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

WORKING GROUP

ADVISORY BOARD ON

RADIATION AND WORKER HEALTH

PROCEDURES REVIEW

The verbatim transcript of the Working Group Meeting of the Advisory Board on Radiation and Worker Health held in Hebron, Kentucky, on May 20, 2008.

STEVEN RAY GREEN AND ASSOCIATES
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TRANSCRIPT LEGEND

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

-- (phonetically) indicates a phonetic spelling of the word if no confirmation of the correct spelling is available.

-- "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.

-- “^” denotes telephonic interruption.

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(By Group, in Alphabetical Order)

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THOMAS, ELYSE, ORAU

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

2 **MAY 20, 2008**

3 (9:30 a.m.)

4 **OPENING REMARKS**

5 **DR. BRANCHE:** Good morning. My name is Dr.
6 Christine Branche. I'm with the National
7 Institute for Occupational Safety and Health
8 and functioning as the Designated Federal
9 Official, also known as Executive Secretary,
10 today. This is the Procedures working group
11 of the Advisory Board on Radiation and Worker
12 Health.

13 Ms. Munn, are you ready?

14 **MS. MUNN:** Yes, I am.

15 Welcome to everyone here and to our
16 folks who are joining us by telephone.

17 **DR. BRANCHE:** I wasn't quite finished,
18 Wanda. I'm sorry, forgive me.

19 Would the Board members who are in the
20 room please announce your names?

21 **MS. MUNN:** Wanda Munn, Chair.

22 **MR. GIBSON:** Mike Gibson.

23 **MR. PRESLEY:** Robert Presley.

24 **DR. BRANCHE:** Are there any Board members
25 participating by phone? Please announce your

1 names.
2 (no response)
3 **DR. BRANCHE:** Dr. Ziemer?
4 (no response)
5 **DR. BRANCHE:** Mr. Griffon?
6 (no response)
7 **DR. BRANCHE:** Can anyone on the line hear
8 me?
9 **UNIDENTIFIED SPEAKER (by Telephone):** Yeah,
10 we're on here.
11 **DR. BRANCHE:** Okay, thank you.
12 I'll go back to the Board members.
13 NIOSH staff who are in the room would you
14 please announce your names?
15 **MR. ELLIOTT:** Larry Elliott, NIOSH/OCAS.
16 **MR. HINNEFELD:** Stu Hinnefeld, NIOSH/OCAS.
17 **MS. HOWELL:** Emily Howell, HHS.
18 **MS. ADAMS:** Nancy Adams.
19 **DR. BRANCHE:** Any NIOSH staff participating
20 by phone, would you please announce your
21 names?
22 **DR. ZIEMER (by Telephone):** Paul Ziemer
23 here.
24 **DR. BRANCHE:** Oh, Dr. Ziemer, glad you were
25 able to join us, thank you.

1 **DR. ZIEMER (by Telephone):** Good morning.
2 **DR. BRANCHE:** NIOSH staff by phone would you
3 please announce your names?
4 **DR. McKEEL:** This is Dan McKeel.
5 **DR. BRANCHE:** Dr. McKeel, thank you for
6 joining us.
7 Are there any NIOSH staff --
8 **MS. BURGOS (by Telephone):** Zaida Burgos.
9 **DR. BRANCHE:** Thank you.
10 ORAU staff participating who are in
11 the room, please announce your names.
12 **MS. THOMAS:** Elyse Thomas.
13 **DR. BRANCHE:** ORAU staff participating by
14 phone, would you please announce your names?
15 **MR. SIEBERT (by Telephone):** Scott Siebert.
16 **DR. BRANCHE:** SC&A staff who are in the
17 room, would you please announce your names?
18 **DR. MAURO:** John Mauro, SC&A.
19 **MR. MARSCHKE:** Steve Marschke.
20 **DR. ANIGSTEIN:** Bob Anigstein, SC&A.
21 **DR. BRANCHE:** SC&A staff participating by
22 phone, would you please announce your names?
23 (no response)
24 **DR. BRANCHE:** Other federal agency staff
25 would you please announce your names at this

1 time?

2 **MR. KOTSCH:** Jeff Kotsch, Department of

3 Labor.

4 **DR. BRANCHE:** Are there petitioners or their

5 representatives on the line who would like to

6 announce their names?

7 **MR. RAMSPOTT:** John Ramspott.

8 **DR. McKEEL:** This is Dan McKeel. I'm a

9 petitioner for GSI.

10 **DR. BRANCHE:** Thank you.

11 Are there any workers or their

12 representatives who would like to announce

13 their names?

14 (no response)

15 **DR. BRANCHE:** Are there any members of

16 Congress or their representatives who would

17 like to announce their names?

18 (no response)

19 **DR. BRANCHE:** Are there any others who are

20 participating by phone who would like to tell

21 us your names?

22 (no response)

23 **DR. BRANCHE:** Thank you very much. Just

24 before I hand it over to Ms. Munn I do ask

25 that those of you who are participating by

1 phone, if you could please mute your phones.
2 If you do not have a mute button, then please
3 the star-six key to mute your phones. When
4 you are ready to speak, then we ask that you
5 use star six to unmute your phone.
6 It is important that all of you
7 participating by phone mute your lines because
8 it does inhibit the quality of the line and
9 the ability of the participants by phone to
10 hear if you have not muted your phone. I
11 think you'd be surprised how much background
12 noise is picked up. For those of us who are
13 in the room if you could please mute or
14 silence your cell phones we would very much
15 appreciate that. Thank you very much.
16 Ms. Munn.
17 **INTRODUCTION BY CHAIR**
18 **MS. MUNN:** Welcome to all of you. I'm
19 assuming that all of you who need a copy of
20 our agenda, have it. Does anyone need an
21 agenda who does not have one in hand or on
22 screen? We have a couple here.
23 As you all know we have a pretty full
24 basket today. We're going to try to get
25 through all of it if we possibly can. Even

1 with this kind of load we still have
2 additional material that we're working with
3 that we do not even have listed here. So
4 we're going to have to keep our head down and
5 keep rolling. But I don't want to short-
6 change any of the discussions that need to
7 take place.
8 A number of things that we have on the
9 agenda are going to require a significant
10 amount of discussion around this table and
11 with our Board members who are on line. So
12 please be prepared to step in with any
13 additional information that needs to be
14 addressed at this specific time forward.
15 **SUMMARY STATUS AND FUTURE TRACKING EXPECTATIONS**
16 Having said that the first item that
17 we have on our agenda today is a brand new
18 one. As most of you know, Nancy Adams has
19 been waiting in the wings for an opportunity
20 to step in and give us the kind of hand that
21 we need to help coordinate some of the loose
22 ends that sort of dangle out at the edges
23 especially when we transfer activities from
24 one working group to another working group or
25 to and from the Subcommittee.

1 Nancy's first effort was one that I
2 appreciate very much. She's taken a look at
3 our existing database and has put together a
4 summation of the, pure numbers, that appear as
5 a result from that database. I think it helps
6 any time for us to be aware of where we are in
7 terms of the material that we have yet to do
8 and get a little reassurance from what we have
9 actually already closed.
10 Without further ado, Nancy, if you'd
11 like to provide us with your review of an
12 overview of the summary, where we are right
13 now, we'd certainly appreciate it.
14 **MS. ADAMS:** Thank you, Wanda.
15 I hope I have enough copies here, but
16 I want to pass this out. This is just a
17 little spreadsheet that I put together after
18 going through the database that SC&A developed
19 for this particular work group.
20 My thought process with this was to
21 try to look at how many records are in the
22 database. What's open. What's closed. And
23 to categorize things by the categories that
24 were already created and exist in the
25 database. So that's open, open-in progress,

1 in abeyance, addressed in finding, transferred
2 and closed. And down at the bottom, as I
3 understand it, these are the definitions of
4 those titles or those statuses.
5 **MS. MUNN:** We might take a moment to look at
6 those and verify that the information that
7 Nancy has here is in fact our understanding of
8 what those terms mean. Because that's key to
9 her breakdown of information here.
10 **MS. ADAMS:** So open would mean there's been
11 no meeting discussion on the item on the
12 finding. Open-in progress says that there's
13 some meeting discussion has started, but there
14 is more work that needs to be done on that
15 finding. In abeyance means the finding has
16 been addressed but resolution is that NIOSH
17 will change the procedure. But it's my
18 understanding from the Board's perspective
19 that in abeyance is considered closed.
20 Addressed in finding means that
21 there's multiple findings in a procedure, and
22 all the findings are affected by a correction
23 of the first. Transferred means that an issue
24 came up, and it got -- and I guess there is
25 some discussion about changing this

1 terminology to exported or imported because
2 that issue would go to some other work group
3 for resolution or development. And then
4 perhaps return or not return and get concluded
5 wherever it goes.
6 **MS. MUNN:** From memory only I believe we did
7 discuss that at our last meeting. Is that the
8 memory of others as well?
9 Steve?
10 **MR. MARSCHKE:** Well, I think we did discuss
11 it, yes, Wanda. But I also know that the
12 database program now has another class called
13 imported where there are currently no findings
14 under the imported class, but there's another
15 class out there which is available for those
16 findings which are imported to the Procedures
17 working group from other working groups I
18 guess. So there is an additional status, if
19 you will, that a finding can have.
20 I did have some concern as to how to
21 use that term, imported, because really it
22 doesn't really give you much information as to
23 the status of whatever that finding is,
24 whether it was open or closed. But it is out
25 there, and it's in the database. And you can

1 set a finding as being imported. So we have
2 basically, we have transferred means
3 transferred out. Like you have a transfer
4 here means more or less it's been transferred
5 out of the Procedures working group. Imported
6 means it's been transferred, it's been brought
7 into the working group from another group.
8 **MS. MUNN:** So I was thinking of transferred
9 as having subsets, imported and exported. And
10 you're saying that your understanding now is
11 that transferred means exported, and that we
12 already have established the new category of
13 imported.
14 **MR. MARSCHKE:** That's the way the database
15 is set up. Right now on the O drive I believe
16 you have these seven status classes to choose
17 from. We can always change that if we want to
18 change it. But, yes, there's a separate class
19 for imported in and a transferred out.
20 **MS. MUNN:** Transferred as you understand it
21 now means exported.
22 **MR. MARSCHKE:** Exported to some place else
23 meaning another working group or like a, I
24 think one we always use as an example is the
25 inhalation problem where a white paper is

1 going to be evolved which is going to really
2 address all the concerns.
3 **MS. MUNN:** So we don't have Kathy online
4 today, do we?
5 **DR. BRANCHE:** Ms. Behling, are you on the
6 line?
7 (no response)
8 **MS. MUNN:** No, so we're going to have to, I
9 guess it would be my preference that before we
10 make an absolute change to your notations
11 here, Nancy, perhaps we should check
12 specifically with Nancy (sic) and perhaps even
13 check with our own minutes to see what our
14 discussion was at the last time we went
15 through this.
16 Because clearly we have the sense of
17 what's going on, but it seems to me that
18 Steve's saying something a little bit
19 different than what I had in mind and possibly
20 transferred perhaps does need to be changed in
21 its terminology. But we'll, if Nancy, if you
22 would check with Kathy specifically on that so
23 that we could get an e-mail clarifying it?
24 **MS. ADAMS:** Sure.
25 **MS. MUNN:** I'd appreciate it.

1 **MR. GRIFFON (by Telephone):** Wanda, this is
2 Mark.
3 **MS. MUNN:** Hi, Mark.
4 **MR. GRIFFON (by Telephone):** I just wondered
5 how we have used -- I'm trying to pull the
6 database up right now, but the difference
7 between in abeyance versus closed. If I heard
8 Nancy correctly, we are interpreting in
9 abeyance as closed? I don't quite follow
10 that.
11 **MS. ADAMS:** From my discussion with Kathy,
12 in abeyance is kind of in a holding pattern.
13 But from the Board's decision-making status
14 it's closed. It's not closed in the database
15 is how I understood it.
16 **MR. MARSCHKE:** The issues that the finding
17 raised, have been resolved. It's just that
18 they have not, the procedure or the document
19 that has not been changed to reflect that
20 resolution at this particular time. That's
21 the category that goes into abeyance.
22 **MS. MUNN:** And our previous discussion was
23 this is one of the things that's hanging out
24 in leftfield that we do not currently have a
25 process for tracking, and that we were hoping

1 that would be one of Nancy's tasks. To follow
2 the in abeyance activities to assure that
3 closure actually comes about by way of
4 documentation in the appropriate procedure
5 that had been culled out.
6 **DR. MAURO:** As I understand it from our
7 previous meetings, once the working group
8 decides, yes, this particular issue is going
9 to be assigned a designation, in abeyance,
10 that's a very important step. Because it
11 means previous to that there has been
12 discussion, perhaps an exchange of white
13 papers, and we're sitting around the room, and
14 we all say, yes, we agree that the strategy as
15 proposed by NIOSH is scientifically valid,
16 claimant favorable.
17 And therefore, at this point in time
18 the only thing that remains is that, of
19 course, at some point in the process, which is
20 convenient to NIOSH as appropriate, that
21 procedure, that OTIB, will be revised. Now I
22 think what's left on the table really is up to
23 the working group whether or not that is the
24 end of the process as far as the working group
25 goes because it may take some time before

1 NIOSH gets to that revision or maybe not.
2 But if the working group decides, no,
3 we're going to leave it open; we're going to
4 leave it in abeyance until we actually see the
5 revised Rev. 2, Rev. 3 of the OTIB, give the
6 working group a chance to read it and see if,
7 in fact, it has been revised in accordance
8 with the white papers, any discussions, all of
9 which should be in the archive now on the
10 database, all of that history, and if so,
11 judged by the working group, perhaps with the
12 assistance of SC&A. At that point the working
13 group will say, okay, we believe that OTIB has
14 been appropriately revised, and we now will
15 close. And then the working group will direct
16 SC&A and NIOSH to change that little box from
17 abeyance to closed.
18 That was the concept. The only thing
19 I'd like to put on the table is we may very
20 well find ourselves in a place where we have a
21 whole long list of in abeyances because it's a
22 long process to revise an OTIB. And whether
23 or not the working group wants to consider
24 that for all intents and purposes closed or
25 let's just leave it calling it that, in

1 abeyance, that's really your call, how you'd
2 like to manage that information.
3 **MS. MUNN:** Well, I'll invoke the Chair's
4 prerogative and say from my perspective, and
5 it's the one I hope we will follow, that we
6 will continue to view that in abeyance list as
7 a task that Nancy's going to undertake for us.
8 That she will track in abeyance as she has
9 tracked this summary of all procedures here
10 and will regularly provide for us as we need
11 it a track of where we are with in abeyance
12 procedures.
13 As closure comes to pass, she would be
14 the person who would be aware that the change
15 that has been awaited is now before us to see.
16 And with that step in mind my concern over the
17 thread that was hanging out there will be
18 resolved. If that's a process that seems
19 feasible to everyone here, then I would like
20 to suggest that we follow that.
21 Does that meet your concern, Mark?
22 **MR. GRIFFON (by Telephone):** Yeah, I guess I
23 just, I'm concerned that we use this term, in
24 abeyance, cautiously because, I mean, my
25 experience is that oftentimes we don't, we're

1 very generic in terms of what is going to be
2 done to address a finding. And if you're very
3 generic, how is one going to determine -- I
4 mean, if we have a very specific thing in the
5 resolution that says this is how we're going
6 to resolve the problem in the future TIB,
7 that's one thing. There I could say, fine, we
8 don't need to see the result, the next version
9 of the TIB.
10 But if we have a response that NIOSH
11 is going to address this in the rewrite of the
12 TIB, that's a very different thing because we
13 don't know how they're going to address it;
14 and therefore, we don't know if it's
15 technically adequate. So I think there's a
16 fine line between open-in progress and in
17 abeyance. As long as it's a definitive
18 resolution in the work group, then I agree we
19 don't have to wait to see the final reprinted
20 version in the TIB. But I guess that would be
21 my only concern.
22 **MS. MUNN:** Nancy's tracking of the in
23 abeyance can very easily identify what we're
24 waiting for. What the in abeyance is. And
25 that should make it easier for us on a regular

1 basis to see what we're waiting for and what
2 progress is being made.
3 **MS. ADAMS:** That's absolutely correct
4 assuming that whoever is putting data into --
5 and please, bear with me here since I'm the
6 new kid on the block -- that the data that's
7 going into this database is coming from
8 somewhere where the notes are being taken such
9 that you can delineate what that exact issue
10 is. So when you go back through the detail
11 report, and you look at the recommendations
12 from the work group, it just doesn't have a
13 generic phrase in there that says NIOSH is
14 going to fix this.
15 **DR. ZIEMER (by Telephone):** Wanda?
16 **MS. MUNN:** When you see that, that's part of
17 the thing that goes on your list. I don't
18 know what you're expecting here needs to be on
19 the list. And that's our job then to make you
20 aware of that.
21 **MS. MUNN:** Yes, was that you, Paul?
22 **DR. ZIEMER (by Telephone):** Yes, I just
23 wanted to indicate I share Mark's concerns. I
24 think if Nancy tracks this properly, we can
25 differentiate between those two cases. But

1 certainly we want to be able to periodically
2 review the status of the in abeyance items and
3 make sure that what is supposed to happen does
4 happen.
5 **MS. MUNN:** I think we'll try that for next
6 time, Nancy. And at that time you'll be able
7 to identify any in abeyance items that do not
8 have clear delineation as to what action is
9 expected. If we try to make sure we get off
10 to a good start with this particular tracking
11 system, then perhaps it will just become
12 second nature to us to make sure that it goes
13 onto the archive record appropriately.
14 **MR. MARSCHKE:** Wanda?
15 **MS. MUNN:** Yes.
16 **MR. MARSCHKE:** Right now the way actually
17 we've been operating the database is that we
18 do not really change, we don't make any
19 unilateral changes to the status box.
20 Everything basically, we wait for the Board's
21 okay before we make any changes to the status
22 box. And so in that case, I mean, everything
23 that is in abeyance we would have to wait for
24 the Board, or not the Board but the working
25 group, to tell us that, okay, it meets our

1 standard; it meets the resolution before we
2 change it from in abeyance to closed.
3 **MS. MUNN:** That's my expectation, Steve. I
4 would expect that to continue.
5 **MR. MARSCHKE:** Yes, and so you will have, I
6 mean, the working group will have another shot
7 at looking at any resolutions that are
8 proposed for in abeyance findings to make sure
9 that you agree that they do, in fact, address
10 the finding, and the finding is, in fact,
11 closed.
12 **MS. MUNN:** I believe that philosophy was the
13 sense of the group at the time we set up the
14 database.
15 I'm sorry. Back to you, Nancy.
16 **MS. ADAMS:** So this spreadsheet basically
17 takes the six dates that findings were
18 submitted and then spreads out what the status
19 of those total findings are. So for the
20 findings that are dated the 17th of January,
21 2005, according to the database there are a
22 total of 182 findings.
23 Currently, 29 of those are open, which
24 means according to this definition, that
25 there's been no meeting discussion on 29 of

1 those 182 findings. There are none in
2 progress. There are 54 in abeyance. One has
3 been transferred and 98 are closed.
4 **MR. MARSCHKE:** The 29 that are open are the
5 29 that were associated with PROC 4, 5 and 17,
6 and that got transferred to PROC-0090. So
7 it's a little bit, I don't know if they --
8 let's see -- so right now all of the 29 are
9 all findings associated with PROC-0090, and
10 they all got transferred into PROC-0090 from
11 four, five and 17. Those were the ones that
12 were reviewed.
13 **MS. MUNN:** And we have cleared PROC-0090,
14 have we not?
15 **MR. HINNEFELD:** No.
16 **DR. MAURO:** No, it's an open item.
17 **MS. MUNN:** It's still an open item.
18 **DR. MAURO:** That's one of the CATI ones that
19 are on your agenda.
20 **MR. HINNEFELD:** Yeah, it's the CATI
21 procedure.
22 **MS. MUNN:** So what I think I'm hearing from
23 Steve is that we actually don't have 29 open
24 items. We have 29 exported items.
25 **MS. ADAMS:** What about PROC-0006, which is

1 open?

2 **MR. MARSCHKE:** I didn't find PROC-0006. I
3 didn't find a PROC-0006. I think it was four,
4 five and 17.

5 **DR. MAURO:** In theory it should all be on
6 the system. In other words right now the
7 matrix is fully loaded, and it's all, in
8 effect, what we're looking at is a boil-down
9 of 400-and-something findings, sorted and
10 boiled down so that we can get a bird's eye
11 view. If there are any questions related to
12 how we boiled it down, it should be on the
13 matrix.

14 I don't know whether or not we have
15 access to the matrix to see where six is. So
16 in theory if there are any questions about
17 whether or not this is a faithful
18 representation of what's in the big database
19 that's, you can always go back to the
20 database.

21 **MS. MUNN:** Right, and that's, I guess I
22 would ask that you make note of that item,
23 Nancy, and that you and Stu take a look at
24 that to see if it is appropriately an export
25 item rather than --

1 **MR. HINNEFELD:** It's not. There aren't any
2 on PROC-0006 from the January '05 review.
3 There aren't any on PROC-0006 that are open
4 according to the database. There's one in
5 abeyance.
6 **MS. ADAMS:** Maybe this item got changed with
7 that update.
8 **MR. HINNEFELD:** Well, when did you look?
9 Because this is about 11 days old. The ^ is
10 about 11 days old. As far as I know, nothing
11 else has been added. This is after we added
12 the information I sent to you, and so as far
13 as I know, nothing's been added. Maybe it was
14 changed at that point.
15 **MS. ADAMS:** This report that I'm looking at
16 that's got the page on the PROC-0006 item is
17 from the old, the 3/10 update.
18 **MR. HINNEFELD:** Okay, it's been changed
19 since then.
20 **MS. ADAMS:** But then somebody has changed
21 the status of an item that occurred without
22 this Board or without this work group making
23 the change.
24 **MR. HINNEFELD:** Well, it could be an
25 incorrect initial assignment. It could be

1 they realized that they had picked the wrong
2 button. Because I noticed on the agenda, this
3 procedure has been reviewed again later.
4 PROC-0006, Rev. 1 has also been reviewed. So
5 I would not think that there'd be anything
6 hanging out open for PROC-0006, Rev. 0 when
7 PROC-0006, Rev. 1 has been reviewed as well.
8 **MS. THOMAS:** Well, we can look at this.
9 **MS. ADAMS:** Anyway so you go down for each
10 of these items, each of the finding dates of
11 what was submitted. You can see across the
12 spreadsheet what the status of things are. So
13 in total there's 238 items that are open or 51
14 percent of the findings. And 143 have been
15 closed or 30 percent of the findings. And
16 then you've got the 20 percent that's hanging
17 in the middle.
18 **MS. MUNN:** From my perspective this is an
19 excellent overview and a good thing for us to
20 be doing on a fairly regular basis. We've
21 identified about three things that need to be
22 worked out, little glitches that we need to
23 come to some closure on in order to begin to
24 put very much weight on the numbers as they
25 exist here. Hopefully, we'll be able to do

1 that without too much difficulty.

2 **MS. ADAMS:** In trying to become familiar
3 with this database there's a little piece of
4 information between the totals and the
5 definitions at the bottom that talks about
6 priority identified in the database. And this
7 was in the abeyance piece. It looks as though
8 during the submissions of the findings
9 associated with January 2005, there was some
10 attempt made to rank low, medium or high the
11 priority of those in abeyance items.

12 So where I could find it, that's what
13 that is. So these all only relate to January
14 17th, but in that set there was only one
15 identified as a high priority, ten as medium
16 and 17 low. And then 39 of those 54 didn't
17 have any identification as to priority at all.
18 So I don't know if that's important,
19 unimportant, but it's just another piece of
20 information for you.

21 **MS. MUNN:** Thank you, Nancy. We felt that
22 it was important the reason being that there
23 was such a large number of findings there that
24 we felt it was necessary to prioritize what we
25 were going to be looking at, otherwise there

1 was no logical way to address them. If many
2 of the findings were of relatively low impact
3 and not likely to affect the outcome of any
4 cases that had been observed up to that time,
5 then we felt that it was a judicious use of
6 our time to address the large, more
7 contentious issues on a priority basis.
8 That's why you saw those ratings.
9 We have perhaps not been as effective
10 in a mechanical way in doing that with our
11 later activities, but as a practical matter we
12 have found it necessary to address more
13 pressing items ahead of items that were deemed
14 to be more routine. So, yes, that is good
15 information and perhaps we may want to do a
16 better job of documenting our assessment of
17 those priorities for some of the later
18 datasets that we have as well. But for the
19 time being thank you for that. It is helpful
20 certainly.
21 **MS. ADAMS:** The two items that, based on my
22 review of the database that I think might be
23 advantageous from a tracking perspective that
24 currently aren't available, are there's no
25 closed date field in the database for each

1 item. So if you wanted to track over time,
2 you have to physically go back in the detail
3 report for every single record and see what
4 the last meeting date was and determine if
5 it's closed. And that's a tremendous burden
6 when a computer could do that quickly for you
7 if you entered a closed date.
8 And the other that just became obvious
9 after the database was updated just a few days
10 ago is that there's no way to filter for what
11 items were updated. So again, you would have
12 to go back through, manually look at all of
13 the detail reports to see what was physically
14 updated in order to figure out what in the
15 database changed. So to be able to filter on
16 latest records updated would be extremely
17 beneficial.
18 **MR. MARSCHKE:** We can make those changes if
19 that's what the working group wants us to do.
20 We can implement those two.
21 **MS. MUNN:** Certainly the closed date would
22 seem to be a no brainer.
23 **MR. MARSCHKE:** What I would recommend on the
24 data is I would recommend that we put a date
25 associated with the status. Whatever the

1 status is whether it's open, closed or
2 whatever it is, we have a date associated with
3 that status which basically you can then look
4 at and see when that status was set.
5 **DR. ZIEMER (by Telephone):** Steven, is that
6 the most recent time the status changed? Is
7 that what you're saying?
8 **MR. MARSCHKE:** That's what I'm saying, yes.
9 **DR. ZIEMER (by Telephone):** Yeah, that makes
10 sense.
11 **MS. MUNN:** But don't we already have, we
12 already have, we date every entry on the
13 database.
14 **MR. MARSCHKE:** But we don't have it as a
15 separate field associated with the status so
16 you can't really sort on it.
17 **MS. MUNN:** Okay, so it's dated, but we don't
18 have it in a database field.
19 **MR. MARSCHKE:** Yeah, when we basically, like
20 when we had this working group meeting today,
21 if we talk about specific findings, we will go
22 and we will add a sub-record to each finding
23 and say, okay, we talked about this finding at
24 this date, and maybe we changed the status.
25 That will be kind of down in the discussion,

1 and John says the history of the finding and
2 not, you won't be able to specifically sort on
3 it when you're looking for when was these
4 things closed.
5 **DR. MAURO:** What I'm hearing is though the
6 record itself, the big record itself, is
7 embedded in, every meeting we have, in this
8 meeting, whatever we talked about, whatever
9 white papers, whatever direction we give,
10 whatever decisions are made will be in there.
11 But what I'm hearing is, in other
12 words there are certain parameters that we
13 like to roll up on. For example, I'm hearing
14 that you'd like to be able to, just like you
15 rolled up on some of this, you'd like to roll
16 and say, okay, what was the date when, for
17 every item, which one was changed, the date of
18 the most recent change.
19 I guess that's what I'm hearing. We
20 have 400-and-something findings all together,
21 we roll them all up in that order. And what
22 I'm hearing is you'd like to know out of the
23 400 findings, in other words you could have
24 the status of each and every finding if you
25 wanted that, but what I'm hearing is you'd

1 like to have another column in the roll-up
2 sort of the date when that particular finding
3 was changed from its previous status to its
4 current status. Is that what I'm hearing?
5 **MS. MUNN:** I believe that's true.
6 Stu?
7 **MR. HINNEFELD:** For utility I would offer
8 that rather than a status change date, you'd
9 want the latest entry date. Because, for
10 instance, we would write an initial response.
11 When there's a finding and we've not written
12 an initial response, we write an initial
13 response and put it in the database. Then
14 find that, well, we could notify everybody new
15 information has been added to this finding in
16 the details page. I mean, that's one way. Or
17 if you had a date updated, you, people from
18 members of your staff, could look for what's
19 been changed in the last week, has NIOSH put
20 anything in the last week. Similarly, if you
21 entered additional information, for instance,
22 we provide an initial response. We have a
23 meeting. You say, well, what about this. You
24 provide additional information on some date.
25 Then we could then see, if we knew the date

1 entered, we could see, okay, you have added
2 additional information and start working on
3 that. So to me the status date we can
4 certainly capture and do that, but that won't
5 complete -- what Nancy said to me was
6 difficult because I've not really looked that
7 much, the difficulty being if you've got an
8 old version and a new version, how do you know
9 what's changed? How do you know what's
10 changed over time? So I think the date of
11 entry kind of thing would be better.
12 **MR. MARSCHKE:** Well, the last change date is
13 in there.
14 **MR. HINNEFELD:** It's in the database.
15 **MR. MARSCHKE:** You just can't sort on it.
16 So basically you keep, but you don't know what
17 changed on that. You know that the record,
18 the information on that finding has changed.
19 You don't know what specifically was changed,
20 that's true. But you can go and look then you
21 see --
22 **MR. HINNEFELD:** It allows you a limited
23 number of findings. If I'm going to see do I
24 have something that updated I should respond
25 to, read and consider whatever it is what my

1 action would be. It allows you then to be
2 able to find them electronically. The other
3 option would be for us to religiously, when
4 something is entered, notify the work group
5 members and then each person notified would
6 need to keep a record of the notifications
7 they received so when they get time to look,
8 they'd be able to look. Either way you've
9 kind of got to keep a record of when you look
10 at the database. Even if you have the latest
11 update dates, you have to keep a record of
12 when you look so you know what to look back
13 to, what dates to look back to when you look
14 at the change.
15 **DR. BRANCHE:** Excuse me. I ask that
16 whoever, the people on the line would you
17 please mute your phones? Thank you.
18 **MS. BEHLING (by Telephone):** This is Kathy
19 Behling. I joined you.
20 John, I'm on the line. I apologize.
21 I'm on the phone in the car. I don't know if
22 I can contribute anything or not.
23 **DR. MAURO:** Kathy, thanks for joining in.
24 I'm glad that you're able to join us.
25 **MS. MUNN:** And we're sure you can

1 contribute. There's no question. I think --
2 I'm repeating what John said earlier. I
3 believe that what I'm hearing is the
4 information that we need is in the database.
5 It is just not there in a method whereby we
6 can sort on it.
7 **MR. HINNEFELD:** I believe that's the case.
8 **MS. MUNN:** Because I know we were very clear
9 at the time we were asking that this be set
10 up. And I know Kathy was very perceptive in
11 suggesting from the outset that everything
12 that goes in has a date attached to it so that
13 we would know when this occurred. So I know
14 that the date's there, but what we're hearing
15 is we can't sort by it.
16 And not being a database manager and
17 software being a long way from my strong suit,
18 there's no way that I can identify how complex
19 that might be.
20 Kathy, can you help us?
21 **MS. BEHLING (by Telephone):** I'm sorry. I'm
22 not hearing very well, but I assume it has to
23 do with the fact that you're trying to ensure
24 that you know the date when everything has
25 been entered?

