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### UNITED STATES OF AMERICA

### CENTERS FOR DISEASE CONTROL

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## NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH

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# ADVISORY BOARD ON RADIATION AND WORKER HEALTH

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101st MEETING

+ + + + +

WEDNESDAY
SEPTEMBER 17, 2014

+ + + + +

The meeting convened telephonically at 11:00 a.m., Eastern Daylight Time, James M. Melius, Chairman, presiding.

### PRESENT:

JAMES M. MELIUS, Chairman
HENRY ANDERSON, Member
JOSIE BEACH, Member
R. WILLIAM FIELD, Member
DAVID KOTELCHUCK, Member
JAMES LOCKEY, Member
WANDA I. MUNN, Member
DAVID B. RICHARDSON, Member
GENEVIEVE S. ROESSLER, Member
PHILLIP SCHOFIELD, Member

### **NEAL R. GROSS**

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LORETTA R. VALERIO, Member
TED KATZ, Designated Federal Official

REGISTERED AND/OR PUBLIC COMMENT PARTICIPANTS

ADAMS, NANCY, NIOSH Contractor
AL-NABULSI, ISAF, DOE
HARTSFIELD, DEKEELY, HHS
HINNEFELD, STU, DCAS
KINMAN, JOSH, DCAS
KOTSCH, JEFF, DOL
MAKHIJANI, ARJUN, SC&A
MCKEEL, DAN
NETON, JIM, DCAS
RUTHERFORD, LAVON, DCAS
STIVER, JOHN, SC&A

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Dave

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

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MR. KATZ: This is the Advisory Board on Radiation and Worker Health. The agenda for this meeting is posted on the NIOSH website, the Board section, under meetings, today's date. There are no additional materials posted or to be presented at this meeting, per se. We have some presentations but no written materials. And let's do roll call. In roll call we do not need to address conflict of interest because we're not dealing in any specific sites involving any conflicts. So, we'll do roll call.

(Roll call)

MR. KATZ: All right. Jim, it's your agenda.

CHAIRMAN MELIUS: And, Ted, I'll turn it back over to you for recording absentee votes.

Right. MR. KATZ: Thank you. So at the last Board meeting in July in Idaho we had two SEC petition actions, one on General Atomics for the period '60 to '69 to extend the Class, and one for Simonds Saw from '58 to 2011, which is the residual period, with a motion to decline adding additional Class to Simonds Saw. And both of those motions passed unanimously. The last vote was cast by Mr. Griffon on August 18th and that recommendation from the Board, those two recommendations were received by the Secretary on September 3rd. So that completes the actions for the July meeting.

CHAIRMAN MELIUS: Okay. Thank you, Ted. At our July meeting actually we had asked Stu Hinnefeld to give us an update on implementing the 10-year review recommendations, and I believe Stu, or actually Ted forwarded an email from Stu, I think, earlier this week just pointing us to where some

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of this information was on the DCAS website.

And, Stu, I'll turn it over to you.

MEMBER ANDERSON: Hi, Jim. This

is Andy. Just want to let you know that I made

it on.

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CHAIRMAN MELIUS: Okay.

MR. KATZ: Great. Welcome, Andy.

CHAIRMAN MELIUS: Welcome Andy.

MEMBER ANDERSON: Thank you.

MR. HINNEFELD: Okay. I sent the email so that Members of the Board could look at the 10-year review sections. There is also document that compiles all the recommendations from the various chapters of the 10-year review. And then there's another document that lists sort of -- it's called Priority Actions that lists certain priority actions which are identified as the things to be focused on at the time for each of the five sections.

And so, to provide an update. Now, that particular part of our website hasn't been updated very religiously lately. We do have sort of a remodeling our website that's supposed to roll out I think by the end of the month. The remodeling is driven by CDC quidance on what websites should look like. it will look a little different but will contain all the pertinent information. And that's relatively been lengthy process And once we get that out of the accomplish. then we will take a shot at updating information in our 10-year review section and then providing periodic updates after that as well.

But speaking now in terms of where we are with some of the recommendations from there, I will follow the pattern in the Priority Actions document. For some reason the priority action items for the various factors

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are not listed in the same order as they are in the document that lists the entirety of the recommendations. So I'll provide a quick summary -- well, a relatively quick summary on each of the chapters, and then at the end of the chapter I'll ask if other people would like additional information or have questions about some of those things.

So the first chapter that is listed "Concerning there, it's called Dose Reconstructions." So these are recommendations that relate to dose reconstruction reports. And with respect to those priority actions, there is one item that is providing an overview of the quality management system, and that was done. That was given to the Dose Reconstruction Subcommittee in 2012.

And the work on quality of dose reconstructions essentially continues

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routinely. It's sort of a routine activity with the DR Subcommittee. And so, that's one of the kind of general actions from the 10-year review that is always subject to continuous improvement. And so, you don't ever say, okay, we're done worrying about the quality of dose reconstruction. It's sort of the thing you could do from then on.

There are also recommendations in that section about SEC descriptions. though it was in the dose reconstruction section it talked about how you define SECs, and so that making sure what can be reconstructed. We are working on that now. I think we are doing good job giving partial dose reconstructions as good a shake as we can. also there's a recommendation about making sure with DOL that Classes can be administered. That's a routine part of our process now, is we provide proposed Classes to DOL and they let us

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know about any administration issues as the Class is proposed. So that's all routine.

When you move to the efficiency related efficiency issues to measures, measures, we did come out of an investigation of what it would take to -- with our contractor efficiency to eliminate measure reconstructions, and it would take just an extraordinary effort. Sometimes you might want to call that prohibitively expensive or prohibitively time consuming.

If you figure you're time limited or money limited, however you want to figure it, it would -- because a fair percentage, quite a high percentage of our dose reconstruction reports still have some type of overestimating approach in them, and so it would be really sort of cost-prohibitive to do with overestimates completely. We do try to make sure that if we're doing an overestimate it really does

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provide some efficiency and not just do it because it's available to us.

So we've kind of gone down that We think we've done some things and path. we'll continue to worry about that, because that is a communication issue. That was one of the actions we were going to take also with about making it clear, trying to make our communications more clearly about that. now the dose reconstructions do clearly state when an efficiency overestimate has been done, it also says that if additional information is provided and this has to be redone, the estimate of dose could very well go down. That's put out there right in the dose reconstruction. then when we revise the dose reconstruction for like a rework when it comes back, we do point what changed from the previous dose reconstruction to the current one.

There are some other

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don't exactly recommendations that hit efficient measures. Well, actually many of the recommendations from this section do fall category of QA/QC in efficiency in the And so the actions that we are doing measures. in those areas work with the DR Subcommittee in continuing to try to improve our communications and the continuation of only using efficiency measures when they really provide some benefit. That addresses several of them.

There were recommendations about making partial dose reconstructions as complete as possible. I think that's going on quite a bit now, especially -- it's something, like I said, we continue to work on. The Site Profiles, recent Site Profile Reviews of Site Profiles for sites that are SECs is helping to push that along and we're coming to terms now with making sure we get in the best shape possible with partial DRs.

