U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR DISEASE CONTROL

NATIONAL INSTITUTE FOR OCCUPATIONAL

SAFETY AND HEALTH

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ADVISORY BOARD ON RADIATION AND WORKER HEALTH

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SUBCOMMITTEE ON PROCEDURES REVIEW

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THURSDAY, AUGUST 13, 2009

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The Subcommittee convened in the Zurich Room of the Cincinnati Airport Marriott Hotel, 2395 Progress Drive, Hebron, Kentucky at 10:00 a.m., Wanda I. Munn, Chair, presiding.

### PRESENT:

WANDA I. MUNN, Chair MICHAEL H. GIBSON, Member MARK GRIFFON, Member\* PAUL L. ZIEMER, Member

## **NEAL R. GROSS**

# ALSO PRESENT:

TED KATZ, Designated Federal Official NANCY ADAMS, NIOSH Contractor\* ISAF AL-NABULSI, DOE\* HANS BEHLING, SC&A\* LARRY ELLIOTT, NIOSH OCAS STUART HINNEFELD, NIOSH OCAS EMILY HOWELL, HHS\* TOM LEBONE, ORAU Team\* JAN LOVELACE, ORAU Team\* STEPHEN MARSCHKE, SC&A JOHN MAURO, SC&A\* JIM NETON, NIOSH OCAS\* MICHAEL RAFKY, HHS\* MUTTY SHARFI, ORAU Team\* SCOTT SIEBERT, ORAU Team MATTHEW SMITH, ORAU Team\* ELYSE THOMAS, ORAU Team

\*Present via telephone

# **NEAL R. GROSS**

1	P-R-O-C-E-E-D-I-N-G-S
2	10:06 a.m.
3	MR. KATZ: This is the Advisory
4	Board on Radiation and Worker Health,
5	Subcommittee on Dose Reconstruction Review.
6	MR. HINNEFELD: Procedures Review.
7	MR. KATZ: Thank you. Procedures
8	Review. Sorry. Mark is not even here.
9	Procedures Review. And we'll begin with roll
10	call with Board members in the room.
11	CHAIR MUNN: Wanda Munn, Chair of
12	the Subcommittee.
13	MEMBER GIBSON: Mike Gibson.
14	MEMBER ZIEMER: Paul Ziemer.
15	MR. KATZ: And then one last
16	check. On the line, any Board members? Mark?
17	Bob?
18	(No response.)
19	MR. KATZ: Okay. And then in the
20	room, the NIOSH ORAU team?
21	MR. ELLIOTT: Larry Elliott,
22	Director of the Office of Compensation

1	Analysis and Support.
2	MR. HINNEFELD: Stu Hinnefeld,
3	Technical Program Manager, same office.
4	MS. THOMAS: Elyse Thomas, ORAU
5	team.
6	MR. SIEBERT: Scott Siebert, ORAU
7	team.
8	MR. KATZ: And on the line, NIOSH
9	ORAU team?
10	DR. NETON: Jim Neton on the line.
11	MR. SMITH: Matthew Smith, ORAU
12	team.
13	MR. KATZ: I'm sorry? You were
14	hard to hear.
15	MR. SMITH: Matthew Smith.
16	MR. KATZ: Matthew Smith. Okay.
17	Thanks.
18	MR. KATZ: Okay. Any other NIOSH
19	ORAU team on the line?
20	MR. SHARFI: Mutty Sharfi, ORAU
21	team.
22	MR. LEBONE: Tom Lebone, ORAU

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1	team.
2	MR. KATZ: Thank you.
3	SC&A in the room?
4	MR. MARSCHKE: Steve Marschke.
5	MR. KATZ: And on the line, SC&A?
6	DR. MAURO: John Mauro here.
7	DR. BEHLING: Hans Behling.
8	CHAIR MUNN: Good morning, Hans
9	MR. KATZ: Welcome, both of you.
LO	And now HHS and other government
11	employees on the line?
12	MS. HOWELL: Emily Howell, HHS.
13	MR. RAFKY: Michael Rafky, HHS.
L4	MS. AL-NABULSI: Isaf Al-Nabulsi,
15	DOE.
L6	MS. ADAMS: Nancy Adams, NIOSH
L7	Contractor.
18	MR. KATZ: Welcome to all of you.
L9	And any members of the public on
20	the line?
21	(No response.)
22	MR. KATZ: Okay. Folks, please
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mute your phones on the line. And, Wanda, it's yours.

CHAIR MUNN: Thank you, Ted.

As all of you know, we have been having a great deal of trouble in this IT transition from the old database to the new database. It's maintaining the same format, but it's been very difficult for us to all get on board with getting into it.

So we are going to do the best we can from both directions. Fortunately, Steve is able to access what we need from the old system. And I believe that most of us in the room now with the help of our own internal IT folks have been able to get up this morning onto the database that we need. We hope this works well.

The first item that we have on our agenda today is the summary report to the Secretary, which we have all agreed needs to go out sometime in the immediate future. I have provided for you, thanks to Dr. Ziemer,

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electronic copies of the material that we sent during our first contact with the Secretary, which was this time last year. The issue seems in my mind to be whether we will essentially follow this same format or whether we will make significant changes in our request for our contractors' report summarizing the second year of activity.

We had felt that it was very important the first time out to include tables that made it very clear what the data looked like when we were dealing with it. Whether we need to retain that type of attachment each time we make this report to the Secretary is a key item in my view. As you at the table here all know, I much prefer the briefest possible reports with the maximum amount of information in the simplest form we can create.

So I am open to comments from anyone here with respect to their feelings as to how to approach this. I was hesitant to

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even begin a draft of the letter until we had this discussion in hand. My preference would be a letter similar to this one, only modified to meet current expectations and a much reduced report, which our contractor would put together for us and including this time, rather than the tables, the graphs and charts that have been a part of our standard review in the past meetings.

Steve has one such chart up on the screen right now. That is the type of thing

I had hoped we would include, rather than the large numbers of forms we have.

Any comments? Any thoughts?

Mike, do you feel that it is necessary for us to continue repeating the format forms for the sake of the new readers, who obviously will not be the same readers as they were a year ago? I guess that's the real question.

We know that these are likely to go to entirely different people. And do we want it to be a completely stand-alone form

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1	process this time with no reference at all
2	other than the date of the preceding
3	communication, or can we shorten, abbreviate,
4	and expedite this format?
5	MEMBER GIBSON: Are you talking
6	about the report for this round to the new
7	administration?
8	CHAIR MUNN: Yes, yes.
9	MEMBER GIBSON: I would almost
10	think it would probably be appropriate to
11	provide them with the same format that the
12	previous holders of the office had for the
13	first round.
14	CHAIR MUNN: Paul?
15	MEMBER ZIEMER: One of the
16	problems with our first report was that we
17	hadn't finished the first round even.
18	CHAIR MUNN: Correct.
19	MEMBER ZIEMER: So we were
20	reporting sort of what we are doing, you know.
21	CHAIR MUNN: Yes.
22	MEMBER ZIEMER: We exist. We have

these under review. We have closed some, so on. I would hope that we could have a report, in my mind something that would look a little more like the summary report the dose reconstruction group did on their first 100 cases.

CHAIR MUNN: Yes.

MEMBER ZIEMER: It seems to me we need to be able to summarize that first set now in some form or another and make some statements about what it means. And, again, the bottom line of all of this is to critique, I guess, whether or not we think that procedures are being followed and if the procedures are appropriate. So we need to be able to make some more definitive statements, I think, than we were able to make in the first report.

I agree with Mike that I think we need to try to follow that format, but I think we are in a position of being more definitive.

Also, I am not sure how helpful it

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is for these groups -- and by "these groups,"

I mean the Secretary's staff -- to have the

SC&A report. I think that's probably more

technical detail than might be useful to them.

I am not sure how useful.

Our previous report was a cover letter that kind of summarized what we're doing and then the SC&A report. And if we can have something that looks more like the bar graphs that Steve showed, maybe summarize the SC&A stuff in some way, it seems to me it would be more useful to the non-technical people who are the support staff of the Secretary.

Well, she probably has technical people, too, but I am trying to get maybe a median between the first report, which I looked at as just a description of what we were doing versus something that can allow them to say, "Okay. Here is what this group has found." We will still have a description of what we are doing on the other sets. But

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1	anyway
2	CHAIR MUNN: Thank you. You are
3	articulating it, I think, more completely than
4	I was. And it sounds as though you're
5	thinking much the same as I am.
6	Would that be a problem for you,
7	Mike, if we followed that general direction
8	and you saw what came out?
9	MEMBER GIBSON: No. Sounds good.
10	CHAIR MUNN: We'll see how we get
11	with that. And if we have need to reference
12	the nitty gritty of how we do it, then we can
13	always respond to that in a different way.
14	MEMBER ZIEMER: I am just noting.
15	I am looking here. This, I guess, was a
16	draft. Maybe I'm not looking at the final
17	copy, but I think it was the same. We told
18	them how often we were meeting
19	CHAIR MUNN: Yes.
20	MEMBER ZIEMER: and who is on
21	the Committee.

CHAIR MUNN: Yes, right.

1	MEMBER ZIEMER: The first set of
2	33 procedures, there were 153 findings of
3	various weights. Ninety-nine have been
4	resolved. Fifty-four are open. I don't think
5	that tells them very much.
6	CHAIR MUNN: No. I think they
7	will get a great
8	MEMBER ZIEMER: We don't know what
9	varying weights mean.
10	CHAIR MUNN: No.
11	MEMBER ZIEMER: We don't know what
12	closed means.
13	CHAIR MUNN: No.
	CHAIR MUNN: No.  MEMBER ZIEMER: I mean, we do, but
13	
13 14	MEMBER ZIEMER: I mean, we do, but
13 14 15	MEMBER ZIEMER: I mean, we do, but they don't. So I would like to see something
13 14 15 16	MEMBER ZIEMER: I mean, we do, but they don't. So I would like to see something that would give them a better understanding.
13 14 15 16 17	MEMBER ZIEMER: I mean, we do, but they don't. So I would like to see something that would give them a better understanding.  CHAIR MUNN: My personal feeling
13 14 15 16 17 18	MEMBER ZIEMER: I mean, we do, but they don't. So I would like to see something that would give them a better understanding.  CHAIR MUNN: My personal feeling is that visual graphs do a better job of doing
13 14 15 16 17 18 19	MEMBER ZIEMER: I mean, we do, but they don't. So I would like to see something that would give them a better understanding.  CHAIR MUNN: My personal feeling is that visual graphs do a better job of doing that than words do. So at our next meeting,

1 add to them, flesh them out in any way that you feel necessary. 2 And for the moment, we'll proceed 3 4 with the concept that this letter will be more 5 specific with regard to what we have 6 accomplished. And it will contain at least a 7 paragraph about observations relative to the efficiency and effectiveness of the procedural 8 activities as they are now performed. 9 10 Any other comments with respect to our proposed report to the Secretary? 11 12 (No response.) 13 CHAIR MUNN: If not, I hope you all have from me the letter that I sent last 14 night to you, a draft of suggestions for 15 16 information to be included in transfer letters, when we are transmitting one or more 17 of our site-specific or, in Mike's case, Work 18 19 Group-specific procedures that have been assigned to SC&A for review. 20 I had a note back from Mark saying 21 that he had no problem with the letter. 22

1	thought it was fine the way it was. Nancy
2	Adams weighed in, said she found it okay.
3	Does anyone have any grief with
4	that? Is it adequate? Is it too much? Is it
5	okay?
6	MEMBER ZIEMER: I just have one
7	question, Wanda.
8	CHAIR MUNN: Yes?
9	MEMBER ZIEMER: On this particular
10	one, remind me. We transferred completely the
11	two OTIBs to them, right, all of the findings?
12	CHAIR MUNN: Yes. That's why I
13	worded the letter the way I did when I said we
14	would hold it in our database until we
15	received either their agreement on what had
16	been done already or their resolution,
17	inferring, I thought, that it was now their
18	responsibility
19	MEMBER ZIEMER: Right.
20	CHAIR MUNN: to resolve the
21	issue that was outstanding in each case.
22	MEMBER ZIEMER: Right.

1	CHAIR MUNN: As I indicated, this
2	is an unusual case in that both of
3	MEMBER ZIEMER: Both are canceled.
4	CHAIR MUNN: these have now
5	been canceled and incorporated into the Site
6	Profile.
7	MEMBER ZIEMER: In other cases, we
8	would specifically enumerate the items and
9	cull them out because
10	CHAIR MUNN: We could do that or I
11	felt that issue was covered by including a PDF
12	file of that entire transaction with the
13	transmittal. Until Steve gives me the PDF
14	file, I can't send the transmittal. But he
15	will send me the PDF file, which will show how
16	each of the outstanding items that are each
17	of the items that are closed have been closed
18	and will indicate the status of the
19	outstanding item as well.
20	So I am relying on the Chair of
21	the Work Group involved to work from that PDF
22	file that they'll have. That was what we

1	discussed as being the best way to make sure
2	that people who were not familiar with the
3	database have the full set of information
4	transferred to them. And we made a point of
5	saying we are transferring the information to
6	them.
7	If that is all right with all
8	concerned and, Mark, have you shown up on
9	the phone yet?
10	MS. ADAMS: I got an e-mail from
11	him, Wanda this is Nancy Adams saying
12	that he was going to be late and to let you
13	all know.
14	CHAIR MUNN: Okay. That's fine.
15	Thanks, Nancy.
16	Hearing no Paul?
17	MEMBER ZIEMER: One other
18	question. Do we need to have a confirmation
19	that the Work Group Chair has accepted these,
20	this transfer?
21	CHAIR MUNN: We can certainly ask
22	for it or we can we can either ask for it

1	in the transmittal or we can ask for it
2	verbally and ask for written
3	MEMBER ZIEMER: I am trying to
4	think whether we can do this unilaterally or
5	do we need confirmation that they agree that
6	it is their task? I don't know the answer to
7	that.
8	MR. HINNEFELD: Sometimes it's
9	more efficient to say has to object if they
10	object and assume their concurrence.
11	MEMBER ZIEMER: That's a good way
12	to do it.
13	CHAIR MUNN: That's better than
14	just saying, "If you have questions or
15	concerns."
16	MR. HINNEFELD: In my experience,
17	people will tend to say, "Yes. I've got a
18	problem with that" and they never do or they
19	don't have any problem with it.
20	MEMBER ZIEMER: What is the
21	effective date of transfer when we transfer
22	MR. KATZ: I am going to think

1	it's actually good to get I mean, it's not
2	that it's very difficult to confirm that you
3	are accepting these. I think it's good to get
4	a positive affirmation, as opposed to the
5	assumption that all is well if they didn't
6	just in terms of completing that process.
7	MEMBER ZIEMER: Well, either way
8	affirmation that it is in their loop.
9	MR. KATZ: Right, it's in their
10	hands.
11	CHAIR MUNN: All right. May I
12	suggest that we leave the letter as is with
13	the exception of the final sentence? I would
14	revise that final sentence to say, "Will you
15	please forward your acceptance of the"
16	MEMBER ZIEMER: "Please confirm
17	your acceptance."
18	CHAIR MUNN: "Confirm," yes,
19	acknowledge acceptance of the transfer. And
20	"Let us know if you have any questions." And
21	I'll change that. And we'll ask Steve to get
22	me the PDF files. Do I need to make that

1	transfer?
2	MEMBER GIBSON: Do you want
3	CHAIR MUNN: Yes?
4	MEMBER GIBSON: Do you want to put
5	in that last sentence something like "Please
6	respond or affirm by"
7	CHAIR MUNN: Yes, yes.
8	MEMBER GIBSON: such and such
9	or it will be assumed that, you know, put a
10	date in there so I mean, it's not just kind of
11	hanging out there.
12	CHAIR MUNN: I would do that if we
13	were not transferring these internally. If we
14	were transferring it outside of the Board, I
15	would do that.
16	MR. KATZ: If you would copy me
17	when you do these, send these?
18	CHAIR MUNN: I will.
19	MR. KATZ: Copy me. Then I can
20	sort of dog it down to make certain that we
21	actually get an acknowledgment.

CHAIR MUNN: I will. I will do

1	that. I hate to get too formal with our own
2	colleagues inside the Board, but yes, we will
3	
4	MEMBER GIBSON: Just we are all so
5	busy sometimes it just seems like it might be
6	two weeks before you get to your e-mail or
7	whatever.
8	CHAIR MUNN: Well, and you forget
9	that you made that commitment or that you were
10	asked for it. That's true.
11	MEMBER ZIEMER: And in our
12	records, Steve, you would show the transfer
13	date as the date of Wanda's letter, then, or
14	
15	CHAIR MUNN: I would think so.
16	MR. MARSCHKE: Yes. We can do
17	that several ways. When we actually change
18	the database to indicate that it has been
19	transferred, the database automatically keeps
20	track of when the last change was made.
21	Additionally, in case something happens and we
22	make another change to that record, that date

1 may change. I'm not exactly sure how that 2 works. We don't want that to occur. 3 So 4 we will also make a note in the Board or the Work Group action area indicating that it was 5 6 transferred via this letter to the Work Group. 7 So we will take care of it in a couple of 8 ways. 9 CHAIR MUNN: That's good. 10 MR. MARSCHKE: And, actually, we 11 can make that note before. Do you want to make that note before I create the PDF file or 12 13 do you want to make it after? When the PDF file comes, you 14 probably want to show the old status so that 15 16 the recipient will see the old status, not the transferred status, right? 17 CHAIR MUNN: What old status? 18 19 MR. HINNEFELD: Whether it is in 20 progress or closed or open or, see, because that way, then, the receiver understands if 21

they understand the terminology, they

1	understand we are in the process.
2	MEMBER ZIEMER: They see the
3	finding and so on.
4	MR. MARSCHKE: Right now we have
5	something in here for each one. I guess we
6	could probably get a better example than this
7	one, but OTIB-0058 is what we are talking
8	about. That's August 27th. Just look at
9	that.
10	So it is closed. So basically
11	when I make the PDF file, you want to indicate
12	this to be closed. And then when I go back
13	and I will change it to transferred on our
14	database and I will make a note down here
15	saying, on such and such a date, the Work
16	Group transferred it.
17	MEMBER ZIEMER: Or the
18	Subcommittee transferred.
19	CHAIR MUNN: I understand what you
20	mean. Yes, we want the old status there so
21	that they
22	MR. MARSCHKE: The old status in

1	the PDF file.
2	CHAIR MUNN: understand that
3	our viewpoint, this item is closed.
4	MR. MARSCHKE: Exactly.
5	CHAIR MUNN: As long as they
6	understand that, then that is the purpose of
7	my last sentence, "If you have any problem
8	with this status."
9	And one of the reasons we are
10	transferring it the way we are is if that Work
11	Group does not agree with the resolution that
12	we have reached, then that is their
13	opportunity to
14	MR. MARSCHKE: Now, this is going
15	to affect our statistics somewhat in that we
16	are going to basically remove any findings
17	like this that are closed.
18	We are taking them from the closed
19	bin and putting them over into the transferred
20	bin. So our statistics on the number of
21	findings closed is going to change.

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CHAIR MUNN: Can we split our

1	transfer bin into two parts? Can we split
2	them into an active transferred and closed
3	transferred? Is that
4	MR. MARSCHKE: In theory, we can.
5	Again, it comes down to the fact we are
6	basically not making any changes to the
7	database until we get probably get behind
8	the firewall and start using the SQL database.
9	And so when we start using the SQL
10	database, you know, we would just add another
11	you know, we have this drop down menu here.
12	Maybe we could just add another transferred,
13	you know, transferred/closed or just
14	transferred/active or transferred/closed or
15	something like that.
16	CHAIR MUNN: Yes, yes. That would
17	seem to be ideal.
18	MR. MARSCHKE: I don't think
19	that's a big thing, or we could do it the
20	other way. We could say closed/transferred.
21	CHAIR MUNN: Closed/transferred.
22	That would be my preference or in

1	abeyance/transferred or whatever.
2	MR. MARSCHKE: Actually, we could
3	have another whole set. You know, you could
4	go down each one and just say, you know,
5	closed/transferred, well, imported, in
6	abeyance/transferred, in progress/transferred.
7	MEMBER ZIEMER: How are you going
8	to track that, though, in your final
9	statistics?
10	MR. MARSCHKE: Well, we are going
11	to have more bars.
12	CHAIR MUNN: We're going to have
13	one more bar or two more bars.
14	MR. MARSCHKE: Unless you want to
15	roll it up. Again, we can roll all the
16	transferred up into one. We can roll all the
17	closed up into one. You know, you tell us how
18	you want to roll it up, and we can roll it up
19	whatever way you want to.
20	MEMBER ZIEMER: If we closed it
21	and transferred it and the group that got it
22	probably should be reopened, then our closure

1	gives sort of a false sense of information.
2	CHAIR MUNN: Yes, it does. I
3	don't think we're going to have very many of
4	those.
5	MEMBER ZIEMER: No, but
6	CHAIR MUNN: Statistically they
7	may not be significant, but in terms of
8	MEMBER ZIEMER: I'm trying to
9	think of whether it would be good to have the
10	transferred as the main subset rather than
11	having closed period and closed/transferred.
12	MR. HINNEFELD: What is the down
13	side of this transfer and so that you're
14	opened/closed, all of your various statuses
15	that you're tracking are the ones that are
16	being tracked by the Subcommittee? Anything
17	that is transferred is somewhere else.
18	I mean, what is the down side of
19	dropping your number of closed by one and your
20	number of
21	MR. MARSCHKE: You'll still have a
22	history that, in fact, the this record will

1	still on March 24th, the Work Group closed
2	it. Still this history will remain, and you
3	will have a new record down here that on
4	September 14th, we transferred it or something
5	like that.
6	So you will still when you print
7	out the summary here, you will still have the
8	whole history associated with this finding.
9	But it just won't show up here when you do the
10	summary sheet.
11	CHAIR MUNN: Well, I guess in
12	answer to Stu's question with respect to the
13	down side, the only down side that I see is
14	the difference between transferred to another
15	work group and transferred to another issue.
16	We have several things where we have
17	transferred to another issue.
18	MR. HINNEFELD: No. We don't call
19	those transferred. Those are
20	CHAIR MUNN: We don't?
21	MR. MARSCHKE: Addressed in.
22	MR. HINNEFELD: Those are

1	addressed in.
2	CHAIR MUNN: We call them
3	addressed in.
4	MR. MARSCHKE: Addressed in
5	finding.
6	CHAIR MUNN: So it wouldn't be a
7	duplication, then?
8	MR. MARSCHKE: The only thing I am
9	thinking that may not be true on is some of
10	these generic issues. And way back when with
11	the first set, there was something like I
12	don't know if it was re-suspension
13	CHAIR MUNN: Well, we transferred
14	it to
15	MR. MARSCHKE: or something
16	like that.
17	CHAIR MUNN: to the global
18	issues
19	MR. MARSCHKE: The global issues.
20	Exactly.
21	CHAIR MUNN: concerns that are
22	being addressed separately.

1	MR. MARSCHKE: I'm not sure if
2	they were transferred or if they were
3	addressed in. I would have to go back.
4	MR. HINNEFELD: I think they were
5	transferred.
6	MR. MARSCHKE: I think they were,
7	too.
8	CHAIR MUNN: I think that
9	MR. MARSCHKE: That would be the
10	only
11	CHAIR MUNN: Because we didn't
12	have anything in which they were addressed.
13	I think we just transferred them. But those
14	are relatively smaller numbers.
15	MEMBER ZIEMER: We need to
16	distinguish between that kind of a transfer,
17	and this is really a reassignment or
18	something.
19	CHAIR MUNN: Yes, it is.
20	MEMBER ZIEMER: Do we need a
21	separate word to distinguish those or two
22	types of transfer?

1	MR. MARSCHKE: Well
2	MEMBER ZIEMER: I think your
3	suggestion that we don't otherwise need
4	subsets of transfers for our purposes, it's
5	transfer. But if we are using the same word
6	for a different process, we need to
7	distinguish it.
8	MR. HINNEFELD: Well, I don't
9	know. It's your guys' business. I have a
10	certain hesitation to expanding your status
11	list.
12	CHAIR MUNN: Yes. I can
13	understand that.
14	MR. HINNEFELD: Because we did
15	that in NOCTS. And we got like 30 statuses or
16	claims in NOCTS. It's unduly. I mean, you
17	have to be very careful to write the query if
18	you're looking for certain kinds of things to
19	make sure you include all the statuses that
20	might be what you're looking for. So it's
21	very difficult to manage once you start

expanding your statuses. It's kind of based

1 on the history of the claim or the history of 2 the --CHAIR MUNN: Well, since we can 3 4 always tell ourselves, we can query our database. And we can always tell if we have 5 6 a question in our mind which kind of transfer 7 we are talking about. But if it's not going to foul up 8 our statistics terribly, if we understand what 9 10 we are looking at when we look at Steve's graphs and if we have a problem with the 11 number of transfer items there, I guess we can 12 13 individually look it up or we can put it on the record here at a meeting if we have a 14 problem with it. 15 16 Any grief with that? MEMBER ZIEMER: Let's try it. 17 CHAIR MUNN: We'll try it and see? 18 19 This is a first time trial for everything. So let's trying just leaving it 20 transferred, understanding that it will skew 21

But we will understand what that

the report.

1	skew is, hopefully.
2	MEMBER ZIEMER: So anything
3	transferred will remove the statistic from
4	another category.
5	CHAIR MUNN: Yes.
6	MR. MARSCHKE: When you do that
7	MEMBER ZIEMER: Yes. But that
8	will happen automatically, right?
9	MR. MARSCHKE: That will happen
10	automatically. Basically this table here is
11	automatically generated. And if you transfer
12	a closed finding, it will go from here over to
13	here.
14	MEMBER ZIEMER: Yes.
15	CHAIR MUNN: So we will have
16	significantly more than seven percent
17	transferred. We will probably have double
18	that transferred after
19	MR. MARSCHKE: If there is room,
20	yes.
21	CHAIR MUNN: Yes.
22	MEMBER GIBSON: Would you just put

1	a footnote on that report that these numbers
2	may change due to blah blah blah, just so if
3	someone was concerned about seeing unusual
4	changes?
5	MEMBER ZIEMER: Yes. The number
6	of closed will go down.
7	MR. MARSCHKE: In theory, you
8	could do that, Mike. Again, it's a question
9	of we can get somebody or we can get down
10	MEMBER ZIEMER: Yes. We only use
11	this sort of internally anyway.
12	MR. MARSCHKE: I could write
13	something on it.
14	CHAIR MUNN: You know, if we are
15	going to break that out at all, this summary
16	might be the right place to bring it out; the
17	difference, that is, between closed and
18	closed/transferred, if we feel that it is
19	necessary.
20	MR. MARSCHKE: If you don't have
21	the data
22	CHAIR MUNN: Yes, immediately.

1	MR. MARSCHKE: If you don't have
2	the data back here in the status box, you
3	can't. I mean, that is all that this table is
4	looking at is just what is in those status
5	boxes up there.
6	CHAIR MUNN: Right.
7	MR. KATZ: But it doesn't really
8	matter much. I mean, it's off your table.
9	CHAIR MUNN: Yes.
10	MR. KATZ: It's in someone else's
11	hands. And that's really your main concern,
12	I think.
13	CHAIR MUNN: That is quite true.
14	MEMBER ZIEMER: Let's try it this
15	way and see.
16	CHAIR MUNN: Because in truth,
17	anything that is transferred goes to us as
18	closed.
19	MR. KATZ: Yes.
20	CHAIR MUNN: So all right. We
21	will leave it as it is for the time being.
22	We'll move on to an enormous piece of work

1	that Steve has put together for us, the
2	commonality findings, which he sent to us
3	earlier and which I hope we all have. I need
4	to pull it up. I don't have it yet.
5	What date did you send it, Steve?
6	MR. MARSCHKE: I think it was
7	either yesterday or it would be the 11th or
8	the 12th.
9	CHAIR MUNN: The 11th or 12th.
10	Commonality findings. This is the 12th. I
11	don't know whether anyone has had an
12	opportunity to really absorb this. I did not.
13	I scanned it.
14	We asked Steve to put this
15	together. And it turned out to be clearly a
16	monumental task. These kinds of comparisons
17	are not easy. The list is pretty
18	overwhelming.
19	Steve, do you want to tell us
20	about this?
21	MR. MARSCHKE: Okay. I guess this
22	really started off back at the May 1st

Procedures Subcommittee meeting, where we would notice that's -- when we were talking about site-specific procedures that were reviewed by the Subcommittee and we were concerned about similar findings on different procedures and that we came up with kind of a uniform resolution to these findings.

