CENTERS FOR DISEASE CONTROL AND PREVENTION

NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH

ADVISORY BOARD ON RADIATION AND WORKER HEALTH

SUBCOMMITTEE FOR DOSE RECONSTRUCTION REVIEWS MEETING

TUESDAY, JUNE 4, 2024

The meeting convened at 11:05 EDT

via teleconference,

Dr. Dave Kotelchuck, Chair, presiding.

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Members Present:

Kotelchuck, David, Chair

Beach, Josie, Member

Clawson, Brad, Member

Frank, Arthur, Member

Valerio, Loretta, Member

Registered and/or Public Comment Participants:

Roberts, Rashaun, DFO

Barton, Bob, SC&A

Behling, Kathy, SC&A

Buchanan, Ron, SC&A

Gogliotti, Rose, SC&A

Kranbuhl, Alek

Lobaugh, Megan

Mangel, Amy

Marion-Moss, Lori, SC&A

McCloskey, Pat

Rolfes, Beth

Rutherford, LaVon, DCAS

Sharfi, Mutty

Siebert, Scott

Smyser, Cheri

Smith, Matthew

Ulsh, Brant

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PROCEEDINGS

(11:05 EDT)

WELCOME AND ROLL CALL

DR. ROBERTS: So, I have -- I have 11 o'clock Eastern, so I'm going to go ahead and open up the meeting. So, good morning everybody. I'm Rashaun Roberts. I'm The designated federal official for the Advisory Board on Radiation and Worker Health, and this is a meeting of the Board suit -- Subcommittee on Dose Reconstruction Review.

MEMBER CLAWSON: Hello, can you hear me? Are we supposed to call in on the phone, or? (Indiscernible) today call in then.

DR. ROBERTS: Okay. Sorry, there's some folks that haven't yet dialed into the audio. So, there is an agenda for today, which you can find on the NIOSH website. It's under scheduled meetings for June of 2024. So, it's time for roll call, and since the subcommittee will be discussing dose reconstruction cases pertaining to specific sites today, subcommittee members and others do need to acknowledge conflicts of interest and to recuse themselves from discussion where a conflict of interest might be present. So, as we move through the roll call, please ate your conflicts. And we'll go ahead and start with our chair, Kotelchuck.

CHAIR KOTELCHUCK: Present and no conflicts.

DR. ROBERTS: Okay. Beach?

MEMBER BEACH: I'm here, and I am conflicted at Hanford.

DR. ROBERTS: Clawson? Okay. I know he was shifting to the audio. Is Frank --

MEMBER FRANK: Yes, I'm here.

DR. ROBERTS: -- present?

MEMBER FRANK: I'm here. I'm present, and I'm conflicted at Pantex. It is also on Zoom or only on audio?

DR. ROBERTS: It is on Zoom for Board Members and --

MEMBER FRANK: Is that --

DR. ROBERTS: -- audio for --

MEMBER FRANK: -- because I never got a Zoom link to --

DR. ROBERTS: Okay.

MEMBER FRANK: Nobody sent that to me, I believe, so, but I can --

MS. BURGOS: I can resend it.

MEMBER FRANK: Yeah. I'm on my computer, but I couldn't find the Zoom link.

DR. ROBERTS: Okay.

MEMBER FRANK: Could somebody send that to me?

DR. ROBERTS: I believe so, but I can -- I can resend it.

MEMBER FRANK: Yeah. I'm on my computer, but I couldn't find a Zoom link anywhere.

DR. ROBERTS: Ah, okay. Let me see if I can --

MS. BURGOS: I can send --

CHAIR KOTELCHUCK: Zaida sent one out --

MS. BURGOS: This is --

CHAIR KOTELCHUCK: -- in the last day or so.

MS. BURGOS: This is Zaida. Who is this? Who do I need to send it to?

DR. ROBERTS: Frank, Dr. Frank.

MR. BURGOS: Okay. I will send that again. All right.

MEMBER FRANK: Thanks, Zaida.

DR. ROBERTS: Okay. Thank you.

Okay. Lockey? Okay. Valerio? Okay. Is -- Loretta, are you on the line? Okay. Clawson? Okay. While we wait and see if they get on the line, I will go ahead and ask for attendance for NIOSH/DCAS/ORAUT.

MR. RUTHERFORD: Yeah, this is LaVon Rutherford. I am conflicted at Fernald.

DR. ROBERTS: Okay.

MS. ROLFES: Hi, this is Beth Rolfes, no conflict.

MS. MARION-MOSS: Hi, this is Lori Marion-Moss. I'm conflicted at Mound.

DR. ROBERTS: Okay.

MR. SIEBERT: And this is Scott Siebert with the ORAU Team, and I have appearance of bias at Mound, NPS, Brookhaven, WHIP (ph), and West Valley.

DR. ROBERTS: Anyone else for DCAS/ORAUT?

MEMBER CLAWSON: No, but Rashaun (audio feedback), this is Brad, I'm on.

DR. ROBERTS: Okay. All right. You're on the telephone, Brett -- Brad? You will need to --

MEMBER CLAWSON: Yeah, yeah.

DR. ROBERTS: -- mute. You need to mute on Zoom.

MEMBER CLAWSON: I am -- I am -- I am.

DR. ROBERTS: Okay. Great.

MEMBER BEACH: Rashaun, I just talked to Loretta, and she's going to call in. She can't get on the Zoom, but she's calling in now.

DR. ROBERTS: Okay. Very good. Let's move on to SC&A.

MR. BARTON: Bob Barton, SC&A, no conflicts.

MS. GOGLIOTTI: Rose Gogliotti, SC&A, no conflicts.

MS. BEHLING: Kathy Behling, SC&A, no conflicts.

DR. BUCHANAN: Ron Buchanan, SC&A, conflicted and Los Alamos.

MS. MANGEL: Amy Mangel, SC&A, conflicted at Pacific Northwest National Lab.

DR. ROBERTS: Okay. Anyone else for SC&A? Okay. Let's move on to HHS and contractors.

MS. HOLSBERGER: Maliah (ph) Holsberger, OGC, no conflicts.

DR. ROBERTS: Anyone else for HHS and contractors? How about the departments, DOL, DOE, other departments? Are there any members of the public who would like to register their attendance?

Okay. Well, hearing none, we do have a quorum, so I think we can move forward. But before we get into handing it over to our chair, I just wanted to remind everyone that to keep everything running smoothly and so that everyone speaking can be heard clearly, as usual, I would ask each of you to make sure you're on mute unless, of course, you need to speak. If you don't have a mute button, press star six to mute. If you need to take yourself off, press star six again. As I mentioned, the agenda for the meeting can be found on the NIOSH/DCAS website under June of 2024. Access to other materials was provided to board members and to staff prior

to this meeting. So, with that, let's go ahead and get started, and I'll turn the meeting over to the chair of the subcommittee, Dave Kotelchuck.

CHAIR KOTELCHUCK: Right. Okay. Hi, folks. This -- I'm delighted to start the meeting off. This is our first meeting and two years. We've been delayed in so many in different ways by the cybersecurity initiative, so now we're finally ready to get going again on cases in Set 31. And Rose, would you like to start us off now?

MS. GOGLIOTTI: Sure. Absolutely. Before we get started, though, Rashaun, I noticed that their website does not actually have the agenda for today's meeting posted. Is it possible to get that posted just for the public record? If you're speaking, you're on mute.

MS. ROLFES: I'm sorry, did you ask --

MS. GOGLIOTTI: Oh, sorry about the --

MS. ROLFES: Did you say Beth?

MS. GOGLIOTTI: No.

DR. ROBERTS: No. I think that was directed to me.

MS. GOGLIOTTI: Yeah.

DR. ROBERTS: Yeah, I'll -- let me check on that.

MS. GOGLIOTTI: Okay. Great. Thank you.

ISSUES RESOLUTION FROM SET 31

MS. GOGLIOTTI: All right. And I will get my screen shared here momentarily. Does that look right to everyone?

CHAIR KOTELCHUCK: Fine. Looks good.

MEMBER BEACH: Yes.

MS. GOGLIOTTI: Okay. Great. Well, as Dave mentioned, it's been a long time since we've met. The 31st Set, we completed our initial reviews back in October of 2022, and it took a while, but, I believe, that was when our new Board Members came online, so we delayed them somewhat. And this set didn't actually get officially issued after one on ones until probably March or early 2023. And we received responses back from NIOSH early 2024. And so, now we're finally ready for issues resolution.

Since it's been so long, just a refresher for our old Board Members, and I'm not sure that our new Board Members are familiar with the way we typically do things. We classify all of our findings and observations as type one or type two. And type one findings are the findings where SC&A and NIOSH have discussed things or -- and come to some sort of agreement. I -- we don't really have any outstanding issues between SC&A and NIOSH after our back and forth, but they still have not been discussed with the Board. So, any Board Member that has disagreements or questions, please feel free to answer (sic) them. They are not closed by any means. And our type two issues, on the other hand, are things that still have ongoing discussions that we believe need to take place. And so, that is where we think the heart of the issues are. And we started doing this several years ago as a way to direct the subcommittee's attention on the things that we thought were most important, but if you disagree or have any questions about anything, please feel free to stop me at any time. That's what we're here to discuss today.

So, we'll start with our type one issues. And the first one here is from Tab 597 observation one, and this is a Y-12 plant case. And the POC was

over 50 percent. As a reminder, I'm going to try my best not to discuss Privacy Act information when possible and limited discussion of individual details that could identify a claimant, so things will be -- appear on your screen that I may intentionally not read, but that information is available to you and the case files are available to you. But since this is a public meeting, I think we should be cognizant of that.

So, our first observation has to do with the references in the dose reconstruction report. The DR report listed ORAUT TKBS-0008 as the number in the report, which is an NTS TBD, but we believe they were using the correct -- correct Y-12 references, which is TKBS-0014, but it was simply referenced incorrectly. And NIOSH responded, and like we thought, they were using the correct references, it was just incorrectly referenced in the dose reconstruction report. And they said this happens -- the dose reconstructor did it correctly, but once it went to technical editing, there was a search that was done by the technical editor, and the number got changed inadvertently. The current practice is not to do that, and they reminded the technical editors of their current practice. We think this is just a typo. Didn't really have an impact on the outcome of the case, but I would say that this is probably a QA issue and should be classified as that, and SC&A would recommend closure.

CHAIR KOTELCHUCK: Okay. Fine. Any -- this is an observation. Does anybody have some questions or further thoughts?

MEMBER CLAWSON: No. Dave, this is Brad. No, I agree.

CHAIR KOTELCHUCK: Great.

MEMBER BEACH: This is Josie. No --

CHAIR KOTELCHUCK: Right.

MEMBER BEACH: -- (indiscernible) here.

CHAIR KOTELCHUCK: Yep, yep. (Indiscernible) --

MEMBER FRANK: Arthur --

CHAIR KOTELCHUCK: -- forward. Good, good. Okay. Well, I think -- I think this is a pretty clear cut, and as -- as you said it was, basically, probably a typo. So, I think -- I think we will pass now on this.

Let me just ask, is Loretta here at this point, or -- or Jim Lockey? They're not here yet, but that's fine. So, then we are all --

MEMBER VALERIO: Dave?

CHAIR KOTELCHUCK: -- in agreement and -- yes?

MEMBER VALERIO: Dave, can you hear me?

CHAIR KOTELCHUCK: Oh, Loretta. Wonderful. Yes, good. We hear you, And I hear you. And fine. The -- the -- so, how are things -- I don't know quite when you came in. Were you able to hear the discussion on this?

MEMBER VALERIO: Yes.

CHAIR KOTELCHUCK: Yeah. Okay. And would you agree, it seems --

MEMBER VALERIO: Yes.

CHAIR KOTELCHUCK: -- straightforward, a typo? Good. Okay. We're in agreement, and let's consider this approved. And we can go on to the next one.

MS. GOGLIOTTI: Okay. We'll consider it closed, but do you agree that this should be listed as a QA issue?

CHAIR KOTELCHUCK: Pardon?

MS. GOGLIOTTI: We started tracking that. We -- we started tracking findings and observations that are listed as QA issues as a metric --

CHAIR KOTELCHUCK: Right.

MS. GOGLIOTTI: -- to keep track of, --

CHAIR KOTELCHUCK: Right.

MS. GOGLIOTTI: -- so I just want to make sure that that is something you support also.

CHAIR KOTELCHUCK: Very good. Okay. That sounds fine.

MS. GOGLIOTTI: Okay.

CHAIR KOTELCHUCK: I'm sure it'll approve. Yes, good. Thank you. All right. Let's go on to 599, I believe. Yeah.

MS. GOGLIOTTI: Yeah. 599 observation one. And this is a Rocky Flats plant case also with a POC over 50 percent. Here we were unable to match NIOSH's recorded photon dose. NIOSH used the Monte Carlo calculation, which propagates uncertainty using a Weibull distribution, and our values were roughly 20 percent higher than NIOSH's doses. This is fairly common that we see a lot more of the -- of -- in dose reconstruction now. NIOSH responded that it's been noted in the past that a point calculation has a full and a -- and a full Monte Carlo calculation will yield different results, especially considering distributions. This is expected as long as the dose values between the two are generally consistent, there isn't an issue. And we do agree with that. And so, we don't necessarily have a response necessary. We did point this out several times in this set. I'm not saying we've done it consistently in past sets, but I am looking for guidance from the work group. Is this something you would still like us to point out in

cases if it's above an approximately 20 percent threshold? Is that something you want us to point out? And we're able to --

MEMBER CLAWSON: Rose, this is --

MS. GOGLIOTTI: -- calculate --

MEMBER CLAWSON: -- Brad. This is Brad.

CHAIR KOTELCHUCK: Brad.

MEMBER CLAWSON: I would still like to be able to see this and -- you know, even though there is a relatively good understanding of it. I would still like to see this myself. I don't know how other Board Members feel.

CHAIR KOTELCHUCK: Yeah. Yeah. I feel the same way. And it's -- it's really for the record. There's no question -- first NIOSH uses the Monte Carlo, which is the better, more accurate computations, so there's -- for the -- for the folks -- for the folks on the committee, there's no problem. The NIOSH -- the NIOSH POC is the better one and is the one that was used or will be used -- was used for compensation purposes. But I -- I agree with Greg -- with Brad. It would be nice if it exceeds a threshold, the 20 percent threshold, that we should continue to do it. If this starts become a problem and we have too many of them then -- but that will in itself inform us about the procedures. So, what do other people think? Do you want to continue to have this presented to us?

MEMBER BEACH: Yeah, I think we should. I agree with that.

CHAIR KOTELCHUCK: Yeah.

MEMBER FRANK: Yes, I do, too.

CHAIR KOTELCHUCK: Good, good. Loretta?

MEMBER VALERIO: I do, too.

CHAIR KOTELCHUCK: Sure. Great. Okay. So, we've agreed and that this -- we'll continue to do this, and that this is an observation, and basically, we can close this.

MS. GOGLIOTTI: Okay. Now, --

CHAIR KOTELCHUCK: And this is neither QA nor QC, right?

MS. GOGLIOTTI: Correct. Correct.

CHAIR KOTELCHUCK: Okay. 599.

MS. GOGLIOTTI: Now, this is observation two from the same case, and it is essentially the same observation, but it is for missed photon doses rather than recorded photon doses. So, I would recommend closing this also.

CHAIR KOTELCHUCK: Okay. Yes. Let me see. I'm a little bit -- I -- I -- my attention -- my attention moved. Why -- oh, --

MEMBER CLAWSON: This is --

CHAIR KOTELCHUCK: -- okay. Again, --

MEMBER CLAWSON: This is the same thing, Dave. This is --

CHAIR KOTELCHUCK: Yeah.

MEMBER CLAWSON: -- because of the Monte Carlo system and so forth like this. So, I agree with Rose, --

CHAIR KOTELCHUCK: Yeah.

MEMBER CLAWSON: -- we can close -- I recommend closing this one. It's the same --

CHAIR KOTELCHUCK: Very good.

MEMBER CLAWSON: -- thing as the first observation.

CHAIR KOTELCHUCK: Very good. Thank you.

MEMBER CLAWSON: -- Brad.

CHAIR KOTELCHUCK: Any -- any other any concerns by anyone?

MEMBER BEACH: None here.

MEMBER FRANK: Arthur, no --

MEMBER BEACH: This is Josie.

MEMBER FRANK: -- concerns.

CHAIR KOTELCHUCK: Okay. Loretta?

MEMBER FRANK: Arthur. No concerns.

CHAIR KOTELCHUCK: No concerns, okay. (Indiscernible) --

MEMBER VALERIO: No concerns.

CHAIR KOTELCHUCK: Good. So, we'll close it.

MS. GOGLIOTTI: Closed. All right. The next one is Tab 601 finding one, and this is General Atomics and a GE Vallecitos case. And the POC was under 50 percent. Here we identify that there were two unsupported assumptions used while assigning shallow dose, the first being that NIOSH subtracted the gamma results from reported data results as if they were representing shielded and open-window dosimeter values. But we didn't find any evidence supporting that assumption. In one year the total dose was summed, and that sum was the total gamma and beta dose added together, that we believed it was more likely and claimant favorable that the reported values represented their stated dose components.

And the second assumption, we found that NIOSH used reduced doses by a multiple of .6 as a film overresponse correction factor. And that factor was not mentioned in the GEV template or anywhere else in the DR report. Together these two assumptions reduced the shallow dose that was assigned

to the organ of interest here by roughly 300 millirem, and we didn't believe it was appropriate given that this was an overestimate (indiscernible) dose reconstruction claim.

And NIOSH responded saying they agreed that there were the two unsupported assumptions, and they agreed with the first and the second assumption. And then here they list how it is correct in a dose reconstruction report and that's through the use of selecting different things in the tool. They recalculated the POC for the multiple cancers in this case and had a combined POC of 41.2 percent compared to the previous POC. So, it went up slightly. They also noted that there was no official external tool for GEV, so they had to use the general tool that was adapted. And it automatically assumed the film overresponse, and the dose reconstructor should have removed that. They did search the GEV employment claims and found one instance where the film correction factor was applied. Since that claim was already compensated -- so it didn't have an impact.

So overall, we have agreement. The POC did increase in this case, but it did not impact the compensation decision. And NIOSH investigated why this happened, and hopefully it won't happen again. So, we recommend closure. CHAIR KOTELCHUCK: Okay. Comments?

MEMBER BEACH: Well, -- well, I was wondering, NIOSH investigated this. Was there any impact on any other cases, or did they find out -- find any during that investigation or is it pretty much the same as this one?

MR. SIEBERT: Yeah, we went -- we went back -- this is Scott Siebert. We went back, and we looked at any of them that were used. And no other issue -- no other claim had that issue.

CHAIR KOTELCHUCK: Good.

MEMBER BEACH: Okay. Thanks.

MR. SIEBERT: Sure.

CHAIR KOTELCHUCK: Okay. Any other concerns? Questions? It seems that it -- there's -- there's clearly agreement, and there -- this will be -- this will be dealt with by -- by NIOSH and ORAUT in the future and has no implication for past cases. So, I'm -- I'm move that we approve, okay, --

MEMBER CLAWSON: I agree with Arthur. This is Brad.

CHAIR KOTELCHUCK: Okay. Okay. Good. Good. And it is a Q -- is this a QC -- what about the QA/QC aspect?

MS. GOGLIOTTI: I think that's --

UNIDENTIFIED SPEAKER: (Indiscernible) --

CHAIR KOTELCHUCK: Yeah. Okay. Good. All right. So, we're approved. And we're closed I should say, and we can move on. Moving right along.

MS. GOGLIOTTI: Okay. This is observation two from the same case, and --

CHAIR KOTELCHUCK: Uh-huh.

MS. GOGLIOTTI: -- it was unclear to us how NIOSH calculated missed photon dose that was assigned using LOD. We got a much lower number. And NIOSH responded that they had used an electron correction factor from Table 612 and the TBD, and that used a factor of 2 for the years '56 and '57 and a factor of 3 for the year '69, which is why their numbers were so much higher than ours. With their provided reference explanation, we agree that it was done correctly. We reviewed the documentation, and we were able to

replicate their values, so we recommend closure.

CHAIR KOTELCHUCK: Okay. Comments? Thoughts? Anybody? Now, what -- if I may --

MEMBER CLAWSON: This is Brad. I agree.

CHAIR KOTELCHUCK: Okay. Good. And why was -- why was the correction factor changed in -- for '69? Was -- just what -- what would have given rise to that, Rose?

MS. GOGLIOTTI: That is directly out of the TBD. I don't remember exactly --

CHAIR KOTELCHUCK: Uh-huh.

MS. GOGLIOTTI: -- would have pulled the TBD, but they followed the guidance that was available.

CHAIR KOTELCHUCK: Okay. Okay. So, there was no error. I got it. Okay. There was no error and the SC&A folks agreed. So, fine. Okay. Again, if there are comments fine, otherwise, we can close. Any -- any concerns People want to raise sounds? Like not none, so let's close this. The -- for -- for -- folks will remember that the category ones, we go through rather quickly because there's basic agreement. Don't worry, we'll -- we'll have a lot of talk and discussion when we come to category two. They're far tougher, and we go through them much more slowly. But this one is closed, so let's go on, Rose.

MS. GOGLIOTTI: Okay. The next one is Tab 602, and this is finding one with employment at K-25, X-10, Savannah River, and Y-12. And in here, our finding had to do with NIOSH did not assign a preemployment medical X-ray or Y-12, which is inconsistent with the guidance in the TBD.

Although, we noted that the dose would not significantly increase the assigned dose for POC, and NIOSH agreed that the 1995 X-ray exam for Y-12 employment, which would be a preemployment scan consisting of a PA exposure was not included and should have been. Including that increased the dose slightly. You'll see there the dose to each of the organs. And taking into account this finding and the next finding, did increase the POC by roughly 3 percent, but it did not impact compensation decision. Here we have agreement, and since the scan didn't impact the compensation decision, we recommend closure.

CHAIR KOTELCHUCK: That sounds good. Comments or concerns?

MEMBER BEACH: None here. I agree. This is Josie.

CHAIR KOTELCHUCK: Yeah, --

MEMBER FRANK: Arthur, no concerns.

CHAIR KOTELCHUCK: Good, good.

MEMBER VALERIO: Loretta, no --

CHAIR KOTELCHUCK: All right.

MEMBER VALERIO: -- concerns.

CHAIR KOTELCHUCK: Okay. Good. All right. And Brad, you're fine, and I trust --

MEMBER CLAWSON: Well, thanks. Thanks. I've always thought I was pretty good myself. I have no problem --

CHAIR KOTELCHUCK: Right. Okay. Very good. So, this one is now closed.

MS. GOGLIOTTI: Okay. Same case, finding two. Here there was a positive Tc-99 bioassay result in 2003, and we did not see evidence that

there was a comparison done to confirm that the doses that were derived using recycled uranium intake values resulted in a higher dose than accounting for the positive technetium results. And we did our own independent calculations and derived the higher dose than was assigned by NIOSH. But again, we acknowledge that the additional dose wouldn't significantly increase the POC. NIOSH responded saying that although they acknowledged that there was a positive sample for the Tc-99 in the DR report, it wasn't evaluated further. Using IMBA, a type M calculation, they generated a negligible dose to one organ, and a dose of 12 millirem to the other organ, and again, when they included this finding and the previous finding, the POC went up slightly, but it didn't impact the compensation decision. We have -- there's agreement, so SC&A recommends closure.

CHAIR KOTELCHUCK: Okay. Yeah. Okay. Was not -- how -- I'm a little bit concerned that we have one measurement -- and so what we did was in IMBA we gave the Technetium-99 -- we assumed that it was -- that that -- the finding, that was -- that was positive was there for 2000 to 2004; is that correct?

MS. GOGLIOTTI: Yes. So, that initial DR --

CHAIR KOTELCHUCK: Yeah.

MS. GOGLIOTTI: -- dose reconstruction simply assumed that the technetium was part of the recycled uranium, --

CHAIR KOTELCHUCK: Great.

MS. GOGLIOTTI: -- so they counted it in the uranium mixture, but they did not independently evaluate the positive Tc-99 result to see if that would result in a higher dose than just from the recycled uranium alone.

CHAIR KOTELCHUCK: Hmmm.

MS. GOGLIOTTI: Here, when they did it, they realized that it did add some dose, not much, but some dose.

CHAIR KOTELCHUCK: Well, good. Okay. The point is that one measurement was extended over a four-year period to see what the impact would be, all right, and it was very small. Okay. I'm comfortable with that? Others agree?

MEMBER BEACH: Yeah, I --

MEMBER CLAWSON: Agree.

MEMBER BEACH: -- I --

CHAIR KOTELCHUCK: Yeah.

MEMBER VALERIO: I agree.

CHAIR KOTELCHUCK: Good. So, that sounds -- again, we have general agreement. And so, we can close this. Okay. Let's go with the 604 observation one.

(Whereupon, a telephone sounds.)

MS. GOGLIOTTI: Okay. This is an Oak Ridge claim with employment at K-25, X-10, and Y-12, and a POC of less than 50 percent. And here, we made the observation the assignment Occupational medical dose in the case was somewhat subjective because it was not known if the EE was required to have X-rays as a condition that their employment. And NIOSH did agree that it was subjective. There was no indication that the EE was required to have a X-ray examinations given their job title, but since the EE did work at Y-12, which is one site that does not supply medical X-ray records, X-ray doses were applied based on the site, who's organ dose, exam type, and

annual frequency resulted in highest dose. And they acknowledged that we concurred with the dose that was assigned. And so, we don't really think there's any response necessary. It was an observation just to point out that it was subjective. We don't disagree with how the dose was calculated, so we recommend closure.

CHAIR KOTELCHUCK: Okay. So, all right. Sounds -- sounds reasonable. At least -- so, there were clarifying -- there were -- if you -- there was no requirement for X-ray exams. There was no way to see what, I guess, you -- there is no way to say that if the person was examined, what impact it would have because there are no -- there are no exams on the record. So -- so, this was appropriate as it stood, right?

MS. GOGLIOTTI: Yes, there were no --

CHAIR KOTELCHUCK: That is to say without any --

MS. GOGLIOTTI: -- a bio --

CHAIR KOTELCHUCK: Yeah.

