UNITED STATES OF AMERICA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

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NATIONAL INSTITUTE FOR OCCUPATIONAL
SAFETY AND HEALTH
ADVISORY BOARD ON RADIATION AND
WORKER HEALTH

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SUBCOMMITTEE FOR DOSE RECONSTRUCTION REVIEW

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WEDNESDAY, JUNE 6, 2012

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The meeting came to order at 9:00 a.m., in the Zurich Room of the Cincinnati Airport Marriott Hotel, Hebron, Kentucky, Mark Griffon, Chairman, presiding.

PRESENT:

MARK GRIFFON, Chairman
BRADLEY P. CLAWSON, Member
DAVID KOTELCHUCK, Member*
WANDA I. MUNN, Member
JOHN W. POSTON, SR., Member
DAVID RICHARDSON, Member*

ALSO PRESENT:

TED KATZ, Designated Federal Official
GRADY CALHOUN, DCAS
DOUG FARVER, SC&A
JENNY LIN, HHS
BETH ROLFES, ORAU
SCOTT SIEBERT, ORAU Team*
MATTHEW SMITH, ORAU Team*
JOHN STIVER, SC&A

*Participating via telephone

C-O-N-T-E-N-T-S

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

(8:35 a.m.)

MR. KATZ: So this is Advisory Board of Radiation Worker Health, Subcommittee on Dose Reconstruction Reviews. And with roll call, because this is a Subcommittee, as we did last time, we have to address Board Members' conflict of interests as well.

So I'm make things easy, I'm just going to run through those in advance as we do roll call. So Mark Griffon is here, present. And he has conflicts with certain circumstances related to Paducah, K-25, INEL, Mound and Portsmouth; certain cases related to Fernald, certain cases related to Nevada Test Site, that's it.

Then we have Brad Clawson, who is present, and he has a conflict related to INL and otherwise, related to his employers. And I won't run through that list but enough said there.

Dr. Poston is present and he has conflicts related to BWXT, ORNL which is X-10, Sandia, LANL, Y-12, Lawrence Livermore National Lab at West Valley, Pantex, and also related to his children's employment related to this program.

And then we have Wanda Munn and I believe Wanda's conflicts are limited to Hanford.

MEMBER MUNN: Yes, correct.

MR. KATZ: And then Dr. Richardson, you're still with us on the phone, correct?

MEMBER RICHARDSON: Yes.

MR. KATZ: And Dr. Richardson has conflicts only related to UNC Chapel Hill. And that covers conflicts for Board Members. Are there any other Board Members that happen to be on the line? Okay, then let's go through roll call for NIOSH ORAU team.

MS. ROLFES: Present, Beth.

MR. KATZ: Beth, yes -

MS. ROLFES: Beth Rolfes.

MR. KATZ: Thank you. And we're expecting Grady Calhoun shortly. Do we have any other NIOSH ORAU team on the line?

CHAIRMAN GRIFFON: Do we have any conflicts on -

MR. KATZ: They don't have to, it's for Board Members.

CHAIRMAN GRIFFON: Okay, got you.

MR. KATZ: NIOSH ORAU on the line? Do we have any Members on the line yet? Scott Siebert. Beth, can you send Scott -

MS. ROLFES: Yes.

MR. KATZ: -- are you hooked up? Can you send him an email? Grady Calhoun is present. The agenda is wrong. We were going to start at 8:30.

MR. CALHOUN: Ah, perfect.

MR. KATZ: You're just in time. It's alright. We're just going through roll call.

MR. CALHOUN: Okay, good.

MR. KATZ: Grady Calhoun present.

So we're just trying to get a hold of Scott Siebert. Let's go through SC&A team in the room.

MR. STIVER: SC&A, John Stiver and also, Doug Farver is on the way. He didn't realize it was an early start.

MR. KATZ: Have you sent him an email?

MR. STIVER: I have not tried that yet. I will. He should be here pretty soon. He was expecting a 9 o'clock meeting. I'll just give him a call.

MR. KATZ: He's in the hotel, you said?

MR. STIVER: He's in the Hampton, yes, right next door.

MR. KATZ: Are there any SC&A members on the line? Okay, federal officials, there's Ted Katz, the federal official for the Advisory Board. I have no conflicts. Jenny Lin, you've got your mouth full. No conflicts.

Any other federal officials on the line? Contractors to the feds? Okay, any members of the public on the line? Alright. I think we can proceed even though we don't have Doug yet.

CHAIRMAN GRIFFON: Alright, let's just wait until John comes back.

MR. KATZ: Wait for John to come back.

CHAIRMAN GRIFFON: This is Mark Griffon, chair of the Committee. David, I think, I'm not sure there are many people on the line but I know David is there. So let us know if we're not speaking loudly enough.

MEMBER RICHARDSON: I will.

CHAIRMAN GRIFFON: Okay. And on the agenda, the first thing is an update on DCAS blind DR quality control evaluations. And I'm not sure if Beth or -

MR. CALHOUN: I'll jump into this one. This is Grady. By the way, just to start out, this is our first time here so be

gentle. We've kind of gotten thrown into this one. But we will do our best to get through this.

CHAIRMAN GRIFFON: Looks like some major policy changes today.

MR. CALHOUN: That's what I'm hoping for. Anyway, basically I was here last month so I got to at least experience a little bit of the meeting and how it goes.

But we did talk to you. We had an assessment that we put out last month. I think we only had eight, ten, something like that, blind DRs that have been completed.

Since then we've selected 50 cases. So we've got an automated system and it's kind of linked into our NOCTS suite of applications, I'll say.

We've got 50 cases that have been selected. Twenty of those have been completed to this point. We've got another 15 assigned to an HP reviewer to look at those.

As you know, we kind of have to

wait once we pick them, and re-review them; we have to wait for ORAU to complete those cases after we've selected them. Because they have no idea that we've picked them. So that causes a bit of lag sometimes.

We also made some recommendations in that last assessment and we're continuing to try to evaluate those. I think one of the bigger ones was that, it wasn't really clear in our evaluation as to why we thought things, or different decisions, points were made, it was really going to involve just beefing up and clarifying the text in our assessment form.

So that's where we are at this point. We have come out with another copulation of assessments for the additional cases that have been completed.

But it's an ongoing program. We automatically select cases every week to be added to the log of cases to be reviewed. So that's where we are with that.

CHAIRMAN GRIFFON: Now is there some sort of tracking? You said there's stuff like a tracking system -

MR. CALHOUN: Yes, oh, yes. And I don't know if you guys have access to it or not.

CHAIRMAN GRIFFON: Yes.

MR. CALHOUN: But basically what you can do is, at least how we see it, is there's a blind DR button. You can click on that and then there's multiple pages and you can see where the status of each one is.

So we know that it's been selected. We know that an HP has been assigned. We know that it's been completed. Then you can click on any of those and you can drill down to what the actual findings were and how all of those are -

CHAIRMAN GRIFFON: And do we have, maybe we could get the path to access that?

MR. CALHOUN: Yes, I'll see if you have access. I don't know if you do.

CHAIRMAN GRIFFON: I don't know either.

MR. CALHOUN: I don't know.

MR. KATZ: I think probably not.

CHAIRMAN GRIFFON: Yes, probably not.

MR. STIVER: Would that be off the NOCTS?

MR. CALHOUN: It's in that suite. It's not in NOCTS. But when we hit staff tools, is the button I get.

MR. KATZ: It probably needs to be added. And if you could then have them add it both for the Board Members who have access and also for the SC&A staff, that would great.

MR. CALHOUN: Okay. I'll check into that.

MR. KATZ: Because then that will, then for those folks at least, we'll still need I think to package these together and intermittently you'll need to send a packet to them for those.

MR. CALHOUN: Right.

MR. KATZ: Because there are several Board Members that don't go into the intranet.

MR. CALHOUN: Right.

MR. KATZ: But otherwise, for the rest of them, they can just go in, in real time, and see them as they're done.

MR. CALHOUN: I'm not sure. I hope that we don't get into doubling the amount of DRs that are reviewed by this Committee because of that. That's my hope.

MR. KATZ: Yes.

MR. CALHOUN: That this is just really a tool that we're using to kind of show that we're doing something additional. We're already having a bit of a difficulty keeping up with our backlog. But I'll check into that and I'll talk to Stewart.

CHAIRMAN GRIFFON: When you said you're tracking the findings too, what does that mean? You're doing the DR. And then

once the ORAU finishes this -

MR. CALHOUN: Yes.

CHAIRMAN GRIFFON: -- there is -

MR. CALHOUN: Oh, yes, yes, yes. And there's a table, that table comparison. And we say okay, this is different than this one. Why?

CHAIRMAN GRIFFON: Right. I think we're interested more in the aggregate.

MR. CALHOUN: Okay.

CHAIRMAN GRIFFON: Once you find out an aggregate, I don't think we're going to take each case and ask all of them or whatever. No, because we're doing that here?

MR. CALHOUN: Exactly. I agree.

MR. STIVER: Grady, you also mentioned about including the PoC on these, just kind of get an idea where the case fell out.

MR. CALHOUN: Right.

MR. STIVER: That's going to be in there too?

MR. CALHOUN: Yes, oh, yes.

MR. STIVER: Alright.

MR. CALHOUN: Well, then based on what you just said, Mark, do you want to set it up, so that at each subsequent Subcommittee meeting you get a little report of their latest findings? Or how do you want to handle that?

CHAIRMAN GRIFFON: If you have like a snapshot of the table, in time, you know, at the current meeting time --

MR. KATZ: So then we could just make that --

CHAIRMAN GRIFFON: I think that would be useful, yes.

MR. KATZ: So we can just make than a standing agenda item, that you cover, sort of what you've learned --

MR. CALHOUN: Okay.

MR. KATZ: -- from the last batch. Alright.

CHAIRMAN GRIFFON: And any actions,

if any, that are being taken to correct the problem, you know, if you see --

MR. KATZ: Right.

CHAIRMAN GRIFFON: -- general overall problem or something, where you're changing a TBD or --

MR. STIVER: Corrective action.

CHAIRMAN GRIFFON: Right, corrective action.

MEMBER POSTON: Maybe this is inappropriate but I'm a little confused. Are we still going to do the individual reviews that we've been doing?

CHAIRMAN GRIFFON: Yes.

MEMBER POSTON: Okay.

CHAIRMAN GRIFFON: This is separate. This is not, it's internal -

MR. KATZ: - for their internal QA process.

MR. CALHOUN: A different tool that we started.

MEMBER POSTON: Because I think

that's very important.

CHAIRMAN GRIFFON: Well, we raised this as a question that, what are they doing going forward internally. And this is one of the responses to that.

MEMBER POSTON: Okay.

CHAIRMAN GRIFFON: Yes.

MS. LIN: Grady?

MEMBER POSTON: Sort of jumped in and I --

CHAIRMAN GRIFFON: Yes, sorry.

MS. LIN: This is also an extension of the 10-year Review.

MR. CALHOUN: I'm sorry.

MS. LIN: This is also an extension of the 10-year Program Review -

MR. CALHOUN: Oh, okay.

MS. LIN: -- that we started last year.

MEMBER MUNN: What did you say your button was on the NOCTS screen?

MR. CALHOUN: I think it's called

blind DRs. It's not in NOCTS actually. It's in staff tools.

MS. ROLFES: It's found on the right, and I don't know if you have it.

MEMBER MUNN: No.

MR. KATZ: Yes, it will need to be added. The Board has its own --

MS. ROLFES: It's right here.

MR. CALHOUN: Yes, okay. It's in the bottom right hand side of applications on staff tools.

MEMBER MUNN: No, we don't have it. Of course, we only have four NOCTS tools on there. And three --

MR. SIEBERT: Hey Mark, this is Scott Siebert. I just wanted to let you know I am on from the ORAU team. Sorry about that. I was going by the agenda.

MR. KATZ: No. And the agenda is my fault, Scott, so thank you. I'm glad you could join. And Doug also has come in since we spoke to that.

MR. SIEBERT: Yes, it's right on the website so that's my fault, sorry about that.

CHAIRMAN GRIFFON: That's fine. Thanks, Scott, for letting us know. Let me also remind, we have a bigger group today too and these meetings tend to drift from this. But we should speak one at a time so we can get a good transcript, right.

MR. KATZ: While we're just on this too. Mike Gibson, are you on the line? Okay. I sent him an email but he may be joining at 9:00.

CHAIRMAN GRIFFON: Okay, so I'm just going to put that as a status that you'll check.

MR. CALHOUN: Yes, I'm going to check for access for Board Members. And then we're going to prepare a summary for each meeting of the Subcommittee.

MR. KATZ: And SC&A.

MR. CALHOUN: Oh, okay, I got it.

MEMBER MUNN: And I'm assuming Ted will --

MR. CALHOUN: And I think specifically John Stiver and Doug --

MR. KATZ: Especially yes, as long as we have access.

MR. CALHOUN: And Doug Farver, those two, don't need to add it to everybody.

MEMBER MUNN: And I am assuming Ted will notify us when that's out for the Board.

MR. KATZ: Yes, Grady will notify me or all of us, you can just send an email and mail it out to the group together.

MR. CALHOUN: Okay, looks like I'm the next one too. Are you ready, Mark?

CHAIRMAN GRIFFON: Yes, go ahead.

MR. CALHOUN: Okay, looks like I'm the next one too. And what I believe that this item was, is that we were looking into, this is beyond the blind DRs, that's gone now. This is the next step.

And we were looking at the

different dose reconstructions, and what errors were found, and what things were listed as errors. We've put together a list of what we believe were the errors.

ORAU has put together a list of what they believe were the errors. And right now, actual errors is our term. And what we're doing is we're comparing those and trying to figure out what, on those, that we agree are errors, what could of, should of been done to prevent those and the dose reconstruction process.

CHAIRMAN GRIFFON: Well, this is your, you're still on item one?

MR. CALHOUN: No. This was overview of ORAU quality management system.

CHAIRMAN GRIFFON: Oh. We were asking more for a presentation of the ORAU quality control, quality assurance program.

MR. CALHOUN: Okay.

CHAIRMAN GRIFFON: How are you doing? What's on the --

MR. CALHOUN: Yes, well, you know what, I don't have that.

CHAIRMAN GRIFFON: Yes, and that was more something that, I think Stu, it's unfair that --

MR. CALHOUN: Right.

CHAIRMAN GRIFFON: -- when you're jumping into this because I think --

MR. CALHOUN: Well, you know what --

CHAIRMAN GRIFFON: Yes.

MR. CALHOUN: -- and to be totally honest with you, that's exactly what I thought it was.

CHAIRMAN GRIFFON: Right.

MR. CALHOUN: And I asked them questions and they said no, that's not what it was. So I will prepare that for next time. It shouldn't be too difficult. I apologize for that. Okay.

CHAIRMAN GRIFFON: Okay, so we can get that next time?

MR. CALHOUN: Yes, sir. You will get that next time.

CHAIRMAN GRIFFON: And I don't know if you need someone from ORAU to work with you on that.

MR. CALHOUN: They are at my disposal. And Scott is right there busily taking notes as we speak, I'm sure.

MEMBER RICHARDSON: ORAU would be happy to support.

MR. CALHOUN: See.

CHAIRMAN GRIFFON: It seems like it might be, you know, because second hand -

MR. CALHOUN: We have that already.

CHAIRMAN GRIFFON: Yes.

MR. CALHOUN: We've got that documentation all together and I could've done it relatively easily.

CHAIRMAN GRIFFON: Yes, we just want to know what it is, the specifics of it, I think.

MR. CALHOUN: Yes, oh, yes.

CHAIRMAN GRIFFON: And I think when we went to ORAU, the overview was very, it was a very generic kind of --

MR. CALHOUN: Right and we've presented that at the Board from time to time and I actually have got several documents, it's an abridged copy. I've got a big copy. It's just something I have.

MR. KATZ: This is not something that really has ever been covered at the Board level either.

MR. CALHOUN: Okay.

MR. KATZ: So really, I think, and Dr. Richardson can chime in on this because we've talked about this for a number of meetings here at the Subcommittee.

And the Subcommittee is wanting to understand what error rates are being tracked and how those are being, the whole true quality management system, as you would set one up under ANSI or what have you.

CHAIRMAN GRIFFON: Right. Not this

personnel -

MEMBER RICHARDSON: Yes, so if you have that and you say you have it in hand, if you would circulate it --

CHAIRMAN GRIFFON: Yes.

MEMBER RICHARDSON: -- before the meeting. Because this is something that's going back now, I think, we've sort of opped for this for, I'm looking back, a series of notes that I've got over these meetings. And this has been a recurrent question.

And we have been provided with some information. But it's mostly pertained to human resources issues, not the types of kind of quality assurance --

MR. CALHOUN: I understand completely, so I got it.

MEMBER RICHARDSON: Okay.

CHAIRMAN GRIFFON: I think the other thing Dave is requesting is if, before the next meeting if you can distribute these materials that you're talking about.

MR. CALHOUN: I will because it's going --

CHAIRMAN GRIFFON: That way we can read them.

MR. CALHOUN: It's several pages of descriptions.

CHAIRMAN GRIFFON: Okay.

MR. CALHOUN: It's step-by-step throughout the whole process, what's done each step.

CHAIRMAN GRIFFON: Alright.

MR. CALHOUN: What procedures we have in place.

CHAIRMAN GRIFFON: We can prepare questions but also, maybe reply to you like --

MR. CALHOUN: Absolutely.

CHAIRMAN GRIFFON: -- this isn't what we're looking for. So we don't have this same problem next meeting.

MR. CALHOUN: Yes. Do you understand that, Scott? Do you kind of got a grip on that? Because I'll just be making a

request to Michelle or Mary Jo, but just so you've got that in your head too.

MR. SIEBERT: I've got a note for it. But yes, we can talk offline.

MR. CALHOUN: Okay.

CHAIRMAN GRIFFON: Okay, so this is sort of pushed forward.

MR. KATZ: So maybe if we can get those written materials at least a month in advance of the next meeting, then the Members would have plenty of time to give you feedback if we're missing the mark.

CHAIRMAN GRIFFON: I'm just sort of taking minutes on this, right on the agenda just so we have these for next time. Okay, so I think we can move onto this next item, which is items related to NIOSH 10-year Review.

And these were two of, just as a reminder, these are two items that were in the 10-year Review that, if you remember that one of our Board Members, I know we went through all these and we had a discussion of which

ones made sense for the entire Board to discuss, which ones made sense for various committees to sort of take a closer look at.

And these are two that Melius so generously sent our way. So anyway, and we've begun our discussion of these last time but this is an update from DCAS.

MR. CALHOUN: Right. That one also is a little bit confusing to me because I thought that somebody covered this. And basically what we had was we had an evaluation of the resources that it would take to do best estimates.

For all cases we had a review of what would be required to do best estimates for skin cancer cases only. Because a lot of times skin cancer cases will come back as repeats because we have additional cancers frequently.

And all of those will take a tremendous amount of work as far as resources go, trying to get those reconstructions

complete.

CHAIRMAN GRIFFON: I think part of, and I haven't checked the transcript and I have to check a few, just to remind me I have to review several of these past transcripts.

But I think what we had asked for, in addition, because Stu did discuss some of these items. But we asked, do you have a written sort of response to this? Is there something in writing that you did the analysis?

MR. CALHOUN: Yes, we do. We do have that.

MS. LIN: I thought that was shared with them, Subcommittee CF memorandum from Kate Kimpan.

MR. KATZ: Can you keep your voice up, please?

CHAIRMAN GRIFFON: Go ahead, from Kate Kimpan?

MS. LIN: Yes.

CHAIRMAN GRIFFON: I haven't seen

anything from Kate Kimpan.

MEMBER MUNN: She's not here.

CHAIRMAN GRIFFON: I would remember that because I don't see much from Kate. Of course, unless it went to my CDC account which I don't check as much.

MR. CALHOUN: Yes, there was a big write-up about all of that, and what the details of it, and what we thought the costs would be as far as FTEs. I'll get that distributed if that hasn't been --

Yes, that was months and months --

MEMBER MUNN: Yes, from Kate.

MR. CALHOUN: I'll follow up on that though and see.

CHAIRMAN GRIFFON: Okay, I may be wrong but I don't know, asking my other Subcommittees if anybody has seen that. I don't recall seeing that.

MEMBER KOTELCHUCK: Hello?

MR. KATZ: Hello.

MEMBER KOTELCHUCK: Hi, Dave

Kotelchuck calling here from New York.

MR. KATZ: Oh welcome, David.

MEMBER KOTELCHUCK: Hi.

CHAIRMAN GRIFFON: Hi Dave.

MEMBER KOTELCHUCK: Hi.

MR. KATZ: David's joining us. He's not yet a Member of the Subcommittee, but he's going to be joining the Subcommittee after this meeting. So I invited him to come listen in.

MEMBER MUNN: That's nice.

MEMBER KOTELCHUCK: Okay, great, great.

CHAIRMAN GRIFFON: Hopefully we don't confuse you too much, Dave. Yes.

MEMBER KOTELCHUCK: Well, I'm going to learn what I can learn.

CHAIRMAN GRIFFON: That's fine. This is Mark Griffon by the way.

MEMBER KOTELCHUCK: Hey, Mark, how are you? Regards from your friend [Identifying information redacted] who I saw

yesterday.

CHAIRMAN GRIFFON: Oh, great, great. We'll try to make sure we say our names when we speak so that you can get used to the --

MEMBER KOTELCHUCK: That would be appreciated.

CHAIRMAN GRIFFON: Alright, thanks, glad you could join.

MEMBER KOTELCHUCK: Yes, me too.

CHAIRMAN GRIFFON: So on this item --

MR. CALHOUN: So I've got written down, I'm going to follow up on the written evaluation of the process and make sure everybody has got it. I'll check to see if it was distributed. But even if it wasn't, I will make sure that it is.

MR. KATZ: Yes, I think you're right. I think it has been distributed.

MR. CALHOUN: I think so too. But that's okay, we can redistribute. That

doesn't seem like a difficult thing.

CHAIRMAN GRIFFON: But -- Mark Griffon -- just the bottom line on this was that you've sort of done these different assessments and you've determined that really there's no good way to triage --

MR. CALHOUN: Well, there a couple things that we can do that we're looking at. And it's like there's, for example one of the ideas that, it shouldn't take a whole lot of time, is to actually use actual zeros for missed dose for example, instead of just assume that there were 12 TLD exchanges or whatever the frequency was.

Same thing goes with medical X-rays. If we're getting good records from the site, instead of just assuming a certain number of medical X-rays, we can use the actual ones. Those are a couple of the changes that we can make that are not so painful.

CHAIRMAN GRIFFON: Okay.

MR. STIVER: Great, this is John Stiver. I was looking through the transcripts and there's hardly a discussion about Stu looking up the cost and things.

And it seemed to me that if the decision that he had made, of the point was just to not try to eliminate the over-estimates, but to include a communications piece in the follow-up reconstruction for the best estimate.

MR. CALHOUN: Or to beef up what we've got?

MR. STIVER: Yes, to explain what was done and why, and was wondering if there had been any follow-up on that, if you guys are indeed already doing that?

MR. CALHOUN: We are, but evidently it's not either being communicated well enough or it's not meeting some people's needs.

But if you look at any re-work, or every dose reconstruction actually has a few sentences in it that say any subsequent

revision of this case may result in a reduction of the dose assigned because this was an over-estimate.

MR. STIVER: Right.

MR. CALHOUN: And then, when we do an over-estimate, there's an explanation, or when we do a revised, there is an explanation as to what the previous dose was, the new dose was, and why it changed.

So it's fairly clear to me but it's probably not as clear to a claimant. So we have to look at that and see if there is some communications improvement to make on that.

MR. STIVER: Yes, I think this was something Brant was going to take up before he left. So it might've gotten lost.

MR. CALHOUN: Yes, I like throwing Brant under the bus while he's not here. So yes, because that was his task.

MR. STIVER: See what happens when you leave.

MR. CALHOUN: But no, we'll check

on that too. So that's where that is but you know you can always do better.

CHAIRMAN GRIFFON: This is Mark Griffon again. I'm curious, in looking at the write-up for another reason, wondering if in any way you consider the costs on the other side, the cost of not doing the full, and that some of that is a little bit difficult to calculate.

But I think there would be resources, implications for correspondence. In other words, if a person gets another cancer, you reassess their case, the dose goes down. You get communications from this person saying, what the heck? And this goes back and forth --

MR. CALHOUN: I am not sure it goes much more than a COI, the current out interview that we have to do every time but we could check for that.

My gut tells me that there's not significant increase in that. But it's more

on the lines; we get a lot more of the questions at the Outreach meetings and things like that about those kinds of issues.

MR. SIEBERT: This is Scott Siebert from ORAU. I've talked to our claimant communication folks and yes, we had this issue a lot quite awhile ago.

And I know the Subcommittee talked about it and that is why we added a section that Grady is discussing right here, quite a few years ago, and actually since that time the incidents of people asking that question has reduced significantly.

CHAIRMAN GRIFFON: Do you have any explanation of why that would be, Scott?

MR. SIEBERT: Well, there could be --

CHAIRMAN GRIFFON: Because of better communications?

MR. SIEBERT: They're getting the information in the Dose Reconstruction Report. When we do the revision, we lay out what all

the revision portions are and then also, can discuss that specifically and to close that interview. So that has been reduced significantly.

CHAIRMAN GRIFFON: Okay, yes, that's good. Alright, and what about the second item there, Grady?

MR. CALHOUN: Okay. I actually got this from Dr. Neton here. And he actually just gave me some words and I'm just going to read them to you.

The recommendation was that DCAS should consider future research to better characterize the degree of claimant-favorability that is afforded by current methods for adjusting doses for measured biases, including the bias from exposures below detection. That was the recommendation.

Jim's report on status is, "DCAS is developing a list of practices to contribute to claimant-favorability, which will use the article published in the special edition of

the Health Physics Journal as a starting point.

Subsequent to this, dose reconstructions will be selected for re-work, substituting best estimate parameters for those that are claimant-favorable.

It's expected that one area where this can be readily demonstrated is in the area of missed dose assignment. If maximum likelihood estimates are substituted for our current practice, it is expected that doses will go down dramatically. This item is in progress." So that's what Jim reported.

CHAIRMAN GRIFFON: Can you remind us which Health Physics issue that was? It was awhile ago. Do you know?

MR. CALHOUN: I can not. This is from the 10-year Review.

CHAIRMAN GRIFFON: Yes.

MR. CALHOUN: And the actual recommendation was that DCAS should consider future research to better characterize the

degree of claimant-favorability that is supported by current methods for adjusting doses for measurement biases.

CHAIRMAN GRIFFON: Jim references in that response in the Health Physics special issue.

MR. CALHOUN: Oh, yes, that's a journal. I don't know what that is. I'll ask him.

CHAIRMAN GRIFFON: The special issue, I remember getting it.

MR. SIEBERT: This is Scott Siebert. It's the summer issue, special issue of 2008.

CHAIRMAN GRIFFON: Thank you.

MR. CALHOUN: Good job, Scott. You're allowed to come back next meeting.

MEMBER MUNN: Yes he is.

MR. SIEBERT: Thank you very --

MEMBER RICHARDSON: Could I -- this is David Richardson.

MR. KATZ: Yes?

MEMBER RICHARDSON: When DCAS works on that report, could I make a suggestion? There's something I've been struggling with and I would appreciate some clarification on how DCAS is thinking about this.

Is to start with the term claimant-favorability, and to offer an explicit definition of what that means. And whether something is claimant-favorable on average, or whether it's claimant-favorable on a claimant-by-claimant basis.

Some of the lines of discussion, if we're talking about missed dose and a distinction between it, imputing the expected dose versus imputing a over-estimate, not an over-estimate, imputing a value which is based on something more of the tail of the distribution.

I understand the contention that on average it's claimant-favorable. But imputing the 95th percentile still means that there's five percent of the population that you've not

been favorable to, and 95 percent to which you have been favorable to.

So I think what needs to be worked out, for me to understand, or evaluate, what your contention of how you're viewing claimant-favorability needs to clarify whether you're talking about that tail.

Are you favorable to that tail? Or what percentage of the population do you want to be favorable to versus not favorable to? That's never been clear to me.

MR. CALHOUN: Okay, I'm busily writing.

MEMBER RICHARDSON: Okay. And how would you work on being favorable to all claimants? Or are you just concerned with being favorable to the average claimant?

MR. KATZ: Or to 95 percent?

MEMBER RICHARDSON: Right. You can draw the line, but right now it's just being used as though it's self-evident, what we're talking about, and it's not evident to me at

all.

MEMBER MUNN: David, this is Wanda. I'm probably speaking out of turn because I certainly am not an expert in statistical probability.

But my understanding of, and I think probably a common understanding of, the probabilities does not necessarily mean that, if you say with a 95 percent certainty, it doesn't necessarily mean that you've been favorable to 95 percent of the people, and unfavorable to others.

It means that you are that confident of the accuracy of the assessment you're making. No? Is that an error?

MEMBER RICHARDSON: Here it would be an error, yes. Because we're talking about a kind of a, what I would call an empirical distribution of a set of values.

There's no randomization which has been invoked to randomly assign people doses. We're imagining that there's a distribution of

people who received different values of doses in a given year.

And you could characterize that distribution by the average value, and the median value, and you could say 90 percent of the people had doses above something or below something.

But you would still say empirically there were people who had values substantially greater than the mean, the median, or any percentile.

I think that's the model that you would have to work on here. Not that we randomize people to doses, and then we could talk about our confidence in the assigned value of a probability --

MEMBER MUNN: I see what you're saying, but --

MEMBER RICHARDSON: These aren't like stochastic models or models that follow from randomization. These are empirical distributions. And we believe that some

people have higher exposures than others. And we want to assign a value.

And what we say is favorable is only favorable to everybody if we peg that upper bound at the 100th percentile.

MEMBER MUNN: But it seems to me that it would require, I understand why you say. But it seems to me that it would require very careful evaluation of what that range of doses actually was. It's one thing --

MEMBER RICHARDSON: Yes, absolutely.

MEMBER MUNN: -- if the range of dose is only a few millirem outside of your 95 percentile figure but it's another thing if you have major outliers.

MEMBER RICHARDSON: Right.

MEMBER MUNN: So it would seem to be difficult to respond to the request, as to how accurate you want to be in all cases without, it seems to me you'd have to do a case by case evaluation of what the range of

values actually was in order to make a very strong statement one way or the other.

MEMBER RICHARDSON: Right. I absolutely agree with you and I think you're right on the point, that I've been struggling with, is starting by understanding, what's their goal in terms of claimant-favorability.

Is it to be favorable to everybody, to be favorable on average, to be favorable to some proportion that's greater or less than 50 percent?

Once you would define that, then you could understand what would the conditions be under which you could be favorable to that group of the population.

But that's not been defined for me. And I think your other point of it's easier to do that when the variation and the exposure is narrow, and when the variation is large.

So what I'm talking about, kind of the idea that true distribution of doses, when it has long tails, it gets increasingly hard

to make a convincing argument that you're being claimant-favorable if by that you mean favorable to everybody.

Like for the medical doses or something, I think you can be generally confident that the variation around the mean and median is not very high, at least in contemporary situations.

If I'm taking that as an imagined scenario, you could do that. But in situations where there's a lot of variability, I really struggle to think about to who we're being claimant-favorable to and to who's being omitted by that.

MEMBER MUNN: I understand what you're saying. One other question that, perhaps Jenny is more familiar with the Act itself than I. Is this language not in the Act?

