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

convenes

MEETING 5

SUBCOMMITTEE FOR DOSE RECONSTRUCTION REVIEWS

The verbatim transcript of the 5th Meeting of the Subcommittee for Dose Reconstruction Reviews held at the Red Lion Richland Hanford House, Richland, Washington on July 17, 2007.

STEVEN RAY GREEN AND ASSOCIATES
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C O N T E N T S

July 17, 2007

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-- (sic) denotes an incorrect usage or pronunciation of a word which is transcribed in its original form as reported.

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-- "uh-huh" represents an affirmative response, and "uh-uh" represents a negative response.

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

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

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JULY 17, 2007

9:05 a.m.

P R O C E E D I N G S

WELCOME AND OPENING COMMENTS

MR. GRIFFON: All right, I -- I think we're ready to convene here. This is the subcommittee meeting starting. The full Board meeting will start I believe right after lunch today. One o'clock, is that right? Yeah, 1:00 o'clock.

My name's Mark Griffon. I'm the Chair of the Subcommittee on Dose Reconstruction for the Advisory Board, and we're happy to see you here in Richland, Washington. Again, this is a -- a specific subcommittee dealing with some of the case reviews and some of the detailed reviews that we're doing. The general meeting will start at -- at 1:00, so we'll have a more formal introduction from the Chair of the Board, Dr. Paul Ziemer, at that point.

I should mention at the start that we have – Chia-Chia Chang is here as our Designated Federal Official today. Lew Wade's not here. Lew I think is coming in later this afternoon and will be here tomorrow morning. But Chia-Chia will take that duty as the Designated

Federal Official. Other subcommittee members are Wanda Munn, Dr. John Poston, Mike Gibson, and Bob Presley is an alternate. So given that, I think we can start the -- it's a short agenda today but we do want to get back on course with a few items.

And two main items I think that I wanted to discuss -- one was the blind reviews for the dose reconstruction process, and the other is the -- the sort of question of the advanced versus basic review, and I wanted to reflect back on the original scope of the advanced reviews and make sure -- I think there are some items within that scope that have not been covered in previous dose reconstruction reviews and I think we need to sort of look back at those and see, as we move on, do -- you know, do we want to incorporate those and -- and, you know, how do we want to do that? Do we want to do them for -- I think they're -- I think it's going to fall out that we'll want to do those for certain types of cases but we can get into that a little more.

Then I also wanted to just do an update of the -- all the sets of cases that we've been

reviewing. We've been reviewing the case -- the individual case reviews and so far -- when I talk about a set of cases, we've been doing basically sets of twenty cases and we've completed three sets through our full resolution process, but we've got a bunch of work sort of in process. The fourth set of cases and the fifth set of cases we've -- we've met as a subcommittee and -- and gone through a resolution process with SC&A, our contractor, as well as with NIOSH. We haven't finally resolved some of those items. And then we -- we also have sixth, seventh, and eighth sets of cases in the -- in the hopper. So I'll do a little update on that and -- and where we're going on future work with that.

BLIND REVIEWS

But I thought it made sense to start with the -- to start with blind reviews discussion and I think it -- it may be useful to -- to sort of reflect back on our discussion -- I think it was two meetings ago that we had a fairly lengthy discussion on the blind reviews and how we were going to go about the blind reviews. And I think it might be useful for our

subcommittee to sort of decide on an approach and at least put it into practice, even as -- even if it's a preliminary approach. And I've got a -- we -- we talked about the idea of maybe doing -- well, sort of two -- two scenarios. One where we have -- we get the raw case data for a particular case -- how -- how we select this and how we make sure it's not leaked on the case number and all that -- that's sort of -- other issue to worry about. But we get the raw case data to SC&A, the -- the Board's contractor, and under option one they would take that raw case data and basically decide -- given all the raw data that NIOSH would receive on a case, SC&A would then take that data and say okay, we're going to reconstruct this dose using the following NIOSH procedures or tools that are available. But we won't see -- sort of won't see how NIOSH did it. We won't see their answers, we won't see their completed or filled out tools. But we'll have at our disposal the tools that NIOSH could have used, and the selection of which tools to use is up to SC&A and --

UNIDENTIFIED: (Unintelligible) I can't hear

anything that's going on (unintelligible) there.

MR. GRIFFON: And the -- you know, certainly the -- there's still some room for some --

MS. BEHLING: No, I can't, either.

MR. GRIFFON: -- sort of, you know, assumptions, the assumptions that you would apply in doing --

MS. BEHLING: Mark?

MR. GRIFFON: -- a dose reconstruction, especially for the internal dose side, would still be in play. So that would be one approach.

Option two is give all the raw data and so forth, but -- but tell SC&A just to do the dose reconstruction. Don't -- don't use NIOSH tools, just use your own approach. Use your best health physics in-house approach without the -- without utilizing the --

UNIDENTIFIED: He can't hear you.

MS. BEHLING: It doesn't appear that (unintelligible) --

MR. GRIFFON: -- NIOSH spreadsheets and tools and the statistical models for calculating the uncertainties and -- and all those --

UNIDENTIFIED: (Unintelligible)

MS. BEHLING: Okay, thank you.

MR. GRIFFON: -- you know, tools we've talked about on -- on this Board, and I think it may be useful to do one or two blind reviews and -- and ask SC&A to -- to, in-house, do it both ways. Obviously they would be blind to each other when they did that, but to use both approach and -- and maybe -- maybe select one or two cases to do that way and then report back to the Board and -- and see if that approach is in fact getting us where we want to go with this, if it's answering some of our questions about -- I think, you know, the fundamental questions we're looking at when we want to do blind reviews is the scientific validity of -- of -- you know, that goes back to our charter, are the approaches scientifically valid. And if in fact another way of doing it comes, within reason, to the same final conclusion or same answer, then you've sort of validated -- you know, that's a way of saying yes, in fact it is a scientifically valid approach. So that's sort of what I was going to throw out there for

discussion on our subcommittee at first is -- you know, let's go ahead -- let's go forward with the blind model and assign SC&A to do option one and two on an individual case, at least one individual blind case. Do it -- do it both ways and -- and then, you know, report back. And we can always modify how we want to do these blind reviews, but I think we -- you know, it might be useful to get this ball rolling. So I guess that's the open item for discussion. Wanda?

MS. MUNN: Yes. One question I would have, Mark, is whether you're considering having a single individual at SC&A or more than one individual do the dose reconstructions both directions. Have you given any thought to whether -- to the staffing issue as to who the reconstructors would be?

MR. GRIFFON: Yeah, I -- I mean I might even ask John to speak to that -- you know, what -- what makes sense. I hadn't thought about that, if we want to -- you know, I know that -- we were -- we were actually talking briefly about this, but I -- I think, you know, we might want to consider costs in that regard, too. You

know, it...

MS. MUNN: One of the issues that's of concern to me is using the techniques that are currently applied in our standard routine. We have placed, through our workbooks and other items that NIOSH uses, an entirely different set of parameters for approach than would normally be used in what in other venues would be considered best practices for reconstruction.

MR. GRIFFON: Uh-huh.

MS. MUNN: And that being the case, it would probably be revealing to see if there were marked differences and what would -- what the end result would be in doing those two different methods of approach.

MR. GRIFFON: Yeah.

MS. MUNN: But the question would also arise whether two differing individuals would accomplish the same thing. I don't believe I have ever asked this specific question, whether any --

UNIDENTIFIED: (Off microphone) I can't hear anything, either.

UNIDENTIFIED: (Off microphone) -- not much.

(NOTE: Throughout the following discussion, a parallel discussion was being held between two telephone participants about their inability to hear what was being said in the meeting room. Best efforts have been made to segregate the meeting room speakers from those on the telephone, and efforts to transcribe comments of the telephone speakers have been discontinued except where noted.)

MS. MUNN: -- or if so, how many of the DRs that are done inside NIOSH have peer review of others who've duplicated that. I don't know how much of that is done inside NIOSH.

MR. GRIFFON: Yeah, I -- yeah, and I don't know that. We might ask NIOSH that later in their presentation. But I know they have an internal QC and do reviews. I'm not sure if they do internal blinds. You know, I don't know.