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There's an SEC Class Definition recommendation that goes along those lines. And there's one recommendation in there that I had to kind of look back at the context in the report to figure out what they were talking It has to do with something about about. in these processes and management should evaluate that tension. T think it. relates to the PER process section of the And if I'm not mistaken, report, I believe. the 10-year report was written after we had gone through a PER process where every potentially affected claim was returned to us for rework regardless of whether the outcome of the claim was going to change or not.

And that was a very unpopular approach with claimants because claimants whose case had been decided and they'd been denied and then maybe it took them a year to get over being upset about it and then they get a

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letter saying, oh, hey, look, we're going to
look at your report again, your dose
reconstruction again. Then they get hope
again and then we send them another letter
saying, oh, wait, you still don't get paid.
And so we don't do that anymore now we only
rework claims we do the evaluation of claims,
find out which ones are going to change and
those are the ones we reworked. And those are
the claims that get notified. So I believe the
process that we do now, we follow now, address
that recommendation.
Okay. That's what I have for the
dose reconstruction section. Are there any
questions on that, or comments?
questions on that, or comments?  MEMBER MUNN: This is Wanda.
MEMBER MUNN: This is Wanda.
MEMBER MUNN: This is Wanda.  Thank you very much for doing this overview.

	CHAIRMA	N MELI	IUS:	This	is	Jim
Melius.	I do have a	quest	ion, an	ıd that	's on	the
last item	, the PER	issue.	I thi	ink tha	t	and
you may a	lready hav	e incor	porate	d this,	, but	one
can imagi	ne at leas	t a sit	uation	n where	ther	re's
been a cha	ange in the	dose r	econst	ructio	n met	hod
that woul	d be deper	ndent t	o some	exten	t on	new
informati	on or addi	tional	inform	mation	from	the
claimant	that might	not ha	ive bee	n a par	t of	the
record b	ecause it	wasn	't vi∈	ewed a	s be	eing
relevant	to the do	se rec	constru	action.	So	is
something	g like that	taken	into a	ccount	in te	erms
of the typ	pes of info	rmatio	n that i	might b	e use	eful
rather th	nan just so	ort of	a blan	ket po	licy	of,
well, we'	re just g	oing to	recal	lculate	e and	
	MR. HIN	NEFELD:	I'm	not qu	ite s	sure
I complet	ely unders	tand th	ne ques	stion.	Are	you
talking a	bout infor	mation	by the	e claim	ant t	hat
would aff	ect a par	ticulaı	clair	m?		
	CHAIRMA	N MEL]	us:	A par	rticu	ılar

claim	or	part	cicular	part	c of	the	C	dose
reconst	ruct	cion,	the	part	of	the	C	dose
reconst	cruct	ion	that's l	being	change	ed.		
		MR.	HINNEF	ELD:	Okay	. 5	o	I'm
		_				_		

trying to understand the sequence here. A claimant would provide us information that would lead us to conclude that our dose reconstruction approach should be changed and therefore we'll do a dose reconstruction?

CHAIRMAN MELIUS: No. No, no. You've already found through some process; a Site Profile Review, SEC, whatever, there's now a problem with the dose reconstruction method. So it's been modified. Okay?

MR. HINNEFELD: Right.

CHAIRMAN MELIUS: But if that modification or the calculation of the dose related to that modification were based on -- could be dependent on additional information from the claimant.

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1	MR. HINNEFELD: Okay. I think I
2	understand now.
3	CHAIRMAN MELIUS: Yes, there would
4	have been no reason to inquire or obtain that
5	information before. Now there's new
6	information.
7	MR. HINNEFELD: Okay. I think the
8	issue would be this: We've decided to do a PER
9	and we evaluate the cases with the information
10	we have on hand. The claimant may have new
11	information, newer information than we have,
12	but because we don't know that information our
13	evaluation would say we don't need to rework it.
14	CHAIRMAN MELIUS: Or the claimant
15	may have had older information but you either
16	didn't inquire or didn't record that
17	information because it wasn't considered to be
18	relevant.
19	MR. HINNEFELD: Oh. Oh, okay.
20	Now I see.

	CHAIRMAN MELIUS: I'm saying that
that :	information was ignored appropriately
before	<b>2.</b>
	MR. HINNEFELD: I understand the
questi	ion now.
	CHAIRMAN MELIUS: Yes, yes.
	MR. HINNEFELD: I don't recall an
instan	nce when I would think that would be
releva	ant. Certainly any information provided
would }	be in the case file. I think I understand
the qu	uestion now, but I'm having a hard time
envisi	ioning when that might come into play.
	Jim or Bomber, can you envision
anythi	ing like that?
	MR. RUTHERFORD: I can't. This is
Bomber	c.
	DR. NETON: This is Jim. I can't
think	of one. We evaluate the change in the
proces	ss in every case. We only recalculated
doses	for cases that it would increase the dose.

In that case the complete dose reconstruction
is redone. If the change would result in a
negative decrease the dose, we wouldn't
bother to reconsider it. So I can't envision
a scenario where that might happen.
CHAIRMAN MELIUS: I don't want to
belabor this, but what if the information
wasn't in the case file because it wasn't
considered important to inquire about earlier?
MR. RUTHERFORD: So you're
CHAIRMAN MELIUS: I mean, it's
hypothetical. And again, I just want to sort
of avoid
MR. HINNEFELD: I understand. I
understand.
CHAIRMAN MELIUS: The reason to be
efficient about doing this process but at the
same time it may not be just simply a
recalculation. There may need to be some

additional information gathering.

MR. HINNEFELD: I think that would become apparent to us. If we hit that situation --

CHAIRMAN MELIUS: Yes.

MR. HINNEFELD: -- I think it will become apparent to us at the time that we make the dose reconstruction technique change, that leads to the PER.

CHAIRMAN MELIUS: Okay.

MR. HINNEFELD: I think that's when we would identify that. And then the search for the sufficient information in order to make the appropriate changes with the new technique would occur at that point. I guess it could at times require investigation of claimant information. I think our tendency though is to -- if there's questions about a particular claimant's applicability or not, we tend to say we can't rule them out. We rule them in.

CHAIRMAN MELIUS:

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So I still have MR. HINNEFELD: trouble envisioning exactly when it would happen, but I think the key actions would be investigated the taken when we dose reconstruction technique that the led change. Ι think that's where the investigation for information would occur.

CHAIRMAN MELIUS: Okay.

MEMBER MUNN: This is Wanda. Stu, I wanted to thank you for that report. It seems to me that this kind of internal review is one of the most difficult things to make happen. And when I was looking over the material that you suggested, I was seized by the item indicating that we were going to do a cost benefit analysis on the overestimating DRs. So I was very pleased to hear you address that and wanted to thank you for the kind of effort that has to go into this kind of follow up. It's helpful for some of us.