MS. GOGLIOTTI: -- but they -- they assumed a claimant favorable approach.

CHAIR KOTELCHUCK: Yeah. But other folks?

MEMBER BEACH: I agree with --

MEMBER CLAWSON: Hold -- hold on --

MEMBER BEACH: -- this is Josie.

MEMBER CLAWSON: This is just Brad. I just want some clarification here. You're telling me that Oak Ridge did not -- does not -- Y-12 does not apply medical X-ray doses; is that correct? I'm just trying to understand the philosophy a little bit here. But did they give medical X-rays (indiscernible)

people?

CHAIR KOTELCHUCK: I'm con -- Dave. I'm confident they did. I think it was the question that this person -- and I don't want to discuss exactly what their job responsibility was that brought them on to the site -- but --

MEMBER CLAWSON: Right.

CHAIR KOTELCHUCK: -- their job responsibility was one that was the person was not full time on the site but came in for different services. So, --

MEMBER CLAWSON: (Indiscernible)?

MS. GOGLIOTTI: Is that correct, Rose, as far as you know?

MS. GOGLIOTTI: So my understanding of this, and I would have to refer back to the case to know if they were not full time on the site, I believe, that they were, however; but their job title did not put them -- is not one that you would typically expect to have X-ray examinations. But here Y-12 generally does not supply medical X-ray records, according to NIOSH. And because of that, they assumed that there was an x ray even though there's no record of it.

MEMBER CLAWSON: Oh, okay. That's -- that's -- I'm sorry. That's where I kind of got hung up was in that statement there. I -- I misunderstood what you told me, so. Okay. That -- I'm good with that, Dave. I --

CHAIR KOTELCHUCK: Okay.

MEMBER CLAWSON: -- better now. Thank you.

CHAIR KOTELCHUCK: Okay. Good. Good. I'm -- I'm -- I'm not sure -- I'm not sure now, after we had this discussion. Do we need to con -- do

we -- is there any need to confirm the assumption that -- that they -- that they did not supply medical X-ray records in Y-12?

MEMBER CLAWSON: Dave -- Dave, let me help you understand. Maybe -- maybe this will --

CHAIR KOTELCHUCK: Please do.

MEMBER CLAWSON: If I'm understanding this correctly, they -- what Rose was -- what I got from Rose was that they gave them a medical X-ray dose even though there were (sic) no information showing that they need them. So, they were taking the most favorable approach --

CHAIR KOTELCHUCK: Great.

MEMBER CLAWSON: -- to this and --

CHAIR KOTELCHUCK: Okay.

MEMBER CLAWSON: -- this is why there was no observation of it, but it -- it didn't show up anything in the records there.

CHAIR KOTELCHUCK: Oh.

MEMBER CLAWSON: And that's where I got twisted up --

CHAIR KOTELCHUCK: Very good.

MEMBER CLAWSON: -- so that's --

CHAIR KOTELCHUCK: Very good. And that clarifies it for me, as well, Brad. Thank you very much. So -- and that's good. I'm comfortable, and I'm comfortable to close it. I don't know if others -- and -- and thank you, Brad. Are -- others have -- have any other concerns or comments? Not hearing --

MEMBER FRANK: -- no comments.

CHAIR KOTELCHUCK: Good. Okay. Not hearing others, I assume

we're all in agreement. So, can I -- I move that we -- we close this. So, let's consider this closed.

MS. BEHLING: This is Kathy Behling. Can I ask a quick question?

CHAIR KOTELCHUCK: Sure. Always.

MS. BEHLING: All right. I'm just questioning would this be a professional judgment issue, just because of the approach taken by NIOSH, and we questioned that that was --

CHAIR KOTELCHUCK: Hmmmm.

MS. BEHLING: Would this fall --

MEMBER CLAWSON: My -- myself, Kathy, this is -- I'm sorry, Kathy. Myself -- this would be a professional judgment, because they're doing something outside parameters a bit, which I think it would be classified a professional judgment.

CHAIR KOTELCHUCK: Right. A conservative one, to be sure, and a properly conservative -- yes, agreed, Brad.

MS. BEHLING: Thank you.

MEMBER CLAWSON: But Kathy, I do appreciate you bringing that up, because until you brought that up, I did not think of it in that -- that realm. I appreciate you raising that.

CHAIR KOTELCHUCK: Right. Well, I know your -- Kathy, you're going to be dealing with -- in the procedures subcommittee, you're going to be dealing with going over things and -- and deciding whether professional judgments were used, so that's -- that is helpful both to you and in second -- and, of course, since we're doing it cooperatively -- or I should say, you're doing it for the procedures review, and you'll report it back to us, which is

important and good. So, please feel free to ask about those similar kinds of questions as we come -- and, of course, that includes others of us, too.

MS. BEHLING: Thank you.

CHAIR KOTELCHUCK: Okay. Good. All right. Folks, ready to close unless I hear an objection. So, agreed, closed.

MS. GOGLIOTTI: Okay. The next --

CHAIR KOTELCHUCK: (Indiscernible.)

MS. GOGLIOTTI: -- one is Tab 606 observation one, and this is a Hanford and Pacific Northwest National Laboratory case with a POC of over 50 percent. And this is an observation, not about what was done in the dose reconstruction, but actually about the TBD. We noted that in one of the tables for X-ray dose, it was a little confusing where the dates overlapped where if you had a -- 1959 as your year, it was confusing whether or not you should select -- which column you should pull your number from. And NIOSH picked the higher one, which is claimant favorable, but we just noted that there was overlap in the table. And NIOSH responded that they agreed. And there were two different X-ray machines used in that year, which is why there was an overlap in the tables. But in order to be claimant favorable, according to NIOSH, they always use the higher dose values --

CHAIR KOTELCHUCK: Right.

MS. GOGLIOTTI: -- for 1959.

CHAIR KOTELCHUCK: Okay. Good. Nice to -- nice that you recorded it. It's absolutely the way things always work if we're going to have two values per something, we assign the higher one to the -- to the person -- the claimant. So, to my mind, this is -- this is pretty not -- this is standard

and I'm not -- I'm not even sure it was worth an observation, in fact. But -- but it is --

MEMBER CLAWSON: Dave, I -- I -- I agree --

CHAIR KOTELCHUCK: -- really more a note. Yeah.

MEMBER CLAWSON: Yeah, but this needs to -- this needs to be clarified, and I -- I do appreciate the observation, because -- especially where there's two different machines, the whole thing. This was just an observation of clarity for the TBD. And so, I think it was a good thing, and I appreciate it --

CHAIR KOTELCHUCK: Good.

MEMBER CLAWSON: -- bringing that up.

CHAIR KOTELCHUCK: Okay. For the record, in other words, that -- that it be somewhere written in the records that this was done. Okay. I'll buy that. All right. I don't think there's any question about closing. If there is or concern or objection, so -- please say so; otherwise, we'll close it. Any? Okay. And recommendation closed, and let's -- let us -- I would declare this closed. 608.

MS. GOGLIOTTI: Okay. 608 observation one, and this is an Oak Ridge K-25, X-10, and Y-12 plants case with a POC of less than 50 percent. Here it appeared to us that the onsite ambient dose was applied somewhat inconsistently for the years '55 and '56. We thought that considering the job function didn't change, it seemed reasonable that the gaps in dosimetry for those years should have been filled with zeros rather than assigned ambient dose. And NIOSH responded saying that the dosimeter cards from X-10 are all available starting at the beginning of employment, and the zeros are

reported when a dosimeter is issued. As a result, based on the EE's job title and the information in the TBD, those entering a restricted area on an occasional basis were assigned visitor badges, and those are limited badges that were processed at the end of the week, and that all data appeared to be available, and the EE was not monitored for all weeks. Thus they were not unmonitored during the gaps, rather intentionally not monitored at the site. And then in the gap, they were assigned onsite ambient dose. And we re-reviewed the X-10 DR guidance document is in conjunction with the dosimetry records. And come to find out, what appeared to be checkmarks to us were actually V's for visitor in the record. And that was a handwritten record. But we do agree that NIOSH processed this consistently or inappropriately, and we recommend closure.

CHAIR KOTELCHUCK: Okay. All right. Okay. V for visitor. Okay. Any thoughts? Comments by our -- our Board Members -- committee members -- subcommittee members or others? Okay. Seems reasonable --

MEMBER CLAWSON: -- Brad.

CHAIR KOTELCHUCK: -- to me --

MEMBER CLAWSON: I'm good.

CHAIR KOTELCHUCK: -- as well. Okay. Okay. Very good. So, I think we can close this and move on.

MS. GOGLIOTTI: Okay. This is the same case, observation two. Here the observation is that the assignment of occupational medical dose in this case appeared to be somewhat subjective, because it was not known if the EE was required to have examinations. On -- using the required annual examination frequencies overestimates the total dose but underestimates

the dose at other sites when you use the frequency recommended in the respective site profiles. And NIOSH responded saying that according to the K-25 medical TBD, there should be preemployment annual and termination X-rays done during the employment period. And the EE worked at K-25 and then transferred to X-10. And therefore, there was a preemployment that was completed, but given their start date, they likely did not have an annual examination during that same year. And because he didn't terminate and was rather transferred, annual X-rays were assigned at both K-25 and X-10. And the X-ray doses were appropriate for K-25, but overestimates for X-10. And I realized that's somewhat confusing, but we agree that NIOSH had a reasonable interpretation, but we do recommend that maybe the Oak Ridge sites would benefit from a more standardized guidance on how to assign medical dose when there's transfers between facilities, because they can't be that uncommon. But if you read the TBDs down to the guidance, it's confusing what should be done. But we think what was done here is reasonable, --

CHAIR KOTELCHUCK: Hmmm.

MS. GOGLIOTTI: -- recommend closure.

CHAIR KOTELCHUCK: Right. So, you recommend that this -- should this be in the record somehow about how this should be done? You're saying that transfer is not -- what -- what was done made sense --

MS. GOGLIOTTI: Transfer is not --

CHAIR KOTELCHUCK: -- but --

MS. GOGLIOTTI: -- a termination, and so here, they're saying since there was a transfer, there wouldn't be a termination scan and a rehire scan,

which is logical, --

CHAIR KOTELCHUCK: Oh. I --

MS. GOGLIOTTI: -- but it's not spelled out in the guidance documents.

CHAIR KOTELCHUCK: Okay. Comments?

MEMBER BEACH: That is kind of a tricky one, because I agree with that, but -- but you don't really know if there was a -- when he transferred, if there was a X-ray or not. Is there any comment --

UNIDENTIFIED SPEAKER: (Indiscernible) --

MEMBER BEACH: -- from NIOSH on -- on documentation for this, or any -- any movement on that recommendation to make it more clear?

(Whereupon, a telephone sounds.)

MR. SIEBERT: This is Scott. I mean, we're -- we're looking at if there's a way to (indiscernible) clarify when you're talking through transfers and so on. So, yeah we're taking that into -- under advisement to determine if there's a way for us to clarify that. The difficulty is, you know, there's -- there's so many different -- somebody transferred from this facility with the three different facilities, different time frames of the year. It's -- it's difficult to get a hard, fast rule. So, but we --

MEMBER CLAWSON: (Indiscernible) --

MR. SIEBERT: -- definitely look if there's a way for us to standardize it somewhat more and get that in writing --

CHAIR KOTELCHUCK: Right.

MR. SIEBERT: -- for consistency.

CHAIR KOTELCHUCK: Right. Well, when I would -- I would, frankly,

be more -- I would be more directed to put this in abeyance awaiting your report. And I understand why it's difficult. So, there may -- you may have -- you may investigate and find out you can't do any better, but I would -- I would be interested in making sure that we held -- that we heard from you again when you've been thinking about it and report back to the subcommittee. I -- I -- I agree that this was handled properly. I -- I have no question about it -- in my mind about that. But to the extent that it -- that work needs to be done, I want to make sure that the work is done or at least, that report is given back to us about further investigation. Would -- would others agree or what...?

MEMBER CLAWSON: Dave, this is Brad. I agree with you on that, because part of the thing, that an old (indiscernible) that we were all -- when I -- when I've talked with claimants, one of the things that --

CHAIR KOTELCHUCK: Uh-huh.

MEMBER CLAWSON: -- is going from the different sites, one to another one, they were assigned to it. As a visitor it wasn't an issue, but when they got assigned to it, they were wanting -- they were checking them to make sure they weren't bringing anything from another area in. And that's why they had --

CHAIR KOTELCHUCK: Uh-huh.

MEMBER CLAWSON: -- some X-rays and stuff. So, I would agree with what your assumption is. Put this in abeyance. We may not get any better than this, but we'll -- we'll be able to have a better feeling when we walk away from it.

CHAIR KOTELCHUCK: How do others feel?

MEMBER BEACH: I agree with tracking it.

CHAIR KOTELCHUCK: Yeah. Okay.

MEMBER FRANK: Me, too. This is Arthur.

CHAIR KOTELCHUCK: Good. Good. Good. And Loretta?

MEMBER VALERIO: Me, too.

CHAIR KOTELCHUCK: Okay. So, we'll put this in abeyance, and we'll come back to it at a later time when folks can report back to us when the -- NIOSH or ORAUT folks can report back to us. Okay. Let's go on.

MS. GOGLIOTTI: Okay. This is from Tab 609 finding one, and it's a Pantex case with a POC above 50 percent. And here our finding had to do with the employment assumptions. NIOSH assumed that the EE worked in their career beginning in 1964 -- or this job title -- because in the early 1960s in the CATI report, the EE said that they worked in a certain location. The -- we actually looked at the employment history of the EE, though. It shows that the EE worked at that occupation beginning in early 1960. And so, that kind of impacts all the assumptions that went into this dose reconstruction between the years '60 and '64. And --

CHAIR KOTELCHUCK: Right.

MS. GOGLIOTTI: -- while we believe that NIOSH assigned doses that appear to be claimant favorable, we believe that the incorrect job classification for those years resulted in an overestimate in the assigned dose in the underestimating claim. And NIOSH responded that the DR did not note the employment record, which was located in initial DOL claim file. Note that there were roughly 1800 pages, so it's reasonable that that wasn't -- and they made the assumption that the claimant worked in production

during these early years based on some statements in the claimant interview. As a result they use the 95th percentile unmonitored external doses for this period. And then for the -- from '65 through '73, they were using unmonitored doses based on the 50th percentile construction trade worker --

CHAIR KOTELCHUCK: Uh-huh.

MS. GOGLIOTTI: -- so NIOSH concurred with us after noting the employment record of the case. And their assumptions for claimant favorable. Now that I'm thinking about this, I wonder was this reevaluated to determine the impact on POC? I know that the POC -- it was compensated, so maybe it doesn't matter.

MR. RUTHERFORD: I think -- This is LaVon. I'm not sure. Scott, did we go back and look at that?

MR. SIEBERT: Yeah, yeah. This is Scott. Sorry, I was reaching for the mute key. Yeah. We did look at it. It does have an impact. It actually would lower under 50 percent, but, you know, the claimant -- once again, the claimant-favorable assumption was made. I -- I'm not going to sit here and make excuses, but it is a single page out of, you know, 2000 pages where that was noted. So, we -- we'd agree that we probably -- perhaps should have caught that -- that page and noted that there was a difference.

CHAIR KOTELCHUCK: Uh-huh. Q -- I mean, this was a QC case. This is not -- not -- perfectly understandable how that could -- that could have happened, but -- would it particularly -- the NIOSH finding originally was to compensate, hmmm? I'm not sure I'm completely comfortable. Other -- what do other -- what other people --

MEMBER CLAWSON: Well, I --

CHAIR KOTELCHUCK: -- think?

MEMBER CLAWSON: Dave, this is -- this Brad. Okay. You've got to understand at the time this was put together, yes, this was missed. Later on the person has already been compensated.

CHAIR KOTELCHUCK: Right.

MEMBER CLAWSON: We're not going back to the person and take that away from them. And if it was, it was very close computation, I would assume. So, this -- this is -- this is just a finding that we had, and we'll just proceed forward with it. We can understand how it happened, but there's --

CHAIR KOTELCHUCK: Right.

MEMBER CLAWSON: -- nothing we can do about it. And they're not going to take that compensation away from the person either --

CHAIR KOTELCHUCK: Well, --

MEMBER CLAWSON: -- (indiscernible) --

CHAIR KOTELCHUCK: Well, --

MEMBER CLAWSON: I'm okay with it.

CHAIR KOTELCHUCK: Okay. Okay. I -- on the other hand, I -- since I participated in some of the reports that we give back to the secretary, when I find a case where the original compensation decision would have been different -- would be different, that -- we -- we've only had one so far over our last -- on our first 500 cases. And I'm wondering whether this isn't the second. It seems to me people are saying this is the second one. And it is perfectly understandable. I -- I -- let me be clear. I -- I'm not -- these are -- and even more so having looked over some of the files that Rose sent

us to look at before this meeting, these are really lengthy files. Nevertheless, I think -- my concern is not so much closing this as noting it, and that this is, I think, perhaps noteworthy in our looking at our base of cases reviewed, the 500-plus cases that we've had.

Are others concerned about that, or is that some -- I mean, or we can just deal with this as one case and leave it, but I -- the question is should this somehow be recorded in our -- in our review of our work so at some point we'll report back to the secretary whether we should say no, is the second one. Not --

MEMBER BEACH: Well, Dave, I -- this is Josie. I agree with your concern on tracking this as the second one in this since instance for the reporting purposes. You're closer to that than -- than I am, but --

CHAIR KOTELCHUCK: Yeah.

MEMBER BEACH: -- it feels like something that should be tracked.

CHAIR KOTELCHUCK: Right. I -- I don't -- yes, I -- I just don't feel comfortable passing on this and then letting it disappear into the record. What do -- what do you think Arthur and -- and --

MEMBER FRANK: Yeah, it doesn't sound like --

CHAIR KOTELCHUCK: -- the rest --

MEMBER FRANK: -- a serious ongoing problem. I mean, if this is only the second one, I think it --

CHAIR KOTELCHUCK: Right.

MEMBER FRANK: -- be mentioned in a report to say, you know, this is due to, you know, I -- when you're dealing with these thousands of reports, you know, to have a couple of outliers like this is not unexpected, so it can

be mentioned, but the comment that upon that it's not a serious ongoing issue.

CHAIR KOTELCHUCK: Right. Yeah. I would feel much -- I would feel comfortable with that. I mean, that is -- I agree with you. I agree with you completely. This is not -- this is a pretty exemplary record, in fact, over the years now.

MEMBER CLAWSON: This is Brad. I'm back on the line. I agree with what -- what you're saying. And, you know, look at all the -- look at all the different reports that we have put out. Look at how many thousands of dose reconstructions have been put out. I -- I don't -- this isn't like in the early days when we saw multiple issues and so forth like that. I think we should address -- document it, and, you know, go on there.

CHAIR KOTELCHUCK: Right.

MEMBER CLAWSON: Plus, I just learned --

CHAIR KOTELCHUCK: Right.

MEMBER CLAWSON: -- the difference between mute and off. That -- that worked --

CHAIR KOTELCHUCK: (Laughing.) Okay. Well, I think it's clear we can close it. Let me ask Rose, or perhaps Rashaun, how do we get this in -- we -- we do not have a secretary report planned at -- in the immediate future, as far as I know, and hasn't been assigned who will do it, but where might we keep the record? I'll -- I'll certainly note it. And I do -- well, let me say one thing. The one thing -- I'm sorry, I said many one things, so let me say another thing. The -- Scott, since you reported -- and reported that it will was done and it came out below -- the POC was below 50 percent, I

think we need -- we need a way -- we need that documented. We need what the number was. What the number was when you recalculated. And then we will -- Rashaun, perhaps I should send it to Henry, just say this is another finding that we have, and it has to go in the report, whenever that report is done. It may not be for a few years, yet. That's -- again, I have no idea. Does that sound --

DR. ROBERTS: (Indiscernible) --

MS. GOGLIOTTI: Yeah, I think that's reasonable give -- to get an exact number, and we'll certainly document it in my notes, as well as in the BRS when we get that up and running officially.

CHAIR KOTELCHUCK: Excellent.

MS. GOGLIOTTI: but I think that it's important to highlight that this is -- not that I like to see errors, this is a better error than going the other way. I don't think that --

CHAIR KOTELCHUCK: Oh, yes.

MS. GOGLIOTTI: -- the person was compensated, so I think that we should keep that in perspective. If there's going to be errors, I want them to see them go this way than the other way.

CHAIR KOTELCHUCK: Absolutely. Absolutely. And that's the -- that -- that's deep in the spirit of what this -- what this board and when -- and what this program tries to do.

MEMBER CLAWSON: And Rose, let me ask --

DR. ROBERTS: And Dave, --

MEMBER CLAWSON: Dave, let me ask a question. Is this -- can't we document this in the BRR (sic) or whatever? We used to be able to do that,

Rose. And this is --

MS. GOGLIOTTI: No, we --

MEMBER CLAWSON: -- (indiscernible) --

MS. GOGLIOTTI: -- we can do -- we can document it again. We do have access to it, and I want to talk about the BRS later in the meeting, but we do have the BRS back. And I'll document it, of course, of my notes, and it'll be in the transcript and in the BRS.

CHAIR KOTELCHUCK: Very good. So, --

MS. GOGLIOTTI: So, we're not going to --

CHAIR KOTELCHUCK: -- I'm glad.

MS. GOGLIOTTI: -- lose sight of it.

CHAIR KOTELCHUCK: All right. And that's -- that's the -- that's really what I was getting at and I'm very -- I'm happy with that. So, I think we can close this as a -- one particular case, and the remains of discussion and the concerns will be in the record. And I'll certainly keep that in mind.

MEMBER CLAWSON: Dave, and I --

CHAIR KOTELCHUCK: Okay.

MEMBER CLAWSON: -- this is Brad. I just -- Dave, this -- this is --

CHAIR KOTELCHUCK: Yes?

MEMBER CLAWSON: -- Brad.. I just want to make one point about this. And you brought this up. And, you know, we're -- we're doing all of these different cases. I think it's also important for us to show that yes, we -- we have made mistakes in this, but one of the things that Rose brought up and that we failed in the right direction, that we failed --

CHAIR KOTELCHUCK: Yes.

MEMBER CLAWSON: -- claimant favorable and that --

CHAIR KOTELCHUCK: Right.

MEMBER CLAWSON: -- that -- that -- that is very important, I think, to be able to document. Because you had mentioned so much, and I think that's important to note in the --

CHAIR KOTELCHUCK: I agree. I agree.

MEMBER CLAWSON: -- my personal --

CHAIR KOTELCHUCK: Yes. Well, I think that is the -- that is the -- the practice -- the official practice of the advisory board, so good. Shall -- it shall be done. I think we can close this, folks. What do you say?

MEMBER FRANK: I agree.

CHAIR KOTELCHUCK: Right, we can close this with all of the discussion and -- and the recording.

MEMBER CLAWSON: Indeed.

CHAIR KOTELCHUCK: All right. Okay. Very --

MS. GOGLIOTTI: Just to clarify, you still want the re -- the -- the POC recalculated?

CHAIR KOTELCHUCK: Oh, yes, oh, yes. Because in the report, certainly, we have to say what is -- what was calculated and what it -- it -- and that was it was in error, it should have been -- yeah. That's always -- that's always been done in previous reports.

MR. RUTHERFORD: We'll take care of that.

CHAIR KOTELCHUCK: Okay. Very good. Excellent. Okay. Folks, so we can close this now, I think. We've had a good lengthy discussion about it, and I think we resolved it well. So, I move that we close it. Are there

any objections?

MEMBER VALERIO: None here.

CHAIR KOTELCHUCK: Okay. Good. So be it, it is -- it is done. 611.1. Okay. Good.

MS. GOGLIOTTI: So, the next one here is from Tab 611 finding one, and that's a Paducah case with a POC of just under 50 percent. And the finding has to do with an X-ray exam. We located one in the records that didn't actually get assigned in IREP. The omitted dose was relatively small, and we didn't feel that it would change the outcome of the case, but it should have been included in the best estimate dose reconstruction. NIOSH agreed that this X-ray should have been included. They recalculated the dose to include this examination, and the additional dose did not change the outcome. The POC, when you factor in observation two from the same case, --

CHAIR KOTELCHUCK: Mmmm.

MS. GOGLIOTTI: -- did go up, but very small -- only a fraction of a percent.

CHAIR KOTELCHUCK: Right. Again, really -- it -- it's another case where we have really -- as we have in our blinds, really deep agreement 48.92 versus 49.11. Neither -- neither would be compensated. Okay.

MS. GOGLIOTTI: Well, it -- it's just the POC changed. I don't think that they're in agreement necessarily, but the POC changed.

CHAIR KOTELCHUCK: Try -- that they're not -- I'm (indiscernible) --

MS. GOGLIOTTI: Their -- their POC changed, but the POC did not go above 50 percent.

CHAIR KOTELCHUCK: That's right. That's right. They are in agreement. Oh, absolutely. Sure. Sure. Okay. Comments, folks? Any? I think we're --

MEMBER CLAWSON: No, I -- we've addressed it good.

CHAIR KOTELCHUCK: I think -- I agree.

MEMBER CLAWSON: We have --

CHAIR KOTELCHUCK: Are there any further comments? Okay. Okay. Then I believe, we are agreed to close it 611.1. All right. Good. And by the way, we started at 11:00. I'm thinking of continuing on certainly through 1:00, if that's okay. I don't know if that's -- how -- how people on the East Coast -- you want to close earlier for lunch or for break.

MEMBER FRANK: Yeah, that'll --

CHAIR KOTELCHUCK: Shall we --

MEMBER FRANK: -- fine.

CHAIR KOTELCHUCK: Okay.

MEMBER FRANK: Yeah, we just continue --

CHAIR KOTELCHUCK: Okay.

MEMBER FRANK: -- going.

CHAIR KOTELCHUCK: Let's keep going on. Out -- I'll take another I'll take another check at 12:30 East Coast time. Okay. Good. 611 observation one.

MS. GOGLIOTTI: Just in case --

(Whereupon, a telephone sounds.)

