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

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ADVISORY BOARD ON RADIATION AND
WORKER HEALTH

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SUBCOMMITTEE ON DOSE RECONSTRUCTION REVIEW

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TUESDAY
SEPTEMBER 13, 2016

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

PRESENT:

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

ALSO PRESENT:

TED KATZ, Designated Federal Official
NANCY ADAMS, NIOSH Contractor
JOEL ARANA, ORAU Team
BOB BARTON, SC&A
KATHY BEHLING, SC&A
LIZ BRACKETT, ORAU Team
RON BUCHANAN, SC&A
GRADY CALHOUN, DCAS
DOUG FARVER, SC&A
JOSH FESTER
ROSE GOGLIOTTI, SC&A
JENNY LIN, HHS
JOHN MAURO, SC&A
BETH ROLFES, DCAS
SCOTT SIEBERT, ORAU Team
MATT SMITH, ORAU Team
JOHN STIVER, SC&A

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10:44 A.M.

Welcome and Roll Call

MR. KATZ: Welcome everyone, this is the Advisory Board on Radiation and Worker Health, the Dose Reconstruction Review Subcommittee.

And I apologize for the late start, we had some technical difficulties here. I am going to run through roll call. Dr. Poston, are you on the line yet? John Poston?

CHAIRMAN KOTELCHUCK: John said that he would be late. He won't be here --

MR. KATZ: Oh, I know, I know. But his late was going to be -- he should already be on. But, John Poston, are you on the line?

(No response)

MR. KATZ: Okay, he's not yet.

But I'm going to run through -- all of the other Board members are on. I'll mention their names and I'll run through their conflicts

of interests to start with.

(Roll Call)

MR. KATZ: The agenda for today's meeting is posted on the NIOSH website, under meeting schedule, today's date, so you can see what's on the agenda. It's very simple though.

And, please, everyone on the line, mute your phones, except for whoever's speaking at the time. Press *6 to mute your phone, *6 to take your phone off of mute.

And please, don't put this call on hold at any point, but hang up and dial back in if you need to. And then, Dave -- Dave, did you manage to get back on?

CHAIRMAN KOTELCHUCK: No, I did not. And I'm still doing different things that are coming on, and I don't quite understand it. However, what I would like to do is first say a word or two about the agenda.

I've had discussion with Rose Gogliotti, we have made a little bit of a change,

and I wanted to note that before we started. We would like to start our first effort in the expedited process that had been discussed at our Board meeting. And we agreed that we would try to start out.

So, on item number 3, the case review issue resolution. Instead of going back, as we traditionally have, finishing one at a time, we will go directly to the expedited order. Let's try that.

Rose convinced me that's there's a better way to do it, to take the file that she sent you a while ago, about 10 days ago, and go in that order.

So, since I am having trouble -- for the record, since I'm having trouble getting on the Live Meeting, on the video but fine on audio, I have asked Wanda Munn if she would temporarily chair while I try to deal with the technical problems I'm having.

So, Wanda, if you would, would you

like to start chairing for item number 1, on the three blind case reviews in set 22?

Three Blind Case Reviews from Set 22

MEMBER MUNN: Alright, I need to ask, first of all, is anyone going to be operating the Live Meeting screen?

MS. GOGLIOTTI: Yes. This is Rose, I'll have the Live Meeting screen.

MEMBER MUNN: Good, alrighty. Are we up?

MS. GOGLIOTTI: If no one has any objections, why don't we start with the LANL case for the blind comparison? I believe Doug is on the line?

MEMBER MUNN: That would be fine. Do we have the document up?

MR. FARVER: Yes I'm here.

MS. BURGOS: Excuse me. This is Zaida. For Dr. Kotelchuck, I sent him a link that should work. It should take you straight to the Live Meeting. Just put in your name and email.

MEMBER MUNN: Okay, let's wait for just a moment to see if this will work.

MR. KATZ: Dave, did you hear that? Dave Kotelchuck, did you hear Zaida?

CHAIRMAN KOTELCHUCK: Yes, I did hear it. I'm calling back.

MR. KATZ: Okay.

CHAIRMAN KOTELCHUCK: Wanda, do go on.

MEMBER MUNN: Alright, very good. Let's just go ahead then. Who's leading us?

MR. FARVER: Doug Farver.

MEMBER MUNN: Okay, Doug, it's yours. Go for it.

MR. FARVER: Okay. Rose, let's just go to the table.

MS. GOGLIOTTI: The comparison table? This table, or the other table?

MR. FARVER: There's a summary table -- that one.

MEMBER MUNN: Oh good, okay.

MR. FARVER: Is that the one?

MEMBER MUNN: That's not the one that has all of them on it? You wanted --

MR. FARVER: I was looking for the one just for LANL. The one that shows the comparison report.

MEMBER MUNN: Oh, okay.

MS. GOGLIOTTI: This one?

MR. FARVER: Yes, that's the one. We'll start there. So, this is a government employee that worked at Los Alamos, with trips to Nevada Test Site from [identifying information redacted] through [identifying information redacted], working in [identifying information redacted] and then later on as a [identifying information redacted].

So it's about 36 years of information to deal with. And if we look at this table, this is a comparison between the SC&A numbers and the NIOSH numbers.

The person -- it says prostate, but

the person had -- it's a [identifying information redacted] cancer. And we'll get to that in the next section. But we can look at the doses here and do a quick comparison.

The electrons, pretty similar. A little difference in the photons. Neutrons, there was little difference. And we look down at the bigger differences that are going to be in the internal doses, which is typically what we see in the differences.

And that just gives you a little bit of a background. The total doses are not that much different, about a 2 rem difference. And you can see the total PoC of 46 versus 42.

In either case it was not compensable. Okay, we'll go on to the next page, Rose?

As I mentioned, the person worked at Los Alamos and NTS, and there's some work locations given here.

And he was diagnosed in [identifying information redacted] with [identifying

information redacted] cancer, [identifying information redacted] and -- I actually did this case, and it was very interesting because it was my first [identifying information redacted] case that I worked on, and it's incredibly complex because you have to go through a number of compartments -- 15 compartments for external and 30 compartments for medical X-rays and 19 compartments for the internal dose. It's just incredibly time-consuming.

MEMBER MUNN: Yes.

MR. FARVER: Especially if you make a mistake. And then you go back and start over. So I have a great appreciation for these cases now.

MEMBER MUNN: Yes, and it's remarkable to me.

MR. FARVER: We reviewed the typical documentation for LANL and Nevada Test Site. And we talked about glove box correction factors, which we'll talk about later.

And Report 4, which is the report on [identifying information redacted], and gives the dose conversion factors, I believe, for [identifying information redacted]. And there's a big long table here, table 2.1, that goes through and shows who did what.

And we have a little difference in the work assumptions, and the locations. A lot of this will be taken from the CATI report. There's probably some little differences, but I'd rather go ahead and just talk about the individual doses because I think that'll make more sense than going through each item in a table.

MEMBER MUNN: I agree.

MR. FARVER: So if we go on to section 2.1, recorded photon doses.

MS. LIN: Hey Doug?

MR. FARVER: Yes?

MS. LIN: This is Jenny, with OGC. Before we go any further, I just want to say a word of caution. Let's not release too much

information about this Energy worker.

So you're doing fine. But I'm looking at the document, and I just want to make sure that, while we're working of these documents, we're cautious about the amount of information that we release.

MR. FARVER: Okay, I'll try.

MS. LIN: No, not try, but do.

MR. FARVER: No, no, I mean I won't do it intentionally. In Los Alamos, we had reported photon doses for each year of employment, except for some time in the seventies and then later on in the nineties.

Both of the methods, NIOSH and SC&A used 250 keV photon energy. And since the employee worked as a chemical technician, we applied a glove box factor.

And both NIOSH and SC&A applied a glove box correction factor of 2.19. The difference is when we applied it. NIOSH applied the correction factor through the beginning of

1960, and for the recorded dose.

And SC&A began in 1976 through 1996, and applied a correction factor based on when the employee became a chemical technician.

MEMBER MUNN: Oh, okay. That is the reason for the difference.

MR. FARVER: That is where your big difference is in the -- when we look at the 30 to 250 keV photon dose. Where NIOSH came up with 13 rem and SC&A came up with 11.

That is the difference right there. That's the primary difference. It's just the years of using the glove box correction factor, primarily.

MR. SIEBERT: This is Scott. Do you all need to address something like that as it hits?

MR. FARVER: Scott, if you have something else to add, that's fine.

MR. SIEBERT: Yes, I can just tell you the reason that we applied the glove box factor

is, we based it on the shallow-to-deep ratio. So, using that as an indicator that they may have been working in glove box factor, rather than just the change in their employment. So, that's the difference.

MR. FARVER: And we also based it on the shallow-to-deep for the years when he was a chemical tech. So it's the same method, just applied differently.

MEMBER MUNN: Okay, that's good. Thank you.

MR. FARVER: Okay. So that's the big difference in the 30 to 250 keV photons. Any questions on those? We'll move on to the Nevada Test Site recorded photon dose.

MEMBER MUNN: Certainly not from here.

MR. FARVER: Okay.

MEMBER MUNN: Anyone else? Any other Board members have any questions?

MEMBER CLAWSON: Doug, this is just

Brad. I just was wondering how come you guys used different years versus what NIOSH did? What was the rationale behind that?

I understand what both of you did, but I was just wondering how come each one of you ended up with different years that you used it for.

MR. FARVER: Well, in general, it's applied when you look at the shallow-to-deep dose ratios. And if they're greater than 2.19, you would apply the glove box --- yes, you'd apply the glove box correction factor. Yes. So they did that for every year. We looked at it and said, well if there's more potential when they use a chemical technician, which began in 1976.

But we looked at the years of 1976 through 1996, and applied it to those years when the shallow-to-deep dosimeter readings were greater than 2.19.

MEMBER CLAWSON: Okay, so it wasn't -- okay, I'm understanding what you're saying there, it's just -- okay, I appreciate it. Thank

you, go ahead.

MR. FARVER: Okay, the Nevada Test Site. With only a couple results that were recorded, both of us used the same assumptions. NIOSH came up with 760 or so millirem, and we came up with 800.

And the difference there is going to be in the distribution. NIOSH used a combination of Weibull and normal distribution. And we used a Weibull distribution.

And that accounts for a, you know, a 40 millirem difference in dose. Other than that, they were calculated the same.

MEMBER MUNN: Still, 40 millirem is not that big a deal.

MR. FARVER: No, and it's just basically a difference in distributions.

MEMBER MUNN: Right.

MR. FARVER: Okay, we can go on to 2.1.2, which is the recorded and modeled neutron dose. At Los Alamos, we only had positive

measurements in three years, 1986, 1988 and 1996.

And all of the other years were zero, treated as a mixed dose. Both NIOSH and SC&A calculated everything pretty much the same way. The large difference there is -- I'll go back to my notes.

The difference in the years in using the glove box correction factor, like we talked about on the photon doses. That was a large difference in the dose.

MEMBER MUNN: Yes.

MR. FARVER: And, also for the later years, 1986 through 1996, NIOSH assigned the recorded dose. And I will take the hit. I missed the five results that were there. And I didn't assign any recorded dose.

MEMBER MUNN: Yes.

MR. FARVER: They were there and I missed them. But that's the big differences. The glove box factor and a mistake on my part.

MEMBER MUNN: Essentially the 3 rem.

MR. FARVER: And it worked out to be 3 rem, an eight percent difference.

MEMBER MUNN: Okay.

MR. KATZ: Just for the record, Dr. Parson has joined us.

MEMBER MUNN: Oh, good. Hi, John.

MR. FARVER: And, again, just let's see if he's looking into it. If we look at table 2.1.3, these are the [identifying information redacted] neutron dose conversion factors.

And this comes from report 4. And if you've never take a look at report 4, it's an interesting report. You might want to just look at it.

That there's a lot of your different parameters. And this is an example of using Weibull distribution and the three parameters in Weibull distribution.

And then, just to remind you, if you're looking at an IREP table that uses a Weibull distribution, you would, in general,

adding up the last two parameters would give you the dose. That's kind of how we add it up.

MEMBER MUNN: Okay.

MR. FARVER: I just wanted to point that out. It is the whole document and, at the end of the document, they have all of these different conversion factors.

Okay, let's move on to -- oh, and there were no neutron doses at Nevada Test Site. So we can move on to the recorded electron doses, section 2.1.3.

At Los Alamos, both NIOSH and SC&A identified the recorded positive or greater than LOD over 2.0 values for electrons, for the years shown there - sixties through nineties.

We both applied the [identifying information redacted] electron dose conversion factor from report 4, as shown below. And we both came up with pretty much the same dose.

MEMBER MUNN: Yes.

MR. FARVER: One was 55 millirem, one

was 56 millirem.

MEMBER MUNN: It doesn't get much closer than that.

MR. FARVER: So that was pretty straightforward. At Nevada Test Site -- let's see -- the TBD recommends using beta-gamma ratio of 1.04 for signups before 1966.

Both NIOSH and SC&A multiplied the single recorded photon dose by 1.04, to arrive at keV of .69. And for Nevada Test Site -- I was looking at the wrong one. It's about 6 millirem in both cases. Sorry about that. I was looking at the wrong one.

MEMBER MUNN: That's quite alright.

MR. FARVER: Essentially the same. Both did it the same way, came up with the same number. So, not too exciting there. We'll try to move on to a little bit more exciting material.

MEMBER MUNN: Yes.

(Laughter)

MEMBER MUNN: That's good. And

there's an awful lot of that in this case.

MR. FARVER: There is. And, boy, you sure don't want to make a mistake.

MEMBER MUNN: Yes.

MR. FARVER: Missed photon doses, section 2.1.4. I'm going to move down to the -- Okay, and as we do with missed photon doses, we look for were the zeroes less than LOD over 2.0 values.

And it looks like we both came up with the same number, 321 badge exchange cycles. The difference is going to be --

MEMBER MUNN: The difference is what?

MR. FARVER: The difference is going to be -- I think -- oh, we're back to our glove box correction factor again. NIOSH assigned it more years than SC&A did. So, regular result in a little higher dose.

And the other difference is NIOSH used the [identifying information redacted] dose conversion factors from report 4. And SC&A

applied the lymphoid dose conversion factor from OTIB-12.

The OTIB-12, to refresh your memory, talks about using the Monte Carlo calculations and it provides dose conversion factors to come very close to the Monte Carlo calculation values.

So that's why we need to use OTIB-12. To be honest with you, I am not sure which is the proper one to use, whether it should use the report 4 or the OTIB-12.

I'm kind of thinking maybe report 4 is the best one to use.

MR. SIEBERT: That is correct. Because if you have the blended DCF that includes all of the different organs, rather than just the [identifying information redacted] organ, since that's not the only organ of interest for [identifying information redacted].

MEMBER MUNN: Thank you, Scott.

MR. FARVER: Thank you. So you'll see that as a difference as we go on here, where

we use an OTIB-12 version as opposed to report 4. You'll see some rather large differences, which I will point out.

In this case, it's not that large - 3.9 to 3.7 rem for the missed photon dose. Nevada Test Site, there were several years for missed photon doses.

We do it the same way. We count up the number of exchange cycles and so forth. And NIOSH came up with 42, we came up with 41. I thought that's pretty good.

MEMBER MUNN: That's fine, yes.

MR. FARVER: And we'll look at the total doses, about 500 millirem to 600 millirem. And it's going to come down to the dose conversion factors of using OTIB-12 versus report 4.

We looked at missed neutron doses next, section 2.1.5 of Los Alamos. I'm looking for the number of zeroes. Okay, NIOSH counted 183 neutron zeroes, SC&A counted 194.

Both of the methods were pretty much

the same calculations. I went through the calculations yesterday, just to verify that everything is pretty much the same, all the way up to where you get to the dose conversion factor.

MEMBER MUNN: Yes.

MR. FARVER: And, let's see, we've got a rather large difference here, between 33 rem and 19 rem total. And then that is the difference in the dose conversion factor because the dose conversion factor SC&A used from OTIB-12 was 1.277.

Now the dose conversion factors in report 4 is something like .4. It's kind of a Weibull distribution, you would sum the two. But it works out to be like .4 of the dose.

And that accounts for a large difference in our doses. We're using different dose conversion factors. But other than that, getting up to that point, you know, counting the zeroes and the number of, you know, applying the ICRP factor. It's all done very straightforward

and the same.

MEMBER MUNN: Not being much of a statistician, I may be asking a question which is obvious to those of you who are. But it's not obvious to me why there seems to be that much of a difference in the two conversion factors between these two methods.

And is there any absolutely concrete reason for choosing one or the other when doing these kinds of --

MR. FARVER: Well, I think Scott described it when he said that the report 4 dose conversion factor takes into account all of the different compartments, because the B lymphocytes could be in many different compartments.

MEMBER MUNN: Yes, yes.

MR. FARVER: As opposed to a lymphoid DCF from OTIB-12, which is a single location.

MEMBER MUNN: And, so, I guess my bottom line question then is, why would one choose

the other --

MR. FARVER: The lymphoid [identifying information redacted]?

MEMBER MUNN: Only the [identifying information redacted].

MR. FARVER: Because the person doing this probably wasn't that familiar with it.

MEMBER MUNN: Okay.

MR. FARVER: And since it was me, I can say that.

MEMBER MUNN: Yes. Alright, that's reason enough. That's a good explanation.

CHAIRMAN KOTELCHUCK: This is Dave. I've been on the line. It just dawned on me, also, that there's such a large difference. Let's say, experience is that you calculated the better one now. How do we avoid this in the future?

MR. KATZ: Dave, I think you're misunderstanding. Because Doug used the wrong calculation, which is why he got a 50 percent

greater dose.

CHAIRMAN KOTELCHUCK: Okay. Alright, okay. Thank you. By the way, Wanda, I've been on for a while, and all is well. But I would prefer if you continue to chair, at least until we get to the next blind. So, I'm just commenting here.

MEMBER MUNN: Alright, I'll be glad to have you take over anytime though, Dave. You don't have to worry.

(Laughter)

MR. FARVER: And I think this comes down to training and familiarity with working on [identifying information redacted] cases. Like I said, this was the first one I've ever looked at from scratch to try and reproduce.

MS. GOGLIOTTI: I also want to point out that [identifying information redacted] cancers were not covered until recently. I believe it was in the past few years.

MEMBER MUNN: That's correct, I

believe no more than two years, if my memory serves, which it often does not.

MS. GOGLIOTTI: And this is only the second case that we have seen that was [identifying information redacted], at least --

CHAIRMAN KOTELCHUCK: That's a very good point. Dave, that's a very good point to make.

MR. FARVER: I think we reviewed one case, but this was our first blind case, and only our second case of even looking at [identifying information redacted]. And so, we're early on the learning curve.

MS. GOGLIOTTI: Yes, and these are beasts when you look through the dose reconstruction report. They are very complicated, even from a reviewer's perspective it's very difficult to follow.

MEMBER MUNN: Yes, that's obvious, certainly.

CHAIRMAN KOTELCHUCK: Very good,

very good point.

MR. FARVER: The good news is that, you know, if you take away the dose conversion factor issue, everything's pretty much the same. I mean, it's very, very similar.

Except for that glove box correction factor in those years. And I thought that was pretty interesting, that things were very similar.

MEMBER MUNN: As a matter of fact, that's a great comfort to see that. It's remarkable really.

