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CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH

convenes

MEETING 8

SUBCOMMITTEE FOR DOSE RECONSTRUCTION

REVIEWS

The verbatim transcript of the 8th
Meeting of the Subcommittee for Dose Reconstruction
Reviews held at The Suncoast Hotel and Casino, Las
Vegas, Nevada, on January 8, 2008.

*STEVEN RAY GREEN AND ASSOCIATES
NATIONALLY CERTIFIED COURT REPORTING
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January 8, 2008

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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.

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JAN. 8, 2008

10:10 a.m.

P R O C E E D I N G S

WELCOME AND OPENING COMMENTS

1
2
3
4 **DR. WADE:** This is a meeting of the
5 Subcommittee on Dose Reconstruction, the
6 subcommittee of the Advisory Board. My name is
7 Lew Wade and I have the privilege of serving
8 the Board as a Designated Federal Official.
9 This subcommittee is very ably chaired by Mark
10 Griffon. Its members are Gibson, Poston, Munn;
11 alternates Clawson and Presley. All of the
12 members and alternates are present at the
13 table.

14 Also at the table joining us is Stu Hinnefeld,
15 who I assume, Stu, you'll have the principal
16 speaking part representing NIOSH.

17 **MR. HINNEFELD:** Unless somebody else jumps up
18 and wants it.

19 **DR. WADE:** Okay. And from SC&A's point of
20 view, John, will it be the Behlings?

21 **DR. MAURO:** Yes, Kathy Behling should be on the
22 line, and I'll (unintelligible).

23 **DR. WADE:** Okay. Kathy, are you on the line?

24 (No responses)

25 Kathy, are you on the line and muted?

1 (No responses)

2 Kathy?

3 **MS. BEHLING:** I'm on the line. Do you hear me?

4 **MS. MUNN:** She's on the line but I can hardly
5 hear her.

6 **DR. WADE:** Yeah, I think -- can we get that
7 volume turned up? They're working on it. We
8 think you're there. We sense your presence.
9 We just don't hear you yet.

10 (Pause)

11 Kathy, could you say something now?

12 **MS. BEHLING:** Yes, I'm here on the line. Can
13 you hear me?

14 **DR. WADE:** Okay, we need a little bit more
15 volume. Can we get any more -- tease any more
16 volume out of Kathy?

17 (Pause)

18 Kathy, try again, please.

19 **MS. BEHLING:** Can you hear me now?

20 **DR. WADE:** We can. I guess I'd ask you to
21 speak up, and at the same time we'll try and
22 turn the gain up here without initiating a
23 terrible piercing noise.

24 **MS. BEHLING:** Okay, I (unintelligible) --

25 **DR. WADE:** And if you can't hear us, please let

1 us know.

2 Is there anybody else on the telephone who
3 would like to be identified? We don't need to
4 do introductions, but if there's anyone on the
5 phone who would like their presence known for
6 the record, feel free at this moment.

7 (No responses)

8 Okay. Mark?

9 **UPDATE FROM THE CHAIR**

10 **MR. GRIFFON:** Yeah, this is a meeting of the
11 subcommittee, Mark Griffon chairing it, and I
12 think I can -- I can just run through the items
13 we'll discuss today and then -- mainly this is
14 going to be updates of some ongoing work. I --
15 I sort of view this as an executive summary
16 subcommittee meeting. In between these meeting
17 we -- we do have meetings where we get into
18 more technical findings and -- and deliberate
19 and resolve the findings, but here today we're
20 going to give more of -- of a -- a status
21 report on most things. And then a large chunk
22 of the time we're going to spend on -- on going
23 through the -- Stu Hinnefeld just provided the
24 subcommittee members with a couple of matrices
25 where we can select for the next round of cases

1 so that we keep some cases in the hopper for
2 SC&A to work on.

3 First, things I'd like to go over in this
4 portion of the meeting, the fourth, fifth and
5 sixth set matrices. We've -- we're in various
6 stages of the comment resolution process for
7 those matrices and they ea-- they each have 20
8 cases, I believe -- yeah, 20 cases each -- each
9 set. And for -- for those -- I see some people
10 in the audience that may have -- may not follow
11 this process, or may be new to this meeting.
12 These have -- these -- the-- these -- what we
13 do with these is SC&A reviews cases and then we
14 bring it to a -- a meeting once -- once -- if
15 there's any findings for -- for the cases, they
16 put them together in matrix form and then once
17 the finding's identified, we -- we bring that
18 back -- or they -- they circulate that back to
19 NIOSH. NIOSH has a chance to respond to the
20 finding and then we sit down in the
21 subcommittee process and sort of hammer out the
22 differences, you know, and we resolve -- either
23 they -- there is disagreement or -- or SC&A
24 misinterpreted something or, you know, whatever
25 the conclusion might be, we go through a

1 resolution process.

2 And the fourth, fifth and sixth set of cases,
3 which basically covers 60 cases, we're in
4 various stages of completion for that
5 resolution process on those cases.

6 **MS. BEHLING:** Excuse me, it's difficult to
7 hear.

8 **MR. GRIFFON:** We also have a seventh and eighth
9 set out that have not come back to the
10 subcommittee yet but are -- are in process,
11 sort of -- and then today, like I said, at the
12 end of this meeting we'll focus on the
13 selection for a ninth set of cases for SC&A to
14 -- to begin working on.

15 **DR. WADE:** We also have the issue of the
16 blinds. Right?

17 **MR. GRIFFON:** Right. Right, right. So the
18 fourth, fifth and sixth set -- I'm going to do
19 updates on those. We -- we -- my next item was
20 the blind review, just an update on the case
21 selection very briefly.

22 Another item I wanted to discuss wa-- was how
23 to -- and I think -- I've talked to SC&A
24 preliminarily about this, but the notion of
25 rolling our matrices into a da-- a database

1 similar to the procedures database that Wanda's
2 incorporated in the procedures review workgroup
3 so that we have all these findings sort of in
4 one database, and it'll be a lot easier moving
5 forward on where we stand with -- with which
6 finding. Also tracking the resolution I think
7 is going to be critical.

8 And finally, the ninth set of cases, to start
9 the selection. So -- any other items for the
10 agenda? I don't...

11 **MS. BEHLING:** Mark, this is Kathy. Can --
12 we're having difficulty on the phone hearing
13 you.

14 **MR. GRIFFON:** Okay. Is that a little better?
15 I'll try to...

16 **MS. BEHLING:** Yes, that's much better. Thank
17 you.

18 **MR. GRIFFON:** Okay. All right. Remind me,
19 Kathy. Speak up if you don't hear me.

20 **FOURTH SET OF DOSE RECONSTRUCTIONS**

21 Okay, so just to update on the fourth set --
22 and I'm -- I'm going to try to -- at this point
23 on the fourth set, we are -- we are pretty
24 close to resolving all the findings. But I do
25 want to take a few minutes and go through a

1 couple of specific ones to make sure we're on
2 the same page here.

3 The -- the most recent -- I have some notes
4 just -- that were just provided to me by SC&A,
5 so they're not -- everybody doesn't have these,
6 but -- they also tie in with our last matrix
7 that we had, which was -- I believe we had an
8 updated document on September 28th was the last
9 and this was sort of findings that weren't
10 closed out, more or less. It was excerpts from
11 the major -- the primary matrix. I don't know
12 if people have this. It may not be too -- too
13 essential to go through the details of this,
14 but I -- I basically wanted to see if SC&A and
15 NIOSH agree that this is sort of where we stand
16 on each one of these remaining findings.
17 Okay, the first -- first one I had was 68.2,
18 and basically -- and this is consistent with my
19 notes -- Kathy's -- Kathy Behling's notes say
20 that 68.2 is related to the angular response of
21 a dosimeter, and I think we've kicked that back
22 to the procedures review group, so that's
23 closed out.
24 68.8 and 68.9 -- these both relate to failure
25 to properly account for radiological incidents.

1 And I believe we -- in -- in -- in between our
2 last meetings we've gotten responses back from
3 NIOSH that indicate they did assess these
4 incidents noted in the CATI report, and they
5 would have added a little bit of dose to the
6 case but would not have affected the -- the
7 decision, basically, so they ad-- added a
8 slight bit of dose but would not have any --
9 have had any effect on the outcome. So that I
10 believe closes that item out as well.
11 Stu, stop me if -- these are from Kathy's notes
12 and my memory, but stop me at any point if you
13 disagree -- or if you're not sure, we'll just
14 put them on hold kind of.
15 **MR. HINNEFELD:** Well, I -- I don't have a note
16 on that finding, so I would -- would -- based
17 on what you've said --
18 **MR. GRIFFON:** Okay.
19 **MR. HINNEFELD:** -- I may not have made a note.
20 **MR. GRIFFON:** All right. Yeah. I mean it's --
21 it's essentially closed out. Kathy, you -- you
22 agree with that. Right?
23 **MS. BEHLING:** Yes, I do.
24 **MR. GRIFFON:** Okay.
25 **MS. MUNN:** (Off microphone) (Unintelligible)

1 67.-- (unintelligible) --

2 **MS. BEHLING:** Also, Mark, just excuse me one
3 second, I -- I cannot hear Stu when he talks,
4 either.

5 **MR. GRIFFON:** Okay, we're going to have to be
6 careful to get close to the mikes, yeah.

7 **MS. BEHLING:** Okay, thank you.

8 **UNIDENTIFIED:** (Off microphone)
9 (Unintelligible) people on the line
10 (unintelligible).

11 **MR. GRIFFON:** Wanda, did you say -- did I miss
12 one, 67.-- okay.

13 **MS. MUNN:** No, I was just inquiring --

14 **MR. GRIFFON:** Okay.

15 **MS. MUNN:** -- which -- what the number was you
16 were discussing.

17 **MR. GRIFFON:** Yeah, that was 68.8 and 68.9,
18 sorry.

19 **UNIDENTIFIED:** (Off microphone) I don't know,
20 (unintelligible) think about it.

21 **MR. GRIFFON:** 69.6 -- SC&A feels that this has
22 been resolved, basically. There was a -- a
23 question about the IREP entries and the fact
24 that they took -- the Pu-241 entries weren't
25 put in, but there are americium values in and -

1 - too long to discuss here, basically, but SC&A
2 agrees with -- with NIOSH's conclusion on that.

3 **MS. MUNN:** Mark?

4 **MR. GRIFFON:** Yeah -- boy, this background
5 noise is --

6 **DR. WADE:** (Off microphone) Just
7 (unintelligible).

8 **MR. GRIFFON:** Yeah.

9 **MS. MUNN:** The printout that I'm looking at
10 jumps from 69.5 to 69.7. Did -- did we --

11 **UNIDENTIFIED:** (Off microphone) Use your
12 microphone.

13 **MS. MUNN:** Did -- did we have 69.6 on a
14 separate printout? Were we tracking it
15 separately?

16 **MR. GRIFFON:** Are you -- are you -- you don't
17 have this -- the document I'm -- I'm working
18 from is -- this September 28th document would
19 have been the last one you have, you should
20 have, it was --

21 **MS. MUNN:** Yeah.

22 **MR. GRIFFON:** Do you have that?

23 **MS. MUNN:** 69.--

24 **MR. GRIFFON:** This is part of the reason we'll
25 be going to that database. This'll make it a

1 lot easier to follow --

2 **MS. MUNN:** Yeah, so -- no, I have 69.5, but
3 that's -- that's all right. It's of no
4 consequence, especially given the outcome.

5 **MR. GRIFFON:** Yeah, okay. I mean I -- I think
6 there's only a few that remain where there's a
7 question, so I'll try to get to those.
8 69.8 -- again, we have -- this was a question
9 on the -- the triangular distribution used with
10 the -- related to the whole body counting, and
11 SC&A -- after quite a bit of conversation about
12 which values -- what the values meant on the --
13 the printed report, I think we -- SC&A came to
14 agree with NIOSH's conclusion, so that one is
15 closed.

16 69.9 -- this -- this talks about the use of
17 environmental internal exposure values to
18 account for likely tritium, iodine and uranium
19 exposure's inappropriate. Yeah, it -- and
20 there -- I guess the final question that we
21 were working on was whether the person was in a
22 uranium area and would have been required to
23 have an occupational -- sort of a coworker
24 model rather than an environmental dose. And
25 Kathy, it appears, based on your review -- you

1 concluded that you couldn't find any work
2 history that indicated that the person would
3 have been in a uranium area. Is that correct?

4 **MS. BEHLING:** Yeah, that's correct, Mark.
5 Initially I -- I believe we had stated in our
6 initial finding that we thought that the
7 individual was in a 321-M area, and when I went
8 back to look at this I could not confirm that.
9 I could not confirm that he -- this individual
10 was in that particular area. And I looked at
11 some other things in that case -- case to see
12 if he may have been in any other area that --
13 whe-- he would have been exposed to uranium,
14 and I concluded I guess that he -- he was not.
15 Now I can -- I don't know, I can go back and
16 look at these findings again --

17 **MR. GRIFFON:** No, I think that's okay. I think
18 -- I think we've beat that one around the block
19 enough, you know --

20 **MS. BEHLING:** Okay.

21 **MR. GRIFFON:** -- so that closes that out,
22 essentially.

23 73.4 is the next one I have, and Kathy, help me
24 interpret this. I think you're suggesting that
25 the only -- the resolution here -- we got sort

1 of a disagreement, and the resolution may be to
2 -- to push this into the Y-12 site profile
3 review. It is a question of whether a person
4 should have had neutron monitoring based on
5 areas worked, and that really gets into the --
6 the site profile arena. Is that --

7 **MS. BEHLING:** Yes, that's correct. In fact, I
8 have talked to Joe Fitzgerald, who is doing the
9 site profile reviews, and there still are some
10 remaining open items for the Y-12 facility.
11 And he indicated that he would add this to
12 that. There's just some discrepancy as to what
13 is in the -- the site profile as compared to
14 what is in an ORAU report listing the locations
15 for potential nuclear -- I'm sorry, neutron
16 exposure. And we wanted -- we wanted some
17 clarification and then, --

18 **MR. GRIFFON:** Okay.

19 **MS. BEHLING:** -- if necessary, to make a
20 correction in the site profile and/or this
21 report 33.

22 **MR. GRIFFON:** Okay. TIB -- is it TIB-33?

23 **MS. BEHLING:** No, it's an ORAU -- it's ORAUT-
24 RPRT-0033, so it's an ORAU report 33.