MR. KATZ: No.

MS. LIN: No.

MEMBER MUNN: Okay. Is it

something that we --

MR. KATZ: This is regulatory language, or not even regulatory language, this is --

MS. LIN: It's not even regulatory guys because --

(Simultaneous speaking.)

MS. LIN: It is not even specifically in preamble. But we're talked about giving the claimants the benefit of the doubt.

MR. KATZ: Benefit of the doubt is the term we --

MS. LIN: Right. And so that boils down to claimant-favorability. So really it's ungrounded in a statute or the regulations.

MEMBER MUNN: Yes, that's what I wanted to be very sure of.

CHAIRMAN GRIFFON: So I think the fundamental request David asked is a good one.

MEMBER MUNN: Is a good one.

CHAIRMAN GRIFFON: Yes, it's just

the thought but define it. How are you defining claimant-favorability?

MEMBER MUNN: Well, we've all struggled with that.

CHAIRMAN GRIFFON: Yes, and it's come up many, many times.

MR. KATZ: I don't think anyone's every picked out the nuance that David just picked out, which I think is an important one.

But I would just also note, I think I'm familiar with a lot of different kinds of claimant-favorability sort of approaches that are used in this program. And they don't all fit that basket whatsoever.

Some of the assumptions are broad sweeping assumptions that are very favorable, but there is also, even sort of related to what David is saying, there, for example I believe, sometimes you take 95th percentile by year for a certain scenario and you apply those all.

So even though, for a given year,

what David is saying is correct, five percent would be above. When you compound that by going over multiple years and you're taking the 95th percentile value, the chances of an individual having, for each year, been in the top five percent becomes diminishingly small, right, David?

MEMBER RICHARDSON: Again, it matters if there is correlation in people. And I would, in some occupational settings it would be very plausible that the people who are outliers in a year become outliers --

MR. KATZ: Right.

MEMBER RICHARDSON: -- repeatedly because of some characteristic of their jobs.

MR. STIVER: Right. This is John Stiver. I've seen that happen on occasions.

CHAIRMAN GRIFFON: Yes, and we actually have discussed this particular thing at length with several scenarios. I can remember the AEC cases, where we often don't have individual data.

And we've had this discussion of well, what about the maintenance guy that's working in the furnace area where they're likely to get the highest exposures all the time. They're above the 95th. So this is the same kind of scenario. We just did it in a more sort of pragmatic cases.

MR. KATZ: Sure.

CHAIRMAN GRIFFON: And I guess the bottom line is, we had asked for, how is NIOSH defining claimant-favorability and then what, depending on how you define that, are you trying to be claimant-favorable to all.

If that's the goal, then what pieces, or what things, are in place to assure that. And some of the discussions that you just laid out, Ted, might be appropriate in there, that here's our argument for why coworker models can be used in the fashion, you know, something like that.

MEMBER MUNN: Well, and the best available science issue comes to play at some

juncture when you're assigning favorability.

MR. KATZ: Yes, anyway my point was just; I think it's sort of a complex answer -

CHAIRMAN GRIFFON: Yes.

MR. KATZ: -- because there are all sorts of assumptions that get used even for a given reconstruction scenario.

CHAIRMAN GRIFFON: Right.

MR. KATZ: And sort of, you'd have multiple answers, even for a given scenario in some cases.

CHAIRMAN GRIFFON: Yes.

MR. KATZ: Parts of it would be claimant-favorable to everyone; parts of it would claimant-favorable --

CHAIRMAN GRIFFON: It gets very complicated very quickly, right.

MR. KATZ: -- to a majority of the population part might be, yes.

MR. CALHOUN: Right, because generally speaking we assign the 95th percentile, or any kind of coworker, or

whatever, to people without monitoring data.

And generally speaking, the people with that monitoring data are not as highly exposed as the people that we based that distribution on.

And, of course, there's going to be people that were more highly exposed without monitoring data but generally speaking, that's how things work out. And then we also, remember we can never, ever, ever forget the 99th percentile that we use for Probability of Causation.

CHAIRMAN GRIFFON: Right.

MR. CALHOUN: Yes, I'm going to check on that. We're going to get that in our to-do list, David.

CHAIRMAN GRIFFON: Yes. Okay, anything else on that topic, David? I think that's a good clarification.

MEMBER RICHARDSON: No, that was it.

CHAIRMAN GRIFFON: Alright. Okay,

so we'll be looking forward to more statements from Jim Neton.

MR. CALHOUN: Yes. He's getting this right now, as we speak.

CHAIRMAN GRIFFON: Alright, let's see. I'm going to skip over the next two items and go to the accelerating DR issue resolution process. Because then the other ones get more into the experiment filings and stuff.

But I think we want to discuss this, I guess possible ways that we can accelerate the DR issue resolution process. The process we go through here in the Subcommittee.

And we've had some discussions offline outside the Subcommittee. SC&A has been thinking about this because a lot of the matrices are backlogged at SC&A. And they also want to continue the work with their dose reconstructors or reviewers.

So I guess the best way to start

this would be to have John introduce, John's put forward some proposals or proposal. And maybe we can just put that on the table and have a discussion on that, yes.

MR. STIVER: Yes, this is John Stiver. At the present time, we've kind of been the overall historical figure here.

We've been tasked to perform a little over 400 dose reconstruction audits. Of that 400, we have discovered approximately 10,063 total findings. And of those, about 65 percent have been resolved in the Subcommittee setting.

We have completed up through 13 sets of these, a total of 15. Thirteen have been delivered. The 14th is undergoing the one-on-one discussions, the resolution, not really resolution but just an explanations with Subcommittee Members. And the 15th is nearing completion at this point.

So we have basically a backlog of about 375 findings. So we're looking at

different ways that we might tackle this backlog and get it reduced within a reasonable period of time, so that it doesn't impact via the dose reconstruction audit process or the flow.

And it's not a real technically difficult problem. Basically what we need to do is, is just devote more time, more meetings to defining resolution process. And also, we've thought of different ways of looking at and grouping the different types of cases.

And in regards to the first aspect, what we thought was, at the last meeting we come up with the idea of basically just going back to more of a bimonthly schedule of these Dose Reconstruction Subcommittee meetings, to where a good portion of that period would be spent in findings resolution.

But also, we've considered, at the last meeting as well, if you recall, authorizing the SC&A subject matter experts to speak directly with their DCAS counterparts.

And the reason being is that it's become fairly obvious that a lot of these issues are the result of miscommunication. We don't really know what DCAS had in mind when they did a certain thing on the dose reconstruction so we do our best estimate of what we believe happened.

And often times there's just a miscommunication. And this is the type of thing that could be resolved between the subject matter experts in the informal setting.

Of course, the rub becomes well, how are we going to record what happened and when? We don't want to just come to a meeting and have them say Doug, oh yes, I've talked to Scott.

And those first 20 findings, we decided that there's no problem and we'll just let it go. And just take our word for it. So there has to be some rigor maintained in this process. And how are we going to keep the

auditor, obviously tension, if you will, alive.

And also, there is the issue of how do we take concise minutes of these different types of interactions. And so, what we thought might be a good way to do this is to have these, what we call findings discussion meetings.

Because they're not really resolving anything, but we're maybe going to calculate a conditional resolution or conditional understanding.

And so these would take place between, either on a teleconference or possibly in a face-to-face setting where Doug or I, or both of us, or whoever the particular subject matter expert has to be, would get in touch with our counterpart, probably Scott Siebert or Mutty Sharfi, or whoever else might be the person of interest.

And go through a series of email exchanges, which probably get a lot of this

stuff resolved before doing a face-to-face, you know, just capture this in the matrix.

And those things that really are kind of a real loggerheads, there's some real tension then, we can either come out here, just the manager, or have a teleconference, where we would have a neutral ombudsman, thirty party person, who doesn't have a stake in any of these findings or the originators, who could take the minutes and provide kind of an impartial evaluation of what took place during that meeting.

Of course, there would be a record in the matrix, either in Excel or Access format, it doesn't really matter what form you use just as long as concise record is maintained.

Those issues, or actually all of it, would be brought before the whole Subcommittee meeting at the bimonthly meetings.

And basically we would present what

has taken place at the actual meetings. And the Board then, or the Subcommittee, would decide on the resolution of those issues.

And also, there are going to be some that are going to be kind of programmatic-wide or maybe a quality type thing. And those would be kind of a subject that could be discussed, rather than every single type, which is often the case.

We also thought what would be the best way to allocate or to reorganize the cases. Now we've been doing it by sets. Often you have a whole mixture of different types of sites, depending on what the Board felt was the best thing to look at for, find issues.

MR. KATZ: Could we, John, I just want to --

MR. STIVER: Yes.

MR. KATZ: Could I suggest we just address one approach at a time?

MR. STIVER: Okay, alright.

MR. KATZ: As opposed to launching into the second.

MR. STIVER: Okay. In a few reports we thought of looking at the cases by site would allow us to really optimize the process. Because then we could have our subject matter expert, DCAS get together and look at them by site.

And about two-thirds of the findings could be readily handled that way. The other third are basically on an individual site. So we could be back to the old way. But there's a lot of findings that can be knocked out pretty quickly, we believe, by grouping them that way.

CHAIRMAN GRIFFON: And just for the Subcommittee's purposes, there is a paper, I think you all got this paper from John, DR Backlog Reduction Plan.

MR. KATZ: No.

CHAIRMAN GRIFFON: Oh, that didn't get circulated?

MR. KATZ: That hasn't been circulated.

CHAIRMAN GRIFFON: Okay, alright.

MR. STIVER: So we can certainly do that. I know DCAS hasn't gotten it.

CHAIRMAN GRIFFON: Oh, okay. I didn't know if that was forwarded to all right before the meeting.

MR. STIVER: Yes, that really lays out the detail.

CHAIRMAN GRIFFON: Yes. I think that, is there a --

MR. KATZ: No, that was a problem. But circulating it before, we had a call.

(Simultaneous speaking.)

MR. SIEBERT: Hey, Ted, I'm sorry, this is Scott and I hate to interrupt. But I'm hearing some typing on the line, just a reminder for people to mute their phones, sorry about that.

MR. KATZ: No, it's not from the room. It didn't come from in the room, I

don't think. It's someone else on the line who types.

CHAIRMAN GRIFFON: Okay.

MR. KATZ: It stopped.

MR. STIVER: They're listening.

CHAIRMAN GRIFFON: Well, maybe we can, I think it would be worthwhile forwarding --

MR. KATZ: Yes.

CHAIRMAN GRIFFON: -- Committee Members, yes, yes.

MR. KATZ: Yes. So just to be clear about John's, because there's one thing that John said that concerns me a little bit.

But the idea is to, in between Subcommittee meetings which would be accelerated to some extent, we would have these joint staff-to-staff meetings.

There would be an open line, at minimum, so that a Board Member who wanted to listen in could listen in. As long as we don't have a quorum, we're fine with that in

terms of the Subcommittee.

So it will be an open line to listen in. The one thing that just concerned me about what you said, John, is the exchange of emails. It's going to get very disorganized if there's a sort of pell-mell exchanging on particular cases, of emails as well, going on staff to staff.

So I would just suggest, if you're going to have written exchanges, they just be done in one ballast that goes back and forth in a very organized fashion, but not willy-nilly if you have questions about cases and so on.

Or it will be impossible, really, for the Subcommittee to keep a good sense of what's going on in terms of staff-staff communication.

MR. STIVER: Right. So I probably didn't keep that tight, state that as clearly as I should've. It would be basically entering values or statements into the matrix.

It would be like an exchange, not a series of emails going back and forth.

MR. KATZ: No, I mean the matrix but the matrix is to record progress. But if you're going to have exchanges, I have nothing against having written exchanges and email.

But then let's do it on a set basis or whatever, in a compiled fashion that gets a compiled response, not individually. That's my only point --

CHAIRMAN GRIFFON: Yes, anyways, the type because if you start to --

MR. KATZ: Right.

(Simultaneous speaking.)

CHAIRMAN GRIFFON: -- too much commingling of staff, yes. You want to keep your roles separate.

MR. STIVER: Okay. At this point, we're trying to be flexible and put ideas out there to see what you guys think. And this is really --

MR. FARVER: The way I see it, it's

just not much different than what we're doing, other than it should be quicker.

MR. KATZ: No --

MR. FARVER: They're still going to have their findings. They're going to respond, like they did to the Category A. We're going to look at their responses and we're either going to have questions or --

CHAIRMAN GRIFFON: Yes, let me just do an overview from my perspective. I think, having done this -- how many years have we done this Wanda, ten years or so the Subcommittee has been in effect.

A lot of times there is confusion on a response. So we wait three months. We have a meeting. There's confusion. Then NIOSH has to go back and clarify something and then come to the next meeting with some clarification.

Then there's still confusion. So one finding will carry out over six, nine, 12 months. We're hoping that some of that work

can be dealt with on the staff-to-staff technical calls.

And we just ask that it be clearly documented so that the Subcommittee can see what's happened in those staff-to-staff technical calls, that we don't get this sort of like oh yes, yes, yes, I see what you've done now. And we're all happy with this then.

NIOSH agrees, SC&A agrees, and then that's the report we get back. And we're like wait a second, then we're back to the beginning. So we really need it to be documented.

I don't know, ombudsman, I think is strong term. All we were asking for is that someone that's not involved in the other side or the PR side, so specifically sort of record the notes.

That way a person that's not in the loop as much will get the full context of what happened. I think someone that's taking notes, if it's just, Doug's all it is, and

Scott's the one reviewing on the overall side.

You may have a very minimalist sort of set of notes because you're both engaged in the case. And we want somebody that's not, maybe, as engaged to take the notes so that it gives a more description to the Subcommittee Members.

We can look at it before we convene and have a good sense of what happened, and why you sort of got where you got.

And then again, just to reinforce this for the record, the Subcommittee is resolving these findings. And so any of this technical work between staffs is just to expedite and make the process more efficient.

But, you know, we're not going to have SC&A saying this case is closed, this finding is closed. They're just going to bring back more substance to the Subcommittee, so we can proceed in a more efficient fashion.

And I think this model has merit and we have a large backlog that we want to

move along. So I think it has merit. And I thought it is worth at least trying, putting forward and trying and you know how it goes. So I don't know if other Members have thoughts on this.

MEMBER MUNN: This is Wanda and I certainly have plenty of thoughts on that. Early on we did have technical phone calls between folks and that kind of fell out of favor, somewhere along the way, which I think is unfortunate. Because it seems like a very logical thing to do.

And Mark is certainly correct; we've struggled with this for far too long, and had too many cases where we go back and forth, and back and forth.

I however, am still-- my brain stopped when Ted said ballast and I'm still trying to identify what the ballast is that moves back and forth in a discreet-type fashion. I can't quite envision exactly how that written communication needs to take

place.

CHAIRMAN GRIFFON: I would yes, I'd taken a second to respond. But I was thinking if you have the work, if they do it on sort of a site grouping, which I do think has a lot of merit.

But say you have a Savannah River technical call that you're planning, and I think they could look at all the Savannah River cases in a certain grouping.

And then email a correspondence of all their sort of comments and back and forth, rather than Doug getting on the line, hey I looked at this case. Scott, what were you doing here? That gets too fragmented.

MR. FARVER: See I would prefer to have everything in writing, you know, all responses. It might be something that looks very similar to a matrix where there's NIOSH responses, SC&A response, another NIOSH. And I think you either are going to agree or --

CHAIRMAN GRIFFON: Right.

MR. FARVER: -- and I think at the point, the ones that you disagree on, you meet face-to-face, lock everyone in a room, and everyone brings their data. And you come up with, either you can come up to some agreement on something or you don't agree. And in any case, it comes back to you.

MEMBER MUNN: I heartily approve of the locked in room, yes.

MR. KATZ: So we talked to other Subcommittee Members might mention something. John?

CHAIRMAN GRIFFON: We did talk to Stu -

MR. KATZ: Yesterday.

CHAIRMAN GRIFFON: -- yesterday morning and I think he, in principle, agreed with this.

MR. KATZ: Alright, someone on the line is close to their microphone, I think, so we can hear your breathing. So if you could either mute your phone or --

MR. CALHOUN: Stop breathing.

MR. KATZ: -- stop breathing, says Grady.

MR. CALHOUN: It's a practical solution.

MR. KATZ: Thanks. Grady, Stu thought that we can go down that path, see how, so it would involve, for DCAS it would involve, of course, staff being involved for both site-specific, perhaps, as well as your usual Scott or whoever.

MR. CALHOUN: Yes, I think that's a great idea. I would caution that I would like to put this kind of a process in place to reduce the backlog.

CHAIRMAN GRIFFON: Yes.

MR. CALHOUN: Once we get caught up we can go back to more reasonable meetings, I would think. I would hope that just because we increase our availability, we don't increase the number of findings that come out every month.

I know that that's something that we don't know anything about because it's subjective. But I would really think that that's a great idea to reduce the backlog. And I certainly support that.

CHAIRMAN GRIFFON: And my caution was on the other side of it, which I've cautioned Doug of this before, several years ago. But the idea that if SC&A has a finding, as Doug has pointed out, well, we've had this many times before. It's almost not worth tracking.

And I disagree with that. And we've talked about this. But I disagree with that because I think our overall goal is to look at, we're looking at a small percentage of the overall cases.

So if this is a recurring finding, we need to, not that we have to deliberate long about it because we've seen it, we know what it is. And maybe NIOSH has even dealt with because it's no longer the case. But we

are looking, statistically, at this too. We want to see how often will you sort have this quality assurance --

MR. CALHOUN: I agree on some of them like that. For example, one of my pet peeves is too high of an over-estimate on a non-comp case, I think we should just let those go.

We shouldn't bring those up over, and over, and over because we know why we do that. And unless it was an error with us not following the TBD, I think that just things like that would help streamline our process.

But if we give a very high over-estimate to a non-comp case, how much time should we spend on sending that?

MEMBER MUNN: Are we talking about a --

MR. CALHOUN: That's just one example. If we're looking at an overall way to reduce backlog and streamline the process, that's just one of Grady's.

MR. STIVER: And I would kind of second that. We definitely try to limit our findings to those substantive findings, and those are going to actually have some kind of an impact. There are also observations.

CHAIRMAN GRIFFON: I hesitate on that only because I, and this sort of creeps into the SEC stuff. But I can see an argument that challenges --

(Telephonic interference.)

MR. KATZ: Let me just check, do we still have David? David are you online?

MEMBER KOTELCHUCK: I'm fine. Dave, I'm on the line.

MR. KATZ: Okay, and David Richardson, do we still have you on the international line?

CHAIRMAN GRIFFON: Uh oh. The link-up might have --

MEMBER KOTELCHUCK: I just got a message --

MR. KATZ: No, no, David --

MEMBER KOTELCHUCK: -- that something was happening and I got myself put back on the line. It said there were less than three people on the line and they were terminating it.

MR. KATZ: Okay, I'll try to check with David Richardson though, do we still have you?

MEMBER RICHARDSON: Yes, I'm still on the line.

MR. KATZ: Okay, good.

CHAIRMAN GRIFFON: Okay, good.

MR. KATZ: Alright.

CHAIRMAN GRIFFON: So let's continue. I was just saying that on the over-estimating for non-comp, a lot of times that bridges into the question on, more on the SEC's question, which is are these sufficiently accurate, you know, models that NIOSH is using.

So that's why, I think they've been raised, especially on small AECs, if we're

only looking at one case, so sometimes do bring that up, right?

MR. FARVER: That would be right. The only case -

CHAIRMAN GRIFFON: I understand you're --

MR. FARVER: -- of AWEs, I think.

CHAIRMAN GRIFFON: -- understand your comment but yes.

MR. FARVER: Because I can't remember bringing something like that up on a DOE case.

CHAIRMAN GRIFFON: I would just say, don't dismiss those completely, but I understand. I appreciate.

MR. FARVER: Right, file them a little bit different.

MR. KATZ: I'm sorry, Scott Siebert, are you trying to say something?

MR. CALHOUN: We need Scott.

MR. KATZ: Scott Siebert, are you on the line?

CHAIRMAN GRIFFON: Somehow they dropped off.

MR. CALHOUN: We'll get him.

MR. KATZ: Okay, wait. Dr. Kotelchuck, you're still with us, David? Who do we have on the line?

MEMBER RICHARDSON: Hi, this is David Richardson. I'm still on.

MR. KATZ: So we have you still. Do we have anyone other than --

MS. ROLFES: Scott said he can't anything.

MR. KATZ: Is he still on the line?

MR. ROLFES: No. He said he can't hear anything.

MR. CALHOUN: The call just dropped off.

MR. KATZ: Okay, so I'm going to reconnect the other, the domestic line. That should work. Let's see.

Okay, that's not even, I'm going to have to reestablish the lines, it looks like.

CHAIRMAN GRIFFON: Do we want to --

MR. KATZ: David, if you're still on, I'm hanging up. I'm going to have to reestablish the lines.

CHAIRMAN GRIFFON: Do we want to take a ten minute break right now? Would that be or you want to --

MR. KATZ: Yes, we might as well take a break. But I'm not even sure David's on the line anymore. Okay.

CHAIRMAN GRIFFON: If anybody hears us out there, let's take a break, ten minutes.

(Whereupon, the meeting in the above-entitled matter went off the record at 9:42 a.m. and resumed at 10:01 a.m.)

MR. KATZ: Okay, Mark?

CHAIRMAN GRIFFON: Alright, so we're picking up again on the agenda. We were just talking about the item involving accelerating DR issue resolution process.

And I think, I'm taking it by the comments from the other Board Members, that I

think we agree with this. And NIOSH is in agreement with it, and SC&A is putting it forward.

So I think we would like to initiate this process, at least on a trial basis, see how this goes. And maybe, as Grady said, after the backlog is gone, do we continue? I don't know. We may not see a need. But I think it's worth, at least doing --

MR. STIVER: At least trying it.

CHAIRMAN GRIFFON: -- now. Right. Doug was mentioning in the hallway that he feels like a lot of the technical calls might be actually very short.

Because just sending back and forth the ballast, as Ted was saying, the chunk of cases and going back and forth with some of the written responses, documenting them, of course, that part of it could save a lot of time and gain efficiencies right there. You may not need long technical calls.

MR. STIVER: That's true.

CHAIRMAN GRIFFON: But at least we're approving that you can do both. So I think we should start that soon.

On the second part of it, I was going to propose that, you know, we have these classes of cases that we identified, I forget how. We had a discussion on this. And today we're going to have the first A grouping, right?

MR. STIVER: Yes.

CHAIRMAN GRIFFON: So whether we go forward with the different groupings or whether we try the site idea, which seems to have a lot of merit. I propose, let's wait to discuss that after we to through this A grouping and make a decision toward the end of this meeting. And then we can talk.

I think it might be also worthwhile, like a tentative, just so the Subcommittee know what's happening, a tentative sort of schedule. And I think

you've put that in --

MR. STIVER: Yes, we have a hypothetical --

CHAIRMAN GRIFFON: Right, right. At least for the next --

MR. STIVER: Basically been weighed between the other meetings.

CHAIRMAN GRIFFON: Right, the next technical meeting might be, and say we decide that you're going to take them by sites. So you say Savannah River, and we're going to do it --

MR. STIVER: Yes, that's --

CHAIRMAN GRIFFON: -- over this time frame, right, something like that. Well, we can make that call at the end of the meeting today, if that's okay.

MR. FARVER: But one thing I do think was helpful was that we were addressing all the findings and the kinks. In other words, so there were 34 findings that were looked at --

CHAIRMAN GRIFFON: Right.

MR. FARVER: -- there were only eight cases you had to look at, which was a whole lot easier than having to go through 30 cases for say 30 findings or something.

CHAIRMAN GRIFFON: Right.

MR. FARVER: It made it much easier.

CHAIRMAN GRIFFON: For this grouping here, that we did for that?

MR. FARVER: Yes, that -

CHAIRMAN GRIFFON: Yes, yes. So maybe let's go through these and then we can talk about that best path forward afterwards. Is that Alright for you?

MR. CALHOUN: Yes, that's great.

CHAIRMAN GRIFFON: Okay. Anything else on that? So I'm just going to make a note that we're going to adopt this process.

And I think it's useful because you have some of those statistics in there, which are very useful, on the sites and stuff moving

forward there --

MR. CALHOUN: I'll circulate it.

CHAIRMAN GRIFFON: Okay.

MR. STIVER: I can go ahead and send out --

CHAIRMAN GRIFFON: Forward it to the Subcommittee --

MR. STIVER: -- a mailing to the Subcommittee and the DCAS.

CHAIRMAN GRIFFON: Because you did a nice table of a breakdown of the number of cases by sites and stuff, and just useful statistics to look at, yes.

MR. STIVER: Okay.

CHAIRMAN GRIFFON: Alright.

Okay, let's move on to the next item then, which is start to get into the cases, I guess, which should be -- I'm still typing -- issue resolution for the cases with Category A findings. Does it make sense to start there or do we want to do the 8th set first, Doug?

MR. FARVER: No, we can start with these. You can kind of get a feel for how it goes.

CHAIRMAN GRIFFON: Alright.

MR. STIVER: Should be able to knock these down today. Do you want to lead out on this one?

MR. FARVER: Sure, I'll start off.

CHAIRMAN GRIFFON: Hold on, let's make sure everybody has that document first.

MR. FARVER: Okay.

CHAIRMAN GRIFFON: Yes. That got forwarded to everyone, I assume?

MR. KATZ: David Kotelchuck, you won't have this because you don't have a CDC email address and this has Privacy Act information.

MEMBER KOTELCHUCK: That's alright.

MR. KATZ: But everyone else should have it.

MEMBER KOTELCHUCK: Okay.

CHAIRMAN GRIFFON: So this is

called issues matrix 10th to 13th set, Grouping A, June 2012, SC&A.doc, is that correct?

MR. FARVER: That includes our responses also, yes.

CHAIRMAN GRIFFON: Okay.

MR. KATZ: So Doug, before you launch, you know what, maybe for David Kotelchuck's benefit, you could just explain what this Category A is so that he can follow along with --

MEMBER KOTELCHUCK: Yes, it would be appreciated.

MR. FARVER: Category A, as we defined it, has to do with, did we have the person assigned to the proper location, work location?

So we grouped findings by, do we have the proper location. And then we look at all the findings in that case, that had one of those findings. So as we start off here, you'll see that there are other findings that

don't relate to work location --

CHAIRMAN GRIFFON: Let me just step back a little for David's sake. David, we have a large backlog of, SC&A is reviewing these dose reconstructions.

And they bring the findings to our Subcommittee. And we go through each finding one by one. And over the course of many years, SC&A has got quite a bit ahead of us.

So we have a large backlog of cases. So what we try to do is come up with different ways to group them that might make this resolution process, that we're doing here today, a little more efficient.

And one was to sort of define some categories. Basically these categories were based on findings we've seen many times. We've seen these commonly.

And one that comes up a lot was location. A lot of times, for example, neutron doses, if a person wasn't identified as working in a certain area, there would not

be assigned neutron doses.

But they might have something in their questionnaire that suggest they work there. And that might be different than the dosimetry records, so it's not always straightforward.

So location comes up quite a bit as, you know, why did NIOSH assign neutron doses when the person says they worked in building X. So that's the first category.

MEMBER KOTELCHUCK: Okay, great, thank you.

CHAIRMAN GRIFFON: Okay, so that's what we're going into today.

MEMBER KOTELCHUCK: Good, good.

CHAIRMAN GRIFFON: And Doug, I'll turn it back to you.

MR. FARVER: Okay. The first case has to do with Grand Junction's operations' office. The person was an electrician, worked there for, looks like to me from '51 to '89. So, many years.

And we can look at a matrix and we can see in the first findings we identified has to do with inappropriate procedure, method used to model photon doses.

And really what this comes down to is there was no data for Grand Junction, no worker data, no work site date. So NIOSH applied coworker data from other sites.

And correct me if I'm wrong, Grady and Beth, but I believe what you did is you took is either the lowest doses from multiple sites. It wasn't like you just used coworker data from a single site and applied it. You took doses from multiple sites and applied it to this case.

MR. CALHOUN: Yes, it says complex-wide, coworker data set, yes. And I'm going to count on Scott to jump in here too.

MR. FARVER: And then the basis for, gosh most of the findings for this case is, is it appropriate to use that coworker data for this site. Because it's really not

how we feel coworker data was meant to be applied.

We feel it was meant to be applied to people who worked at a site; they should have data from their coworkers, not from coworkers at other sites. Which brings up the point then, what do you do if you have no data for the site or the worker?

CHAIRMAN GRIFFON: This is an issue that's also been on one of other Work Groups, isn't it? I think this piece of coworker data.

MR. STIVER: Yes, this is under --

CHAIRMAN GRIFFON: Sounds very familiar, yes.

MR. STIVER: -- whether this should be evaluated under the OCAS IG-004 guidance and the Board's criteria for surrogate data. Because this is certainly an example of surrogate data, yes, not necessarily coworker data.

MR. CALHOUN: Yes, that's more of a

TBD policy-type discussion, whether or not we followed the TBD. We do do that in some cases. And we have done that for quite some time.

And I know that it's been under evaluation and we've got ways to look at that. But this was a comp case too, by the way. But we do assign coworker data from other sites if we feel that the processes and the exposures were similar.

CHAIRMAN GRIFFON: Which site is this?

MR. FARVER: This is Grand Junction.

MEMBER CLAWSON: But Grand Junction is unique to itself. So I look at it a little bit different standpoint.

MEMBER POSTON: Yes, that was my concern. It's somewhat unique. And what does complex-wide mean?

MR. CALHOUN: I'd have to look at the TBD to find how many data sets we pulled

from. But I don't know that off the top of my head.

MR. FARVER: You chose doses from different sites.

MR. STIVER: Yes. We have X-10, K-25, Hanford, Paducah, and Portsmouth.

MEMBER POSTON: None of those so far fit the --

MR. SIEBERT: This is Scott Siebert. I can shed some light on this. What was done is the OTIBs that we had for coworker doses, external coworker doses, that were published at the time of the dose reconstruction, which was in 2006.

We looked at the six other sites that had coworker available, that also worked with Uranium. It was Rocky Flats, X-10, K-25, Hanford, Paducah, Savannah River, and Portsmouth. I apologize, that's seven, those seven sites.

And since this claim had multiple BCCs and was likely going to be driven by

external dosimetry, we selected the minimum from any of those sites, for any given year, during his operational period at Grand Junction.

That's where those doses came from. It was a minimizing methodology using the data that was available in coworker, from other sites that used Uranium. And as I say, using only some of the cancer sites, the claim was compensable and paid under the de-minimization.

CHAIRMAN GRIFFON: Okay. I think the reason -

MR. FARVER: The reason we wrote up this finding was not that we necessarily disagree, but does that meet the intent of OTIB-20? Is coworker data from other sites applicable to --

CHAIRMAN GRIFFON: Well, and it becomes more important on this because, correct me if I'm wrong, but I don't think we have any cases from Grand Junction.

MR. FARVER: And if this is the --

CHAIRMAN GRIFFON: And we treat this like a mini AEC, right. So we're reviewing how applicable it is to this whole site, not just the case.

MR. FARVER: And if this is a method that they want to use, put the wording in OTIB-20, that says this is what you do.

MR. SIEBERT: Well, let me also point out -- this is Scott -- let me also point out this was done in 2006. There is a methodology. First of all, Grand Junction has become an SEC through 1975.