MR. FARVER: Okay, so that's -- where are we at? That was the missed neutron doses for Los Alamos. And now we can move on to the missed doses for NTS.

And, let's see if there's any difference there. So you're looking at about a 50 percent difference between 150 and 250 millirem between NIOSH and SC&A.

And this, again, is going to come down

to the differences in using report 4 or using OTIB-12. That's it, everything else looks the same.

MEMBER MUNN: That's marvelous.

MR. FARVER: Okay. Missed electron doses, section 2.1.6. Exactly the same. Both methods counted zero, with 14 zero readings. So, everything's going to be the same.

And, for this one, I'm thinking we used the [identifying information redacted] BCS from report 4 next to table 2.4. I think that's what we did. And offhand, I cannot tell you why I chose to use it in some cases and not the other.

I don't remember. And I remember if it was a Weibull distribution, I had to report 4.

MEMBER MUNN: Yes, okay.

MR. FARVER: And then the numbers are the same for the missed electron dose. And, we can go on to the occupational medical doses. But that's pretty uninteresting, because they're exactly the same.

MEMBER MUNN: Yes. Just what we'd like them to be.

MR. FARVER: Yes. I mean, that's the same number of exams, and it's pretty straightforward and the numbers are going to come out the same.

MEMBER MUNN: Yes, great.

MR. FARVER: Los Alamos occupational internal doses. Let's see. The employee had several chest counts and 30 or so urine bioassays.

We both looked at it in very similar ways using the same plutonium mixtures. NIOSH based acute intakes on the midpoint between positive samples and one negative sample.

And then they assumed three chronic intakes with a start date assumed as the midpoint between the first positive sample of a series of two or more positive samples and a prior negative sample.

And then the end date was assumed to be the final positive sample in the series that

was submitted. And that's pretty much how they determined their dose.

We both used the plutonium mix intake calculator to come up with the other nuclides based on the 239 urine data.

They then compared their doses to the lung count data. They looked at it as Type S solubility and then compared to the lung count data. And when they looked at the lung count data, the Type S material, it overestimated lung count data.

Therefore, lung count data and Type S material were used to limit the calculated intakes. So basically it compared the intakes with the lung counts and the urine data to get them to match up.

They still assume the Type S material, but changed it to match up where it would maybe align with the lung count data. And then one --

MEMBER MUNN: Yes.

MR. FARVER: -- to that is we did it

a little differently.

We did it pretty much the same way using the intake rate calculator. And we also compared calculated plutonium intakes based on the urine data for Type M and Type F intakes.

And then we compared that to the lung count data. And when we looked at the lung count data, the lung count data associated with a Type M plutonium predicted the values that fell under the americium MDA.

So it matched better than it did the Type S plutonium. The Type M matched better than Type F. So we used the Type M plutonium. Now, that's a long way of going around it to say that the big difference is they chose Type S and we chose Type M plutonium.

MEMBER MUNN: And did you have any difference of opinion with regard to their use of the Super S for -- which nuclide was it?

MR. FARVER: The plutonium?

MEMBER MUNN: Yes.

MR. FARVER: Yes. Now if we would have chosen Type S, we would have gone on to the next step, which would have been to apply the Type Super S.

MEMBER MUNN: Okay.

MR. FARVER: But since we chose Type M, we didn't go --

MEMBER MUNN: That's why. Okay, very good. Got it.

MR. FARVER: And that is going to be your big difference between 14 rem and 20 rem in the dose.

MEMBER MUNN: Was I not listening hard enough when we were talking about the difference between choosing Type S and Type M?

MR. FARVER: You mean why we chose Type M?

MEMBER MUNN: Yes, you have a rationale there?

MR. FARVER: Yes, we modeled the plutonium based on the plutonium urine data. We

modeled the intakes in IMBA.

MEMBER MUNN: Right.

MR. FARVER: Type M and Type F plutonium.

MEMBER MUNN: Okay.

MR. FARVER: We then modeled the americium 241 lung count data in IMBA, which would mean it was Type M or Type S plutonium. The Type S significantly overestimated the early americium-241 chest count data.

MEMBER MUNN: Okay, gotcha.

MR. FARVER: So we kind of said, ah that doesn't match.

MEMBER MUNN: Alright.

MR. FARVER: Then we went to Type M.

MEMBER MUNN: And it did. Yes, better.

MR. FARVER: Much better.

MEMBER MUNN: Okay.

MR. FARVER: And to explain, NIOSH used a different approach. They modeled it under

Type S.

MEMBER MUNN: Yes.

MR. FARVER: And then they looked at the americium data. And it was overestimating, like we saw with ours, overestimating the americium-241 lung count or chest count data.

MEMBER MUNN: Right.

MR. FARVER: So they lowered their intake value to come within the range of the americium-241 chest count data.

MEMBER MUNN: Okay. Got it. Thank you.

MR. FARVER: Okay? And that accounts for the large difference in the dose.

MEMBER MUNN: Okay.

MR. KATZ: Just something I want to ask, Scott?

MR. SIEBERT: Go ahead.

MR. KATZ: What's the correct way to handle this?

MR. SIEBERT: I'd be happy to. Yes,

you're probably not going to be surprised to hear me say that the way we did it is the consistent way that we always do it, and that is the correct way to do it.

As Doug said, you know, we took the same steps and determined that Type S, based on urine, over-predicts the lung count. Then we take the additional extra step of saying, well let's use the lung count as the limiting bioassay for Type S plutonium, rather than assuming it just does not fit based on the urine.

In that case, what we do is we use the chest count to determine the Type F intake. And we don't even have to take it back and project it back to the urine, because we know it's going to be lower than the urine samples because, based on urine, it over-predicted the chest counts.

So, based on the chest counts, it's going to be below the urine sample. So that's the consistent way we deal with plutonium that has americium chest counts as well.

But we always take that additional step and then determine, rather than ruling out Type S -- we determine if Type S, based on limiting the chest count, still could give a larger dose than the Type M.

And as Wanda mentioned, we also considered Type Super S for the lung and thoracic lymph node. And that Type S intake and Super S for those actually gave larger doses than Type M.

And that's why our doses are much larger than SC&A's in this example.

MEMBER MUNN: Yes, gotcha.

MS. GOGLIOTTI: Scott, is this procedure-wise, or is that because of the training?

MR. SIEBERT: Oh, that's definitely that in OTIB-60, using the limiting bioassays. You have to compare them to each other. But just because one over-predicts the other doesn't mean we can rule out a certain type.

We have to determine the maximum dose

that would be consistent with both types.

MR. FARVER: And I agree with you, because your goal is to maximize the dose. That is the approach that will maximize the dose.

MEMBER MUNN: But it's not the best science.

MR. FARVER: If your goal is to do the best bit of both types of your lung count and your urine data, then I believe the SC&A approach is better. But it will give you a lower dose.

MR. SIEBERT: I do not agree. If Liz would like to jump in on that, she's welcome to.

MS. BRACKETT: Right, this is Liz Brackett. I guess I would just say that, since this is all missed dose, everything -- the intake rate just has to follow the predictions -- the predictions need to fall below the MDAs.

So we are coming up with the largest intake rate that does not disagree with the bioassay results. And that is our goal.

MEMBER MUNN: Sounds reasonable to

me.

MS. BRACKETT: You know, if these were positive results, it would be different because we would be trying to hit a particular point. But if you're doing missed dose, you just need to go somewhere between zero and the result.

So it is very different than if you have actual positive results. In that case, what Doug said would be the way we would go.

MEMBER MUNN: Yes, I follow.

MR. KATZ: Can I just follow the basic principle in the face of uncertainty, you do what's claimant-favorable.

MS. BRACKETT: Yes.

MEMBER MUNN: Right.

MR. FARVER: Moving on with the tritium dose, which I believe is on the next page, Rose. This was easy. There was 26 samples. We both came up with the same number.

MEMBER MUNN: Excellent. Next.

MR. FARVER: Environmental dose for

Los Alamos. We were coming up with very similar numbers, between 469 and 407 millirem. So it's pretty close.

I'm trying to think of what the big difference was here. I looked at this. Hang on. Not much difference.

MR. SIEBERT: I think part of the contributing difference is we did consider Super S along in thoracic lymph nodes, which you guys didn't.

MR. FARVER: For the environmental?

MR. SIEBERT: Yes.

MR. FARVER: Oh, okay. That'll do it, because it looks like we considered Type M, I believe. Plutonium.

And we used the typical CADW tool for environmental intakes and the information from the Technical Basis Document. I'm trying to think if there was a difference in years, but I don't think there was.

MEMBER MUNN: Well, it sounds as

though --

MR. FARVER: Oh, yes, there was -- excuse me, Wanda.

MEMBER MUNN: Yes.

MR. FARVER: NIOSH did 471 through 2001 and SC&A did 482 through 1996. So that's going to account for your 60 millirems.

MEMBER MUNN: Yes.

MR. FARVER: Mostly.

MEMBER MUNN: Which is reasonable. Yes.

MR. FARVER: Yes. So we have just a little difference in the year period.

MEMBER MUNN: And that's going to be a decision that would be made case-by-case anyhow. So, yes, alright. Any comment from anyone? If not, we'll go on to the next item.

MR. FARVER: Okay. Let's go on to the Nevada Test Site. Nevada Test Site internal dose, it looks like the employee only had a couple of urine samples for cesium.

And the difference is going to be in the assumptions that were used to determine the intake. Okay, I won't -- the difference is going to be in the intake date. NIOSH assumed the date of beginning of 1988 and SC&A assumed one later in the year of 1988 based on certain information that was in the file.

And it's in the report there. I just don't want to say the name of the --

MEMBER MUNN: Yes, that's fine.

MR. FARVER: So we believe it was related to that test, and that's why we chose that date. And that accounts for the difference in the millirem. Otherwise, it was cesium-137 --

MEMBER MUNN: Well, again, minor differences.

MR. FARVER: Pretty much.

MEMBER MUNN: Reasonable.

MR. FARVER: And then the last one is going to be the environmental internal dose. And we came up with 4 millirem, NIOSH came up with 75

millirem.

I believe part of that is at least from the -- NIOSH considered the Super S solubility for the environmental dose, and SC&A did not.

And also, we applied -- we used 10 percent of the inhalation and ingestion intakes from the table A7 and A12 of the Technical Basis Document when we used the CADW workbook.

And I can tell you why we did that. Because if you go into that workbook and you choose best estimate, it'll come up with the 10 percent of the value.

I believe that's how it worked. It's been a while. But anyway, those two factors come down to a difference of 70 millirem in the environmental dose.

MEMBER MUNN: Okay. And what does that leave us?

MR. FARVER: Other than that, we have the summary conclusion, which just compares the two doses and the two PoCs --

MEMBER MUNN: Yes, that's what we wanted to see.

MR. FARVER: And they're fairly similar in some case. And the other cases we talked about as why they're not similar.

MEMBER MUNN: Yes. And I appreciate that very much. It's interesting that the differences are astonishingly small for a complicated case of this magnitude, in my view.

And the fact that the SC&A calculation comes up with a total PoC of approximately four percent less. In any case, does anyone have any comments or questions?

CHAIRMAN KOTELCHUCK: Dave. I also -- given the differences, particularly with the next dose, that NIOSH has the higher PoC. And that is always more comforting to me in the sense that we are supposed to be claimant-friendly.

And so, with the real difference that -- it's comforting to see the difference, and of course agree with respect to the compensation.

MR. KATZ: Right, well the difference would have been even greater but for the mistakes, right? I mean, the NIOSH dose would have been far higher than SC&A.

But can I ask, related to that procedural thing, is Rose or someone -- I just can't recall, are we getting a postscript for each of these?

Because it seems like -- I know other Board members are very interested in these cases -- and the current, you know, comparison from SC&A doesn't cover what gets discussed here.

And the transcripts are too much to go through. But, Rose, are you writing like a postscript for each of these cases to explain what was wrong and how that relates to the differences or similarity, whatever it is?

MS. GOGLIOTTI: I was not planning that, but we can certainly do that. In the past, what we've done is created a memo when there were significant differences that we were unable to

resolve during the meeting.

But we can certainly do a summary for each case if the Board would like that.

MR. KATZ: I mean, Dave, I would just recommend that for every case. I mean, some of them are very easy, where everything we're saying is a couple sentence memo.

But I think we need a closure memo that explains what was learned from each case. Otherwise, the other Board members are really left in the dark on these.

And I know some of them are very interested in these. Particularly, the ones that seem to have real differences, not necessarily in the total or in the specifics, whichever.

MS. BEHLING: Excuse me, this is Kathy Behling. The other thing that we have done in the past is put together a comparison table for like the 17th set.

And we discussed this, I think,

several meetings ago when we're completely done with presenting these cases. I had updated that comparison table with a summary statement in there.

Now I don't know if that's going to be enough for the Board members. But it was to try to identify, specifically, those areas where there were differences and reach an approach that I could take.

That has been done in the past for the previous line sets.

MR. KATZ: Yes, I just think in many cases, we've just sort of avoided the issue of what's correct or not correct. And I think that needs to be made clear, where that's resolved, where there is a correct approach.

I think, for significant differences, I think that needs to be spoken to. Dave, you're the Chair, I'm not trying to take your role. But I think that documentation's important for the Board.

MEMBER MUNN: Ted, let me ask. Don't you think that the addition of a sentence or two to the type of report that Kathy was referring to, because I barely remember it but I seem to recall it being fairly --

CHAIRMAN KOTELCHUCK: I'm satisfied with the tables that we've had in the past, and paragraphs down below. I recognize, Ted, what you're saying.

Maybe I'm a little afraid of tasking a fair large task. In a way, maybe the way to do it would be when the Subcommittee identifies some significant differences.

And we certainly have done so here. That we ask specifically that a memo be developed. That way, the Subcommittee -- there will not be a memo for every single one, but only where there seems to be major differences.

That would, I think, may be a reasonable way of doing it.

MR. KATZ: Yes, I agree, David. I

think that's fine. Because the assumption is that the ones that don't get memos, that everything was consistent, then there's no reason to write the two sentences. Whichever way is fine.

I just think that those -- with the information learned, we'd benefit if it's captured somewhere other than the transcript.

CHAIRMAN KOTELCHUCK: I think that's a good idea. And let's specifically request that for this one. A lot of times though, we do differences.

And so, the differences should be judged to be of special importance to the Board. Here, I think we agree. So, okay. And, also, I like the idea that the Subcommittee would agree to that, rather than having just a memo if you will every time. So let's start with this one.

MS. GOGLIOTTI: Okay.

CHAIRMAN KOTELCHUCK: Let's say when we get to finally approving for the Subcommittee

I'll have the addendum that this one will get a special write-up. And just put a little star, and then give that some reference, when you do the table give reference to where people can read about the difference. Okay?

MR. KATZ: Okay.

MEMBER MUNN: Sounds okay to me, Dave.

CHAIRMAN KOTELCHUCK: Okay. So, Wanda, will you --

MEMBER MUNN: I think we're done with this one, if you're ready to take over, David?

CHAIRMAN KOTELCHUCK: Okay, I am. And I thank you, very much, Wanda.

MEMBER MUNN: You're welcome.

CHAIRMAN KOTELCHUCK: I finally got in, and I did get in most of the discussion.

MEMBER CLAWSON: Hey Dave, can I make a comment on this last case, real quick? This is Brad.

CHAIRMAN KOTELCHUCK: By all means.

MEMBER CLAWSON: I just want to compliment both sides on this. You know, this is a very difficult case. And there's a lot of nuances to it that are very fine.

But Doug, you did a marvelous job in presenting it. But I'd like also like to compliment Scott and Liz, in their clarity of how they explained why their method was and what they did. It was just a very good job. You did a fine job.

MR. FARVER: Thanks.

CHAIRMAN KOTELCHUCK: Maybe I'll make one more comment as we close. When we discuss types of cancer, sometimes those have a personal identifying quality.

And Jenny Lin said this in the beginning. The particular type of cancer that we're dealing with here is one of the types of cancer is specific enough that, essentially, we need to be very careful of privacy.

And I think we should try, where we

can, to avoid discussing the type of cancer. I see no way around it here. But let's, as we go on, let's try not to talk about the type of cancer if it's a rare cancer.

And I just suggest that to the Subcommittee members with NIOSH and SC&A. Again, that can't always be done, and it was not done here because I think we had no other alternative, to have a robust discussion.

MEMBER MUNN: If we're going to have to discuss, we have identify. It's that simple.

MEMBER CLAWSON: Yes, it is. How can we discuss something that's --

CHAIRMAN KOTELCHUCK: Maybe Jenny can comment on that. Because you're right, and I accept that we did it here because we had to do it, to have a discussion that would merit it.

But many times the cancers are -- once in a while, there are cancers that are not so common. And by discussing them, we may infringe on some privacy. Jenny, would you want to say

something about that topic?

MS. LIN: I think talking about -- I think you guys are right, in terms of being cautious about there not being information you want to talk about in a case.

We can definitely have more conversation about how to discuss this case during the public meeting. And I would recommend that if we have a sideline discussion about this, rather than me trying to render a legal opinion based on hypotheticals, or based on those cases, discuss more about this case on the record.

CHAIRMAN KOTELCHUCK: That sounds like a good idea. So, could you perhaps develop a memo to send to the Subcommittee members about how to handle this the best? Not perfectly, but best.

MS. LIN: Sure. I mean, we can talk more about it.

CHAIRMAN KOTELCHUCK: That would be good. And that deals with the concern, as well

as the fact that sometimes we have to talk about the cancer --

MS. LIN: In the two remaining cases, we have some much more common cancers.

CHAIRMAN KOTELCHUCK: Yes, indeed. I noticed that. So can the Subcommittee, based on this discussion, thank you Wanda, can we now accept that and go on to the next one?

MEMBER RICHARDSON: Sure.

CHAIRMAN KOTELCHUCK: Okay. Which one should we go to next?

MR. FARVER: Excuse me, can I just say something. This is Doug.

CHAIRMAN KOTELCHUCK: Surely.

MR. FARVER: Since I went over this case, I would appreciate input, offline or on the phone call, on types of things we should say or shouldn't say.

And we can use this case as an example if you would like. But I think we should have some discussion about that.

CHAIRMAN KOTELCHUCK: Yes, I agree.

MR. FARVER: Because I'm not sure what I can say. I try not to be specific on dates. And maybe I'm emphasizing the wrong thing. And so I would appreciate some input, using some of the actual cases that we do.

MS. LIN: Sure, I think for the Dose Reconstruction Subcommittee, it's definitely very difficult because you guys are working from documents that haven't been redacted.

MR. FARVER: Yes.

MS. LIN: You're working from the original source documents, basically, unredacted and documents that haven't gone through peer review.

And even if these documents had gone through peer review, we'd be so heavily redacting, it might render a document meaningless.

So I definitely understand the difficulty of having to engage in a public meeting

where you deal with a lot of data. So, the general rule of thumb, something to keep in mind for the rest of the meeting, is that we try to re-frame connecting information that will allow a reasonable person to discern the identity of that worker.

Okay, that's usually the general rule of thumb. But every information that's specifically talking about them, such as their case information, social security, date of birth, these personally identifiable information, those are strictly prohibited.

MS. GOGLIOTTI: We don't even include those in our report.

MS. LIN: Actually, in the report, it is included in here, such as the case number. So, I mean, even without a case number, if you coupled someone's location --

CHAIRMAN KOTELCHUCK: I think what's so great in drawing us back into --

(Telephonic Interference)

-- let's just say that I would ask that we just simply think -- you think about that memo and send it to us and, of course, SC&A and NIOSH who are doing the calculations.