25 **MR. GRIFFON:** Okay, just so we have that on the

1 record, good. But it -- but it -- the
2 resolution is going to the site profile -- all
3 -- all the more reason for our tracking system
4 to be in place for all these things 'cause a
5 lot of them are getting pushed off to other
6 workgroups and other -- and we don't want to
7 lose them completely, so --

8 **MS. BEHLING:** That's correct.

9 **MR. GRIFFON:** -- we will do that. And then I
10 have only a few more in this set -- 76.2 -- and
11 this one we have that NIOSH owes a response on
12 this one, Stu, so that's -- I think -- is that
13 where we stand, Kathy?

14 **MS. BEHLING:** Yes, that's correct. We're --
15 we're waiting for NIOSH's response. I -- I
16 believe, Mark, there was also a 76.1 that has
17 been resolved, but -- but I -- you may have
18 missed one.

19 **MR. GRIFFON:** Yes, sub-- yeah, I...

20 **MS. BEHLING:** Whether that's important or not,
21 but 76.1 was also one that we had discussed I
22 believe on our technical conference call and we
23 have gone back and -- and -- it was associated
24 with some missed photon doses and what was an -
25 - an MDL level, and we have gone back and

1 verified that NIOSH's MDL value was correct.

2 **MR. GRIFFON:** Yes. I'm sorry, I skipped over
3 that one. Yes, you're right, 76.1. So that --
4 that is resolved, 76.1 --

5 **MS. BEHLING:** Correct.

6 **MR. GRIFFON:** -- 76.2, though, this is fail--
7 failure to assign unmonitored neutron doses for
8 all years of employment. Stu, I don't know --
9 you can maybe just make a note on this that we
10 might need a response and...

11 And then 76.3 is the last one I have.

12 **MS. MUNN:** Over and above -- I may be missing a
13 step in here, we're -- 76.2?

14 **MR. GRIFFON:** Yeah.

15 **MS. MUNN:** But I had a note that it -- the case
16 had been reworked to include unmonitored dose.
17 Result was an increase overall, but not an
18 increase of POC that would still be compen--
19 compensable. I thought that was the response
20 that I (unintelligible) --

21 **MR. GRIFFON:** Yeah, and on 76.2 -- I'm actually
22 looking at -- at the September 28th document --
23 I have that SC&A agrees, and then the response,
24 so...

25 **MS. MUNN:** So that was what the response was,

1 that it was reworked but there was no change in
2 -- the POC --

3 **MR. GRIFFON:** Well, I don't know what you're
4 reading from, but --

5 **MS. MUNN:** From a September 26th document, two
6 days before.

7 **MR. GRIFFON:** Two days before, right.

8 **MS. MUNN:** The -- the word-- the wording
9 specifically from the response is --

10 **MR. GRIFFON:** Maybe we just -- just need to
11 check that rework again -- Kathy and Stu, if I
12 can ask you just to follow up on that off-line,
13 we can -- you know.

14 **MS. BEHLING:** And -- I'm sorry, we're now on --

15 **MR. GRIFFON:** 76.2.

16 **MS. BEHLING:** 76.2.

17 **MR. GRIFFON:** Yeah.

18 **MS. BEHLING:** Okay, very good.

19 **MR. GRIFFON:** In -- in the -- in the last
20 matrix, Wanda's correct, it -- it looks like we
21 -- we said that NIOSH reworked and SC&A is okay
22 with it, and that disagrees with your last
23 notes to me, so we --

24 **MS. BEHLING:** Okay, yes.

25 **MR. GRIFFON:** -- need to just check it out,

1 IMBA analysis, and basically that they used a
2 chronic exposure using the last datapoint, and
3 overall it seemed bounding -- even though SC&A
4 might have done it differently, it did bound
5 the -- the dose for uranium. But then your
6 last paragraph here says however, and then it
7 goes on to question whether thorium was
8 accounted for.

9 **MR. HINNEFELD:** That's -- that con-- matches my
10 notes --

11 **MR. GRIFFON:** Okay.

12 **MR. HINNEFELD:** -- Mark, is that there was an
13 open question about was this person potentially
14 exposed to thorium --

15 **MR. GRIFFON:** Thorium, right.

16 **MR. HINNEFELD:** -- in which case the uranium
17 bounding would --

18 **MR. GRIFFON:** Right.

19 **MR. HINNEFELD:** -- only be a portion of the --
20 portion of the response.

21 **MR. GRIFFON:** So that's still outstanding --

22 **MR. HINNEFELD:** So that matches my notes and I
23 believe it's still outstanding (unintelligible)
24 --

25 **MR. GRIFFON:** So -- so it's in your court --

1 **MR. HINNEFELD:** Yeah.

2 **MR. GRIFFON:** -- it's in -- NIOSH to follow up
3 on?

4 **MR. HINNEFELD:** Yes. Yes, it is.

5 **MS. BEHLING:** That -- ex-- excuse me, I
6 remember this now, too, because this is a
7 Fernald case and the thorium issue may be
8 something we need to look at for the Fernald
9 case so that's why I -- I didn't want to close
10 this out. Yeah, now I recall.

11 **MR. GRIFFON:** This may be something that ends
12 up in the site profile review as well, I don't
13 know, but -- but we'll -- I guess we'll keep it
14 here for now, but I'd ask -- so there's really
15 just two findings left to look at for both SC&A
16 and NIOSH. I'd just ask you to -- sounds like
17 this one's definitely a -- a NIOSH response
18 issue. The other one, I think we'd better
19 check out notes and make sure on that previous
20 one, which was 69.2. Right? No, I'm sorry, 70
21 -- 76.2 -- 76.2 we have a little discrepancy
22 and I'd ask NIOSH and SC&A to both check that
23 out. And then 76.3, we're in agreement that --
24 that NIOSH, you owe a response on that. Right?

25 **MR. HINNEFELD:** Well...

1 **MR. GRIFFON:** Is that correct, Kathy?

2 **MS. BEHLING:** Oh, excuse me, Mark, I'm sorry, I
3 -- I hit the wrong button and I disconnected --

4 **MR. GRIFFON:** Oh.

5 **MS. BEHLING:** -- so I didn't hear it, I'm
6 sorry. If I'd been hitting mute, I hit my
7 on/off button.

8 **MR. GRIFFON:** Okay. We don't like -- I get
9 nervous when I have dead air here, you know.

10 **MS. BEHLING:** I know.

11 **MR. GRIFFON:** I know we're --

12 **MS. BEHLING:** I -- I'm sorry about that.

13 **MR. GRIFFON:** -- getting into a large market
14 here, you know.

15 **MR. HINNEFELD:** Mark -- Mark, what I have is
16 that 76.3, the one we just talked about, we owe
17 a response. And the other was -- I have a note
18 is here, 73.4, which had -- but that may have
19 been -- that may be going into a site profile
20 issue. That was, you know, what -- the
21 difference between this particular report and -
22 -

23 **MR. GRIFFON:** Yeah, that's a site --

24 **MR. HINNEFELD:** -- the site profile.

25 **MR. GRIFFON:** -- profile question, yeah.

1 **MR. HINNEFELD:** (Unintelligible) to site
2 profile?

3 **MR. GRIFFON:** But the -- the -- the 76.2, the
4 question was the one that Wanda quite
5 accurately noted, that in a previous matrix we
6 said that SC&A's in agreement, but in -- in
7 Kathy's notes to me this morning it indicated
8 that there was still a -- a discrepancy, so I'm
9 asking both -- you know, let's check into that
10 and see where we really stand on that. All
11 right.

12 **MR. HINNEFELD:** Okay.

13 **MR. GRIFFON:** So really the -- the -- yeah, the
14 two remaining, and the main one for NIOSH to
15 respond to is 76.3, the thorium question.
16 Anything else on the fourth set -- I dare to
17 ask. I think that's it, though.

18 **MS. BEHLING:** I believe that's it.

19 **FIFTH SET OF DOSE RECONSTRUCTIONS**

20 **MR. GRIFFON:** Okay, moving on to the fifth set
21 and -- and actually even fewer here, I believe.
22 First I have case 84, basically the entire
23 case, and I think maybe John can respond to
24 that, or Kathy. This is the Huntington Pilot
25 Plant, and this was the notion of doing a sort

1 of mini site profile review under the DR task,
2 and I think -- so -- so it's back in SC&A's
3 court. You're working on that, though.
4 Correct, John? Sorry.

5 **MS. BEHLING:** Yes, John is working on that.
6 John, are you there?

7 **MR. GRIFFON:** He's making it to a mike, yeah,
8 he's --

9 **MS. BEHLING:** Oh, okay. Okay.

10 **DR. MAURO:** Yes, I -- Ka--

11 **MS. BEHLING:** Just until John gets there, yeah.
12 All of the findings associated with this
13 particular case, and I believe -- and I'm
14 pretty sure I'm correct on this -- we -- we did
15 look at the Huntington exposure matrix site
16 profile, but it was an earlier version of one -
17 - than -- than the one that's -- that is out
18 right now, than the most current version. So
19 in order to see if some of our concerns
20 regarding the derivation of the internal and
21 external exposures, which is a lot of the
22 findings associated with this particular case,
23 I believe were -- John is going to be looking
24 at the newest version of the Huntington Pilot
25 Plant exposure matrix to see if any of our

1 concerns were resolved. And if not, I guess
2 we're -- we've decided, and correct me here if
3 I'm wrong, Mar-- Mark, that we would try to
4 address those under this task as opposed to
5 cha-- switching it over to -- to the site
6 profile task, Task I.

7 **DR. MAURO:** Yeah, Kathy, let me -- thi-- thi--
8 because this is important because it's a -- a
9 new strategy that we discussed during our last
10 -- I guess it was a conference call meeting, I
11 believe, I'm not sure exactly what --

12 **MR. GRIFFON:** Yeah.

13 **DR. MAURO:** -- it turned out that one of the
14 concerns that were raised is that there are a
15 lot of AWEs that have a site profile. Okay?
16 And they're -- some of them are relatively
17 recent. And there are a lot of cases -- dose
18 reconstruction cases that we have reviewed in
19 the past where we drew upon whatever
20 information was available at the time that that
21 site profile -- I'm sorry, that that dose
22 reconstruction drew upon. Okay? Now Mark
23 correctly pointed out well, you know, we're
24 concerned that, for example, Huntington Pilot
25 Plant, Harshaw and Bridgeport Brass seem to be

1 three fairly important sites, AWE sites, where
2 the only review that those exposure matrices
3 are really getting emerge as part of our DR --
4 dose reconstruction review process under Task
5 IV. And in the interest of making sure that it
6 gets a little bit more treatment, what we're
7 doing right now -- in fact, I've already
8 completed Bridgeport Brass. I actually
9 performed what I would conso-- consider --
10 certainly not a site profile review, but it is
11 an advanced review of Bridgeport Brass where I
12 have a stand-alone document, that right now is
13 undergoing review, that is -- in effect, using
14 my judgment -- in effect, I go through
15 carefully the document and its supporting
16 documentation and evaluate it, so that it --
17 it's sort of a way to say we -- we lo-- we took
18 a close -- you know, even though we reviewed
19 Bridgeport Brass to the extent necessary to
20 review a particular dose reconstruction, it
21 really wasn't as much of a review that -- you
22 know, there -- there may be aspects of that
23 Bridgeport Brass that really didn't get enough
24 review. Okay? And -- and -- and right now
25 we're in this place where I'm performing a

1 relatively modest review -- quite frankly, on
2 the order of about 40 work hours -- of
3 reviewing the -- review the document, do some
4 hand checks, go back to the original source
5 documents that are standing behind it,
6 especially the data, and writing up what I call
7 like an appendix to a given dose
8 reconstruction, which gives what I would
9 consider to be an expanded review of the site,
10 of the exposure matrix, so that at least it
11 gets some degree of coverage. Now the idea
12 being this: You will be receiving three of
13 those; one for Bridgeport Brass, one for
14 Huntington, and one for Harshaw 'cause these
15 are, you know, three of the ones where there
16 are -- where there are a number of cases there.
17 You will then at that point have a chance to
18 look at those what I call mini site profile
19 reviews that are really being done, though, as
20 part of Task Order IV. All right? And then
21 the Board or the working group can judge
22 whether or not you may want to take it up to a
23 Task I site profile review, which of course is
24 a much more in-depth analysis. It involves
25 site visits, expert visits. Right now we're

1 not doing that. Right now we're limiting it to
2 a paper study. I review the site profile. I
3 review the material related to that exposure
4 matrix that's on the O drive, and I write my
5 report. So you will be getting separate,
6 stand-alone -- I call them mini review -- mini
7 site profile reviews -- for those three 'cause
8 that was the direction we got previously.

9 **MR. GRIFFON:** Right.

10 **DR. MAURO:** And I -- and we'll see if this
11 process serves your, you know, purposes well
12 and -- and I guess that's -- that's the story.

13 **MR. GRIFFON:** I -- yeah, so it is those three -
14 - that was one of my questions, the three sites
15 -- three AWEs. The only thing I think we need
16 to think about as a subcommittee is the
17 disposition of -- I mean I -- I'm almost
18 tempted -- 'cause I am -- I'd like our
19 subcommittee to write this -- this first 100
20 case report, and we're very close to closing
21 out the fourth and fifth matrices. If I
22 indicated in the matrix that these were going
23 to mini site profile review, that would at
24 least get them off -- you know, as far as -- as
25 in the case review process, we'd be finished

1 with them. But we could still take them up
2 under the subcommittee -- I guess, we could --
3 we could talk about that, but --

4 **UNIDENTIFIED:** I would --

5 **MR. GRIFFON:** -- it's still under your Task --
6 what task is this, this is --

7 **DR. MAURO:** This is Task IV.

8 **MR. GRIFFON:** -- task -- it's still under Task
9 IV work, so we could take it up under the
10 subcommittee --

11 **DR. MAURO:** Yes.

12 **MR. GRIFFON:** -- but -- but close out the fifth
13 set matrix, basically. That's what I'd like to
14 do. I don't know if others --

15 **MS. MUNN:** Yeah, if we -- if we could segregate
16 circumstances of that type from the case review
17 --

18 **MR. GRIFFON:** Right.

19 **MS. MUNN:** -- matrix, it would be helpful. It
20 --

21 **MR. GRIFFON:** Yeah.

