcome; and B, we're so much under the gun to get them done and -- and the recycle loop, you know, you're talking easily a week -- easily a week, probably --

MR. GRIFFON: Yeah.

MR. HINNEFELD: -- longer, before we're going to see that corrected thing back, and so we sent it. So we consciously didn't try to correct every freaking thing.

MR. GRIFFON: Right.

MR. HINNEFELD: Now if there were -- I mean we have findings that man, we're not so sure how this -- you know, this may have more impact than just a minor impact, we'd send those -- we'd comment on those, and we'd make comments

where we were wrong, you know. They would explain to us no, this is how we did it and so the -- that's -- the resolution is acceptable that way. So -- but we've not -- we've not, as a matter of practice, automatically tried to find every mistake -- or --

DR. WADE: But the intellectual --

MR. HINNEFELD: -- not correct every -- we're not trying to correct --

MR. GRIFFON: Right. Right, right.

MR. HINNEFELD: -- every mistake.

DR. WADE: But on a very collegial level, I guess the question has to be: In the first 100 reviews were there things that SC&A caught that we should have caught?

MR. HINNEFELD: Well, I'd have to go -- you know, I'd have to go back --

DR. WADE: That's what this report is all about.

MR. GRIFFON: Yeah, to look at -- yeah, yeah.

DR. WADE: Yeah. So if the answer to that is yes, then the question is that we need to shore up our QA/QC. Doesn't mean we're bad people, just we need to --

MR. HINNEFELD: Yeah, I -- I understa-- yeah,

I'd say that. I'd have to -- I even started looking at that at one point at first. I was overcome by events, too, but -- well, as an example, OTIB-8 and OTIB-10, you know, that -- that makes -- there's a lot of findings -- not a big number, but a lot of findings on OTIB-8 and 10. That -- that interpretation that was presented and commented on all these times was high. It was an overestimating mistaken in an overestimating approach, and so, you know, had -- should we have caught that? Well, maybe yes, maybe no. Actually it stems from, in my mind, ambivalence in the way 8 and 10 were written. Different health physicists read it and interpreted it differently --

MR. GRIFFON: Right.

MR. HINNEFELD: -- even within our staff at OCAS. Two of us read it. One of us interpreted it one way, the other was interpre-- the other one interpreted it the other, so it was ambivalence in the way the thing was written. So since it was a -- if it was a mistake, it was an overes-- it was a mistake -- overestimating mistake in an overestimating approach anyway, you know, I don't know that we

would spend a lot of time correcting and sending that back at a time when we're trying to get a lot of production in. So I don't think that's what we'd have found.
Now I'd have to go back -- so you want to look at these things and find out should we have found these or should we have corrected these. If you have a mistake that's going to leave out a few years of dose in a 43 percent POC but you see that you gave them the maximum intake on internal, well, you know that that huge dose on internal is going to mask a couple of -- couple of years of his dose, and so you say okay, we're going to let that go. And we don't -- we don't make a note of that. You know, we don't write a comment form for our own use --
MR. GRIFFON: Right.
MR. HINNEFELD: -- to go back and demonstrate that, so that is kind of, Lew, what you've -- you've talked about this -- a lot about this, when you do your QA, what do you find. And we have not -- as a -- as a matter of practice, we have not done that sort of thing where you'd write essentially what you call a deficiency report but accept the deficiency as-is --

MR. GRIFFON: Yeah.
MR. HINNEFELD: -- and then you'd have the record that you were able --
MR. GRIFFON: Right.
MR. HINNEFELD: -- to do that, you could report that as well as part of it. All we report is the corrective -- the corrected --
MR. GRIFFON: And that's why I'm asking about ORAU's process, but apparently there's nothing saved to show the comment resolution --
MR. SIEBERT: Correct.
MR. GRIFFON: -- process, yeah.
DR. WADE: But there's a tremendous investment in time here, and there are two benefits to us -- NIOSH. One is the review of the 100 cases and the findings, and the second is the ability to use that as a lens to look at our QA/QC process to see if there needs to be some adjustment, and I think that's what Mark is getting at here. And that's --
MR. HINNEFELD: Well, I think as a carry-on from this point (unintelligible) our action (unintelligible) you think follows at this point to -- based on this report and based on these findings, to take that additional -- the

additional action I've talked about, which is to make our own analysis of those 100 cases and what's our -- what's our interpretation of this finding, and should this fit this category of mistake that we would not -- would not necessarily try to correct. Now we -- that's to my way of (unintelligible) -- but that's a fol-- that's following for us after this report.

DR. WADE: Right. And there are two levels. I mean there is -- the efficiency level needs to be introduced, because there could well be things that are identified as mistakes and are passed over for efficiency reasons. Again, that's a policy judgment.

MR. GRIFFON: Yeah.

DR. WADE: But then there are other things that don't fit that. And then the question is why didn't we.

MR. HINNEFELD: Yeah.

DR. WADE: So I mean this is a good thing. This is what this is all about.

MR. GRIFFON: Right. Right, right.