1 **MS. MUNN:** No, we're trying to make sure
2 that we can sort. Two things, we need to be
3 able to sort, we need to see the date that
4 closure occurred, and we need to be able to
5 sort on the date, on the most recent date of
6 changes to each of the outstanding items.
7 **MS. BEHLING (by Telephone):** Okay. Well,
8 currently in the filter screen there is a
9 field that says updated on. And this may not
10 be as precise as you want it to be, but let's
11 say we put in January 1st, 2008. Everything
12 that was changed from that date on, those
13 records will show up when you hit enter on
14 that filter screen. But it sounds like you
15 want something a little bit more precise than
16 that.
17 **DR. MAURO:** Let me jump in. I think we're
18 at a good place. Let me explain how I see
19 this. Where we are is that we created a
20 database that contains all the information we
21 want. The problem is it's big. It's hundreds
22 and hundreds of pages and everything is in
23 there. And really the service it provides is
24 a great archive.
25 But now we've got to make it

1 functional so that when we sit around the
2 table like this and someone says, okay, when
3 was the last time, let's get a listing of the
4 last time every one of our findings have been
5 updated. In other words we want to pose
6 questions to it so that what we're really
7 asking now is almost like metadata. That is,
8 all the data's there, but we want the
9 wherewithal to be able to pull out --
10 **MS. BEHLING (by Telephone):** Okay.
11 **DR. MAURO:** And one of the things that
12 became apparent was that it will be really
13 nice to say we have to go in and say for any
14 given procedure, for any given item that has
15 been, let's say, changed, that is new
16 information was added --
17 **MS. BEHLING (by Telephone):** Okay.
18 **DR. MAURO:** -- we'd like to know the last
19 date that that issue was changed or the
20 database was changed.
21 **MS. BEHLING (by Telephone):** I believe that
22 we have everything in place to be able to do
23 that because I know we have a date associated,
24 as Wanda just said earlier, we have a date
25 associated with everything. If there's an

1 SC&A update, there's a date that says that was
2 updated. So we just have to be able to sort
3 on that and add that as a sort into our filter
4 screen. So that's not a problem. I believe
5 everything exists, everything in the database
6 is already there and exists. It's just adding
7 some filtering to our filter screen.
8 **MS. MUNN:** You just confirmed what I
9 believed to be the case, Kathy. That's good.
10 If we can in fact do that, then we're in good
11 shape.
12 **DR. MAURO:** In fact, where we are is as we
13 work with the database and have meetings such
14 as this, and the work group says, geez, it
15 would be really nice if we could do this. You
16 just let us know what it is, and the next day
17 it will be done.
18 **MS. BEHLING (by Telephone):** And I don't
19 think it will be any major changes because I
20 think everything already exists. We simply
21 have to put something in to sort on it.
22 That's easy.
23 **MS. MUNN:** Good. If we can see that that
24 gets done, I think the general consensus here
25 is we need to do that.

1 **MS. BEHLING (by Telephone):** Okay. The only
2 other thing that I believe Nancy Adams has
3 requested, and I think this is a very good
4 request, is once an item is closed, let's have
5 a closed date. And so I don't know if you've
6 had any discussion on this, but I think that
7 might be a field that we need to add and that
8 is a good field that doesn't currently exist.
9 And we can easily do that also.

10 **MS. MUNN:** That's where we started, and
11 that's what we want to have happen.

12 **MS. BEHLING (by Telephone):** Okay.

13 **MS. MUNN:** Thank you very much.

14 **MS. BEHLING (by Telephone):** Okay, very
15 good. I'm going to hang up here.

16 **MS. MUNN:** One other thing before you go,
17 Kathy. We discussed the issue of transferred
18 classification and whether or not we were
19 going to have input and outgo in the same
20 category or whether we were going to have
21 imported as one classification and exported as
22 a second classification rather than
23 transferred. Do you have any feelings about
24 that?

25 **MS. BEHLING (by Telephone):** Well, Don

1 Loomis and I have talked about that a little
2 bit too, and we have it transferred now
3 because a lot of what we do with Task Three is
4 simply transferring within Task Three to like
5 global issues and that type of thing. But we
6 had also talked about saying exported to, so
7 we know when new databases are created where
8 it's going to go to.
9 And we can certainly think about that
10 and maybe make an additional, and export, and
11 transferred means when it's transferred within
12 that database, we'll use the word transferred.
13 And if it goes out of the database, we can use
14 the word exported possibly. That's something
15 you may want to consider.
16 **MS. MUNN:** Well, we've asked Nancy and Stu
17 to take a look at that and think about it a
18 little bit as well. So perhaps the three of
19 you might be involved in an offline discussion
20 and make some decisions as to how you think
21 that might best operate, as long as we have a
22 clear delineation of the difference somehow
23 that we can sort on the difference between
24 imports and exports --
25 **MS. BEHLING (by Telephone):** Okay, very

1 good.

2 **MS. MUNN:** -- the broader issue.

3 **MS. BEHLING (by Telephone):** All right.

4 I'll hang up here since I'm driving.

5 **MS. MUNN:** Thank you so much.

6 Are we okay, Nancy?

7 **MS. ADAMS:** I believe so.

8 **MS. MUNN:** I think we have the only real

9 issues that we have had identified so far we

10 covered.

11 **ACCESS DATABASE ISSUES AND STATUS**

12 If we're happy with that, let's go on

13 to the concerns that we were having with

14 respect to the ACCESS software and where we're

15 going with that.

16 **MR. HINNEFELD:** Our concern with ACCESS is

17 that it works well when everybody's using the

18 same computer system, and it will support

19 local users on the same system. But because

20 of computer security issues, we at ORAU do not

21 use the same computer system. There's a

22 firewall between and data gets replicated back

23 and forth routinely as we need, you know, the

24 information that we want to share with each

25 other gets replicated back and forth

1 routinely.
2 So because of that the ACCESS database
3 version that we see is replicated over our
4 side, it’s very important that we not write to
5 it because if we tried to do that, it would
6 write over or corrupt other information. It
7 could do it on the other side. So when it
8 comes over to our side, we only see, we get a
9 read-only. And we can sort. We can do all
10 that stuff, but we can read-only.
11 Our technical support team folks said,
12 listen, we can change this and put it on a SQL
13 engine, which is a different database language
14 that Don Loomis is very familiar with. If we
15 put it on a SQL platform, SQL will take care
16 of it and will allow all updates to come from
17 multiple locations and write back. And this
18 is what my TFD guy told me. I don’t know any
19 better.
20 So what we would like to do is to put
21 this database in a SQL format, and in fact, we
22 have a document review application that we
23 think is malleable or can be made to look a
24 lot like this and serve this function. It
25 would allow us to write directly so we could

1 make our entries directly into the database as
2 well as anybody who has rights, writes on the
3 ORAU side or at SC&A or Board members.
4 Anybody with write authority could
5 then write to it from their own system. This
6 latest round when we sent updates to be added,
7 we sent them over to Steve, and Steve put them
8 in the database for us. That's how our
9 information got added. We can do that but it
10 gets pretty cumbersome, especially if we start
11 expanding this to more and more databases.
12 More and more if we get other work
13 groups using this, if we have global issues
14 database and things like that, it will really,
15 really get difficult to keep track. So our
16 view is that it's preferable to have the
17 additional databases built in SQL, change this
18 one to SQL and have it essentially look and
19 act the same and proceed at pace with that.
20 Now, our technical support team is in
21 conversation with Don Loomis at SC&A. I think
22 Don knows SQL really well and thinks, okay,
23 he's willing to go along and do his part in
24 that. And he had just today, I guess, or last
25 night had shared with Don what we had so far

1 on our document, the way our document review
2 database looks now so that he can, but we know
3 there are additional things that have to be
4 done in order to accommodate this.
5 Because right now it's been for our
6 internal stuff, and we would intend to
7 continue to use it for our internal documents,
8 like the ORAU documents, so that's stuff that
9 never really gets published. But if we can
10 use the same system, the same engine and just
11 have certain parts that are broadly available
12 to the Board and SC&A on the O drive on the
13 ORAU system and that we could use as well.
14 So that's our intent or that is our
15 hope. And I know that Don Loomis at SC&A and
16 Leroy Turner on our staff are in conversation
17 about seeing what we can do about getting this
18 done. The first item would be a SQL version
19 of this database so essentially it looks the
20 same and does the same. That would be the
21 first step.
22 **MS. MUNN:** Is there any barrier either
23 procedural or legal that is in the way of our
24 making that change?
25 **MR. HINNEFELD:** I don't believe so. I guess

1 Don, if he’s familiar with SQL, there must be
2 a license for it on the SC&A side. Our
3 license covers all the other users. So I
4 don’t know what other barrier could possibly
5 be. And if you don’t have a license I guess
6 it would be a reimbursable expense.
7 **DR. MAURO:** It makes sense that this
8 becomes, if this is going to become
9 institutionalized across the board, it should
10 be a NIOSH server product whereby through
11 NIOSH and its controls contractors, whether
12 it’s SC&A or some future contractor, can also
13 learn, access it in accordance with
14 appropriate protocols loaded.
15 **MS. MUNN:** Absolutely.
16 **DR. MAURO:** So this should not be SC&A’s.
17 **MS. MUNN:** No.
18 **DR. MAURO:** We have to move this out, and it
19 should be NIOSH’s. And I have no doubt in my
20 mind, just like we have access to the O drive,
21 and we can download information. This will be
22 a little different because now we’d actually
23 be writing to some dataset within your system.
24 But I believe you’d probably have to control
25 it so that we are limited only to that

1 function within the system. This is the way
2 it has to go.
3 **MR. ELLIOTT:** Thank you, John, I echo your
4 comments. And I would also add to them that
5 as each of the other working groups evaluates
6 the utility of this database you created for
7 your working group, Leroy Turner and our
8 technical support team can modify in SQL the
9 application for a given work group to their
10 desires. So I think that's an important
11 valuable aspect of NIOSH taking this over.
12 Because you're going to have, I suspect,
13 several working groups wanting to avail
14 themselves of this system, what they've done.
15 **MS. MUNN:** I anticipate that's in the wings
16 very shortly.
17 **MR. ELLIOTT:** And at some point in time as
18 we, in our IT security efforts within the
19 government become, we have to undergo
20 certification and accreditation of all of our
21 systems, and it's best if we use one platform,
22 one software platform system.
23 **MS. MUNN:** Paul, Mark, do either of you have
24 any comment in that regard?
25 **DR. ZIEMER (by Telephone):** This is Ziemer.

1 I think it makes sense, and I think that's the
2 direction we should go.
3 **MR. GRIFFON (by Telephone):** Yeah, I agree.
4 It makes sense.
5 Hey, Wanda, another question. I'm
6 looking on the O drive for this database, the
7 existing one. Can you help me out where it's
8 located?
9 **MS. MUNN:** I can't, perhaps Stu can.
10 **MR. HINNEFELD:** Is there an SCA Advisory
11 Board Review folder?
12 **MS. ADAMS:** The first folder, I think, is
13 the AB Document Review folder, and then the
14 second folder is SC&A Advisory Board. So you
15 click on that one, and then it'll say -- and
16 again, I'm just going from memory here -- but
17 I think it says SC&A Tracking Database.
18 **MR. GRIFFON (by Telephone):** Okay, I'm
19 getting a no access allowed to the SC&A
20 Advisory Board folder, that subfolder, for
21 some reason.
22 **MR. HINNEFELD:** Well, I'll see if I can get
23 it fixed today.
24 **MR. GRIFFON (by Telephone):** Yeah, all
25 right, thanks.

1 **MS. MUNN:** It sounds to me as though there's
2 consensus and doesn't seem to be any real
3 reason not to continue with the S-Q-L platform
4 for operating this database in the future.
5 Let's do it. Anything else in that regard?
6 (no response)

DRAFT OF SECRETARY TRANSMITTAL FOR
7 **SC&A FIRST SET REPORT**

8 **MS. MUNN:** If not, let's move to the next
9 Procedures agenda item, which is the
10 transmittal letter to the Secretary. I'm
11 assuming that everybody is quite happy with
12 the 20-page report that we've been trying for
13 the last month and a half to get transmitted
14 to the Secretary, and that there's no problem
15 with that. So what you have before you is my
16 suggested transmittal, which I sent to you day
17 before yesterday.
18 **DR. BRANCHE:** It's just one page, not 20,
19 right?
20 **MS. MUNN:** It's just one page. My
21 transmittal is one page. The SC&A report is -
22 - I'm just thumbing through my paper here. I
23 love to thumb through paper, but does anyone
24 have any concerns with that? I have not
25 received any comments or corrections. Is that

1 letter effectually saying what you feel needs
2 to be done to transmit that report?
3 **DR. ZIEMER (by Telephone):** Wanda, can you
4 hear me? Am I on mute?
5 **DR. BRANCHE:** No, we can hear you, John.
6 **MS. MUNN:** No, we can hear you, Paul.
7 **DR. ZIEMER (by Telephone):** I just got it
8 late yesterday so I didn't respond. What I
9 would like to do is add a sentence I think at
10 the beginning of the second paragraph, just
11 before you say in order to assure completeness
12 and scientific validity. I would like to add
13 the sentence, which is basically from the Act
14 itself that charges the Board with the
15 responsibility of scientific validity of the
16 work so that this basically is clear that
17 that's why we're doing this.
18 **MS. MUNN:** Sounds like a good idea.
19 **DR. ZIEMER (by Telephone):** If you would
20 agree as a friendly amendment that we add a
21 sentence which delineates the Board's
22 responsibility for assuring scientific
23 validity in the program. And then we'd say in
24 order to assure completeness, scientific
25 validity of procedures being used that we do

1 this. And also the only other point there we
2 may want to say procedures used by NIOSH and
3 its contractors or contractor.
4 **MS. MUNN:** May I request that you send me
5 both those items, or if there are more, that
6 you send them to be my e-mail? So that I can
7 incorporate it into the text of what we have.
8 **DR. ZIEMER (by Telephone):** And actually, I
9 don't know if I, since I'm in a remote
10 location and don't have access to my files,
11 I'm not even sure I, I'll see if I can pull
12 this material from what I have with me.
13 **MS. MUNN:** I don't think there's any reason
14 for us to rush with this, Paul, as long as we
15 know what your concerns are and what the
16 additions are that you would like to make.
17 **DR. ZIEMER (by Telephone):** Well, I'll be
18 back home at the end of the week.
19 **MS. MUNN:** The end of the week, certainly, I
20 don't think anyone on this group is going to
21 be concerned with that. In any case it's my
22 understanding that we have to have the full
23 Board's approval before this can go out. And
24 if that is the case, then we certainly need to
25 get anything that we're going to propose out

1 to the full Board within the next couple of
2 weeks so that they have plenty of opportunity
3 to raise any concerns they might have before
4 the full Board meeting. But I think we're
5 going to have to wait for the full Board to
6 get final approval to send anyway.
7 **MR. GRIFFON (by Telephone):** Wanda?
8 **MS. MUNN:** Yes.
9 **MR. GRIFFON (by Telephone):** One small
10 comment on the fourth paragraph. It says,
11 "After the Board's selection of a third
12 procedure," I think you mean a third set of
13 procedures --
14 **MS. MUNN:** Yes.
15 **MR. GRIFFON (by Telephone):** -- for review,
16 right?
17 **MS. MUNN:** Yes, I do.
18 **MR. GRIFFON (by Telephone):** Instead of a
19 third procedure.
20 **MS. MUNN:** Yes, I'll make that change right
21 now.
22 **MR. GRIFFON (by Telephone):** So I just
23 reworded that a little bit, third set of --
24 **MS. MUNN:** Set of procedures --
25 **MR. GRIFFON (by Telephone):** -- procedures

1 for review.

2 **MS. MUNN:** After the Board's selection of

3 the third set of procedures, it was observed,

4 et cetera.

5 **MR. GRIFFON (by Telephone):** Yeah.

6 **MS. MUNN:** Okay, got it.

7 **MR. GRIFFON (by Telephone):** And then the

8 attached 20-page report, do you know when --

9 I'm sure I have that, but can you tell me when

10 that was sent to us?

11 **MS. MUNN:** Yes, I certainly will. It was

12 sent out on the 30th of March. And actually,

13 it was handed out, a printed version of it was

14 handed out to everybody at the last full Board

15 meeting. So a hard copy was in-hand for

16 everybody. If you'd like me to re-send that

17 to you, I'll be glad to do that.

18 **MR. GRIFFON (by Telephone):** If I don't find

19 it, I'll let you know.

20 **MS. MUNN:** Good. Do.

21 Any other comments, additions,

22 subtractions, concerns?

23 (no response)

24 **MS. MUNN:** If not, I will await e-mail from

25 folks to make comments to make sure that we

1 have your suggestions in writing. I'll
2 incorporate them, send them back out again to
3 this working group for any final thoughts.
4 And barring none, I will see that the letter
5 is forwarded to the entire Board so that we
6 can ask for it to be an agenda item on our
7 next full Board meeting.
8 Any other concerns with regard to that
9 letter and that transmittal?
10 (no response)
11 **MS. MUNN:** If not, it's time for our break.
12 We're right on time. We will take a 15-minute
13 break.
14 Hold on just a moment. John?
15 **DR. MAURO:** Before we break, a real quick
16 question. There is this roll up table that
17 Nancy prepared. One of the things we didn't
18 talk about is this is probably something you'd
19 like to have automated. In other words,
20 Nancy, I guess you had to work real hard to
21 extract this information? Was it easy to pull
22 together?
23 **MS. ADAMS:** It wasn't so bad.
24 **DR. BRANCHE:** She's being nice. She had to
25 put some time into it.

1 **DR. MAURO:** All I'm saying is if the working
2 group feels that there's a certain cadre to
3 kicking off a meeting like this, we'd like to
4 get a bird's eye view of where we are, and it
5 may be a single page like this that will help
6 us understand where we are at this point in
7 time. My guess is you can just automate it
8 and just hit it and out it comes.
9 **DR. ANIGSTEIN:** Don Loomis can program
10 anything.
11 **DR. MAURO:** I know, I'm saying --
12 **DR. ANIGSTEIN:** So what I'm saying is he
13 would need to write some kind of a program or
14 routine into that, and you just hit a button,
15 and it would come out.
16 **DR. MAURO:** Right. I've seen Don do this.
17 The only reason I bring this up is that if it
18 turns out we want to really get into, let's
19 say, a process, an automated process, and we
20 all agree this is the way to get through this
21 thing, if there's a form that you'd like to
22 generate prior to every meeting so that we
23 could all have a bird's eye view of where we
24 are, you just let us know what you would like
25 that form to look like, such as this one, and

1 we could have that prepared in no time and
2 have it available. My guess is to get to this
3 it may not be as, I know I would have to take
4 a lot of time to do this. I'd have to work my
5 way through it. You could sort on the first
6 set, the second set, the third set. You could
7 roll them all up. In other words whatever the
8 working group feels would be a nice way to
9 roll things up so that we could all start from
10 the same corner, my guess is it's pretty easy.
11 I'm talking about less than a day's work to
12 write.

13 **MR. ELLIOTT:** I think here again, we would
14 say that NIOSH should make that kind of a user
15 need change. There's a series of reports
16 functions that could be added to the program
17 that our folks have off the shelf. So if this
18 is the kind of report you want automatically
19 spun out at your beck and call, that could be
20 accommodated.

21 **DR. BRANCHE:** This is Christine. The only
22 thing I would caution is that part of what
23 Nancy's trying to accomplish is some
24 uniformity across the work groups. So while
25 this suggestion is a good one, I would just

1 offer that if, once Nancy has a better sense
2 of, or has been able to accomplish some
3 unanimity across the work groups so that
4 whoever is going to spit out, can spit it out.
5 We're not doing 17 different versions. So I
6 just want to caution that that's what Nancy's
7 trying to accomplish.
8 **DR. MAURO:** Passing the baton to what Larry
9 said is very important. It looks like we're
10 real close. In other words instead of going
11 Don Loomis, it's over at NIOSH. And really,
12 we're there in the background to be part of
13 the functional team working with everyone, but
14 the driver from then on in terms of software
15 development and Board preparation, that will
16 all be NIOSH.
17 **MR. GRIFFON (by Telephone):** And Wanda,
18 before you take your break, can you e-mail me
19 that report? I can't seem to find it on March
20 30th.
21 **MS. MUNN:** I'll send it to you right away,
22 Mark.
23 **MR. GRIFFON (by Telephone):** Thank you.
24 **MS. MUNN:** You're most welcome.
25 And yes, I believe it was the intent

1 of the working group from the outset that
2 Nancy would accept this function and would be
3 doing this on a routine basis for us probably
4 in the future. How often? We don't know. At
5 every working group? Possibly. But that was,
6 I think the generalized expectation.
7 **MS. ADAMS:** And the other thing, too, is
8 these happen to be the categories that I pull
9 from the database. If there's stuff that's
10 not here because I don't know that it's
11 important or I don't know that it's of
12 interest, this is the mechanism to let me
13 know. And that when we devise whatever report
14 or reports there will be from this system that
15 all that information's available.
16 **DR. BRANCHE:** I would still suggest whatever
17 suggestions you have take them to the
18 respective work group chair so that that
19 person can have the final say over the
20 element. So if you could make those -- you
21 can copy Nancy, but it really does need to be
22 the work group chair who makes the final
23 decision.
24 **MS. MUNN:** That's what I anticipate we'll
25 do. Thank you. We'll be gone for 15 minutes.

1 **DR. BRANCHE:** We'll put the phone on mute.
2 (Whereupon, the working group meeting
3 recessed from 10:30 a.m. until 10:45 a.m.)
4 **DR. BRANCHE:** Ms. Munn is ready to start
5 again with the Procedures work group meeting.
6 Could someone please let me know that they can
7 hear what I just said?
8 **DR. ZIEMER (by Telephone):** This is Ziemer.
9 I'm hearing you loud and clear.
10 **DR. BRANCHE:** Thank you, Dr. Ziemer.
11 Ms. Munn, it's all yours.
12 **DISCUSSION OF PROCEDURE TRACKING DATABASE EXCHANGE**
13 **MS. MUNN:** As most of you know there's been
14 an exchange of e-mails recently with respect
15 to the database and some changes that have
16 been made.
17 Stu, do you and Steve want to see
18 where we can go from here?
19 **MR. HINNEFELD:** Yeah, this could be pretty
20 short because I think we agree. We originally
21 -- I think actually ORAU in viewing the
22 statuses on some of the findings felt like
23 there were certain ones that could be listed
24 as closed because the action had been taken
25 care of or the database says no further

1 action.

2 So I gathered those and sent those

3 over to, I sent those to the work group and to

4 some of the SC&A principals. Steve Marschke

5 then responded and agreed with some of them

6 and said, well, no, we don't agree on these

7 others because this. And I agreed with

8 Steve's response on the argument with what he

9 said. So we can go through those and talk

10 about the status changes if you want.

11 **MS. MUNN:** I think for the record it would

12 be a good thing to do simply because the last

13 e-mail that I had indicated that there were

14 some differences.

15 **MR. MARSCHKE:** I have handouts if somebody -

16 - of the response that I put together. I

17 don't think I have enough for the whole group.

18 **DR. BRANCHE:** Can we make copies?

19 **MR. HINNEFELD:** I don't need it. I've got

20 it electronically.

21 **MS. MUNN:** Yeah, I don't need it either.

22 **MR. MARSCHKE:** If somebody needs one,

23 they're here.

24 **DR. BRANCHE:** What about Dr. Ziemer and Mr.

25 Griffon? Do they have it electronically?

1 **MS. MUNN:** They have it electronically, I
2 believe.
3 **DR. ZIEMER (by Telephone):** Was this within
4 the last day or so?
5 **MS. MUNN:** Yes. This was, the dates of the
6 e-mails were -- hold on just a moment --
7 **DR. BRANCHE:** It's an e-mail from Wanda that
8 she sent on --
9 **MS. MUNN:** -- the 16th, I believe, I sent
10 out, yes, on the 16th.
11 **DR. BRANCHE:** I have actually it's an
12 attachment to two different e-mails, one from
13 Stu on May 9th, and then Steve on the 18th.
14 And then you forwarded it to me and several
15 others on the 18th is what I have from Wanda.
16 **MR. HINNEFELD:** Steve's response includes my
17 initial, submittal of the language from my
18 initial submittal. So if you find Steve's
19 response, you don't need to find mine.
20 **DR. BRANCHE:** I just don't have any tracking
21 here to indicate, Wanda, that you sent it, you
22 must have sent it under separate cover to the
23 work group.
24 **MS. MUNN:** No, I sent it on the 18th.
25 **MR. GRIFFON (by Telephone):** Is it called

1 "Response to Stu" --

2 **MS. MUNN:** Yeah.

3 **MR. GRIFFON (by Telephone):** -- @ K-M-V dot-

4 dot?

5 **MS. MUNN:** That's it.

6 **MR. GRIFFON (by Telephone):** Okay, I've got

7 it.

8 **DR. ZIEMER (by Telephone):** What's the date

9 of that one?

10 **MS. MUNN:** 5/18.

11 **DR. ZIEMER (by Telephone):** Eighteenth?

12 **MS. MUNN:** Did you find it, Paul?

13 **DR. ZIEMER (by Telephone):** No.

14 **DR. BRANCHE:** Well, the name of the actually

15 the subject line for the e-mail says

16 "Suggestions --

17 **DR. ZIEMER (by Telephone):** I think maybe

18 you sent that to my Purdue e-mail.

19 **MS. MUNN:** I don't think so. I've tried to

20 get the Purdue off it.

21 **DR. BRANCHE:** Paul, the subject line says

22 "Suggestions for Procedures Tracking

23 Database". It's the attachment that's called

24 "Response to Stu-dash-K-M-V dot-dot.

25 **DR. ZIEMER (by Telephone):** Yeah, I know

1 that I've read it in the last couple days, but
2 it's not on my regular e-mail. I'll open my
3 Purdue e-mail while I'm here. I think that's
4 where it ended up. Go ahead.
5 **MS. MUNN:** All right. So we start out with
6 OTIB-0007 rather than -0017, right?
7 **MR. HINNEFELD:** That was my typo, ORAU typed
8 it right.
9 **MS. MUNN:** So this is okay. It should be in
10 abeyance, correct?
11 **MR. HINNEFELD:** I think that's how it went,
12 right?
13 **MR. MARSCHKE:** It should be closed.
14 **MR. HINNEFELD:** Yeah, it should be closed.
15 **MR. MARSCHKE:** It's permanently in abeyance,
16 and it should be closed.
17 **MS. MUNN:** Seven is now officially closed.
18 PROC-003. So is the table going to be
19 carried forward or not? It was --
20 **MR. HINNEFELD:** It was not. The findings
21 were against the table, and the table was not
22 necessary. So it was not included in the
23 superceding document.
24 **MS. MUNN:** So that's closed as well.
25 OTIB-0002.

1 **MR. MARSCHKE:** OTIB-0002 is all this table
2 that's on the next, the details are over on
3 the next couple pages.
4 **DR. ZIEMER (by Telephone):** I did find my
5 copy. Thanks.
6 **MS. MUNN:** Good.
7 Is the agency and the contractor in
8 agreement with the Table 3.1-1 as it's now
9 shown?
10 **MR. HINNEFELD:** I agree with what Steve
11 sent.
12 **MR. MARSCHKE:** That's Table 3.1-1 of the
13 third review.
14 **MR. HINNEFELD:** Yeah, when we reviewed OTIB-
15 0002.
16 **MR. MARSCHKE:** When we reviewed OTIB-0002.
17 This is essentially data --
18 **MR. HINNEFELD:** So you probably, you didn't
19 repeat these findings exactly, right?
20 **MR. MARSCHKE:** Well, this table was ripped
21 right out of that report except for what I
22 added in red, what was added in red.
23 **DR. MAURO:** I guess on this copy the red is
24 the light-colored version.
25 **MR. MARSCHKE:** The red is the lighter color.

1 **MS. MUNN:** So there are still responses
2 pending.
3 **MR. MARSCHKE:** There's action items both for
4 SC&A, as I identified it, and for NIOSH.
5 **MS. MUNN:** Identify new findings. So we
6 have action items embedded in that table that
7 may not --
8 **MR. HINNEFELD:** Well, these action items
9 clarify what has to happen back on the
10 details.
11 **MS. MUNN:** On the OTIB itself.
12 **MR. HINNEFELD:** I mean, you could attach
13 this response or the table I would think. I
14 don't know if that would be helpful or not to
15 attach this table in the database to this
16 finding.
17 **MR. MARSCHKE:** Most of these things they're
18 --
19 **MR. HINNEFELD:** They're already there.
20 **MR. MARSCHKE:** I mean, if we want to pull up
21 the database, we can pull up the database and
22 look.
23 **MR. HINNEFELD:** Yeah, let's look if I can
24 get through to anything. It doesn't maneuver
25 very well for me because -- which one are we

1 on now? OTIB-0002. It just takes a little
2 while. It's not very fast anyway with
3 wireless. It's so much slower. OTIB-0002,
4 Rev. 0 or Rev. 1? Yeah, Rev.1.
5 So far when I've tried to maneuver on
6 my laptop sometimes the little tabs or details
7 disappear when I go to a certain screen, and I
8 haven't been able to figure out how to fix it.
9 I haven't seen it on my desktop in my office,
10 but in my laptop... Which procedure do you
11 want to go to the detail on? Just pick one
12 off your table. What's a good one to look at?
13 **MR. MARSCHKE:** A good one to look at is
14 Finding Number 2.
15 **MR. HINNEFELD:** Okay, Finding 2, I got it.
16 I got it.
17 **MR. MARSCHKE:** It basically shows that SC&A,
18 in the finding it shows that SC&A has an
19 action item. It says SC&A did not identify a
20 particular documents or references. So I put
21 in here on the table, I said SC&A should
22 identify particular documents and references.
23 So really all the stuff that's in red on this
24 table was drawn from the comments that are in
25 the database.

1 **MS. MUNN:** The only question in my mind is
2 whether you're now tracking that adequately
3 the way we're trying to track the outstanding
4 issues on this database. Is that going to
5 come up for us when Nancy sorts it, for
6 example? I guess it will.
7 **MR. HINNEFELD:** Well, I mean, he's just
8 paraphrasing what's on the details page of the
9 database. So if we answer the details page on
10 the databases appropriately, that should take
11 care of that. Wouldn't hurt to keep it in
12 mind I should say.
13 **DR. MAURO:** We're almost like learning how
14 to walk.
15 **MS. MUNN:** Yes.
16 **DR. MAURO:** In other words if we just got a
17 new bicycle, great bicycle, but we don't know
18 how to ride the bicycle yet. So what we're
19 really doing now is -- I want to step back
20 just a moment. What we're doing now is we
21 realize we just made a judgment. The judgment
22 was the things we're going to talk about today
23 are the things that SC&A and NIOSH exchanged
24 information on over the past month. In other
25 words from this global thing that's out there,

1 we decided that we're going to zero in right
2 now is some very specific things that for
3 whatever reason, was the subject of some
4 exchange, and we've reached some, what we
5 believe at least, some degree of resolution,
6 closure or whatever, status. So in effect
7 that's what we want to do. By way of protocol
8 is that what we're going to do in the future?
9 That is, for all future work group meetings,
10 is it our intention that the way we're going
11 to come out of this perhaps after we go over
12 the big picture, the status report as Nancy
13 sort of summarized, then we zero in on what
14 new has occurred from the last work group
15 meeting to this one and go over the exchanges.
16 **MR. HINNEFELD:** I would think because the
17 exchanges would be in here.
18 **DR. MAURO:** And the exchanges will be
19 loaded.
20 **MR. HINNEFELD:** They'll be loaded in the
21 database so we'll both have time to address
22 them. Or there may be just one entry like we
23 may go away, and it's our turn for a response.
24 And so that might be a response you guys, you
25 know, we would get in days ahead of time. You

1 can read it. If it’s suitable, we can come
2 here and be done. Or if not, you may want to
3 provide, you might say we’ll be providing
4 something additional. I mean, it would be, I
5 would think, something like that.
6 **DR. MAURO:** I guess I’m really asking a
7 question. Is that how our modus operandi is
8 going to be?
9 **MS. MUNN:** And that’s one of the big
10 concerns for the work group right now is, all
11 right, now that we have this marvelous tool,
12 exactly how are we going to use it in the
13 future? What’s our process going to be inside
14 the working group using this new tool?
15 And if we, a concern, for example, is
16 will the first agenda item be in the future
17 here or are all open items? Are we going to
18 continue prioritizing? I actually left some
19 space for us to talk about this at
20 considerable length this afternoon, and
21 perhaps we may need to visit it more than
22 once. Because exactly what our process is
23 going to be, given that it changes everything,
24 it’s an important thing for us to decide upon.
25 **DR. MAURO:** We just jumped into a process

1 just now.

2 **MS. MUNN:** Exactly.

3 **DR. MAURO:** Do we want to do that? Is that
4 what we want to do?

5 **MS. MUNN:** And who's going to select which
6 of those items we're going to be jumping into?
7 How do we do that each time? In the past
8 we've tried to prioritize what we were going
9 to look at based on a number of issues that
10 were outstanding at the time. Then attempted
11 to follow up on those items while still
12 addressing continually, upcoming new issues.
13 We used our matrix and an action item list to
14 do that in the past. Is our action item list
15 going to be an open item list from this set of
16 procedures every meeting that we have?

17 **DR. MAURO:** I just saw a weakness in our
18 bicycle. When we have a conversation like
19 this, what we usually talk about when we hit
20 an issue, the model was this. We're on an
21 issue -- and this is the way the old matrix
22 used to work -- and there would be an action
23 item. And right in the matrix we would write
24 an action item. And the idea being, okay, we
25 put it in the balance of this stack of paper.