22 **MS. MUNN:** -- might mean putting up another
23 small matrix --

24 **MR. GRIFFON:** Yeah.

25 **MS. MUNN:** -- you know, other documents under

1 review --

2 **MR. GRIFFON:** Right, and my sense --

3 **MS. MUNN:** -- but it would (unintelligible) --

4 **MR. GRIFFON:** -- my -- my -- my hope would be
5 that this wouldn't have to be kicked up to --
6 but -- but we'll -- we'll wait and see, but you
7 know, they are smaller sites and as they -- I
8 think they're all exposure matrices -- right? -
9 - rather than full site profile reviews, which
10 indicates there's not as volumous (sic) amount
11 of material to -- to review, so I think we can
12 manage it in this subcommittee. But if we need
13 to create another workgroup, you know, I think
14 we can kick that back to the Board, too, and
15 say, you know, that's an option, I suppose. Or
16 to -- to your Task I if we need to.

17 **MS. MUNN:** Maybe not even a -- maybe not even
18 another workgroup, just segregating what needs
19 to be done from the individual case reviews is
20 --

21 **MR. GRIFFON:** Yeah.

22 **MS. MUNN:** -- probably key, in my mind.

23 **MR. GRIFFON:** Yeah.

24 **DR. MAURO:** You know in those large three-ring
25 binders where all the cases are -- you know,

1 the case numbers?

2 **MS. MUNN:** Uh-huh.

3 **MR. GRIFFON:** Uh-huh.

4 **DR. MAURO:** Well, this'll have its own tab, and
5 it's going to call -- be called Harshaw -- not
6 site profile, I guess it would be called
7 expanded review --

8 **MS. MUNN:** Uh-huh.

9 **DR. MAURO:** -- so it would be a stand-alone
10 tab, and it would be tracked. Other words, if
11 there are --

12 **MR. GRIFFON:** Right.

13 **DR. MAURO:** -- issues -- now clearly, the idea
14 being there are many cases that deal with
15 Harshaw and -- and --

16 **MR. GRIFFON:** Yeah.

17 **DR. MAURO:** -- and Br-- you know, and in theory
18 all of the issues that are at play in a
19 particular case will be closed or raised as a
20 result of some of these findings. But it still
21 will be a -- a stand-alone because there will
22 be more issues -- see, in other words, the idea
23 being that the Harshaw expanded review would
24 not only address the issues that are embraced
25 in particular Harshaw case, but there may be

1 new issues that we've raised related to Harshaw
2 in general --

3 **MR. GRIFFON:** Right.

4 **DR. MAURO:** -- in that expan-- and it could be
5 -- right now, the idea being it would be
6 tracked as part of Task Order IV under the
7 matrix that you're -- are dealing with as a --
8 you know, just one more tab in the -- in the
9 big book. Okay?

10 **MS. MUNN:** That's reasonable to me.

11 **MR. GRIFFON:** Sounds good, yeah. All right.
12 So then moving on, I have finding 91.5, which
13 is -- but -- but we have -- I think we have
14 agreement here. SC&A believes that the EE had
15 assigned missed neutron dose from other -- some
16 years of employment, and there was a question
17 of whether all the missed neutron dose was
18 assigned. And upon further review I think S--
19 actually I think NIOSH ended up reassessing the
20 case, adding in a little more neutron dose, and
21 SC&A reviewed this and thinks it was
22 appropriate. Net outcome was that it would not
23 have influenced the final decision on the case,
24 but it did increase the dose slightly to the --
25 to the claimant.

1 **MS. BEHLING:** Mark, also there were two
2 findings associated with case number 85.-- 85,
3 and (unintelligible) --

4 **MR. GRIFFON:** I know, I skipped -- those are on
5 the other sheet, so --

6 **MS. BEHLING:** Yeah.

7 **MR. GRIFFON:** -- okay, go -- I'll get to those
8 in a second, Kathy.

9 **MS. BEHLING:** Okay.

10 **MR. GRIFFON:** All right?

11 **MS. BEHLING:** Yeah.

12 **MR. GRIFFON:** Yeah, sorry, going a little out
13 of order here.

14 **MS. BEHLING:** Okay.

15 **MR. GRIFFON:** 91.8 -- this is failure to
16 properly assign missed tritium based on the
17 cited guidance, and I think -- I think we're --
18 we closed this issue. I think SC&A's
19 conclusion is basically that while there might
20 have not been strict adherence to the guidance
21 of the time, the values used were claimant
22 favorable, so -- might be a -- a slight, you
23 know, finding wi-- with regard to following
24 procedure, but their -- the approach used was
25 claimant favorable. It was more so than I

1 think the procedures on the re-- on the -- on
2 the books at the time, so -- is that accurate,
3 Kathy?

4 **MS. BEHLING:** That's correct.

5 **MR. GRIFFON:** Okay, so that's closed, too,
6 91.8.

7 Then going back, there's two on -- on case 85,
8 85.1 -- this is photon exposures from uranium
9 slabs and plates is scientifically correct.
10 And Kathy, can you tell me where we stand on
11 this one?

12 **MS. BEHLING:** Yeah. In fact, I think that this
13 issue is resolved. What we had talked about
14 during the technical conference call is Bob
15 Anigstein --

16 **MR. GRIFFON:** Yeah, that's what I...

17 **MS. BEHLING:** -- had done some research into
18 looking at the R-- ruthenium-106 issue and
19 whether that should be included -- be
20 considered for -- in exposure to the re-- to
21 recycled uranium. And Stu indicated that they
22 were writing a new OTIB to deal with recycled
23 uranium and asked Bob to forward the references
24 that he had collected to Stu so that they could
25 consider that when they wrote the OTIB. And I

1 did see some exchange between Stu and I believe
2 John and Bob, and hopefully Bob has sent
3 everything over to Stu at this point.

4 **MR. GRIFFON:** So -- so -- I -- I understand
5 it's resolved. Is the resolution that this
6 issue will be further considered in the other
7 TIB as well, or -- or what...

8 **MS. BEHLING:** Yes. And -- and Stu, you can
9 elaborate, but you know, Bob Anigstein felt
10 that it was important that we consider
11 ruthenium-106 in the recycled uranium, and he
12 had supporting documents to -- to that effect
13 and he was going to forward that on to Stu, who
14 was going to consider that in writing their
15 OTIB. Now I don't know if the OTIB has been
16 published or if that data was considered at
17 this point. That -- Stu will have to answer
18 that.

19 **MR. HINNEFELD:** Yeah, we -- my understanding is
20 we still owe our position on the ruthenium in
21 recycled uranium, so we owe the -- the
22 subcommittee that.

23 **MR. GRIFFON:** Okay. But -- but can that be --
24 I mean it -- can that be...

25 **MR. HINNEFELD:** Expedited?

1 **MR. GRIFFON:** Well, resolved to the -- to the
2 extent that it's done in this -- in this OTIB
3 modification -- I mean you're modifying the TIB
4 and...

5 **MR. HINNEFELD:** Well, that -- that -- that OTIB
6 was -- was pretty far along --

7 **MR. GRIFFON:** Oh, okay.

8 **MR. HINNEFELD:** -- when this issue arose.

9 **MR. GRIFFON:** Oh, okay.

10 **MR. HINNEFELD:** And so I can't really say well,
11 this TIB's going to come out and take care of
12 it --

13 **MR. GRIFFON:** Right.

14 **MR. HINNEFELD:** -- because I don't know for
15 sure --

16 **MR. GRIFFON:** Okay.

17 **MR. HINNEFELD:** -- because it was so far along
18 in development before the issue arose. So --
19 but we do know that either there or, you know,
20 in a subsequent revision to that --

21 **MR. GRIFFON:** It will be, yeah.

22 **MR. HINNEFELD:** -- it'll have to be addressed.

23 **MR. GRIFFON:** Okay. But as far --

24 **MS. BEHLING:** (Unintelligible)

25 **MR. GRIFFON:** -- as far as tracking it, we just

1 say it will be addressed in TIB -- what TIB was
2 it, again?

3 **UNIDENTIFIED:** (Off microphone)

4 (Unintelligible)

5 **MS. BEHLING:** I don't recall at the moment.

6 **MR. HINNEFELD:** Someone -- Mel Chew suggests
7 53.

8 **MR. GRIFFON:** 53?

9 **MS. MUNN:** (Off microphone) (Unintelligible)

10 **DR. WADE:** (Off microphone) Mel Chew
11 (unintelligible).

12 **MR. GRIFFON:** Not 33, 53? I don't see Mel.

13 **MS. BEHLING:** Has that been published yet?

14 **MS. MUNN:** (Off microphone) I don't think so
15 (unintelligible).

16 **MR. HINNEFELD:** I don't believe that's
17 published yet.

18 **MS. BEHLING:** Okay.

19 **MR. GRIFFON:** Anyway, I -- I -- I propose that
20 we'll put that in the resolution column, that
21 it's -- it will be considered in the
22 modification of -- current or future
23 modification of TIB 53, and that way we have a
24 -- a means to track it. We won't -- I -- I
25 don't want to lose it, but I don't think we

1 need to hold it up for this case necessarily.

2 **MS. BEHLING:** In abeyance.

3 **MR. GRIFFON:** In abeyance, right. All right,
4 85.2, this is the question of inhalation from
5 resuspension, I think.

6 **MS. BEHLING:** Yeah, this is an issue that was
7 (unintelligible) --

8 **MR. GRIFFON:** And this is under the global --

9 **MS. BEHLING:** -- (unintelligible) global issue.

10 **MR. GRIFFON:** Yeah, yeah, so this is going to
11 be deferred to the -- the -- one of our global
12 issues on these -- yeah.

13 And are there any other on the fifth set,
14 Kathy, that you had or -- or Stu, or anyone on
15 the subcommittee?

16 **MS. BEHLING:** I don't have anything else.

17 **MS. MUNN:** I'm at a disadvantage because --

18 **MR. GRIFFON:** Yeah.

19 **MS. MUNN:** -- the most recent printout from --
20 the most recent data --

21 **MR. GRIFFON:** Is October the --

22 **MS. MUNN:** -- that I received on the fifth set
23 was corrupted, and I don't have access to it so
24 I'm working from a printed (unintelligible) --

25 **MR. GRIFFON:** Are you looking on October 3rd

1 document, Wanda --

2 **MS. MUNN:** Yeah.

3 **MR. GRIFFON:** -- yeah.

4 **MS. MUNN:** I'm looking at the October 3rd
5 printed list and the notes that we made --

6 **MS. BEHLING:** We cannot hear Wanda at all.

7 **MS. MUNN:** Well, I guess I'm going to have to
8 eat this microphone, it's close to it. I --
9 the only other thing that I had noted from our
10 earlier session was 91.5, my note said SC&A
11 needs more data. That's -- I haven't read
12 through the response yet to see what more data
13 might (unintelligible) --

14 **MR. GRIFFON:** 91.5 that was?

15 **MS. MUNN:** 91.5.

16 **MR. GRIFFON:** Well, that -- that's the one -- I
17 just mentioned that one, and -- 91.5, they --
18 they got more data. NIOSH reassessed the case,
19 they added more neutron exposure into the case
20 -- I think it was a question of missed neutron
21 dose, and they added it for certain -- they
22 assigned missed neutron dose for certain years
23 --

24 **MS. MUNN:** Okay.

25 **MR. GRIFFON:** -- and SC&A was in agreement with

1 that response.

2 **MS. MUNN:** Okay.

3 **MR. GRIFFON:** That was a result of that
4 technical phone call, so you're right, I didn't
5 -- we didn't get a --

6 **MS. MUNN:** Yeah.

7 **MR. GRIFFON:** I did -- and this doesn't close
8 this out if -- if any subcommittee members find
9 any things we missed, certainly we'll -- we'll
10 bring them back in before we finalize the --
11 the matrix, but --

12 **MS. MUNN:** But the (unintelligible) --

13 **MR. GRIFFON:** -- I did cross-reference the list
14 you're reading, Wanda --

15 **MS. MUNN:** Yeah.

16 **MR. GRIFFON:** -- with the notes that Kathy sent
17 me, so that's what I was working from as well.

18 **MS. MUNN:** So the technical review phone call
19 closed it for us.

20 **MR. GRIFFON:** For 91.5, yeah, yeah.

21 **MS. MUNN:** Okay, great.

22 **MR. GRIFFON:** Stu, anything else on your end
23 that --

24 **MR. HINNEFELD:** No, I had no other notes.

25 **MR. GRIFFON:** Right. So I think that -- that's

1 where we stand with the fifth set. And again,
2 if people -- I -- I know we -- we'll try to
3 update these -- these notes, and this is
4 another reason to get it all on one database so
5 we can eas-- more easily track these responses
6 as -- you know, the first matrix is always easy
7 to -- to follow along. But then as we have
8 these meetings in between and we add additional
9 comments going on -- just like the procedures
10 review, we're going to have this -- yeah, this
11 gets more difficult to track, so -- so that's
12 the -- that's all I have on the fifth set.

13 SIXTH SET OF CASES

14 The sixth set I'm -- I'm not -- not even going
15 to -- we -- we had one meeting -- I think we
16 had one meeting where we went through the
17 initial NIO-- or initial -- the initial NIOSH
18 responses, and we had discussions on those.
19 And actually I think they were -- they -- you
20 know, this was one of the points where we said
21 we were seeing a lot of findings that we had
22 seen before so that it went kind of quickly.
23 I'm not going to go through line by line on
24 this one because we're not at a point where
25 we're almost ready to close that one out, but -

1 - but I don't think there's a lot of -- I don't
2 want to mischaracterize it, but I -- I think we
3 -- we had a lot that were resolved fairly
4 quickly because they were findings that we've
5 seen in -- in the fourth and fifth set as well,
6 so they were --

7 **DR. MAURO:** Yes, I have a question related to
8 the integration of the findings and closeout
9 process. Are we at a point where you would
10 like SC&A to load up -- see -- see, we have
11 this --

12 **MR. GRIFFON:** Uh-huh.

13 **DR. MAURO:** -- database that we built for Task
14 Order III. Sounds like --

15 **MR. GRIFFON:** Yeah.

16 **DR. MAURO:** -- something similar to that
17 probab-- may be needed. Are we at a point
18 where you'd like us to go ahead and put one
19 together, or do you want to wait until a more
20 convenient time for us to bring forth to the
21 subcommittee this format -- thi-- this new
22 format?