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MR. HINNEFELD: Okay. Thanks, Wanda.

MEMBER RICHARDSON: Hi, this is David Richardson. Stu, I had a question. Ι think you addressed it in part, but I was wondering if you could speak a little bit more One of the action items I remember coming out of the 10-year follow-up was that DCAS would provide an answer to the question if the DR Subcommittee's review found an error, why would that error not bound by the internal review that happens by DCAS and ORAU for QA/QC? Well, Grady is not MR. HINNEFELD: on the phone and Grady of course is our main rep to the DR Subcommittee now. His report to me as I was preparing this was that that question is routinely asked now on these DR findings. And we in ORAU tried to sort out what happened here and is there something that can be done to

prevent this error or an error like this from

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happening again.

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So I don't have a lot of detail on that, but I think we could certainly put something together. Since I'm going to make Grady do it, I don't have to do it. We could probably put something together for say the upcoming DR Subcommittee meeting.

MEMBER RICHARDSON: Yes, and that might be useful. There are some sort of errors where we have -- and I'd put "errors" in quotes here, if I could -- where there's differences of perspective or interpretation of technical issues or interpretation of guidance documents, and we've had really productive discussions about how to clarify those.

But there's another class of recurring errors which are the things that fall into the category like of data extraction keypunch issues. And some of them we've talked about improvements in tools or procedures to

avoid those, and yet I remain kind of struck by two sets of eyes reviewing information. How is it that there's a series of years missing, for example? And like how did that get signed off that that was correct and that wasn't, and particularly when there should be multiple layers of QA/QC? I think that's the category I'm most interested in.

MR. HINNEFELD: Okay. I think I'm probably not in a position to say much more than I have at this point, or I'm not prepared to, but I think we could provide something along those lines. And maybe it would be a topic for discussion at a DR Subcommittee meeting.

MEMBER KOTELCHUCK: Well, that would be helpful. Dave Kotelchuck.

MR. HINNEFELD: Okay. All right.

Are there other things on that chapter then?

Okay. I think the next chapter that's addressed in the priority recommendations

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things is the quality of service. And this has kind of divided into issues related to using customer-supplied information, issues related to the understandability and quality of information, issues related to access of information and issues related to perceived burden on claimants and petitioners.

Interestingly enough, when you look at the actions that says related to using customer-supplied information, really the action on the priority action item list doesn't really seem to address that particular topic. It seems to address clarity of our communications.

But with respect to using customer-supplied information, we have done a number of things that I think we're trying to improve in that area. And this is certainly an area I would put in the continuous improvement category. No matter how much we improve our

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use of customer-provided information, I don't know that we're ever done trying to listen carefully and take the information that we receive carefully. Seems that probably the hardest part of communication is listening, and it's particularly hard when people are telling you things that don't necessarily align with what you thought before the conversation But we continue to work on started. We have made certain concrete steps that. about making dose reconstructions sure specifically address information provided in the closeout interviews of people that lists incidents or items that they were involved in that they felt like was important to their dose reconstruction. We want to make sure that we talk to those items, at least in the dose reconstruction and use that information appropriately and make sure that the dose reconstruction is appropriate in light of the

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information the customer provided.

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We also get communications from like closeout claimants in other arenas interviews and we spend a fair amount of effort trying to answer and respond do that. And not just the answer, but use information. It's not that uncommon that we will get information at a closeout interview that we did not have beforehand that is relevant to eh dose reconstruction. And those dose SO reconstructions revised based are on information we receive at that time.

And so we continue to try to listen carefully to our customers, you know, claimants and advocates, whoever is talking to us. And it's an area that I know we need to continue to work on and I think we'll always need to continue to work on throughout the process. We will never say we are good enough at it.

Related to understandability and

quality of information, we have made a number of concrete steps there. We rewrote a number of the fact sheets that we have on our website that provide information about the various aspects of what we do in order to make those more understandable. Routinely when we write communications for the public we are using the government-wide direction about plain language. We're trying to use plain language to the extent that we can for communications to the public, and we try to do that now in responding to letters and inquiries from customers in whatever arena. We try to make sure our information is written plainly and in language that people can understand.

Issues related to access to information, we try to put a lot of information on our website. We hope people can be well informed by the information on our Website. Specifically, we are now posting things like

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White Papers that are going to be discussed at Work Group meetings. We now try and get those posted. In most cases at least, if not all cases, we get those posted on our website prior to the Work Group meeting so that participants can at least follow along in the document that's being discussed and maybe have a better chance of following the conversation of the Work Groups since they have the document that's being discussed in front of them.

And with respect to perceived burdens on claimants and petitioners, we did modify our cover letter on the CATI when we sent the CATI questions to the claimants before the CATI is performed. Computer-assisted telephone interview. That's what CATI stands for. We did change that language to try to reassure the claimant that they were not the were primarily responsible ones information gathering for the dose

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reconstruction. We believe we can do a good dose reconstruction even if they can't remember or if they don't know much about their loved one's work. So we tried to change that language to make that process seem less of a burden on the claimant.

Now, also aside from those priority lot of items there were quite the recommendations related to accepting and using customer-provided information. And like I said, I believe we're improving in that area. I think quite a bit of the recent Rocky Flats SEC investigation involved resolving customer-provided information and I believe much of the LANL SEC work, if you go back a petitioner-provided couple οf years, was information.

And when we communicate with a claimant or an advocate in a letter we try to make sure we are addressing exactly what

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they're talking about, speaking to them in plain English and trying to utilize the information they provide us and take it seriously. Again, this is something that we never say we're done with this. We always will try to improve in our acceptance of information provided and use that as much as we can going forward.

There were number of recommendations about customer to access information. Like I said earlier, we try to put a lot of information on our website. Most of our information is available. It's not possible to make all our documents that we hold available to the public because of Privacy Act restrictions. Much of it is Privacy Act information that we have.

We also get a lot of information from the Department of Energy that they have not reviewed for public release. And so they

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provide it to us more expediently if they don't review it for public release. And so there's some information, or quite a lot of our holdings that just because of the manner in which we received them or the information they contain we just can't make everything public.

But we do what we can in terms of information that's being discussed and is important for decisions. Most if not all of the documents that are put up for discussion at Work Group meetings are referenced. Those references can be pursued through FOIA, although I know the FOIA process is not a very claimant-favorable It's process. not particularly timely and some information often shows up as redacted through FOIA as well.

A number of recommendations were about the burden on claimants, and I think I addressed that earlier.

There was a recommendation about

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making process tutorials available to all or provide independent health physicists for -you know, that have not pursued a staff of independent HPs for this claimant base. I believe the Board's contractor acts pretty effectively as devil's advocate to NIOSH positions as they go through work and I think they work pretty effectively to provide a counterbalancing opinion to the opinion that might come out of our office.

We do have some videos on our website that describe what we do and how we do it. There is some information out there like that. We do provide workshops, but I wouldn't say they're available to everybody. We go to our outreach contractor ATL who sets up a dose reconstruction workshop for interested parties that they identify. And we also have done some workshops through our Ombudsman to interested parties. So we try to get information out

there to people who are interested in it, but I couldn't really say it's available to all.

