

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,

OCTOBER 15, 2009

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The Subcommittee convened in the Zurich Room at the Cincinnati Airport Marriott Hotel, 2395 Progress Drive, Hebron, Kentucky, at 9:30 a.m., Wanda Munn, Chair, presiding.

BOARD MEMBERS PRESENT:

WANDA I. MUNN, Chair

MICHAEL H. GIBSON *

MARK GRIFFON *

PAUL L. ZIEMER

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IDENTIFIED PARTICIPANTS:

NANCY ADAMS, NIOSH Contractor

BOB BARTON, SC&A

LARRY ELLIOTT, OCAS

STU HINNEFELD, OCAS

EMILY HOWELL, HHS

THEODORE KATZ, Acting Designated Federal
Official

KAREN KENT, ORAU

GEORGE KERR, ORAU

STEVE MARSCHKE, SC&A

JOHN MAURO, SC&A

ELYSE THOMAS, ORAU

*Present via telephone

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

(9:47 a.m.)

MR. KATZ: Okay, so let's start with roll call. This is the Advisory Board on Radiation and Worker Health. It is the Subcommittee on Procedures Review. I'm Ted Katz. I'm the designated federal official for the Advisory Board.

Wanda Munn's the Chair, and we're going to begin, as we always do, with roll call starting with Board members in the room.

CHAIR MUNN: Wanda Munn, chair of the Subcommittee.

MEMBER ZIEMER: Paul Ziemer, member of the Subcommittee.

MR. KATZ: And then online?

MEMBER GRIFFON: Mark Griffon, member of the Board.

MEMBER GIBSON: Mike Gibson, member of the Subcommittee.

MR. KATZ: Okay, thank you. Then in the room for the NIOSH ORAU team.

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1 MR. ELLIOTT: Larry Elliott,
2 Director of NIOSH's Office of Compensation
3 Analysis and Support.

4 MR. HINNEFELD: Stu Hinnefeld,
5 technical program manager, same office.

6 MR. KATZ: And on the line, NIOSH
7 ORAU team.

8 MS. THOMAS: Elyse Thomas, ORAU
9 team.

10 MS. KENT: Karen Kent, ORAU team.
11 I'm filling in for Scott Siebert today.

12 MR. KATZ: Great. Welcome.

13 MS. KENT: Thanks.

14 MR. KATZ: Okay, then SC&A in the
15 room.

16 MR. MARSCHKE: Steve Marschke.

17 MR. KATZ: And we expect John
18 Mauro?

19 MR. MARSCHKE: We expect John
20 Mauro.

21 MR. KATZ: Okay, John Mauro will
22 be joining us.

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1 MR. MARSCHKE: He's in the hotel.

2 MR. KATZ: Right, and on the line
3 for SC&A.

4 MR. MARSCHKE: I think most of the
5 SC&A people were expecting a 10:00 start.
6 They might be calling in at 10:00.

7 CHAIR MUNN: That's fine.

8 MR. KATZ: Okay, and then any
9 members of -- well, first, other federal
10 employees or contractors, beginning in the
11 room.

12 MS. HOWELL: Emily Howell, HHS.

13 MR. KATZ: And on the line?

14 MS. ADAMS: Nancy Adams, NIOSH
15 contractor.

16 MR. KATZ: Okay. Any members of
17 the public on the phone who would like to
18 self-identify?

19 All right. Wanda? Thank you.

20 CHAIR MUNN: All right. First of
21 all, if there was any confusion about our
22 start time, my apologies about that. We have

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1 an internal argument ongoing with respect to
2 when we should start this, my position being
3 that we should start at 10:00, and I think
4 many of our contractor people have accepted
5 that as being the starting gate, but we have a
6 federal official who insists that 9:30 is the
7 appropriate time.

8 So in this particular case where
9 we had both of our Board members -- two of our
10 Board members who were unable to attend in
11 person and the other two were already here,
12 we've opted to start just a little bit before
13 the Chair's preferred start time. But --

14 MEMBER ZIEMER: Early from her
15 point of view.

16 CHAIR MUNN: Yes, early from my
17 point of view. Thank you for your patience
18 with us on that point. We'll try to be --
19 we'll try to reach some consensus before we
20 leave Cincinnati this time and have a more
21 firm time for you next meeting.

22 I had sent requests for anyone who

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1 had comments or corrections with respect to
2 our proposed agenda, which is simply to follow
3 the action item draft that I sent to you
4 earlier. The only person from whom I heard
5 was our Board member Mark Griffon.

6 He has several questions with
7 respect to some of the items there, but rather
8 than cover those questions separately, if it's
9 all right with you, Mark, we'll just go ahead
10 and take those questions up as we reach those
11 specific items. Is that okay with you?

12 MEMBER GRIFFON: That's fine,
13 Wanda.

14 CHAIR MUNN: Okay. Very good.

15 MEMBER GRIFFON: Thank you.

16 CHAIR MUNN: I have no real
17 response for you until we address them. The
18 first item that we had on our action list was
19 mine. It was to revise the transfer document
20 that we were going to use to change procedures
21 from this Subcommittee into the hands of other
22 working groups or subcommittees.

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1 That draft has been submitted, and
2 I have received no comment with respect to its
3 markup. We submitted it as a draft transfer
4 from this Subcommittee to the Rocky Flats Work
5 Group.

6 I believe you all have copies of
7 it electronically. Are there any comments or
8 questions with respect to that? Do you feel
9 that it needs any additional work before we
10 actually send that letter and subsequently one
11 or two others, which we agree should be
12 transferred earlier? Any comments or
13 questions with that?

14 If not, I take it by silence that
15 we have consensus on the wording of that
16 template. I will see to it that it will be my
17 action item to get the final copy of this
18 particular transfer underway, and I will
19 attempt to see that the other transfers that
20 we have made which have not been accomplished
21 on record are done also.

22 I also -- I believe you also have

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1 copies of the PDF files, which Steve Marschke
2 has put together as additional information
3 which need to accompany those transferred
4 files. Have you taken a look at those as
5 well? Is there any problem with the format or
6 the information contained on those files?

7 MEMBER ZIEMER: I just have one
8 question on those. Those are PDF files --

9 CHAIR MUNN: Yes.

10 MEMBER ZIEMER: -- and typically a
11 person cannot enter the information on those
12 files unless they have -- can you do it with a
13 special program? You've asked them to
14 complete those and then return them.

15 CHAIR MUNN: Yes.

16 MEMBER ZIEMER: Is there an
17 interactive kind of file that they can use to
18 do this or what -- how do they actually
19 physically do that?