23 **MR. GRIFFON:** Well, I think that -- you're --
24 you're getting -- I -- I think that -- that's
25 my update on the sixth set, and then we'll move

1 on --

2 **DR. MAURO:** Oh -

3 **DATABASE**

4 **MR. GRIFFON:** -- to the next agenda item, which
5 is this database -- no, that's -- that's fine.
6 I mean I -- I don't have much more to say about
7 the sixth set other than that we're going to
8 bring it back to our next technical
9 subcommittee meeting. But then I -- I think
10 you're -- I'd open this up to the other members
11 of the subcommittee, but you know, it seems
12 logical to me that we -- you know, we should
13 have these six sets of -- and -- and even
14 beyond that -- it would be good to populate a
15 database sort of like you did with the
16 procedures review. I think the -- the format
17 works pretty well. I was sort of waiting for
18 Wanda to iron out the bugs with her procedures
19 review workgroup and then make it a little more
20 quick for the subcommittee here.

21 **MS. MUNN:** And thank you. I -- I think Kathy's
22 doing a very good job --

23 **MR. GRIFFON:** Yeah, yeah.

24 **MS. MUNN:** -- of doing just exactly that. My
25 only hope would be that you would use the

1 format and not the database.

2 **MR. GRIFFON:** Right. Right.

3 **MS. MUNN:** In other words, I would like to...

4 **MR. GRIFFON:** A -- a separate database.

5 **MS. MUNN:** Separate database.

6 **MR. GRIFFON:** Oh, yeah, yeah, not -- not
7 overlapping, no.

8 **MS. MUNN:** I just -- just wanted to be sure.

9 **MR. GRIFFON:** A similar format, but in a
10 separate access database, right. I think --

11 **DR. MAURO:** I may want to make a suggestion
12 that served us well when we went through the
13 initial process on III. We tried it out on a
14 small scale --

15 **MR. GRIFFON:** Right.

16 **DR. MAURO:** -- because the formatting -- until
17 you actually try --

18 **MR. GRIFFON:** Yeah.

19 **DR. MAURO:** -- to do it, so maybe we -- 'cause
20 it takes a lot -- building the -- building the
21 database is something that we -- we found our
22 database person could build pretty effec--
23 quickly.

24 **MR. GRIFFON:** Yeah.

25 **DR. MAURO:** What does take time is populating

1 it.

2 **MS. MUNN:** Populating it.

3 **DR. MAURO:** So I think once we're comfortable
4 with the format and everybody said yep, this is
5 what we want --

6 **MR. GRIFFON:** Yeah.

7 **DR. MAURO:** -- then -- then it takes some work
8 hours to populate it, so --

9 **MR. GRIFFON:** Yeah.

10 **DR. MAURO:** -- maybe it's like a two-step
11 process.

12 **MR. GRIFFON:** Yeah. But what -- yeah, and I
13 would -- I would offer that -- I think some of
14 the legwork's been done on this. I would offer
15 to work with Kathy and SC&A to maybe come back
16 with at least a sampling of what the database
17 should look like by our next subcommittee
18 meeting. Maybe not put all the data in, but I
19 -- but I also think a lot of this stuff's
20 already in Excel tables, and to pull them in to
21 an access database is not that difficult. So
22 once -- once we rename some of those fields
23 that you have, instead of -- I mean a lot of
24 the fields even are going to be very similar
25 'cause you have an SC&A finding, a NIOSH

1 response and the detail sequence. A lot of
2 those things make sense. We might just have to
3 re-label the main table a little bit and, you
4 know, we may be very -- very close to what we
5 want. So I would -- I think by the next
6 subcommittee meeting we might have -- have a --
7 a skeleton -- a skeleton of what the database
8 would look like, and then we'd be ready to
9 populate it.

10 I would also say that for the first three sets
11 of -- of findings, I -- I would think that we'd
12 be okay with just putting the final matrix into
13 the database. I think we should only put
14 detail in where we're continuing to -- where
15 we're still in resolution process. In other
16 words, I don't want to have to go back two
17 years and find out what details we had for the
18 first three sets of matrices. I think that'd
19 be counter-productive. They've been closed
20 out. We've sent a report to the Secretary, you
21 know. But then for the fourth and fifth and
22 where we're in ongoing resolution process, I
23 think we should probably populate with the
24 detailed responses, if that makes sense to
25 people.

1 **MS. MUNN:** It does make sense, as long as we
2 have confidence that our early matrices have
3 adequate information incorporated in them that
4 they will serve as the kind of archive that we
5 know this program's going to be suggested to --

6 **MR. GRIFFON:** Yeah --

7 **MS. MUNN:** -- a need for. If you just --

8 **MR. GRIFFON:** Yeah, we -- we can check on that,
9 but I -- I think, you know -- we should check
10 into that, you're right, Wanda. As long as
11 they're -- I think as long as they're linked to
12 the main SC&A report in a fashion that you
13 describe with linking the procedures findings
14 to the documents, I think we'll be okay, but...

15 **DR. WADE:** Maybe, just to do a little bit of
16 looking forward, Wanda made the appropriate
17 suggestion that use the format, build the
18 separate database for this task. I think
19 eventually we'll have a number of databases and
20 they'd then need to be linked so that when this
21 subcommittee says we think that issue should be
22 addressed as a site profile --

23 **MR. GRIFFON:** Site profile review, right,
24 right.

25 **DR. WADE:** -- issue or a procedures issue, then

1 it's tracked across to that database. That's
2 eventually where we want to go. And I know,
3 John, your folks are thinking about that, but
4 that's a powerful by-product of what we're
5 trying to do here.

6 **MR. GRIFFON:** Yeah, that may actually be
7 important for the people designing this to know
8 up -- up front rather than later when it -- it
9 usually gets messier to try to link things
10 later as opposed to designing it that way up
11 front, so that's -- important point, yeah.

12 **DR. WADE:** Yeah, these are to be databases --

13 **MR. GRIFFON:** Yeah.

14 **DR. WADE:** -- within a broad information system
15 that we'll then use.

16 **MR. GRIFFON:** Yeah.

17 **MS. MUNN:** And fortunately on the work that's
18 already been done there is incorporated into
19 the code already a potential link, so -- so
20 there is --

21 **MS. BEHLING:** Excuse me, it's difficult to
22 hear.

23 **MS. MUNN:** -- a linked document code.

24 **DR. WADE:** Wanda was saying, Kathy, that in the
25 pilot work that you've done relative to the

1 procedures, the potential for this link already
2 exists, and I think that's wise. I would just
3 ask you to keep in mind that eventually that's
4 where I see this going.

5 **DR. MAURO:** I -- I had a -- a thought about
6 this. Right now the link that's in the Task
7 III really goes toward white papers. Other
8 words, in the Task III process the place where
9 the link exists is that whenever a particular
10 issue is addressed because a -- a white paper
11 was -- that'll become part -- right now that's
12 where the link goes.

13 Now in this case we have something I think that
14 we can do, and I'd like to put -- put it before
15 the -- the subcommittee is when we do our
16 sample for this -- this application, what we
17 have here is, and we just talked about it,
18 there are a number of issues that are now being
19 so-called transferred over to an OTIB that's
20 being -- for example, we were talking about the
21 -- the recycled uranium OTIB, and it's be--
22 that particular issue in that case is being
23 resolved, and the ruthenium -- rhodium issue is
24 being -- eventually will be addressed. What I
25 -- what I would -- so in effect, that -- that's

1 a procedure --

2 **MR. GRIFFON:** (Unintelligible) link, yeah.

3 **DR. MAURO:** -- that would -- see, we can do
4 that now, so when we do our sample case, I
5 think maybe we should pick some cases for the
6 benefit of the subcommittee where we do the
7 link.

8 **MR. GRIFFON:** To show how that link's going to
9 --

10 **DR. MAURO:** Yeah, here is -- here it --

11 **MR. GRIFFON:** -- work, yeah, yeah.

12 **DR. MAURO:** -- and we'll click on it --

13 **MR. GRIFFON:** That's fine.

14 **DR. MAURO:** -- and in theory we should be able
15 to -- in this example, click on that link and
16 bring us -- bring us right to the Task III
17 matrix that we -- part and parcel to it, so I
18 think we can actually demonstrate the linkage,
19 at least between those two tasks, at this point
20 in time.

21 **MR. GRIFFON:** Yeah, that's -- that's -- that's
22 fine.

23 **DR. WADE:** But as you --

24 **MR. GRIFFON:** Just to consider, Lew's right,
25 yeah.

1 **DR. WADE:** But as you move forward, also
2 there'll need to be a link to these overarching
3 issues. There'll be a separate database so --

4 **MR. GRIFFON:** Right.

5 **DR. WADE:** Enough said.

6 **MR. GRIFFON:** Right.

7 **MS. BEHLING:** And -- this is Kathy. And I'll -
8 - I've already talked to Don Loomis* about this
9 issue and I anticipated that you would want to
10 do this because we've talked so much in the
11 past about ensuring that we don't lose anything
12 that we're transferring, and I -- based on
13 comments that were made during the procedures
14 rev-- or -- yeah, the procedures task when we
15 indicated that we would be making a
16 presentation to the full Board and the other
17 working groups may want to incorporate this
18 database, I talked to Don at length about this
19 and in fact he's -- he's quite excited about
20 doing that, and he also is aware that we're
21 going to want to link between the various tasks
22 and -- and he indicated that should not be a
23 problem.

24 One other thing --

25 **MR. GRIFFON:** Okay.

1 **MS. BEHLING:** -- if I can mention, I apologize,
2 but everyone needs to get close to the
3 microphone. We on the phone are having
4 difficulty hearing.

5 **THE COURT REPORTER:** Can I say something real
6 quick, Mark? Apparently on these microphones
7 you've got to --

8 **MR. GRIFFON:** Yeah --

9 **THE COURT REPORTER:** -- speak directly --

10 **MR. GRIFFON:** -- got to be pretty --

11 **THE COURT REPORTER:** -- into them, so don't --

12 **MR. GRIFFON:** -- pretty close, yeah.

13 **THE COURT REPORTER:** -- speak sideways to it.

14 **MR. GRIFFON:** Yeah, and watch -- we all have a
15 tendency to turn and read and -- yeah, so --
16 okay.

17 **DR. WADE:** No reading -- no reading allowed.

18 **MR. GRIFFON:** No reading allowed, right.

19 **DR. WADE:** Okay. With that update, then -- so
20 -- so I will work with SC&A and -- and Kathy in
21 particular and try to get a draft or a
22 skeleton, maybe populate it with a few
23 examples, for the next subcommittee meeting on
24 a database.

25 **MS. MUNN:** One of the things we need to keep in

1 mind, Mark, with respect to the work we're
2 doing in the subcommittee is that it is so much
3 more sensitive with respect to privacy
4 information than what the procedures group
5 deals with that we need to be very cautious
6 about links that we make that might have
7 identifiable information in it.

8 **MR. GRIFFON:** That's a good point, yeah. Okay.

9 **BLIND REVIEWS**

10 Next -- next item I had on our little agenda
11 here was blind reviews, and I think we -- we
12 had agreed to select two blind reviews. I
13 think it might come under last year's work for
14 SC&A. And just an update on this, we -- we had
15 selected two -- if you remember, we formed a
16 workgroup which consisted of myself and Wanda
17 to select two blind review cases. We selected
18 two. NIOSH got back to me probably over a
19 month ago, I can't remember when -- when this
20 happened, but indicated that one of those that
21 we had selected was being appealed so we
22 couldn't pick that one as a review case. So
23 just -- just the other day Wanda and I talked
24 and went back to our original list and we
25 selected one other case. I provided that to

1 NIOSH. So SC&A should shortly have the two
2 blind review cases to begin work on. Okay?

3 **DR. WADE:** To close out the issue of blind
4 review, so there -- then there would be two
5 blind reviews this year. You don't have to
6 address that now, but --

7 **MR. GRIFFON:** Right.

8 **DR. WADE:** -- just keep that on your -- your
9 plate.

10 **DOSE RECONSTRUCTION GUIDELINES**

11 **MR. GRIFFON:** Right. Okay, another -- another
12 sort of thing that's been hanging out there,
13 maybe not for many other people other than me,
14 but a long time ago I had mentioned these --
15 these dose reconstruction guidelines that are --
16 - that are used by the NIOSH staff that are --
17 are not procedures, they're not TIBs, they're --
18 - they're these dose reconstruction guidelines
19 or -- and a while ago we had asked that at
20 least for new cases that are being put -- that
21 the case file should include the dose
22 reconstruction guideline of -- in place at the
23 time. And I think I had asked, to the extent
24 possible -- and Stu, I think you were going to
25 look into this -- how -- how -- how would it be

1 to go ba-- retrospectively and to put the
2 guidelines that were used at the time the cases
3 were done, and I think the concern there was
4 that these aren't necessarily archived like
5 procedures. They're -- they're modified
6 sometimes every other week or every third week
7 or -- so they might not have had the -- the
8 version saved or...

9 **MR. HINNEFELD:** Right, that -- that is correct.
10 We -- it would be very -- very much of a
11 problem to go back --

12 **MR. GRIFFON:** Yeah.

13 **MR. HINNEFELD:** -- retrospectively and do that.

14 **MR. GRIFFON:** Okay, then -- then I -- I'll even
15 drop that -- that question, if others are
16 willing to. But going forward, do you know
17 when we would expect to see DR guidelines in
18 the case files?

19 **MR. HINNEFELD:** I'm sorry, I don't -- I'm not
20 ready to report -- to report on that today, but
21 --

22 **MR. GRIFFON:** Okay.

23 **MR. HINNEFELD:** -- I can provide information --
24 you know, I don't have to do it at a meeting.

25 I can --

1 **MR. GRIFFON:** Right.

2 **MR. HINNEFELD:** -- investigate and provide
3 something --

4 **MR. GRIFFON:** Right.

5 **MR. HINNEFELD:** -- to the subcommittee --

6 **MR. GRIFFON:** But do you -- do you --

7 **MR. HINNEFELD:** -- when I can learn it.

8 **MR. GRIFFON:** -- do you -- I mean you remember
9 this and you think --

10 **MR. HINNEFELD:** I remember the --

11 **MR. GRIFFON:** -- it's being done. Right?

12 **MR. HINNEFELD:** -- I remember the discussion
13 and --

14 **MR. GRIFFON:** Yeah.