MS. GOGLIOTTI: -- this observation is very similar to ones we've had previously. When we calculated the missed photon doses our numbers

didn't quite match NIOSH's when NIOSH used the Monte Carlo calculation to propagate uncertainty. When we point to a point calculation, we weren't able to exactly reproduce their doses. I don't have written down here the percent, but I believe it was around 20 percent difference. And here, NIOSH responded exactly the same as previously, that it's expected that a point calculation wouldn't match a full Monte Carlo calculation, and so we recommend closure.

CHAIR KOTELCHUCK: Sure. So, this is the same as the case we considered earlier, --

MS. GOGLIOTTI: Yes.

CHAIR KOTELCHUCK: -- right? Good. With a -- with the -- with the Monte Carlo versus the other approach to calculation. All right. Then there's -- I think there's really nothing to discuss. If -- if there are any concerns or any comments, if I hear them -- otherwise, we'll close it. Do I hear any concerns or objections or comments? No, I don't. So, we will -- we will close this.

MS. GOGLIOTTI: Okay. Same case --

CHAIR KOTELCHUCK: Okay.

MS. GOGLIOTTI: -- observation two. Here, we asked for clarity from NIOSH why Tc-99 exposure was assumed to end in '83 as opposed to the date when the last bioassay was taken. It just seems a little confusing to us on why that decision was made. And NIOSH agreed that the Tc-99 dose should have been assigned through the termination sample. And the recalculated dose -- this is the same one we were talking about earlier -- it went up by a fraction of a percent, --

CHAIR KOTELCHUCK: Uh-huh.

MS. GOGLIOTTI: -- but it didn't change the outcome, and so we're in agreement that it should have been done a little bit differently, but it didn't impact the compensation decisions so, ultimately, we recommend closure.

CHAIR KOTELCHUCK: Okay. So, this is -- is this the same plant that we had with the technetium before? I don't remember. I -- I -- you don't need to say the plant. I -- in fact, I would prefer we don't say the name of the plant, but it's the same. I don't have it in front of me. Is this the same --

MS. GOGLIOTTI: (Indiscernible) --

CHAIR KOTELCHUCK: -- Technetium-99 issue? Pardon?

MS. GOGLIOTTI: It -- I -- I think this is an isolated instance. I don't think that this is related to the -- the employment location.

CHAIR KOTELCHUCK: Okay. Let's see, shall be assigned through the termination. Oh, oh, yes, I see what you mean. This is not -- no, it happens to be Technetium-99, but it's a different -- this is a different situation and a different facility.

MR. SIEBERT: This is kind of --

CHAIR KOTELCHUCK: Okay. It looks okay. Pardon?

MR. SIEBERT: Hi, I'm --

CHAIR KOTELCHUCK: Scott?

MR. SIEBERT: -- sorry, this is Scott. It is a different facility, so yes.

CHAIR KOTELCHUCK: Okay. Fine. Sounds -- sounds good. Again, con --any concern or comments from members?

MEMBER CLAWSON: This is Brad. I'm --

CHAIR KOTELCHUCK: Anyone --

MEMBER CLAWSON: -- good with it.

CHAIR KOTELCHUCK: Okay. Good. Then hearing none, we can close. Okay.

MS. GOGLIOTTI: Okay. So, this is Tab 612 observation one, which is Pandea (ph) case with a POC of under 50 percent. And here, we were unable to match the ambient dose that was assigned to the target organ. And NIOSH responded that the primary difference between our calculation and their calculation was that we used the mode distribution of the ambient dose equivalent to organ dose anterior/posterior DCS from IDO one to calculate the doses while NIOSH supplied a triangular distribution to the exposure to organ dose isotropic DCF. The DCF mass used -- has a load distribution of .536, which is higher than -- or which is lower than the value that we used of .94, which is the reason that we weren't able to match the doses. Given the information, NIOSH considered the doses calculated by NIOSH to be appropriate and consistent with the technical guidance. And then, of course, there is also the variance from Monte Carlo calculations. When we went back and looked at it, NIOSH is correct, an ambient dose was calculated correctly, and so we do recommend closure.

CHAIR KOTELCHUCK: Okay. I'd like to take a moment and read it, if I may. Here's a case where we have so much information, at least, I -- I need to absorb it a little bit. This is the first I've seen of it, as we all -- this is the first we've all seen of it. Could we -- could I ask folks if we could take one moment to read and think about that, maybe a minute or two? Or a minute or so? Would that be okay?

MEMBER BEACH: Go ahead, --

CHAIR KOTELCHUCK: Would folks --

MEMBER BEACH: -- Dave.

CHAIR KOTELCHUCK: -- be willing -- okay. I just want to read it over. Right. Okay. Thank you and to --

MS. GOGLIOTTI: -- to clarify. So, essentially, when SC&A did our calculation, we picked the wrong value from IDEO one, which is why our numbers are so different.

CHAIR KOTELCHUCK: Uh-huh.

MS. GOGLIOTTI: We use an --

CHAIR KOTELCHUCK: Yeah.

MS. GOGLIOTTI: -- they use the isotropic.

CHAIR KOTELCHUCK: Right. Right. And --

MS. GOGLIOTTI: -- for the ambient dose.

CHAIR KOTELCHUCK: Right, right, --

MEMBER CLAWSON: Rose, what you're --

CHAIR KOTELCHUCK: -- right.

MEMBER CLAWSON: -- saying is, actually -- actually, NIOSH did do this correct --

MS. GOGLIOTTI: Yes.

MEMBER CLAWSON: -- per the TBD --

MS. GOGLIOTTI: Yes.

MEMBER CLAWSON: -- and all the --

MS. GOGLIOTTI: Yes.

MEMBER CLAWSON: -- (indiscernible) that they were supposed to do.

SC&A, actually, made a mistake in assumptions they used, correct?

MS. GOGLIOTTI: Yes. Yes.

MEMBER CLAWSON: Okay. I --

MS. GOGLIOTTI: While I don't like to admit we make mistakes, we do.

CHAIR KOTELCHUCK: Okay. Great.

MEMBER CLAWSON: Well, no, I --

CHAIR KOTELCHUCK: All right.

MEMBER CLAWSON: No, this -- I -- I understand this -- this fully, and I just wanted to make sure that --

CHAIR KOTELCHUCK: Right.

MEMBER CLAWSON: -- we got this out, because that -- when I read this the other day, it was -- it was because of -- NIOSH didn't do it right, and we -- we messed up. It -- it's --

CHAIR KOTELCHUCK: Okay.

MEMBER CLAWSON: -- that way and that's not abnormal.

CHAIR KOTELCHUCK: Okay. Good. I -- you know, I may have missed this. If I make a comment now, Rose. I may have missed this, because I did not review -- I mean, I reviewed the material you sent, and it was all about the -- the -- it was the NIOSH calculations and the NIOSH data, but I didn't see this. Did other folks see it? Did I miss that somehow?

MEMBER CLAWSON: Yes. I -- I did, and when I started to question this is in the summary of SC&A's down there, NIOSH correctly calculated ambient dose (indiscernible), and then --

CHAIR KOTELCHUCK: Yeah.

MEMBER CLAWSON: -- then -- then you go back, and you read into it, and it helped me understand better --

CHAIR KOTELCHUCK: Right.

MEMBER CLAWSON: -- what was going on. It was --

CHAIR KOTELCHUCK: Right.

MEMBER CLAWSON: -- actually --

CHAIR KOTELCHUCK: Right.

MEMBER CLAWSON: -- performed correctly. And when --

CHAIR KOTELCHUCK: Okay.

MEMBER BEACH: Dave, I -- I --

CHAIR KOTELCHUCK: And then --

MEMBER BEACH: I -- when I reviewed these slides a couple days ago, I didn't find it to be off either, so. I mean, it --

CHAIR KOTELCHUCK: Okay.

MEMBER BEACH: -- reported correctly.

CHAIR KOTELCHUCK: Okay. There -- what I'm saying, I think, is that I -- I did not see these slides. This -- this set of slides we were on. And that's why -- I don't know how I missed it. And -- but that --

MEMBER CLAWSON: I do, Dave. We --

CHAIR KOTELCHUCK: -- that may have --

MEMBER CLAWSON: -- we were -- we -- we review an awful lot of different information. There is --

CHAIR KOTELCHUCK: Yeah.

MEMBER CLAWSON: -- an awful lot out there. And these dose reconstructions are not simple. And sometimes I have to --

CHAIR KOTELCHUCK: Right.

MEMBER CLAWSON: -- read the slide two or three times to understand --

CHAIR KOTELCHUCK: Right. Right. Okay.

MEMBER CLAWSON: -- (indiscernible).

CHAIR KOTELCHUCK: Okay. I think this was an oversight on my part, but -- but that's good. Good. Because I was going to raise this later, because looking at this for the first time, it seems we're going over things rather quickly. And I want to make sure, as chair, that we're carefully evaluating, and we are. And -- and that I -- there was an oversight and -- on my part. And good. I'll find out where it came and how. So, good. It seems that people are in agreement on this, and I am, as well, having read it again more carefully. So, are there any concerns or comments -- further concerns or comments before we close it?

MEMBER CLAWSON: I have -- I have no concerns. This is Brad.

CHAIR KOTELCHUCK: Okay.

MEMBER FRANK: No further --

CHAIR KOTELCHUCK: Good.

MEMBER FRANK: -- concerns or comments.

CHAIR KOTELCHUCK: Good. Okay. So, sounds like we are all in agreement now. Loretta fine?

MEMBER BEACH: Yeah, I --

CHAIR KOTELCHUCK: Okay.

MEMBER VALERIO: Sorry, it this -- it took me a second to --

CHAIR KOTELCHUCK: Good.

MEMBER VALERIO: -- get off of mute. I'm good. No --

CHAIR KOTELCHUCK: Okay.

MEMBER VALERIO: -- concerns.

CHAIR KOTELCHUCK: Okay. Thank you much. All right. S, we'll close this 612 observation one. By the way, --

MS. GOGLIOTTI: Okay.

CHAIR KOTELCHUCK: -- for the future, I know it's hard and this -- the discussion made it more difficult, but we do want to make sure that we don't have responses that may -- that we don't talk about personal information, but just the types of cancers sometimes. So, just a reminder. Okay. Let's go.

MS. GOGLIOTTI: Okay. This is from Tab 613 observation one, which had employment at Oak Ridge X-10 and Y-12 with a POC of over 50 percent. And I would say that this observation is more, like, an information purposes only because it is quite like see here. I'll do my best to summarize it, but we can go into more detail if anyone would like. Here, the total assigned dose greatly depends on the type of Uranium-234 solubility used in the chronic missed dose calculations. And the Y-12 DR guidance of 2020 does not address the issue of uranium solubility as it applies to this case. The site profile does have discussion of uranium solubility. SC&A evaluated several scenarios concerning different solubility types and years of intake, since the short intake period of bioassay data, which was approximately two months, doesn't really allow for reasonable determination of solubility type.

So, we did three scenarios here. A type F for the bioassay period, and that matches what was done, the internal dose and POC derived in this

report. We also calculated a type M for the Y-12 period, and that significantly decreases the POC. And then we didn't type S coexposure intake for the bioassay period using the 95th percentile coexposure, and that decreased the POC, but not below 50 percent. Some things are just -- it was for observation to point out the importance of the assumptions that are made in the dose reconstruction, not to say that it was wrong. And NIOSH responded that this was a partial dose reconstruction, and NIOSH did not include external missed or coexposure photon doses, onsite ambient doses, or medical doses. All three material types, S, M, and F, intakes and doses were evaluated, and the claimant favorable intake was assigned, and that's consistent with what's typically done and what's recommended in the Y-12 TBD. We evaluated several scenarios concerning the different solubility types and years of intake since the short period of bioassay data, two months, doesn't allow for a reasonable determination of solubility type.

Since the uranium solubility type for the EE appears to be indeterminate, then the correct procedure would be to apply type S, as was done in the DR report. The short intake period was based on the start of internal monitoring. Note that the assignment of missed type S intakes at either start of employment, either the Y-12 '53 start or the Y-12 later start, resulted in doses that are higher than the current assignment. And we don't really have a response necessary. There's no disagreement in the approach. We were just highlighting the importance of the assumptions in a dose reconstruction, and so we recommend closure.

CHAIR KOTELCHUCK: Very good. Very nice. Very nice. Okay. And that -- those are important, and I think it illustrates the complexity of some

of the decisions and choices we have to make and how we work through them. Are there comments or concerns about --

MEMBER FRANK: No.

CHAIR KOTELCHUCK: -- closing?

MEMBER FRANK: No.

CHAIR KOTELCHUCK: Yeah. Okay.

MEMBER BEACH: None here, Dave.

CHAIR KOTELCHUCK: Okay.

MEMBER CLAWSON: None for me. This is Brad.

CHAIR KOTELCHUCK: Good. Good. And Loretta?

MEMBER VALERIO: This is Loretta.

CHAIR KOTELCHUCK: Very good. Okay. So, we closed. 616.

MS. GOGLIOTTI: Okay. 616 observation one, which is a Rocky Flats Plant case with a POC of over 50 percent, and this one is very similar to the observations we've discussed previously with Monte Carlo approach. And we're unable to --

CHAIR KOTELCHUCK: Right.

MS. GOGLIOTTI: -- replicate the doses assigned by NIOSH for missed photon doses. Our doses were roughly 26 percent higher than NIOSH's missed photon doses, and NIOSH responded the same way as they have previously. So, we --

CHAIR KOTELCHUCK: Okay. Absolutely. Sure. This is a rerun of what we've talked about before. And I'm glad we have it on the record, but I think we can close it quickly, unless there are any thoughts or comments. And I'll take silence as consent. I've heard that before somewhere. Okay.

All right. Then we could close this.

MS. GOGLIOTTI: Okay. The next one here is Tab 616 observation two, which is an Oak Ridge K-25 and X-10 case with a POC of under 50 percent.

CHAIR KOTELCHUCK: Uh-huh. Yeah.

MS. GOGLIOTTI: And here, since there was no change in job title or work location evident in the EE records, we were concerned if the correct assumptions were being made with the assignment of dose in the monitoring gaps. Could have used potentially adjacent records in the dosimetry data, which were zeros. And NIOSH responded that according to the DOE response document, again, several thousand pages in, the EE was off work or on light duty after a surgery at that time, and so this was not a gap in monitoring, but an intentional end and start in monitoring by the site. And the onsite ambient dose was assigned during this period of time, and it was claimant favorable. We reviewed the documentation cited by NIOSH, and we agreed this was a reasonable interpretation of the records and no error was made, so we recommended closure.

CHAIR KOTELCHUCK: Okay. Comments? Thoughts?

MEMBER BEACH: I agree with closure.

CHAIR KOTELCHUCK: Okay.

MEMBER FRANK: Agreed.

CHAIR KOTELCHUCK: Okay.

MEMBER VALERIO: I agree.

CHAIR KOTELCHUCK: Okay. All right. I'll agree and -- right. Okay. Loretta, also agreed. I realized it takes you a moment to get off of -- of

mute.

MEMBER VALERIO: I did agree, Dave. I don't know if someone else was talking at the same time, but I do agree.

CHAIR KOTELCHUCK: Good. Wonderful. Okay. We're in agreement, so we can close it.

MS. GOGLIOTTI: Okay. Next one, 616 finding one. Again, Oak Ridge K-25 and X-10 with a POC of under 50 percent. And here, the photon deep dose for the fourth quarter of one year was not assigned, and that would result in an additional 40 millirem of dose to each of the cancer locations. And here, NIOSH responded they agree, the change did not impact the outcome of the claim. And the updated POC, when you take into account all of the findings for this case and observation, it does lower the POC slightly. And there --

CHAIR KOTELCHUCK: Yeah. Okay.

MS. GOGLIOTTI: -- it's a small error, didn't impact compensation decision, so we recommend closure.

UNIDENTIFIED SPEAKER: Right.

CHAIR KOTELCHUCK: Okay. And this is clearly a QC concern. Okay.

MS. GOGLIOTTI: Yeah.

CHAIR KOTELCHUCK: Okay. Makes sense. Sure. Okay. Any -- anybody --anybody have any -- any objections or concerns for closing it?

MEMBER CLAWSON: None, --

MEMBER BEACH: None here, --

MEMBER CLAWSON: -- Dave.

MEMBER BEACH: -- Dave.

MEMBER CLAWSON: This is Brad.

CHAIR KOTELCHUCK: Okay. I think we're all in agreement, and let's close it. Okay. Good.

MS. GOGLIOTTI: Okay. Same case. Here, we located more external dosimetry records, --

(Whereupon, sirens sound.)

MS. GOGLIOTTI: -- and we found that two quarters of one year were not assigned missed dose, and we thought that they should have been. And NIOSH agreed. The changes do not affect the compensation decision. I believe, we calculated -- SC&A calculated that it was roughly 10 millirem of missed dose to each of the cancer locations, so it wouldn't impact anything --

CHAIR KOTELCHUCK: Sure.

MS. GOGLIOTTI: -- really, so we recommend --

CHAIR KOTELCHUCK: Sure.

MS. GOGLIOTTI: -- closure.

CHAIR KOTELCHUCK: Very good. Okay. Again, QC. And thank you for finding that. Doesn't look like there's any -- anything that we -- should be of concern. Are there any -- are there others who have comments or concerns? Looks fine to me. Nope, okay. Then let's consider this closed.

MS. GOGLIOTTI: Okay. Same case, finding three. And here, --

CHAIR KOTELCHUCK: Uh-huh.

MS. GOGLIOTTI: -- in the CATI report, the EE indicated that for both their employment at K-25 and X 10 sites, they wore their dosimetry badge near the pocket on their shirt coveralls, and --

CHAIR KOTELCHUCK: Uh-huh.

MS. GOGLIOTTI: -- the badge sometimes is worn below the coveralls. And the EE --

CHAIR KOTELCHUCK: Uh-huh.

MS. GOGLIOTTI: -- apron, lab coat, surgical gloves, access resistant gloves, and goatskin gloves, as long as a full-protective suit as needed, and so we thought that a reverse clothing attenuation factor should have been applied for X-10 in addition -- well, it was already applied for K-25, and it should have been also applied for X-10.

CHAIR KOTELCHUCK: Good.

MS. GOGLIOTTI: And NIOSH agreed that it should have been applied for the X-10 measured doses, but these changes didn't impact the compensation decision. Again, there was agreement. Small error, didn't impact compensation, so we recommend closure.

CHAIR KOTELCHUCK: Good. Seems to be pretty clear that -- that seems appropriate. What do others think?

MEMBER BEACH: Josie, and I --

MEMBER CLAWSON: I'm good --

MEMBER BEACH: -- agree.

MEMBER CLAWSON: -- with it.

MEMBER FRANK: I agree.

CHAIR KOTELCHUCK: Good. Good. Good. All right. So, I think -- I think we can close it.

MS. GOGLIOTTI: Okay. The next finding is from Tab 617 finding one. It's a Savannah River site claim with a POC of less than 50 percent.

CHAIR KOTELCHUCK: I may interrupt just a second? I -- pardon me, before you get started. I see it's 12:30, and I said we would come back. I think -- well, do we have only one more of the category ones to -- just this case 617 and --

MS. GOGLIOTTI: Yes.

CHAIR KOTELCHUCK: -- will be a few pieces to it. And at that point, will we -- will we call it a day, and then go on to category two in a future meeting? Is that your thought, or do you want to go on to category two today?

MS. GOGLIOTTI: My plan was to go on to category two today and -- but if that's too much for --

CHAIR KOTELCHUCK: Okay.

MS. GOGLIOTTI: -- the work group or subcommittee --

CHAIR KOTELCHUCK: No. No, no, I -- I -- I'm -- that's -- go ahead, Brad.

MEMBER BEACH: No, this is Josie. I was going to say we're scheduled until, I believe, 4:00, aren't we?

CHAIR KOTELCHUCK: Right.

MEMBER BEACH: Yeah, so I --

CHAIR KOTELCHUCK: Right.

MEMBER BEACH: So, maybe a break --

CHAIR KOTELCHUCK: Okay. I --

MEMBER BEACH: -- and then come back for category two.

CHAIR KOTELCHUCK: Good. And, also, that'll --

MEMBER FRANK: -- scheduled until 5:00.

CHAIR KOTELCHUCK: Yes, and I'm more than happy to do it. I just -- it was a question of how we stopped for lunch. It seems to me that -- let's finish this 617 up, and then let's break for lunch. It'll also give me a chance to quick review some of the later category two -- type two cases, and then we'll resume after an hour. So, let's go on, we'll finish up, and then -- and then we'll break with folks' agreement. Is that all right, folks, --

MEMBER FRANK: Fine with me.

CHAIR KOTELCHUCK: -- schedule wise?

MEMBER BEACH: There you go. Agree.

MEMBER CLAWSON: I'm good.

CHAIR KOTELCHUCK: Okay. Very good.

MEMBER VALERIO: Yes.

CHAIR KOTELCHUCK: Okay. 617.1.

MS. GOGLIOTTI: Okay. So, with this (indiscernible), again, is a Savannah River Site case. We found that NIOSH assumed one cancer was exposed to 100 percent 30-250 keV photons, which is consistent with exposure in one location, and that makes sense. Also, it's consistent with the dosimetry record, as well as the discussion in the dose reconstruction report. And then for the remaining cancers, however, NIOSH assumed an exposure of 50 percent 30-250 keV photons and 50 percent greater than 250 keV photons, which is an energy distribution that is inconsistent with the EE's work location. And typically -- well, I'll wait. We see exposure-latent assumptions are the same for all cancers. So, this was somewhat unusual. And here NIOSH agreed that once a facility was selected for the first cancer and a different facility was selected for the remaining cancers, this was a

claim-specific error, and the dose reconstructor needed to verify the change in facility for the remaining workbooks. It was a small error. The POC increases, but barely, and doesn't impact the compensation decision. So, ultimately, there's agreement, and since it didn't impact compensation, we recommend closure.

CHAIR KOTELCHUCK: Very good. Okay. Clear enough. Comments or concerns?

MEMBER CLAWSON: Brad, I'm good.

MEMBER FRANK: I'm okay.

CHAIR KOTELCHUCK: I'm good.

MEMBER BEACH: I'm good, too.

CHAIR KOTELCHUCK: Okay. And --

MEMBER VALERIO: -- Loretta. I'm good.

CHAIR KOTELCHUCK: Good. Fine. Thank you. Okay. We're -- we'll close this.

MS. GOGLIOTTI: Okay. And the same case, findings two. NIOSH assumed a chest X-ray on one date, and we found no record of that chest X-ray on that date, but we did find a hand X-ray conducted at the end of the month prior that was signed off in the same month. And that record indicates -- oh, I'm sorry. The next record indicates that the previous chest exam was completed in March of that year, so there's just disagreement on if a scan occurred or not. And we didn't think that the scan should be included in the EE's dose assessment because we thought that the scan that they assigned dose was actually a hand X-ray.

And NIOSH --

CHAIR KOTELCHUCK: Uh-huh.

MS. GOGLIOTTI: -- responded that the X-rays were assigned in accordance with the medical dose TBD, which states that NIOSH informed DOE headquarters that it was not necessary to search the occupational X-rays that were performed as a condition of employment; therefore, not all of the claimant records from SRS contain all X-ray records. However, the references were provided by SRS upon request if they are necessary to determine the POC. Dose reconstructors will assign dose in accordance with the appropriate frequencies in Table 3-1 unless the X-ray records were requested. NIOSH requested the records from DOE and received a response. And the table in the response indicates that the PA chest X-ray was performed on this date.

The DOL and DOE files contained conflicting information. The DOL record shows an X-ray of the hand at that time; however, the DOE file does not show a hand exam. NIOSH followed the projected -- the project TBD requirements that if the DOE was requested to supply records, NIOSH assigned a PA chest X-ray (indiscernible) in this year based on the DOE response. So, in the case of conflicting information, the dose reconstructor used the DOE information, which was claimant favorable.

And we noted that the historical medical records are likely more accurate than the summary documents that were created decades later, but we do concur that the assumption was claimant favorable, and it didn't impact the compensation decision, so we recommend closure.

CHAIR KOTELCHUCK: Okay. All right. Folks, what say you? It looks okay --

MEMBER FRANK: Agreed.

MEMBER CLAWSON: I -- I --

CHAIR KOTELCHUCK: -- to me.

MEMBER CLAWSON: This is Brad. I think this --

CHAIR KOTELCHUCK: Yeah.

MEMBER CLAWSON: -- one is okay. I -- I do appreciate --

CHAIR KOTELCHUCK: Yeah.

MEMBER CLAWSON: -- the clarification on this and the understanding and yes, you guys did find it was a hand, but they did go with the claimant favorable approach. So, I think we're -- I feel good about it.

CHAIR KOTELCHUCK: Good. Good. Fine. Fine. Are we all in agreement?

MEMBER BEACH: Yeah, I agree, Dave. Josie.

CHAIR KOTELCHUCK: Yeah. Okay.

MEMBER FRANK: (Indiscernible) --

MEMBER VALERIO: -- Loretta.

CHAIR KOTELCHUCK: Very good. We are in agreement, and we will close it.

And we're ready for type-two issues, which really means we're ready for a break. It's 12:40. Shall we meet again at 1:40? How does that sound, folks?

MEMBER CLAWSON: That -- that sounds --

MEMBER BEACH: That's sounds good.

MEMBER BEACH: -- find, Dave.

CHAIR KOTELCHUCK: Okay. We'll meet at 1:40. I will ask one last

thing of Rose. For whatever reason, I missed what you had sent out for the category two. I can -- I can -- could you send them to me on the CDC computer? And I can take a look at them during lunchtime.

MS. GOGLIOTTI: Yes. All the finding ones and finding twos were together in the same document.

CHAIR KOTELCHUCK: Okay. Fine. If you will, just send them.

MS. GOGLIOTTI: Okay.

CHAIR KOTELCHUCK: So, I'm sure I'll find them if I look, but let's -- time is short. Okay. Very good. See you all at 1:40. Okay. And thank you, Rose, for your presentation and for sending it to me. Okay. Bye-bye, folks, for an hour.

MS. GOGLIOTTI: Great. Thank you.