But I think further discussion is not helpful here.

MS. LIN: Yes.

MR. FARVER: No, I was just getting at that she might want to use an actual case and say these things are okay to say, and these may you not want to.

It sort of gives us some specific guidance from things we've already experienced.

CHAIRMAN KOTELCHUCK: Okay, let her do the memo first. And then after we get the memo, if we find that it's still leaving us hanging and we'd like something more specific, then please make that recommendation too.

MR. FARVER: Okay.

CHAIRMAN KOTELCHUCK: And then she will provide that to us.

MR. FARVER: Okay.

MS. LIN: David, that's -- whether I can issue a memo or not, let's talk more about that and I'll work Dr. Melius and the DFO. Okay?

CHAIRMAN KOTELCHUCK: Very good, excellent, I appreciate that. Great. Alright, so what is the next line -- by the way, it's 10 minutes to 12 Eastern Daylight Time.

Should we start another case and let's wait until 1:00 Eastern Time, or do people want to break for lunch? Do I have suggestions as to whether we should go ahead now and start the next one?

MEMBER MUNN: This is Wanda. I think we covered the toughest one that we have immediately in front of us.

CHAIRMAN KOTELCHUCK: I think so.

MEMBER MUNN: I don't think the next one will be quite as complicated. Perhaps I'm incorrect about that, but I expect the next one to go along fairly quickly.

I would think a half hour for us to wrap up the next one, right?

CHAIRMAN KOTELCHUCK: That would be good. SC&A folks, can you pick the one that we expect to do more rapidly?

MS. BEHLING: Excuse me, Rose, this is Kathy. I think the Metals and Controls -- I was just going to interject that I think I could do the Metals and Controls in probably a half an hour.

MS. GOGLIOTTI: Okay, that's fine, I'll go with that.

MS. BEHLING: If that's okay with you?

CHAIRMAN KOTELCHUCK: Absolutely.

MS. BEHLING: Okay, I'll wait for Rose to bring this up. And now I'm going to try to be very cautious. And if I step over the line, somebody jump in here. I'm nervous.

(Laughter)

MEMBER MUNN: Don't be nervous.

You're an old hand at this, Kathy.

MS. BEHLING: Okay, this particular case, as we just mentioned, is for the Metals and Controls facility. And I'm just going to, very briefly if you don't mind, because I don't think we have seen many metals and controls cases.

I went back through my records and I don't know that we've reviewed many. And this is an AWE facility that is in Attleboro, MA. And to just give you a little history as to what this company did.

Between 1962 and 1965, Metals and Controls fabricated enriched uranium fuel elements for a variety of government contracts. They also fabricated uranium foils for reactor experiments and fuel components.

They fabricated complete reactor cores for the Naval Reactor Program. And they fabricated uranium fuel elements for experimental and research reactors.

The records also showed that there

were some shipments of depleted uranium between Rocky Flats and Metals and Controls between 1955 and 1958.

They also dealt with some thorium, although based on the literature that NIOSH has uncovered, there's some question as to the dates associated with their thorium handling.

But Metals and Controls supplied thorium wheel strips for criticality experiments, source tests and reactivity tests. The thorium was vacuum melted and cast into slab ingots, and then rolled to desired thicknesses.

And then, finally, during 1965 through 1967, the manufacturing process included radium of luminescent material, a component in electrical switches.

So that just gives you a little understanding as to the facility itself and what they did. In this particular case, the individual that we're dealing with, the employee, only worked during the residual period.

So that was after the 1967 period, starting in 1968. The individual was a [identifying information redacted] and developed the cancer, which I'm not sure I should mentioned, in [identifying information redacted], was diagnosed with the cancer.

It was [identifying information redacted] cancer. I guess that's more common, so I hope I'm okay in mentioning that. Both NIOSH and SC&A used various documents, such as OTIB-70, which is the dose reconstruction for residual radioactivity, on the periods for AWE facilities.

They also used OTIB-5, which select films and what organs to select the ICD-9 codes to select for the internal and external models and the external implementation guide.

This particular facility does not have any specific exposure matrix or Site Profile. But what NIOSH has been doing is incorporating or embedding into each of the dose reconstruction reports for this particular site.

What we've been talking about in the past, and that is a template. I'll call it a dose reconstruction methods template because NIOSH and ORAU has developed templates for just about everything.

I mean, it helps to keep things consistent. And now, for this particular site, and M&C site, we have not been tasked with reviewing this template.

And there were 56, I believe, or so technical documents cited in the template that's embedded into the dose reconstruction report. And so, SC&A determined that -- we thought it beyond the scope of this line for us to try to do any assessment, or evaluation, of that template. And we just used the template as it exists.

So we can have a discussion on that later, unless you want to talk about it now. But we felt that that was the appropriate thing to do on behalf of doing these lines of cases.

And I think, at some point in time,

just based on the action that the Board has taken in the past, they may want us to look at some of these templates, especially for these more complex sites.

But I will go on. You're looking at table 1.1. And, as you can see, the doses are very similar. The external doses were within 100 millirem of one another, and internal doses were the same.

PoCs are a little bit different. The 46 percent PoC from NIOSH and nearly 50 percent for SC&A. And we'll explain the difference there when we get through this particular case.

On table 2.1, if you scroll down on page 6, I've got a comparison, the data and the parameters that were used by NIOSH and SC&A. And as you can see, again, there are similarities.

And the biggest difference is the dose distribution. NIOSH used a triangular dose distribution with Monte Carlo analysis and methods for their external dose, where SC&A put

everything as a constant dose distribution.

Pretty much everything else was the same, and the same types of data sources was used. If we go on to section 2.2, again, since there was no dosimetry data, no monitoring data, for this employee.

And so, both SC&A and NIOSH used the template. And the template incorporates what I would say are the bounding values. It's a maximum external dose that it was recorded for any individual during the 1966 time period, which comes down to 440 millirem per year.

And then the appropriate DCF was used by both methods to come up with a 550 millirem per year dose for the employment period. And that template is actually using the operation period data for the residual period.

So I would certainly that consider that, if all of the data that they've looked at is appropriate, certainly it appears to be a bounding value.

NIOSH assigned that value. They prorated it for the first year of employment, which was 1968. And then, for the last year of employment, which was 1982, they actually used an average open window value of 142 millirem that comes from a 1982 termination survey.

And again, SC&A has not had the opportunity to look at any of this data in any kind of detail. But that was the basis for NIOSH's 1982 doses.

And again, applied the DCF values appropriately. Now, what SC&A did, which was a little bit different in this case, is they also prorated a partial year dose in 1968.

But they did not use a termination survey, because the survey was actually done in November of 1982, and the individual terminated much earlier in [identifying information redacted].

And so they just continued to use that maximum external dose and prorated it for the 1982

year. So that was the difference between NIOSH's 142 and SC&A's 138 millirems. So a slight difference there.

Both methods did not -- neither method calculated the medical dose. And that was because the individual only worked during a residual period. So that was appropriate.

For internal dose, again, both methods used information that was available in the template. And what the template recommends is an inflation dose of 200 DPM per 100 centimeters squared, and then uses the OTIB-70 resuspension factor of one times ten to the minus six.

And they also calculated an ingestion dose, which is based on the intake rate of 0.2 times the average daily air concentration. And an inhalation and ingestion dose was calculated for both the uranium and thorium.

Those methods -- NIOSH compared the uranium Types S, M and F.

CHAIRMAN KOTELCHUCK: Pardon me. Dave. Are we scrolling on Live Meeting? Fine. Thank you.

MS. BEHLING: I'm sorry, I wasn't watching. Yes, and you can keep scrolling down just a bit, Rose. But, to repeat -- NIOSH compared for uranium absorption Types S, M and F.

And for thorium, Types M and S. SC&A compared Types S, M and F for both uranium and thorium. Both methods found that thorium Type M was the most claimant-favorable, and so dose is based on that.

And both calculated dose of 1 millirem. So that is the doses that we see in table 3-1, on page 9. And the difference, as I indicated, the biggest difference was the difference in the PoCs.

And NIOSH calculated their PoC -- because their initial PoC was greater than 45 percent, the recommendation is that they run in the -- I'm sorry, they were IREP -- it's 30 IREP

runs at 10,000 iterations.

And that resulted in the PoC of 46 percent, where SC&A only ran one IREP run for 2,000 iterations and our PoC, which was 49 percent.

SC&A also entered their doses as a constant value, as I mentioned earlier, where NIOSH applied their doses as a triangular distribution and used Monte Carlo methods to determine what the final dose was, the distribution was.

That's it in a nutshell. If you have questions, I'll try to answer them.

MEMBER MUNN: I don't have any questions. But I think your assumptions, with respect to both the unusual nature of this particular site, I don't recall there was anything sporadic and the use of the template were correct.

MS. BEHLING: Can I assume that, and maybe Ted needs to weigh in here, I hope that you

all agree that this is not the venue to do a more thorough investigation into these templates.

But they should -- if the Board decides that they feel that we're going to review the templates it shouldn't be in these blind dose reconstructions. Are we correct?

MR. KATZ: Let me weigh in on that, thanks Kathy. Because, the past tradition was -- and it's fine, no worries about how this went here, it's fine.

But the past tradition was, when we came to a site, one of these smaller sites, as they generally are, where -- but it didn't have to be, it could have been at an AWE that was actually significant.

But when we come to one of these smaller sites, when we're doing a dose reconstruction review and the basic methodology hasn't been reviewed by SC&A, the past tradition was for me to get a memo or note saying, we have reviewed this site.

Because, normally what we would do, and John Mauro, if you're on the line, you can chime in, but we'd all notice, is we would do what we would call a meeting Site Profile review because it's generally a mini profile that looking at, compared to the big sites.

And we would do that sort of hand-and-hand, we would do that and then do the review. It would hold up the review of the case, but it you sort of -- otherwise, you'd have an arm tied behind your back in reviewing the case because you'd just have to accept the methodology, where in some other cases you would review the methodology.

So, I mean, I think that's the appropriate thing to do is to send a note out saying, we haven't reviewed the base documents for this site.

And then we can get that tasked as part of it, before completing the blind review or the individual case review, whichever bucket it falls

into. But that was our past tradition.

MS. BEHLING: Yes, Ted, you're correct, I agree with you. Also, when we've reviewed cases, we did do a mini. In this particular case, because the entire case -- all the internal, all the external is based on, as I said there was at least 56 technical documents.

And we just were not sure if we were -- I guess a memo is appropriate from this point forward, to determine the level of effort that you would like us to put into these.

Again, I didn't know if these pamphlets -- because there, as we discussed, there are a lot of other templates out there for these types of sites.

If they were going to be categorized and looked at that maybe under a purview like the Procedures Subcommittee meeting, or if they were supposed to be looked at on an individual basis, because we may not see cases on some of the sites that have templates.

MR. KATZ: Right, but that's really a separate matter. I mean, the issue here is that when we do a case review, we want to be able to review it, you know, thoroughly.

And we can't do that if we haven't reviewed the base documents. So --

DR. MAURO: Ted, this is John Mauro. I understand you were trying to reach me. I separated from the phone when you were about to break for lunch.

MR. KATZ: John, that's okay. I just referenced that you've done many, many site reviews in connection with dose reconstruction case reviews in the past.

DR. MAURO: Yes.

MR. KATZ: And I was just saying that here's a case where we need a memo knowing that you haven't reviewed the base documents so that we can then task that as a part of the case review.

I think that's appropriate. But then, I mean, we can hear from the Subcommittee

members. But this is the way we've done it in the past.

DR. MAURO: Okay.

CHAIRMAN KOTELCHUCK: Dave, are we suggesting that this should be held in abeyance?

MR. KATZ: Well, I think it's a done deal now. I mean, it's sort of -- they've reviewed the case, it's a limited review in a sense, because they never reviewed the methodology before.

But I'm not suggesting that they go back, review the methodology now, and then go back and re-review the case. Although, you know, I mean it's your purview.

MR. SIEBERT: Can I put one thing in, this is Scott. In the 21st set, there are three Metals and Controls claims that have already been reviewed.

DR. MAURO: This is John. Just to help out a little bit. A good example that we'll get to, I guess shortly, is Hooker, which is still

open as a DR case in the 13th set.

And in Hooker, the whole issue about -- this is a DR section as opposed to blind now, please keep in mind -- is a review of the Site Profile or TBD where we do have to go back to first principles in the original source documents.

Now, the extent to which that's done, and needs to be done, during blinds, I guess that's something that you folks have worked out. I used to be involved in blinds in a different way.

But it was decided -- it was called going back to first principles and not following workbooks and things like that. I understand that decision, and that's fine, but there was a time when we actually did the blinds two different ways.

One was following the workbooks and trying to figure out ourselves the way in which NIOSH did it. And where you had to have some degree of discretion in deciding what the input was.

MR. KATZ: John, that's technically a separate matter.

DR. MAURO: Yes, that's a separate matter.

MR. KATZ: That's not what we're dealing with here. But we are dealing with the first part of what you said, which is simply, again, doing a mini Site Profile review when you've never reviewed the site and you have a case to review.

DR. MAURO: Exactly.

MR. KATZ: That's all.

DR. MAURO: That's it.

MS. BEHLING: One more comment. This is Kathy Behling again. Under the 21st set, and Rose, perhaps you can interject here, even if we have some Metals and Controls cases there, I don't know that we were tasked even under those case reviews to look at the source document and methodology. Or were we?

I don't know, I'm asking. I don't

know of any -- I don't know that we have been tasked with looking at this template. That's my question.

MR. KATZ: Again, Kathy, I mean, you've already said you guys haven't reviewed the template. So that's established. Yes, and again, it's just a matter -- whether it's blinds or a few of the ordinary cases that reviewed, again, that was the old system, which is to say we haven't reviewed this site and then to task that as part of the case review.

MS. BEHLING: Okay.

MR. KATZ: I don't think we need to beat this thing to death. I would like to hear from the Subcommittee members if they have thoughts, concerns, what have you, related to this.

CHAIRMAN KOTELCHUCK: You've made basically a proposal as the DFO. But I wanted to hear what other members of the Subcommittee felt in terms of whether we go ahead with this as it

stands, or whether that changes the way we weight, which would be a change in procedure.

Do other Subcommittee members have comments?

MEMBER BEACH: Dave, this is Josie. I think that we go ahead with this. But I think we need to have a memo sent out if there are templates in the future that haven't been reviewed and get the tasking for that prior to reviewing the cases.

CHAIRMAN KOTELCHUCK: Okay, so start from here if you will. Josie, what you said sounds like a good way to start, which is to say take this, approve the comparison and then task the AWE Subcommittee?

MR. KATZ: No, so, Dave, just procedurally, if we get a memo from SC&A saying this, I can do the tasking. We don't need a Work Group to do that.

CHAIRMAN KOTELCHUCK: Good.

MR. KATZ: So as we do that, I would

certainly copy the Subcommittee so they know what's going on here.

We don't need to wait for another Work Group, or what have you, to do that.

CHAIRMAN KOTELCHUCK: Excellent. So you will send a note to them.

MS. GOGLIOTTI: About this particular case?

MR. KATZ: No, in the future, when we have a case where you haven't reviewed, because it has a template or what have you, that you never reviewed the foundation documents.

DR. MAURO: I just have a question for clarification. There are several levels you work at, you have the original Site Profile and then you have the template which influences the Site Profile.

And then, of course, you have the blind or the DR.

MR. KATZ: No, the template's not implementing Site Profile, the template is a Site

Profile, in effect.

DR. MAURO: Oh, okay.

MR. KATZ: That's what we're talking about here, John. We're talking about sites where SC&A has never reviewed the basic methodology being applied.

DR. MAURO: Got it, okay.

CHAIRMAN KOTELCHUCK: Okay, good. Now, are we Subcommittee members satisfied with this review and the comments and the explanation as to why, although there's only one main difference between the two groups, that the PoCs are three percentage points different?

Nevertheless, the three are the same compensation distribution. Do the Subcommittee members approve?

MEMBER MUNN: I said this at the outset, I certainly do. And I think it's fine to accept this as an adequate review of the template by SC&A.

CHAIRMAN KOTELCHUCK: Okay, others?

MEMBER BEACH: I'm not sure if it's an adequate review of the template because the template hasn't been reviewed. But I think, moving forward, if we have other cases from this site, I think we need to think about reviewing that template prior to any other cases.

CHAIRMAN KOTELCHUCK: I'm more than happy. And my feeling is we have accepted that suggestion. I think it's a question now of saying, here we are, do we approve of this line of review and pass it to the Board, if you will?

It sounds like you're okay with the review and with the explanations given for the difference.

MEMBER BEACH: Yes.

CHAIRMAN KOTELCHUCK: Good. Thank you. Others?

MEMBER CLAWSON: I'm good with it. If we have any more from this site, we've already discussed that.

CHAIRMAN KOTELCHUCK: Okay. So, can

I take that then that we approve and are ready to move on to the third line?

MEMBER MUNN: Yes, as soon as we go to lunch.

CHAIRMAN KOTELCHUCK: Okay. And that actually, of course we will go to lunch. It's 20 minutes after 12 on east coast time. So, 20 minutes after 1, we'll reconvene and we'll discuss ANL-East.

(Whereupon, the above-entitled matter went off the record at 12:20 p.m. and resumed at 1:25 p.m.)

CHAIRMAN KOTELCHUCK: So we're now starting ANL-East our third blind of the day.

Ron, would you like to start?

DR. BUCHANAN: Okay, thank you. This is an employee that worked at the Argonne National Lab East facility in the nineteen fifties to the nineteen nineties. He had a long employment history in the grounds as a laborer and heavy equipment operator and [identifying

information redacted] in the grounds department, so worked mainly outside.

He was monitored for external photon and neutron exposure during most of the employment. He was also monitored for internal exposure for most of the employment period.

He was diagnosed with a cancer in [identifying information redacted], one cancer. So this is what we will cover today.

If we go to Table 1-1 on page 8 we see the table there shows that the -- (Transcript missing 45 seconds due to telephone interruption) -- dose, photon and neutron.

We see that they pretty much agree there except for one. At the beginning of employment there was a recorded 8 millirems on a pencil dosimeter when the worker wasn't monitored otherwise.

And so SC&A counted this as a recorded dose because there was no other information available and the environmental dose is

essentially nothing -- outside external dose is essentially nothing at the Argonne National Lab East according to TBD.

And so we did assign that. So we included this in our analysis.

And so we used the same dose conversion factor, slightly different distributions. They used triangular and Monte Carlo calculations. We used the normal distribution with uncertainty of 30 percent according to the TBD.

We used a dose conversion factor of 1.244, both NIOSH and SC&A.

So this came out to similar doses of 0.212 NIOSH assigned and 0.317 which includes 80 millirem from the pencil dosimeter.

So the recorded dose is pretty straightforward. We didn't have much difference there.

Then we go to missed dose, Section 2.1.2. And again we had similar methods there.

We used the same LOD and energy ranges. Again, NIOSH used the triangular distribution, the Monte Carlo calculations. We used a log normal distribution with confidence uncertainty of 1.5 according to the TBD.

Now, there were some differences. If we go down to page 12 we see that NIOSH counted 586 missed doses or zeroes, and we counted 545.