DR. MAURO: I -- I'm afraid when I read this that we're all too close. I'm thinking about

what we're in the middle of when we're -- we're really getting into the fine structure to a level of immense detail. And I -- from reading this, I'm concerned that we have not, you have not, all of us have not extracted ourselves far enough away to really say well, what did we really do and what did we really accomplish, almost as if the -- we're all wearing the same hats and we're in a process, and SC&A's very much an integral part of a process where there is an iterative interaction going on continuously. And I have to say, when I read this I understand exactly what you're saying, and it's exactly correct.

Then I put myself -- and say well, wait a minute. Let's say I didn't -- I was not close to this program and I was the head of HHS and I was reading this, would I really get a full appreciation of a very -- of a -- a process that had systematic steps and outcomes and accomplishments, and I don't -- I don't get that from -- I mean I'm -- I'm trying to be constructive and I -- I think it's -- we -- and it's not because it's wrong, it's because we're looking at -- we're too close. I know that we

struggled with that on the procedures.

MS. MUNN: Yes, we --

DR. MAURO: We -- I remember how many times we had to go through that first page.

MS. MUNN: I kept sending it back to you --

DR. MAURO: You kept bouncing it back --

MS. MUNN: -- this is too long --

DR. MAURO: -- step back, step back, step back -- it's almost as if -- you've almost got to step out of our -- your own shoes and say well, wait a minute, what do I really want to tell this person? And I don't -- I'm afraid that when I'm reading this -- it's funny, my first reaction when I read it is oh, yeah, this is good, this is -- oh, yes -- then -- now and again I read it and I read it and say wait a minute, are we too close to this? And when we talk about some of these -- these issues we had, when you get into OTIB-004, I mean are we too close to that? Is that -- or we talk about what are the big issues -- what was the terms that we use -- here, one of the places that I tripped over real quick was (reading) SC&A concluded that 94 of the first 100 dose reconstructions reviewed were considered to be

sufficient for the purpose of determining probability of causation.

That is an extremely loaded statement --

MS. MUNN: It is a loaded statement.

DR. MAURO: -- which means that six perc-- you know what I would read if I were the reader of this and I didn't know better? Six percent of all the dose reconstructions had to be reversed --

MS. MUNN: Had to -- yeah --

DR. MAURO: -- needed a reversal. Now that's not true.

MS. MUNN: No.

DR. MAURO: So somehow we're so clo-- I mean that statement is correct, within the context of our own language that we use in the world we've built for ourselves. We built this house and we're living in it now, and I'm telling you, right now you read that sentence, someone says oh, my goodness --

MS. MUNN: Uh-huh.

DR. MAURO: -- six percent had to be reversed? No, that's not what we're saying here. In fact, I have a funny feeling that -- could we even answer the question right now, out of the

100 cases that have been reviewed, have any of them been reversed? Do we know the answer to that?

MR. HINNEFELD: As far as I know, none have been reduced -- reversed by the findings here.

DR. MAURO: That has to be said.

MS. MUNN: Yeah.

DR. MAURO: That has to be said. But nevertheless, the process that we've engaged in to -- after going through these 100, have -- have uncovered certain areas where there's a need for improvement. It's almost like -- okay -- and what is -- what is it? I mean, what -- what -- is there anything that you folks walk away with? I mean here we are, sitting around a table for five years --

MR. GRIFFON: Uh-huh.

DR. MAURO: -- doing this, do you bring -- do you bring back to yourself -- it's a tough question to ask yourself. When you bring -- 'cause this what this letter's about. NIOSH has to be introspective in saying is there anything that SC&A brought to the table as a result of supporting the Board, and that the Board brought to the table as a re-- that sort

of opened up other ways of looking at things, other ways of approaching problems, identified processes -- other words, I -- I feel as if so much more could be done with this letter if -- but it has to be at a much higher level. Right now it's almost like a letter written to ourselves --

MS. MUNN: Yeah, I --

DR. MAURO: -- as opposed to a letter written to the head of HHS. I --

MS. MUNN: Right.

DR. MAURO: It didn't dawn on me till after -- till this -- reading it over and over and over again and it -- it just hit me now and I hope you see it as a constructive criticism in terms of maybe there's another way to package the information that is at a higher level. And I think it's very important that none of those 100 were reversed. That's an important message --

MS. MUNN: It needs to be said --

DR. MAURO: -- but there is -- that needs -- that -- but there is a -- but then NIOSH has to ask itself and help --

MR. GRIFFON: But that's not -- yeah, go ahead.

DR. MAURO: No, I'm sorry, it what -- what do you want to sa-- I mean really -- I mean --
MR. GRIFFON: I mean I --
DR. MAURO: -- where do you want to go with --
MR. GRIFFON: -- you know, that -- that's only -- it only seems that that's been important when we -- we've struggled with that throughout this Board, that we can never talk about POC unless we didn't end up reversing any of these ca-- you know? We couldn't even --
DR. MAURO: Well, I don't know, I --
MR. GRIFFON: -- we couldn't even say those words in our letters at first.
DR. MAURO: Well -- well, right now that infor-- that -- that --
MR. GRIFFON: And now the fact that we didn't change the outcome, all of a sudden, you know, you're saying we should conclude that that -- I mean where -- where we ended up going down --
DR. MAURO: Well -- but then --
MR. GRIFFON: I don't disagree with your statements about the overall letter, but --
DR. MAURO: Then that -- that statement over here -- I mean then -- the idea that 94 of 100 are considered to be sufficient -- see, that

was a term -- I mean -- you know, it's for the purpose of -- do -- in other words, what -- I know what that really means.