CHAIR KOTELCHUCK: Bye.

(Whereupon, a break was taken from 12:40 EDT p.m. until 1:40 p.m. EDT.)

DR. ROBERTS: -- roll call to make sure subcommittee members are back. Kotelchuck?

CHAIR KOTELCHUCK: Here.

DR. ROBERTS: Beach?

MEMBER BEACH: I'm here.

DR. ROBERTS: Clawson?

MEMBER CLAWSON: Here.

DR. ROBERTS: Frank? Not quite. Has Lockey joined, by chance? Okay. And Valerio?

MEMBER VALERIO: I'm here.

DR. ROBERTS: Okay. So, Dave, we do have a quorum, but would you like to wait for Arthur?

CHAIR KOTELCHUCK: Yes, I would.

DR. ROBERTS: Okay.

CHAIR KOTELCHUCK: I'm getting an echo, which means that I am on two -- I thought I had not joined the --

MEMBER CLAWSON: Mute your computer, Dave.

DR. ROBERTS: Yeah, you would --

CHAIR KOTELCHUCK: (Indiscernible) --

DR. ROBERTS: -- need to mute the computer.

CHAIR KOTELCHUCK: Oh, okay. (Indiscernible) computer. Okay. Fine. Sure. Makes life easier. Can you hear me?

DR. ROBERTS: Yes, we can hear you.

CHAIR KOTELCHUCK: Okay.

DR. ROBERTS: Okay. So, has Frank rejoined --

CHAIR KOTELCHUCK: Back on -- back on. Am I back on?

DR. ROBERTS: Yeah, but you're still off mute on Zoom. If you could, just mute that. Okay. And I see -- I see that Frank is here. Thanks.

CHAIR KOTELCHUCK: Okay.

MS. GOGLIOTTI: Okay. You want me to --

CHAIR KOTELCHUCK: Okay.

MS. GOGLIOTTI: -- up where we left off? Okay. So, moving on to our type two --

CHAIR KOTELCHUCK: I am --

DR. ROBERTS: Okay. Dave, -- okay. There you go.

CHAIR KOTELCHUCK: I dropped my phone. Hold it just one minute. Let me just come on with my (indiscernible). Good. Am I okay now?

MEMBER BEACH: Yes.

DR. ROBERTS: Okay. You just came off mute on -- yeah, there you go. No, stay on mute on Zoom.

CHAIR KOTELCHUCK: Pardon me. Row -- Rashaun, go on with the roll. I'll get back on.

DR. ROBERTS: Okay. Everybody's here, Dave. You just need to mute your Zoom again. Okay. Dave, I put you on mute, so I think you can go ahead.

MEMBER BEACH: It sounds like he might be dialing in.

DR. ROBERTS: Yeah. Yeah. It does look like that.

MEMBER FRANK: Hey, Rashaun -- (audio distortion) -- with a Zoom meeting that we can't get audio, and we have to use our phone?

DR. ROBERTS: You just use your phone, and I've just muted you, too, --

MEMBER FRANK: All right.

DR. ROBERTS: -- on Zoom.

CHAIR KOTELCHUCK: Can you hear me?

DR. ROBERTS: Yes. Yes, so Dave, I think we're ready to go.

CHAIR KOTELCHUCK: I'm having trouble (indiscernible). Hello, hello, hello?

DR. ROBERTS: Dave? Dave, can you --

CHAIR KOTELCHUCK: (Indiscernible) --

DR. ROBERTS: Okay.

CHAIR KOTELCHUCK: Okay. Are you folks hearing without an echo?

MS. GOGLIOTTI: No. You're very echoey.

DR. ROBERTS: No, we can hear the echo.

CHAIR KOTELCHUCK: Yes. Now, I'm perfectly fine on my cell phone. Let me just go -- let me just go, if I may, to the Zoom and turn off the -- the audio. Anyone suggest (indiscernible) the audio for the screen? Audio --

DR. ROBERTS: Dave, I did mute you on Zoom, so I'm not sure --

CHAIR KOTELCHUCK: Yes.

DR. ROBERTS: -- where the echo's coming from.

MS. GOGLIOTTI: So, Dave, --

CHAIR KOTELCHUCK: Yeah.

MS. GOGLIOTTI: Dave, you need to turn off the volume --

CHAIR KOTELCHUCK: Yes.

MS. GOGLIOTTI: -- on your computer.

CHAIR KOTELCHUCK: Okay. That I will do. There we go. How's that?

MEMBER CLAWSON: That's a lot better.

CHAIR KOTELCHUCK: Okay. Very good.

MS. GOGLIOTTI: You're still echoing a little bit.

CHAIR KOTELCHUCK: All right. Then I --

MEMBER CLAWSON: Dave, you don't --

CHAIR KOTELCHUCK: -- go down --

MEMBER CLAWSON: -- you don't have two phones, do you, turned on?

CHAIR KOTELCHUCK: No. Let's see. Did this take care of it?

MEMBER CLAWSON: It's still --

CHAIR KOTELCHUCK: (Indiscernible) off. Oh, I turned off speakers on my (indiscernible). I am (indiscernible). Let's see. Rashaun, you muted me. The host muted me.

MS. GOGLIOTTI: Yeah. Yeah, I think it's --

DR. ROBERTS: Yes, I did mute you.

(Whereupon, Ms. Gogliotti has an external conversation off the record.)

DR. ROBERTS: Okay. I think somebody is off mute.

CHAIR KOTELCHUCK: (Indiscernible) is off mute. Am I okay? I believe I've turned off --

DR. ROBERTS: It's still echoing.

CHAIR KOTELCHUCK: What I have done is I have turned off my speakers but not my volume on my set.

MS. GOGLIOTTI: Yeah. You should have no (indiscernible) coming from your --

DR. ROBERTS: Yeah, try that.

MS. GOGLIOTTI: -- computer at all. It should all be coming from your phone.

CHAIR KOTELCHUCK: Right. And I'm not sure what I have not done. I've turned my speakers off. I'll just do this. Audio (indiscernible) better. I turned off my speakers.

DR. ROBERTS: Dave, are you able to turn the volume all the way down on your computer?

CHAIR KOTELCHUCK: I turned the speakers all the way down, and I

thought I turned my volume -- I'm not sure. Let me do the following -- let me do (indiscernible). Now, can you hear me now?

DR. ROBERTS: Yes, that's much better.

CHAIR KOTELCHUCK: Okay. I'm so sorry.

MS. GOGLIOTTI: Okay. Should I get started then?

CHAIR KOTELCHUCK: All right.

MS. GOGLIOTTI: So, this first one is from Tab 593 finding one, and this individual had employment at Hanford and Lawrence Livermore National Laboratory, and the POC was above 50 percent.

(Whereupon, a discussion continues off the record.)

MS. GOGLIOTTI: Somebody's not on mute, but NIOSH --

DR. ROBERTS: Yeah. Please mute.

MS. GOGLIOTTI: -- photon LODs 40 millirem to calculate missed photon dose is in conflict with the LOD listed in Table 613 from the Hanford TBD. And NIOSH responded that Table 613 is described as a reasonable value to use, and reasonable is in quotes, and that's -- reasonable is actually in the title of the table; however, Table B-1 lists an LOD of 40 millirem as well as attachment C also lists 40 millirems for that period in the Hanford TBD. And NIOSH said given the discrepancies, the claimant-favorable value was used, and they added the description -- discrepancy to the document notes for future revisions to investigate further. And although we SC&A does agree that they did select the more claimant-favorable value to use, it's not really clear to us why this dose reconstructor would have gone to guidance for skin cancer or guidance for coworker dose to assign dose to a nonskin cancer. It's not uncommon in the program for a skin LOD guidance

that's based on OTIB-17 to differ from that that's in the TBD guidance for other organs, so we're kind of questioning if all Hanford dose reconstructors are currently using the skin dose guidance rather than the guidance listed in Table 613 or if this was case specific. We just want more information.

MR. SIEBERT: Sure. This is Scott. Yes, it's all done consistently for all Organs using the higher of the two. Although, you know, it's -- it's not like the dose reconstructors go to the skin section to then assess. Remember all these things are rolled into tools for consistent use. So, the way we're looking at this is there are multiple places in the TBD that have inconsistent LOD values regardless of whether the -- whether the origin of interest is of skin or a different organ, the LOD is still the same. It would be consistent because it's based on the monitoring system itself. So, we --

MS. GOGLIOTTI: Well, yes, but --

MR. SIEBERT: -- we've been --

MS. GOGLIOTTI: OTIB-17 consistently has different LOD values for them listed at the site. This regularly happens.

MR. SIEBERT: Correct. And we'll -- we'll use whatever is the latest information, and we'll put that in the tool. In this case, what we're talking about is the TBD itself. There's -- there's inconsistent guidance. So, what we're doing is we're using what is the more claimant favorable until it's investigated as to which one is the most suitable, and then we'll -- we'll use that. So, --

MS. GOGLIOTTI: Okay.

MR. SIEBERT: -- consistently -- we are applying it consistently across the board.

MS. GOGLIOTTI: Okay. For -- so, every Handford dose reconstruction is using that LOD, not the value from Table 613?

MR. SIEBERT: Correct.

MS. GOGLIOTTI: Okay.

CHAIR KOTELCHUCK: For that --

MS. GOGLIOTTI: And when you say you will investigate it further, is that for any planned revision of the Hanford TBD, or is that something that could happen before and end up in a guidance document?

MR. SIEBERT: I don't -- that -- that's kind of a -- that's a NIOSH question. That's a DCAS question as opposed to us, since they -- we follow what they want us to do.

MR. RUTHERFORD: Yeah, Rose -- Rose, yes -- I'll take that, Scott. Yes, we're going to do it on the next TBD revision. We're currently working on the coexposure right now for Hanford. The TBD revision is in the queue, and given our resources that we have right now and the challenges we're having right there, I think that's the best we can do at this time.

CHAIR KOTELCHUCK: Does that --

MS. GOGLIOTTI: Is the subcommittee satisfied with that?

CHAIR KOTELCHUCK: Pardon me?

MS. GOGLIOTTI: Is the subcommittee satisfied with that response?

CHAIR KOTELCHUCK: I don't feel ready to close it.

MEMBER CLAWSON: No, neither do I. Being the Hanford chair, I -- I'm --

MR. RUTHERFORD: Well, we're not saying we're going to close it. What we're saying -- I mean, you can leave it in abeyance. I'm just saying

that given the resources that we have and the -- that right now, the best time for us to do this is when we revise the TBD. Currently, we're using a consistent approach. It's claimant favorable. There's really no reason for us to make this a priority to address at this time, so we can address it in the next TBD revision, which is coming up. I mean, we're working on that.

CHAIR KOTELCHUCK: What kind of time frame?

MR. RUTHERFORD: I -- I do not have a -- I don't have the dates right now on that. I mean -- I mean, I'll be honest with you, I don't think it's going to matter right now, because this is probably the best we can offer you is to do it on the next TBD revision, which becoming very -- I mean, I think Grady pointed out at the -- at a previous board meeting. We've got to look at the distribution and prioritize our work, you know, and claimant -- claims are number one, SECs are number two. And -- and so, we've got this queued up. We've identified it as an issue to address, and -- and we're being claimant favorable right now, so I think this is the best approach.

UNIDENTIFIED SPEAKER: I concur that it's --

MS. GOGLIOTTI: Can I suggest that maybe we -- we transfer it to the Hanford work group so they're aware of the issue, and when the TBD comes up for revision, it can be looked at, at that time?

MR. RUTHERFORD: I think that's a great idea, Rose.

MEMBER CLAWSON: I -- this is Brad. I agree with that. Transfer it to the Hanford work group so that we make sure that when we go into this, it's taken care of. I understand what LaVon is saying at this time. So, I would -- I -- I would prefer that we just transfer it to the Hanford work group, myself. So, I'm giving myself a little bit of work.

CHAIR KOTELCHUCK: That sounds good.

MS. GOGLIOTTI: Okay. And since the next finding is, essentially, the same, but for the neutron dose, which is based on a neutron ratio -- neutron to photon ratio, so it uses the same LOD, can we transfer this one as well? It's exactly the same issue?

CHAIR KOTELCHUCK: Yes.

MEMBER CLAWSON: That'd be fine with me.

MS. GOGLIOTTI: Okay. Hearing no objections --

CHAIR KOTELCHUCK: Okay.

MS. GOGLIOTTI: -- I'm going to move on and assume that those are both transferred, and I'll formally send those to you, Brad.

MEMBER CLAWSON: I'm sorry, what was that?

MS. GOGLIOTTI: I will -- I'll email those to formally just so they get onto your radar.

MEMBER CLAWSON: Okay. I -- I appreciate that, Rose. Thank you.

MS. GOGLIOTTI: Okay. The next finding is from Tab 596 finding one, and this is a Metals and Control Corp. case with a POC of greater than 50 percent. Here, in the dose reconstruction report, NIOSH cited using OTIB-10 as the basis for selecting an LOD equal to 40 millirem. OTIB-10 is an overestimating procedure. That would be appropriate for cases that were presumed to be noncompensable. So, application of overestimating assumptions is inappropriate for a compensated case.

So, SC&A believes it's more appropriate to assign an LOD based on the lowest reported dose listed in the table on Page 8 of the dose reconstruction report. And NIOSH responded and indicated that the table was the lowest

reported photon values. It was -- the report indicated there were limited information available on the detection limits at M and -- or for M and C film badges. They go on to state that the TIB, which is titled "A Standard Complex-Wide Methodology for Overestimating External Doses Measured With Film Badge Dosimeters" indicates that the shallow dose should be performed in accordance with guidance in OTIB-17, and OTIB-17 assumes a DCF of 1, and no uncertainty for measured and missed doses. The TIB is approved for the assignment of measured and missed doses for all skin types. And the selection of the LOD of 40 millirem for photons in OTIB-10 is based on IG001, and LOD 50 millirems for electrons is based on the claimant-favorable values provided in Attachments B, C, and D of OTIB-17 during the era of M and C operations.

And we just point out the OTIB-10, Revision 1 is listed in the report as the source of LOD of 40 millirem, and we're reaffirming that it's not appropriate to use in this case; it's not applicable to this case, and don't believe it should have been referenced. Again, application of overestimating assumptions is inappropriate for a compensated case, especially when it applies underestimating assumptions. And when we looked at IG-001, we couldn't find any guidance that recommended a default LOD value of 40 millirem, so we request that location because I could not find it.

And then while we don't disagree that OTIB-17 is appropriate to use, the LODs from Attachment B, C, and D are, also, not applicable to this case because they're (indiscernible) Hanford and gaseous diffusion plants applicable. So, we just don't think that the rationale for supporting these values makes sense or is sufficiently flushed out. And we go back to the

lowest reported doses M and C used a vendor at that time. That vendor was used throughout the DOE complex. We have tons of results from this vendor that includes the LOD at that time period. So, we think that that may be the better route to go, but, I guess, we can discuss that further.

CHAIR KOTELCHUCK: Folks, can you hear me?

MS. GOGLIOTTI: You're echoing.

CHAIR KOTELCHUCK: Okay. I'll turn my phone off. Can you hear me now?

MEMBER BEACH: Yes, it is --

MS. GOGLIOTTI: Yes.

MEMBER BEACH: -- clear, Dave.

CHAIR KOTELCHUCK: Okay.

MEMBER FRANK: It's better.

CHAIR KOTELCHUCK: Okay. I'm not sure what to think on this one.

MEMBER BEACH: I guess, my question, Dave, is does NIOSH have a further response on this?

(Whereupon, a cell phone sounds.)

MR. RUTHERFORD: This is LaVon. Hey, Scott, do we have any more information or anything else to add to this?

MR. SIEBERT: Yeah. I'm going to defer to Matt Smith on this.

MR. RUTHERFORD: Okay. Thank you.

MR. SMITH: This is Matt Smith with ORAU Team. Can you hear me okay?

MEMBER CLAWSON: Yes, Matt.

MR. SMITH: All right. Well, on this one, the -- the IG-001 citation, it's

-- it's buried in the -- in the text when you're looking at missed dose discussion, but it does discuss in this early era where we have two element film dosimetry of missed dose approaching 480 millirem, so in other words, 12 cycles, 12 exchanges, and 40 millirem. The title on TIB-10 says overestimating. There's several other discussions in there regarding using factors of 2 --

(Whereupon, there was an audio interruption.)

MR. SMITH: -- to do that overestimate, but again, that value of an LOD of 40 millirem is cited there. And, I believe, that citation goes back to the National Academy of Science Report for, again, that era of film dosimetry.

(Whereupon, a cell phone sounds.)

MR. SMITH: Likewise, the LOD for that two element-film technology early on at Hanford is 40 millirem, so that formed the basis of the guidance for Metals and Controls of (indiscernible) is all in the current DR methodology document that I realize is probably under review. But that is the basis for it. And it does -- and 40 millirem in the early era of film dosimetry is -- it is, in my opinion, a reasonable LOD.

CHAIR KOTELCHUCK: Uh-huh. Uh-huh.

MS. GOGLIOTTI: This is another one where, since M and C guidance is going to have to be revamped pretty significantly and everyone is aware of that, --

CHAIR KOTELCHUCK: Right.

MS. GOGLIOTTI: -- would it make sense to just transfer this to the M and C work group because they're already active?

MEMBER BEACH: That was going to be my suggestion, Rose.

CHAIR KOTELCHUCK: Yeah.

MEMBER BEACH: This is Josie.

CHAIR KOTELCHUCK: Makes sense to me.

MEMBER CLAWSON: Good. Let's give it the Josie then. Transfer it.

CHAIR KOTELCHUCK: (Indiscernible.)

MEMBER CLAWSON: This sounds -- this -- this really, in all seriousness, this -- this sounds a little bit that we need to get a handle on this, so I think it would be best to truthfully give it to the M and the work group, and as they work forward.

CHAIR KOTELCHUCK: I think that may make sense. Although, in the end, don't we transfer it to the procedures review?

MS. GOGLIOTTI: No. All M and C guidance falls under M and C.

CHAIR KOTELCHUCK: Okay. Then let's kick it.

MS. GOGLIOTTI: Okay. So, we will transfer that there.

CHAIR KOTELCHUCK: Okay.

MS. GOGLIOTTI: And we'll move on if there are no objections. Okay. The next one here is from Tab 601 observation one, and this case had employment at General Atomics, as well as GE Vallecitos with a POC of under 50 percent. And for INL, we found that NIOSH used a DCF of 1 for the cancer rather than the values from IG-O01, and we thought this approach was inconsistent with the other missed doses to this organ and contradicts what was on the DR report. NIOSH responded and said that the DR did not apply a DCF of one and rather used the DCF supplied for the other sites, and it was applied to the triangular distribution using Monte

Carlo method. Although, the uncertainty section of the DR report describes the Monte Carlo analysis and the radiation type energy and exposure geometry section, the report did not discuss the use of Monte Carlo. And NIOSH said therein lies the inconsistency. At such time when the DR is revised, this report inconsistently (sic) will be addressed; however, no action is recommended at this time.

And when we looked at it, we requested additional clarification. When the workbook shows a value of 1 that was used -- and we have an example calculation there of how we're seeing the calculation. Something with the macros on the new workbook prevent me from looking at the full file now. It says it's due to NOCTS, so I'm not sure what happened there. I've never seen an error like that in a workbook. But when I went back to look at it recently, this is a change that I saw. So, I don't know what's going on there, but I think we need to investigate further.

MR. SIEBERT: Well, okay. This is Scott. Yeah, what's happening here is the assumption is being made that we're using a DCF of 1 when we're actually not. The -- the -- the calculation, if you look at what's on the screen right now, for the 30-250keV electrons has the DCF in that calculation, and it's assuming it's 1. We do the calculation without that DCF, the number of badges, the LOD over 2, and the effectiveness factor. We do that calculation separately, which gives us the value that -- that SC&A is creating there, which is slightly under 4 millirem. It's 3.75 millirem. And then we -- in the multi -- Monte Carlo calculation portion of it, that value is used with a GSD of 1.52, which comes from the missed dose, the triangular distribution was used, and when those are combined from a Monte Carlo

calculation, the -- the value comes out as, once again, slightly under 4 millirem. It's -- it's a different number. It's 3.875 rather than 3.75. And the -- as you can tell, if you look at the IREP sheet, the GSD has changed from 1.52 to 1.62. So, the calculation, actually, is using the full triangular distribution. It's just the numbers are so close to the same as using an effective DCF of 1, it's -- it's just not noted that it actually is using the full distribution.

MS. GOGLIOTTI: Okay. Why would the workbook show a value of 1 being used then, because that's -- I'm just trying to get to the bottom of what's happening there in the workbook.

MR. SIEBERT: Well, the --

MS. GOGLIOTTI: Is NIOSH just ignoring what's in the workbook?

MR. SIEBERT: Well, the macro will take into -- when the Monte Carlo calculation is done, it takes into account using the full triangular distribution rather than a simplified DCF. So, it does that --

MS. GOGLIOTTI: Okay.

MR. SIEBERT: -- calculation.

MS. GOGLIOTTI: Has something in your workbooks changed recently that would prevent us running the workbooks now? I never can reproduce your Monte Carlo, but I can't even pull up this workbook anymore, because it says that the full file -- or there's a problem with due to NOCTS in -- when I'm in the portal.

MR. SIEBERT: I'm not aware of anything specific changing.

MS. GOGLIOTTI: Okay. I can talk to, maybe, Lori offline about that then.

MR. SIEBERT: Yeah. Sorry about that. It's --

MS. MARION-MOSS: Yeah. This is --

MR. SIEBERT: -- issue.

MS. MARION-MOSS: This is Lori, Rose. Let's talk offline, like you said, regarding that. It might be something interfaced in the virtual volume that you're experiencing.

MS. GOGLIOTTI: Okay.

CHAIR KOTELCHUCK: So, that means --

MS. GOGLIOTTI: Either way --

CHAIR KOTELCHUCK: We'll come back to it.

MS. GOGLIOTTI: We can come back to it, but I -- I don't think that it's going to make a difference in this case. It was -- it's a pretty modest dose difference, and it's -- I can't confirm what they're saying, but if that's correct, then it would make sense, and the doses are virtually indistinguishable.

MEMBER CLAWSON: This is Brad. I -- I agree with what you're saying, Rose. And if you're going to be able to get offline -- There was not that much difference. This was just an observation that you could not understand or get into that book, correct?

MS. GOGLIOTTI: At the time that we did the review, I could, but recently, I can no longer do it.

MEMBER CLAWSON: Okay. Well, it -- this one is just an observation. I think we'll leave this up to you. I don't see a problem. We didn't come out that much of a difference there. I see no problem --

CHAIR KOTELCHUCK: Okay.

MEMBER CLAWSON: -- proceeding on.

CHAIR KOTELCHUCK: Yeah, Brad (audio echoing) --

MS. GOGLIOTTI: So, are we closing it or leaving it in progress? That was my --

CHAIR KOTELCHUCK: That was -- Brad, --

MEMBER CLAWSON: Closing.

MS. GOGLIOTTI: Okay.

CHAIR KOTELCHUCK: (Audio echoing/indiscernible.)

(Whereupon, Chair Kotelchuck, Ms. Gogliotti, Member Clawson speak simultaneously.)

CHAIR KOTELCHUCK: I still got the echo. I'm sorry. You know what, I do star six on the phone, and it doesn't get rid of the echo.

MEMBER BEACH: I'm not hearing the echo now, Dave. Maybe you are, but we're not.

CHAIR KOTELCHUCK: Can you hear me?

MEMBER BEACH: Oh, now, it's back.

CHAIR KOTELCHUCK: The echo comes back. (Indiscernible.) Okay. You don't hear the echo now? The phone should be off.

MEMBER BEACH: No.

MS. GOGLIOTTI: No.

MEMBER CLAWSON: It's -- it's good. Yeah.

MEMBER VALERIO: No echo now.

CHAIR KOTELCHUCK: Okay. Fine. Well, Brad, I --

MEMBER BEACH: Well, Dave, I --

(Whereupon, Chair Kotelchuck and Member Beach speak

simultaneously.)

MEMBER BEACH: Dave, when those sirens are going by so loud, it's really distracting. Is it possible for you to mute during that time if you're not speaking? It was just hard to concentrate on Rose talking.

CHAIR KOTELCHUCK: Yes, I -- if I can't turn either one off completely. I turned the phone off. Star six. Star six. Mute on. See, that's -- my phone is muted.

MEMBER BEACH: Well, you're still --

CHAIR KOTELCHUCK: (Indiscernible) --

MEMBER BEACH: -- then.

CHAIR KOTELCHUCK: I believe, I'm -- I go out -- I believe that I'm interrupting the movement of things, and I -- you're -- you're fine, Dave. Let's just go forward. It's -- it's okay.

CHAIR KOTELCHUCK: Okay. All right.

MEMBER BEACH: It's okay.

MS. GOGLIOTTI: Okay. Same case, observation three. Here, we noted that in the initial claim file, which was completed by the energy employee, the EE indicated that they took field trips to DOE sites one week or more, and it's a handwritten record, but -- so it's a little difficult to read. But it indicates that there were trips to Oak Ridge, Savannah River Site, INL, and perhaps Mound. Additionally in the CATI report, the EE reported visiting Oak Ridge National Laboratory many times over about a 20- or 25-year period of time. The US Department of Labor sent document acquisition forms for each of these sites. And one form reported that the EE requested a security clearance at Oak Ridge in the early 1950s. And as part of that

record -- it was handwritten and difficult to read, but we believe that the presence of this record at least warranted further discussion in the dose reconstruction report.

NIOSH responded that they re-examined the available records, and the case file shows that the request for employment went to nine locations, including Legacy Management, X-10, K-25, and Y-12, and Oak Ridge office. And all sites potentially affiliated with Oak Ridge National Laboratory responded that no dose records were available. The physical form was an Oak Ridge physical, indicated that the EE was -- I don't want to talk about their full employment, but it's on the screen --

CHAIR KOTELCHUCK: Right.