And so the first thing I was tasked to do was to go back and just get a list of how many site-specific procedures were reviewed. And I had -- and that's what this Table 1 is. And it shows seven for Y-12 and five for Savannah River and so on and so forth.

CHAIR MUNN: Yes. You got those to us --

MR. MARSCHKE: And I got those two quite early. And the table, Table 2, is basically just a listing of what those seven Y-12 procedures were, what those five Savannah River site procedures were. And so it lists all the site-specific procedures. All of

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1 these site-specific procedures were reviewed 2 in the third set that SC&A put together. CHAIR MUNN: Yes. 3 MR. MARSCHKE: Okay. And I think 4 we did talk a little bit last meeting, in the 5 6 June meeting. If you look at the Table 2 7 procedures, you will see that, really, most of the procedures are pretty much site-specific. 8 And they wouldn't lend themselves to having 9 10 common concerns except for the coworker procedures, the internal dosimetry coworker 11 procedures and the external dosimetry 12 13 coworker. Each site or a lot of the sites have their own specific internal and external 14 dosimetry coworker models. 15 16 So those are the ones that we focused on. And Table 3 is a listing of the 17 external dosimetry coworker procedures that 18 19 SC&A had reviewed. And we reviewed them for five different sites. 20

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3 are the procedures numbers, who the SC&A

You can also see included on Table

21

reviewer was because if you have the same reviewer, it's more likely you would have the same findings was my rationale for including the SC&A reviewer in there, and also a number of issues that were associated with each of the procedures that were reviewed.

Now, the fourth table, Table 4, is basically we found one similar issue that came up on two different sites, X-10 and Hanford.

Both had the same issue, the same wording.

And you can see X-10 and Hanford, again, were two sites that were reviewed by Ron Buchanan.

And he had the same issue, which is written out there.

All the other issues were unique.

And all the issues are listed at the end of this file in Appendix 1. And Appendix 1 is what I really showed to the Subcommittee back in June was in an Excel file format at that point in time. And I just brought it over and put it into this Word file. So Appendix 1 is that.

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The next thing we did or the next thing I did was look at these two Table 4 issues. And I went to the database and looked at what the status of them, both of the issues, were.

is open because we have not received a NIOSH response on the X-10 issue. Status of the Hanford issue, OTIB-0030, is closed because basically NIOSH presented their response, SC&A, we concurred with it. And the Subcommittee back in March agreed to close it. So, again, it's highly likely that we could probably use the same rationale to close the X-10 one, but we probably want to look at that by itself.

So that's really the external dosimetry ones. Table 5 is similar to Table 3 in that it's a listing of the internal dosimetry coworker models that SC&A reviewed. And there were six of them. And, again, we have a list of the procedure numbers, the

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reviewers, and the number of issues.

And, again, Appendix 2 lists all of the issues, 32 of them that we came up with for those six procedures. Only two issues were common between the procedures. Paducah, Rocky Flats had an identical finding. And you could see it there.

Both of those findings are open at this point. We have not received a NIOSH initial response. So they're shown in the database as being open.

There was another finding which was pretty similar across that wasn't identical. The external dosimetry one and that first internal dosimetry finding, those were identically worded findings.

This finding on Table 7 is pretty much similar across the four sites that are indicated there on the table. The wording is a little bit different, but I thought they were close enough together to say that they were a common finding.

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1	CHAIR MUNN: They certainly appear
2	to be.
3	MR. MARSCHKE: Yes. And the NIOSH
4	responses to these issues were all very
5	similar. Basically it came back and they
6	asked SC&A for site-specific documents or data
7	that NIOSH may adequately respond to the
8	finding.
9	In three of the four sites, SC&A
10	came back and said, you know, we recommend
11	that you close this, that you can't we
12	understand now that you can't put all
13	documentation and information in every
14	procedure. So we basically came back and
15	recommended that the issue be closed. And you
16	can see the rationale for that there.
17	And I believe on June 9th, the
18	Subcommittee agreed with us or agreed with our
19	recommendation and proceeded to close the
20	issues associated with OTIB-0034, 0037, and
21	0038.

On OTIB-0029 for Y-12, SC&A, we

took a little bit different tact. And we did 1 respond to NIOSH's request for specific 2 documents with a list of specific documents. 3 4 And we did that back, I quess, 5 probably in March. And at that point in time, 6 the Subcommittee decided that that one was in 7 progress. And that is the analysis that was 8 done. So what do we have? We have ten 9 10 issues which are common, you know, or -- they fall into three groups of commonality. And 11 many of those issues have already been closed, 12 13 three out of four in the third group. Both of the ones in the external 14 group -- no. One of the two of the external 15 16 group, the first one in the -- in the internal group are both open. So maybe, you know, you 17 can come up with a common way to address 18 19 these. It would be very 20 CHAIR MUNN: helpful if we could work out a method for SC&A 21

and NIOSH to look at these commonalities and

1	see if a decision that is made in one case can
2	be applicable to the other as well.
3	Continuing to see the same concern appear at
4	each site if we have already closed that
5	concern is not a very effective way to address
6	them.
7	MR. MARSCHKE: I guess that's one
8	thing we can keep on our when we review
9	procedures, we can look and see that if we
10	have a similar procedure that was reviewed for
11	another site, and we had a comment in there.
12	You know, if that comment had been resolved
13	and so on and so forth, we can take that and
14	factor that into our review in the future.
15	CHAIR MUNN: Is that a reasonable
16	instruction for us to pass along to our
17	contractor as one additional item to cover in
18	their review? Yes, Paul?
19	MEMBER ZIEMER: Well, I think it
20	is, and this is very helpful. I have sort of
21	a procedural question for us. Is this an

official -- this is obviously a Subcommittee

1	working paper, is this an official product of
2	SC&A?
3	And the reason I ask that, this is
4	a document that appears to be undated and
5	although in reading it, you obviously it's
6	clearly an SC&A document. But it is not so
7	labeled.
8	Does this have the status of a
9	white paper or
10	MR. MARSCHKE: Not at this point
11	in time, Paul. I mean, we can make it into
12	and, John Mauro, if you want to jump in?
13	DR. MAURO: The answer is no.
14	It's just for the convenience.
15	MR. MARSCHKE: Yes.
16	DR. MAURO: It was really
17	something we did for the convenience of this
18	meeting after suggestion at a previous
19	meeting, but no, it did not go through the
20	process that normally a white paper would.
21	Most white papers receive official status

because they go toward very often a site

1	profile and SEC closure.
2	MEMBER ZIEMER: Well, also, John,
3	I'm just thinking in terms of your own sort of
4	internal review and so on, that I'm sort of
5	asking, has this sort of been blessed by the
6	appropriate people within SC&A?
7	DR. MAURO: No.
8	MEMBER ZIEMER: Okay.
9	DR. MAURO: No. This is
10	MEMBER ZIEMER: Right now it is
11	just a working paper that
12	DR. MAURO: Yes. Steve took the
13	initiative to be as helpful as he could, but
14	no, it has not gone through due process as
15	other deliverables often do.
16	By the way let me point something
17	out that is sort of a dilemma. These are all
18	the procedures that are going to be
19	transferred. So it really doesn't you
20	know, this issue, I mean, the bridge that we
21	are creating here when we transfer these

site-specifics when and if we do.

1	This matter is something I think
2	that is interesting, almost falls through the
3	crack. How do we make sure that the
4	there's parity let's say we recommended
5	closure on a given item for a given whether
6	it's Y-12. Meanwhile, let's say the same item
7	has been transferred over to some other group,
8	Rocky, but it's really now in their hands to
9	ensure parity.
10	MEMBER ZIEMER: Right.
11	DR. MAURO: And so there is
12	another level of complexity, as I see it. Do
13	you see it that way also?
14	MR. MARSCHKE: Well, John, I would
15	think when it leaves our hands here, we can
16	make sure that it's in parity across a site.
17	Now when the site work group gets it, of
18	course they can do whatever they want to. And
19	they could make the response different.
20	But I think, you know, we haven't
21	transferred anything yet. And we are going to

transfer 58 and 27. I don't know if -- I

1	don't think those two don't happen to be
2	any of the ones here that have been
3	identified. I don't think. No.
4	So but if we were to transfer any
5	one of these back, I think what we could do
6	is, again, we could indicate in Wanda's letter
7	saying, you know, "There was an issue in here
8	that is commonality across sites. We have
9	addressed it. And so that it's in parity with
10	the other sites, change it at your own peril."
11	CHAIR MUNN: Peril.
12	MR. MARSCHKE: There's no
13	DR. MAURO: That was the reason
14	for my question. So this goes toward the
15	transfer process
16	MR. HINNEFELD: There is no need
17	
18	DR. MAURO: the information
19	package that goes over to the receiving end.
20	MR. HINNEFELD: There is no need
21	to transfer a finding that you believe is a
22	general finding that just happens to appear in

1	a site-specific document. You don't really
2	have to transfer that.
3	MEMBER ZIEMER: Well, in any
4	event, if one did, you would want the new Work
5	Group Chair to be aware that the issue has
6	been addressed, you know, at these other sites
7	I think a work group as you have suggested,
8	Steve, would always have the prerogative to
9	say, "Well, yes, but in our site, there is
10	this little nuance that's different."
11	MR. HINNEFELD: That is true.
12	MEMBER ZIEMER: And, therefore, we
13	are going to consider it in somewhat of a
14	different way than you have. I think we have
15	to allow for that to occur. Even though it
16	looks like the same finding and the same sort
17	of general parameters, there may be some
18	little quirk or twist that is very
19	site-specific that we hadn't thought of at the
20	time.
21	MR. HINNEFELD: Yes.
22	MEMBER ZIEMER: And I don't have

anything specific in mind other than sort of
as a general concept to think of it that way.
So it seems to me it's helpful if SC&A helps
us point out to the others, particularly if a
transfer is made, that this appears to be a
finding parallel to what we have had in other
cases. And these have been resolved in the
following way. And you may need to consider
that as you or we can say, "No. We don't
need to transfer it. We're satisfied."
MR. HINNEFELD: You have a good
point. You make a good point.
MEMBER ZIEMER: Yes. We may or
may not. I don't think it's automatic.
CHAIR MUNN: But as a matter of
course in reviews, in future reviews, would it
not be reasonable for us to anticipate that
SC&A will include this concern in their
review?
MR. MARSCHKE: One of the things
you asked us to do at the last meeting was to
go back and look at our review procedure. We

1	have started to do that to some extent. And
2	if we are going to make modifications to that
3	review procedure, we can certainly add a
4	sentence to that procedure to say basically
5	"Look for commonality with other sites."
6	CHAIR MUNN: This would seem to be
7	a reasonable request.
8	MR. KATZ: It is commonality with
9	the resolution of this issue at other sites.
10	MR. MARSCHKE: Yes.
11	MEMBER ZIEMER: Well, the
12	commonality of the finding as well, I think.
13	MR. KATZ: Yes.
14	MEMBER ZIEMER: Could I make one
15	other comment? John Mauro, for you and for
16	Steve, even though this is not an official
17	white paper or anything, I think it would be
18	helpful for our records if you showed this,
19	for example, as a Steve Marschke paper and a
20	date on it.
21	DR. MAURO: We will retransmit in
22	a more official, you know

1	MEMBER ZIEMER: You know, it
2	doesn't have to be an SC&A document.
3	CHAIR MUNN: No.
4	MEMBER ZIEMER: In fact, it would
5	be good to identify that this was prepared by
6	Steve for the Work Group or for the
7	Subcommittee.
8	MR. MARSCHKE: We also need to put
9	the disclaimer headings on it and so on and so
10	forth, which
11	MEMBER ZIEMER: Yes. And you may
12	
13	DR. MAURO: Yes. We will take
14	care of that.
15	MEMBER ZIEMER: John, you may even
16	want to say that this is not officially
17	well, whatever you would say that
18	DR. MAURO: Yes. There are
19	certain ad hoc
20	MEMBER ZIEMER: This is not an
21	SC&A
22	DR. MAURO: Yes. That brings us

1	I mean, I think you bring up an important
2	nuance related to material we provide. We
3	have developed quite a bit of formality,
4	certainly, with our major deliverables.
5	We are now actually in the mode
6	where even our white papers because they are
7	so fundamental to dealing with the issues
8	resolution for SEC petitions especially are
9	being treated as if they were site profile
10	reviews or official SEC petition review
11	evaluation. In other words, they're actually
12	at a level of official deliverables going
13	through the full QA process.
14	But there's this other level
15	where, as a matter of convenience, this would
16	be a perfect example, so a richer
17	understanding. So there really is no
18	resolution of an issue here in terms of some
19	scientific fact.
20	MEMBER ZIEMER: No. It is just
21	providing information.

DR. MAURO: Yes. And I like --

1	MEMBER ZIEMER: Just to identify
2	it by date and who generated it.
3	DR. MAURO: Right.
4	MEMBER ZIEMER: Because, in
5	essence, we are taking action based on this
6	information.
7	DR. MAURO: Yes. But it is a
8	class of report that I agree with you 100
9	percent. In fact the first thing I noticed
10	when I was looking at it was it should have a
11	date and author on it. Certainly we will do
12	that. But I think a little introductory words
13	to the effect that you just mentioned, that
14	this is something being provided for the
15	convenience of the Work Group.
16	MEMBER ZIEMER: Right. So we
17	understand the status of it.
18	DR. MAURO: Right. Yes.
19	MEMBER ZIEMER: Because two or
20	three years from now, someone is going to say,
21	"Well, now, was this a white paper or is this"
22	

1	CHAIR MUNN: Just a document
2	title, a page in front of it.
3	MEMBER ZIEMER: Yes. Well, it has
4	a title.
5	CHAIR MUNN: Well, yes, but the
6	title is what we are looking at.
7	MEMBER ZIEMER: Yes.
8	CHAIR MUNN: I am suggesting that
9	we consider a face page on it that says,
10	"Summary data for internal discussion" because
11	that is what it is. It is a summary of data.
12	MEMBER ZIEMER: Well, I don't want
13	to make too big of a burden on formalizing
14	this. It's just a matter of tracking these
15	things. And I find it helpful, even
16	internally, for filing stuff.
17	MR. HINNEFELD: Here's a
18	disclaimer.
19	DR. MAURO: You know, the only
20	reason I am sort of like raising this is that
21	we do have a requirement for certain QA before
22	we put out our work product. And that

1	includes all white papers. This didn't go
2	through that.
3	MEMBER ZIEMER: Yes. Right.
4	DR. MAURO: And I don't think it
5	needs to.
6	CHAIR MUNN: No. It is just for
7	our use in seeing what we have done so far and
8	identifying how common these themes are that
9	we see recurring.
10	MR. KATZ: You may want to just
11	call all of these working papers, John, or
12	something like that. They are working papers
13	of the Board in a legal sense with respect to
14	the Federal Advisory Committee Act. So
15	DR. MAURO: Yes. Okay.
16	CHAIR MUNN: So we are asking SC&A
17	to take these commonality issues into
18	consideration in future reviews, correct?
19	MEMBER ZIEMER: Yes.
20	CHAIR MUNN: Yes. Thank you very
21	much, Steve. This is quite an exercise. It
22	was much appreciated and, I think, revealing.

1	Have we heard from Mark yet? No?
2	MEMBER GRIFFON: Yes. I am on,
3	Wanda. I just caught the tail end of that
4	discussion. Forgive me.
5	CHAIR MUNN: Oh, good. We are so
6	pleased that you are here because several of
7	these things are going to have something to do
8	with you.
9	MEMBER GRIFFON: Okay.
10	CHAIR MUNN: And we want to make
11	sure now that you're here before we take a
12	quick ten-minute break, you have indicated
13	that your schedule is pretty tight today and
14	that you may not be on for the whole call. So
15	we have an issue with respect to our upcoming
16	meeting that I would like to take care of
17	while I know you are still here before we have
18	to look at other housekeeping items.
19	MEMBER GRIFFON: Sure.
20	CHAIR MUNN: I didn't check to see
21	if you were on copy. Paul indicates that he

cannot make a September 6th meeting.

1	MR. KATZ: Not 6th. That's a
2	Sunday.
3	CHAIR MUNN: I am sorry. October
4	6th meeting. And my memory was that we had
5	quite a time finding that particular date.
6	But it would seem incumbent upon us to try our
7	best to find a date when both you and he can
8	be here if we're not going to use the 6th.
9	He's not even going to be able to call in.
10	And that being the case
11	MR. KATZ: What about October the
12	8th? Does that work?
13	CHAIR MUNN: It would for me, but
14	Paul said he's
15	MEMBER ZIEMER: I am out that
16	whole week.
17	CHAIR MUNN: out the whole
18	week.
19	MR. KATZ: I see. Sorry.
20	MEMBER ZIEMER: And I can't call
21	in that whole week.
22	MR. KATZ: That's right. That's

1	what I recall.
2	CHAIR MUNN: So there has been
3	some discussion about other meetings taking
4	place the week of October 12th.
5	MR. KATZ: There are two meetings
6	that week. There's a meeting on the 13th and
7	a meeting on the 14th. And the 12th is
8	Columbus Day, so there will be no meeting that
9	day.
10	CHAIR MUNN: Yes. So is the 6000
11	meeting, then, agreed to be on the 14th?
12	MR. KATZ: Yes, the 14th. What
13	about the 15th of October? I just remind
14	everyone that the next week is the Board
15	meeting. So that would be a full week in
16	Cincinnati a week before a full Board meeting.
17	CHAIR MUNN: A full week in Port
18	Jefferson the next week.
19	MR. KATZ: The following week,
20	right.
21	MEMBER ZIEMER: The following
22	week?

Port Jefferson.  CHAIR MUNN: The 15th is about the only day I could.  MEMBER GRIFFON: When is the Board meeting? I'm sorry. What dates again?  MR. KATZ: It's the 20th to the 22nd, I believe.  MEMBER GRIFFON: Okay.  MR. KATZ: So the 15th would be the only option before that meeting, I think.  CHAIR MUNN: Is that a possible for you, Mark?  MR. KATZ: October 15th.  MEMBER GRIFFON: Yes. Yes. It looks good right now. I'll be in the TBD-6000 meeting on the 14th, too.  CHAIR MUNN: And so would you,  Paul.  MEMBER GRIFFON: Yes.  MEMBER GRIFFON: Yes.  MEMBER GRIFFON: Yes.	1	CHAIR MUNN: Yes.
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20 Paul. 21 MEMBER GRIFFON: Yes.	18	meeting on the 14th, too.
MEMBER GRIFFON: Yes.	19	CHAIR MUNN: And so would you,
	20	Paul.
MEMBER ZIEMER: I have got a	21	MEMBER GRIFFON: Yes.
II	22	MEMBER ZIEMER: I have got a

1	different Board meeting on the 16th, 17th, and
2	18th.
3	MR. KATZ: Oh.
4	CHAIR MUNN: Can you get there
5	from here?
6	MEMBER ZIEMER: The other one is
7	in Chicago, so to go from here to there. I
8	can do it.
9	CHAIR MUNN: How is the 15th?
10	MEMBER GIBSON: Yes.
11	CHAIR MUNN: We are getting yes
12	from Mike as a possible. Do you want to do
13	that, Paul?
14	MR. KATZ: He doesn't want to do
15	it, but
16	MEMBER ZIEMER: I can do it.
17	CHAIR MUNN: If that's a
18	reasonable thing to do.
19	MR. KATZ: Okay.
20	CHAIR MUNN: And, Mark, you are
21	fairly sure you can be with us?
22	MEMBER GRIFFON: Yes.

1	MR. KATZ: Okay. Then I will get
2	in the works to switch that to October 15th.
3	CHAIR MUNN: All right. We have
4	got it. Thank you very much.
5	And now before we go on, let's
6	take a very quick five-minute comfort break
7	here. And then we will come back and start
8	our look at outstanding procedures if that
9	fits the needs of all here. We will start
10	with NIOSH and the Board's
11	MR. HINNEFELD: Our conference
12	call?
13	CHAIR MUNN: Yes, the conference
14	call.
15	MR. HINNEFELD: I actually have
16	that.
17	CHAIR MUNN: Yes. I think we have
18	that report ready to go. So let's take ten
19	minutes. We'll be back at 11:20 and very
20	quickly get going with the conference call
21	report.
22	(Whereupon, the above-entitled

1	matter went off the record at
2	11:08 a.m. and went back on the
3	record at 11:20 a.m.)
4	MR. KATZ: We are back.
5	CHAIR MUNN: That's good. The
6	next item on our agenda is a report on the
7	technical conference call on OTIB-0029 that we
8	had asked to take place last month. And,
9	indeed, it did.
10	Steve has given us a report on
11	that. And, Steve, would you like to summarize
12	it for us, you or John, whoever wants to do
13	that?
14	MR. KATZ: Let me just check and
15	see. Mark, are you back with us?
16	MEMBER GRIFFON: Yes, I am on.
17	MR. KATZ: Okay. Great. Thanks.
18	MR. MARSCHKE: I would prefer to
19	defer to John on issue 29 if that's the same
20	with him. John, are you there?
21	(No response.)
22	MR. MARSCHKE: No. Well, I have

to do it then, I guess. On July 8th, we had a conference call between NIOSH and SC&A. And we talked about the issue 29 -- typo here already -- or OTIB-0029, issues 3 and 5.

Issue 3 had to do with the distribution, blindly accepting the full distribution. Jim Neton stated that that's not NIOSH policy, they don't blindly accept the full distribution. And I think he suggested that they would make some changes to the OTIB to indicate that. And, with that, SC&A concurred and recommended issue 3, that the status should be changed to in abeyance.

The other issue that was discussed was issue 5. And what was discussed was the Monday morning sampling or, in other words, collecting a bio sample after the worker has had two days off. Actually, if you look at the set of issue 29 or OTIB-0029 issues, the Monday morning issue is more related to issue 4 than it was issue 5.

CHAIR MUNN: I am trying to get

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that. I'm trying to pull up the database again, which has closed down on us, so that you can refresh our memory on the actual findings that were of issue. You have it up. Good.

MR. MARSCHKE: I have it up here from a PDF file that I have. I don't know how to fix that so that you can read the whole thing either, but I guess you can read most of it.

Issue 5 is more to do with the solubility type, what solubility type to assign to uranium compounds. Issue 4 if you read issue 4 was SC&A's concern about the timing of the bio sample collection being Monday morning after the worker has had two days off.

Now, these two issues are interrelated because, in particular, if you have a solubility type F or a fast solubility, after two days the uranium compound may have significantly less per worker. And you would

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1	not pick it up in the bio sample.
2	So even though in the
3	teleconference we have talked primarily about
4	the Monday morning issue, it is related. I
5	mean, these two issues are related.
6	DR. MAURO: Steve, this is John.
7	I just joined you. I had to step away for a
8	second. I just wanted to let you know that
9	Joyce is looking at this. She was on
10	vacation. That's back about a week ago.
11	And I did e-mail her, and she did
12	e-mail me back that she would be looking at
13	the exchange of information that has taken
14	place to date related to this combined type
15	F,S,M link to the date when the bioassay
16	samples are taken and the response and
17	material that NIOSH has provided regarding
18	this matter. So she had indicated to me that
19	she would get she is now working on it.
20	I don't know if you already
21	mentioned that.

MR. MARSCHKE: No.

22

We haven't

gotten that far. No. I was just filling in for you, John. And you can feel free to take over.

DR. MAURO: No, no, no. You answered the question perfectly. I wanted to let everybody know that we haven't ignored it. Joyce, who is our go-to person when it comes to these kinds of matters, was on vacation in Israel for about a month. Otherwise we would have had something for you today.

DR. BEHLING: This is Hans, too,

Steve. I think the last time when we had this discussion, I did make reference to another

TBD. It is the Harshaw TBD that's ORAUT

TKBS-0022.

I was also making a reference to pages 23 and 24 for that TBD that is not only just this issue of Friday versus Monday morning. And I believe during that last meeting, I read to you a passage from that Harshaw TBD that acknowledges the fact, and I quote here, a worker and one that could see a

tenfold drop in uranium content between Friday 1 night and Monday morning, samples for those 2 exposed to soluble forms, but little drops for 3 4 those exposed to insoluble forms. 5 So that issue was, in fact, also 6 acknowledged in the Harshaw TBD. 7 MR. MARSCHKE: Thank you. DR. NETON: John, this is Jim 8 But Harshaw is an SEC is it not? 9 Neton now. 10 I understand maybe you're trying to set a precedence that this happened at Harshaw, but 11 this facility is really Y-12 that we're 12 13 talking about here. I realize 14 DR. BEHLING: Yes. that, but it's the same problem. 15 16 DR. NETON: Right. But our contention wasn't specifically Monday morning 17 sampling at Y-12. We went back and looked at 18 19 the database and determined that it was It was certainly not the majority of 20 smaller. the samples. There was a smaller percentage 21

that were Monday morning.

1	And I think the issue was on our
2	conference call that John Mauro recalled that
3	Joyce or someone had looked at that and said,
4	"Well, yes, there were samples on other days,
5	but they were always after two days off."
6	DR. BEHLING: Yes. I think I
7	mentioned that when I was part of the
8	discussion previously. I think the Monday
9	morning is really a coined term that has to be
10	looked at in the broader scale. You may have
11	to realize that Monday morning is more or less
12	a reference to a two-day hiatus.
13	DR. NETON: I understand that,
14	Hans, but the question was, we had never seen
15	that analysis
16	DR. MAURO: Right. And we always
17	
18	MR. MARSCHKE: demonstrated
19	that. And that is what we are waiting on
20	Joyce to find.
21	DR. MAURO: Right. And that's in
22	our you know, we've got the ball on that.

1	We were supposed to provide you with that, and
2	we haven't.
3	DR. NETON: Okay.
4	DR. MAURO: In addition, you had
5	also made an important point where you had
6	indicated that the reality is, though, these
7	types of exposures are more episodic, not
8	continuous. And I think that was another
9	reason to buffer concerns.
10	So there are two issues at play
11	that would argue for maybe this is not as
12	important as represented by some of our
13	calculations. And that is one that, you know,
14	there wasn't always this two day hiatus, and
15	second, that the actual exposure scenarios
16	were, in fact, not continuous.
17	And right now I asked Joyce to
18	take a look at that.
19	DR. NETON: We will be happy to
20	look at it when the analysis comes our way.
21	DR. MAURO: Right, and this other
22	matter where we found I have to admit, I

1 remember discussing it that we looked at it. And we're probably going to have to go back 2 and look at the data again. 3 This is one of those things where 4 we went into the records to take a look at 5 6 what is their two day hiatus, even though you 7 may have collected on Wednesday. I remember we looked at it. I remember our answer was, 8 it looks like that. 9 10 This Monday is sort of a surrogate 11 for a two-day hiatus. But we owe you something better than that, something that 12 13 shows, you know, we looked into this and here is what the records show and the degree to 14 which that, in fact, did occur. So the ball 15 16 is in our court on that one. John, were you on 17 CHAIR MUNN: when we changed our meeting date from the 6th 18 19 to the 15th -- our next meeting date? 20 DR. MAURO: No. So the next one is October 15th, which is, what, linked up to 21

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the GSI?

1	CHAIR MUNN: That's correct.
2	DR. MAURO: Okay. That's good.
3	That's back to back. And yes, that makes it
4	better for me.
5	CHAIR MUNN: Do you have a feeling
6	that we will have a response from Joyce by
7	that time?
8	DR. MAURO: Yes.
9	CHAIR MUNN: So we'll be able to
10	have that as an action item for our next
11	meeting?
12	DR. MAURO: Yes.
12 13	DR. MAURO: Yes.  CHAIR MUNN: Very good.
13	CHAIR MUNN: Very good.
13	CHAIR MUNN: Very good.  MEMBER GRIFFON: Wanda, can I ask
13 14 15	CHAIR MUNN: Very good.  MEMBER GRIFFON: Wanda, can I ask about the first one, finding number 3
13 14 15 16	CHAIR MUNN: Very good.  MEMBER GRIFFON: Wanda, can I ask  about the first one, finding number 3  CHAIR MUNN: Go right ahead.
13 14 15 16 17	CHAIR MUNN: Very good.  MEMBER GRIFFON: Wanda, can I ask  about the first one, finding number 3  CHAIR MUNN: Go right ahead.  MEMBER GRIFFON: on OTIB-0029?
13 14 15 16 17	CHAIR MUNN: Very good.  MEMBER GRIFFON: Wanda, can I ask  about the first one, finding number 3  CHAIR MUNN: Go right ahead.  MEMBER GRIFFON: on OTIB-0029?  Steve, you mentioned that you are recommending
13 14 15 16 17 18 19	CHAIR MUNN: Very good.  MEMBER GRIFFON: Wanda, can I ask  about the first one, finding number 3  CHAIR MUNN: Go right ahead.  MEMBER GRIFFON: on OTIB-0029?  Steve, you mentioned that you are recommending this be in abeyance. My understanding

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MR. MARSCHKE: That's correct.