1 What I'm hearing now is maybe that's not going
2 to serve. What we really need is for each
3 meeting as a standalone, here are the list of
4 action items. Because right now the way in
5 which we designed this thing, the action items
6 are embedded in each of these issues that are
7 sort of --
8 **MS. MUNN:** Yes, they are in all three sets.
9 **DR. MAURO:** -- and what would seem to serve
10 us better is building this thing, it really
11 would serve us better, that is, there are a
12 series of action items that are going to come
13 out of this meeting. And it would be nice if
14 they're all in one place and not dispersed,
15 embedded in each separate item in the matrix.
16 **MS. MUNN:** Correct.
17 **DR. MAURO:** So right now we have not
18 developed, I mean, I think we could agree
19 that's probably a useful thing to have. For
20 each meeting there's going to be a set of
21 action items, which are cross-cutting. That
22 is, whatever the action items are, there's a
23 list of ten, and they may affect five, six,
24 seven different procedures. If that stood
25 alone somewhere and became the kick off to

1 this meeting --

2 **MR. MARSCHKE:** We should be able to do that.
3 That's a relational database is what you're
4 looking for. That's a relational database,
5 and that's the way it should be set up. It
6 shouldn't be a problem in being able to do
7 that. Sort the action items not only by
8 procedure or findings that they are associated
9 with, but also the meeting dates that they are
10 associated with. That should not be a
11 problem.

12 The one thing that bothers me though
13 on this particular finding is here we had a
14 directive to revise the OTIB. And what I
15 think should be done to this particular field
16 is I think we should put in here that NIOSH
17 did revise the OTIB on such-and-such a date,
18 and then we should put it in there.

19 And then we should put in here that
20 SC&A reviewed the revised procedure and found
21 whatever comments that we had in this table
22 here, we did not agree that it basically
23 corrected the findings. And we should put
24 that in there and the date associated with the
25 third set should be -- so actually, these

1 fields down here should be filled in. And now
2 we're talking about now we will put in
3 another, the second record on 5/20/2008, where
4 we are back from discussing this finding a
5 second time.
6 **MS. MUNN:** So that's what we're looking for.
7 **DR. MAURO:** What I hear -- and I agree with
8 you're saying that -- is that if we're really
9 being dutiful to the model that we're building
10 in our head right now, SC&A and NIOSH should
11 have populated this document with that
12 information and brought it to the table so
13 that it would already be there. And then when
14 we get into the discussion section that
15 becomes the next date of this work group
16 meeting and our discussions regarding it
17 building on how we're going to move forward.
18 And I agree, that's the way it should be --
19 **MR. MARSCHKE:** Yeah, that's the way --
20 **DR. MAURO:** And we didn't do that.
21 **MR. MARSCHKE:** We didn't do that, and the
22 reason we didn't do it is we didn't have the
23 database when we were writing the third set of
24 findings. But when we go back, we should
25 take, we should look at the third set, or

1 actually, the second set also because both of
2 those, the revised second set, I believe also
3 had some re-reviews in them. And so any time
4 we do a re-review, we should basically
5 indicate in the database that that was re-
6 reviewed and the finding was either we agree
7 with what was done or we disagreed with what
8 was done.

9 **MS. MUNN:** This is a major concern, this
10 change-over period right here. You
11 specifically did not get an action item list
12 from the Chair for this meeting, which you've
13 had in the past. The simple reason for that
14 is human frailty. I couldn't find my notes in
15 the file from the meeting where I identified
16 what action items were supposed to be in front
17 of us for this meeting. Moving from that list
18 to relying on being able to pull that
19 information out of the database is, I think, a
20 valid concern.

21 If we're going to use the database as
22 our action item profile for each of our
23 individual meetings, then we need that data
24 certainly several days in advance of each
25 meeting itself. And the question of how we

1 assure that that database gets filled in from
2 the preceding activities that have occurred is
3 a question that is still unresolved in my
4 mind. It's not clear how this is going to
5 work.
6 And it would perhaps benefit us to not
7 try to resolve it this instant sitting around
8 the table since we do have a specific item for
9 the afternoon. We've devoted an hour's time
10 for the possibility of discussing pretty much
11 this same activity here. It would be helpful
12 for us to think about it a little bit between
13 now and then and revisit this.
14 Do we all understand what the issue is
15 as I perceive it?
16 **DR. ZIEMER (by Telephone):** Let me comment
17 on that, Wanda. Number one, if you have a
18 list of action items, it's a little difficult
19 until we know that they've been completed for
20 you to even schedule, for example, a next work
21 group meeting unless you know that they've
22 been attended to.
23 **MS. MUNN:** Yes.
24 **DR. ZIEMER (by Telephone):** So somehow we
25 need feedback in between from the NIOSH and

1 the contractor, maybe to the Chair, that
2 specific items, I mean, you can have a
3 tentative agenda, which makes use of those
4 action items, but you need feedback that
5 they've actually been addressed otherwise
6 there's no point in meeting.
7 **MS. MUNN:** We do, indeed. My concern is
8 that we don't, I don't believe our current
9 process gives us that list of action items
10 walking out of this meeting that I have been
11 doing administratively in the past. That's my
12 concern.
13 **MR. MARSCHKE:** I don't think we would get it
14 walking out. We won't get a list of action
15 items, an automated list of action items,
16 walking out of this meeting, but walking into
17 the meeting next time, we should be able to
18 have that automated list and some point in
19 time before the next meeting, whoever's
20 running the database can provide to Wanda the
21 status of those action items.
22 What I would take is any action item
23 that is specific for a finding, we will take,
24 and we will implement, and we will add that to
25 the database as something that is a directive

1 down here. And as John just said, we will
2 then, if we don't have already, we will then
3 add the capability to sort by meeting date,
4 working group meeting dates.
5 And we will get all these working
6 group directives that are associated with that
7 meeting date and anything else that is
8 associated with them, any NIOSH follow ups or
9 any SC&A follow ups associated with it. Is
10 that what you're looking for, Wanda?
11 **MS. MUNN:** That's pretty much what I'm
12 thinking at this moment. Let's do not try to
13 resolve it right here this issue, this moment,
14 but let's do think about it over the time that
15 we have between now and this afternoon. And
16 let's try to resolve that question
17 specifically.
18 **DR. ZIEMER (by Telephone):** Well, let me put
19 another item into the thought process here.
20 It would seem to me that you could easily have
21 an action item that you're going to carry
22 forward for a longer period of time that you
23 wouldn't necessarily deal with at the
24 subsequent meeting simply because either NIOSH
25 or SC&A cannot complete that part of the work.

1 The item is then identified. Maybe it's a
2 white paper or something. You have maybe an
3 estimated date that it's going to be
4 completed, and you can carry that forward for
5 a longer period of time. I don't think we
6 need a guarantee that every action item
7 identified is going to be completed or
8 addressed at the next work group meeting.

9 **MS. MUNN:** We know that's not going to
10 happen.

11 **DR. ZIEMER (by Telephone):** But at least you
12 want to have some action items. You're not
13 going to have a meeting with no action items
14 ready for discussion.

15 **MS. MUNN:** Correct.

16 **MR. MARSCHKE:** I'm sorry. What I meant to
17 say is we will give you a status of what the
18 action items are and those that have been
19 closed will be statused as closed. And those
20 that are being worked will be continued to be
21 carried forward to the following meeting.

22 **DR. ZIEMER (by Telephone):** Wanda or Stu,
23 could I ask a specific question on this OTIB-
24 0002 where Stu says there are 11 findings,
25 three of which are closed, eight of which are

1 in abeyance. We think all 11 should be
2 closed. Do you have that item there? Is that
3 the one you were looking at?
4 **MR. HINNEFELD:** Yeah, that's the one we were
5 looking at most recently.
6 **DR. ZIEMER (by Telephone):** Now, my question
7 is when you say they're closed because they
8 are re-evaluated under Supplement 3, it seems
9 to me that doesn't guarantee that the issue's
10 been closed.
11 **MR. HINNEFELD:** Right.
12 **DR. ZIEMER (by Telephone):** It's sort of
13 moved out of the first set of cases, but it
14 could still be an open item. Isn't that
15 correct?
16 **MR. HINNEFELD:** I think that's true. It
17 probably depends on what was said in the re-
18 review about the, I mean, if the re-review
19 says these earlier findings weren't closed,
20 and that's all it says, then you need to keep
21 your earlier findings open and close them
22 based on the earlier review.
23 **DR. ZIEMER (by Telephone):** Well, I'm
24 talking about the eight that are listed as in
25 abeyance.

1 **MR. HINNEFELD:** Right.
2 **DR. ZIEMER:** And I guess the argument is
3 since they've been now in a sense moved into
4 the second or third group of procedures for
5 review and have been reviewed later, that we
6 don't have to worry about them under this
7 report. It seems to me if they're not yet
8 closed, even if they're in a different round
9 now, that we shouldn't show them as closed.
10 Do you know what I'm saying?
11 **MR. MARSCHKE:** I think that's probably --
12 **MR. HINNEFELD:** Yeah, that's what Steve said
13 in his response to me.
14 **DR. ZIEMER (by Telephone):** Okay, that's
15 what --
16 **MR. HINNEFELD:** And I said I agreed with
17 that.
18 **DR. ZIEMER (by Telephone):** That's what you
19 were implying, the same kind of thing then.
20 **MR. HINNEFELD:** Yes, yes.
21 **MR. MARSCHKE:** We agree with you, Paul.
22 **DR. ZIEMER (by Telephone):** So later on when
23 it was -- and I don't know that you'd want to
24 necessarily go back into the first report and
25 put all the iterations in that first report.

1 It could just stay there as in abeyance until
2 it was actually closed in the later one. And
3 then you refer to the later report, and you
4 would have all the other iterations in there,
5 right? It sounded like you were wanting to
6 put all the iterations back in the first
7 report.

8 **MR. MARSCHKE:** I don't think we're going to,
9 are we doing reports or are we just going to
10 put it --

11 **DR. ZIEMER (by Telephone):** Well, I don't
12 mean --

13 **MR. MARSCHKE:** -- in the database.

14 **DR. ZIEMER (by Telephone):** The first
15 database.

16 **MR. MARSCHKE:** We want to track all the
17 changes in the database so that we have a
18 history of how this came about.

19 **DR. ZIEMER (by Telephone):** Yeah, but once
20 you say that it's in abeyance because it's
21 been moved to the third database, for example,
22 then it seems to me a person could go to the
23 third database and get the status there. You
24 don't have to transfer that additional
25 information back to the first database. Just

1 think about that as a possibility. It's going
2 to show up in two places, right?
3 **MS. MUNN:** Is this not a transport item?
4 Isn't this --
5 **MR. HINNEFELD:** No.
6 **MR. MARSCHKE:** No.
7 **MR. HINNEFELD:** I think it depends upon how
8 the findings for the second review are
9 phrased. If the findings in the second review
10 essentially parrot the finding in the first
11 review and say this was done earlier and isn't
12 resolved, and it is listed there as a finding
13 in that second review, well then, you could
14 close the earlier one because you've carried
15 it forward into this second finding. You can
16 close it there.
17 If it's not phrased that way, if the
18 second report just says some of the original
19 findings we don't think were closed by this
20 revision, it just says that, then you still
21 need to keep them open back on the first
22 review so that you can go back and find out
23 the original finding and close the original
24 finding. So it depends upon how they're
25 specifically stated.

1 I have the summary statements of the
2 findings here, but I haven't for right now
3 gone back and try to compare and give a
4 judgment on do I think this is just a repeat
5 of the one from the earlier review. I haven't
6 done that yet. I mean, we can go out here and
7 do that and maybe make some recommendations
8 based on that.
9 Because our recommendation to say it
10 was closed was just we revised, our action was
11 we were going to revise the OTIB and revised
12 it. That's where that recommendation came
13 from. What Steve has correctly pointed out
14 was, well, but the re-review indicated that
15 that revision didn't close all those findings.
16 It didn't necessarily close all those
17 findings.
18 **MS. THOMAS:** If I can just add something
19 here. It was confusing when I was looking at
20 some of these items. There were several
21 scenarios. One was that a document, we would
22 either revise the document or create a new
23 document like Procedure 4, 5 and 17. Those
24 findings got closed and moved to Procedure 90.
25 And then like for OTIB-0002 there was another

1 rev. which I guess we kind of view as a
2 different document than rev. 1 and re-review
3 that. It might be simpler to make sure that
4 initial findings with the rev., like rev. 1 in
5 this case, get moved to rev. 2. Then you can
6 close out everything for rev. 1. And then
7 there were cases where you reviewed the second
8 rev. or another rev. And then there were
9 cases where you hadn't yet like in Procedure
10 90. And it was hard to follow with just these
11 handful of statuses, you know, was there
12 consistency --
13 **MR. MARSCHKE:** We haven't been totally
14 consistent. We haven't been, as we should be
15 in how we are transferring things --
16 **MS. THOMAS:** Yes.
17 **MR. MARSCHKE:** -- and how we are handling
18 the database. Nobody has really sat down and
19 really figured out a set of working procedures
20 on this is how the database is supposed to be
21 worked.
22 **MS. THOMAS:** What I'm suggesting is that
23 maybe we decide that first and then just maybe
24 decide how we're going to --
25 **MR. MARSCHKE:** Close out, once a new rev.

1 comes out, we're going to close out all the
2 old ones and create new ones or whether we're
3 just going to keep the old ones open until
4 they're closed? I mean, we can do it either
5 way. It's just preference as to how you want
6 to do it.
7 **MS. MUNN:** This is all a part of our
8 learning curve including the issue of
9 language. How we are going to word the
10 findings that are put into the database will
11 be key if we are, in fact, going to rely on
12 that wording to move us forward. The
13 preference would appear to be closure in the
14 example that we were just citing. Closure of
15 the first revision, but assurance that the
16 issues that were being transferred are
17 properly transferred in totality so that you
18 have open items correctly open but items which
19 may have been agreed to and resolved be not
20 carried forth.
21 **DR. MAURO:** You see, to me it's, we have an
22 archive. We just want to be clear to the next
23 generation of people that take this over
24 because there will be different people going
25 through the system whether it's from NIOSH or

1 at SC&A, and when they go in here, if there's
2 an item that's closed, and the reason it was
3 closed is because for all intents and purposes
4 it's being handled by another procedure
5 review, that should be stated in the text.
6 In other words there'll be a little
7 box that says closed. And they want to see,
8 okay, how was it -- that's the whole purpose
9 of this archive. Okay, it was closed. There
10 are a lot of reasons why something could be
11 closed.
12 **MS. MUNN:** Was it resolved and agreed to or
13 was it transferred? Was it exported?
14 **DR. MAURO:** And I think that's a decision
15 that we simply have to make around this table.
16 How do we want to do that? And then we just
17 do it that way. But we make sure we make it
18 clear in the archive what it is we did.
19 **DR. ANIGSTEIN:** I have a question for Steve.
20 Steve, can you put a little comment in
21 it the way you do in Excel? It has a comment
22 in a cell so that -- doesn't work?
23 **MS. MUNN:** Speak up, Bob, so the --
24 **DR. ANIGSTEIN:** I was just suggesting, can
25 you insert a comment into a box? Because I'm

1 not familiar with this. And Steve just said,
2 no, you can't.
3 **DR. MAURO:** It's almost as if it could be
4 very forgiving. What I'm getting at is let's
5 say there's a degree of inconsistency in how
6 we call things. But as long as we're not
7 ambiguous in our rationale and justification
8 in the box below, in other words let's say for
9 some reason someone calls it a transfer but
10 someone else could have called it closed,
11 let's say that happens.
12 But as long as both people in the text
13 that goes along with it say this is what we
14 did. We called it closed because of this or
15 we called it transferred because of this.
16 It's almost very forgiving then. And if we
17 do, if there is a degree of, we like to
18 eliminate inconsistency, but we can live with
19 a little bit of inconsistency as long as our
20 archive is complete and explain what we did
21 and why we did it I think we get away with it.
22 **MS. MUNN:** And as long as the transferred
23 items are transferred appropriately.
24 **DR. MAURO:** Oh, absolutely.
25 **MS. MUNN:** Which is why language is so

1 important in how we approach this.
2 **MR. MARSCHKE:** But to come back to the
3 example of set one PROC-0004, -0005 and 0017,
4 they were not transferred to PROC-0090 by
5 putting transferred in the status box. They
6 were basically closed and new ones were really
7 opened, and if you look at the findings
8 associated with PROC-0004 in the first set, I
9 don't know, in the status box you will see
10 closed. You won't see transferred. So again,
11 it's just, but the information is there. I
12 don't know what it says down in the detail box
13 why it was closed. This was closed because it
14 was transferred to PROC-0090? Hopefully, it
15 does. And so really, like John says, it's
16 kind of a wash. It's maybe not done
17 consistently, but the information is there.
18 **MS. MUNN:** Well, we need to strive for as
19 much consistency as we can get. So --
20 **MR. GRIFFON (by Telephone):** And, Wanda, I
21 think the other place it's probably fairly
22 important is we have a draft letter for the
23 first status report to the Secretary, and
24 you're saying x number are closed. I think
25 they may interpret that a certain way. We

1 better be clear in our language if we're going
2 to submit a report to the Secretary.
3 **MS. MUNN:** Well, the report itself is pretty
4 specific about that. This cover letter is
5 very vague for a very, what I thought was a
6 good reason. That is --
7 **MR. GRIFFON (by Telephone):** But just those
8 items we just talked about, I know all those
9 findings from the earlier CATI procedures that
10 were transferred to 90, I assume they're
11 listed as closed. And I didn't sort in my
12 mind, view those as closed. They were
13 transferred --
14 **MS. MUNN:** Yes.
15 **MR. GRIFFON (by Telephone):** But they're
16 tabulated as closed I believe in your
17 statistics.
18 **MS. THOMAS:** They're closed for Procedure 4,
19 5 and 17, but they're open for Procedure 90.
20 **MR. MARSCHKE:** On your cover letter they're
21 included in the 99 that you have identified as
22 being closed.
23 **DR. MAURO:** This is your choice. This is
24 really your choice. That is, it's a
25 definition issue. And I think what Mark

1 pointed out is a good point. We don't want to
2 be misleading to -- it may appear when you're
3 saying closed is that, oh, we've accomplished
4 something. But in fact we really haven't
5 accomplished too much because what we really
6 did is move it out of here and put it over
7 there. We still have to deal with that issue.
8 So I mean, if your objective in the
9 letter is to communicate accomplishment,
10 things that have actually technically
11 accomplished, calling it closed might be a
12 little misleading but from that perspective.
13 From our perspective it's just the archive and
14 what we call it. I mean, it could go either
15 way, but I could see why you'd want to -- in
16 that context it's probably a good idea to make
17 it clear that it was transferred out so that a
18 person doesn't think we actually solved this
19 problem.
20 **MS. THOMAS:** Again, if I could add a
21 comment. From --
22 **MR. GRIFFON (by Telephone):** I guess, this
23 is, John, I'd just add on to what John was
24 saying. I guess I was reading closed as
25 resolved, and I'm not sure that letter might

1 lead people to believe that.
2 **DR. MAURO:** I'm starting to lean toward the
3 transferred concept more than the closed
4 concept. I think closed should be clean.
5 This issue itself, wherever it's sitting,
6 wherever it's sitting, is not closed --
7 **MS. MUNN:** Then it's over.
8 **DR. MAURO:** -- then it is closed. It's a
9 cleaner way to go.
10 **MS. THOMAS:** From our perspective the most
11 used, the example of Procedure 4, 5 and 17,
12 those documents don't exist anymore so to have
13 open findings for documents that have been
14 canceled and no longer used seems a little
15 strange so the transferred might be better.
16 **MR. GRIFFON (by Telephone):** Well, I'm not
17 sure that's strange because those procedures,
18 if you look back at old dose reconstructions,
19 they're still applicable.
20 **DR. MAURO:** That's true, too. That's a good
21 point.
22 **MS. THOMAS:** That's true.
23 **MR. HINNEFELD:** Well, this is sort of an
24 odd-ball case. In fact, not only have these,
25 these closed cases have been, I mean, if the

1 number of closed is over-counted, but the
2 total number of findings is over-counted as
3 well. Because these procedures, these same 29
4 findings appear twice. They're closed one
5 time, and they're open another time. So we've
6 actually could count the total findings as 29
7 too high. And the 29 too high is in the
8 closed column.
9 **MR. GRIFFON (by Telephone):** Yeah, and I
10 thought about that, too, Stu. I think you're
11 right. Yeah, that's another factor.
12 **MS. MUNN:** Well, as the King of Siam would
13 say, it's a puzzlement.
14 **MR. HINNEFELD:** Is it one of the things you
15 want us to think about until this afternoon?
16 **MS. MUNN:** It's really something we need to
17 think about and try to resolve this afternoon.
18 We certainly do not want to fall into the trap
19 of misleading anyone, least of all the
20 Secretary. And we want to be crystal clear in
21 what we transmit. So let's do give some very
22 serious consideration to exactly what we're
23 going to use in terminology and how we are
24 going to report that. We'll take that up this
25 afternoon when we get to the discussion on

1 open and open-in progress. We'll add to that
2 the transferred and import-export issue and
3 hopefully wrestle all that to the ground this
4 afternoon.
5 Continuing on through the list of
6 items that we were looking at, it appears to
7 me OTIB-0001 has no disagreement with the
8 items that are listed there. Six and 14 are
9 closed and others are in abeyance, correct?
10 **MR. MARSCHKE:** Yes.
11 **MR. HINNEFELD:** Yeah.
12 **MS. MUNN:** And on IG-0002, five, eight and
13 nine --
14 **MR. HINNEFELD:** We agree with Steve's
15 response. Eight and nine are closed and five
16 should remain in abeyance. Isn't that what it
17 says?
18 **MR. MARSCHKE:** Yes. So based on this I
19 should take it as an action item from the
20 working group to go into the database and make
21 these six findings changed to closed?
22 **MR. HINNEFELD:** That's my understanding.
23 **MS. MUNN:** Yes. That's correct. Five is
24 still in abeyance. Yes, that is the directive
25 unless I hear to the contrary.

1 **DR. ZIEMER (by Telephone):** So this is on
2 IG-0002?
3 **MS. MUNN:** IG-0002, yes.
4 **DR. ZIEMER (by Telephone):** So ten items in
5 abeyance, but three of them -- okay, you're
6 saying that five remains in abeyance?
7 **MS. MUNN:** Five remains in abeyance and --
8 **DR. ZIEMER (by Telephone):** Eight and nine
9 are closed.
10 **MS. MUNN:** -- eight and nine are closed.
11 **MR. GRIFFON (by Telephone):** See, this is
12 where I would say the work group concluded
13 that no action was necessary on eight and
14 nine. I would almost categorize that as
15 resolved rather than closed. Because I still,
16 you know, that's I guess our other discussion.
17 **MS. MUNN:** Well, resolution --
18 **MR. HINNEFELD:** It's not as bad as Mound.
19 **MS. MUNN:** No, resolution leads to closure.
20 And that means we're not going to look at it
21 again.
22 **MR. MARSCHKE:** Right.
23 **MS. MUNN:** And so that's what we deem to be
24 closure, final resolution regardless of what
25 that resolution is.

1 **MR. GRIFFON (by Telephone):** Okay, but all
2 these other ones that were closed were
3 actually transferred to different procedures.
4 **MS. MUNN:** Yes.
5 **MR. HINNEFELD:** Well, just the ones we
6 talked about today. I mean, there are a lot -
7 -
8 **DR. ZIEMER (by Telephone):** You're going to
9 mark those as such, not as closed then.
10 **MS. MUNN:** Yes, the ones that were
11 transferred to other procedures we're going to
12 attempt to see that the language, I hope that
13 it will be our attempt to see that the
14 language indicates where they were
15 transferred. And we're going to debate this
16 afternoon the issue of how, what specific
17 language will be used for this shorthand
18 version of reporting that. Okay?
19 **DR. ZIEMER (by Telephone):** Yeah.
20 **MS. MUNN:** I think we've covered the
21 material that we've needed to cover here. I
22 hesitate to undertake any of the other items
23 that we have on the agenda since all of them
24 are going to be significant and time consuming
25 I do believe. Is there any objection to our

1 leaving for lunch ten minutes early?

2 **DR. ZIEMER (by Telephone):** Just a question
3 on the afternoon agenda. So you're going to
4 begin then with TIB-6001? Is that right?

5 **MS. MUNN:** With TBD-6001 and the resolution
6 matrix for Appendix BB.

7 Bob?

8 **DR. ANIGSTEIN:** Did you mean, are you sure
9 you mean 6001 and not 6000?

10 **MS. MUNN:** I mean 6000, sorry.

11 **DR. MAURO:** And my question, Wanda, this is
12 John. Will you expect to actually start the
13 discussion on the findings in 6000 or do you
14 want to just zero right in on Appendix BB?
15 Two different subjects. I mean, you know one
16 is a subset of the other. Appendix BB stands
17 alone.

18 **MS. MUNN:** That's the one that is of most
19 significance right now that is outstanding,
20 and we have the matrix and the findings in
21 hand to address. So it's my intent to have
22 you touch on what TBD-6000 is and then go
23 directly into our issue with Appendix BB and
24 the matrix unless someone has objection to
25 that.

1 **DR. ZIEMER (by Telephone):** Just in
2 preparation, do we have the date of the
3 version of the matrix you're going to use?
4 **MS. MUNN:** Yes, hold on. I believe there
5 was only one. Did we have more than one
6 version of that matrix?
7 **DR. MAURO:** Just that one.
8 **DR. ANIGSTEIN:** I think there are two
9 matrices. There is a matrix for 6000, and
10 then there is a matrix for Appendix BB.
11 **MS. MUNN:** The matrix for Appendix BB was
12 the one that I anticipated would be addressed.
13 **DR. ANIGSTEIN:** That was done --
14 **MR. MARSCHKE:** May 2nd was the date on it.
15 Is this what you're talking about?
16 **DR. ANIGSTEIN:** Is that the matrix?
17 **MR. MARSCHKE:** It's a resolution. That's
18 what it says on the title.
19 **DR. MAURO:** This is 6001.
20 **DR. ANIGSTEIN:** This is -- that was a
21 misprint. I see where the problem came in.
22 That was a typo.
23 **MS. MUNN:** So it is 6000?
24 **DR. ANIGSTEIN:** Yes, this should read 6000.
25 **DR. BRANCHE:** So Wanda's agenda should read

1 TBD-6000, and your document should read TBD-
2 6000?
3 **DR. ANIGSTEIN:** That is correct.
4 **MS. MUNN:** And the date on it is May 2nd,
5 2008.
6 **DR. ANIGSTEIN:** I believe that's correct.
7 **MR. PRESLEY:** Who sent it?
8 **MS. MUNN:** And it was sent --
9 **MR. GRIFFON (by Telephone):** I have an e-
10 mail from Nancy Johnson on that date, May 2nd,
11 Paul, if you're looking for it.
12 **DR. ZIEMER (by Telephone):** Okay, yeah.
13 Thank you.
14 **MS. MUNN:** All right, very good. It is now
15 11:40, and so we're only five minutes off
16 schedule. We will adjourn until 1:00 p.m.
17 **DR. BRANCHE:** One p.m.
18 **MS. MUNN:** Correct.
19 **DR. BRANCHE:** We will hang up and call again
20 at 1:00 p.m. eastern daylight time.
21 (Whereupon, the working group adjourned for
22 lunch.)
23 **DR. BRANCHE:** We're continuing now with the
24 after-lunch portion of the Procedures work
25 group, and Ms. Munn, it's all yours.

1 **TBD-6000/6001 AND RESOLUTION MATRIX FOR APP BB**

2 **MS. MUNN:** The first item on the agenda this
3 afternoon is TBD-6000, and it's associated
4 TBD-6001. We're going to be focusing this
5 afternoon on Appendix BB to TBD-6000. But
6 before we do that if John Mauro would be good
7 enough to give us a very brief reminder about
8 the content of 6000 and 6001, we'll start from
9 there and --

10 **DR. ZIEMER (by Telephone):** Before he does,
11 John Mauro, what is the correct title of your
12 report? Is it TBD-6001, Appendix BB or -6000?

13 **DR. MAURO:** Six thousand, it's a typo on the
14 cover page.

15 **DR. ZIEMER (by Telephone):** So the cover
16 page is wrong.

17 **DR. MAURO:** Correct. Correct, the cover
18 page is wrong.

19 **DR. ZIEMER (by Telephone):** Okay, and that
20 title carries throughout the tops of all the
21 pages in the report.

22 **MS. MUNN:** That is correct.

23 **DR. MAURO:** We'll fix it.

24 **DR. ZIEMER (by Telephone):** Yeah, got you,
25 thank you.

1 **MS. MUNN:** Go ahead, John.
2 **DR. MAURO:** I will begin. This is by way
3 really of introduction. There are two, I
4 would say, important documents that came out
5 dealing with uranium facilities that are what
6 I would call generic TBDs or site profiles or
7 exposure matrices. One is called TBD-6000.
8 One is called TBD-6001.
9 Six thousand effectively is a generic
10 exposure matrix or technique for doing dose
11 reconstruction for workers at AWE facilities
12 that handled uranium and not, didn't process
13 it, but basically machined it, drilled it,
14 extruded it, cut it, and as a result were
15 exposed to airborne uranium dust, thorium dust
16 -- well, I don't believe the thorium section's
17 been done yet. It's held in reserve.
18 So it's a generic approach for
19 reconstructing the exposures, basically
20 inhalation, ingestion and external exposures
21 to workers that were up close and personal to
22 uranium metal and including recycled uranium.
23 And we performed a review of that document
24 which was published on September 14th, 2007.
25 It contains seven findings. Three of

1 those findings are basically generic and are
2 being dealt with in other venues. But four of
3 them, specifically findings one through four,
4 are unique to TBD-6000, and I would assume at
5 some appropriate time we'll go through those
6 four. The other three the way I see it are
7 really being dealt with in other venues and
8 should be appropriately transferred or
9 referred to these other venues.
10 But the first four are unique to TBD-
11 6000, and basically they deal with the
12 dataset. In effect on TBD-6000 what was done
13 is there's a large dataset of generic
14 literature characterizing the airborne uranium
15 dust loading throughout the 1940s and '50s
16 from facilities that were handling uranium.
17 And from that dataset was constructed
18 an exposure matrix to say, okay, let's use
19 that dataset and apply it to all other
20 facilities where we have people that handled
21 uranium, but they didn't take any air samples
22 or didn't take very many air samples, did not
23 take urine samples, did not have film badge
24 data, and we're going to use that as
25 surrogate.