MR. GRIFFON: Yeah.

DR. MAURO: But I can see someone misinterpreting what that means.

MS. MUNN: Most people won't know what that means.

DR. MAURO: We have -- that -- that --

DR. WADE: What does it really mean, John?

MR. GRIFFON: Yeah, what does it mean?

DR. MAURO: What this -- oh, the -- the -- the process that was used in -- 94 out of 100 we concluded that the -- the way in which it was done was strictly in accord with the 10 -- 40 CFR Part 182 to make sure that it was -- it was done in accordance with the rules that require you to do dose reconstruction. Other words -- and -- and -- other words, there's a certain set of rules, regu-- the regulations demand that you follow really the three big steps regarding -- you know, you start off with the bioassay data, dosimetry data, then there's a -- there is a -- a process that is laid out by rule on how you go about doing dose

reconstruction so that you could come to a decision regarding dose reconstruction that is -- is -- is consistent and in strict accord with the regulations. And I think we found that 94 out of 100 did follow the regulations to the letter. However, six we found didn't quite follow to the let-- and I think that's really what's being said here, but I can see someone reading that meaning no, you came -- there's a reversal in here.

Now -- now I -- I agree what you're saying. I'm sorry, I can't --

DR. WADE: That's fine.

DR. MAURO: -- but I -- I -- these kinds of things are very, very important to me. Whether or not you want to say anything about reversals, I understand that.

DR. WADE: Uh-huh.

DR. MAURO: Maybe there shouldn't -- that's not something we should say. And maybe it should be made very clear that that -- that we're not talking about that. That -- that's another part of this, that make it clear that wait a minute, nothing about we're going to talk about today has to do with whether or not our process

has identified dose reconstructions that had to be reversed. If that's -- if that's a true statement, I think that needs to be communicated. Or is it something that you -- you have to ask yourself, do we want to communicate that? And if we're not going to communicate that, what is it that we're trying to say? And I -- I -- what I found very, very -- I -- ter-- very useful is the -- the forms in the back. The forms in the back said -- said that we built a machine that had certain layers to it that would cut across all the different cases in a number of different directions to make sure that -- and I think you say that. I think you say that.

MR. GRIFFON: Yeah, that's fine.

DR. MAURO: And this demonstrates it beautifully.

MR. GRIFFON: But those are just summary stats. I mean --

DR. MAURO: Those are summary stats, but I mean --

MR. GRIFFON: -- they're fine, they're in there --

DR. MAURO: -- so -- and -- and it's in there,

so I --

MR. GRIFFON: -- some nice tables, yeah.

DR. MAURO: -- and I think you -- I think you -- I think -- so the front end of this --

MR. GRIFFON: There's no conflict in those.

DR. MAURO: -- is golden. You're right --

MR. GRIFFON: They're fine.

DR. MAURO: -- it's golden.

MR. GRIFFON: Yeah.

DR. MAURO: And they say okay, after going through this process and now we're about -- you know, out of the 240 that of course we've reviewed to date -- by the -- when we finish the tenth set it'll be 240, we -- we're at the -- right there -- you know, the first 100, I don't -- I don't see what I would call accomplishments.

MS. MUNN: And that was my primary concern after I read through. I read through this and I thought what I'm coming away with is a really negative feeling --

DR. MAURO: Uh-huh.

MS. MUNN: -- as though here's all the stuff that's gone wrong for the last X number of years. I -- what I did not see is a feeling of

accomplishment. And if that's -- if that's what we want to convey, then that's fine. But I was disappointed that I didn't -- I didn't feel that sense of movement, that sense of achievement, that sense of change that I feel has come out of --

DR. MAURO: Yes.

MS. MUNN: -- the subcommittee. But it's --

DR. MAURO: That's a real hard thing to catch, and I think we're all -- we're all very close to it. It's very hard to do that, to step that far back and say what -- what did we really accomplish here -- tough question.

MS. MUNN: It is a tough question.

DR. WADE: See, what --

MR. GRIFFON: Yeah, I --

DR. WADE: -- and I don't really have a dog in the fight, but where I came away with the sense of accomplishment was, in each of the conclusions and recommendations, at the end you speak to what NIOSH has indicated it would do in response. So to me, the accomplishment was embodied in those statements.

DR. MAURO: (Unintelligible) see it that way.

DR. WADE: So, you know -- and I felt good

about that, you know. Now there's only that didn't. Number seven, for some reason, didn't have that.