20 CHAIR MUNN: It was my
21 understanding -- I think we had a very brief
22 conversation about this at our last meeting,

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1 and it was my understanding that it was going
2 to be possible for them to establish the same
3 type of working file for their work group as
4 we use on this database so that they could
5 essentially continue to do that. Now, if my
6 understanding --

7 MEMBER ZIEMER: This would be a
8 template of some sort that we would provide or
9 how would they --

10 CHAIR MUNN: No, I don't believe
11 we would provide it. I think the IT folks at
12 CITGO have to provide that. Does anyone have
13 any specific information with regard to how
14 that is going to work mechanically?

15 MR. HINNEFELD: Well, the database
16 application we're working on, which is a SQL,
17 not an Access database, is -- we're designing
18 to cover all the work groups and
19 subcommittees, so we're trying to do that.

20 So if that -- in that instance,
21 the data could be read -- it could be -- it
22 would be a simple matter of a pointer or

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1 something, that the data would then go up on -
2 - in Rocky Flats, and all the data would be
3 there, it would be essentially the same
4 appearance of the data.

5 So that is what would happen from
6 a database standpoint. I don't have a date
7 for when that's going to be ready. So --

8 MEMBER ZIEMER: I guess when that
9 occurs we may have to modify the cover letter
10 to instruct them on this or we would add
11 something to this, maybe an addendum to these
12 sheets. I mean, these are static sheets.

13 MR. HINNEFELD: Right.

14 MEMBER ZIEMER: Here's the
15 information, then that's probably good to have
16 that and then maybe an instruction to tell
17 them how to actually implement entering their
18 actions into the system.

19 CHAIR MUNN: It would appear to be
20 more efficient to simply instruct the chair of
21 each subcommittee or working group as to how
22 this process will work. We should be able to

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1 do that electronically and simultaneously
2 instruct that until that is up and operating.

3 MEMBER ZIEMER: I guess while
4 that's operating, for example, if you
5 transferred this to Mark, he gets this. If
6 they take an action, I guess he would just
7 have to download this mechanically. What
8 would he do? I guess just provide the
9 information and we would enter it for now,
10 right? That's how I would --

11 MR. HINNEFELD: I would just
12 provide the next -- whatever the entries are
13 in a Word file and then at the time they were
14 completed with it provide it back to --
15 because this is still the database we're using
16 -- provide it back to this group and somebody
17 with write privileges.

18 I can now write to the database
19 since it's our site. Steve or I could put it
20 into the findings. I mean, we can work that,
21 if this occurs before the new database is
22 done.

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1 CHAIR MUNN: Probably I should
2 work with the two of you to put together
3 generic instructions to send to the chairs of
4 the work groups so that they will be aware.

5 MR. HINNEFELD: Yes, and I --

6 MEMBER ZIEMER: Well --

7 MR. HINNEFELD: There's a number
8 of questions I would have to ask our IT people
9 about the utility of -- is there a way that
10 we can just take this data and this format and
11 put it on a file, probably a Word file, that
12 they can write to so they can finish it out in
13 the same type of template and send it back, at
14 which time we would take the new entries and
15 put them back in the database.

16 Is there an easy way to do that or
17 should we just not even -- just leave this PDF
18 page static and just any entries after that
19 send over to us in a Word -- similar-type
20 format but in a Word file and which we could
21 then copy into the Access database.

22 MEMBER ZIEMER: Well, if that's

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1 the case, then in my mind it raises an
2 additional question on your letter, which I
3 can now raise, and that is, in the letter we
4 have a statement that simply says for them to
5 complete the form and return it with an
6 electronic signature, but it's not obvious.

7 I think at one point the form was
8 complete. For example, in this sample -- or
9 it's not a sample, the actual form we send on
10 Rocky to Mark, it has places in it for the
11 NIOSH follow-up actions.

12 Now when that's filled in, is the
13 form complete or it could be that after the
14 NIOSH follow-up action there's something else
15 that occurs. That's what I'm not clear on.

16 CHAIR MUNN: Well, in the form
17 that I anticipated the recipient would sign
18 that simply --

19 MEMBER ZIEMER: Well, it's an
20 electronic signature. They send the
21 information back.

22 CHAIR MUNN: Yes, it is, but

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1 that's simply their discussion with their work
2 group to establish. We had previously
3 discussed the fact that the first thing we
4 have to do is get buy-in from the group to
5 which the file is being transferred that they
6 will accept it.

7 So that was the immediate response
8 that we anticipated. First, we must have the
9 agreement the work group or subcommittee
10 accepts that transfer. Then after that,
11 actions that transpire need to be recorded in
12 such a way that ultimately, when they're done
13 with it, we can incorporate it into the
14 permanent archive, which we are maintaining.

15 But our -- if I could request Stu
16 and/or Steve, I don't know which of you or
17 both, could find -- could clarify with the IT
18 folks exactly what is the most expedient and
19 simplest way to do this.

20 MR. HINNEFELD: I will do that.

21 CHAIR MUNN: If Stu would do that
22 -- if you'd take that as an action item, then

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1 it seems to me rather pointless for us to
2 discuss how we're going to do it if we don't
3 know what's possible --

4 MEMBER ZIEMER: Right.

5 CHAIR MUNN: -- electronically.

6 MEMBER ZIEMER: Well, right now
7 Mark gets two things, right, the cover letter
8 and the form which shows what we've done so
9 far.

10 CHAIR MUNN: The PDF file that
11 shows what's been done so far.

12 MEMBER ZIEMER: What are we asking
13 him to return?

14 CHAIR MUNN: We are asking him to
15 return -- we don't know what to ask him to
16 return until we have determined from the IT
17 folks what format -- whether they can use this
18 case-tracking format easily.

19 MEMBER ZIEMER: Well, right now it
20 says to return the completed form by email.
21 My question is, is that the snapshot picture
22 of the Rocky Flats?

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1 CHAIR MUNN: No. That's the
2 Record of Transfer sheet --

3 MEMBER ZIEMER: Okay, the one
4 that's attached to the letter? That's the one
5 --

6 CHAIR MUNN: Correct.

7 MEMBER ZIEMER: -- you want
8 returned?

9 CHAIR MUNN: Correct.

10 MEMBER ZIEMER: Just that they've
11 accepted it?

12 CHAIR MUNN: Correct.

13 MEMBER ZIEMER: So we're not
14 asking for the other thing back?

15 CHAIR MUNN: What we have -- no.
16 What we have asked in the previous paragraph
17 is recording on the finding sheet any action
18 or change in status resulting from the work
19 group efforts.