15 **MR. HINNEFELD:** -- I remember some at least
16 initial discussions with our contractor on this
17 task. It's -- it's certainly -- you know,
18 since these are sometimes instructions that are
19 given out in staff meetings or --

20 **MR. GRIFFON:** Yeah.

21 **MR. HINNEFELD:** -- team meetings, they -- they
22 may be a little -- and frequently they're just,
23 you know, sort of a clarification of what's
24 already in a technical document. I mean
25 they're things like that, so it may be more

1 problematic than it sounds, but that doesn't
2 mean we shouldn't attempt to do what we -- what
3 we can do, so --

4 **MR. GRIFFON:** Okay.

5 **MR. HINNEFELD:** -- it'll take some more
6 discussion with our contractor to sort of sort
7 out the extent of what we can do.

8 **MR. GRIFFON:** So the -- so the -- I mean I --
9 I'm thinking of this in terms of the case --
10 the cases that we're going to look at today to
11 select. We wouldn't necessarily know if any of
12 these would have any of those kind of guidance
13 documents in the cases.

14 **MR. HINNEFELD:** Right, I wouldn't -- I don't
15 know.

16 **MR. GRIFFON:** No.

17 **MR. HINNEFELD:** I don't know.

18 **MR. GRIFFON:** Right. Okay. Well, if you can
19 follow up on that I think and just give us a --

20 **MR. HINNEFELD:** Okay.

21 **MR. GRIFFON:** -- report back to the
22 subcommittee, you know, at some point where's -
23 - where does that stand or what's the -- what
24 can we expect to be done or -- okay.

25 The only other thing I was going to mention

1 before we get into the -- everybody I believe
2 got these two matrices that Stu sent around.
3 The only other thing I was going to mention is
4 -- and I think I already mentioned it -- was
5 the -- the first 100 cases report. We've got
6 some reports that we've worked on from the
7 previous -- the first 60 that we actually
8 reported to the Secretary. Once the fourth and
9 fifth matrix are kind of wrapped up, I think we
10 -- and I -- I've started -- I -- I think I can
11 send a straw man around of a draft report to--
12 to have a first 100 case report. I think it
13 was the -- the entire Board was interested in
14 doing that and thought it was useful to have
15 that product, so I think that'll be our next
16 action is to close the fourth and fifth set
17 matrices and then to have a wrap-up report.
18 And I -- there's no real update today, just
19 other than to keep it on our -- our agenda.
20 Larry?

21 **MR. ELLIOTT:** Yes. Thanks, Mr. Chairman, my
22 apology for interrupting --

23 **MR. GRIFFON:** That's --

24 **MR. ELLIOTT:** -- but I want to go back to what
25 was discussed a moment ago about -- am I

1 hearing a commitment that we've made to provide
2 guidelines within each dose reconstruction
3 file?

4 **MR. GRIFFON:** Well, I thought we had --

5 **MR. ELLIOTT:** Or just -- or just the ones the
6 Board is reviewing? I need to be clear on this
7 'cause I'm not --

8 **MR. GRIFFON:** I thought it was -- I thought the
9 idea was that if the guidelines were -- were --
10 if -- if there were dose reconstruction
11 guidelines that were used by the dose
12 reconstructor at the time they were doing a
13 case, that they would -- they would save it in
14 the case file from now on going forward. Not
15 just the cases we're reviewing, but all cases
16 going forward. I thought there was a
17 commitment to that, but I could be wrong on the
18 level of commitment.

19 **MR. HINNEFELD:** Well, certainly we've -- we've
20 begun the discussions about it and -- but I
21 don't know that we've -- I think I was a little
22 hesitant to promise a lot because of -- I'm not
23 100 percent sure how -- you know, how doable
24 this is from a -- you know, the dose
25 reconstructor's standpoint. I -- I think we

1 did, though -- Larry, I think we did agree that
2 it would be easier to do it as the dose
3 reconstruction is completed, because there are
4 two folders, you know, in the AR --

5 **MR. GRIFFON:** Yeah.

6 **MR. HINNEFELD:** -- AR file that -- one's
7 references and one's I think supporting
8 documents or something like that --

9 **MR. GRIFFON:** Well, I think we know it doesn't
10 --

11 **MR. HINNEFELD:** -- which wasn't built for these
12 sorts of things.

13 **MR. GRIFFON:** We know it doesn't work in
14 reverse.

15 **MR. HINNEFELD:** Right, and --

16 **MR. GRIFFON:** 'Cause it's hard --

17 **MR. HINNEFELD:** -- to go back --

18 **MR. GRIFFON:** -- to go back and find out --

19 **MR. HINNEFELD:** -- once a case is selected --

20 **MR. GRIFFON:** Right.

21 **MR. HINNEFELD:** -- and go back is -- that, I
22 don't think, will work, so it --

23 **MR. GRIFFON:** So I was saying the best way to
24 do it is when they're doing the case --

25 **MR. ELLIOTT:** Yeah, okay, I underst-- this is

1 helpful --

2 **MR. GRIFFON:** -- why not include --

3 **MR. ELLIOTT:** -- this is --

4 **MR. GRIFFON:** Right.

5 **MR. ELLIOTT:** -- helpful to me now. I'd hope
6 we'd be able to provide those for these cases
7 you're about to review. I hope we can make --
8 we should talk about that, but I'd like to see
9 us be able to try to do that. I think that's --
10 -- that's important. And then I want to -- I
11 want to revisit with you this other piece of
12 this about these guidelines or whatever going
13 into a dose reconstruction folder. I want to --
14 -- I want to talk more about that.

15 **MR. GRIFFON:** Oh, okay. Well, what -- what --

16 **MR. ELLIOTT:** Well, I don't know if we -- I
17 need to find out --

18 **MR. GRIFFON:** Oh --

19 **MR. ELLIOTT:** -- where we're at in our
20 discussions and what -- what commitment we can
21 make or cannot make.

22 **MR. HINNEFELD:** Well, it's going -- it's going
23 to take a conversation with -- with our
24 contractor and --

25 **MR. GRIFFON:** Okay.

1 **MR. HINNEFELD:** -- and they probably need some
2 internal conversations of their own, so I don't
3 know that it's something we can resolve today.
4 And you know, we'll -- we'll select cases
5 today, or start the selection process of cases
6 today that may not have been completed
7 recently. You know, some of these selections
8 sometimes go back pretty far, so I don't know
9 that we'll be able --

10 **MR. GRIFFON:** Yeah.

11 **MR. HINNEFELD:** -- to reconstruct -- you know,
12 grab those.

13 **MR. ELLIOTT:** Well, the other thing that I'm
14 worried about is we're not talking about a
15 formal document in all instances here. Okay?

16 **MR. GRIFFON:** Right.

17 **MR. ELLIOTT:** So I don't want an expectation
18 that there is some formal documentation of
19 guidelines used in each dose reconstruction,
20 other than those site profiles, Technical Basis
21 Documents, Technical -- Technical Information
22 Bulletins, you know, those stand-- the
23 workbooks, those standard materials. If -- if
24 you're -- there may be, in some cases, some
25 formal guidance. But maybe not in others.

1 **MR. GRIFFON:** Right.

2 **MR. ELLIOTT:** So we need to kind of sort
3 through this I think a little bit, talk about
4 it.

5 **DR. WADE:** Consider the --

6 **MR. GRIFFON:** Okay, but --

7 **DR. WADE:** The subcommittee chair has expressed
8 an opinion that it would be a good thing in the
9 future if individual dose reconstruction files
10 could have notation to guidelines used. Now
11 you're going to take that back and think that
12 through, the efficacy of that, and then bring
13 to the microphone your thoughts on that when
14 appropriate.

15 **MR. ELLIOTT:** Right. There -- there's also a
16 legal consideration here that we have to talk
17 to the lawyers about because right now the dose
18 reconstruction report and the supporting
19 references provided therein are considered
20 sufficient to advance the cl-- the claim back
21 to DOL for decision. Okay?

22 **MR. GRIFFON:** Right.

23 **MR. ELLIOTT:** And that's kind of where I'm
24 worried about a little bit here.

25 **MR. GRIFFON:** That's what I figured, yeah,

1 okay. All right.

2 **DR. WADE:** But -- but the chair has expressed
3 and I -- something that he would consider to be
4 a good thing. I think everyone would agree --

5 **MR. ELLIOTT:** Yeah.

6 **DR. WADE:** -- with that. You're going to come
7 back and say here's what we think we can do and
8 why.

9 **MR. GRIFFON:** Okay, or -- or -- yeah, and --
10 and, you know, maybe there are other options we
11 can explore with this, too, that -- you know,
12 they might not have to go into each case file,
13 I'm not sure. But we -- let's at least get it
14 back on -- to the discussion phase and --
15 because I -- you know, the -- the way these
16 came up before is several of these -- I
17 identified them with several sites -- I mean
18 I'll bring Rocky Flats as an example, but when
19 we -- when we brought them forward in the
20 workgroup for discussion with Rocky Flats, you
21 know, people said well, you know, you're
22 quoting from that but that's outdated. We
23 haven't used that to do cases and -- but it was
24 sort of a road map for how the DR -- the dose
25 reconstructor would -- in -- in some cases it

1 had sort of, you know, if this, then this, if
2 tha-- you know, it had some decision logic that
3 they would use. And I thought boy, this would
4 be very helpful for the auditors to know what
5 exactly was going into the -- you know, instead
6 of -- yeah. So you -- you get the idea.

7 **MR. ELLIOTT:** Exactly, and I think that is
8 important --

9 **MR. GRIFFON:** Right.

10 **MR. ELLIOTT:** -- if we have that, if that's
11 been something that we can retrieve, it's --

12 **MR. GRIFFON:** Right.

13 **MR. ELLIOTT:** -- documentable. We told you I
14 think that our -- our contractor has meetings
15 where --

16 **MR. GRIFFON:** Yeah.

17 **MR. ELLIOTT:** -- guidance is given, so it
18 becomes, you know --

19 **MR. HINNEFELD:** Right.

20 **MR. ELLIOTT:** -- notes from an individual who
21 attended the meeting, or maybe there's a --
22 maybe they used a slide show. Maybe they run
23 them through a training session.

24 **MR. GRIFFON:** Yeah.

25 **MR. ELLIOTT:** They do have those training

1 sessions that they walk these people through,
2 here's a change in how we do the dose
3 reconstruction for this kind of a claim, you
4 know.

5 **MR. HINNEFELD:** I -- I thought --

6 **MR. ELLIOTT:** And if that's the kind of
7 guidance you're seeking, we have to put a lot
8 of documentation together --

9 **MR. GRIFFON:** Right.

10 **MR. ELLIOTT:** -- you know --

11 **MR. GRIFFON:** Yeah, I -- I -- okay.

12 **MR. ELLIOTT:** I think we're on the same page.

13 **MR. GRIFFON:** All right. Well, we'll leave
14 that -- we'll leave that there for now, anyway.

15 **DR. WADE:** Can I make one more comment before
16 we --

17 **MR. GRIFFON:** Yeah.

18 **DR. WADE:** -- move into the -- the selection?
19 And that's just to take a broad perspective.
20 The -- the Board set a goal of reviewing two
21 and a half percent of completed dose
22 reconstructions. If the number now is bouncing
23 around 20,000, that's 500. I think this next
24 year you're going to cross the 200 mark. So
25 again, that's something you need to keep in

1 mind as you look at this Board's work.
2 Congratulations on what you've done; there's
3 more to do.

4 **MR. GRIFFON:** Okay.

5 **MS. MUNN:** (Off microphone) We
6 (unintelligible).

7 **MATRICES**

8 **MR. GRIFFON:** All right. And I don't know, I'm
9 hoping other Board members have had a chance to
10 look at the matrix while I've been babbling on
11 here so we can go through this -- we have about
12 45 minutes I think left on our agenda here, but
13 I think we can -- Stu did make one good
14 suggestion to me. The full internal and
15 external, which is I think probably where we
16 want to start, he said it might be useful to
17 start from the back forward because they're s--
18 they're -- they're sorted by date of approval,
19 with the oldest date being first. So we
20 probably want the newer cases 'cause they're
21 probably going to use the newer TIBs and we
22 won't get into this -- this question -- you
23 know, sim-- similar findings that we've
24 reviewed already. So I -- I think with that,
25 we can probably just go down the -- the list

1 and do our usual process. If people find cases
2 they like, just sort of grab the mike and let
3 us know and -- I th-- I -- I would say we want
4 a goal of --

5 **DR. WADE:** Sixty.

6 **MR. GRIFFON:** Of 60?

7 **DR. WADE:** Well, we have 60 --

8 **MR. GRIFFON:** I don't even know if --

9 **DR. WADE:** -- to do this year.

10 **MR. GRIFFON:** -- there's 60 on the list.

11 **DR. WADE:** As -- as big a number as we can get
12 of quality selections approaching 60, the
13 better.

14 **MR. GRIFFON:** Okay.

15 **DR. WADE:** We don't have to go all the way
16 there, but --

17 **MR. GRIFFON:** All right. And -- and -- and --
18 yeah, 'cause we may have some that are -- are
19 actually rejected from this list because
20 they're in PER review or whatever so we -- we --
21 -- we haven't run this by DOL or NIOSH --

22 **MR. HINNEFELD:** Right.

23 **MR. GRIFFON:** -- right.

24 **MR. HINNEFELD:** I would -- I was just going to
25 suggest that if we -- if you can select

1 generously, meaning --

2 **MR. GRIFFON:** Okay.

3 **MR. HINNEFELD:** -- a lot, at this stage because

4 --

5 **MR. GRIFFON:** Yeah.

6 **MR. HINNEFELD:** -- because we didn't generate
7 this list till very recently, we've not had DOL
8 scrub it to remove --

9 **MR. GRIFFON:** Yeah.

10 **MR. HINNEFELD:** -- the cases that they know are
11 reopened. We've also not looked against the
12 PER list of cases that we feel have to be re-
13 evaluated --

14 **MR. GRIFFON:** Well --

15 **MR. HINNEFELD:** -- because of Program
16 Evaluation reports, so chances are there will
17 be a fairly high attrition rate from this
18 initial selection.

19 **MR. GRIFFON:** All right, let's try to be as
20 generous as we can, but let's not forget our
21 original criteria that we've, you know, been --

22 **MS. BEHLING:** Excuse me one second. Stu, could
23 you e-mail that list to me? Is it okay if I
24 have that list?