MEMBER GRIFFON: And what are you accepting? I'm not following what you're accepting. I noted -- I wasn't on that conference call, but apparently, you know, Jim acknowledged that it's not in the procedure.

But what's not in the procedure? What exactly is the protocol for finding the full distribution or the 95th?

It sounds like that information usually is in the site profiles at this point, but what are you accepting as kind of --

MR. MARSCHKE: What we are accepting -- and either Jim or John can jump in here when I get it wrong, but let me try and explain it. The way the procedure is now, SC&A reads it. And to the way we read it, it looks like they apply the full distribution always.

What Jim Neton explained to us in the teleconference and before, I think, even

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1	was that no, that's not the way NIOSH really
2	applies that full distribution. They don't
3	really apply it all the time across the board.
4	Again, it comes down to
5	engineering judgment as to which of the
6	distributions should be applied depending upon
7	the type of worker who is being evaluated and
8	so on, so forth.
9	So we went with that approach to
10	assigning the distribution. And we just want
11	the procedure to be a little clearer that that
12	is, in fact, the approach that is being taken.
13	MEMBER GRIFFON: Do you agree with
14	the fact that you can just say, "No, we're not
15	always going to do that, we'll use our
16	judgment?"
17	DR. MAURO: Well, unfortunately
18	MEMBER GRIFFON: I mean, I think
19	there might be a little more to this. I don't
20	know. Maybe not.
21	DR. MAURO: Well, there are other
22	procedures where we have encountered this. In

all the other cases, the way in which it was described, whether it was a generic procedure, I forget if it was OTIB-0060 -- there is a generic one, and also -- and other site-specific applications.

There is guidance basically explaining that under certain circumstances, you picked the 95th percentile. Sometimes you picked the full distribution. And sometimes you picked either the low end of the distribution or their environmental assignment.

Now, the reality is that is on a case-by-case basis. And the rationale for what's picked is something that needs to be justified when it's applied in the dose reconstruction.

So the way we see it -- and I
don't know if the Work Group agrees, but the
way we see it, as long as the procedure alerts
the dose reconstructor that he has an
obligation to make his case for why he picked

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1	what he picked, then that has to, of course
2	would stand scrutiny as the rationale for why
3	he did what he did in the dose reconstruction.
4	I don't know if we could ask more.
5	I mean, if you think that there is more that
6	could go into the guidance in these procedures
7	on how you make that judgment, you are
8	correct. We did not explore that further.
9	MR. MARSCHKE: Well, I think one
10	of the things we did talk about I don't
11	know if, again, it was with this or a
12	different one. Whenever engineering judgment
13	is used or judgment is made by one of the
14	NIOSH dose reconstructors, it really gets
15	reviewed internally by NIOSH. And it's not
16	just one person's opinion. It kind of goes up
17	the chain of command, I guess, at least one
18	step up.
19	MR. ELLIOTT: Five reviews.
20	MR. MARSCHKE: Five reviews. So
21	it is just not
22	MR. ELLIOTT: Two at ORAU, three

1	at our place.
2	MR. MARSCHKE: so, it's just
3	not one guy's judgment call out there.
4	And then the other thing is that,
5	you know, if we don't if SC&A doesn't
6	really agree with the way these judgments are
7	being made, I think we picked that up, I
8	think, in our review of the dose
9	reconstructions. And so, again, I don't know
10	if we were talking about this particular issue
11	when we talked about that, but I think we did
12	bring that up at one of the Subcommittee
13	meetings.
14	DR. MAURO: I've got a question
15	for Jim. Maybe he could help us out a little
16	bit here. In the other procedures, where
17	they're more generic, is there some language
18	in there on what types of considerations go
19	into making these judgments?
20	DR. NETON: I think there is. I
21	can't bring it to mind right now, but there is

a procedure out there that sort of delineates

the type of work categories which could have received higher exposures versus lesser exposures, that sort of thing. And they kind of broadly fall into what you would expect, things like chemical operators and those types of workers are in the higher exposed category and then maybe administrative folks on the lower end.

And then there's a middle area of like maybe security guards and such. And that's delineated. And I can't remember the name of the TIB right now, but that is out there.

But I do think that it's hard.

You cannot specifically cast in concrete these types of categories. You do need to use some professional judgment at the end of the day looking at a guy's work history, his file, you know, what he was doing, that kind of thing.

And we are willing to say that in general that the 50th percentile or the full distribution would apply to unmonitored

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workers. However, we need to be careful, have caveats in there that it's quite possible that a highly exposed worker's bioassay records may have just been lost or something and we need to be aware of that and deal with it on a case-by-case basis.

DR. MAURO: One of the things that brought this to our attention when we reviewed it for Y-12 was I believe we looked into "Okay. Do we have some workers here who at some time period" -- this might have been related more to Fernald, but, in any event, one of the ways we check is do we have a worker here who either has a title where we do have data where if he didn't have data, he would have been assigned a full distribution, but we do have data. And it looks like he's at the high end.

Similarly, do we have a person who maybe for a time period he had no data? Then you have to fill it in. This is what we did on Fernald. And you have to fill it in.

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And if you follow the procedure, you would have filled it in with the full distribution. But then we have some data for other time periods for this person where he was above, well above the median. So what I'm saying is I think the rationale of why we felt that it was important that this be done was given with those examples.

Certainly those examples almost give some indication of how do you go about making those judgments, for example, if you are working with a person who has some data but missing data in other years taking advantage of not only his job title but also what his other data show and what his patterns have been.

The only reason I bring all of this up is if the Work Group believes that, a little bit more needs to be said, more than just "Use your judgment, and there will be some due process to make sure that judgment seems reasonable." There is some language or

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some ways of being a little bit more prescriptive.

But right now as far as SC&A's position is, is that we accept the fact that the language in the procedure in this particular OTIB to the effect that these matters will be dealt with on a case-by-case basis and the rationale for picking what was picked is provided, we basically agree that that does the trick. If the Work Group wants more, you know, the kinds of things I just described, you know, I could see that being reasonable, too.

MEMBER GRIFFON: This is Mark.

John, I mean, you said several buzz words in both your responses which made me go back to the dose reconstruction review process. But one of them certainly is, even if this procedure said, you know, something to the effect that we understand there has got to be some best judgment in these cases, but dose reconstructors should be careful to clearly

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1	document it in the case file.
2	I haven't seen that in past cases.
3	So if that is something to be added, that
4	would be a good thing because my concern is
5	that it is this shell game thing again. We
6	say it's a case-by-case thing. We only are
7	reviewing a small percentage of cases, as you
8	know.
9	DR. MAURO: I agree.
10	MEMBER GRIFFON: So then we get to
11	the cases. And I can name two, at least two,
12	for Y-12 where we came up with this issue
13	where it was more regarding neutron exposure.
14	It wasn't bioassays.
15	DR. MAURO: I agree.
16	MEMBER GRIFFON: It was a neutron
17	exposure. And they weren't in an identified
18	building.
19	DR. MAURO: Yes.
20	MEMBER GRIFFON: And then it ended
21	up sort of going away on those two cases
22	because we said, "Well, it wouldn't affect

1	this case." And then it gets lost. That's,
2	I guess, more my concern.
3	So all I'm saying, my initial
4	reaction was, how can it be in abeyance until
5	you see how NIOSH you know, at least ask
6	NIOSH, how are you going to modify this? Is
7	it just going to be judgment is going to be
8	used, you know, case-by-case basis, or is it
9	going to be a little more than that and the DR
10	constructor shall clearly outline the basis
11	for the judgment or whatever in each case
12	file?
13	That would make me feel more
14	comfortable, you know. I just didn't think
15	something belonged in abeyance until you saw
16	the exact language that was going to be
17	changed in the procedure.
18	MEMBER ZIEMER: Isn't that why it
19	is in abeyance?
20	DR. MAURO: I think that is the
21	definition of abeyance, though.
22	MEMBER ZIEMER: Yes.

1 DR. MAURO: And we agree in principle, but, of course, we really can't 2 close the issue. 3 4 MEMBER GRIFFON: Okay. I wasn't sure what principle we were agreeing to. 5 6 I guess that's the discussion now maybe. 7 DR. MAURO: Okay. Okay. MEMBER ZIEMER: I think we are 8 agreeing with the idea that NIOSH is going to 9 10 reword that, at which point the rewording comes back, does it not, for review? 11 MR. HINNEFELD: What we have 12 13 provided previously is we would say, "We will revise this to do something. We haven't shown 14 you or tracked revision documents in order to 15 16 move it into abeyance." MEMBER GRIFFON: That's how I 17 recall the process that Stu just described. 18 19 You know, we revise it as follows. You know, we don't need to wait for the official change 20 in the official TIB or procedure, you know. 21

But we at least have a sense of the language.

MEMBER ZIEMER: What was said in the teleconference document, maybe it needs to be more specific. But it says that NIOSH will revise it to better describe the practice that NIOSH uses for assigning distributions to claimants.

MEMBER GRIFFON: Right. And I just don't know what that practice is for Y-12.

DR. NETON: Well, Mark, I guess I don't want to jump in in the middle of this process description, but I'm a little uncomfortable with where you are heading with this specificity because, if you recall, when we do have a coworker internal model, in particular, we go to great lengths to demonstrate, before we can use it, that the highest exposed workers were actually monitored. So almost by definition we've got a cadre of highest exposed workers who are in this database.

Now we are presented with some

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1	workers who, for whatever reason, have zero
2	monitoring data, I mean, none because if they
3	had any at all, we would use it to reconstruct
4	some type of a chronic exposure scenario.
5	In general, it is our opinion
6	that, by and large, most of those workers will
7	fall into the category of full distribution.
8	That would be our default position. But we do
9	allow for the possibility 95th percentile
10	should be used on occasion if it appears that
11	the person fell through the cracks, so to
12	speak, was a more highly exposed worker that
13	has no evidence of any monitoring data.
14	MEMBER GRIFFON: Jim, is that the
15	default? I am trying to remember Y-12 as
16	well, but
17	DR. NETON: Fiftieth
18	MEMBER GRIFFON: If they had no
19	monitoring, wouldn't you assign environmental
20	or no?
21	DR. NETON: No. I mean, if
22	MEMBER GRIFFON: You wouldn't
	1

1	okay, okay.
2	DR. NETON: That's who we used
3	this for, is the people who have no monitoring
4	data
5	MEMBER GRIFFON: Right.
6	DR. NETON: that might have
7	been security guards or other type job
8	categories that frequented the process areas
9	or production areas but were certainly not in
10	there doing grinding, welding
11	MEMBER GRIFFON: Right. No. I
12	understand. I understand the reluctance to
13	have specificity. I'm just saying even what
14	John said seems to be going further than what
15	I read in the technical call notes. At least
16	the DR would document in the case file the
17	rationale for selecting the distribution he or
18	she did.
19	DR. NETON: Well, I'm not sure
20	that you know, I think that there is an
21	overarching rationale for that. And, like I

say, we are prepared to acknowledge that that

1	full distribution should not be blindly
2	applied in all cases if it looks like there is
3	a reason not to use it. But we do believe
4	that the full distribution is a default where
5	we have demonstrated that the highest exposed
6	workers were monitored.
7	MEMBER GRIFFON: So then can't you
8	say that, you know, the normal protocol would
9	be to use the full distribution? However, if
10	there is a case-specific reason
11	DR. NETON: That's exactly what we
12	
13	MEMBER GRIFFON: we may use the
14	95th. And if so, it will be documented in the
15	case file why we use this?
16	DR. NETON: Exactly. That's what
17	we exactly
18	MEMBER GRIFFON: That's different
19	than what I saw in the notes, but, I mean, I
20	think that document
21	DR. NETON: I am totally
22	comfortable with what you just said.

1	MEMBER GRIFFON: Okay, but
2	documenting in the case file is important to
3	me because then we have a way to track it when
4	we do review the cases.
5	DR. NETON: Right. I thought that
6	you were suggesting that every situation be
7	documented as to why it was the 50th or the
8	95th.
9	MEMBER GRIFFON: Well, I mean, I'm
10	discussing this with you as we go. So I am
11	agreeable with that situation as well, you
12	know, Jim, that you just
13	DR. NETON: But I would prefer not
14	to have to document every single instance.
15	MEMBER GRIFFON: It would just be
16	exceptions?
17	DR. NETON: Yes.
18	MEMBER GRIFFON: That's fine.
19	DR. NETON: Okay. We're okay.
20	I'm okay with that.
21	MEMBER GRIFFON: So that wording
22	if you have that down, then I would be more

1	comfortable with that, yes.
2	DR. NETON: Okay. Fine.
3	MEMBER ZIEMER: So it's in
4	abeyance until wording such as Jim just
5	described gets incorporated into the revision.
6	Is that what is being said?
7	MR. HINNEFELD: It moves to
8	abeyance, and will stay in abeyance until that
9	document has been revised.
10	MEMBER ZIEMER: Like the wording
11	that Jim said.
12	DR. MAURO: By the way, this does
13	establish an important precedent and guidance
14	for SC&A. What I mean by that is when we came
15	to our agreement that we think it should be in
16	abeyance, it was based more on the principle
17	that Jim described, rather than the actual
18	language.
19	In other words, we did not
20	establish the we didn't have such a high
21	bar. That is, once in concept, there was
22	agreement that yes, by making these types of

changes without actually saying what the words are would resolve the issue. And, therefore, it goes into abeyance.

It's important that we know that we need a little bit more than that in terms of maybe something along the lines of example language that might be used. Maybe it's not the final word, but certainly example language as being, you know, which really holds it a little bit stricter.

If that's what the Work Group would like when we make our recommendations regarding when something goes into abeyance, that's fine. And we will proceed down that path.

MR. MARSCHKE: Well, I think, really, what you're doing is, is you're tasking NIOSH with -- when they give us a response, which is a word change to the procedure, it's going to require wording changes to the procedures, then they should include sample words --

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1	DR. MAURO: Right.
2	MR. MARSCHKE: so that we can
3	then agree with them or disagree with them
4	DR. MAURO: Right. That is the
5	question I am asking the Work Group. If
6	that's how you would like us to you know,
7	when we go down this road on the next one,
8	should we be looking for sample words,
9	recognizing that they're draft words and they
10	could change but at least a shot at what the
11	words might look like?
12	MEMBER ZIEMER: I think in some
13	cases, we have described the nature of the
1 /	
14	change, where and this is a case where in
15	change, where and this is a case where in describing the nature of the change, I think
15	describing the nature of the change, I think
15 16	describing the nature of the change, I think there has been a request for a little more
15 16 17	describing the nature of the change, I think there has been a request for a little more specificity to understand what the change
15 16 17 18	describing the nature of the change, I think there has been a request for a little more specificity to understand what the change really entails. I think that is fine in
15 16 17 18	describing the nature of the change, I think there has been a request for a little more specificity to understand what the change really entails. I think that is fine in certain cases.

1	agreeable to the Subcommittee. And the exact
2	wording may be less critical in some cases as
3	long as the concept is adhered to.
4	DR. MAURO: So we will work with
5	this on a case-by-case basis. That is, the
6	next time we are in a situation like this, we
7	will what we are saying is we are not
8	making any hard and fast rules.
9	MEMBER ZIEMER: I think the nature
10	of the changes has always been described.
11	This one may be a little more specific.
12	DR. MAURO: Okay.
13	CHAIR MUNN: Are we clear what
14	we're doing, who has the action and what is
15	the action?
16	MR. HINNEFELD: I believe we have
17	an action to provide some sort of language
18	about how we're proposing to change the OTIB.
19	MEMBER ZIEMER: And the language
20	reflects what Jim described?
21	MR. HINNEFELD: Yes, in more
22	specificity, more specificity about what we're

1	proposing as to revision that reflects the
2	conversation that John and Jim had.
3	MR. ELLIOTT: It is not
4	necessarily the language that we say we're
5	going to insert. It's more the concept of
6	what the language will deal with.
7	MR. HINNEFELD: Yes. And another
8	thing to consider here I don't know if we
9	need to get into this very far, but there are
10	a number of site-specific coworker sets that
11	have this finding. And so the question is,
12	are we going to make these series of page
13	changes on each one of these or is there
14	another way that we can write it, prepare a
15	document, some other document, we can put that
16	change in?
17	I don't know sitting here today.
18	So that will be some aspect.
19	MEMBER ZIEMER: But you want to be
20	consistent.
21	MR. HINNEFELD: Yes, yes, some
22	aspect of what we need to prepare to set forth

1	what we're going to do.
2	DR. MAURO: This is one of those
3	commonalities.
4	MR. HINNEFELD: Yes. Yes, it is.
5	CHAIR MUNN: All right. Our next
6	item on the agenda
7	MR. MARSCHKE: Can I ask a
8	question, Wanda?
9	CHAIR MUNN: Yes.
10	MR. MARSCHKE: So right now the
11	status of OTIB-0029-03 is in progress. And we
12	basically have agreed to leave that as in
13	progress until we see the wording from NIOSH?
14	CHAIR MUNN: That is my
15	understanding. And we have two action items
16	on, one the overall OTIB-0029. One is a
17	report back from Joyce Lipsztein after she has
18	had an opportunity to review that data. And
19	the other is language to be decided by NIOSH
20	giving a summary of what changes will occur in
21	the document when they do review.
22	MEMBER ZIEMER: It seems to me

1	that on item 3, issue 3, that it goes into
2	abeyance until we see while NIOSH prepares the
3	exact language because we have defined or in
4	the discussion between Jim and Mark, Jim has
5	defined what the language will contain.
6	I believe, Mark, you will speak
7	for yourself, but you agreed to the nature of
8	the language, I believe.
9	MEMBER GRIFFON: Yes. Paul, I
10	agree. I'm not trying to bring this out
11	further. I mean, I agree. Now that we
12	MEMBER ZIEMER: In terms of how we
13	handle this when rewording is going to be
14	done, we put it in abeyance, as opposed to in
15	progress, do we not?
16	MEMBER GRIFFON: Yes. I think
17	MEMBER ZIEMER: Trying to be
18	consistent
19	MEMBER GRIFFON: The discussion
20	that Jim and I just had, if all other members
21	of the Subcommittee are happy with that, I'm
22	happy with that language. And, as far as I'm

1	concerned, that's documented on our
2	Subcommittee call here. And that's good
3	enough.
4	MEMBER ZIEMER: That would show up
5	in the action that puts it in abeyance.
6	MEMBER GRIFFON: I agree.
7	MEMBER ZIEMER: Because if it's in
8	progress I mean, everything else where
9	NIOSH agrees to rewording, doesn't it go into
10	abeyance?
11	CHAIR MUNN: Yes. It has in the
12	past.
13	MEMBER GRIFFON: Yes. I agree.
14	And I think this satisfies my request of draft
15	language. It doesn't have to be a written-out
16	document. We just outlined it on the meeting
17	right here.
18	MEMBER ZIEMER: Right.
19	MEMBER GRIFFON: So that's fine.
20	MEMBER ZIEMER: And it is
21	documented in the transcript.
22	MEMBER GRIFFON: Yes.

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1	CHAIR MUNN: All right. Are we
2	happy with that?
3	MR. HINNEFELD: Okay now, now I
4	have a question, does that mean that we do not
5	have action to provide that more specifically?
6	MEMBER ZIEMER: You have an action
7	to revise based on that.
8	MR. HINNEFELD: Yes. But we have
9	an action to provide the document but not to
10	provide back to the Subcommittee more specific
11	language. Okay. Great. Great.
12	MR. MARSCHKE: What I wrote in
13	here was NIOSH will change the procedure to
14	describe the practice that NIOSH uses for
15	assigning distributions to claimants and
16	document any change from the default. And
17	then I put in parentheses full distribution in
18	the case file. Is that what I heard, Mark,
19	you and Jim talking about?
20	MEMBER GRIFFON: That sounds about
21	right to me, yes.
	II

1	abeyance.
2	MR. MARSCHKE: And then basically
3	in the Working Group directives box, I have
4	"Change status to in abeyance." So on the old
5	database, it has been changed to in abeyance.
6	CHAIR MUNN: Hopefully it will
7	transfer when the new database comes out.
8	MEMBER ZIEMER: Just one comment.
9	It sounds like NIOSH is going to change the
10	wording, and then, as a separate action,
11	something gets documented in the file. I
12	think what we want to say is that the wording
13	will include a requirement to document in the
14	file or something like that. It's part of the
15	wording that we're talking about, as opposed
16	to the action. I mean, the action obviously
17	follows the procedure, but this is a procedure
18	change, right?
19	MR. HINNEFELD: Okay.
20	MEMBER ZIEMER: I just want to
21	make sure that what we reflect here will

indicate the need to document or something.

1	Does that sound okay, Mark?
2	MEMBER GRIFFON: Yes, Paul. I
3	agree.
4	MEMBER ZIEMER: Yes. Okay. That
5	ties the documentation issue in with the
6	wording of the procedure. That's all I was
7	getting at.
8	CHAIR MUNN: We are good on that
9	item. The next item on our agenda list is
10	NIOSH checking the status of the new OTIB.
11	MR. HINNEFELD: Yes. Now, this is
12	part of the discussion we just had, the
13	two-day-off, two-day-off for sampling
14	discussion. That was a draft.
15	CHAIR MUNN: Right.
16	MR. HINNEFELD: The OTIB that was
17	discussed at one of the meetings, OTIB-0068,
18	that kind of accounts or recounts our
19	investigation of that issue and our conclusion
20	that really it doesn't seem that the majority
21	of the samples were Monday samples. And so

since that is not the case, there is no

1	adjustment necessary.
2	And so since we arrived at that
3	conclusion, we said, "Well, what do we need
4	this document for because it doesn't say to do
5	anything?" It just says, "What we are doing
6	is okay."
7	So if the nature of that OTIB
8	we're at the point now where we don't see a
9	reason to issue this OTIB. And so it stopped.
10	And there is a draft sitting out there, but
11	our plan now is not to issue it because it
12	doesn't say it doesn't tell us to do
13	anything. All it does is it provides it's
14	sort of the summary of our investigation of
15	the issue of did the samples really occur on
16	Monday?
17	MEMBER ZIEMER: And separate from
18	that, Joyce hasn't analyzed that other
19	MR. HINNEFELD: Joyce has not
20	analyzed
21	MEMBER ZIEMER: information
22	which you will need to take a look at, in any

1	event.
2	MR. HINNEFELD: Yes, yes.
3	MEMBER ZIEMER: That may or may
4	not impact on this, right?
5	MR. HINNEFELD: Yes. I mean, if,
6	in fact, there is evidence that we haven't
7	found that this does, in fact, overwhelmingly
8	a two-day-off sampling regimen, despite
9	whatever day the sample is left, that would
10	cause us to reconsider our position.
11	CHAIR MUNN: So the wise thing for
12	us to do, it would appear, is to carry this
13	action item over into our next meeting, by
14	which time we hope to hear from Joyce. And
15	depending upon her response, this may become
16	a moot point next time.
17	MEMBER ZIEMER: If it is not
18	already.
19	MR. HINNEFELD: If it is not
20	already.
21	CHAIR MUNN: If it is not already.
22	We're just giving ourselves the extra

1	MR. HINNEFELD: But if you are
2	going to leave it on there, be sure you put
3	OTIB-0068 on there.
4	CHAIR MUNN: Right.
5	MR. HINNEFELD: Because otherwise
6	I am going to lose track of
7	CHAIR MUNN: Okay. I've got it.
8	I have OTIB-0068. All right.
9	MR. ELLIOTT: Before we bust for
10	lunch, could we take up the IG-004 issue while
11	Jim is on the line?
12	CHAIR MUNN: Why not?
13	MR. ELLIOTT: I know Jim is
14	hanging around for that discussion.
15	CHAIR MUNN: We will
16	MR. ELLIOTT: Sorry, Madam Chair.
17	CHAIR MUNN: No. That's quite all
18	right. That's quite all right. No reason why
19	we shouldn't address the IG-004 right now. Do
20	you want to take the lead on that, Jim?
21	DR. NETON: I wasn't planning on
22	it, but I could.

1	CHAIR MUNN: Well, tell me who
2	should.
3	DR. NETON: Well, Stu has got the
4	document in front of him. I don't happen to
5	have it with me right now.
6	CHAIR MUNN: All right. Then,
7	Stu, you have
8	MR. HINNEFELD: Well, I sent it,
9	didn't I?
10	DR. NETON: Do we want to handle
11	this point by point? I mean, there were, I
12	think, seven issues that were raised. I guess
13	I could do it. Let me just pull up the
14	response.
15	MEMBER GRIFFON: Can you tell me
16	what document you are referring to, Jim? Was
17	it
18	DR. NETON: It was just
19	essentially labeled NIOSH Responses to SC&A's
20	Review of IG-004.
21	MEMBER GRIFFON: And it was sent
22	recently or

1	DR. NETON: Stu, I think, sent out
2	in the last day or two.
3	MEMBER ZIEMER: 8-11 is the date.
4	MEMBER GRIFFON: Okay. All right.
5	MEMBER ZIEMER: Actually, the date
6	on the document is the 10th, I think.
7	MR. HINNEFELD: I sent it on the
8	11th, I believe.
9	CHAIR MUNN: I got it on the 12th.
10	DR. MAURO: The heading says
11	August 10th.
12	MR. HINNEFELD: Yes, the heading
13	gove Avenuet 10th Horse very got it viet begange
т 3	says August 10th. Have you got it yet because
14	I can send it to you?
14	I can send it to you?
14 15	I can send it to you?  DR. NETON: No. I mean, it's here
14 15 16	I can send it to you?  DR. NETON: No. I mean, it's here somewhere. Like I said, I got caught by
14 15 16 17	I can send it to you?  DR. NETON: No. I mean, it's here somewhere. Like I said, I got caught by surprise here a little bit.
14 15 16 17	I can send it to you?  DR. NETON: No. I mean, it's here somewhere. Like I said, I got caught by surprise here a little bit.  CHAIR MUNN: I am sorry. We
14 15 16 17 18	I can send it to you?  DR. NETON: No. I mean, it's here somewhere. Like I said, I got caught by surprise here a little bit.  CHAIR MUNN: I am sorry. We didn't mean to do that to you.

1	DR. NETON: No, no. I think that
2	is fine. I'm rushing here trying to find it.
3	Stu, you sent that out on?
4	MR. HINNEFELD: On August 11th.
5	DR. NETON: I'm in the wrong
6	inbox. All right. I've got it. Sorry about
7	that.
8	CHAIR MUNN: It's quite all right.
9	DR. NETON: Okay. We didn't
10	specifically address finding number 1 because
11	that, according to Stu, had been closed by the
12	Subcommittee already. We started with finding
13	002 finding 02. And that was essentially
14	SC&A's objection that we seem to apply that
15	precedents that we cited were specifically
16	justifications for use of surrogate models in
17	dose reconstructions under EEOICPA.
18	And the gist of our response was
19	that it really wasn't our intent that would be
20	the implication there. I cited one of the
21	reasons for doing this was really just to sort

of outline the variety of approaches that have

1	been used in other settings where surrogate
2	data has certainly been used. And that would
3	include epidemiologic studies, regulatory
4	decisions, using guidance documents as well as
5	at least one other compensation program.
6	That is really why they were
7	included. In fact, I would like to just
8	comment that the reason IG-004 was developed
9	was for that exact reason. None of these
10	precedents actually were completely compatible
11	or could be used under EEOICPA. And that is
12	why we wrote it, to set forth the conditions
13	under which surrogate data could be used.
14	That is kind of it in a nutshell.
15	We can discuss it if anyone wants
16	to have any questions or comments.
17	CHAIR MUNN: Mark?
18	MEMBER GRIFFON: I was waiting to
19	hear back from SC&A, actually, while I am
20	still reading through it.
21	DR. MAURO: Yes. I guess the only
22	thing I would like to point out and

certainly, Hans, please jump in -- this material, which you could almost consider to be almost like a preamble to your position, where you use epi work, argues for how this is as an example.