20 It was my understanding from the
21 discussion that we had had earlier that there
22 was a form of PDF file that we could send to

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1 them which would allow them to enter
2 information on it. That's what I'm asking Stu
3 to check --

4 MEMBER ZIEMER: Until they can
5 actually do that, we may have to have an
6 interim process to --

7 CHAIR MUNN: Right.

8 MEMBER ZIEMER: -- get this --

9 MR. HINNEFELD: I intend to just
10 talk to our IT folks and see what's -- what
11 looks easier. To me, what looks easy is for
12 the receiving work group or subcommittee to
13 prepare a Word file in the same sort of
14 structure that this database appears in.

15 There's a finding, there's a
16 response, there's initial discussion. With
17 the dates in it, there may be a work group or
18 subcommittee action, in that format and this
19 in sequence in a Word file and return it to
20 us, and then Steve or I clip those off and put
21 them into the database when it's done. That
22 looks to me the easiest to me today.

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1 MR. MARSCHKE: Kind of just like
2 the way we handle now with --

3 MR. HINNEFELD: That's what we do
4 now.

5 MR. MARSCHKE: -- NIOSH responses
6 and the SC&A responses --

7 MR. HINNEFELD: We send everything
8 in Word now. We clip it off and we put it in
9 the database.

10 MR. MARSCHKE: Yes.

11 MR. KATZ: So you're just saying
12 that that would occur in the interim until the
13 SQL thing is working correctly?

14 MR. HINNEFELD: Yes. Yes. Once
15 SQL is working, we will have a way to just
16 move it.

17 MR. KATZ: My guess is that these
18 other work groups aren't going to actually
19 have moved forward and have anything to report
20 until you already have that SQL thing.

21 MR. HINNEFELD: I haven't talked
22 to Stacy --

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1 MR. KATZ: So I don't know that
2 you'll even need an interim vehicle for that,
3 just the acknowledgment that they've accepted
4 the assignment, which is --

5 CHAIR MUNN: That's what we need.

6 MR. KATZ: -- an email with it.
7 Right.

8 CHAIR MUNN: Yes.

9 MR. KATZ: I think that's probably
10 all that's needed.

11 MEMBER ZIEMER: But we may have to
12 -- you may have to start telling them what to
13 do with the other document.

14 DR. MAURO: Just to catch up
15 because I came in a little late though, so we
16 are -- this group will be the archive, though,
17 of --

18 CHAIR MUNN: That's correct.

19 DR. MAURO: -- of the closure of
20 their review of the procedure that started
21 with us. Transferred it to them. They do
22 their thing, close it out, get happy with it,

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1 but it will come back and be part of our
2 archives? Just wanted to make sure, as
3 opposed to just walking away, it's theirs now,
4 not ours.

5 CHAIR MUNN: No.

6 DR. MAURO: Okay, just wanted to
7 make sure.

8 CHAIR MUNN: When they're done,
9 their closure comes back to us to be recorded.

10 DR. MAURO: So we're the archive -
11 -

12 CHAIR MUNN: This is the archive.

13 DR. MAURO: Okay.

14 CHAIR MUNN: Yes.

15 MR. HINNEFELD: You know, once we
16 have a consolidated database, that can all be
17 taken care of on the database.

18 DR. MAURO: No, that's fine.
19 There was some question whether or not the
20 other work groups dealing with their
21 individual Rocky Flats, whatever, would have
22 their own archive of some form at some time in

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1 the future, but that doesn't sound to be the
2 case

3 CHAIR MUNN: They might have a
4 working file. They might have a tracking
5 system of their own, but it would either link
6 directly to ours or it all comes back to us in
7 the end for the archive.

8 Mike or Mark, do either of you
9 have any question or problem with that?

10 MEMBER GRIFFON: No, that made
11 sense, Wanda.

12 CHAIR MUNN: Okay.

13 MEMBER GRIFFON: Yes.

14 MEMBER GIBSON: I'm good with
15 that.

16 CHAIR MUNN: Okay. Very good.
17 Thank you. The next item we have on our
18 action item list is providing a draft report
19 to the Secretary for all Subcommittee members'
20 review.

21 I've done that. You have the copy
22 of that first draft of my suggestion. As you

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1 know, I would prefer to make these reports as
2 brief and as informative as necessary, but not
3 additional detail.

4 When we submitted the first one,
5 we included in our information to the
6 Secretary a full-scale report from SC&A about
7 almost everything that we had done during that
8 time, and my instinct was that we no longer
9 need that kind of information being provided
10 with each of these reports.

11 If I am incorrect about that, then
12 here's your opportunity to tell me about it
13 and if the draft of the second report to the
14 Secretary does not appear to cover adequately
15 what you feel should be said, please do let me
16 know. I'm open now for any suggestions,
17 additions, deletions, any comments.

18 MEMBER ZIEMER: I have a number of
19 items. I thought I'd go through them.

20 CHAIR MUNN: Go right ahead, Paul.
21 Yes, please.

22 MEMBER ZIEMER: The first one is -

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1 - I'm going to start with one that's more
2 general and then I have some specific ones,
3 but in the fourth paragraph of the first page,
4 at least it's the first page the way I print
5 it out, there's a whole lot of detail about
6 this database, and in my mind it doesn't
7 matter for the Secretary to know that.

8 All we need to tell the Secretary,
9 let me make it simple, is that we're reviewing
10 the procedures and we have a certain kind of
11 findings. I can't believe that at the
12 secretarial level they care very much how
13 we're tracking.

14 But I may be wrong. I mean, we
15 spent a lot of time on this database, and we
16 like to let it be known, but -- and maybe Ted
17 and Emily and Larry can help us out on here,
18 but do we need that kind of -- there's a lot
19 of detail on how we're tracking this stuff.

20 In my mind, at the secretarial
21 level, that doesn't matter. I mean, they
22 expect that we're keeping records of some

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1 sort. Do they care what the database looks
2 like?

3 So that's a comment, and it starts
4 with the addition of the second set of
5 procedures of printed matrix became too
6 intricate and bulky and then the goal of
7 tracking the history and the resolution and
8 there's a lot of sentences from there to the
9 end of that paragraph about the database.

10 CHAIR MUNN: There are.

11 MEMBER ZIEMER: I'm not
12 criticizing your description. I think it's a
13 good description, but I'm not sure the
14 Secretary needs to know it. That's my point.

15 CHAIR MUNN: Well, I'm delighted
16 to hear your suggestion that we reduce the
17 number of words in the letter --

18 MEMBER ZIEMER: It would sharpen
19 this document, but I --

20 CHAIR MUNN: -- but by the same
21 token --

22 MEMBER ZIEMER: -- I just thought

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1 maybe we could discuss that or get some -- if
2 I'm the only one that feels that way, I -- you
3 might convince me otherwise.