We do have a methodology for assessing claims since that SEC. And we are in the middle of updating it for the changes to OTIB-70, I believe.

And once all that work is completed, once again, this will be brought up through DCAS, for whether a PER is appropriate and the claims that have been previously completed for Grand Junction's will fall under

that PER.

MR. FARVER: Well, this goes beyond Grand Junction. This is in general, what do you do for a site that you have no date and you have no worker data? What is the method for assessing that person's dose?

MR. CALHOUN: We'll start out with a coworker approach if we don't have any other data. And then ultimately, we get into the whole SEC world and we can do an 83.14, if that becomes the way of getting things done, if we don't think --

MR. FARVER: And if that's your method, then that needs to be documented that that's what you do. Because the method that you used here was not documented. It's not found in OTIB-20, that this is how you handled cases like this.

MR. SMITH: This is Matthew Smith with ORAU team, just another item to add. And that's an IG that came out two years after this claim was done and that's IG-004. And

that's the IG that covers using surrogate data in the manner that we're talking about here.

MR. STIVER: Thanks Matt.

MR. SMITH: That topic is addressed in that IG.

MR. STIVER: Yes. This is John Stiver. I was just going to bring that up, that there needs to be some linkage between IG-004 and OTIB-20 then, to at least acknowledge that the methodologies that are going to be in place, that use surrogate data, are in accordance with IG-004.

CHAIRMAN GRIFFON: Does NIOSH agree with that?

MR. CALHOUN: Yes, I think that we should have, we'll have someone looking to make sure that there is a link there. But this is one of those cases that's so old, that the way we would do that now, I think, is fairly well documented.

MR. FARVER: Where?

CHAIRMAN GRIFFON: Is OTIB-20 still

in use?

MR. SIEBERT: Yes it is.

MR. STIVER: Yes, this kind of transcends the particular case. I think that somebody with OTIB-20 being used in a way that maybe it wasn't originally intended for.

CHAIRMAN GRIFFON: Yes.

MEMBER POSTON: So Doug, let me understand, if I can. The issue is not what they did, but the fact that there's no documentation. Well, it was what's the procedure.

MR. FARVER: Well, the first question is, is it appropriate what they did?

MEMBER POSTON: Okay.

MR. FARVER: I don't know that that's an adequate method to apply to Grand Junction.

MEMBER POSTON: I think Brad and I would probably agree with you.

MR. FARVER: Now whatever method it is, you need to come up with a method on how

to handle sites where there's no worker data, and no individual data. And whatever it is, document it.

CHAIRMAN GRIFFON: So you have the one specific issue, and then the one more general issue?

MR. FARVER: Is it applicable just to pick and choose data to use at a different site?

CHAIRMAN GRIFFON: Right, and I think the Surrogate Work Group is reviewing this OTIB, or IG-004, right. Is the Surrogate Work Group closed? Or are they --

MR. KATZ: Well, the Work Group's not closed but they've already addressed their criteria for use of surrogate data.

CHAIRMAN GRIFFON: And IG-004 meets that criteria?

MR. KATZ: Yes.

CHAIRMAN GRIFFON: Okay, yes.

MR. KATZ: But I thought Grady was saying normally this would be an 83.14

process.

MR. CALHOUN: Well, it could be. It depends on, we've got so many sites out there that we get to those, when we get to those. And there's a lot of sites out there that could be a group review or 83.14.

But given everything else we've got, they will be eventually. We don't have a list of saying here's what we're going to do. But that certainly is, this one, did that happen? An 83.14?

MEMBER CLAWSON: Actually I thought it did come out as 83.14.

MR. CALHOUN: I just don't --

MEMBER CLAWSON: Well, I think part of the issue is just being the earlier years, on the processes, I think in my personal opinion this was used in the wrong way. I have to agree with that.

But I think we can look back over the last ten years and at the very beginning we had very few 83.14s. And all of sudden

we're starting to look at it in a little bit different aspect.

But still to Doug's question, was it properly used? I don't think so. It's gone in the SEC era, but how many more out there are there like this? I see what your issue is there. But I don't know --

MR. FARVER: And if the method is documented, then you can review the method and say oh okay, we don't agree with this step in the method, right. In other words, for, I don't know, there must be similarity between the sites or something. And there may not be --

MR. STIVER: Well, that's already said, they used Uranium and they had coworker data.

CHAIRMAN GRIFFON: Right.

MR. FARVER: And if that's the method that gets agreed upon, all I'm saying is it needs to be documented. And if it is in 004, then there does need to be some linkage

with the OTIB-20.

MR. CALHOUN: Right. I'll have to check and see because I just don't know off the top of my head if it's in that document, if there's a specific link to Grand Junction.

So I agree that there should be something there. It shouldn't just be hanging out, kind of something, that what sites are applicable to what Steven needs to -

MR. FARVER: Because from our point of view, when we look over this and it talks about the coworker data and OTIB-20, we're going to go to OTIB-20 and try to find the data that was used.

MR. CALHOUN: Yes, right.

MR. FARVER: And we couldn't find it because it was chosen from certain years for different sites, which is what prompted all the findings.

MR. CALHOUN: It shouldn't be terribly difficult to find.

MEMBER CLAWSON: And as me and John

have pointed out, Grand Junction is a player all unto itself. And I don't see any similarities whatsoever.

CHAIRMAN GRIFFON: So the specific issue of referencing, I agree with. The more general question of, is it appropriate to use this coworker data for Grand Junction --

MR. FARVER: Right. Or how do you determine if it's appropriate to use data for a different site? In other words, how do you know --

MR. STIVER: Well, that is what I --

DR FARVER: How do you determine what's similar to Grand Junction in this case?

MR. STIVER: Well, that's what really prompted IG-004 to begin with, was to lay out some criteria for doing the process --

MR. FARVER: Okay, and if it's contained in there, then it just needs to be linked to the coworkers.

CHAIRMAN GRIFFON: But I mean is

this still the process at Grand Junction for, this was an older case. Is this still used?

MR. STIVER: It's SEC after '75 now, so that would kind of lead me to believe that maybe that method was deemed inappropriate.

MR. CALHOUN: Yes, how do we do them outside of that time experience, Scott, do you know off the top of your head?

MR. SIEBERT: There is a residual process. It's only the residual period and it's based on the residual measurements.

MR. CALHOUN: Okay.

CHAIRMAN GRIFFON: So you're using data from the site now though?

MR. SIEBERT: I believe that is correct. I'm not positive off the top of my head but I believe so.

MR. CALHOUN: So that covers most of the operations, the AEC-related operations that the SEC does, sounds like it?

MR. SIEBERT: Also, the SEC is for

the operational period, that's correct.

MR. CALHOUN: Okay.

MEMBER CLAWSON: Scott, this is Brad. Didn't NIOSH put this forth as an 83.14? I just want to make sure.

MR. SIEBERT: Yes.

MEMBER CLAWSON: It was, right?

MR. SIEBERT: Yes, and it was passed, it exists now at the SEC.

MEMBER CLAWSON: Right.

CHAIRMAN GRIFFON: So I put the two actions, one that NIOSH will check on the cross-referencing with TIB-20. And two, that NIOSH will check to verify the current method that's being used for external doses post-1975.

MR. CALHOUN: Oh, post-1975?

CHAIRMAN GRIFFON: Well, because as SEC has been established pre-. Although, you have the non-SEC cancers --

MR. CALHOUN: Yes, but chances are that we won't apply coworker doses. I don't

know that off the top of my head. But that's one of the downfalls of an SEC. Unless we've got actual dosimetry, we typically don't use coworker data, especially from another site if its SEC has been staffed.

CHAIRMAN GRIFFON: Well, I think maybe you can report on that too, just so we know what's been, yes.

MR. SIEBERT: This is Scott. I looked it up while we were talking. I stand corrected; it's not the full operational period. It's through '75. The operational goes through 2001, but the monitoring after '75 was deemed appropriate for dose reconstruction.

MR. KATZ: Okay, so there's now a site-specific TBD covering the operational period after '75?

MR. SIEBERT: There is not a TBD for Grand Junction because there are not enough claims to have justified the resources on a TBD.

There is a methodology that has been completed and DCAS has approved that methodology. And that is what we used. The methodology is listed in each claim. It's part of the write-up of each claim.

MR. KATZ: I see, okay.

CHAIRMAN GRIFFON: Hey, I asked for that five years ago. It's working. Good. It wouldn't be in this one because it's an older one, right?

MR. KATZ: Yes.

MR. SIEBERT: That's correct.

MR. CALHOUN: Yes, so it's looking at historical.

MR. SIEBERT: Right, since this is an older one, the documentation in this explains what was done in the dose reconstruction. However, obviously, that methodology didn't exist at the time.

CHAIRMAN GRIFFON: Can you also provide the method, because I think in this case, that like this is one of the ones that

we picked because we're not going to do many Grand Junction cases. So can you provide that methodology? Even though it didn't apply to this case.

MR. CALHOUN: Yes, I got that written down here.

CHAIRMAN GRIFFON: Okay.

MR. SIEBERT: And I just want to point out, just a heads up on that, that it is being updated as we speak. So the methodology that is presently in place is being updated.

MR. KATZ: But so, Scott, because this is sort of novel even to me with all I've heard. So this methodology doesn't get posted anywhere or documented anywhere except in the actual cases?

MR. SIEBERT: In the Dose Reconstruction Report itself, correct.

MR. CALHOUN: We don't have an approved document that says that, that we regurgitate the methodology so then --

MR. KATZ: So where do you store

that methodology until it goes into a case?

MR. CALHOUN: In a super secret spot.

MR. KATZ: In a super secret spot, okay. Thank you.

CHAIRMAN GRIFFON: That's sort of like the old dose reconstruction --

MR. SIEBERT: We keep the methodology. It's in the template for the site itself. And we also keep it separate, that DCAS has a copy as well that we're working from. It's just not a tracked TBD document as such.

But we do keep it up-to-date. And as I said, we're watching for PERs as changes occur as well. And that's tracked through DCAS.

MEMBER CLAWSON: Then how will Doug know, or do you have access to that?

CHAIRMAN GRIFFON: Well, I think they're going to provide the most current version, even though it's being reviewed.

MR. FARVER: If it's in the case for dose reports then we should see it.

MR. CALHOUN: Yes you will. And generally, those DRs are much longer than the other one because they have to lay out all the methodology inside those reconstructions. So you can either find one. Or I can pull a blank one out that can give a template of what's done.

CHAIRMAN GRIFFON: Yes, I think we just want the template, yes, that's fine.

MR. STIVER: I had a question for Mark. I missed one of the actions. One was to verify IG-004 linkage, identify the current process, but there was a third one.

CHAIRMAN GRIFFON: I mean verified linkage to TIB-20.

MR. STIVER: Yes, I got that one.

CHAIRMAN GRIFFON: And then the second one, I'm not sure about a third one, was to check the current methodology --

MR. STIVER: Okay, got those. I

thought there was a third one though.

CHAIRMAN GRIFFON: And now there's a third one on the methodology, provide the methodology, right. And I'm recording these in this version of the matrix.

MR. STIVER: Okay.

CHAIRMAN GRIFFON: So I'll get it sent out and get a copy.

MEMBER MUNN: That would be nice.

CHAIRMAN GRIFFON: Okay, and just for those on the phone, this is usually about how long it takes us to go through one finding. So we're moving on to finding two.

MR. FARVER: Well, actually it takes care of five findings.

CHAIRMAN GRIFFON: Okay, that's right.

MEMBER KOTELCHUCK: Okay.

MR. FARVER: Because all those findings have to do with the coworker data.

CHAIRMAN GRIFFON: So the next one, tell me which ones are --

MR. STIVER: Takes care of the entire case, doesn't it?

MR. FARVER: Yes, all the one through five. The second one is lack of accounting for photon dose, assignment values --

CHAIRMAN GRIFFON: So all of 226, you're saying?

MR. STIVER: Right.

MR. FARVER: Yes.

MR. STIVER: It's all related to that same issue.

MR. FARVER: And even up to number five, where we had wrote it up that it was inadequate data available to determine a PoC.

That was based on; there was no site data, no worker data. But, you know, because it deemed appropriate to apply the coworker data, the surrogate data, then that takes care of that finding also. It all hinged upon the use of the coworker data.

CHAIRMAN GRIFFON: Okay.

MR. SIEBERT: Hey, Doug?

MR. FARVER: Yes.

MR. SIEBERT: I wanted to let you know, and Mark, I have a suggestion, .2 and .4, actually the finding has to do with the fact that it was not clearly defined as to exactly which OTIBs the dose reconstruction value, the coworker values came from.

The write-up did state that it used the minimum from a cross-section of sites. However, it did not include the specific sites that were used and where the numbers came from.

So I would think, since I also did send along with this response, there's an Excel spreadsheet that lists what the values are and the sites.

I would think that we agreed that that should have been documented better, the Dose Reconstruction Report. So I would think .2 and .4 could both be considered to be closed if you guys wanted to go that

direction.

MEMBER MUNN: Yes.

MR. FARVER: Yes. That's fine. We just had those couple outstanding actions, really, about the coworker data. So yes, we could, .2 and .4 could be closed.

MEMBER MUNN: Closed is always nice, even if it's only a part of the --

CHAIRMAN GRIFFON: So .2 and .4, are you saying they provided the spreadsheet --

MEMBER MUNN: Yes.

CHAIRMAN GRIFFON: Listing the sites that they used. They did give us the documentation.

MR. FARVER: They did explain where the values came from.

CHAIRMAN GRIFFON: Right. Okay. And the other, okay. It's really a housekeeping thing but I'll do that, yes. We'll close that.

MR. FARVER: That's fine.

MEMBER MUNN: Photon doses and electrons.

CHAIRMAN GRIFFON: Okay. You can go ahead on that.

MR. FARVER: Okay, 230.1, personnel monitoring information in CATI not addressed in a DR report. A brief explanation of this case, person worked at ORISE from '48 through '73, and we'll discuss that a little bit later, as purchasing clerk and as a storekeeper.

In the CATI reports, which were done by the claimants, reported that the employee wore a badge for dosimetry. NIOSH's reply is, you know, it could've been referring for security badge and so forth.

But basically they agree that they should've mentioned something in there about the CATI information reporting that the person mentioned that they wore dosimetry.

So with that finding, we agree that they should've put something in there, include

the basis for that finding. We just think they should, under their Section 4 of their Dose Report, they should've added something about the CATI report information. So we recommend closing that item.

CHAIRMAN GRIFFON: So you don't think it would've changed the values in dose reconstruction; you're just saying they should've mentioned it.

MR. FARVER: They should've mentioned it, correct.

MEMBER CLAWSON: This is Brad. We've had this with numerous ones. And Stu has already said that they're trying to implement --

MR. FARVER: And they are, we've --

MR. SIEBERT: Yes, this is Scott. I just want to point out once again; this is from January of 2006. So well before this Subcommittee discussed this issue.

MR. FARVER: Yes, right. So we are seeing cases now where it's putting in much

more information in that section about the CATI report. Okay, move on to --

CHAIRMAN GRIFFON: Yes, that's closed, right?

MR. FARVER: -- 230.2. This is the one that has to do with the employee's work location and potential radiological sources were not documented.

This is where it gets a little tricky. The EE's employer was actually Oak Ridge Institute for Nuclear Studies, not ORISE.

ORAU was established in '46 to manage ORIN. AU's name changed to ORISE in the '90s. The activities of ORINS personnel during the time of the employment period are not well documented in the employee's correspondence file -- states the employee worked at a facility hospital doing cancer studies in the early years.

So there's some question about what the employee did and where the employee

worked, which goes back to the work location and potential radiological sources.

I don't know if you can research any early information on ORINS, than what they did. But that would be the suggestion; you go back and look at what was done in the earlier years.

CHAIRMAN GRIFFON: And I see NIOSH has a lengthy response there. Can you summarize what you are reading as well, Grady?

MR. CALHOUN: Yes. I was actually looking back at some of the other documents --

CHAIRMAN GRIFFON: Yes.

MR. CALHOUN: -- that the EE actually did.

MR. STIVER: Yes, it looks like the work location information was provided after the dose reconstruction was completed.

MR. SIEBERT: Yes, that's correct.

MR. CALHOUN: What's correct, Scott? Sorry.

MR. SIEBERT: The case was

completed in January of 2006. And in our response, telephone conversation occurred in July of that year, you know, six months later, or was documented in July, it was conducted in May of 2006, still after the dose reconstruction was completed.

CHAIRMAN GRIFFON: So you're saying that even though it was after, it didn't cause you to go back and reassess the case?

MR. SIEBERT: It did not at the time.

CHAIRMAN GRIFFON: Should it have?

MR. FARVER: Which brings up the question, what prompts you to go back and look at a case when you get additional information?

MR. CALHOUN: Well, that's a good question. We've actually started doing something now. And I'm not going to give you access to it.

We document every time we receive any information, whether it be from an individual or from the site after a Dose

Reconstruction Report has been completed.

We are in the process now of going through every case for which -- every non-comp case for which we have received data and the DR has already been completed.

We've gone through approximately, I want to say 800 of these already. And we review the case to see if that data would cause an increase in the Probability of Causation.

Now let me keep in mind, that the majority of these, the data we received is the same data that we've already got. But since we've gotten it after the dose reconstruction has been completed, we review the case.

It's documented. And we look to see if the dose reconstruction has been completed. The only one that I'm aware of, where the Probability of Causation went from non-comp to comp, and was paid through an SEC.

So anytime we do have additional data that would cause the Probability of

Causation to go up -- actually there were two.

The other case where the Probability of Causation was likely to go up over 50 percent, we requested a re-work from Department of Labor. They sent the case to us. And we're re-working the case to add the new data.

MR. FARVER: So you generated a PER?

MR. CALHOUN: No, this is called a PAD.

MR. FARVER: PAD.

MR. CALHOUN: This is a post-approval document.

MR. FARVER: Okay.

MR. CALHOUN: Okay. And so what we do is, because a PER is more driven by a site or by a procedure. This is driven by a piece of information that was acquired either through data capture, information received from the site in bulk, or from an employee, or claimant.

CHAIRMAN GRIFFON: That's very good to know. It actually seems like a quality control tool.

MR. CALHOUN: It is, it is.

CHAIRMAN GRIFFON: It's like your other --

MR. CALHOUN: As a matter of fact we're going to try to tout that a little bit in the next Board meeting because it's something that we really have only been doing for three months, probably.

CHAIRMAN GRIFFON: Let me ask a question, which I'm assuming you can't answer today.

MR. CALHOUN: Okay.

CHAIRMAN GRIFFON: But does this case -- but I'll document it -- does this case fall into the 800 that you mentioned? Was this one captured?

MR. CALHOUN: You know, if you give me a little bit of time and continue, I might be able to figure that out.

CHAIRMAN GRIFFON: Maybe a little --

MR. CALHOUN: Because I've got a spreadsheet.

CHAIRMAN GRIFFON: You have the case numbers.

MR. CALHOUN: I do, I do.

CHAIRMAN GRIFFON: Because that would be interesting to know because --

MR. CALHOUN: Do you know if that was the case, Scott, off the top of your head?

MR. SIEBERT: I am looking as we speak.

MR. CALHOUN: Okay.

CHAIRMAN GRIFFON: Okay. Maybe you can answer it, okay.

MS. ROLFES: I was going to say also, when an EE dies and there's new survivor, I always get an email through the PHA, uplink health advisor asking if their CATI will impact the DR? I get one of those a week.

MR. CALHOUN: If there is --

MEMBER KOTELCHUCK: Could the last speaker speak a little louder? I couldn't hear her.

CHAIRMAN GRIFFON: Maybe say your name, yes.

MS. ROLFES: This is Beth. Each time something happens with the CATI, like there's a new one and there's a new survivor, or the EE dies, I get an email from the PHA asking to make sure there's no impact. Or if there are new DOE records that come over, it's always relayed to the HP.

MR. CALHOUN: Right. What happens is, just an example, is sometimes we'll have either, let's just say a child decides that now they want to provide a CATI and they didn't in the past. Or the Energy employee dies. And it's somewhere in the process where the case has not been fully adjudicated.

So what will happen is we offer them an opportunity to do the computer

assisted (simultaneous speaking) view. We will get the HP doing that dose reconstruction; we'll get a copy of that CATI.

And let's just say, for example, they list an incident that we knew nothing about in the EE's CATI, we'll re-work a time. We'll make a request from the Department of Labor to open up that claim and redo it.

MEMBER KOTELCHUCK: Okay, thanks.

CHAIRMAN GRIFFON: Thanks and yes, and thank you for defining CATI. I think I almost want to institute something that Tara O'Toole did at some old meetings with the Department of Energy, DOE, when we had these advisory board meetings.

She put a jar on the table and said anytime we use an acronym without defining, you had to put like ten cents in or something.

MR. CALHOUN: Because you don't want to use a TIB or TBD to determine the PoC.

CHAIRMAN GRIFFON: Yes.

MR. CALHOUN: Or the SEC.

CHAIRMAN GRIFFON: Exactly.

CHAIRMAN GRIFFON: Since we have Dave Kotelchuck joining our Subcommittee, I think we should make sure we define these acronyms as we go through.

MEMBER KOTELCHUCK: Great, yes, appreciate it.

CHAIRMAN GRIFFON: And we apologize for all the ones we've used to this point.

MEMBER KOTELCHUCK: Okay.

MEMBER MUNN: After 12 years TBD still means “to be determined.” I have to think the wrong setting for “to be determined.”

MR. SIEBERT: This is Scott. I have an answer on the PAD question, which stands for “post-approval dosimetry”. This claim is not a part of that because the additional information did not come in as a response from DOE or DOL.

This information was relayed by the claimant during the close-out interview

process, discussed during the close-out interview. And the claimant was satisfied with the answer and the claim was moved forward.

CHAIRMAN GRIFFON: Okay, so this came through a different process. So it wasn't captured in --

MEMBER MUNN: Right.

CHAIRMAN GRIFFON: Alright. And would that information be in the case file, that Doug would've looked at in the review?

MR. CALHOUN: It would certainly be documented in the phone log.

CHAIRMAN GRIFFON: That the claimant was satisfied?

MR. CALHOUN: Yes.

CHAIRMAN GRIFFON: Yes, so it would've been the phone log.

MR. SIEBERT: Yes, it's May 19th, 2006. I'm looking at it in the phone log right now.

MR. FARVER: So if the claimant is

satisfied, it's okay?

CHAIRMAN GRIFFON: Well, that's the question I have, yes. You get an agreement from a, theoretically, a non-technical person. You've convinced them that it's okay, but there's no further action on NIOSH's part when you get --

MR. CALHOUN: Well, we certainly look at that. We look at it and make an evaluation of it and that's why we either do, or redo, or do not revise the dose reconstruction.

CHAIRMAN GRIFFON: Right.

MR. CALHOUN: And then we explain to them what we did or didn't do.

CHAIRMAN GRIFFON: I appreciate, that other review is very, that seems very appropriate. But this case doesn't meet that criteria.

MR. FARVER: No, I would think that this would prompt some action --

CHAIRMAN GRIFFON: So this triggers

some other action? Right, that's what I'm asking.

MR. FARVER: -- even if it's looking at and saying we looked at it, you know, a memo to file. We looked at it. It doesn't impact the case, boom and move on. But that didn't happen and there doesn't appear to be a mechanism for that to happen.

MR. CALHOUN: I don't know what detail is in the phone log about that. I can look that up. Is there anything in there, Scott, that goes into much detail about that?

MR. SIEBERT: It's specifically discussing his lack of a dosimeter and discussion with the claimant. And they agree that maybe it was an identification badge as opposed to a dosimeter, since there is no records whatsoever. There is mention, the facility cancer studies.

MR. CALHOUN: And you got to take into account, I guess his description is purchasing/storekeeper/accounting clerk and

property supply clerk.

MEMBER MUNN: Yes, highly unlikely.

CHAIRMAN GRIFFON: Yes.

MR. CALHOUN: The likelihood of exposure is probably pretty low too, based on that.

MEMBER MUNN: Very low.

MEMBER CLAWSON: I wouldn't agree with that because I watched a lot of our purchasing agents and everybody has to bring all the product and go through them, plus hold them up for QA. And they end up getting, in the earlier years, they ended up getting quite a dose because they didn't have everything set up to be able to shield them from a lot of product.

MR. CALHOUN: And that's variable from site to site.

MEMBER CLAWSON: Right. And that's absolutely true.

CHAIRMAN GRIFFON: Is there any further action here? I'm just --

MEMBER MUNN: I don't see how.

CHAIRMAN GRIFFON: Part of me is thinking is there a mechanism to capture, you know, in this case yes, I can see a maybe, it didn't raise as big a red flag.

But is there any mechanism to capture these, similar to the method you described for this other one, where you get information from DOE?

MR. CALHOUN: I think that --

CHAIRMAN GRIFFON: Just because you're getting new information from the claimant, does it prompt --

MR. CALHOUN: It certainly would have, if we would've gotten something that was maybe a little bit more concrete. If we got some kind of documentation of a dosimeter, or an accident that they were actually involved in, or medical X-rays for that matter.

Then that certainly would have prompted a revision of the dose reconstruction. But this is one of those

things where you just kind of, there's really not much of a choice, other than to weigh the information that you've received from somebody.

CHAIRMAN GRIFFON: Yes.

MR. CALHOUN: And try to make a call.

CHAIRMAN GRIFFON: Is there something that describes that that way? Not really?

MR. CALHOUN: I doubt it.

CHAIRMAN GRIFFON: It's a judgment call.

MR. CALHOUN: I doubt it, yes. That's one of those things can't cover everything.

MEMBER MUNN: How detailed can you get?

MR. KATZ: It seems like documenting in the log, when you take the information --

CHAIRMAN GRIFFON: Right.

MR. KATZ: -- is an adequate approach to --

MR. CALHOUN: We're always documenting it in kind.

MR. KATZ: -- that last information that comes in.

CHAIRMAN GRIFFON: Yes.

MR. KATZ: Take away from it.

MEMBER CLAWSON: Well, I thought we had -- this is Brad again -- I thought we had discussed about this. When anything comes in later that it kind of went under the report. I thought that NIOSH was trying to do that.

I know that they have with CATI reports, any updates but I thought well, this kind of fell under that too. Any new information that the claimant had provided would go under --

MR. KATZ: But it can't go in the Dose Reconstruction Report, that's already produced and out the door. So it sort of makes sense that it would end up in the log.

It would go to the Dose Reconstruction Report if there was something to change. Because then you would have a new Dose Reconstruction Report. But you wouldn't really go back and amend the old Dose Reconstruction Report to say we got this information after we finished this case.

MR. FARVER: Right.

MR. KATZ: You need to keep that file, preserve that file, because that's the administrative record for the case as it was handled.

MR. FARVER: You receive new information from a survivor, someone saying that well, we think the person worked at a facility hospital during cancer studies.

Now this is different than the job description that you previously have. You have someone you list as a purchasing clerk and a storekeeper.

So if you get something that different, doesn't that cause you to want to

even look at it and say well gee, this is different than what we have? Should we look at this?

CHAIRMAN GRIFFON: Oh, I thought the new information was purchasing clerk. I misunderstood that.

MR. FARVER: No. The new information was that they worked in a facility hospital. And then when you go back and look at it, previous to ORISE it was called ORINS.

CHAIRMAN GRIFFON: Right.

MR. FARVER: Institute of Nuclear Studies.

MR. CALHOUN: Except it was a different worker placement --

MR. FARVER: Which is different work. So shouldn't that prompt you to go back and look and say --

MR. CALHOUN: I'd have to go back and look at what the, like maybe the DOL initial case file.

MR. FARVER: Which goes back to the

original question, what's the mechanism?

MR. CALHOUN: Scott is ready to tell us on that.

MR. SIEBERT: Well, this is Scott. I just want to read to you from the telephone log. "The survivor states he spent a great deal of time at the hospital. And while it was true he worked in administration, he was also in contact with patients to gather information."

I would assume still did not rise to the level of likely exposure beyond ambient. But that's the information that's in there.

MEMBER MUNN: Spends time there, there's a difference in working there.

MR. FARVER: Well, I understand. Now when you receive information, what level of information prompts you do something? And what's the mechanism to make that happen?

In other words, let's say you talked to the claimant and the claimant said,

they worked in a hospital on nuclear medicine lab. Is that enough information to prompt you to go back and look?

MR. CALHOUN: I think it's enough information to go back and look at, maybe like the DOL initial case file, where DOL verified his employment, to see if there's something that they could've missed that led to that.

MR. FARVER: And is there a mechanism that says, when you receive new information, other than your PAD process, you go back and look at it?

MR. CALHOUN: We document every single phone call.

MR. FARVER: I understand that.

MR. CALHOUN: And so if there's something that's brought up, it's up to us to document a response to that phone call.

MR. FARVER: Okay. So the interviewer could've documented it and let's say it said nuclear medicine, okay. What action is going to happen next?

MR. CALHOUN: They'll go back and look at, maybe the DOL. Like I said, the DOL initial case file because the DOE response has given me nothing.

MR. FARVER: Okay.

MR. CALHOUN: But if I was to go back at the DOL initial case file, which will usually, or sometimes, will give you a more detailed description of where they worked and what they did. And then if I can get there from there and say well, maybe he was. Then that could prompt a --

MR. FARVER: Who's going to look? And what's going to prompt them to look?

MR. CALHOUN: It would go back to the, I hate to speak out of turn here, Scott, tell me what would happen there? Who would look at that? Would the CATI person give that to the HP or what? Scott?

MR. SIEBERT: I'm typing a message to the person who actually does this work --

MR. CALHOUN: Alright. Real time.

MR. STIVER: A minute ago Grady said that this would be a judgment call --

MR. CALHOUN: Yes.

MR. STIVER: -- to determine whether it's substantive. That would probably indicate to me that there isn't really a mechanism, it's just kind of a professional judgment.

CHAIRMAN GRIFFON: I think the path Doug is going down is --

MR. CALHOUN: If we decided it was, how would --

CHAIRMAN GRIFFON: But who's making this judgment?

MR. CALHOUN: Right.

CHAIRMAN GRIFFON: The people doing these phone conversations, they're never --

MR. CALHOUN: They're not qualified to do that.

CHAIRMAN GRIFFON: Right.

MR. CALHOUN: Well, sometimes they are.

CHAIRMAN GRIFFON: Sometimes.

MR. CALHOUN: The close-out interview guys usually is.

CHAIRMAN GRIFFON: Okay, okay.

MR. CALHOUN: The CATI person is less technical.

CHAIRMAN GRIFFON: Yes.

MR. SIEBERT: Well, once again we're talking about two different things. We're talking about historical in this claim, which was done in 2006.

And we're talking about the present day procedures that would require this because, as we've all stated, this process has gotten better over time.

I'm right now looking for the COI procedure; let me give you the number. Procedure 92. It's called Close-out Interview Process.

MR. FARVER: And how do I get a copy of that, Scott?

MR. SIEBERT: All you have to do is

ask, Doug.

MR. FARVER: May I have a copy of that, Scott?

MR. SIEBERT: So let it be written, so let it be done. We had a Revision 0, which was issued in 2005. And Rev 1 has been updated in April of this year to document all the different changes that we have put in place over the last X number of years. I will track down to see if you can get a copy of the historical and the present one.

MR. FARVER: Okay, thank you.

MR. CALHOUN: Well, it would be nice if that document actually describes what to do in these cases.