Okay. That's what I had to say on the quality of service. I wonder if there are any questions on that at this point.

Okay. Hearing none, I guess I'll proceed.

The next section of recommendations was concerning timeliness, and they are grouped into issues related to higher priority to return; that means dose reconstructions that are returned to us for reworks, issues related aggressive time limits for dose to reconstruction, and issues related to aggressive time limits for the completion of the review of SEC petitions.

With respect to those recommendations, at least since the time of the 10-year review or shortly following that we have given a higher priority to reworks, to

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cases that have been returned, have been done once and then returned to us by DOL for some Usually it's an additional cancer. reason. higher And give that priority we by incentivizing our contractor to complete a high percentage of those within 60 days of the time they have all the information. Often on a rework, when a case is reworked the only new information is that there's an additional cancer and you have all the information needed to do it. So we would do those in 60 days.

If the additional information was new verified employment, for instance, we would have to send a request to the Department of Labor for dose information from that new employment. And so we wouldn't have all the information available immediately upon receiving the rework. So the 60 days wouldn't start until we received all that information. So we do have that timeline objective for

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timeliness on reworks which is more aggressive than our objective on dose reconstructions.

Since the time of the 10-year review we did impose a six-month -- somewhere between the time of the 10-year review and the review now we incentivized our contractor, told them that they should do a high percentage of claims within six months of having all the available data. We recently changed that to five months, shortened that up to five months, and they're working successfully to that.

There are other recommendations of being aggressive dose reconstruction on timeliness. We have not pushed beyond five partly because months at this point resources that would be needed to make this a shorter period will be taken away from other work that we consider important like Site Profile finding resolution and Evaluation Report Review finding resolution. So at this

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1	time we don't really have any intent to push far
2	beyond where we are, but because we feel like
3	there's important work to do elsewhere in the
4	program.
5	And timeliness, I didn't really
6	have many recommendations other than the ones
7	that were addressed by the priority actions.
8	So any questions or comments on
9	that?
10	Yes. Did somebody say something or
11	did somebody say my name?
12	MEMBER MUNN: No, I think it was
13	"nope."
14	MR. HINNEFELD: Oh, okay. SEC
15	petitions had a long, long list of
16	recommendations when you look at the total, but
17	in the priority actions we had items relating
18	to separating policy from science issues,
19	issues related to the definition of "sufficient
20	accuracy," and issues related to a possible

health physics bias.

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With respect to policy and science decisions we have fought with this since the time of 10-year review and have failed to really reach common accord even internally in the office on what the policy or science decisions that are made as we evaluate an SEC. Some people will say they're all science decisions. Other people will say, well, you use science to inform the decisions, but really they're all sort of policy decisions. And so I guess it's our own failing that we just can't really sort these out, policy from science.

But we do believe there is value in a particular recommendation to describe why you reached the decision you reached. And so we are pursuing that. I think it might be something of a companion document with an Evaluation Report. We're still kind of thinking about how this might be useful. It

might be useful to the Board I think if we provided it with an Evaluation Report that said here's what our thinking was as we arrived at this decision.

So we're messing around. We started out -- we've been working on this for years, literally years, writing drafts and rejecting them and commenting and rethinking what we might write in these things. And we didn't work on it every day for years, but there's been effort on it periodically for years.

So trying to arrive we're something that we think helps to explain why decisions were made perhaps in better or more understandable language in Evaluation an Report. At some point maybe when we come to something we think is useful that might help inform us about where in the process it will be useful, in other words, in our discussions with

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the Board or whether it's a summary for public consumption on our website, something like that. So we're still struggling with that. I think if anyone has comments or would like to assist us on that, we would be receptive of ideas on that.

With respect to a definition of "sufficient accuracy," there were a number of recommendations about that in the SEC section. Part of my reaction to that is if we could do a better job of defining "sufficient accuracy," we would have done it when we wrote the regulation. We have done a bit of work on this though. We've done sort of some case law studies that we've presented to the SEC Issues Work Group where we've described things that are about decisions that we had made to that time on various Work Groups.

And so, we didn't ignore this. We have tried to work on that. I think this

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question probably comes into the SEC Issues Work Group in the indirect exposure method, part of the quality of science evaluation where we're talking about coworker models and what really is sufficiently accurate when you start down the coworker pathway. So it's something that of course we continue to work on. The Board also continues to refine its thoughts on that.

I think we've made a lot of progress since 2011 when the report was written in terms of a common understanding of what might be sufficiently accurate, but it's something that I think probably the better definition of sufficient accuracy will arise from our continuing work with the Board and a decision is reached on various SEC Classes. And like I said, if we could define "sufficient accuracy" better in words, then we would have done it when we wrote the regulation on SECs.

The final item about health physics bias, the final in the priority recommendations, is kind of near to my heart because I'm confident for a fact that the author of this report got that from me, from a conversation that she had with me. And what I said was that in this program -- this goes back I mean, she talked to us probably in 2009 or there, so it's a long time ago when these conversations were going on. Maybe it was 2010.

But the conversation, what I said was when you're a health physicist you're given a problem and told answer the problem. And so, you write down your assumptions because there may be information gaps that you don't have every bit of information needed to solve that problem, but you can make some reasonable assumptions. And you say, well, assuming these things are true, then the answer to the

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problem is this. And so, there's sort of this built-in professional approach or mindset that, yes, I can solve the problem. So you're not really presented with a situation where one of the avenues you can take is there's not enough information to answer this question. So that's where that came from. I'm confident that's where that came from in that report.

Now having said that, I think that today in 2014, having worked with the Board and having gone through so much activity on SECs, I think we're far more attuned over here to the ability to say there's not enough information. And I think that's reflected in the number of 83.14s that have been brought forward and I think in a sort of a more receptive give and take in the conversations with the Board and their contractor in Work Groups.

So I would like to say that we are addressing any issues related to health physics

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bias. Of course bias is always in the eye of the beholder, and I'm a health physicist. And so others may have other opinions on this, but I believe we're doing certainly better than we were at the time of the 10-year report.

There were a lot of recommendations in this section other than what are addressed by the priority actions. I mean, a lot of the are addressed by priority recommendations action because they fall in the categories. There's a recommendation about submitting -- for complex SEC evaluations to submit a work plan, a comprehensive work -petition-specific evaluation plan. We can do When we aren't going to make the 180 that now. days, we do require an evaluation plan and the submittal of that. That's when we get a complex petition.

There were several recommendations about surrogate data. That has been I think

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vetted a lot with the -- I think it's the SEC Issues Work Group. I know the Board has guidance on when it's acceptable to use surrogate data. And we have our IG-004, which is I think very similar to the Board's guidance. So we think surrogate data has been addressed quite a lot in the interim time and it's been given some careful study by the Board and by us.