MS. MUNN: I'm not, either.

MR. GRIFFON: But --

MS. MUNN: That's a question from -- in my mind.

MR. GRIFFON: -- I guess my -- yeah, I guess we -- we could have possibly multiple individuals that -- I guess the -- the other part is, I

would -- I would think we would define this. I think it's sort of understood, but we would be clear with SC&A with this, that when I say, you know, best health physics approaches, that would be consistent with EEOICPA and the regulations that we're operating under here. So there is that sort of caveat that it's not -- and -- and that -- that way you're, you know, at least limited to -- some of the provisions in the regulations talk about most current ICRP models, for instance -- so I think there are some parameters to -- that you have to operate within.

The other thing I -- I was thinking is that we really -- I -- I think it makes mo-- it only makes sense to do a blind review with a best estimate case. So I think we need to kind of hand pick a case that's a best estimate for both external and internal because I don't think it makes sense to do an overestimate case where -- or -- or especially an underestimate case 'cause NIOSH could do a partial and do less partial than SC&A did, and you know, of course you're going to end up with different numbers, but the same bottom line essentially,

you know. I don't know how to -- how revealing that is of -- of scientific validity. So you know, I would argue that we should try to pick a best estimate case as one of -- as one of the blinds. And you know, if -- if we -- I guess that's open, to me, if -- if we wanted to have multiple people within SC&A do it. I thought for one -- to have one -- at least to start, to have one person do it with sort of their best health physics approaches, and the other to do it sort of following the NIOSH protocol, and -- and then you have a couple of comparisons. You can compare back with NIOSH, but you can also compare internally with those two, how -- how -- how they compare, and maybe -- maybe start there with one and then say what have we learned from this and, you know, is it valuable to do it both ways, is it -- you know. I don't know.

MS. BEHLING: Excuse me, Mark --

MS. CHANG: Could I interrupt for just a second? We were hearing I think some people on the phone, so --

MR. GRIFFON: Yeah, Kathy --

MS. CHANG: -- please do put yourself on mute

until you're ready to speak.

MR. GRIFFON: Yeah, Kathy -- Kathy Behling, go -- go ahead. I think I heard you --

MS. BEHLING: Yes, I'm sorry, I couldn't -- I didn't know if you could hear me because we're having -- the people on the phone are having a very difficult time hearing everyone. It's very quiet.

MR. GRIFFON: Oh, okay. I guess --

MS. BEHLING: It's very difficult to hear.

MR. GRIFFON: We'll -- we'll work on that and maybe -- we'll work on that.

MS. BEHLING: Okay. In fact, someone who was on the phone had tried to call the hotel to let them know that we -- we just were not hearing very clearly. I -- I apologize for interrupting. One of the things I just wanted to make mention during this working group (sic) meeting is the fact that -- I guess what -- as I was going through the procedures, the various procedure reviews, I came across a procedure that indicates that NIOSH also does blind reviews of the overall cases. I -- and I'm not sure if that's correct or not and I'm not sure if that would benefit -- is something that we

should be looking at, in light of this discussion.

MR. GRIFFON: Yeah, I think Stu might have an answer for us.

MR. HINNEFELD: (Off microphone) That is a provision -- can you hear me? That is a provision (unintelligible) --

UNIDENTIFIED: Hello? Hello?

MS. BEHLING: Yeah, I'm still here, but I don't hear anyone.

MR. GRIFFON: Can -- Kathy, can you hear us now?

MS. BEHLING: No, I cannot. I can hear you, Mark, but that's the -- and there's someone else on the phone who's also trying to listen in.

MR. GRIFFON: Yeah.

UNIDENTIFIED: I can hear -- I can hear him now. That's the first time I've ever heard him say anything, though.

MS. BEHLING: Okay.

MR. GRIFFON: Okay. We're -- we're working on this. We're hoping to get it better. Can you hear us now on the phone?

UNIDENTIFIED: We're trying to call the hotel

to get ahold of the meeting room to let them know that we're having difficulty hearing the meeting. They won't answer their phone, either.

MR. GRIFFON: Okay, who has -- who -- whoever's on the phone, we are working on this so hopefully you can hear us now.

MR. FULTZ: Yeah, this is Kal Fultz. I'm counsel to LLC, an authorized representative of Part E and B claims.

MR. GRIFFON: Can I ask who's talking on the phone line now? We hear you.

MR. FULTZ: Yeah, this is Kal Fultz. I'm authorized representative on claims for Part B and E.

MR. GRIFFON: Oh, Okay. Can you hear us now better?

MR. FULTZ: Yeah, I hear -- I hear you now.

MR. GRIFFON: Okay.

MR. FULTZ: There's an echo on my line, but I hear you.

MR. GRIFFON: All right. I think we're -- we're a little better now so we're -- we're just going to continue and -- and speak up if we fade out or whatever, let us know.

MS. BEHLING: Okay.
MR. GRIFFON: Okay.
MS. BEHLING: Excuse me, Mark. Kathy Behling again. Did Stu answer the question? If he did, I -- I didn't hear it.
MR. GRIFFON: No, Stu's waiting at the mike, so we're -- we're ready for Stu's answer. Here we go.
MS. CHANG: I'm sorry, can I interrupt just one more minute? Who else is on the phone? Is there anybody else that want to identify themselves? We had someone -- you said your name was Kal Fultz. I'm trying to get it for the transcriber.
MR. FULTZ: I'm Kal, K-a-l, Fultz, F-u-l-t-z.
MS. CHANG: Did you get that, Ray?
MR. FULTZ: (Unintelligible) LLC --
MS. CHANG: All right.
MR. FULTZ: -- and I'm a representative for a claimant on E and Part B -- Part B and Part E claims.
MS. CHANG: All right. I'm sorry. Go ahead, Stu.
MR. HINNEFELD: Okay. Stu Hinnefeld

here. In response to Kathy's question, while the procedure does make allowance for us to do blind reviews, we have not done any yet.

MR. GRIFFON: Okay. So -- I don't know if any of the other -- oh, John, I'm sorry.

DR. POSTON: Well, I really had more a clarification for the rookie. I -- when we're talking about peer review of these dose reconstructions, I understand that the dose reconstructors are peer reviewed when they produce their product. Is that correct? Isn't that a peer review?

MR. HINNEFELD: Yeah, all the -- all the dose reconstructions that are done are peer reviewed. So they're reviewed by a person who requires somewhat more senior qualifications than the basic dose reconstructor qualification. They review it, which may be a little different than actually reworking the entire dose reconstruction from scratch. I mean they -- they verify all the

steps, but it may -- it's not exactly picking up the original file documents and not knowing what the dose reconstruction says and going through it and see if you get about the same answer. It's looking at the dose reconstruction and seeing if it was done in accordance with the practices and procedures that were appropriate for that case.

DR. POSTON: But -- but there is feedback. I mean the --

MR. HINNEFELD: Oh, yeah.

DR. POSTON: -- the person who does the peer review has the responsibility or the authority to send it back.

MR. HINNEFELD: Yes.

DR. POSTON: Right?

MR. HINNEFELD: Yes, they do.

DR. POSTON: Okay. So -- and then NIOSH has peer reviews, so what are -- what are we talking about? I mean --

MR. GRIFFON: Well, their -- theirs aren't blind. I mean we're just talking -- we're asking if they're doing blind

reviews and they -- they are doing peer reviews, I acknowl-- we acknowledge that.

MR. HINNEFELD: My -- my understanding of a blind review is you would have two dose reconstructors do the same case without any communication between each other about how the other one's doing it and see if you arrive at the same bottom line answer. You aren't -- you aren't going to get the same dose number, in all likelihood, but you would be within some -- some region of uncertainty.

DR. POSTON: Well, is that a -- is that a necessary step? Is that --

MR. HINNEFELD: Well --

DR. POSTON: -- I mean it seems like it could be redundant, to me.

MR. GRIFFON: I -- I'm not necessarily arguing that NIOSH needs to do it. I -- I think in our original scope we said that we would do a small set of blind reviews, so yeah.