MR. KATZ: I thought this was information that came in after the case was closed out.

MR. FARVER: It is.

MR. KATZ: So it's not a close-out interview.

MR. SIEBERT: This is Scott. This

is the close-out interview. The process, and this is especially good for David, the process is we complete doing the claim, DCAS, and when I say we I mean the ORAU team, we submit it to DCAS. And they conduct their review and approve the claim.

At that point it comes back to ORAU to conduct a close-out interview, which is when we send a copy out to the claimants and they have a chance to review it.

And then we call them up and walk through it as a closed-out process to get additional information and to determine the relevancy of that additional information.

MEMBER KOTELCHUCK: Good, good.

MR. SIEBERT: And present day, there is a feedback loop. and I believe that even the 2005 version does mention having a feedback loop to the dose reconstruction. But I'm not looking at it as we speak.

As we need to, we answer the questions. And if there are additional

questions that need to be resolved, that gets documented and then the claim can move forward when the claimant turns in the OCAS-1 form, which is stating that they have no additional information beyond what they have already given us.

At that point, they would get finalized and submitted to the Department of Labor.

MEMBER KOTELCHUCK: Thank you.

MR. SIEBERT: Sure thing.

MR. FARVER: Okay, so we'll take a look at those procedures.

CHAIRMAN GRIFFON: Yes, SC&A will look at those, and more for the broad issue than this case specific. But it's good to know the process, yes. Okay.

MR. CALHOUN: I don't even know if I should bring this up or not, but if the claimant is adamant about something in the DR like that, we'll change it. If they say we want you to list that they worked in such and

such a spot, we'll change it. And we'll put it back out to them.

CHAIRMAN GRIFFON: But it may not change the numbers --

MR. CALHOUN: It may, it may not.

CHAIRMAN GRIFFON: Right.

MR. CALHOUN: But there's times where I'm sure it has. It would be impossible for me to get an example.

CHAIRMAN GRIFFON: Yes.

MR. CALHOUN: It's not infrequent that we will change, at least, verbiage in a DR based on a close-out interview.

MEMBER MUNN: People are likely to have strong feelings about whether or not --

CHAIRMAN GRIFFON: Yes, they just want to --

MEMBER MUNN: -- written records accurately reflects their memory.

CHAIRMAN GRIFFON: What they did, right, yes. Alright.

MR. FARVER: The next two are

observations.

CHAIRMAN GRIFFON: Yes.

MR. FARVER: NIOSH provided a response that I won't, I thought we had discussed we really don't have to respond to observations.

MEMBER MUNN: No, not really.

MR. FARVER: Okay.

MEMBER MUNN: But it completes the record more --

MR. FARVER: Yes, that should be fine.

MEMBER MUNN: -- so thank you NIOSH.

CHAIRMAN GRIFFON: We've done it in the past.

MR. FARVER: We don't really have any comments on there. Observations are pretty much not the level of findings, but it's something we found --

MEMBER MUNN: Worthy of comment?

MR. FARVER: Yes. I know there's

one in here, I think that has it, that they've got two tables with the same number on it in the document. So it could be something like that.

MEMBER MUNN: Not terribly salient to --

MR. FARVER: Yes.

MEMBER MUNN: -- dose reconstruction.

MR. STIVER: Although, sometimes they can be.

CHAIRMAN GRIFFON: Yes.

MR. STIVER: You have a situation where there may be an issue with the TBD.

MEMBER MUNN: Now you're just arguing with me.

MR. STIVER: The only reason I bring that up though, not that I'm contending an argument. He had talked with Dr. Melius about possibly considering incorporating some findings related to procedure deficiencies in the DRs. And this is something that's down

the road, something to be thinking about.

CHAIRMAN GRIFFON: That is interesting because I was actually, that's one of my concerns as we've been going through this is that, is there a gap?

I know that the Procedures Subcommittee is looking at the procedures, but then I'm not sure whether we're missing something between the DR reviews and the procedures.

MR. STIVER: That's something that's always bothered me.

CHAIRMAN GRIFFON: Yes.

MR. STIVER: Is determining a mechanism in the DR process to trigger a review, through the Site Profile or the procedure review process.

So when you find something that seems to be, going in and getting an error on the procedure would be. Basically the only portion of the DR audit that addresses that is that Section 1.3, the previous findings, come

out of the Site Profile Reviews.

But there doesn't seem to be a mechanism for identifying deficiencies through this process, that then feeds back into --

MR. FARVER: No, because that should've gone through the Procedure Committee, and they all should be correct.

MEMBER MUNN: Of course they are.

MR. FARVER: See.

MR. STIVER: There you go.

MR. FARVER: They just suggest changes to procedures, like adding wording, or something like that. They don't typically deal with technical changes to procedures.

MR. KATZ: Well, in reality, the way it often works is that John Mauro and others, who are involved in dose reconstruction case reviews, are also involved in procedure reviews.

And as far as what tips them off as to where there's an issue with the procedure when they're reviewing, is their experience

from dose reconstruction cases.

CHAIRMAN GRIFFON: And we have made referrals to the Procedure Subcommittee.

MR. KATZ: Same with the Board Members. So there is actually a connection, it's soft but --

CHAIRMAN GRIFFON: Right, it's soft.

MR. KATZ: -- it operates.

MR. FARVER: And that was a lot of AWE cases are like that, where they're also reviewing a Site Profile at the time.

MR. STIVER: Simultaneous.

MR. FARVER: Yes. And so they will get technical comments, like we'll see in the next findings.

CHAIRMAN GRIFFON: But more, it's sometimes I think, it's some of the concerns that I've got on the procedures, where you saw it and connecting to a site, like it was a site-specific procedure, often times we'll discuss the merit of the procedure, absent the

discussion of, is the data sufficient to be used in this method.

You know what I'm saying? Yes, there's part of it that's a Site Profile issue more than a procedure issue. Sometimes I feel like we're missing or we never get to complete those.

MR. STIVER: Yes, there maybe should be a strong link between the Work Groups, the site Work Groups and the DR.

MR. KATZ: Well, one of the things we discussed is the advantage of doing site -- bunching cases by sites, is exactly this; that it would help us with moving forward issues that are really site-specific TBD issues, getting those addressed.

Because we would be sort of concentrating on that site with a bunch of cases and hence, might have a group of findings that relate to a potential issue with the TBD.

CHAIRMAN GRIFFON: Because quite

frankly --

MR. KATZ: That should work.

CHAIRMAN GRIFFON: Quite frankly the Technical Basis Document, the TBD, Site Profile review, I mean the Work Groups, for the most part, have not done much on Site Profile issues.

MR. KATZ: Right.

CHAIRMAN GRIFFON: They're involved in SEC issues, right?

MR. KATZ: Of course.

CHAIRMAN GRIFFON: Yes. And often we, I know from my personal experience, we rarely have the bandwidth to get back to the Site Profile issues.

MR. KATZ: Yes, we're trying to --

CHAIRMAN GRIFFON: At least currently.

MR. KATZ: We're trying to improve on that these days.

CHAIRMAN GRIFFON: Right.

MR. KATZ: But yes, that's true.

MR. STIVER: Very substantial backlog of those too.

CHAIRMAN GRIFFON: Okay, anyway, a little bit tangent comment, but yes, something we should be aware of.

MEMBER MUNN: But originally, I believe the unofficial thinking was that we have a couple of Members on each of the two Subcommittees. So that issues that clearly carried over from one to the other would be transmitted in an easy and direct manner.

And it seems to have, though we haven't done anything officially with logging that kind of exchange, it seems to have worked basically well.

CHAIRMAN GRIFFON: Yes, I think --

MEMBER MUNN: I don't think --

CHAIRMAN GRIFFON: Like Ted said, it's soft. But I don't think we've, yes, I think we have the connection.

MEMBER MUNN: I don't think we're talking any major issues.

CHAIRMAN GRIFFON: You're the main overlap right now, I think.

MEMBER MUNN: Well, this is -

CHAIRMAN GRIFFON: Yes, anyway. Okay. Shall we move on to -- or do we want to, let's take five because we still got another hour before our lunch time.

I think people might need a little comfort break. Let's take a short five minute break. I call it five; we'll be back in ten.

(Whereupon, the meeting in the above-entitled matter went off the record at 11:04 a.m. and resumed at 11:16 a.m.)

CHAIRMAN GRIFFON: Alright, 259, do you want pick up there, Doug?

MR. FARVER: Okay, 259, Blockson. Basis of the finding is the external dose rates estimated in the Site Profile for Building 55 scenario or an error. And that's too simplified of an explanation.

But this is one of these where we reviewed the Site Profile also, at the time of

this. So we had some comments about the Site Profile. And essentially what it turns out to is, if you assumed that the person works in Building 55, then the NIOSH values are not correct.

But, as in their explanation, they used the claiming scenario because it resolved it in, not necessarily because it was the most accurate, but because it resolved it using a higher PoC, by using the calcining scenario.

CHAIRMAN GRIFFON: It resulted in a higher PoC.

MR. FARVER: Yes. So then if you go back and read all of --

CHAIRMAN GRIFFON: Higher doses, I mean you'd say it's claimant-favored more?

MR. FARVER: Yes. And you can go back and read our report. Basically, what the bottom line of it says however, if you tend to the Site Profiles to correct the dose reconstructor to the more -- oh, no it says -- basically it says if you're using the

calcining scenario, if that was the intent, then it's correct.

So we don't really disagree. We just disagree that maybe this person should've been using the Building 55 scenario.

CHAIRMAN GRIFFON: Oh, so they had a choice of two scenarios?

MR. FARVER: Yes. But the intent was to do a more claimant-favorable approach because --

CHAIRMAN GRIFFON: But is that a post-explanation or was that really, how do we know that they just didn't pick the wrong one?

MR. FARVER: Well, if they picked the wrong one, they picked the higher one.

CHAIRMAN GRIFFON: Right.

MR. FARVER: I guess you won't know.

CHAIRMAN GRIFFON: Right. But it seems a reasonable debate.

MEMBER MUNN: It's what they're instructed to do.

MR. STIVER: Yes, according to the Site Profile.

CHAIRMAN GRIFFON: Are they instructed to pick the higher --

MR. STIVER: It says right here on Page 4, according to the Site Profile, the Technical Basis Documents through Section 6 and Table 14, the dose reconstructor should use the scenario that results in the highest dose --

CHAIRMAN GRIFFON: Oh, okay. Alright.

MR. KATZ: So what's the finding then?

MR. FARVER: Well, the finding was that it would've been more appropriate basically, if you were supposed to use the 55 scenario, we had some disagreements with the numbers.

CHAIRMAN GRIFFON: But they weren't -

MR. KATZ: Okay, so it's a mistake

in finding, in effect?

MR. FARVER: Well, their intent was not to use the 55 scenario. Their intent was to use the higher scenario.

MR. KATZ: Oh, so ten --

CHAIRMAN GRIFFON: No, the guidance said to use the highest -

MR. KATZ: That's the guidance, to use the, so they did it correctly. And there really shouldn't be a finding.

MR. FARVER: Correct.

MR. KATZ: Okay.

MR. FARVER: The finding is -

MR. KATZ: So that's closed.

MR. FARVER: Okay. And then 259.2 has to do with our photofluorographic medical exposures for AWE sites and we've discussed before. And we had this addition made to OTIB-6, it directs the dose reconstructor not to assume PFGs for AWE sites.

Anyhow, we've talked about that before here and closed that finding on other

sets. So we would suggest closing that one also.

CHAIRMAN GRIFFON: Wait, what was the reason for closing it?

MR. FARVER: It's been addressed before. And OTIB-6 has been changed to address the finding.

CHAIRMAN GRIFFON: Okay.

MR. FARVER: And then 259.3 goes back to the, if the Building 55 scenario situation. But it's not the case, the calcining scenario was the one that was selected because it resulted in a higher PoC. It's more claimant-favorable.

CHAIRMAN GRIFFON: Yes.

MR. FARVER: So that one can be closed also, the association with the .1 finding.

CHAIRMAN GRIFFON: Now we're racing through them.

MR. FARVER: 259.4 has to do with the radon exposure model that's been discussed

for quite awhile.

MEMBER MUNN: Endlessly.

CHAIRMAN GRIFFON: I can't remember that discussion, can you -- just kidding.

MR. FARVER: And I believe this issue has been resolved, the radon exposure model.

MR. STIVER: It was rejected, wasn't it?

MR. KATZ: It was not used, yes. The SEC, because of the SEC.

CHAIRMAN GRIFFON: Because of the SEC.

MR. FARVER: So that issue has been resolved.

CHAIRMAN GRIFFON: Well, I don't know how the issue's been resolved, it's a SEC.

MR. FARVER: Okay.

CHAIRMAN GRIFFON: So do they --

MR. KATZ: So you can't use the model.

CHAIRMAN GRIFFON: You don't assign radon doses at all?

MR. KATZ: There's no doses, right.

MR. FARVER: Okay.

CHAIRMAN GRIFFON: This was probably done before?

MR. KATZ: Yes, it's pre-day, whatever that is.

MR. FARVER: Okay, so that one can be closed also then.

MR. STIVER: Putting ourselves out of job here pretty soon.

MR. FARVER: No, we'll slow down, don't worry. Let's make it with my next case, 283. Okay, 283.1, external dose from penetrating radiation underestimated. This is a U.S. Steel case.

MEMBER MUNN: Oh, thank you.

MR. FARVER: Yes, it's U.S. Steel.

MEMBER MUNN: Okay.

MR. FARVER: And this has to do with which numbers you select out of the

table, in the Technical Basis Document, is it high plant floor doses, is it low plant floor, and so forth. And we've talked about this in other --

CHAIRMAN GRIFFON: Excuse me, high plant floor?

MR. FARVER: Plant floor, high, worker places, this is a worker placement issue. And NIOSH's response was, we ran it using the higher values and it still had a PoC less than 50 percent.

MR. CALHOUN: The problem is, basically we used the wrong one.

MR. FARVER: Okay.

MR. CALHOUN: So I'm not even going to try to go anywhere with that. And we'll just have to, the only thing I can think of other than, we have it in our methodology.

I think basically we'll just bring it up to the HPs and say hey, this was something that was an error and you need to be a little bit more careful.

MR. KATZ: Basically it's a QC issue, in effect?

MR. FARVER: Yes. And how do you prevent this from happening again?

MR. KATZ: Right.

MR. CALHOUN: And it's basically, it's just going to have to be an awareness thing. I don't know how else we can do it.

MR. FARVER: Because part of the concern is --

CHAIRMAN GRIFFON: So we ran the model and it didn't change the decision?

MR. CALHOUN: Correct. But still it's not okay.

CHAIRMAN GRIFFON: Right, no, it's not okay.

MR. CALHOUN: Right.

MR. FARVER: Because I'm not sure how it makes through a couple reviews and no one catches this? And how are they going to catch it in the future?

MR. CALHOUN: Right.

CHAIRMAN GRIFFON: Right.

MR. FARVER: So I don't know what the mechanism is to prevent that.

MR. CALHOUN: Like I said, I think this would be natural, call this one out specifically and say here's the situation, you need to do better, you know.

MR. FARVER: So is this still open?

CHAIRMAN GRIFFON: I don't know that we -

MR. FARVER: Okay.

CHAIRMAN GRIFFON: -- can do much more with it.

MR. CALHOUN: One thing I am checking, to see if the categories were or were not defined. And if that's been revised since then, I don't know that off the top of my head.

MS. ROLFES: Under the old Battelle because this was done --

MR. CALHOUN: In '07, I think. But still it's something. If we've revised the

document, that's great. But we can still bring it up. If we haven't, we certainly need to bring it up to the guys/girls, try to fix it.

CHAIRMAN GRIFFON: Well, yes.

MR. FARVER: 283.2 --

CHAIRMAN GRIFFON: No, I'm just wondering if there's any action on this.

MR. FARVER: Okay. 283.2 is going to be the same issue.

CHAIRMAN GRIFFON: Same thing.

MR. FARVER: Yes, only it has to deal with non-penetrating radiations.

MEMBER MUNN: Well, what action can we take? From what Grady says, none.

CHAIRMAN GRIFFON: I know, that's what I'm wondering.

MEMBER MUNN: One and 2, both need to be closed. We've identified it as QA acute?

MEMBER KOTELCHUCK: Excuse me folks, Dave Kotelchuck.

MR. KATZ: Yes?

MEMBER KOTELCHUCK: I am not clear where we are on our agenda.

MR. KATZ: We're still going through the Category A dose reconstruction cases.

MEMBER KOTELCHUCK: Oh, okay, because I see sets 10th of 13.

MR. KATZ: Yes, so that's Category A, from sets 10 to 13.

MEMBER KOTELCHUCK: Okay.

MR. KATZ: And I think each --

CHAIRMAN GRIFFON: Each set has like 20 cases in it.

MR. KATZ: Yes, but this is -

MEMBER KOTELCHUCK: Oh, I see. Alright, I was thinking you were --

CHAIRMAN GRIFFON: So we're going through a bunch of individual cases.

MR. KATZ: So this is eight cases. Category A, I think, covers eight cases out of those four sets.

CHAIRMAN GRIFFON: Yes.

MEMBER KOTELCHUCK: Okay. Alright. Fine, fine, thank you. Okay, do go back.

CHAIRMAN GRIFFON: Sorry on that. You don't have the matrix so it's hard to --

MEMBER KOTELCHUCK: Sure.

MR. KATZ: I was going to say to you, it's going to much easier for you once you get these matrices because then you'll be able to follow along exactly.

CHAIRMAN GRIFFON: Actually, the most of the day, David, it's all going to be these kind of matrices that we're looking at.

MEMBER KOTELCHUCK: Yes.

CHAIRMAN GRIFFON: So it may not be, any time you want to bail out, you know, it may not be as useful --

MEMBER KOTELCHUCK: Oh, okay.

CHAIRMAN GRIFFON: Or it might be more difficult to follow.

MEMBER KOTELCHUCK: Yes. Well, let me hang in there -

MR. KATZ: Oh yes, sure.

MEMBER KOTELCHUCK: -- for a while now.

MR. KATZ: Oh, you can listen as long as you'd like, yes.

MEMBER KOTELCHUCK: Okay, sure, sure.

CHAIRMAN GRIFFON: Sorry about the --

MEMBER MUNN: We know how you're enjoying that and so --

MEMBER KOTELCHUCK: Right, right, okay.

MEMBER MUNN: At least you get a good idea of what goes on.

MEMBER KOTELCHUCK: That's exactly right. And that is what's most useful, and as terms come up and I, you know, what's COI? I hear that. So this is all very helpful even if I can't follow it completely.

MEMBER MUNN: Just tell us you don't want to deal with the TLAs and FLAs.

Three letter acronyms and four letter acronyms.

MEMBER KOTELCHUCK: Okay. Thank you.

CHAIRMAN GRIFFON: Alright. So I tend to agree, identifying it as a quality control question. And then I think in our broader discussion of the overall quality control program, maybe we can get a sense of how --

MR. CALHOUN: This one was strictly in-house. This was an in-house case.

CHAIRMAN GRIFFON: Yes.

MR. CALHOUN: It wasn't ORAU.

CHAIRMAN GRIFFON: Oh, okay. Alright. Well, we need to talk about ORAU, yes. So it still the question, I appreciate that we-got-to-do-better response. But what --

MR. CALHOUN: Yes, I'm checking the documents too.

CHAIRMAN GRIFFON: Yes.

MR. CALHOUN: To find out if anything has been changed since '07 relative to this case, or this type of case.

MR. FARVER: We'll see when we get down to the fifth finding, really what --

CHAIRMAN GRIFFON: Okay. Right now I'm listing it as no further action.

MR. FARVER: Okay.

CHAIRMAN GRIFFON: But we do identify it as QA item.

MR. FARVER: Okay.

CHAIRMAN GRIFFON: Alright, go ahead. So the next one is the same, right, Doug?

MR. FARVER: 283.2 is the same.

CHAIRMAN GRIFFON: Alright, I'm just going to copy and paste my --

MEMBER MUNN: Yes.

MR. FARVER: 283.3 has to do with the photofluorographic exams for medical exposures, which we discussed previously and has been resolved in revision to OTIB-6.

CHAIRMAN GRIFFON: Because let me just catch up. So based on previous finding, NIOSH had revised OTIB-6.

MR. FARVER: Yes.

(Telephonic interference.)

MR. KATZ: Now if I press *1, it's going to give me all that other rigmarole. David, are you back on the line? David, he sent me an email saying that he was traveling from one place to an office, his first home, and was going to call back in. But I don't know if he has.

David, are you on the line? Let me try the *1, see if that makes a mess of everything. So David is not on. He sent me an email saying he was traveling from his office to his -

CHAIRMAN GRIFFON: He can travel until lunch.

MR. KATZ: Yes.

CHAIRMAN GRIFFON: Let's plunge forward.

MR. KATZ: Okay, go ahead, carry on.

MEMBER KOTELCHUCK: Okay.

MR. FARVER: 283.4, internal dose due to inhalation and ingestion underestimated. This goes back to the plant floor high issue that we talked about previously. So that's still a QA issue.

CHAIRMAN GRIFFON: So it's the same, NIOSH agrees --

MR. FARVER: Saying --

CHAIRMAN GRIFFON: Right, okay. That's a quality assurance, Alright.

MR. FARVER: 283.5 is the one that prompted all this because that has to do with the worker location.

CHAIRMAN GRIFFON: Okay.

MR. FARVER: NIOSH did not properly address all work history reported by the claimant in the CATI report. The CATI report has titles of crane operator and electrician, which should have put him in the exposure

category 1, the plant floor high dose parameters.

So this is what prompted it all, which goes back to now, how do we prevent this from happening again, verifying that the proper job title is with the proper exposure categories. It's QA.

MR. STIVER: Another QA.

CHAIRMAN GRIFFON: Yes.

MR. FARVER: Next we have two observations. And apparently this is --

CHAIRMAN GRIFFON: 283, yes, just describe your observation comments with me.

MR. FARVER: It has to do with the various in Appendix C-O, may not be claimant-favorable. Apparently, this is being taken up with the Working Group for TBD-6000. And when they resolve this, they will fix the Appendix.

CHAIRMAN GRIFFON: So really this is a referral to TBD-6000?

MR. FARVER: Yes.

CHAIRMAN GRIFFON: Yes.

MR. FARVER: Looks like the same yes, all three observations deal with the same issue.

CHAIRMAN GRIFFON: All three observations are for the same issue, TBD?

MR. FARVER: Yes.

CHAIRMAN GRIFFON: Okay.

MR. FARVER: Okay, 284.1 is a United Nuclear case. And our finding was the dosimetry data used by NIOSH are inadequate to make a determination of PoC. This has to do with dosimetry data coming in after the DR is completed.

MR. CALHOUN: Okay. I think this is the one where we actually have done, or it's on the --

MS. ROLFES: Post-approval --

MR. CALHOUN: -- post-approval dosimetry list, and will be reviewed for impact and new monitoring information, yes.

CHAIRMAN GRIFFON: So this has been identified by NIOSH in the -

MR. CALHOUN: Yes.

MR. FARVER: Yes.

CHAIRMAN GRIFFON: Was it PAD? Was it post --

MR. CALHOUN: Post-approval dosimetry.

MR. FARVER: Yes, this is one of those, and at the time the DR was done there was no data. After the DR was completed data came in and nothing happened.

MR. CALHOUN: What will happen is if the new data causes the dose to go up significantly we will request a re-work from DOL. If it does not, we'll just have a document that says that we got the information, and we reviewed it, and here's the findings.

MR. FARVER: So this would not have occurred if it happened today, correct? This would be caught?

MR. CALHOUN: Well, no, if the dose reconstruction was done and we got the data

later.

MR. FARVER: Yes.

MR. CALHOUN: We wouldn't know it until we got the new data.

MR. FARVER: Right, but then --

MR. CALHOUN: Again, there's an ongoing program now --

MR. FARVER: So this is not going to be something --

CHAIRMAN GRIFFON: Yes, going forward all these kind of issues are captured.

MR. CALHOUN: Correct. Sorry.

CHAIRMAN GRIFFON: So there's really no further action on that, right?

MR. FARVER: Correct.

MR. STIVER: They have a process in place for that.

CHAIRMAN GRIFFON: Yes. Close that one out?

MR. FARVER: Yes. And it looks like this carries through the first four.

CHAIRMAN GRIFFON: Okay, so 284.5,

you're up, is that right?

MR. FARVER: Yes. Consideration should be given to assigning non-penetrating dose to the skin from direct deposition of particles on the skin.

CHAIRMAN GRIFFON: We've been through this before.

MR. FARVER: Yes, we went through this before. You know, part of the problem is for this case, there's no real indication that there were particles on the skin.

So I'm not sure that there's anything that can be done. This isn't our typical skin dose finding that we have. This is more, for this case anyway, I don't think this is, probably inapplicable to this case as much.

CHAIRMAN GRIFFON: So you didn't have any indication by the type of worker --

MR. FARVER: Just that they worked with Uranium and it might have fallen onto the worker's shoulder.

CHAIRMAN GRIFFON: But there's no accident report?

MR. FARVER: No.

CHAIRMAN GRIFFON: There's no contamination reports, nothing like that?

MR. FARVER: No.

CHAIRMAN GRIFFON: Yes.

MR. FARVER: No. And I think it was mainly written up because this was a skin cancer.

CHAIRMAN GRIFFON: Right.

MR. STIVER: It's just a potential source of exposure -

MR. FARVER: Yes.

MR. STIVER: -- it wasn't considered, it's not required to be considered.

CHAIRMAN GRIFFON: Where do we stand with that general question on that?

MR. STIVER: Hot particles issue?

CHAIRMAN GRIFFON: Yes, hot particles kind of issue?

MR. CALHOUN: There's some sites where we know that there's been, I want to say it's Hanford, where we had some significant rain-down of hot particles, where we pretty much automatically assumed that people were exposed to hot particles.

I want to say it's Hanford. It might've been Idaho. I not sure up on that. But otherwise, unless we've got documentation of a contamination incident, we don't assume that the person was locally contaminated, over the spot of the cancer development.

MR. STIVER: You just don't assume direct deposition as part of your --

MR. CALHOUN: Yes.

MR. KATZ: But you take it into account when you have it through an OCAS interview, right?

MR. CALHOUN: We take it and we will consider it.

MR. KATZ: Right.

MR. CALHOUN: We don't just assume

that it happened --

MR. KATZ: Right.

MR. CALHOUN: -- unless there's some kind of quantity.

MR. KATZ: Right.

MR. CALHOUN: Typically the dose won't be assessed unless we've got a contamination report that indicates what kind of levels we were contaminated, correct?

MEMBER CLAWSON: Grady, if it was in the site like that, and I believe that it's Idaho that it's in, because of the calciner, is that taken into effect?

MR. CALHOUN: If it's Idaho. I just don't recall which site it was. But we assume it automatically, everybody. There was an event that happened over, I'll call it an event, but it happened over a couple, three, four years.

And so if the individual worked over that period and has got skin contamination, we assume that there was hot

particle deposition.

CHAIRMAN GRIFFON: Of a certain activity, you have some information about that.

MR. CALHOUN: Yes, most BCCs -

CHAIRMAN GRIFFON: Particles and activity.

MR. CALHOUN: -- most BCCs, at least on exposed skin, are going to be paid through that.

MR. STIVER: Yes, this is United Nuclear.

MR. CALHOUN: Right.

MR. STIVER: The manufacturer, metal and -

MEMBER MUNN: Yes.

MR. STIVER: -- nuclear fuel components.

MEMBER MUNN: Yes, I think so.

MR. FARVER: Okay, I'm not sure what action, did you write anything down for that?

CHAIRMAN GRIFFON: Yes.

MR. CALHOUN: Well, the one thing that we can say is that this really is not going to change our lack of assessment of a direct deposition, is if the document was changed so this is going to be reevaluated under a PER.

MR. FARVER: Well, it's also going to be reevaluated because there's now data.

MR. CALHOUN: Right. But there's two different things now.

MR. FARVER: Yes.

MR. CALHOUN: We've got additional data and we've got a new TBD.

MEMBER MUNN: Yes, trigger it on that?

MR. CALHOUN: Yes, absolutely.

CHAIRMAN GRIFFON: Well, there seems no indication of direct deposition.

MR. FARVER: I didn't find any in this case. And maybe we'll be able to see what the worker was but I don't even think the

job description was --

CHAIRMAN GRIFFON: Is their indication of just site of direct deposition kind of thing --

MR. STIVER: Through manufacturing and if you're doing some milling work.

MR. FARVER: -- just that they manufactured Uranium metal, Uranium compounds.

MR. STIVER: Small, or larger particles, it would definitely direct deposit.

CHAIRMAN GRIFFON: Yes.

MR. FARVER: He was an operator. I do not see any evidence of skin contamination.

CHAIRMAN GRIFFON: Does this go on to a, oh yes, these set of TBDs came back.

MR. FARVER: Yes.

CHAIRMAN GRIFFON: Got it.

MR. FARVER: The whole thing will be reworked.

CHAIRMAN GRIFFON: Yes.

MR. FARVER: I'm not sure there's much that we can actually -

MR. CALHOUN: They processed Uranium materials.

MEMBER MUNN: So it would be unlikely that --

CHAIRMAN GRIFFON: Yes.

MEMBER MUNN: -- that the operator wouldn't be aware of any event that would have --

MR. STIVER: Not like fuel particles.

MEMBER MUNN: -- resulted in --

MR. CALHOUN: Were you ever involved in an accident involving radiation exposure, contamination? He said no.

MEMBER MUNN: No.

CHAIRMAN GRIFFON: Yes.

MR. FARVER: I mean there's sometimes I'll push this one a little harder than others. But I'm not, this isn't one of them.

MR. STIVER: If it was metals production or something so that you --

MEMBER MUNN: It doesn't like --

CHAIRMAN GRIFFON: Yes, well, they wouldn't be saying it in those early days. So I don't think they would consider contamination, even though, you know --

MR. STIVER: Yes.

MR. FARVER: One case that comes to mind was a roofer working on replacing contaminated roofs at like Portsmouth or somewhere. Now I could see some potential there. But this one is little more sketchy.

MR. STIVER: Yes, it's a little more -

MR. FARVER: Okay.

CHAIRMAN GRIFFON: Okay, we'll close it then.

MR. FARVER: Let's move onto 303.

MR. CALHOUN: Scott, you awake out there?

MR. SIEBERT: I'm always ready to assist.

MR. CALHOUN: Yes.

MEMBER MUNN: Listen to that guy, on his toes.

MR. SIEBERT: I'm here.

MEMBER MUNN: Good.

MR. FARVER: Tab 303 was a Savannah River case, worked there for 30 years, '53 from '82. Clark Laboratory tech, nuclear materials analyst, computer assistance analyst, PoC of 44 2 percent. And it has to deal with the incorrect photon ratio assigned.

MEMBER MUNN: And NIOSH says no. It was assigned in a repeated area, 773A.

MR. FARVER: And it gets confusing if you look at the tables that are in the Technical Basis. We understand what they did and that's okay. But the tables in the Technical Basis are not consistent with TIB-6.

So just making everything consistent is the whole idea. They have different ratios.

MEMBER MUNN: How far is it --

MR. SIEBERT: Scott here, and that

is correct, and OCAS TIB-6 was actually written specifically for that purpose. That information is in there and that information will be rolled into the next version of the Savannah River TBD.