1 So TBD-6000 is important for two
2 reasons. One on its own right. That is,
3 taking the data on face value do we believe
4 that is claimant favorable and scientifically
5 valid as a surrogate for all those site
6 profiles or facilities where there really
7 isn't very good or very much worker-specific
8 data. So it becomes a surrogate data question
9 that I think is going to have to be eventually
10 addressed.
11 In a similar way TBD-6001 deals with a
12 generic description of uranium processing
13 facilities. These are primarily facilities
14 that did wet chemistry. They received uranium
15 ore and as a result digested it, separated it
16 out the uranium, processed the uranium. They
17 had the residue and raffinates, a much more
18 complex situation.
19 But similar to 6000, it is a generic
20 analysis of the kinds of exposures people
21 experienced at these kinds of facilities and
22 built, based on the dataset from many
23 facilities where data were then available,
24 came up with an exposure matrix that would be
25 used to apply to other uranium processing

1 facilities where wet chemistry was done when
2 they did not have any data.
3 Again, it's a surrogate data issue,
4 and we have to look at it not only from the
5 scientific perspective, was the dataset that
6 they used fairly representative of the cross-
7 section of activities? Did NIOSH pick an
8 upper end as a reasonable upper bound
9 surrogate?
10 And finally, there are the four big
11 questions, the surrogate questions, that Dr.
12 Melius put out in his draft that we need to
13 ask ourselves. Does it meet the first
14 criteria, the second criteria? So these are
15 subjects that I believe we'll be dealing with
16 around this table at some time in the future.
17 But today there's one particular
18 aspect of TBD-6000 that we're going to get
19 into in a little bit more detail, and that is
20 TBD-6000 has, which is a generic exposure
21 matrix for uranium handling, it has a whole
22 series of appendices. I believe 15 and maybe
23 even more. Appendices which give some very
24 specific guidance for specific facilities.
25 For example, the TBD-6000 is generic

1 and universal, but there are some facilities
2 that had some very unique aspects to them
3 where you would supplement TBD-6000 with some
4 unique aspect. And that's what these
5 appendices are for.
6 For example, Appendix BB for 6000
7 specifically deals with General Steel
8 Industries, which is a uranium handling
9 facility where TBD-6000 applies. But because
10 it is something very, very unique, namely it
11 used a Betatron to do nondestructive testing
12 of uranium slabs. Something that was unique
13 to a few facilities, and specifically General
14 Steel.
15 And so by way of introduction, we were
16 asked to take a real close look at Appendix BB
17 and the exposure matrix assumptions, models
18 and so forth that were used in Appendix BB as
19 an approach for dealing with reconstructing
20 doses to workers at General Steel Industries.
21 And Bob Anigstein prepared that
22 report. The report has been delivered in both
23 in a PA-cleared version. There is a matrix
24 that was distributed, and that's been PA
25 cleared. And Bob actually has a slide or a

1 briefing that he's going to go through which
2 also has been PA cleared.
3 So I just let you know that anyone who
4 might be on the phone who might be interested
5 in getting copies of the matrix, report or the
6 briefing, all of that has been PA cleared and
7 is available for distribution to anyone who
8 might want a copy.
9 **MS. MUNN:** That being said, Bob, do you want
10 to take us through Appendix BB?
11 **DR. ANIGSTEIN:** In 1901, the Commonwealth
12 Steel Company was founded in Granite City,
13 Illinois, and it was a foundry. Instead of
14 making steel plates, they made steel castings.
15 In 1929, General Steel Castings, which had
16 been just organized, acquired the Commonwealth
17 Steel, and they also built a new facility in
18 Eddystone, Pennsylvania, basically duplicate
19 facilities doing similar work.
20 During the Korean War, they got a
21 contract with the U.S. Army to make armor
22 plate for tanks. I believe they made, they
23 actually cast the tank turrets and the tank
24 hulls. In order to be able to inspect this
25 armor to make sure there were no defects in it

1 which you wouldn't want to have in an army
2 tank, the Army built, brought from Allis-
3 Chalmers, two Betatrons. And they built the
4 structures housing these, one at Granite City
5 and the other one in Eddystone.
6 So my first slide is this is a view of
7 what then became --
8 **DR. BRANCHE:** For the people on the phone
9 here, the presenter at this point --
10 Mark, can you hear him?
11 **MR. GRIFFON (by Telephone):** Yeah, I can
12 hear him.
13 **DR. BRANCHE:** Well, right now they're just
14 making some adjustments, so he's not in
15 presentation mode. I just want to make sure.
16 **MR. GRIFFON (by Telephone):** Yeah, I could
17 hear him before.
18 **DR. BRANCHE:** Okay, thank you, Mark.
19 **DR. ANIGSTEIN:** So the top view, this is an
20 aerial view of the facility just to give you
21 an idea. It's a very extensive facility,
22 probably sometime in the 1960s. And what
23 happened there was they had, each of the
24 facilities had a Betatron. Then in somewhere
25 around -- and that date is in dispute, our

1 opinion in 1952 -- the Mallinckrodt Chemical
2 Works was producing uranium ingots to be
3 rolled into fuel rods for Hanford. And they
4 wanted to make sure that, just like the Army
5 didn't want defects in their tanks, they
6 didn't want defects in their fuel rods.
7 So someone had the idea, hey, right
8 across the river thirty miles away we've got
9 this facility and they had a Betatron going
10 through the Army, so they contracted them to
11 start doing radiographs of slices of the
12 uranium. And this is written up in the
13 Mallinckrodt TBD that there were, Betatron
14 slices were cut from the uranium ingots and
15 there's no other description of them, but we
16 did get good descriptions from the workers.
17 And these were slices up to, the
18 ingots were up to eight inches in diameter so
19 that would be the maximum size of the slice.
20 The slices can't be any more than four inches
21 because you simply cannot ^rod thicker than
22 four inches of uranium, so we just used the
23 maximum. Probably they were thinner. Then in
24 1963, General Steel, which by this time was
25 called General Steel Castings, by this time it

1 changed its name to General Steel Industries
2 because they acquired other things besides
3 casting plants, shut down their Eddystone
4 facility.
5 And then GSI, as it's called, moved
6 the Betatron, the Army-owned Betatron, from
7 Eddystone, Pennsylvania to Granite City. And
8 so here you can see. This is the old Betatron
9 building. It's called old because it was
10 built first. The Betatron itself is not older
11 actually, the other one was slightly older by
12 a few months. So it was built you see well
13 away from the other buildings. However --
14 that was built by the Army Corps of Engineers.
15 However, when it came time to build
16 another building for the new Betatron, and the
17 Betatron is only new in the sense that it was
18 new to this location, they built it right
19 against, this is called Number 10 Finishing
20 Building. So it goes in this order, this is
21 Number 10, next to it is number nine, eight
22 and so forth. And the idea for it was they
23 wanted to minimize the transfer time.
24 Again, the main purpose of these was
25 to radiograph steel both for the Army and some

1 for commercial users also. I believe they
2 made reactor vessels for nuclear reactors.
3 And they got the idea that if you build it
4 right next to the Finishing Building, there's
5 a railroad track that goes into it, you simply
6 cut down your turnaround time, speed up
7 production.
8 And also, not only speed up
9 production, but the purpose of doing or
10 radiographing the steel was to look for
11 defects. If they found a defect, then it went
12 back into the Finishing Building and it would
13 be chipped and grinded. I think of it as a
14 dentist filling a cavity in a tooth. First,
15 he has to clean it, you know, cut away some
16 more tooth surface then he fills it. So
17 that's pretty much what they did.
18 They would hollow out a cavity
19 wherever the defect was and then fill it in
20 with the good metal. And they wanted for the
21 casting to stay warm because then you didn't
22 have to heat it up again. So again, the less
23 transfer time the more efficient the
24 operation.
25 However, it does cause a problem by

1 having it in that location. Given then that
2 they were under contract to Mallinckrodt which
3 was basically a subcontract under
4 Mallinckrodt's contract to the AEC, then any
5 radiation exposure that the workers received,
6 even though it was not connected with uranium
7 is compensable. I mean it comes into their,
8 into the dose reconstruction because this is
9 radiation they received while on the job and
10 some of the work included the uranium
11 radiography.
12 For those who are unfamiliar as I was
13 until a few months ago, this is the guts of a
14 Betatron. Simply, this tube is about from
15 here to here. It's about 18 inches. This is
16 actually a medical Betatron. The only
17 difference between the medical and the
18 commercial is that it has an extra port so you
19 can get the electron beam directly out with
20 the commercial.
21 But basically, this is both the
22 injector and the target. The electrons go in,
23 and they're inside a large electromagnet.
24 They go in circles and make many, many, many
25 turns, and each time they get accelerated.

1 And eventually, they get up to the top energy,
2 which was 25 MeV, and at this point they're
3 deflected slightly. They hit a platinum
4 target and generate X-rays. So it's just like
5 a conventional X-ray machine only much higher
6 power.
7 And here are the actual Allis-Chalmer
8 Betatron at GSI. It was a photograph I think
9 taken by one of the workers and furnished to
10 us. And this is in a standby position. The
11 beam would be directed this way. So once they
12 finished marking up this casting and
13 indicating where they want to take the
14 radiograph, this swivels 90 degrees or however
15 many degrees it needs to and is directed at
16 the casting. And the film, if you hit this
17 case, the film would go inside and gets
18 exposed.
19 **DR. MAURO:** On that picture, where did the
20 X-rays come out of?
21 **DR. ANIGSTEIN:** It's not in operating --
22 **DR. MAURO:** Where would it come out?
23 **DR. ANIGSTEIN:** This way. On this picture
24 it would come out this way. So you have to
25 swivel it, swivel it to get it.

1 So here are the principal sources of
2 radiation exposure which I will go through.
3 The first is the external exposure to direct
4 penetrating radiation, which means photon
5 exposure from the Betatron itself. And that
6 has some points. There is straight radiation
7 during Betatron operation. This is something
8 that goes through or around or reflected from
9 around the shielding. Obviously, nobody's in
10 the room or supposed to be in the room while
11 the Betatron is on.
12 However, when you turn off the
13 Betatron, the donut, some parts of the donut,
14 we're not quite sure which, become radioactive
15 for a very brief time. But immediately after
16 shutdown, they were measured at 15 MR per hour
17 at a distance of six feet from the target. So
18 that's a second source. If anybody approaches
19 it very shortly after the machine is turned
20 off -- and the workers were under instructions
21 to waste no time whatsoever -- they would get
22 some radiation exposure.
23 And then finally, the high energy X-
24 rays can actually activate, they react with
25 the nuclei of the atoms in the metal, and they

1 can make them radioactive. So --

2 **DR. ZIEMER (by Telephone):** Which target is

3 that 16 MR per hour reading?

4 **DR. ANIGSTEIN:** Say again?

5 **DR. ZIEMER (by Telephone):** You gave the 16

6 MR per hour --

7 **DR. ANIGSTEIN:** Fifteen --

8 **DR. ZIEMER (by Telephone):** -- value. Is

9 that --

10 **DR. ANIGSTEIN:** One-five.

11 **DR. ZIEMER (by Telephone):** -- the target or

12 is that --

13 **DR. ANIGSTEIN:** That is at a distance of six

14 feet from the Betatron target.

15 **DR. ZIEMER (by Telephone):** Six feet, okay,

16 thank you.

17 **DR. ANIGSTEIN:** Right, that's what was

18 reported to us.

19 **MR. MARSCHKE:** And it was 15 rem, Paul.

20 **MR. HINNEFELD:** MR, millirem.

21 **MR. MARSCHKE:** Fifteen MR, I'm sorry.

22 **DR. ANIGSTEIN:** Milliroentgen per hour.

23 **MS. MUNN:** And how far inside that apparatus

24 that we saw is the target actually located? I

25 mean, my point is --

1 **DR. ANIGSTEIN:** About, about -- excuse me?
2 **MS. MUNN:** -- is there three feet between
3 the target and the collimated field?
4 **DR. ANIGSTEIN:** Less than that, less than
5 that. Probably maybe about 18 inches. I
6 think maybe more like 50 centimeters if I
7 remember correctly. The model was about 50,
8 so slightly less than two feet.
9 **MS. MUNN:** So if you're talking six feet
10 from the target itself --
11 **DR. ANIGSTEIN:** It would be about four feet.
12 **MS. MUNN:** -- it would have to be within
13 approximately four feet of the actual
14 collimated beam?
15 **DR. ANIGSTEIN:** That's right. That's right.
16 Then in addition to the direct
17 penetrating radiation, there is beta radiation
18 from the activated metal. Then in addition,
19 they also did some radiography with Cobalt-60.
20 They had about an 80 curie source -- I don't
21 know how old that 80 curie source was. Maybe
22 that's when it was bought. Anyway, that's the
23 way it was spoken about -- that they used, and
24 the primary use for that was they would have a
25 round casting like a nuclear reactor vessel.

1 And to use the Betatron they would
2 have to shoot many times from different
3 directions or they could simply put the source
4 in the center, essentially wallpaper it from
5 the outside with film and leave it for as many
6 hours as it took. And then you could get 30
7 exposures all at once.
8 So they did that occasionally. It was
9 done occasionally, and that took place in the
10 same shooting room where the Betatron was.
11 Obviously, one or the other. They wouldn't
12 both operate at the same time.
13 Then there was internal exposure
14 potential. We have to consider intakes of
15 activated metal dust and intakes of uranium
16 oxide. The uranium, of course, was not
17 machined, but it just flakes off when you
18 handle it.
19 Here is a diagram of the, what's
20 called again the new Betatron building, the
21 one that was built second. This comes from
22 one of the FUSRAP reports. So this is a
23 diagram. And here is the same one translated
24 into a model for the MCNP code. It's like the
25 orientation is different. So there were

1 probably many possible orientations. We
2 considered an orientation which was
3 occasionally, ten, 15 percent of the time,
4 where again, either because the casting was
5 very heavy or just for expediency, there was a
6 railroad track that goes right up and down
7 here.
8 Sometimes they would shoot the casting
9 on the railroad track and not remove it. And
10 then they would bring the Betatron into this
11 position, and they had to do some trickery to
12 override the limit switches which supposedly
13 don't permit that, but nevertheless it was
14 done. And when that happens you have, even
15 though the beam is primarily goes forward,
16 it's not collimated in the sense of having
17 shielding all around it to make sure it goes
18 straight. It's just the nature, a very, very
19 high energy Betatron electron beam, that burns
20 shallow and goes forward but not a hundred
21 percent. It's still goes off to the side.
22 And if we notice, this area was not shielded,
23 at least that's what it indicates on this
24 report.
25 Here you see you have this shield wall

1 so there's two walls of concrete with sand in
2 between. And then it looks like there's more
3 concrete here. And then here just a thin line
4 so I call it unshielded. We don't know what
5 it really was. And so I modeled it as simply
6 an open area.
7 And once you do that we can get a line
8 of sight from the Betatrons out to here. And,
9 in fact, our model, I found out that there was
10 a restroom. Number 10 Finishing Building is
11 here. And they built a little tin shed
12 adjoining the building which these workers
13 used as well as workers from the other
14 buildings. And they could be getting the
15 exposure from this sort of, scatter beam, just
16 the fringes of the beam could reach there,
17 plus the scattered radiation from the steel
18 itself. So you had that.
19 You had here was described as a break
20 area. And workers confirmed this was where
21 they sometimes took breaks. And the only
22 thing that separated the break area from the
23 main thing was just a thin, maybe eight-inch
24 thick steel door, 16th inch probably, which at
25 those energies essentially is transparent to

1 radiation.
2 So here was another source of
3 radiation. The operators were fairly well
4 shielded. They would be behind this wall, and
5 even if they happened to be near the door,
6 which is just again thin steel, there would be
7 some scattered radiation but not very intense.
8 That's another view of the same, a
9 cross-sectional view.
10 **MS. MUNN:** Bob, I had a question when I
11 first saw this diagram. We were talking about
12 the steel casing being on the railcar, right?
13 **DR. ANIGSTEIN:** Some of the time.
14 **MS. MUNN:** And I had a couple questions.
15 One is do we have any indication of how
16 frequently that would happen? That would
17 appear to be a very infrequent event.
18 **DR. ANIGSTEIN:** No, I think I was told maybe
19 ten percent of the time.
20 **MS. MUNN:** Okay, now looking at this
21 diagram, it appears to me that the only way a
22 railcar could get into this would be to come
23 through the break area.
24 **DR. ANIGSTEIN:** Yeah, yeah, there was a
25 railroad track that passed right through.

1 See? Here you see the railroad track. They
2 didn't bother indicating, yeah, the railroad
3 track goes right through. When I say a
4 railroad track, it's just a narrow gauge, and
5 these are self-propelled electric cars.
6 **MS. MUNN:** Understand. So the break area
7 was not the kind of break area that we think
8 of ordinarily now where there would be tables
9 and chairs and --
10 **DR. ANIGSTEIN:** No, I don't think so.
11 **MS. MUNN:** No, it's just --
12 **DR. ANIGSTEIN:** Well, there was a time
13 clock. The time clock was here. They would
14 have to punch in and out for the Betatron
15 workers. They would come in here, the way
16 they described it, there would be a time clock
17 here. There was a door on this side, and then
18 from there they would go in here and the
19 office area and go to the control room.
20 There was no restriction on -- the
21 main thing was there was no radiological
22 control. There was radiological control here.
23 There were interlocks. If one of these doors
24 opened, they would turn off the Betatron or
25 maybe it was interlocked; there would be a red

1 light, warning horn, Betatron is on, clear out
2 of this room. So there’s very little
3 possibility that anybody was in that room
4 during the shooting.
5 However, there was no radiological
6 control outside. Now what I learned later
7 after I wrote the report, and I had gotten, I
8 misunderstood some. There was a fence, a low
9 chain-link fence all the way around, and that
10 was separated, that was ten feet away from the
11 wall. So you can think of that as a security
12 fence even though it was only about this high,
13 but still if someone wants to climb over it,
14 they’re really looking for trouble.
15 So I had originally listed two other
16 possible exposure locations. That’s probably
17 unrealistic. There probably was not easy
18 access to that. But there was access here,
19 and there was certainly access to the restroom
20 and here in the building. So there were
21 locations where workers were not warned away.
22 Furthermore, there’s two locations on
23 the roof. One worker testified that he would
24 go up on the roof to service the ventilators.
25 And I said did you communicate with the

1 Betatron operator to make sure the Betatron
2 isn't running. No, he would access it on the
3 outside of the roof of another building, and
4 the operator didn't know there was anybody up
5 on that roof. So there would be a very high
6 dose rate up there.
7 **MS. MUNN:** Before we move the break area,
8 I'm envisioning the break area as just a large
9 shed over the railroad --
10 **DR. ANIGSTEIN:** Correct.
11 **MS. MUNN:** -- that goes in, with timecards
12 and things of that sort on the wall. And when
13 you say ribbon door.
14 **DR. ANIGSTEIN:** Yeah, it was just like a
15 garage door. It was made of steel, steel
16 slats.
17 **MS. MUNN:** So it's an elevating rather than
18 --
19 **DR. ANIGSTEIN:** Right, correct.
20 **MS. MUNN:** -- side-to-side.
21 **DR. ANIGSTEIN:** An overhead door.
22 **MS. MUNN:** Okay, an overhead door.
23 **DR. ANIGSTEIN:** And they did say that
24 because the door didn't always come completely
25 down, they would even put sandbags to close

1 off the little open area underneath. But at
2 the initial -- I even saw a photograph of this
3 steel door taken in recent year, and the steel
4 itself has no radiation protection from high
5 energy photons. So putting those sandbags
6 there was just not done by somebody who had
7 knowledge about radiation protection.

8 **MS. MUNN:** Right, but we are talking about
9 almost exclusively scattered.

10 **DR. ANIGSTEIN:** Well, no, not actually.
11 Because if the Betatron was in this position,
12 the Betatron would be a tube itself. It's not
13 shielded. It's not collimated. It simply
14 sits inside this magnet, but if the tube
15 magnet has a come down from either end, and
16 the tube itself, a good portion of it is in
17 the open. And therefore, according to our
18 computer simulations, we actually did the
19 complete thing where we actually irradiated --
20 in the computer model -- we actually
21 irradiated a platinum target. Certainly, the
22 strongest component of the beam goes forward,
23 but there is no absolute cut-off when it goes
24 through the side. At least that was my
25 conclusion by looking at the values that it

1 was not just scattered. It actually was some
2 of the primary beam, the fringes of the
3 primary beam, the number, if you will, of the
4 primary beam, was up here. And the dose rates
5 I list here. If this thing is on the railroad
6 track, and you're in the control room maybe
7 just waiting to get out for the next shot just
8 like one meter inside the steel door, dose
9 rate of 2.6 MR per hour, which is not highly
10 dangerous, and we have to consider that it's
11 not on all the time. I calculated it has
12 about 41 percent duty cycle because most of
13 the time it's setting up for the next shot.
14 However, in the break area if somebody
15 happened to be just inside the door, you have
16 24 MR per hour. Here at this location in the
17 10 Building, 8.6 and then in the restroom,
18 because it was more, at a smaller angle, it
19 was closer to the perpendicular to the
20 direction of the beam than the others, it was
21 22. So the break area was nearer but it was
22 further. It was almost at a 90 degree angle.
23 So here at this corner of the restroom it was
24 ^. And we're told also that some of the
25 workers would hide out in the restroom.

1 **MR. PRESLEY:** How far away was the restroom?
2 **DR. ANIGSTEIN:** Well, this is the scale
3 here, so this is ten feet. I mean I can't
4 tell you right at this moment. That's sort of
5 estimated.
6 **MR. PRESLEY:** So we're looking at least
7 eight feet.
8 **DR. ANIGSTEIN:** Yeah, correct.
9 So, and then on the roof at the time,
10 just above the steel castings. The exposure
11 rate was 208 MR per hour, and I think if I had
12 moved it, the location a little directly over
13 the Betatron instead of directly over casting
14 it might even have been higher, not by a huge
15 amount.
16 So then we go on to the activated,
17 exposure to the Betatron apparatus. This is
18 during the set-up time. While they're
19 adjusting the ^ from the Betatron, marking up
20 the locations on the casting, and again,
21 according to the workers, for the heavy
22 castings, the thick ones, they would give, I
23 think they were over six inches thicker, over
24 six inches of steel in all the uranium slices,
25 they would be casting for six feet from the

1 internal Betatron target.
2 They actually had a string that was
3 marked six feet and nine feet. Mistakenly, I
4 thought at first that meant from the outside
5 of the apparatus. No, it was already, was
6 attached to the outside of the apparatus, but
7 the string was calibrated from the internal
8 Betatron target.
9 So if the casting is six feet away,
10 the worker can't be six feet away. He could
11 be nearer, could be in between. One worker
12 will be on the other side, and one worker
13 would be on the Betatron side. So just figure
14 it could be between three and six feet, and we
15 just calculated like he was going back and
16 forth uniformly and integrated over the
17 exposure over that distance.
18 Sorry, this is if they were nine feet
19 away. Some of the shots were nine, forgive
20 me. Some of the thinner metal was shot at a
21 distance of nine feet. So figure, the worker
22 obviously got inside the metal three to six
23 feet. Then if the metal was six feet, then he
24 would be at three feet. That's just sort of
25 approximations that we made.

1 So this is one point of this agreement
2 we have with the NIOSH analysis which assumed
3 that the worker's always at six feet, or at
4 least they use that, the measured value at six
5 feet to assign the radiation exposure to the
6 Betatron operator during the set up. Also, by
7 interviewing workers we found we got a little
8 better idea of the actual time and motion.
9 And that would be the 90 percent of the shots,
10 not 90 percent of the time. It was 64 percent
11 of the time they were what we called short
12 shots.
13 And a typical short shot would be
14 three minutes of exposure, 11 minutes of set-
15 up time, one minute going back and forth to
16 the control room. So they would spend a lot
17 more time in the Betatron room than was
18 assumed in the NIOSH analysis. Then the other
19 ten percent, which is 36 percent of the time
20 because they're longer. Obviously, they take
21 longer. There would be the six foot metal-to-
22 target distance and the operator was at three
23 feet.
24 Of course, the exposure time increases
25 the closer you are. So the exposures, the

1 bottom line is our assessment of the exposure
2 to the Betatron apparatus is that we get 34,
3 35 MR for the eight-hour shift if they're only
4 doing short shots and about 13 MR per hour for
5 an eight-hour shift if they're only doing long
6 shots as opposed to the NIOSH estimate which
7 is 3.2 MR for an eight-hour shift. They
8 didn't report ^ they 0.81 per shot when each
9 shot was two hours.
10 So that's two kinds of disagreement.
11 One is the duration, and the other one is the
12 location of the worker.
13 **MS. MUNN:** In your discussion with the
14 workers, was the indication that once the shot
15 was complete, the Betatron was left in its
16 position. It was not -- for example, the
17 photograph that we just saw. The Betatron was
18 in the position that one normally sees safe
19 operation for, that is to say pointing
20 downward --
21 **DR. ANIGSTEIN:** I hear you.
22 **MS. MUNN:** -- and normally when it was
23 operating, it probably would be, as you
24 indicated earlier, at a 90 degree angle rather
25 than pointing down. So in your conversations

1 with the worker was it their memory that it
2 was left in position for activity and at the
3 end of the shot it was not returned to its
4 what we would think of as safe downward
5 position?
6 **DR. ANIGSTEIN:** If they were bringing in a
7 new casting, they would probably be moving the
8 Betatron out of the way. You don't want to
9 have a collision between the Betatron and the
10 casting. But one casting might require many
11 shots, might require a hundred shots, might
12 require 30 shots. And they would simply move
13 from one, typically, the largest X-ray film
14 available is 14-by-17 inches. It's commonly
15 used today like a chest film.
16 So they would simply set up the shot
17 here, then run to the control room, fire, wait
18 until it's over, come back, move it over
19 eight, 12 inches, 14 inches. They would allow
20 about a three-inch overlap between the shots
21 and go back so it wouldn't make any sense for
22 them to be swiveling it out of the way. They
23 would just be translating it back and forth,
24 up and down in between those many shots.
25 **MR. PRESLEY:** Didn't the Betatron have a

1 window that was closed on it after the shot
2 was taken?
3 **DR. ANIGSTEIN:** No, there was no window on
4 the industrial Betatrons. There was no shield
5 and no window.
6 **MR. PRESLEY:** What about, how long did the
7 15 MR, how long did that last?
8 **DR. ANIGSTEIN:** Well, according to the
9 person who took the measurements, Jack
10 Scheutz, who worked for the Allis-Chalmers
11 Company and then was actually contracted by
12 NIOSH to write a report on his work, he said
13 when I interviewed him that 15 minutes was
14 essentially zero. So we kind of said you
15 can't really, in the kind of exponential decay
16 you can't deal with zero. So I said maybe 15
17 microR because the background is about ten
18 normally. So he said, yeah, that sounds
19 reasonable.
20 So we calculated assuming that it goes
21 down by a factor of a thousand in 15 minutes.
22 So the exposure is really only during the
23 first few minutes. After that it doesn't
24 really matter whether you're in there 15
25 minutes or two hours because there'll be very

1 little additional --

2 **MR. PRESLEY:** When you talked to these
3 people, did they tell that they went in just
4 immediately after the shot --

5 **DR. ANIGSTEIN:** Yes, absolutely. They said
6 basically there was a ^ over their heads and
7 the whole thing was maximum turnaround time.
8 Because until they finished all the
9 radiographs, they couldn't send the casting
10 back to the plant to be repaired, and they
11 were repaired and radiographed again.

12 And the trigger was for each casting
13 they ship out it goes on the books as a
14 shipped casting and you get a bonus. So the
15 workers, they want to get that little extra
16 pay for each, get like a commission. I don't
17 know who got the commission, but there was
18 some pay incentive to get them out quickly.

19 **MR. PRESLEY:** Did anybody talk about how
20 that they repaired those castings?

21 **DR. ANIGSTEIN:** Yeah, yeah, they would
22 repair them I guess with hammers and chisels,
23 chipping them away with some kind of
24 electrical power grinder, also with a torch,
25 burning it away. They would burn the metal

1 away. They had three different mechanisms.
2 The called it chipping, grinding and burning.
3 And then the welder would come in and put, you
4 know, bring in fresh metal.
5 So either a burning torch or a welding
6 torch, it might have even been one and the
7 same but with a different adjustment of the
8 flame at any rate. So they were there. They
9 were very close. They were working probably
10 in a cloud of dust from the metal. However,
11 as it happens -- well, I'll get to that. Let
12 me just do that in a minute because that's my
13 next; I don't want to jump ahead here.
14 So the next thing we had to look at
15 was the radiation from the irradiated steel
16 because the steel then becomes radioactive. A
17 complex -- I didn't put it up here, but it's
18 in the report. It's a complex curve because
19 it has short-lived nuclides. It has a whole
20 bunch of radionuclides. Some of them are very
21 short-lived, some of them are longer. So
22 immediately after the shot the short-lived
23 ones predominate, and later on you get the
24 long ones.
25 But what NIOSH did was simply, they

1 just assumed that all the activation was Iron-
2 53, which would be true if it was pure iron.
3 But in reality they were doing many alloys.
4 We just picked HY-80 as a representative alloy
5 from ^. And this has a fair amount of
6 manganese and other alloy and elements in it.
7 And so we also had the advantage of a very
8 recently released code which did that
9 precisely. So it's still not a huge effect.
10 So their estimate would be 0.21 per
11 shift. Our estimate, considering all the
12 different types of exposure, the long shots,
13 the short shots and using the same assumptions
14 that NIOSH used, which we had no reason to
15 disagree with. The worker would spend part of
16 the time one foot from the metal. Part of the
17 time one meter from the metal. So we came out
18 with a little over twice as much. Still,
19 these are not very high numbers.
20 Then the next thing was when they did
21 the uranium, and they would use uranium
22 slices. They would typically, they would do
23 four shots. You had this maximum 18-inch
24 disc, and the film is only 14 inches wide.
25 You can't get the whole disc, and also they

1 like overlaps. So they would do as many as
2 four shots.
3 So using that model, so that's how we
4 did it. However, they used an earlier version
5 of the code, not that it was a problem, but
6 they had to do it in several steps. And Sam
7 Glover, who did the calculations, was kind
8 enough to share his input files with me. And
9 I shared them in turn with my colleague,
10 Richard Ulsher, who recently retired from Los
11 Alamos, who's an expert on this.
12 And there was a mistake in his input
13 file. And as a result the exposure from the
14 uranium was very much overstated. So our
15 calculation shows that per shift it's 6.8
16 millirem with 86.8 per shift assuming four
17 shots per shift in the NIOSH calculation. So
18 there is a compensating effect there.
19 And this is just a roll up of all the
20 external exposures. So I'm not ^ just in red
21 I marked what is really the salient fact.
22 **DR. BRANCHE:** Bob, would you speak up a
23 little bit, please?
24 **DR. ANIGSTEIN:** I'm sorry.
25 **DR. BRANCHE:** And actually, if the people on

1 the phone could please make sure your phone is
2 on mute. Sorry about that.
3 **DR. ANIGSTEIN:** I guess I'm turning to the -
4 - maybe what I'll do is I'll simply look at my
5 screen here, then I can face the microphone.
6 **MS. MUNN:** Great.
7 **DR. BRANCHE:** I think that would help.
8 **DR. ANIGSTEIN:** So basically for each type
9 of scenario you have three components. Those
10 they get in the control room while the
11 Betatron is on and were simply monitoring the
12 controls. The dose that you get from the
13 metal during the set up.
14 And the dose that you get from the
15 radioactive donut. And you see that was by
16 far predominates. For the steel shots it
17 predominates. For the uranium shots the metal
18 becomes more radioactive so it becomes
19 comparable to the others but still smaller.
20 And this is the wrap up, and it turns
21 out that the steel, radiographing the steel is
22 actually giving slightly greater exposure than
23 if they only radiographed uranium. So
24 therefore, the issue of how much uranium was
25 really done at any given time really fades

1 away. The two are very close.

2 And then there's also the old -- I

3 told you there was a new machine and the old

4 one, and there was a slight difference in the

5 power, and also it was further away. The ^

6 was a little different. The power was a

7 little less so they get a little less exposure

8 from that one.

9 Annual exposures, one thing, one big

10 difference is the workers consulting among

11 themselves in their different impressions

12 agreed that 65 hours a week was a reasonable

13 time. One of them said I always worked three

14 extra shifts. I mean, there were five plus

15 three so that would be 64 hours, so 64, 65.

16 Some of them said we worked as much as 80, but

17 we agreed that 65 would be a reasonable

18 consensus estimate.

19 So this comes out to 406 shifts a

20 year. And based on the exposure to the new

21 Betatron, they would get 13.6 R Roentgens per

22 year. And also they got a neutron dose which

23 was not calculated by NIOSH. And the

24 Betatron, while it's running, gives off

25 neutrons. Not in its post, you know, when

1 it's dying down there are no neutrons that we
2 know of.
3 But there were definitely neutrons
4 coming out from that target just like X-rays
5 coming out from it. So they would get, the
6 neutron dose is small compared to the photon
7 dose, but still it's there. Then also we
8 directly calculated using the MCNP Code the
9 dose to the beta radiation from the residual
10 radioactivity, the residual radionuclides.
11 And from the uranium is by far the most
12 significant because you get a couple of short,
13 not from the fission ^ from the activations.
14 You get a couple of short-lived uranium
15 isotopes because U-239 and U-237, which are
16 strong beta emitters. They don't stick around
17 very long. ^ is minutes ^ is hours.
18 So the basic summary which I think is
19 the bottom line is that for the years our
20 estimate with external exposure is essentially
21 twice the estimate of NIOSH. And the two
22 countervailing factors is they have less
23 exposure from the Betatron, but they have
24 exposure from the uranium which is overstated.
25 So from '52 to '61 to '62 the difference is a

1 factor of two. Then from '63 on, they're
2 still doing, there's less uranium, but they're
3 still doing the steel.
4 So they're still getting the same
5 amount of radiation exposure, whereas
6 according to NIOSH because they're doing less
7 uranium, they get much less. So now we have a
8 ratio, we have a difference between the two
9 analyses ^ ratio a factor of two to a factor
10 of six. Again, the neutron dose was episodic
11 count for the skin dose. Again, we have
12 higher, somewhat higher, not markedly so
13 except in the final years.
14 Then according to the NIOSH analysis
15 the Cobalt-60 radiography was unimportant
16 because it was bounded by the Betatron. And
17 we found that's not always the case. Because
18 we got information from one of the workers who
19 was actually in charge of doing that
20 radiography with that 80 curies source.
21 And he gave me a description which we
22 put into the model, and yet by far if there
23 should be somebody -- and again, it's probably
24 not a common occurrence -- but if somebody
25 should have been on the roof at the time that

1 this 80 curies cobalt source was wide open,
2 and even though it was inside the steel
3 casting but it would be open on top, he'd be
4 getting very, very high radiation exposure,
5 over 900 milliroentgens per hour.
6 Then furthermore, they also had a
7 small source. You had an 80 curie source.
8 You had 150 millicurie, ^ source so that must
9 be much less important. But that was not in a
10 shielded area. That was just in the plant.
11 They had a little cinder-block structure,
12 whole cinder block, that was almost
13 transparent to that radiation.
14 So anyone hanging around outside could
15 get significant doses, up to 17 MR per hour.
16 Have no information as to how often it was
17 used, who were the people there. They didn't
18 even, the people I talked to were not the ones
19 who did that. So they had seen the building,
20 that little structure.
21 Then to answer Bob Presley's question
22 about the repair on it. So they would have
23 the grinding, chipping, burning and then
24 welding of the activated steel; it happens,
25 and I'm surprised at the results, there is

1 very, very little radiation dose. And the
2 reason is these are short-lived radionuclides.
3 And the internal dose from any
4 radionuclide, the ^ nuclide, is when they
5 stick around in the body for years. Radium,
6 you know, never leaves the body for instance.
7 You can die and the radium is still in your
8 bones. These simply don't give very much dose
9 even though there is some activity. There's
10 enough activity there that they give external
11 dose. But once you take it in, it goes away
12 very quickly.
13 So NIOSH, we agree with, we concur
14 with NIOSH. They said it was less than one
15 millirem per year. We actually calculated it
16 was less than a tenth of a millirem per year.
17 So it's just not an issue.
18 The uranium dust we calculated simply
19 the radioactive contribution, but the induced
20 radioactivity in the uranium. And it's
21 completely insignificant compared to the
22 activity of the uranium itself. Whether you
23 inhale the uranium dust from an ingot that's
24 been irradiated or from one before it's
25 irradiated, there's no difference in dose.