MS. GOGLIOTTI: -- there. The intracompany correspondence requested that the preliminary medical check for the EE be canceled, and their security clearance was processed in the early '50s and cancelled about a month later, because the EE's employment elsewhere during that time. Between processing and cancellation of the security clearance, no dose records were available, so no dose could be assigned. NIOSH said that it would not be reasonable to expect discussion of this in the DR report since there's no indication of a physical presence at Oak Ridge National Laboratory, other than the visit discussed in the interview record. And they don't recommend any further action.

And we responded that the physical was an indication that the EE physically was on site at ORNL, at least for that single day, but ambient exposure wouldn't have a meaningful impact from a single day, so we understand that that would not be assigned. But we really stress the

importance of following up on the reported site visits in either the (indiscernible) forms or in the CATI. And we question how common it is that the DOL document acquisition forms are fruitless, but then the site data visitor request forms turn up additional records, such as what happened in this case. Is there a procedure for when the requests are made? We're just looking for more information.

(Whereupon, a cell phone sounds.)

MR. SIEBERT: Sure. This is Scott. Yeah, it -- it's one of those where it's not common, but it certainly can happen. If the dose reconstructor is going through and sees an indication the individual visited other sites, request data, as we did; however, we can only include data if it's during a time period where there's verified employment. And DOL is the one who verifies all employment. So, basically, we had a record of the individual being at ORNL in -- in nineteen six -- '54, but it's while the individual was employed by a different entity. There's no indication that they were doing any covered work at ORNL. And I'm trying to be as circumspect here as possible. There's no indication they're doing any covered work while they were at ORNL, and it's noted that DOL had this information when they made their determination of verified and covered employment, and they -- they apparently made the determination not to. So, in this case, considering there's indication that the individual was employed by someone else and not ORNL, it made perfectly good sense to assume that he wouldn't assign anything at ORNL during that time frame.

CHAIR KOTELCHUCK: Because they were not covered under this program, right?

MR. SIEBERT: That would be the assumption, correct.

CHAIR KOTELCHUCK: Yeah. Okay.

MS. GOGLIOTTI: I don't think -- I think what we're accustomed to seeing is when an individual makes a claim like that, that it's mentioned in the dose reconstruction report whether or not dose is assigned, because it gives the claimants the understanding that they're -- their statements are being considered.

MR. SIEBERT: I mean, it's one of those where perhaps we could have stated it in the DR report, but.

MS. GOGLIOTTI: It doesn't impact the dose assigned. I understand that. And that is kind of why we left it as an observation, but we do think it's important to take into account the things that the claimant are (sic) saying and, at least, try to acknowledge that they're making these statements when possible.

MR. RUTHERFORD: I do think -- and I agree with you, Rose, on that. We -- I think we do try to do that for the most part. I think, likely, we probably didn't in this case just because of the fact that it is a -- a situation of covered employment, and that is determined by Department of Labor. And so, you know, I mean, we would probably be more apt to discuss it with the individual when we -- when we're doing the CATI or something like that or -- or during that time period. And, you know, that's probably why it likely didn't end up in a dose reconstruction.

CHAIR KOTELCHUCK: Right.

MEMBER CLAWSON: Well, and that --

MS. GOGLIOTTI: And then kind of following up on that. Is there a

procedure for when you would make a request to a site, even though a documented acquisition form was sent by DOL?

MR. RUTHERFORD: Scott, do you have a good answer for that?

MR. SIEBERT: I -- honestly, I can't tell you off the top of my head.

MR. RUTHERFORD: Yeah, I couldn't either.

MR. SIEBERT: It's -- it's outside the dose reconstruction. It's -- it's a data gathering thing, so I just don't know off the top of my head.

CHAIR KOTELCHUCK: Question is, is there anything for us to decide? I mean, the employee was not in a DOE site or covered by the DOE site, because he was employed elsewhere. I'm not sure --

MS. GOGLIOTTI: Well, I think --

CHAIR KOTELCHUCK: I'm not sure --

MS. GOGLIOTTI: -- follow-up (indiscernible), if you were interested in it -- would be for NIOSH to come back and share what the procedure was for that, if you're interested in following up on that further. If not, then I would suggest we close it.

CHAIR KOTELCHUCK: Yeah. The -- presumably there will be some correspondence with the person who filed the claim, right?

MEMBER CLAWSON: Dave, this is -- this is Brad. Can I just make one comment? I understand --

CHAIR KOTELCHUCK: Sure.

MEMBER CLAWSON: -- exactly what Scott and LaVon are saying about this, and -- and I also understand how come Rose is bringing this up, because we wanted to try to make sure, especially when we were getting all of this set up, that the claimants did understand that we were reviewing

what was said in the CATI reports, what they were doing, and so forth, just so --

CHAIR KOTELCHUCK: Uh-huh.

MEMBER CLAWSON: -- they knew that they were being listened to. I don't see that we need to do any further action on this one. I don't -- I don't know when this one was generated. It could have -- it could have been when we -- you know, before we've been putting the emphasis on this. But -- but I know that this is -- this is where this really comes from and making sure --

CHAIR KOTELCHUCK: Right.

MEMBER CLAWSON: -- that claimant is aware that we have listened to what they've said, that we are taking note of it. Everything in here makes sense to me of why it wasn't given to them and everything else, but I don't see any further action be able to do.

CHAIR KOTELCHUCK: Right.

MEMBER CLAWSON: But we do appreciate that Rose made this observation, because this is stuff we pushed on for a long time.

CHAIR KOTELCHUCK: Yeah. Okay. So, for our purposes -- for the purposes of picking it -- of having a record of some of the -- the CATI court -- report being followed up, we can just --

MS. MARION-MOSS: Dave, --

CHAIR KOTELCHUCK: -- I think we can close it. Yeah?

MS. MARION-MOSS: This is Lori. Rose, to answer your question, the procedure that is used for visitor requests is ORAUT PROC-22. You wanted to take a look at that.

MS. GOGLIOTTI: Okay. Thank you, Lori.

CHAIR KOTELCHUCK: Okay. Should we take a look at that, or should we --

MS. GOGLIOTTI: I would kind of like --

CHAIR KOTELCHUCK: -- just close it?

MS. GOGLIOTTI: -- to take a look at it or, at least, discuss with Kathy whether or not that's something that SC&A has reviewed previously. I'm sure she doesn't know off the top of her head, but.

CHAIR KOTELCHUCK: I think that -- that's fine to leave it in abeyance then --

MS. GOGLIOTTI: Oh (indiscernible)?

CHAIR KOTELCHUCK: -- and come back to it. In progress. Excuse me. Yes, in progress. All right.

MS. MARION-MOSS: -- look -- this is Lori again. I do believe SC&A has reviewed that procedure in the past.

CHAIR KOTELCHUCK: All right. Let's --

MS. GOGLIOTTI: I think -- yeah. I'll confirm that, and if we reviewed it, we'll just close it out from there. But just to close the loop, I think that's smart.

CHAIR KOTELCHUCK: Okay. All right.

MS. GOGLIOTTI: Okay. The next one, this is from Tab 606 finding one, and it's a Hanford and Pacific Northwest National Laboratory case with a POC over 50 percent. And the finding had to do with NIOSH did not assign a missed shallow dose for the year -- for the 1973 dosimeter cycle, which resulted in 15 millirem underestimated dose. And NIOSH responded saying

that for '73, the nonpen and pen values are added together to calculate an open-window reading. And open-window reading is compared to the deep reading per OTIB-17. In this case, the readings are 50, 50, so no missed dose was assigned. And NIOSH points out that this question has been discussed with the subcommittee previously for other Hanford claims in the past, and that OTIB-17 version presently is being updated to include clarification for handling Hanford badge results during this time frame.

CHAIR KOTELCHUCK: Okay.

MS. GOGLIOTTI: So, we went back and looked at all the transcripts, which was quite an undertaking, but I did find where they were talking about where we've talked about this before. And it's come up before, and it has been contentious previously. And I do believe that their (indiscernible) interpretation of the dosimetry is likely correct, but the guidance documents don't contain the suggested interpretation, necessarily. So, we do recommend updating the guidance to reflect the specific scenarios that appear in the dosimetry records, especially in the 1970s where this is happening, because it's just different than what we're used to seeing -- and not discussed the guidance documents.

And just to make sure we are understanding exactly what was happening, I requested NIOSH to fill out this chart here on the table. Assuming a skin dose for 1973, which was the year question, using the same LODs that were listed, so the 30 millirem for nonpenetrating and 20 for penetrating. And also, we were recommended updating the guidance. So, on this one, NIOSH got back to me, which is nice because we can keep discussing this quickly. And I picked the values in the table for a reason.

One, based on their proximity to the LOD. But also, I had an example of what was done, so I wanted to confirm that -- what was being done, that's what NIOSH thought they were doing, and I understood what's happening.

So here, I heard back from Beth, and she filled in this table starting -- stating that the LOD over 2 process was applied initially. So, the red values here are the values that changed. And then after that was applied, the nonpen and pen doses were combined to create an open-window value, and the open window and pen values are then assessed to determine the missed dose using the rules of OTIB-17.

And this was kind of what I thought was happening. And the first line is really where I'm having my issue. So, if it was an open-window value, which we are assuming, then typically you would apply the LOD values after you've calculated the open-window value, rather than before. So, if it makes sense, we're losing dose in the process.

CHAIR KOTELCHUCK: Uh-huh.

MS. GOGLIOTTI: I understand this is confusing, but --

CHAIR KOTELCHUCK: Yes.

MS. GOGLIOTTI: -- we were thinking that -- let me go back here -- before this step would take place, when you're back here, you would calculate open window, which would give you 20 millirem for your opening window and 10 for the pen, and so we wouldn't be losing this value. So, it's creating kind of an impossible scenario for the situation. And I just received this response on Friday, so I did not prepare additional slides to -- that would probably better articulate this. I'm wondering if that would make sense just to clarify what I'm talking about.

CHAIR KOTELCHUCK: That is to prepare another slide?

MS. GOGLIOTTI: Yes. I think --

CHAIR KOTELCHUCK: Or to --

MS. GOGLIOTTI: -- where you're applying the LOD over two is impacting the dose that's assigned, just to these, like, threshold values that are close to the LOD. So, based on that, I think that they're missing dose when they're doing the next step here just --

CHAIR KOTELCHUCK: Right.

MS. GOGLIOTTI: -- for these threshold scenarios.

CHAIR KOTELCHUCK: So, it seems to me that you should do that and that that would be -- and that we would just deal with this in progress and that we report this next -- our next meeting.

MS. GOGLIOTTI: Okay.

CHAIR KOTELCHUCK: What do others think? What do others think? What are other people thinking? I'm -- I'm not --

MEMBER CLAWSON: Rose, this is -- this is Brad. I -- I -- this is Brad. I got a question for Rose. What you're telling me is in the first slide where you've got the -- the nonpenetrating and the penetrating, that should actually be 20 --

MS. GOGLIOTTI: The open window would -- in theory would be 20.

MEMBER CLAWSON: Right. But it isn't, so we're act -- what you're saying is we're actually losing dose by the way we're doing it?

MS. GOGLIOTTI: Through this interpretation, I believe so, yes, just in these threshold cases.

MR. RUTHERFORD: Scott, have you looked at this?

MR. SIEBERT: Yeah, --

UNIDENTIFIED SPEAKER: I'm sorry.

MR. SIEBERT: We -- we have --

UNIDENTIFIED SPEAKER: Go -- go --

MR. SIEBERT: -- we have math on here, as well. And I'm just --

CHAIR KOTELCHUCK: Yes.

MR. SIEBERT: I'm just kind of wondering -- I mean, we can probably talk through it, but I'm just wondering if it might be wise to just do it from a written point of view and have SC&A give us the next round of their questions, and then we can answer that because -- I mean, we can talk around it, but I'm not sure we'll actually resolve it.

CHAIR KOTELCHUCK: Good idea.

MR. RUTHERFORD: I liked that idea. Is that okay, Rose?

MS. GOGLIOTTI: Yeah, that's fine with me. The nomenclature --

CHAIR KOTELCHUCK: Sounds good.

MS. GOGLIOTTI: -- very difficult -- it's very difficult to articulate.

CHAIR KOTELCHUCK: Okay. So, we will leave this in progress, and I will respond to Beth, and we will keep the communication line going, if that is okay with everyone.

CHAIR KOTELCHUCK: Certainly.

MEMBER CLAWSON: That -- that's (indiscernible).

CHAIR KOTELCHUCK: It is for me. Good. All right.

MS. GOGLIOTTI: Okay. The next one then is Tab 609 observation one, which is the Pantex Plant case. And in this case, NIOSH applied or used OTIB- 87 in the dose reconstruction report, which we'd not previously seen.

And then there was a DR discussion and implementation document, which I've also never seen before -- for that document, which suggested that it was written for Mound workers for skin contamination on the hand. And we really couldn't verify the applicability of this guidance to a Pantex case. While it appeared to be claimant favorable, it wasn't clear to us if it was appropriate to us or not. And, actually, as a result of this, I had talked to Kathy because of OTIB- 87, and the procedure subcommittee assigned OTIB- 87 to SC&A to review, which has happened. And finding one of that document concerns applicability at other facilities, and that has not been resolved yet. And so, I would suggest waiting on the resolution of that finding to close the loop on this one, because it's really outside of the scope of a dose reconstruction review to look at that, but since it's already been tasked by the procedure subcommittee, I think that we could get an answer from them on the matter.

CHAIR KOTELCHUCK: Okay.

MS. GOGLIOTTI: So, that would be my recommendation.

CHAIR KOTELCHUCK: Uh-huh. Okay. I'm in --

MEMBER BEACH: This is Josie. I'm in agreement with that.

CHAIR KOTELCHUCK: Yeah, I am too. So, this will be another in progress?

MS. GOGLIOTTI: Yes.

CHAIR KOTELCHUCK: Right. Okay.

MS. GOGLIOTTI: And we'll just wait on the resolution of that, and we can pick it up then, unless we want to just transfer this issue, and it would just be engulfed by that review, which would also be acceptable.

MEMBER BEACH: Well, you know, Rose, thinking about that, if this is out of your review for this subcommittee, I would say yes, let's transfer it.

CHAIR KOTELCHUCK: I'd be happy to do that, because it is out of -- out of our -- out of our responsibilities. Sure, we'll --

MS. GOGLIOTTI: Okay.

CHAIR KOTELCHUCK: -- transfer --

MS. GOGLIOTTI: Sounds good.

MS. GOGLIOTTI: All right.

MEMBER VALERIO: Dave, this is --

CHAIR KOTELCHUCK: Go ahead.

MEMBER VALERIO: -- Loretta. Can you hear me?

CHAIR KOTELCHUCK: Yes, I can. Yes, we can.

MEMBER VALERIO: So, it was breaking up a little bit. So, that will be issued to the Pantex work group?

CHAIR KOTELCHUCK: No, no, to --

MS. GOGLIOTTI: No, to the procedures.

CHAIR KOTELCHUCK: -- procedures.

MEMBER VALERIO: Okay. All right. That's where it was breaking up. Sorry about that.

CHAIR KOTELCHUCK: No problem.

MEMBER VALERIO: Thank you.

CHAIR KOTELCHUCK: Thank you. All right. Let's -- let's go on. Transfer.

MS. GOGLIOTTI: Okay. Great. Tab 609, observation two, Pantex, --

CHAIR KOTELCHUCK: Uh-huh.

MS. GOGLIOTTI: -- over 50 percent. Here, NIOSH used the mean ring-to-whole body ratio, 4.8, from a table in SRDB document 8538 to calculate doses to the skin on the forearms to adjust for the fact that the forearm would be expected to receive a higher shallow dose than would be recorded by a chest dosimeter.

CHAIR KOTELCHUCK: Uh-huh.

MS. GOGLIOTTI: Again, while SC&A does not dispute that the forearm likely received a higher shallow dose than was recorded by the chest dosimeter, we've not previously seen or reviewed SRDB document 8538 that I'm aware of. And while we were able to confirm that the mean value of --

(Whereupon, a cell phone sounds.)

MS. GOGLIOTTI: -- 4.8 was properly calculated from the values in the table, or -- we can't confirm that that value is appropriate to use in this dose reconstruction without further tasking. Value came from monitoring that was done at Y-12 for workers involved in metals preparations in depleted uranium process areas, and it was unclear to us if the source that term is sufficiently similar to the work that the EE was involved with the Pantex to meet the board's surrogate data criteria. And it was also unclear if it was appropriate in underestimating case to assume that the ring dosimeter receives an equivalent dose to that of the forearm.

And NIOSH responded indicating that we agreed with them that the forearm received a higher shallow dose than the chest dosimeter. Because the assigned unmonitored shallow dose was based on the whole-body dosimeter results, the factor of 4.8 was applied based on the ring-to-whole body ratio of 4.8 from the SRDB document since it was based on Y-12

workers handling depleted uranium. It goes on to say the DR states that the EE was working with the source term comprised of plutonium and depleted uranium weapons components. It was further assumed that the majority of photon and neutron doses were attributable to the components consisting of plutonium and that the shallow doses were likely from the electron emissions from the depleted uranium components. Because the assigned unmonitored shallow dose were assigned based on the whole-body dosimeter results, NIOSH believes that the SRDB document correction was appropriate based on the absence of other sufficient data to account for the increased shallow dose to the forearm.

We're kind of at a standstill here. We don't know how often this SRDB document gets used as a reference in this way. If this was a one-time thing, maybe that's okay. Typically, we would like to see it in a formal procedural guidance document of some kind if we're going to be using it in this way. But it kind of --

UNIDENTIFIED SPEAKER: (Indiscernible) --

MS. GOGLIOTTI: -- scope of a DR to be looking at it --

UNIDENTIFIED SPEAKER: (Indiscernible) --

MS. GOGLIOTTI: -- further than that.

MR. SIEBERT: Yeah. This is this is Scott. I can -- I can address that a little bit. Yeah. It's relatively unusual, but not unheard of. And to demonstrate that, we actually did discuss this in this subcommittee before. This was in the 25th set, claim 502 -- or review 5 -- I'm sorry, 504. We had this -- this discussion about this for ring-to-whole body for this same issue. So, we, actually, have discussed it and closed it out in that previous version.

But once again, the you're right. And just referring to the SRDB guidance, that's not optimal. So, we have actually applied this -- this information is now in the Weiswell (ph) DR guidance document until it can be updated in the external TBD. And, as well, as -- Matt Smith can tell me if I'm off on this, I believe, this is an ongoing issue that we're dealing with in OTIB- 89 as well, the whole -- the wider discussion on this. So, there -- there is more investigation going in -- going on in this.

MR. SMITH: This is Matt Smith again with ORAU Team. And on the OTIB-89 front desk correct, we're (external noise interruption) initial revision right now. Once we get that done, then we're going to proceed onward and look at these scenarios with dose variance radiation types to different parts of the extremity, be it the hand, the finger, the forearm. What we're working with now is data that we have in hand and using it as Scott mentioned in the DR guidance for Weiswell (ph).

MS. GOGLIOTTI: Okay.

MR. SMITH: It's wild in New York City.

MS. GOGLIOTTI: It certainly is.

CHAIR KOTELCHUCK: Hey, hey, I'm trying. I -- I'm trying to get it. Hold on. Okay.

MS. GOGLIOTTI: Well, that's what I'd like to hear, actually. I'm -- I'm thrilled that it's been looked at. I think that this is kind of going outside of the subcommittee's hands. And I would recommend forwarding a recommendation to the procedures subcommittee that when OTIB-89 is revised, that it would be worth a look, specifically at this issue also. Is that -- sound amenable to people?

CHAIR KOTELCHUCK: Does to me.

MEMBER CLAWSON: Yeah.

MEMBER BEACH: Yeah, I agree with that.

CHAIR KOTELCHUCK: Yeah.

MS. GOGLIOTTI: I'm sorry, Josie, your workload's piling up.

CHAIR KOTELCHUCK: Can -- am I --

UNIDENTIFIED SPEAKER: -- mute off.

MEMBER BEACH: That's not a problem, Rose.

CHAIR KOTELCHUCK: Okay. Am I --

MR. SMITH: This is -- this is Matt -- this is Matt Smith again. Sorry to interrupt. I'm just jumping back to the earlier question on the Metals and Controls claim. I stated it was a National Academy of Science report referencing the 40 millirem. It's actually a National Research Council report from 1989. The title is "Film Badge Dosimetry and Atmospheric Nuclear Tests," and that is cited in OTIB-10.

CHAIR KOTELCHUCK: Noted.

MR. SMITH: And are -- the other NRC, not NAN.

MS. GOGLIOTTI: Okay. I think that's good that it's on the record, and we are transferring that issue to M and C work group.

MR. SMITH: Right.

MS. GOGLIOTTI: So, they'll pick it up there.

MS. BEHLING: And this is Kathy Behling. If I can interject a question -- on this observation that we're discussing right now, because this is an SRDB document that's being referenced, do we have to consider a consistency issue here because that's not typical. I realize now, you have it

in the DR guidance, but prior to that is that something that needs to be looked at?

CHAIR KOTELCHUCK: Hmmm.

MS. BEHLING: Because typically, --

CHAIR KOTELCHUCK: Are we just getting --

MS. BEHLING: Yes, typically, --

CHAIR KOTELCHUCK: Are we --

MS. BEHLING: -- reconstructor would not dig through the SRDB to come up with data for calculating this type of dose. And so, yes, it may have been used in two different cases, but should it have been used more often or shouldn't it have been, and how were other cases like this handled?

CHAIR KOTELCHUCK: Go ahead. Can you hear me? Do folks hear me?

MS. BEHLING: Yes.

MEMBER CLAWSON: I can hear you, Dave.

CHAIR KOTELCHUCK: Okay. All right. Because I thought --

MEMBER CLAWSON: I was --

CHAIR KOTELCHUCK: Go ahead.

MEMBER CLAWSON: I was going to say that question probably should go to LaVon or Scott.

MR. RUTHERFORD: Yeah, I don't know how often it's been used. It's -- this is LaVon. Scott, you may -- and -- and Matt would have a better feel for that. And I thought -- I mentioned a couple of cases, and Scott said it hasn't been used that often --

MR. SIEBERT: Yeah, yeah --

MR. RUTHERFORD: -- (indiscernible).

MR. SIEBERT: This is Scott. Yeah, this is -- it's one of those -- it -- it's a good question because there's no specific direction on it, and what happened with the claim in question in the previous set is that the dose reconstructor saw that and went I don't have a specific way to do this and contacted the expert in external dosimetry to work through it, and that was worked out along with DCAS. So, it's -- it's unusual enough that if the DR doesn't have a way to assess it, they know to go to the -- the experts and move forward. So, I would say -- I would say that considering both the claims that have come in front of the subcommittee were handled the same way, I wouldn't necessarily say there's a consistency issue because it's an unusual enough circumstance that somebody would be asking for -- for help on it.

CHAIR KOTELCHUCK: Which leaves us where? Which leaves us where?

MS. BEHLING: Well, --

MEMBER CLAWSON: I'm -- that's what I'm going to ask Kathy, because Kathy's the one that really goes into this one with this, or is it something that we need in one of the guidance documents?

MS. BEHLING: It looks as if that's direction that NIOSH is going; however, --

CHAIR KOTELCHUCK: Right.

MS. BEHLING: -- I just wondered if there is any way to go into, perhaps, NOCTS to look at other -- I don't know if you can even search on something like this, but to see when this issue may have come up in other

cases and how it was handled.

MR. SIEBERT: Well -- and -- and Bomber, feel free to correct me if I'm wrong, but I would think it -- if it becomes a wider issue, such as dealing with OTIB- 89, once that is updated, I would think down the road, a PER would handle walking through and looking at that type of consistency issue.

MR. RUTHERFORD: That's exactly what I was going to say, Scott. Thanks.

MS. BEHLING: Okay. That makes sense.

CHAIR KOTELCHUCK: So, I -- I'm just -- would you report back to us?

MR. RUTHERFORD: We -- we can -- we can report back after, you know, that's done, but I --

CHAIR KOTELCHUCK: Sure.

MR. RUTHERFORD: -- think that's just part of our standard process, though. And, you know, there's always a chance that once that PER is done as well, SC&A will get a chance to review it as well. Depending on if they (indiscernible).

MEMBER CLAWSON: And Dave, with me, I -- I don't need -- I think we've taken care of addressing what the issue is. It is not a rampant issue. It just comes up occasionally. The PER is going to be updated, and I'm sure that Kathy will put this in the back of her notebook and (indiscernible) --

(Whereupon, a computer sounds.)

MEMBER CLAWSON: -- I don't think we need to hold this. That's just my opinion.

CHAIR KOTELCHUCK: Okay. All right. All right. Okay. So, I think we're finished with this. All right.

MS. GOGLIOTTI: So, if there are no objections, I think we can move on.

CHAIR KOTELCHUCK: Right. Yes.

MS. GOGLIOTTI: Okay. The next case is Tab 610 observation one from Idaho National Laboratory with a POC of less than 50. And here, NIOSH applied an underreporting correction factor to the missed photon dose. And the TBD guidance states that the uncertainty correction factor should be applied to measured and missed electron results. And although it was claimant favorable, it was unclear to us if applying uncertainty correction factor was appropriate to calculate missed dose in instances where OTIB-17 was applicable. And that is based on previous discussions we've had about OTIB-17.

NIOSH responded that, according to the TBD, for instances when the nonpenetrating and penetrating dose for a dosimeter are both below their respective electron and photon LOD over 2 value, The missed dose is calculated as an electron dose using applicable parameters for electron doses but is assigned as a more claimant favorable 30-250 keV proton dose. The dose reconstruction was assessed as directed by the external TBD for INL.

The application of the uncertainty correction factor to missed dose is appropriate given the guidance on Page 5 and 6 of OTIB-17 regarding adjustment as measured and missed dose due to the presence of security credential over a dosimeter unit.

And we responded, essentially, that we're aware of this type of guidance, and we don't object to the electron doses assigned as photon

dose. We see that all the time. And it's claimant favorable. But really, our previous discussions, we're pointing to the July 2020 transcript with the subcommittee, indicated that the uncertainty multiplier related correction factors should not be applied to OTIB-17 guidance when there is a skin cancer or a best estimate claim. I do agree that the INL TBD suggests that the presence of the security credentials was there. We're just kind of looking for guidance on when these multipliers are appropriate and not appropriate given the claimant favorability of OTIB-17.