MR. GRIFFON: Yeah, we -- we effected some change and I tried to -- to integrate that in there. It might have got lost in the back, you know, but --

DR. WADE: I mean I'll just --

MR. GRIFFON: -- the pro-- the process did effect some change. It may be less than --

DR. WADE: Just a number of things. I don't think you should be hung up on whether or not a POC change was made. I don't think that's the business of this. This is a review of the scientific process, and -- and if there is something found at fault with the process, regardless of whether it triggered a change, it needs to be pointed out and -- and counted. Again, you're writing -- while you're writing this to the Secretary, you're writing this for NIOSH. The worth of this is that NIOSH takes it, reads it and is motivated by whatever it's motivated by, the kinds of things Stu was talking about doing. So I wouldn't lose that grain.

Whether or not you move things around to -- to convey this fact that we did something and the world is better for it, that's a matter of style and I'd leave that to you --

MR. GRIFFON: We're also writing this for the broader public, too, so -- and the claimant population at large. I mean they're going to see us as an independent body reviewing, you know, the dose reconstruction contractor, so --

DR. WADE: Well, last -- lats --

MR. GRIFFON: -- we have different audiences, I think.

DR. WADE: Right. The last thing I'd say is audit reports are never po-- never fun to read.

MR. GRIFFON: Right.

DR. WADE: The only thing I -- and you've always done this, and I would suggest you do it again, is you turn to the -- the audited body and you say are you offended by this; do you think it's wrong. If they say yes, you need to listen to them. If they say no, then you move forward. You've done that with other letters, I assume you'll do it --

MR. HINNEFELD: Right, we'll -- yeah, we'll send comments on the -- I didn't open this till

this morning and nobody else --

MR. GRIFFON: No, I know. I just wanted to get the dialogue going again and I do -- I -- I do agree that -- that -- I -- I think there's some good -- in what John said, there's -- there's some --

DR. MAURO: Hey, I'm struggling --

MR. GRIFFON: -- other things we can add in some letter -- in the front end to -- to show -- to speak to the accomplishments, maybe not just bury it in the back, but pull it up to the front so -- so that we do speak to that. I don't disagree with that.

This 94 out of 100, I -- I had a little heartburn of putting that in there for the reverse reason, that I thought it was a 94 perc-- you know, it got an A, you know, and --

DR. MAURO: No, I would say --

MR. GRIFFON: -- and I thought it buried some of the -- you know, some of the -- the important things that -- that --

DR. MAURO: Well, thi-- thi--

MR. GRIFFON: -- important deficiencies, you know.

DR. MAURO: The -- that -- I think it should be

said in a way I think -- I think it was intended. Namely that --

MR. GRIFFON: Yeah.

DR. MAURO: -- for -- in our audits we found that 94 percent of the dose reconstructions strictly followed the regulations as laid out. Other words, we --

MR. GRIFFON: Yeah.

DR. MAURO: -- they're -- they -- it was -- that's really what we found out, that is -- which is -- it is an A. That is, if in fact there's a set of regulations out there and we audited against are you following the rules that were handed you by -- by the regulators and by Congress, and the answer is ye-- in 94 percent of the time, we did; and six percent of the times we found this was -- there was some deficiencies -- and I think that should drive the whole thing.

MR. GRIFFON: I don't know about --

DR. MAURO: Other words, in effect -- you don't see it that way?

MR. GRIFFON: No, I don't see -- I don't see -- I don't even see your definition of a 94 percent --

DR. MAURO: Okay, then what is it?
MR. GRIFFON: I think it is the P--
DR. MAURO: It is the -- that's what I --
MR. GRIFFON: It's the POC. I mean it's the POC.
DR. MAURO: Well, then you're saying six percent -- you think six percent --
MR. GRIFFON: Yeah.
DR. MAURO: -- of the POCs were not --
MR. GRIFFON: Not -- not -- that -- that's what we've said in every previous letter report. I mean the la-- SC&A concluded that 38 of the 40 dose reconstructions reviewed during this phase of the audit were considered to be sufficient for the purposes of determining probability of causation. We voted on this letter three times. We've said those words before. This was just adding up numbers, for me. This was -- that was a -- you know, so I don't think -- and it -- it was -- you know, my point really was that most of these cases we looked at in the first 100 were maximizing or minimizing.
DR. MAURO: Well, no, that's important.
MR. GRIFFON: Probably only five percent were -- five or seven percent or so were best

estimates, so it's not surprising at all that you'd get a very high -- 94 percent, you know, were -- were sufficient. Now I think we -- we chose those words because -- in the past reports because we said, you know, we -- we can't say that five -- five or six percent --

DR. MAURO: You can't.

MR. GRIFFON: -- are -- are -- as a result of this audit were overturned, were reversed, but we -- in -- what we -- we did say that the -- you know, I guess we said that -- that the sufficiency was suspect, sort of. We left it in the gray area.

MS. MUNN: It raised questions.

MR. GRIFFON: Yeah, it raised questions --

MS. MUNN: Raised issues.