25 **MR. HINNEFELD:** I can when I get back to my

1 room and can get back on line.

2 **MS. BEHLING:** Okay.

3 **MR. GRIFFON:** Sorry, Kathy.

4 **MR. HINNEFELD:** Sorry.

5 **MS. BEHLING:** That's all right. Thank you.

6 **DR. WADE:** Do you have an access to a FAX
7 machine, Kathy?

8 **MS. BEHLING:** Yes, I do.

9 **DR. WADE:** Okay. Well, Liz can forward it to
10 you right now, so by the power of electronics -
11 -

12 **MS. BEHLING:** Okay, thanks so much.

13 **DR. WADE:** -- just hold on. It's on its way.

14 **MS. MUNN:** (Unintelligible) this casino.

15 **DR. WADE:** Somewhere over Boise right now.

16 **MR. HINNEFELD:** I apologize. I tried to --

17 **MS. BEHLING:** That's okay, thank you.

18 **MR. HINNEFELD:** -- copy everybody and I
19 neglected to copy you guys.

20 **SELECTION OF CASES FOR FUTURE REVIEW**

21 **MS. MUNN:** So Mark, are we --

22 **MR. GRIFFON:** Okay, I -- yeah, we're working.
23 I'm on page 18.

24 **MS. MUNN:** From the random list?

25 **MR. GRIFFON:** Yeah, going backwards -- no, from

1 the full external/internal.

2 **MS. MUNN:** Full ext-- okay.

3 **MR. GRIFFON:** If that's all right, and I'm
4 going backwards on the list. Page eight-- I
5 don't see anything on page 19.

6 **MS. MUNN:** And our primary criteria are?

7 **MR. GRIFFON:** Well, I think the same ones we've
8 been using all along --

9 **MS. MUNN:** Okay.

10 **MR. GRIFFON:** -- but you know, these are
11 focused on full internal/external, but we don't
12 necessarily know that that means full
13 internal/external, you know --

14 **MR. HINNEFELD:** Right, that's a -- that is a
15 drop-down list clicked on by the HP reviewer,
16 the OCAS HP reviewer.

17 **MR. GRIFFON:** So full -- full internal may be
18 one --

19 **MR. HINNEFELD:** Yeah.

20 **MR. GRIFFON:** -- site-wide profile, for
21 instance, on some of the AWEs and things like
22 that -- yeah, we know that --

23 **MR. HINNEFELD:** Yeah.

24 **MR. GRIFFON:** -- so --

25 **MR. CLAWSON:** Mark, I'm looking at 681 I'd be

1 interested in on page 18.

2 **MR. GRIFFON:** 681?

3 **MR. CLAWSON:** Yep.

4 **MR. PRESLEY:** I'd like to suggest -- we don't
5 have -- 69(unintelligible) --

6 **MR. GRIFFON:** Well, hold on, let's -- let's --
7 681, let's just circle potential ones now. I
8 think we can weed them down as we get them.
9 697, Bob?

10 **MR. PRESLEY:** (Off microphone) Yeah, I don't
11 think we've done anything (unintelligible) --

12 **MR. GRIFFON:** No, Hooker is new, you're right.

13 **MR. PRESLEY:** Hooker's a new one. This guy's
14 got 39.1 years.

15 **MR. CLAWSON:** Mark, what about 690? I know
16 that's just a lung, but probably -- POC's
17 pretty tight.

18 **MR. GRIFFON:** General Steel, I think we just
19 did a -- did we do -- oh, no, we did Superior
20 Steel. Right?

21 Have we done General Steel, do you remember?

22 **DR. WADE:** That's on TIB -- appendix BB?

23 **MS. MUNN:** Uh-huh.

24 **DR. WADE:** So that's a good one, I think.

25 **MR. GRIFFON:** Yeah, we can do that. Okay.

1 **DR. WADE:** I've got three circled on page 18.

2 **MR. PRESLEY:** Which one -- which other one, 690

3 --

4 **DR. WADE:** 97, 90, 81.

5 **MR. GRIFFON:** Right.

6 **MS. MUNN:** Right. There would be less use of
7 than the alternative.

8 **MR. CLAWSON:** Six-- on page 17, 664.

9 **MR. GRIFFON:** Actual 679 I would say, too, the
10 Hanford. We still don't -- we have Hanford
11 cases, but we certainly need more Hanford
12 cases, if I'm remembering right.

13 **MR. CLAWSON:** Which one was that, Mark?

14 **MR. GRIFFON:** 679.

15 **DR. WADE:** You have four now on page 18. You
16 have 79, 81, 90 and 97. Now we're on page 17,
17 there was a proposal.

18 **MR. CLAWSON:** I proposed 664, Nevada Test Site.

19 **DR. WADE:** 664.

20 **MS. MUNN:** (Off microphone) (Unintelligible)

21 **MR. CLAWSON:** Also 672.

22 **MR. GRIFFON:** Okay, 672.

23 **DR. WADE:** More on page 17?

24 **MS. MUNN:** So are we go-- we're going to be
25 reviewing those that are compensable?

1 **MR. GRIFFON:** I think we -- yeah, we -- we have
2 done some that are compensable, too. Right?

3 **MS. MUNN:** Yeah, just -- just checking.

4 **MR. GRIFFON:** Yeah. Yep, yep.

5 **MR. CLAWSON:** Mark, I don't know if we've done
6 much on this one, but on the pa-- bottom page
7 of 17, the 677, it's compensable but it's an
8 interesting one.

9 **MR. GRIFFON:** Oh, yeah.

10 **DR. WADE:** 677?

11 **MR. CLAWSON:** Yes.

12 **DR. WADE:** Was there anything -- proposal
13 coming from your discussion with Robert
14 Presley?

15 **MR. GRIFFON:** No.

16 **MR. PRESLEY:** No.

17 **DR. WADE:** Page 17 I have three, 64, 72, 77.
18 Page 16?

19 **MS. MUNN:** 648 might be interesting.

20 **DR. WADE:** 648?

21 **MS. MUNN:** Six four eight.

22 **DR. WADE:** Six four eight, right.

23 **MR. GRIFFON:** Six four eight? It's only a -- a
24 half a year, 1940. I mean I'm not ruling it
25 out, but...

1 **MS. MUNN:** Yeah.

2 **MR. GRIFFON:** You want to keep it on?

3 **MS. MUNN:** Well, but the POC is interesting,
4 and so is the type of cancer.

5 **MR. GRIFFON:** Okay.

6 **DR. WADE:** 648 is so circled. Any more on page
7 16?

8 **MR. GRIFFON:** I -- I'd say 652. I know we have
9 quite a few Savannah Rivers. We see a lot of -
10 - if you flip through this matrix, you'll see a
11 lot of the same sites we've run across, so
12 don't be surprised to see Savannah River, Rocky
13 Flats, Hanford, but I'd say 652.

14 **DR. WADE:** 652 is circled. Any more on page
15 16?

16 **MS. MUNN:** 639 might be worth looking at.

17 **DR. WADE:** 639?

18 **MR. GRIFFON:** Yeah, it's early years agai-- if
19 -- if these --

20 **MS. MUNN:** (Off microphone) (Unintelligible)

21 **MR. GRIFFON:** Well, no, those -- they wouldn't
22 fall into SEC 'cause those aren't listed
23 cancers. Right, Stu? Is that -- yeah.

24 **MS. MUNN:** Maybe. I'm trying to
25 (unintelligible) --

1 middle. The Rocky Flats one looks kind of
2 interesting, actually.

3 **DR. WADE:** You want to circle 625?

4 **MR. GRIFFON:** Are all these Rocky Flats ones,
5 though, going to be under PER review? Likely,
6 right? Or --

7 **MR. HINNEFELD:** Well, there's some likelihood
8 of that. I won't say that they all are, but I
9 mean I guess we should select --

10 **MR. GRIFFON:** I guess we can -- I guess we can
11 select --

12 **MR. HINNEFELD:** Yeah.

13 **MR. GRIFFON:** -- and if they're ruled out,
14 they're ruled out, yeah.

15 **DR. WADE:** 625 is circled. So we move quickly
16 -- we just have one on page 15, that's 625.
17 We're going to move on to page 14.

18 **MS. MUNN:** Well, 614.

19 **DR. WADE:** 614 is proposed. Mr. Chairman?

20 **MR. GRIFFON:** 614?

21 **DR. WADE:** At the bottom of the page.

22 **MR. GRIFFON:** Yep, that looks good to me.

23 **DR. WADE:** Okay.

24 **MR. GRIFFON:** Looks good.

25 **MS. MUNN:** And 595?

1 **MR. GRIFFON:** 595? Blockson?

2 **MS. MUNN:** Yes.

3 **MR. GRIFFON:** Yep, that looks good. I'm going
4 on to page 13 unless I hear others.

5 **DR. WADE:** Any more on 14? We have two on page
6 14, 90-- 595, 614. We're now on to page 13.

7 **MS. MUNN:** 585 jumps out at you.

8 **MR. GRIFFON:** Yep.

9 **DR. WADE:** 585.

10 **MR. GRIFFON:** Actually 584 as well.

11 **MS. MUNN:** Yes.

12 **DR. WADE:** 584.

13 **MR. CLAWSON:** (Off microphone) (Unintelligible)
14 about 583?

15 **MR. GRIFFON:** We're on a roll.

16 **DR. WADE:** 583?

17 **MS. MUNN:** Uh-huh.

18 **MR. GRIFFON:** Yep.

19 **MS. MUNN:** 575?

20 **UNIDENTIFIED:** (Off microphone) Bingo.

21 **DR. WADE:** 575?

22 **MR. GRIFFON:** Yeah, Simonds Saw is probably a
23 one model. Did we do any Simonds Saw, do you
24 remember? We've done Simonds Saw?

25 **UNIDENTIFIED:** (Off microphone)

1 (Unintelligible)

2 **MR. GRIFFON:** Is that a one-matrix approach? I
3 mean I think it is, I'm not --

4 **MR. HINNEFELD:** I'm pretty sure it is.

5 **MR. GRIFFON:** Yeah. So if we've reviewed the
6 one matrix, we've basically reviewed the --

7 **MS. MUNN:** (Off microphone) (Unintelligible)

8 **MR. GRIFFON:** Yeah, so I don't think it's -- is
9 that true, Jim? Is Simonds Saw one matrix
10 for...

11 **UNIDENTIFIED:** (Off microphone)

12 (Unintelligible)

13 **MR. GRIFFON:** Yeah, I mean there's no
14 individual dosimetry data. Right? So it'd be
15 -- it'd be the same thing we reviewed already,
16 yeah, so I'd skip that one.

17 **DR. WADE:** Okay, so I've got three on page 13 -
18 - 83, 84, 85. Any more?

19 **MR. GRIFFON:** Go on to page 12, if that's all
20 right.

21 **MR. PRESLEY:** 565?

22 **MR. GRIFFON:** 565? Looks good. There's a lot
23 of Linde Ceramics ones.

24 **MS. MUNN:** Before we get away completely from
25 page 13, 588...

1 **MR. GRIFFON:** 588? Oh, yeah. Yeah, I like
2 that one.

3 **DR. WADE:** Okay.

4 **MR. GRIFFON:** I missed that -- 588, okay.
5 There's a lot of Linde Ceramics cases on page
6 12 -- I'm back on page 12. It's pretty clear -
7 - I -- I haven't been reviewing Linde, but it
8 looks like one model for internal dose. Is
9 that accurate? So there's a lot of the lungs
10 that are in the 90s and 80s for POCs, but are
11 we reviewing the -- that model under the site
12 profile review or -- it wouldn't hurt to have
13 one case, I suppose.

14 **MS. MUNN:** Wouldn't hurt.

15 **DR. WADE:** Pick one.

16 **MR. PRESLEY:** 568 or 569, either one, the lungs
17 or male genitalia, either one.

18 **MR. GRIFFON:** 568? That's a Savannah River.
19 Right? Okay.

20 **MR. PRESLEY:** (Off microphone) (Unintelligible)
21 Blockson -- 69.

22 **MR. GIBSON:** (Off microphone) (Unintelligible)

23 **MR. GRIFFON:** Oh, 571, all right.

24 **DR. WADE:** So 571? What about 68 --

25 **MR. GRIFFON:** That's okay -- yeah.

1 DR. WADE: -- 68 or 69?

2 MR. GRIFFON: 69 I think is similar to the
3 other Blockson, we're -- we're going to capture
4 that with our Blockson review. I'm open for
5 68, that's fine.

6 DR. WADE: 568 is circled.

7 MR. GRIFFON: Any others on page 12?

8 MS. MUNN: If you want to repeat that -- the
9 site again, 554 possibly?

10 MR. GRIFFON: 554?

11 DR. WADE: (Off microphone) (Unintelligible)

12 MR. GRIFFON: Yeah. Yeah, it is a different
13 type of cancer, certainly, so --

14 MS. MUNN: Yeah.

15 MR. GRIFFON: -- yeah, okay.

16 DR. WADE: 554, so four on page 12 -- 554, 565,
17 568, 571.

18 MR. PRESLEY: What about -- what about 561?
19 That's -- that's Clarksville.

20 MR. GRIFFON: Yeah, Pantex in Clarksville.

21 MR. PRESLEY: Clarksville with basal skin cell
22 melanoma -- different.

23 DR. WADE: 561?

24 MR. PRESLEY: All right?

25 MR. GRIFFON: Yeah.

1 **DR. WADE:** Okay, good page, got five. Page 11?
2 **MS. MUNN:** 537.
3 **MR. PRESLEY:** Yeah, I like that. Yeah.
4 **MR. GRIFFON:** Yeah, 537's good. 536 looks
5 interesting to me, Hanford and Nevada Test
6 Site.
7 **MS. MUNN:** Yeah, let's do it.
8 **DR. WADE:** 536?
9 **MS. MUNN:** Also 533.
10 **MR. GRIFFON:** Okay.
11 **DR. WADE:** Any more on page 11?
12 **MR. GRIFFON:** Moving to page 10 -- oh --
13 **DR. WADE:** We have three on page 11 -- 533,
14 536, 537.
15 **MR. GRIFFON:** Moving to page 10 -- yeah.
16 **MS. MUNN:** 520.
17 **DR. WADE:** Say -- say what, five...
18 **MS. MUNN:** Five two zero.
19 **DR. WADE:** -- 520.
20 **MR. GRIFFON:** Yeah, okay. Yep. Yeah, you can
21 go ahead.
22 **MS. MUNN:** And 521, looks like the same type,
23 different site.
24 **MR. GRIFFON:** Hold on, what'd you -- Wanda,
25 520?