DR. POSTON: I understand.

MR. GRIFFON: Yeah.

UNIDENTIFIED: (Unintelligible)

MS. CHANG: Is someone on the phone trying to say something?

(Electronic feedback)

Can you mute yourself if you're not, please? Thank you. Sorry.

MR. GRIFFON: So -- so I don't know if we -- if -- if the subcommittee is ready at this point to make sort of a proposal back to the Board to say let's initiate blind -- you know, one or two blind reviews with those parameters I just described, that we would do both op-- have SC&A do both options and report back to the subcommittee with their results on that.

MS. MUNN: And John was going to say something to us, I think, about --

UNIDENTIFIED: I'm sorry, I can't hear anything.

MR. GRIFFON: About the one versus two, yeah.

MS. MUNN: -- the availability of -- of individuals for them.

MR. GRIFFON: Yeah, John Mauro.

DR. MAURO: Yes, I -- this is John Mauro.

UNIDENTIFIED: Hello, I can't hear them, either.

DR. MAURO: This is John Mauro. Can you hear me?

UNIDENTIFIED: Not really. I can barely hear you guys. Do you have a -- do you have a -- what kind of phone are you folks talking into?

DR. MAURO: I'm on a live mike.

UNIDENTIFIED: It's a mike. Okay. You don't have like one of the polycom phones that, you know, pick up --

MS. MUNN: No.

UNIDENTIFIED: -- bidirectional --

DR. MAURO: I'm speaking loud into the mike. I can tell by the feedback I'm getting, you know, it's projecting.

UNIDENTIFIED: Well, everyone that seems to be on this side of the conference is having trouble hearing, so --

UNIDENTIFIED: Yeah, I'm having trouble hearing, too.

DR. MAURO: Should I come up to one of the mikes on the table?

UNIDENTIFIED: Yeah.

MR. GRIFFON: Can -- can you hear better from here?

UNIDENTIFIED: That's the only one that sounds

good right now --

MR. GRIFFON: Okay.

UNIDENTIFIED: -- that microphone right there.

MR. GRIFFON: Okay. Maybe come up here, John, and try that mike.

MS. MUNN: These are all live up here.

MR. GRIFFON: Sorry. We are working on this. We -- we apologize on the phone line.

UNIDENTIFIED: Thank you.

DR. MAURO: This is John Mauro. Can you hear me now?

UNIDENTIFIED: A little bit. A little better.

UNIDENTIFIED: I can hear you a little bit, not much.

UNIDENTIFIED: Not -- not as well as the first gentleman that...

MS. MUNN: I don't think it's the mike. I think it's the feed somewhere.

DR. MAURO: This is John Mauro again. Is that better?

UNIDENTIFIED: That's coming in clear, yeah.

DR. MAURO: Okay. It sounds like we found the mike that works.

Yes. This is John Mauro. I -- I've -- I'm the Program Manager for SC&A, supporting the Board.

The only point I was going to make regarding this blind dose reconstruction to Mark and the rest of the subcommittee is, coincidentally, we have recently proposed the next fiscal year a scope of work which includes blind dose reconstructions. As it turns out, the -- we describe in some detail how we would go about doing that, along with the cost. And we provided a unit cost per blind dose reconstruction and it is exactly the way in which Wanda and Mark have described, namely the way we are proposing to do it -- now whether we do it in next fiscal year or we do it this fiscal year -- just to point out, by the way, our budget and scope for this fiscal year does include doing two blind dose reconstructions. So certainly if you folks elect to have us do that as part of this fiscal year's work, we certainly will do that. And the approach we would take would be the one that was described by both Mark and -- and Wanda, whereby -- we've already had quite a bit of discussion regarding this. The approach would be we would receive direction from the working group or the Board on one or two cases, preferably realistic

cases, whereby we would then have Hans and Kathy Behling do what we call the NIOSH approach where they would use all of the tools, spreadsheets, assumptions, workbooks, and try to do it exactly the way they believe NIOSH would have -- would do it, or had did it -- have done it. Of course they would not have access to the actual dose reconstruction performed, so the intent would be to see the degree to which they follow the methods in accord with the methods that NIOSH would follow, and then compare results. Independent of that, I would do a dose reconstruction which I call the basic common sense approach, whereby an experienced health physicists would gather up all -- or would be given all of the data, but not necessarily use the spreadsheets, the workbooks, the assumptions, as laid out in all of the myriad of over 100 procedures that have been developed on this program, but do it the way in which I would say an experienced health physics -- health physicist might do it, in accordance with the letter and intent of the regulations and the statute, and the intent being -- and

that way I would be doing the dose reconstruction but not following let's say a lot of the construct, the detailed protocols that have been developed over the years, but use more of what I would say something that a health physicist would use who did not have the benefit of the multiple years of experience and -- and -- and protocols that have been developed.

And we felt that a lot would be gained by then comparing -- and by the way, I would not speak with Hans or Kathy while I did that. I would finish up my write-up with my rationale for all my assumptions and what I did and why I did it, and then we'd be in a position to compare my results to Hans' and Kathy's results, to NIOSH results -- which of course at the back end of the process we would then be able to sit around a table with the working group and then explore the reasons why there are differences and what those differences mean, and their implications. So this is what we proposed for next fiscal year as -- as a blind dose reconstruction, but we could certainly do it this fiscal year also.

MS. MUNN: I remember reading something about

that in your recent reports --
UNIDENTIFIED: I can't hear the person talking.
MS. MUNN: -- but I can't remember which task that falls under.
UNIDENTIFIED: Are we allowed to make a comment?
DR. MAURO: That's part of task order IV.
MS. MUNN: Thank you.
UNIDENTIFIED: I don't think so, at this point.
MS. COLLEY: 'Cause I'd like to make a comment, as a victim, that redose (sic) is useless. This is Vina Colley of Ohio. Redose is useless, and it's often dishonest exercise and Dr. -- I talked with Dr. (unintelligible) and she says that you cannot tell by dose whether or not someone was injured any more than by knowing the dose of a medicine a patient had -- had, you can decide whether or not the patent is cured. Dose reconstruc-- reconstruction is just a way to confuse the issue and --
UNIDENTIFIED: I don't think they can --
MR. GRIFFON: Vi -- Vina --
UNIDENTIFIED: -- (unintelligible) at this point.
MR. GRIFFON: This -- this is Mark Griffon,

Vina. Can you hear me on the phone?

MS. COLLEY: Yeah.

MR. GRIFFON: Yeah. Hi. We are talking about the subcommittee items right now. We do have a -- and I'd love to hear more of your comments if we could have it during public comment. We have two public comments during this meeting, I believe, tonight and tomorrow night. So I think, you know, you might want to expand on your comments at that point.

MS. COLLEY: Will that be at 8:00 o'clock tonight for -- Eastern time?

MR. GRIFFON: Is that 8:00 o'clock Eastern time? Is that -- three hours, yeah. Yeah, 8:00 o'clock Eastern time, and we can put you on earlier if -- you know, given the time difference. But that would be --

UNIDENTIFIED: (Unintelligible) starts at 7:30. Is that correct?

MS. CHANG: Tomorrow night is 7:30 to 8:30, Washington State time.

UNIDENTIFIED: Tonight it's 5:00 o'clock --

MS. CHANG: Tonight is 5:00 to 6:00, and we welcome your comments tonight or tomorrow night.

MR. GRIFFON: Okay. Just to get back -- and I hope you can hear better on the phone, as well. Just to get back to this item, I -- I think I can summarize maybe a -- a -- a motion that we can bring back to the full Board. But I was going to say that the subcommittee recommends that the Board should take -- should task SC&A with conducting two blind reviews, both being done using two different approaches. One, the DR using available NIOSH tools; and two, a -- a dose reconstruction using, quote, common sense, unquote -- common sense approach, unquote, without use of NIOSH tools, in accordance with the letter and intent of the statutes and regulations, as John just said. I think that describes it very well. So that -- and I would say we -- we should try to do two of these in this fiscal year and get them underway and see if they're -- it's going to work and see if we even want to do more of these. You know, if -- if -- what are we getting out of this, what is it yielding for -- in terms of our understanding of the dose reconstruction process, and I think it might be telling from that standpoint, so... I don't know if we're

prepared to have this as a motion from the subcommittee. Wanda?