MR. GRIFFON: -- enough that we couldn't definitively say they were sufficient, so -- so those -- you know, again, we -- I'm not saying that that means that it has to stay that way in the summary report, but we've said these words before to the Secretary. That was just adding up numbers. I -- I totally agree with what you said about modifying the front end to sort of say what have we accomplished to this point --

you know, where -- where are we and -- and sort of -- 'cause this is -- this is sort of like a -- a technical letter, almost, not -- you know, it doesn't step back and say, you know, what have we gotten out of this, what -- 'cause there are accomplishments, I agree. And I think -- you know, Lew found them, but I think some of them are kind of buried in the text in the back conclusions. And oftentimes they're -- they're -- you know, I mention an accomplishment, and then I throw a "however" in there, which --

MS. MUNN: Uh-huh, on the other hand.

MR. GRIFFON: -- I thought Wanda would comment on those.

MS. MUNN: On the other hand.

MR. GRIFFON: But I mean -- yeah, yeah, so -- so I think some of that -- I -- I don't disagree with that -- some of that probably should be added to the front -- you know, toward the front, and maybe the back end needs to be sort of narrowed down a little, you know. It's a little lengthy, but...

DR. WADE: Could I ask just a clarifying que-- for my own education, could you just describe

for me one of the six that would be -- those si-- are we talking about the use -- when -- was the use of OTIB-4?

MR. GRIFFON: No --

MR. HINNEFELD: No, these are -- as I recall --

MR. GRIFFON: Case 44, case 49 -- I think the Savannah River cases.

MR. HINNEFELD: They -- they were close to -- the POC in the original dose reconstruction would be like 48 percent.

MR. GRIFFON: Right.

MR. HINNEFELD: And there would be findings on that that would lead the reviewer to indicate that we're not so sure this is right. These findings are serious enough that it might affect the outcome.

MR. GRIFFON: Right.

MR. HINNEFELD: So --

MR. GRIFFON: And might affect is the key.

MR. HINNEFELD: And so the -- what the -- what is actually the case here is that the dose reconstructions, as originally prepared, were -- 94 percent were sufficient to reach -- you know, that were of the ones reviewed -- were sufficient to reach a decision on probability

of causation.

MS. MUNN: Uh-huh.

MR. HINNEFELD: Which means that six, as originally prepared, were not. But I think in all cases of those six, when we reworked the case with the -- taking the comment into account --

MR. GRIFFON: They weren't reversed.

MR. HINNEFELD: -- they weren't reversed.

MR. GRIFFON: And we might want to even say that.

MR. HINNEFELD: Now the other thing -- now the thing that -- that strikes me about this is there -- there should be a way to find -- I mean there have been certainly site profiles revised because of this review -- Huntington Pilot Plant site profile is now revised now as a result of findings on dose reconstructions. There have been specific actions taken. The key -- you know, the key thing about this review, it has removed the question of what is a correct dose reconstruction from a federal agency and it's put it in the public and made it a broader participation in what is -- what is the -- what has the country decided will be

the correct decision for this law. You know, that's -- that's the value, to me, of this review. And if no dose reconstruction is ever directly overturned because of the findings, the specific findings on that, there are any number of things that are done differently because of this. And a number of cases have been reworked through PER or through whatever process --

MR. GRIFFON: Right.

MR. HINNEFELD: -- and practices that are used now -- dose reconstruction practices are different, generally more claimant to the favorable -- to the -- more favorable to the claimant -- you know, normally I get that right -- because of -- of this -- this process is now an open -- you know, a public process with broader participation than just the federal government. So the -- or one federal agency. So there's some real value here, and I don't -- that can be spoken of, you know, however you want, but -- so I think, you know, that's it. And -- and what -- if we have -- do we have all five matrices final, I mean with resolutions and everything, are all five done now?

MR. GRIFFON: Yeah, except, as I said, there was these 12 that Kathy and I were trying to figure out --

MR. HINNEFELD: Okay, trying to resolve.

MR. GRIFFON: -- unresolved, yeah.

MR. HINNEFELD: With the final matrix -- matrices and a little time, I think we could come up with: These specific actions have been taken by NIOSH. Whether you want to put them in the letter, I mean that's going to delay the letter while we get to it, but we could provide --

MR. GRIFFON: Well, just what you said there is useful. I mean I think some of that stuff -- yeah --

DR. WADE: Sure we capture --

MR. HINNEFELD: These --

MR. GRIFFON: We can either say it generically or get specific if we want to, but yeah.

MR. HINNEFELD: Yeah. And we could capture the specific activities, there's been procedure revisions, there's been site profile revisions, there have been practices adopted and applied -- I would guess that PERs have been prepared because of --

MS. MUNN: Uh-huh.
MR. GRIFFON: Yeah.
MR. HINNEFELD: -- the findings in site profile -- or in --
MR. GRIFFON: Dose reconstructions.
MR. HINNEFELD: -- dose reconstructions. So -- I suspect there are -- I'm not 100 percent, but I suspect there are. So -- so I think there's a lot of stuff that's happened here that we -- it would take us a little time, but we could probably put together.
MR. GRIFFON: Well, that'd be useful. I mean I -- this is open --
MS. MUNN: Very useful.
MR. GRIFFON: -- for comment, and what I would offer is -- I mean everyone around the table, if you want to send some red-lined comments -- and Stu, for that sort of analysis, it's going to take a little longer, I -- I understand. But --
MR. HINNEFELD: I -- I'm afraid I'm (unintelligible) --
MR. GRIFFON: -- or just e-mail of things that need to be added, I can take another shot at this and --

DR. WADE: I do think the sentence of that 94 as we discussed about could be modified to say that upon reflection or upon rework, that'd be fine.