1 The difference is like on the order of one
2 part in a million.
3 However, we took exception, and that's
4 in our review of TBD-6000, but that's where
5 they got their uranium dust intakes from. We
6 take exception with the way the resuspension
7 was calculated. We think that the uranium
8 concentration in the air during the handling
9 of the uranium was a reasonable claimant
10 favorable estimate. But the amount that was
11 in between those fairly infrequent operations
12 we think was understated. And I'm not going
13 to go into that because that's described by
14 6000.
15 **MS. MUNN:** We'll get into that when we get
16 into our matrix.
17 **DR. ANIGSTEIN:** Yeah, okay.
18 And then finally, we disagree, we have
19 a question about the covered period. And
20 NIOSH assumed, and I guess the DOL assumed,
21 that the covered period started through
22 January '53 because there was a, during one of
23 the correspondence at DOE during the FUSREP
24 authorization, they simply casually referred
25 to, oh yes, there were uranium operations

1 starting in the 1950s, from 1953 on.
2 However, there is a memo -- and I'll
3 show that on this screen. So this seemed to
4 be based, so this was this, in the material
5 that was passed out to us from NIOSH and the
6 DOE is this memo. And it clearly indicates
7 that uranium ingots had been -- I call it an
8 ingot. I think it was slices of ingots -- had
9 been furnished to General Steel Casting it was
10 then called, for a Betatron. And up here,
11 very clear, if you look at the typewritten
12 date, it looks to be 1953.
13 Now someone had hand-corrected it and
14 made it a two. And it seems entirely
15 plausible that the typist had made a mistake.
16 Maybe she was thinking '53 is coming up
17 already and typed and somebody went back and
18 corrected it to '52. So if this memo was
19 written in December '52, that means that this
20 process was already going on.
21 And the plausibility of that
22 assumption is... The Betatron was installed
23 in January '52. We know that because there's
24 actually a clipping from the local Granite
25 City newspaper and that was probably a

1 publicity handout from the company saying we
2 now have this Betatron. It was dated in
3 January. It was already up and running or in
4 the process of being turned on.
5 And so it was put in by the Army, and
6 here it was Mallinckrodt across the river
7 already producing the uranium ingots. It
8 would seem reasonable they would take
9 advantage of this. They wouldn't necessarily
10 take a year to, before they, they're going to
11 do it, they're going to do it right away.
12 That just seems plausible.
13 Again, there's no proof. But that and
14 the memo makes us think that the claimant
15 favorable assumption would be say that this
16 operation, in fact, started in January of '52,
17 and use that year as covered employment in
18 case there should be any claimants who were
19 working there that year.
20 So that's, and then the conclusions
21 finally are that the external exposures that
22 we estimate are higher than those by NIOSH and
23 particularly so in later years. From '61 to
24 '66 year-by-year we go higher because we're
25 still using the steel, whereas NIOSH took by

1 accident having overestimated exposures from
2 the uranium, came up with high numbers,
3 relatively high numbers at the beginning.
4 But then when they correctly assume
5 that the uranium radiography was going down
6 because we have, for years from 1958 on we
7 have purchase orders saying how the dollar
8 amount that allowed, that GSI was allowed to
9 charge Mallinckrodt and how much per hour they
10 could charge.
11 Divide one by the other and you get
12 how many hours exposure. And that steadily
13 goes down year by year so even by a six-month
14 period. But the steel does not go down, just
15 the opposite. Any they're doing more steel
16 but they weren't doing uranium.
17 And as a matter of fact the contract
18 had an oddity in it. Maybe because they
19 didn't want to be charged for shift work, they
20 specifically said that the uranium radiography
21 should be done Monday through Friday between
22 seven to five or eight to five or something
23 like that.
24 So if you want to say what about the
25 worker doing the steel, well, that could be

1 worked in an evening shift, the night shift.
2 They ran three shifts, three shifts and at
3 least six days a year, six days a week. So
4 those workers who would still get some
5 exposure to the uranium -- anyway, that's how
6 we made this estimate.
7 So we said that the skin we believe
8 was higher, somewhat higher. The uranium dust
9 intakes we believe may have been higher. The
10 dose rates from the exposure to Cobalt-60
11 should be considered and the date. So that's
12 essentially a very brief summary of my 90-page
13 report.
14 **MS. MUNN:** Thank you, Bob. That I think,
15 hopefully, gives us all a better feel of what
16 we're going to be looking at when we start to
17 look at the matrix now.
18 To begin with the matrix we've all had
19 it in hand. I don't know how many of us have
20 had an opportunity to absorb what's in it.
21 Since they are SC&A's findings --
22 **DR. ANIGSTEIN:** Excuse me. I can put that
23 on the screen if you like. Would that be of
24 any help?
25 **MS. MUNN:** Does everyone here have their

1 hard copy?

2 I think everyone here has a hard copy.

3 Hopefully, the folks on the telephone have

4 their electronic copy.

5 These are SC&A's findings so I'll

6 leave it to SC&A to present them to us one at

7 a time, and we can make our own decisions as

8 to whether or not NIOSH wants to discuss those

9 with them here or whether we're going to need

10 a technical call to do that at another time.

11 John or Bob, whichever of you is --

12 **DR. ANIGSTEIN:** I wrote these so basically I

13 simply cribbed from the executive summary of

14 the report.

15 **DR. ZIEMER (by Telephone):** Wanda, could I

16 ask a question before we get into the matrix?

17 **MS. MUNN:** Certainly, Paul.

18 **DR. ZIEMER (by Telephone):** This is just a

19 piece of information. I may have missed it in

20 the written SC&A report, but did the start

21 date for the use of the 80 curie source go

22 back to '53 as well? Did you establish a

23 start date on that source?

24 **DR. ANIGSTEIN:** No, the worker I interviewed

25 started around '61 or something like that. He

1 did not know. I asked him when was the source
2 purchased, and he did not know. I was not
3 able to --
4 **DR. ZIEMER (by Telephone):** So it was
5 already there though in '61 at least.
6 **DR. ANIGSTEIN:** I think it was '61. It was
7 the early '60s. I'm just going by memory now.
8 I have my notes.
9 **DR. ZIEMER (by Telephone):** And do we have
10 an end date on that source? Was it used, was
11 there any point at which it was returned or
12 did it continue to be there throughout the
13 whole period in question?
14 **DR. ANIGSTEIN:** No, it belonged to GSI so --
15 **DR. ZIEMER (by Telephone):** It remained
16 there during the whole period.
17 **DR. ANIGSTEIN:** Yes, that is correct.
18 So these are basically criticisms of
19 the report not all of which -- well, directly
20 or indirectly they would affect the dose
21 reconstruction, the dose assessment. So the
22 first one is completeness of data sources.
23 There was some just findings that the report
24 was incomplete.
25 This is something that some of the

1 claimants who, advocates for the claimants,
2 they criticize the reports. And that was they
3 keep talking about one Betatron. In fact,
4 there were two Betatrons, which is true from
5 1963 through 1966 -- sorry, basically '65,
6 January of '64 the second Betatron was
7 installed. So that is correct. This is an
8 omission which makes the report, the NIOSH
9 report, incomplete is the best way of putting
10 it.
11 Then again, issue two is the period of
12 covered employment. I've already talked about
13 that.
14 **MS. MUNN:** Before we go away from issue one,
15 Stu, we haven't asked NIOSH to look at these
16 and to begin to pull together responses. Do
17 you have any responses or any commentary that
18 you want to throw out on the table as we're
19 going through these or would you prefer to
20 wait for written response or how would --
21 **MR. HINNEFELD:** We are preparing responses
22 so I'm not ready to talk about any today.
23 I'll just get it out of the way now and make
24 one comment about the covered period. We'll
25 provide, we can provide the document to the

1 DOL to see if they want to change the covered
2 period, but it's not within our authority to
3 change the covered period outside what is
4 designated as covered.
5 **MS. MUNN:** With each of these findings if
6 you have any comment to make, please do as Bob
7 has gone through them.
8 **MR. HINNEFELD:** All right. I doubt that I
9 will. Like I said, we're working on preparing
10 responses.
11 **MS. MUNN:** Fine, thank you.
12 **DR. ANIGSTEIN:** Issue three, the --
13 **MS. MUNN:** Well, did we do two?
14 **DR. ANIGSTEIN:** That's the period of
15 covered, I basically covered that.
16 **MS. MUNN:** Yes.
17 **DR. ANIGSTEIN:** Issue three is they simply
18 state that the Betatron beam intensity was 100
19 R per minute and that was simply an error.
20 Because I actually read the report that was
21 submitted to NIOSH by Mr. Scheutz formerly
22 from the, I guess he is the successor to the
23 Allis-Chalmer Company. He's the only person
24 who continues to serve the Allis-Chalmer
25 Betatrons, the three that still remain in

1 operation.
2 And there's actually a table, which is
3 not shown here but was in the report, which he
4 furnished, and I simply copied it and reduced
5 it, which shows that the Betatron tubes,
6 because the tubes were not made by Allis
7 Chalmers. They were made by a company called
8 Miklin that used to make X-ray tubes. And
9 they would send them to Allis-Chalmer. And
10 Allis-Chalmer would then test them before they
11 would accept them.
12 And the acceptance criteria, the
13 minimum, was 200 MR per hour. And the ones
14 that he actually tested were closer to 300.
15 So 100 may have been the very early ones but
16 certainly not the ones of the time during when
17 this second 25 MeV Betatron was operating. So
18 as I said they go up to 282. So we decided
19 based on information we got from the workers
20 who remembered the manual, the instructions,
21 the 250 MR per minute was much more likely to
22 be an accurate, claimant favorable assumption.
23 **DR. ZIEMER (by Telephone):** Do we know how
24 that was measured?
25 **DR. ANIGSTEIN:** Yes, we do. Allis-Chalmer

1 had a published procedure in their manual
2 where they set up a Victorine ionization
3 chamber at a distance of six feet just to make
4 things a little more complicated.
5 **DR. ZIEMER (by Telephone):** So the reason I
6 ask that question is because the definition of
7 the Roentgen is dependent on electronic
8 equilibrium, and you rarely have that at these
9 high energies. I want to make sure, and I
10 wondered if you had looked at that procedure.
11 These could even be lower or too low.
12 **DR. ANIGSTEIN:** I did. It would take a
13 standard Victorine ionization chamber, simple
14 ionization chamber, and then they actually
15 give an engineering drawing of a large Lucite,
16 hollowed Lucite cylinder, that acts as a
17 equilibration shield. It goes, the Victorine
18 chamber goes inside a hole --
19 **DR. ZIEMER (by Telephone):** Inside an
20 equilibrium --
21 **DR. ANIGSTEIN:** Right, exactly.
22 **DR. ZIEMER (by Telephone):** -- sleeve
23 basically --
24 **DR. ANIGSTEIN:** Exactly. Now it is entirely
25 correct that the Roentgen is not even defined

1 for energies above ten --
2 **DR. ZIEMER (by Telephone):** Ten MeV.
3 **DR. ANIGSTEIN:** Ten MeV. So this is sort of
4 like an extrapolation of that concept. But
5 anyway, whatever it was --
6 **DR. ZIEMER (by Telephone):** I want to make
7 sure that they at least had those sleeves on
8 it.
9 **DR. ANIGSTEIN:** Yes, they did have the
10 sleeve, and they measured it at six feet, but
11 they used a 25 Roentgen chamber and put it
12 into a 100 Roentgen reader. So basically
13 multiplied it by four to make up for that
14 distance. This is their published procedure.
15 Finding number four is the stray
16 radiation which we found could be very, very
17 significant, and which according to Appendix
18 BB, the maximum was 0.72 MR, millirems per
19 hour. I don't know what the model of the
20 Betatron, that the Betatron building they used
21 was or they counted for the open passageway,
22 the lack of shielding in some of it. They did
23 not give a description. I didn't ask for it.
24 I'm not saying they refused to give it. But
25 it definitely was much higher.

1 But the significance of this, which I
2 perhaps didn't emphasize in my slide talk is
3 we have, we -- SC&A, we think we've got a
4 pretty good handle on the exposures to the
5 Betatron operator probably on the conservative
6 side, the claimant favorable side. We know
7 where he was. How much time he spent. We
8 have four Betatron operators which he wrote us
9 a memo after conferring with each other and
10 said, yes, this is the best recollection of a
11 typical operation.
12 However, the other locations where
13 people other than the Betatron operators were
14 just plant workers using the restroom, being
15 outside, being in the break room. We have no
16 idea of how much time they spent there; who
17 they were. Whether they were the some ones.
18 So there is radiation to a potentially
19 significant radiation to other workers that we
20 don't have a firm...
21 **MS. MUNN:** Was this restroom outside or
22 inside the chain link fence that you
23 mentioned?
24 **DR. ANIGSTEIN:** That restroom was directly
25 accessible from inside this Number 10

1 Finishing Building. The chain link fence was
2 around the Betatron Building that was sort of
3 an appendage to this Number 10 Finishing
4 Building. This long shed.
5 **MS. MUNN:** So it was accessible to the
6 Number 10 Finishing Plant, but that would
7 outside of the chain link fence.
8 **DR. ANIGSTEIN:** It was outside the chain
9 link fence. The chain link fence that
10 surrounded the Betatron Building, the way one
11 of the people explained to me, the real
12 purpose of it was, I think it was for security
13 to keep people from going in and pilfering
14 something. There would be a parking area.
15 They didn't want somebody robbing their car.
16 And, of course, the concrete wall, they didn't
17 worry much about it. But at any rate, yeah,
18 it was just, I don't know if it was for
19 radiation safety purposes or just security
20 purposes, convenient.
21 But, yeah, the restroom they would go
22 into the, so if the Betatron worker wanted to
23 use the restroom, he would have to go through
24 that rail tunnel, which was also the break
25 area, go into the building and then walk a

1 little distance, and then go through the door.
2 And then later, even though we were
3 not soliciting it, we would keep getting some
4 additional, oh, by the way, I forgot to tell
5 you sort of thing. And it pointed out that
6 there was in this Number 10 Finishing
7 Building, it was higher. It had a peaked
8 roof, was a little bit higher than the
9 Betatron Building.
10 And the thing about the Betatron
11 Building is according to -- I mean, I just saw
12 a photograph. I don't have an elevation plan
13 from General Steel Industries. I do have the
14 horizontal, the layout. But the Allis-Chalmer
15 manual gives detailed instructions how to
16 build the building. They don't build the
17 buildings. They just furnish the Betatron,
18 but they give you detailed drawings, and it
19 seemed to me that they were followed.
20 So the building is about 37, 38 feet
21 high but only the first 20 feet are shielded.
22 After that it's just metal or maybe a thin
23 layer of concrete. Whereas, the higher part
24 of the Number 10 Finishing Building is higher
25 than 20 feet.

1 And it was pointed out they would have
2 an overhead crane to be obviously as high as
3 possible because you want to get it out of the
4 way of the operations, which ran the length of
5 this Number 10 Building, and the operator
6 would ride on that crane.
7 So it's conceivable, plausible that
8 the operator if he had X-ray vision could have
9 looked straight into the Betatron Building and
10 over the shield wall. So that there could
11 have been some exposure as he was going back
12 and forth in addition to the workers who
13 happened to be in that area where it was not
14 shielded from the side.
15 So you had a lot of places where there
16 were poorly shielded areas which, I guess, I
17 don't want to make a value judgment, but the
18 first building that was built by the Army
19 Corps seemed to take that into consideration.
20 That is the nearest other building 250 feet
21 away, and that's already a storage building
22 probably, not very well inhabited. Whereas,
23 this building they deliberately built right
24 close to their main operations for
25 convenience.

1 Anyway, this radiation --
2 **DR. ZIEMER (by Telephone):** But those are
3 still calculable from scatter calculations and
4 distances surely.
5 **DR. ANIGSTEIN:** They certainly are except
6 that -- and we did calculate some of them,
7 except that we have no good sense of the, what
8 workers, the duties of the workers which would
9 place them in those locations.
10 **DR. ZIEMER (by Telephone):** Yeah.
11 **DR. ANIGSTEIN:** That's where the problem is.
12 **DR. ZIEMER (by Telephone):** But I think you
13 can bound the dose rates in those areas.
14 **DR. ANIGSTEIN:** Oh, yeah, sure, I mean, you
15 can say they were there eight hours a day.
16 That would be the maximum. In which case that
17 would become then the limiting dose. It would
18 be higher than the dose to the Betatron
19 operators who were always in the control room
20 reasonably well shielded during the, while the
21 Betatron was on.
22 **DR. ZIEMER (by Telephone):** Well, I guess I
23 wouldn't assume that a priori because this is
24 fairly common on industrial facilities where
25 you have sky shine and scatter to other areas.

1 I mean, the percent of the main beam that
2 scatters in any given direction is a very
3 small fraction.
4 **DR. ANIGSTEIN:** No, I'm saying that in the -
5 - I'm not sure I understood your comment. We
6 calculated the doses, the dose rates in the
7 control room. And these dose rates in these
8 other areas can be ten times as high, a
9 hundred times as high as the dose in the
10 control room, the dose rate in the control
11 room. For instance, the dose rate on the roof
12 was 200 as opposed to the maximum rate of 2-
13 point-something in the control room.
14 **MS. MUNN:** The angle of incidence into the
15 Number 10 Building would have to be pretty
16 steep if it is going above a 20-foot wall.
17 And one would have to have some knowledge of
18 how near to the end of the Number 10 Building
19 the overhead crane rails actually extended.
20 **DR. ANIGSTEIN:** Oh, it went from end to end,
21 and the Betatron Building was in the center of
22 it, but near the middle of the Number 10
23 Building, and the crane went from end to end.
24 **MS. MUNN:** Yes, but you see what I mean
25 about the angle of incidence being over the

1 20-foot wall would have to be --

2 **DR. ANIGSTEIN:** Well, I did not calculate

3 that particular location because we can, but

4 it would still be, I'm just saying this is

5 just a --

6 **MS. MUNN:** It's one more thing to take into

7 consideration.

8 **DR. ANIGSTEIN:** Yes, exactly.

9 **DR. MAURO:** So what I'm hearing from you

10 Bob, you have the MR per hour, the question is

11 we don't know how many hours per day, how many

12 hours per year --

13 **DR. ANIGSTEIN:** Exactly.

14 **DR. MAURO:** -- and that's going to be

15 important especially if the MR per hour at

16 these other locations could be as much as ten

17 times higher than let's say at some of the

18 locations where the Betatron operators stayed.

19 **DR. ANIGSTEIN:** Exactly, that's the basic

20 point.

21 Okay?

22 **MS. MUNN:** Yeah, I'm fine.

23 **DR. ANIGSTEIN:** And then the other issue,

24 which again I talked about here, is the

25 radiography, the Cobalt-60 sources can be

1 significant as much as 960 millirem per hour
2 on the roof of the building if it so happened,
3 again, this is infrequent because the worker
4 who serviced the ventilators said he did that
5 about twice a year and spent about half an
6 hour.
7 Now if he happened to be up there
8 while this 80 curie source was in use, he
9 could get in that half hour 500 MR. Now I'm
10 not saying that's very probable. That's a
11 coincidence, but there is a potential there.
12 Over the years it could have happened. And
13 then in other locations again all of these
14 places, the Betatron operator is probably the
15 safe guy because here you could get 12-16
16 millirem per hour from that. I think that
17 NIOSH should retract it. Some of that may
18 have been from inside the chain link fence
19 which I didn't know was there. From the 250
20 millicurie source you could have, I think, 17
21 millirem per hour outside that room where the
22 source was in use.
23 **DR. ZIEMER (by Telephone):** On this source,
24 were you able to confirm that they leak tested
25 this on a regular basis? Do we know that?

1 **DR. ANIGSTEIN:** No information whatsoever on
2 that. The only thing we know is that there
3 was a news release showing that some of the
4 workers, a portrait of the workers, and saying
5 they have gotten, they were in isotope
6 training. In other words they actually took
7 an approved course so that they could be
8 licensed by the AEC to be isotope operators.
9 The Betatron was not controlled by the AEC so
10 there was no licensing on that.
11 **DR. ZIEMER (by Telephone):** Right.
12 **DR. ANIGSTEIN:** But to be able to use the
13 cobalt source, they had to be licensed so you
14 had these people. So what that meant, whether
15 they had, they had someone, and I spoke to
16 him, was a radiation safety supervisor, but he
17 did not seem very familiar with the source.
18 He used the source, but as far, he
19 couldn't even tell me what the decay activity
20 was. I said when was it purchased? When was
21 it calibrated so we know over the years what
22 its strength was? He couldn't tell me. He
23 did not seem to take into account that cobalt
24 has a five year half life. So I have no idea.
25 **DR. ZIEMER (by Telephone):** Normally, they'd

1 have to adjust their exposures for that I
2 would think.
3 **DR. ANIGSTEIN:** Yes, they would, and they
4 may have.
5 **DR. ZIEMER (by Telephone):** We don't know
6 for sure that it was leak tested, although if
7 this was under an AEC license, it almost
8 surely had to be. I mean, that would have
9 been a license requirement. The reason I
10 asked that question was did anybody ever check
11 that facility for cobalt contamination?
12 **DR. ANIGSTEIN:** I would guess only when the
13 ORISE or Bechtel, when they did the clean up
14 in 1987, I think initially was the first time
15 they made an inspection, they would have
16 checked for that. But now we're talking about
17 the source that might have been 30 years old,
18 20, 30 years old, so even if there was any
19 cobalt there would have been considerable
20 decay. But, no, that was never, we have no
21 information on that.
22 **DR. ZIEMER (by Telephone):** Sorry to get off
23 the track there.
24 **DR. ANIGSTEIN:** No, no, no, that's a very
25 good question. Thank you, that never occurred

1 to me.
2 Another issue six is they never,
3 Appendix BB does not mention beta radiation
4 from activated steel. We found that the
5 irradiated steel gives about two rads to the
6 most exposed workers, gives two rads per year
7 to skin. Of course, the skin itself would get
8 more dose from the penetrating radiation, but
9 nevertheless it's a factor. I think for
10 completeness it should have been included.
11 Again, the activated Betatron
12 apparatus I talked about extensively in my
13 slide show so the main argument just to put it
14 succinctly is that we think it could have,
15 instead of using the 15 millirem per hour,
16 milliroentgen per hour, that the Appendix BB
17 used and they also assumed the decay rate that
18 wasn't constant by starting off with 15. It
19 could have been as much as 60 if the person
20 was three feet away instead of six feet away.
21 We actually used a steeper decay curve so the
22 integrated rate would have been not
23 proportional, that's high.
24 And then the work week, that's self-
25 evident, the workers were fairly confident

1 that they worked a lot of overtime. In fact
2 one of the supervisors told them like anyone
3 who's not getting enough overtime just come
4 and see me because I've got plenty to give
5 away. And one of the workers even commented
6 during his group interview -- we talked about
7 this in large amounts -- he said there were
8 divorces, and they all seemed to agree with
9 this.
10 **MS. MUNN:** It sounds as though almost
11 everyone appeared to have worked certainly
12 additional shifts routinely not just once in
13 awhile.
14 **DR. ANIGSTEIN:** Oh, no, they said it was the
15 norm, at least for these Betatron workers
16 because this was, it was the bottleneck.
17 **MR. MARSCHKE:** This would be for like the
18 Betatron workers not necessarily for people in
19 the break room or the restrooms or --
20 **DR. ANIGSTEIN:** We don't know.
21 **MR. MARSCHKE:** Yeah, the general plant
22 workers may or may not have had this 65 hours
23 per week.
24 **DR. ANIGSTEIN:** They may have had enough of
25 those workers. Just as an aside, there is a

1 trade-off if you're running any kind of an
2 organization, and you're assigning overtime
3 because on the one hand they get paid time and
4 a half so they appear to be more expensive.
5 On the other hand hiring new workers and
6 having to pay their benefits, there's a trade-
7 off. So they may have given it to everyone.
8 **MS. MUNN:** And there's also a trade-off in
9 efficiency. Anyone who works in any plant
10 knows that.
11 **DR. ANIGSTEIN:** Or any other job. That's
12 true.
13 But because there were a limited
14 number of trained Betatron operators they
15 would be definitely running those, my guess is
16 they probably ran them 18 shifts a week.
17 Next, oh, yeah, the steel work
18 practice, that's a fairly firm about this
19 finding that the way it's presented in
20 Appendix BB was that each shot was as if it
21 was a new casting. They said, well, they
22 would come in with a brand new casting that
23 had not been irradiated, not radioactive.
24 Then it would take about half an hour
25 to set up the casting and the shot. And then

1 they would shoot for an hour. That seemed to
2 be assumed that all the shots were an hour.
3 Then they would take another half hour to take
4 it down, remove the film and get it out of the
5 room. And so they could only do four a day.
6 And so most of the time the operators were
7 spending in the control room, at least half
8 their time. And they vehemently denied that.
9 When they read the report they said absolutely
10 that's not the case.
11 The turnaround time was very fast, and
12 it was not a new casting every time. One
13 casting would require dozens of shots. So it
14 may be true if they were bringing in a new
15 casting. Get the old one up on the railcar,
16 remove it, bring the new one in, yeah, that
17 could take time, but that didn't happen very
18 often. Because the castings, you could only
19 do 14-by-17 inches, and the castings were much
20 larger than that. So that makes a difference
21 in the work practice. It makes a big
22 difference in the exposure.
23 Then number ten, what there was is Sam
24 Glover shared the MCNP input file, and he did
25 it a little differently than we did it, but it

1 was basically a reasonable approach for
2 calculating the activation of the steel and
3 then using another computer code, Origin II,
4 which is part of the scale system, to get the,
5 what is the spectrum of radionuclides
6 resulting from uranium fission and then
7 getting the radiation from the radionuclide.
8 But there is a place where you have to
9 put in the atom density. It's in peculiar
10 units. It's in atoms per barns centimeter.
11 **MS. MUNN:** I can relate to that.
12 **DR. ANIGSTEIN:** Anyway, the number for
13 uranium should have been around 0.06,
14 something like that, and it was erroneously
15 entered as one. So you immediately get an
16 error of a factor of 16. So that's our
17 finding.
18 And then the scatter radiation that
19 they say if they give the, they calculate the
20 dose to the Betatron operators, and they
21 assign that dose to any worker who handled
22 that steel because of the residual activity,
23 says we'll give that dose to any worker who
24 handled steel within two hours of the time
25 that it was radiographed.

1 And everyone else gets the 0.72 MR per
2 hour because that's the most you get from this
3 sky shine, find that there are many locations
4 where the dose rate is much, much higher. So
5 that workers, non-Betatron workers, are not,
6 that's not claimant favorable to assign them
7 0.72 MR per hour.
8 The critique, issue 12, really
9 concerns the critique of TBD-6000. But in
10 brief our difference is that the concentration
11 in the air while the uranium is being handled
12 is based on one of the scenarios in 6000. We
13 think that that's the reason it's claimant
14 favorable. I think it was 198 going from
15 memory now, 198 DPM per meter. However, they
16 used that concentration and said, okay, you
17 have 5 micron AMAD uranium particles. So
18 they're in the air and they settle to the
19 floor, and by calculating the settling
20 velocity, you can calculate how much side of
21 the contamination layer. And our comment is
22 that the uranium oxide forms on the surface of
23 the uranium, it flakes off, and it falls
24 directly to the floor. It never becomes
25 airborne. It doesn't contribute to that

1 measured airborne concentration. So on the
2 floor there's a lot more when you calculate
3 this way.
4 And then secondly, they use a
5 resuspension factor of ten to the minus six,
6 and that's probably a good resuspension factor
7 for a very quiet facility like a
8 decommissioned facility. Nobody's moving
9 around, and there is maybe occasionally a
10 draft. Here you have workers walking, if not
11 running, across this floor, trucks coming in,
12 wheeled vehicles. Some of this stuff comes in
13 like the one big casting ^ car, was on a
14 flatbed trailer, truck trailer, they come in.
15 So there will be considerably more dust
16 stirred up.
17 So we think that ten to the minus
18 five, ten to the minus four would be a
19 reasonable resuspension factor. So that there
20 will be larger intakes in between the uranium
21 operations and also during this residual
22 period after the cessation of contract
23 activities. That's our finding.
24 **DR. MAURO:** I'd like to add to that a
25 little, those two issues related to

accumulation of residual radioactivity from deposition and the resuspension. Those are generic and global issues that NIOSH has already addressed, one aspect of it, namely, the ingestion part. And coming up, I think it was OTIB-0009?

MR. HINNEFELD: Sounds right.

DR. MAURO: About the resuspension factor question of ten to the minus six is still, it is a global issue that I believe is still under investigation on the...

I heard Jim say that at one of our meetings. So this last comment that, set of comments, related to uranium inhalation, certainly we can address them as part of this. But I believe that we're going to find that it's probably already actively being addressed in another venue.

DR. ANIGSTEIN: I think I'm a little concerned. You did mention ingestion which we specifically did not include ingestion in any comment on ingestion because we are understanding that was being addressed. But that does not address the inhalation.

DR. MAURO: That's correct. The build up of

1 residual radioactivity on surfaces is common
2 to both the inhalation from resuspension and
3 the ingestion.
4 **DR. ZIEMER (by Telephone):** This is Ziemer.
5 Let me ask a question on that because you
6 mention here that the larger, quote, flakes of
7 uranium oxide falling. But before the
8 resuspension of interest has got to be this
9 stuff smaller than five microns I would think.
10 How important is this other issue? I mean,
11 when you're going to ten to the minus five or
12 minus four, are you still referring to the
13 smaller particles?
14 **DR. MAURO:** Yeah, you're not going to get,
15 in general, resuspension the rule of thumb is
16 if it's bigger than a hundred microns, it
17 really is not going to come up. But now the
18 question --
19 **DR. ZIEMER (by Telephone):** Now, this says
20 ignores the larger particles. But what I'm
21 asking is that sort of important?
22 **DR. MAURO:** It might be. We've been talking
23 about this. The question is, okay, the
24 particles flake off are various sizes, fall to
25 the ground. And certainly, if they stay as

1 large particles the potential for resuspension
2 is minimal. However, there's so much
3 anthropomorphic activity, walking, grinding
4 under foot, the vehicles --
5 **DR. ANIGSTEIN:** Anthropogenic.
6 **DR. MAURO:** What did I say?
7 **DR. ANIGSTEIN:** You meant to say
8 anthropogenic.
9 **DR. MAURO:** What did I say, anthropomorphic?
10 **DR. ANIGSTEIN:** Right.
11 **DR. MAURO:** My apologies. So you're right.
12 It's a tough question whether or not are those
13 particles that flake off and fall to the
14 ground that may be in larger quantities than
15 would occur from the deposition going on.
16 **DR. ZIEMER (by Telephone):** I guess we can
17 speculate as to whether they'd be ground up
18 more of a ^-type effect, but has anyone looked
19 at that study-wise? Are there, have you guys
20 looked at the literature at all?
21 **DR. MAURO:** No, we took it from assume you
22 have fine particles below 100 microns on
23 surfaces. We have looked at resuspension
24 factors. However, we have not, at least I
25 haven't, -- and, Bob, you may have -- looked

1 at would you expect the uranium that flakes
2 off and falls to become ground up. No, no.
3 **DR. ANIGSTEIN:** Just intuitively, if you're
4 stomping over it in your work shoes, and
5 you're driving trucks over it, you would think
6 there might be some --
7 **DR. ZIEMER (by Telephone):** Well, you know,
8 I guess I would have that same reaction
9 although I, just for the sake of argument, I
10 suppose one could argue that depending on what
11 else is being used in there, stuff could also
12 clump up and become less suspendable. I mean,
13 like is there any grease around, you know what
14 I'm saying? So a priori I don't want to
15 assume one way or the other. That's why I
16 asked if we had any studies where people have
17 looked at this.
18 **DR. MAURO:** And I think it goes beyond that
19 also. Remember the residual uranium on
20 surfaces, the database that we have, really
21 goes toward, in TBD-6000, goes toward uranium
22 machining operations, places that were really
23 hacking away on this uranium and really had a
24 tremendous potential to generate large flakes
25 falling on surfaces.