MS. MUNN: My first reaction is that it would be wise to establish no more than two as an initial step to see how productive this might be. We -- there's no point in our doing more than needs to be done, but certainly this amount of quality assurance is minimal from an objective point of view and two sounds like a good number to start with. If it appears that there may be a real issue, then it would be incumbent upon us at that time to identify how many and under what selection criteria we might move forward.

MR. GRIFFON: Okay.

MS. CHANG: Just for clarification, is the motion to recommend that the Board ask SC&A to do two for this year or next fiscal year?

MR. GRIFFON: I was making it for this fiscal year. And I don't know if that motion -- I would offer that as a formal motion for the subcommittee if anybody wants to second it.

DR. POSTON: Second.

MR. GRIFFON: John seconds it. And as far as the -- I've avoided the case selection process,

but I think we can probably work through that. We've discussed it at the last meeting. I don't know that we need to discuss it a lot more. I think it should be a best estimate type of case, but I'd be willing to work with NIOSH on -- on behalf of the subcommittee; or if somebody from the subcommittee wanted to work with me, we could work with NIOSH on how we can get a case without publicly identifying the case, and so forth, and making that available to SC&A. I think we have to -- I think part of the -- the -- the step involved is that we have to actually open up the cases and see, because some of these cases that are defined as best estimate are not necessarily what we -- what I interpret as sort of a best estimate case. Stu -- Stu acknowledges that, yeah, so... Anyway, Wanda, then John.

MS. MUNN: With respect to the timing, I was unclear. I -- I believe that what John was talking about earlier when we asked about this was work for next year. Was it not, John? Were you -- you weren't speaking --

MR. GRIFFON: But he said he -- he would be willing to do it in this -- go ahead.

DR. MAURO: The two blind dose reconstructions are within the scope of this fiscal year's work.

MS. MUNN: Of this year. This year.

DR. MAURO: However, we have not been directed. Now there is a timing problem in that we have yet received the eighth set. In other words, within our scope is this eighth set of 30 cases. I believe Stu is probably very close to delivering them.

MR. HINNEFELD: (Off microphone) (Unintelligible) this week if it wasn't their (unintelligible).

DR. MAURO: Okay. So the timing problem goes as this. That would mean that between now and the end of September our intent would have been to deliver the eighth set of 30 cases reviewed, and also the two blind dose reconstructions. I can tell you right now, that's not going to happen. We're going to slip into next fiscal year. We have the budget. We have the resources. But we don't have the calendar time. So -- so our deliverables regarding the eighth set and the two blind dose reconstructions probably will not show up until

early next fiscal year.

MS. MUNN: That was really where my question was leading. While -- with the concern we've had about budget, I really was getting down to budget. But our two constraints, of course we all know, are --

MR. GRIFFON: Yeah.

MS. MUNN: -- budget and personnel. So thank you, John.

MR. GRIFFON: Well, maybe it -- maybe it would make more sense to let it slip into next fiscal year for these blind reviews, given that -- the other factor's going to be us working with NIOSH to select the cases so, you know, by the time we -- realistically, by the time we do that, we're going to be slipping -- time is going to slip away here and you don't -- it -- it probably will slip into next fiscal year. So I gue-- I guess that would be fine for me to --

MS. MUNN: I would --

MR. GRIFFON: -- to propose it for next fiscal year.

MS. MUNN: I would offer that as a minor --

MR. GRIFFON: Okay, minor -- friendly

amendment.

MS. MUNN: -- friendly amendment.

MR. GRIFFON: All right.

UNIDENTIFIED: May I ask as to what was the discussion on --

MR. GRIFFON: Can I ask who -- who's speaking on the phone?

MR. FULTZ: This is -- this is Kal Fultz, excuse me.

MR. GRIFFON: Okay.

MR. FULTZ: I didn't know if I missed this or not at the beginning, I couldn't hear at the beginning of the meeting, but did -- was there a decision made on the future of the Advisory Board and its continuance after August?

MR. GRIFFON: No, no. This is the subcommittee -- subcommittee meeting. The -- the full Advisory Board meeting is going to start at -- at 1:00 p.m. --

MR. FULTZ: Oh, I see, right. Okay, so --

MR. GRIFFON: -- our time.

MR. FULTZ: -- (unintelligible) you'll take up that (unintelligible) --

MR. GRIFFON: Yeah. So then we'll talk about the overall program at that point.

MR. FULTZ: I see, okay.
MR. GRIFFON: Okay?
MR. FULTZ: Thank you.
MR. GRIFFON: Thank you. John.
DR. POSTON: I just wanted to make sure that I understood -- even though I seconded the motion so we could discuss it, I want to make sure I understand what's being proposed, that we ask SC&A to do these two blind reviews and then at that point we'll evaluate whether additional reviews are necessary. Is that what you said?
MR. GRIFFON: Well, I think they -- they've budgeted for additional blind reviews, but I think we've -- what I'm saying is that we should try this approach and see what we're -- what benefit it is to the overall evaluation of the dose reconstruction process. You know, what -- are we getting something out of this? Is it the right thing? Is it the right way to approach it? Is one option -- we're doing them with these two options; is one more useful than the other? I mean, I'm not sure what we're going to find out of this. So I think --
DR. POSTON: Well, that --
MR. GRIFFON: -- that's why I want to limit it

to the number and -- and you know, at this point just let's do two blind reviews and see -- instead of assigning, you know, ten or 20 blind reviews, I think we want to do two, see what -- what comes out of it and then --

DR. POSTON: Yeah.

MR. GRIFFON: -- and then make a decision from there.

DR. POSTON: And that's exactly my point. We want to stop, see what we've got, evaluate the cost --

MR. GRIFFON: Yeah.

DR. POSTON: -- of what we've got, and then make a decision as to how to go forward. Okay.

MR. GRIFFON: Yeah. Stu.

MR. HINNEFELD: This is Stu Hinnefeld from NIOSH again. I just wanted to offer -- and I don't know if -- I think this is the case, somebody can correct me if I'm wrong. If this is made fiscal year '08 scope for -- as a fiscal year '08 task for SC&A, then my understanding is they won't be able to start on it until October 1st. You know, we can work in the meantime to select the cases --

MR. GRIFFON: Yeah.

MR. HINNEFELD: -- but their -- their work would -- I think would have to start on October 1st. Wouldn't that be your interpretation, John? If it were October -- if it were '08 work?

DR. MAURO: (Off microphone) Yes, (unintelligible).

MR. HINNEFELD: Okay. Now if it were '07 work, and it were tasked to them in '07 as '07 work, that task can carry over into FY '08. That doesn't mean you have to finish in FY '07. So they could start sooner than October 1st if it were FY '07 work. I believe that's the way it works.

MR. GRIFFON: Okay. And -- and -- and John, you're saying you have the budget available now for -- to do it under '07 work, so...

DR. MAURO: Yes. We've set aside resources in anticipation that this may occur.

MR. GRIFFON: Okay. Wanda.

MS. MUNN: Then my friendly amendment would be --

MR. GRIFFON: Withdrawn?

MS. MUNN: -- that we ask SC&A to proceed along this path, understanding that it may not be

completed --

MR. GRIFFON: Right.

MS. MUNN: -- in FY 2007.

MR. GRIFFON: All right. So we'll -- we'll stick with the original, which is that we'll do this work under FY '07 budget, and that was in the original motion, so -- I can reread the motion if we want, or are we ready to -- can we vote on the motion at this point?

MS. BEHLING: Mark, can I just add something?

MR. GRIFFON: Yeah, Kathy?

MS. BEHLING: Okay, yeah. This is Kathy Behling. I just want to reiterate what John just stated, is we have not received the 30 cases from the eighth set yet, and --

MR. GRIFFON: No, we fully under-- we fully understand that.

MS. BEHLING: Okay.