I think we did provide a great deal of evidence of why the analogy does not apply. In other words, its use in epi work, surrogate data has certain objectives tied to looking at collective population consequences of elevated exposures.

Our mission here is so much different. And, as a result, we find that it can almost be misleading. That is, by making reference to epi and how surrogate data is used there in our opinion has no applicability here.

DR. NETON: Yes. I don't necessarily disagree with you, John. I take that comment to heart. But, really, under that sort of logic, there was no example I could provide that would be meaningful for

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1	this purpose because this is a specific
2	program.
3	DR. MAURO: And I agree with that.
4	And, by the way, I think that you did a good
5	job when you got to the point. And it's
6	almost as if that piece led us a bit astray in
7	terms of
8	DR. NETON: You know, I did quote.
9	In the end of the response was one of your
10	statements. It says, "assuming that 82 allows
11	for the use of other sites in dose
12	reconstruction, then the criteria set forth in
13	004 are technically sound." And I appreciate
14	that comment.
15	DR. MAURO: Yes.
16	DR. NETON: It's almost like the
17	argument is moot because we got past that. I
18	mean, I don't know what else to say other than
19	I understand your statement that it took these
20	examples to be precedence as to why it should
21	be used under a compensation program. It was

really written as examples of how surrogate

data have and continue to be used in reconstructing exposures over a variety of platforms, which are not exactly EEOICPA, understood, but there are precedents set of how it is used to help inform what exposure conditions are like when you are lacking data. I think that is totally reasonable to include in there.

DR. BEHLING: I just want to make a comment since I was the person who wrote most of this stuff in there. I sort of perceived it as something akin to a judicial system, where you look for previous incidents where a case was heard in front of a judge or in front of even the Supreme Court and that it provides, therefore, a precedent that justifies the use of that protocol in subsequent cases. And that's how I perceived it.

And, of course, I disagreed with the likelihood that there are parallels between the various methods that were cited as

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instances where surrogate data was used and its applicability here in the EEOICPA. And that's the reason I kind of spent a lot of time discrediting that relationship.

DR. NETON: You know, I don't know where to go with that other than the fact that we disagree as to how useful it is to cite previous uses of surrogate data, not necessarily to justify why it is useful under the EEOICPA but that here are how surrogate data can be used to come up with -- and then 004, of course, goes beyond that and says, "Here is how you do it. Here is how you can use surrogate data under this program."

I don't think -- and I don't want to get into OGC's territory, but because surrogate data has been used in epidemiologic studies I don't think is a basis for why it is useful under EEOICPA. I mean, there are other reasons. I can't comment any more than that, I guess.

DR. BEHLING: Okay. I mean, I

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1	don't want to push it either, as I've said.
2	I just questioned why it was even introduced
3	because it really has no developments.
4	DR. NETON: Also because well,
5	everyone is aware of how it is used routinely
6	in these other applications. And it's not
7	something to pick out of a hat and say, "Well,
8	this is something brand new that has never
9	been done before. And we are making this up."
10	I mean, it has been used in other platforms.
11	That is the whole point.
12	And I totally agree with you that
13	EEOICPA is not an epidemiologic study. That
14	is not the point.
15	DR. MAURO: I would have actually
16	done something a little different. If I were
17	to put this in here, I would use this as
18	juxtaposition, saying there are places where
19	surrogate data has been used in certain
20	contexts.
21	But I would actually use this as
22	an example that this is we're not using it

1	this way, almost as if the only real
2	precedent we have this is where I think
3	surrogate data is such a special application
4	here and is of great importance to the extent
5	that it really goes to the heart of how we're
6	going to deal with SECs.
7	In the end, whether you accept the
8	surrogate data approach or not is one of the
9	most important issues that we are dealing
10	with. And I would almost say that we're doing
11	something that goes way beyond what is
12	required and what is used when it comes to epi
13	work. I would either remove it or use it as
14	a way to show that we're going way beyond
15	this.
16	MR. ELLIOTT: Well, I don't know
17	that I agree with that, John.
18	DR. MAURO: Okay.
19	MR. ELLIOTT: I've worked on epi
20	studies and provided exposure assessment for
21	chemicals as well as radiation. And the use

of surrogate data in epidemiologic studies is

1	far more complex, far more complicated, far
2	more philosophical than what we are trying to
3	do here with the use of surrogate data in this
4	program.
5	And, as Jim says, this IG-004 is a
6	very high-tier document that provides general
7	guidance on the minimum requirements for use
8	of surrogate data in this program under the
9	regulation that we operate. So I guess we can
10	agree to disagree that
11	DR. MAURO: We will agree to
12	disagree on that one.
13	MR. ELLIOTT: Whether or not the
14	reference of epidemiologic use of surrogate
15	data is appropriate or not, we think it adds
16	some context here. And we would welcome
17	whatever Board recommendation comes forward on
18	this point.
19	CHAIR MUNN: Well, it is worth
20	noting perhaps that precedents that are
21	established in legal cases have to do with

similar but not necessarily repeatable

circumstances. If you are dealing with radiation, you have very specific repeatable circumstances. If you have given types of radiation and given types of exposures, then you will get similar results. And that is a different kind of approach to a precedent than what one thinks of when one thinks of precedents that are established in the outside world.

MR. ELLIOTT: Let me make one more point here on this. In the world of industrial hygiene, chemical exposure measurements and monitoring information is very much -- there's a paucity of that.

There's a small amount of that, if you will, as compared relatively to the monitoring information, albeit flawed as it is, that we have for radiation exposures.

And so when we put together an epidemiologic study that deals with chemical exposures, I assure you the use of surrogate information is far more almost flexible, I

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1	guess, in its use than it is in this program.
2	It's more defined in this program, I think.
3	DR. MAURO: I agree. I mean,
4	that's the point I'm making.
5	DR. BEHLING: Yes. That is
6	exactly the point. I tried to identify the
7	principal justification for surrogate data,
8	which in many epidemiologic studies, it seemed
9	to demonstrate a dose-response relationship
10	without necessarily defining the accuracy.
11	And I pointed out, for instance,
12	the issue of the BEIR reports regarding the
13	cancer risk coefficients, which have been
14	repeatedly revised. But they always show a
15	positive dose-response relationship, which
16	obviously is the key issue for defining
17	something as a carcinogen.
18	And the accuracy by which the
19	dose-response relationship is defined varies
20	over time. And it is almost immaterial. I
21	think that was the whole point in dealing with

it. But I think we can come to some

1	understanding that perhaps this is an issue
2	that really has very little relevance here.
3	DR. MAURO: Yes. Maybe that is
4	the answer.
5	DR. NETON: I would agree.
6	DR. MAURO: Yes. Maybe we are
7	arguing something that is of marginal
8	significance or importance to this particular
9	procedure. Yes. Maybe we should just let
10	this one go because it doesn't really change
11	anything. I think we've got a good procedure
12	here.
13	DR. NETON: That is my opinion. I
14	think we are looking at it in two different
15	ways. And it doesn't really change the
16	substance of what is in that document itself.
17	CHAIR MUNN: No. And this is not
18	a good place for academic discussion.
19	DR. MAURO: Yes. That is what we
20	are doing.
21	DR. NETON: Actually, do you want
22	to move on to the next one or

1	MR. MARSCHKE: What do we want to
2	do with the status? Do you just want to wait
3	until SC&A responds formally?
4	DR. BEHLING: No. I think we
5	should just close this out.
6	MEMBER ZIEMER: I think we have
7	the response and
8	DR. MAURO: It doesn't really have
9	direct applicability to the protocol. I mean,
10	I am ready to let it go if the Work Group is
11	willing to let it go.
12	MEMBER ZIEMER: I have no
13	objection to the reference to the epi studies
14	as they have done it because it is clear that
15	they are not using the same methodology in
16	this program, number one. Number two, I think
17	conceptually it does help readers recognize
18	that sort of the concept of surrogate data is
19	not something brand new.
20	It's used in other kind of
21	contexts in other appropriate ways. So I
22	think it is just a framework.

1	DR. NETON: That's exactly my
2	MEMBER ZIEMER: It is not like a
3	legal precedent that we're doing it exactly
4	the way that it's done in epidemiology,
5	clearly very different. But it provides sort
6	of an argument that the general idea of using
7	surrogate information is not something we have
8	pulled out of thin air.
9	MEMBER GRIFFON: Well, this is
10	Mark. This might be a different discussion if
11	we were arguing about the regulation, but that
12	is a moot point.
12 13	is a moot point.  MEMBER ZIEMER: Right.
13	MEMBER ZIEMER: Right.
13 14	MEMBER ZIEMER: Right.  MEMBER GRIFFON: It is in the
13 14 15	MEMBER ZIEMER: Right.  MEMBER GRIFFON: It is in the regulation. So I agree it should be closed,
13 14 15 16	MEMBER ZIEMER: Right.  MEMBER GRIFFON: It is in the regulation. So I agree it should be closed, yes.
13 14 15 16 17	MEMBER ZIEMER: Right.  MEMBER GRIFFON: It is in the regulation. So I agree it should be closed, yes.  MR. MARSCHKE: Okay. It's closed.
13 14 15 16 17	MEMBER ZIEMER: Right.  MEMBER GRIFFON: It is in the regulation. So I agree it should be closed, yes.  MR. MARSCHKE: Okay. It's closed.  CHAIR MUNN: It is closed.
13 14 15 16 17 18 19	MEMBER ZIEMER: Right.  MEMBER GRIFFON: It is in the regulation. So I agree it should be closed, yes.  MR. MARSCHKE: Okay. It's closed.  CHAIR MUNN: It is closed.  DR. NETON: Then hearing that I

they muse a little bit about how difficult this might be to implement because of lack of information, first term unavailability, that sort of thing.

And we do agree that there are going to be possible difficulties in implementing the procedure. However, it is our opinion that all of these difficulties that are overcome are best judged by evaluating the specific procedures that are developed using this guidance.

In other words, we totally agree that this is not going to be easy in all cases, but, again, the site-specific procedures are really what needs to be looked at in that regard. Nothing we could really change in the document itself but this finding.

DR. MAURO: One area where we thought it might be important to point out to the Work Group, to the Subcommittee, is there is a little discontinuity between the

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criteria, draft criteria, developed by the 1 Work Group, the other Board Work Group, dealing with the subject. That has to do with 3 4 the time period. I believe the write-up in OCAS-004 5 6 doesn't have a requirement that the data that 7 you are using for a surrogate be the data that is of the same time period. And I think it's 8 worth discussing that a little bit because 9 10 that is the one place where there is a difference between at least the opinion of the 11 Work Group for Surrogate Data and OCAS-004. 12 13 That is the level of importance that is given to the time period that the data are acquired. 14 That might be something that is worth 15 16 discussing a little bit here. DR. NETON: John, yes. I forgot 17 that was one of the comments in that finding. 18 19 Thanks for bringing that up. And we did look at that. 20 end of the day, our opinion is that what the 21

Board's issuing is a draft document right now.

1	And so we didn't feel it was appropriate at
2	this point to start commenting on how our
3	procedure agrees or disagrees with a Board's
4	draft position document.
5	I am not sure how that can be
6	handled. And, again, you're probably right.
7	That needs to be discussed maybe among the
8	members of the Subcommittee, how they want to
9	deal with that.
10	MEMBER GRIFFON: Or maybe, Jim, we
11	may have to wait for the I mean, we do have
12	the Surrogate Worker Work Group. They have to
13	wait for us. I'm on that Work Group as well,
14	but we may have to finalize that draft before
15	
16	DR. NETON: I was just, you know,
17	do we want to leave this finding open until
18	the Board comes to a consensus or do we just
19	open it at such time when it's I don't
20	know.
21	MEMBER GRIFFON: Yes. I don't
22	know.

1	MEMBER ZIEMER: Or defer it.
2	DR. NETON: That's a good
3	MEMBER GRIFFON: Transfer it, you
4	mean?
5	MR. ELLIOTT: Yes. Transfer it.
6	CHAIR MUNN: Well, that is a
7	thought.
8	MR. ELLIOTT: I always like to
9	delegate.
10	CHAIR MUNN: Yes. That is a
11	delightful
12	MR. ELLIOTT: It's a feel-good
13	situation for me.
14	CHAIR MUNN: That is a delightful
15	idea. Is that the feeling of the Board, of
16	the Subcommittee, that transferring item 3 is
17	appropriate?
18	MEMBER ZIEMER: It certainly has
19	got to be part of the discussion of the
20	Surrogate Data Work Group.
21	MEMBER GRIFFON: Yes, yes.
22	MEMBER ZIEMER: And I guess we

1	don't want to both be working on that.
2	MEMBER GRIFFON: Right. It is
3	probably a good idea.
4	CHAIR MUNN: I will transfer
5	IG-004-03 to the Surrogate Data Work Group
6	with the proper language accordingly. I will
7	send the draft of that letter to all of you
8	before it goes out.
9	Okay. Let's move to item 4.
LO	MR. ELLIOTT: Did we lose you,
11	Jim?
12	CHAIR MUNN: Hello?
13	DR. NETON: Sorry. I was on mute.
L4	I was talking to the air.
15	(Laughter.)
L6	DR. NETON: Finding 004
L7	specifically talks about how implementation
18	guide 004 was weighted very heavily towards
19	Atomic Weapons Employer facilities. It went
20	further even to suggest that if that were the
21	case, that it was only an AWE-specific
22	document that maybe it could be superseded or

has been superseded by TBD-6000 and 6001, absolutely correct that the document emphasizes the use of surrogate data at AWE facilities.

In fact, most of our applications, almost all that I can think of, are going to be, surrogate data are going to be, tied to AWE facilities. And so that's why the examples, at least, were heavily towards that type of operation.

I am not sure that there was not going to be some instance that pops up for a DOE facility. So we went back and looked at the criteria that are in the sections.

And the general guidance provided really is equally applicable to DOE facilities; that is, you know, the temporal nature of the material, similar processes and such. So we feel that it is appropriate to leave it open to cover both AWE and DOE facilities, although the examples are slanted towards AWEs.

1	In regards to the TBD-6000/6001
2	issue, we think it is sort of the opposite of
3	how SC&A has viewed this. IG-004 is the
4	overarching higher tier document in our
5	process. The implementation guides in general
6	are that. And they inform floor requirements
7	or minimum requirements for procedures and
8	technical information bulletins, those types
9	of documents.
10	So we don't think it supersedes
11	TBD-6000/6001. I've documented that those
12	documents need to be in conformance with. In
13	fact, we acknowledge their suggestion that
14	those documents should be reviewed against
15	IG-004. I think that is true.

Regarding the suggestion that we cross-reference 6000 in IG-004, I think we would prefer to leave that out of there and have TBD-6000 reference IG-004 as an implementing document.

I am not sure what the end result of this is other than I think we're okay with

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the way it is set right now. And we do agree that 6000/6001 should be reviewed against those criteria in IG-004.

DR. MAURO: Jim, let me give you another way we were looking at it. And that is a parallel structure. The IG-004 with the richness it has as it relates to AWE is very useful.

And with the examples, what I had in mind when I was reading this, something similar to that, where there are other places where surrogate data might have applicability in non-AWEs immediately comes to mind where we in the past have -- just like you have done with AWEs. We know what the issues are. And you've engaged them here in 004.

Engaging some of those issues in non-AWE facilities was something that I guess I was expecting to see only because it was there for AWEs. For example, we know neutron-photon ratios are a big deal. We know that the chemical form of the particular

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material, especially things like high-fired, are important.

We know that tritides -- and when you use the hafnium tritide versus another -- in other words, what I am getting at, there is a whole litany of places where you might draw upon surrogate data. Radon, another example, where, just like you created a richness for AWEs, in theory, you could create a richness for others that would create a parallel structure.

It's almost as if, once you went down the road to get into AWEs, it almost was incumbent upon you to do the same thing for non-AWEs.

DR. NETON: John, I don't know
that most of the examples you cited are really
what I would consider surrogate data; that is,
data from one facility applied to another.
You are talking about surrogate neutron
exposures, but that is based on the monitoring
data from that specific facility.

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1	Solubility material, the same
2	thing. You have Super S or you have tritides.
3	Those are data that are at that exact
4	facility. We're not forwarding information
5	from one site to another.
6	DR. MAURO: Okay. Let me ask you
7	a question. Do you think
8	MR. HINNEFELD: Jim?
9	DR. NETON: Yes?
10	DR. MAURO: it's plausible to
11	use neutron-photon data from one facility and
12	apply it to others? Because we have.
13	MR. HINNEFELD: We might want to
14	do that, Jim.
15	MR. ELLIOTT: Yes, Jim.
16	DR. NETON: I am not saying that's
17	not possible, but
18	MR. ELLIOTT: Jim, let me make a
19	comment here. This is Larry. The definition
20	of surrogate data is at hand right now. And
21	IG-004, I believe, talks about the use of
22	surrogate data from a similar operation at a

1	similar facility. That's what we focus on.
2	Surrogate data could also be
3	considered coworker models that are used to
4	assign missing unmonitored dose. So, you
5	know, we need to be careful when we talk about
6	surrogate data.
7	I don't see IG-004 as being
8	dedicated only to AWE operations. IG-004 is
9	a high-tier document that we would use in the
10	situation where we were putting the use of
11	surrogate data in dose reconstructions for DOE
12	folks.
13	So, you know, we're not going to
14	change this. It is a higher-tier document;
15	the 6000, 6001 or lower-tier documents. We
16	think that IG-004 accommodates all the covered
17	facilities in this program.
18	DR. NETON: Yes.
19	MEMBER GRIFFON: I tend to agree
20	with that.
21	DR. NETON: I agree with that.
	I control of the cont

find exactly where, that for purposes of IG-004, surrogate data is data used from one facility used in another facility. I mean, that was the narrow focus we took, although Larry is absolutely right. Surrogate data could be a lot of different things.

DR. MAURO: Jim, let me --

DR. NETON: I'm getting back.

Just one more minute. Getting back to the neutron-photon thing, you know, Stu, I think, was chiming in. And he's right. I was thinking of neutron-photon ratios at a specific facility. There are situations, though, where we could port a neutron-photon ratio for a similar reactor from one facility to another. That is true.

I wasn't trying to imply that we wouldn't be using -- as a matter of fact, I would encourage that we use -- not encourage but support the use of surrogate data that existed in filling gaps at DOE facilities.

But most of the examples you were citing, what

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I was trying to say is, were not what I would consider surrogate data with the possible exception of the neutron-photon ratios.

DR. BEHLING: Jim, while we are talking about the definition -- and I am curious because I am kind of working on something that has raised some questions in my mind regarding the definition of surrogate data. And let me explain.

Suppose you have a facility for which you have data for one year and the period of concern for dose reconstruction may span 11 years so that, in essence, in this particular case, they used data that was accumulated for a one-year period, the first-year period of an 11-year period for which dose reconstruction would have to be done.

And it is obviously not an issue of transferring information from one facility to another but basically transferring information over time. Would you consider

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1	that an example of surrogate data when you
2	take one year's data and say, "This applies to
3	all full 11 years?"
4	DR. NETON: Under the approach we
5	have adopted in IG-004, I would say that is
6	not surrogate data. That is data from that
7	specific facility.
8	DR. BEHLING: Yes.
9	DR. MAURO: Jim, I'm not arguing
10	with you.
11	DR. NETON: It's not surrogate
12	data. I can't argue that. But what I am
13	saying is for purposes the issue really
14	arose if you remember way back in Iowa. Think
15	about those days.
16	We used I think it was Pantex data
17	to reconstruct exposures at Iowa. That's when
18	the issue really came to a head early on, was
19	that you're using data from another facility.
20	And people started looking in the regulation
21	and stuff. Is that really allowed? Can you

take data form one facility and apply it to

1	another?
2	No one really, in my opinion, has
3	challenged the use of dose reconstruction
4	using data within the facilities, but I think
5	even the regulation or the Act that says
6	something about using data at such facility
7	DR. MAURO: Jim, this is John. I
8	agree with you completely. When we reviewed
9	IG-004, we reviewed it on the presumption that
10	the scope of this was for data from one
11	facility being applied to another facility.
12	By no means did we review it from the point of
13	view of different time periods or within a
14	facility.
15	DR. NETON: And Hans raised a good
16	point. I mean, those techniques are also
17	used.
18	DR. MAURO: Yes.
19	DR. NETON: But they come under a
20	different sort of size area.
21	MR. ELLIOTT: Hans, I would like

to answer your question. Jim has answered it

1	in the specific sense of IG-004. In a broad
2	sense of the definition of surrogate data, the
3	extrapolation of information for a site across
4	time at that site is also surrogate data.
5	DR. BEHLING: Yes. And I wish to
6	
7	MR. ELLIOTT: And the use of that
8	kind of information in an epidemiologic study,
9	that is surrogate data.
10	DR. BEHLING: Yes. And the thing
11	that raises my concern a little bit is that
12	for this particular instance that I am
13	referring to, with one year's worth of data
14	extrapolated over 11 years, it's that there's
15	also information that suggests there were some
16	major, major changes, both in source material
17	and facility designs and practices.
18	So, in essence, you are really
19	extrapolating over time, during which many,
20	many changes occurred. And you are
21	essentially using data that you have to regard

as surrogate data from my point of view.

1 MR. ELLIOTT: I would agree. 2 DR. NETON: Well, I think we refer to data by that definition. And all of the 3 4 caveats need to be applied to that data that you have to ensure that these certain criteria 5 6 are met, but that is not the subject of this 7 document. DR. BEHLING: 8 Yes. 9 DR. NETON: I mean, we can address 10 that later and under different documents, I suppose, but I looked at my footnote here. 11 And now there is a footnote that says, 12 13 "Coworkers are considered to be workers at a site, job description, radiation." No. 14 That's not it either. 15 16 Oh, "Traditionally the term 'surrogate data' refers to any of the data 17 that is not a direct measure of the 18 19 individual's worker exposure conditions." 20 mean, that could be, for example, general area samples, coworker models, et cetera. 21

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"In this document, however,

1	surrogate data is only considered in the
2	context of use of data from another facility."
3	That is footnote 3.
4	DR. MAURO: Okay. Good. No. I
5	wasn't sure. I'm glad to hear that. So this
6	
7	MR. ELLIOTT: Let me pick up an
8	example for you, John, real quick. This goes
9	to IG-004 and our use of modeling for chest
10	X-rays in the early time periods that is used
11	at DOE sites. It's used at AWE sites, I
12	think. So that is a surrogate data use that
13	IG-004 has to set a minimum floor requirement
14	for, and specifically it goes to the time era
15	of when certain types of radiographic tools
16	were used.
17	DR. NETON: That is a good
18	example, Larry. That is a use of surrogate
19	data that is not in here, by the way, at AWEs
20	and DOE facilities. We often use that one
21	procedure we have to reconstruct medical

X-rays based on the known operational

1	characteristics of X-radiographic equipment
2	over a certain time period.
3	DR. MAURO: Right. And we
4	reviewed that, and we found very favorably,
5	especially the way in which you tiered it.
6	DR. NETON: I mean, that is
7	something that could be added to this to give
8	an example of another. But that is something
9	that I didn't put in because it really hasn't
10	been challenged. It has already been
11	reviewed. It's been reviewed favorably. But
12	it is an example of surrogate data in my
13	opinion for IG-004 specifically.
14	Back to the original finding, I
15	mean, we understand it would be nice to have
16	DOE-specific examples in there, but, in
17	reality, again, the proof is going to end up
18	coming out in the documents that use them, how
19	well they follow guidance that is provided
20	here; for example, neutron-photon ratios.
21	Let's take that example. The same

requirements would apply that are in here,

1	such as the temporal nature of the material,
2	the process similarities. You know, that is
3	what we are trying to spell out here. So if
4	you are going to use neutron/photon ratios at
5	a different facility, you've got to look at
6	the requirements in IG-004 and say, "I have
7	met them" or "I have not met them."
8	DR. MAURO: Jim, ironically this
9	issue would not have even come up if there
10	wasn't so much material here giving additional
11	guidance as applies to AWEs. Once I saw that,
12	it immediately came to mind, gee, we could use
13	something like this for non-AWE.
14	DR. NETON: Yes.
15	DR. MAURO: If it wasn't here, I
16	don't think I would have you know, this is
17	one of the comments I came up with.
18	DR. NETON: Yes.
19	DR. MAURO: I wouldn't have even
20	brought it up.
21	DR. NETON: Yes, yes.
22	DR. MAURO: But once you did it, I

1	said, "This is good stuff." I would sure like
2	to keep
3	DR. NETON: This is the one thing
4	I would like to bring up. You know, all of
5	these are labeled findings, which in my
6	previous life means it is a deficiency of some
7	nature in the document itself.
8	And I'm not sure that it is a real
9	deficiency. These are maybe, you know, nice
10	to have supplemental pieces of information to
11	go in there, but it doesn't really detract
12	from what the document says. Flip out all of
13	the examples, and you still have the core of
14	the guidance which is there.
15	DR. MAURO: I absolutely agree
16	with that.
17	DR. NETON: And so I guess my
18	response here is that we agree, and we might
19	change it down the line in the next rev or
20	something, but at this point we are happy to
21	leave it the way it is.

DR. MAURO: Well, I mean, I would

like to. I mean, this seems to me that it -does the Work Group think that examples for
non-AWEs would enrich this and make for a
better guidance, the way you have done for
AWEs?

I mean, I guess my reaction was I thought it would. But it certainly is not something that's essential. So SC&A's position is that would add value, just like it did for the AWEs.

Whether or not that is cream on the cake, so to speak, or something that really needs to be put here is another question because, you know, when it is all said and done, where the rubber meets the road is that when a person is about to use it, is there additional guidance that should be here?

The example you started to make with neutron and photon ratios, is that something that one would expect this document to contain or do we really leave that to the more lower-tier documents?

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1	DR. NETON: That would be my
2	preference. I mean, if you look at the
3	guidance, it talks about you need to know the
4	source term quantities. You need to know
5	facility processes, the description of what
6	happened, temporal considerations, and the
7	quality of the data.
8	I mean, those are all meat and
9	potatoes issues that one could hold up against
10	any example or any specific procedure and say
11	that they followed that.
12	MEMBER GRIFFON: Jim?
13	DR. NETON: Yes?
14	MEMBER GRIFFON: This is Mark
15	Griffon. As a member of the Subcommittee, I
16	would say I agree with your position that
17	these other examples might be nice but not
18	necessary.
19	So I would say that we should
20	close this finding. And if you do a future
21	revision, maybe you add it in. But I don't

think, you know, they're needed.

1	CHAIR MUNN: Do we have adequate
2	agreement to close it?
3	MEMBER ZIEMER: I think I agree
4	with that because the finding is not really
5	that they have criteria that don't apply to
6	the other facilities. It's just that they
7	haven't used examples of the other facilities
8	The actual criteria do apply to
9	both. So in that regard, the document is
10	suitable. Yes, it probably would have been
11	nice to have some other examples, but maybe
12	next revision.
13	I think the document itself is
14	adequate. I would say close it.
15	MEMBER GIBSON: I think examples
16	is a bad idea. I mean, this subject is
17	controversial enough. I mean, using an X-ray
18	machine, I could see that because it is going
19	to put out the same, whether it is in this
20	room or in Michigan.
21	MEMBER ZIEMER: Yes.
22	MEMBER GRIFFON: But when we start

1	trying to describe two similar buildings, two
2	similar processes, it just stirs controversy.
3	I mean, it is with me personally, and it seems
4	to apply to a lot of other people. So I don't
5	see that examples would help.
6	CHAIR MUNN: We will close this
7	based on the fact that by agreement, the
8	current procedure is adequate. Examples are
9	not required. Excellent.
10	We move on to finding 5.
11	DR. NETON: Finding 5 is an easy
12	one. It says, "SC&A is in agreement with the
13	provisions of section 3.6 and 3.7." And we
14	agree with that.
15	CHAIR MUNN: Okay.
16	DR. NETON: We have no response
17	required is what we have said.
18	MEMBER ZIEMER: I move we close
19	it.
20	CHAIR MUNN: John?
21	DR. MAURO: Yes.
22	DR. NETON: Finding 006 is similar

1	to finding 004 in that SC&A felt that the
2	addition of more examples covering things like
3	off-normal conditions and accidents and such
4	benefit the document. And, again, our
5	position was that we understand the benefits
6	of more specificity. And we consider it for
7	future revisions of the document. But take
8	this as a suggestion for improvement, as
9	opposed to a finding of a deficiency with the
10	approaches described.
11	DR. MAURO: And I agree with that.
12	For the same reason we closed 4, in my opinion
13	we could close 6.
14	CHAIR MUNN: Using essentially the
15	same words?
16	DR. MAURO: Yes.
17	MEMBER ZIEMER: I agree.
18	CHAIR MUNN: Any problem with it?
19	MEMBER GIBSON: No.
20	CHAIR MUNN: Mark, any comment?
21	MEMBER GRIFFON: No.
22	CHAIR MUNN: Okay. We are closing

1	6. Our final finding is number 7?
2	DR. NETON: Finding 7 is similar
3	to another issue that we talked about that
4	there is a discrepancy between the Board's
5	draft document and this document, specifically
6	related to the extrapolation of data to other
7	time periods.
8	Again, it is similar that the
9	draft don't feel it's appropriate to
10	comment on the differences between a draft
11	document by the Board and our document.
12	MEMBER ZIEMER: I suggest we
13	transfer this one like we did the other one.
14	That's similar.
15	CHAIR MUNN: Transfer it?
16	MEMBER ZIEMER: Surrogate Data
17	Work Group.
18	CHAIR MUNN: If I understand where
19	you would want
20	MEMBER ZIEMER: It is almost the
21	same issue, isn't it?
22	DR. MAURO: It is the same issue.