CHAIRMAN GRIFFON: Oh, okay. So TIB-6 is the more correct version and you're going to update the TBD?

MR. SIEBERT: Correct.

CHAIRMAN GRIFFON: Okay.

MR. SIEBERT: Correct.

MEMBER MUNN: That's what I heard.

MR. FARVER: But that's not one of those cases where we go to look at the TBD and we get values from there --

CHAIRMAN GRIFFON: Right.

MR. FARVER: -- that are different.

MR. KATZ: So is that one closed?

CHAIRMAN GRIFFON: Yes.

MR. FARVER: Okay, 303.2, improperly converted or recorded photon doses to organ dose. This has been discussed many

times and he revised a tool, the external dose calculation workbook, I guess, has been revised.

So we talked about this before. It's been resolved. So we can close this one. And same for the next one, which talks about missed photon doses. So we're actually closing things today.

MEMBER MUNN: Yes.

MR. FARVER: This is something new for us.

MEMBER MUNN: That's to be applauded.

CHAIRMAN GRIFFON: I think we have a 90 percent close rate at these meetings. Maybe must be because these are off --

MR. FARVER: All left --

CHAIRMAN GRIFFON: Did I say, 99, I meant.

MR. FARVER: Oh, okay.

MR. STIVER: You've got to be favorable there.

CHAIRMAN GRIFFON: Yes. Alright.

MR. FARVER: And we move on to 303.4, which is the standard Savannah River one about the fail to properly account for all missed photon doses, having to do with the LOD over 2 calculations. The workbook has been modified. It got changed through the revision of OCAS IG-001. So we talked about this before.

MR. SIEBERT: This is Scott. I just wanted to point out that all of the documentation that was in place at the time was followed. But all these resolutions occurred after the dose reconstruction was completed.

MR. FARVER: Correct.

CHAIRMAN GRIFFON: Yes, I got it.

MR. FARVER: Now for future reviews, do you want us to keep making these findings or just to mention that it has been resolved?

CHAIRMAN GRIFFON: No, I think we

could make them findings. And then we'll just close them out quickly -

MR. FARVER: Okay.

CHAIRMAN GRIFFON: -- because we get them resolved.

MR. FARVER: We could do it either way but that's fine.

MR. STIVER: Just for the record when there was an issue.

CHAIRMAN GRIFFON: But I also think, hopefully we won't get as many because we're moving onto new cases --

MR. FARVER: Newer cases.

CHAIRMAN GRIFFON: Right.

MR. FARVER: And 303.5 is the one that triggered this. It has to do with the worker's location. Reviewer questions, work location assigned by NIOSH. Okay, let's see if I can, I'm going back to our report to see if they ask more details in it.

MEMBER MUNN: What site was this?

MR. FARVER: Savannah River.

MR. STIVER: It's based on an assumption; it doesn't seem to have any documentation or basis in the record.

MR. FARVER: Oh, what it comes down to is, why did you select 221 FB line and 221 HB line, when there really wasn't anything to justify that. We couldn't find anything in the records that supported those two locations.

MR. STIVER: It's just a maximizing assumption?

MR. CALHOUN: It was, I believe.

MR. FARVER: But there's no way to really tell if that was a maximizing, or why it was done.

MR. CALHOUN: Boy I don't know what else, besides those lines, that are any higher than that at Savannah River. But I'm sure Scott's got a fine explanation for that.

MR. SIEBERT: Well, I would agree that it was done as a maximizing assumption and the Dose Reconstruction Report could have

mentioned that specific information. However, it didn't. This was done in 2004.

MR. STIVER: Oh, it's an old one.

MEMBER MUNN: A really old one.

MR. FARVER: Okay.

MR. CALHOUN: And we probably just should've said, as a maximizing assumption we assumed that the worker was --

MR. STIVER: Yes, there you go.

MR. SIEBERT: Correct.

MR. CALHOUN: And I would imagine if we do that now -- John was actually here in 2004.

MR. STIVER: I was.

MEMBER MUNN: Yes you were.

MR. STIVER: For four years.

CHAIRMAN GRIFFON: More importantly, I want to know what you did to the format of the table on this side, I can't write my responses.

MR. STIVER: Yes, you can't.

CHAIRMAN GRIFFON: Anyway.

MR. STIVER: I just put it under the NIOSH.

CHAIRMAN GRIFFON: So I'm assuming, since then they have a different DR procedure, right?

MR. FARVER: Yes, is there --

MR. CALHOUN: It's just a new practice of incorporating our assumptions, including our assumptions more in the dose reconstruction.

MR. KATZ: Showing your work, so to speak.

MR. FARVER: Okay.

CHAIRMAN GRIFFON: If I don't find this one, it would be in 2004.

MR. FARVER: No. 303.6, improperly converted recorded neutron doses to organ dose. This goes back to 303.2, that's been talked about and resolved with the modifications to IG-001.

CHAIRMAN GRIFFON: 303.7?

MR. FARVER: Okay.

CHAIRMAN GRIFFON: I think we might, we're going to do a new one after this, right? So this might be our last one, then we break for lunch.

MR. FARVER: Unless you just want to wrap it all up.

CHAIRMAN GRIFFON: Yes, because there's two more after this. I've got a phone call to make --

MR. FARVER: Okay.

CHAIRMAN GRIFFON: -- between 12:00 and 12:30.

MR. FARVER: Okay. 303.7, still a Savannah River case, underestimate of assigned internal tritium dose. According to the Savannah River Technical Basis, and Table 13 of Tab 001, that's for the time period of '53 to '83, a dose of 355 millirem should be assigned.

And then from '84 to '91, you would assign a dose of 71 millirem. But they didn't, they assigned a dose of 71 millirem

for all years. So that's what prompted the finding.

We looked at the documents and did not find anything that matched what they did. And so the question was, why did you use 71 millirem for all years, instead of the higher dose for the earlier years, okay?

MR. CALHOUN: Scott has a fine response for that.

MR. SIEBERT: Alright. And the portion I, honestly I forgot to put on the end of the response is, we should've documented in the dose reconstruction, the assumption that went into this. So I'll agree to that.

The thing is, this goes back, as I said it's in 2004. And as the information about the Savannah River site unfolded, and we saw more and more information, we learned things that were not yet in the TBD, just as we learned with the OCAS TIB-6 that we discussed earlier, about less than 30 keV photons.

In tritium, what we had learned is the assumed MDAs that are in the TBD, which those values are based upon, as well as those in OTIB-1, which is a maximizing methodology for Savannah River.

Those were based on a thought process of what Savannah River was using as a limit for calculating dose, not for actually being able to detect tritium in urine.

When we looked at the actual samples, actually the results from the actual samples, I should clarify, we had determined, and we have actually gone in the site research database and documented this in the present Savannah River TBD, not just our TBD, but the site's actual TBD itself.

The value of one micro curie per liter is a valid MDA, back to the beginning of them assessing tritium in bioassay in urine, to the beginning of the site.

So the assumption of using five, which is what the 355 millirem is based on,

that's based on a five micro curie per liter detection value.

That thought process was the fact that Savannah River didn't calculate doses over five, but they actually did record doses less than five, anything that was above one micro curie per liter.

So the actual detection limit, as I said, is one micro curie per liter. This was information that we had learned and documentation is presently in the Savannah River DR Guidance document.

And that information will be rolled into the present incarnation in the Savannah River Technical Basis document.

Now the other thing for this specific claim, as I said, we should have probably stated it in the Dose Reconstruction Report, but this individual did have a single tritium sample.

He was not totally not sampled or not monitored for tritium. He did have a

single sample in 1957. And the results for the 1957 tritium sample was clearly marked as less than one micro curie per liter.

So for that year specifically, it was a clear basis for it, in addition to knowing the additional information. So this is another one of those situations where we learned more as we went along and the documentation is catching up.

CHAIRMAN GRIFFON: Yes.

MR. SIEBERT: And that's probably way more information than anybody wanted. But I'd be happy to answer questions.

CHAIRMAN GRIFFON: I'm just a bit confused. Are you then going back to the 71, or whatever it is, 71 millirem assumption?

MR. SIEBERT: That is correct. The assumption will be 71 -

CHAIRMAN GRIFFON: So this middle one --

MR. SIEBERT: Right, one micro curie per liter over the entire year, of urine

bioassay results, at one micro curie per liter over the year. The top end of that dose estimate is 71 millirem, which is what was assigned.

CHAIRMAN GRIFFON: But then somewhere in the middle you decided to go with a more conservative 355 if someone wasn't monitored, right?

MR. FARVER: Well, apparently that was some time before 2004.

CHAIRMAN GRIFFON: Oh, okay.

MR. SIEBERT: Right, that was in the original Savannah River TBD.

MR. FARVER: And I believe it's still in the Savannah River TBD.

MR. SIEBERT: That is correct. It is still in the version that came out in 2005. I can't speak to why that information didn't get into the last version update. But I know it's on the TBD's author's desk as we speak. Because I ensure that he has that information.

MR. FARVER: So you knew this

information back in 2004, because you were apparently doing dose reconstructions that way, it's 2012 and it's still not in the TBD.

MR. CALHOUN: Well, the TBD hasn't been revised since 2005. And it should've been, but as you know Savannah River is one of those sites where we've been going back and forth, and back and forth with the Board on TBD issues.

And so until we get some understanding of where we're going to go with that, we don't change it. Whether that's a good excuse or not, that's why we haven't changed it.

MR. FARVER: But supposedly the information is in a DR guide?

MR. CALHOUN: Yes.

MR. FARVER: Okay.

CHAIRMAN GRIFFON: Was the DR guide --

MR. SIEBERT: Correct.

CHAIRMAN GRIFFON: -- in with the

case?

MR. SIEBERT: There was no DR guidance like that, remember we --

CHAIRMAN GRIFFON: Back in 2004, yes, got you.

MR. FARVER: So now if this happens again on a Savannah River case, there should be a DR guide there and it should explain it?

MR. SIEBERT: That is correct.

MR. FARVER: Okay, because I know this finding comes up over and over.

MR. SIEBERT: Yes, that should, once we hit the more recent claims, that will go away.

MR. FARVER: I don't know the years of the cases. But I remember this multiple times, this finding. Because we just had no idea why you kept assigning 71 millirem all the time. So now we'll look for the DR guide to be in with --

MR. KATZ: And if we go ahead with the, which we will be doing, going ahead with

site-specific bunching, then you're going to have a bunch of more recent SRS cases where hopefully you'll see a difference.

MR. FARVER: Hopefully.

CHAIRMAN GRIFFON: Because at Ted's to default, 13 sets.

MR. STIVER: Now which set was this one from?

MR. FARVER: Oh, you ask tough questions.

MR. KATZ: It doesn't really matter, it's 2004.

MR. STIVER: Yes, but it's still a set 10 to 13.

MR. SIEBERT: This is in the 12th set.

MR. KATZ: This is in the 12th set. Oh, wait, so, oh, okay. And it's that old, both sets?

MR. SIEBERT: It's just a very old claim in the 12th set because it had a, I believe it was placed in there because it had

44.43 percent PoC. And at that time we were, you guys were scrambling to find basically 45 to 52 percent claimed.

MR. FARVER: Okay, Mark wanted to stop.

MEMBER MUNN: Yes. He's not the only one.

MR. KATZ: Well, it's noon anyway.

MEMBER MUNN: It is.

MR. KATZ: So we'll try to get started fairly promptly at 1:00.

MR. SIEBERT: Very good.

MR. KATZ: Thanks everyone on the line. And we'll reconnect at 1:00.

(Whereupon, the meeting in the above-entitled matter went off the record at 12:00 p.m. and resumed at 1:03 p.m.)

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

1:03 p.m.

MR. KATZ: Alright, we are reconvening after lunch break, the Dose Reconstruction Subcommittee Advisory Board on Radiation and Worker Health. And let me just check on the line and see if we have Dave Richardson.

Do we have you back? David

Richardson?

(No response.)

MR. KATZ: Okay, well, I've got that line up, I believe. If he sent me an email. I actually told him that if the line wasn't working to email you because I don't track my BlackBerry, my emails. I think I gave him you and John or you and Doug's, Stiver.

MEMBER KOTELCHUCK: Dave Kotelchuck here.

MR. KATZ: Oh, welcome back.

So anyway, do you want to start?

CHAIRMAN GRIFFON: Yes, let's proceed. We left off on, just going to finish this attempt at 13th set Grouping A, and I think we have two cases left. We're on 309.1, and I'll turn it over to Doug.

MR. FARVER: Okay, 309.1. It's a General Atomics case and a lengthy response, and I'll try and make it a little briefer. The employee worked at General Atomics. DOL

did their confirmation of employment and received a letter back from General Atomics saying, yes, the individual worked here on such-and-such a date. The dose reconstruction was performed. Well, let's check on that and find out what date it was performed.

MR. SIEBERT: In mid-2009.

MR. FARVER: Okay, so it was done in 2009. Part of the concern is that it was a cancer that should have fell under the SEC for General Atomics. It was pancreatic cancer. The employee did work there during that time period.

There was a memo from the DOL claims examiner that said, because the employee does not have qualifying employment at General Atomics, that is, we did not receive evidence to show that the employee was employed at the requisite work locations at General Atomics to satisfy the SEC eligibility. So it wasn't whether the employee worked at General Atomics, it was did

they work at a specific location that was denied, apparently.

The problem is, DOL never asked what location the employee worked at. All they asked for are for dates. They didn't ask for a specific location. So what they received back was a memo from the people at General Atomics with the date. And the person also, the Human Resources person also says if you have any further questions, please contact me at, and gives a email, fax, everything.

Okay, if you have a question about a location and you have a person's name and number, why don't you just contact them? And apparently that was never done, and they denied the person's SEC claim because of they never received the information, the work location. So that's the basis of the finding.

And also that in reviewing the records someone, while doing their dose reconstruction, should have come across this and at least said, hey, something's wrong

here.

CHAIRMAN GRIFFON: And I think you're right that you wrote a DOL NIOSH, I mean this is --

MR. KATZ: It's a DOL --

MR. CALHOUN: It's a DOL completely.

MR. FARVER: Well, not completely, because the dose reconstructor should be reviewing these records. And if they come across something that is wrong they have an obligation to bring it to someone's attention. You can't just put your head in the ground and say it's not --

MR. CALHOUN: It's got to be absolutely clear. Like if I get an ICD-9 code that's 172 and it's described as prostate cancer, I'll call them. In this case they may have another reason for it.

MR. FARVER: Okay, they might. But if you're doing a person's dose reconstruction you have an obligation to say, I think

something's wrong, and you ask a question. You can't just stick your head in the --

MR. CALHOUN: You know, I hate to start now but, the second part this way --

MR. FARVER: Okay.

MR. CALHOUN: -- but that's just not our issue. It's not.

MEMBER MUNN: Doesn't the CATI ask that specific question?

MR. CALHOUN: We ask those questions but when Labor makes the determination they may have a reason that we don't even know about.

MEMBER MUNN: Yes, I know. You can't do anything when the DOL says something. But my question was whether or not this employee didn't give the information that should have been.

MR. CALHOUN: Yes, I don't know that apparently.

MR. FARVER: Let's see if it was the employee or if it was survivors.

CHAIRMAN GRIFFON: I mean if they didn't have the information, wouldn't DOL conclude that they didn't have --

MR. SIEBERT: The CATI is conducted by a survivor.

MR. KATZ: It's not an employee.

CHAIRMAN GRIFFON: I mean wouldn't they conclude that they didn't have enough information to implement the Class, the Class Definition? I mean if there wasn't information about where the person worked and yet the definition requires knowing something about work location, how could DOL make a decision? I know this is not a NIOSH issue.

MR. KATZ: I don't even know what the Class Definition is for General Atomics.

MR. CALHOUN: I'll find it out.

MR. FARVER: I think it refers to specific locations at the --

MR. SIEBERT: Doug, this is Scott. If you want me to read the whole thing I will, but it's basically a listing of facilities on

the General Atomic facilities that qualify them for covered employment and, I'm sorry, for the SEC.

MR. KATZ: Anyway, if DOL has had correspondence with the claimant on the issue and they still refer it to us, it's our job to do the dose reconstruction, and it's not our job to interrogate them about why they determined that it's still a dose reconstruction case and not an SEC case. Really, I mean if we receive some correspondence as part of the case file, that's fine, but --

MR. FARVER: Well, we did.

MR. KATZ: -- it's DOL's. I understand, but it's DOL's. We don't know what kind of phone conversations or what-have-you they had as well with the survivor, but they've made this determination assumedly.

MR. FARVER: It really has nothing to do with the survivor. It has to do with determining the work location.

MR. KATZ: I understand.

MR. FARVER: The survivor may not know what building or anything the employee worked at.

MR. KATZ: I understand, but that is a DOL process of making determinations as to whether they have adequate records to put a person in a Class. It's not a DCAS process and we're not privy to their whole interaction with the claimant, who is a survivor in this case, so that's not a DCAS.

CHAIRMAN GRIFFON: This is the definition that NIOSH developed, right?

MR. KATZ: Yes.

MR. CALHOUN: And if you look in the DOL file you'll see, and actually there is an email where somebody made a request about this in 2007. And Labor reiterates, "The case was identified by NIOSH as being a General Atomics case with a specified cancer." So we asked the question. "And it was therefore returned to the district office to determine

if the case qualified as an SEC case."

Okay, we asked the question, and they said no again.

MR. STIVER: So you did pose the question?

MR. CALHOUN: Yes.

MR. FARVER: Looking forward, I mean it's wrong and doesn't make sense but --

MR. KATZ: You can take it up with DOL as to whether it's --

CHAIRMAN GRIFFON: We can't really take it up with DOL.

MR. KATZ: No, I know. I'm saying rhetorically. You don't know the facts about what kind of interactions DOL had with this claimant.

MR. FARVER: I know there is nothing in the case file to support their decision.

MR. SIEBERT: This is Scott. And I agree it doesn't specifically state that. However, there is something in the case file

saying that we did try to get them to look at it more closely, and we got the answer back.

MR. FARVER: Yes. They sent us the case in '04. In '07 we asked them say, hey, this is a specified cancer. Does it qualify as an SEC? And they said no.

MR. STIVER: On what basis was it?

MR. CALHOUN: Not my problem.

MR. FARVER: But they didn't say it's not an SEC because it's not an unspecified cancer. They denied the SEC because they said the employee didn't work at a work location that they never asked for.

MR. CALHOUN: Right. But obviously --

MR. STIVER: Does DOL have all the case information that you guys would have that would indicate work location at that sort of thing?

MR. CALHOUN: They actually forward us information. What they don't receive is the DOE response for dosimetry and --

MR. STIVER: They have all the other information about --

MR. CALHOUN: Yes.

MR. STIVER: -- work history and that sort of thing?

MR. CALHOUN: Well, that's how they develop the case.

MR. SIEBERT: And Grady, one thing I would add on that is, if we as dose reconstructors when we went through the claim and found anything in the DOE files that gave us an indication they were in any of those locations, we would have asked the question yet again.

MR. CALHOUN: Right. And the DOE file provided is one page, and it has --

MR. SIEBERT: There's no information.

MR. CALHOUN: -- one, yes. Yes, it looks like lifetime exposure is 0.000, one entry from --

CHAIRMAN GRIFFON: So where did the

guy work?

MR. FARVER: He worked at General Atomics --

MR. CALHOUN: General Atomics master personnel listing.

MR. FARVER: -- Facility. He worked at the right facility, but the SEC has to have a specified building.

CHAIRMAN GRIFFON: Right. And I'm asking what building he worked at.

MR. STIVER: The building was a thorium production of the thorium operations, correct, for General Atomics? I believe that's the basis for the SEC?

MR. FARVER: There are several facilities listed on the SEC.

MR. CALHOUN: And you remember, we end up going through Labor and say, hey, can you implement this Class? And evidently they thought they could.

MR. STIVER: You have an issue like this, this is maybe kind of getting off track,

but you have an issue where you have some serious questions for Labor and they're nonresponsive, what's the next step? I mean is there any way to resolve that?

MR. CALHOUN: There is, and what has happened in the past is -- and this, I think, is way beyond that. I don't know this case inside and out. But let's say, for example, we have somebody who, we get something and the claims examiner, one of our people say, hey, this is really -- let's say the ICD-9 code because that's fairly obvious. And I say, I think it's wrong, would you please recheck? And then the claims examiner, DOL claims examiner, comes back and says, no, we're standing by it.

And if I really still think that I'm right I'll call Jeff Kotsch, and he's got a little bit more oomph, it seems, and then he can take care of it. And there has been times when I've won out in those instances and there's times when I haven't, you know.

CHAIRMAN GRIFFON: On a case-by-case basis.

MR. CALHOUN: Yes.

CHAIRMAN GRIFFON: And I mean the reason I asked the question the way I did is, what made NIOSH think that that Class was implementable? I mean did you have any knowledge -

(Simultaneous speaking.)

MR. KATZ: That's a DOL judgment not a NIOSH judgment.

CHAIRMAN GRIFFON: I think it's on both sides. We dealt with this on the Board with our definitions. We've gone back and forth saying, I don't know if you should write it that way because DOL is not likely going to be able to implement it.

MR. KATZ: At the end of the day DOL opines on that, on that specifically. They get their draft definition, they consider it and they tell us. Most of the time they tell us we cannot implement it. But, you

know, the DOL makes that determination based on their access to records.

MR. STIVER: And based on this, we've only got a couple of General Atomics cases. We just started looking at the Site Profile. It's kind of interesting because they claim they can reconstruct doses without external emitters except for thorium, and all external devices, yet there's a very complex set of instructions.

So it might be worth to start looking in the 16th set. I'm probably jumping ahead here, but to consider to look at some more of these General Atomics.

MEMBER MUNN: You're speaking very softly over there.

MR. STIVER: That's because my throat, I'm having a hard time breathing here. Asthma.

MEMBER MUNN: Okay, that's a good excuse. I'll accept that.

MR. STIVER: Grady might just tell

me to stop breathing, you know.

MR. CALHOUN: Right.

MEMBER MUNN: Stop doing that.

MEMBER CLAWSON: This is a finding. I realize we can't, you know, we can talk to Jeff Kotsch and so forth like that, but when we finally collect this what should we do about it?

CHAIRMAN GRIFFON: Well, I think, I'm not sure what you do, but I think NIOSH did ask the right question.

MEMBER CLAWSON: I think NIOSH did. I'm not questioning that. I'm not questioning NIOSH's ability to be able to do that, but like DOL doesn't answer to us, so what do we do? Do we bring it up in the middle of the meeting and flog them?

MR. KATZ: No. I mean so DOL has its standards for what it requires in terms of evidence to place someone in a Class given whatever the definition is. They have their standards of evidence for that. I mean we

didn't interrogate them as to what standards they applied here or what more information they received than what we saw. We didn't interrogate them, but we did draw their attention. They reviewed the case and they still stuck with their determination.

Now I can't speak to what I don't know.

I don't know what sort of communications there were between the claimant and DOL, but it's really, at some point it goes beyond, I mean what does happen in some cases where claimants are unhappy with their cases is they go to, for example, Denise, our Ombudsman. And Denise is very good at pursuing issues with, she knows people in the different districts and the claims examiners as well, and their supervision, and she explores these, and sometimes she finds that they do make mistakes. There's no question about that. But this is a case that didn't slip through unnoticed. It was brought to

their attention again.

I mean I think at some point, the program at least has to assume they're doing their job. It's not for the program to second guess information they don't have. It's not as if we can even stand in judgment when we don't have DOL's information.

CHAIRMAN GRIFFON: I guess I'm assuming that the DOL has no more information than NIOSH does with regards to our case, with regards to our work history or anything?

MR. KATZ: I don't know that.

MR. CALHOUN: I'm under the impression that they pretty much send us most or everything that they've got in the DOL initial case file.

CHAIRMAN GRIFFON: Right. So I'm supposed to assume that for the people that were in these thorium's, the thorium areas, mainly these buildings, the people that were in these thorium buildings, in their work history they have building information but --

MR. CALHOUN: Keep in mind this guy, he was a draftsman too.

CHAIRMAN GRIFFON: But other people like this case, I mean they may not. But I mean I guess the question is, if not as far as a Class Definition, I would think that you would at least consider whether it was implementable. I'm sure you did, you know.

MR. CALHOUN: We, in combination with DOL.

CHAIRMAN GRIFFON: Yes.

MR. FARVER: It's not that the building location might not have been available, you said that was not asked for from General Atomics.

MEMBER MUNN: Well, we don't know that it wasn't asked for. NIOSH asked Labor about it.

MR. FARVER: No, they asked for a different question. They asked if the cancer fell under the SEC.

MR. CALHOUN: No, we did not. We

said, if cancer does fall under the SEC, then why wasn't it included as part of the SEC?

MR. KATZ: So they asked the question they should have asked.

MR. FARVER: Right, which would be the work location.

MR. CALHOUN: We know the cancer is included. That's black and white. It's either an SEC cancer or it's not.

MR. KATZ: So you have to go to the --

CHAIRMAN GRIFFON: And DOL, they have asked General Atomics but it may not be included in the information we have.

MR. KATZ: For example, I mean DOL for each of these sites they have a bulletin that gives them guidelines for how they put people in Classes. Someone can go look at the bulletin. The bulletin may say, for example, this is out of whole cloth, they could say that certain occupations are not in those buildings like draftsman, who knows? I don't

know what their criteria are.

But again, this sort of goes beyond DCAS's job. You know, their diligence is bringing these cases back to their attention, but not interrogating them then on their determinations after the fact.

MR. FARVER: It is not a matter of interrogating them, but it's asking a simple question.

MR. KATZ: The question was asked.

MR. FARVER: I mean it's not interrogating them. You're not grilling them under hot lights or anything.

MEMBER POSTON: I agree with Brad and with Doug. I mean the question is how far does due diligence take you and how much is due diligence? And I'm sitting here thinking this is exactly the kind of case where the person would come during the public comment period and complain about the length of time, blah, blah, blah, and all those kinds of things over which we don't necessarily have

any control.

But there's no reason that you can't do the best you can, and to say, well, it's not our responsibility, I'm afraid that just drives me up the wall. I've told people when I was a supervisor, if you want to get fired what you tell me is, that's not my job.

Well, and I'm not saying that. But there's due diligence that needs to be done and this is a simple thing. If it means going to Jeff, by god let's do it.

MR. CALHOUN: Let's go through this one more time. When the SEC was established, Class was established, we have records of every case that's been provided to us, okay? We send back to Labor all of the cases with specified cancer that worked during that period. This case was identified by NIOSH as being a General Atomics case with a specified cancer, okay. We told them it's a specified cancer, this is from Labor, and therefore was returned to the district office to determine

if the case qualifies as an SEC case.

Based on our development, DOL, we have determined that NIOSH should proceed with the dose reconstruction because the employee did not have the qualifying employment at General Atomics. That is, we did not receive evidence to show that the employee was employed at the requisite work site at General Atomics to satisfy SEC eligibility. We can't do anymore.

MEMBER POSTON: I'm not asking you to do anymore.

MR. CALHOUN: I know. But I'm just saying.

MR. SIEBERT: This is Scott. One other little wrinkle, it may have no effect whatsoever, but I'm looking at the classification and there's one last statement in it that says, this Class does not include the following buildings at that location, and it lists three places. Technical Office Building 13, Technical Office East Building

14, and Technical East Office Building Number 15. I don't know if DOL had information that they were in those locations or not. But the Class does specifically state places where they do not qualify. All I can say is I don't know if they had the information, but that's a little bit more for the Class that we didn't state here.

MR. FARVER: There was no building location in any of the files. The initial, was it EE-5 form, was filled out by a survivor. They didn't know. They just knew approximate dates from where their, you know, relative worked and so forth.

CHAIRMAN GRIFFON: It really is a DOL question.

MR. FARVER: It is, okay. I mean that's fine, but how do you handle that?

CHAIRMAN GRIFFON: A little bit of faith that they're doing their job correctly, that's all. I can't say much about that, you know.

MR. STIVER: In this case, DCAS has done their due diligence as far as I'm concerned. I mean this is kind of outside our purview and if Labor made a mistake it's been very well admitted, or they have a judgment that's all been made without sufficient, what we would consider decent sufficient information; I don't know that we can really do anything about that.

MEMBER MUNN: Our job here and your job as our subcontractor is to make sure that NIOSH is following the processes that we believe are correct. And I think we've established here NIOSH has followed the correct process in this instance. We have done all that is within our power to do given the power that's been given to us.

MR. STIVER: I don't think there's much else to be said about it.

MEMBER CLAWSON: Actually I beg to differ. I think let's turn blind to everything, this is our line of sight, then

here's what we do and I'll tell you right out front. We have an opportunity to be able to talk with Labor in front of the world and say, you know, as we were going through this we found this out. We don't understand how this goes. Or --

MR. STIVER: We already did that.

MEMBER CLAWSON: You know, I'll tell you what --

MR. KATZ: This is an individual case, first of all, which we don't --

(Simultaneous speaking.)

MR. STIVER: They basically asked twice about this particular case and --

MR. CALHOUN: It's in the file.

MR. STIVER: -- Labor had made their judgment on that. I don't know if it's really up to the, you know, this Subcommittee really doesn't have any authority beyond that. I mean you can certainly take it up a notch and ask them, hey, what's the basis on this? You don't have any placement information.

Could you just kind of clarify --

MEMBER CLAWSON: That's what I would suggest.

MR. STIVER: -- why the decision?

MEMBER CLAWSON: What I'm hearing as well, we wash our hands and walk away from it. I guess my whole thing is I'm not going to, up to people, myself, my suggestion would be just to bring it up and just hope that they, you know, we don't understand this and I know we have no rights or anything else like that but, you know, this came out in the DR review.

MR. STIVER: And it might be closing upon due diligence to do that.

MEMBER POSTON: Brad, would your wife know what buildings you worked in?

MEMBER CLAWSON: She knows the area I work and that's it.

MEMBER POSTON: I guarantee you none of my family would know what buildings I worked in now.

MR. KATZ: John, DOL has its own standards for evidence too, and its own standards with respect to benefit of the doubt or not benefit of the doubt with respect to evidence too. So I mean those are really also outside of our jurisdiction.

MEMBER POSTON: I understand all that. I understand all those legal things, but basically what we're talking about in here, what Brad and I are talking about is doing what's right.

MR. KATZ: And you're implying that DCAS hasn't done --

MEMBER POSTON: No, I'm not talking about that. I said I'm not asking them to do anything.

MEMBER CLAWSON: Matter of fact, I was going to applaud DCAS for what they did do on that because I was going to compliment them of what they did as that goes to show me that the processes in place are starting, you know, are working better than in the beginning.

MR. KATZ: Okay. You know, here's how we'll handle this, because I don't think this is a good use of the Subcommittee's time, frankly. Denise works for me. I will get the case number from Grady, and Denise can look into this. She's very good at working with DOL on these sorts of special cases. And that's what her job is anyway is to help people with these special cases. I'll get in touch with Denise. Denise knows how to work things with DOL, and we'll get to the bottom of this.

CHAIRMAN GRIFFON: The broader question, really, the broader question in this is that we've had a history of things, of Classes not being implementable where we designated buildings or certain work areas.

And I guess my question is a broader one which is, for General Atomics how exactly are you making this work? You know, we ran across a case in our review process where no building or anything is identified.

How did you exclude this person? So we want to know, you know, how you go about this for General Atomics.

MR. KATZ: You can ask that question.