MR. GRIFFON: All right. So we -- we don't expect that it'll be done by October 1, you know.

MS. BEHLING: Okay.

MR. GRIFFON: But we might as well get it --

MS. BEHLING: I think you have to make that very clear because this is going to be delving

into a new area and these are going to take some time, so that has to be considered.

MR. GRIFFON: No, I think we all are aware of that. And it's going to take us time to work with NIOSH to select the case --cases, too, so...

MS. BEHLING: Okay. Thank you.

MR. GRIFFON: All right. At this point I would offer that motion for -- for -- up for a vote, if that's okay?

UNIDENTIFIED: Uh-huh.

MR. GRIFFON: All in favor of the motion from the subcommittee to the Board, say aye.

(Affirmative responses)

All opposed?

(No responses)

None opposed. Okay. The motion passes.

MS. CHANG: Let me jump in here with a housekeeping -- so is the phone situation better? Can y'all hear, people on the phone, when Stu was up on the microphone? Was that okay?

MR. FULTZ: Pretty good, I just missed the introduction of the other caller that's on the phone with me that's not part of the Board or -

- or SCA.

MS. CHANG: And actually --

MR. FULTZ: The person from Ohio, I believe.

MS. CHANG: -- since you're still here, our transcriber didn't quite get your name. It's Cal, like California, C-a-l?

MR. FULTZ: Oh, my name?

MS. CHANG: Yes.

MR. FULTZ: Kal -- with a K, actually.

MS. CHANG: With a K.

MR. FULTZ: K-a-l.

MS. CHANG: And your last name? Could you spell that again?

MR. FULTZ: Fultz, F-u-l-t-z.

MS. CHANG: F as in Frank, u-l-t-z. All right. Thank you.

MR. FULTZ: Right, F-u-l-t-z.

MS. CHANG: Thank you.

MR. SHATELL: Sir?

MR. FULTZ: (Unintelligible) LLC is my (unintelligible).

MR. SHATELL: Sir?

MR. GRIFFON: Who -- who is that on -- is someone on the phone line? Oh, I'm sorry. Hello.

MR. SHATELL: All right.

MR. GRIFFON: Can you give us your name for the record, sir?

MR. SHATELL: I'm Charles W. Shatell. I worked on the Hanford project for 30 years and I was with the J. A. Jones Company. I wanted this -- is this NIOSH -- a room here with NIOSH -- NIOSH people? My NIOSH number is [Information Redacted]. I've had -- been with them ever since 2001. Now, I've got cancer and I've got it bad. I wanted to come up here today, if you people are with NIOSH, to let you know what I've run up against. The Labor Department says everybody has cancer and they don't want to pay me nothing. Money don't mean a thing to me. Now, what I'm wondering is --

MR. GRIFFON: Could --

MR. SHATELL: -- would we have a contract with DOE to change 400 valves at 100 N, and when we did that, we weren't informed that we would be running into radiation like we did. The 100 N fuel elements read 550 R. They were made out of cobalt-60, if you know what that is. And when the --

MR. GRIFFON: Excuse me --

MR. SHATELL: -- man from --
MR. GRIFFON: Excuse me, sir --
MR. SHATELL: -- DOE told us that the reading was 550 R, all the engineers and a lot of other people -- they left, right quick. 550 R will kill you, if you know what I'm talking about. And so anyhow, we finally got it changed and got the thing taken care of. But I ended up with cancer. And I've got a four plus four cancer and, if anybody knows anything about cancer, five plus five kills you. So now we got three ways that we could go.
MR. GRIFFON: Sir -- sir --
MR. SHATELL: Take your prostate out, take your --
MR. GRIFFON: Sir --
MR. SHATELL: -- radiation the rest of your life, or take a shot.
MS. CHANG: Sir --
MR. SHATELL: I had the shots.
MR. GRIFFON: Sir, excuse me.
MR. SHATELL: Yes.
MR. GRIFFON: Can I ask -- we -- we do have a public comment period this after-- or probably this evening. Would you be able to come back

early this evening? Are you going to be here all day or -- because right now we're -- we're --

MR. SHATELL: I thought it was here just this morning.

MS. CHANG: No. The public comment period --

MR. GRIFFON: No.

MS. CHANG: -- is from 5:00 to 6:00. There is a sign-in sheet already outside. You can sign --

MR. SHATELL: What time?

MS. CHANG: 5:00 to 6:00 tonight. There is a sign-in sheet outside so you can go ahead and sign up. And also, for the rest of the meeting we'll also be having people from NIOSH -- advisors that you could speak with -- no, not direc-- but definitely tonight and tomorrow night.

MR. FULTZ: I would like to get Mr. Shatell's name and number.

MR. SHATELL: What I'm interested in was to get my part of -- here to the NIOSH because I wasn't with them for --

MR. GRIFFON: Yeah.

MR. SHATELL: -- a long time.

MS. CHANG: We have NIOSH people in the -- we have NIOSH people right now who are happy to speak with you.

MR. FULTZ: How do you spell your last name, Mr. Shatell?

MR. SHATELL: I've done everything except -- the next thing is I'm going to have to sue somebody.

MR. FULTZ: Well --

MR. GRIFFON: Okay.

MR. FULTZ: -- Mr. Shatell, how do you spell your last name?

MR. GRIFFON: Sir --

MR. SHATELL: What time this evening are you going to be here?

MR. GRIFFON: Excuse me --

MS. CHANG: 5:00 o'clock.

MR. GRIFFON: Yeah, public comment will be at 5:00 o'clock.

MS. CHANG: And also tomorrow night again at 7:30. So you could speak both nights. We do have NIOSH people -- Mr. Hinnefeld's happy to speak with you right now.

MR. SHATELL: Is that today?

MS. CHANG: Yes, sir. Right here in this room.

MR. SHATELL: This afternoon?
MS. CHANG: 5:00 o'clock.
MR. SHATELL: 5:00 o'clock?
MS. CHANG: Yes, sir. Thank you --
MR. SHATELL: Thank you very much.
MS. CHANG: Thank you very much.
MR. GRIFFON: And Stu -- Stu's right there. He'd be glad to talk with you right now if you would like. Thank you. We really do have to get through our subcommittee work right now. It's not a public comment time and we will have plenty of time through this meeting for that. So we would ask people to hold back on general comments at this point. If you have something specific about the subcommittee work, that's fine. But general comments are --
MR. FULTZ: I have a question about the blind study. This is Kal Fultz. Just a quick question. When you -- when you do the blind study, I'm -- I'm assuming that you're going to take -- take cases that NIOSH won't have an idea that you're actually doing a blind study on? Or are they just providing you with the same information that they've used to come up with a dose reconstruction, and then you're

taking it -- without talking with them and communicating with NIOSH and just --

MR. GRIFFON: Yeah, that's the -- the latter is what's -- the case is going to be. We're going to take the raw data that NIOSH has received from the Department of Energy or from an AWE site or wherever, and have SC&A take the raw data and do the dose reconstruction from there. And -- and --

MR. FULTZ: Now are you considering any type of -- the type of work performed at the site and -- to the dose reconstruction?

MR. GRIFFON: Yeah -- yeah, all those -- all those assumptions and considerations will be made, yeah, in the process of the blind review.

MR. FULTZ: What about the -- the type of toxic material that was handled there?

MR. GRIFFON: The -- the only way that toxic material's going to have any impact is on the internal dose, possibly in terms of solubility and things like that. But this program only covers radiation exposures, so...

MR. FULTZ: Right, so what, ionization of radiation and so forth, like that? Are we talking about reactor ionization of fuel?

MS. MUNN: All radiation --
MR. GRIFFON: Yeah, all -- all radi-- all ionizing radiation, yes, that's...
MS. FIERING: I have a question based on that, too. This is Joanie Fiering, also from Portsmith, Ohio. I don't know how you would factor in lack of proper maintenance on these plants. I just read a report recently that -- that's from 1996 here in the Piketon pla-- plant --
MR. GRIFFON: Again --
MS. FIERING: -- that they had actually used masking tape on the flanges and had no idea how much radiation had been coming out through those flanges.
MR. GRIFFON: Again, we would invite the-- these comments back for our public comment session.
MS. FIERING: I understand that, and I was going to wait, but --
MR. GRIFFON: Yeah.
MS. FIERING: -- Kal was asking questions about the type of work and the type of exposures and I thought that would kind of piggyback on there.