1 This operation wasn't like that. They
2 were handling slabs, but I guess I'm picturing
3 they weren't doing the kinds of things you do
4 at a uranium machining operation.
5 **MS. MUNN:** Certainly not a machining
6 operation.
7 **DR. MAURO:** So I would say on both accounts
8 there are certainly offsetting factors, no
9 doubt about it.
10 **DR. ZIEMER (by Telephone):** Okay, just
11 wondered.
12 **MS. MUNN:** And ten to the sixth has been
13 used widely in resuspension calculations
14 previously --
15 **DR. MAURO:** Not for the --
16 **MS. MUNN:** -- but not for this type of, I
17 recognize that.
18 That was issue 12, right? And there's
19 one more.
20 **DR. ANIGSTEIN:** Okay, this is just a
21 scientific nitpicking perhaps, but the units
22 are not consistent in the Appendix. They talk
23 millirem and milliroentgen are used sometimes
24 interchangeably. In one place in the Appendix
25 they refer to the sky shine as 0.72 millirem,

1 and in another place they refer to it as 0.72
2 milliroentgen. And the two units of, there's
3 a difference of about ten or 15 percent.
4 And it's just scientifically not
5 correct. I'm not saying it makes a huge
6 difference in the construction. And in
7 another place they refer to beta dose in
8 Roentgens per units. Beta cannot be measured
9 in Roentgens so it's just a scientific
10 observation.
11 **DR. MAURO:** Normally, those kinds of
12 comments we relegate to what we call
13 observations. So it really doesn't make it to
14 here.
15 **MS. MUNN:** That's fine, and it's something
16 I'm sure NIOSH will want to address.
17 Stu, I don't want to put you on the
18 spot here, but do we have any feel for when we
19 might be getting NIOSH responses to these
20 comments?
21 **MR. HINNEFELD:** I would think they'd be
22 available by the next in-person Board meeting.
23 That's a little more than a month away. I'd
24 think they'd be available by then, but I
25 really have to find out. The person who's

1 doing it is Dave Allen who does a lot of other
2 stuff, too. So I hate to, you know, if I tell
3 him to do this by that meeting, what does that
4 do to the other things he’s working on. And
5 is this really one to do at the expense of
6 those other things. I really need to go find
7 that out, but I think that would be a
8 reasonable guess.
9 **MS. MUNN:** There’s really some concern with
10 respect to when our next meeting needs to be.
11 We have so much on our respective plates that
12 it’s, I had hoped that perhaps we might work
13 toward incorporating the next meeting of this
14 with the big Board meeting. But at this point
15 it doesn’t seem likely given what the agenda
16 is probably shaping up to be for that three-
17 day Board meeting. If we cannot put together
18 our next session prior to that time, then it’s
19 hoped that we could be able to meet before
20 very long following that.
21 **DR. BRANCHE:** Just to let you know, Wanda, I
22 have tried to make provisions so that
23 anticipating that you and there’s one other
24 that I suspect might need some time, you have
25 time if you want to meet either the evening

1 before or the morning of the first day of the
2 Board meeting because Mark is having his
3 Subcommittee meeting completely separate from
4 the Board meeting.
5 **MS. MUNN:** That would be helpful for us.
6 **UNIDENTIFIED (by Telephone):** Well, I'll
7 come and listen.
8 **MS. MUNN:** Hello?
9 **DR. BRANCHE:** Who just said that?
10 **MS. MUNN:** I don't know, but if we did have
11 the morning prior to --
12 **DR. BRANCHE:** The morning of the 24th.
13 **MS. MUNN:** Would it be possible for us to at
14 least address some of this?
15 **MR. HINNEFELD:** I think we can address some
16 things. You know, there's a lot of other
17 things to address. There are open findings
18 that we provided initial responses on that
19 we've never talked about. So I mean there are
20 a lot of things that could be talked about.
21 **MS. MUNN:** My concern is that those open
22 items that we have not even touched on here
23 today --
24 **DR. BRANCHE:** Excuse me, if you could please
25 mute your phones. Thank you.

1 **MS. MUNN:** The problem is that we have that
2 list of what would have been action items
3 normally for this meeting, which we have not
4 touched on with any depth at all with the
5 exception of the items that you and Steve
6 discussed in your e-mail. So we do have a
7 number of outstanding items that are not on
8 our agenda today.
9 After our break let's resume this
10 discussion because we need to come to some
11 conclusion about how we as a working group can
12 prioritize the outstanding issues that we have
13 not talked about today in concert with what we
14 have talked about today and how long it's
15 going to take us to address those when our
16 next meeting is going to be.
17 I don't think this agenda is going to
18 be really easy for us to come to real
19 agreement dealing with everyone's realistic
20 expectations and schedules. Then tentatively
21 I will hope that you and Dave will be able to
22 at least have some initial response for most
23 of the items that we have here in Appendix BB.
24 **MR. HINNEFELD:** I would think so. I would
25 think we can do it by then, but like I said

1 again, it depends on everything else that is
2 being done.
3 **MS. MUNN:** Let's do take advantage of the
4 morning of the 24th.
5 **DR. BRANCHE:** How long do you think you'll
6 want?
7 **MS. MUNN:** We'll take the entire morning.
8 We won't be meeting for an hour or so. We'll
9 take the entire morning.
10 **DR. BRANCHE:** Like 8:30 until about 11:30?
11 **MS. MUNN:** Eight thirty until 11:30 at
12 least. Probably 8:30 -- when does our
13 afternoon session begin?
14 **DR. BRANCHE:** I'm either going to begin it
15 at one or 1:30.
16 **DR. ZIEMER (by Telephone):** You may have
17 some overlap with some other group that wants
18 to meet that morning.
19 **DR. BRANCHE:** Yeah, I haven't let everybody
20 know that this provision is there. I had to
21 wait until I heard more about what NIOSH was,
22 I mean, I just finished the Federal Register
23 announcement draft, and so once I did that I
24 realized how much, I don't want to say too
25 much flexibility, but I have some flexibility

1 so we don't have to start the morning of the
2 24th.
3 **MS. MUNN:** That's good because we can really
4 use the morning.
5 **DR. BRANCHE:** And I didn't alter things
6 because we're going, many people indicated
7 they wished to go visit the Mallinckrodt site,
8 and so there's the opportunity for sort of a
9 late afternoon-early evening for people who
10 want to have meetings then. And then I would
11 say if you put dibs, since you're putting dibs
12 now, that we might have some competing
13 meetings.
14 We have to be careful of that though
15 because there's only one of me, and I think
16 there's only one other person who I have
17 available who can be a DFO, and Dr. Wade is
18 not going to be in the country even. So I've
19 got Chia-Chia Chang who can do it. And also,
20 we only have one recorder. So I have, we've
21 got to be able to have some balance here.
22 So, Paul, I don't think we're going to
23 have too many competing meetings. It just
24 might be that we have to snip and parse. We
25 might have to snip and parse here and there.

1 **MR. STEPHAN (by Telephone):** Hey, Wanda,
2 this is Robert Stephan with Senator Obama.
3 **MS. MUNN:** Hello, Robert.
4 **MR. STEPHAN (by Telephone):** How are you?
5 **MS. MUNN:** I'm fine. How are you?
6 **MR. STEPHAN (by Telephone):** Good. I don't
7 want to interrupt here. Just wanted to let
8 you know I was on the call and whenever you
9 get a moment, I just have a quick comment.
10 **MS. MUNN:** We do appreciate that, and your
11 comment would be happy to be received right
12 now.
13 **MR. STEPHAN (by Telephone):** Thank you. I
14 want to just throw out there that I think
15 we're heading towards a need for an 83-14 on
16 this issue. I certainly appreciate what SC&A
17 has done. Matter of fact I believe it was
18 Senator Obama who requested this report awhile
19 back. SC&A has provided our office with a
20 briefing. Wanda was on that call. We had a
21 very good call.
22 The direction that we seem to be
23 heading in is there are so many unknowns. And
24 I'm just very fearful that we're going to --
25 we need to debate this trying to find every

1 answer to every unknown, which will be very
2 timely. And as you know we have always had a
3 problem with timeliness. I don't, I think
4 that, not be afraid to say that we don't know.
5 Let's move on.
6 In particular, I realize this is not
7 Steve's fault. He doesn't have a written
8 report in front of him; therefore, I'm sure he
9 doesn't want to comment too much on his
10 response without a written report. But I'm
11 really concerned that we're not going to
12 report in enough time by our June Board
13 meeting, which is in St. Louis. And we
14 requested it be in St. Louis so the GSI
15 workers could come.
16 It seems like we're going to yet again
17 have a meeting where we're really not ready to
18 vote, and that is very, very troubling to me.
19 So I'm very anxious to see NIOSH's response or
20 for NIOSH to say they do not have a response
21 and they're recommending the 83-14. But I'm
22 at least hopeful that we can prioritize, NIOSH
23 could prioritize a response to this given that
24 the next meeting is in St. Louis. The GSI
25 workers will be there. Let's get it on the

1 agenda, and let's vote, and let's move on, and
2 let's be done with this.
3 It seems to me there's been a -- well,
4 let me back up. My understanding is NIOSH,
5 this report on May the 2nd and is in the
6 process of trying to find some minutes from
7 SC&A's meeting with the workers.
8 John, you know, can any of you guys
9 get those meeting minutes to NIOSH post haste?
10 (no response)
11 **MR. STEPHAN (by Telephone):** John Mauro?
12 **DR. MAURO:** The meeting minutes, I thought
13 that was taken --
14 Bob, you were right in the middle of
15 this.
16 **DR. ANIGSTEIN:** No, I was not.
17 **DR. MAURO:** There were some meeting minutes
18 taken --
19 **MR. ELLIOTT:** I think the meeting minutes
20 have already been taken care of. This is
21 Larry Elliott, Robert.
22 **MR. STEPHAN (by Telephone):** Larry, do you
23 have those minutes?
24 **MR. ELLIOTT:** Yes, the minutes have already
25 been created. This was an SC&A set of

1 interviews, and we were, Bob was so kind to
2 offer the invitation to some of our contract
3 staff to participate in those, and she took
4 notes. And in order to provide a clear record
5 here, I asked her, our contractor, to complete
6 a set of minutes based upon her notes and
7 share those with John Ramspott and his crew to
8 get comment and edit on those.
9 And I think that's where those notes
10 are at. They're now being edited based upon
11 the comments that John collected for us. So
12 as soon as we can pull those together they
13 will be distributed.
14 **MR. STEPHAN (by Telephone):** You're waiting
15 on comments from the workers to those minutes?
16 **MR. ELLIOTT:** I believe that we have all of
17 John Ramspott's set of comments and now the
18 comments are being addressed in the revision
19 of the minutes. And I haven't seen that
20 completed yet.
21 **MR. STEPHAN (by Telephone):** Okay, is it
22 possible, Larry, that we can get a response
23 from NIOSH prior to the Board meeting?
24 **MR. ELLIOTT:** Well, we will do our best
25 given the priorities of everything that we

1 have. And it's certainly our goal, as Stu
2 alluded to earlier, to figure out what we can
3 accommodate in this regard. We'll produce,
4 even if it's a partial reaction, we'll produce
5 what we can in advance of the Board meeting.
6 I would say that an 83-14 is not
7 necessarily an option here. What I see in
8 SC&A's review is another way of bounding the
9 dose. So it's not been shown to me yet that
10 we cannot bound the dose here. So it's not an
11 SEC issue. It becomes a dose reconstruction
12 approach issue.
13 **MR. STEPHAN (by Telephone):** Right, well, I
14 guess what I mean by 83-14, maybe that is
15 technically not the route. What I'm saying is
16 that if there is disagreement over bounding
17 the dose, at what point in time do we say,
18 okay, we can't agree on that? Or we can
19 agree. Maybe you can agree, and we'll find
20 that out in advance of the meeting.
21 I'm just trying to think ahead to see
22 where we will be and wrap this up as soon as
23 we possibly can. I'm just very nervous we're
24 going to have this meeting in June, and we're
25 going to not have a vote in June. We're not

1 going to have a conclusion. We're going to be
2 out in August or September, which will be
3 highly frustrating to the workers and highly
4 frustrating to the senator.
5 And we need to wrap it up at some
6 point. So I'm just fearful that we're going
7 to have a long, protracted process of
8 disagreeing on what this appropriate bounding
9 of this dose is.
10 **MS. MUNN:** Robert, this is Wanda. I think
11 as best we can determine certainly everyone on
12 the work group, and I believe everyone in the
13 agency is extremely concerned with the issues
14 that you raised, and we sincerely want, as you
15 do, to bring this to closure as quickly as
16 possible.
17 The reason we were having the
18 discussion just prior to your comments with
19 respect to when we could meet again and when
20 we could anticipate having some responses that
21 we can deal with at the work group. If, in
22 the best of all possible worlds, we would have
23 the findings addressed, be able to discuss it
24 in a very abbreviated fashion and have some
25 suggestion that we might place before the

1 Board at this meeting, but that is the best of
2 all possible worlds, and none of us are sure
3 we've been able to achieve that level of
4 perfection yet.
5 We're going to do our best to try to
6 do that. It's in our minds and in our hearts.
7 Whether we can fulfill that is a reality we
8 just will have to address at the time it comes
9 along. So we'll keep our finger on the pulse
10 and try to do the best we can. We've asked
11 for time just before the meeting in order to
12 see how much of this we can get our arms
13 around. If we can get enough of it that we
14 can bring something to the table, we'll do it.
15 **MR. STEPHAN (by Telephone):** So I'm
16 understanding correctly, Wanda, you guys are
17 proposing to have another work group meeting,
18 not as an official part of the next Board
19 meeting but prior to the Board meeting --
20 **MS. MUNN:** The morning before the --
21 **MR. STEPHAN (by Telephone):** -- person there
22 in St. Louis. This is going to be the main
23 issue that you discuss?
24 **MS. MUNN:** It will certainly be the first
25 item on the agenda, yes, absolutely.

1 **MR. STEPHAN (by Telephone):** Okay.
2 **DR. BRANCHE:** But, Mr. Stephan, this is
3 Christine Branche, just to clarify. What Ms.
4 Munn said is that it will be the morning of
5 the first day of the Board meeting is what
6 we're proposing.
7 **MR. STEPHAN (by Telephone):** Okay, I
8 understand. Thank you. Fair enough, guys.
9 Thank you.
10 Thank you, Larry.
11 **MR. HINNEFELD:** Just to add one thing to the
12 discussion, this is Stu Hinnefeld. We
13 received recently an 83-dot-13 petition,
14 General Steel Industries. So a -dot-14
15 petition doesn't matter assuming the
16 evaluation here goes to the entire covered
17 period and all the exposures, we don't really
18 need to go the 83-dot-14 route. The decision
19 would be coming out during the evaluation
20 report on this 83-dot-13.
21 **MR. STEPHAN (by Telephone):** You have that
22 83-13 already ready to go?
23 **MR. HINNEFELD:** Well, the dot-13 is the
24 petition that's received from a petitioner.
25 We received it, oh, I guess it's a month or

1 more ago, and we received the initial
2 petition. We have had conversations with the
3 petitioner in order to make sure we get a
4 petition in in form for qualification. And it
5 looks like we qualified the petition. I'm
6 reading now off our database.
7 It looks like we qualified the
8 petition about a week ago, six days ago. So
9 the petition's been qualified for evaluation,
10 so it will be evaluated. So the 83-dot-14
11 technique avenue isn't necessary because we're
12 farther along on 83-dot-13 if the decision
13 ultimately is that the dose reconstruction is
14 not feasible in that class. Now that's a big
15 if. So if that's the decision ultimately
16 we're farther along on 83-dot-13 than we would
17 be on --
18 **MR. ELLIOTT:** I would also add to this
19 discussion just so that the record is
20 straight. That if it's determined that we
21 cannot reconstruct this Betatron dose, then
22 what good does that do a class? Because it's
23 external dose primarily, and skin cancer is
24 not one of 22 cancers covered under the class.
25 **MR. HINNEFELD:** Well, the 22 get covered.

1 **MR. ELLIOTT:** The 22 get covered, but skin
2 cancer is left totally without any partial
3 that we can do other than -- so there's that
4 to keep in mind, too. Again, what I've seen
5 today, and what we saw in Bob's briefing notes
6 from last Friday in the report, it's not an
7 SEC issue. It is a dose reconstruction
8 approach issue.
9 **MR. HINNEFELD:** That's the way it sounds to
10 me.
11 **MR. ELLIOTT:** I just don't -- there's a lot
12 of confusion running rampant in southern
13 Illinois about what all of this means. And to
14 me it's not an SEC class issue. Yes, we have
15 a petition, 83-13 petition, and we'll process
16 that and evaluate it. But what we have before
17 us right now in this review is a site profile-
18 related issue.
19 **MR. STEPHAN (by Telephone):** Help me
20 understand the timeline for this 83-13 and how
21 that impacts the site profile that you're
22 discussing now.
23 **MR. ELLIOTT:** Well, I hope that we'll have -
24 -
25 **MR. STEPHAN (by Telephone):** That will

1 eliminate some of the confusion.
2 **MR. ELLIOTT:** This is Larry Elliott. I'll
3 answer your question as best I can. I hope
4 that we'll have this scientific dialogue
5 concluded on this review well in advance so
6 that it can be added to our evaluation report.
7 So we'll have settled this review set of
8 issues and that will be factored into any
9 evaluation that's done on the petition.
10 **MR. STEPHAN (by Telephone):** I mean, the
11 normal SEC petition process takes quite awhile
12 for the evaluation report et cetera. You're
13 already pretty far along into that process is
14 what you're saying.
15 **MR. ELLIOTT:** Yes, that's Stu's point.
16 **MR. HINNEFELD:** According to the database
17 we're 33 days into the 180-day clock. The
18 180-day clock is from the petition to issue an
19 evaluation report. And there is certain time
20 for trying to work with the petitioner to get
21 a petition that will qualify that the time
22 doesn't toll. So right now we're 33 days
23 according to our database, 33 days into the
24 180-day clock. The 180-day clock is to issue
25 an evaluation report.

1 **MR. STEPHAN (by Telephone):** Okay. I don't
2 want to take too much time here. I obviously
3 have some confusion on my end or just some
4 points I think we need to go over a little bit
5 more. So I'd be happy to do that, Larry and
6 Stu, if you guys are willing in a separate
7 conference call.
8 **MR. ELLIOTT:** Surely. I think another
9 confusion out there is that the dose
10 reconstruction reports that we are producing
11 may yield in some instances, for example, a
12 dose estimate of 49.18 rem. And people are
13 interpreting that to mean that's the
14 probability of causation, and it is not.
15 So when I hear folks saying, well,
16 I've got five or six cases here that I want to
17 talk about that have almost the 50 percent
18 probability but not quite, I want to talk
19 about that. Well, I want to talk to them,
20 too, because I want them to understand that
21 what they're quoting is the amount of dose
22 that's been assigned, not the probability of
23 causation estimate.
24 **MR. STEPHAN (by Telephone):** Right, right,
25 that was a source of confusion. I can only

1 speak to one case. I'm not sure about the
2 other five.
3 **MS. MUNN:** All right then, it's my
4 understanding, Robert, you're going to speak
5 with Larry and/or Stu offline and clear up,
6 and everybody get on the same page about where
7 we are.
8 **MR. STEPHAN (by Telephone):** Yes, thank you.
9 **MS. MUNN:** Good, thank you. We appreciate
10 your interest and thank you for chiming in.
11 We're right now at break time if
12 that's all right with everyone here. We will
13 take a 15-minute break. We will be back at
14 3:18.
15 **DR. BRANCHE:** Three eighteen. I'll put the
16 phone on mute.
17 (Whereupon, the working group took a break.)
18 **DR. BRANCHE:** I'd ask that you mute your
19 phones. I haven't talked about this in a
20 couple of cycles. I just want to remind you
21 the quality of the line for the other
22 participants by phone is hampered if those of
23 you who are on the phone don't mute your
24 phones. So I do ask that you mute your phones
25 and that if you do not have a mute button,

1 then please use star six and then use that
2 same star six to unmute your phones when
3 you're ready to speak. Thanks so much. I
4 appreciate it.
5 Ms. Munn.
6 **DISCUSSION ON OPEN, OPEN/IN PROGRESS, IN ABEYANCE AND**
7 **CLOSED**
8 **MS. MUNN:** I have allowed us a full hour on
9 our agenda for this item, which looks as
10 though it ought to be very simple, but it may
11 not be. I call your attention back to our
12 very first agenda item which was our summary
13 of procedures and the discussion that we had
14 at that time with respect to the items below
15 the numbers, how we are going to define open,
16 open-in progress, in abeyance and what is and
17 is not closed. How we're going to get our
18 arms around that.
19 Is there anyone who wants to start
20 this discussion? Is there any part of this
21 that you feel strongly about that you feel we
22 should adopt immediately and move forward
23 with?
24 (no response)
25 **MS. MUNN:** If not, then let's first take up

1 the question that we already discussed but
2 have not brought to closure with respect to
3 transfers. There are two issues that need to
4 be considered. One is the language that we
5 are intending when we say closed. The other
6 is will we adopt, will we break transferred
7 into two different categories, input and --
8 import and export, sorry.
9 **DR. ZIEMER (by Telephone):** Wanda, this is
10 Ziemer.
11 **MS. MUNN:** Yes, Paul.
12 **DR. ZIEMER (by Telephone):** I sort of, I
13 like Kathy Behling's suggestion to use the
14 export terminology when we move it out of this
15 database versus transferred terminology when
16 it's moved within the database to a different
17 location I think is how she described it.
18 **MS. MUNN:** That would give us --
19 **DR. ZIEMER (by Telephone):** I'm not sure on
20 the transferred part of it exactly what she
21 was referring to, but in cases where we
22 transfer to a different item.
23 **MS. MUNN:** Yes, I think that she meant as
24 long as we're continuing to deal with our
25 Procedures work group database, transferring

1 from one page of the database to another page
2 or to a different item within the database
3 would be a transfer.
4 If we're going to send it off to some
5 other entirely different database, some other
6 work group or to the Subcommittee, then it
7 would become an export. That would leave us
8 then with three categories as opposed to the
9 one we have now. We would have a transfer
10 category. We would have an export category,
11 and we would have an import category.
12 **MR. HINNEFELD:** Now, how is transferred
13 different from the current status of addressed
14 in findings? Because right now we have a
15 status that says addressed in finding and then
16 there's a blank and you put in the finding
17 somewhere else within the Procedure database
18 where it's going to be, where the answer can
19 be addressed. And that sounds like what you
20 just described as a transfer.
21 **MS. MUNN:** Yes, but the question that arises
22 is that closed where it was. You see, it's
23 not an import for the new item where it
24 appears. It's a transfer in the new item
25 where it appears, transferred from and the

1 date.

2 **DR. ZIEMER (by Telephone):** What would be an
3 example? That may help me.

4 **DR. MAURO:** I recall one particular review
5 that we were working on. It might have been
6 OTIB-0004 and may have had 15 different
7 findings. However, 12 of them were for all
8 intents and purposes related. And in the end
9 what really happens is when we deal with
10 number seven, we have for all intents and
11 purposes we have dealt with the whole thing.
12 I remember that kind of conversation.

13 **MS. MUNN:** Yes.

14 **DR. MAURO:** And so we found ourselves
15 saying, well, we don't need these many
16 findings. We really only use one finding
17 which really captures everything. And I think
18 that would be an example of why once that one
19 are really being addressed elsewhere so we
20 don't have to track that one separately. So I
21 think that's at least one example where we
22 said we could simplify this whole, at least in
23 OTIB-0004, by simply saying really there are
24 only, instead of 17 findings, we really only
25 have four which would really encompass all 17.

1 And I remember we talked about that. What
2 happened to that I'm not quite sure. If we
3 opened up -0004 we might be able to find that
4 out, but I think that's an example that this
5 particular issue is being addressed as part of
6 issue number seven. This issue number two is
7 being addressed as part of issue number seven.
8 That was all within one procedure.
9 **MS. MUNN:** That is definitely a transfer.
10 That's not even a transfer to another part of
11 the same database. It's internal to the one
12 finding actually.
13 **MR. MARSCHKE:** We used that, addressed in
14 finding seven.
15 **DR. MAURO:** Yeah, right. But one thing that
16 I think we jumped over that I think is going
17 to be more fundamental, I'm sort of a purist.
18 If we're going to call something closed, I
19 think that means the issue itself, the
20 technical issue itself is closed. We've
21 solved it. We've put it to bed, and we could
22 write it in the scorecard and say this is a
23 win. We've closed it out. I realize I'm just
24 here in the capacity I'm here, but I like the,
25 it's a simple thing, and if we could say

1 something is closed as opposed to calling it
2 closed, when in fact it's really been
3 transferred, is very disturbing to me.
4 **MR. MARSCHKE:** But basically we're not
5 saying, I mean, we have a category, I mean,
6 the thing that Nancy put together. She has
7 not, each one is identified as transferred.
8 They're not basically identified as closed,
9 transferred and closed. I don't know what,
10 you know, when you say transferred, it's
11 still, I guess it's some place else. It's
12 waiting for, eventually this will be closed.
13 I think some of these were the generic
14 issues on like inhalation or something as I
15 recall that were transferred to the generic
16 issue. I'm assuming that when that white
17 paper is issued, these that were transferred
18 will then become closed. I don't think we
19 should consider these transfers, the 11 that
20 had been transferred, at this point they're
21 transferred. They're not closed.
22 **DR. MAURO:** I agree with you.
23 **MS. MUNN:** In the case that you've just
24 cited though, Steve, that case is not going to
25 be a transfer. That's going to be an export.

1 **MR. MARSCHKE:** That will be an export, yes,
2 because it's going outside.
3 **MS. MUNN:** It will go to the group --
4 **DR. ZIEMER (by Telephone):** Eventually it
5 might show up as closed once the final issue
6 is closed.
7 **MS. MUNN:** Exactly. Exactly. But for our
8 purposes in this database at this time, that
9 item is closed as far as we're concerned, but
10 it is an export. And it would be shown in our
11 database as exported to overarching issues or
12 that's not the terminology we've agreed to
13 use, but the group that is going to address
14 generic issues.
15 **MR. MARSCHKE:** And when that generic issue
16 has been addressed, then we will come back and
17 we will have a working group directive which
18 says, okay, the white paper has addressed that
19 and addressed it in sufficient detail to
20 resolve this issue. Let's change it from
21 exported to closed.
22 **MS. MUNN:** That should happen automatically
23 if our process works the way it should work.
24 Which means that in the database that it goes
25 to, it will show as an import from this

1 database. And anyone who closes an item which
2 has been imported has the responsibility to
3 close not only the item in the database where
4 it's closed, but also in the database from
5 which it was imported.
6 **MR. MARSCHKE:** That brings up, I'm not sure
7 how to, yeah, that brings up another question
8 of how to, how the imported as a status
9 operates. When I have a finding which has
10 been statused as import, do I assume, okay,
11 that's imported, and it's open. And then when
12 basically the issue is resolved I change it.
13 If I change it to closed now, I've lost the
14 source where that finding came from if you
15 follow my direction or follow my logic here.
16 We had in the status column that this
17 particular finding was imported from somewhere
18 else. Now we're going to --
19 **MS. MUNN:** And it needs to say from where.
20 **MR. MARSCHKE:** And it probably says from
21 where.
22 **MS. MUNN:** It must say from where.
23 **MR. MARSCHKE:** It will say from where, okay.
24 It will say from where. But now eventually --
25 **DR. ZIEMER (by Telephone):** It's sounding

1 like all of the cases where the status may
2 change in time but you still have built into
3 the system if you burrow down in, you find how
4 it was resolved, and the details are there at
5 some point, right?
6 **MR. MARSCHKE:** I guess that's the way you
7 have to do it. You have to basically change
8 the status sometime when --
9 **DR. ZIEMER (by Telephone):** Everything
10 starts out as open. Then it goes to open-in
11 progress. Then it may become transferred, or
12 it may be exported, or it may be in abeyance,
13 or it may be, so all of these are going to be
14 changing status in time. So if you want to
15 know how it got to the final thing, you still
16 have to burrow down in and look at those sub-
17 reports or those subsections within that
18 finding.
19 **MR. MARSCHKE:** But when this one would not
20 start as open. This one would start as
21 imported.
22 **DR. ZIEMER (by Telephone):** All right then,
23 however it starts that imported part will
24 still have the information about when it was
25 addressed and the work group and what the

1 findings were and NIOSH response and so on.
2 **MS. MUNN:** It'll have, its first indicator
3 will be imported from work group on
4 Procedures, date, what else? Then that's a
5 flag that closure on that item requires
6 feedback to the work group from which the item
7 was imported originally.
8 **MR. MARSCHKE:** So that means it maintains
9 that status until it's ready to be closed.
10 **MS. MUNN:** That's correct.
11 **MR. HINNEFELD:** You can accomplish this with
12 statuses if you leave the word imported on all
13 your statuses and retain the same status codes
14 that you've used else time, but just call it
15 imported-open would be the status it would
16 come in as. It would be imported-open. It
17 would be imported-open-in progress if we had
18 talked about it. It could be imported-in
19 abeyance if we promise we're going to change
20 something that you retain the history that
21 this didn't come originally from the review of
22 the document of this work group, but it came
23 from somewhere else, and you track it all the
24 way through.
25 So that allows you to use the whole

1 complement of statuses on that finding while
2 not losing the fact that you've got to tie
3 this connection back to where it came from.
4 Because I think in order to automate that tie-
5 back to where it came from, you want to do it
6 off status. You don't want to have to be
7 searching through the details of a finding to
8 automate the response.
9 **MR. MARSCHKE:** The only other option I could
10 see on that is to have another field where you
11 had a source field. And if you had a source
12 field separate from the status field, if you
13 had a source field, and in the source field
14 you indicated it's imported. Or it's
15 basically from one of the reviews that we did
16 on the, or we could use that, the first set of
17 reviews or the source is the second set of
18 reviews or the source is the third set of
19 reviews or --
20 **DR. ZIEMER:** Whatever works the best.
21 **MR. MARSCHKE:** Whatever it happens to be we
22 could have a, instead of trying to put
23 everything into the status, if we had a source
24 field in addition to the status field, then we
25 could do it that way as well.

1 **MR. HINNEFELD:** That'd be fine. I believe
2 that's a developer's choice, you know, they
3 would know how it would work better.
4 **MR. MARSCHKE:** So if we could talk it over
5 with Don Loomis, and he can talk it over with
6 your people and find out, I mean, if the
7 working group concurs, I guess, that that's
8 what they want to do. Or if we want to try
9 and do everything in the status field, in one
10 field, then we can --
11 **DR. ZIEMER:** Having a source field makes
12 sense to me. If that's something that can be
13 done simply, I'd say do it.
14 **MR. HINNEFELD:** I think we'd let the
15 developer choose what works best for him.
16 I'll bet he'll choose the source field because
17 I think that will give him more flexibility.
18 But I think we let him choose.
19 **DR. ZIEMER:** Yes.
20 **MS. MUNN:** It's fine with me. Anyone in the
21 work group disagree with that?
22 **DR. ZIEMER:** I think it makes sense.
23 **MS. MUNN:** If not, let's pursue that course.
24 **MR. HINNEFELD:** I still have a question on
25 while we're talking about these statuses.