MR. HINNEFELD: I think if you said "as originally prepared."

MR. GRIFFON: Yeah, I just put that down, too.

MR. HINNEFELD: If you put those words in there, it provides --

MR. GRIFFON: Yeah.

MR. HINNEFELD: -- you know, the -- the --

DR. WADE: And then I think, parenthetically, a follow-on is -- would be appropriate.

MR. SIEBERT: And then for our information for this it'd be very helpful for us to have those six, specifically what numbers those are, 'cause I don't know those.

MR. HINNEFELD: You can -- well, we could probably find them.

DR. WADE: You should know them. I mean you guys should be able --

MR. HINNEFELD: We've got the report --

MR. GRIFFON: From the past letters, you --

MR. HINNEFELD: The DR rep-- the DR report says --

MR. GRIFFON: -- you have them, yeah.
MR. SIEBERT: They have the specific numbers?
MR. HINNEFELD: The DR report says.
MR. GRIFFON: 44 and 49 were two of them. I -- I don't have the other letter where the other ones were listed, but...
MS. MUNN: We're not under any real time pressure to get this --
MR. GRIFFON: No, I just want to -- I've said for four -- three subcommittee meetings I've said I would start this so I wanted to get this --
MS. MUNN: Right, right.
MR. GRIFFON: -- this -- a starting point, yeah.
DR. WADE: From my perspective, this is an unbelievably positive thing on many levels. What Stu said, the fact that this is an independent audit, and that's extremely valuable to everyone associated with the program, so you're all to be complimented. How you tell your story is -- is a bit of an art, and that's fine.
DR. MAURO: It's a tough story to tell.
MS. MUNN: It is a tough story, but it appears

to me to be very important that we get this to the Secretary's level before we -- if -- as a matter of fact, in my perspective, this kind of report is more important than the interim reports that we sent prior to this because this is -- this is a -- a serious milestone. We've looked at -- we now have looked at over 100 --

MR. GRIFFON: Right.

MS. MUNN: -- of these cases and here's what -- here's what's transpired as a result.

MR. GRIFFON: Here's what -- here's the change we've effected, here's some accomplishments --

MS. MUNN: Exactly.

MR. GRIFFON: -- but also here's some remaining --

MS. MUNN: Yes.

MR. GRIFFON: -- concerns, yeah.

MS. MUNN: Here are the concerns --

MR. GRIFFON: Yeah.

MS. MUNN: -- we've turned up.

MR. GRIFFON: Yeah.

MS. MUNN: Here are the -- the -- I -- I would like to have the casual reader come away with a stronger sense of some sort of accomplishment than I personally received from just reading

through this the first couple of times. Because we have accomplished a lot here, and --

DR. WADE: No, it's not trivial at all what you've --

MS. MUNN: So we can all work on it.

MR. GRIFFON: Can all work on it. You've got till tomorrow morning -- no.

MS. MUNN: Yeah, and give --

MR. GRIFFON: That's how quickly I put it together so I figured I'd give you the same time. I spent yesterday, you get today.

MS. MUNN: Right, exactly.

MR. GRIFFON: No, I -- I really did -- I understand that. I was working from the old boilerplates, but I just wanted to get it on the table at least the first time, and I -- I -- you know, we can certainly -- it certainly needs some work, but this starts the dialogue, so...

MS. MUNN: Yeah, I -- I certainly hope --

MR. GRIFFON: And I'd appreciate any -- if you want to red-line or if you want to send e-mails with separate things to be included, either way, I'll try to -- try to rework this.

MS. MUNN: Or removed, as the case may be.

MR. GRIFFON: Yeah, or removed. Yeah. But you know -- you know, what I mo-- what I also fear, I do understand the length issue, but I also -- I mean even if -- even if we reformat it to have like an executive summary and -- and something like that, I -- I really do have some concerns on making it just high level and -- and too broad to -- for the Secretary to appreciate some of the details, you know, so --

MS. MUNN: Well, you want -- you want meat.

MR. GRIFFON: Yeah.

DR. WADE: Speaking for the Secretary, I wouldn't worry about length.

MR. GRIFFON: Exactly.

DR. WADE: Tell your story.

MS. MUNN: Yeah.

MR. GRIFFON: Yeah.

DR. WADE: Tell your story complete. They realize you're telling it to multiple audiences --

MR. GRIFFON: Right. Right, right.

DR. WADE: -- anyway, so tell it well and tell it completely.