1	CHAIR MUNN: All right. Does this
2	Subcommittee desire that we do so?
3	MR. KATZ: Mark, is that good with
4	you?
5	MEMBER GRIFFON: Yes. I am all
6	set on that.
7	MEMBER ZIEMER: So transfer.
8	CHAIR MUNN: Okay. That's for 03
9	and 07.
10	MR. MARSCHKE: IG-004, the seven
11	issues were the findings of IG-004, we have
12	five of them closed and two of them
13	transferred to the Surrogate Data Work Group.
14	CHAIR MUNN: Yes. We will do
15	that. All right. I think the hour has come
16	for us to break for lunch. Mark, are you
17	going to be with us when we come back or not?
18	MEMBER GRIFFON: I will be but
19	probably only for a short period of time after
20	lunch.
21	CHAIR MUNN: We will be back at
22	2:00 o'clock.

1	MEMBER GRIFFON: All right. 2:00?
2	You are not coming back until 2:00?
3	CHAIR MUNN: No.
4	MEMBER GRIFFON: Then I won't be,
5	but I will probably join like an hour after
6	that.
7	CHAIR MUNN: Okay.
8	MEMBER GRIFFON: All right? So
9	like 3:00 or 3:15, I should be back on.
10	CHAIR MUNN: That's good.
11	MR. KATZ: Quarter to 2:00.
12	MEMBER GRIFFON: Okay. I will do
13	my best to get on.
14	CHAIR MUNN: All right. Good.
15	Thank you.
16	(Whereupon, the above-entitled
17	matter went off the record at
18	12:44 p.m. and resumed at 1:47
19	p.m.)
20	
21	
22	

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1	A-F-T-E-R-N-O-O-N S-E-S-S-I-O-N
2	1:47 p.m
3	MR. KATZ: This is the Advisory
4	Board on Radiation and Worker Health
5	Procedures Subcommittee. We are just
6	rejoining after a lunch break.
7	Mark, do we have you with us?
8	Mark Griffon?
9	CHAIR MUNN: He indicated he might
10	not be here.
11	MR. KATZ: Yes. I know. He was
12	uncertain about that.
13	CHAIR MUNN: We have completed
14	some of our items ahead of schedule. We need
15	to go back now on our agenda to the review
16	procedures and change item. Steve, are you
17	going to do that or is John going to?
18	MR. MARSCHKE: I think John is
19	actually the one who reviewed the procedure.
20	I think I can give you some background as to
21	what this is all about. This is about the
22	procedure that SC&A uses to review the NIOSH

procedures.

And one of our comments, one of the findings that we made had to do with not being sufficient references in the NIOSH procedures. And it came from our checklist that we have here showing here item 1.3, the part that's in parentheses that -- some of our reviewers take this quite literally -- does not reference other sources that are needed for additional data.

Some of our reviewers took that quite literally. And whenever they saw a reference to another document or data, they wanted the data to be included in the procedure.

What we were tasked to do by -- I guess it was in the June meeting -- was to go back and look at our procedure and see if we could take this out from here and see whether or not anything else needed to be changed in this procedure.

And I believe John Mauro has

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1	performed that review. And he's under the
2	impression that this needs to be changed and
3	can be changed, but other than that, it looks
4	like to be still a pretty good procedure.
5	DR. MAURO: Beyond that, I think
6	we have to get rid of that criteria and I
7	guess 1.3, the checklist, and anything, text,
8	that goes toward that. Other than that, when
9	I read through the procedure, it seemed like
10	everything else held up pretty well
11	considering how long that procedure has been
12	in place, although something did come up
13	during this meeting earlier.
14	MR. MARSCHKE: Yes. This meeting
15	earlier, we did talk this morning about
16	something that's warranted to basically
17	include a change in our procedure to check for
18	commonalities.
19	DR. MAURO: Yes.
20	MR. MARSCHKE: We want to
21	again, this procedure, I think, still stands
22	in a state of flux. I also noticed when I was

looking at this procedure that there is a big section 2 in this procedure which was geared towards the first set of reviews, which in a generic procedure such as this may not be needed any longer.

So I think this is still on our plate to go through this procedure and make -- bring it up to date.

DR. MAURO: Perhaps what we should do is if the Subcommittee would like to task us, we could just mark up this procedure and submit it to the Subcommittee to see how the changes are that we would suggest. Right now I was just going to go with deleting that 1.3, and the associated text. Now I hear that we are certain that we should add in this commonality piece.

And, Steve, if you have some thoughts regarding this other section 2, maybe we could just go ahead and do that and get that in to the Subcommittee so they can take a look at it.

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1	CHAIR MUNN: That would seem to be
2	a logical course of action. Paul, do you have
3	any disagreement with that?
4	MEMBER ZIEMER: No. That's fine.
5	What's the title of this procedure that you
6	have up there, Steve?
7	MR. MARSCHKE: This is, the title
8	of it is "A Protocol for the Review of
9	Procedures and Methods Employed by NIOSH for
10	Dose Reconstruction." This is rev 2. And it
11	was issued in September 2004.
12	CHAIR MUNN: We have had it on the
13	books for a long time.
14	MR. MARSCHKE: Yes, it has been on
15	the books. Yes. It has been on the books for
16	a substantially long time.
17	DR. MAURO: We still use that
18	checklist.
19	MR. MARSCHKE: We still use the
20	checklist.
21	DR. MAURO: It may be time to
22	refresh it.

1	CHAIR MUNN: Well, the checklist
2	is pretty thorough.
3	DR. MAURO: Yes.
4	CHAIR MUNN: And it seems to have
5	served us well.
6	DR. MAURO: I would agree.
7	CHAIR MUNN: It wouldn't hurt to
8	review it, but I don't believe this
9	Subcommittee has heard any complaints about
LO	the thoroughness or other things that needed
11	to be changed other than 1.3.
12	Was there an issue with 1.5 or
13	not? Was that just something in my note?
L4	MR. MARSCHKE: I don't recall.
15	CHAIR MUNN: Any problem that
L6	might be there? But, John, you and Steve are
L7	aware now of the two items that the
18	Subcommittee has called to your attention.
L9	And if there are others that you
20	encounter in your cursory review, if you would
21	be good enough to mark the existing document
22	and get that markup to the Subcommittee so

1	that we can comment or get this item off our
2	list next time, it would be very helpful.
3	DR. MAURO: Okay. That should be
4	easy enough to do.
5	MR. MARSCHKE: Sure.
6	CHAIR MUNN: Very good. You will
7	have that action item forwarded to you.
8	The next item on our agenda was
9	the transferring of OTIB-0058 to the Rocky
10	Flats Work Group. We covered that by review
11	of the letter this morning. That will go
12	forward later. You will see the final letter
13	before it goes.
14	We have taken care of the IG-004
15	findings. So we are now down to the NIOSH
16	action item to provide response to
17	OTIB-0035-01 and 152.
18	I am going to try one more time to
19	get our new database up on my screen. Does
20	everyone who has to have it find themselves in
21	a position to utilize the screen or do we need

to rely on Steve's old entry to do that?

1	We're typing away here, folks.
2	Hold on just a moment.
3	So far, so good. Okay. Is it
4	working for you, Paul?
5	MEMBER ZIEMER: I'm looking at
6	something else. I'm fine.
7	CHAIR MUNN: Okay. You are good.
8	Okay. It's in the system. Shall we rely on
9	Steve? We may have to rely on Steve?
10	MR. HINNEFELD: This is our action
11	item 35-01.
12	CHAIR MUNN: Correct.
13	MR. HINNEFELD: 35-01 I think is
14	the same finding that was the subject of the
15	conversation between John Mauro and Jim Neton
16	that we talked about this morning, which is
17	there should be some allowance to use
18	something other than the full distribution of
19	bioassay data.
20	MR. SIEBERT: This is K-25 and
21	MR. HINNEFELD: This is K-25.
22	That one was Y-12. This one is K-25. So our

1	action, our response I believe is saying that
2	whether we would go through revising one by
3	one to bring the TBDs in one by one or whether
4	we have some way of essentially amending them
5	all.
6	We intend to provide that same
7	response we provided to the one we talked
8	about this morning. Let's see. That was 29?
9	MR. SIEBERT: Twenty-nine, yes.
10	MR. HINNEFELD: Yes.
11	CHAIR MUNN: So 35-01 has
12	essentially been covered. Is there action
13	that we can take? Does it need to be changed,
14	in abeyance?
15	MR. HINNEFELD: I think whatever
16	
17	MR. MARSCHKE: What we said this
18	morning in 29 is NIOSH will change the
19	procedure to describe the practice that NIOSH
20	uses for assigning distributions to claimants.
21	And the revised wording would indicate the

need to document any change from the default

1	in the case file. And for 29, the default was
2	use of the full distribution.
3	Did you want to take those same
4	type of words and put them in for
5	OTIB-0035-01?
6	CHAIR MUNN: Is there any
7	objection to using that terminology?
8	MR. HINNEFELD: It is the same
9	issue, I think. It seems to be the same
10	issue. The finding is that the use of the
11	full distribution is not necessarily
12	claimant-favorable in all cases. And it's the
13	same one that Jim and John agreed to, I
14	believe, if I can recall.
15	CHAIR MUNN: I think so. Without
16	disagreement, we will use the same words,
17	change the status accordingly. The question
18	was, is it the same thing throughout item 152?
19	MR. MARSCHKE: Well, I think the
20	152 is page 152-01.
21	CHAIR MUNN: It's the same thing.
22	MR. MARSCHKE: The only thing I am

1	worried about is in the other the default
2	on this is really a log-normal distribution.
3	MR. HINNEFELD: Yes. But they are
4	all that way.
5	MR. MARSCHKE: They are all that
6	way.
7	MR. HINNEFELD: Yes.
8	MR. MARSCHKE: Do we want to keep
9	this
10	MR. HINNEFELD: It is the same
11	default.
12	MR. SIEBERT: It is an identical
13	issue.
14	MR. HINNEFELD: It is the same
15	thing.
16	MR. MARSCHKE: It's identical?
17	MR. HINNEFELD: Yes.
18	MR. MARSCHKE: Then why didn't I
19	catch it on my
20	MR. HINNEFELD: Well, the wording
21	is different. I mean, it's described
22	differently, but it is the same issue.

1	MR. MARSCHKE: So if we're going
2	to revise the commonality paper, we should
3	include this on the
4	CHAIR MUNN: It sounds to me like
5	we should, yes.
6	MR. MARSCHKE: And this one
7	basically was on OTIB-0029-03, we had set
8	it as in abeyance, did we not?
9	CHAIR MUNN: I believe we did
10	because we were only waiting, then, for NIOSH
11	to incorporate the proper wording.
12	MR. MARSCHKE: So is that what we
13	want to do with this one?
14	CHAIR MUNN: Correct, yes. Our
15	next item, then, SC&A, verify with Phillips
16	whether OTIB-0043-04 has been cleared by -01.
17	MR. MARSCHKE: I have a document
18	that Chick sent to me is this is 0043-04.
19	CHAIR MUNN: Did we receive that?
20	MR. MARSCHKE: No, you have not.
21	CHAIR MUNN: Okay.
22	MR. MARSCHKE: I just got this

1	from Chick.
2	CHAIR MUNN: Fine.
3	MR. MARSCHKE: And I haven't put
4	it in the database either yet. But he agrees
5	the term 238, uranium-238 in equilibrium with
6	its daughters in table 4-3 includes the
7	thorium-230 intake. Thus, the issue can be
8	considered closed.
9	SC&A recommends that NIOSH
10	consider a discussion of thorium-238 in any
11	revision to OTIB-0043, but I don't think the
12	last sentence Chick doesn't feel is an
13	impediment to closing the issue.
14	CHAIR MUNN: Well, it's very hard
15	to instruct about future actions, too. Stu,
16	do you have any concerns with that?
17	MR. HINNEFELD: Well, no. I mean,
18	we felt like this is the same. It had to do
19	with progeny in equilibrium with the parent.
20	And thorium-230 is a progeny now.
21	Thorium-228 something he
22	commented on. Is that what you said,

1	thorium-228?
2	MR. MARSCHKE: No. It was
3	uranium.
4	CHAIR MUNN: Uranium-238.
5	MR. HINNEFELD: Well, to take care
6	of this, but the thing that he suggested we
7	consider in the future.
8	CHAIR MUNN: Thorium intake.
9	MR. MARSCHKE: Consider discussion
LO	of thorium-230 in any revision to thorium-230.
11	So basically we just say that 230 is included.
L2	Specifically say something along those lines
L3	so it is included, as opposed to implicitly
L4	MR. HINNEFELD: Oh, okay. Because
L5	it's one of the progenies.
L6	MR. MARSCHKE: Because it's one of
L7	the progenies. Okay.
L8	MEMBER ZIEMER: What was the
L9	original concern, that that hadn't been
20	included?
21	MR. HINNEFELD: Yes, that the
22	thorium may do the same thing uranium does and

1	be there in the same abundance as the uranium.
2	This is about phosphate, places that extracted
3	uranium.
4	MEMBER ZIEMER: We need to agree
5	that that should be closed?
6	CHAIR MUNN: We do need to agree
7	that that should be closed. Any problem?
8	MR. MARSCHKE: There was a similar
9	issue. Issue 1 was similar, which we had
10	agreed to close back in June.
11	CHAIR MUNN: Different nuclide,
12	wasn't it?
13	MR. MARSCHKE: Well they still
14	considered about 230. I think the
15	CHAIR MUNN: I thought it was 232.
16	Similar but not the same.
17	MR. MARSCHKE: Similar but not the
18	same. I think what the concern was, too, with
19	issue 4 was, is there any possibility that
20	thorium-230 could be present without
21	uranium-238? And I think that's why we kept
22	it on the books as in progress, as opposed to

1	closed.
2	CHAIR MUNN: We've looked at all
3	of those processes pretty thoroughly.
4	DR. MAURO: Is this the phosphate?
5	MR. HINNEFELD: Yes, it's the
6	phosphate one, John.
7	DR. MAURO: Yes. When we looked
8	at this issue, really, it was looked at very,
9	very carefully in Blockson.
10	CHAIR MUNN: Yes.
11	DR. MAURO: And the issue had to
12	do with when you receive the phosphate
13	concentrate 4 and then you go through your
14	digestion process and you eventually,
15	though, you precipitate out your uranium,
16	uranium-238, 234. And, if you recall, we were
17	concerned. This was like one of the first
18	issues.
19	It is important that you consider
20	thorium-230 because that is present also. And
21	there were appropriate modifications made to

make sure that thorium-230 was, in fact,

explicitly included.

Then the question became, well, where does it go? And we all concluded that it is reasonable to assume that the thorium-230 is going to follow the uranium-238 based on very careful consideration of the chemistry.

So, I mean, I think that that sets the stage for this one. And I think if the language -- and I am not looking at the language right now. The language basically says that, that, you know, yes, thorium-230 is going to be included. And it is going to be assumed to be in equilibrium with the uranium-238 when performing these calculations. I think that the problem is solved.

MR. MARSCHKE: That's the way the procedure is now, I think. Basically thorium-230 is included as a daughter product of uranium-238. And that is why we have closed, if memory serves me right, back in

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1	June, that is why we closed issue 1. And now
2	we have a
3	DR. MAURO: We have no reason to
4	believe that, unlike raffinates, when you are
5	processing uranium ore, where you find
6	yourself having radium-226 and thorium-230 in
7	a completely separate stream where you could
8	have them there without the uranium. That
9	doesn't seem to be the case here.
10	You know, the thorium-230 will
11	follow the uranium when you are dealing with
12	the way in which phosphate is processed.
13	MR. MARSCHKE: I think that was
14	our concern that it wouldn't follow it, but
15	now that you say to confirm that it does
16	follow
17	DR. MAURO: Yes. We looked at
18	this very carefully. And, as long as we are
19	working with the other phosphate process,
20	similar to the one at Blockson, you know, we
21	have learned a lot, I guess, perhaps since we
22	reviewed this. The two go together.

1	MR. MARSCHKE: So we would have no
	MR. MARSCHRE: SO WE WOULD Have HO
2	SC&A would have no objections to closing
3	this at this point in time.
4	CHAIR MUNN: I suggest we close
5	it.
6	MR. HINNEFELD: I have in my notes
7	from June 6th an additional question that had
8	to do with this document refers you to
9	site-specific information. And since this
LO	site-specific information is needed, why do
L1	you need this OTIB?
12	And that reference about
13	site-specific information has to do with
L4	exposure from the tailings pile, which is
15	essentially separate from this OTIB.
L6	CHAIR MUNN: Yes, it is.
L7	MR. HINNEFELD: And the reason it
18	is site-specific is that it depends upon the
L9	facility designation as to whether or not the
20	phosphate pile is part of the facility that is
21	covered or not.

So based upon that determination,

1	then that determines whether the tailings pile
2	dose has to be reconstructed and whether you
3	have to deal with that site-specific
4	information. So that's the reason why we have
5	this OTIB.
6	This OTIB also has some
7	information that we don't have in any other
8	technical documents, from ICRP-32, which has
9	to do with radon exposures. And so we felt
10	like we needed to keep this. This question
11	was, do you even need this OTIB? Should this
12	be done away with? We feel like we need to
13	keep it.
14	CHAIR MUNN: I would agree we need
15	to keep it, yes. Do we not have any open
16	items left on that particular
17	MR. HINNEFELD: I don't think
18	there is anything else on 43.
19	CHAIR MUNN: Forty-three?
20	MR. MARSCHKE: I think there are a
21	couple in progress.
22	CHAIR MUNN: Let's take a look at

1	the ones in progress and see where they are.
2	MEMBER ZIEMER: On 43? 02 is in
3	progress.
4	MR. MARSCHKE: 02 is in progress.
5	And NIOSH to provide additional response to
6	the SC&A concerns. It's about the FIPR data.
7	MEMBER ZIEMER: 03 is in progress.
8	MR. MARSCHKE: Right. I will work
9	on Blockson. Again, it's FIPR may not always
10	apply. It needs to cite IG-004 regarding the
11	use of surrogate data.
12	DR. MAURO: Well, absolutely. I
13	mean, this is a big deal. That was the reason
14	why we went into the whole discussion. This
15	had to do with radon now
16	CHAIR MUNN: Yes.
17	DR. MAURO: you know, where we
18	felt strongly that you really couldn't use the
19	FIPR data, certainly not in Illinois. Now
20	there may be other locations where the FIPR
21	data would apply because the buildings are

open.

1	But I guess all we are cautioning
2	is if you are going to use the FIPR data, you
3	know, this, again, is a surrogate data issue
4	that you have to make sure that the facility
5	that you're looking at resembles the phosphate
6	building or process buildings in Florida.
7	CHAIR MUNN: And we had agreed
8	that NIOSH would
9	MR. MARSCHKE: 03 was in reference
10	to the FIPR data in reference to IG-004. It
11	was issue 03. And the other issue that was
12	still in progress was issue 05, which,
13	actually, SC&A would recommend that the issue
14	05 be closed, but NIOSH
15	MR. HINNEFELD: We didn't argue
16	that.
17	MEMBER ZIEMER: On 05? I have a
18	note that says NIOSH is to clarify how I
19	have "how used." I am not sure what
20	MR. MARSCHKE: Maybe that is what
21	Stu just did.
22	MR. HINNEFELD: Yes. That's what

I was talking about. See, the finding refers to tailings pile. It's not apparent that the working-level measurements are a bounding exposure rate for uranium workers. Additional information is needed regarding location, size, and characteristics of the tailing piles, which contain radium at a given facility and at the Florida facilities in order to support the default adopted by the TBD.

So what they are saying here is that the radium pile, exposure to radon from the tailings pile, isn't necessarily what you are proposing -- isn't necessarily good enough if you have to worry about the tailings pile.

Our response is that this is for the thorium extraction operation if that is what is defined as the facility. And in the event that the facility includes the tailings pile, then site-specific information has to be used and compared against that.

So you can't just use the values

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1	in here if you have to also consider the radon
2	from the tailings pile. That was our
3	response. And I didn't know that at the last
4	meeting. So I couldn't describe it. So
5	that's probably why we didn't act on it at the
6	last meeting.
7	MR. MARSCHKE: Can you send me
8	MR. HINNEFELD: Yes.
9	MR. MARSCHKE: Do you have words
10	to that effect that I can
11	MR. HINNEFELD: Yes.
12	MR. MARSCHKE: incorporate into
13	this?
14	MR. HINNEFELD: I can invent some
15	words to that effect, yes. I don't have them
16	written yet, but Jim told them to me. So if
17	I can recall them.
18	CHAIR MUNN: Okay. So NIOSH is
19	going to send words.
20	MR. HINNEFELD: Okay. Now, I need
21	to move this procedure along, process along
22	here, but how do you want me to do this? I am

going to send Steve this language. Where is
Steve going to put it?
MR. MARSCHKE: Well, the thing is
if you talk slower, I can type it in. And
then it will be in here.
MR. HINNEFELD: Okay.
MR. MARSCHKE: That is the only
thing. I don't
MR. HINNEFELD: Well, we type this
into the
MR. MARSCHKE: If you want to put
this in, we can put it in right now is what
Stu is
CHAIR MUNN: If it is okay with
Stu
MR. MARSCHKE: Okay.
CHAIR MUNN: we should take the
time to get the words right.
MR. HINNEFELD: All right.
CHAIR MUNN: Absolutely.
MR. HINNEFELD: All right.
CHAIR MUNN: Then we can clear the

1	item.
2	MR. HINNEFELD: OTIB-0043
3	describes exposures.
4	DR. MAURO: Stu, could you get a
5	little closer to the mic? I would like to
6	listen to this.
7	MR. HINNEFELD: Okay. OTIB-0043
8	describes exposures for the retrieval of
9	uranium from phosphate and doesn't include
LO	radon exposure from tailings piles. If
11	tailings piles are included in the covered
12	facility, site-specific information is needed
13	to estimate exposures from tailings piles.
L4	There you go, written on the fly, no
15	opportunity to edit.
L6	DR. MAURO: I would say that
L7	resolves the issue in principle, and I would
18	recommend going into an abeyance.
L9	MR. HINNEFELD: Abeyance? What's
20	the abeyance? What do we promise to change?
21	CHAIR MUNN: What are we waiting
22	for?

1	MR. HINNEFELD: Yes. What are we
2	waiting for?
3	DR. MAURO: All those words have
4	to go? Oh. Well, I thought these go in
5	abeyance until we see the change in the
6	procedure itself.
7	MR. HINNEFELD: Well, I am not
8	saying I am going to change anything. What I
9	am saying is that the finding stretches the
10	applicability of the document beyond what the
11	document is intended for, that the document is
12	not intended to describe.
13	DR. MAURO: I misunderstood. I'm
14	sorry. So you're just clarifying that I guess
15	those words I didn't understand. Maybe I
16	didn't understand the issue, then.
17	MR. MARSCHKE: John, at the last
18	meeting, the Subcommittee asked the question,
19	asked NIOSH to describe when and how this
20	procedure would be used. And that is what Stu
21	just did.

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MEMBER ZIEMER: This is the

1	answer.
2	MR. MARSCHKE: And this is the
3	answer.
4	DR. MAURO: Okay.
5	MR. MARSCHKE: Basically this
6	would be used with tailing pilings.
7	DR. MAURO: So we are not looking
8	for any additional language in the procedure
9	itself?
LO	CHAIR MUNN: Correct. We are
11	considering this as the explanation that
12	fulfills the outstanding question.
13	DR. MAURO: Okay. Then it sounds
L4	like recommended closed.
15	CHAIR MUNN: So done, without
L6	objection. Very good. That was 05, correct?
L7	MR. MARSCHKE: Yes.
18	CHAIR MUNN: 43-05?
19	MR. MARSCHKE: And 06 is the last
20	one on 43, and we already have it in abeyance.
21	CHAIR MUNN: Did we check to see
22	what our in abeyance was and make sure we're

1	not doing the same thing?
2	MEMBER ZIEMER: Well, that's a
3	change in the document.
4	CHAIR MUNN: Yes, but is that what
5	we're waiting for?
6	MR. MARSCHKE: Should be. It's
7	1.1 picocuries per day. The document right
8	now says 1.1 picocuries per day. And it
9	should be changed to 8.2 picocuries per day.
10	CHAIR MUNN: So that's a real in
11	abeyance.
12	MR. MARSCHKE: That's a real one.
13	CHAIR MUNN: Just wanted to make
14	sure. All right. The next item that we have
15	on our agenda is OTIB-0047-01.
16	MR. HINNEFELD: Okay. I sent
17	something on that also. Jan is the author and
18	on the phone if we want to discuss this with
19	her.
20	As I recall, this is fairly
21	lengthy, fairly meaty. And everyone may want
22	a little more time to look at this before we

1	take any action on it.
2	I believe I might be able to walk
3	through it and let Janice correct me when I
4	say something wrong, which I undoubtedly will.
5	CHAIR MUNN: All right. Can you
6	set the background for us and start us through
7	it, Stu?
8	MR. HINNEFELD: I will. I am
9	trying to catch up, catch my thoughts up to my
10	mouth.
11	CHAIR MUNN: Okay.
12	MR. HINNEFELD: Okay. The OTIB
13	we're talking about here, OTIB-0047, is
14	external radiation monitoring at the Y-12
15	facility during the 1948 to 1949 period.
16	Now, if I'm not mistaken, this was
17	prepared essentially not to tell us to do
18	anything but to say what we have done before
19	in the coworker model is okay for these years
20	'48 and '49. That's my understanding.
21	MS. LOVELACE: That's correct.
22	MR. HINNEFELD: Thank you. When

the coworker model for -- like what was written, the dosimetry data that we had started in 1950. But we applied it back to '48 and '49. And so I think that must have come up somewhere that this is the right thing to do or maybe we decided we need to check and see if this is the right thing to do.

And so this document essentially does that. And it's written because we didn't cover the external dosimetry information from Y-12. '48 and '49 was discovered. It just wasn't in the database that was used for the coworker model.

So the finding -- let's see if I can get this. Let's see. It says the OTIB-0047 would benefit from a more substantive discussion and quantitative examples of its conclusion that OTIB-0045, which I believe was a coworker model, provides a more claimant-favorable approach regarding the fact that recovery of these records does not affect the dose reconstruction process

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1	employed thus far.
2	Additionally, OTIB-0045 no longer
3	exists in its original form but is currently
4	entitled Report 33. I think it's actually
5	Report 32.
6	MR. MARSCHKE: Right.
7	MR. HINNEFELD: And OTIB should be
8	
9	CHAIR MUNN: Is that a typo?
10	MR. HINNEFELD: OTIB-0032, yes.
11	That is just a typo.
12	Okay. So what I sent on the 11th
13	was essentially a substantive discussion of
14	why it's okay. And there is a fair amount to
15	this.
16	It accounts for the various people
17	or number of individuals that we have badge
18	information for, for the period of 1948 to '49.
19	And it summarizes the monthly results in a
20	table, revised table, 5.1.
21	And let's see. Given the number
22	of cases there, it appears that this is all

records. I think that this is the finding.

Yes. This is the finding that describes -- we actually have this database, four different numbers, for each of these people, for each of the monitoring periods.