1 We've now used the word transferred to talk
2 about things that are going to stay in the
3 Procedures database, right?
4 **MS. MUNN:** In our database for this work
5 group.
6 **MR. HINNEFELD:** Up 'til now, the way it's
7 been used now, it's been transferred relates
8 to it's going somewhere else, like global
9 issues or something.
10 **DR. MAURO:** We can close that.
11 **MR. HINNEFELD:** Yes, okay, for the things
12 that are going to be addressed in the
13 Procedures database just on a different page,
14 we've used addressed in Finding such-and-such.
15 So what you're saying now is you just now want
16 to change that. Anything that's addressing in
17 Findings should be now called Transferred.
18 Anything that's currently called Transferred
19 should be called Exported.
20 **DR. ZIEMER:** I think you're right.
21 **MR. HINNEFELD:** That's what we decided?
22 **MS. MUNN:** That was what I was proposing.
23 **MR. HINNEFELD:** Okay, I'm sure, I mean, it
24 looks like there are about 11 transfers so
25 that would just be 11 fields I could call up

1 the Addressed in Findings and see how many --
2 it's a data change that would have to be done.
3 **MS. MUNN:** Yes.
4 **MR. HINNEFELD:** Yeah, they're on the
5 spreadsheet.
6 **MS. ADAMS:** They're on the spreadsheet.
7 **MR. HINNEFELD:** Nine Addressed in Findings
8 and 11. So that's pretty modest. Since I
9 don't have to do the work, I can say that.
10 **MS. MUNN:** Hopefully, we can do that without
11 too much confusion to all concerned.
12 **MS. ADAMS:** And it looks like they're only
13 in like three documents.
14 **MS. MUNN:** That's good.
15 Now is there other terminology that we
16 need to discuss with respect to how these
17 items are statused?
18 **MR. HINNEFELD:** Well, here's a thought that
19 while we're worrying, let's worry that if the
20 housing imported finding for just in the
21 universe that we know, which is what we have
22 today, we have an imported finding, say, dose
23 reconstruction review. That would be a
24 logical one where an issue would come up in
25 dose reconstruction, but it really gets to the

1 procedure associated with that dose
2 reconstruction, and so it should be referred
3 to this working group. So this will be
4 imported now to this working group.
5 Now suppose it's to a procedure that
6 hasn't been reviewed. If you import this, if
7 you import one and we've reviewed that
8 procedure, you would import it, I guess,
9 probably to the most recent version of the
10 procedure that was reviewed. And it would
11 have to be resolved at that point. I would
12 guess that's where you're going to import it
13 to.
14 **MS. MUNN:** That would seem logical.
15 **MR. HINNEFELD:** What if the finding is
16 against a procedure that hasn't been reviewed?
17 There's no place in the database to put them.
18 So that would have to be something that would
19 have to be designed. You'd have to add that
20 procedure.
21 **MR. MARSCHKE:** That procedure would have to
22 be added in. One of the databases that we
23 have in there is a list of the procedures.
24 And we would just add it in as a new, you
25 know, we review any new procedure, we add to

1 that database.

2 **MR. HINNEFELD:** And a business rule so
3 you'll know how to calculate all the fields.
4 Because there's a finding date where we have
5 just a handful of finding dates now because
6 they correspond to the dates the products, the
7 review products were delivered. So then we'll
8 have new finding dates, presumably the date
9 it's imported will be the finding date for
10 this one finding. And however else the
11 numbering scheme will have to have, be number
12 one for that.

13 **MS. MUNN:** We have a problem already. This
14 work group does not have the authority to ask
15 SC&A to review a procedure that's been
16 referred to us by the Subcommittee or anyone
17 else. Only the Board has the authority to
18 reassign these, to assign work to our
19 contractor.

20 So if we find ourselves in a situation
21 where we have to import something from other
22 groups, which is not covered by the work
23 currently being done by our contractor, we
24 cannot accept that. We can only accept it in
25 paper fashion until we present it to the Board

1 and the contractor as a request.

2 **MR. MARSCHKE:** So we can add it to the

3 database, but we can't really work on it.

4 **MS. MUNN:** Exactly.

5 **DR. MAURO:** You know, we're almost letting

6 the tail wag the dog here. Hold on a second

7 here. I'm thinking about, all right, we built

8 this process, and now we're trying to dream up

9 all the different ways in which it could be

10 defeated, and we could lose things.

11 **MR. HINNEFELD:** Well, that's what we do.

12 **DR. MAURO:** Now let's, in other words I

13 could envision spending hours trying to say,

14 okay, we're in the process of doing a DR

15 review of case number blah-blah-blah. Now we

16 come across an issue, and you say, you know,

17 that's really a generic issue that deals with

18 MDLs, and we're working on a procedure that,

19 right now that it hasn't even been published

20 yet, or it just was issued, or whatever. But

21 we recognize the problem, and I think we need

22 a procedure.

23 Now, what do we do with that? I mean

24 in an ideal world we say we transfer it. Now,

25 in my mind, okay, let's say we all agree it

1 really doesn't make sense to try to deal with
2 that here and now because it will be or is
3 being addressed in some generic procedure that
4 either is under our review or is being
5 developed. I think there should be a parking
6 lot.
7 A parking lot whereby any time while
8 you're doing a DR review, and you come up with
9 an issue that says, you know, we really don't
10 want to deal with this case because we think
11 it has global implications, such as recycled
12 uranium; whatever it is. And it really should
13 be dealt with globally because it has
14 ramifications across the board. So you don't
15 want to deal with it there. So you want to
16 transfer it now, but it really has no home.
17 That's the problem. It has no home.
18 Let's create a home. That is, if we
19 think it's something that belongs as part of a
20 procedure review, then it goes into,
21 automatically goes into this thing called the
22 parking lot for something that we believe is
23 generic, needs to be part of a procedure
24 review although we don't know which procedure
25 to put it in. And maybe we don't even know if

1 there is a procedure out here that it belongs
2 to. There's always going to be, because we're
3 dealing with how many, two hundred procedures.
4 **MR. HINNEFELD:** Something like that.
5 **DR. MAURO:** So, I mean -- and I could see us
6 agonizing over which one we want to click it
7 over to. All I'm saying is don't let's worry
8 about it. Let's just create a parking lot for
9 transfers that it goes in as part of our
10 database --
11 **MS. MUNN:** I like a parking lot idea except,
12 John, let's go back to our charter. Let's go
13 back to who we are, and what we're doing.
14 This working group doesn't have the
15 responsibility for all the procedures that are
16 out there. This working group was put
17 together to resolve the findings of procedure
18 reviews that our contractor brings back to us
19 after they have been identified as topics for
20 SC&A to look at. So our world is not the
21 world of all procedures. Our world is the
22 world of the reviews of procedures that have
23 been looked at by our contractor.
24 So I'm not going to worry about
25 imports that may be identified in other work

1 groups or concerns that other people may
2 identify because if they're not identifying
3 something that is already in our universe,
4 then it's not our job, mon. That is a harsh
5 way of looking at it, but we have enough on
6 our plate without worrying about what someone
7 else may find. I like the idea of the parking
8 lot.
9 **DR. MAURO:** I'm not saying we have to
10 resolve it though. I'm saying there's a
11 parking lot for it, and the day comes when the
12 working group and the Board decides they want
13 to take on a particular item, it's sitting in
14 the parking lot. It's there. But that
15 doesn't mean we, as a working group and as
16 other Tasks Three, need to deal with it, but
17 we don't lose it.
18 See, I can see a situation where you
19 don't want to deal with it on the Task Four DR
20 review because it's generic and it's premature
21 to take it on at that point. You don't want
22 to lose it, so I guess we could make a
23 decision. We're almost talking now the DR
24 review process.
25 **MS. MUNN:** Yeah, we really are. We really

1 are.

2 **DR. MAURO:** Do we want to create a parking
3 lot or not? If we don't, then we just leave
4 it there.

5 **MR. HINNEFELD:** We could leave it there and
6 fix it.

7 **MS. MUNN:** We're also talking about some of
8 the things that Paul referenced in his recent
9 memo that he sent out to all of us concerning
10 the workings of the Board and how we were
11 going to do things. And in my mind this kind
12 of parking lot issue is the sort of thing that
13 we've been talking about having Nancy
14 undertake for us.

15 If we're going to have a parking lot,
16 and I don't know whether we need a parking lot
17 because I personally have not reviewed all of
18 the circumstances that are attendant to every
19 single one of the work groups and what they
20 may or may not be doing. I can't keep up with
21 that myself. If any of the rest of you can,
22 then you're a far better man than I am, Gunga
23 Din. But if we're going to have a parking lot
24 process that I, it would be my hope that we
25 could suggest that that be one of the kinds of

1 data tracking that Nancy will be responsible
2 for.
3 **DR. BRANCHE:** Actually, I would offer this.
4 Probably exactly what we had in mind in
5 designing this opportunity for the Board using
6 Nancy's services is that there were issues
7 that seemed to be getting lost. One work
8 group thinking that it was being handled by
9 another. There was no formal baton hand-off.
10 I think this is exactly what we had in mind
11 for Nancy.
12 **MR. GIBSON:** But if you have a parking lot
13 though, then that's going to create the need
14 for someone to put a time ticket on each of
15 those issues because they may not get lost,
16 how are they going to be prioritized?
17 **DR. BRANCHE:** You're bringing up a new
18 dimension that I think you should, you know, a
19 parking lot certainly does have sort of a
20 sense of rest to it. Maybe that's not the
21 best word for it. I understand where John's
22 coming from, and I think as Wanda already
23 said, I think it's a good idea that he's
24 raised it. But --
25 **DR. ZIEMER:** Wanda?

1 **MS. MUNN:** Yes.
2 **DR. ZIEMER:** This is Ziemer. Could I make a
3 comment on this? The so-called parking lot is
4 somewhat like our scientific issues list, if I
5 can call it that, which has identified items
6 that the Board thinks can be important in the
7 future, some of which NIOSH is able to work
8 on, some of which they aren't, but it is
9 there. And at any time if we think something
10 on that list is of higher priority, we have
11 the opportunity to mete it out or ask that
12 something be done with it.
13 I suspect this is something like that
14 because the other work groups could say
15 something similar to what you said in terms of
16 exports from us to them. Wait a minute. The
17 Procedures Work Group, they're not running our
18 agenda. So all of the work groups can have
19 this argument. I think the issue of what
20 happens on items where one group thinks it
21 should go elsewhere is exactly where Nancy can
22 be helpful.
23 I don't know if we would call it a
24 parking lot or if you want to call it
25 something else, but it has to be something

1 that we review periodically to determine
2 whether or not any of the items on that list
3 are of sufficient importance or priority for
4 some sort of action to be taken. For example,
5 if something arises that's a procedure that's
6 not one that we have reviewed or part of a
7 procedure we haven't reviewed, it might raise
8 the question in the future, well, is it
9 important now to review that procedure in and
10 of itself and also to resolve whatever that
11 issue was that arose in some work group that
12 they wanted to export to us. So it seems to
13 me it's a workable concept, but we would have
14 to use it to make sure that the items that
15 were identified are ones that at some point
16 should or should not be worked on.
17 **DR. BRANCHE:** I'm sorry, Paul, were you
18 finished? This is Christine.
19 **DR. ZIEMER:** Yeah.
20 **DR. BRANCHE:** A couple things that I'd like
21 to suggest because I think comments that you
22 and Wanda and Michael and John have all raised
23 are relevant. I wonder, however -- as I said
24 I think the word parking lot gives a sense of
25 rest that I think we don't want. And I think

1 it will be very important to find the right
2 word to describe this particular, I'll call it
3 a list or a place or a holder or whatever.
4 But I would say that you raised the issue of
5 priority, and I wonder if, as the Board Chair,
6 there's some ways to handle that.
7 Perhaps before it's assigned to this
8 location, the work group chair that wants to
9 redirect it can give us (a) a sense of
10 priority, and (b) a sense of timing. Because
11 not everything, I wonder that not everything
12 is going to be awaiting some action from
13 NIOSH. As you said yourself, there are some
14 things that are going to need some attention
15 from the work group to which it's assigned.
16 It might be something that needs to be
17 done by SC&A. It might be something that
18 needs to be done by any of a number of people,
19 a small number of people, but the action
20 that's needed needs to be very clear. But I
21 think it needs to be up to the work group. My
22 suggestion rather is that it be up to the work
23 group chair to assign a sense of priority and
24 just, and at least give an indication of how
25 much time they think it should take or what

1 sense of timing.

2 And then the work group chair to which
3 it is being suggested that it be redirected
4 can then accept that priority and accept that
5 timeliness. I think you need to have, again,
6 that baton hand-off or it'll just be a list
7 that really is a parking lot. And I think
8 Mike brings up a very important issue that you
9 need to keep nudging it, and you need to have
10 a periodicity of reviewing it.

11 But there needs to be a sense of
12 taking on that assignment by the person to
13 whom it's directed or it'll just sit there.
14 And that's what's been happening up to this
15 point.

16 **MS. MUNN:** A suggestion: may we suggest a
17 process for the entire Board for certainly any
18 other work groups that have these same kind of
19 issues that they are dealing with that we
20 adopt as a general procedure when we encounter
21 a situation of this sort, it is the
22 responsibility of the work group chair to
23 identify the issue, to assess a priority to
24 the issue, to relay it to Nancy.

25 And as a matter of course at each

1 Board meeting as a part of the administrative
2 activity that we undergo, this be brought to
3 the Board with the expectation that at that
4 time whatever action is necessary be agreed to
5 by the Board and accepted by whoever or which
6 agency is going to be responsible for that.
7 Is that not practicable method for approaching
8 the problem?
9 **DR. ZIEMER:** It seems to me it's worth
10 trying that.
11 **MS. MUNN:** If it doesn't work, we can tweak
12 it.
13 Yes, John.
14 **DR. MAURO:** Let's say we know that brings us
15 back to our what are we going to call that.
16 In other words we started this conversation
17 off what are we going to call as closed,
18 transferred, imported and exported? So now
19 we've gotten into a place where we say, okay,
20 --
21 **DR. BRANCHE:** We're at the transport,
22 export, import part.
23 **DR. MAURO:** That's where we are. We're
24 going to leave, it's going to leave the
25 purview of this room. We all agree. Or it's

1 going to stay within this room. Where we have
2 this now, there are certain items that are
3 going to leave the purview of this room. It's
4 not going to be dealt with under Task Three
5 anymore. It's going to be dealt with some
6 place else. And what we just all agreed is
7 that sometimes where that other place is we
8 don't know. Although we do agree that it
9 should be dealt with here, and unfortunately,
10 we don't know where else to put it.
11 **DR. ZIEMER:** We could call it a status of
12 exported issues database or something like
13 that. Avoid the parking lot word.
14 **MS. MUNN:** Yeah, the parking lot concept is
15 good, but the words are wrong.
16 **DR. BRANCHE:** Status of exported issues,
17 Paul, is that what you suggested?
18 **DR. ZIEMER:** Exported issues, status or
19 something.
20 **DR. BRANCHE:** Got it. That's at least --
21 **DR. ZIEMER:** Somebody can think of a better
22 name, but --
23 **DR. BRANCHE:** I think that's what John's
24 trying to stimulate.
25 **DR. ZIEMER:** But at least the exported part

1 sounds like something is moving as opposed to
2 the parking.
3 **MS. MUNN:** Our reassessment of
4 responsibility, something of that nature. I
5 need a good thesaurus right here, and I don't
6 have it.
7 **MS. ADAMS:** It becomes unassigned items or
8 unassigned issues, I think, until there's an
9 assignment made presumably by the Board.
10 **DR. MAURO:** In a funny sort of way the only
11 area within our purview are the things we want
12 to export. We really don't have within our
13 purview where we think it should go because
14 all we can say is we feel we have a mandate as
15 a working group to deal with a set of
16 procedures and a set of issues.
17 And every once in awhile we hit an
18 issue that we say we don't think we can deal
19 with this because it's really, for whatever
20 reason we decide we wanted to export it. But
21 do we know where it should go? I guess I'm a
22 little ^. We don't know where it should go.
23 **DR. BRANCHE:** Actually, I'm going to counter
24 that a little bit. Actually, you sit through
25 almost all of these work group meetings and

1 several of the work group chairs, almost all
2 of them, are members of some other work group.
3 I would actually add a third dimension
4 potentially, and that is potential
5 reassignment.
6 I mean I think it's in Paul's purview
7 to sort of bring it before the Board and say
8 whether or not, but I think a suggested
9 location for it to go. And if you just don't
10 know that's different, but I think based on my
11 short experience -- I can't use that excuse
12 anymore, but based on my experience with the
13 way the Board and the work groups operate, I
14 think you have a fair idea of where it needs
15 to go.
16 **DR. MAURO:** Okay, I'm good with that. Now,
17 do we have any role about imports? No. It's
18 the other work groups that want to get rid of
19 theirs. In other words the Site Profile
20 folks, the Dose Reconstruction folks, they
21 say, we don't want to deal with this. Then
22 they've got to get it to, hey, listen, we want
23 to send something over to you. Will you be
24 willing to take it? So we don't even have to
25 talk about that. We don't even have to care.

1 In other words until it happens and
2 somebody in another group comes and asks us,
3 then we'll say, oh, okay. Then as a work
4 group we say, by the way, we were approached
5 by the Dose Reconstruction work group to
6 please accept this item as a new item for our
7 consideration. Then together we decide where
8 it belongs.
9 **DR. BRANCHE:** But as Wanda said, that's what
10 happens during this deliberation period at the
11 Board meeting when you have this
12 administrative session. Isn't this, that's
13 when you take your ledger out and you do your
14 horse trading. Forgive the analysis, but
15 that's exactly what you're doing. You do your
16 horse trading. You know, I'll take two if you
17 take one of mine.
18 **MS. MUNN:** Exactly. And, of course, we, up
19 to this point, have been fortunate. I think
20 most of the issues that we need to export have
21 almost all been global issues. If there is an
22 exception to that, I can't think of it right
23 offhand. Everything that I can think of is
24 things that we keep encountering time after
25 time after time. And we all agree. This is

1 not just this site or this procedure that is
2 at issue. This is a global issue.
3 **DR. MAURO:** And as Christine pointed out,
4 that's in our collective judgment. It seems
5 to be a reasonable thing to do.
6 **MS. MUNN:** Exactly.
7 **DR. MAURO:** But I think we might be
8 overstepping our bounds as to make the final
9 judgment on where that belongs.
10 **MS. MUNN:** And the case I was trying to make
11 was, that needs to be the Board's judgment.
12 And that's why I was hoping we could have
13 Nancy tracking for us.
14 Yes, Bob.
15 **DR. ANIGSTEIN:** What about suggesting a
16 term. How about TBA, to be assigned, instead
17 of parking lot?
18 **DR. BRANCHE:** Well, we've definitely dumped
19 the parking lot.
20 **MS. MUNN:** Yeah, we've gone away from that.
21 **DR. BRANCHE:** The three suggestions that I
22 wrote down that people weren't prepared to:
23 status of exported issues, reassignment of
24 responsibilities or reassessment of
25 responsibilities were three. And now you're

1 offering?

2 **DR. ANIGSTEIN:** To Be Assigned.

3 **DR. BRANCHE:** TBA.

4 **MS. MUNN:** Well, but wouldn't it be TBR, to
5 be reassigned?

6 **DR. BRANCHE:** Yes. Because it was already
7 on one ledger. It needs to be...

8 **MS. ADAMS:** Purgatory?

9 **DR. MAURO:** Limbo, I like limbo.

10 **MR. HINNEFELD:** Purgatory's taken.

11 **MS. MUNN:** That would be marvelous, but I
12 don't think that's quite the effect.

13 **MR. ELLIOTT:** I'm going to throw cold water
14 on your humor here because it's not a funny
15 matter to many folks who are claimants who are
16 waiting for resolution of some of the issues
17 that are holding up their claims.

18 **MS. MUNN:** No.

19 **MR. ELLIOTT:** Mark and I were just having a
20 little sidebar here, and if I was saying some
21 of these things I would be having phone calls
22 coming to me. So I think you want to be a
23 little bit careful in your conversation here
24 with regard to affected parties.

25 **MS. MUNN:** And we certainly never mean to be

1 facetious when we're doing that, but you're
2 absolutely correct, Larry. We do get a little
3 rummy toward the end of the day, and our
4 apologies. We certainly do not mean to be
5 delaying or in any way causing any offense to
6 any of the people who we are making every
7 effort to serve as best we can.

8 **ANTICIPATED FUTURE APPROACH FOR PRIORITIZING ATTENTION TO**
9 **ACTIVE ITEMS**

10 Is there another aspect of our
11 following procedures here that we need to
12 address? I have some concerns personally and
13 have mentioned in the agenda item itself the
14 question of prioritizing. We have done that
15 pretty much on a case-by-case basis as things
16 have come to us.

17 And as a result, we do have a great
18 many items that still fall in the open
19 category. We've not even bothered to take a
20 look at them. It's not because they are not
21 of some value, but it's because we have deemed
22 them to be of relatively small importance with
23 respect to their impact on dose
24 reconstructions and the other activities that
25 we've undertaken.

1 What is the feeling of the work group
2 with respect to prioritizing and how we should
3 address that in the future? Clearly, it's
4 going to be a different issue now that we will
5 be working, I hope, from our new database, and
6 we will have the ability to sort on a variety
7 of headings.
8 Do we want to include a priority
9 heading for each of our issues or not? And if
10 we do so, how are we going to assure that
11 these numerous open items which we have so far
12 failed to address actually come to the table?
13 I'm open to any suggestions from anyone. Yes,
14 John.
15 **DR. MAURO:** Taking some guidance from the
16 experience we gained from dealing with the
17 closeout of the issues on Task Four, all of
18 the DR reviews, there are 240, I think
19 altogether cases. We're up to the fifth set
20 of 20, sixth set of 20.
21 And I could tell you the way they were
22 dealt with. There was a paper matrix that got
23 very thick. We started from the beginning and
24 ground our way through. It was hard work and
25 Mark is there diligently, you know, tracked

1 this one by one. I don't recall if we tried
2 to do any prioritization. Now, maybe in that
3 case it wouldn't be appropriate, but I'm one
4 to grind things out.
5 In other words we'll start from the
6 beginning and just work our way through. And
7 then today we got through with the first part
8 of -- in other words, by jumping around I feel
9 as if things get disoriented. Where are we
10 now? It's so easy to find out. We looked at
11 that procedure three months ago. Let's go
12 back to this one now. I mean, I don't know,
13 I, for one, again like the idea of grinding
14 them out.
15 Start from the beginning and the next
16 meeting, well, we left off at this procedure,
17 issue number five in this procedure, and just
18 pick it up right from there and just keep
19 going down the list. I'm putting on the table
20 for consideration by everyone.
21 **MS. MUNN:** From a technical and procedural
22 viewpoint, I would agree with that. From a
23 reality and political viewpoint, I don't see
24 how we could make that work.
25 **MR. MARSCHKE:** Could I offer maybe as a

1 compromise that we prioritize the procedures
2 as opposed to prioritizing the individual
3 issues and say, okay, we're going to look at,
4 we give a certain procedure a high priority,
5 and we work off all the issues associated with
6 that particular procedure and close those.
7 And then you're not jumping around from
8 procedure to procedure to catch all the high
9 priority issues, but you're going to catch all
10 the high priority procedures.
11 **DR. MAURO:** I will respectfully disagree for
12 the following reason. The importance of a
13 given procedure is within its context and
14 application to a particular case. And so I
15 don't think you could just simply de novo or
16 say this procedure's more important than that
17 procedure.
18 I think that depending on the case,
19 you know, that procedure may be the whole
20 ballgame and affect this class of procedures.
21 In another case, let's say it doesn't deal
22 with skin cancer or one that deals with lung
23 cancer, whatever the issue is, that procedure
24 becomes the most important procedure when it
25 comes to that class of cases.

1 So I think I could see us spending an
2 awful lot of time debating which procedures
3 are the more important ones. I think they're
4 all of importance, and it's going to be very
5 difficult for us to prioritize them. I guess
6 that's how I look at it right now.
7 **MR. MARSCHKE:** Well, let me give you the
8 counterpoint. If we go, if we have a half a
9 dozen procedures and each one of them has one
10 high priority finding in it, and we address
11 all those high priority findings, they don't
12 get implemented until the procedure gets
13 revised, until the procedure gets revised.
14 And so addressing all the high priority ones
15 does not really do anything because it doesn't
16 get the procedure revised.
17 **DR. MAURO:** Don't prioritize. I mean, when
18 I look at the procedures and the scorecard
19 that we use, we call them, I think the words
20 we use in terms of the review of the
21 procedures was does the procedure do the
22 following. In other words, it asks a question
23 that's ^ driven ultimately. It's not saying
24 almost, never --
25 **MR. MARSCHKE:** No, John, you're looking at

1 something, we're talking about something
2 different. The first set of comments that we
3 came by with that Roy prioritized the findings
4 as to whether they were high, low or medium
5 priority.
6 **DR. MAURO:** Is it procedures or findings?
7 **MR. MARSCHKE:** These are findings.
8 **MS. MUNN:** Findings, uh-huh.
9 **MR. MARSCHKE:** And so the question now, that
10 has kind of gone by the way, been set aside
11 for the second and the third and subsequent
12 sets of findings.
13 **MS. MUNN:** It's been overwhelmed by current
14 events.
15 **MR. MARSCHKE:** Exactly. And also, it's not
16 in the database as a separate field. It's
17 buried in the comment field, and Nancy is
18 shaking her head yes. She had this. It's
19 hard to go in the database and try and dig
20 that information out. If we want to continue
21 such a thing as this, we, you know, I guess
22 the question before the working group is do we
23 want to continue such a thing as this, and if
24 so, how do we best do it.
25 **MS. MUNN:** If I remember correctly, in that

1 first set we were, first of all, not quite as
2 overwhelmed as we are now. We didn't have the
3 mass of data that we currently have to deal
4 with. And we also relied pretty heavily on
5 our contractor to help us analyze what that
6 level of priority needed to be for that first
7 group. If we're going to continue to do this,
8 we need to decide how to do it. And if we're
9 not going to continue to do it, then we need
10 to decide what our alternative is. So far I
11 don't think we've gotten there.
12 Yes, high priority. We did it on the
13 first set.
14 **DR. ZIEMER:** What was the basis for that
15 though? The impact on the individual dose
16 reconstructions?
17 **MS. MUNN:** I believe so. I think we were
18 looking at the scope of what the total impact
19 was going to be. How crucial was this
20 procedure to moving down the road with dose
21 reconstruction.
22 **MR. HINNEFELD:** It was the finding, how
23 crucial was the finding --
24 **MS. MUNN:** It was the finding, yes.
25 **MR. HINNEFELD:** -- to dose reconstructions

1 because there would be some findings that
2 would speak to the clarity of the procedure or
3 the organization of the procedure, and those
4 normally were granted one for those, but it
5 was put on every finding. And so there are
6 240 open findings or 237 open findings. To do
7 that same thing now would be to go back to
8 those 237 most of which have not had that,
9 most of which are from the later reviews, and
10 put that on every one of those 237 probably
11 minus the 29 from the CATI.
12 **DR. MAURO:** You see, to me, okay, we're in
13 procedure number one, and we hit the first one
14 which is, you know, this ^ uses Roentgens
15 instead of rads. Okay, that's in three
16 seconds. Let's move on to the next one. In
17 other words it's not going to slow us down.
18 We don't have to do that. And when we hit the
19 one that says, my goodness, this is important,
20 we're going to spend the time on that one.
21 So it's almost like embedded in the
22 process itself, the grinding through. We're
23 going to move through, and there are a string
24 of real easy ones. So to me we're going to
25 need to deal with these. In other words we're

1 all going to agree, yeah, that terminology
2 needs to be cleared up, and let's say
3 clarification is needed. And we move on to
4 the next one. I like the idea of marching
5 through these things. Sometimes we're going
6 to hit a streak where we move real fast, and
7 then we're going to hit slow ones that will
8 slow us down.
9 **DR. ZIEMER:** From a practical point of view
10 -- this is Ziemer again. From a practical
11 point of view would we end up spending a lot
12 of time trying to prioritize the findings
13 versus simply -- it's much easier it seems to
14 me to prioritize which procedures you're going
15 to review, you know, prioritize at that level.
16 And then once the review is done to address
17 the items that are found across the board.
18 **MS. MUNN:** But the Board identifies what
19 procedures are going to be reviewed.
20 **DR. ZIEMER:** Yeah, once that's done.
21 **MS. MUNN:** Once that's done then how do we
22 then decide what this group is, are we just
23 going to follow the calendar and --
24 **DR. ZIEMER:** What happens is if you end up
25 having to discuss each item to figure out what

1 its priority is, you might as well be
2 discussing it and resolve it.
3 **MS. MUNN:** But are we going to just simply
4 do the procedures in the order that our
5 contractor provides them to us?
6 **DR. ZIEMER:** Oh, the procedures.
7 **MS. MUNN:** If we're going to prioritize the
8 procedures --
9 **DR. ZIEMER:** Well, prioritizing procedures
10 to me is not the same as prioritizing the
11 findings from the procedures. Are we talking
12 about prioritizing the procedures to be
13 reviewed?
14 **MS. MUNN:** No, no, that's the job of the
15 Board. That's not our job. But once the
16 procedures have been identified and sent to
17 SC&A for their review, then they're going to
18 do them in some calendar manner. We have no
19 control over how they're going to appear to us
20 unless somebody's beating up on them about how
21 they have to have this set of findings
22 immediately.
23 Now, what is this working group going
24 to do in terms of priority in addressing the
25 procedures that come to us? If we're going to

1 address them by procedure rather than by
2 finding, are we going to just simply accept
3 the calendar presentation as it comes to us
4 from SC&A or are we going to prioritize by
5 finding? We have both suggestions on the
6 table, that we prioritize by finding and that
7 we prioritize by procedure. Which are we
8 going to do?
9 **MR. HINNEFELD:** Well, I would really suggest
10 we absolutely not prioritize by finding.
11 **DR. MAURO:** I agree one hundred percent.
12 **MR. HINNEFELD:** You spend just far too much
13 time prioritizing if you went through all
14 these findings and put a priority on these
15 findings. I think there's an argument to be
16 made by going from the calendar and just take
17 the one from the oldest review and work
18 through that.
19 Because, honestly, if we try to
20 prioritize procedures today, it may be
21 different three months from today based on how
22 events break down. I'm talking about
23 procedures that already haven't been reviewed
24 and what's a hot issue and what's not. And I
25 think just from looking at the titles there

1 are a sufficient number of them that you'd
2 say, well, this sounds like it's relatively
3 high. Well, I guess this is relatively high.
4 I mean, there are several coworker
5 approach, dose reconstruction approaches on
6 here. Those are all going to come out the
7 same. I don't know that you're going to
8 accomplish a lot by trying to prioritize a
9 procedure because we don't have any criteria
10 for prioritizing procedures. We'd have to
11 make that up first so it's another delay. You
12 know, prioritizing is another delay built in
13 before we actually start resolving anything.
14 So I guess I'm a proponent of working
15 by the calendar and just say the one from the
16 earliest findings, go through that, and then
17 from the next set of findings just work your
18 way down through them; that would be my
19 suggestion. Because I think it gets us to
20 work at closing findings sooner.
21 **MS. MUNN:** As I said before, I couldn't
22 agree with you more from a technical and
23 professional standpoint. In reality I have
24 just committed on the record to an important
25 congressional staffer that we are going to

1 make every effort to look at this process
2 that's important to him and to his senator by
3 the next meeting. If we do that, and if it's
4 going to be the first item on my agenda, then
5 the second item on my agenda, if we adopt this
6 we're going to do it by calendar issue, is
7 open procedures from set one.
8 Now, if we do this, then the members
9 of this work group need to accept that flak
10 that you're going to get as a result of that
11 and hold firm to all of you hold good and true
12 if that's what we're going to do, then that's
13 what we're going to do. Because we can't, we
14 can certainly make exceptions to any rule, but
15 the reason I wanted to have this discussion is
16 because I'm not certain where we're going with
17 this new process.
18 **DR. ZIEMER:** One other thing to make note of
19 is that in reviewing this particular one, we
20 have moved from what looks like a general
21 procedure review to what looks more like a
22 site profile review. And for that reason we
23 now have the congressional pressure on this
24 particular one that you might not otherwise
25 have if you're just reviewing a particular

1 general workbook or something like that.
2 I think insofar as we have said that
3 these OTIBs and these appendices are in our
4 purview, we have expanded into an area which
5 is going to be more political in that respect.
6 And then we're going to have to deal with the
7 realities of the time clock. This thing is
8 going to involve possibly an SEC petition.
9 And so this is a little different animal than
10 we normally have encountered for this
11 particular work group.
12 **DR. BRANCHE:** But I would offer, Paul,
13 however, a couple of things. The
14 congressional staffer to whom Wanda made the
15 obligation is not the only one who listens in
16 on the calls for this particular work group.
17 **MS. MUNN:** No.
18 **DR. BRANCHE:** And so I --
19 **DR. ZIEMER:** Well, I understand that.
20 **DR. BRANCHE:** No, I just want everybody to
21 understand that once this kind of obligation
22 has been made to one, don't be surprised that
23 when another site comes up where there's
24 particular sensitivities or a timeliness
25 issue, it might come up again. And I think