4 CHAIR MUNN: No, I'd very much
5 like to hear a discussion about that because
6 the reason I put it in, very frankly, was to
7 make it clear to the Secretary that there's
8 been a great deal of effort expended on this,
9 and I expended a great deal of words in my
10 attempt to do that. If that seems to be
11 inappropriate, then I certainly have no
12 objection to shortening that paragraph.

13 MEMBER ZIEMER: Well, I thought
14 maybe those within the agency --

15 MR. KATZ: I'll speak to that. I
16 mean, I agree totally. I think at the
17 secretarial level, process is very
18 uninteresting except when you're -- when
19 you're addressing something of due process or
20 whatever, but in general, process information
21 is of no interest. They really would be
22 interested in the bottom line --

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1 MEMBER ZIEMER: They're outcome-
2 focused.

3 MR. KATZ: -- the substantive.
4 What are we -- what is the Board finding and -
5 -

6 MEMBER ZIEMER: Why are we doing
7 it and what has been found.

8 MR. KATZ: Right. Enough context
9 to understand -- yes, exactly, what the task
10 was and what the outcome was.

11 CHAIR MUNN: Paul, do you have
12 specific suggestions or would you like --

13 MEMBER ZIEMER: Well, no. I do
14 have some other specific ones --

15 CHAIR MUNN: Okay.

16 MEMBER ZIEMER: -- that I'll
17 mention. Several of them were within that
18 paragraph, so they would disappear.

19 CHAIR MUNN: All right.

20 MEMBER ZIEMER: Backing up to the
21 third paragraph, a complete group of
22 procedures scrutinized, and then you have some

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1 numbers to fill in, including more than one
2 revision of a few procedures.

3 That's -- that wording sounds
4 loose enough to me that I would like to see it
5 be more crisp. For example, maybe something
6 like one revision of certain -- more than one
7 revision of certain procedures or something
8 like that.

9 CHAIR MUNN: Well, we can actually
10 count the number of procedures. There are
11 only about eight or nine of them through which
12 this occurs. So -- through which that
13 applies, and most --

14 MEMBER ZIEMER: Yes, and again,
15 I'm not sure that number is so critical other
16 than to point out that some of the procedures
17 have been or certain procedures have been
18 revised, so just a crisper wording. May need
19 the numbers. Okay, that was one issue.

20 We talked about the impact on
21 Probability of Causation, and I'm -- well,
22 first of all, I think those have to be

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1 capitalized if we use it, but I'm wondering if
2 we introduce that into the letter or if we
3 need to contextualize that or if we even bring
4 that up.

5 Again, a little advice here, we
6 are -- I think the focus has to be we're
7 reviewing the procedures. What are we finding
8 and how does it impact and what does it say
9 about the scientific quality of the work being
10 done. Those are bottom-line things.

11 Do we have to introduce other
12 concepts like do we talk about things like
13 Probability of Causation or any of the other
14 technical terms per se at the secretarial
15 level. That's the question I have.

16 CHAIR MUNN: I have a little
17 concern with even introducing --

18 MEMBER ZIEMER: If it's an impact
19 on the compensation decision, a term like
20 that, I think, rather than on PoC, maybe for
21 the secretary level -- I'm sort of looking to
22 the others for advice on that.

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1 CHAIR MUNN: Very frankly, from my
2 perspective, anything that avoids the term
3 Probability of Causation is beneficial.
4 Probability of Causation for anyone who knows
5 anything about mathematics and statistics is
6 an impossibility anyway.

7 MEMBER ZIEMER: Well, suppose we
8 talk about the impact on compensation
9 decisions.

10 CHAIR MUNN: The impact on
11 compensation decisions sounds entirely --

12 MEMBER ZIEMER: I think at the
13 secretarial level that's an important issue.
14 I mean, it's based on this. Do we need to
15 introduce the term?

16 CHAIR MUNN: I don't see any
17 reason why we have to, and your suggestion is
18 certainly well received here. If you have a
19 wording that you'd like --

20 MEMBER ZIEMER: Well, I would say
21 minor issues with no measurable impact on
22 compensation decisions, you manage the

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1 scientific debate, which may have complex-wide
2 implications.

3 CHAIR MUNN: On compensation --

4 MEMBER ZIEMER: I mean, I think we
5 may need another round. That whole thing on
6 calculations of Probability of Causation --

7 CHAIR MUNN: Yes.

8 MEMBER ZIEMER: -- I would just
9 say on compensation decisions, for example.

10 CHAIR MUNN: That's certainly
11 acceptable to me. Do any of the other Board
12 members have problems with making that change?

13 MEMBER GIBSON: That's fine with
14 me.

15 CHAIR MUNN: Compensation
16 decisions to matters of scientific --

17 MR. KATZ: That was Mike.

18 CHAIR MUNN: Yes? Any problems
19 with that, Mark?

20 MEMBER GRIFFON: No, Wanda. I
21 think I'm okay with Paul's comments, and
22 actually, I also agree with the first point

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1 about the database.

2 I do have -- I mean, the only
3 other question I had, and Paul, you might've
4 hit on this a little bit, I was dealing with
5 some noise outside my house, the question I
6 had was do we get to any of the bottom-line
7 questions in this letter?

8 Is this letter maybe premature? I
9 mean, are we being asked to -- I forget the
10 time line. I know we did bring this up at the
11 last meeting, but are we at a point where we
12 can say anything about bottom-line questions?

13 Does the interim letter -- it
14 seems like an update sort of, but it would
15 even -- necessary at this point, I guess,
16 would be my -- just a step back from the whole
17 thing.

18 CHAIR MUNN: It was my
19 understanding that we discussed this at
20 considerable length earlier and came to the
21 conclusion that it was wise to provide
22 something on the order of an annual status to

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1 the Secretary's office just to assure that
2 they were aware that the Subcommittee was
3 continuing to function and that we were moving
4 forward.

5 MEMBER GRIFFON: Okay. I do
6 vaguely remember that, Wanda, so I don't -- so
7 with that in mind, I guess, I would say, yes,
8 keep some of the specifics about the database
9 out and keep it short and sweet.

10 MEMBER ZIEMER: We have, Mark, we
11 have two subcommittees, the Dose
12 Reconstruction and this one. Of course, Dose
13 Reconstruction we have provided regular
14 reports, plus the summary report, and I think
15 we thought it was appropriate since this is at
16 the subcommittee level to at least report on
17 progress.