There were several recommendations about using broadly applicable presumptions in the SEC evaluation process. And I guess our reaction to that is that when we look at an SEC petition in each case you probably have a unique combination of exposure environment and available documentation. Those two things aren't likely to be identical at any two sites, or maybe even very similar any two sites. we're not really sure how applicable presumptions can even be applied in the SEC process. So I'm not sure if we can do

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anything with those or not.

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There were recommendations that we expand our efforts to cooperate with Ι believe petitioners. And we've made progress have SEC in that area. We an counselor; have had for some time now, communicates regularly with petitioners and assists them in preparing petitions or gathering information. We have phone calls with the petitioner at the qualification stage and try to help get petitions qualified at that stage. So, I believe we're being cooperative with petitioners than we were a number of years ago. Again, this is something that we always want to make sure we are working to improve and making sure petitioners are getting fair treatment when they deal with us. think maybe I'll comments there on this chapter and I wonder if

there are other questions or comments from the

Board.

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CHAIRMAN MELIUS: Actually; this is Jim Melius, Stu, I think you're being somewhat pessimistic or whatever about meeting these, addressing some some these recommendations, because I actually think you've gone farther than you may realize in terms of sort of developing better criteria that would certainly at least operationalize some of these difficult issues.

I mean, one thing, back to I think of sort the policy and science issue recommendation that you're struggling with, I think that may be something it would be worth doing maybe initially within the SEC Issues Work Group since we'll be doing some meetings and maybe we can add that on. At least have some discussion of that and sort of where you are with it and what's been the problem in terms of developing even a document on that.

## MR. HINNEFELD: Okay.

CHAIRMAN MELIUS: Because I think that's still worth -- and I have a feeling if we're going to sort of quote/unquote "solve" the sufficient accuracy issue and probably the coworker issue, I think we need to sort of come to grips to some extent at least with the sort of science and policy issues. So whether you need to articulate it in sort of a policy document or some document, I'm not sure, but I think it is something that we ought to at least have some discussion of and then bring that discussion to the Board also. But it may be easier if we start it within the Work Group.

MR. HINNEFELD: Okay.

CHAIRMAN MELIUS: Anybody else have questions or comments?

I would just note I guess for the record more than anything, recommendation 28, which basically dealt with sort of the

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trade-off between in terms of claims that are
awarded between SECs. And yet if you do an SEC
you in some ways are taking away some dose. It
came up at our last Board meeting. I believe
it was Dow SEC where we got into the discussion
of that where there was sort of spotty data from
several different types of exposure monitoring
for that group, but trying to define that within
an SEC we sort of ended up with a fairly long
discussion, although I think we resolved it
okay.

So these are sort of real issue that come up occasionally and I think it's again worth -- I think we've been addressing them maybe more than you give yourselves credit for.

MR. HINNEFELD: Well, good.

CHAIRMAN MELIUS: Yes.

MR. HINNEFELD: Good to hear. I'm always glad to hear that, yes. Well, they always say you should under-promise and

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CHAIRMAN MELIUS: Right. Anybody else questions or comments? If not, we'll let Stu go on.

Hearing MR. HINNEFELD: Okay. none, then we'll move onto the quality of science chapter. The priority actions here were issues related to documentation, issues related to modification of the procedures database, issues related to indirect exposure assessments, issues related to better characterization of claimant favorability, issues related to review of OTIB-20, and issues related to surrogate data.

So with the related to documentation, there has been some work by our contractor to alter their document control procedure to include a process that is intended to ensure that inconsistencies are not being created. And it's kind of outlined in that

procedure, that it would be served well in that.

There were recommendations about -external peer review I guess is also in that same priority item. There is a NIOSH policy on external peer review of intramural projects. We don't fall into that. We comply with that because we don't really fall into it very much. There are certain things that we do that -major changes we get outside peer review on, major change to program activities. the recent examples were our CLL model and risk model and dose model. The paper on DDREF. That's dose and dose rate effective factor. And then back when we were looking at changes to the IREP lung model or when NCI changed their lung model I think we got external peer review on several large changes like that.

I guess for our individual documents like TBDs and OTIBs and things like that we're not entirely sure than an external

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review would be more informative or as informative as the review that those documents currently get in the program from the Board and their contractor.

So I guess our reaction to that was that we're kind of comfortable with the level of external peer review that we're getting at this point and we would prefer from our standpoint to kind of continue along those lines. We feeling like we're getting peer review in cases when it's essential and we're getting pretty thorough second-party review with the program just by the nature of the way the program operates.

With respect to the procedures database we believe that recommendation had to do with the Procedures Subcommittee Tracking System, which we now call the Board Review System, and we have made a number of improvements on that.

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We've not really gone down a path of putting in that data comments on procedures that we may get from somewhere else. That BRS has really only been utilized for Boardgenerated comments, and I think that's probably an appropriate use of it. When we get comments from I'll call them customers, whether they be claimants or advocates, or any interested party -- I mean, the word "customer" is kind of a nice word to use for that group of people. When we get comments, we respond to those of comments. Α lot those tend to be claim-specific, though, but to be honest, we haven't built a system for when people send comments that might be related to a procedure rather than claim-specific.

And I think that might be something that we might look at going forward. I don't know how often that happens just off the top of my head, but it might be worth trying to do a

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little more and not only rely on the Board's review of procedures, but also do a little more to compile comments that are received from others on those. So we might be able to do something along those lines going forward.

The indirect exposure assessment methods is mainly the coworker approach, we think. I guess surrogate data would fall into that as well, but it seems to be mainly coworker. Certainly a lot of work is being done right now on coworker and what's an appropriate approach for coworker in the SEC Work Group. I think that work addresses this recommendation to look carefully at how we're doing those indirect exposure assessments. So I think that's being addressed in that manner.

The issues related to better characterizing claimant favorability are quantifying really how we favor claimant-favorable, but really how claimant-favorable

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are we? We haven't done a whole lot down that path. I think there are some opportunities to do that, because there have been NIOSH dose assessments of a sort done for health effect studies and those dose assessments or dose reconstructions would really want to be best estimates of those.

You wouldn't want to over-estimate or be particularly claimant favorable, quote, "claimant favorable" in those cases because if you inflate the doses in your study, then you would have the result of minimizing artificially deflating the corresponding risk coefficient. So those are really tried to be measured and really, really best estimate kinds And so, I think the comparison of of cases. of those what. would our dose some to reconstruction be with the same set of data might be informative along those lines.

Now, once we know that, I don't know

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who the audience is for it. So we haven't really pushed very hard down that pathway because I don't really know where that argument, where that demonstration of favorability needs to be made. So we haven't pushed very far down that path at all.

The OTIB-20 items, we did go back into OTIB-20 and deleted the comparison that had been identified in the quality of science as not being sufficiently rigorous. That is no longer a part of that process. The section that was deleted, I don't know that it was ever utilized even. So anyway, it hasn't been there for quite some time. That was deleted very shortly after the 10-year review was completed.