1 **DR. WADE:** 20 and 21.

2 **MR. GRIFFON:** 20 and 21? Okay.

3 **DR. WADE:** Okay, we've got two.

4 **MR. GRIFFON:** And -- and Bob suggests 523.
5 It's a high POC for lung cancer with a very
6 short period of time. That's kind of
7 interesting.

8 **MS. MUNN:** Uh-huh.

9 **DR. WADE:** Okay, 523.

10 **MR. GRIFFON:** I think I'm moving on to page 9.

11 **DR. WADE:** We have 320 -- 520, 521,
12 (unintelligible). Page 9?

13 **MS. MUNN:** (Unintelligible)

14 **MR. GRIFFON:** Are these -- these Iowa ones on
15 here, are they partial dose reconstructions,
16 would they be? These are non-SEC cancers that
17 they --

18 **MR. HINNEFELD:** If it's a --

19 **MR. GRIFFON:** -- used -- did the external
20 component or something like that? I think a --

21 **MR. HINNEFELD:** Well, certainly some of them
22 are -- are non-SEC cancers.

23 **MR. GRIFFON:** There's this lung in here.

24 **MR. HINNEFELD:** Leukemia's in there. These may
25 be dose reconstructions for medical benefits.

1 **MR. GRIFFON:** Oh, huh.

2 **MR. HINNEFELD:** If the Energy employee is
3 alive, I believe these might be dose
4 reconstructions for medical benefits. I mean
5 it has to be causal -- you know, it has to be
6 causally related in order to --

7 **MR. GRIFFON:** So even though we've --

8 **MR. HINNEFELD:** That -- that's --

9 **MR. GRIFFON:** -- included them in an SEC, NIOSH
10 is reconstructing them for medical --

11 **MR. HINNEFELD:** Well, no, that -- that can't be
12 right because that would have to be a non-SEC -

13 -

14 **MR. GRIFFON:** Right.

15 **MR. HINNEFELD:** -- cancer that would be that
16 because they would get the benefits for the SEC
17 cancer.

18 **MR. GRIFFON:** Right, right.

19 **MR. HINNEFELD:** I'm not real sure why that
20 one's on there.

21 **MR. GRIFFON:** I don't know why --

22 **DR. WADE:** Which number are you looking at --

23 **MR. GRIFFON:** 504 --

24 **MR. HINNEFELD:** I'm looking at 495 and --

25 **MR. GRIFFON:** -- or -- 504 has a lung cancer in

1 there. Right?

2 **MR. HINNEFELD:** Well --

3 **MR. GRIFFON:** Unless that's a secondary -- I --
4 I don't know.

5 **MR. HINNEFELD:** Now see, for 504, that could
6 conceivably what I described, that it's a dose
7 reconstruction for medical benefits for the
8 non-SEC cancer.

9 **MR. GRIFFON:** Oh, for the non-lung cancer, the
10 --

11 **MR. HINNEFELD:** Yes, that might be what that
12 one is. I don't -- I don't know what 495 -- I
13 don't know the story. I can't venture a -- or
14 surmise something on 495.

15 **MR. CLAWSON:** It's awfully low.

16 **MR. GRIFFON:** Yeah, I don't know.

17 **DR. WADE:** If you look at the year, weren't we
18 talking about materials arriving after 1950? I
19 don't recall.

20 **MR. HINNEFELD:** Well, I mean that's the decade
21 of the em-- start, so that means the work
22 decade started in the 1950s and the materials
23 did arrive in the 1950s. But I believe the --
24 I -- I don't know. I'd have to -- there might
25 be som-- it might be that. It --

1 **MR. GRIFFON:** Yeah.

2 **MR. HINNEFELD:** -- might be that the person
3 worked there --

4 **MR. GRIFFON:** Before, yeah.

5 **MR. HINNEFELD:** -- before the mat-- the
6 materials arrived. It might be that.

7 **MR. GRIFFON:** 'Cause there was only a couple of
8 years for that person, yeah, it could have
9 been.

10 **MR. HINNEFELD:** Right.

11 **MR. GRIFFON:** Yeah, okay. Well...

12 **MS. MUNN:** How about three in a row, 490, 491
13 and 492?

14 **MR. GRIFFON:** 90, 91 and 92. Yeah, those look
15 okay to me.

16 **DR. WADE:** 490, 491, 492.

17 **MR. PRESLEY:** (Off microphone) (Unintelligible)
18 decide on that?

19 **MR. GRIFFON:** Yeah, I don't think I'm -- I
20 don't think it's that interesting for our
21 review, either way, but...

22 I'm moving to page 8 unless others have...

23 **DR. WADE:** You're now at 32 --

24 **MR. GRIFFON:** Pretty good.

25 **DR. WADE:** -- for your information.

1 **MS. MUNN:** Well, we could do three more in a
2 row -- 463, 464, 465.

3 **DR. WADE:** 63, 64 and 65?

4 **MS. MUNN:** And maybe even --

5 **MR. GRIFFON:** No, I guess it doesn't have to
6 have them on there. I was looking at 475.

7 **MS. MUNN:** Yeah, good.

8 **DR. WADE:** You've got 475. What about 63, 64,
9 65, Mark, from your point of view?

10 **MR. GRIFFON:** They're -- they're okay.

11 **MR. PRESLEY:** What about 471? It's a high POC
12 with a lot of years.

13 **MR. GRIFFON:** Yeah.

14 **MR. PRESLEY:** And the right time.

15 **MR. GRIFFON:** I like 471.

16 **DR. WADE:** 471.

17 **MR. GRIFFON:** I'm interested in 472. How did
18 we get this POC of zero again? Is that...

19 **MR. CLAWSON:** I'd -- I'd be interested in that.

20 **MR. GRIFFON:** No, I -- I -- it's more of a
21 question to NIOSH, I think.

22 **MR. HINNEFELD:** Well, the Kansas City Plant had
23 a very modest use of radioactive material
24 anyway.

25 **MR. GRIFFON:** Right.

1 **MR. HINNEFELD:** And there were quite -- there
2 could very well be some --

3 **MR. GRIFFON:** So it could have been no --

4 **MR. HINNEFELD:** -- job categories, you know,
5 non-exposed --

6 **MR. GRIFFON:** -- exposure.

7 **MR. HINNEFELD:** -- job categories.

8 **MR. GRIFFON:** Yeah.

9 **MR. HINNEFELD:** Right. I don't -- I don't
10 know.

11 **MR. GRIFFON:** But to be under a full intern--
12 well, I guess it would still be considered a
13 full internal/external, there's just no data,
14 no exposure.

15 **MR. HINNEFELD:** Right.

16 **MR. GRIFFON:** Yeah.

17 **MS. MUNN:** 477?

18 **MR. GRIFFON:** I don't know that I want that
19 case. I mean to say -- just -- yeah.

20 **DR. WADE:** 477 is proposed by Wanda.

21 **MR. GRIFFON:** Downey -- yeah, it's new
22 facilities. Right?

23 **UNIDENTIFIED:** It's new facilities.

24 **MR. GRIFFON:** Yeah, okay.

25 **DR. WADE:** Okay. Any more on page 8?

1 **MS. MUNN:** What about 478?

2 **MR. GRIFFON:** I was looking at that, too, but I
3 think we just -- we got the Huntington Pilot
4 Plant review that John just mentioned --

5 **MR. PRESLEY:** What about --

6 **MR. GRIFFON:** -- that's going to cover, you
7 know -- so I'm not sure we --

8 **MS. MUNN:** Ah, don't bother.

9 **MR. GRIFFON:** Yeah.

10 **MR. PRESLEY:** -- 474 -- 474, Hanford, high POC
11 with a lot of years.

12 **MR. GRIFFON:** Started early decade, too.
13 Right?

14 **MR. PRESLEY:** Uh-huh.

15 **DR. WADE:** 574?

16 **MR. GRIFFON:** Yeah, that's -- 474.

17 **THE COURT REPORTER:** Would y'all remember to
18 use your mikes, please?

19 **MR. GRIFFON:** 474, yeah, I'm sorry.

20 **DR. WADE:** 474.

21 **MR. PRESLEY:** 474.

22 **MR. GRIFFON:** 474.

23 **DR. WADE:** Okay, on page 8 we have seven --
24 463, 464, 465, 471, 474, 475, 477.

25 **MR. GRIFFON:** This is good. I think our focus

1 should be on these later approval dates, too.

2 We're getting back now to --

3 **MS. MUNN:** Yeah.

4 **MR. GRIFFON:** One, two, three, four, five, six,
5 seven -- I have seven as well.

6 **DR. WADE:** 71, 74, 75, 77.

7 **MR. GRIFFON:** Yeah.

8 **DR. WADE:** Okay, we're now at 39.

9 **MR. GRIFFON:** At 39, yeah. And now we're
10 getting back into approval dates that are in
11 2005, so just keep that in mind.

12 **MR. CLAWSON:** Page 7, 442?

13 **DR. WADE:** 442?

14 **MR. GRIFFON:** And it's a Fernald case.

15 **MR. CLAWSON:** (Off microphone) (Unintelligible)
16 case.

17 **MR. GRIFFON:** Yep, that's okay.

18 **MS. MUNN:** Superior, uh-huh, yeah.

19 **UNIDENTIFIED:** (Off microphone)
20 (Unintelligible)

21 **MS. MUNN:** Yeah. Well, suggest it to him.

22 **MR. GIBSON:** How about 461, Mark?

23 **MR. GRIFFON:** It's a Paducah skin cancer, sure,
24 yeah. I don't think we have many Paducah ones.
25 I was looking at these Bridgeport Brass, did --

1 John, which one -- which one are you reviewing,
2 is it the Havens Lab or the -- or are you doing
3 both together, are they --

4 **DR. MAURO:** No, no --

5 **MR. GRIFFON:** No.

6 **DR. MAURO:** -- we're just doing -- we're not
7 doing both, although it turns out that we are
8 capturing some of it, but it was the Adrian
9 plant that was the case --

10 **MR. GRIFFON:** Adrian, so maybe we --

11 **DR. MAURO:** -- that's the -- that's the one
12 that is getting the focused attention.

13 **MR. GRIFFON:** Maybe we should pick the Havens
14 Lab one, yeah.

15 **MR. PRESLEY:** If you -- yeah.

16 **MS. MUNN:** 47-- 454?

17 **MR. PRESLEY:** (Off microphone) (Unintelligible)
18 one we did or not.

19 **MR. GRIFFON:** 454 is the one I was looking at.

20 **DR. WADE:** 454?

21 **DR. MAURO:** But they weren't --

22 **MR. GRIFFON:** 454, yeah.

23 **DR. MAURO:** It was before they had the site
24 profile.

25 **MR. GRIFFON:** Okay. 454 then.

1 **DR. WADE:** Okay.

2 **MS. MUNN:** Because of the site, is 451 of
3 interest?

4 **MR. GRIFFON:** Did we do an Aliquippa Forge
5 case? Yeah, we did that -- and that -- or no?

6 **DR. MAURO:** Yeah, we did do a -- a case.

7 **MR. GRIFFON:** Right.

8 **DR. MAURO:** I -- I may want to ask that --
9 eventually you'll have your list -- if there
10 are any AWE cases that -- that are there in
11 your list other than Bridgeport Brass --

12 **MR. GRIFFON:** Right.

13 **DR. MAURO:** -- Huntington and Harshaw, please
14 let us know if you'd like for those AWEs --
15 let's say -- if you'd like that special
16 treatment, let -- let us know as part of the --
17 when you sen--

18 **MR. GRIFFON:** All right.

19 **DR. MAURO:** -- send the package over.

20 **MR. GRIFFON:** So this one -- we did a case, but
21 it likely didn't get any special review.
22 Right?

23 **DR. MAURO:** Right, yeah -- in other words, if
24 there's any case --

25 **MR. GRIFFON:** And it may not need it, you know,

1 but -- you know --

2 **DR. MAURO:** And tha-- that's -- yeah, that's --
3 yeah.

4 **MR. GRIFFON:** Right. Okay.

5 **DR. WADE:** So 451, no?

6 **MR. GRIFFON:** I would say no on that one, if we
7 --

8 **DR. WADE:** Okay.

9 **MR. GRIFFON:** You know, it's pretty basic
10 uranium process stuff, I think.

11 **MS. MUNN:** Yeah.

12 **DR. WADE:** Ready to move on? We have three on
13 page 7 -- 442, 454, 461. Page 6?

14 **MR. GRIFFON:** What's our total up to, Lew?

15 **DR. WADE:** You are at 42 and climbing.

16 **MR. GRIFFON:** 42 and climbing, 'cause we're
17 getting back into these old-- older approval
18 dates, so I would -- you know, I want to -- I
19 do want to keep that in mind.

20 **MR. PRESLEY:** How about 435? Lot of years, the
21 right -- the right years and a -- not a -- not
22 a real good POC for an esophagus.

23 **MR. GRIFFON:** That's okay for me. Others? How
24 about this Los Alamos, 434?

25 **MS. MUNN:** Yeah.

1 **DR. WADE:** Okay.

2 **MR. PRESLEY:** Do we need any more Hanford
3 sites? There's one under that, 436, again is
4 for the right years, lot of years --

5 **MS. MUNN:** No, we haven't.

6 **MR. PRESLEY:** -- with a breast cancer.

7 **MR. GRIFFON:** I'm okay with that one. I think
8 -- you know, after maybe this set of cases we
9 can put another one of those summaries together
10 to see where we're at, but I think we need a
11 lo-- you know, Hanford's got a lot of
12 claimants, so --

13 **DR. WADE:** So 436?

14 **MR. GRIFFON:** Yeah.

15 **MR. PRESLEY:** That's two good cancers.

16 **MS. MUNN:** 418?

17 **MR. GRIFFON:** 418, Herring-Hall, and I don't
18 think we did this, did we?

19 **MS. MUNN:** (Unintelligible) think so.

20 **MR. GRIFFON:** Yeah, so it's okay for the site,
21 basically -- right? -- is why you're picking
22 it, yeah.

23 **DR. WADE:** 418?

24 **MR. GRIFFON:** I think it's okay, yeah.