18 I'm not sure how much bottom line
19 we can do here. I think indicating that some
20 procedures have been revised is a sort of
21 bottom-line matter. In other words, the
22 process has --

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1 MEMBER GRIFFON: Has affected the
2 program, yes.

3 MEMBER ZIEMER: -- spurred some
4 revision, number one, and beyond that, we
5 probably can only indicate that this is an
6 ongoing process that we're continuing to
7 review. I'm not sure we're ready for sort of
8 the ultimate statement.

9 DR. MAURO: I don't have that in
10 front of me. I neglected to print it out, but
11 I have a concept -- oh, thank you very much.
12 The fact that we are at a point where we could
13 know the number of procedures and they're
14 almost all of them -- I mean, we're at a point
15 now where there aren't that many more
16 technical procedures left to review, that's
17 one of them.

18 We have an almost -- I would --
19 certainly, correct me if I'm wrong, but every
20 so often we check to see are there any
21 additional procedures out there that are --
22 where it might be helpful for SC&A to review.

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1 I do that, and it turns out that,
2 and you may agree with this, that we've really
3 reviewed the lion's share --

4 MEMBER ZIEMER: Yes.

5 DR. MAURO: -- of the procedures.

6 MEMBER ZIEMER: Right.

7 DR. MAURO: Second, we have
8 actually achieved closure. We found there are
9 -- we have numbers here because part of our
10 progress report identified, where are we.
11 What percentage of -- because I have a budget
12 I'm tracking and how much of the budget could
13 we spend and how much of our work will be
14 completed.

15 Well, according to my numbers,
16 we've completed 70 percent of our work. In
17 other words, we have either closed an issue or
18 appropriately transferred it or it's in
19 abeyance and an abeyance is important.

20 Now, I don't know, this may be in
21 here already, but the idea -- I don't know if
22 you want to go that far.

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1 MEMBER ZIEMER: No, no, we're not
2 going to talk about --

3 DR. MAURO: No, no. I understand.
4 I understand what you're saying, but in the
5 end, as far as I'm concerned, in-abeyances
6 mean we have reached a point where you think
7 we have agreed on the changes that are needed
8 to the procedure, so the way I see it is there
9 were 108 or whatever number of procedures are
10 that we've reviewed to date.

11 Out of those, we deliberated on a
12 certain number of them, I think on all of them
13 we have some deliberation.

14 MR. HINNEFELD: I'm not even sure.

15 DR. MAURO: The ones that are open
16 -- oh, there they are, right there. Nineteen
17 percent. So, in other words, 80 percent we've
18 deliberated on. That's what it really comes
19 down to. We've had some deliberation, and out
20 of that, out of the total, 70 percent we have
21 agreed to -- that we either found the
22 procedure adequate as it is or we found it

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1 necessary to make some changes to improve the
2 quality or clarity of the procedure. Now,
3 this is a very simple statement.

4 CHAIR MUNN: I tried to cover that
5 --

6 DR. MAURO: If that's in here, I -
7 - I didn't read it, but I would -- I think
8 that kind of very general oversight would be
9 very effective.

10 CHAIR MUNN: Third paragraph.

11 DR. MAURO: Third paragraph?

12 CHAIR MUNN: Third paragraph. We
13 are going to accompany this with the kind of
14 tracking system summary that we have on the
15 screen right now, and with a couple of the
16 graphs that Steve has put together.

17 DR. MAURO: Oh, do you?

18 CHAIR MUNN: Yes.

19 DR. MAURO: Okay.

20 MR. KATZ: You probably -- it's
21 simple enough that you probably can cover it
22 in narrative with a lot of -- but I don't know

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1 that you need that much data to support these
2 simple statements.

3 MEMBER ZIEMER: We might add a
4 sentence or two about -- you talked about the
5 number of findings closed, but maybe the issue
6 that 80 percent or something have already been
7 --

8 DR. MAURO: Deliberated.

9 MEMBER ZIEMER: -- deliberated on
10 or --

11 DR. MAURO: We have had
12 deliberations on --

13 MEMBER ZIEMER: Whatever that
14 number is.

15 DR. MAURO: -- 80 percent of --

16 MEMBER ZIEMER: Is it 79 percent?
17 Or 81 percent?

18 DR. MAURO: Eighty-one percent.

19 MEMBER ZIEMER: Yes.

20 CHAIR MUNN: Well, at the end of
21 our -- at the close of our business today,
22 those numbers may change, but --

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1 MR. KATZ: Right.

2 DR. MAURO: But it's the idea.
3 You know, what do we want to communicate?
4 Whatever those numbers turn out to be by the
5 end of today.

6 MR. KATZ: I mean, moreover, you
7 can also say 50 percent are closed, pretty
8 much --

9 CHAIR MUNN: Well, that's --

10 MR. KATZ: -- and another
11 15 percent, so --

12 CHAIR MUNN: -- I said as much.

13 MR. KATZ: So for that percentage,
14 I mean, you've either closed them or you've
15 agreed on the path forward.

16 CHAIR MUNN: We've said 49 percent
17 have been resolved and closed. We get a
18 number of -- percentage of deliberations.
19 I'll add that to the third paragraph.

20 MEMBER ZIEMER: I have another
21 comment when you get a chance.

22 CHAIR MUNN: Yes. Yes, go ahead.

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1 MEMBER ZIEMER: In the second
2 paragraph, as detailed in our initial report
3 dated July 18, 2008 to assure the completeness
4 and so on, it sounds like the initial report
5 was written to ensure the completeness. You
6 know what I'm saying?

7 CHAIR MUNN: Yes.

8 MEMBER ZIEMER: So my suggestion
9 was -- is to insert in front of the to ensure
10 completeness, follow it -- put a comment after
11 2008, as detailed in our initial report dated
12 July 18, 2008, as part of our responsibility
13 to assure the completeness and the scientific
14 validity, dadadada, the Board has selected
15 groups of procedures and documents for review.

16 CHAIR MUNN: Sounds good to me.
17 Any objection to that addition?

18 MEMBER ZIEMER: The other reason
19 for wording it that way is that this is not
20 the only activity of the Board that's involved
21 in assuring scientific validity. It's part of
22 the responsibility of the Board. We have

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1 other responsibilities, such as the Dose
2 Reconstruction and all that stuff.

3 So that was my suggestion for that
4 paragraph.

5 CHAIR MUNN: Very good.

6 MEMBER ZIEMER: I think that -- I
7 think those are the only ones I had.

8 CHAIR MUNN: All right.

9 MEMBER ZIEMER: I guess I'd like
10 to suggest that we make modifications and then
11 have another look at it.

12 CHAIR MUNN: I would hope that,
13 perhaps over the lunch hour, you and I could
14 take a look at this and get the proposed new
15 electronic version of it out to Mike and Mark
16 so that hopefully at the end of this meeting
17 we can bring something to the Board.