And we did review the EPA document.

One of the key action items had to do -- this was related to surrogate data, this EPA document that we were supposed to review. We did obtain a review from that from someone

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actually outside of DCAS and it didn't really seem that there was much in the EPA document that translated into our program very directly. The report did kind of look at our IG-004 and didn't -- findings that would warrant -- or anyhow, I don't know if the report looked at IG-004, but the report didn't have any findings that warrant any changes to our IG-004, which is our implementation guide for using surrogate data. So our surrogate data tasks that we are doing and have done elsewhere I think are sufficient. The EPA document we didn't find very instructive or applicable.

And so, there are other specific recommendations in there. There's a specific one about when using CDER data specify the specific files that's used. We tend to shy away from using CDER data on coworkers. We try and get the data sets from the sites themselves rather than trying to get it out of the CDER

1	database. So that may come up once in a while,
2	but it's not a common item that we would have
3	to deal with.
4	That's sort of the end of my notes.
5	I've already spoken much longer than I normally
6	speak, so I'll see if anyone has any questions
7	on that or any question or comments overall.
8	CHAIRMAN MELIUS: Anybody with
9	questions or comments?
10	MEMBER ANDERSON: Well, that's a
11	good update.
12	MEMBER KOTELCHUCK: Yes, this is
13	Dave Kotelchuck. Agreed. That was very
14	useful, Stu. Appreciate it.
15	MR. HINNEFELD: Okay. Thank you.
16	And like I said, once our website redesign is
17	rolled out, we will take a shot at trying to get
18	some updated discussion on our website and
19	maybe some periodic updates on things that are

Some of these it's hard to report

continuing.

1	milestones. You know, are you listening to
2	your customers carefully? And, well, I
3	certainly hope so. I hope we continue to try
4	to listen as carefully as we can.
5	CHAIRMAN MELIUS: Okay. Thanks
6	again.
7	I don't know if we're ready for this
8	now, but LaVon?
9	MR. RUTHERFORD: Yes, this is
10	LaVon. I'm not sure I can be quite as long as
11	Stu.
12	(Laughter)
13	MR. RUTHERFORD: No, I should be
14	pretty sort.
15	CHAIRMAN MELIUS: But we may have
16	lots of questions, though.
17	MR. RUTHERFORD: Okay. Well,
18	there you go. Yes, we'll make it as long that
19	way.
20	As for the next Board meeting, at

this time I do not believe any of the open petitions will be ready to be closed for the November Board meeting, nor do I believe any of the new Petition Evaluations will be ready. We are actively working on the new Petition Evaluations and working to make the 180 days; and we're on schedule, but the 180 days for all three of those petitions is beyond the November Board meeting.

It really looks like the March Board meeting is going to be extremely busy. We should be presenting new Petition Evaluations for Walnut Creek, Westinghouse, Dow, Bloomfield residual period and INL. I also anticipate a few of the existing open petitions will be ready for closure for the March meeting. We should be presenting a Grand Junction I believe with the few remaining items we have at Fernald and some of the reports we've done with Rocky and the schedule that we

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have on Rocky -- I believe Fernald and Rocky may be ready for a Work Group recommendation in March. We're working towards closing a number of the Hanford issues before that March meeting, and so we may be able to close out at least some of Hanford by then. And I think a lot of the SRS issues will be completed by then. So the March meeting is shaping up to be really a full meeting.

As we get closer to the November meeting if any of the open items that we have -if it looks like we can expedite them and get
them closed in time for the Board's review prior
to the November meeting, we'll do that. We'll
do everything we can. Otherwise, they're all
going to be pushed to March.

And that's all I had.

CHAIRMAN MELIUS: I guess a response and a suggestion. The response is I think you're being pretty optimistic about some

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2	One of the things though, if some of
3	these, or even just one of these petitions is
4	relatively straightforward in terms of the
5	recommendation and findings and so forth,
6	there's no reason we could not do it at our Board
7	conference call.
8	MR. RUTHERFORD: Okay.
9	CHAIRMAN MELIUS: I think we've
10	done that before, usually on the 83.14-type of
11	petition and some of the older AWE sites which
12	tend to be less complicated and tend to be less

of this for March, but we'll see.

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Is in January, Ted?

can't remember when our call is --

MR. KATZ: I think so. I don't recall exactly, but I think it is.

So think about that for -- I

CHAIRMAN MELIUS: I think I recall it, sometime in early January, but whatever. But it might be something we can do and that will

questions about.

1	sort of ease some of the congestion for the
2	March meeting.
3	MR. RUTHERFORD: Okay.
4	MEMBER BEACH: Jim, that meeting is
5	January 6th.
6	CHAIRMAN MELIUS: Okay. Thanks.
7	Anybody with other questions for
8	LaVon?
9	No? I guess you are going to be
10	shorter than Stu. Probably just as well.
11	Keep the boss happy.
12	MR. RUTHERFORD: That's right.
13	CHAIRMAN MELIUS: Yes, we can do
14	that.
15	
	Updates from Work Groups and
16	Updates from Work Groups and Subcommittees? No one is obligated, but if you
16 17	
	Subcommittees? No one is obligated, but if you
17	Subcommittees? No one is obligated, but if you have anything to report?

CHAIRMAN MELIUS: Yes, if it could be quickly.

MEMBER MUNN: All right. That's fine. We met on August the 28th by what we call a live meeting. We had a full complement of issues to address and we were able to get through them in pretty good time.

We closed out OTIB-34. That's internal dosimetry coworker data for X-10. We had three outstanding findings which we were able to close. And the ER-33, which is a pilot plant, had no findings on it. We were able to address that pretty easily. We also finished our discussion which had gone on for a couple meetings with respect to a distribution method that was being used in Version 5.7 of IREP.

Continuing we have discussions on our dissolution models for insoluble plutonium-238. That's OTIB-83, I believe.

NIOSH is rebuilding the scope and the type and

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exposure conditions at Mound which affects this particular OTIB pretty heavily. So that's ongoing, as is OTIB-54, which is the fission and activation product assessment for internal dose-related gross beta and alpha analyses. There's a reactor modeling report and other findings that are still active there.

As I have mentioned in earlier reports, we're spending a great deal of time now with the PERs. We had more than a half-dozen on our plate this time in one dimension or another. We're looking at PER-42, Linde, and 43. I think that's internal and external dosimetry organ choices for IREP model 559. There are no findings, but the cases that are going to be reviewed in-depth are currently being selected. That's probably already done and in the hands of SC&A for work now.

The ER-45, which is Aliquippa Forge, is ongoing, as is 38. Thirty-eight is

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Hooker, and the case audits for that are underway right now. We took look at potential PERs that are coming up yet and we still have as yet not addressed completely Ames, K-25 and LANL.

And our next meeting is set for November 18th. We're having a significant gap between our meetings now based on the work load that key participants have on not just procedures reviews, but other activities as well. And that wraps it up unless there are any questions.

CHAIRMAN MELIUS: Thank you, Wanda.