DR. MAURO: With the approach you took on -- where you had the two or three-page -- it

wasn't even that long -- front end --
MS. MUNN: Uh-huh.
DR. MAURO: -- and then you had this relatively large attachment --
MS. MUNN: Right.
DR. MAURO: -- a lot of nuts and bolts --
MS. MUNN: Uh-huh.
DR. MAURO: -- that seemed to work.
MS. MUNN: Yeah.
DR. MAURO: Everybody wanted to hear --
MS. MUNN: Nobody complained, that I heard.
DR. MAURO: Well, I mean that's --
MS. MUNN: They didn't have the nerve to complain to me.
MR. GRIFFON: What, for the procedures? I mean we rewrote that at the Board meeting, too, and that -- but that was a status report, too, and this a little --
MS. MUNN: Yes.
MR. GRIFFON: -- different -- I agree, so...
MS. MUNN: Yeah, it's different.
DR. WADE: This is your stock in trade, if you read the charter of the work-- of the -- the Board, this is it.
MS. MUNN: This is what we're supposed to be

doing.

DR. WADE: And we're at one and a quarter percent, is that -- is my math right, when we wrote --

DR. MAURO: Is that where we're at -- yeah.

DR. WADE: Yeah, we're half-way.

MR. GRIFFON: Are we really?

(Whereupon, Drs. Mauro and Wade, Mr. Griffon and Ms. Munn all spoke simultaneously.)

MR. GRIFFON: Another seven years on the Board, we'll be all set.

MS. MUNN: Which means we only have another five years.

MR. GRIFFON: Well, that's -- I think that might be good stopping point, but you know --

DR. WADE: But do we want to do anything to -- so --

MR. GRIFFON: Yeah, --

DR. WADE: -- John can keep working?

MR. GRIFFON: -- talk about, yeah, but is there any more on that --

UNIDENTIFIED: I found where (unintelligible) --

MR. GRIFFON: -- send me comments --

MR. HINNEFELD: We'll work it out.

MR. GRIFFON: -- and maybe we'll -- I don't even know if we'll have time to get a revised draft -- I might just report back to the Board that we are working on this, we have a preliminary draft that the --

DR. WADE: You want to --

MR. GRIFFON: -- subcommittee members are working -- yeah, that -- that we're -- but we're not ready to -- it's not ready to be pulled out in public yet.

MS. MUNN: That would seem judicious in view of the fact that NIOSH certainly is not going to have an opportunity to contribute anything prior to the September meeting.

DR. WADE: You want to kill an hour, ask the Board what they think about these generic issues --

MS. MUNN: Yeah, exactly.

DR. WADE: -- they'll tell you.

MR. GIBSON: Just an hour?

MR. GRIFFON: Right.

MS. MUNN: If you need a filler.

MR. GRIFFON: Okay, so the tenth set, Stu, did you --

MR. HINNEFELD: Yeah, I figured out where we

are.

MR. GRIFFON: Yeah.

MR. HINNEFELD: I don't know why we're at this point and no farther, but we have pre-selected cases. We have -- of the pre-selected cases, 22 survived the review by -- for DOL by post-closure activity and the PER review to see how many have been reopened for PER.

MR. GRIFFON: Right.

MR. HINNEFELD: So 22 survived that. We have the additional information from ORAU and -- let's see, I was just looking at these real quick -- I think seven of these have POCs above 50 percent, nine of them have POCs (unintelligible) the 40s.

MR. GRIFFON: Right.

MR. HINNEFELD: The job titles -- you know, we've got a couple we don't know. There's one secretary/stenographer. The others look like -- you know, people who -- chances are going to be exposed. The reason I'm pretty confident I haven't distributed it is on the last version I could find it still has all the identification information in it, so I would not have distributed this version. I'd cut that out

before I distribute it back to you.
A way to do this would be to just send it -- I can do it either Friday or Monday. I'm barely in the office. I won't be back in the office till Friday and not much -- probably not till Friday afternoon, so depending on when I can do it, I'll either do it Friday or Monday, send it to the subcommittee members and -- and if you agree that these claims look okay, we could just make these 22 the tenth set.

MR. GRIFFON: Yeah.

MR. HINNEFELD: That would be a way to do it.

MS. MUNN: What number were we aiming for in the tenth set?

MR. GRIFFON: Well, I think we started with 30, didn't we, but we ended up --

MR. HINNEFELD: I can tell you that in a minute -- well, I might be able to. The way my computer's behaving, I don't know if I'll be able to tell you in a minute or not.

MS. MUNN: That's -- that's why I asked, because my memory was that we were after more than 22.

DR. WADE: Well, but is this --

MS. MUNN: 22 is (unintelligible).

DR. WADE: But are -- right. Now is this the first set for next year?

DR. MAURO: No, this is -- this -- we haven't fin-- we had 60 this year. We only have 40 so far.

DR. WADE: Okay, this is --

DR. MAURO: So we have 20 more that we need to do.

DR. WADE: Okay, so this would be --

DR. MAURO: In theory, it was --

DR. WADE: -- this would be the right number, if these 22 are --

DR. MAURO: This 20 -- if we could pick -- if you could sel-- pick 30, out of the 30, they could pick 20, 20 would basically fill the hopper for when we -- our obligation to you for this --

MR. GRIFFON: This can probably be a quick look, Stu, 'cause I think we're going to say go with all -- go with these 22 or go with -- you know.

MR. HINNEFELD: Yeah.

MS. MUNN: I imagine so.