And the reason for that is that the records at ANL, they would have blank sheets. They would have the badge exchange information but they'd be blank.

And then at the end of the year they'd have a summary sheet with a zero. And so the difference there was that SC&A said, okay, they've got a record of the dosimeter exchange. There's nothing on it. And so they did not -- he did not wear a badge at that time.

And NIOSH went through the conservative point of view and said, okay, even though there wasn't anything recorded, we're

going to assign zeroes for those blank dosimetry pages.

And so that's the reason they came out with more zeroes than SC&A. And we'll find this is also true on the neutron exchange.

So, this was a difference and so we came out with a few less zeroes than NIOSH did. And we used different distributions and uncertainties, and so we came out with slightly different doses than NIOSH did.

The missed neutron dose. Again, we used a constant uncertainty of log distribution and NIOSH used a varying uncertainty determined by Monte Carlo calculations.

On the neutron missed dose NIOSH used 345 and SC&A came out 271. And this is because there was a lot of blanks for the exchange. Sometimes they would have photon but blank for the neutron so we assumed the worker wasn't monitored for neutrons during that period. And NIOSH assumed they were and assigned zeroes.

So they came out with a higher dose, 55 rem, and we came out with a lower dose, 42 rem for missed neutron because of the difference in interpreting the way the blank pages, what they meant.

MR. SIEBERT: This is Scott. Can I go ahead and address that, that slight difference?

There's been all these different sections so I waited until right before ambient doses.

DR. BUCHANAN: Yes, that's fine.

MR. SIEBERT: The difference is as Ron was saying we did assume monitoring was occurring even when the monitoring records were blank, when there was an indication.

And we actually based that upon the TBD. It does specifically state that up until 1965 the assumption is that all employees were monitored.

So, whether there actually is a

reflection of a zero in the record or not we made the claimant-favorable assumption that all individuals were monitored through that point. And we do count the zeroes accordingly.

DR. BUCHANAN: Yes, and SC&A counted the actual number of zeroes whereas NIOSH, if there was blanks they counted those as zeroes even though they were not recorded.

MR. SIEBERT: Right. And I guess the only thing I'm pointing out is the TBD does specifically tell us to do it that way.

MR. KATZ: Go ahead, Ron.

DR. BUCHANAN: Okay. Okay, the onsite ambient dose, both NIOSH and SC&A used Table 4-7 and 4-8 of the TBD 4. And NIOSH used the isotropic dose conversion factor of 0.536. And SC&A used the ambient dose conversion factor of 0.408 which led to slightly different dose assignments and also NIOSH used their Weibull distribution and SC&A entered it as a constant distribution.

And NIOSH assigned 50 millirem and SC&A assigned slightly less, a dose of 40 millirem. So that's the reason for the difference in the ambient dose.

MR. SIEBERT: Should I address the difference in the DCFs?

DR. BUCHANAN: Yes.

MR. SIEBERT: Once again, we go back to procedure 60 which is occupational onsite ambient dose reconstruction for all DOE sites.

And specifically in that procedure it does call out to use the appropriate organ DCF rather than the ambient for the isotropic geometry. So that's why there's a difference there.

DR. BUCHANAN: Okay. Then we move onto the medical. And there was a record on file of the medical exams.

And we did assign also a PFT that was possible through '56. Both NIOSH and SC&A assigned the same doses there.

And all the rest of the way through the records we assigned the same dose except for the one chest X-ray in '58 because the TBD does say there could have been several chest X-rays '58 and earlier.

However, SC&A sees on the DOE records for this employee it states single chest X-ray. And so we assigned one for '58 and NIOSH assigned two for '58. And so that made a slight amount of increase in NIOSH's dose assignment.

In addition, NIOSH used the pre-1970 dose for the 1970 dose. In other words, TBD changed values at that time. And so we used the 1970 dose -- 1970 to 1985 as given in the TBD, and NIOSH apparently used the pre-1970 dose for 1970. So that gave a slightly higher dose because the older ones were a little bit higher.

So that resulted in NIOSH assigning 5.73 rem and SC&A assigning 5.655 rem, slightly less.

MR. SIEBERT: This is Scott. Yes, we

agree on the stereo thing and the X-rays. We missed that so that's a good thing to catch there.

The difference on the 1970 actually isn't that we used the pre-'70 values, it's that we used the updated values in OTIB-6.

The TBD does two separate things. It calls out that the values of the X-rays should be the values that are referenced from OTIB-6, and then it also gives a table of those values.

The unfortunate thing is OTIB-6 got updated after the TBD was released so the appropriate values -- or the values that are in OTIB-6, we actually updated the values and the tools to use the most recent culled out values, rather than the older values that still reside in that table in the TBD.

But once again, the TBD is saying that's where those values came from and it should have been OTIB-6.

And at some point when the TBD gets updated they will reflect the latest values.

DR. BUCHANAN: Okay. Thank you, Scott.

Realize of course on a lot of that stuff SC&A when they do the comparisons they are somewhat guessing at what NIOSH did.

We know what we did usually, but we're not always sure of NIOSH's reasoning, so we'll kind of guesstimate what happened or something.

CHAIRMAN KOTELCHUCK: Okay. Ron, by the way -- Dave.

Just the last five minutes or so I've been in and out of audio, but you go ahead. I hope I didn't miss anything, or miss a comment from you. Let's continue.

DR. BUCHANAN: Okay, so that was the external doses.

If we go to Section 2.2 and we look at the internal doses. And we see that the worker was monitored for -- by urinalysis for gross alpha and beta, and for uranium a couple of times. And all the measurements were less than MDA for the

alpha and the uranium.

However, they did indicate that some beta results were greater than zero. If you look at the TBD 5 it looks like they indicate that the beta activity that was measured was from natural occurring potassium-40 and represented the normal range of the beta results.

And so neither NIOSH or SC&A assigned for the beta dose from those measurements.

Based on the records NIOSH and SC&A both assigned missed dose from plutonium and uranium, and in addition NIOSH assigned potential -- considered potential environmental internal dose as we'll discuss later.

SC&A did too, but they didn't assign any because it was less significant.

So, we look at 2.2.1, missed plutonium dose. We see that both NIOSH and SC&A used the appropriate half of an MDA value cited in the TBD, adjusted for 1.4 liters per day in the IMBA program for the period that the person had

monitoring results, bioassays.

And we evaluated different solubility types and found that type S resulted in the most claimant-favorable. And we both adjusted them for type Super S, plutonium-239 according to OTIB-49. And so we both performed the same operations there.

And NIOSH assigned an internal dose of -- from missed plutonium of 0.117. SC&A assigned 0.129. So very similar doses entered as a triangular distribution with minimum zero and maximum twice the mode value according to OTIB-60. So we had a very similar result and dose assignments in that case.

Now, the missed uranium dose. The worker was monitored twice in 1966 and once in the eighties to '90 for uranium. And we both assumed 100 percent U-234 because that's the most claimant-favorable and used one-half the MDA adjusted for 1.4 liters per day in the IMBA program.

And the only difference was NIOSH assumed one continuous intake period. SC&A divided up into two periods because there was some break between the bioassay dates in the sixties and eighties.

And so we came through and both evaluated the solubility type, but found that all of them cited less than 1 millirem per dose and so did not assign that in the IREP tables.

So we used slightly two different methods and then arrived at the same conclusions.

Now, the environmental internal. NIOSH did use the maximum value of occupational environmental from the environmental TBD 4 and came up with a dose less than 1 millirem.

However, NIOSH did choose to enter that in the IREP table as a constant distribution.

SC&A considered the environmental intake, but based on TBD 4 states that the intakes at ANL-East operations -- went up and checked it -- significantly to the environmental dose. So

we did not assign any internal environmental dose.

So, a summary and conclusion on page 17, Section 3.

We see that the internal doses are very similar. The external doses are similar except for mainly the missed neutron dose which we discussed.

We see that NIOSH came with a total of 70 rem with a PoC of 46 percent. SC&A came out with 58 rem with a PoC of 42 percent.

And the methods were very similar except for the way we counted zeroes there in the blank pages which we've already discussed.

So, that's a brief summary of this case and I'm open for any questions.

CHAIRMAN KOTELCHUCK: Good. So, basically both came to the same conclusions. Again NIOSH has the larger PoC which reflected the claimant favorability effort.

So, I don't have any further comments.

Do other members of the Subcommittee?

Hearing none I think there's agreement. So, as a Subcommittee do we accept this blind and put it into our record?

MEMBER MUNN: Absolutely.

CHAIRMAN KOTELCHUCK: Very good.

MEMBER CLAWSON: I agree.

CHAIRMAN KOTELCHUCK: Alright. Hearing no other comments we accept and that's fine.

And we have -- so we have three more blinds that have been added into our -- I think it's 17 total. And all of them have agreed with the -- in all the cases the positions agree although there was one that will still be developed in Allied Chemical and Dye. Okay.

MS. GOGLIOTTI: I think the Allied Chemical and Dye, we resolved that case in February.

DR. MAURO: Rose, this is John Mauro. Just letting you know I joined the meeting in case

you're ready for Hooker.

MS. GOGLIOTTI: We are just getting there, John. Thank you.

DR. MAURO: Very good.

CHAIRMAN KOTELCHUCK: Almost perfect.

DR. MAURO: Okay, very good.

CHAIRMAN KOTELCHUCK: But I thought we were going to -- Scott, you suggested that we were going to set up a committee to evaluate, a special committee for that plant, a Working Group.

MS. GOGLIOTTI: But I believe we actually closed out that particular blind.

CHAIRMAN KOTELCHUCK: I don't remember that, honestly. Do other Subcommittee members?

MS. GOGLIOTTI: I can check my records and email you offline.

CHAIRMAN KOTELCHUCK: That's fine. I believe I we have one. Certainly in the report

to the Secretary there was -- we were holding off. Fine, send me a note and I will -- in fact, send it to me and all other members of the Subcommittee.

MS. GOGLIOTTI: Okay.

Final Case Review Issue Resolution for Sets 10-13; Hooker Electrochemical Case

CHAIRMAN KOTELCHUCK: Great. Okay. Well, John, we are ready now to take Hooker which is the last and final case for sets 10-13. Please go ahead.

DR. MAURO: Very good. I see on the screen that Rose brought up the Hooker case. And I think I can go through this pretty quickly.

This was a case for a worker that was involved in Hooker in the nineteen forties. And in the nineteen forties Hooker was receiving slag from other facilities up in Niagara Falls. And they were processing the slag using I guess left over hydrochloric acid, I believe, or sulfuric acid to separate out any valuable uranium.

And so the worker was exposed during the AWE operations with that slag, and then following that during the residual period.

The matrix identifies that there were several findings, and there were also a number of observations.

And you folks have previously discussed this, and have filled out the matrix. And you can see on the far right-hand side of the matrix, you'll see that some of these items were previously closed so we don't need to be concerned about that.

And all other items, whether they be findings or observations were relegated to the AWE Work Group because they were all Site Profile issues and TBD issues.

Because the Hooker dose reconstructions for workers there, there were no data. So everything was based on one micron exposure matrix or protocol as laid out in the Hooker TBD.

And the Hooker TBD was on the agenda for the AWE Work Group, and it was discussed at length, I believe it was a July 2016 Hooker or AWE Work Group meeting.

And I read the transcript. And Bill Thurber was -- I spoke to Bill earlier today. He's not available but --

MR. KATZ: I'm sorry, John, to interrupt you but one sec. Someone is coughing a lot on the phone. Can you please mute your phone? Just press *6 to mute your phone and that will help everyone else. Thanks.

DR. MAURO: So, what I can do is everything that I'm about to describe, and we can go into as much detail as you like.

The end of the story though is during the Work Group meeting with Henry Anderson starting on page 53 of the transcript every one of these issues related to the Site Profile.

Hooker was discussed and closure was recommended. There are a couple of items that

were what I would call held in abeyance because there was agreement on how to resolve them, and everyone agreed to that.

And it was left in abeyance because the next revision which would be Rev 3 I believe of the TBD for Hooker will pick those up.

But to bring it down to the end of the story, if you go through each one of these items and you map them back to the -- starting on page 53 of the transcript you will see that every issue was addressed one way or the other.

It's not in exact order, but they were all -- it was agreed that the issue can be closed. SC&A recommended closure based on the discussion and the AWE Work Group concurred.

So this is all documented. And the degree to which you want to go through them and discuss how they were closed, we can do that.

But it's all already on the record how they were all closed. And starting on page 53 of the July AWE -- 2016 AWE meeting.

In fact, I believe Bill prepared a set of slides for Henry Anderson to be used at I guess the previous meeting of the full Board to give a presentation.

I'm not sure if that occurred or not.

CHAIRMAN KOTELCHUCK: Correct. It did.

DR. MAURO: It did. Okay.

CHAIRMAN KOTELCHUCK: And also -- this is Dave. I am a Member of that Working Group and I concur with what you say.

We resolved everything. There will be some changes when the ER is completed, but -- in an ordinary fashion by NIOSH.

DR. MAURO: I tell you what. Given that, that this is on the record in a number of places already, if that suffices I'm done.

MR. KATZ: John, this is Ted.

DR. MAURO: Sure.

MR. KATZ: The one thing that does need to be buttoned-up, because you're trying to

resolve the findings here so that they're correct findings and incorrect findings drop off in statistics.

So one way or the other those sort of t's have to be crossed for the findings that were open, right? The Subcommittee needs to resolve that they were correct findings, or that they shouldn't have been findings. Either way.

DR. MAURO: Well, we could do that if you'd like. We could go through it one by one.

CHAIRMAN KOTELCHUCK: No, I don't see a need to do that, to go through those one by one.

The question Ted raised was I believe that it's not to come back to the Subcommittee when the Working Group resolved these issues.

There will be changes that occur when the PER is finished, but when the PER is done that will go to NIOSH. NIOSH will continue. We've resolved the findings.

I think we can accept as is.

MR. KATZ: No, but Dave, I think

you're just misunderstanding me.

The Subcommittee has all these cases. The cases have a whole number of findings. And those findings have to be resolved according to the Subcommittee's judgment even though it was sent to Work Group.

So, for example, just finding X, whatever it is, if the Work Group decided that the methodology was incorrect and resolved that -- and the finding was in alignment with that, that that methodology was incorrect, then that finding stands.

But if the Work Group found that for a certain finding that was referred to it that the methodology was fine then that finding would not count as a finding in your tally for Dose Reconstruction Subcommittee petition reviews.

So you've got to get your statistics correct. I don't know how to do that other than going through the findings and sorting that out finding by finding.

DR. MAURO: One way to go as a shortcut on this. Of course I leave that if NIOSH agrees.

But I believe NIOSH agreed with all of our findings and has concurred that changes to the TBD were needed in light of our comments.

So, in other words, the various comments we made related to a broad range of matters, there was -- it wasn't that we were -- our finding was judged to be incorrect. And certainly I may be incorrect in this, but I believe NIOSH agreed that all of Bill Thurber's findings and observations were relevant and appropriate, and that there was some degree of change to the TBD for each one of these that was needed.

And that's all documented in the transcript.

MEMBER BEACH: There's only seven. I think there was only seven open findings. Why can't we just go through each one of them and have

a comment on each one?

MR. CALHOUN: This is Grady. Let me interject something here.

Because there's -- I do believe that my understanding is that the findings were at least considered valid.

I know the TBD has been revised. Jim Neton just popped his head in here a minute ago and said he was going to sign it today.

Given the fact that I was not a part of these Work Group discussions and that there's only seven findings, and that my understanding is that they were all accepted I would just prefer to go forward and say yes, we accepted them and we made the appropriate changes.

Because I'm not going to be able to speak intelligently about how the changes were. And I really don't care to argue the seven findings since my understanding is that they were addressed.

MR. KATZ: I think that's absolutely

fine, Grady. I think that there's no problem with that.

MEMBER CLAWSON: This is Brad speaking. I understand what you're saying, Grady.

But I guess I would just -- as a Work Group Member on this I'd like to just understand what was done with these.

The Work Group has accepted it, but I'd just like to know what the corrective action was and proceed it on.

I'd just like to bring these to an end. I think, you know, I don't have a clear understanding how they were finalized.

MR. CALHOUN: Alright. Well, I guess John or Bill will have to take care of both sides of that discussion then.

DR. MAURO: We can run through them real fast. I have some notes here that should help.

MEMBER CLAWSON: John, tell us a

small picture of each one just so I've got an understanding.

DR. MAURO: Okay.

CHAIRMAN KOTELCHUCK: If a Subcommittee Member would like to hear back all that we need -- so let's go over them one by one.

DR. MAURO: Okay. I was just logged off the web because I wasn't active. Give me a second to come back to life again. I'm on LiveMeeting. It just takes a second for me to put my PIN back in again.

MEMBER BEACH: While you're doing that, I do have a question on the SRDB. It does reference the Site Profiles, but it won't come up. Is that just because it hasn't been signed?

MR. KATZ: Yes, Josie. And it takes another day after that.

MEMBER BEACH: Okay.

MR. KATZ: Before it actually posts.

DR. MAURO: Okay. Phil, would you like to go through I guess each one of these items?

It starts I believe 221.1c. I'm trying to --

MEMBER MUNN: Yes, that's correct.

DR. MAURO: 221.1. And I actually have some notes in front of me that I took having to do with the time period over which a worker was exposed.

In other words one of the issues was that the worker was there for active, whereby he may have been exposed.

And the assumption was made in the original. We're going all the way back now to where the story starts. We're going all the way back to TBD-6001 and its associated appendix.

And NIOSH used a 5 percent exposure time period. In discussing and resolving this issue with the Work Group, I believe it was extended to 25 percent of the time for a variety for reasons that are discussed in the AWE transcript.

So, the 5 percent I believe went to 25 percent. I believe that's the very first one.

If you're looking at the screen right now, you'll see 5 percent. So that's the answer.

And that was in fact accepted and accommodated I guess in Rev 2 of the TBD. So it's all taken care of.

The second item is more general in nature. It talks about, well, TBD-6001 -- let's see what we've got here -- had a number of concerns related to the picocuries per day that was taken in.

And I'm looking at my notes here. There was a change made in terms of -- let me just straighten this thing out for myself.

Oh, okay. In this case the argument is made that the actual new values which were approved actually went down.

So the latest version of the TBD, and there was justification given to it in terms of intake rate went down.

The justification was provided in the revised TBD. And it was discussed during the

meeting. So that issue has been resolved in favor that, yes, it was -- better information became available and that was the -- and actually the intake rates went down.

And they discarded the old intake rate that was there with the original TBD-6001, and have a new one. And that was all discussed and agreed upon. That's that item.

The third item which I believe is now we're looking at -- I see things are moving on the screen -- observation 1. Let me see how we resolved this one.

Okay. Observation 1. Give me a minute. I'm trying to get this to track out what the issue was a little more clearly than the way it's written up in here.

Oh, this has to do with the -- there were a number of tables in the original TBD-6001 where it gave exposure rates in units that were very confusing.

So this was more like that you really

could not understand what TBD-6001 was trying to tell you to do because they were talking about doses in mR per hour and millirad per day.

There was a lot of -- when you read it you really didn't understand what was meant.

And in revising and getting rid of the TBD-6001 and replacing that with current Rev 2 of the TBD itself for Hooker all that's been cleared up. So, that observation is taken care of.

The new document now is very understandable. So with that I guess we can go on to the next observation.

Okay, hold on. We actually had a different -- there's an mR per hour number here. And then we performed some calculations.