CHAIR KOTELCHUCK: Hmmm.

MR. SMITH: Yeah, this is Matt Smith with ORAU Team, and on that one, Scott helped me out and dug out those transcripts from -- from those years. And -- and those discussions, you're correct, are -- were focused on uncertainty. And with OTIB-17, we do have several assumptions that we take. One of them is that photon dose -- you know, missed dose being assigned as photons 30-250keV. However, with -- with Idaho, they have in the TBD called out a specific under response situation with respect to that security credential being over the open window. As an aside, as a -- when I first started to Hanford, that was the case with that dosimeter as well. So, that -- the correction factor, it's not an uncertainty. It's -- it's actually that, it's the correction factor to deal with a mechanical construction of that of that -- of that badge package, if you will. And so, therefore, you do need to apply it, even if it's a claim falling into the best estimate territory.

MS. GOGLIOTTI: Okay. So, --

MR. SMITH: I would agree if something is on the comp side and you can not need to use it, that -- that would be great. But even in that realm,

you've got something covering the open window, so you -- you need to correct for that.

MS. GOGLIOTTI: Okay. I'm not objecting. I -- I fully understand the reason that it's there. Just from a consistency standpoint, we're still struggling with when -- because it is uncertainty whether or not we're calling it a physical thing or not. It's -- you're accounting for additional uncertainty based on unknown.

MR. SMITH: Well, in this case, it's a known. It's a --

MS. GOGLIOTTI: Just -- just for --

(Whereupon, Ms. Gogliotti and Mr. Smith speak simultaneously.)

MR. SMITH: Let me finish my statement. It is not an uncertainty. It's a known physical characteristic of the -- of the dosimeter design.

CHAIR KOTELCHUCK: Uh-huh.

MR. SMITH: Uncertainty is a whole nother topic in terms of the dosimeter performance. Here we have a certain amount of certainty of that dosimeter design and guidance from the TBD author on how to correct for that. The earlier response, it is discussed on the top of Page 526 of OTIB-17. There's a bullet there that addresses security credentials.

MS. GOGLIOTTI: I think what we come back to time and time again, is that OTIB-17 is difficult to interpret, and sometimes you ignore what the TBD says in order to apply OTIB-17 and other times you don't. And it's very unclear when that's supposed to happen and when it is not. I know that we've been promised OTIB-17 revision for at least the last five years. Is that in the works, or is there something coming -- what's the expectation on time line?

MR. RUTHERFORD: I'm not sure, Rose --

CHAIR KOTELCHUCK: Anyone --

MR. RUTHERFORD: Yeah. Yeah, Rose, I'm not sure exactly the time line on OTIB-17. I can -- I mean, I can find out and let you know.

MS. GOGLIOTTI: Thank you.

UNIDENTIFIED SPEAKER: Yeah, (indiscernible) --

MS. GOGLIOTTI: I'm interested in that.

UNIDENTIFIED SPEAKER: -- NIOSH answer that directly.

DR. BUCHANAN: This is Ron Buchanan with SC&A. I'd like to ask a clarifying question of NIOSH then. This UCF is not actually an uncertainty factor; it's actually an attenuation factor. Is that correct to my understanding?

UNIDENTIFIED SPEAKER: Correct.

DR. BUCHANAN: Okay. So, we should -- ACF would be better term there, attenuation correction factor, rather than uncertainty. Because I think that's what throwing Rose off, is it's not the uncertainly. It's -- it's knowing it's there until you apply it when it's (indiscernible), so.

CHAIR KOTELCHUCK: Uh-huh.

UNIDENTIFIED SPEAKER: Ron, I made a note in my meeting note.

CHAIR KOTELCHUCK: Rose, if you knew when OTIB-17 was going to be completed -- but it's clear folks don't, and it may not be for a while -- so, we still have this to deal with, and the question is do we hold it until -- do we hold it until we have --

MS. GOGLIOTTI: I mean, --

CHAIR KOTELCHUCK: -- the discussion?

MS. GOGLIOTTI: Yeah, if they're consistently doing this, then that would be fine, I guess. I think it's more of, like, an overall programmatic --

CHAIR KOTELCHUCK: Yeah.

MS. GOGLIOTTI: -- interpretation issue is where I'm coming from. I understand the purpose. I understand why you would include it, but I feel like time and time again, we're told that OTIB-17 is supposed to be so claimant favorable that it trumps all other things, and --

CHAIR KOTELCHUCK: Yeah.

MS. GOGLIOTTI: -- maybe this one is just it doesn't, but then other times it does even though the TBD tells you to do something and practicing done (sic) consistency, but from an outsider's perspective, there doesn't seem to be rhyme or reason to it. And so, it's hard to tell when it is appropriate and when it is not. And --

CHAIR KOTELCHUCK: Is this an issue --

(Whereupon, Ms. Gogliotti and Chair Kotelchuck speak simultaneously.)

MS. GOGLIOTTI: -- addressed.

CHAIR KOTELCHUCK: Is this an issue that's over our heads?

MEMBER CLAWSON: Dave, --

MS. GOGLIOTTI: Yes.

CHAIR KOTELCHUCK: That is, something that would be more of a board issue rather than the DRRSP issue? I -- we can't --

MEMBER CLAWSON: Well, --

CHAIR KOTELCHUCK: We don't have any say in when -- when the OTIB-17 is -- is corrected or changed, and --

MR. SMITH: This is Matt Smith again with ORAU Team, and I'll just say that there's the language in OTIB-17, again, the version on the street was written in 2005, but it was --

CHAIR KOTELCHUCK: Uh-huh.

MR. SMITH: -- written with a forward look. And again, the general discussion on Page 5 was -- was put there in anticipation of the kind of information that ends up being discussed in the Idaho TBD that was published at a later date, I believe, or a slightly --

CHAIR KOTELCHUCK: Uh-huh.

MR. SMITH: -- slightly later date. So, in terms of what is trumping something else, the OTIB-17 does contain language that's there on purpose because when it was written, we knew there would be more information discovered and information that would change over time with any specific site.

CHAIR KOTELCHUCK: Okay. I -- I mean, I'm just trying to figure out what we could -- what we -- what would be appropriate to do here. Do -- do I hear you saying that -- that this is -- you know, that there is sufficient information there that a reasonable, you know, dose reconstruction can be made?

MR. SMITH: In my opinion, yes.

CHAIR KOTELCHUCK: Yeah.

MEMBER CLAWSON: But, Dave, --

CHAIR KOTELCHUCK: Yes.

MEMBER CLAWSON: -- as Rose has been pointing out, -- this is Brad -- I can't talk to this observation because I'm conflicted in Idaho, but I can

talk to the OTIB there that we -- we do need to get this updated. And it's been out there for a long time. I think this is kind of what the frustration of what -- and correct me if I'm wrong, Rose. But what I get the sense of is there -- there's kind of a hard -- it's hard to follow when to implement it -- when you're implementing it (indiscernible) you do, but this is -- is that correct?

MS. GOGLIOTTI: Yes, this -- yes, it's hard to follow, and it doesn't feel like it is consistently applied between sites. Perhaps it's being applied consistently at this site through the use of workbooks, but when you read the guidance alone, based on our conversations we've had, there's quite a bit of ambiguity.

CHAIR KOTELCHUCK: Yeah. Rose, let me --

MEMBER CLAWSON: Well, this is --

CHAIR KOTELCHUCK: -- ask you, --

MR. RUTHERFORD: This is LaVon.

CHAIR KOTELCHUCK: Good.

MR. RUTHERFORD: Can you put -- or can you cite some examples of the inconsistency in stuff or, you know, send them to us and -- and at least let us understand exactly where you're seeing these inconsistencies, and, you know, that way we can possibly address it.

MS. GOGLIOTTI: Yes, I can put something together. It will probably be another few months, but I can definitely do that for you.

MR. RUTHERFORD: I appreciate it. Thank you.

CHAIR KOTELCHUCK: Okay. I was just going to say, should this be referred to procedures subcommittee because it's not real -- this -- well,

what you are suggesting, a report, Rose, would be certainly an interim move that would move us along. Maybe we should just stop at that.

MEMBER BEACH: Yeah. Dave, I was going to say the same thing. I think we should -- we should note it and come back to it after the report has been written, and I know it's going to be some months away, and then decide where to go from there once NIOSH has a look at what Rose puts together.

CHAIR KOTELCHUCK: Sounds good, and it makes sense. How about that, folks? Okay. So, she'll make a --

MEMBER CLAWSON: I'm good with that.

CHAIR KOTELCHUCK: She'll do a report in progress?

MS. GOGLIOTTI: Yeah. We'll leave that in progress, and we'll put together some sort of report or memo or whatever makes sense and --

CHAIR KOTELCHUCK: Good.

MS. GOGLIOTTI: -- the communication going there. Okay.

CHAIR KOTELCHUCK: Okay. Yes.

MS. GOGLIOTTI: All right. Moving right along. Our next one is six -- Tab 615 observation two, which is a Rocky Flats case with a POC of just over 50 percent. Okay. (Indiscernible) here. Oh, okay.

So, with this case, when we did our review, we simply noted that assigning the 95th percentile coexposure intakes for this energy employee appeared to be inconsistent with the rest of the dose reconstruction based on the EE's job title and job duties, and that the 50th percentile coexposure external dose was used for periods when the EE was not monitored for external exposure. And when the EE was monitored for external exposures,

the recorded values were zero or near the LOD values. And the EE was only bioassayed twice in there under 10 years of employment, indicating that they had a low potential intake. However, based on a statement in the TBD, the Rocky Flats work group had decided that the 95th percentile internal coexposure intakes for unmonitored workers with nontrivial exposure potentials was appropriate. And therefore, we found that NIOSH performed under construction as recommended by the guidance documents; however, during our one-on-one, Board Members Dr. Roessler and Dr. Lockey questioned the application of the 95th percentile in this case, which is why it was made an observation at their request. And NIOSH --

CHAIR KOTELCHUCK: Okay.

MS. GOGLIOTTI: -- responded that although the Board Members questioned it during the one-on-one discussions, no exceptions to applying the 95th percentile coexposure intakes are described in the TBD, including for those work groups whose job duties, work locations, and external monitoring results, or internal monitoring results. Any changes in the application of the 95th percentile coexposure intakes would require agreement by the Rocky Flats work group and the Board. And an agreement as a resolution of the SEC petition for Rocky Flats. Of course, this is completely outside of the scope of our review, but we'll bring it here, and I don't know if we want to discuss it further or transfer it to the Rocky Flats work group or just close this out --

MR. RUTHERFORD: Rose, can I say something? I would like to point out that the Rocky Flats TBDs were recently reviewed by that work group as well, and -- and approved.

CHAIR KOTELCHUCK: Yes, we did, but -- but -- this is -- I mean, this speaks to the value of doing a one on ones. I mean, this is the first time I've seen a question raised by one of those that should come back to us. I -- I don't know -- I don't -- I was at that -- the Rocky Flats meeting. I don't know if we discussed this particular issue of 50 versus 95 percent. Do you remember, or can we check it?

MR. RUTHERFORD: Ron should be --

CHAIR KOTELCHUCK: We should check it, right?

MR. RUTHERFORD: Yeah. Yeah, we could check that. We can definitely check that. And I know Ron was one of the key reviewers on it, and he's on the phone now. He may remember it. I mean, I -- I certainly have no problem revisiting this at all. I mean, this was dictated by that work group back on SEC-30 a long time ago. So I mean, I --

CHAIR KOTELCHUCK: Okay.

MR. RUTHERFORD: -- you know, so -- so I have no problem revisiting it if everybody wants to do that, but.

CHAIR KOTELCHUCK: Well, I feel as if --

MEMBER BEACH: (Indiscernible) --

CHAIR KOTELCHUCK: Go ahead.

MEMBER BEACH: Oh, Dave, this is Josie. I was going to say it might just need -- since it was a question by two Board Members, it might just need a -- if Ron remembers it, maybe just something to them, and if -- if they want to pursue it further or take --

CHAIR KOTELCHUCK: Not to the --

MEMBER BEACH: -- it (indiscernible).

CHAIR KOTELCHUCK: Yeah. But not direct -- I mean, I think -- I want to take seriously if Board Members on a one on one have a concern. How about we take a look? LaVon, you can and I can both take a look at the transcript from that -- from the -- our last meeting and then see -- see where it is. If we could -- we may have considered it. I mean, I literally do not remember whether we considered it or not. If we considered it, that's fine. If we didn't, could -- could you and I talk -- go over it and then talk about it --

UNIDENTIFIED SPEAKER: (Indiscernible) --

CHAIR KOTELCHUCK: -- and then report back to the group?

MR. RUTHERFORD: Yes, certainly. I'll definitely take --

CHAIR KOTELCHUCK: And see.

MR. RUTHERFORD: -- because I was the lead, yes, and then -- yeah, no problem.

CHAIR KOTELCHUCK: And I'll share with that -- of that work group.

MEMBER BEACH: Well, and I think, also, Dave, the next step would be to report it back to the Board Members that raised the questions, either in a email or during a Board meeting with you reporting --

CHAIR KOTELCHUCK: (Indiscernible) --

MEMBER BEACH: -- out on it.

MEMBER CLAWSON: Actually, I think in a Board meeting or the rest of the Board would be able to (indiscernible) that. Maybe when we're doing --

CHAIR KOTELCHUCK: Okay.

MEMBER CLAWSON: -- when we're doing site -- when we were reporting on our sites or whatever, just so that all of us can hear what the

resolution was and --

CHAIR KOTELCHUCK: That sounds good. That sounds good. I just wanted to take Board members concerns seriously and work through and respond to them. So, sure, why don't we do that?

MEMBER CLAWSON: Well, NIOSH --

CHAIR KOTELCHUCK: So, LaVon and I --

MEMBER CLAWSON: -- I just -- I just think that it's important that the rest of the Board members, too hear it --

CHAIR KOTELCHUCK: Sure.

MEMBER CLAWSON: -- so that we better understand what's going on.

CHAIR KOTELCHUCK: Sounds good. To the Board, okay. So, that -- that would be formally speaking in progress, and we'll -- we'll see where we should move from there, LaVon and I. Okay.

MS. GOGLIOTTI: Okay.

CHAIR KOTELCHUCK: Okay.

MS. GOGLIOTTI: Moving on --

CHAIR KOTELCHUCK: Very good. I think we are moving along.

MS. GOGLIOTTI: We're close to the end.

CHAIR KOTELCHUCK: Okay.

MS. GOGLIOTTI: 616 observation one, which has employment at K-25 and X-10 with a POC of under 50 percent. In this case, the K-25 records show that the EE was monitored for neutron exposure for some time, sometimes for four quarters of the year sometimes for only a day or two of the year, but it was unclear to us why NIOSH did not include neutron exposure in the DR. Using the K-25 LOD values for neutrons, we calculated

an estimated missed neutron dose of 465 millirems.

NIOSH responded saying that according to the K-25 TBD, the K-25 neutrons are only assigned if the EE worked in the cylinder yards. And since there's no indication that the EE worked in cylinder yards and no neutron dose was assigned, but they acknowledged that it should have been explained in the report. We went to Section 653, and it does indicate that neutron dose at the site were low outside of the cylinder yards. We didn't find that instructs dose reconstructors to only assign neutron dose if the EE worked in the cylinder yards, so there's somewhat of a discrepancy between what's being done and what the text shows.

CHAIR KOTELCHUCK: Yeah. Yeah. How to resolve that?

MR. SIEBERT: This is Scott. Although, yeah -- the -- the TBD doesn't specifically state only assign it in that area. The K-25 DR guidance document actually does give that specific direction based on the information that's in the TBD. So, everything is being handled consistency -- consistently. Now, you know, is there a question as to whether that is the best way to -- to handle neutrons across the site, I think that's a discussion that is being -- I think it's being held as part of the update to OR and L. Not OR and L, I'm sorry, to K-25. So, it's -- I think it's on the table to be discussed, but at this point, the documentation that we have, the guidance is clear as to how to address the situation. So, it's been done consistently.

MS. GOGLIOTTI: Okay. I did not see that, but I don't remember if I checked that or not. So, I would need to go to the K-25 DR guidance document to confirm that that is there. So, if we could leave this in progress, and if it says only do it, then I'm good, and we'll close it. But I

think that that's the next step.

CHAIR KOTELCHUCK: Good. So, you'll check it.

MS. GOGLIOTTI: Yes.

CHAIR KOTELCHUCK: I think that sounds good. Okay.

MR. BARTON: So, this -- this -- this is Bob Barton. Can I ask a clarifying question here, because I know a lot of these sites, you get your records, but it's not always clear the exact work area. And I'm -- I'm not intimately familiar with the K-25 documentation, but would you actually be able to accurately place a worker in the specific area where you'd assign neutron doses? Most sites, you just assume workers are sort of roaming around, but maybe at K-25 it's more exact and that you could actually place a worker in that specific area to then say well, they were exposed to neutrons. Because to me, having a neutron dosimeter seems to me that the site thought that they had some potential for neutron exposure. I don't know if the site experts are on the line or anything, but it's just a -- that occurred to me.

CHAIR KOTELCHUCK: Uh-huh.

MS. GOGLIOTTI: That's a valid point.

CHAIR KOTELCHUCK: Yeah.

MR. RUTHERFORD: Yeah, I don't know the answer to that one. Scott or Matt, any idea?

MR. SIEBERT: Yeah, I -- I don't know, specifically. I mean, I -- when I've talked to the DRs about, specifically, this case, you know, they said there were no indications the individual was in the cylinder yard. And if we have actually assigned neutrons at K-25 facility, there must be some sort of

indication --

UNIDENTIFIED SPEAKER: Yeah.

MR. SIEBERT: -- of people being in the area.

MR. RUTHERFORD: Yeah. I'm sure job title plays a role in it as well, you know, but.

CHAIR KOTELCHUCK: Right. Right. Well, seems to me --

MR. SMITH: -- Matt Smith again.

CHAIR KOTELCHUCK: Yeah.

MR. SMITH: Sorry to -- sorry to jump --

CHAIR KOTELCHUCK: Not at all. Not at all.

MR. SMITH: -- in again. But to the -- to the Idaho claim that was under discussion earlier, I did jump and look at that table again in the site TBD per Ron's comment, and the title of the table is "Electron Dosimeter Underreporting Correction Factors," so it is underreporting correction factor that's discussed at Table 6-12, for the record, and the section number 6.4.2.

CHAIR KOTELCHUCK: Hmmm.

MR. SMITH: -- on that one.

CHAIR KOTELCHUCK: Goes back -- right, it goes back a little bit. Could we -- could we resolve this -- just this discussion, and then come back to the UCF in a moment? Would that be okay?

MR. RUTHERFORD: Yeah, it's definitely.

MR. SMITH: Yeah. Just -- just let's -- let's --

MR. SIEBERT: Yeah. This is -- this is Scott. Going back to the K-25 stuff, in the in the TBD, the external TBD, it does indicate that the neutron film packet was enclosed in the beta gamma film in TL do (ph) dosimeters

until '89, so it doesn't look like from that statement that this was a different thing that they hung on people. It was part of the dosimeter package, which is why we need to deal with it on a separate -- as opposed to assuming everybody that's being monitored is being exposed to neutrons.

MR. BARTON: But I think this case was -- we're -- we're talking about 2003 to 2015, right? So, it probably would have been --

CHAIR KOTELCHUCK: Right.

MR. BARTON: -- (indiscernible).

CHAIR KOTELCHUCK: I thought -- I thought he said they were included after '89 together.

MR. SIEBERT: It says until '89. I -- I can't --

CHAIR KOTELCHUCK: Okay.

MR. SIEBERT: -- so I apologize -- to after that point. I'm looking through as quick as I can here, but. Yeah, but once -- once again, we have the specific guidance as to what we're following. And if we -- you know, we're looking into whether that needs to be expanded or not.

CHAIR KOTELCHUCK: Right. Because it six fif -- 616 observation one is in progress, right? That's --

MS. GOGLIOTTI: Yes, I think that's appropriate. I don't think we're going to resolve this --

CHAIR KOTELCHUCK: Yeah.

MS. GOGLIOTTI: -- here today, so.

CHAIR KOTELCHUCK: Yeah.

MS. GOGLIOTTI: Okay. If there's --

CHAIR KOTELCHUCK: So, should we go on?

MS. GOGLIOTTI: If there's nothing else on this one.

CHAIR KOTELCHUCK: Right. And is the -- the UCF resolved to other people's --

MS. GOGLIOTTI: Well, that was -- that was already the term that we were using, so that just didn't really change anything.

CHAIR KOTELCHUCK: Okay. All Right. All --

MS. GOGLIOTTI: If that's okay, --

CHAIR KOTELCHUCK: -- right. Good. Okay. Yeah, let's go to --

MS. GOGLIOTTI: -- 616 --

CHAIR KOTELCHUCK: -- 616.

MS. GOGLIOTTI: -- observation three, which is the same case. In this particular case, the EE's occupational medical X-ray records were complex and difficult to follow. There were roughly 4000 pages of files in the DOL files and the DOE response files. We analyzed NIOSH's occupational medical X-ray annual dose assignments in the context of the available records and found that NIOSH interpreted the records using a reasonable and it's (indiscernible) claimant-favorable way, but we did find one page in the K-25 DOE response file that listed a recommendation to repeat a PA and lateral scan with a deeper inspiration. That was made during the early '90s. And then a later form, possibly dated a few days later -- it was difficult to read this document because it was partially illegible -- there was reference to only a chest X-ray with no mention of a lateral view. And although the lat the dose is pretty modest, I believe it was around 9 millirem, the DR was performed, and the DR was performed as an overestimate. Given the discrepancy in the data, we would have expected NIOSH to assign both the

PA and lat dose for this examination.

And NIOSH responded indicating that the only X-ray that should have been assigned was the one -- the first one in the early '90s because it -- the second was a repeat test for reasons that were not a condition of employment, and according to OTIB-6 and IG-003, X-rays for diagnostic and therapeutic reasons are not to be assigned. Second X-ray in the early '90s was diagnostic, and therefore, they believe that neither the lat or the PA should have been assigned. And additionally, prior to '96, X-10 did not routinely perform lat X-rays with the inclusion of a lat. Based on OTIB-6 dose, there's no change in the outcome of the claim.

And we responded that we don't disagree at all the diagnostic and therapeutic examinations are not eligible for inclusion in a dose reconstruction, but we don't classify this scan as either of those. In this instance, we think that the PA lat scan was ordered for higher -- or I know the record says it was ordered for higher inspiration, because the low inspiration chest scan can artificially make your heart appear large -- enlarged, so that would be a quality issue. I personally viewed that the same as if the scan was fuzzy, and they had to repeat it. That would be my interpretation. So, I believe that the repeated scan would still qualify as occupationally required. I think this issue -- a similar issue has come up in the past, where we've discussed whether or not a -- the outcome of an exam can be used to determine whether or not it is included. And...

CHAIR KOTELCHUCK: Right.

MS. GOGLIOTTI: So, this scan, one way or the other, it doesn't impact the outcome of the case, but there's more of an overarching issue on

whether or not these repeat scans can be -- can and should be included in a dose reconstruction when they're not really done for a diagnostic or therapeutic reason; they're being done as a repeat because of the quality -- there was a quality issue with the initial one. And if it finds something, then it should still be included, or I think you get where I'm going.

CHAIR KOTELCHUCK: Yeah. But what -- what in the record would help us decide whether this is a quality issue or not?

MS. GOGLIOTTI: Well, the record indicated that they needed a repeat scan with higher --

CHAIR KOTELCHUCK: Right.

MS. GOGLIOTTI: -- inspiration.

CHAIR KOTELCHUCK: Correct. But -- so, the question is can we --

MR. RUTHERFORD: this is LaVon. I've got a quick question. I can -- I can -- I'm just so surprised it's so far into this -- you know, this program that we haven't addressed this somewhere before in -- in the dose reconstruction subcommittee or something. I would have thought we would have addressed this, but nobody remembers anything about it.

MEMBER BEACH: No. No, I was thinking --

MS. GOGLIOTTI: We've definitely done a repeat one at one point in time. I just -- I can't put my finger on exactly the case at the moment. I would have to hunt the BRS.

CHAIR KOTELCHUCK: Well, that's a reasonable thing. Personnel change and -- and people forget. So, I -- if Rose, if you or -- I'm not sure who's it -- or who should be asked, but I agree that probably this was decided long ago, and the question is finding -- going back and finding

where this was addressed. It seems like we're -- are we looking for a needle in a haystack, because I don't know where to go look. But it --

MS. GOGLIOTTI: No, I have -- I have some records, combined with the BRS, which is now available to us, that we can find that discussion again. Specifically, we're looking --

CHAIR KOTELCHUCK: Could you -- could you --

MS. GOGLIOTTI: -- a similar situation has come up. I don't think it was exactly this discussion. It definitely did not have to do with inspiration --

CHAIR KOTELCHUCK: Right.

(Whereupon, Ms. Gogliotti, Chair Kotelchuck, and an unidentified speaker speak simultaneously.)

MS. GOGLIOTTI: -- but if -- if the subcommittee has already ruled on it, I would be fine accepting that. But I -- I don't have that --

CHAIR KOTELCHUCK: Well, if --

MS. GOGLIOTTI: -- available to me at the moment.

CHAIR KOTELCHUCK: Right. But if you could look into it, you know, and -- you're confident that there was no issue of inspirate -- there was no previous issue of -- of inspiration or low --

MS. GOGLIOTTI: Well, I certainly don't recall it, but the program has been around for over 20 years, and I have not been with the program for 20 years so I can't say that much.

CHAIR KOTELCHUCK: There are virtually -- very few folks have, by the way. Literally, right. A few.

MS. GOGLIOTTI: There are a few.

CHAIR KOTELCHUCK: I mean, if -- if --

MS. GOGLIOTTI: -- can confirm that --

CHAIR KOTELCHUCK: -- the question --

MS. GOGLIOTTI: -- though. But I think this is a more smaller issue than that, though.