There is an R1, which R1 year is a PIC number. In other words, this is a compilation of their pocket ionization chamber reading. R2 is the reading of the sensitive film badge open window. R3 is the sensitive film badge cadmium window. And R4 is the insensitive film, which I assume is under cadmium window.

So that is the R1, 2, 3, and 4.

And so the first table 5.1 is sort of a compilation of all of the readings that are available. If any of them were non-null, then that record is considered non-null. There are tables later on that essentially show by category for the film when you had a null number and when you didn't.

Now, in fact, this table shows,

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1	let's see, the number there is a
2	description. When I read this, I understood
3	it. There is a description of what the n
4	means. N is not a count the way we often
5	think of n.
6	MS. LOVELACE: What table 9 is
7	showing is that, although there appeared to be
8	over 11,000 records, in fact, there were only
9	about 3,600 records that were anything but
10	null or blank or
11	MR. HINNEFELD: That's right.
12	They're blank. A great number of them were
13	blank.
14	MS. LOVELACE: There are not
15	nearly as many records as there appear to be.
16	MR. HINNEFELD: Okay. That
17	illustrates that fact. When we say there are
18	this many entries, in fact, many of them were
19	blank, which is different than zero.
20	CHAIR MUNN: Yes.
21	MR. HINNEFELD: R2 provides
22	information for the open window reading. And

1 that is of course the sensitive, where n I 2 believe is the number of results that are not Is that right, Janice, meaning -null. 3 4 MS. LOVELACE: Yes, it is. 5 MR. HINNEFELD: It actually has a 6 value there, even if the value is zero. 7 equals zero means that the value of the readings is zero. 8 MS. LOVELACE: Yes. 10 MR. HINNEFELD: And n equals 30 means that the written-down value is 30. 11 that becomes important because 30 during some 12 13 of these months clearly became treated as the minimum detection level. 14 And numbers for some of these 15 16 months, the practice was to report a minimum detection level if you didn't see anything on 17 that because you can see from about August --18 19 I'm on table 2, I think, table 5-2, where it says, "R2, sensitive film, open window" from 20 about August of 1948 certainly through 21

December of 1948 and probably continuing on

1	through 1949, that there are no values written
2	down as zero.
3	CHAIR MUNN: So this may have been
4	just a personnel decision at the time?
5	MR. HINNEFELD: Yes. I mean, it's
6	reporting. Various sites have done that
7	CHAIR MUNN: Right. I understand.
8	MR. HINNEFELD: over time over
9	history. So there are no reports reported at
10	zero, but in many of those months, the number
11	of results reported as 30 is exactly equal to
12	the number of results we got that actually had
13	a value.
14	So this would indicate that when
15	they didn't see anything, they would write
16	down a 30 because you can't imagine that all
17	of those people in the system got an exact 30.
18	CHAIR MUNN: This is not simply
19	circumstantial, no.
20	MR. HINNEFELD: Right. Okay. So
21	our R3 table shows the same historic data.
22	R3 was just the cadmium cover. And R4 is the

insensitive film. And there is some discussion in here about how you arrive at values on the insensitive film. And it appears maybe there had been a convention that if you got enough of a reading on the sensitive film, you would just record that everywhere because it got readings.

I think one of the readings was somewhere on the order of 600 millirem as recorded. And it is recorded for both the cadmium-covered and the insensitive film, which you don't think -- you wouldn't rely on insensitive film to report the 600 millirem when you got the film, the sensitive film, whose range goes from 30 to 1,000. That would be the one you would want to read 600.

So I believe that's part of the interpretation here, although it's not really particularly relevant to our discussion. I found these interesting reading in kind of a geek sort of way.

CHAIR MUNN: I can understand

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1 that. It is.

MR. HINNEFELD: And then there is a table, 5-3, which shows the various percentiles. And you can see the 95th percentile for most of these. And it seems to be some sort of composite is somewhere not far off of 30. Eightieth percentile is pretty consistent, like 30 or below.

So bottom line, there is a bottom line down here I'll get to a little later.

I'm going to skip some of this stuff. There's been a lot of discussion. But, like I said, it's kind of weighty stuff.

But if you look at table 5-5, which is essentially the last piece of this response, it shows a comparison of the mean doses based on the '48-'49 doses with the quarterly means from the regression approach, which is the coworker approach.

And you can see that in every instance, the regression or the coworker approach, you know, significantly

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1	overestimates what you would probably choose
2	if you use this actual data, '48 and '49.
3	So that is essentially the bottom
4	line table. I would invite everybody to read
5	this. I would suggest we not try to sort it
6	out and make a rational and informed decision.
7	If you want to close it, that's
8	fine with me. But I suspect, knowing the
9	personality of the Subcommittee, the
10	personality of SC&A, they're going to want to
11	have some time to look through this and digest
12	it and maybe have their own comments.
13	CHAIR MUNN: I barely read it
14	before we got here.
15	MR. HINNEFELD: Yes.
16	CHAIR MUNN: And I doubt that
17	John, have any of your people had an
18	opportunity to absorb this?
19	DR. MAURO: No. I haven't, and I
20	haven't requested anyone, although I have to
21	say when we were doing Y-12 a long time ago,
22	this sounds awful familiar, how a coworker

1	CHAIR MUNN: It does.
2	DR. MAURO: model was used over
3	those dates, where a demonstration was made
4	why it would work. This may have been
5	prepared subsequent to the discussions we had
6	on how that issue was going to be dealt with
7	when we were way back when talking about the
8	SEC for Y-12 and why this particular dose
9	could be reconstructed.
10	So all I'm saying is this does
11	ring a bell, the material you just described,
12	but we certainly have and I haven't asked
13	anyone to look at it recently.
14	CHAIR MUNN: Is it reasonable to
15	expect a response from SC&A by our next
16	meeting?
17	DR. MAURO: Absolutely.
18	CHAIR MUNN: All right. We will
19	make a notation on the database accordingly.
20	MR. HINNEFELD: This status was
21	already in progress, wasn't it?
22	CHAIR MUNN: Yes, it was.

1	DR. MAURO: May I ask, what is the
2	date of that OTIB?
3	MS. LOVELACE: Let me look it up
4	on my computer here.
5	CHAIR MUNN: The finding date was
6	10-29-07.
7	MR. HINNEFELD: He asked for the
8	date of the OTIB.
9	CHAIR MUNN: The OTIB itself?
10	DR. MAURO: The OTIB itself.
11	MR. HINNEFELD: Janice is looking
12	it up currently.
13	DR. MAURO: I only ask because it
14	was around 2005, 2004
15	MS. LOVELACE: I think we covered
16	this in 2005.
17	DR. MAURO: '05. This may have
18	been done about the same time we were looking
19	at Y-12 or after.
20	MS. LOVELACE: Right.
21	DR. MAURO: Yes.
22	MS. LOVELACE: We found these data

1	quite a while ago.
2	DR. MAURO: Yes. Anyway, we will
3	certainly look at that. I feel confident we
4	could get you a response before the next
5	meeting.
6	CHAIR MUNN: All right. That's
7	01. And that will be on our action list for
8	next time. Our next action item is OTIB-0051
9	and item 1 in subsequent findings.
10	MR. HINNEFELD: That's the one
11	item on my agenda I could not get anything on.
12	CHAIR MUNN: Carry that one over.
13	The last item on the action
14	MR. HINNEFELD: If anybody is
15	interested
16	MEMBER ZIEMER: Which one was
17	that, now? Is that 02?
18	CHAIR MUNN: That was 0051-01 and
19	subsequent
20	MR. HINNEFELD: And subsequent.
21	It's probably all the findings. It's probably
22	all the findings.

1	MEMBER ZIEMER: 03 and 04?
2	CHAIR MUNN: Yes.
3	MEMBER ZIEMER: I'm sorry. What
4	happened to 0047-02?
5	CHAIR MUNN: We are getting to
6	take it up. 0047-02 and 0049-01 are the ones
7	that we were prepared for a discussion. That
8	is the last item on the action list.
9	MEMBER ZIEMER: Yes.
10	MS. LOVELACE: Excuse me. I
11	believe that the first item, action item, for
12	OTIB-0047 dealt only with the number of
13	workers who were involved in these doses.
14	CHAIR MUNN: I'll have to take a
15	look at it and see. We have a recommendation
16	that the first part of the issue status be
17	changed to in abeyance.
18	The OTIB states there were 240
19	distinct ID badges identified, but SC&A was
20	only able to identify 229. And then NIOSH
21	responded that there were 233 distinct
22	individuals represented in the analysis file.

1 MS. LOVELACE: Upon further

2 looking, it was determined that some

3 individuals did not have a distinct badge

4 | number. And there was just the difference in

5 | the way that SC&A and we had classified those

6 individuals. And that was just, I believe,

7 | four people.

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There were four badge numbers that we had classified as different individuals and SC&A had not classified as different individuals because they didn't have ID numbers. And so we had decided to agree that it could only be determined positively that there were 229 distinct individuals.

CHAIR MUNN: I see. And the statement we have is that it doesn't stretch the conclusions or analysis of the TIB. So this appears to have been a Work Group discussion since our directive was to provide discussion as to why SC&A agrees with the NIOSH response. I think that is what we just heard.

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1	MS. LOVELACE: The difference was
2	there were four badge numbers that it could
3	not be positively determined whether they
4	belonged to different individuals or
5	individuals who were already in the group.
6	And we and SC&A had just interpreted that
7	differently.
8	CHAIR MUNN: And that was sent to
9	us back in July, was it, did we all receive
10	that?
11	MS. LOVELACE: Yes.
12	CHAIR MUNN: Do we all have that?
13	MEMBER ZIEMER: What was the title
14	of it?
15	CHAIR MUNN: The title of the
16	e-mail was, if I can get to the right set of
17	documents, the title of the e-mail was I
18	don't see it. Did that come to
19	MR. HINNEFELD: I am not 100
20	percent sure. That is what I am trying to
21	check.
22	CHAIR MUNN: Monday, July 27th,

1	Bob Barton. But perhaps we didn't get it.
2	MR. MARSCHKE: I don't know.
3	Well, one of the things was in the June
4	meeting, it was SC&A provided discussions as
5	to why they agree with the NIOSH response
6	we are talking about 0047-02?
7	CHAIR MUNN: Right.
8	MR. MARSCHKE: Why we agree with
9	the NIOSH response at the next Subcommittee
10	meeting.
11	CHAIR MUNN: Right.
12	MR. MARSCHKE: And so this is what
13	we Bob Barton was the individual who has
14	been looking at that issue for us. And this
15	is
16	CHAIR MUNN: There is his
17	response, which I don't believe I
18	MR. MARSCHKE: which has not
19	been forwarded to the Subcommittee at this
20	point. And that is my fault. The only issue,
21	I guess basically the issue would be that some
22	of the individual workers are represented in

1	the database.
2	CHAIR MUNN: Right. There was a
3	difference in the count. And as was just
4	explained, four of them didn't have badges
5	issued to them.
6	MEMBER ZIEMER: Is that what it
7	was? Four didn't get
8	MR. MARSCHKE: Nine additional
9	workers that had no badge numbers assigned.
10	CHAIR MUNN: Nine? Okay.
11	MR. MARSCHKE: That was what Bob
12	came up with.
13	MS. LOVELACE: Yes. I think
14	that's what it was, that they appeared to be
15	distinct individuals, but it was hard to
16	determine whether, indeed, they were or not.
17	MR. MARSCHKE: And Bob associated
18	he has a Excel file that has a list of
19	individual names. And so that would imply
20	that he went by names, as opposed to badge
21	numbers.
	1

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Okay.

Good.

MS. LOVELACE:

1	MR. MARSCHKE: So that if they did
2	not have if NIOSH is going by badge
3	numbers, then that would explain the
4	difference.
5	MR. HINNEFELD: And we essentially
6	agree that there should be no lower number
7	than 229, 228 individuals. I mean, we agree.
8	So that part
9	MEMBER ZIEMER: Some people had
10	multiple badges? Is that
11	MR. HINNEFELD: Probably what
12	happened was there was maybe a similar a
13	name that was used was maybe similar or the
14	same, two different badges. You can interpret
15	that as two people being named S. Hinnefeld or
16	you can interpret that as one person with two
17	different badges.
18	So if you go by I assume it's
19	something that's, if I'm wrong, Janice can
20	correct me I assume that something like
21	that is you know, if Bob had another list

of names and here are unique names and there

1	are 228 or 229 of them, then some of those
2	people got two badges.
3	So if you would say each of these
4	badges is absolutely unique, that means that
5	there are two people with the same name
6	working there and they have two different
7	badge numbers. I mean, it is really
8	irrelevant to the outcome of OTIB.
9	MR. MARSCHKE: And I think that is
10	what I mean, whatever this is, it is just
11	a matter of accounting at this point. It's
12	not really one of change needed to the results
13	or conclusions.
14	CHAIR MUNN: How do we want to
15	capture this information here without
16	displaying any information?
17	MR. MARSCHKE: Well, I think what
18	I have to do, Wanda, is I have to take what
19	Bob sent to me, his rationale and status
20	report, that he sent to me. And I have to
21	insert that here into the database.

CHAIR MUNN: That would be my

1	suggestion.
2	MR. MARSCHKE: And then the
3	Subcommittee could look at it and make the
4	determination as to whether or not we should
5	close this issue or change the status of this
6	issue.
7	CHAIR MUNN: Well, we have looked
8	at it. We have read it. Does anyone want any
9	more reading or any more explanation of what
10	we had here?
11	MR. MARSCHKE: I mean, that is the
12	other option. You can trust me to put this
13	stuff in, and you can get back on the issue at
14	this point.
15	CHAIR MUNN: I will have an action
16	item to check that you have done that.
17	MR. MARSCHKE: All right.
18	CHAIR MUNN: And that would seem
19	adequate to me.
20	DR. MAURO: Based on the
21	discussion you just had, SC&A would recommend
22	this issue be closed.

1	CHAIR MUNN: I would recommend
2	that also. Let us close this. I will carry
3	an action item to verify that Steve has
4	incorporated this information into 0047-02,
5	but that will just be a checkpoint next time.
6	The last thing I see is that the
7	NIOSH response to OTIB-0049-01, Part A does
8	not satisfy SC&A concerns.
9	MEMBER ZIEMER: Did we get
10	anything since our last meeting on that one?
11	MR. HINNEFELD: I don't think so.
12	CHAIR MUNN: If we did, I haven't
13	seen it and I'm not aware of having seen it.
14	And what we have in our follow-up, there,
15	doesn't help much either. It says it doesn't
16	satisfy SC&A concerns.
17	But NIOSH, it said if SC&A wishes
18	to elaborate more specifically on which
19	sources of information are not referenced,
20	then NIOSH can address this in a page change.
21	But it appears that the ball is in
22	SC&A's court and that this response that we

1	show from March does not really get us
2	anywhere, does it?
3	MR. HINNEFELD: I think the ball
4	may be in our court, actually.
5	CHAIR MUNN: We have the NIOSH
6	follow-up questions too. And then NIOSH
7	follow-up, but that is from back in January.
8	MR. MARSCHKE: Yes. They got out
9	of order.
10	CHAIR MUNN: So that needs to be
11	cleaned up and switched.
12	MR. HINNEFELD: Yes.
13	MR. MARSCHKE: I am just trying to
14	go back to my notes from March to see. I
15	don't have any notes written down for 0049-01.
16	CHAIR MUNN: So if our most recent
17	notation is correct here, it was March 9th.
18	And that's when they have said the NIOSH
19	response doesn't satisfy their concerns. The
20	response had been the follow-up questions for
21	finding 2 appear to be the same as the
22	questions for finding 1. So both were

1	addressed here.
2	For finding 1, the first two
3	paragraphs quote OTIB-0049. All right. It
4	still looks like there is a discussion of some
5	kind hanging
6	MR. HINNEFELD: I believe it looks
7	like maybe it's all right. And it seems like
8	the last entry we have is the SC&A entry for
9	March 9th, right? And we have not had to
10	write anything back since then. Is that where
11	we are on this?
12	CHAIR MUNN: Yes, I think so.
13	MEMBER ZIEMER: Are we going to
14	discuss the SC&A response first? The last
15	time I have a note on that one that says that
16	the Work Group needs to review this in detail.
17	We must have just gotten the SC&A response at
18	that time. What is the date of the SC&A
19	response?
20	MR. MARSCHKE: The way I follow
21	this is this was the NIOSH response, it was on
22	10-9-2008. This was the SC&A response to the

1	NIOSH response, it was on
2	MEMBER ZIEMER: That is dated
3	what?
4	MR. MARSCHKE: December 5th 2008.
5	Then we had the meeting on December 9th. And
б	this was basically the group's direction on
7	December 9th. And then basically on January
8	20th, NIOSH came back with this in response to
9	the NIOSH came back with this. And then on
10	
11	CHAIR MUNN: March.
12	MR. MARSCHKE: March.
13	CHAIR MUNN: SC&A.
14	MR. MARSCHKE: SC&A responded to
15	the January NIOSH response with this. So that
16	is the chronology.
17	CHAIR MUNN: Yes. Yes. We've got
18	that.
19	MEMBER ZIEMER: Was that the
20	extent of the response, that it doesn't
21	satisfy the concerns?
22	MR MARSCHKE: No It goes on

1	It goes on and on. And I'm just trying to
2	figure out a way to get this on the screen.
3	MEMBER ZIEMER: I am thinking that
4	we also didn't look at that. We were going to
5	look at that response in more detail. I am
6	thinking we ran out of time to even look at
7	the response.
8	CHAIR MUNN: Yes, we did. We did
9	run out of time. And I am wondering
10	MEMBER ZIEMER: Should we get a
11	feel for the nature of the response before we
12	talk or have NIOSH come back again?
13	CHAIR MUNN: If it is possible for
14	us to get that whole response up there, then
15	this may be a good time for us to take a
16	ten-minute break, if so, and then come back
17	and read through that and discuss it, if it is
18	a concern of the Board that it needs to be
19	discussed here. We did run out of time. I
20	remember that.
21	MEMBER ZIEMER: Yes. I don't
22	think we even sort of heard the issue.

1	CHAIR MUNN: 0049-01. If we can
2	get that up? Is that agreeable with
3	everybody, a ten-minute break while Steve
4	works with that? And then we can have Steve
5	or John or somebody read through that
6	completely. And we can get it out on the
7	table here for us all to think about.
8	MEMBER ZIEMER: And before the
9	break, where we are on the overall agenda now?
10	CHAIR MUNN: We are done with our
11	outstanding action items. We were going to
12	begin back in set 3, where we stopped, to look
13	at open items.
14	MR. MARSCHKE: It is very
15	long-winded.
16	CHAIR MUNN: Yes. There is a lot
17	to be said there. We all need to read that
18	carefully.
19	MR. MARSCHKE: A lot of words.
20	CHAIR MUNN: If we are interested
21	in discussing it, we need to read it.
22	MEMBER ZIEMER: Who drafted that

1	for SC&A?
2	MR. MARSCHKE: It's Joyce, Joyce
3	Lipsztein.
4	CHAIR MUNN: Okay.
5	DR. MAURO: Steve, is this high
6	fired plutonium?
7	MR. MARSCHKE: Yes.
8	DR. MAURO: And so it was probably
9	Joyce?
10	MR. MARSCHKE: Yes, it was Joyce.
11	DR. MAURO: I know she is not
12	available to us, but could you send that to me
13	from where you are?
14	MR. MARSCHKE: I can't.
15	DR. MAURO: You cannot? Okay.
16	I'll see what I can do to find out. I'm a
17	little concerned that
18	MEMBER ZIEMER: Hang on, John.
19	Stu might be able to.
20	MR. HINNEFELD: John, I can send a
21	file that has it.
22	DR. MAURO: I appreciate that.

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1	MR. HINNEFELD: It's a long file
2	with a lot of conversations about a bunch of
3	different findings, but they're in here pretty
4	much in order.
5	DR. MAURO: Well, I'll get a feel
6	for it. It sounds like this might have to
7	wait until Joyce can help us out, but send it
8	on over. I'll see what I can do.
9	MR. HINNEFELD: Okay.
10	MS. LOVELACE: This is Janice. Is
11	there any need for me to remain on the
12	conference call or have I answered any
13	questions that you might have?
14	MR. HINNEFELD: No. I think,
15	Janice, we're done with the Y-12 issue. So,
16	I don't think you need to stay on.
17	MS. LOVELACE: Okay. Thank you
18	very much.
19	MR. HINNEFELD: Thanks for joining
20	us.
21	CHAIR MUNN: Thank you. Bye bye.
22	And we're going to mute the phone and be back

1	at 3:10 or 3:15? What is your pleasure?
2	MEMBER ZIEMER: 3:10 is fine.
3	CHAIR MUNN: 3:10.
4	(Whereupon, the above-entitled
5	matter went off the record at 2:59
6	p.m. and resumed at 3:15 p.m.)
7	CHAIR MUNN: Mark, do you happen
8	to be back yet? No? Our apologies for taking
9	a little longer than we anticipated. This
10	particular item does indeed have a great deal
11	of meat in it, and we were reading, trying to
12	assimilate what the discussion really needs to
13	be.
14	It appears that SC&A has several
15	points that it would like fleshed out or
16	revised in some way. Whether this is the
17	appropriate venue for the discussion of
18	whether there needs to be a technical
19	discussion between SC&A and NIOSH is not
20	particularly clear to me at this time. Does
21	anyone have any strong feelings?
22	MEMBER ZIEMER: Well, I was just

going to ask Stu, do you know if NIOSH has looked at this at all? This is sort of related to other Super S discussions that have taken place in the past, I guess.

MR. HINNEFELD: Well, Scott stepped out. I'm not sure if Tom or somebody might be on the phone who might want to say anything about this, but to me the finding is asking for quite a bit of specificity in this OTIB, which is supposed to just describe, how are we going to account for the fact that there is some plutonium that isn't described very well. And so we have written an OTIB to say this is how you do that.

And it didn't get into, this is how you do it for a single acute, this is how you do it for multiple acutes, this is how you do it for things like that. But the principle, I think, is pretty much the same, you know, in terms of how you make that adjustment.

I will just say that briefly in

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1	summary. And I don't know if there is
2	anything more that anybody wants to add or
3	not.
4	MEMBER ZIEMER: Well, in fact,
5	when Joyce was citing those cases that she
6	said were off by a factor of four, these were
7	specific cases that she was reviewing that had
8	been done or were they examples that you had
9	given?
LO	MR. HINNEFELD: I thought they
11	were the ones that we had used.
L2	MEMBER ZIEMER: She was
13	disagreeing that Super S was applied in those
L4	cases? I mean, you don't have a disagreement
15	on how you do this, do you?
L6	It wasn't clear to me whether the
L7	issue was whether the examples were not done
18	right or whether there is a disagreement on
L9	the underlying assumptions.
20	MR. HINNEFELD: I don't think so.
21	I thought there was sort of agreement on the
22	adjustment, that what we had done made sense.

1	MEMBER ZIEMER: You agree that
2	there is an adjustment of four or whatever it
3	is? Yes.
4	MR. HINNEFELD: And so I thought
5	that we agreed to them, but the finding seems
6	to be that, well, beyond the scenario you have
7	described here, there are other potential
8	exposure scenarios and you don't talk about
9	how to do those.
10	MEMBER ZIEMER: Well, there are
11	any number of other scenarios.
12	MR. HINNEFELD: Yes, exactly.
13	DR. MAURO: This is John. I
14	quickly read through this. And it seems that
15	we're in a lot better shape than what we
16	think. I mean, I think Joyce found fairly
17	favorably except for she questioned multiple
18	independent acute intakes.
19	In other words, there are a lot of
20	different scenarios here, worker 1, worker 2,
21	worker 3, for different sets of conditions
22	where it appears that she says, no, this works

fine. But it is not apparent how you are going to deal with multiple intake.

This all goes to Part A out of a four-part set of concerns. So it seems to me that, unless I misread this because I read it rather quickly, the technical discussion regarding a particular aspect of implementation of this procedure whereby some level of assurance that when you have multiple acute intakes, that the protocol itself will be used in a way that will result in a claimant-favorable result.

So that is the single thing I get out of item A. It looks like B and C are fine. And D seems to be a new item related to fecal sample analysis that we haven't discussed. So that is, in a 30-second sound byte, what I got out of reading this.

MR. MARSCHKE: I agree with John.

I think basically the concern that Joyce has
is multiple independent acute exposures. If
the procedure is being utilized for a single

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acute exposure, then there is probably no problem with it.

And maybe the short answer is if a claimant indicates that he has multiple independent acute exposures to this type of Super S material, then maybe this OTIB should not be applied or could be modified or something.

MEMBER ZIEMER: Well, this is where I was trying to get some clarity during the break, Steve. It is my understanding that if you have assay points that are quite a ways apart, maybe one a year or something, that, in fact, NIOSH assumes multiple acute exposures; in other words, here is an assay point and what was the maximum acute it would take after this previous one. I forget if that is right away or halfway between. MR. SIEBERT:

MEMBER ZIEMER: Midpoint. So they assume that somewhere in between these two points there is another acute intake and then

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1	an excretion. And so in a sense, if you have
2	like five points spread over a number of
3	years, you are, in essence, I believe,
4	assuming multiple acute intake. Did I
5	understand that correctly, rather than a
6	chronic?
7	MR. SIEBERT: Well, it would
8	depend, I mean, if you saw consistently those
9	five were all about the same value and there
10	was nothing in between them showing lower, we
11	would tend to think that was a chronic.
12	MEMBER ZIEMER: I see.
13	MR. SIEBERT: But that is not
14	generally what we see. Generally what we see
15	is we would see a positive followed by a bunch
16	of negatives and maybe another couple of
17	positives followed by negatives.
18	And then, you're right, we would
19	deal with the multiple acute scenario.
20	MEMBER ZIEMER: And if you had
21	specific information on events, you would know

the dates there, in any event.

1	MR. SIEBERT: Yes. If there is
2	any incident information, obviously we would
3	go with that.
4	MEMBER ZIEMER: Right. So is
5	there disagreement as to how to calculate the
6	multiple acute? It's not clear to me what the
7	issue is.
8	MR. MARSCHKE: Well, again, in
9	Joyce's three examples, workers 1, 2, and 3,
10	I mean, worker 1 and 2, she pretty clearly
11	indicates that I think she agrees with the
12	procedure. Worker 3, I think, she doesn't.
13	DR. MAURO: But she says it's
14	overly conservative, right?
15	MEMBER ZIEMER: She gets the lower
16	value.
17	MR. MARSCHKE: She gets the lower
18	value. So maybe there is not a problem.
19	DR. MAURO: But then she comes to
20	the part where she has multiple acute intakes.
21	And she is not really clear on how you're
22	going to do that. I guess you would like to

1	hear more about how that is going to be done.
2	MR. MARSCHKE: I disagree a little
3	bit with what basically you are saying. She
4	is saying the multiple claimant-favorable
5	treatment would be to treat the exposures as
6	independent. But then she says this approach
7	is overly conservative.
8	Now I don't know what she is
9	saying. And I don't think that is what was
10	done for worker number 3.
11	DR. MAURO: Oh, okay.
12	MR. MARSCHKE: She is giving an
13	alternative approach. She is giving an
14	alternative approach to treating a worker
15	number 3, which the alternative approach that
16	she gives is overly conservative.
17	DR. MAURO: I mean, the essence of
18	the issue is after all of that, on the second
19	page of the write-up, there is a paragraph
20	towards the bottom that starts, "In
21	conclusion."

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I guess it sounds like that she,

1	whether in writing or in some type of
2	technical conference call, you know, we could
3	talk through. SC&A would like a more detailed
4	explanation on how to calculate doses for
5	multiple independent acute intakes. That to
6	me seems to be the single outstanding item.
7	MR. MARSCHKE: Yes. She says that
8	basically in that paragraph and the paragraph
9	above it basically she wants more detailed
10	explanation. And so, I mean, that seems to be
11	her main concern or main request.
12	DR. MAURO: It sounds like that
13	NIOSH may already have thought that through
14	and has a well-established procedure and knows
15	what they would do under those circumstances.
16	Maybe that just needs to be has that been
17	communicated to SC&A or in any one of your
18	work products?
19	MR. HINNEFELD: I don't know. I
20	am trying to work through this.
21	DR. MAURO: I mean, if you already
22	have like a fairly well-described protocol for

doing that, maybe all you need to do is just provide that to us. And we will take a look at it. If it turns out you don't, maybe a conversation, technical conversation, with Joyce and your folks would help to close this issue.