How that -- the correct starting dose rate was, in fact, corrected in the latest version of the TBD. There was a discrepancy between what the exposure rate for contaminated surface was between TBD-6001.

And we actually had a different value.

And NIOSH revisited that issue and corrected that value in the Revision 2 that's currently in place.

And that -- so that issue has been resolved.

The nature of the way the changes were made and why they were made, going from the change in exposure rate is laid out in the Work Group meeting in July.

So I believe that everyone was satisfied that observation 2 has been taken care of.

CHAIRMAN KOTELCHUCK: This is Dave. Are we talking about an observation, or in fact is it a finding?

DR. MAURO: No, we've left the findings now. We're in the observations section.

CHAIRMAN KOTELCHUCK: No, no, I know it says observation. I see that. My question is, is that correctly noted as observation? Let's just see.

What NIOSH did at the time was correct based on the information that they had. And then the updated TBD that was changed based on the TBD.

DR. MAURO: Unfortunately I don't know enough to answer that question, but I understand what you're asking.

And whether or not -- there was a lot of material in the original TBD-6001 that was contradictory and unclear. And as a result it was withdrawn.

And this may very well have been one of those items.

Now, why it's called an observation as opposed to a finding I have to say I can't -- I'm not quite sure.

I can check with Bill. Unfortunately Bill is not available --

MS. GOGLIOTTI: John, it was an observation versus a finding because they followed their procedure. However, we disagreed with the procedure that was followed.

CHAIRMAN KOTELCHUCK: Good. And that looked to me -- I agree that that seems to me what John is saying.

So it seems to me appropriate to be an observation.

DR. MAURO: Okay.

CHAIRMAN KOTELCHUCK: Unless there's any other concern from any other Members. I don't hear -- let's go on.

DR. MAURO: Okay. Now, I see there's a -- I think we're up to observation 3 was already previously closed so we don't need to talk about that.

CHAIRMAN KOTELCHUCK: Okay.

DR. MAURO: Closed prior to the Work Group meeting.

Now we've got observation 4 where we have an intake rate. This goes to like the residual period and intake rates.

And as you may be aware the whole approach to the residual period, the intake rates

apply an extension of review on their OTIB-0070.

The original review that we performed was back in 2009. And then all of the subsequent discussions that followed, a lot has happened, some of which was specific to Hooker, some which were more of an overarching generic issue on how to deal with residual period dose reconstructions.

I believe this was based on the fact that there were changes made to the residual period guidance, and as a result -- and this goes for observation 5 too, I believe.

And as a result the new latest version of the TBD for Hooker simply adopts the most recent guidance regarding the residual period.

So in that regard the issue has been resolved.

CHAIRMAN KOTELCHUCK: Okay.

DR. MAURO: I think that also goes for number 5 because I see that deals with residual exposure periods also.

Okay, so you could almost think in terms of the residual period when it comes to all these AWE cases, whether we're talking Hooker or anything else, when we originally did the work, it was before a lot of work went into the review of the OTIB-70 and even TBD-6000.

A lot of water went under the bridge between the time of the original DR reviews and the time when the AWE Work Group went through a lot of work, whether it was Paul Ziemer's Work Group on the TBD-6000, or it was Henry Anderson's Work Group on the TBD-6001, both of which -- a lot was done, called OTIB-70 and of course TBD-6000 that really changed the complexion and standardized the methods across the board for dealing with residual periods at AWE facilities.

And so all of those issues, whether it's Hooker or any other AWE site where you don't really have very much data, any data, really have been effectively resolved through the adoption of these two very important documents, OTIB-70 and

TBD-6000.

CHAIRMAN KOTELCHUCK: Okay. So that's the last observation.

DR. MAURO: I think that covers the -- yes. I hope that answered your questions.

CHAIRMAN KOTELCHUCK: Brad?

MEMBER CLAWSON: I appreciate that, and thank you, John. I just wanted to have a better understanding of how we got to where we did. And I appreciate it.

CHAIRMAN KOTELCHUCK: Okay, very good. So this case will come back to us to confirm that the changes that will be reflected by the current TBD has been completed, and then we will -- is that correct, Ted?

MR. KATZ: No, I mean the case -- you're done. You just went through the findings. That's it. You'll never see it. There's nothing more to do with this case. It just goes in your statistics for the next report.

MEMBER MUNN: It's now closed.

MR. KATZ: It's closed. It's all closed. There's nothing left to do with this case.

CHAIRMAN KOTELCHUCK: Okay.

MR. KATZ: So, the only thing left to do is Rose will need to categorize based on what those findings were -- the couple of findings that there were -- there were only two findings among what John covered -- how they categorize in terms of their seriousness or whatever it is, but to make sure that's consistent with whatever we have in that case. But that's all.

CHAIRMAN KOTELCHUCK: Okay. Alright, fine. So we'll close it. The people agree, or Subcommittee Members agree.

MEMBER CLAWSON: I'm fine, Dave. This is Brad.

CHAIRMAN KOTELCHUCK: Alright. That lends a certainty and it's done, capital D-O-N-E.

Pardon me, somebody was speaking?

MEMBER MUNN: I was just agreeing with you.

CHAIRMAN KOTELCHUCK: Okay, good. It's always nice to finish.

Now, we will go on. It's quarter after 2. Let's start the case reviews, and start with the expedited file table, expedited case table.

And let's work on that for a little while. We will take a break, but let's work for another half an hour or so. Okay. At any point in the afternoon, if a Member would like to request a break, please feel free to ask the group and we will honor that.

But continuing, Albuquerque operations, please, Rose?

MS. GOGLIOTTI: Okay, I think that everyone knows that this is kind of a new process, because we are going to be trying out an expedited issues resolution process.

So, instead of going through the BRS

in full detail of the Type 1 findings, we will instead do a consolidated matrix, if you will, that summarizes the resolution process, keeping in mind that these are QA findings.

These are findings that we consider resolved between NIOSH and SC&A already, but we need to finally close them out with the approval of the Board.

The Board does have the right to disagree with us. We have the right to ask questions. We can spend as much time or as little time on each finding as we want, but this is a new process to do.

The first case is finding 418.1 for the operation of LANL, NTS and Sandia. And the finding was that NIOSH did not request all of the visitor records for the sites mentioned in the CATI report, specifically the EE. It mentions going to SNL Livermore and Iowa Ordnance Plant.

And there was our record of those reflecting leaves. NIOSH came back and said that

that's not Livermore, it's actually handled by SL Albuquerque, which they had already carried.

And Iowa Ordnance Plant did not respond to requests, therefore there was no data to request from them. So we feel that that finding can be closed.

MR. SIEBERT: Is this one of those issues that's not a finding?

MEMBER MUNN: No, it's a finding.

MS. GOGLIOTTI: We could reduce this to an observation because there was no error that was made. However, there was not enough transparency for us to know that.

CHAIRMAN KOTELCHUCK: It does sound like an observation, in my opinion.

MEMBER MUNN: No, it's essentially saying you overlooked something important. We saw that actually. You didn't look at it, it wasn't there.

MR. KATZ: So it's -- right. So that's why it's an observation, it's not

correctly a finding.

CHAIRMAN KOTELCHUCK: So, Subcommittee Members, can we agree with Rose?

MEMBER MUNN: Sure. Yes, I think so.

CHAIRMAN KOTELCHUCK: Okay, good. It's closed. Let's go on to the second finding.

MS. GOGLIOTTI: Okay, this finding said there was a failure to apply an energy correction to the 30 to 250 keV photon dose. And NIOSH came back and agreed somewhat.

They had used the health workbooks. That was site-specific to do that 100 percent, 30 to 250 keV photon dose when the TBD actually recommends 65 percent 30 keV and 35 percent 30 to 250 keV. What they did was in fact claimant-favorable and so we would recommend closing.

CHAIRMAN KOTELCHUCK: Very good. Closing and observation.

MS. GOGLIOTTI: So that would be a finding, because there was in fact an error that

was made.

CHAIRMAN KOTELCHUCK: The workbook was not yet in effect when the DR was completed.

MS. GOGLIOTTI: So they used a general workbook, which didn't have the site-specific correction factors.

CHAIRMAN KOTELCHUCK: Okay. Other comments from Subcommittee Members?

MEMBER MUNN: It was wrong once. It's been fixed now. Closed.

CHAIRMAN KOTELCHUCK: Agree on close?

MEMBER BEACH: Sounds like a finding to me, Dave.

MEMBER CLAWSON: Finding.

CHAIRMAN KOTELCHUCK: Finding. Okay, finding it is.

MS. GOGLIOTTI: Okay. Number three.

CHAIRMAN KOTELCHUCK: Okay.

MS. GOGLIOTTI: We were unable to replicate the assigned SNL missed doses and this

went back and forth with NIOSH, we realized that they used incorrect shallow LOD.

And because they used the wrong LOD, they ended up overestimating dose by 25 percent. That change was claimant-favorable but still in error.

MEMBER MUNN: Still an error.

CHAIRMAN KOTELCHUCK: Okay. Alright, can we close on this with a finding?

MEMBER CLAWSON: Yes.

CHAIRMAN KOTELCHUCK: Okay. We're moving quickly. But that's the point of an expedited process. As we do the expedited process, we'll move quickly but it is important for Subcommittee Members who have any problems to just say stop. I don't think you have to have a question, more like you make an observation.

Because that's absolutely necessary. We do not push the steamroller through, but we want to consider each case carefully, as we are doing at this point, in my opinion.

So, we will close this as a finding. Okay, let's go on.

MS. GOGLIOTTI: Same case, there was a failure to assign neutron dose at SNL. This was sort of a judgment call. There was one zero dose left in the review.

They're asking for it as an incidental and do not assign any neutron dose. We, on the other hand, felt that they should have assigned a zero to that single zero in the neutron record.

It adds an additional 29 millirems, does not affect the compensation decision.

CHAIRMAN KOTELCHUCK: It was a decision -- could you repeat that? I didn't follow quite -- the neutron dose was what?

MS. GOGLIOTTI: There was a single LOD over 2.0 neutrons --

CHAIRMAN KOTELCHUCK: Oh.

MS. GOGLIOTTI: And NIOSH just disregarded that single record as an incidental record that maybe was erroneous.

CHAIRMAN KOTELCHUCK: Okay. And NIOSH considered that appropriate and it was left to be over 2.0.

MS. GOGLIOTTI: Yes, so typically we would assign missed dose when there was a single LOD over 2.0

CHAIRMAN KOTELCHUCK: Right.

MS. GOGLIOTTI: Sorry.

CHAIRMAN KOTELCHUCK: No, no. I don't see -- that seems to be -- NIOSH, do you stand by what she said that you did? And might you explain?

MR. SIEBERT: This is Scott. Yes, basically, there are times and places where there can be indications that an individual may have been monitored for neutrons, but didn't actually have any exposure to neutrons.

It would be small, incidental exposures. We will take that into account. And, Matt Smith, I apologize, I don't remember the document off the top of my head that covers that.

But, in this case, there was a single timeframe. The person was a security guard at Fourier and the places they worked did not indicate to us that there likely was an exposure to neutrons.

So that's the reason we did not assign any kind of dose at that point.

CHAIRMAN KOTELCHUCK: Okay. So it seems to me that we're saying then is that this was a finding but it was of minimal impact.

MEMBER MUNN: Not only that, but it was a reasonable judgment.

CHAIRMAN KOTELCHUCK: It was a reasonable judgment. On the other hand, reasonable people on the SC&A side said, no, you should have added that.

So the two are not the two people haven't resolved, so this is minimal impact. So, in my mind, if there's a question, I would leave it as a finding.

Even though, what NIOSH did seems

appropriate. I mean, they disagree slightly.

MEMBER MUNN: It's a finding, but it was a reasonable call.

CHAIRMAN KOTELCHUCK: Yes. Minimal impact.

MEMBER MUNN: It's not in conflict with good science.

CHAIRMAN KOTELCHUCK: Okay, shall we close it?

MEMBER MUNN: Yes.

MS. GOGLIOTTI: Okay.

CHAIRMAN KOTELCHUCK: Let's go on to finding 5.

MS. GOGLIOTTI: Okay, so in case finding 5, findings show that there was failure to follow measured dose guidance from the TBD. And here, NIOSH agrees that the tool was used inappropriately and they have subsequently revised this case as part of Nevada Test Site PER.

And that represented some positive electron dose that was not included in this.

CHAIRMAN KOTELCHUCK: Okay, good.

MS. GOGLIOTTI: Finding 6 is similar. They also made the same error with missed dose guidance, and that was also corrected in the PER case.

CHAIRMAN KOTELCHUCK: By the way, on finding 5, we've agreed to close it. Committee members, you're closing.

MEMBER MUNN: Correct.

CHAIRMAN KOTELCHUCK: Okay. Next, number 6.

MS. GOGLIOTTI: Okay, 6. Again, this is the same finding as finding 5. However, the finding is missed electron dose instead of measured.

CHAIRMAN KOTELCHUCK: Okay. Fair enough. Let's stall the train a little bit with 6.

MS. GOGLIOTTI: Yes, sorry.

CHAIRMAN KOTELCHUCK: There we are, okay. And then a finding.

MS. GOGLIOTTI: Okay. The next case is at Brookhaven National Labs. Tab 435, Finding 1. Here, the finding says that the DR did not include all occupational medical doses.

Here, I think what happened was a misunderstanding about exactly what was mentioned in the handwritten medical records. On several of them, seven of them in particular, had declined or not indicated on the handwritten records, NIOSH informed us that that means that the employees were voluntary or they were not mandatory.

Further, an AWE could decline if they wanted and standard practice would have these not indicated or decline on the form.

CHAIRMAN KOTELCHUCK: Looks like okay.

MS. GOGLIOTTI: I agree.

CHAIRMAN KOTELCHUCK: They have the right to decline. So observation. And Subcommittee Members, do I hear objections to

closing this observation.

MEMBER MUNN: No, it sounds appropriate.

MEMBER CLAWSON: Sounds appropriate to me. This is Brad.

CHAIRMAN KOTELCHUCK: Okay, good, thank you. Finding 2.

MS. GOGLIOTTI: Okay, finding 2, the DR did not account for all intakes. NIOSH here agreed with us that internal and missed doses should have been included in dose reconstruction. That has since been revised and it didn't have a significant impact on the PoC, I believe it was less than one percent.

CHAIRMAN KOTELCHUCK: Okay, so that would be a finding of minimal impact. And so it'll be recorded in the transcript, but was somebody at SC&A keep count of minimal, medium, high impact?

MS. GOGLIOTTI: Yes, so the original impact is here in column h, if you look.

CHAIRMAN KOTELCHUCK: Oh, yes. Thank you very much, I will pay very close attention to this new table. That's very good. So we will close this as a finding. Board Members, unless I hear objections, this is closed as a finding.

I do not, it is closed. Okay, finding number three.

MS. GOGLIOTTI: Actually, this is a Brookhaven National Labs finding number one. So this is tab 336. Same site, different case.

CHAIRMAN KOTELCHUCK: Thank you much, okay.

MS. GOGLIOTTI: The findings are a combination of NTA badge frequency was not well established here. The TBD says that monitoring can be either weekly or monthly, and NIOSH picked monthly.

However, the CATI indicated that the reading was monitored weekly. And NIOSH had agreed that there could have been some confusion

regarding the change-out frequency, and is in the process of revising the Site Profile adjusting a change-out frequency.

Here, the question was, sometimes at Brookhaven National Labs, photon and neutron monitoring may have had different frequencies. And because they were different, it was difficult to pick the correct monitoring frequency when there may be zeroes in the record.

CHAIRMAN KOTELCHUCK: And in addition to the Site Profile, that's needed, but to the extent that the process was carried out correctly, it's in the framework of professional judgment that was compiled, it should be an observation. Right?

MS. GOGLIOTTI: This resulted in a Site Profile change.

CHAIRMAN KOTELCHUCK: I'm not sure how to --

MS. GOGLIOTTI: They agreed that it could have been interpreted another way.

CHAIRMAN KOTELCHUCK: Right.

MS. GOGLIOTTI: So there could have been --

CHAIRMAN KOTELCHUCK: It could have been interpreted another way. But that was within the professional judgment of many, many cases. They have a range of professional judgment.

And we consider that judgments will differ, but in my mind it's still --

MEMBER MUNN: May I have a little --

CHAIRMAN KOTELCHUCK: Wanda?

MEMBER MUNN: Yes, a clarification. I'm not sure -- I thought I understood what the issue was, as we were going through it. But now the discussion is causing me to think perhaps I didn't quite understand.

The issue of those, as a result of the information in the CATI not conforming to the frequency that was used for the dose reconstruction. Is that correct?

MS. GOGLIOTTI: Yes, that is correct.

MEMBER MUNN: But if there was a difference in timing between the two badges, then I can understand how the CATI might be totally uninformative in that regard.

MS. GOGLIOTTI: Yes.

MEMBER MUNN: You do have the files. Your dose records tell you how frequently each of those types of measurements were made. Are we saying that we should question the reliability of the dose records you have, because the CATI doesn't agree with it precisely?

MR. BARTON: Wanda, this is Bob Barton. If I could maybe clarify a little bit here. This was one of my cases.

MEMBER MUNN: Yes, please.

MR. BARTON: If you read the input at the time, it essentially said that neutron monitoring could be either on a monthly or a weekly badging schedule for the time period this person worked.

Now, as I recall, the actual records did not provide the information for what the actual badging schedule was. I believe they were quarterly summaries.

MEMBER MUNN: Oh, okay.

MR. BARTON: So to make a choice between monthly or weekly, we felt that the correct choice was to pick the weekly, particularly since that's what was stated in the CATI report.

MEMBER MUNN: Right, okay, yes. I've gotcha. So the employee had a good idea of how frequently his badges were changed, but has no way of knowing whether those were all the same type of badge or if they were differing badges.

And you have the quarterly record, rather than the weekly one. Okay, got it.

CHAIRMAN KOTELCHUCK: So what do you say in terms of observation or finding?

MEMBER MUNN: I would say, in a case like that, that it's an observation, simply

because you have -- the record tells you what the problem might be with respect to an employee's memory of it.

And you can't do more than base your judgment on the actual record that you have. That's what was done. So, it seems to me, an observation.

It was one of those things that one would question, but you have an explanation that cannot be pursued beyond what has already been pursued.

CHAIRMAN KOTELCHUCK: Yes, I'm feeling too that it's an observation. Others?

MEMBER BEACH: I think I was leaning more towards a finding. But now with the new clarification, I think I'm going to go with the observation as well.

MEMBER CLAWSON: I agree.

CHAIRMAN KOTELCHUCK: Okay. Observation it is. And it will be closed now. Alright, let's go to the next finding, which is

number 0.3. What happened to finding 0.2?

MS. GOGLIOTTI: 0.2 would be a type two finding, and we'll discuss that after we finish --

CHAIRMAN KOTELCHUCK: Okay, fine, you're going to discuss it later.

MS. GOGLIOTTI: Okay, in this finding, there was a lack of environmental internal dose assessment. And NIOSH agrees that current practices are to always evaluate environmental dose when there are no monitoring records available.

And NIOSH has since revisited this claim, but there was not PoC impact.

CHAIRMAN KOTELCHUCK: Okay. Good. So that's a finding. Do we want to close on that as a finding, folks?

MEMBER MUNN: Before we do that, I'm wondering -- what our record says here is that NIOSH has revisited the claim and the Site Profile.