MEMBER CLAWSON: I -- this -- Rose, this is Brad. I -- we have (audio break) in this. I cannot remember the outcome, but -- but the issue was -- was this guide that therapeutic (indiscernible) be added into it when the -- when you were trying to get a better picture or a more refined picture for a problem. And this is where -- if I remember right, this is where our disagreement came up in it. Because if you're having to take these X-rays for work and do this, then it should be counted. But there's a discrepancy with that OTIB. Worth calling out like this. And so, if -- if I remember right, in the numerous years ago that we've been hitting at it, this was one of the issues that have come up. But, you know, you're more than welcome to go back and look at it, but if I recollect right, it was that -- how the including these X-rays and the question was -- was you wouldn't be having these X-rays anyway if you weren't working (audio break), but that's just what I'm remembering.

CHAIR KOTELCHUCK: Rose, would you --

MS. GOGLIOTTI: How about I take this as an action? I will go back through my available records and the transcripts and see what I come up with. If we've officially discussed this, I can bring that to the Board's attention, and we can go from there. Otherwise, we can tackle the issue fresh, but we can do at the next meeting.

CHAIR KOTELCHUCK: Okay. Very good. Actually, you said bring it to the Board. Bring it to the -- bring us to this subcommittee, --

MS. GOGLIOTTI: The --

CHAIR KOTELCHUCK: -- right?

MS. GOGLIOTTI: -- subcommittee --

CHAIR KOTELCHUCK: Yeah.

MS. GOGLIOTTI: -- unless --

CHAIR KOTELCHUCK: -- (indiscernible) context of the Board, but --

MS. GOGLIOTTI: Yes.

CHAIR KOTELCHUCK: Yeah. Right, yeah. Okay.

MS. GOGLIOTTI: I'll do that.

CHAIR KOTELCHUCK: Good. All right. That sounds good. And let's -- so, let's proceed.

MS. GOGLIOTTI: Okay. The next one --

CHAIR KOTELCHUCK: And by the way, if I may, it's 3:30, just is -- do we --I don't know. Do we have enough left that we should take a quick break, or can we -- or can we finish up soon here, Rose?

MS. GOGLIOTTI: There are a handful left, and then still after that on the agenda, we had one issue from a previous set that we need to bring up, plus we wanted to talk about the selection criteria.

CHAIR KOTELCHUCK: Yes.

MS. GOGLIOTTI: So, if we wanted to take a quick comfort break for people, there is enough material that we'll be talking for a while more --

CHAIR KOTELCHUCK: Okay. Yeah. How about we take a five -- five-minute comfort break or 10 minute -- folks, does that sound okay?

MEMBER CLAWSON: That's fine with me, David.

MEMBER FRANK: Sounds good.

CHAIR KOTELCHUCK: Okay. Okay. 3:31 -- at 3:40 we'll get back together.

MEMBER FRANK: Thank you.

(Whereupon, a break was taken from 3:31 p.m. EDT until 3:40 p.m. EDT.)

CHAIR KOTELCHUCK: Can you hear me?

DR. ROBERTS: Yes, I can hear you. Beach?

CHAIR KOTELCHUCK: Very good.

MEMBER BEACH: I'm here.

DR. ROBERTS: Clawson?

MEMBER CLAWSON: Here.

DR. ROBERTS: Frank?

MEMBER FRANK: Here.

DR. ROBERTS: I don't think Lockey's joined. Valerio? Valerio? Okay. While we wait for Valerio, I forgot to ask it the court reporter has rejoined?

THE COURT REPORTER: Yes.

DR. ROBERTS: Thank you. Valerio, are you back?

CHAIR KOTELCHUCK: While we're waiting --

DR. ROBERTS: Okay. Go ahead --

CHAIR KOTELCHUCK: for Loretta -- oh, is -- did -- is she back?

DR. ROBERTS: I didn't --

CHAIR KOTELCHUCK: While --

DR. ROBERTS: -- hear a response.

CHAIR KOTELCHUCK: Okay. While we're waiting, let me apologize for the problem at the beginning with my sound and the echo. Guess what? I realized not long after that there were two phones. I had moved from my land line to my cell phone -- or vice versa, from my cell phone to my land line, and I had not cut my cell phone off, and that was the source of the echo. And when I realized it, things have been normal ever since. So, my apologies for -- for the problem. Okay.

DR. ROBERTS: Okay. Valerio, are you --

DR. ROBERTS: Are we --

DR. ROBERTS: -- back yet? Okay. I think you can go ahead --

CHAIR KOTELCHUCK: I think we can. We have a quorum. Yes, we do.

Okay. Rose?

MS. GOGLIOTTI: Okay. So, same case. Tab 616 observation four. And in this one, there was an MDA adjustment factor that was applied in the case. It was applied to record an MDA value, so it increased the MDA that was used in a sample. We didn't know where the number came from. Specifically, NIOSH divided this value by the MBA, so we just asked for the reference.

And NIOSH responded that it was a generic low-enriched uranium source from IMBA because the random bioassays were recorded for both X-10 and K-25. However, the K-25 factor would have been more claimant favorable and change to the just -- adjustment factor would not impact the outcome of the claim. And we're still asking for the reference or, like, documentation that supports that.

MR. RUTHERFORD: What -- this is LaVon. Rose, what are -- what are you exactly looking for? I'm not sure. I mean, are you wanting -- I'm trying to figure -- figure -- figure out exactly what you're --

MS. GOGLIOTTI: I need something that says the value .8184 is this. Because right now --

MR. RUTHERFORD: Okay.

MS. GOGLIOTTI: -- it's just a number.

MR. RUTHERFORD: Okay.

MS. GOGLIOTTI: And it's not in the TBD. It doesn't appear to be in the guidance document. I need something that says this is being used, and what it is.

MR. RUTHERFORD: Got it. Just something that --

MS. GOGLIOTTI: (Indiscernible.)

MR. RUTHERFORD: Yeah. I think -- I think I understand this time.

MR. SIEBERT: Yeah, this is --

MR. RUTHERFORD: Scott, did you --

MR. SIEBERT: -- Scott. I'm going to -- I'm going to have to dig out to -- to get that pulled up, because the information I have, you know, it's -- it's a generic value that comes out of IMBA when you put the uranium mixture from -- I believe it's from X-10 into it, but I'll have to -- I'll have to go back to the -- the folks doing it and tie into and -- and once -- now, that the -- the BRS is going to be available again soon, this is -- this kind of written back and forth is going to be a lot easier. So, I will --

MS. GOGLIOTTI: Yes. Yes, it will.

MR. SIEBERT: -- (indiscernible). I'll get something written up for you

on that.

MS. GOGLIOTTI: Okay. Thank you. I would appreciate --

CHAIR KOTELCHUCK: I'm -- I'm --

MS. GOGLIOTTI: -- that. Even if --

CHAIR KOTELCHUCK: Good.

MS. GOGLIOTTI: -- it's just a screen shot of IMBA. I -- I just don't -- I need more than that in order to close that loop.

CHAIR KOTELCHUCK: Okay. So, we'll call this in progress until you get the information, and then we'll close it. Although, I would be perfectly willing to close it pending confirmation because it's something simple, and it will be found, or would you like it to be in progress, Rose, for the -- our records.

MS. GOGLIOTTI: I think it's appropriate to keep in progress. Otherwise, we're going to lose --

CHAIR KOTELCHUCK: Okay.

MS. GOGLIOTTI: -- track of it.

CHAIR KOTELCHUCK: Okay. Okay. So be it. Unless again, I hear -- I hear --

MS. GOGLIOTTI: Okay.

CHAIR KOTELCHUCK: -- any concerns from the working group, other members, I'm assuming it's okay with it. Okay.

MEMBER CLAWSON: -- with me, Dave. I'd prefer to keep it active, so we don't lose it.

CHAIR KOTELCHUCK: Sounds good. All right. Let's go on.

MS. GOGLIOTTI: Okay. Same case. Tab 616 observation five. This

one, I kind of broke into multiple parts based on the structure of it, so NIOSH responded to each part individually. So, we'll kind of address them all individually. I chose to not break up the observation into type one and type two, so some of them are easier to resolve than others, but I just wanted to keep them all together because it is all the same observation. So, that's why this is kind of a deviation from the norm.

But the observation, essentially, said that we found -- while NIOSH included most of the EE's bioassays data, there were several recorded bioassays that were not included in the calculations, or we couldn't figure out how they were included. So, the first one would be a whole-body count in 1980, '81, and '83 that indicated cesium was present, and it wasn't clear to us if -- how or why that wasn't being addressed. And NIOSH responded that, according to the K-25 TBD, on occasion in vivo measurements results included Cesium-137; however, those K-25 workers could have had body burden Cesium-137 from nonoccupational sources, such as fallout or consumption of specific food. There is evidence of neither -- neither of Cesium-137 in the source term at K-25, nor of occupational intakes of Cesium-137 among K-25 workers. Therefore, no dose of record should be associated with these measurement results. And they also indicate that the report should have stated that. And we confirm that the TBD does indicate that there is no source of cesium exposure on site. It specifically says that. So, at that time, the EE appears to only have been working at K-25 at the time, so we think what Nash did is reasonable, and we recommend closing this part.

CHAIR KOTELCHUCK: Uh-huh. Okay. Folks, subcommittee folks?

Sounds --

MEMBER CLAWSON: (Indiscernible) say --

CHAIR KOTELCHUCK: -- okay to me.

MEMBER CLAWSON: Rose, help me understand this a little bit better about there not being any cesium there. What -- I wasn't quite following that (indiscernible).

MS. GOGLIOTTI: Okay. So, the whole-body count reported cesium, but it was, like, (indiscernible) levels, so at a -- typically, when we see that, we would assign missed dose; however, that didn't happen in the case. And that was because the TBD clearly does state that cesium was not part of the source term, and there are occasional instances where it's recorded on the bioassay results as below detection, and that's not actually missed dose. And so they did it according to their guidance document. If there wasn't cesium present there, then they wouldn't be being assigned this dose, so I think that's appropriate.

MEMBER CLAWSON: Okay.

CHAIR KOTELCHUCK: Seems okay to me.

MS. GOGLIOTTI: Again, this is a multipart findings or observation.

CHAIR KOTELCHUCK: Right. That is to say --

MS. GOGLIOTTI: -- the next one.

CHAIR KOTELCHUCK: Okay. Go ahead.

MS. GOGLIOTTI: -- with Thorium-232, there was a lung count, and here this lung count appeared to be not addressed. And NIOSH responded that this radionuclide was reported on the first lung count taken at X-10, but not any of the other eight lung counts. As a result the EE was assumed to

not be routinely exposed to this radionuclide. And we read the EE's monitoring records and think that that's a reasonable interpretation; however, typically, monitored readings are assigned missed dose, so is there a guidance document that allows this level of professional judgment?

MR. SIEBERT: Well, this is -- this is Scott. I wouldn't say there's something specifically that says hey, in this situation, this is what you do. It's following the general outlines of internal dosimetry that if there's -- if monitoring is believed to have been occurred for -- for cause, we assign it. And if programmatically it does not appear so, we may -- we may not assign it based on if it's a programmatic difference. In this case, the Thorium-232 was only reported as part of a suite of radionuclides in the first chest count. So, we've done some looking into it, and there's versions of the radioactive -- the radiation -- the radionuclides suite for the in vivo process. This happened in 1993, and the TBD actually points out that 1994 is when the in vivo program was running and consistent. So, basically, between that and the fact that there's no indication the individual was being exposed to Thorium-232, including there was no other types of monitoring being done, that -- you know, the decision was made. As you said, it's a reasonable decision that it likely was no exposure potential, it's just a remnant of the reporting criteria for the in vivo process at that point. We're looking at -- we're investigating that further, like the reporting schemes for the in vivo, and if there's any impact on that kind of stuff we will be putting that in the next internal TBD to have these types of things more clearly documented.

MS. GOGLIOTTI: Okay. I'm fine with that explanation. I think that we classify this as a professional judgment concern, and we move on from

it. Is that reasonable?

MR. SIEBERT: Yeah. That makes sense from my point of view.

CHAIR KOTELCHUCK: Okay.

MS. GOGLIOTTI: Okay.

CHAIR KOTELCHUCK: That's fair enough.

MS. GOGLIOTTI: So, the next part has to do with neptunium lung counts in the early to mid '90s. NIOSH responded that the results were below the MDA, and that neptunium is considered -- is part of the ratio with uranium intakes, and neptunium was not evaluated separately. There was no indication that the EE was exposed to neptunium outside of the use of recycled uranium, but (indiscernible) it should have been described in the report. Because NIOSH considered it as part of the RU, we think that's reasonable, and we recommend closing this part.

CHAIR KOTELCHUCK: Okay.

MEMBER BEACH: I agree with that.

CHAIR KOTELCHUCK: Yeah. All right. And then --

CHAIR KOTELCHUCK: And you have the -- your analyses?

MS. GOGLIOTTI: Yes. The last part. There were several urinalyses was (sic) done in the late '90s through, probably. The end of the EE's employment. And NIOSH responded that americium, curium, plutonium, and Strontium-90 should have been assigned through either 2003 or per the bioassay report, and that Tec-99 should have been assigned during the shorter time period based on the TBD and bioassay results. The assignment of missed intakes doesn't impact the outcome of the claim. So, here, we have agreement, and the error doesn't impact compensation. We just

questioned if the full impact of all the issues identified in Tab 616 were evaluated, because there were quite a few.

MR. SIEBERT: Yes, Scott -- this is Scott. Valid question. And yeah, we -- we addressed all of them, even the ones that we regarded -- we weren't necessarily in agreement on, such as the neutrons. We included all those just to be overly cautious to determine if there would be any change, and overall the POC stays below 43 percent. So, yes, we did address all of that.

CHAIR KOTELCHUCK: Okay. Then that -- then that appears to resolve those various issues, does it not?

MS. GOGLIOTTI: Yes. So, I'm comfortable with closing the observation.

CHAIR KOTELCHUCK: Okay. Are the subcommittee members satisfied? I am.

MEMBER CLAWSON: Yes. This is Brad.

MEMBER BEACH: Yeah, Dave, this --

MEMBER CLAWSON: I'm good.

MEMBER BEACH: I'm good with it.

MEMBER VALERIO: This is Loretta. I am.

CHAIR KOTELCHUCK: Wonderful. Okay, Loretta. Good. Thank you. So, we -- that -- that is -- that will be closed.

MS. GOGLIOTTI: Okay. Fantastic. There was one more observation in this set that NIOSH didn't respond to. I don't know if that was intentional or maybe just an oversight, because I know that there are a lot of documents associated with it. But, --

CHAIR KOTELCHUCK: Yeah.

MS. GOGLIOTTI: -- essentially, the same observation we've had multiple times throughout the set regarding Monte Carlo calculations, being unable to exactly reproduce the doses. I don't --

CHAIR KOTELCHUCK: And it would --

MS. GOGLIOTTI: -- close that out based on the previous comments or if NIOSH had a reason they didn't respond to it that they want to bring up, --

MR. SIEBERT: Yeah, that --

MS. GOGLIOTTI: -- that would be awesome.

MR. SIEBERT: Yeah, no, that's -- this is Scott. Yeah, the reason is I missed it. It's entirely my fault. I apologize for that. Yes, you're exactly right. It's another one of them Monte Carlo -- the same thing we've discussed that there will be differences based on Monte Carlo, but overall the -- everything was handled accurately within the calculation.

CHAIR KOTELCHUCK: Okay. Then that makes sense then. That really fits the concerns. Obviously, the difference was more than 20 percent that you picked it up, and glad to have that in the record. I would say that response is -- response was provided, or you'll type this up to indicate that there was a discussion, and it was resolved.

MS. GOGLIOTTI: Yes.

CHAIR KOTELCHUCK: And I would say we should close it. And again, on -- I'll -- if there's any comments or concerns -- otherwise I'll close it. Do I hear anything? No? Fine. We'll close it. Okay.

MS. GOGLIOTTI: Okay. With that --

CHAIR KOTELCHUCK: Okay.

MS. GOGLIOTTI: Well, that wraps up this set, which is wonderful.

CHAIR KOTELCHUCK: Certainly is. But we have some in progresses that, you know, will continue. What about -- so, we'll have a few left over resolved that are in progress from this set. What about Set 32? I mean, what -- where is that? What -- where is the -- what is the status of this?

MS. GOGLIOTTI: We are --

MR. SIEBERT: It --

MS. GOGLIOTTI: -- currently awaiting responses from NIOSH.

CHAIR KOTELCHUCK: Okay.

MR. SIEBERT: -- Scott. I was about to say, that's exactly right. We are working on the responses. Just one of my suggestions would be if we could get the information for the 32nd Set into the BRS, that would definitely facilitate us getting the answers so that it's in a consistent way that we all see it back and forth instead of trying to do all these matrices and so on. So, that's just Scott's (sic) suggestion. That would be helpful, but we are working on the -- the responses for the 32nd Set.

CHAIR KOTELCHUCK: Very good. Very good. Okay. So, that'll --

MS. GOGLIOTTI: I do have the intent of loading everything into the BRS, but my concern at the moment is that the Board -- to my knowledge, not a single Board Member has access to the new BRS.

CHAIR KOTELCHUCK: Right.

MS. GOGLIOTTI: And part of that is my fault because I need to give a training, but, also, I need all the board members to gain access by calling to verify their credentials before I can give my training.

CHAIR KOTELCHUCK: Sure.

MS. GOGLIOTTI: So, --

CHAIR KOTELCHUCK: The question in my mind is I assume all of us will get together and get the training. It takes so long to program another meeting that -- it sounds to me as if we can schedule another meeting two or three months from now, with the -- with the -- with the assurance that we will have that BRS training and that people will respond. Is that fair enough? We don't have to -- I mean, the training just depends on when we respond to you and when we find --

MS. GOGLIOTTI: To host --

CHAIR KOTELCHUCK: -- what do you -- what do you think?

MS. GOGLIOTTI: I -- I -- I can start to schedule the training, but my concern is because it's hard to access, I need everybody to have the credentials where they're able to get in before I want to host training because it is so complicated, and if you can't replicate it, then you're going to forget it immediately.

CHAIR KOTELCHUCK: Right.

MEMBER CLAWSON: And I tried it -- I tried it last week, Rose. And I called. I went through the whole thing and could not get into it. I had issues with the authentication process and so forth. So, I'll have to keep continuing to try to get into that. I'll just --

MS. GOGLIOTTI: I think --

MEMBER BEACH: Rose, --

CHAIR KOTELCHUCK: That sounds --

MEMBER BEACH: Yeah, I'm going to -- I'm going to work on that. I

just wanted to get through this material from this meeting before I tackle that, so within the next couple of days.

CHAIR KOTELCHUCK: Yeah.

MS. GOGLIOTTI: Okay.

CHAIR KOTELCHUCK: I'm going to --

MS. GOGLIOTTI: I know that Dr. Frank also had trouble accessing it and needs to schedule a follow up. There -- I would anticipate it being a little complicated for everyone. Not that I want to intimidate you, but --

CHAIR KOTELCHUCK: Right.

MS. GOGLIOTTI: -- in my experience, it was complicated also, so please bear with me. I didn't build the system. I'm just the messenger.

CHAIR KOTELCHUCK: Sure.

MEMBER BEACH: Absolutely.

CHAIR KOTELCHUCK: And a very good one.

MEMBER CLAWSON: (Indiscernible) --

CHAIR KOTELCHUCK: And a very good one. Right. So, that suggests to me that we not think about scheduling a meeting of the subcommittee until the things are settled and we have a date for the BRS training. And --

MS. GOGLIOTTI: That --

CHAIR KOTELCHUCK: -- we'll just simply do as we've done before. When we think we're ready --

MEMBER CLAWSON: (Indiscernible) --

CHAIR KOTELCHUCK: -- we'll schedule something by -- through our CDC computers.

MEMBER CLAWSON: Dave, I don't --

MS. GOGLIOTTI: Yeah, I think that's reasonable.

CHAIR KOTELCHUCK: Brad?

MEMBER CLAWSON: I was just going to say that all of us ought to be trying to get on the BRS and notify rolls on we do get access to it so that she knows that all of us (indiscernible) gain access and (indiscernible) set up for the training part and go from there.

CHAIR KOTELCHUCK: Okay.

MEMBER CLAWSON: But it is difficult to get in.

CHAIR KOTELCHUCK: Sure. And this is for the entire Board, right?

MS. GOGLIOTTI: Yes.

CHAIR KOTELCHUCK: Gets the training. Therefore, maybe this is something, Rashaun, that you would send a note around to people and ask -- you know, make -- make it clear that this is something that has to be done, like our other mandated trainings. So, if you would -- should.

DR. ROBERTS: -- can do.

CHAIR KOTELCHUCK: Good.

MS. GOGLIOTTI: And I wonder if maybe even we could tack it on to the -- before or after maybe the August board meeting, because everyone already has that time blocked out?

CHAIR KOTELCHUCK: Yes. That's good. Okay.

MS. GOGLIOTTI: I'll bring it up at the -- the next teleconference and see what people think.

CHAIR KOTELCHUCK: Perfect. That --

MEMBER FRANK: This is Arthur Frank. I'm not sure I want to tack something onto that board meeting. I understand that --

MS. GOGLIOTTI: Fair enough.

MEMBER FRANK: -- Idaho, and I'm going to need to leave probably late that evening and get some place for activities the next day. So, that's probably not --

CHAIR KOTELCHUCK: Oh.

MEMBER FRANK: -- a great time to do that.

CHAIR KOTELCHUCK: Right.

MS. GOGLIOTTI: Okay. I appreciate your input.

CHAIR KOTELCHUCK: I -- agreed.

MEMBER FRANK: Thanks.

CHAIR KOTELCHUCK: Okay. We'll -- we'll get to work on this now and try and get into BRS.

MEMBER BEACH: Rose, I, also, might suggest that you do a two-part training. I know you want to get everybody at the same time, but chances are you're not going to get everybody. And to hold some people up might not be a good idea. So, not to tack that --

MS. GOGLIOTTI: That all --

MEMBER BEACH: -- on to you. You might end up doing more than one training anyway.

MS. GOGLIOTTI: I fully expect to. I will, also, plan on recording my training so that if you forget, you can always rewatch it.

MEMBER BEACH: Yes, that's been very handy in the past. Good idea.

CHAIR KOTELCHUCK: Yes, it has. Good. Your trainings are always superior and clear, so I look forward to it --

MS. GOGLIOTTI: (Indiscernible.)

CHAIR KOTELCHUCK: Yeah, no, really. So, what, we have another item or two today?

ISSUES RESOLUTION: FROM TAB 585 SET 29 (PANTEX)

MS. GOGLIOTTI: Yes, we do. There was one item from Set 29 that I wanted to circle back to. It was from a Pantex case, Tab 585 finding two, and at the -- I believe -- oh, Amy, you're going to have to help me out here --

UNIDENTIFIED SPEAKER: It was January.

MS. GOGLIOTTI: -- January of --

UNIDENTIFIED SPEAKER: '22.

MS. GOGLIOTTI: -- '22, yes.

(Whereupon, a computer sounds.)

UNIDENTIFIED SPEAKER: January --

(Whereupon, a computer sounds.)

MS. GOGLIOTTI: -- during that meeting, SC&A was tasked to go back and confirm that the dose -- the dose correction factor, DCF, that NIOSH used were in OTIB-10, which was a canceled guidance document. And we were just confirming that. I'm going to turn it over to Amy now.

MS. MANGEL: Oh, hi. This is Amy. So, I believe, it's OTIB-12, Rose, instead of --

MS. GOGLIOTTI: Thank you.

MS. MANGEL: -- OTIB --

MS. GOGLIOTTI: Thank you. Thank you.

MS. MANGEL: So, we located that OTIB-12 document that NIOSH

used in the DR, and after reading through that document and then going back to this specific case and supporting files, we're still unable to directly verify the DCF that NIOSH used in this case. Reading the discussion around the topic from the January 2022 meeting transcripts, it -- it seemed like we would be able to just go to an appendix and pull out these exact values, but the appendices of OTIB-12 are a bunch of tables with distribution parameters for various DCFs for different percent error associated with the given years' dosimetry, at least for recorded dose. And the DCF uses this DR for the recorded for all within two standard deviations of the listed mean values and standard deviations in the table. Similarly, the DCF associated with missed dose, which is a separate appendix in OTIB-12, the DCF used by NIOSH seems reasonable given the listed parameters in the appendix. So, again, given the documentation and the information we have, we couldn't verify the exact values used in the DR, but if our interpretation of what's an OTIB-12 is correct, then the DCFs that were used appear to be reasonable.

CHAIR KOTELCHUCK: Hmm.

MEMBER CLAWSON: So, are you telling us that -- that we can go ahead and close this then, because you haven't been able to get the exact -- but they -- they do appear to be reasonable. Is that correct?

MS. MANGEL: Yeah, I think -- I think we could probably close it. Rose, do you agree?

MS. GOGLIOTTI: I agree. They were maybe not exactly what we were expecting, but they were in the ballpark. And since it's a cancelled document, I don't know that it's worth pursuing further when it's not going to impact anything, but that's, ultimately, up to the subcommittee.

CHAIR KOTELCHUCK: Do -- is -- I -- I'm comfortable with it, but -- but there needs to be something documented besides the transcript of this meeting.

MS. GOGLIOTTI: Oh, yes. We'll --

CHAIR KOTELCHUCK: (Indiscernible) --

MS. GOGLIOTTI: -- BRS, the same as everything else.

CHAIR KOTELCHUCK: Okay. Fair enough. At least from my point of view, fair enough. How do others feel?

MEMBER CLAWSON: (Indiscernible) --

MEMBER BEACH: Yeah, I think -- this is Josie. I agree with that.

CHAIR KOTELCHUCK: Yeah.

MEMBER FRANK: Yeah, that's fine.

CHAIR KOTELCHUCK: Okay. All right.

MEMBER VALERIO: That's fine, Dave.

CHAIR KOTELCHUCK: Fine, fine it is. Wonderful. We're in agreement. Closed.

DR. BUCHANAN: Oh, by the way, this is Ron Buchanan. OTIB-12 is the Monte Carlo method, I'm certain, so it wouldn't be expected maybe to find the exact number, but anyway that's -- that's what the title of that is, Monte Carlo methods for dose uncertainly calculations.