DR. WADE: So you could send it out, the subcommittee could look at it. If they had any

gas, they could say to Mark, gas. If not, you go to the Board in early September --

MR. GRIFFON: Right.

DR. WADE: -- and you propose these 22. It's a plan.

MR. GRIFFON: Yeah, 'cause we've already had -- had one cut at these so we're -- we -- we picked them once and then --

MR. HINNEFELD: Oh, one other thing we removed were the ninth set because when we selected -- we made the pre-selection of the tenth set, the ninth set had not yet been finally selected, and so there were some of those --

MR. GRIFFON: Right.

MR. HINNEFELD: -- pre-selected (unintelligible) --

MR. GRIFFON: Right, that's right.

MR. HINNEFELD: -- so those were also removed.

MR. GRIFFON: That's right.

MR. HINNEFELD: The pre-selection list, I believe, was 55 -- 55 cases long.

DR. WADE: But 20 -- 20's what you're looking for?

DR. MAURO: 20 -- yeah, that'll fill up the hopper.

DR. WADE: 22 is always good. What a -- what a country.

MS. MUNN: As long as we don't --

DR. WADE: Yeah, see -- see how smooth things work when I'm here?

MS. MUNN: As long as we don't have to every month, then we're fine.

(Whereupon, numerous comments were made by various participants.)

MR. GRIFFON: I'm just looking at the -- so, Stu, you didn't -- the last one I got sent to me was 3/24/08.

MR. HINNEFELD: Yeah. It was like middle of April when we got everything -- or late April when we got everything done. I don't know why it's not there. I really don't know.

DR. WADE: Where do you stand on the 40, John, are you --

DR. MAURO: Oh, oh, where are we -- tell me -- what's the number? Our plan is to deliver the report by the end of September. That's where we -- in fact, that's one of the reasons I brought this up. Come the end of September, we will have delivered all deliverables that we owe you, except for these 20, and it puts us in

a position where there's no more work for us to do except workgroup meetings for closeout. But I mean, you know, all along over the past five years we always have two, three site profiles in the hopper, two or three SEC petitions in the hopper, a dozen or more procedures in the hopper, you know, all that going on.

MR. GRIFFON: We'll get some SEC work for you come this (unintelligible).

DR. WADE: Yeah, you'll get SEC work.

DR. MAURO: It's just going to like end like a brick wall, September 30 comes -- boom, we're done. What do we do now, you know?

DR. WADE: Well, you do these and you do SEC work.

DR. MAURO: Yeah -- no, if there's more, but it has to be authorized. I mean, you know.

MR. GRIFFON: Right.

DR. WADE: Do you have money to do more site profiles?

DR. MAURO: We've got $1.7 million we need to spend. We're spending $300,000 a month. That means we could work five more months on the money that we -- we're supposed to have spent by the end of September.

MR. GRIFFON: Stu, there's no way to get a initial cut for an eleventh set by --

MR. HINNEFELD: We're working on it. We should have it by the -- by the Board meeting.

MR. GRIFFON: Yeah, maybe we can get --

MR. HINNEFELD: I'll try to get out -- try to get out ahead of --

MR. GRIFFON: Yeah, maybe we can do our first cycle through that, I don't know.

MR. HINNEFELD: I cho-- I told the -- I took a little management initiative here and told them for the -- when the full internal and external set, I said rather than run them all, just run any ones that were completed in 2007 or 2008, so I'll see what I can get. If it's too small, we'll go back another --

MR. GRIFFON: Right, right, that'd be good, yeah.

MR. HINNEFELD: And then the random pool is going to pull from the whole -- the whole pool of available cases, so there'll be a random pool with a couple of hundred, and however many we get of the full internal and externals.

MR. GRIFFON: All right, I think that does it. Anything else for the...

DR. WADE: A wonderful meet. You got everything done you set out to do.

MR. GRIFFON: ... for the record? You got anything else for the record, Lew?

DR. WADE: That's for the record. These are -- and don't lose sight of the worth that you do. This has been an extremely valuable process, not only to the agency, but also to the people we all serve, so you've done a fine job.

MS. MUNN: It's not easy.

MR. GRIFFON: Let's all catch a plane before the procedures workgroup.

DR. WADE: Yeah, you want to be here for that, that's -- that's tough stuff. Christine said she could handle the dose reconstruction, but the procedures were tough.

MR. GRIFFON: Yeah, we're -- we're adjourned. Thank you all.

(Whereupon, the meeting was adjourned at 4:26 p.m.)

CERTIFICATE OF COURT REPORTER

STATE OF GEORGIA

COUNTY OF FULTON

I, Steven Ray Green, Certified Merit Court Reporter, do hereby certify that I reported the above and foregoing on the day of Aug. 20, 2008; and it is a true and accurate transcript of the testimony captioned herein.

I further certify that I am neither kin nor counsel to any of the parties herein, nor have any interest in the cause named herein.

WITNESS my hand and official seal this the 18th day of Dec., 2008.

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STEVEN RAY GREEN, CCR, CVR-CM, PNSC

CERTIFIED MERIT COURT REPORTER

CERTIFICATE NUMBER: A-2102