MR. GRIFFON: Well, yeah, we really just have to get through our -- our subcommittee work at this point. I mean it's --

MR. FULTZ: Right.

MS. FIERING: Okay.

MR. GRIFFON: We really want to hear your comments --

MR. FULTZ: This is a working group meeting, yeah.

MS. FIERING: Gotcha.

MR. GRIFFON: We really want to hear your comments, it's just that we have to move through this -- this amount of work and this -- we only have an hour left for our subcommittee.

MS. FIERING: I apologize for interrupting.

MR. GRIFFON: That's okay. Thank you.

BASIC VS. ADVANCED REVIEWS

All right. The next item I have on the subcommittee agenda is the advanced versus basic reviews. And from the -- I -- I printed off -- and I'm sorry I didn't get this to people earlier -- but I printed off the old -- the original scope that we had for basic versus advanced. Oh, John Mauro has one more comment here while we're passing things around.

DR. MAURO: By way of the approach -- something that Arjun reminded me of and I think it is an important question -- our approach would be to use the data set that's provided to us by NIOSH. That is, the set of all of the bioassay and the external dosimetry data that is delivered to NIOSH by DOE as part of the process, but that data regarding that worker would be then delivered to us in some electronic form. The question becomes this: as part of the blind dose reconstruction, do we go back to da-- to DOE and perhaps explore further any places that we want to check out regarding data adequacy, completeness. Right now our approach is to take the data that has been delivered to us, as opposed to exploring further, more deeply, going to DOE to see if there is more data that we should be looking at.

MR. GRIFFON: My -- my feeling is that you're segueing into my advanced review. I -- I -- I think at this point the blind reviews -- I think -- and this is just my feeling, but I think we should stop with the data set that you have from NIOSH. However, the other point I

think comes up in some of the scope items in the advanced review that I want to discuss now. And we -- we need to -- I think they're certainly worthy points and important points, but I think they -- I would offer to cover those in the advanced reviews. Lar-- Larry.

MR. ELLIOTT: Larry Elliott from NIOSH. I think it goes beyond the data that is given -- been given to us by the Department of Energy based upon our request for information. It -- we intend to give you a case file with all of the information that has been assembled and developed in that case file. That includes the Computer Assisted Telephone Interview report and any communications that we've had with the claimant, any information the claimant has submitted. If you -- if you at -- at some point decide that you need to approach DOE, you'll need to do that through us to get the information that you're seeking. But it goes beyond what DOE gives us.

MR. GRIFFON: My -- my intention is that -- that SC&A get all the information that the DR person assigned to a case at NIOSH would get, which I think involves, like Larry said, the

interview stuff and all those communications, as well as the DOE raw data or -- you know, so...

The other item -- this sort of extends into the advanced versus basic, and part of what I wanted to do in this -- I -- I raised this topic before -- is that I think we've been doing sort of -- SC&A has been conducting the reviews, but we really haven't characterized them as basic or advanced. I think they've been calling all of them sort of realistic reviews of the cases, and I thought it was worthwhile for our subcommittee to look back at the original scope and make sure -- and I think there are some scope items in the advanced review that we need to -- we need to address going forward that we haven't necessarily touched on in previous reviews. And if you look at the document I just sent around, the first page -- or the first two and a half pages are the original scope, and then you'll see a break in the middle of the third page where it says "scope which needs to be covered in future advanced reviews". That -- that's my insert at the bottom, and really all I did was -- the --

the -- the next page is that same scope reprinted again, but I just highlighted some of the points from the advanced review, the same -- it's the same advanced review scope, but I highlighted points.

And I'll just walk through these while you're reading, but in the advanced review you have review of data gathering, and one -- item one says "review the entire administrative record". I highlighted that 'cause I'm not sure if we -- in the -- in these reviews that SC&A currently does, I'm not sure they review the entire administrative record. I don't know if that's sort of in your -- in your charge.

The second item says "evaluate whether the information from the site profile is consistent with the information used for the individual dose estimate". And here I would say items two and three -- and the third item is that all relevant sources of data are considered. And I think items two and three in this scope for data gathering may better be covered in the site profile review as -- when we originally -- originally wrote this scope, we -- we really didn't understand what our scope was going to

be for our site profile reviews, and I think some of these items may be better served under the site profile reviews when we're doing them. But for some types of cases, we don't have site profile reviews so we may want to consider some of these items. So that's -- that's the review of the data gathering.

The second -- item B is sort of the phone interview process and one is evaluate the effectiveness of the phone interviews and the second part is the question of the survivors, whether survivor claimants -- whether there've been an adequate effort to research co-located workers for the survivors.

And then finally, item C is the internal and external dose estimate question. And mainly in this I -- I focus you on item one, which is that -- this is sort of the -- the idea that if NIOSH used -- in doing internal dose estimates they use -- say they use urinalysis records to calculate their intakes and the dose, did they cross-check that with air sam-- available air sampling data or available in vivo count data or anything like that. And -- and we would ask that SC&A sort of look at that. And that's

sort of a reality check, is this -- is this estimate consistent with other site data. And I don't think we've done that for any of our reviews so far.

So those are sort of the -- that -- that's sort of the highlights of the advanced review as we intended it, you know, when we -- when we initiated this. Now, I would say that some of these may want to be reconsidered for future advanced reviews, some of them fall more in the -- in the -- in the site profile review capacity, but I think we want to sort of discuss these and, you know, see what we want to do with these in the future. Wanda?

MS. MUNN: All your highlighted items are well taken and certainly I think need to be where we're going generally. My one caveat is with item B1. If memory serves, that particular item was approached fairly rigorously by our working group. I believe we've looked at that effectiveness of the Computer Assisted Telephone Interviews in another workgroup. I recall personally doing some work on that myself back in Cincinnati, but I'm not -- we -- the result of which was a letter suggesting

some changes with respect to communications that followed the CATI. So that it may be a duplication of effort, is my point, for that particular item.

MR. GRIFFON: Well, I don't re-- I don't recall that -- that work-- maybe there was a workgroup, I just don't recall what we did or what we -- so we may want to look back at that and see where that stands, or how -- how we concluded that. I know that this was picked up in the procedures review, and I think there were some outstanding questions on the whole CATI interview process. John or Arjun, I don't know if you had a comment.

MS. HOWELL: Oh, I was just going to refresh your memory. I think what Wanda's referring to is the CATI phone process interviews that were looked up by Dr. Lockey's working group on procedures, so -- and they did draft a letter from that and you may want to just speak with him and make sure that you have access to what they prepared on that same issue.

MR. GRIFFON: Good idea. Okay.

DR. MAKHIJANI: Yeah, Arjun Makhijani from SC&A. We -- we did -- when we submitted our

first review of the procedures there was a review of the CATI interviews and there was -- it was part of the matrix and a lot of the items of the matrix were discussed. And one of the things that was done -- Stu is not here but maybe Jim might remember -- is that the letter going out to the claimant was changed, and a number of things were changed. But the one outstanding item that was not resolved was the one that you mentioned, Mark, which is that we had observed that co-located worker interviews were generally not being done. And one of the recommendations in our review was that for survivor claimants who were -- might be denied, that those should be done just to make sure that there was more of an even playing field between survivors and living employee-- survivor claimants and living employees. So that issue has not been addressed specially in any dose reconstruction reviews, so far as I'm aware.

MS. MUNN: So --

MR. GRIFFON: Let me get -- go ahead, Larry.

MR. ELLIOTT: The policy and the practice in OCAS in doing dose reconstructions includes

this effort to contact the next -- or workers who have been so identified, if it is felt by the dose reconstructor that it will add to a better understanding in reconstructing the dose. And in very few situations have we exercised that. We have found that it -- it really doesn't help. It doesn't add any more dose to the -- to the dose estimate. I think we've only done a hand-- a hand-- few of these follow-back efforts to interview coworkers.