MR. HINNEFELD: We may have to go that route because I am not 100 percent sure where to take this right now because, as I read this screen that I have, the last entry seems to be from March from SC&A, if we have an answer to that. And if we don't know how to answer, then I guess we need to get a hold of these guys, arrange for some sort of technical call so we can understand exactly where this is trying to answer here.

MEMBER GIBSON: I would like to suggest that Mark be made aware of these so he has an opportunity to join us. This is an issue that I have had a lot of experience out at Mound. Mark helped us a lot with this.

CHAIR MUNN: It has been discussed

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1 many times. MEMBER GIBSON: I understand. 2 3 just want it resolved. 4 CHAIR MUNN: We already have a lot of information under our belt. It's just not 5 6 incorporated here, where we need it. So who 7 has the action to set up the call? MR. HINNEFELD: Well, I have the 8 action because if we feel like we can respond 9 10 to this March entry without the phone call, we understand we can go ahead and write a 11 So we will either write a response, 12 response. write it, or we will get a hold of SC&A about 13 phone calls. 14 CHAIR MUNN: Okay. Very good. 15 16 That will complete our action items that we have set up for today. Before we go further, 17 I am still struggling with the tracking system 18

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here, trying to get my entire database back up

so that I can see where we are in set 3, how

before we have gotten through that final set.

many further procedures we have to go yet

19

20

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1	While I am struggling for those,
2	for them, I need to make this group aware of
3	an action that occurred yesterday in Mike's
4	Worker Outreach Group, when that group charged
5	SC&A with the responsibility of reviewing
6	PROC-0012.
7	So this brings us to what I
8	believe is a new process question for the
9	Subcommittee, which is we have had a Work
10	Group request action from SC&A on a specific
11	procedure that they will then want to follow.
12	So far as I know, our data set is the only
13	legitimate way for the entire Board to keep
14	track of procedures that have been reviewed by
15	SC&A.
16	So we have a process question that
17	is a new one. In cases like this, how do we
18	expect to proceed?
19	MEMBER ZIEMER: What is PROC-0012?
20	MR. KATZ: It is worker outreach.
21	CHAIR MUNN: Worker outreach.
22	MR. HINNEFELD: Is that an OCAS

## procedure?

DR. MAURO: It is important to the point of view of PROC-0012 is sort of like the maturation of a protracted process that had previous PROCs, 0090, 0097, which evolved and matured, which we do have in our database with reviews and comments.

And it's almost as if now PROC-0012 is the place now where a lot of what went on before, onto the procedures, now is being taken on by this new Work Group. So it is within that context.

CHAIR MUNN: Now my question is what do we ask of SC&A with respect to advising us of when their review is done and we need to incorporate the findings into our database?

MEMBER ZIEMER: How is this different from any other procedure that we transferred? Eventually it has got to incorporate back in, right?

CHAIR MUNN: Yes.

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1	MEMBER ZIEMER: Well, we
2	officially would show this as a transfer to
3	the other group would be the way to do it, it
4	seems to me.
5	CHAIR MUNN: We could do that.
6	The only reason I wrote
7	MEMBER ZIEMER: I mean, that puts
8	it in the database.
9	CHAIR MUNN: Yes. This is the
10	reverse of what has been done in the past.
11	MEMBER ZIEMER: Yes. But in
12	essence
13	CHAIR MUNN: We would immediately
14	transfer it without any action.
15	MEMBER ZIEMER: We could simply
16	recognize that and put it in the database and
17	transfer it immediately. And then we still
18	have it there to track, right?
19	DR. MAURO: I have a question.
20	CHAIR MUNN: Yes?
21	DR. MAURO: When we transfer,
22	let's say we put this in the database and say

transfer it, and then the Outreach Work Group, you know, works the problem, resolves issues, has its minutes and transcripts, one of the things that, unfortunately, it won't have is it won't be in our database and the process, the dates of the meetings.

CHAIR MUNN: That's correct.

DR. MAURO: Are they resolved?
Unfortunately, the record, the historical record, as we are doing now, will not be in our database.

I mean, that is one of the outcomes, one of the consequences of transferring things out of the system. We lose that record. That is one of the major reasons for creating this in the first place.

So I would say as another process question, are we all okay with the fact that there will be some procedures that are going to be resolved in other venues and, as a result, will not contain a record of the nature that we are maintaining for the ones

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1	that we are doing?
2	MR. KATZ: Is there any way to
3	continue it in this database, the recording of
4	it as a separate to indicate that this is
5	being done under another work group or
6	continue the recording of the finding? Is
7	that difficult to do?
8	MR. MARSCHKE: No. I mean, it may
9	be difficult to keep again, we have these
10	fields. And pretty much these fields, you can
11	pipe in anything you want to pipe into it.
12	You can identify in the Work Group which work
13	group is basically making the decisions here.
14	The thing is somebody has to run
15	this database at the meetings. And if you are
16	talking about one procedure and a handful of

We have to come up with a form that we can give to somebody who is taking notes. And then we can fill in the form. And

issues, I don't think they want me traveling

to all of these different meetings to run the

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database.

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21

1	then they can give it to me, and I can update
2	the database or something along those lines.
3	It is a matter of logistics.
4	But, again, we could make a
5	database, do whatever it is we want the
6	database to do.
7	MR. KATZ: What I suggest is we
8	just do that, the other groups when they pick
9	up something from a transcript, that they
LO	would keep sort of essentially similar notes
11	and those would be logged in
12	MEMBER ZIEMER: I think it would
13	be helpful
L4	MR. KATZ: so you have a total
L5	database.
16	MEMBER ZIEMER: for them to
L7	have
18	MR. KATZ: Yes.
19	MEMBER ZIEMER: the information
20	in any event.
21	MR. KATZ: Right.
22	MEMBER GIBSON: Not only the

1	notes. I mean, this whole database was
2	created out of historical records that were
3	generated between NIOSH and SC&A. So those
4	same records are being generated.
5	MR. KATZ: Exactly. So I would
6	just suggest Steve doesn't need to travel to
7	these Work Group meetings for that, but we can
8	add that into the record.
9	CHAIR MUNN: I know, but I guess I
10	don't completely agree with what Mike just
11	said. These records will not continue to be
12	generated in the work groups if they function
13	as they have in the past unless we do what Ted
14	has suggested and provide a form with specific
15	fields on it. And whenever you address this
16	action item, please respond back to the
17	Subcommittee with this form.
18	MR. MARSCHKE: That would be your
19	attachment to your letter.
20	CHAIR MUNN: Yes.
21	MR. MARSCHKE: You could say, here
22	is a form. Basically when you are addressing

1	this, please fill it in so that we can keep
2	our database up to date. And please feel free
3	to use our database if you
4	MR. KATZ: Or, I mean, that is the
5	alternative to a form unless someone
6	MEMBER ZIEMER: But you don't want
7	them entering stuff.
8	MR. KATZ: Oh, you don't want it?
9	CHAIR MUNN: They may look at it,
LO	but they may not enter.
11	MR. KATZ: Okay.
L2	CHAIR MUNN: No.
L3	MR. KATZ: Okay.
L4	CHAIR MUNN: We have only two
15	people sitting
L6	MR. MARSCHKE: I am all for having
L7	everybody enter.
18	CHAIR MUNN: That is chaotic.
L9	MR. HINNEFELD: I think we haven't
20	given up on the SQL version, which we would
21	expect to be broadly usable. In other words,
22	there would be a section of it for this and a

1	section of it for any of the work groups who
2	want to use that and utilize it in that
3	fashion.
4	I mean, if you want to have work
5	groups keep track of findings and issues that
6	are being discussed electronically, that is a
7	vehicle that should be really you know,
8	once it is broadly useable
9	MR. KATZ: What is the time?
10	MR. HINNEFELD: Well, we don't
11	have a time. I met with the developer a
12	couple of weeks ago. We went through some
13	things. I kind of got more familiar with what
14	we have in our document-tracking system, which
15	was built, really, for the preparation of
16	documents. Okay?
17	But the mechanism, the form, looks
18	kind of the same. You can have a finding and
19	a response and an iterative back and forth
20	during that.
21	MR. KATZ: And link documents and
22	so on.

1	MR. HINNEFELD: Yes. Documents
2	can be linked. And there are a lot of
3	advantages to SQL that Access doesn't provide.
4	So I am working with a developer to try to get
5	a system that would do this. And at that
6	point, then, you have a vehicle that this can
7	all be done in for whatever they can track.
8	You know, to me the nice thing
9	about the database is that if I want something
10	from procedures, I can go
11	MR. KATZ: Yes.
12	MR. HINNEFELD: to the
13	Procedures Subcommittee. And when you start
14	keeping track of things that the Procedures
15	Subcommittee is not dealing with in this same
16	database, then it gets a little you know,
17	I'm not clear how we keep that apart.
18	MR. MARSCHKE: The ideal situation
19	would be to make the modification to the
20	database and identify the Work Group, have a
21	field where you identify the Work Group which

22

is responsible.

1	In 99 percent of the cases, it
2	would be the Procedures Subcommittee, but in
3	some other cases, it may be somebody else.
4	MEMBER ZIEMER: Is it conceivable
5	that someone from a different work group or
6	subcommittee, say Mike's subcommittee, could
7	be authorized to change just that part of the
8	database that was theirs?
9	MR. MARSCHKE: Again, in
10	computers, you can do anything
11	MR. HINNEFELD: That you want.
12	MR. MARSCHKE: you can think
13	of. We can probably do it. Right now the
14	answer is no.
15	MEMBER ZIEMER: No. But we might
16	want to work toward that.
17	MR. MARSCHKE: But you could work
18	towards that.
19	MEMBER ZIEMER: And you would have
20	to send me out forms and
21	MR. MARSCHKE: And we could
22	identify. You could have a matrix and say,

1	this individual is authorized to make changes
2	to
3	MEMBER ZIEMER: This card.
4	MR. MARSCHKE: these procedures
5	or something like that.
6	MR. HINNEFELD: We would like to
7	do this development in SQL, in a SQL version,
8	rather than try to do it with this one.
9	MEMBER ZIEMER: SQL.
10	MR. KATZ: In which case it won't
11	be a problem anymore. As soon as SQL is up
12	and running, we can do this. You don't need
13	to block out part of it. But when Mike's
14	group deals with this new procedure, that work
15	group will put it in there so you don't have
16	it hanging
17	MR. HINNEFELD: Rights and
18	authorities are part of the structure. So you
19	assign the rights and authorities to this Work
20	Group, to the people in that work group, and
21	then the SC&A people who work on it, the NIOSH

or other people who work on it so everybody

can pull it up and look at it.

And so that is just part of the development of the system that we have got to develop anyway. And so to me, it would be great to be able to do this today. And I can't give you a date on the development. To be honest with you, they never roll out the way you want it. So there will be things to think of.

I mean, something to think about is sort of a customer meeting at one of these, either Procedures or at the various work groups, with developers and say, "We are here to design the database to keep track of the findings."

And I wouldn't want to design a separate one for each working group, but you get some commonality of what are the features you want. You get enough people contributing. And so you have got a system that is going to make everybody happy. And so then they go off and develop that.

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1	And, like I said, the process we
2	use for developing procedures looks a lot like
3	the process that we would use here with just
4	this extra wrinkle in it. It's developed on
5	the contractor side. And then you've got a
6	review and approval on our side, which we
7	probably won't need here.
8	And we could link the two systems
9	together by even making this an historical
10	module so that it will continue all of this,
11	the development and the Board review, but
12	there are enough differences that you can't
13	just pull that module out and use it. It is
14	too clunky.
15	CHAIR MUNN: Stu, do you currently
16	have the form that you use?
17	MR. HINNEFELD: For?
18	CHAIR MUNN: Setting up your
19	procedure development.
20	MR. HINNEFELD: A form? No.
21	CHAIR MUNN: No?
22	MR. HINNEFELD: No, we don't have

1	anything like a form.
2	CHAIR MUNN: See, I'm looking for
3	something easy that already exists that I
4	might be able to modify.
5	MR. MARSCHKE: Wanda, what I would
6	suggest is what we could do is just take this
7	page and give them some more spaces in here
8	and just print this, a blank page like this,
9	
10	MR. HINNEFELD: Yes.
11	MR. MARSCHKE: right out but,
12	of course, make these fields bigger so that
13	they can write it in. And, you know, whenever
14	they have their meeting, they can just write
15	the date in here and write down in here
16	whatever they say and then give it to me or
17	whoever we could do data input and put it in.
18	And I would think that would be basically your
19	form.
20	MR. HINNEFELD: See, that to me
21	is right. That is the form that is a
22	discussion that describes how the discussion

1	in the Work Group will proceed for your
2	Subcommittee.
3	It's like this. The finding is
4	written. There are responses. There are
5	iteration. There is Board action.
6	MEMBER ZIEMER: Yes. We can put
7	in a word
8	MR. HINNEFELD: That is what you
9	use to develop this. And then what you do is
10	you take that form to these groups and say
11	CHAIR MUNN: Well, correct me if
12	I'm wrong. It is my understanding that the
13	software on our new computers has the file
14	that is necessary to provide the capability to
15	fill in PDF forms. I believe it does.
16	MR. HINNEFELD: Yes.
17	CHAIR MUNN: Yes. And if it does,
18	then if you can send me exactly what we were
19	discussing, a PDF form with more space there,
20	then all I have to do is include that when we
21	transfer anything to a work group. And all

they have to do is fill it in and e-mail it.

1	Right?
2	MR. KATZ: That is what we were
3	just talking about.
4	CHAIR MUNN: Yes. So I just
5	wanted to make sure that we had
6	MEMBER ZIEMER: Actually, I don't
7	think it would look like it had more space
8	until you started typing it in. And it would
9	allow you to keep scrolling through this.
10	MR. HINNEFELD: Are you talking
11	about the transfer of this to another or are
12	you talking about right now?
13	CHAIR MUNN: I'm talking about
14	right now, right now. What happens in the
15	future is a part of the planning horizon that
16	I don't see. Does that sound reasonable to
17	you, Mark?
18	MEMBER GRIFFON: Yes.
19	CHAIR MUNN: So I need several PDF
20	files from you, Steve, that being one of them.
21	DR. MAURO: Bear in mind that this
22	form does not have to be filled out until SC&A

1	delivers its report.
2	CHAIR MUNN: Yes. I know.
3	DR. MAURO: So we have some time.
4	CHAIR MUNN: Yes. Yes, we do.
5	However, if we are going to start transferring
6	things to other work groups, we have to have
7	the chairs of the work groups understand what
8	their responsibility
9	MEMBER ZIEMER: We have already
10	transferred stuff to like Rocky Flats.
11	CHAIR MUNN: Yes. We are in the
12	process of transferring Rocky. And I need
13	this to go along.
14	DR. MAURO: Yes. Actually,
15	strangely enough, that seems to be where the
16	immediacy is.
17	CHAIR MUNN: Yes, it is.
18	DR. MAURO: Yes.
19	CHAIR MUNN: It is. All right.
20	Thank you for assistance with that.
21	Now, those of you who can pull up
22	your tracking system, if you would do so for

1	our third set, so that we can get a feel for
2	what we have ahead of us that we may not have
3	addressed yet and whether we have specific
4	requests that we want to put either before
5	SC&A or NIOSH for where we are.
6	The last of the open categories
7	that we had that I see following where we left
8	off, on my list is OTIB-0057, external
9	radiation doses for individuals near the 1958
10	criticality accident.
11	That is open. It has three items
12	on it. Do we need to request NIOSH to address
13	those or get some feel for when they will be
14	addressed?
15	MR. HINNEFELD: Well, a feel for
16	when would be kind of an open question.
17	CHAIR MUNN: We have OTIB-0057.
18	We have PROC-0042, accounting for incomplete
19	personnel monitoring data on penetrating gamma
20	ray dose, workers in radiation at Y-12 at Oak
21	Ridge plant prior to `61.

MR. HINNEFELD: OTIB-0057 you will

1	have very shortly. I mean, I will have it out
2	next week probably.
3	CHAIR MUNN: Fifty-seven? Okay.
4	MR. HINNEFELD: I could have sent
5	it before today, but I figured, what good
6	would that do? Everybody is not going to read
7	it.
8	CHAIR MUNN: Very good. I will
9	put that on the expected list. And what about
10	PROC-0042? There seem to be five findings.
11	MR. HINNEFELD: Are we on 4 or 5?
12	CHAIR MUNN: Five, I believe.
13	MR. HINNEFELD: I see it. Yes.
14	Well, okay. Are we on 0042 now?
15	CHAIR MUNN: Yes. We are
16	wondering how we should proceed with these.
17	These are open items that are still on our set
18	3 list that we have not addressed or anything
19	like that.
20	MR. HINNEFELD: Well, according to
21	0042-01, we submitted a response and said,
22	"Okay. We will incorporate these suggestions

1	at the next plant revision." And Ron Buchanan
2	recommended we change that in abeyance.
3	MR. MAURO: That was March 9th.
4	MR. MARSCHKE: I think it is
5	probably one that we haven't
6	MR. HINNEFELD: We haven't
7	discussed it.
8	MR. MARSCHKE: We haven't
9	discussed it in the Work Group.
10	MR. HINNEFELD: So, I mean, we can
11	say that the Board agrees with it. We won't
12	get abeyance. We can leave it in abeyance
13	today.
14	And remember that we said, hey,
15	look, here are suggestions for improving the
16	clarity. And so it's not like we feel like we
17	need to dash out and do this, but
18	CHAIR MUNN: No.
19	MR. HINNEFELD: we will revise
20	it. We will change it.
21	CHAIR MUNN: Right.
22	MR. HINNEFELD: That leaves it in

1	abeyance possibly for a long time.
2	CHAIR MUNN: Is this true of all
3	five items?
4	MR. HINNEFELD: Well, I have got
5	to read them one by one. I don't know.
6	CHAIR MUNN: Yes. I do, too.
7	MR. MARSCHKE: Yes. I think it is
8	except for one of them we recommended be
9	closed.
10	CHAIR MUNN: Forty-two? Yes.
11	John recommended that item 4 be closed. That
12	was for this procedure considered
13	claimant-favorable in instances where
14	claimants were not monitored.
15	There are a number of assumptions
16	or limitations that have to be accepted.
17	These assumptions and limitations are not
18	necessarily explicitly pointed out at the tail
19	end of the procedure. And links are very
20	consistent with other documents and can
21	sometimes be followed to fully evaluate the
22	applicability and technical soundness of the

1	document.
2	NIOSH said the focus of the
3	procedure was to capture and record the
4	methods used to calculate dose within the
5	guidelines and data given in OTIB-0013. Other
6	documents are used by the DR staff to
7	complement this claim process and claim data.
8	And the SC&A follow-up recommended that the
9	status be changed to closed.
10	Any objection to changing item 4
11	to closed?
12	MEMBER ZIEMER: No objection.
13	CHAIR MUNN: We can close that
14	one. And we leave 5 here. Buchanan has
15	already recommended that it be changed to in
16	abeyance.
17	The Chair agrees the remaining
18	four should be in abeyance based on what NIOSH
19	responses are. Are you okay with in abeyance,
20	Paul?
21	MEMBER ZIEMER: I don't quite
22	understand. It appears that there is an error

1	in the document. Is that correct?
2	MR. HINNEFELD: Yes. The finding
3	is that the term "scaling factor" is used in
4	two different places to describe two different
5	things. So if you read
6	MEMBER ZIEMER: Okay. Is it a
7	confusing point for the dose reconstructors or
8	just a
9	MR. HINNEFELD: I think it is a
10	confusing fact for somebody who doesn't do it
11	all the time. You recall that most dose
12	reconstruction, actual dose reconstruction, is
13	done with automated tools.
14	MEMBER ZIEMER: Right.
15	MR. HINNEFELD: So it's not by a
16	dose reconstructor for
17	MEMBER ZIEMER: Reading through
18	this document. So it would be corrected in a
19	later version but has virtually no impact on
20	the day-to-day operation. Is that correct?
21	MR. HINNEFELD: Right. That would
22	be our position.

1	MEMBER ZIEMER: Yes. I'm okay.
2	CHAIR MUNN: Yes. SC&A has
3	accepted that. So all four of these with the
4	exception of 4 will be changed to in abeyance.
5	And 4 we will still close.
6	The next open procedure on my list
7	is PROC-0060.
8	MEMBER ZIEMER: Basically, these
9	are all similar things.
10	MR. HINNEFELD: They are similar
11	in nature. They are clarity.
12	MEMBER ZIEMER: Yes, clarity
13	issues that don't impact
14	MR. HINNEFELD: Not the way we're
15	doing business.
16	MEMBER ZIEMER: the way you are
17	doing things. Yes, I'm okay.
18	CHAIR MUNN: This is
19	occupational-onset ambient dose reconstruction
20	for DOE sites. There are two outstanding
21	items. What happened to 1, I wonder.
22	MR. HINNEFELD: It's not open.

1	CHAIR MUNN: I know. I can see
2	that, but I don't show it on my
3	MR. HINNEFELD: Your screen? Your
4	filter may
5	CHAIR MUNN: summary. My
6	filter must have taken it out.
7	MR. HINNEFELD: If you filtered on
8	opened, you can get it.
9	CHAIR MUNN: No. I filtered on
10	almost everything except the kitchen sink.
11	I'm just looking for opens. I don't well,
12	I can do it. It is of no consequence.
13	The point is we have two that show
14	open on PROC-0060. And the question is what
15	action do we need to request, if any? Like
16	this dose reconstructions for DOE sites item?
17	MR. MARSCHKE: This is the same
18	thing. Basically these two open ones, we do
19	have a NIOSH response. PROC-0060 are we
20	talking?
21	CHAIR MUNN: Yes.
22	MR. MARSCHKE: We do have a NIOSH

1	response. And we do have SC&A follow-up.
2	CHAIR MUNN: Yes, we do. SC&A,
3	NIOSH indicates they agree with the finding
4	and plan to make appropriate changes in a
5	future revision. That means we should have
6	this in abeyance, rather than open, for item
7	2.
8	Any problem with that?
9	MEMBER GIBSON: No.
10	MR. MARSCHKE: Item 2?
11	CHAIR MUNN: Yes.
12	MR. MARSCHKE: What about item 1?
13	CHAIR MUNN: I don't know.
14	MR. MARSCHKE: Item 1 is not open.
15	CHAIR MUNN: It hasn't shown up.
16	And item 3, similarly, recommend following
17	SC&A's recommendation in abeyance.
18	The next item I show as open on my
19	list is PROC-00095, generating summary
20	statistics for coworker bioassay data. I see
21	three open items.
22	MR. MARSCHKE: I show the database

1	shows no NIOSH initial response.
2	CHAIR MUNN: No initial response.
3	We will need one. And I just got logged off.
4	Start over again.
5	DR. MAURO: While you are starting
6	over, I've got a question. Steve, how is all
7	of this backed up, what we are working on
8	right now?
9	MR. MARSCHKE: Backed up by ORAU
10	when they back up the O: drive.
11	DR. MAURO: Okay. So you are
12	right now working off the O: drive as opposed
13	to your own software?
14	MR. MARSCHKE: That is correct.
15	DR. MAURO: Okay. Good.
16	MR. MARSCHKE: Don't ask empirical
17	questions. We will need to provide it. I
18	appreciate when NIOSH gives us responses.
19	They've given us pretty much the complete. We
20	usually put a little
21	CHAIR MUNN: So where were we?
22	MR. MARSCHKE: PROC-0095.

1	CHAIR MUNN: We were at 95.
2	MR. MARSCHKE: You had to go back
3	to the beginning on
4	CHAIR MUNN: Yes. I had to go
5	back to the beginning. And we had the three
6	open items on 95. And they were going to be
7	asking for some kind of response from NIOSH,
8	correct?
9	MR. HINNEFELD: Yes.
10	CHAIR MUNN: PROC-0095.
11	Ninety-seven, same thing, Worker Outreach
12	Program. Oh. Well.
13	MR. MARSCHKE: Wait a minute.
14	Wait a minute. Where are you guys?
15	CHAIR MUNN: We are at the end of
16	
17	MR. MARSCHKE: Ninety-seven is not
18	in the third group, is it?
19	CHAIR MUNN: Yes, it is. It was
20	dated 10-29-07.
21	MR. MARSCHKE: Why isn't it
22	showing up here? Even if it transferred, it

1	should show up as being transferred.
2	CHAIR MUNN: So, now, what
3	relationship does PROC-0097
4	MR. MARSCHKE: PROC-0097 I
5	CHAIR MUNN: have with
6	PROC-0012?
7	MR. HINNEFELD: Which ones? What
8	is the name of PROC-0097?
9	MEMBER GIBSON: Talking about the
10	Worker Outreach Program
11	CHAIR MUNN: And you are right.
12	It's 11-9. It's not 10-29. But we have. So
13	it's one of the later ones.
14	MR. HINNEFELD: Right.
15	CHAIR MUNN: But it has nine
16	findings. And its title looks like it should
17	be in Mike's shop.
18	MEMBER ZIEMER: Is this the one
19	you were talking about earlier?
20	DR. MAURO: Yes. That's what I
21	was mentioning earlier. I believe 12
22	effectively subsumes 97, but, you know, I

1	can't say that for certain.
2	MR. HINNEFELD: That is true.
3	DR. MAURO: We were discussing it
4	that way. When we had our meeting yesterday,
5	we had made reference to 97 and that, for all
6	intents and purposes, 12, you know, is
7	MEMBER ZIEMER: Twelve is correct.
8	Is it PROC-0012?
9	CHAIR MUNN: PROC-0012.
10	DR. MAURO: PROC-0012. Whether or
11	not it completely subsumes or replaces
12	PROC-0097 I don't know.
13	MR. HINNEFELD: I am pretty sure
14	it does. I am pretty sure PROC-0097 is
15	canceled, but I will be able to tell you that
16	for sure. PROC-0097 was an ORAU procedure.
17	PROC-0012 is an OCAS procedure.
18	MEMBER GIBSON: That's part of
19	what SC&A was going to look at in the review
20	of 12 is whether or not the finding of 97 was
21	complete.

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True.

MR. HINNEFELD:

1	DR. MAURO: Correct. It's part
2	and parcel of what we will be doing.
3	MEMBER ZIEMER: Would it be
4	appropriate to suggest that we go ahead and
5	transfer PROC-0097 over to Mike's Work Group
6	as well or, else, if it is already canceled,
7	what happens?
8	CHAIR MUNN: Well, at this
9	juncture, it appears wiser to me for us to
10	keep this as it is until we have
11	MEMBER ZIEMER: Learn what
12	CHAIR MUNN: SC&A's report
13	MEMBER ZIEMER: Right.
14	CHAIR MUNN: as to whether or
15	not PROC-0012 does adequately cover this
16	document.
17	MEMBER ZIEMER: If this has been
18	canceled, then it's not in the picture. Is
19	that correct? I mean, they would still look
20	at it.
21	MR. MARSCHKE: Some of the
22	concerns that were raised may be applicable to

1	12.
2	MEMBER ZIEMER: Right.
3	MR. MARSCHKE: Either that or
4	NIOSH may have addressed the concerns when
5	they wrote 12. If they're no longer
6	applicable, then I guess we would either close
7	or withdraw the issue because 97 has gone
8	away.
9	But if it was they had the same
10	wording and we had a problem with the wording
11	in 97, then we might have the same problem
12	with the wording in 12.
13	MEMBER ZIEMER: Well, I guess we
14	should wait, then.
15	CHAIR MUNN: I think so.
16	MEMBER GIBSON: But it appears
17	somewhere. I mean, when we had SC&A do their
18	initial review of the PROC-0097, they came
19	back with some findings. NIOSH made a
20	response to that, to SC&A's finding, saying
21	that "We're going to cover that in 12."

So somewhere here there has been

1	an action by NIOSH that is not showing up
2	here. I don't know if it's not supposed to be
3	here or
4	MR. HINNEFELD: Well, that is
5	interesting. Let me see what I can find. You
6	are right. We made some responses.
7	MEMBER GIBSON: And then SC&A's
8	response was they were going to wait until
9	they review 12 to answer whether or not they
10	have weighed the issues adequately. There are
11	like almost two steps missing. Some of this
12	may be
13	CHAIR MUNN: Yes. In which case
14	we should not be showing this as open, I
15	guess. So, Stu, will you check to see why we
16	are still showing this open if there were
17	responses to any of these that we haven't
18	captured? We need to do that.
19	I don't know whether that was
20	simply dialogue or whether there are
21	documents.