But I don't see a resolution stated there. We revisited it and, as a result --

MS. GOGLIOTTI: As a result, the PoC had no impact. I have the BRS printout in front of me here.

MS. BEHLING: This is Kathy. Did NIOSH conclude that there needs to be a change to the Site Profile? I agree with Wanda --

MS. GOGLIOTTI: The approach is being clarified in the Site Profile.

CHAIRMAN KOTELCHUCK: Pardon?

MS. GOGLIOTTI: NIOSH said that the approach is being clarified in the Site Profile.

MEMBER MUNN: Okay. So the Site Profile is being revised?

MS. GOGLIOTTI: To make sure that the environmental internal dose is included.

MEMBER MUNN: Yes, I think we need to make sure that the language is being revised. That --

CHAIRMAN KOTELCHUCK: Whether it's

revised or not, there -- shouldn't environmental internal dose have been assigned?

MEMBER MUNN: Yes, but --

CHAIRMAN KOTELCHUCK: NIOSH had concluded that it really should do that, and that therefore it would be a finding.

MEMBER MUNN: Well, yes, but it doesn't say it. What I'm trying to get at is, our record does not say that the Site Profile is being changed.

CHAIRMAN KOTELCHUCK: Okay, also right.

MS. GOGLIOTTI: But that's not the official record. This is simply a summary sheet that I put together for the sake of the Board. I will still go back and update the BRS, because that's still our main recording mechanism.

And it's there. The record does state that the approach is being clarified in the Site Profile.

MEMBER MUNN: Yes. I just wanted to

point out -- I'm a stickler for this. So what was the resolution? And since I didn't see a resolution here, and didn't really hear it, the fact that they revisited it doesn't mean anything to me. And that's why I said, and, and?

MS. GOGLIOTTI: I apologize. In the future I'll try to make sure that's made clear.

MEMBER MUNN: That's quite alright. It's almost impossible to do this on the fly. Thank you, you've done an outstanding job in getting this together for us. Thank you.

MS. GOGLIOTTI: Thank you.

CHAIRMAN KOTELCHUCK: Very good. So we can close.

MS. GOGLIOTTI: Okay.

CHAIRMAN KOTELCHUCK: Okay, so it's closed. Now, we go to the BWXT Technology.

MS. GOGLIOTTI: Okay, so this the new case, tab 421, observation 1. And here, the finding or the observation says the DR was completed in 2011. But in 2012, OTIB-70 was

revised. And that changes the short-term depletion rate from 1 percent to .067 percent. And implies a significant increase in the residual dose.

And NIOSH completely agrees with this finding and will reassess this case as part of PER 56.

CHAIRMAN KOTELCHUCK: But it was done properly for the depletion rates at the time.

MS. GOGLIOTTI: Correct, which is why it's listed as an observation. I was just going to say that our current process now as a finding --

CHAIRMAN KOTELCHUCK: Pardon?

MS. GOGLIOTTI: Our current process changes things that were done correctly at the time, but have since become outdated. We could change those findings. At least that's what we started doing several meetings ago.

MR. KATZ: For those -- well, there's two scenarios, which we've talked about.

There's a scenario where it was incorrect, and then it's been updated because it was known bound to be incorrect, and it was updated.

And then there's a scenario where we went out and did more data captures, and now we have new information, so we have a better method. The latter, where we went out and collected more information and have a better method, that's not a finding.

The original was done under the right premises, and so on, given the limited data. But the former, where there was an inaccuracy in the method in the first place, and then we went out and corrected it, that's still a finding.

And that's what we've been doing for the last number of meetings.

MEMBER MUNN: Yes, I think so. And this business of depletion rates similar to that other kind of standard usage that we've had in these processes has been beaten to death in this forum and in others.

And, given my understanding of what I thought we were doing, this is appropriately an observation. Because we were doing 1 percent depletion at the time.

CHAIRMAN KOTELCHUCK: Okay, great.

MR. KATZ: Well, the 1 percent depletion was always wrong. And we finally figured that out through a whole bunch of meetings, right, under procedure.

MEMBER MUNN: That's correct.

MR. KATZ: But it was agreed so that's the case where the methods weren't right in the first place. It's not that we went out and did data collection and so we know more.

It's that they never were right. So this should be a finding under this approach.

If we had gone to some site and just done another data capture and learned more and hence changed our methods it wouldn't be a finding, it would be an observation because the old method would have been fine given the limited

data.

This isn't a question of limited data. This is a question of we were doing it wrong, we finally figured out how to do it right.

And so it's wrong in this case. It should be measured as a finding. For this case it wasn't handled right.

CHAIRMAN KOTELCHUCK: Would Subcommittee Members agree with that?

I was not aware that the 1 percent per day which was the case when I started on the Board was known to be wrong.

MEMBER MUNN: I didn't know that either.

MR. KATZ: So, Dave, you're thinking about -- we're talking about depletion rate, not the 1 percent sample business. We're talking about a depletion rate, right, for --

CHAIRMAN KOTELCHUCK: Right, of 1 percent per day. Yes.

MEMBER MUNN: Yes.

CHAIRMAN KOTELCHUCK: And I just have not heard that said until you just said it. And therefore I always took it as -- that's the method that we could say it's fine and use it.

MR. KATZ: No, the Procedure Subcommittee as Wanda could tell you, spent -- with John Mauro and Jim Neton, spent an enormous amount of time working through this whole issue of the depletion rate and came to a very strong conclusion that, depending on the exposure circumstances the depletion rate was inappropriate for certain exposure circumstances.

CHAIRMAN KOTELCHUCK: And I heard that discussion at a Board meeting. And it was a very important conclusion and appreciated.

But the question is if 1 percent was wrong and we knew it to be wrong in the first place, and then we decided if that's something to correct, fine, but I didn't hear that.

I heard 1 percent was the best result,

the best estimate that we could make initially, and a lot of work was done, and a better estimate was made.

MR. KATZ: SC&A had this finding that dated back a long way, took a long time to resolve, but it got resolved in effect in SC&A's favor.

So, it was always from the start, from the first review of that matter a concern with that depletion rate under certain circumstances and it finally got sorted out.

CHAIRMAN KOTELCHUCK: Okay. And I will ask the other Subcommittee Members who were here at the time, and what struck me was initially I thought Wanda said that this was an observation.

So, I need other -- Wanda, I need other Board Members to confirm what Ted said.

MEMBER MUNN: Absolutely.

CHAIRMAN KOTELCHUCK: And I'm not saying, Ted, you're wrong.

MEMBER MUNN: No, no, no. No, not at all. Absolutely. Everybody needs to weigh in

on that.

CHAIRMAN KOTELCHUCK: And what did you get, Wanda?

MEMBER MUNN: Well, my memory is not as good as Ted's, and I certainly have not checked the records.

But I had accepted 1 percent in my own mind as being one of those things about which reasonable people debate, not as something that we knew was wrong.

And it's very difficult for me to know that we, quote, knew it was wrong as is often the case with things that have been used in a certain manner for a long time.

And then whether we have better information or not just is finally resolved.

So is it improper to rely that heavily on what I'm saying because what I am trying to sort out in my own mind is the difference between what we know to be wrong and what we have taken as accurate forever.

MR. KATZ: Can I just -- on this known to be wrong, what I'm saying is it was wrong because everyone, NIOSH and SC&A and the Board Members all agreed that the other method was appropriate, and that the old method was incorrect.

I'm not saying that NIOSH, when it was using this method, knew it was wrong. I would certainly not say that or imagine that even, so that wasn't the case.

It was the case that this was questioned by SC&A from the start. And finally when it was resolved, everyone agreed that the methodology being used was incorrect and needed to be updated, and it was updated. It's been quite a while now that it's been --

MEMBER MUNN: Oh yes, I realize.

CHAIRMAN KOTELCHUCK: The finding and observation has to focus on NIOSH and what NIOSH does.

Because we're looking at a 1 percent

sample of all the -- so we want to make sure that NIOSH is doing the right thing, and that -- and I still -- it still looks like an observation to me.

MR. KATZ: I guess the proof of the pudding is these cases, cases that have been done based on the wrong methodology are redone or considered for redoing based on the new methodology.

MEMBER MUNN: Yes.

MR. KATZ: And again, it wasn't because we just collected more information. It was because there was a method issue based on what we knew way back then.

The data we had wasn't the question. It was our methodology.

MEMBER MUNN: Yes, that's what a lot of PERs are about. Yes.

MR. KATZ: Well, no, PERs can be based on just collecting new information.

MEMBER MUNN: Yes, I know, but

there's a lot of them are based --

MR. KATZ: In this case it wasn't.

CHAIRMAN KOTELCHUCK: The three of us are talking, Ted, Wanda, and I. How about other members weighing in or expressing?

MEMBER CLAWSON: This is Brad. I agree with what Ted is saying. I see this as a finding.

We can debate this, but if we were doing something wrong, we were doing it wrong. And that's the way I look at it.

CHAIRMAN KOTELCHUCK: Okay. And others may want to pass, you know. You don't have to comment. Particularly those of you who are more senior Board Members.

MEMBER BEACH: I fall on the side of it being a finding also.

CHAIRMAN KOTELCHUCK: Well.

MEMBER POSTON: This is John. Basically if we're doing it wrong, it seems to me it ought to be a finding.

CHAIRMAN KOTELCHUCK: Okay. We have now several folks saying it should be a finding. And I'll go along with that.

Then let's note this as a finding.

MS. GOGLIOTTI: Okay.

CHAIRMAN KOTELCHUCK: And it's not a life and death matter, and it's not a compensation matter, but it's a matter of our records. So, we will close this observation as a finding. As a finding.

MS. GOGLIOTTI: Okay. Observation 2 and observation 3 are exactly the same issue, just different aspects. Internal uranium and residual.

So we can close those also.

CHAIRMAN KOTELCHUCK: Let's close both of those off as findings, consistent with our previous discussion.

Okay, folks? Is that okay, Subcommittee Members?

MEMBER MUNN: Yes, that's

appropriate.

CHAIRMAN KOTELCHUCK: Alright. And by the way, just -- the Subcommittee closes.

MS. GOGLIOTTI: Okay.

CHAIRMAN KOTELCHUCK: Now, it's 10 minutes to 3:00. Let's do one more. We have one more case for BWXT. Let's do that and then take a break.

MS. GOGLIOTTI: Okay, this is actually the same case as finding number 1. And the finding says that we were unable to reproduce the external residual dose.

And here NIOSH did in fact do the dose reconstruction correctly for external residual dose.

However, that information was not included in the original dose reconstruction so that is why we were unable to verify it.

CHAIRMAN KOTELCHUCK: Right.

MS. GOGLIOTTI: Once they provided it to us, we were able to verify that it was done

correctly. And so I would suggest we reduce this to an observation.

CHAIRMAN KOTELCHUCK: I agree. Do others agree?

MEMBER MUNN: Yes.

CHAIRMAN KOTELCHUCK: Well, it's now 2:50. Do we want to take a 15-minute comfort break? And we'll reconvene at 3:05 Eastern Daylight Time.

MEMBER MUNN: Very good.

CHAIRMAN KOTELCHUCK: Okay, folks.

(Whereupon, the above-entitled matter went off the record at 2:51 p.m. and resumed at 3:07 p.m.)

CHAIRMAN KOTELCHUCK: Rose, it's now set up with the first case which is actually General Atomics.

Case Review Issues Resolutions for Sets 14-18 (Oak Ridge, Paducah GDP, SRS, RFP, INL, NTS, AOO, and other Facilities)

MS. GOGLIOTTI: Yes and this is observation 1. Here the observation states that

the DR report did not acknowledge that he was eligible for compensation under the SEC and states that he did not qualify this year of --

(Telephonic interference)

It was simply that template that the dose reconstructors were using was not specific and NIOSH has been corrected that it do -- the case did qualify for compensation under the SEC, but the dose reconstruction was necessary because one was a cancer that didn't qualify.

CHAIRMAN KOTELCHUCK: You're right. This has come up many times recently. So I propose that we close the case as an observation.

MEMBER MUNN: Yes.

CHAIRMAN KOTELCHUCK: I trust all agree. Okay.

MS. GOGLIOTTI: Okay. Finding 1, same case. Here the finding states that NIOSH used 30 percent thorium-232, 70 percent thorium-228. And in fact it should have been a 70 percent 232, 30 percent 228.

And NIOSH agreed with the findings. It's a simple QA error when the dose reconstructor put that information and CADW tool. And it didn't have an impact on compensation.

CHAIRMAN KOTELCHUCK: While the error had no impact on compensation -- had no impact, or could it be a medium impact?

MS. GOGLIOTTI: It did not change the compensation decision.

CHAIRMAN KOTELCHUCK: Right, but that would lead to the possibility of it being low or medium as opposed to high. If it changed the compensation decision.

MS. GOGLIOTTI: Yes, if it changed the compensation decision it would definitely be a high impact.

CHAIRMAN KOTELCHUCK: It would be an error. That would be more than a finding.

But it's a quality QA error so the -- and as the -- you're assessing that it has a low impact, and that's absent my looking at the case,

and you are looking at the case, so I'll go along with that and just say that it's a finding with low effect.

Are there any concerns from Subcommittee members?

MEMBER MUNN: Correct. It's a QA issue and it's a finding.

CHAIRMAN KOTELCHUCK: Okay. Alright. I declare it closed unless I hear otherwise.

MEMBER MUNN: It's closed.

CHAIRMAN KOTELCHUCK: Okay, closed. The second.

MS. GOGLIOTTI: Okay. NIOSH omitted the finding of internal dose to the years of diagnoses. And NIOSH agreed that this was an error. I believe it was a copy and paste error and we've since corrected the problem.

And it didn't have any effect on the compensation decision.

CHAIRMAN KOTELCHUCK: Okay. And

that -- NIOSH agrees with that so it would be a finding and closed.

Excuse me, we should close it. Other Subcommittee members? Any comments? Okay, no comments. It's closed.

And now we go on to General Electric, Ohio, Oak Ridge, BWXT.

MS. GOGLIOTTI: Observation 1 says that NIOSH assigned unmonitored dose for the year 1959. SC&A could not find BWXT calculation workbook that contained doses for 1959.

They were correctly assigned an IREP table. And NIOSH was actually able to provide us additional information in the form of an SRDB guidance document that shows that NIOSH was, in fact, able to bound all these exposure at MMSC (phonetic). Just not all exposures for all potential workers.

And that was an observation again.

CHAIRMAN KOTELCHUCK: Okay. Observation. Agree? Members? Okay.

Alright.

Okay, now for Grand Junction. Observation 1.

MS. GOGLIOTTI: This is one more finding in this case.

CHAIRMAN KOTELCHUCK: Pardon?

MS. GOGLIOTTI: There was one more finding in this case, finding number 1. Sorry --

CHAIRMAN KOTELCHUCK: Grand Junction.

MS. GOGLIOTTI: No, this is still the same case, finding 1.

CHAIRMAN KOTELCHUCK: You're still at 437?

MS. GOGLIOTTI: 437, finding 1. And it states that there was an incorrect frequency.

CHAIRMAN KOTELCHUCK: I'm sorry, I did not notice that the -- I didn't notice -- pardon me. You're right. Please go ahead.

MS. GOGLIOTTI: Okay. They discovered there was an incorrect frequency of

chest X-rays for years 1971 and '70. And NIOSH agrees and the latest BWXT workbook has corrected these values.

This has all been very small underestimate in dose and had no impact on compensation.

CHAIRMAN KOTELCHUCK: Okay. So that is a finding. Do folks -- are folks ready to close then?

Okay. Alright, then we will close that as a finding. And now for Grand Junction.

MS. GOGLIOTTI: Grand Junction observation 1 from tab 337. And here the observation says that the DR report should have included -- we think that a brief discussion as to why occupational medical doses are not discussed.

And NIOSH said that they didn't need to assess them because the claim was compensated. But they agreed that they should have at least mentioned it in the dose reconstruction report.

And they have since corrected that where they now include that information in dose reconstruction reports.

CHAIRMAN KOTELCHUCK: Okay. Certainly a very clear observation. And shall we close it?

MEMBER MUNN: I would.

CHAIRMAN KOTELCHUCK: Okay, closed. Are we done? Second observation for Grand Junction. Okay.

MS. GOGLIOTTI: Okay. This observation has to do with two inconsistencies that we identified.

First, the reference document in the report are to the Uranium Reduction Company's plants which is in Utah.

And there was no discussion on inaccessibility of the reference documents at Grand Junction.

And also the concentrations that were cited in the report did not match the ones that

were actually used.

And in fact, this was an erroneous reference that should not have been included in the report.

NIOSH did provide us with the correct reference and we were able to verify that it was correctly used.

CHAIRMAN KOTELCHUCK: Okay. This was a good observation. So we will close this as an observation if members agree.

MEMBER MUNN: Agree here.

MEMBER BEACH: Agreed.

CHAIRMAN KOTELCHUCK: Without objection, closed.

Now, the Iowa Ordnance, 341.

MS. GOGLIOTTI: Okay. This is observation 1. Here, the TBD and -- in the DR report it references the TBD and Appendix, revision zero.

And using that guidance the derived dose is 4.04 instead of 3.91 rem -- or 0.29, I'm

sorry.

And it appears that NIOSH actually used Rev 2 instead of Rev 0. And NIOSH did in fact use a different revision than was cited in their report. They used the current revision which is what they should have done, it was simply an erroneous reference in their report.

And that is an observation.

CHAIRMAN KOTELCHUCK: Okay. Any concerns?

By the way, I'm curious because this is the first time I've come into contact with Iowa Ordnance. In an earlier case it was said that they don't return data.

But here we have two -- one Iowa Ordnance claim case. Is there a contradiction between we can't get data from Iowa and the fact that we have this case here?

MR. CALHOUN: This is Grady. Iowa Ordnance is an SEC and that's probably one of the main reasons. I don't know if that's what you're

referring to.

CHAIRMAN KOTELCHUCK: Rose or Kathy, did we --

MS. GOGLIOTTI: What happened is that the records from Iowa Ordnance Plant got shipped off and were in storage. And NIOSH came across them and put them in their record. But they don't actually maintain a database of past workers. That would be my guess.

CHAIRMAN KOTELCHUCK: Aha. Okay. That would explain it.

I don't foresee any further questioning about that. That's a reasonable possibility. And so yes, let's hear what the case -- so let's go back to 239 observation 1. That it was used correctly and in this case has one -- we accept it -- Subcommittee members, we accept this as an observation.

Any objection by Subcommittee members?

MEMBER MUNN: No objection here.

CHAIRMAN KOTELCHUCK: Okay. Hearing none, we'll close that. Okay.

Now let's go to the first finding.

MS. GOGLIOTTI: Okay, the findings says that NIOSH defined uranium dose as not substantiated. The method that they used did not match the parameters that were specified in the TBD.

And NIOSH does agree that they didn't use the method that was specified in the TBD. Instead they used a very over-estimating approach that resulted in adding an additional 1.2 rem.

And had they used the more conservative assumption we'll recommend it would not have an impact on the PoC. The estimate impact on the dose at least.

CHAIRMAN KOTELCHUCK: Okay. That's fine. So that will be a finding.

MR. SIEBERT: This is Scott, I do question should there be an observation because what we did, and remember this is 2004 when this

claim was done.

It was a gross over-estimation to get the claim done rather than using the much smaller and specific values out of the TBD.