18 If that's amenable with all
19 parties, we'll undertake to do that. All
20 right with the folks on the phone?

21 MEMBER GRIFFON: Sounds good,
22 Wanda.

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1 CHAIR MUNN: Okay.

2 MEMBER GIBSON: Yes, sounds good.

3 CHAIR MUNN: Very good. That's
4 what we'll try to do. Now the next item on
5 our agenda has to do with the technical issues
6 outstanding on OTIB-0029. John, that's an
7 SC&A action.

8 DR. MAURO: That was the one that
9 went over to --

10 MR. MARSCHKE: That went to Joyce.

11 CHAIR MUNN: Waiting for Joyce and
12 one of Mark's questions was -- did we get
13 responses from her?

14 MR. MARSCHKE: I have to
15 apologize. This is not in the database yet,
16 and I haven't really emailed it to the members
17 of the working group because I wanted to -- or
18 the Subcommittee I should say, I wanted to go
19 through and edit it, but -- make sure it was -
20 - but I'll give you the -- these are the raw
21 input we got back from Joyce.

22 So if we want to walk through the

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1 -- what's on the screen --

2 MR. HINNEFELD: Is the projector
3 out of focus or are my eyes out of focus?
4 Well, I'm not - my eyes are fuzzy so I'm not -
5 -

6 MEMBER GRIFFON: This is not
7 something you can email because --

8 MR. MARSCHKE: It's a file I can -
9 - if I knew how to email it, Mark. I'm using
10 a new computer -- the new computer that they
11 gave us, and I'm very much a novice on its
12 use, so --

13 MEMBER ZIEMER: Is the document
14 saved under a document file?

15 MR. MARSCHKE: The document is --
16 it's saved as a .doc file on my flash drive.
17 Now --

18 MEMBER ZIEMER: You can go to your
19 CDC email -- does he have a --

20 MR. KATZ: No. You're going to
21 have to save it onto your hard drive first
22 from your flash drive.

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1 MR. MARSCHKE: It is on its way,
2 Mark.

3 MEMBER GRIFFON: Okay. Thanks.
4 I'll look -- keep an eye out for it.

5 CHAIR MUNN: And you, too, Mike.

6 MR. KATZ: Mike mentioned that
7 somehow he was locked out.

8 CHAIR MUNN: Well, yes, but I
9 think they sent --

10 MR. HINNEFELD: We emailed it to
11 his non-CDC --

12 MR. KATZ: Okay, Mike, did you
13 hear that? This was emailed to your home
14 email address.

15 MR. HINNEFELD: Gmail account.

16 MEMBER GIBSON: Okay.

17 MR. MARSCHKE: Basically, what it
18 is is --

19 MR. KATZ: So are we ready to --
20 we were on a technical break, but are we back
21 --

22 CHAIR MUNN: I believe we're back

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1 --

2 MR. KATZ: -- in order? Okay.

3 CHAIR MUNN: Yes. We're taking a
4 look at OTIB-0029-01 response from -- Steve.

5 MR. MARSCHKE: Yes. Shown in red
6 is Joyce's responses to the NIOSH's responses
7 to the SC&A finding. Basically, the finding
8 is, as you see, instead of being complete in
9 terms of required data, the document
10 references and uses data and so on, and it
11 needs to be known and understand -- the
12 procedures described --

13 MEMBER ZIEMER: I'm not seeing
14 what you're reading.

15 MR. MARSCHKE: Oh, it's way up
16 here at the top. This is the finding.

17 MEMBER ZIEMER: Oh.

18 MR. MARSCHKE: Yes, you can --
19 again, I'm not sure if I'm making it better or
20 -- I can't make it bigger.

21 MEMBER ZIEMER: Not bigger,
22 sharper.

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1 MR. KATZ: That's as sharp as it
2 can be.

3 CHAIR MUNN: But this hasn't been
4 added to the database yet, right?

5 MR. MARSCHKE: No, it has not.

6 CHAIR MUNN: All right.

7 MR. MARSCHKE: No, it has not.
8 The issue that was being addressed was instead
9 of being complete in terms of required data,
10 the document references and uses data from
11 documents that need to be known or understand
12 the procedures described.

13 NIOSH response to that was, SC&A's
14 comments on the first couple statements
15 numbered one above appear to refer to HHS SEC
16 designation letter. I'm not sure what that --

17 MEMBER GRIFFON: Steve? I have
18 your file now, but can you tell me where
19 you're at and what --

20 MR. MARSCHKE: I'm on Page 3.

21 MEMBER GRIFFON: Thank you.

22 MR. MARSCHKE: OTIB-0029-01.

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1 MEMBER GIBSON: Thank you.

2 MR. MARSCHKE: The source of the
3 statements of activities from 1947 to 1951 is
4 the site description chapter of the Y-12 site
5 profile and the references cited therein. The
6 SEC was issued after the coworker -- so you
7 can read. I don't know -- I don't know, do
8 you want me to read the whole -- everything?

9 CHAIR MUNN: Yes, please do read
10 it out loud. Read Joyce's response.

11 MR. MARSCHKE: Well, Joyce's
12 response was just basically in abeyance. She
13 recommends that the -- Joyce's response here
14 was to -- she agreed with the NIOSH response
15 and basically says we are in agreement with
16 what NIOSH has said and the Subcommittee so we
17 recommend abeyance.

18 MEMBER ZIEMER: Wait, what are the
19 first couple of statements that she's talking
20 about?

21 MR. HINNEFELD: Well, her
22 statement is --

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1 MEMBER ZIEMER: This is SC&A's
2 comments. This is NIOSH's. Your response, it
3 says SC&A's comments on the first couple
4 statements.

5 MR. HINNEFELD: Well, that would
6 be one. That would be the statement above.
7 It's one of the first couple statements.
8 Okay. Finding.

9 CHAIR MUNN: It says --

10 MR. HINNEFELD: Okay, and here's
11 the issue is that the coworker model for the
12 SEC -- this, I think, is the entirety of the
13 issue on this. The coworker model says for
14 '47 through '51, the model doesn't seem to
15 make sense.

16 The SEC comes around later and
17 says you can't do '47, and so we said, oh,
18 okay. You're right, but it -- the SEC came
19 later. We haven't updated this coworker thing
20 to say it can't be '47, so we're going to
21 change it -- so it should say '48 to '51.