Anybody else with Work Group or Subcommittee updates?

I can give I guess one SEC Group just to follow up. I know that SC&A has sent in sort of their comments on sort of the coworker discussion follow-up to the meeting of the Work

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Group we had just before the last Board meeting.

I don't know, Jim Neton, if you're still on the line, if you have a plan in place for responding to that in terms of timing?

DR. NETON: Yes, Dr. Melius, I've been working. I've received the 9-5 memo from SC&A and looked at it and it appears that there's substantial agreement between us. I think the trick is going to be of course deciding where to set the bar in these various criteria that we're establishing. I'm working on that. I would hope to have -- well, first of all, I'd like to respond to the SC&A memo because they asked for a response. And I could have that out in the next week or so. I've reviewed it and it's very straightforward.

But I am working on, as we talked about at the Work Group meeting in Idaho, revising Draft Implementation Guide for Coworker Model to incorporate the timeliness

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that was discussed at the meeting, as well as the information SC&A just provided. And I'm hoping to have a draft out of that document sometime around the first full week of October. CHAIRMAN MELIUS: Okay. DR. NETON: That should give us enough time to maybe hold a meeting before the next Board meeting and hash out some of the details. CHAIRMAN MELIUS: Okay. Good. No, you answered the question, because I wanted to make sure you had enough time but that we could -- we'll plan on holding a Work Group meeting and do that in terms of follow-up.

MEMBER KOTELCHUCK: Dave
Kotelchuck on Dose Reconstruction Subcommittee
just to say to folks on the Committee that the
meeting that was originally scheduled for
tomorrow has been postponed to Wednesday,

So thank you on that.

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1	October 29th. So you'll get further notices
2	about that.
3	CHAIRMAN MELIUS: Okay. I think
4	we already got a notice about the 29th, right?
5	MEMBER KOTELCHUCK: Right.
6	CHAIRMAN MELIUS: Good. Any other
7	Work Group reports?
8	Okay. If not, just I think Ted
9	circulated an email that since the last meeting
10	the Santa Susana Work Group added Dr. Poston
11	and Dr. Anderson were both added to the Work
12	Group. That Work Group was sort of short of
13	Members.
14	Ted, plans for the November
15	meeting?
16	MR. KATZ: Right. Thank you, Jim.
17	So a couple things I guess just to note. With
18	respect to Santa Susana, I guess we're still
19	expecting the Work Group has not met yet.
20	The Work Group is still waiting on the NIOSH

have the Work Group meet of course in October
before the Board meeting. And I guess I just
wanted a little clarification from LaVon about
that, because it was his remark that he didn't
expect anything to be completed on any of the
current SECs that are on the Board's plate.
But Santa Susana, I thought our intent was to
get to the end of the issues there. Is that not
still correct?
MR. RUTHERFORD: Well, the
original goal was that and Jim's probably got
original goal was that and Jim's probably got a little more insight than I do, but I don't
a little more insight than I do, but I don't
a little more insight than I do, but I don't think based on the current schedule we're going
a little more insight than I do, but I don't think based on the current schedule we're going to be able to have everything closed out by
a little more insight than I do, but I don't think based on the current schedule we're going to be able to have everything closed out by then, and we'll probably be providing an

DR. NETON:

Well, we're trying to

complete the external dose coworker model for Santa Susana. That's been the holdup for quite some time. And specifically we're trying to evaluate the neutron doses.

We had a data capture at Hanford.
We're expecting documents from them -- not
until the 19th of this month, so that's in a
couple days. Once we get that, we'll review
the data we receive from them. And I don't
think that the -- the coworker model right now
is scheduled for completion until near the end
of October. I'm not sure if that would allow
enough time to have a Working Group meeting.
Maybe a brief one before the Board meeting.
Although if we're only going to focus this one
issue, maybe we could do a telephone call,
because it would be fairly short.

MEMBER SCHOFIELD: This is Phil.

There is one area of concern that's come up from a number of people from the Santa Susana, and

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that's the fact that there is widespread contamination in the caldera area and it's possible of people having internal exposures without being monitored for it. It's something I think we're really going to have to look into and see if we can come up with an answer there.

DR. NETON: Well, Phil, are you speaking specifically of off-site residents being exposed?

MEMBER SCHOFIELD: No. No, I'm actually speaking about some of the people --I mean, there has been contamination found in Area II. Actually in all the areas there's Some of them have lowbeen samples taken. level contamination, but the water was recycled up to NASA, whereas some of that water that they were using from Area Ι actually contaminated that they had. So people who might have been badged for Area IV but normally

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speaking were not monitored for any uptakes, what kind of coworker data there might be or how that issue would be addressed and if they can come up with a bounding estimate or not.

DR. NETON: I guess I'm still confused. These people are exposed off site though, not on site?

MEMBER SCHOFIELD: Yes, I mean, some of them could have been exposed like in Area II where they had sodium burns. There was some depleted uranium, my understanding is, that had been buried at one time that has since been removed. So some of these people actually had potential for uptakes. I realize we're having to limit it to people who were badged for Area IV, but they could have been actually exposed in other areas and I'm not sure all of them were actually monitored for uptakes. I mean, I haven't found anything yet that says all personnel who were badged into Area IV were

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monitored for internal dosimetry. I may have missed that. I don't know.

DR. NETON: Yes.

MEMBER SCHOFIELD: But that's kind of one area of concern.

DR. NETON: Well, that's something we need to take up then. I know there are some issues surrounding the badging of people in Area IV and whether workers could have come from other locations and such.

CHAIRMAN MELIUS: This is Jim Melius. I mean, I'd obviously like to get this site addressed; it's been a long while, but at the same time part of our reason for holding a meeting near the site is to get additional information. And what's probably as important is to have identified issues that we need further input on, that where the people that worked on the site would be able to help address those in some way.

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So if we can at least get to that point and make some effort to get people to come to the public comment period to identify them, I think that would be the reason for holding the meeting more than trying to essentially have everything closed out by November. But I think having at least your Work Group call or something to make sure everybody's up to date and understands what's going I think would be useful just given what's happened, the time frame work on this.

MEMBER SCHOFIELD: I think they are going to have a fair number of people who actually show up for the public comment period when we're out there --

CHAIRMAN MELIUS: Okay.

MEMBER SCHOFIELD: -- they would have liked to have been able for us to have a meeting before the actual Board meeting since we're addressing some of their concerns and

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documents they have found.

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MEMBER MUNN: This is Wanda. Jim, thank you for your observations. I'm on that Work Group and it's very clear to me from this current discussion that a great deal of communication and a great deal of information is being exchanged at some level that I have not seen. I don't know whether I've missed the Work Group's internal discussions or whether there hasn't been anything available for me to see.