So it was an over-estimating assumption and it's on the correct side of compensability. So, we didn't necessarily do anything wrong.

CHAIRMAN KOTELCHUCK: Was the TBD out in 2004? The TBD. Or did you use the TBD that was appropriate in 2004? If you did, then I would agree it's an observation.

Or was the TBD in effect in 2004 which -- being that the TBD was in effect in 2004 and you didn't follow it then it's a finding.

Even though it's perfectly reasonable to overestimate. Can someone answer that?

MR. SIEBERT: Yes, there was a TBD in effect at the time, but I guess what I'm saying is over-estimating assumptions are used all the time rather than the values that are in the TBD

for expeditious purposes.

CHAIRMAN KOTELCHUCK: For over-estimating.

MEMBER MUNN: This is a major question that probably we're going to need to address clearly here in this forum.

Because if we're going to say that we're no longer going to do overestimates for these cases that are in the opinion of the reconstructors clearly not going to qualify then we need to say right now stop doing over-estimations.

I don't think that's really what we want to say.

CHAIRMAN KOTELCHUCK: Good point. Other folks?

MEMBER MUNN: It appears to me that we're in a position of needing to define for ourselves what we're going to use as our personal gauge of how to proceed in that manner from now on.

Because we said we want to be as precise as possible, but in these cases where clearly they're not going to qualify in the mind of the observer.

And you end up with an overestimate. Have you done -- is that an erroneous thing for us to do in the future? I don't think so.

MR. KATZ: No, I don't think anyone's saying that efficiency cases overestimates are out. We use them all the time.

MEMBER MUNN: Yes.

MR. KATZ: So, if this is clearly an efficiency case then there's no problem.

MEMBER MUNN: No. That was my --

MR. CALHOUN: That was the case with this one. This is Grady.

And we've done evaluations a long, long, long time ago, and I think we all came to the conclusion that it's just not cost-beneficial for us to not do overestimates.

MEMBER MUNN: Yes, I certainly agree.

So in a case like that -- should we not simply make an official judgment here in the Subcommittee that in cases like this where it's clearly not going to -- or not expected to be compensable from the outset that it's okay to use this over-estimating event?

And in that case findings -- an issue like this will be treated as a finding or an observation. It seems to me it's an observation.

MR. CALHOUN: It might be neither.

MS. GOGLIOTTI: Well, the point that we were expressing here was that the dose that they assigned was way higher than could have possibly been received. Next to the current TBD, no internal dose at all had been assigned.

That was why we issued it as a finding. If they used something that was more claimant-favorable than was recommended in the TBD they can do that.

But we need some way of knowing that that's what they were doing instead of they chose

the wrong value.

MEMBER MUNN: It seems to me entirely appropriate that SC&A calls attention to the fact that it was different. That uranium doses that weren't substantiated, or any doses that weren't substantiated, were included in the calculation. That seems appropriate for them to call that to our attention.

But by the same token in my mind it justifies that -- when the response is accurate as it is in this one that this is simply because it was an overestimate. Then to me that's clearly an observation.

But I certainly would not discourage SC&A from calling it to our attention.

CHAIRMAN KOTELCHUCK: Yes, I appreciate it also. But I understand that there are many, many cases that have to be -- thousands of cases that have to come through NIOSH and be estimated.

And this is a proper overestimating

approach. And to task them to do it just feels twice -- for doing overestimating and if the person is not compensated based on the overestimating, then I think this is not an observation.

And that we should go ahead and change it to an observation. Prove it, change to an observation. Proving it's an observation.

So, are there further thoughts by Subcommittee members before we close this? This is an important issue. Maybe if others could weigh in it would be helpful.

MEMBER CLAWSON: The way I kind of looked at it kind of, well -- I can see both sides on this because I don't see it as a finding.

I see it more as an observation.

CHAIRMAN KOTELCHUCK: Okay. Anybody else want to make a comment?

Okay. Let's accept it as an observation. And hearing no further -- no objection I'd like to close it as an observation.

MS. GOGLIOTTI: Okay.

CHAIRMAN KOTELCHUCK: Any objection? I hear none. Closed.

Now, we go to 3 and 4.

MS. GOGLIOTTI: Okay. And this is LANL case observation 1.

Here is simply an observation. We find out that this dose reconstruction was done under the old TBD which resulted in a dose of 1.35 rem for PoC. And that's been revised. The TBD only finds that there is a 0.67 rem per PoC, their dose was significantly lower when reassessed.

And that was simply to point out that that was not the correct dose.

CHAIRMAN KOTELCHUCK: Okay. That's certainly an observation.

That's a straightforward observation. So, we will agree to close it as an observation.

MS. GOGLIOTTI: Okay.

CHAIRMAN KOTELCHUCK: Alright.

We'll close that as an observation.

And now observation -- also Los Alamos, 385.

MS. GOGLIOTTI: This is a LANL case for plant employment at Nevada Site Office and NTS.

Observation 1 for tab 385. The dose reconstruction was performed -- actually this is basically an identical issue to the one we just talked about.

The TBD was revised. When dose reconstruction was completed it would change dose.

CHAIRMAN KOTELCHUCK: Alright. This again should be closed as an observation unless I hear objection. It's straightforward.

Hearing no objection that's closed. And let's go to observation number 2.

MS. GOGLIOTTI: Okay. Observation number 2. This observation says that although the DR specified that GE-68 was included in the

internal environmental dose, it is not listed in the CADW workbook for either of the cancers.

And NIOSH simply explained that they did not mean to include that specific radionuclide in the template. It should have been removed.

Essentially saying that they didn't want to include that. They didn't try to. It's an error.

MEMBER MUNN: That's good. Reasonable.

CHAIRMAN KOTELCHUCK: It's an observation. Okay. Observation. And we'll close it.

Any concerns? Okay.

MS. GOGLIOTTI: Finding 1, same case. They said an incorrect LOD was used for mixed photon dose, specifically for the years '87 and '89.

And NIOSH agreed with that being an error in the NTS workbook. It's since been

corrected. NIOSH reworked the case and it remains non-compensable.

They did increase the PoC by around 2 percent though.

CHAIRMAN KOTELCHUCK: Okay. So this was a workbook error.

MS. GOGLIOTTI: Yes.

CHAIRMAN KOTELCHUCK: Finding on the first one. So, and does not change the compensability. So let's close it out as a finding unless I hear objection.

MS. BEHLING: This is Kathy Behling. Can I just ask a question? As I always do here.

Is this from the PER, the NTS workbook issue?

MR. SIEBERT: This is Scott. The claims that were worked at that workbook version would have also fallen under the PER for NTS, 46. So, yes.

MS. BEHLING: Okay.

(Simultaneous speaking)

CHAIRMAN KOTELCHUCK: Alright. So, next one.

MS. GOGLIOTTI: Finding number 2. The finding says that there were inconsistent assumptions.

And NIOSH actually disagreed with this one. They argued that the approach that they employed was in fact claimant-favorable.

And here we just recommend that the guidance in OTIB-17 perhaps needs to be clarified to suggest that site-specific guidance is intended to be extrapolated to all sites.

OTIB-17 lists certain sites, some of the bigger ones, and in it it says that it will be revised in the future to include other sites. That hasn't happened.

Is it fair that NIOSH is extrapolating the guidance in that to apply to sites that are not mentioned?

We don't have a problem with OTIB-17, but if it is being used for other sites it probably

should be revised to reflect that.

CHAIRMAN KOTELCHUCK: Okay.

MEMBER BEACH: It seems reasonable.

CHAIRMAN KOTELCHUCK: Pardon?

MEMBER BEACH: This is Josie. I agree with that. It seems reasonable to expect the other sites to be in there.

CHAIRMAN KOTELCHUCK: Yes.

MR. KATZ: Okay, so this is then not an error per se, it's just an observation, improving the documentation?

MS. GOGLIOTTI: Yes, I would agree with that as well.

MR. KATZ: So change it to an observation.

CHAIRMAN KOTELCHUCK: So, you're feeling it's a finding.

MR. KATZ: No. Rose just agreed it should be changed to an observation because it's only a documentation problem. They did the dose reconstruction correctly.

MS. GOGLIOTTI: But I think that OTIB-17 doesn't specifically reference the site that they were applying it to.

MR. KATZ: Right.

CHAIRMAN KOTELCHUCK: Okay. So, it could be an observation potentially. So, do we want to close it as an observation? Or are there objections? No? Okay, let's close it as an observation.

And now on to 3.

MS. GOGLIOTTI: 3 states that the 1978 medical dose was omitted. And NIOSH agreed it was unclear, this particular case. It wasn't apparent whether this was an application that required X-ray or not, but to be claimant-favorable it should have been included.

And actually it was already included when the case was reworked for another issue. And it did not significantly impact the PoC.

CHAIRMAN KOTELCHUCK: Okay. Finding. Shall we close it as a finding? Are

there objections? Finding or not? Then let's close it.

Okay. So, fourth finding.

MS. GOGLIOTTI: Finding 4, correct. This finding says that an incorrect intake rate was used for americium for internal environmental dose.

And NIOSH determined that when they were looking at the CADW output file that the reviewer did not take into account the varying intake rates that were actually used in the CADW file.

NIOSH agreed that the Table 431 did not include americium values pre-1977. And since it was a maximum intake it did not include the maximum values from Table 4.1 through 4.3.

And they're currently evaluating the impact of that shortcoming.

CHAIRMAN KOTELCHUCK: Okay. So discussion from Subcommittee members? Okay. And we should close that as a finding. Are there

objections? Hearing none let's move on.

MS. GOGLIOTTI: Okay. The next one is the Lawrence Livermore National Lab. Tab 435 finding 1.

The findings says that tritium dose for 1973 and '74 was not assigned.

And here actually the tritium results were not available when NIOSH completed the dose reconstruction. I believe they requested the records and the dose reconstruction was completed before the records arrived so they have a several month data due later record than the dose reconstruction was completed.

Under NIOSH's normal process for review new information the dosimetry was actually done for this after we reviewed the case, and it increased the PSC by approximate 4 percent.

CHAIRMAN KOTELCHUCK: Okay. But again was appropriate at the time, and they went through their normal process and found that. I would say observation.

I would close it as an observation.

MR. SIEBERT: This is Scott. I do have a question. Would it be an observation, or would it be withdrawn? Because there was no way for us to know additional information would come in after the claim was done.

And we did assess under the PADS (phonetic) process.

CHAIRMAN KOTELCHUCK: That is true.

MS. GOGLIOTTI: Well, I agree, but when the record is compressed they often don't have dates on them so it's not possible for us to know that was received after the fact.

CHAIRMAN KOTELCHUCK: That's an appropriate comment and it seems to me that it should be withdrawn.

MS. GOGLIOTTI: Not as an observation?

CHAIRMAN KOTELCHUCK: No, withdrawn.

MS. GOGLIOTTI: So, you don't want us to point out that they don't use data? I'm not

saying that --

(Simultaneous speaking)

MS. GOGLIOTTI: -- but under the normal process if you don't use information you're obligated to report that.

CHAIRMAN KOTELCHUCK: I mean, normally we say that an observation does not affect the decision. I don't know, my leaning -- what do others think? I wondered whether maybe it should be withdrawn.

It's a timing issue. If you had looked at it later you would have found out that they did it right. There wouldn't be anything there.

It's no complaint that you did it when you did it, but --

MEMBER MUNN: This is another one of those things which we need to go out of our way to try to clarify here.

We certainly do want SC&A to notify all and sundry when they discover that something

was incorrectly assigned, or not assigned. That's their job, to tell us that.

CHAIRMAN KOTELCHUCK: Right.

MEMBER MUNN: But it's also the job of NIOSH to be able to explain that adequately.

And when they explain it adequately, and it's a case like this where it was done right for the information at the time, this came later.

And we've been assured that the impact on the compensable nature of the claim is not affected, what do we want to do? This is a good time for us to decide that.

Do we call this an observation? Or are we going to call it a finding? Withdrawing it doesn't seem to be correct simply because SC&A followed the procedure we've asked them to follow. Tell us when there's something wrong here.

MR. KATZ: If this is helpful, I think this is an observation. The reason why it's an observation is this documentation issue.

There's no fault here in the documentation. It's just that as I think Rose said the documentation on the additional dose that came in later information isn't dated.

SC&A had no way to know that that wasn't in the hands of NIOSH when they did the dose reconstruction, so they correctly called it a finding.

It's not a finding because it's actually -- they did it correctly, but it is a documentation issue. Even though maybe this is not a correctable one, but it's a documentation issue. So I would call it an observation.

MEMBER MUNN: I certainly agree.

CHAIRMAN KOTELCHUCK: I think all the arguments for observation are good.

MEMBER CLAWSON: This is Brad. I'd agree with that, this being an observation.

CHAIRMAN KOTELCHUCK: Okay. I certainly do want SC&A to call attention to something like this.

And it would certainly adequately (telephonic interference) an observation, if you will, suggest that anything is done wrong.

So, it's our least important note, but it is still a note that we want to have. But I think I withdraw the statement "least important." That's different.

MEMBER MUNN: I think it's necessary for us to have a record of the fact that SC&A, they're charged appropriately by calling it to our attention. Yes.

CHAIRMAN KOTELCHUCK: So I think we're pretty well agreed that it's an observation. And I'd like to close it. Anybody object? Any Subcommittee Member object? No? Then it will be closed as an observation.

MS. GOGLIOTTI: Okay.

CHAIRMAN KOTELCHUCK: Don't hesitate to advocate for withdrawing when we feel like it. And that's what the Committee decides.

MR. SIEBERT: I won't.

CHAIRMAN KOTELCHUCK: So it's appreciated that you raised an issue, and you raised it to the Subcommittee even if they didn't agree with it. Good.

Okay, 367. Now, we are supposed to go till around 4:30. It's 3:45 Eastern time. And it's almost breakfast time out here in Hawaii.

So, let's take a few more cases and then around 4 o'clock let's start discussion of -- let's talk a little bit about what we've been going through with the expedited case table.

And then talk about a future date for our meeting. So, we'll go on for another 15 minutes or so.

Alright, case 367, observation 1.

MS. GOGLIOTTI: Okay. This is a NUMEC Parks Township case. So this observation was added at the request of one of our Board members during the one-on-one.

At the time that we reviewed this the NUMEC TBD had not been formally evaluated by SC&A.

That has since occurred.

And so this observation was simply to point out about CEP which was convicted of data forgery and so they're no longer used. Information that they provided are no longer used in dose reconstruction.

And this was simply to provide additional information.

CHAIRMAN KOTELCHUCK: Okay. Good. Good observation. Thank you.

And nice to hear the candor of a one-on-one with a Board Member, that that can result in a useful observation.

Okay, so close this as an observation unless I hear disagreement. I do not. It is closed. And let's go on to Pantex.

MS. GOGLIOTTI: Okay. The new case, Pantex tab 398, observation 1.

And here the observation says that in the CATI report, the EE states that they wore a lead apron, but the badge was worn on the lapel

collar. Therefore the beta dose that was assigned was actually correct by the dosimeter for the unprotected skin.

And I believe this EE had a facial skin cancer.

And NIOSH agreed that the lead apron factor could have been eliminated for that cancer.

And actually the DR was revised omitting that and did not impact the outcome.

CHAIRMAN KOTELCHUCK: Okay. Good observation. Any concerns? Shall we close it?

MEMBER MUNN: Yes, please.

CHAIRMAN KOTELCHUCK: Okay. No objection. And by affirmation we'll close it as an observation.

Number 2.

MS. GOGLIOTTI: Okay. In this case, NIOSH assigned external ambient dose for the years '58 through '62 according to PROC 60.

But SC&A found it not obvious that the

EE should have been monitored or not. If they were supposed to be monitored then assigning coworker doses would have been appropriate or result in an additional 0.3 rem of photon dose.

And that would have a small impact on the case.

NIOSH instead assigned ambient dose instead of the coworker dose. Here, the EE worker is a [identifying information redacted].

And we completely agree that it's a judgment call. In this case NIOSH's judgment might have been slightly less claimant-favorable and it did not impact the compensation decision.

CHAIRMAN KOTELCHUCK: Okay. Any objection to closing this as an observation? Okay. So, let's close it as an observation.

MS. GOGLIOTTI: Okay. Observation 3. Sorry.

CHAIRMAN KOTELCHUCK: No, go ahead. She's pulling the screen up now for observation 3.

MS. GOGLIOTTI: Okay, observation 3, same case.

The TBD Table 5.6 did not state the intake rate. It could have been microcuries per day, or microcuries per year in any column of the table.

And SC&A estimated based on other entries in the table that they meant microcuries per year. And NIOSH agrees that those units should have been expressed in the table clearly and we did make the right call. And we can make the changes in the next revision.

CHAIRMAN KOTELCHUCK: Okay.

MS. GOGLIOTTI: Okay. Same case, finding 1 states that NIOSH omitted a recorded beta dose.

CHAIRMAN KOTELCHUCK: Excuse me. Can you hear me?

MS. GOGLIOTTI: Yes.

CHAIRMAN KOTELCHUCK: Okay. Well, there was a signal that my conference call ended.

I hope not. But I'm happy to live with trouble. If you don't hear me for a moment or two and you're waiting for a decision, please --

MEMBER MUNN: You're not loud and clear, but you're there.

MR. KATZ: Yes, the only issue now Dave is now if you're using a different phone, you have an echo.

CHAIRMAN KOTELCHUCK: Aha. Okay. I'll redial. I'm going to redial in. Please go ahead, Wanda, and just take over for a moment if you would.

MEMBER MUNN: Okay, that's fine. We're still working Pantex, right?

CHAIRMAN KOTELCHUCK: Okay.

MS. GOGLIOTTI: Okay. So the findings again stated that NIOSH omitted a recorded beta dose 0.42 rem for the year 1966.

And NIOSH agreed that that dose was missed. And when they revisited the dose reconstruction it had a very small impact on the

dose.

MEMBER MUNN: Good. To my mind it's correctly a finding. NIOSH has agreed that it is and has corrected it, and done the proper calculation.

From my perspective it's a finding that can now be closed. Any objection?

MEMBER BEACH: None here.

MEMBER CLAWSON: No.

MEMBER MUNN: Okay, closed, finding.

MS. GOGLIOTTI: Okay. Finding 2, one case. NIOSH omitted a missed photon dose for 1968 and '72 and used the incorrect MDL values for 1975.

NIOSH agreed that the photon dose was missed and the DR was revised, but there was no impact on the claimed PoC.

The MDL problem resulted from an inconsistency between the TBD tables and NIOSH has agreed to correct that.

MEMBER MUNN: Excellent. Any

comments from the Board members? If not, finding 2 can be closed by the Subcommittee.

MS. GOGLIOTTI: Okay. Same case, finding number 3.

NIOSH included two extra beta missed zeroes for the year 1975 and used incorrect MDL values for '74 through '76.

NIOSH does agree with that. The QA error had no impact on the dose reconstruction results.

MEMBER MUNN: Accurate finding agreed to by NIOSH. Impact assessed. I suggest we close finding 3 by the Subcommittee. Any objection?

MEMBER CLAWSON: No.

MEMBER MUNN: If not, we're good.

CHAIRMAN KOTELCHUCK: Okay, back on the again. Dave.

MEMBER MUNN: Oh, good. Alright.

CHAIRMAN KOTELCHUCK: Are we going now to number 4?

MEMBER MUNN: We're going now to number 4, correct.