CHAIR KOTELCHUCK: Oh. Thank you. Okay. That's useful. Okay. So, I think we're close -- we'll close on that, and it'll be documented. Now, one more. We have one more item (indiscernible) if I am correct. Right, --

MS. GOGLIOTTI: Yes.

CHAIR KOTELCHUCK: -- Rose?

REPORT AND FURTHER DISCUSSION ON CHANGES TO SELECTION CRITERIA

MS. GOGLIOTTI: So, I was hoping to circle back to the selection criteria that the Board and the work group has -- or subcommittee has established. Specifically, back in April of 2022, Dave presented to the full Board a plan for new selection criteria, and the Board overwhelmingly supported the recommendations to change the selection criteria. And one of those was to select at least eight cases with females per set because the subcommittee has acknowledged that roughly only 10 percent of the cases we've reviewed involve a female claimant and, at least at that time, our current data suggested that about 20 percent of claimants that were being filed at the time were female, so we were under representing females.

CHAIR KOTELCHUCK: Correct.

MS. GOGLIOTTI: And with this current set that we're working on, Set 33, only three females were selected. And I brought that attention -- to the attention and Rashaun and Dr. Kotelchuck, and we decided to go ahead with the set anyway, but I believe Rashaun reached out to NIOSH and essentially we were told that there weren't enough females to pick from. So, --

CHAIR KOTELCHUCK: Right.

MS. GOGLIOTTI: -- I'm hoping to kind of get clarification on how we can better represent females perhaps that they're 27 percent (sic), but maybe they're all SEC people that we don't have to pick from -- or something seems to be a disconnect here. But it would be -- I think it's important to get a representative sample of females moving forward,

because it is time to be picking a new set of claims because we're wrapping up the 33rd set this month.

CHAIR KOTELCHUCK: Right.

MEMBER BEACH: -- that last set -- sorry, Dave, this is Josie -- that there were --

CHAIR KOTELCHUCK: Go right ahead.

MEMBER BEACH: -- eight -- eight females that could have been selected. Unless I'm mistaken, it seemed like -- I mean, it wasn't a high number, but it was more than three, I believe.

CHAIR KOTELCHUCK: I -- I -- you know, I believe, that -- that I looked at that, and that's not the case, that there were only three. I think -- I mean, I -- I was well aware of the -- of the -- our criterion, and there just didn't seem to be more women out -- female claimants to select. I think this was a case where what came in, came in, and it came from, you know, a limited number of -- of sites. So, and I -- I sort of -- it led me to feel that I don't know what to do. I don't -- first, we can confirm that we had -- we can go back to the selection. But my -- my memory is that we only had three or four --

MEMBER BEACH: Yeah.

CHAIR KOTELCHUCK: -- three or five and -- and, of course, we select 30. So, if --

MEMBER BEACH: Yeah.

CHAIR KOTELCHUCK: -- we want to select eight out of 30, what do we do if the selection criteria -- if the cases come in, as they do from particular plants, that may be, you know, have more male employment? I don't know

what to do about it.

MEMBER BEACH: There's really nothing we can do now. We've already gone forward, except for, I think, have it on our radar as trying to choose as many as we can so that the female population is represented.

CHAIR KOTELCHUCK: Right. Absolutely. And that's something --

MEMBER BEACH: Or else -- or else we ask for more in the selection criteria on NIOSH's side. I don't know if that's possible.

CHAIR KOTELCHUCK: Well, we can wait until more cases come in. I mean, we are essentially tied in with the set with the cases that came -- that come -- that came in since our last selection. I -- I -- we could -- we could all --

MS. GOGLIOTTI: -- since the last selection. We're not tied to that by any means. I do recommend selecting cases that were fairly recent, so we're using current guidance that hasn't been updated. I do agree with that, but it doesn't necessarily need to be since the last set. But I'm having a hard time thinking that, at least, eight female claims weren't filed in that time frame. I don't know if we could get guidance from NIOSH or, maybe, just put that higher up on the things that we want to consider. That's really up to the subcommittee, but I thought it was important to bring this up because we're not --

CHAIR KOTELCHUCK: You're right.

MS. GOGLIOTTI: -- meeting our goal currently.

CHAIR KOTELCHUCK: Correct. Correct. And I'm glad you are bringing it up, and we have been talking about it. And I fully support it. Well, first, let's go back to the -- we still have the documents, I'm pretty

sure I have that document somewhere, about the cases that I selected, and that would -- we can check how many females there were. Now, it's -- whatever it was, it's done. And then I think we should say to NIOSH that we want to meet this selection criteria and it's eight out of 30, and if there is any -- if there is any flexibility in their choices, then we should tell them that we'd like to have, you know, at least eight. Can --

MS. ROLFES: This is --

CHAIR KOTELCHUCK: Can we do that?

MS. ROLFES: This is Beth. Did you just say eight out of 30?

CHAIR KOTELCHUCK: Yes.

MS. ROLFES: Okay. So, I just looked back at Set 32, the list I send out before it goes through final adjudication to DOL, and only ---

CHAIR KOTELCHUCK: Uh-huh.

MS. ROLFES: -- eight out of six -- only eight out of 66 were female. So, I'm just --

CHAIR KOTELCHUCK: Eight, hmm.

MS. ROLFES: -- it's just a random occurrence.

CHAIR KOTELCHUCK: Eight out of 66.

MS. ROLFES: For Set thirty --

CHAIR KOTELCHUCK: Well, --

MEMBER BEACH: So, we could have chosen --

MS. ROLFES: -- selected --

(Whereupon, Member Beach, Chair Kotelchuck, and Ms. Rolfes speak simultaneously.)

MS. ROLFES: Well, no. That was --

CHAIR KOTELCHUCK: The Board selected six --

MS. ROLFES: Yeah. I might have --

CHAIR KOTELCHUCK: -- out of 30.

MS. ROLFES: -- not given -- I may have not offered you eight out of the 66. I'm just looking at my list Before final adjudication. I'm just looking at the bigger list. I probably spent less than that, if that makes sense.

CHAIR KOTELCHUCK: Yeah, it does.

MR. SIEBERT: So, this -- this Scott. I mean, I -- I probably have no reason to actually say anything about this, but, I guess, I'm just -- the numbers just are throwing me off. Are you trying to shoot for eight to overcompensate for historically, because --

CHAIR KOTELCHUCK: Exactly.

MR. SIEBERT: -- it -- okay. So, you're trying to overcompensate. That's -- that's -- that's --

CHAIR KOTELCHUCK: Well, we have to overcompensate, right. If -- if -- otherwise -- you know, otherwise, we can -- it's 22 percent, you know, we could do five -- six out of 30, right, and get well, 20 percent, right, which is almost -- so -- so, six out of 30 was almost -- it's just what is -- would -- would not -- we need to -- we need to have more. We need to have more than 22 percent in the selection --

MS. GOGLIOTTI: Twenty-seven --

CHAIR KOTELCHUCK: -- to select from.

MS. GOGLIOTTI: -- was current.

CHAIR KOTELCHUCK: Yes.

MS. GOGLIOTTI: So, if we're not above 27, we'll never catch up.

CHAIR KOTELCHUCK: Right. Well, I'm --

MS. GOGLIOTTI: (Indiscernible) --

CHAIR KOTELCHUCK: -- moving in the right direction though. Time -- time is on the side of improving this because it -- my understanding is that the number of females working in the -- in this industry is increasing steadily. And so -- but -- but we can't lag behind. We can't have, you know, three people out of 30, and that's just not good enough. So, Amy, are you saying that we could -- we could boost the number to eight out of 30 or something like that by not giving us eight to select? Remember, we have lots and lots of cases, right?

MS. GOGLIOTTI: I believe, that was Beth, but.

CHAIR KOTELCHUCK: Beth, oh excuse me, Beth. I'm sorry. Beth, can we not select then from back cases a higher percentage of females?

MS. ROLFES: I can see if there's a way to pull more, but right now we're pretty much reviewing the majority of these claims that are falling within the criteria.

CHAIR KOTELCHUCK: Yeah.

MS. GOGLIOTTI: Would -- would the Board be open to neglecting some of the other criteria just to boost the female claims?

CHAIR KOTELCHUCK: Well, what -- what --

MS. GOGLIOTTI: Or maybe --

CHAIR KOTELCHUCK: -- what other criteria --

MS. GOGLIOTTI: -- (indiscernible) --

CHAIR KOTELCHUCK: -- are you talking about? Pardon?

MS. GOGLIOTTI: For instance, we're only -- we're targeting a certain

POC range. Would we be willing to --

CHAIR KOTELCHUCK: Right.

MS. GOGLIOTTI: -- go outside of that POC range to grab a few more female claims, if that would be helpful?

CHAIR KOTELCHUCK: Yeah, I think --

MS. GOGLIOTTI: Because we certainly don't only have to review the best estimate claims. We just tend to favor those.

CHAIR KOTELCHUCK: Well, it's more than favoring. I mean, when we get claims that are over 50 percent, they're often half done and then, you know, as soon as we realize that it's over 50 percent. In other words, the over and underestimate are incomplete in terms of telling us -- that they're incomplete in terms of telling us what's -- what's going on. Right.

MS. GOGLIOTTI: But representative of what is going on.

CHAIR KOTELCHUCK: Yeah. I would be open -- I would be open to relaxing some of those with the understanding that we will not get -- that we will be reviewing ones that are over underestimate -- over or underestimate. What do others think?

MEMBER BEACH: I agree with --

MEMBER CLAWSON: I agree.

MEMBER BEACH: -- the standard, so we could get more of that population --

CHAIR KOTELCHUCK: Yeah.

MEMBER BEACH: -- within our sample --

MEMBER FRANK: Yeah, I mean, (indiscernible) -- and we know from other settings that too often enough women are not included in research

activities. It'd be appropriate to have them in -- in our kind of review, so I'd be in favor of that.

CHAIR KOTELCHUCK: Yeah. So, I think -- let's see if we -- Beth, if we expanded from -- if we expanded from 45 to 52 to, you know, 42 to fif -- or 40 -- 42 to 52 or something like that. I do think the -- the ones that are over 50 percent, they are dispensed with very quickly, and they're rather more incomplete than the ones that are below 50 percent. So, my sense would be 42 to 52 and see what happens. Could -- could you do that? Could you look at that and see how that would -- how that would come out in -- in the upcoming sets?

MS. ROLFES: So, 42 to --

MS. GOGLIOTTI: I think we --

MS. ROLFES: -- 52?

MS. GOGLIOTTI: -- we've already expanded to 40 to 55.

CHAIR KOTELCHUCK: All right. Well, again, we'll do that. We'll do that. Once this is set up to scan it -- and we can try 40 to 55, 42 to 52, and see what works best.

MR. RUTHERFORD: Can we -- can we only do that in cases where we don't have the eight that we want out of the -- out of the set?

CHAIR KOTELCHUCK: Yes. Absolutely. Absolutely. The -- the most important thing is I'm really comfortable at this stage of the game with the 49 blinds that we've done that we really do an excellent job of -- of -- both NIOSH and SC&A getting near the cutoff line at 50 percent and staying below it or staying above it, both of them. So, you know, I think -- I think we can -- I think we can expand a little bit, and I believe on the lower end.

So, again, let's -- let's start 40 to 55, and then let's see if we can narrow it a little bit so that we can get to eight or something like eight, right. And -- and always, if there are eight already without any change in the criteria, then go with it, because that would be better. That would be the best thing.

MS. GOGLIOTTI: Well, I just -- I want to be cautious about that, though, because NIOSH is giving you cases to select from. If there are only eight cases to select from, then you select those eight, so then they've chosen which cases they will be audited on, which I don't like the optics of, not to imply that anything bad is happening, but I think optically it would seem inappropriate. So, I think that that you should have more to pick from than that.

MR. RUTHERFORD: I disagree --

CHAIR KOTELCHUCK: So, essentially, --

MR. RUTHERFORD: -- with that. I disagree with that.

CHAIR KOTELCHUCK: Uh-huh.

MR. RUTHERFORD: I mean, we're randomly selecting the things, and if it just so happens that only eight are available, we're giving you all the eight. We're not picking and choosing who's -- who we're giving you; it just so happens that those are these are the eight that are available. So, I don't think expanding it unless we have to make sense.

MS. GOGLIOTTI: I think that's ultimately up to the subcommittee and the Board to decide on.

CHAIR KOTELCHUCK: Right.

MR. RUTHERFORD: I agree --

MS. GOGLIOTTI: I don't have --

MR. RUTHERFORD: With that.

(Whereupon, Mr. Rutherford and Ms. Gogliotti speak simultaneously.)

MS. GOGLIOTTI: -- cases were assigned.

CHAIR KOTELCHUCK: Well, I wouldn't --

MS. GOGLIOTTI: -- the ones that are selected.

CHAIR KOTELCHUCK: Well, we're going to check Set 31, and I would say, LaVon, the reality is that Set 31 already tells us that we're nowhere near eight. And -- and -- I believe. And I can check that, and we can check that. That's some -- we have -- we have those in our machines, in our CDC computers. We have those files.

MR. RUTHERFORD: Yeah, I don't --

CHAIR KOTELCHUCK: And we can take a look at it.

MR. RUTHERFORD: -- that. I know that, and I agree with that. I agree we need to do all that we can to expand it -- expand to ensure what we're -- we're doing what we were committing to do. I'm just saying, is that we're not -- I don't see the optics in this situation that Rose is seeing, that if -- as long as we get the eight out of the 30 that we're looking for, then I don't think it's necessary to expand to the 40 to 50 to five in that case, because we didn't pick and choose those eight. Those eight were actually the entire total that was available. So, I mean, it's -- it's -- it's --

CHAIR KOTELCHUCK: Yeah.

MR. RUTHERFORD: -- you know, that's -- that's my point --

CHAIR KOTELCHUCK: I see what you're saying.

MR. RUTHERFORD: -- and ultimately the --

CHAIR KOTELCHUCK: I see what --

MR. RUTHERFORD: -- the subcommittee's --

CHAIR KOTELCHUCK: -- you're saying.

MR. RUTHERFORD: -- decision. This is the subcommittee's decision. I'm just pointing something out.

MS. GOGLIOTTI: I guess I don't -- I don't know how you pick the cases that you allow the Board to select from. Maybe that would be the disconnect here.

MR. RUTHERFORD: Okay.

CHAIR KOTELCHUCK: Yeah.

MS. GOGLIOTTI: I only see --

CHAIR KOTELCHUCK: Yeah.

MS. GOGLIOTTI: -- the final three that get selected. So, I don't see the process that goes into it before that.

MR. RUTHERFORD: Okay.

CHAIR KOTELCHUCK: Yes. I don't see -- I admit, I don't see that there's an optics problem either, but there are two things to say. One is, the subcommittee, whatever we decide in making any change, we have to go to the Board, the full Board, and -- if we have any change in criteria and get approval. So, can a few of us look into this, Rose and LaVon and myself, look into what we've done and chat further?

MR. RUTHERFORD: Sure. I'm --

CHAIR KOTELCHUCK: I mean, because --

(Whereupon, Ms. Gogliotti, Chair Kotelchuck, and Mr. Rutherford speak simultaneously.)

MS. GOGLIOTTI: -- to discuss or continue discussing this offline, if

that's necessary. But I also want to stress that the Board needs to be selecting new cases pretty much now in order for us to continue with the next set, because we will be completing this --

CHAIR KOTELCHUCK: Right.

MS. GOGLIOTTI: -- this month. This current Set 33 will be completed this month. And then we don't have anything currently --

CHAIR KOTELCHUCK: Right.

MS. GOGLIOTTI: -- in the pipeline.

CHAIR KOTELCHUCK: I would say --

MS. GOGLIOTTI: And it does take quite a while to get through that process in order to get to tasking, so we're at --

CHAIR KOTELCHUCK: Yeah.

MS. GOGLIOTTI: -- least three to six months out from that at this point, that I'm seeing.

CHAIR KOTELCHUCK: Mmm. Well, --

MS. GOGLIOTTI: So, I'd hate to delay it further based on that.

CHAIR KOTELCHUCK: My feeling is this is early June. Why don't we see what we can do 'til mid-June. That's the next week or so. Look over things. I mean, where -- if -- if -- excuse me. If Josie is correct and I'm wrong that we -- that we had five or -- or seven or eight and we didn't choose them, then it's less of a problem than if I'm correct that we only had three or four to choose from, and we did choose all of them or almost all of them. I think a discussion -- I think a discussion with the three of us as soon as we can, and then send back -- send back a -- we can certainly send back an email to the -- to the subcommittee members about the change.

And I don't have any discomfort in making -- in choosing one set with new criteria that we have yet to get approval from the Board just once, just in terms of trying to meet the needs so -- of getting you data that you -- that you need to work on.

MEMBER BEACH: And Dave, this is Josie. I think that we need to move forward at this meeting since we are in the subcommittee and start the process on Set 33 going forward with the idea that we want more female representation, but I don't think -- me, personally, I don't think we should have a meeting and then wait because it will just slow the process down. I think we need to get started now. That's my opinion.

CHAIR KOTELCHUCK: Then I would suggest that somebody quickly -- one -- one -- perhaps not one of us. Maybe one of the staff people on the line go take a look at how many people we had in Set 31 -- how many females we hadn't Set 31.

MEMBER BEACH: It would have been --

CHAIR KOTELCHUCK: I mean, I don't --

MEMBER BEACH: -- thirty --

CHAIR KOTELCHUCK: -- (indiscernible).

MEMBER BEACH: It would have been 32, Dave.

MS. GOGLIOTTI: And 33.

CHAIR KOTELCHUCK: Yeah.

MS. GOGLIOTTI: Thirty-one was issued prior to the selection criteria.

CHAIR KOTELCHUCK: Right.

MS. GOGLIOTTI: I know that six were selected, but I don't know -- I don't have access to that data. So, either someone can send it to me, and

I'd be happy to investigate, or I'm going to need that from someone else.

CHAIR KOTELCHUCK: I'm happy to move it along just -- if we can. I just don't feel -- so, we should look at 32, which are our last set of choices. Could somebody look at that?

MS. GOGLIOTTI: Set 33 --

CHAIR KOTELCHUCK: Thirty-three, okay.

MS. GOGLIOTTI: -- was the last set.

CHAIR KOTELCHUCK: Okay. Could somebody look at 33 and just tell us how many female persons were available for selection?

MR. RUTHERFORD: Beth, do you have that?

MS. ROLFES: I'm sorry, I'm trying to find it in my sent.

CHAIR KOTELCHUCK: Good. It's okay.

MEMBER BEACH: I had it. I think I just cleaned it out on my file, so.

CHAIR KOTELCHUCK: I mean, if we can do it, Josie, right now, of course, I'd be delighted to. But we can't do what we can do. We could authorize two or three people from subcommittee to make the decision on behalf of the subcommittee in a pinch. Well, I could -- I'm pretty sure I know where I have it. I'm going to start looking myself. My own -- others can -- we're still online.

MS. ROLFES: -- sent it -- it probably was sent in October or November of --

CHAIR KOTELCHUCK: Sent --

MS. ROLFES: -- 2023, if that's helpful.

CHAIR KOTELCHUCK: Yeah. I have Set 33 case selections. Set 33 candidates. Here we are. All right, folks, I've got it. Now, I just have to do

the counting. And let us see where -- where is the designation of male or female? Hold it, hold it, ah, here we go. Okay. Set 33. Gender. Three -- three out of 33, Josie, and all.

MEMBER BEACH: Gotcha.

CHAIR KOTELCHUCK: Which is what I -- which is what I remembered, and I was looking for it because I had been talking with Rose about the criteria. So, we only had three, and we selected three.

MEMBER BEACH: Okay. Well, I must have been thinking of a different set.

CHAIR KOTELCHUCK: That could be. That could be. However, now, we -- we think -- how do we -- how do we do more? Certainly, if we have to make the decision soon, we increase the percentage. Three out of 30 is the 10 percent, which is what we have historically done since our founding. And we need to go beyond that. Maybe we can't move all the way up in our next choice. So, Beth could you -- I mean, could folks just -- could we just say that we want to move towards eight, and let's choose -- let's see if by selection, you can -- you can increase the number from the three out of 30 that we had last time.

MS. ROLFES: We can do that.

CHAIR KOTELCHUCK: Okay. So, we will make progress. Okay. What did somebody say, we've moved ahead, but we have a long, long way to go. I've heard that before. So, let's -- let's move in the right direction and be conscious of it, as we all are now, from this discussion. Would that resolve it now?

MS. GOGLIOTTI: I think so. So, is -- does that mean that we're

getting the process started through selecting the next set, or?

CHAIR KOTELCHUCK: That's right. That's what it would be.

MS. GOGLIOTTI: Okay. I just wanted --

CHAIR KOTELCHUCK: And that we're -- we're saying --

MS. GOGLIOTTI: -- (indiscernible).

CHAIR KOTELCHUCK: -- and that we will try to we will increase the number as -- as -- from three in the last set now 33, for Set 34, move it up. Move it up as far as we can, as far as we reasonably can, with the same criteria. Okay. But somebody needs to take a look for the future to see if we can -- how we do the selection process -- the case selection process such that we can --

MR. RUTHERFORD: Yeah.

CHAIR KOTELCHUCK: -- increase it in the future and -- and they will look at -- so, we'll get a report about whether moving from 40 to 55 will move us along on that. But for the moment, because we're pressed for time, this is what -- we were pressed for time before. If we're pressed for time, we continue in the same spirit, and we don't change the rules. We just simply select within the range of choices that we're given. And I trust it'll be more than 10 percent. And we'll get a report about how we could do it for Set 35 if we change the criteria, and then we'll look at the criteria, and then we'll take it to the Board.

We got to move on. Not just in terms of time, it's 4:30, but also because of the needs of -- of our consultants and what they can do and the time they have. We need to get them cases to review. Does that sound okay, Rose, and others?

MS. GOGLIOTTI: Yeah, I think that's a good path forward.

CHAIR KOTELCHUCK: Yeah. Okay.

MEMBER FRANK: Sounds good, David.

CHAIR KOTELCHUCK: Great. All right. Let's do that. And, I believe, that finishes us for the day, if I'm not mistaken.

DR. ROBERTS: Actually, Dave, we probably need to go ahead and try to identify a tentative time for the next subcommittee meeting, so if --

CHAIR KOTELCHUCK: Okay.

DR. ROBERTS: Okay. So, I'm thinking if we could put it out maybe by three months, I'm picking it, you know, within --

MS. GOGLIOTTI: That --

DR. ROBERTS: -- that time frame that we should --

MS. GOGLIOTTI: Rashaun, we don't have responses yet to the next set, so I would hesitate to schedule something before we get those, because typically we get a set amount of time to respond. And then the subcommittee likes to have those responses in advance of the meeting, several weeks, so that they can prepare.

DR. ROBERTS: You don't think a three -- a three-month period would be sufficient for that?

MS. GOGLIOTTI: Well, I -- I don't know when those responses are coming through. So, if they don't come through for another two-and-a-half months, then that wouldn't give me very much time to prep for the meeting.

DR. ROBERTS: Okay. Can NIOSH speak to when -- when the responses might be ready? Do you have a projection?

MR. RUTHERFORD: I'm not sure. I would have to discuss it with

Scott. Scott, do you -- I mean, is this something you could project at this point, or do you want to have further discussion and then I can get back?

MR. SIEBERT: Yeah. I think you and I are going to have to discuss offline about that.

MR. RUTHERFORD: Okay. Rashaun, I can get -- I'll get back to you as quick as I can on it.

DR. ROBERTS: Yeah. If you would, that would be great.

CHAIR KOTELCHUCK: Well, three months -- three months is September. Still I'm thinking we're talking about late September, early -- early-middle October, something like that.

DR. ROBERTS: Yeah. Sometimes I like to just sort of get a general sense because materials need to be prepared and things like that. But anyway, since this is up in the air for NIOSH, we can --

CHAIR KOTELCHUCK: We -- we are --

DR. ROBERTS: -- we can do the email --

CHAIR KOTELCHUCK: Yeah.

DR. ROBERTS: -- scheduling.

CHAIR KOTELCHUCK: Okay. Okay. Okay. We'll take care --

MEMBER BEACH: Rashaun, --

CHAIR KOTELCHUCK: -- of it. Thank you.

MEMBER BEACH: Rashaun, this is ahead, but I'm out the whole month of October.

DR. ROBERTS: You're out the whole month, okay. So, entire -- the entire month of October.

MEMBER BEACH: Correct.

MEMBER CLAWSON: Oh, my.

DR. ROBERTS: Okay. All right. Then --

CHAIR KOTELCHUCK: All right. Very good.

MEMBER BEACH: I believe Brad is also, since he's not speaking up.

CHAIR KOTELCHUCK: Okay. All right.

MEMBER CLAWSON: No, I -- I'm home.

CHAIR KOTELCHUCK: Okay. Folks, I think I think we should probably call halt to today's meeting, and we'll do the rest online as best we can. Okay. I -- Rashaun, I know you have a lot of administrative responsibilities and things we don't perhaps know -- understand or know about, but I think we're not quite in a place to be able to do -- make choices at this point.

Let's get that BRS -- let's -- folks, let's do the BRS training, so let's get ourselves registered for all who are here.

MEMBER BEACH: Agree, Dave.

CHAIR KOTELCHUCK: Okay. Do I hear a move -- a motion to close the meeting?

MEMBER BEACH: I'll make that motion.

MEMBER FRANK: -- to adjourn. I'll second it.

MEMBER CLAWSON: I'll second it.

CHAIR KOTELCHUCK: All right.

MEMBER CLAWSON: Good job, Rose.

MEMBER BEACH: Good job, Dave.

CHAIR KOTELCHUCK: Thank you for a long hard and productive day.

MEMBER FRANK: And we thank the staff for all that they shared with us. They worked very hard at this.

CHAIR KOTELCHUCK: They most certainly did. They most certainly did. Yes. Well, taken. Okay. Have a nice --

MEMBER VALERIO: Thanks, Dave.

(Whereupon, the meeting was adjourned at 4:44 p.m. EDT.)