MS. MUNN: My memory is that was one of the issues that we discussed when the other workgroup was looking at these telephone interviews. We did not follow through on it because -- again, going from memory -- my memory is it was a general feeling of the workgroup that when this had been attempted it was not productive to a large degree.

MR. GRIFFON: I think -- I think what I would offer here -- 'cause I'm looking also at our time -- but I think what I would -- oh, is it -- is it 10:30? I've got Eastern time on still -- okay. Okay. We've got -- we do have time. Okay.

SC&A TASKS FOR FY08

I -- I -- I guess what I was considering was, you know, either -- either that -- that SC&A, in -- in the future adva-- you know, we could define advanced reviews, and that we would consider this scope, as originally defined, in doing these advanced reviews. But we can -- maybe what we need to do is come back with a -- a refined scope. I don't know. This is the original contract language. Right? So I don't know to what extent we can refine this or how -- what we have to go through to do that. But we might want to refi-- you know, my -- my main purpose here was just to bring up some of these that I think clearly need to be considered if we want to hit our main advanced reviews, and then sort of the mechanics of how do we do this. I don't think that -- for some of them I don't think it's going to be very worthwhile to do an advanced review if we also are doing an extensive site profile review because we -- we'll -- you know, we could assign four advanced reviews for Hanford cases and we've got an ongoing site profile review that's going to probably get at many of those items in that process so we don't need to be doing it in both

-- in both steps, sort of. But I think that on -- on some of the other sites I think it will be important, some of the other cases that we are not doing site profiles re-- reviews, and some of them don't even have site profiles, per se.

MS. MUNN: Common sense would tell us that this subcommittee needs to be very clear in the instructions that we give to the contractor so that we don't go too far afield, waste our time, their time and the taxpayers' money in making sure that the quality that we're seeking is actually met by the agency. We may want to -- I think the word you used was mechanics -- sharpen the mechanics a little bit before we give instructions to the contractor as to exactly what we expect them to do. There surely need to be some limits placed on this. There's certainly a parameter. There's a circle we need to draw around what we expect, I think.

MR. GRIFFON: Right. And -- and I -- I think we would also -- it would probably best work -- and this is just open discussion at this point. I think we do want to maybe formalize something

in -- in writing and then bring a motion back to our next subcommittee meeting, but I think it would work. It seems like it would probably work best -- if you look at the last paragraph on the last page of the handout I just gave, I had some -- you know, some of the things I think we need to consider and -- you know, when does it make sense to do an advance review, and do we want to -- is the scope going to sort of vary, depending on what -- which case. So I -- you know, I think some of those things we've already discov-- already discussed, but...

MS. MUNN: Could we do some word construction, perhaps off-line, and have perhaps a subcommittee telephone conference prior to the full Board conference in September so that at September we could bring the precise wording --

MR. GRIFFON: Make a mo-- make a proposal, yeah.

MS. MUNN: Yeah.

MR. GRIFFON: Yeah, I think that's a good idea. I mean any -- any other comments on these scope items? I think that's what I was looking for today.

MR. PRESLEY: (Off microphone) (Unintelligible)

those comments?

MR. GRIFFON: Yeah. I can -- I can e-mail this around so if people want to give some red-line comments or whatever -- yeah, okay.

MS. MUNN: Read your mind.

MR. PRESLEY: Yes, ma'am.

MR. STAUDT: Hey, Mark?

MR. GRIFFON: And I -- yeah, was someone on the phone there?

MR. STAUDT: Hi, this is David Staudt from -- the Contracting Officer. I -- I would think, you know, maybe taking advantage -- on Thursday we're going to be talking about the actual task for SC&A for the next year. And that type of language is in their proposals to us so we -- you know, I think you -- you may be able to do something right at that point.

MR. GRIFFON: Yeah, I --

MR. STAUDT: Exactly what you want under the -- under the blind and -- and otherwise.

MR. GRIFFON: Yeah, I did talk -- maybe we can come up with some language. I did talk to John a little bit prior to this meeting -- John Mauro -- and we dis-- you know, we discussed how this might play out and -- and if these

scope items would necessarily impact his proposal. And his initial reaction was that it wouldn't impact the proposal before the Board, so --

MR. STAUDT: Okay, good.

MR. GRIFFON: -- as long as -- yeah, as long as our -- our language fits within that, I think we'll be okay.

MR. STAUDT: I think you have quite a bit of flexibility.

MR. GRIFFON: Yeah. Yeah, so... I think some of the -- you know, and the reason I -- this was just an initial dialogue. I wish I had got this around a little sooner, but, we'll -- we'll -- I'll e-mail it to everyone on the subcommittee, get some reactions, and we can come up with more specific language for our proposal to the Board. I think that's the best way to move forward with it.

Any other -- any other reactions at this point?

MS. CHANG: So is the plan to have a proposal before the Board on Thursday?

MR. GRIFFON: Not at this meeting, I don't think, no. No.

MS. CHANG: And by September would that be too

late for the FY '08?

MR. GRIFFON: Yeah, I -- like I said, I think the -- the proposed language that we're going to have here, my read is that it's going to be consistent with SC&A's proposal so it won't -- anything we're going to come up with later is not going to contradict anything in the current SC&A proposal. So I think we're okay with that regard. John, is that -- that's your sense, right?

DR. MAURO: That's correct. In the preparation of our proposal, which I guess we'll be dealing with later, I did anticipate that this would be an issue and so, yes, we are prepared to take -- take on the advanced reviews as you've discussed and stay within our budget for next year. So yes, however you decide to engineer it and define it, I think we're going to be fine.

MR. GRIFFON: When -- when you're -- when you're thinking about this, my -- other members here, I'd ask you to think about the scope, but also think about these mechanics, as I -- as I call them, and that -- part of the way I was envisioning this working is, as we've seen when

we select cases, you can't always just look at a list of cases and know what you're going to get into when you open the case files and stuff. So Stu -- Stu's given us a lot of information to help us along those lines, but still, until you open the case you're not exactly sure what you're going to get. And I -- I -- I suggest, or at least the initial thought that I have is that we -- we might, at some preliminary stage, identify cases as basic -- and I envision that most of our cases are still going to be basic which, when I say basic, is consistent with what SC&A has done in all their past case -- case work. And then a few we might identify as advanced. But we also have an opportunity for an iterative step there where SC&A can come back to the subcommittee and say, you know, we know you pre-identified these as advanced, but we don't think they're appropriate, or we think that this basic one should be an advanced and so -- so we have an iterative step there that we can adjust because we know that the parameters -- sometimes when we first look at a case, it's not a best estimate case or it's not what we thought when

we thought best estimate, for example. So you know, we sort of have that iterative step that SC&A can come back and give us a sort of reality check on what the case is about and whether the Board still thinks it's worth the advanced review effort or whether it should be a basic review, for instance, you know, so... But -- but I'd ask you to think about how -- how we can, you know, apply the mechanics in -- through this process.

All right? Anything else? All right.

STATUS AND FUTURE PLANS

The last item I have for the subcommittee is just sort of a status update, and the -- as I said earlier, we -- we had -- we have the fourth through the eighth set kind of in -- in process -- in various stages of the process and I'll just review 'cause I needed a refresher myself. I talked to Kathy Behling earlier this morning.

The fourth set of cases, we did have a -- a comment resolution process. We had some cases that needed sort of -- NIOSH went back and actually had to provide some specific analysis back to the -- back to SC&A, and I believe to

the workgroup, although I don't seem to have that disc that they indicated that they sent. Anyway, there-- there's maybe four or five cases I think that -- that are impacted by that that -- it's sort of a re-analysis of either an internal dose component or whatever, so there's some ongoing reassessment there.

The fifth set we also went through the whole resolution process, the matrix. At that point there was some -- not very many, actually, but some that SC&A or NIOSH had to go back and -- and sort of further investigate. And my sense is that we're -- we're much -- we're close to closing out that matrix for the fifth set of cases. The fourth set has -- has these -- these more robust cases that are -- might take a little longer to reassess.