22 So that's essentially what we've

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1 promised to change, and that seems to be what
2 Joyce has agreed with, to say, okay, then it's
3 in abeyance until you -- now presumably, there
4 are a lot of other changes. I don't know if
5 we're going to change a document to change
6 that one year, but presumably there will be
7 other changes here.

8 MR. MARSCHKE: Then, basically,
9 NIOSH goes on to provide additional response.

10 There's a quote from the OTIB. We've added
11 emphasis. Should I read the whole thing?

12 CHAIR MUNN: It might be nice just
13 to make sure that everybody's hearing the same
14 thing.

15 MR. MARSCHKE: The quote from the
16 OTIB is, although there are no bioassay
17 results from before 1950 included in the
18 database, the first intake period was assumed
19 to begin on January 1, 1947.

20 Prior to 1947, the calutron was in
21 operation. There are no bioassay measurements
22 for the period, and conditions were quite --

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1 were likely quite different than at later
2 times on the site, so this period was not
3 included in the modeling.

4 The Technical Basis Document for
5 the Y-12 National Security Complex, site
6 description, and then in parentheses, ORAU
7 2003, states Y-12 was shut down in December
8 1946 and employment was cut drastically in
9 reference to the calutron and associated
10 uranium isotope separation programs.

11 The primary operations from 1947
12 to 1951 consisted of salvage, recovery, and
13 recycle operations with uranium preparation
14 and machining beginning in 1949.

15 Then in italics, with emphasis
16 there, it was therefore assumed that exposure
17 of conditions beginning in 1947 would have
18 been similar to those in the early 1950s.
19 That is the quote from the OTIB.

20 Now, NIOSH goes on to add
21 additional information. Because it is stated
22 that employment was cut drastically, it was

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1 assumed that new employees were not hired
2 early in this period. Therefore, those
3 employees in the early 1950s would be the
4 individuals who were employed and potentially
5 exposed in the earlier years so that their
6 urinalysis results would be representative of
7 the earlier time frame because uranium is
8 excreted for many years following an intake.

9 Then, basically, to that portion
10 of the NIOSH response, the SC&A response is
11 two parts. The first part is NIOSH approved
12 the statement, those employed in the early
13 1950s would be the individuals who were
14 employed and potentially exposed in the
15 earlier years.

16 Then the second part is -- NIOSH
17 statement, their urinalysis results would be
18 representative of the earlier time frame
19 because uranium is excreted for many years
20 following an intake, does not prove that the
21 excretion rates from the '50s can be applied
22 to earlier years using the same modeling

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1 factor for conversion into intake rates.

2 For chronic intakes, it is
3 necessary to prove that the exposures were the
4 same during the '50s and during the earlier
5 times. If the exposures are proven similar,
6 then it is possible to apply the intake rates
7 from the '50s to the end of the '40s.

8 On the other hand, a single intake
9 that occurred in 1948, for example, even if
10 still seen in 1950, would have different
11 assignments of intake depending upon the time
12 it occurred, 1948 or 1950.

13 Joyce recommends that we continue
14 to discuss this and keep this one in progress.

15 MR. HINNEFELD: Do you have any
16 suggestions on how to improve the --

17 COURT REPORTER: Please keep your
18 voice up.

19 MR. HINNEFELD: Sorry. Does
20 anybody have any suggestions on how we can
21 prove the exposures were the same in '48 and
22 '49, when they were in '50 when the bioassay

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1 started?

2 MEMBER ZIEMER: Is she asking that
3 you prove the exposures were the same or the
4 people -- the same people?

5 MR. HINNEFELD: I think she asked
6 for both. I think she asked for both.

7 MEMBER GRIFFON: Stu, this is
8 Mark. Stu, to me, the statement in the site
9 profile actually seems to prove the opposite.
10 I mean, it indicates that from '47 to '50
11 they were doing different things at the site,
12 so why would I -- why would I even think that
13 they could have the similar exposures?

14 MR. HINNEFELD: No, from -- the
15 statement of the site profile says they're
16 doing the same. They said that the calutron
17 was shut down. There was no attempt to extend
18 this bioassay back to the operation of the
19 calutron.

20 MEMBER GRIFFON: Right, and then
21 salvage recovery operations were conducted
22 from '47 to '50, and then they started doing

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1 uranium preparation and machining beginning in
2 '49 to '50, so, I mean, it looked like salvage
3 and recovery stuff was going on from that
4 period, from '47 to the end of '49.

5 MR. HINNEFELD: Okay. I see.

6 MEMBER GRIFFON: You know what I'm
7 saying? It wasn't the same -- it wasn't the
8 same operationally. Now, maybe you could
9 argue that the uranium exposures were, if
10 anything, lower or something. I don't know.
11 I don't know what you're --

12 MEMBER ZIEMER: Well, aren't there
13 two parts to this? One is, is it the same
14 people, and two, is it the same operation?

15 MR. MARSCHKE: I think that's what
16 Joyce has --

17 MEMBER GRIFFON: Right.

18 MR. MARSCHKE: -- has basically
19 two --

20 MEMBER ZIEMER: She's asked first
21 to prove that it's the same group of people.
22 You're assuming that no new people were hired

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1 because there was a cutback of some sort.

2 MR. HINNEFELD: Or that, I guess,
3 the assumption is -- would be that the people
4 who were monitored in 1950 would have been the
5 --

6 MEMBER ZIEMER: Same group --

7 MR. HINNEFELD: -- the
8 radiological workers during the salvage.
9 There's sort of this contention from the
10 argument that, by 1950 when you're sampling
11 these people, chances are, they were the same
12 ones, so you're sampling these -- those
13 populations.

14 Remember, this is a coworker
15 thing, and -- so, yes, I understand there are
16 two questions. So if there were people who
17 worked on the salvage operation but did not
18 and were exposed significantly, did not
19 continue into machine -- and never get any
20 bioassay, then -- I'm just trying to
21 understand it myself -- then those people
22 would not be reflective of the data that we

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1 have.

2 And so those people then are
3 missed and potentially high exposure -- maybe
4 some of the people -- maybe the people who did
5 a machine were completely different than the
6 salvage people, and so it was absolutely a
7 fresh start, and so, naturally, their bioassay
8 isn't going to say anything about early
9 exposure. That's the question.

10 MEMBER ZIEMER: I think that's
11 what she's saying.

12 MEMBER GRIFFON: Yes, I agree with
13 that, yes.

14 MR. HINNEFELD: Okay.

15 MEMBER ZIEMER: The first part is,
16 is there any way to determine that it's the
17 same group of people? Are there name records
18 that match up?