25 **MR. GIBSON:** 432 possibly?

1 **MR. GRIFFON:** 32?

2 **DR. WADE:** Uh-huh --

3 **MR. GRIFFON:** Jessop Steel?

4 **DR. WADE:** -- Jessop Steel.

5 **MR. GRIFFON:** Did we do Jessop Steel? We did?

6 **DR. MAURO:** We had a case.

7 **MR. GRIFFON:** Which I think would be ver--
8 yeah, not worth...

9 **MR. GIBSON:** Okay.

10 **MR. GRIFFON:** I'm going on to page 5.

11 **DR. WADE:** You had four on page 6 -- 418, 434,
12 435, 436.

13 **MR. GRIFFON:** We got 46 total now?

14 **DR. WADE:** Right.

15 **MR. GRIFFON:** We're getting back into the '04
16 dates of approval, so again, this gets into
17 this -- keep in mi-- you know, when we do this
18 resolution process and we get into these '04
19 dates, we're looking at procedures that have
20 often been revised three or four times since
21 this -- you know, so it gets -- sometimes not
22 that beneficial for us.

23 **MS. MUNN:** Would it be wiser for us to go back
24 and rework the pages we've just been through
25 and pick --

1 **MR. GRIFFON:** Or -- or we could go to the
2 random list and start at the back of the random
3 list and see...

4 **MS. MUNN:** That might be more productive.

5 **MR. GRIFFON:** Why don't we do that then, let's
6 -- let's truncate it there, unless anyone sees
7 anything on page 5. There's still some '05
8 ones. I don't see anything that jumps out at
9 me. Oh --

10 **MR. HINNEFELD:** If I can just offer one
11 reminder, if -- for the dose estimation type on
12 the random list, if any of that says full
13 internal and external, it's on the other --

14 **MR. GRIFFON:** It's on this list.

15 **MR. HINNEFELD:** -- list as well.

16 **MR. GRIFFON:** Right, so we don't want to look
17 at the full external/internal, but start from
18 the back of the random list then, and looking
19 at the not full external/internal 'cause we've
20 already looked at those -- thank you, Stu.

21 **MS. MUNN:** I have 194.

22 **MR. GRIFFON:** 194? Okay.

23 **DR. WADE:** Okay.

24 **MR. GRIFFON:** 198? 198, any --

25 **DR. WADE:** Okay.

1 **MR. GRIFFON:** -- takers?

2 **MS. MUNN:** How about 188?

3 **MR. GRIFFON:** 188 -- underestimate, primarily
4 external, well, that's --

5 **MS. MUNN:** Yeah.

6 **MR. GRIFFON:** -- must have got a good external
7 --

8 **MS. MUNN:** Must have been.

9 **MR. GRIFFON:** Yeah. All right.

10 **DR. WADE:** So 188?

11 **MR. GRIFFON:** Yep.

12 **MS. MUNN:** And on the -- on page 8, what about
13 184?

14 **MR. GRIFFON:** Oh, we're going to page 8 now?
15 Everybody --

16 **MS. MUNN:** Well, I just --

17 **DR. WADE:** So you've got three on page 9 --

18 **MS. MUNN:** -- I'm just looking for four here.

19 **DR. WADE:** -- 188, 194 and 198. Now we're on
20 to page 8 of the random list. What number did
21 you say, Wanda?

22 **MS. MUNN:** I suggested 184.

23 **DR. WADE:** All right.

24 **MR. PRESLEY:** Have we done any for Ashland Oil?

25 **MS. MUNN:** We doing what?

1 **MR. PRESLEY:** Ashland Oil is 183, got a lot of
2 years in the right time frame, low POC.
3 **MR. GRIFFON:** 183?
4 **MR. PRESLEY:** Yes.
5 **DR. WADE:** And 184 --
6 **MR. GRIFFON:** Yeah, that works --
7 **DR. WADE:** -- Wanda's --
8 **MR. GRIFFON:** -- for me.
9 **DR. WADE:** -- suggestion?
10 **MR. GRIFFON:** And 184 was Wanda's?
11 **MR. PRESLEY:** Yeah.
12 **MR. GRIFFON:** Yep.
13 **MR. PRESLEY:** Those two.
14 **MR. GRIFFON:** Those are fine.
15 **DR. WADE:** Okay, those two.
16 **MS. MUNN:** Does that get us 50? That gets us
17 50. Right?
18 **DR. WADE:** That gives us 51.
19 **MR. GRIFFON:** Yeah.
20 **MS. MUNN:** Yeah.
21 **DR. WADE:** And we need 60.
22 **MR. GRIFFON:** I suggest we go through to page
23 5. That would be the similar approval dates
24 that we just looked at --
25 **MR. CLAWSON:** What about 168?

1 **MR. GRIFFON:** Certainly a number of facilities,
2 huh?

3 **DR. WADE:** Santa Susana.

4 **MR. GRIFFON:** Yeah, very interesting. Okay,
5 168.

6 Why don't -- well, this Paducah case, it could
7 have been, again, before they --

8 **MS. MUNN:** Yeah.

9 **MR. GRIFFON:** -- underestimate for lung cancer,
10 .7 years and they had -- had 63 (sic) percent
11 POC.

12 **MS. MUNN:** That could be interesting.

13 **MR. HINNEFELD:** There's -- well --

14 **MR. GRIFFON:** It must have been --

15 **MR. HINNEFELD:** -- there's -- there's not
16 enough employment, probably, to reach the SEC -
17 -

18 **MR. GRIFFON:** That's it.

19 **MR. HINNEFELD:** -- threshold.

20 **MR. GRIFFON:** That's -- that's why, yeah.
21 Yeah. I'm not -- I'm not proposing the case, I
22 was just curious why it was on the list.

23 **MS. MUNN:** Oh, yeah, and -- and --

24 **MR. GRIFFON:** Yeah, the employment must be the
25 question, .7 not 250 days. Right?

1 **MR. PRESLEY:** It's probably the same thing.

2 **MS. MUNN:** One -- 154 would certainly -- 154
3 would certainly be interesting.

4 **MR. GRIFFON:** So we're moving on to page 7?

5 **MS. MUNN:** Oh, I thought -- I thought we were
6 on page 7.

7 **DR. WADE:** We have three on page 8 -- 168, 183,
8 184. Now we're on to page 7.

9 **MR. GRIFFON:** What's that Wanda, 154?

10 **MS. MUNN:** 154 --

11 **MR. PRESLEY:** (Off microphone) Yeah, it's got
12 (unintelligible) --

13 **MR. GRIFFON:** Amchitka -- oh, it's the same
14 question, yeah.

15 **MR. PRESLEY:** -- question about --

16 **MR. GRIFFON:** It's an SEC site, but it's the --
17 less than a year.

18 **MR. PRESLEY:** Less than a year's worth of work.

19 **MS. MUNN:** Uh-huh.

20 **MR. PRESLEY:** Now, would this fall under that
21 80 days? If this guy was -- or whoever -- guy,
22 gal, whatever it is --

23 **MS. MUNN:** Might be.

24 **MR. PRESLEY:** -- was there for that 80-day
25 period, then --

1 **MR. GRIFFON:** Right.

2 **MR. PRESLEY:** -- it was fall under that .4 work
3 time.

4 **MS. MUNN:** Would be interesting to look at it
5 and see.

6 **MR. HINNEFELD:** Well, I -- I think -- I think
7 Amchitka just requires presence. Isn't that
8 right?

9 **MR. PRESLEY:** (Off microphone) (Unintelligible)

10 **MR. HINNEFELD:** Yeah, Am-- Amchitka only --
11 only requires presence, it doesn't require the
12 250 days. That's statutory. I believe this is
13 probably the case I described earlier, a dose
14 reconstruction --

15 **MR. GRIFFON:** Oh --

16 **MR. HINNEFELD:** -- for medical benefits --

17 **MR. GRIFFON:** -- for medical benefits.

18 **MR. HINNEFELD:** -- for the non-SEC cancers.
19 That's probably what this one is.

20 **MR. GRIFFON:** For non-SEC cancers.

21 **MR. PRESLEY:** Okay.

22 **DR. WADE:** For medical. Do you want it or not?

23 **MS. MUNN:** I thought it was interesting.

24 **MR. PRESLEY:** It's interesting.

25 **MR. GRIFFON:** Yeah, let's do it. I -- yeah.

1 **MR. CLAWSON:** What about 159? It's a lot of
2 years.

3 **MR. GRIFFON:** It's okay for me, yeah. It's a
4 different site.

5 **DR. WADE:** 159.

6 **MR. GRIFFON:** Can I -- another question on this
7 -- Stu, I'm not sure -- Linde Ceramics is on
8 here, but it says overestimate, internal and
9 external. I thought it was just one model for
10 -- I mean why would some be best estimate and
11 this one be an overestimate? You know what I
12 mean?

13 **MR. HINNEFELD:** Yeah, I know what you mean. I
14 don't --

15 **MR. GRIFFON:** Yeah.

16 **MR. HINNEFELD:** -- I don't have an answer.

17 **MR. GRIFFON:** Okay. Okay. It might have just
18 been the wrong check -- you know, drop-down box
19 --

20 **MR. HINNEFELD:** Right.

21 **MR. GRIFFON:** -- checked.

22 **MR. HINNEFELD:** Right.

23 **MR. GRIFFON:** I don't think we need to do
24 Linde, I was just curious why.

25 **MR. PRESLEY:** What about 146? Lawrence

1 Livermore, it's the right -- a lot of years --
2 **MR. GRIFFON:** Yeah.
3 **MR. PRESLEY:** -- (unintelligible).
4 **MR. GRIFFON:** That seems reasonable to me.
5 **DR. WADE:** 146?
6 **MR. PRESLEY:** Yes.
7 **MS. MUNN:** 146?
8 **DR. WADE:** Yeah, you're getting chastised
9 again, Robert.
10 **MS. MUNN:** And from a site standpoint, 163.
11 **MR. GRIFFON:** 163?
12 **MS. MUNN:** Uh-huh.
13 **MR. GRIFFON:** Yeah, we haven't done a linear
14 accelerator.
15 **MR. PRESLEY:** (Off microphone) (Unintelligible)
16 **MR. GRIFFON:** Stanford -- yep, 163.
17 **DR. WADE:** Got four on page 7.
18 **MR. GRIFFON:** Looking at page 6 --
19 **DR. WADE:** -- 146, 154, 159, 163. Page 6?
20 **MS. MUNN:** We're back into 2005 again.
21 **DR. WADE:** Well, Mark said --
22 **MR. GRIFFON:** I was -- I was saying go through
23 page 5. That would be consistent with where we
24 stopped on the other list, anyway, you know.
25 It's kind of arbitrary, but -- we can look at

1 them. It doesn't mean we have to pick any.

2 **MS. MUNN:** Look at 143.

3 **MR. GRIFFON:** Yeah, I was looking at that, too.

4 **MS. MUNN:** Oh, there's ano-- 144 is another --
5 hmm.

6 **MR. GRIFFON:** Idaho, Nevada Test Site and
7 Amchitka -- yeah, 144.

8 **DR. WADE:** 143, 144.

9 **MR. PRESLEY:** Another Fernald at 125. It's
10 older if you just want to look at it. It's the
11 right time frame, low number of years.

12 **MR. GRIFFON:** Underestimate for skin cancers.
13 I'm wondering if this is just a multiple skin
14 cancer type case, but -- I don't know.

15 **MS. MUNN:** How about 135?

16 **MR. GRIFFON:** It's probably --

17 **DR. WADE:** You want 125 or not?

18 **MR. CLAWSON:** I -- I would --

19 **MR. GRIFFON:** Sure, we can do it.

20 **DR. WADE:** 125.

21 **MR. GRIFFON:** We still have to bring this to
22 the Board --

23 **DR. WADE:** Right.

24 **MR. GRIFFON:** -- so we can -- yeah, yeah.

25 **DR. WADE:** And then 135, Wanda's.

1 **MR. GRIFFON:** 135.

2 **DR. WADE:** Okay?

3 **MR. GRIFFON:** Yeah, 135 is okay.

4 **DR. WADE:** You have four so far --

5 **MR. GRIFFON:** Look at page 5.

6 **DR. WADE:** -- now you're at 60.

7 **MR. GRIFFON:** Well, we can just sto--

8 **MS. MUNN:** We're at 60?

9 **MR. GRIFFON:** I'd say we can stop here.

10 **MR. PRESLEY:** Just a minute. Hey, look at 136,
11 Savannah River. Are we going to take any new
12 cases --

13 **MR. GRIFFON:** Oh, that's --

14 **DR. WADE:** It's full so that's --

15 **MR. GRIFFON:** -- that was on the other list, so
16 we probably got one similar to that, yeah.

17 **DR. WADE:** Okay, so you've selected 60 --

18 **MR. GRIFFON:** Yeah, let's --

19 **DR. WADE:** -- between the two lists.

20 **MR. GRIFFON:** -- stop there.

21 **DR. WADE:** You want to bring that proposal to
22 the Board for consideration --

23 **MR. GRIFFON:** Yeah.

24 **DR. WADE:** -- again, this'll have to be
25 scrubbed, Stu, obviously.

1 **MR. GRIFFON:** Right, okay.

2 **MR. HINNEFELD:** Right, wherever the list ends
3 at the end of the Board's deliberation, we'll
4 have both Department of Labor look at it for
5 cases that may be -- they know of, you know,
6 activity on for reopening. We'll look at the
7 PER list and then we'll add the -- for the --
8 for the survivors then we'll add the additional
9 pieces of information about, you know, internal
10 dose reconstruction type, external dose
11 reconstruction type, were -- were neutrons
12 included, you know, those --

13 **MR. GRIFFON:** Right.

14 **MR. HINNEFELD:** -- those other --

15 **MR. GRIFFON:** Yeah, so we got -- we got our in-
16 between step here --

17 **MR. HINNEFELD:** Yeah.

18 **MR. GRIFFON:** -- that we're going to do and
19 then we may decide to drop some off --

20 **MR. HINNEFELD:** Right.

21 **MR. GRIFFON:** -- you know, when we find out
22 that, too, right.

23 **DR. WADE:** And if you do, then at the next
24 Board meeting we can try and look at the -- the
25 updated list and fill out that --

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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 January 8, 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 8th day of February, 2008.

STEVEN RAY GREEN, CCR, CVR-CM
CERTIFIED MERIT COURT REPORTER
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