CHAIRMAN GRIFFON: I just asked.

MR. KATZ: No, I mean you can ask, that's a question for DOL, right?

CHAIRMAN GRIFFON: Yes. I mean can we just refer that question to Labor through you or through, do we have to ask it a meeting or --

MR. KATZ: I'm going to follow this up with Denise. So she's going to follow up on the specific case, but we'll follow up on the general issue depending on what she learns from the specific case, because she may learn all you need to know when she looks into the specific case.

CHAIRMAN GRIFFON: Right. From our advisory role to NIOSH on this one, I think that we have nothing to say.

MR. KATZ: I owe you a response on this, and I'll follow up with the action. Yes, absolutely.

CHAIRMAN GRIFFON: Okay, moving on.

MR. FARVER: Moving on, Finding 309.2, NIOSH failed to adequately address the incident identified in the CATI report. The CATI report, which I believe is filled out by a survivor, talks about the claimant or the employee describing a fire. Okay, so that's the gist of it, and this information is in the CATI report.

We feel NIOSH should have addressed it, and NIOSH says it was addressed in the DRR but could have been addressed a little bit more thoroughly. That's true. It probably would not have affected the case, so basically we just feel they should have mentioned it better.

CHAIRMAN GRIFFON: Was this an older case or --

MR. CALHOUN: '09.

MR. FARVER: It's a newer case.

CHAIRMAN GRIFFON: So this is after your process was in place, kind of, right?

MR. FARVER: Well, yes. But it was mentioned. I mean, it just wasn't --

CHAIRMAN GRIFFON: Oh, okay.

MR. FARVER: But then you have to kind of have to look at it, well, it wasn't the employee that was making the CATI report, it was the survivor, and I would suggest closing it.

CHAIRMAN GRIFFON: Yes.

MEMBER MUNN: Because the expansion wouldn't have changed anything.

MR. FARVER: Correct. And then there are three observations. First one is kind of nit-picky. It says that, you know, the DR's test -- the IMBA was used to calculate the doses, but it wasn't, they used the CAD tool, which technically still uses IMBA. So that was Scott's kind of -- but that's why it was an observation too. It's

nit-picky.

CHAIRMAN GRIFFON: Alright, no action.

MR. FARVER: No action. The second one talks about the -- just brings to attention that the recycled uranium values used were what they were and that they differ from Fernald, and then NIOSH gives a good response saying that those were the --

MR. STIVER: Yes, but they're correct.

MR. FARVER: Right. They're the Hanford ones, which is the correct ones.

MR. STIVER: Right. These higher ones would be based on the TBD.

MR. FARVER: Now a third one --

CHAIRMAN GRIFFON: So they used what you would consider the correct ones?

MR. STIVER: They used the correct ones. The reason at Fernald they were higher is because of the material accumulated at gaseous diffusion plants --

CHAIRMAN GRIFFON: Right.

MR. STIVER: -- which resulted in those --

CHAIRMAN GRIFFON: And this site is from --

MR. STIVER: This is from Hanford.

CHAIRMAN GRIFFON: This is a Hanford case.

MR. STIVER: No, the site only received material from Hanford.

CHAIRMAN GRIFFON: Okay, so it made sense more at Hanford, okay. So SC&A accepts NIOSH's explanation.

MR. STIVER: Correct.

MR. FARVER: The third one says that the TBD states that there's insufficient information to fully characterize plutonium intakes during the operational period. And then it points out that the SEC petition does not impose limits on plutonium dose determinations during that period, and that you could bound it. You could presumably do a

maximum plutonium concentration and bound it at the hot dose cell facility. It's just kind of more of an observation.

MEMBER MUNN: As a matter of fact it is an observation?

MR. FARVER: Observation 3.

MEMBER MUNN: Is it acceptable? You accept that?

MR. FARVER: Yes. I mean their response is adequate.

MEMBER MUNN: Response accepted. I'll write it up under 319.1.

CHAIRMAN GRIFFON: This is the last case in the set, right?

MR. FARVER: Yes, we'll try to drag this out for a long time. Just kidding.

MR. KATZ: And so there's basically eight and nine to deal with, still.

MR. FARVER: Okay, 319.1. This is a Hanford case. The DR record says he was a millwright and worked there from '50 through '62, and it was a lung cancer and a pancreatic

cancer, and PoC was 44 percent. So that's 319.1. NIOSH did not use the proper lung dose conversion factor and correction factor.

This goes back to the rotational and isotropic geometries in -- let me make sure I get the right number -- IG-001, Section 4.4 of the most recent IG-001. Pretty much as the statement says, the AP dose correction factor values are not the most claimant-favorable for certain cancers, of which lung is one, and that values of rotational and so should be used.

There is a caveat in there that says, it pretty much implies that unless you have additional information. In other words, if you can show that the AP was the proper geometry, but in general you shouldn't use that because the other ones are more claimant-favorable. So we wrote a finding that they used AP and did not use the other geometry.

CHAIRMAN GRIFFON: What is the timing on this case? What year?

MR. CALHOUN: '06. That's when the DR was completed.

MR. FARVER: DR was completed in '06.

CHAIRMAN GRIFFON: And NIOSH response on this was?

MR. FARVER: Now, it's not so much I disagree with they wrote, it's that what they wrote probably should have been in the DR. In other words, that would be the justification for doing what she did, instead of coming up with the justification afterwards. Really that's the big concern is it's --

MR. STIVER: Documenting your work.

MR. FARVER: How do you show that you looked at it, but you chose something else and then here are your reasons? So, you know, for cases that are affected by this statement in IG-001, they may want to consider putting some more details in the DR report of why they chose what geometry.

MEMBER CLAWSON: Doesn't this kind of fall under our "show your work" --

MR. FARVER: It does.

MR. SMITH: This is Matt Smith with the ORAU team. I'm not precisely sure when the IG revision occurred with respect to the initial write-up on this DR, but that might be one reason why the specification wasn't in there.

MR. FARVER: Okay, but what about today? What would happen today if there's a lung cancer case that comes across? I mean, would you add additional information in your DR saying that you looked at these different geometries?

MR. SMITH: I think Scott would agree that yes, the DR is typically describing what geometry made sense for the claim.

MR. SIEBERT: I don't know if it would specifically call out this issue or not, and I agree, it's something that we can look at.

MR. FARVER: Okay.

CHAIRMAN GRIFFON: What's the site and where?

MR. FARVER: Well, this is Hanford.

CHAIRMAN GRIFFON: What's the PoC?

MR. FARVER: Forty-four percent. But I would suggest that, you know, from cases from now on that ones that fall under this little caveat that they add additional wording in their DR report that addresses the other types of --

CHAIRMAN GRIFFON: Yes, like what types of work would fall into that caveat, right, like is it a -- you know.

MR. STIVER: Basically what they wrote in the response --

MR. FARVER: Yes, exactly.

(Simultaneous speaking.)

CHAIRMAN GRIFFON: Because it seems to me a millwright and would predominately be facing their work, but it's so many number of other jobs and which ones do you use that are

more kind of favorable, you know.

MR. FARVER: I mean, there must be a reason it was added to the IG-001, this statement.

CHAIRMAN GRIFFON: Right.

MR. FARVER: Okay, now how's it being implemented?

CHAIRMAN GRIFFON: Right.

MR. FARVER: And this will come up again on this finding. I've seen this several times. We've written this up, this same finding.

CHAIRMAN GRIFFON: I mean, the explanation that this reconstruction has to pick the geometry that made the most sense doesn't jibe with the IG-001, right?

MR. FARVER: I don't know the background of the IG-001 or that statement.

CHAIRMAN GRIFFON: I'm not sure where to go with this, but --

MR. CALHOUN: Well, I think at least what I've got here is just, what I've

got written down is: should we be looking at adding a description as to why we chose this specific geometry?

MR. FARVER: Or how are you going to implement, you know, the Section 4 of IG-001? When would you use rotational or isotropic?

MR. SIEBERT: This is Scott. It does, as you said, it does already state, however, that the correction factor need not be applied if it's determined that the most representative geometry is 100 percent AP. So that information is there, just maybe clarification as to what that means in actual practice.

MR. FARVER: Yes, right.

CHAIRMAN GRIFFON: Why don't I just put it that NIOSH will look at that Section 4 limitations for IG-001, and get back to the Subcommittee for now, because --

MR. FARVER: Okay.

MR. KATZ: And in general, just for

recordkeeping here, if it's an item that, we'll just assume that it's something that can be addressed in the next meeting unless -- and just let us know if this is sort of something more complicated that's not going to be followed up on within the next meeting, just to make --

CHAIRMAN GRIFFON: And I'll send this matrix shortly after, because if I don't do it in the next two days, as Ted knows, I won't do it until the next Subcommittee meeting. So I'm doing it live here, and actually I've got to go back and -- I'm out of practice at highlighting. Don't want to have outstanding action, so it's easy to find, yes, in the matrix.

Alright, 319.2.

MR. FARVER: 319.2, inappropriate intakes assigned for unmonitored fission products, specifically ruthenium-106 and iodine-131, are the ones that we had questions about. And NIOSH gives a good explanation of

the ruthenium, which is good because we didn't realize it was a combination of two different OTIBs. So I understand what they did now, which is good. We just didn't understand that was how they did it to begin with. So that one's okay.

Now the second one, the iodine-131 intake, that's a typo. I mean that's just wrong. They're off by three orders of magnitude. I believe I got that right.

MR. STIVER: Yes, 2620 dpm per day.

MR. FARVER: Let me get the right matrix.

MR. STIVER: Small doses would still throw it two orders of magnitude off.

MR. SIEBERT: This is Scott. I can go ahead and address that. The short answer is: we agree that that typographical error should not have occurred and should not have propagated. The answer to the rest of the question is: what steps are taken to prevent this error again? There is presently a

specific tool that has the coworker intakes in it, and the dose reconstructor can select the dates and the location, and the tool will enter those verified intakes so there will not be data entry errors of this sort anymore.

MR. STIVER: Okay.

MR. KATZ: And that's a QA. When we had that meeting with ORAU, that was one of the basic solutions that we talked about is that these workbooks solve some of these input data entry problems, right.

MR. FARVER: And along with that, I'm assuming that the person can't just override it and insert any number they want. It's just going to --

MR. SIEBERT: Correct.

MR. FARVER: Okay.

CHAIRMAN GRIFFON: Go ahead, I'm just updating. But there's no further action, I think, right?

MR. KATZ: Right.

MR. FARVER: 319.3. Okay,

apparently the individual may have been involved in a 1955 incident according to a CATI report and the DOE records. There are some nasal smears, smears of the mouth and the teeth. There's information in there that something happened. There's also a bioassay report from the same time period.

NIOSH assigned one rem of dose from the incident, and I couldn't find any basis for that. They assigned a rem to the pancreas and a rem to the lung. I just don't know how you would come up with that number. It's not like you look at all the Hanford intakes in '55 and you said, well, we took the mean value or we took the highest value. It was: we just gave them a rem.

CHAIRMAN GRIFFON: Scott?

MR. SIEBERT: Yes, the short answer, which it says right at the beginning is: I agree that the assignment is unsupported and there's no definable thought process behind it, other than a number that was

selected to overestimate an incident. It is not something we would commonly do.

MR. FARVER: See, I don't know how you can say that it overestimates it. It estimates it. I mean, you can't say it's an overestimate until -- you have to at least put the bioassay result in IMBA and do something and come up with a number. You can't just assign a rem and say, oh, that's an overestimate.

MR. SIEBERT: I agree wholeheartedly. Now the rest of the story is that going back and looking into the DOE records, it seems very clear to us that the EE themselves was not the person who was involved in this incident. It was in his DOE file, but he was not the one in the incident.

And if you read our response, it really gets into the fact that it was clear the person in the incident was a pipefitter. This person is a millwright. It was clear from the incident report that there were nose

swipes taken. There's no indication of nose swipes in this individual's file. There were also follow-up bioassays taken and clearly defined that they came back negative. There's no follow-up bioassay for this guy, but he does have consistent two or five-month frequency of bioassay for plutonium that was not interrupted or changed in any way.

So when you go through the totality of the incident, it seems clear that he was not the person who was involved in the incident, and there's also reference to two other people who were close by that had additional follow-up sampling. Once again, it does not appear to be this individual.

In the depths of the incident report it does state that there was a whole group of, the work package that were involved in this in the general area, however, not necessarily directly involved. And the assumption really comes from this that he was one of those people who was involved in a very

peripheral point of view.

Once again, I'm not defending anything on that one rem thing, but I'm giving you the rest of the background on the incident. So looking at, and this is information that we've done since then. Looking at if follow-up bioassay was gotten from the person involved in the incident that showed no activity, then it seems reasonable that someone who was peripherally involved, who also showed no activity in their later bioassay, there's no reason to believe that there was any dose from that incident.

CHAIRMAN GRIFFON: Well, this is one that we might have to consider for our definition of claimant-favorable.

MR. FARVER: See, I'm more concerned about the big picture. I've got a dose reconstructor who writes up a report and arbitrarily assigns a rem, okay, of internal dose. This isn't an external dose, and it's not even properly distributed among the

organs. It's not like they determined -- in other words, they gave a rem to the lung and a rem to the pancreas and that vision is not correct. You know, if they would have said, well, we thought he had a couple nanocuries intake, and then calculate a dose and whatever, but there was nothing.

He just arbitrarily assigns this value, passes it along, someone reviews it, signs off on it. He goes to another person, they sign off on it, and all is well. So I've got three signatures on this page that says, this is okay. That's what bothers me.

CHAIRMAN GRIFFON: And that's a 44 or something PoC, right?

MR. FARVER: Forty-four percent PoC. So that kind of bothers me that how do you come up with that and how do people approve that? That's a big mistake.

(Telephonic interference.)

MR. KATZ: Does someone have an ice machine out there?

(Laughter.)

CHAIRMAN GRIFFON: And now, to me, the other thing about this case that's starting to come up for me is that the last thing you said even though, you know, the magnitude of the difference of the inputs for the iodine even though they're small doses, but then you have the geometry question in the first one that didn't seem to be claimant-favorable. And then this one, there's some big question marks. So when you add all this up, you wonder if you're approaching closer to a 50 percentile.

MR. STIVER: The combination, in the right circumstances, could be close to 50 percent.

CHAIRMAN GRIFFON: Yes.

MR. SIEBERT: This is Scott. I believe we already agreed that the DCF was applied correctly, not explained appropriately due to the person's employment. The iodine adds 5, 2 millirem in the lung and it's less

than 1 millirem to the pancreas.

And in my personal opinion, if this claim was to be reworked right now, we would assign nothing to the incident because there's no indication of any exposure on that. So I don't see a PoC impact when I look at this claim.

CHAIRMAN GRIFFON: I'm not sure if I agree with the first statement on the dose conversion factor. I mean, I still am waiting to see what the policy for implementation is on that.

MR. FARVER: Actually, if you were to assign nothing for the incident, there probably wouldn't have been a finding because there was no specific information.

MR. SIEBERT: I agree wholeheartedly. That's --

MR. FARVER: The point is: someone determined that they were going to give them a rem and two other people agreed to it. That's the part that bothers me.

CHAIRMAN GRIFFON: It's a quality issue, and then is that a, you know, was that somehow calculated as a conservative claimant-favorable value? We don't know.

MR. KATZ: It just seems like it -- what year was this done?

CHAIRMAN GRIFFON: 2006.

MR. CALHOUN: And it is listed as an overestimate, so we did do some overestimating techniques here. Just to put this thing a little bit in perspective, we assigned 131 rem to the lung and 25.8 rem to the pancreas.

MEMBER MUNN: That's pretty substantial.

MR. CALHOUN: Yes.

MR. STIVER: It'd have to be a forty-five percent.

MR. FARVER: I guess what bothers me is --

CHAIRMAN GRIFFON: It's a quality control question, certainly.

MR. FARVER: -- if someone turns in a report like that to me and all of a sudden I see, well, we gave him a rem, my first question is: how did you come up with that number?

MR. STIVER: And then only two areas.

MR. FARVER: It doesn't look like anybody asked that question.

MR. CALHOUN: Yes, I'm not sure that would fly these days.

MR. FARVER: And that's all that bothers me is: how did that get reviewed twice and no one asked that question? Now is this the only case that that happened in?

MR. CALHOUN: I'm sure there's, you know, at 35,000 cases.

MR. FARVER: I'm not that lucky.

MEMBER MUNN: We have been generous in the past with respect to overestimates. If you're dealing with an overestimating case, and you're giving people more than the

evidence would support, then our question that we're raising now is actually, was our thinking process during that period of time inconsistent? Was it inaccurate? And I think we've pretty much discussed earlier the fact that, yes, we've made some corrections to that and don't anticipate that to be the case in the future.

MR. FARVER: Well, I guess it's not that it's just an overestimate or -- it was that there's no basis for applying an estimate that way, just arbitrarily assigning --

MR. KATZ: It's understood --

MEMBER MUNN: Yes --

(Simultaneous speaking.)

CHAIRMAN GRIFFON: So they got a 135 rem to the lung overall, Grady, you said?

MR. CALHOUN: I just knocked that down. I think I said 131.

CHAIRMAN GRIFFON: And this is one rem of it, I think. So this was just from the incident? They were assigning one rem?

MR. CALHOUN: Yes.

CHAIRMAN GRIFFON: So they just threw in a rem.

MR. CALHOUN: I mean, we had some confirmed plutonium dose that we assigned.

MEMBER CLAWSON: Grady, was this a complete overestimate or just a partial?

MR. CALHOUN: Basically, what -- I can't give you all the details of it but what it says is -- hold on, I'm scrolling down. Internal doses, actual internal doses, it just basically says we overestimated internal doses, X-ray procedures and X-ray doses.

MR. KATZ: So it's an overestimating case.

MR. CALHOUN: Yes. Nowadays, see, I don't have as good of a breakdown by specific type of radiation as I do in current DRs. Like now there's a table that shows how much internal dose, how much external dose, and I don't have that here in 2006. So I can't see exactly how much dose we assigned

for each, but yes, it was a big amount. He may have had a whole lot of recorded dose. I measured again.

MR. KATZ: So I guess the question is, is there more follow-up that DCAS can do to determine just what the thought process was in throwing the rem on this one and --

MR. CALHOUN: Well, I know the thought process was, we don't have any information, one rem seems pretty high given what this guy's got assigned him, as sloppy as that sounds. And nowadays that wouldn't fly, especially since we've got internal dosimetry that would likely disprove that there was any episodic intake like that.

MR. KATZ: Okay. Right.

MR. STIVER: And the question in my mind is: the assurance was that this wouldn't be a continuing problem.

CHAIRMAN GRIFFON: Apparently this was a documented incident, though, and there were others. Scott mentioned other people

that were involved, right?

MR. CALHOUN: Correct.

MEMBER MUNN: But it wasn't this worker.

CHAIRMAN GRIFFON: Although this guy was never -- I don't know how this, it got in his file somehow. I mean, they made a mistake there. But they didn't make any other mistake; they just made a mistake of putting this incident record in his file. So I'm sure that's, you know. My question is: what did the other workers get as far as doses? And then maybe that was the rationale.

MR. SIEBERT: I can tell you that the individual who was actually involved with the incident was assigned no dose because the immediate follow-up bioassay was negative. And I would assume the reason this was in this individual's file is that they were part of the work package that was working in the general area, not specifically involved in the incident, and just to be safe they put a copy

in all the people who were in the work package. That's entirely my conjecture, but knowing how, you know, we've dealt with records in the past at various places, that seems likely.

CHAIRMAN GRIFFON: And now it's even harder to explain. I was hoping maybe they had a dose assignment of one rem and they said, well, we don't even think the guy was in there but we're going to assign him the same thing.

MR. KATZ: So was this case done before the case of the person who was actually involved in the incident? Was this DR case done prior?

MR. SIEBERT: The person who is involved in the incident, I have no idea if they're even a claimant.

MR. KATZ: Oh, I see. Okay.

MR. SIEBERT: I'm sorry, I should be clear. The stuff we're talking about, the incident report, is everything that Hanford

did on their end during that time frame.

MR. KATZ: Okay, thanks.

CHAIRMAN GRIFFON: That's the way I took it.

MR. SIEBERT: Sorry about that.

MR. STIVER: And I don't think we'd be dealing with Type S from Hanford; you'd be looking at a Type M exposure.

CHAIRMAN GRIFFON: Well, Type S, and they probably used --

(Simultaneous speaking.)

MR. STIVER: Type S you wouldn't see anything in a follow-up bioassay. You wouldn't expect to.

CHAIRMAN GRIFFON: Yes, so it's clearly a QA issue. I'm not sure if we can answer anything else, like what percentages are in place now to -- right.

MR. FARVER: Because there are mechanisms in place to do that, like OTIB-0018 and OTIB-0033, and use them in a combination like we've seen done before when you have no

data.

CHAIRMAN GRIFFON: And those were all certainly available in 2006, right, or were they?

MR. CALHOUN: I don't know.

CHAIRMAN GRIFFON: I don't know either.

MR. SIEBERT: Yes, they were available at that time.

MR. FARVER: So there were mechanisms in place to do overestimates. This is an overestimate.

MR. STIVER: I mean, the only thing you can really do with it is track the occurrence.

CHAIRMAN GRIFFON: Yes.

MR. FARVER: Why wasn't it caught?

CHAIRMAN GRIFFON: Right, we have a number of those recurring.

MR. SIEBERT: This is Scott. Once again, OTIB-0018 and 0033 would not be appropriate overestimating for this case,

because we based his internal on his actual bioassay. Overestimated, granted, but it's based on his own bioassay. So we wouldn't have been dealing with OTIB-0018 or 0033.

MR. CALHOUN: The bottom line is it shouldn't have ever been added. And we just said, well, it's an overestimate, let it go. You know, one rem out of 130. He had ten rem deep recorded, by the way.

MR. KATZ: So I don't know if maybe the Subcommittee just keeps this case in mind in terms of the QA, as you're looking at the QA system as a whole. Keep this scenario in mind.

CHAIRMAN GRIFFON: In the review process. But I don't think there's any more action on this one.

MR. FARVER: I saved the best for last, 319.4. Let's see the real write-up here. Okay, the claimant indicated that the employee worked at INL from October of '52 through July of '53. Apparently he was laid

off from Hanford and he took a job at INEL. There is some, and I guess this falls back to DOE or DOL, they could not verify that the employee worked at Idaho. The contractor out there had no records, so therefore that time was not considered.

Really, the finding is just that NIOSH should have put something like that in their DR report. And the wording that, you know, something, they used some good wording in their -- oh, the DOL used it. NIOSH could have put something in like: "Information provided by the Department of Labor indicates the EE worked at the Hanford site, blah, blah, blah. Although the claimant may have worked at Idaho for a few months that could not be verified." You know, they could have put a statement in the DR report like that that would address that time period. So that's the basis for the finding is that it just wasn't mentioned in the DR report.

Now the larger issue is, could have

someone worked at Idaho for a few months back in the '50s, maybe for a subcontractor, and there be no records? I don't know. That's a different question.

CHAIRMAN GRIFFON: This was mentioned in the CATI or what?

MR. FARVER: I believe this was in the employment information, you know, the EE-5 Form. I think it was in there.

MR. SIEBERT: This is Scott. That is correct, and that's also where DOL made that statement that they could not verify employment.

MR. FARVER: Right. It wasn't that he was not monitored; it was that they could not verify.

MR. CALHOUN: That he was employed.

MR. FARVER: That he was employed. Okay.

CHAIRMAN GRIFFON: And somehow you determined the couple months this was, or --

MR. FARVER: A certain time period

from October, and I'm not sure where those dates come from, but they're somewhere in the documentation. October '53 through --

CHAIRMAN GRIFFON: Remind me, the EE-5 is not generated by the claimant, it's --

MR. FARVER: It's by the claimant.

CHAIRMAN GRIFFON: It is by the claimant?

MR. KATZ: It is.

CHAIRMAN GRIFFON: That's what I thought, okay.

MR. FARVER: So they had a time period. I guess it might have been, worked at Hanford, worked at Hanford, got laid off for this time period, and then worked at INL.

CHAIRMAN GRIFFON: I'm sorry, I mean I don't do a lot of the former employees, but I think they would remember if they went to Idaho.

MR. FARVER: Well, it wasn't an employee.

CHAIRMAN GRIFFON: It wasn't an

employee?

MR. FARVER: It was a survivor.

CHAIRMAN GRIFFON: But still, if they went to Idaho National Labs. My husband, you know, left for three months and worked in Idaho.

MR. FARVER: I don't know if it was a spouse or a --

MR. KATZ: Could be a child.

MR. CALHOUN: It was a son, looks like.

MR. FARVER: It looks like it was a son, so I don't know if a son would know that or not.

CHAIRMAN GRIFFON: Yes, Alright.

MR. FARVER: But, anyway, the big thing was, you know, you could have added some warning in there just to address it, like DOL did in their final decision letter or one of their letters.

CHAIRMAN GRIFFON: Some explanatory narrative.

MR. FARVER: Saying it could have been, but we couldn't verify it.

MR. CALHOUN: Worked in Idaho, possibly for INEL, for a few months.

CHAIRMAN GRIFFON: And it's a survivor, so --

MR. CALHOUN: In my opinion, it's speculation.

(Simultaneous speaking.)

MR. FARVER: I'm not defending that he worked there; I'm just saying that you might add some wording in there just to address it, that's all.

CHAIRMAN GRIFFON: Although I think it's possible a person could have worked there in the '50s and there not be records.

MR. FARVER: Sure.

MEMBER RICHARDSON: This is David Richardson. I would think the other thing is, there were a lot of Hanford workers who would have had a period of time at Idaho, and I don't know that if you searched the Idaho

employment records you would find any indication that there were Idaho workers. They would still be Hanford employees. Isn't that correct?

MEMBER MUNN: That would show in the Idaho records, though.

MR. CALHOUN: They usually search based on Social Security number.

MEMBER RICHARDSON: Yes, but I think you would have to look at Hanford to see that they were. I know we have similar cases with Oak Ridge, with Savannah River, with workers who do training or who are stationed other places, and it's not, the recordkeeping is not always necessarily --

MR. CALHOUN: So when did Idaho start operations? Because he said, went to Idaho then to Hanford, but he was in Hanford in 1950.

MR. KATZ: You can answer that question, when Idaho started operations.

MEMBER CLAWSON: Well, okay, Idaho

was going back in the '40s. Actually IFSF was built in 1957, but also in this time period is when SL-1 went south.

MEMBER MUNN: That's `51.

MEMBER CLAWSON: SL-1?

MEMBER MUNN: I believe so.

MEMBER CLAWSON: Was it `51 or `57?

MR. STIVER: SL-1 was January 3rd, 1961.

MEMBER CLAWSON: `61.

MEMBER MUNN: Oh, I'm sorry.

MEMBER CLAWSON: Okay, so we had a lot of different -- yes. Great stuff. To tell you the truth, my personal findings, they never kept track very well. Remember that this first started out as a naval testing station too, from a gunnery range, then turned over to the Department of, I guess it was the Nuclear Energy Commission. It wouldn't be hard to go out there and go to work without having --

CHAIRMAN GRIFFON: I guess it's

difficult with a survivor making the claim too.

MR. SIEBERT: I agree with the general suggestion of just not discounting it right off the bat, and just acknowledging that it's --

MR. KATZ: So the Hanford records wouldn't, though, if someone were assigned to INEL, a Hanford employee, would Hanford not record that they had assigned this person to go --

MR. SIEBERT: Well, that's what I'm saying. I think you would have to look at the Hanford records.

MR. KATZ: I mean, they have the Hanford records.

CHAIRMAN GRIFFON: Yes, they have the Hanford records.

MR. CALHOUN: Hanford responded, and I would assume that Labor would have had to have asked the question at Idaho just to count his employment, so somebody checked.

MEMBER CLAWSON: Part of the thing like these sites though is if somebody was laid off at Hanford, then you've got a clearance and so forth like that, they're basically drawn to one of these other sites. You really are, because that's a valuable resource.

CHAIRMAN GRIFFON: Unfortunately, with the survivor doing the form, I'm not sure what more we can expect NIOSH to do on this one.

MR. STIVER: I don't know if we can get any more detailed information.

CHAIRMAN GRIFFON: Right, I think I'm satisfied that it's closed, right? Are you, Doug?

MR. FARVER: Yes. You just might want to keep in mind that, you know, you might want to mention something like that in the future and just put it in the DR. Acknowledge it.

MR. KATZ: Does that close out Case

319?

CHAIRMAN GRIFFON: Yes, we've got one observation, right?

MR. KATZ: Yes.

MR. FARVER: That's the look at numbering the tables, yes.

CHAIRMAN GRIFFON: Yes, okay, so it's NIOSH, okay. And I think we have that finding in a couple of reports coming up, but as long as they're aware of it, that's fine.

MR. STIVER: Alright. We've officially tackled four percent of the backlog today.

CHAIRMAN GRIFFON: Well, we didn't close them all out, so --

MR. KATZ: But most of them.

MR. FARVER: That's kind of what I was getting at. If we have findings, response, response, we close a lot and you can recommend for closing --

(Simultaneous speaking.)

MR. KATZ: This has been good. Good

process here.

MR. FARVER: So in the accelerated world, we would come to you with our recommendations saying, we recommend to close, you know, however many we closed today, 15 of them or so. That's how we would come to you and say, this is what we looked at. This is our responses. We put it to you that we suggest closing these. These other ones, we need some issues on. I mean, that's how it could speed things up a little.

CHAIRMAN GRIFFON: I like the process, I'm not sure about suggesting closure. But you can have that in your mind.

MR. STIVER: Conditional consensus, right.

MR. FARVER: However you would like us to word it that we are okay with closing it.

CHAIRMAN GRIFFON: Right. But I do, like some of these it would be even nice for you to -- yes, I can see the merits of that.

Because for some, like, you know, this has come up in previous findings. NIOSH modified this. We think we should close this --

MR. FARVER: The repetitive nature --

CHAIRMAN GRIFFON: That would be quicker so I don't have to retype it, too.

MEMBER CLAWSON: I think it would give us a better picture too of the site. When we're looking at it, we're seeing numerous --

CHAIRMAN GRIFFON: Yes, the site --

(Simultaneous speaking.)

MEMBER CLAWSON: -- give us a better idea if maybe this is a site issue a little bit or --

CHAIRMAN GRIFFON: Alright, here's what I suggest is, take a break and then we'll come back. And I want to tackle two things, the 16th set case selection question and the --

MR. KATZ: We're going to do Sets 8

and --

CHAIRMAN GRIFFON: Well, I want to do these two broader things first and then get into Set 8. The question of a report from the Subcommittee, and then my question of selecting the cases for SC&A. Let's discuss those after the break, then we'll go into the 8 stuff and finish the day.

MR. KATZ: Could you hear that, David? Could you hear Mark's plan?

MEMBER RICHARDSON: Yes, when do you return back from the break?

CHAIRMAN GRIFFON: Ten minutes.

MEMBER RICHARDSON: Okay, be right back.

MR. KATZ: I'll put the phone on mute.

CHAIRMAN GRIFFON: We plan on closing probably right around 4:00, I think, because people are going to, you know, it's hard to stay focused on this stuff for too long.

(Whereupon, the above-entitled matter went off the record at 2:16 p.m. and resumed at 2:33 p.m.)