CHAIRMAN KOTELCHUCK: Good. Thanks, Wanda, again.

MEMBER MUNN: You're welcome.

CHAIRMAN KOTELCHUCK: Can you hear me adequately?

MEMBER MUNN: Yes, much better here.

CHAIRMAN KOTELCHUCK: Okay, very good.

MS. GOGLIOTTI: Okay, finding 4 states that NIOSH omitted intake for the first part of '64 and included an intake for 1978 twice.

And NIOSH does agree with that. They were offsetting assumptions and then they revised the case again. It didn't have an impact on compensation.

CHAIRMAN KOTELCHUCK: Alright. Certainly was a finding. And in both cases, finding, two findings of the same -- call it one finding and that's fine.

So, shall we close this as a finding, folks?

MEMBER MUNN: Yes.

CHAIRMAN KOTELCHUCK: Okay.

MEMBER BEACH: Agreed.

CHAIRMAN KOTELCHUCK: Good. Okay, closed. And now let's go through the Santa Susana, 371.

MS. GOGLIOTTI: Okay. Area Four at Santa Susana and they also had employment at De Soto Avenue.

MEMBER BEACH: Can I interrupt? Did you put that on Live Meeting? I'm only seeing Pantex right now.

MEMBER MUNN: It's there.

MS. GOGLIOTTI: Sometimes there's a slight delay.

MR. KATZ: Or, Josie, maybe you just need to scroll down on your screen.

MEMBER BEACH: Gotcha. I'll try that.

MS. GOGLIOTTI: Can everyone see it?

MEMBER BEACH: Yes. Yes, now I can. Thank you.

MS. GOGLIOTTI: Here we pointed out that we disagreed with the start date of covered employment for Area 4.

The EE was involved in an incident at the sodium reactor experiment which are located in Area 4, June 4th through 5th, 1959.

And that incident -- we mentioned an incident report predates the start of covered period. And understand that DOL sets the covered period, but we just disagreed with the period set by DOL.

And NIOSH agreed and notified DOL of its intent.

CHAIRMAN KOTELCHUCK: I think actually this is an important finding it seems to me due to that there is an incident report for that person. That could have been known by NIOSH.

MR. KATZ: Dave, NIOSH is required

legally to follow DOL's determinations with respect to start dates and end dates.

It doesn't matter if we have hot evidence in our hands of earlier activity. Until DOL changes that we're legally required to do our dose reconstructions based on DOL determinations. There's no fault with NIOSH on this.

CHAIRMAN KOTELCHUCK: But it was SC&A that found -- NIOSH didn't report it. SC&A did.

MR. CALHOUN: Yes, but I don't -- this is Grady. I'm not sure that DOL did anything about it. They'd have to be under contract for a DOE-related activity for that to be covered.

And we're not completely sure of that, but when these kind of things happen all we can do is forward the information we have to DOL.

MR. SIEBERT: And however, just to be clear, we did forward that information in 2010. This claim was done in 2011 and we hadn't gotten any response on that.

CHAIRMAN KOTELCHUCK: Okay, fine. That leads us to going back to the same.

So, shall we close this as an observation, folks? Subcommittee Members.

MEMBER MUNN: I don't think we have any option.

CHAIRMAN KOTELCHUCK: We don't have any option. You're absolutely right. So, we will close this as an observation.

Alright, let's go now to finding 1.

MS. GOGLIOTTI: Okay. Here the finding says that it's unclear if all medical dose is accounted for.

And here -- this site was kind of unusual. They used medical index cards and detailed records.

And it was found that medical index cards are actually fairly accurate. And if there were other exam type -- I'm reading directly off the DR here -- given in the record the dose is based on the record.

The TBD default frequency is only used when the records appear to be missing. Here NIOSH follows always on the medical index cards.

I believe in the actual finding we pointed out that we thought they should have used the default frequency because it wasn't apparent to us that the complete record was there.

And we do accept that medical cards provide a sound judgment for judging a category of exposure to be used.

We also note that the TBD does recommend using the default for the examination period for maximizing dose estimates like the one that was used in this case.

But including those additional scans wouldn't have an impact on comp case.

CHAIRMAN KOTELCHUCK: Okay. Comments?

MEMBER MUNN: This is -- it's an interesting one that we encounter every once in a while, but the medical cards are part and parcel

of this particular site record.

So, if it was unclear during the dose reconstruction then SC&A appropriately called it to the attention and NIOSH appropriately explained, verified it.

It looks to me like it's a reasonable finding and reasonably closed.

CHAIRMAN KOTELCHUCK: Okay. Subcommittee, should we close it as a finding?

MEMBER MUNN: Yes, in my view.

CHAIRMAN KOTELCHUCK: I agree. Unless I hear objection it will be closed. And it is so closed.

Alright. Now, finding 2.

MS. GOGLIOTTI: Okay. This finding, same case, states that incidents were all adequately addressed.

They had reported that they were involved with the wash cell B incident and an SRE fuel melt incident.

With the files were included redacted

incident files. And so we were uncertain if the EE were directly involved since they were onsite when it happened.

And combined with that there was a lost dosimetry record around this one time period that these incidents happened.

And so it wasn't clear to us whether these incidents had been adequately addressed.

And NIOSH was able to report with an unredacted copy of the SRDB file. And that showed that the EE were in fact properly assigned dose, and weren't directly involved in the incidents on the dates that they occurred.

And so we feel comfortable that those incidents were adequately addressed.

CHAIRMAN KOTELCHUCK: Okay.

MR. CALHOUN: That one should probably be an observation at this point.

CHAIRMAN KOTELCHUCK: Yes, I think it should be. Anything that was adequately addressed.

So, I believe it should be closed as an observation. It was addressed properly. Okay, we can close it as an observation unless I hear objection.

Now, it's a little after 4 and we're starting Sandia. So, maybe it's time to start going through the table and suggest that we start 399 next time.

And before we think about another date I'd like to hear some observations about our expedited procedure and how do you feel that it went today? I'd like to know other people's thoughts about it.

But first let the Subcommittee Members, we would like to comment. I would appreciate comments.

MEMBER MUNN: I think it was terrific. It's very, very helpful in terms of expediting, getting to the kernel of the issue, and eliminating a lot of reading and absorption of salient but not necessarily specific items

that we have to look at when we're looking at these things.

I thought it was marvelous. And I believe Rose should have several roses for doing such a great job putting it together for us.

Not to mention --

CHAIRMAN KOTELCHUCK: Wanda, I'm sorry I cut you off. Wanda.

MEMBER MUNN: Somebody needs to, I'll keep talking endlessly.

CHAIRMAN KOTELCHUCK: Okay, then somebody else.

MEMBER CLAWSON: Okay, I'll interrupt her then. This is Brad.

CHAIRMAN KOTELCHUCK: Okay.

MEMBER CLAWSON: I think it was great. I think it was well put together.

It was easier for me to stay on where we were at and be able to address these in this form.

As you saw we have some that we still

had discussions on. But I think it was easier for us to be able to come to a conclusion too.

And I do agree that Rose has done a great job. I appreciate everybody's help in putting it together.

MEMBER BEACH: I agree with both Wanda and Brad. I think it's a very efficient way to operate.

Being new to the Subcommittee I'm not sure how laborious it was in the past compared to now, but it seems very efficient at this time. Thank you.

CHAIRMAN KOTELCHUCK: Okay. And I'll join in with the others and say it seems to me it was certainly an excellent discussion.

I think we're in the correct direction about achieving the two -- about achieving information. So, it was good.

I appreciate also that I just have the cases or findings were low, medium and high put in there so we can -- for keeping a steady count.

These are all category 1, and we still have hard category 2 to do.

MS. GOGLIOTTI: Yes.

CHAIRMAN KOTELCHUCK: And that's going to take longer.

But just for this, Rose, let me ask you if you would look to some of our previous meetings, not necessarily the last one, but a couple back. I think roughly the same amount of time going over cases in the set. And see how comparative this is faster than what we had done before.

The other ones of course contain what are now considered category 1 and 2. Just check it.

MS. GOGLIOTTI: I will say there were more definitive efforts up front. But it definitely sped up our process.

In a meeting on average we spend the entire time doing issues resolution. We generally get through anywhere from 40 to 60

findings.

Here we spent around 2 hours and got through 45. So I would say that was very efficient.

We do still have 12 findings that are type 2 from this set, and maybe another two dozen or so type 1 findings.

From what I can see this is certainly an efficiency. Were there any suggestions on what I could improve on to make this more helpful for our Board Members in the future?

CHAIRMAN KOTELCHUCK: No. I would say this is in fact useful. It's an incomplete assessment because we've only covered some easy cases, the ones that are relatively easily resolvable. But it's a good start.

I wonder how you would like to try and keep carrying out this method. Whether you would like to suggest that we do category 2 next time, or do we finish all the category 1's and come back to category 2 at the end of our set?

MS. GOGLIOTTI: I would suggest us continuing on at this point, and then we'll come back and do the type 2.

This was only the DCAS site matrix. You still have the AWE site matrix for sets 14 through 18, and all of sets 19 and 21 to go.

CHAIRMAN KOTELCHUCK: What do other people think about how we should proceed?

MEMBER MUNN: I have a tendency to want to finish what we started so --

CHAIRMAN KOTELCHUCK: Pardon?

MEMBER MUNN: My tendency is to try to finish anything that we undertake before we undertake something else so I agree with Rose.

CHAIRMAN KOTELCHUCK: Okay. Others? We'll keep going until we finish, and then go back to category 2.

And let's not forget that we have a number of cases that are essentially category 2 cases left over from our last meeting. Another six cases for category 2. We've got to make sure

that we go over them.

In a way we've talked about those before. There's a part of me that would like to go -- sometimes -- that are there -- they're in category, under category 2 formally because they're not part of the matrix.

But --

MS. GOGLIOTTI: -- needed multiple meetings to discuss. At this point I don't have responses back from NIOSH on a number of their action items for those and that's why we couldn't do those at this meeting.

CHAIRMAN KOTELCHUCK: Maybe -- I just feel like we talked about them as a Subcommittee and we have it reasonably in our memory what the discussions were.

I wouldn't mind NIOSH and SC&A taking care of those too, and maybe in our next meeting we work on those, get them done, and then continue on with category 1 as Rose suggested for 14 through 18, for the rest of 14 through 18, and then

come back and do the number 2.

But do those soon. Maybe at the next meeting. And then go on to the other cases as we talked about.

MS. GOGLIOTTI: I just want to point out that if we do that I will need those responses from NIOSH well in advance of the meeting so we have time to respond.

MR. SIEBERT: This is Scott. There's a bunch of responses that are already in the BRS.

MS. GOGLIOTTI: Were they uploaded within the past week or so?

MR. SIEBERT: They were -- some were uploaded slightly before you yanked it, and some were uploaded since that time.

I don't believe NIOSH has very much outstanding on those responses.

MS. GOGLIOTTI: Okay.

CHAIRMAN KOTELCHUCK: Circle back, folks. And then before -- we have awhile until

the next meeting.

And before our next meeting you will be able to assess whether we can usefully go over those.

And if you give me the go-ahead, I'd like to go ahead with those, and then come back and do the expedited cases which should take most of our next meeting.

And then we do have I know two blind cases in and one more outstanding for set 22.

MS. GOGLIOTTI: Three more cases we have to start, we haven't gone over yet.

MR. KATZ: Right. We'll have those three cases. We'll have three more cases ready for the next meeting, right? Blind?

MS. GOGLIOTTI: Yes.

MR. KATZ: So, do you want, Dave, do you want to have another three blinds as well as 14 through 18?

CHAIRMAN KOTELCHUCK: Yes, I guess so, because there's a high priority on them.

In which case could we have the three blinds. I'm most anxious to go over the cases that are left over from the last meeting.

And maybe move ahead with that. We'll see.

I'd like to have -- but I agree, I think we should do the three blind cases remaining from set 22 next time.

MR. KATZ: Dave, there's no reason not to go into those others. I think Scott was saying the responses are mostly in on those already. It's all 14 through 18. They all need to be done anyway so there's no, you know, time's a constant.

There's no problem with it. You can do exactly what you want to do. You can do the blinds, you can do the cleanup of those, and if there's time you continue on with the efficiency cases that Rose has led us on this afternoon.

CHAIRMAN KOTELCHUCK: Yes.

MR. KATZ: I only need to know for the

agenda what we're covering generally and that's 14 through 18 plus three blinds. And that sounds right.

CHAIRMAN KOTELCHUCK: Okay. Let's talk about when we might meet, roughly what period.

This is mid-August and it will suggest that we meet late September, early October.

MR. KATZ: Well, I'm in September right now, Dave. I don't know about you.

CHAIRMAN KOTELCHUCK: Oh, I'm sorry, I'm sorry.

MEMBER CLAWSON: He's on Hawaiian time.

CHAIRMAN KOTELCHUCK: You're right.

MR. KATZ: It doesn't matter what time of it is in Hawaii, right?

CHAIRMAN KOTELCHUCK: I'm such an academic that I never take holidays during the winter or the fall. So, if I'm holiday then of course it's August. As someone said for my

father's 70th birthday, the day (telephonic interference). If I'm on vacation, it's August.

For October, so we might want to start sometime late October or early November.

MR. KATZ: Late October is a little too soon given the notice requirements and all.

CHAIRMAN KOTELCHUCK: Okay. What we have --

MR. KATZ: I would say November.

CHAIRMAN KOTELCHUCK: November and when is our next Board Meeting?

MR. KATZ: Our next Board Meeting is November 30 and December 1.

CHAIRMAN KOTELCHUCK: Okay, we move on to early November, November, the first week or so.

MR. KATZ: Yes, the first three weeks of November are fine.

CHAIRMAN KOTELCHUCK: Okay. The third week is not fine, of course, since we're busy. So anytime the first --

MR. KATZ: Yes, Halloween is -- if we have a lot of material already ready we can look at the first week, and the week of November 1. If you need more time then let's at least give it another week.

MS. GOGLIOTTI: We could do the material needed.

CHAIRMAN KOTELCHUCK: I'm on the phone myself so I can't set my own personal schedule without losing the phone connection. So, why don't you ask other people what date works for the first two weeks in November.

MR. KATZ: Okay. Okay, so for example, I mean I'll just start early and move on as that doesn't work possibly.

What about November 1, 2, 3?

MEMBER MUNN: That could be problematic for me.

MR. KATZ: Okay. November 8, 9, 10?

MS. GOGLIOTTI: I'm on vacation that week.

MEMBER MUNN: You're what?

MS. GOGLIOTTI: I'm on vacation and that's also Election Day.

MR. KATZ: Oh, right. Okay, the 8th is no good. November 9?

MEMBER RICHARDSON: That's fine.

MEMBER MUNN: Good here.

MR. KATZ: Okay.

MEMBER BEACH: Ted, we're scheduled to do interviews the week of the 7th through the 10th so I'm out that week.

MR. KATZ: Okay, then that week doesn't work. How about the week of November 15, 16.

MEMBER CLAWSON: Works good, works well.

MR. KATZ: David just said he's out.

MEMBER BEACH: I'm out that week too.

MR. KATZ: Okay. Well, that takes us to Thanksgiving week, but what about earlier Thanksgiving week, like November 22? That's a

Tuesday.

MEMBER BEACH: The 22nd or the 21st?

MR. KATZ: Say that again, Josie?

MEMBER BEACH: I'm good both the 21st and 22nd.

MR. KATZ: So, how is the 21st or 22nd? That's Monday-Tuesday for everybody.

(Simultaneous speaking)

MEMBER RICHARDSON: The 22nd is possible. Not the 21st.

MR. KATZ: Okay. The 22nd. Anybody have a problem with the 22nd?

CHAIRMAN KOTELCHUCK: No. The 22nd it is. Okay.

MR. KATZ: Alright. And John Poston, are you on the line?

(Simultaneous speaking)

MEMBER POSTON: Hello, can you hear me?

MR. KATZ: Yes, John. Is November 22 okay with you?

MEMBER POSTON: Oh, sure.

MR. KATZ: Okay, good.

MEMBER POSTON: It's just like today. I get out of classes at 9:15.

MR. KATZ: That works, that works.

MEMBER POSTON: A 10-minute walk and a 15-minute drive to get to the mall.

MR. KATZ: Okay. So November 22 is our next meeting.

CHAIRMAN KOTELCHUCK: Very good, folks. Thank you all very much.

MR. KATZ: Yes, thank you, everybody.

MEMBER MUNN: I have one question before we go.

CHAIRMAN KOTELCHUCK: Okay.

MEMBER MUNN: I had four items from reviewing the entries that Rose has made to our permanent record. All of them are nits. None of them are technical things. They're an issue of wording and wondering if we shouldn't insert one word or more.

Would you like me to read those to you, or would you prefer that I just send everybody a suggestion of what I think would help if we inserted a word here or there?

I'll be glad to do that by email.

MS. GOGLIOTTI: I think email might be easier. And actually I caught a few errors while I was reviewing things.

CHAIRMAN KOTELCHUCK: Send it to Members of the Subcommittee.

MEMBER MUNN: Alright. Will do.

CHAIRMAN KOTELCHUCK: And the one thing is the way our structure has been I'm not sure the Board is going to quite pass on that resolution, that is on the proposal whether we're going to have a yes or no vote.

I think we're experimenting a bit and then getting a report back. I'm not sure that we're going to adopt it formally, or whether we're going to say this looks good and talk about it in rather more general terms.

However, since you have it let's do it and maybe we'll -- I'll tell you what. Send it in and maybe as Subcommittee Chair I'll adapt those or send out -- make a revision and then send it out to the Board people.

If Jim wants to actually vote on it we'll have something available.

MR. KATZ: Okay, I'm not clear what we've been talking about. I thought Wanda was talking about -- Wanda, are you talking about the procedure we're using now?

MEMBER MUNN: Yes, I'm talking -- I was talking about the list of material that we've already covered that Rose has posted to our data ---

(Simultaneous speaking)

And as there were only one or two words that I would suggest changing. And none of it has a technical issue.

CHAIRMAN KOTELCHUCK: I think if you sent me a copy and then it seemed like those were

to my mind good suggestions.

MEMBER MUNN: Fine, okay. I'll do that. It's clearly semantic nits. That's all.

CHAIRMAN KOTELCHUCK: They should be ready to have it semantically correct.

MEMBER MUNN: Okay.

CHAIRMAN KOTELCHUCK: And I appreciate that you put the time in to do that. I must say that seems to me a good suggestion.

MEMBER MUNN: Okay, very good.

CHAIRMAN KOTELCHUCK: Okay.

MEMBER MUNN: I'll send it to you. Thanks.

CHAIRMAN KOTELCHUCK: Okay, and thank you all. Have a good rest of the day.

MEMBER MUNN: Yep. Enjoy September and Dave, aloha.

CHAIRMAN KOTELCHUCK: Aloha. Mahalo, mahalo.

MEMBER MUNN: Mahalo.

MEMBER BEACH: Enjoy the rest of your

vacation, Dave.

CHAIRMAN KOTELCHUCK: I'll be here until this weekend.

MEMBER MUNN: Enjoy.

CHAIRMAN KOTELCHUCK: Take it easy.

MR. KATZ: Enjoy the rest of August.

Ajdourn

CHAIRMAN KOTELCHUCK: And September. Okay. Bye bye folks.

(Whereupon, the above-entitled matter went off the record at 4:21 p.m.)