1 the Board has always tried to -- individual
2 Board members over work groups and the Board
3 in general have tried to be sensitive to those
4 various issues. I just don't think you should
5 think this is an exception.
6 The other thing I don't think I
7 explained as well as I probably can now is
8 when we were talking earlier about rendering
9 issues to another work group, and that the
10 work group chair who is proffering that
11 particular topic or that particular issue to
12 another work group or to the Board in general
13 on this list that we have yet to name
14 properly, when I suggested that there'd be a
15 sense of priority, I did that because there
16 are a number of sensitivities, some political,
17 some others that that work group chair would
18 have information to support and in offering a
19 sense of priority.
20 Not that anything should be left
21 undone. Not that anything isn't important.
22 But there can be some issues and sensitivities
23 that can be brought to bear by the work group
24 chair when they're suggesting that this issue
25 come out of their work group and potentially

1 be reassigned to another. And so that's
2 another kind of information that would need to
3 be observed and taken into account by the work
4 group chair that's taking it on.
5 So it isn't always about timing or how
6 long an issue has been on your docket. I
7 think what many of you have said is a good
8 procedure. I'm not offering an opinion. I'm
9 just trying to make sure that you bear in mind
10 that there are some other considerations that
11 need to be brought to bear. I'm done.
12 **DR. MAURO:** I was going to bring up exactly
13 the point that Dr. Ziemer brought up is that
14 we do have, when it comes to Appendix BB, TBD-
15 6000, -6001, it's sort of an anomaly. They
16 really are site profiles and as a result as
17 Dr. Ziemer pointed out, there is a little bit
18 different kind of attention to be paid to it.
19 It's also true for procedures that are site
20 specific.
21 If you look at the list of 133
22 procedures that we've reviewed -- that's the
23 total number I think -- you could look at it
24 and see a whole bunch of them are not site
25 specific, but there's a handful that are

1 whereby there could be site-specific interest
2 there. And I think the ^ would be Appendix BB
3 because it's actually a site profile.
4 Now there are others that we've worked
5 on -- I mean, this is just an observation --
6 that I know we have a lot of attention, OTIB-
7 0052, which is a construction worker coworker
8 model that has universal applicability to
9 construction workers at sites across, which I
10 know a lot of attention has been given by a
11 lot of folks to that.
12 A big effort went into that. Steve
13 was involved in it. I know that the ones that
14 Arjun completed on OTIB-0090 and -0097 I
15 believe, interaction with the claimants. I
16 mean, what I'm saying is that we probably
17 could sit down and say rather than prioritize
18 all the 133, I'm saying that there probably
19 could be supported in dividing into groups
20 that we feel are generally of greater concern
21 than the rest.
22 I don't know if that's a compromise or
23 something you would not want to do. But I
24 know right now someone could ask me what are
25 the four or five that you're thinking need to

1 hit hard and hit hard now. And I just
2 mentioned a few of them just now. Because I
3 think there's a tremendous amount of media
4 interest and people waiting for the outcome of
5 those.
6 Now whether or not you want to make
7 that one of your reasons why you give it a
8 high priority, that's certainly a judgment of
9 the Board and the working group. But I think
10 that that's really what we have here. We do
11 have a handful. Of the 133, maybe ten or
12 eight everyone recognizes, yeah, there's a lot
13 of interest in those. Whether you want to put
14 them high on the priority or not, that's a
15 tough call.
16 **MS. MUNN:** Is there a compromise? Is there
17 a way that we can devote a given portion of
18 our deliberations each time to the calendar
19 priority and a given portion of our time to
20 other pressing priorities? Is that the only
21 legitimate way we can address it?
22 Mike.
23 **MR. GIBSON:** Well, I think, you know, that
24 the process is consuming us. And I just think
25 that I kind of agree with John. We just need

1 to start at the beginning and go through and
2 work on these things. Who's to say we have to
3 have a fast and set rule that we're going to
4 go by?
5 We start at the top and just start
6 working the issues. If something interrupts
7 us, whether it's political or whether it's the
8 need for a higher priority, we can stop and
9 address that issue. But other than that spend
10 our days meeting and resolving issues rather
11 than trying to figure out how to resolve them.
12 **MS. MUNN:** The only reason I'm attempting to
13 do that now is because we are shifting gears
14 so markedly from the way we've addressed
15 things in the past to the way we're going to
16 be doing things in the future. And we're
17 going to be relying so much more heavily on
18 the database and its ability to sort material
19 for us.
20 **MR. GIBSON:** Well, I guess I'm just saying
21 let's get to work and as we see issues come up
22 with the database, let's stop and address them
23 and go on rather than try and figure out the
24 kinks that could be in the system or that we
25 obviously see. Let's see how it affects us as

1 we're doing our work. And if we have to stop
2 and fix them, stop and fix them.
3 But every issue there's some more
4 political than others or whatever, but just
5 about everything we work on in every work
6 group stems back to some claimant. And the
7 more time we spend trying to figure out how to
8 do things as opposed to doing them, it's
9 affecting someone.
10 So we're not going to please everyone.
11 We're going to get political pressure and
12 everything else, and we might make exceptions
13 but, you know, I'm speaking for the work
14 groups I'm on, too, that I chair, too. Maybe
15 we just need to get to work more instead of
16 watching how this process is starting to kind
17 of consume our time.
18 **MS. ADAMS:** You hit the nail on the head in
19 terms of moving to a different approach.
20 Everything's an iterative process. And so you
21 start into a new cycle of how you're going to
22 tackle things, and it's like learning to ride
23 a bike. I mean, you're going to stumble at
24 the beginning perhaps and do some things that
25 six months down the line will seem clumsy

1 because now you’ve got experience that you
2 didn’t have at the forefront.
3 And that therefore, then you can use
4 the benefit of that learning, that clumsy
5 period, to move into becoming a more effective
6 and efficient period from learning how and
7 what the database can and can’t do. What
8 going back and looking over some of these
9 things that have been sitting around for
10 awhile might trigger in your mind that if you
11 attack this one, it may have a relationship to
12 something else, and you can kill two birds
13 with one stone or more. I mean, I think
14 you’re at a point where you’ve got to see what
15 happens.
16 **MS. MUNN:** We have some idea of what we’re
17 going to do. I’m not sure whether we’ve come
18 to a complete conclusion about what we’re
19 going to do. I would hope that in the very
20 immediate future, Nancy, will you be able to
21 accommodate these comments that we’ve made and
22 agreements we have with respect to the
23 changing in terminology so that we can look at
24 our next summary with the new terminology in
25 place?

1 **MR. HINNEFELD:** You're talking about the new
2 statuses?
3 **MS. MUNN:** The new statuses, yes.
4 **MR. HINNEFELD:** They'll have to be entered
5 by SC&A. Nancy looks at the same version I
6 look at. She can't do any data entry.
7 **MS. MUNN:** So the question really needs to
8 go to you and not to Nancy.
9 **MR. HINNEFELD:** The question has to go to
10 SC&A.
11 **MR. MARSCHKE:** It goes to me. I think it
12 comes to me. Yes. Yes, we will be able to do
13 that and change, transferred will be changed
14 to exported and we will add a, well, what did
15 we decide? We're going to talk to Don Loomis
16 and find out whether we're going to add a
17 source field --
18 **MS. MUNN:** Yes.
19 **MR. MARSCHKE:** -- or whether we're going to
20 add an imported open, imported closed --
21 **MS. MUNN:** Correct.
22 **MR. MARSCHKE:** -- so I have that as an
23 action item that I have to talk to Don who
24 will figure that out. And by the time the
25 next Board -- we'll talk to you, obviously,

1 when I get an answer from Don. And once we
2 get your agreement, it will be implemented
3 before the next working group meeting.
4 **MS. MUNN:** Please, Steve, I'd like to do
5 that very much because I intend to utilize
6 that database to establish our agenda that is
7 going to occur for our 24th meeting.
8 **MR. MARSCHKE:** Now, one other thing that we
9 want to make a change to the database, and I
10 don't know. We want to make sure that we have
11 the ability to do sorts on the date of the
12 meeting. Any action items that came from the
13 meeting or from a particular meeting date we
14 want to be able to do a sort on that to see if
15 either of the action items and these were,
16 have been dismissed or --
17 **MS. MUNN:** What the status is.
18 **MR. MARSCHKE:** What the status of those
19 action items are. There's a couple other
20 bookkeeping questions. Maybe this is a good
21 time for me to ask. I would like to ask just,
22 there are housekeeping-type questions I would
23 like to ask about the database. The first one
24 being is, do you want Bob's Appendix BB and
25 his findings into this database or is that

1 this is a procedures and a documents database?
2 Does that more go into some other database?
3 Right now it's not in this database. Do you
4 want it to be added to this database or not?
5 **MS. MUNN:** What is the opinion of the group?
6 It's my opinion that it goes into this
7 database because this is where it started.
8 Whether it stays here is a different question.
9 But in my opinion it should start here and be
10 incorporated in the database in this work
11 group. Anyone feel differently than that?
12 **MR. HINNEFELD:** I agree with that, yeah.
13 **DR. MAURO:** And that includes TBD-6000, -
14 6001?
15 **MR. HINNEFELD:** Yes. If we're going to take
16 care of them in here, let's put them in this
17 database.
18 **DR. ZIEMER (by Telephone):** Yeah, I think
19 that's fine unless it becomes unwieldy.
20 **MR. HINNEFELD:** We're already there.
21 **MS. MUNN:** Too late.
22 **DR. ZIEMER (by Telephone):** But you have the
23 ability to separate out a section of the
24 database if you want to.
25 **MR. MARSCHKE:** Oh, yeah, we can always pull

1 it out.
2 **DR. ZIEMER (by Telephone):** If you have a
3 meeting, you can have this part of it.
4 **MR. MARSCHKE:** Right, exactly. We can only
5 do a sort just on Appendix BB and just --
6 The other one is a little bit nit, but
7 we have a status called open-in progress.
8 Right now the database gets confused. When
9 you do a sort on open, you not only get the
10 open number, the procedures, or findings I
11 should say, but you also get the open-in
12 progress findings.
13 **DR. ZIEMER (by Telephone):** Why don't you
14 just change it to in progress; that implies
15 that it's open?
16 **MR. MARSCHKE:** We would like the group's
17 permission to do that.
18 **MS. MUNN:** No objection here. Any
19 objection?
20 **DR. ZIEMER (by Telephone):** No.
21 **MR. MARSCHKE:** Thank you.
22 **MS. MUNN:** Anything else with that regard?
23 **DR. MAURO:** I have a thought. When you
24 started talking about breaking out procedures,
25 the idea being we're going to have another

1 work group meeting. Would not it be a good
2 idea to say which procedures do we want to try
3 to review at the next work group meeting? And
4 then we simply print out electronically those
5 as opposed to the full monster.
6 In other words let's say it turns out
7 we do want to cover all of the issues raised
8 in Appendix BB for the next meeting. If we
9 know in advance which ones you'd like to
10 address by procedure, there's only 133 ^ is
11 136 procedures that are in there. And if we
12 started pulling them out, so I guess in a way
13 I was of a mind that we start to drive through
14 from OCAS OTIB-0001.
15 But in my mind an equally possible way
16 to do it which is very functional is that at
17 the end of every meeting, the working group
18 identifies which ones do you want to take on
19 at the next meeting. And then during that
20 time period NIOSH and SC&A work together on
21 filling and fleshing out that particular one
22 so that when we show up, they'll have
23 dialogue, exchange and filled in a lot of the
24 information and we bring them to the next
25 meeting.

1 Okay, for the procedures which you
2 gave us marching orders on, here's what we've
3 accomplished. And then at that point the
4 working group decides which ones they want to,
5 which issues -- let's say we recommend closing
6 this. We recommend that this be exported. We
7 agree to disagree on this one. We really
8 can't resolve this one, this issue. In other
9 words what I'm getting as is the idea being at
10 least when we come in the door the next time -
11 -
12 -- See, I think this was a very
13 special meeting. Because what happened was up
14 until now we've built the bicycle and today
15 was the first day we tried to ride it. And we
16 fell off the bicycle. But I think the next
17 time maybe as an idea, it wouldn't be a bad
18 idea to say for the next meeting let's see
19 between now and then we can do everything we
20 can so that we could make a meaningful assault
21 on at least these three or four procedures and
22 get that done including, of course, Robert
23 Stephan's Appendix BB. If that's what you'd
24 like us to do, you give us the marching orders
25 and off we go.

1 **MS. MUNN:** You're one step ahead of me,
2 John. It was my hope that as Chair I would
3 try to do something very similar to that for
4 our next meeting. And then at the end of the
5 next meeting fall into what I hope will be a
6 fairly easy process similar to what you've
7 outlined so that we all will agree in the work
8 group what we're expecting to do the next
9 time. And it will automatically fall out of
10 the database as we begin to look at it. I'm
11 hoping that that will be the case.
12 Let's see, especially since our next
13 meeting is going to be a short one, let's see
14 if I can manage that myself this time. And at
15 the end of that next meeting we will undertake
16 to do something very similar to what you have
17 suggested if there's no objection to that from
18 the work group.
19 **DR. ZIEMER (by Telephone):** Sounds good.
20 **MS. MUNN:** Good. Are we are a point where
21 we can leave this item?
22 **DR. ZIEMER (by Telephone):** Yes.
23 **FINDINGS ON CATI PROCEDURES FROM 1ST SET OF REVIEWS**
24 **MS. MUNN:** If we are, then let's move on to
25 the final real item that I had with respect to

1 the findings on CATI procedures from the first
2 set of reviews. A question had been asked
3 about that. Who wants to address that?
4 **MR. HINNEFELD:** I think this is me.
5 **DR. ZIEMER (by Telephone):** What is the
6 issue?
7 **MR. HINNEFELD:** Well, the CATI procedures
8 were Procedures 4, 5 and 17. They've been
9 consolidated into Procedure 90. There's
10 something like 29 findings that are all listed
11 as open. I think we talked about these once
12 long, long ago, but that's okay. Let's leave
13 them open because it's so long ago I don't
14 think it counts.
15 We've provided some initial responses,
16 and there are a number of things that we've
17 done that we're doing in addition to our
18 initial responses. One of our initial
19 responses, in fact, to several of the
20 procedures was the findings spoke to we're not
21 telling the claimants enough information in
22 the CATI. You know, we're not giving enough
23 information.
24 Our response at that time was we don't
25 think the CATI is the place to do that, but we

1 agree we should give them more information.
2 So we're going to change what we call our
3 acknowledgement packet. In other words when a
4 case is referred to us from the Department of
5 Labor, we send the claimant, it used to be a
6 letter, now it's a packet, acknowledging that
7 we have their claim to do dose reconstruction
8 on.
9 And we've expanded that so now it's a
10 packet. We think it addresses much of the
11 information from those findings. Now, I
12 believe I distributed that, I'll mail them to
13 everybody. We'll send to everybody in the
14 work group, John and some of the principals or
15 whoever you want me to. I'll send you
16 several. If I can get them electronically,
17 I'll just do them electronically so that you
18 can see this is what the acknowledgement
19 packet now looks like.
20 We believe this addresses what is
21 right to address from these findings in the
22 CATI. The CATI shouldn't say this. It should
23 say something else. We've made some changes.
24 We have recommended some changes in the CATI
25 language to OMB, and because the CATI form was

1 due for renewal anyway. So you have to go
2 back to the OMB and get re-approval to
3 continue to use this data collection device.
4 So we have incorporated in our
5 recommendations, in our version that will go
6 back to OMB, some changes based on some of the
7 findings from these CATI procedures findings.
8 I can share those with you. I
9 actually have hard copies of those today.
10 There are three of them. There's one for an
11 EE claimant, one for a survivor claimant, and
12 one for a coworker. They all have their own
13 script. So those things have been done, and
14 that can be shared today. I can also share it
15 electronically because I have it
16 electronically. So those are some of the
17 actions that we've done.
18 Let me take a look and see what I'm
19 forgetting here. I think some of these
20 findings you'll see, I mean, these findings go
21 way back. These findings were written in --
22 what did we say? -- in '05 or something?
23 **MS. MUNN:** This was one of the first things
24 we did.
25 **MR. HINNEFELD:** So these findings go way

1 back so I think some of the things about how
2 well things are described, and of course this
3 is CATI Procedure, I think you'll find there
4 is a better job done now in a dose
5 reconstruction to really show the claimant
6 this is how we use your CATI information. I
7 think that's just done. But I don't know that
8 it's something I could show you this procedure
9 was changed to do it.
10 I can just tell you that the dose
11 reconstructions now, they have to address
12 everything that's said in the CATI even if
13 it's not relevant to radiation exposure. If
14 the person mentions in their CATI about their
15 chemical exposure, I was exposed to those
16 chemicals when I worked there, too, we include
17 that in the dose reconstruction report.
18 We say the EE was exposed to these
19 chemicals, but that doesn't include, doesn't
20 count as radiation dose so it doesn't affect
21 this report. So everything they say is
22 included, is addressed in a CATI, in the dose
23 reconstruction. So I think we've done some
24 things like that.
25 Now, of course, there's always the

1 question that somebody's going to say we
2 should have done more, and maybe there is more
3 to do. But I think the first thing to do is
4 for me to get out to you the best I can what
5 our current position is on these, and I can
6 have those out relatively quickly. You know,
7 where we are now, where we expect to be. And
8 in addition, we are revising this PROC-0090
9 now. We are revising PROC-0090 in order to
10 change it to, essentially accommodate the
11 other things that need to be accommodated from
12 the findings to the extent we think we can.
13 One thing I think I should probably
14 mention so that it's not a shock when our
15 response comes over. There's been a certain,
16 there was a certain number of the findings
17 about helping a survivor claimant to the
18 interview and sort of, for lack of a better
19 word, coaching them, but telling them more so
20 that they can -- because they're certainly
21 going to be at a disadvantage from an EE
22 claimant because they're going to know far
23 less about what the work was than an actual EE
24 claimant.
25 EE by the way is energy employee. It

1 means the energy employee is still alive. So
2 in that case we have some concerns about
3 coaching. And people who know about
4 interviewing, which I'm not one, people that
5 know about interviewing say one of the first
6 things you understand when you develop an
7 interview is you don't design it to coach the
8 interviewee.
9 So there are some things like that
10 that we don't believe we'll go along with for
11 that reason. But there are a number of things
12 that we are. And it's just I think it's up to
13 us to get the latest information out to the
14 working group and to the principals at SC&A so
15 we can kind of see where we are and where we
16 want to go before we decide to talk about
17 this.
18 **DR. MAURO:** Mechanistically, am I hearing
19 that you're going to load up the database --
20 **MR. HINNEFELD:** Actually, I ask you guys to
21 load it for me because I don't write it.
22 **DR. MAURO:** And you guys are not ready to
23 take to the time, so you'll provide us with
24 information and we could look that you would
25 load up --

1 **MR. HINNEFELD:** We'll suggest to you this is
2 what we would like you to load. This is what
3 we would like you to load. We may send some
4 supporting information, too, that --
5 **DR. MAURO:** Then there'll be a white paper.
6 **MR. HINNEFELD:** That may want to be attached
7 to it or something like that.
8 **DR. MAURO:** And that would address, I guess
9 there were two procedures then. There's --
10 **MR. HINNEFELD:** Well, there were actually
11 three originals. Those findings are all now
12 under PROC-0090. And while we're talking
13 about that, this is one of the things you
14 asked us to think about all day, had to do
15 with these findings, counting the procedures,
16 the findings by 29.
17 We want to make this recommendation
18 because if it would undo something that was
19 done on my earlier recommendation, so I
20 certainly feel that I'm capable, you know, I
21 don't feel any pride of ownership or pride of
22 ownership. On the other hand it might give
23 you pause about whether you want to listen to
24 my advice any more.
25 But the reason we're counting them

1 twice is because we listed them twice. And
2 the reason we listed them the way we did is
3 because we didn't have findings against a
4 procedure that doesn't exist any more. Well,
5 suppose we just dealt with that. Kept the
6 procedures under four, five and seven, just
7 eliminate PROC-0090 because PROC-0090 has
8 never been reviewed. PROC-0090 has never been
9 reviewed by SC&A.
10 Keep the findings on four, five and
11 seven or 17, and just say in there, in our
12 response, these procedures have been
13 consolidated to PROC-0090, and PROC-0090 will
14 be revised to address these findings. And so
15 in the future people will know they have to
16 look at PROC-0090. And, in fact, we can put
17 it in the title of the finding, you know, now
18 PROC-0090 or something so it's easy to find.
19 That gets your extra 29 findings out of the
20 database.
21 **MR. MARSCHKE:** Actually, haven't we already
22 done that? Isn't that already --
23 **MR. HINNEFELD:** Well, we did it the other
24 way. They're in there closed under four, five
25 and 17. They're in there as closed.

1 **MR. MARSCHKE:** But there is a note
2 underneath, there is a note --
3 **MR. HINNEFELD:** On PROC four, five and
4 seven.
5 **MR. MARSCHKE:** -- on four, five and seven
6 that these findings have now been transferred
7 to PROC-0090, and in PROC-0090 there is a
8 corresponding note that this finding came from
9 -- well, there is kind of a cross in the
10 database.
11 **MR. HINNEFELD:** Well, I think the database
12 is fine now except for the fact that we've got
13 29 extra findings. And Mark was talking
14 about, well, Mark was the one that brought it
15 up. We're really overstating the number of
16 closed findings because those findings really
17 aren't closed from four, five and 17. We're
18 just not tracking them there.
19 And so that leads to the conclusion,
20 yeah, well, we're overstating the 29 and so
21 therefore, we've overstated the total number
22 of findings by that same 29 because I think
23 you show that in the closed column. So if we
24 wanted to address that, if we want to deal
25 with that, I'd say you just eliminate the

1 PROC-0090 piece altogether, reopen, change the
2 status to open on four, five and 17 and then
3 you'll have the right count on the number of
4 findings. It won't really change the quality
5 of the information they're in.
6 **MR. MARSCHKE:** But you've just eliminated
7 these 29 findings.
8 **MR. HINNEFELD:** No, we just opened them up
9 in four, five and 17. And the action is to,
10 what you're saying, the action, these have
11 been consolidated in PROC-0090, PROC-0090 is
12 being revised to address.
13 **DR. MAURO:** Would you provide also for each
14 issue how you plan to deal with that issue and
15 which you agree with and which ones you don't?
16 **MR. HINNEFELD:** Yeah, that's sort of what I
17 need to provide really quickly regardless of
18 what we do with the database. I need to do
19 that pretty quickly.
20 **DR. MAURO:** So that will be there, and those
21 will be considered. These are open-in
22 progress or these are -- in other words, a
23 label then for that procedure would be in
24 progress and here's all the information. And
25 you put in that information.

1 **MR. HINNEFELD:** Well, I think it will be in
2 progress when we talk about it. Isn't that
3 what we do? I mean, don't they remain open
4 until we actually have a discussion at the
5 meeting?
6 **DR. MAURO:** We're doing that right now.
7 **MR. HINNEFELD:** Okay, well, that's okay with
8 me.
9 **DR. MAURO:** Isn't that what we're doing?
10 **MS. MUNN:** Yes, that's what we're doing.
11 **DR. MAURO:** So in effect what I'm hearing is
12 that for those procedures, and we have right
13 now loaded up with our comments, you're going
14 to put underneath each comment a statement as
15 to how you believe this needs to be dealt
16 with. And then so you're going to flesh that
17 out maybe by giving information to Steve.
18 **MR. HINNEFELD:** Right.
19 **DR. MAURO:** Our job at that point will be go
20 underneath that and say, okay, yeah, we agree
21 this looks like it resolves that issue. In a
22 similar matter you're going to do, to the
23 extent you can, you're going to try to go as
24 far as you can with Appendix BB.
25 **MR. HINNEFELD:** Yes, yes.

1 **DR. MAURO:** So at a minimum what I'm hearing
2 right now is for the next work group meeting
3 the extent to which we can go into, all this
4 material between now and the next meeting,
5 this is going to be loaded up, Appendix BB and
6 these three procedures are going to be loaded
7 up in combination by Steve and Stu, and we're
8 going to talk about them next time we get
9 together at a minimum. Now there may be more
10 things you're going to talk about, but it
11 seems to me at a minimum we're going to try to
12 do that.
13 **MS. MUNN:** Absolutely. Yes, we will. We're
14 all on the same page. We all know what we're
15 doing?
16 **MR. MARSCHKE:** I don't know what I'm doing.
17 **MR. HINNEFELD:** Well, we haven't decided
18 really for sure what we're going to do with
19 the database. I don't really care.
20 **DR. ZIEMER (by Telephone):** As long as it
21 makes sense.
22 **MR. HINNEFELD:** I don't really care what we
23 do with the database. I just thought that
24 that would be a way to get a count of the
25 number of findings. But I don't really, I

1 mean, I think the quality of the data and the
2 way it's represented is pretty clear right now
3 in the database. I don't have any particular
4 issue with that. But it does screw up the
5 count.
6 **MS. MUNN:** And it would be nice to not
7 mislead anyone who looks at the bare numbers.
8 It would be very nice. All right, we're happy
9 with that.
10 **HOUSEKEEPING; ACTIONS; NEXT MEETING**
11 Housekeeping items.
12 **MR. MARSCHKE:** Can I just say on one of the
13 other OTIBs, OTIB-0052, which is on Nancy's
14 sheet here. It's the 7/30/2007. It's got 16
15 findings against it all shown as open. Well,
16 by the definition of the current definition of
17 open, these 16 have been discussed because I
18 was at the meeting. I gave my presentation.
19 Mel Chew was there as well. He gave his talk.
20 So at a minimum, these 16 should be moved
21 through the in progress out of the open
22 column, into the in progress column.
23 **MS. MUNN:** Absolutely.
24 **MR. MARSCHKE:** And maybe what we can do is
25 we can look at NIOSH's responses --

1 **DR. MAURO:** Do we have any responses?
2 **MR. MARSCHKE:** They have provided the
3 responses. They are loaded up in the
4 database. We can look at the responses and
5 maybe at the next group working group meeting
6 give our recommendations whether or not we
7 agree with the responses.
8 **MR. HINNEFELD:** I wasn't going to bring it
9 up today, but it was our understanding that
10 certainly several of those 52 we thought were
11 closed. We didn't think any more were due.
12 **MR. MARSCHKE:** I think you're right on that.
13 **DR. MAURO:** Is that a third procedure you'd
14 like to give us marching orders on?
15 **MS. MUNN:** Absolutely.
16 **DR. MAURO:** Do the same thing with OTIB-
17 0052?
18 **MS. MUNN:** Absolutely.
19 **DR. MAURO:** Good, we've got three.
20 **MS. MUNN:** The only reason OTIB-0052 is not
21 on today's agenda was twofold. One I didn't
22 feel like we had room for it. And, two, I
23 didn't have my list in front of me.
24 **DR. ZIEMER (by Telephone):** And, Wanda, this
25 is Ziemer. I have to bail out at this point.

1 I think we're pretty well done now. Is that
2 correct?
3 **MS. MUNN:** I believe so. We're just doing
4 housekeeping items, and you know our next
5 meeting --
6 **DR. ZIEMER (by Telephone):** We'll meet prior
7 to the next full meeting in the morning then.
8 **MS. MUNN:** Yes, yes, you'll get an agenda
9 prior to that time.
10 **DR. ZIEMER (by Telephone):** Thank you. I'm
11 signing off.
12 **MS. MUNN:** Thank you. Have a good vacation.
13 Bye bye.
14 **MR. MARSCHKE:** Wanda, the fourth procedure
15 is OCAS TIB-0011. John got the phone call at
16 lunch time saying that Joyce had reviewed the
17 revised procedure provided by NIOSH, and we
18 are in agreement with the, we have no further
19 comments on it. We are in agreement. We are
20 ready to sign off on those two findings. So
21 those two findings are ready to be, as far as
22 we're concerned, SC&A is concerned, those two
23 findings are ready to be closed.
24 **MS. MUNN:** Is the group ready to instruct
25 Steve to go ahead and identify those, OTIB-

1 0011, as agreed and closed?
2 **MR. MARSCHKE:** TIB-0011.
3 **MS. MUNN:** TIB-0011, sorry. Any --
4 **DR. MAURO:** Could you give us a snapshot --
5 **MR. HINNEFELD:** Let me tell you what they
6 are. They're on the, these are, the title is
7 "Lung Dose Conversion Factors for Thoron
8 Working Level ^". The issue was one of the
9 doses based on the progeny to the various
10 regions of the respiratory tract. The
11 original findings, we looked at the original
12 findings and said, oh, gosh, you're right. We
13 didn't do this right. There's an arithmetic
14 error here. So we re-did the arithmetic and
15 submitted, revised the OTIB, ^. Joyce then
16 wanted, was having trouble reproducing the
17 numbers exactly and asked for our
18 calculational files, which we then provided.
19 So that's how we, so Joyce apparently was the
20 phone call there.
21 **DR. MAURO:** We got a phone call. Joyce did
22 look at those calculations and confirmed that
23 they're correct.
24 **MR. MARSCHKE:** I mean, we don't have to
25 decide it today, but I mean, it's something

1 that's ripe for decision, if not today then on
2 the 24th I guess.
3 **MS. MUNN:** There's no reason why we
4 shouldn't make the decision today. Is there
5 any reason to keep this on the open items
6 list? Is it closed?
7 **MR. HINNEFELD:** Sounds closed to me.
8 **DR. MAURO:** We recommend closing it. SC&A
9 recommends closing it.
10 **MS. MUNN:** Closed resolved.
11 Any other items, Steve?
12 **MR. MARSCHKE:** No, I think I'm done.
13 **MS. MUNN:** Good. We'll expect that to
14 appear on the database as closed. And we have
15 scheduled our next meeting for June 24th, 8:30
16 a.m. in St. Louis, at least three hours,
17 possibly three and a half if we can stretch
18 it.
19 **DR. BRANCHE:** I'll work with you to see what
20 other kind of issues come up.
21 **MS. MUNN:** We'll see what happens between
22 now and then.
23 Does anyone want to attempt to go
24 further out than June in placing another
25 meeting for us on the calendar? We know that

1 one's going to be short. We probably will not
2 get too much accomplished. If we're going to
3 at the end of that meeting start our new
4 process of setting our agenda for the
5 following meeting based on our manipulation of
6 the database, then we are likely to have a
7 fairly significant list to address at our next
8 meeting following that. Any feelings about
9 that?
10 (no response)
11 **MS. MUNN:** I'd like to try to choose a date
12 in July for a meeting.
13 **DR. BRANCHE:** My calendar might be ^.
14 **MS. MUNN:** What does your calendar look like
15 the second week in July?
16 **DR. BRANCHE:** The second full week?
17 **MS. MUNN:** Yes.
18 **DR. BRANCHE:** Like the week of the 14th?
19 **MS. MUNN:** No, the week of the 7th.
20 **DR. BRANCHE:** That's when we're supposed to
21 be on the west coast. That's not good for me.
22 **MR. PRESLEY:** Right now the week of the 14th
23 would be good for me.
24 **DR. BRANCHE:** The week of the 14th would be
25 much better for me.

1 **MS. MUNN:** Tuesday, the 15th?

2 **DR. BRANCHE:** I haven't heard any, I don't
3 know if your two other Board members are on
4 the line.

5 **MS. MUNN:** I don't think so.

6 **MR. MARSCHKE:** The Health Physics Site
7 meeting is that week. Paul will probably be
8 at the --

9 **MS. MUNN:** That's not good.

10 **DR. BRANCHE:** The following week the only
11 day that's a problem is the 22nd. I could do
12 any other date that week. Of course, summer
13 schedules make Friday travel more difficult
14 than any other Friday to be honest.

15 **MR. PRESLEY:** How about the 21st?

16 **DR. BRANCHE:** I could do the 21st.

17 **MR. PRESLEY:** Sunday travel.

18 **DR. BRANCHE:** Nine thirty is easy for me to
19 travel the same day.

20 **MS. MUNN:** Monday, the 21st, doable?

21 (no response)

22 **MS. MUNN:** Monday, the 21st, face-to-face,
23 9:30 a.m., Cincinnati.

24 **DR. BRANCHE:** Nine-thirty?

25 **MS. MUNN:** Yes.

1 **DR. BRANCHE:** Until five?

2 **MS. MUNN:** Correct.

3 Anything else for the good of the

4 Order?

5 (no response)

6 **MS. MUNN:** If not, you are released eight

7 minutes early. We are adjourned. Thank you

8 so much. Everyone still on the phone thank

9 you for participating.

10 (Whereupon, the working group meeting was

11 adjourned at 4:52 p.m.)

12

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1 **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 May 20, 2008; 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 7th day of March, 2009.

____

STEVEN RAY GREEN, CCR, CVR-CM, PNSC
CERTIFIED MERIT COURT REPORTER
CERTIFICATE NUMBER: A-2102