CHAIRMAN GRIFFON: Okay, so I just wanted to move up on the agenda just a couple of the general discussions and then go into the 8th set of cases. One issue is the selection, preparing DR Case Set 16, cases for preliminary selection. So this has, I think, mainly been requested by SC&A that they, you know, they want to keep the pipeline filled with cases for the people that are working on cases. Even though we're trying to clear the backlog I think we might, you know, this is a process for us.

So I'm not sure how, they've asked me if we can have cases selected in Santa Fe at our meeting, but I don't know that, because we have this two-step process that we've gone through usually so I don't know how we could achieve that. I usually talk with Stu about this, but --

MR. KATZ: Nothing can happen for the June meeting. That's not even close.

MR. STIVER: How long does it typically take?

MR. KATZ: It takes quite a while. It takes weeks.

CHAIRMAN GRIFFON: We can do it on the Board phone call. I think that's the best we're going to do is, you know, the Santa Fe meeting, and then we'll have a Board phone call meeting.

MR. KATZ: Well, what we'll need to do is we'll need to ask for whatever we want to ask for here, and then they'll get it together for the next Dose Reconstruction Subcommittee meeting, and then after the Dose Reconstruction Subcommittee has done its pre-selection we can deal with it at the next Board meeting.

MEMBER MUNN: Which would be September 4th, right?

MR. KATZ: Or the teleconference,

although it's sort of hard to deal with these on a teleconference.

MEMBER MUNN: Yes, it is.

MR. STIVER: I guess our only concern there is we're kind of winding down Set 15 then.

MR. KATZ: But this is the best we can do. There's no way to --

CHAIRMAN GRIFFON: No way to extend that. I mean, the only way would be if we asked for our criteria and the list that comes back to us is, because usually what we do is we ask, I mean, if we want cases that are near the compensation level. So if we say all cases from a certain year forward and a certain percentage higher, like 40 to 50 or whatever, then if what comes back to us is only 30 cases we might just say we don't need the more detailed data. Because then we usually do our pre-selection process where we say, okay, let's get more information, like is it overestimating, is it, you know, whatever,

external or internal dose, they try to break out more information for us. And then NIOSH has to go to the individual cases, open the cases to find that information.

I'm just saying this for David's purposes too. Yes, so if they don't have a lot of cases come back in that first triage step, we may be able to say, you know, it's a small enough list, let's just make a judgment that we can stop most of these or something.

MR. KATZ: But you also make judgments as to whether -- you don't want a bunch of duplicative cases from one site, for example, and what have you, too.

CHAIRMAN GRIFFON: Correct. We have the site information on that first count, so we have quite a bit of information, we just don't have the detailed information. So I mean I'm trying to remember what criteria we've used before. I know we want more current cases, and I know we generally like the ones near --

MR. STIVER: The last couple years or --

CHAIRMAN GRIFFON: Yes.

MR. STIVER: Close to the 50 percent, I'll say 40 of --

CHAIRMAN GRIFFON: Yes, I think 45 was too limiting always, so we usually say 40 to 50.

MR. KATZ: Or you go a little bit above, too. You don't want to just --

CHAIRMAN GRIFFON: Yes, 40 to 50.

(Simultaneous speaking.)

CHAIRMAN GRIFFON: 40 to 55 or whatever.

MR. FARVER: If you want to eliminate the overestimated or underestimated, then you would get 45 to 52 percent.

MR. CALHOUN: Right.

MR. STIVER: Stick within that range.

MR. FARVER: Therefore they would all be best estimates.

MR. KATZ: That would be too limiting. We had issues with that before, when we tried to limit it too much.

(Simultaneous speaking.)

MR. STIVER: There's only about 1.9 percent, I think, or --

MR. FARVER: That was just if you wanted to eliminate the over and under.

CHAIRMAN GRIFFON: Maybe 40 to 52, we could eliminate at least the underestimating, right, because you wouldn't underestimate anything close to 52, right?

MR. KATZ: Well, I mean you could just specify, you know, 40 to 55 or 40 to 60, but leave out the simple overestimating and underestimating. You could just specify that.

MR. CALHOUN: That's not quite as simple as you might think.

CHAIRMAN GRIFFON: They'd have to look at the case to find out --

MR. KATZ: Oh, no, no. They would have to look at the case, I understand. But

they still would have done that as opposed to you having to do that at the Subcommittee level.

CHAIRMAN GRIFFON: But the idea of the triage stuff is that, so you don't have to do that for 100 cases.

MR. CALHOUN: I would say that 90 percent of the cases that are less than 45 percent are going to be overestimated. So you would have to go through an awful lot.

MR. KATZ: I see.

CHAIRMAN GRIFFON: Yes. I would say we do 40 to 52.

MR. CALHOUN: Well, how does this work, just since I'm a newbie? Do you tell me what you want and then I bring this back to Stu, or what's the mechanics of this now?

CHAIRMAN GRIFFON: Well, Stu usually generates a list or he has you generate --

MR. CALHOUN: Okay, so you're coming up with what you want and I'm going to

--

CHAIRMAN GRIFFON: You go out there and you pull the cases.

MR. CALHOUN: Alright. So right now you don't know yet, but 40 to 52 maybe?

CHAIRMAN GRIFFON: Yes, 40 to 52 sounds like a good spread.

And then as far as the years, I mean we like to do the more recent dose reconstruction in years but we have to have only fully adjudicated cases.

MR. CALHOUN: Right, okay.

CHAIRMAN GRIFFON: So I don't know if you have a sense of what a good cutoff is there.

MR. CALHOUN: No, but I think that we could probably --

MR. STIVER: Just go to a pool of adjudicated cases to begin with and --

MR. CALHOUN: Right.

MR. KATZ: The last three years maybe, within the pool of adjudicated cases or

something.

MR. FARVER: How many cases would you like in your initial list? Because then he can go, if he goes back to 2010 and doesn't come up with enough he can always go back to 2009 and pick up a few more.

MR. KATZ: And I think you want at least 40 cases so that, because you're going to cut some out.

CHAIRMAN GRIFFON: Yes. We want at least 40.

MR. CALHOUN: I will give you a list of 40 and then pare them down?

CHAIRMAN GRIFFON: Usually it's broader than that. Usually we have about 100 in the first cut.

MEMBER MUNN: Because we cut out a lot.

CHAIRMAN GRIFFON: At least 40 or 50, then.

MR. CALHOUN: Okay, should we go --

MR. KATZ: A normal set is around

30.

MR. STIVER: Typically they've ran about 30 then.

MR. KATZ: Twenty to thirty is the normal --

MR. STIVER: The last one was pretty big.

MR. KATZ: Yes, that was a special case.

CHAIRMAN GRIFFON: Yes, I recall now. So I would say we want 50.

MR. CALHOUN: Okay.

MR. KATZ: And then we'll see what we get.

MEMBER MUNN: Bare minimum.

CHAIRMAN GRIFFON: We'll see what we get. And I guess work from the most --

MR. CALHOUN: And this is 16?

MR. KATZ: Yes.

CHAIRMAN GRIFFON: And I would say Doug's idea is a good one. Work backwards from the years, so if you do the most recent year

that has been adjudicated, that may be 2012, I don't know, you would have finished cases that had been adjudicated in 2012, you might not get 50 out of that, so then go back to 2011 and --

MR. CALHOUN: Not many.

MR. KATZ: Keep working back until you've got --

(Simultaneous speaking.)

MR. CALHOUN: I think that makes a best of all list and we don't have to worry about old documents and what's --

CHAIRMAN GRIFFON: That's what we're trying to do. Sometimes there's just not a lot of cases there.

MR. CALHOUN: Sure.

MR. KATZ: Okay, and then you know what categories of information are provided with these stats because --

MR. CALHOUN: We will know.

CHAIRMAN GRIFFON: He's got a spreadsheet with all this. So you're doing the

first triage and then we'll ask maybe for expanded information depending on the size of the list. Alright, that sounds good.

MR. KATZ: I think you're remembering the last set which was a double set, Wanda, because the last set we did was a double set. We doubled the number. But previously, we shot for 20 to 30 cases at the end of the day. And so you would need to --

MEMBER MUNN: Well, yes, but it's rare that we take more than one or two off --

CHAIRMAN GRIFFON: That's true, yes.

MR. KATZ: Well, if you want to up the number, let him know now.

MEMBER MUNN: If there's an adequate supply to work on at the time, I have the sense that the number --

CHAIRMAN GRIFFON: No, I agree. Usually we do this in steps, right, so in the first list we might want more like 70 and then we go through and say, and then we pick about

40 for Stu to get more information on, and then after the 40 we get around 30 or whatever.

MR. KATZ: So we're up to 70. That's good to sort that out now.

MR. CALHOUN: Now are we going to be, I guess, I don't know if it's kind of a similar issue but did we talk about the grouping already and how we're going to, are we going to deal with grouping by site or is that important at this point or --

CHAIRMAN GRIFFON: Well, that's for the --

MR. KATZ: That's for the review --

(Simultaneous speaking.)

COURT REPORTER: Your transcript is going to be a little messy. You have to have one person talking at a time.

CHAIRMAN GRIFFON: Alright. So yes, let's talk about that question now that you raised it. For the resolution process going forward, the idea of these technical

correspondence between SC&A and NIOSH, we're going to move forward with this and I think the sense was that you might want to start with a site. I don't know. Savannah River was your highest number, I think.

MR. STIVER: Let's start with Savannah River. That's got the most promising number of --

CHAIRMAN GRIFFON: Well, let's also ask. I don't know if you have enough information right now, Grady, to answer that but are your people that would likely work on -- Scott might be able to help with this. Maybe Scott is the person, but are your people that would likely be involved with that available in the next couple months or --

MR. CALHOUN: SRS?

CHAIRMAN GRIFFON: Yes.

MR. CALHOUN: Yes, I think so. Do you see any issues with that, Scott?

MR. SIEBERT: The only issue is switching gears to the different groupings so

that we don't lose the work that we've already done on the present groupings. But changing that over, I see no problem with having that happen.

MR. CALHOUN: Is there something else we could do to deal with the ones you've already worked on that might make it a little more efficient?

MR. SIEBERT: I think just the best thing is, I've got those in hand and as we run into them in the new groupings, I'll just plug them right in and we'll be able to move along.

CHAIRMAN GRIFFON: You'll just have to reorder the matrix.

MR. KATZ: So basically you'll just --

MR. SIEBERT: Organizing it and getting the new list out.

MR. KATZ: So what you'll end up having is you'll have Set 8 still to finish, Set 9 to finish in the traditional way. You'll have then the Set of Class A cases to

finish, which you've almost finished anyway, and then the rest will move to this new system, right?

MR. SIEBERT: Correct, and I see no problems with that.

MR. KATZ: That'll work.

MR. SIEBERT: The only question I have, which is the obvious question, is who is going to do the making of the list?

MR. STIVER: Actually, Doug and I will provide that to you. We have the summary statistics already pulled together by finding and case.

MR. SIEBERT: That's the right answer. I like that one, thank you.

CHAIRMAN GRIFFON: Okay. And then as far as the schedule, you're going to have your first sort of technical correspondence on these SRS cases before the next DR Subcommittee meeting, right?

MR. STIVER: Yes, I kind of look at it about halfway between, so maybe mid-July or

maybe that time frame.

MR. KATZ: And you'll have to pick your site or whatever that you're going to focus on.

CHAIRMAN GRIFFON: Well, they just said SRS.

MR. KATZ: SRS, I'm sorry. I missed that.

MR. STIVER: They're just going down the list with the most findings, just working their way through.

MEMBER MUNN: The most intransigent cases.

MR. STIVER: The most intransigent cases.

MR. KATZ: Okay, so at the end of this meeting, when we schedule the next Subcommittee meeting we can also sort of pick a date, a rough date. I mean, that doesn't need such a hard date because we don't have to set up a meeting for it. I mean, there will be a meeting, a teleconference or whatever,

but --

MR. STIVER: We don't have to have the whole contingent of --

MR. KATZ: Yes, right. But we'll pick a rough date for that, so that DCAS knows what to aim for in terms of getting responses to issues.

CHAIRMAN GRIFFON: And when you say as far as cases, are you saying from the 10th to the 13th?

MR. STIVER: Yes, the 10th to the 13th, starting from the Table 2.

MR. CALHOUN: And just to clarify, these are going to be SRS cases from already selected DRs previous to 15, roughly?

MR. STIVER: Yes, this is Sets 10 to 13.

MR. CALHOUN: Okay.

MEMBER MUNN: That's not very many.

MR. STIVER: Well, there's 116 cases, 275 findings.

CHAIRMAN GRIFFON: How many SRS

cases?

MR. STIVER: SRS, there are 17 cases with 57 findings. So that's the most number of cases and findings for a site, is Savannah River. Kind of see that by looking at this.

MEMBER MUNN: Yes, we have 22, maybe. Yes, okay.

CHAIRMAN GRIFFON: Okay, so that's the process forward and we'll set a DR Subcommittee meeting later, after we finish here, but that will be the technical working meeting between NIOSH and focused on Savannah River Set 10 through 13.

Alright, and the last thing before we go into the 8th Set, the last thing I wanted to cover was preparing a second Board report to the Secretary on dose reconstruction reviews. I know this has been brought up on the Board, I know Paul has mentioned it, others may have as well. Just talking during the break, I'm just wondering if we're at a

good point in our process to actually have something to report out to the Secretary.

We had finished the 6th and we gave our report on the 1st through the 5th sets. That was a while ago but we did submit a report on that. We've done the 6th and 7th sets. We're almost done with the 8th. I'm not sure we're at a good stopping point, and I also have a feeling that a lot of what we've found was very similar to the findings in the 1st through 5th set, so I don't know that we could do much more than an update and I don't think we need to necessarily do an update to the Secretary.

My feeling is that we're not quite at a point where we can say much. I would rather be, you know, look further at, find out more about NIOSH's QA program and roll that into any report that we develop along with our findings on the QA stuff. I think that might be more meaningful, but we're not ready to do that certainly now.

So my feeling is, if anything we might want to provide a more in-depth report back to the full Board on the details of what we've done, what we're doing and our sort of path forward for dealing with our backlog and, you know -- but I'm not sure that I would recommend a report to the Secretary at this point.

Any Board Members have thoughts on that?

MEMBER MUNN: I would agree. It would seem to me, given what we've discussed today with respect to where we're going in the next couple of meetings, it might be wise for us to sort of informally establish something like along about the end of the year as a goal for taking on the responsibility of making a report to the Secretary, depending upon how successful we are in the next two meetings.

CHAIRMAN GRIFFON: Yes. I mean, we might be at a better point given our schedules to try to work through the 10th through 13th

sets, you know, we might be at a better point.

MEMBER MUNN: I think so. We should have something more substantial to report after the next two meetings, I would think.

CHAIRMAN GRIFFON: I think we also want to get a much better handle on the quality control issues. This is something we've, as David noted before, something we've discussed for awhile but we still haven't got the nuts and bolts of what happens internally from a QA standpoint. If we have a recurring finding, that's certainly a category that comes up a lot.

So I think, you know, we need to wait a little more on, so we can better define that and put it into context. You know, how significant is the problem or is it, you know, can it be classified as a problem? And if so, how significant, yes.

MEMBER MUNN: The first question is: is there a problem?

CHAIRMAN GRIFFON: Right. David, do you have any thoughts on this?

MEMBER MUNN: Either David?

MEMBER RICHARDSON: Yes, I agree with your suggestions. And also I think it would be helpful to let NIOSH have a little bit more time with their blind reviews also. I don't know if we want to, I mean, I think we could think about how we might want to draw on that information for some report coming from the DR Subcommittee. At least I'm thinking it would be useful for thinking again about some of the quality control issues.

CHAIRMAN GRIFFON: Right. That's true. And at this point they've got about 20 that have been worked through, right, Grady? So yes, maybe let's let that process run a little longer. That might be helpful to look at in aggregate, yes. Okay, so we'll just hold it out right now and I'll report that out at the Board meeting and see if Paul accepts that.

The other thing, I'm just not really ready to discuss this today, but going forward I want us to consider sort of all, and it actually is a good time because we've got David and David sort of fairly new on the Subcommittee. I think it would be good to reflect back on our procedures for our reviews and sort of look at them in context of the statutory mandate. You know, what are we trying to do here?

And we've got a fair amount of reviews that we've looked at, you know, how does this fit in with the overall question of scientific validity and, you know, so let's reflect back on the steps through our mandate, look at our procedures on how we're doing our reviews. I really want to think further on the Procedures Subcommittee, the DR Subcommittee and are we missing something? Is there something lost that could be fairly significant? So --

MEMBER RICHARDSON: That would be

helpful.

CHAIRMAN GRIFFON: Yes, just to reexamine. I mean, the procedures that we developed for the reviews, along with the selection of cases, was really done over ten years ago and that was the original, I think we were originally a Work Group and we sort of developed those procedures. So I think it would be good to look back at those and this is a good time because as we add new Members.

So I'll try to put that on the agenda for our next meeting, and we'll make sure David, well, I'm not sure either David has a copy of the original procedures for DR reviews.

MEMBER KOTELCHUCK: No, I don't. I'm Dave K., I don't.

CHAIRMAN GRIFFON: I can dig those up. I don't know if we ever posted those on the web in any way.

MR. KATZ: I don't think they are posted on the web because I think --

CHAIRMAN GRIFFON: Because they're sort of internal Board decisions. But I'll dig those up. I have Revision 1 through 10 of those somewhere.

MEMBER KOTELCHUCK: Okay, good.

MR. KATZ: So you'll circulate those?

CHAIRMAN GRIFFON: I'll circulate them.

MR. KATZ: Or send them to me, I'll circulate them, whatever.

CHAIRMAN GRIFFON: I'll find them first, then circulate them, yes. Alright, so I'll put that on the agenda for the next meeting.

I think we're ready to go into the 8th set of cases. I know Doug is. He's fired up. Hold him back.

First of all, does everybody have a copy of the -- I'm going to try to find it right now. I think it's called 8th 30 Case Matrix Working Draft.

MR. KATZ: So I forwarded, Beth sent us files just yesterday or the day before, day before yesterday maybe, 8th, and then she sent yesterday the 9th file for the 9th set. So we have both of those in the last couple days, and I forwarded them to your CSB email.

CHAIRMAN GRIFFON: Just now?

MR. KATZ: No, no, but in the last two days.

CHAIRMAN GRIFFON: Oh, okay. And these are zip files?

MR. KATZ: I have no idea if they're zipped or not.

MEMBER CLAWSON: I think it's the 8th set of dose reconstruction, 149 through 178?

MR. KATZ: Yes, that's the first, and that was a couple days ago we got it from DCAS, and then the 9th set we got yesterday, I think.

CHAIRMAN GRIFFON: Yes, I got two of

them yesterday.

MR. KATZ: So you have those under your CSB?

CHAIRMAN GRIFFON: They're both Word files 8th and 9th matrix, but then you also sent a zip file with --

MS. ROLFES: I didn't know if that was going to go through or not. I asked somebody. Can you open it?

MEMBER CLAWSON: No, I already tried. It says something about the life cycle or something like that?

MS. ROLFES: Yes, because it goes back to our K: drive and then --

CHAIRMAN GRIFFON: I didn't try to unzip it yet but, Alright, so we'll just work from the matrix then.

MS. ROLFES: Okay.

CHAIRMAN GRIFFON: So anyway, the first one is the 8th set, 8th 30 Matrix Working Draft December 19, 2011-June 2012 (3), dot doc. That's the one I'm working from? I

hate to read the whole thing out but we have so many versions of this that --

MEMBER MUNN: I'm working from the one that was sent day before yesterday.

CHAIRMAN GRIFFON: Isn't that the one that was sent? That's why I read it out, okay. So the first case should be 149.1.

MR. KATZ: Trying to remember where we left off last time.

MR. FARVER: 173.2 is where we left off last time.

CHAIRMAN GRIFFON: Wait, why are there no yellow highlights in this?

MR. FARVER: Because that's not your file.

MS. ROLFES: I took them out. I couldn't send them.

MR. KATZ: She had to.

CHAIRMAN GRIFFON: You're going to make me merge files now. Alright.

MS. ROLFES: I don't think I made many changes to it. I just did like a spell

check. I can send it with the yellow.

MEMBER MUNN: You may have to put 35 pages in --

CHAIRMAN GRIFFON: Can you resend it with the -- I'm not on the internet though. I don't know. I just don't want to have to retype twice. Can you resend it now with the yellow? Spell check, she did on mine.

MS. ROLFES: It's opening, hang on.

MR. FARVER: Did you send out an updated matrix from last June?

CHAIRMAN GRIFFON: This should be in the QC group, you know.

So does this have additional responses in that were not in the yellow version?

MS. ROLFES: Scott, you added a lot to the 8th.

MR. STIVER: Yes, there's some 8th 30, 12 responses from NIOSH from as far as we got in the last meeting.

CHAIRMAN GRIFFON: Alright, so I

should probably work from this one if it has newer information in it?

MR. STIVER: Yes.

CHAIRMAN GRIFFON: Okay.

MR. STIVER: On Page 21, it's 173.2. It's like where we left off.

MEMBER CLAWSON: What number was it?

MR. STIVER: This is Finding 173.2.

CHAIRMAN GRIFFON: So are we on Finding 173? I couldn't hear you.

MR. STIVER: Yes, 173.2 on the bottom of Page 21 of 34. That's as far as we got.

MR. FARVER: It's pretty far, actually.

MR. STIVER: Yes, we made a lot of progress.

CHAIRMAN GRIFFON: But I don't know that we closed out all the ones before this.

MR. STIVER: We can go through the list of what else Scott put in there.

MEMBER MUNN: Well, I guess only this 3 through 30 entries would be pertinent, right? So I see 3-30 entries going back --

MR. STIVER: From 149 up through --

CHAIRMAN GRIFFON: But even when I closed them I would put it to a 3-30 entry.

MEMBER MUNN: Right, you did. And so --

CHAIRMAN GRIFFON: See, it's no further action at this time. Alright, are we starting on 173.2 with new responses, is that what you're saying?

MR. STIVER: That would be where we had left off. We had not addressed any of those beyond.

CHAIRMAN GRIFFON: Right, hadn't even got through one time, right?

MR. STIVER: Right.

CHAIRMAN GRIFFON: Okay, why don't we start there, and then in the meantime I'm going to pull up my other matrix and look at the yellow ones and --

MS. ROLFES: Grady just sent it.

MR. CALHOUN: I just sent you one.

CHAIRMAN GRIFFON: Which is the last one from the last meeting?

MR. CALHOUN: Scott's added stuff in it, to it too.

MR. KATZ: This still has your yellow, so it's updated with the yellow.

MR. CALHOUN: And green. And some green added to it, yes.

MR. SIEBERT: This is Scott. The one that Grady just forwarded is based upon -- Mark, you sent me the truncated one of the things that we had worked on at the last meeting --

CHAIRMAN GRIFFON: Okay.

MR. SIEBERT: -- about three weeks ago. That is where I entered all that information and that's what this version is based upon.

CHAIRMAN GRIFFON: Okay, Alright. So we can work from that one, right?

MR. SIEBERT: That's the one that starts at 149 and goes through 173 covering the things that we covered at the last meeting with additional information.

MEMBER MUNN: And the first one that I see just scrolling down, is Item 165.3 on Page 15, and that has a 3-30 response that NIOSH and SC&A will coordinate reviewing the clean tool and the tool used in this case, which is still an open action item.

MS. ROLFES: So are you continuing where you dropped off last time?

MEMBER MUNN: I don't know. I'm just pointing out, the first open item I see just scrolling down is that one. On page 15.

CHAIRMAN GRIFFON: I am not even on Wi-Fi here so, are we on? I wasn't connected before.

MR. KATZ: Yes. Oh yes, here's an internet code. It's behind you right there.

CHAIRMAN GRIFFON: Okay, I just got it. Alright.

Okay. So Scott, this is called --

MEMBER MUNN: 8th 30 Case Matrix-Working Draft December 19, 2011-June 2012 (3).

CHAIRMAN GRIFFON: Now Scott, this is called, it's got the MTG Updated. Is that in the name of yours?

MR. SIEBERT: MTG Updated.

CHAIRMAN GRIFFON: Right. NIOSH for March 2012, MTG Updated at 3-30 Meeting. It's that one?

MR. SIEBERT: That 3-30 meeting-NIOSH June 2012, is what I have.

CHAIRMAN GRIFFON: Okay, yes. This is a different one of these.

MR. SIEBERT: And that's the one that it's based on what you sent.

CHAIRMAN GRIFFON: That I sent, right, and it's got my yellow in there. Nice, okay.

MR. SIEBERT: I believe the first thing that's in there that changed from the March meeting is in 165.3.

CHAIRMAN GRIFFON: Okay, so those other ones that are yellowed before that, you just didn't address them yet, right?

MR. SIEBERT: Correct. They're additional things that NIOSH is still reviewing.

CHAIRMAN GRIFFON: In progress, okay.

Alright, sorry about that.

MEMBER MUNN: So the first one I see just scrolling through is Page 16, as he said, 165.3.

CHAIRMAN GRIFFON: Okay. I just wanted to be updating the one that had the yellow in it so I didn't have to re-update. Okay, so --

MEMBER MUNN: 165.3.

CHAIRMAN GRIFFON: Right, 165.3.

MEMBER MUNN: On Page 16 is a NIOSH response.

CHAIRMAN GRIFFON: Okay, we can start from there. So this is a NIOSH

response, right, so --

MEMBER MUNN: Correct.

CHAIRMAN GRIFFON: -- do you want to take that, Scott, or --

MR. SIEBERT: I would be happy to.

CHAIRMAN GRIFFON: Alright.

MR. SIEBERT: A little bit of background, because it's only been a couple months. This is an INEL claim where we determine for 165.3, this claim used a neutron -- wait a minute, let me make sure, using a bias factor of --

(Telephonic interference.)

MEMBER MUNN: Hold on, try that again.

MR. SIEBERT: Really, I didn't hold it out the window or anything.

MEMBER MUNN: A bias factor of --

MR. SIEBERT: It used a bias factor, and we all agreed that using a bias factor of 1.6 and dividing by that was inappropriate and would have resulted in a smaller dose. The

question that came up last month after we responded to this that Doug asked, was: since the bias factor comes up in a pop-up in the dose reconstruction tool, he wasn't sure that it was a specific issue where there was any -- I'm going to try that again. The dose reconstructor entered the information incorrectly. He was checking to ensure it wasn't a tool issue that already had the bias consistently placed in it incorrectly, which is a valid question.

We discussed and we looked at the pop-up. The pop-up is actually a generic term. It doesn't have the factor of 1.6 in it, it just has the term "division," there's a formula that it divides by the bias factor and then the actual formula gets its information from another portion of the spreadsheet. That specific portion is where the dose reconstructor can enter that bias information, which is exactly what happened in this claim. But the bottom line is: the tool behaved as it

is supposed to. The dose reconstructor made a mistake, putting the bias factor into the tool and having it apply.

And in addition to tracking that down on the tool, I went back and looked at all the other claims that used this tool at INEL and it is the only claim that applies this bias factor. So it was not a systematic error. It was a specific dose reconstruction error on this claim alone, which we agree is a problem.

MR. FARVER: Do I agree that it's a single-claim error? Probably. It still just begs the question: how does this get through and why isn't it caught? On these worksheets, are the calculations locked so that people can't change them?

CHAIRMAN GRIFFON: That's what I was going to ask.

MR. SIEBERT: In the version that was used back at that point, probably not.

MR. FARVER: Okay, I didn't think

they were. That's why I asked.

CHAIRMAN GRIFFON: But is it currently? That's the --

MR. SIEBERT: Well, once again, remember we're talking about a complex-wide workbook that needs to be applied, all the parameters need to be applied differently depending on the site of interest, so locking it down did not make sense.

MR. FARVER: Are there sites that you apply a bias factor to?

MR. SIEBERT: That I can't answer off the top of my head. Matt Smith, do you happen to still be on the call and can you answer that? I don't believe there are.

MR. SMITH: The quick answer would be no. No yes answers come to the top of my mind.

MR. FARVER: This is just an ongoing issue with some of the workbooks where we come along when we find out that the calculation in the workbook is an error. And,

you know, is that a dose reconstructor going in and making changes, which maybe they shouldn't be allowed to, or is that a change that was made and distributed and was just not thoroughly checked to begin with?

MR. SIEBERT: In this case, it is clearly a dose reconstruction error, because there is a place you enter the bias factor, and in every other single instance that I checked, the bias factor in that cell was 1.0. In other words, no bias factor.

MR. FARVER: Okay, which brings up the next question of: how do we prevent this from happening again?

MR. SIEBERT: As I said, this was the complex-wide best estimate tool because there was no best estimate tool for INEL. That is being rectified as we update the tools to incorporate the new Vose Monte Carlo system. It's presently in testing for INEL. There will shortly be an INEL-specific best estimate tool that does the Monte Carlo

calculations, in which case -- I can't tell you off the top of my head, but I would assume that if we do not use bias that stuff is locked out.

MR. FARVER: So this isn't going to happen again?

MR. SIEBERT: I would assume not.

CHAIRMAN GRIFFON: I guess, from the QA standpoint, this brings to mind, you know, whether there are certain flags in the system overall that trigger like, you know, in these like you said, it gets signed off on. In the review process, if it's a general complex-wide type workbook, maybe that should create some kind of flag so reviewers know, oh, this is not just, you know, this is a workbook that can be changed by the dose reconstructors so I should pay a little closer, you know, finer, sharpen my pencil when I'm reviewing this, because they can make modifications. Or something gets flagged that, you know, the DR, dose reconstructor,

modified a workbook. You know, that automatically flags something so that when the review cycle is happening, a person knows, I better check. You know, because if it's a standard workbook and nobody has modified anything, maybe it needs a lesser review. You know, you don't need to focus as much but it, you know, it's just something I'm questioning in the overall system of quality assurance.

MR. KATZ: This is another category of QA problem where, I guess; when we get the presentation on the QA system you could also just address some specifics. So this kind of situation, how does that get addressed by this QA system, or doesn't it?

CHAIRMAN GRIFFON: Like in the presentation we had, you know, we heard that a lot of things had been implemented to avoid data entry. But in these kinds of instances, obviously, you need to be able to switch parameters, maybe, and therefore -- although I'm not convinced of that.

But, you know, assuming in some cases for site-wide forms, you do have to be able to make modifications, but does that do something to the case that makes for a stronger review or a more rigorous review or whatever? That's my question. I'm not saying we have to do anything with it. I think there's not much further to do on this case, but when we're thinking about the overall I think we should think about that.

MEMBER MUNN: Yes. We can try to --

MEMBER RICHARDSON: Hey, Mark?

CHAIRMAN GRIFFON: Yes.

MEMBER RICHARDSON: This is David Richardson. I agree with all those points. It's very hard to find what has changed in a spreadsheet unless it's, as you were suggesting when there's a list of changes that have been made or they're flagged in some way to highlight what has been touched.

The other issue that was raised, I'd like to just go back to for a second,

which had to do with the pedigree of a workbook. When we've got a workbook for a case how do we know that there haven't been errors that are propagated that move on to another case that has used that workbook?