## **NEAL R. GROSS**

MR. HINNEFELD: I thought we had

1	open stuff.
2	CHAIR MUNN: Okay. The next open
3	item that is shown on my list is OTIB-0054.
4	There is a lot on that; well, mostly
5	observations. There are only two findings.
6	MR. MARSCHKE: OTIB-0058. Okay.
7	You are just looking at all open items now.
8	CHAIR MUNN: Yes, because we need
9	to go through the entire list and identify
10	whether there are procedures that SC&A has
11	completed their review and given us findings
12	and observations for which there have not been
13	responses. And we just started where we were
14	in group 3.
15	MR. MARSCHKE: Now we're not in
16	group 3 anymore.
17	CHAIR MUNN: No. Now we're into
18	the and other things that came along later
19	list.
20	MR. MARSCHKE: Right. Okay.
21	Which one are we looking at now?
22	CHAIR MUNN: We are looking at

1	OTIB-0054.
2	MR. MARSCHKE: Twenty-three.
3	CHAIR MUNN: Yes, but many of them
4	are observations rather than findings.
5	MR. MARSCHKE: Twenty-six
6	observations and findings.
7	CHAIR MUNN: Fifty-four was the
8	fission and activation product assignment for
9	internal dose-related gross beta and gross
LO	gamma analyses.
11	MR. HINNEFELD: Well, we are
12	working on responses, it is a fairly difficult
13	concept, it's fairly specialized.
L4	CHAIR MUNN: Yes.
15	DR. MAURO: I seem to remember
L6	this one as getting a favorable review except
L7	we were concerned that if you have people who
18	are working in a facility and you don't have
L9	gross beta-gamma measurements, what do you do
20	about that? I mean, I remember that being the
21	it would really be the essence of the

concern on this one. I remember that being

1	the main problem.
2	I don't know. Is there a large
3	number of findings on this?
4	CHAIR MUNN: Yes, there are.
5	There are 26 total findings and observations.
6	They seem to be about equally divided between
7	observations and findings, a whole batch of
8	reactor source term issues, a whole batch of
9	urinalysis issues.
10	DR. MAURO: Okay. Never mind.
11	Okay.
12	CHAIR MUNN: So they may be
13	relatively easy to address, but they are going
14	to be very cumbersome.
15	DR. MAURO: If I remember, this
16	was Joyce or Ron. Do you know who had the
17	lead on this, Steve?
18	MR. MARSCHKE: I think Steve
19	Ostrow.
20	DR. MAURO: Oh, okay.
21	MR. MARSCHKE: Fission products,
22	fission and activation product assignment for

1	well, maybe not. I don't know.
2	DR. MAURO: Well, yes. There were
3	two aspects to this. You had a number of
4	different reactor types
5	MR. MARSCHKE: I think it was
6	Steve Ostrow because
7	DR. MAURO: a full mix
8	depending on the reactor type. In other
9	words, you know a person is working at a
10	facility where there was a reactor. All
11	you've got is gross beta-gamma information and
12	the kind of reactor that was there.
13	CHAIR MUNN: I think that is
14	probably true because there is a reference to
15	TRIGA in here.
16	DR. MAURO: Yes.
17	CHAIR MUNN: Yes.
18	DR. MAURO: And then we would say
19	okay. If you know you've got this kind of
20	reactor and the person worked there and you've
21	got gross beta-gamma, here's a mix of fission
22	products you assume those gross beta-gamma

1	reflect.
2	So I can see two things happening.
3	I can see Steve Ostrow looking at the reactors
4	as a nuclear engineer and Joyce looking at the
5	gross beta-gamma assumptions.
6	MR. MARSCHKE: I think you are
7	exactly right. The other thing is Steve
8	Ostrow liked to put in observations as opposed
9	to findings.
10	DR. MAURO: Yes. Actually, when
11	you said a large number like that, it sounds
12	like it may have picked up a lot of things out
13	on the margin.
14	MR. HINNEFELD: Well, there are
15	ten things identified as observations. And I
16	just opened one. It's essentially a positive
17	comment where "The AKR methodologies,
18	assumptions, and data sources are reasonable."
19	I will respond, "No response needed."
20	CHAIR MUNN: Yes. We could,
21	indeed.
	I control of the cont

MR. MARSCHKE: Or we could say,

1	"What do you mean they are reasonable?"
2	MEMBER ZIEMER: We want to be
3	unreasonable.
4	(Laughter.)
5	CHAIR MUNN: Yes. Any response at
6	all is gratefully accepted.
7	The next thing I see on the list,
8	OTIB-0070, dose reconstruction during residual
9	radioactivity periods at AWE facilities.
10	DR. MAURO: Yes. I am familiar
11	with that one. The lead on that was Hans. If
12	you want to engage that one, I can get Hans on
13	the line.
14	MR. HINNEFELD: No. We haven't
15	gotten any feedback.
16	CHAIR MUNN: Our concern is that
17	it is showing completely open. And, as you
18	dealt with remember, we have 15 findings on
19	it.
20	DR. MAURO: Yes. Again, there are
21	certain essentials, so to speak. I remember
22	that one. Maybe there are 50 findings, but

1	there are really only 2 or 3 issues that
2	really were of concern. But when the date
3	comes, we'll deal with that.
4	MR. MARSCHKE: A lot of the
5	findings were basically related to TBD-6000/
6	6001.
7	DR. MAURO: Yes.
8	MR. MARSCHKE: I think they were
9	duplicates of basically findings that were
10	found in TBD-6000/6001. So probably the Board
11	well, one way to address it would be to say
12	addressed in
13	DR. MAURO: Yes.
14	MR. MARSCHKE: whichever was
15	the appropriate because I remember when I
16	entered these, at first I didn't enter the
17	CHAIR MUNN: And that may be the
18	end of our group for the day because the only
19	other thing I show open on my files here is
20	OCAS IG-004, which I think has had an adequate
21	amount of coverage here today and in any case

is going to be transferred, correct?

1	MR. MARSCHKE: IG-004 we decided
2	to close. You may want to look back to OCAS
3	TIB-0013. On my file, it is showing to be
4	open.
5	CHAIR MUNN: Yes. It is shown on
6	my file to be open as well.
7	MR. MARSCHKE: Both 13 and 14.
8	CHAIR MUNN: I don't even see 14.
9	MR. HINNEFELD: Okay. You will
10	get OTIB-0013 initial responses.
11	CHAIR MUNN: Okay.
12	MR. HINNEFELD: Are you looking at
13	OCAS TIB-0013 or
14	MR. MARSCHKE: OCAS TIB.
15	MR. HINNEFELD: OCAS TIB-0013.
16	CHAIR MUNN: Thirteen and 14.
17	MR. MARSCHKE: And 14. They're
18	both being shown as open.
19	MR. HINNEFELD: Okay.
20	DR. MAURO: Do you have the titles
21	to those?
22	CHAIR MUNN: Yes. OTIB-0013 is

1	Individual Dose Adjustment Procedure for Y-12
2	Dose Reconstruction. And OTIB-0014 is Rocky
3	Flats Internal Dosimetry Coworker Extension.
4	DR. MAURO: And those are both
5	being transferred, I presume?
6	CHAIR MUNN: Well
7	MR. HINNEFELD: I would assume the
8	Rocky Flats one has been subsumed.
9	MEMBER ZIEMER: They haven't been
10	yet.
11	CHAIR MUNN: They have not been
12	transferred. That may be a big job for us to
13	look at based on some of the information that
14	we have with respect already to commonality as
15	well.
16	DR. MAURO: Yes. Well, you know,
17	Rocky has a hole to go to. Y-12 doesn't.
18	CHAIR MUNN: Yes, that is true.
19	But I think it is in our commonalities.
20	MR. HINNEFELD: I am puzzled.
21	Those reviews are pretty old, right, because

1	CHAIR MUNN: Yes.
2	MR. HINNEFELD: And those aren't
3	generally the kind of TIBs that we would
4	write.
5	CHAIR MUNN: The SC&A report was
6	2007 October.
7	MR. MARSCHKE: It was the third
8	set.
9	CHAIR MUNN: It was third set,
10	yes.
11	MEMBER ZIEMER: Third set.
12	CHAIR MUNN: All right. I will
13	make a note of questions here. There are
14	several others here showing open that I am not
15	constrained to address them at this time
16	unless someone else is really eager to do so.
17	I think it would be wise for us to
18	complete this listing of action items and make
19	sure that we have covered those adequately and
20	hope that our system is fully up and operating
21	so that we don't have to worry about what is

open in the past.

Do we have additional housekeeping
items over and above our meeting itself that
we have already established for the 15th? Do
we need to look out further than that or is
that quite adequate for what we are doing?
MR. KATZ: Do you want to talk
about for the drafting of the Subcommittee
report? It seems like you are going to need
to join some heads a bit in advance of that
meeting because you don't have any?
Unlike the Dose Reconstruction
Subcommittee, which has substantive findings
to roll up and so on, you go through
procedures in this group and sort of pack them
away as you resolve them. But it is going to
take some doing for you to think through and
come up to sort of some other statements for
the Secretary about
CHAIR MUNN: Yes, it is. And, as
a matter of fact, I thought we covered that
this morning. But perhaps

MR. KATZ: Just what was unclear

1	to me was it seems like you are going to need
2	I don't know who is going to be the initial
3	drafter, but you are going to need the help of
4	your Subcommittee members to be thinking about
5	some of the statements in advance, rather than
6	coming to a meeting with just more thoughts on
7	that.
8	CHAIR MUNN: They will be getting
9	
10	MEMBER ZIEMER: No. I think she
11	said she was going to distribute it in
12	advance.
13	MR. KATZ: Okay.
14	CHAIR MUNN: I will distribute a
15	draft and ask for as much input as I can get
16	and will be working with Steve, too, to get
17	the drafts and other status material that we
18	will need to include. Yes.
19	What I was trying to do this
20	morning was get a real feel for whether it was
21	the Subcommittee's opinion that we should
22	duplicate the time the same as we did last

1 time, which I didn't feel was appropriate. 2 I think I received confirmation that the rest of the Subcommittee does not --3 We will need to do a lot of discussion 4 -- it will probably be e-mails -- with respect 5 6 to that document. 7 Any other items? Steve, before you put that summary away, we did not go over 8 that this morning. And I would like just for 9 10 our own information for us to take a quick look at that before we close out. And that 11 will be our last item of the day. 12 MR. MARSCHKE: Well, the first 13 thing I would like to compare is this is where 14 we started this morning. This is one I 15 16 brought with me this morning. And we had 118 open items, 38 in progress, 78 in abeyance, 15 17 addressed in other findings, 39 transferred, 18 19 250 closed. 20 If you all remember those numbers, you can see basically at the end of the day, 21 we have 105 open items. So we got rid of 22

1	about 13 open items on this. We have 33 in
2	progress, 86 in abeyance, still have 15
3	addressed in other findings, 41 transferred,
4	
5	CHAIR MUNN: Very good.
6	MR. MARSCHKE: and 258 closed.
7	So I guess the number closed went up by 8, the
8	number in open went down by 13 from today's
9	efforts.
10	CHAIR MUNN: Excellent.
11	DR. MAURO: How many in abeyance?
12	MR. MARSCHKE: In abeyance went
13	from 78 this morning
14	MR. KATZ: To 86.
15	MR. MARSCHKE: to 86. So there
16	was quite a bit. That's about eight.
17	MR. KATZ: Ten percent.
18	MR. MARSCHKE: Ten percent.
19	CHAIR MUNN: That is about ten
20	percent. That helps. We are making progress,
21	even though it sometimes doesn't feel so.
22	MEMBER ZIEMER: What is the one

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1	open item from June of '06?
2	CHAIR MUNN: It's TIB-0010, item
3	8. The use of Attila software was questioned.
4	DR. MAURO: Oh, okay. Yes. I
5	remember commenting on Attila, as opposed to,
6	I believe it was, MCMP as being a way to do
7	these external dose calculations.
8	CHAIR MUNN: Yes. I think this
9	was an internal dosimetry coworker extension.
10	MR. HINNEFELD: TIB-010 is the
11	glove box. And Attila is a finite element
12	code, as opposed to a Monte Carlo code.
13	DR. MAURO: Oh. So it is
14	external?
15	MR. HINNEFELD: Yes.
16	DR. MAURO: Oh, okay.
17	MR. HINNEFELD: TIB-0010 is the
18	glove box.
19	MEMBER ZIEMER: Why is that still
20	open?
21	DR. MAURO: Yes. Good question.
22	MR. HINNEFELD: I think that

1	well, I don't know. Steve, can you pull it
2	up? My recollection is that we resolved it at
3	some point.
4	There is an MCMP run that pretty
5	much matches this and we were supposed to buy
6	that or something. Is that it or have I got
7	that confused with something?
8	MR. MARSCHKE: I am just looking
9	here. Basically it says this issue was not
10	we concurred. We were waiting for I think
11	NIOSH had promised or had indicated that they
12	had confirmatory analysis to compare Attila to
13	MCMP. And we would like to get a look at
14	those calculations.
15	MEMBER ZIEMER: What's your last
16	thing at the bottom?
17	MR. MARSCHKE: The last thing is
18	basically we suggested the status be changed
19	to in abeyance. Obviously the status should
20	be changed to at least in progress. Okay.
21	Yes.

CHAIR MUNN: And didn't I discover

1	there was no action?
2	MR. MARSCHKE: I think there was a
3	
4	CHAIR MUNN: Was that after the
5	SC&A follow-up?
6	MR. MARSCHKE: As I recall, we
7	brought it or the transcript was consulted,
8	the August 21st transcript was consulted. And
9	there was some indication that NIOSH would
10	well, I can basically we looked that up
11	once before. And there was some indication
12	that NIOSH was going to give us some
13	documentation of the confirmatory analysis
14	that they had performed.
15	MR. HINNEFELD: We had worked on
16	it, and I have just not pursued it hard
17	enough. There are a couple of guys in our
18	office who worked on it.
19	DR. MAURO: Yes. I recall we were
20	not able to get Attila. There was proprietary
21	code or
22	MR. MARSCHKE: Attila is very

1	expensive.
2	MR. HINNEFELD: Really expensive.
3	It's really expensive. I don't think we have
4	it.
5	MR. MARSCHKE: It's private. You
6	can't get it from our side.
7	MR. HINNEFELD: No. We had it for
8	a while. I don't think we have it. It was
9	too expensive to maintain. We just didn't use
10	it.
11	CHAIR MUNN: Well, it says SC&A is
12	awaiting a presentation confirming.
13	MR. HINNEFELD: Well, I suppose.
14	Yes. I mean, we will try to find out, try to
15	find the MCMP files.
16	MEMBER ZIEMER: This is certainly
17	in progress, as a minimum.
18	DR. MAURO: Are you still using
19	it? Because I know when you did the work on
20	GSI, you worked with MCMP.
21	MR. HINNEFELD: Yes. We don't use
22	Attila anymore. We use MCMP. I don't think

1	we have Attila anymore. To me
2	DR. MAURO: It is ridiculously
3	generic.
4	MR. HINNEFELD: You know, this
5	comment that Bob made, Bob Anigstein made,
6	DR. MAURO: Yes.
7	MR. HINNEFELD: was he agrees
8	with us, but he would like to see the code.
9	He would like to see the run. Well, if he
10	agrees with us, what is the point, you know?
11	MEMBER ZIEMER: He wants to feel
12	more comfortable, but
13	MR. MARSCHKE: He probably agrees
14	if the numbers
15	MR. HINNEFELD: I figured Bob
16	wanted to run it just to check for himself.
17	MR. MARSCHKE: Well, he can't run
18	Attila, but he
19	MR. HINNEFELD: If he can set up
20	MCMP and run the same problem on MCMP and he
21	gets a similar result, what does it matter?
22	MEMBER ZIEMER: Well, we ought to

1	try to get this one closed out.
2	CHAIR MUNN: Yes. Let's see.
3	MR. MARSCHKE: I mean, we are not
4	running Attila anymore. Is it still
5	MR. HINNEFELD: Well, it is still.
6	Presumably it is the basis for TIB-0010. You
7	know, there was an Attila run that was done
8	because it has this nice graphical you
9	know, you use CAD/CAM and you set the problem
10	up. And it's intuitive.
11	DR. MAURO: I will tell you why I
12	don't think it's a problem. When you actually
13	apply Attila to a particular problem, whether
14	it was the glove box problem I think that
15	is where it was.
16	MR. HINNEFELD: Yes.
17	DR. MAURO: We checked those
18	numbers using MCMP. And so we provided
19	commentary to match your numbers by some
20	degree. So in a way, it's almost a moot
21	point.
22	Since the end result is did you

1	come up with numbers for that application that
2	we agree with, yes or no, the fact that we're
3	interested, you know, it's almost like this
4	generic question about Attila in general
5	almost is really moot. Do you see what I
6	mean?
7	CHAIR MUNN: Yes, we do. It's my
8	suggestion that we change the status now to in
9	progress and that NIOSH will check to make
10	sure that we have covered the appropriate
11	bases with the current calculations
12	MEMBER ZIEMER: Let's get it
13	closed.
14	CHAIR MUNN: and with the
15	expectation that we will close it next time.
16	The action item list for our next
17	meeting is daunting, but I don't think it's as
18	bad as it looks.
19	MR. KATZ: Do you have it in one
20	place that you can run through it?
21	CHAIR MUNN: I don't know whether
22	I can read it or not, but I can try. The

1	action item list that I have is Steve is going
2	to get me the PDF files that are necessary to
3	attach to the transfer letters.
4	I will make the slight change that
5	was necessary on the transfer letter for the
6	two procedures that we are sending to Rocky
7	correcting the last sentence.
8	I will put together a first draft
9	of an attempt for the letter to the Secretary
10	and get it out to the Board for review.
11	MEMBER ZIEMER: Let's call it a
12	report. You have a cover letter and a report.
13	CHAIR MUNN: Yes, report. SC&A is
14	going to have Joyce take a look at the notes
15	on OTIB-0029. Hans had some concerns about
16	the Harshaw TBD, whether that had any bearing
17	on it.
18	MEMBER ZIEMER: Was that an action
19	item?
20	CHAIR MUNN: Yes, it was an action
21	item for Joyce to take a look.
22	MEMBER ZIEMER: Joyce.

1	MR. HINNEFELD: Hans's comment
2	about Harshaw was that the Harshaw Site
3	Profile says that there is this linking change
4	in urinary output between Friday afternoon and
5	Monday morning of a particular solubility.
6	CHAIR MUNN: Right.
7	MR. HINNEFELD: And it's in this
8	that he said that you need to worry about this
9	issue. I don't think there are actions
10	associated with this.
11	CHAIR MUNN: No, I don't think so
12	either.
13	DR. MAURO: I don't have that in
14	action items.
15	CHAIR MUNN: No.
16	MEMBER ZIEMER: Correct. It
17	isn't.
18	CHAIR MUNN: The action is
19	MR. HINNEFELD: Is Joyce's.
20	CHAIR MUNN: Lipsztein and
21	OTIB-0029. I have OTIB-0068 was intended to
22	cover that two-day sample. That is more

1	action.
2	MR. HINNEFELD: What's our action?
3	CHAIR MUNN: Your action
4	MR. HINNEFELD: What is it?
5	CHAIR MUNN: was that you were
6	going to depending on Joyce's report next
7	time. We were going to carry it over until
8	next time and
9	MR. HINNEFELD: We don't have an
10	action until Joyce's report.
11	CHAIR MUNN: That's correct.
12	That's correct. Ostensibly Joyce's report
13	will come in. And we will hopefully be able
14	to close it out next time.
15	I am going to transfer IG-004-03
16	and 7 to the Surrogate Data Work Group with a
17	draft to the Subcommittee beforehand and a PDF
18	necessary from Steve.
19	I have on the list of procedure,
20	SC&A procedure, check-off, they are going to
21	change two items that we have discussed and do

a quick review to see if there are others.

1	SC&A is going to revise the
2	commonalities table to include two items from
3	OTIB-0035-01.
4	MR. MARSCHKE: 0029-03 and
5	0035-01.
6	CHAIR MUNN: SC&A will review the
7	NIOSH response to OTIB-0047-01. NIOSH is
8	carrying over OTIB-0051-01. They didn't have
9	a chance to look at it for this time. SC&A
10	will
11	MR. KATZ: You said what?
12	CHAIR MUNN: 51-01.
13	MR. HINNEFELD: Actually, I think
14	it's all of them.
15	CHAIR MUNN: All of them, yes.
16	MR. HINNEFELD: All of the ones
17	that are with 51 in sequence.
18	MEMBER ZIEMER: One, 2, and 3, I
19	think.
20	CHAIR MUNN: SC&A is going to
21	check to incorporate closure data in 0047-02.
22	NIOSH is going to respond on this.

1	MEMBER ZIEMER: I thought we
2	closed 0047-02.
3	MR. KATZ: Yes, 0047-02 is closed.
4	CHAIR MUNN: Why do I have it to
5	incorporate closure data into that?
6	MR. MARSCHKE: Oh, I was going to
7	basically I have closed, but I haven't had
8	
9	MEMBER ZIEMER: Oh. You are going
10	to add something in
11	MR. MARSCHKE: I just have to
12	update the database.
13	CHAIR MUNN: It's just to check to
14	make sure we did what we said we were going to
15	do. Then NIOSH respond on setup of
16	OTIB-0049-01 and see if you need a technical
17	call or not, notify Mark if we do. NIOSH is
18	working on OTIB-0057. Hopefully we will have
19	something next time.
20	PROC-0042, PROC-0095 needs
21	response.
22	MR. HINNEFELD: There is no action

1	item here on 42, right, or is there?
2	MR. MARSCHKE: PROC-0042 we
3	basically, didn't we put a
4	MR. HINNEFELD: I think we put it
5	in abeyance.
6	MEMBER ZIEMER: Closed one and
7	there are four in abeyance.
8	MR. HINNEFELD: Yes. Okay.
9	MR. MARSCHKE: No actions.
10	MR. HINNEFELD: Right. We just
11	need to revise the copy we have.
12	CHAIR MUNN: So we don't have an
13	action?
14	MR. HINNEFELD: Well, I mean,
15	anything that is in abeyance
16	CHAIR MUNN: Well, yes.
17	MR. HINNEFELD: in the grand
18	scheme, we have an action. But there is
19	nothing specific about that.
20	CHAIR MUNN: You didn't say you
21	had an action item?
22	MR. HINNEFELD: No.

1	CHAIR MUNN: Okay. We are asking
2	for a response on PROC-0095, which is all
3	open. And NIOSH is going to check for the
4	documents for PROC-0097. We'll keep it open
5	for a time. The next is going to be covered
6	under PROC-0012. That is going to be
7	verified.
8	And then the other open items we
9	had as we went down the list were OTIB-0054,
10	OTIB-0070, OTIB-0013, OTIB-0014. And they're
11	going to report on OTIB-0010-08 the status
12	with the expectation we can close it next
13	meeting.
14	MR. HINNEFELD: You just might
15	mention those 13, 14, and 10, the last 3.
16	Those are OCAS TIBs.
17	CHAIR MUNN: Yes, 13, 14, and
18	10-08.
19	MR. HINNEFELD: Those are OCAS
20	TIBs, which we abbreviate TIB.
21	CHAIR MUNN: Yes.
22	MEMBER ZIEMER: When you mentioned

1	the items on the commonality paper, did you
2	mention SC&A is going to reissue that author
3	and date as well?
4	CHAIR MUNN: Yes. SC&A revised
5	commonalities paper to include the two items.
6	MR. MARSCHKE: Two items plus the
7	format.
8	MEMBER ZIEMER: Yes. And you said
9	the two items.
10	CHAIR MUNN: Yes.
11	MEMBER ZIEMER: I wasn't sure if
12	
13	MR. HINNEFELD: One format as
14	well.
15	CHAIR MUNN: Okay.
16	MR. KATZ: Is that it?
17	CHAIR MUNN: That is what I have.
18	MR. KATZ: Okay.
19	CHAIR MUNN: Anything else?
20	(No response.)
21	CHAIR MUNN: If not, I didn't hear
22	an answer to my question. Is anyone

1	enthusiastic about trying to set yet another
2	date past October for our meeting following
3	that or do you want to ignore the whole thing?
4	Well, is anyone enthusiastic about anything at
5	this point?
6	MEMBER ZIEMER: About adjourning.
7	MEMBER GIBSON: Getting out of
8	here.
9	CHAIR MUNN: You would like to
10	leave, wouldn't you?
11	MEMBER ZIEMER: Did you have
12	particular dates in mind or
13	CHAIR MUNN: Well, I had hoped
14	that we might set something up for the end of
15	November or in the middle of November.
16	MR. KATZ: So we don't have Mark?
17	CHAIR MUNN: We don't have Mark.
18	MEMBER GRIFFON: I have come back
19	on. I've been on for the last half-hour.
20	Thanks for the summary at the end, Wanda.
21	CHAIR MUNN: So glad you got in
22	there.

1	MR. KATZ: Okay. Mark. We have
2	Mark. So
3	CHAIR MUNN: How is your middle
4	November looking?
5	MEMBER GRIFFON: Well, we're
6	actually going to try to fit in those dates?
7	Yes. Middle November is fine with me,
8	actually.
9	CHAIR MUNN: All right. I guess
LO	we have to avoid Veterans' Day on the 11th.
11	MR. KATZ: Thanksgiving, too.
L2	CHAIR MUNN: We won't even talk
13	about the last week of the month. Is that
L4	week of Veterans' Day reasonable for us to
15	look at, that Thursday or that Friday?
L6	MR. KATZ: Well, the Thursday
L7	means, then, traveling on Veterans' Day.
18	CHAIR MUNN: That's true. What
L9	about the Friday?
20	MR. KATZ: Yes, or what about the
21	following week, the 16th, 17th, 18th, or the
22	17th, 18th?

1	CHAIR MUNN: Fine. Seventeenth?
2	Tuesday, November 17? No?
3	MEMBER GRIFFON: Okay with me.
4	MEMBER ZIEMER: I have got a
5	conflict, but I might be able to change it.
6	CHAIR MUNN: Well, is that week
7	okay?
8	MEMBER ZIEMER: Yes.
9	CHAIR MUNN: Just that day that is
10	not good?
11	MEMBER ZIEMER: Yes.
12	MEMBER GIBSON: Okay. Eighteenth.
13	CHAIR MUNN: Is the 18th okay?
14	Eighteenth, Mark?
15	MEMBER GRIFFON: Eighteenth is
16	better, yes.
17	CHAIR MUNN: Okay. All right.
18	Mike? We are good for November 18th, 10:00
19	o'clock here.
20	MR. KATZ: 9:30. If Paul comes
21	now the night in advance, we can actually get
22	started earlier.

1	MEMBER ZIEMER: I thought we were
2	starting late for Wanda.
3	MR. KATZ: She blamed it on you.
4	CHAIR MUNN: Wait. Well, I didn't
5	blame it solely on you. Mark likes to come in
6	that same day, too.
7	MEMBER GRIFFON: Yes. I usually
8	do, but my flight usually gets there by
9	9:30 is pretty good for me.
10	MR. KATZ: Okay.
11	MEMBER GRIFFON: Because we get in
12	at 8:30.
13	MS. HOWELL: Hey, Ted?
14	MR. KATZ: Yes, Emily?
15	MS. HOWELL: The 18th and 19th are
16	going to be a problem for OGC.
17	MR. KATZ: You mean no coverage?
18	MS. HOWELL: No coverage.
19	MR. KATZ: Oh.
20	MS. HOWELL: We have meetings in
21	Atlanta those days.
22	CHAIR MUNN: Uh-oh And the 17th

1	is bad for Paul.
2	MEMBER ZIEMER: I can probably
3	change mine. If the 17th is good, let's do
4	it.
5	MR. KATZ: Okay.
6	CHAIR MUNN: Is the 17th okay,
7	Emily?
8	MS. HOWELL: Yes, the 17th would
9	work.
10	CHAIR MUNN: Mark?
11	MEMBER GRIFFON: Yes. It's okay.
12	CHAIR MUNN: Mike?
13	MEMBER GIBSON: Yes.
14	CHAIR MUNN: Okay. The 17th.
15	MEMBER GRIFFON: All right.
16	CHAIR MUNN: I thank you. This
17	meeting is adjourned.
18	(Whereupon, the above-entitled
19	matter went off the record at 4:43
20	p.m.)
21	