The sixth set of cases -- SC&A has completed the matrix and that's in the early stages of the process. I think -- I think that's as far as it is right now. SC&A has finished the matrix, though. They've -- they've told me that they've got the matrix complete, and I may actually be the -- the holdup there. But that -- that'll go to NIOSH next and -- and NIOSH

will give their response to SC&A's findings and will bring it back to the subcommittee process. The seventh --

MS. MUNN: That was the fourth set?

MR. GRIFFON: That was the sixth set.

MS. MUNN: Sixth set.

MR. GRIFFON: Yeah. The seventh set of cases -- SC&A is finishing their review, and I think Kathy said within a couple of weeks -- maybe three weeks -- they expect to be doing the team meetings, the -- the phone call meetings. And Kathy, do we -- we have teams assigned for the seventh set. Right?

MS. BEHLING: Yes, we do.

MR. GRIFFON: Yeah. So we should expect to hear from SC&A about setting up those conference calls that we do with the two or three team members to discuss the cases in two or three weeks time on that.

And the eighth set -- I think that this already came up, that the Board selected these cases just recently and NIOSH is -- is -- still has to get those cases to SC&A, so SC&A has not started those yet. But the cases have been selected and the process is underway from that

standpoint. Paul. Paul Ziemer.

DR. ZIEMER: Just a couple of comments. Remind the Board that on the first three sets we have officially reported to the Secretary on those. So in one sense they're closed, although we're cognizant of some of the items we need to continue to track in the future.

MR. GRIFFON: Right.

DR. ZIEMER: But I think it's important, particularly on the next -- let's say the next forty, which would be four and five -- sets four and five, to try to close those out if we can this fiscal year and try to get the reports in to the Secretary.

My final comment is, or two comments -- we're basically working on two-- two-person teams now. We have six teams of two for -- for set seven, working in -- we had been working in twos and threes.

MR. GRIFFON: Yeah.

DR. ZIEMER: But with the addition of some people and the numbers of cases, the seventh set is divided into six teams of two. And then at this meeting I -- I have ready with me the assignments for the eighth set, which there are

30 cases in set eight, you may recall now, that we identified at the last meeting. And so each team of two will have five cases to review, so that workload's a little bigger for set eight. And I'll distribute those assignments here at this meeting.

MR. GRIFFON: Okay, thank you. And also to -- to that -- the mention of the time line in the forth and fifth set, I -- I was proposing -- or in my mind, I -- I think we actually discussed this, having a subcommittee meeting in Cincinnati, more of a working subcommittee meeting where we actually have the full day to go through the matrices and so forth. And I -- I -- I don't have a calendar here, but I think if I can get together or e-mail other folks, but I was thinking of early September, or definitely prior to the October Board meeting to have that -- that meeting. And I think that was okay with Kathy and Hans Behling in terms of being able to look at the -- the -- we just got this disc with the fourth set reanalysis, and I think that's the main thing, they want to have time to -- to look at that before they have a meeting. Is that correct, Kathy?

MS. BEHLING: That's correct, Mark. That'll -- that'll work fine.

MR. GRIFFON: Okay.

MS. BEHLING: As long as it's the beginning of September.

MR. GRIFFON: All right.

MS. MUNN: A completely self-serving comment here. I have another workgroup which will be meeting in Cincinnati in the last week in August. And if it's possible for us to look at that last week in August as being a potential for the subcommittee or other workgroup meetings, as we have done in the past, trying to coordinate them so that travel is a little easier for some of us who have a long way to go, it would be appreciated.

MR. GRIFFON: Sure. And we -- we can talk about that off-line. I'll -- I'll -- I'll talk to SC&A and make sure -- I just don't want to have a meeting when we're, you know, at the same point. I mean we want to make sure we have sufficient time to review and we can -- I want to close out the fourth and fifth set-- I want to be in a position where we can close out the fourth and fifth sets, at least, and

possibly do initial discussions on the sixth set. So -- Paul -- Paul Ziemer.

DR. ZIEMER: One comment, sort of a suggestion for the subcommittee to think about. And that is, let's say once we're done with the fifth set we'll have reviewed basically 100 cases. I think it would be useful for the subcommittee to think about going back and looking at a rollup of those. Now Kathy's helped us do some rollups already and -- and there are some sort of early steps of this, but a rollup of let's say the first 100 cases and try to cull from that sort of the overall picture of what we -- what the key findings are. We've seen it in little segments along the way, but I think it's useful to go back and try to get the bigger picture to -- once we have a good -- more of a representation, and maybe the 100 cases would be a good point to do that. Just to think about.

MR. GRIFFON: Uh-huh. Good idea.

MR. PRESLEY: That's a good idea.

MR. GRIFFON: Yep. I think we can -- yeah, and we can discuss that more at our next meeting and see -- and I really do hope we can close

out the forth and fifth set. It might be not quite this fiscal year, but we'll -- you know, we'll do our best on that.

And I think that's -- that's all I had on the agenda for the subcommittee, in a rather short agenda for the subcommittee this time, because we don't really have any matrix information to go through. But -- any other comments or concerns or items we need to consider on the -- future meetings?

(No responses)

Okay. Otherwise I think we can adjourn from the subcommittee meeting and give ourselves a little extra time before the full meeting.

Wanda.

MS. MUNN: So would you like to clarify then exactly what we're going to have? Are we going to need to be doing some work between now and Thursday? I guess that's my real question.

And if not then --

UNIDENTIFIED: I can hardly hear.

MS. MUNN: Did someone say they couldn't hear?

UNIDENTIFIED: Yeah, I can hardly hear. It's real low again.

MS. MUNN: I was simply inquiring of the

committee for which we are meeting here this morning whether this subcommittee has additional work to do prior to our Thursday discussion of our meeting here. It was a question for the subcommittee.

MR. GRIFFON: My -- my sense was -- you know, this goes back to the contract question and my sense --

MS. MUNN: Yes.

MR. GRIFFON: -- I mean -- I just don't want to -- I want to make sure we get -- get this language correct and people have a chance to review it and think about it, and I'm not sure if one day is going to be adequate. But my sense was that however we construct -- however we worked from this scope and the mechanics we -- we recommend to put in place are not going to effect SC&A's proposal on that. So I don't know that we need to have that resolved by Thursday. We -- we -- you know, we...

MS. MUNN: I was concerned because of the comments that the Contracting Officer had made and wanted to make sure --

MR. GRIFFON: Right.

MS. MUNN: -- that there was no expectation of

us on Thursday simply because, with the numerous other items that are outstanding on our agenda for --

MR. GRIFFON: Yeah.

MS. MUNN: -- for this particular meeting.

MR. GRIFFON: I mean David -- David Staudt, are you still on the --

MR. STAUDT: Yes I am, Mark.

MR. GRIFFON: I think that's -- I think that --

MR. STAUDT: No, I think that we're going to be fine.

MR. GRIFFON: As you said, I think the con-- the language is flexible enough that I think the -- and I think SC&A's comfortable with it, so I think we'll be fine.

MR. STAUDT: Absolutely.

MR. GRIFFON: Okay. So -- so we don't have -- we don't have to press to get language together by Thursday. Yeah. We have a little more time. But I would like -- I think it might make more sense if we have that meeting at the end of August or whatever to have -- to have it at that point and to vote on it as a subcommittee motion. That would be great. That would be my intent.

All right? Anything else for the subcommittee?

(No responses)

All right. The subcommittee meeting stands -- stands adjourned.

(Whereupon, the subcommittee meeting adjourned at 10:55 a.m.)

CERTIFICATE OF COURT REPORTER

STATE OF GEORGIA

COUNTY OF FULTON

I, Steven Ray Green, Certified Merit Court Reporter, do hereby certify that I reported the above and foregoing on the day of July 17, 2007; and it is a true and accurate transcript of the testimony captioned herein.

I further certify that I am neither kin nor counsel to any of the parties herein, nor have any interest in the cause named herein.

WITNESS my hand and official seal this the 20th day of Sept., 2007.

_____

STEVEN RAY GREEN, CCR

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