And we've raised this question a couple times but I want to go back. Because my recollection of this workbook was that when we looked at that pop-up, the reason we had a question about the pop-up wasn't that it said in general there's a factor that's applied. My recollection was that the pop-up stayed at that, the value of 1.6 was used. That it was written in what appeared to be a text form of a description of an equation which was a function or within a cell of the spreadsheet. And that led to the discussion about, was this, had this workbook been -- not just somebody mistyped a number but somebody had really kind of gone out there and made that change and led us to think, well, was there a problem with the workbook in general, not a

problem of typing in a cell? And now the description that we heard was that wasn't what was in that pop-up window. And so I'm struggling with that because that's really how I remember that pop-up window looking.

MR. SIEBERT: This is Scott Siebert. And you remember the conversation correctly, that was what was discussed. However, it was not correct. The pop-up never has the 1.6 factor in it. I mean I agree we discussed that as I was opening up the tool and that was some conjecture that was going on as I opened up the tool. And once I opened up the tool and looked at it during the meeting, and we may be able to go back to the transcript and look at this, the pop-up does not have the 1.6 value in it. Only the formula itself has the value in it. The pop-up has a generic form of the formula which has the division of the bias, but only as a specific term that says bias. It did not have a factor in it.

MEMBER RICHARDSON: Okay.

MEMBER MUNN: WE can work hard to try to diminish the effect of human error, but unless we can eliminate humans from our calculations, and I don't see quite how we can do that, then we cannot completely eliminate this kind of outright human error. It will occur from time to time.

MEMBER RICHARDSON: I agree with that, Wanda. But, you know, there are issues and we've had those issues before, and I'm convinced that things are changing and I would like to see the documentation of those changes which describes things like the process by which a dose reconstructor starts with a fresh, and we believe, accurate workbook each time. And so this was a question where when there's uncertainty about what that process is because we don't have documentation of it. It's a reasonable question to ask. Had somebody introduced an error and then does it propagate forward?

MEMBER MUNN: Yes.

MEMBER RICHARDSON: And so there are, I feel like there are places for either clarity or improvement in all those sorts of steps to avoid data entry error. And catching it, understanding the nature of it and then avoiding it in the future.

MEMBER MUNN: That's appropriate.

CHAIRMAN GRIFFON: Okay, so for this specific item, though, I think we have our response and I don't think there's any further action on this.

MEMBER MUNN: No, we verified it isn't propagated.

CHAIRMAN GRIFFON: Okay, go ahead and --

MEMBER MUNN: The next item is the very next one on Page 18, the June response from NIOSH.

CHAIRMAN GRIFFON: Scott, do you want to pick up on that?

MR. SIEBERT: I'm sorry, I couldn't

hear that.

MEMBER MUNN: Oh, I said the next item is a continuation.

MR. SIEBERT: 165.4.

MEMBER MUNN: Correct.

MR. SIEBERT: This finding once again, background, same general type issue, the fact that the complex-wide best estimate tool needed to be used for this INEL plane. In this case the tool is not designed to apply a neutron dosimeter correction factor to missed dose for neutrons. Most sites do not have that applicable and the complex-wide tool does not have that capability built into it because it was built for handling a most cases.

Based on that INEL, however, is a special case that does apply that correction factor to neutron missed dose. The correct method of dealing with that is for the dose reconstructor to run the tool and then apply that additional correction factor. In this

case, that did not occur.

Once again this is all stuff we discussed at the last meeting and agreed that it should have been and was not. The continuation that came out of this was that Stu asked us to look into other claims around that time frame, INEL claims that used the same tool to once again determine if, even though the tool was acting as designed, did the dose reconstructor use the work-around as they should have.

Based on that direction, I have gone through all of the INEL claims that used this best estimate tool, a complex-wide best estimate tool, and removed the ones that were done correctly and left with a list of nine claims that appears this was not done by the dose reconstructor. And we did not; I will admit we did not have specific documentation in place to clarify to the dose reconstructor that that would need to occur. The use as a correction factor is in the TBD, but the

application in this specific tool was not documented as such. That has been updated.

The INEL guidance calls out this information and we are presently going through the claims where this did not get applied and determining the impact on the PoC and we'll be turning over that information to DCAS, hopefully in the next couple weeks.

CHAIRMAN GRIFFON: So you found nine claims that you're now going to reassess, right?

MR. SIEBERT: We will review them to determine if the application of that has any impact on the, well, obviously it will have impact on the PoC, but if the PoC has a change in compensation is really what we're looking for. But we will define for DCAS what the changes in PoC are if the dose reconstructor has applied the dose correction factor appropriately in each one of those claims.

CHAIRMAN GRIFFON: And just one

question. You might have said this already, Scott, but nine out of how many approximately? It was a lot, right?

MR. SIEBERT: Just a second, let me look at the spreadsheet. Started off with a list of approximately 30 claims that did use that tool at the INEL site, and nine were found that did not have that applied, including the present case.

CHAIRMAN GRIFFON: And again, the other action with the tool. We might have went over this before. So that going forward this can't happen, there were changes made?

MR. SIEBERT: Due to the fact that as I said, we are updating the INEL tool to have a specific tool for that. That's using the Vose Monte Carlo calculation set, that will not happen because it's specifically geared for INEL and will apply them appropriately.

CHAIRMAN GRIFFON: And that's available currently or still being finalized?

MR. SIEBERT: It is in testing at the moment. At present, if we have to do another one, until that happens we still have the complex-wide best estimate tool and the documentation is in the INEL DR guidance document to handle the situation.

CHAIRMAN GRIFFON: Okay.

MEMBER RICHARDSON: David Richardson. Could you please tell me what INEL stands for? Sorry.

MEMBER MUNN: Idaho National Engineering Laboratories.

MEMBER RICHARDSON: Oh, I heard National. Okay, great. Thank you.

MR. SIEBERT: I don't know. These seem to be dynamic in their meanings. Sometimes it's Environmental --

MEMBER RICHARDSON: Okay, thank you.

(Simultaneous speaking.)

MEMBER MUNN: Environment starts with an E.

MEMBER CLAWSON: -- Engineering Laboratory. Now it's just Idaho National Lab.

CHAIRMAN GRIFFON: Okay, so I don't think there's any further action on this then. Is there?

MR. SIEBERT: Yes, on this one, this specific claim, we had already looked at the impact and determined it had no variability along with the bias factor stuff, and everything else that we determined on this claim. So that I believe that we'll be able to close this, if you so desire.

CHAIRMAN GRIFFON: The only question I have is: you know, we often look, and when we do this stuff in aggregate we look at the potential claims that were, the PoC was reversed, and by extension these nine may be included. We might want to report back to see -- I'm not sure though. I mean, I think the right thing is being done here. So others have feelings on that? Or you're fading on me.

MR. KATZ: They're going to look into this so if you want to know the outcome of this, I think --

CHAIRMAN GRIFFON: Yes. I might just hold it on here, just to say that NIOSH will get back on what they find in their assessment of this.

MR. KATZ: The impact of the other 1960 --

CHAIRMAN GRIFFON: And I added also that a site-specific tool is in the final stages of development, to avoid the problems in the future. Okay, that's good. So otherwise we're closed on that.

Alright, go ahead onto the next one.

MEMBER MUNN: The next one is 165.5, Page 19. NIOSH response. Is the tool used? The action occurred in the two preceding findings.

MR. FARVER: It's just a carryover discussion from the previous findings,

basically.

CHAIRMAN GRIFFON: So it's the same as the last, right?

MEMBER MUNN: Yes.

CHAIRMAN GRIFFON: Alright, we'll go on to the next one, my update.

MR. FARVER: Going to 166.6 is no change from the March meeting.

CHAIRMAN GRIFFON: Okay, we'll just hold that as --

MR. FARVER: I'm sorry, I'm in the wrong matrix. I'm in the matrix.

CHAIRMAN GRIFFON: I think the next one I have that NIOSH gave a response on was 173.2. Is that correct, Scott, 173.2 will be the next one?

MR. SIEBERT: Yes, did you already handle 165.5? I heard there was a discussion going on, but I --

CHAIRMAN GRIFFON: I just carried through the same action as the previous one.

MR. SIEBERT: Okay, yes. Then yes,

173.2.

CHAIRMAN GRIFFON: Okay, so 173.2.

MEMBER MUNN: I don't see anything new for June.

MR. SIEBERT: That's still our answer from March.

CHAIRMAN GRIFFON: Oh, is it? Okay, I'm sorry.

MEMBER MUNN: Yes, I don't see anything new.

MR. FARVER: But I believe that's where we stopped.

CHAIRMAN GRIFFON: We haven't discussed this one at all. That's where we stopped, I think, right?

MR. SIEBERT: Right.

MR. FARVER: So that's where we stopped from the last meeting. We didn't make it too far the last time. We're hoping to do better.

CHAIRMAN GRIFFON: We've got a half hour.

MEMBER MUNN: That means we'll get through this one.

CHAIRMAN GRIFFON: Who wants a pot of coffee?

MR. FARVER: Okay. I'll start with the bottom line of this one. In the final IREP table, the 250 keV photon doses were multiplied by a 0.95, in the IREP table. Okay, there's really no basis for the 0.95. It was probably like an energy fraction, was that it? Energy range. But the point is, it was multiplied again in the IREP table.

CHAIRMAN GRIFFON: It was double-multiplied.

MR. FARVER: Yes.

CHAIRMAN GRIFFON: And there's no justification even for the first one, is what you're saying?

MR. FARVER: No, the first one -- it is double-multiplied, and it didn't need to be multiplied the second time, I believe.

MR. SIEBERT: That is correct. The

tool applied the 0.95 factor appropriately; however, the dose reconstructor applied it again while pasting the information into the IREP sheet, and should not have. And so it's not a tool issue. It's a mistake by the dose reconstructor.

CHAIRMAN GRIFFON: And is there an automated way now that you don't have to cut and paste, or would this be prevented going forward?

MR. SIEBERT: Let me take a quick look to see how old this case is. Yes, this one's done in 2005, so yes, the tools are specific but they've transferred the information in an IREP format already directly, so the dose reconstructor doesn't need to do that cutting and pasting and application.

MEMBER RICHARDSON: This is Dave Richardson. I got a question again about this though, because this wasn't a cut and paste. The person manipulated the data going in.

MEMBER MUNN: I think so.

CHAIRMAN GRIFFON: Yes, they cut and pasted and then modified or something like that, yes.

MEMBER RICHARDSON: I mean, they did a not-trivial calculation on the dose. To me it's a startling thing to have done, to have done a hand calculation on entering a dose value. So what would the logic be? Are there other examples where they're expected to do calculations rather than relying on the tool to do the calculation for them before entering the data, or did the person not understand the tool?

MEMBER MUNN: I think it must be the latter.

MR. SIEBERT: I presume it would be the second, but we're talking about a claim from 2005. I can't tell you their thought process at the moment.

MEMBER RICHARDSON: Well, what about the first question, though? Are there

other examples where they need to manipulate the data before they put it into the tool?

CHAIRMAN GRIFFON: For the IREP sheet, you mean, going from the tool to IREP.

MEMBER RICHARDSON: Yes.

MR. SIEBERT: Generally not, but as you know, the INEL tool, if you used the best guess of the tool for complex-wide, yes, we are aware of that and that is documented. I can't think of other options, other places where we need to do that off the top of my head, but I'm not going to pretend that I know every single step and can say that for sure.

MEMBER MUNN: This particular case seems to have had a real problem with respect to more than one aspect of the calculation.

MR. CALHOUN: Hello? Any other input out there, Scott? Hate to put you on the spot like that, but --

MR. SIEBERT: There's nothing more I can say.

MR. SMITH: This is Matt Smith with

the ORAU team. You know, Scott gave the next best example, which was the previous claim we were talking about. I know several folks have been able to go to the COC and kind of sit through examples of how these claims are processed and illustrate --

CHAIRMAN GRIFFON: What's the COC, Matt?

MR. SMITH: -- the measures that help us get these claims done in a more timely manner, especially with the amount of calculation that has to go on. And as Wanda has pointed out, everyone is human, and to the best of everyone's ability we double-check the results of those tools to make sure they make sense. And we always try to reinforce that with the DR staff when we have our training meetings.

Again, we probably have to sit down with the DR on this claim and go over it line by line to get all the definite answers, but in general, the answer is no. We don't

typically have to modify the results of the tool before it goes into the IREP sheet, but in cases where the DR is aware of something that needs to be adjusted, they are free to do that on their own. Obviously, we expect that that would be discussed in the report. This looks like a case where something that was automatically being done was accidentally done again.

MR. FARVER: The IREP output of the tool that was used, SM 1.03, that IREP output is correct. But the final IREP table, which is SE something, something, something, dot, XLS, is not correct for those greater than 200 in keV photons. Somewhere along the line the doses were multiplied by 0.95 and put into what was called the final IREP table. The tool was correct.

MR. SMITH: Right. And the only thing I can add off the top of my head, not being deeply involved in reviewing this particular claim, is we could look in the DR

files, Scott, and just see if the DR left behind a calculation worksheet of their own. I believe I looked for that and did not see one, but I will check again.

MR. FARVER: How old is this case?

MR. CALHOUN: 2005.

MR. SMITH: Again, my best impression is that the SM is a super-maximizing tool, kind of a general tool for use, and the DR may not have been aware that the factor was applied and so, in error, applied it again.

MEMBER MUNN: Then in the next finding --

CHAIRMAN GRIFFON: Well, I'm just going to hold that as NIOSH is going to look into that one whether the dose reconstructor left anything in the file related to this. But overall, otherwise it's in our QA list as closed.

MEMBER MUNN: Well, the next finding is about the same claim, and it is yet

another error on that claim made by the dose reconstructor. That's why I said this claim particularly seems to have more than one problem. It's not just the --

MR. FARVER: Oh, for Finding 173.3, failed to properly account for all reported neutron doses. While verifying the input data, it was discovered that the dosimeter neutron dose from 1993 was missing in the calculations. Even though the dosimetry data for 1993 indicated the 20 millirem of neutron dose, it was not contained in the workbook data, the SM 1.03 workbook data.

CHAIRMAN GRIFFON: Scott, any response?

MR. SIEBERT: We've already agreed that it's not there and it should have been.

CHAIRMAN GRIFFON: Right.

MR. SIEBERT: I can also answer that there was not a separate spreadsheet as we were discussing for the previous one. I just looked at the submittal.

CHAIRMAN GRIFFON: And the second part of this back on 4-18, oh, that you said the tool was reviewed. DR failed to include -- okay, so you did review the tool and the tool worked okay. It was just a matter of the 20 millirem not being included.

MR. SIEBERT: Correct. And with the data entry issue it did not get into the tool. It was not entered.

MR. FARVER: So was it the person entering the dosimetry data, like -- I guess you remember you demonstrated to us over at ORAU how you entered the dosimetry data, and that data gets loaded into the workbook. So is it a dosimetry data entry error?

MR. SIEBERT: In 2005, I can't answer that off the top of my head. But I can tell you it's the dose reconstructor's responsibility to go back and verify that information. So it falls on the dose reconstructor.

CHAIRMAN GRIFFON: And your defense

in depth, I mean, you've got a few reviews also. That's how they missed the other 0.95 thing and they missed this also.

MR. FARVER: Well, and I was just trying to establish if we have a possible data entry problem that is different than the workbook problem. You would have to go back and look at the file that gets floated into the spreadsheet and see if it's in that file.

MEMBER RICHARDSON: That's where it would have to be, right? That would seem to me.

MR. FARVER: I would think so.

MEMBER RICHARDSON: And this was kind of, you know, an early question. This is one of those QA questions. There's not double entry and there's not, you know, as far as I understand there's not a ten percent random rekeying of the fundamental data that goes into the spreadsheets. So it's falling on, you've got a key puncher and then you've got the dose reconstructor who's being asked to do

a lot of kind of deep thinking as well as something which seems almost clerical, in a sense, of verifying that kind of historical record data which is in a PDF, I think, now that that line-by-line matches up with kind of the source data that's going into the spreadsheet, which seems to be asking a lot.

And I'm not sure if that's where the quality assurance part of the data entry process would stop or whether when there is a final signing off the DR, if somebody else again is kind of expected to be doing that as well, checking everything from data entry forward.

CHAIRMAN GRIFFON: I think this is another one where we want to, you know, it'll feed back into after we get the presentation of exactly what, you know, the specifics of what they're doing. So I think NIOSH is agreeing overall with the finding, right?

MR. KATZ: Yes.

MR. SMITH: So can we close these

findings of 173?

CHAIRMAN GRIFFON: Yes, there's no further action on this one anyway, yes.

MR. SMITH: And really the prior one too, it sounds like. I mean, they're saying that --

MEMBER MUNN: Yes, both Part 2 and Part 3.

MR. SMITH: I don't think they can go any further with it.

CHAIRMAN GRIFFON: Well, the prior one, the only thing I said with NIOSH is going to check to see if there was any note left by the DR to explain a unique circumstance, you know, that they --

MR. SIEBERT: So Mark, this is Scott, I'm sorry. That's what I kind of interjected in the middle of the last one. I did check that and there is not one there.

CHAIRMAN GRIFFON: Oh, okay. So then we will close that one. Yes, there's nothing else we can do. Okay. Alright.

MEMBER RICHARDSON: So this seems, I mean, if I was going to imagine what the process was, it sounds like a convergence of, you know, a bad day for two people, with where whoever was doing this case, 173, had a series of things that didn't go right for them. And I'm assuming a different person, who did the key punching initially, didn't key punch information either.

CHAIRMAN GRIFFON: So when you say a bad day for two people, David, who are you -- not the initial key puncher, or the key puncher and the DR?

MR. SIEBERT: Yes.

CHAIRMAN GRIFFON: And what about the next two reviewers?

MR. SIEBERT: I don't know if those people are responsible for doing kind of the checking all the way back to key punching or not. That was always something that seemed to me astonishing, I mean, just from a research perspective. We would have somebody do at

least double entry on a sample of the data, but that's not done here.

CHAIRMAN GRIFFON: Right. Yes, I mean I guess that's the question for, you know, each step of the review, what are their responsibilities? What level are they looking at? Because I would wonder if you had workbook outputs and you say the final IREP model and the numbers didn't coincide, I think that would raise a flag with me as a reviewer. But maybe that's more detailed than some of the reviewers are asked to do, I don't know.

MR. KATZ: That'll get addressed with the QA overview.

MR. CALHOUN: And the reviewers typically aren't going to go down to that level to compare the tools, you know. I mean, you can take a general look at what kind of dose was recorded and what kind of dose was applied and what kind of correction factors and things like that but --

CHAIRMAN GRIFFON: And then the

other question we've always asked is, I think Stu has raised this several times, is if you have PoCs from 45 to 52, are there different review criteria? Are there more rigorous review, you know, things that you do? But anyway, we'll save that for after the presentations. Alright, so that one's closed.

MR. FARVER: Next one, is it 174.1?

MR. CALHOUN: Mine runs to Attachment 1.

MR. FARVER: I think there's a 174.1.

MEMBER RICHARDSON: This is where we run out of the truncated version that you sent me, Mark.

CHAIRMAN GRIFFON: Yes.

MEMBER RICHARDSON: Except, of course, for the other attachments of --

CHAIRMAN GRIFFON: Yes, I've got the attachments.

MEMBER RICHARDSON: Attachments of Bridgeport Brass, Huntington and Harshaw TBD

reviews.

MR. CALHOUN: So where do we go from here?

CHAIRMAN GRIFFON: That's a good question.

MEMBER RICHARDSON: I think the deal with the other ones, we would have to go back to the original matrix from the last meeting.

CHAIRMAN GRIFFON: And I'm going to have to merge these matrices anyway, because these truncated ones, I think I need to get back to the overall one. And where do we stand on that original? So we still have some open ones in the original one, right?

MR. FARVER: Yes.

CHAIRMAN GRIFFON: Give me one second to find the right --

CHAIRMAN GRIFFON: Is the one you sent the truncated one also?

MR. CALHOUN: The one I sent to you was the truncated one.

MS. ROLFES: I don't think I remember seeing that other one.

CHAIRMAN GRIFFON: Right.

MR. SIEBERT: I believe the last non-truncated version that we worked from goes back to the December 9th meeting.

CHAIRMAN GRIFFON: December 19th, 2011? Yes, 2011.

MR. SIEBERT: Right.

CHAIRMAN GRIFFON: Do you have a name on that, Scott?

MR. SIEBERT: The latest I have is, I believe, the one that you sent out right after that meeting, which is 8th 30 Case Matrix Working Draft, underscored December, well, DEC, underscore, 19, underscore, 2011.

CHAIRMAN GRIFFON: You don't have something that after that it says dash, NIOSH from March 2012 meeting, or is that the truncated?

MR. SIEBERT: That's the truncated one.

CHAIRMAN GRIFFON: That's the truncated one, okay. Okay. Okay, so I have that one.

MR. KATZ: So you have it, but we don't have any new NIOSH responses on it then, right, I assume, right?

MR. SIEBERT: I went through this one to prep for the meeting, and the only outstanding things I saw, outside of what we've already dealt with in the truncated -- and obviously, Mark, you can correct me if I'm wrong once we get through all this, is one for 174 and a couple on 175. And --

CHAIRMAN GRIFFON: Not including the attachments?

MR. SIEBERT: Not including the attachments, correct. The attachments are actually in the truncated version.

CHAIRMAN GRIFFON: Yes.

MR. SIEBERT: So when are we going to get a tracking mechanism, a database for this, like procedures?

CHAIRMAN GRIFFON: You know, I actually like this model better, except for when we start to truncate and work with various systems. It's going to get very confusing.

MEMBER MUNN: Well, we're almost over the hump on this set of matrices.

MR. FARVER: And I think part of the problem last time was we didn't get enough data sent after the meeting, so all we had to update was previous things.

MR. STIVER: That's where these truncated versions were propagating.

MR. FARVER: So in other words, at the end of the meeting here if you send out the current one --

CHAIRMAN GRIFFON: Well, I want to merge it back into the full matrix stuff. Because I sent out, or maybe I only sent it to Scott because he asked for it, so maybe he reminded me and I sent out the truncated update.

MEMBER MUNN: I think that's probably the case.

MR. KATZ: But it sounds like Scott's ready to address what's on the fuller version.

MR. SIEBERT: Well, it's actually pretty easy to address. Not my actions.

MR. KATZ: Oh, that's nice.

CHAIRMAN GRIFFON: So go ahead. You're 174, is that what --

MR. SIEBERT: 174.1. There is the April 18th, '11 highlighted note. If you see, the last thing that I saw there was: "SC&A will review further." And I don't believe that we've gotten additional reviews on that, or if we have I don't seem to have a record of it.

MR. FARVER: I'm trying to find the right matrix.

MR. KATZ: Doug's looking.

MR. FARVER: I've got four of them here.

MR. SIEBERT: This is a Portsmouth claim.

MR. FARVER: Oh, okay. Yes.

MR. SIEBERT: And it used the complex-wide best estimate tool because the Portsmouth did not have a Portsmouth-specific best estimate tool back in 2006.

MR. FARVER: Okay, yes. They used a K-25 error calculation workbook, and it did not total the doses as it should have, so it came up with wrong doses. We've been through a couple discussions on this, and the big concern is workbooks are being changed and I'm not confident they're being verified before they're being used.

CHAIRMAN GRIFFON: That goes back to David's question, yes.

MR. FARVER: Yes, it's just a long-standing issue with workbooks. And in this case we have where they used a workbook but the calculation was incorrect. In other words, the calculation totaled the wrong

column for that indicator. And what was correct for the K-25 site was not correct for the Portsmouth site, and the error in the calculation was not caught.

CHAIRMAN GRIFFON: So the actual calculation within the workbook was in --

MR. FARVER: Error.

CHAIRMAN GRIFFON: Was in error.

MR. FARVER: In the workbook that was modified.

CHAIRMAN GRIFFON: Oh, it was modified. Okay, I got it.

MR. FARVER: Correct.

MR. KATZ: For the case.

CHAIRMAN GRIFFON: For this particular case.

MR. FARVER: For this case. I don't know if it will affect other Portsmouth cases if they modified the same K-25 workbook.

MR. KATZ: Okay, sounds clear.

CHAIRMAN GRIFFON: So I mean, in NIOSH, you didn't review that, did you, that

could it have affected other Portsmouth cases? Did you do like you did with the Idaho analysis, where you pulled a bunch of them and --

MR. SIEBERT: No, the last time we discussed this had to be, well, pre-April of last year, so no, I don't think we did.

MR. FARVER: We didn't get up to this point for quite a while.

CHAIRMAN GRIFFON: I think that should be a NIOSH action, to determine which Portsmouth cases were to use this same tool, this modified tool, and do what you did with the Idaho review and see which ones were, you know, if any, were inappropriately calculated.

MEMBER RICHARDSON: So the other issue that was pointed out here was: there's a specific issue of this case being wrong. There's a wider issue of whether this particular error related to the modification of this workbook was repeated for other Portsmouth claimants, and then there was the

bigger issue which is, I think, in the matrix here, which is the general practice of modifying existing workbooks without validating the results somehow before going forward to use a modified workbook. Like I said, it's a procedural issue.

When you make some sort of change to calculations that are done, do you just trust that the person understands how to do that and did it correctly, or is there a process in place where having somebody take responsibility for signing off on those sorts of changes? And that's how I was reading what was put into this cell of the matrix.

CHAIRMAN GRIFFON: Right, I agree, David. And I think it --

MEMBER RICHARDSON: And it sort of sounds like there's still quite a lot of latitude, and maybe that's unavoidable per the DR to not really be locked out very much in these workbooks and to be able to make changes, and that that's pretty much, it's all

very tailored to each case.

CHAIRMAN GRIFFON: Right. And I think that might be back to our broader discussion in better understanding of the whole process.

MR. CALHOUN: Yes, I've got that written down here: how do we know the workbook is clean when DR starts?

CHAIRMAN GRIFFON: Yes. And also, if they modify, is there any -

MR. CALHOUN: Is there a flag that shows --

CHAIRMAN GRIFFON: Right. Would that trigger maybe a more rigorous review by the next step or whatever, yes.

MEMBER RICHARDSON: I mean, I'm sort of impressed that you were able to figure out what went wrong.

CHAIRMAN GRIFFON: Yes.

MEMBER RICHARDSON: That's like forensics when you have to go back and figure, oh, those two columns were added, it's very

impressive.

MEMBER MUNN: Not easy.

CHAIRMAN GRIFFON: Being that we're closing in on David's bedtime, I think -- although, Scott, you said there's one more in here that --

MR. SIEBERT: Yes. Mark, the only -- we probably could hurry up on this one because it's only 175.1, 2 and 3, and they're all the same action and it's the exact same thing as 174 we just discussed. SC&A was going to do a comparison to the rework case to the original case. We've never gotten a review of that back. That's all that this is, just making sure it's on their plate.

CHAIRMAN GRIFFON: Okay.

MR. FARVER: We did those but I'm not sure you want to get into a discussion. There was two reworked cases you asked us to look at and --

MR. KATZ: Right.

MR. STIVER: Kathy, unfortunately,

was not available to --

MR. FARVER: Kathy's not available today and she's the one that did do the reworks on these two cases.

CHAIRMAN GRIFFON: Alright. Why don't we hold that? Thanks, Scott, but I think we'll hold that, because, I don't know if you heard, but Kathy Behling worked on those and she's not available today.

MR. SIEBERT: Great, just wanted to make sure we knew the status.

CHAIRMAN GRIFFON: Yes, very good. Okay, so I think I have an 8:00 p.m. flight, so what I'm going to do is stay here with Ted and update the 8th matrix after the meeting is over, and maybe with Beth for a little while too, just so we're in the same loop, and email it out probably to Ted or you can distribute it --

MR. KATZ: Yes.

CHAIRMAN GRIFFON: -- before I leave Cincinnati or Kentucky today.

MR. KATZ: Yes, I'll circulate it tomorrow. It'll be easier for me to circulate it once I'm back at the office.

CHAIRMAN GRIFFON: But I think the last item before everybody leaves is maybe looking at dates for our next meeting.

MR. KATZ: Yes, let's do that. David, do we still have you?

CHAIRMAN GRIFFON: David and David, I guess.

MR. KATZ: Both Davids, David squared. Do we have either of you?

MEMBER KOTELCHUCK: Yes, I'm here.

MR. KATZ: Okay, But we don't have --

MEMBER RICHARDSON: David's here.

MR. KATZ: Oh, we have both.

CHAIRMAN GRIFFON: Alright, just pull all your calendars here sometime in, how far apart have we been doing these?

MR. KATZ: I think we want to shoot for about two months.

CHAIRMAN GRIFFON: You're saying through your technical meeting.

MR. KATZ: That'll be in between. We want to do it as frequently as we can, I think.

CHAIRMAN GRIFFON: So early August would work out, right, early August?

MR. KATZ: Let's look at what's available. We'll have issues anyway of availability in August, I think.

CHAIRMAN GRIFFON: I'm sure we will.

MR. SIEBERT: On a related note, Ted, when is the September board meeting scheduled for or has that been scheduled?

MR. KATZ: That's scheduled, but that's not an issue, because that's later in --

MR. STIVER: I just want to know because I have jury duty that's going to be coming up. I wanted to know what the dates were.

CHAIRMAN GRIFFON: It's September 18th through the 20th.

MR. KATZ: That's right.

MR. STIVER: That's smack right in the middle of --

MEMBER MUNN: But we've got a teleconference on the 15th of August.

CHAIRMAN GRIFFON: We've got a teleconference the 15th?

MEMBER MUNN: So we probably want to do it before then. Is that first week of August reasonable?

CHAIRMAN GRIFFON: Maybe the first full week.

MR. KATZ: I don't think the teleconference is the issue here.

MEMBER MUNN: No, it's not.

CHAIRMAN GRIFFON: So the first full week then, does that make sense, any time in that week? I'd prefer --

MR. KATZ: That's a good week for me.

CHAIRMAN GRIFFON: 6th through the 10th, yes. I'd prefer on either the 6th or the 10th, but I know that doesn't --

MEMBER MUNN: Oh, the 6th is fine with me.

CHAIRMAN GRIFFON: The 6th okay with you?

MEMBER MUNN: Yes.

MR. KATZ: August 6th is good with me.

MEMBER CLAWSON: 6th will work best for me.

CHAIRMAN GRIFFON: August 6th, that'll work.

MR. KATZ: How about you, Beth?

MS. ROLFES: That's fine.

CHAIRMAN GRIFFON: David and David?

MEMBER KOTELCHUCK: I'm okay with either.

MEMBER RICHARDSON: Either is fine for me.

CHAIRMAN GRIFFON: Okay, great. Okay. August 6th then.

MR. KATZ: I think John's still checking.

MR. STIVER: I was turning off my computer.

CHAIRMAN GRIFFON: Oh, sorry.

MR. KATZ: August 6th is a Monday.

MEMBER MUNN: Start the week right.

MEMBER POSTON: It's fine with me.

MR. KATZ: John's good too. So August 6th.

CHAIRMAN GRIFFON: Look at that, unanimous on our first pick. Alright.

MR. KATZ: Amazing.

CHAIRMAN GRIFFON: August 6th in Cincinnati. And we'll try to start at 8:30.

MR. KATZ: Yes, we'll try to get it all on the agenda.

CHAIRMAN GRIFFON: Wait, Wanda's saying 7:30. Just kidding.

MEMBER MUNN: No, no, I think 8:30 is just fine.

CHAIRMAN GRIFFON: 8:30, okay.

Alright, and with that I think we're ready to adjourn.

MR. KATZ: Thank you, everybody.

CHAIRMAN GRIFFON: Thank you.

(Whereupon, the above-entitled matter went off the record at 4:08 p.m.)