And due to the fact that we are going to be meeting in that site and I was looking forward to a fairly extensive information gathering and observation opportunity, it would certainly be helpful for me -- I don't know about the other Work Group Members, but it would be very helpful for me if someone were to put together a more current identification of documents and materials with which we should be

familiar by now. Because as has been pointed out, it's been a long time since we've had a meeting of any sort and Phil has had to take this up as not having been the original chair. So it would be very helpful from my perspective unless I'm the only person in the Work Group who isn't aware of where we are. I'd really like to have an update of some sort to give me an opportunity to review whatever documentation is available that I should be looking at and clearly haven't recently.

CHAIRMAN MELIUS: Yes, and that's a very good idea. I mean, because again with two new Members to the Work Group it would be helpful for them and probably to the entire Board, but certainly for the Work Group. And again, having that done and then having a conference call or meeting of the Work Group beforehand in order to make sure everybody sort of understands the issues would be helpful.

And if I recall right, we're planning to do a tour of the work site or the area?

MEMBER MUNN: I hope so.

CHAIRMAN MELIUS: Yes.

MR. KATZ: So we're planning to do a tour the day before the Board meeting, November 5th, and we're making logistical arrangements for that. And there are some complications just because the current operator/owner Boeing is actually -- it's poor timing. They're relinquishing their role in October. But anyway, it will come off and we'll have that tour.

As I understand from Lara who's the lead for NIOSH on that site a lot of facilities are no longer there, but we'll certainly get a tour of the site and sort of meet a lot of Phil's intent in terms of understanding layout and so on. And we're trying to get a hold of the

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company that's actually sort have actually sort of handled the bus tours in the past so that the driver will have experience with that, too. So that will happen and that will be helpful for sure.

I just want to check on Phil's -what I think I understood Phil, you, to say that
you're already aware that there will be
considerable public participation at the Board
meeting in terms of attendance. Is that
correct what you were --

MEMBER SCHOFIELD: Correct.

There are a number of large concerns. And something I wasn't -- I don't know how I missed them; I assume they're there on the O: drive, SC&A in the past did a number of interviews with workers and their experiences there and what they did and et cetera, et cetera, which I have not read those. I'll be honest with you. I honestly was not aware of them until yesterday.

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So it's something I've got to look at and
hopefully those are on the O: drive. I assume
they are somewhere. I just had missed them
evidently.
MR. KATZ: Right. Well, where I
was just headed with this is I mean, so that's
great that there is already some, but I think
we need to as we made an effort at INL that
I think was very fruitful, if we could just
between NIOSH's and SC&A's contacts out there
let's reach out to the individuals we know of
just to let them know of the meeting and the date
and try to get them there.
MEMBER SCHOFIELD: We have some
meetings coming up for them to people to talk
to and would like to address us.
MR. KATZ: Right.
CHAIRMAN MELIUS: Not to
complicate this further, but if there are

people who need to be able to have more

information that's not really either
appropriate or would fit the time frame of a
public meeting or public comment period, maybe
we want to have time for them to be interviewed,
or a Work Group to talk to them along with NIOSH
and S&CA or whatever. Whatever would be most
helpful in terms of giving them input as well
as gathering information I think we should try
to do out there.
MEMBER SCHOFIELD: Sounds good to
me.
CHAIRMAN MELIUS: Yes.
MEMBER MUNN: In the meantime, for
the Work Group, if someone, I don't know who,
would be good enough to put together some
indication of documentation we should be
looking at.
CHAIRMAN MELIUS: Do I hear LaVon
volunteer? I thought I heard

RUTHERFORD:

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Yes,

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thinking that would come from my group, so we'll put something together with myself and Lara.

CHAIRMAN MELIUS: Oh, okay.

MEMBER MUNN: Oh, thank you, LaVon.

I really appreciate --

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(Simultaneous speaking)

MEMBER SCHOFIELD: And, LaVon, one quick question: This is Phil. One quick question there: If I could give you some contacts to get in touch with some of these people before the Board meeting, I don't know, maybe they could at least point you to some area or have some information that you guys could look at? Like I said, the SC&A interviews, I was not even aware of those until yesterday.

MR. KATZ: Right. So, Phil, I mean, certainly SC&A can send LaVon their list of contacts and then LaVon has their own, NIOSH's. And certainly they can do that outreach as part of setting up for the Board

1	meeting.
2	CHAIRMAN MELIUS: Yes, it may be
3	good to do a conference call with Phil and SC&A.
4	Lara, or whoever is handling it from DCAS might
5	get everyone coordinated.
6	MR. KATZ: Right. Well, I mean, I
7	think we need a Work Group meeting even though
8	the group
9	(Simultaneous speaking)
10	CHAIRMAN MELIUS: Well,
11	absolutely. I think that's
12	MR. KATZ: Right. So I will work
13	to schedule that for I guess later in October
14	will be more useful for NIOSH because they'll
15	have gotten more work done at least related
16	CHAIRMAN MELIUS: Yes.
17	MR. KATZ: to the coworker model
18	and be fresh about all the other issues, or
19	whatever they might be. And I guess the focus

of that meeting can be sort of a dry run of

1	bringing everybody up to date because we want
2	to do some sort of presentation about that at
3	the Board meeting as well.
4	CHAIRMAN MELIUS: Okay. Anything
5	else on the Board meeting?
6	MR. KATZ: No, that's what I have.
7	We don't have a hotel yet, but we're working on
8	that.
9	CHAIRMAN MELIUS: Okay.
10	MR. KATZ: And it's pretty clear
11	that we only need a day for the Board meeting
12	itself.
13	CHAIRMAN MELIUS: Okay. Yes.
14	MR. KATZ: Yes. So that will be
15	on I believe it's the 6th.
16	MEMBER ANDERSON: And did I hear a
17	January meeting?
18	MR. KATZ: On, no, no.
19	MEMBER ANDERSON: A January
20	conference call?

1	MR. KATZ: January is the
2	teleconference meeting.
3	MEMBER ANDERSON: And that's on the
4	6th?
5	MR. KATZ: Yes.
6	MEMBER ANDERSON: Okay. Because I
7	didn't have that on my
8	CHAIRMAN MELIUS: But we're
9	planning on surprising you.
10	MEMBER ANDERSON: That's okay.
11	CHAIRMAN MELIUS: Okay. And then
12	Board correspondence. The only
13	correspondence I'm aware of since our last
14	meeting has been a I think it's a
15	continuation maybe it was before the last
16	meeting, I can't remember. But Dr. McKeel was
17	concerned about the minutes no longer being
18	produced for the Board meetings. I believe Ted
19	has responded to him. And then I believe Dr.
20	Ziemer also responded recently, and I think

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1	this morning Dr. McKeel re-responded again.
2	So I guess that just will continue.
3	So, any other correspondence I'm
4	not aware of, Ted?
5	MR. KATZ: No, that covers it.
6	CHAIRMAN MELIUS: Okay. Thank
7	you, everybody. Unless there's other
8	business, we will close this meeting. And
9	thank you, everybody, and we'll see you in
10	November.
11	MR. KATZ: Okay. Thanks,
12	everyone.
12 13	everyone.  (Whereupon, the above-entitled
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