19 MR. HINNEFELD: I don't know what
20 we have --

21 MEMBER ZIEMER: Then the second
22 part, once you determine that, that sort of

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1 speaks to the second issue then. Because
2 you're sort of wondering what is the -- if
3 they're already exposed, then that impacts on
4 what they're doing down the line. If the
5 fresh group, then it looks different. I
6 believe that's what she said.

7 DR. MAURO: Yes, that's in
8 agreement also.

9 MEMBER ZIEMER: But, we may -- we
10 don't officially have this yet, and Steve, you
11 guys are still working on it, so you may want
12 to clarify individually is that what Joyce is
13 saying.

14 DR. MAURO: Yes, I think the ball
15 is in our court. What we have here is a rough
16 piece that we got some feedback on. We
17 probably need to help clarify it, and right
18 now you see we're struggling trying to
19 understand --

20 MEMBER ZIEMER: Well, I mean --

21 DR. MAURO: But, right now --

22 MEMBER ZIEMER: We're all seeing

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1 it for the first time, and Steve said he
2 hasn't really had a chance to --

3 DR. MAURO: Right.

4 MR. MARSCHKE: What we like to do,
5 usually, is when we get the responses from
6 Joyce or any of our reviewers, we like to sit
7 down and go through them and try and clarify
8 them a little bit, make sure we understand it,
9 and make sure that it's clear to people -- to
10 the subcommittee who's reading them.

11 MEMBER ZIEMER: It seems to me,
12 and NIOSH may want to particularly look at
13 this, but I don't think we should ask them to
14 do anything officially till we get an SC&A,
15 you're approved.

16 DR. MAURO: Yes. I mean, what we
17 walk away with is that we communicated a
18 certain sensibility. It's kind of rough at
19 the edges right now.

20 MEMBER ZIEMER: Right.

21 DR. MAURO: We need to make that a
22 little more crisp.

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1 MEMBER ZIEMER: Right.

2 DR. MAURO: The extent to which --

3 MEMBER ZIEMER: I think we
4 understand the nature of your question.

5 DR. MAURO: We think we got it,
6 the extent to which it might be worthwhile to
7 proceed on the part of NIOSH to look into
8 this. Really, that's your call, but we'll
9 clean this up and get it back out as quickly
10 as possible.

11 CHAIR MUNN: I've set this up as
12 two action items. One for SC&A to clarify
13 Joyce's comments, and two for NIOSH to verify
14 that employee records for the two periods in
15 question do, in fact, have a large enough
16 commonality to be able to make the --

17 MEMBER ZIEMER: Well, what I'm
18 suggesting though, Wanda, is that if NIOSH
19 wants to do that at this point, it seems to me
20 it's their call, but until we sort of get the
21 bottom line -- I mean, that's what it looks
22 like --

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1 DR. MAURO: I think that's what it
2 is, but we can certainly clean this up so that
3 it's crisp.

4 MEMBER ZIEMER: It's sort of like
5 NIOSH may want to take an early look at that
6 issue or something. I mean --

7 CHAIR MUNN: Well, the statement
8 seems fairly clear to me. Those employed in
9 the early '50s would be individuals who were
10 employed and potentially exposed in the
11 earlier years. That's a very straightforward
12 statement. I don't see how there's any
13 ambiguity in that.

14 MR. MARSCHKE: If they have dose
15 records on the Y-12, I mean, there should be -
16 - in the dose records, it should be, just go
17 look at it and match up and see whether or not
18 John Smith shows up in 1950 and shows up in
19 1948.

20 CHAIR MUNN: There's no reason why
21 we should --

22 MEMBER ZIEMER: Or some fraction

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1 of the --

2 DR. MAURO: So are they the same
3 people, and second, whether they are or not
4 for the early years, is the nature of the
5 activities in those early years substantially
6 different than in the later years?

7 And if that's where we're going,
8 as in any coworker model, there's a certain
9 threshold at what point can you use some other
10 data, and --

11 MEMBER ZIEMER: Well, let me ask
12 you, is that what you guys would do, Stu?

13 MR. HINNEFELD: Well, I would not
14 be the person doing this, so --

15 MEMBER ZIEMER: No, no.

16 MR. HINNEFELD: There are a
17 couple. I think we might try the other from
18 the backwards direction, let's say. If the
19 exposures during machining, for instance, were
20 higher than the exposures during recovery,
21 than a coworker model built on bioassay during
22 machining would bound the exposures during

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1 recovery, in which case whether or not the
2 people who were sampled, worked in `48, were
3 sampled in `50 --

4 DR. MAURO: I know I've looked at
5 a lot, at least the uranium machining
6 operations, and the machining operations on
7 uranium are always limiting, so --

8 MEMBER ZIEMER: Yes, and so, I'm
9 not sure we should pass NIOSH -- we don't pass
10 them anyway, but there may be some alternate
11 ways for them to approach this --

12 DR. MAURO: The simplest answer
13 may be just what you just said, that it's --
14 make the -- saying that, notwithstanding
15 whether they're the same people or not, if we
16 have a good set of data on, let's say, the
17 early '50s for people that were machining and
18 you had dust loadings or bioassay data,
19 readings on dust loading bioassay data, I
20 think a good case could be made and since
21 okay, even by drawing upon some of the --
22 there's a lot of work --

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1 MR. HINNEFELD: There's a lot of
2 summary about -- summaries of --

3 DR. MAURO: We have data all over
4 that we talked about yesterday, Adley, the
5 Adley report, the Kingsley, Harrison
6 Christofano report. All of those are
7 compendia of data that sort according to job
8 categories.

9 A recurring theme that comes out
10 of all this is the people that were
11 categorized like machining operators always
12 have the highest dust loadings. Now, with
13 that, I'm sort of like, this is what I would
14 do if I were you. I would say, here we go.

15 Now we know, but of course, then
16 you'd be in a position to be able to say with
17 some conviction that the jobs that the people
18 were doing earlier were not like that. There
19 was some other job --

20 MR. HINNEFELD: Right, and we had
21 to find an analogue for those.

22 DR. MAURO: Well, no, or say, no,

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1 we're going to assume the intakes that they
2 got, even though we don't have bioassay for
3 them, we'll assign to them the machining
4 intakes --

5 MR. HINNEFELD: Right.

6 DR. MAURO: -- which places an
7 upper bound.

8 MR. HINNEFELD: Right.

9 DR. MAURO: And I think, to me,
10 that will solve the problem. But whatever the
11 other job was, I think there needs to be some
12 argument made that in the earlier years, the
13 nature of the jobs we know it to be this and
14 here's why we know that.

15 MR. HINNEFELD: Yes. Yes.

16 DR. MAURO: And also, those kinds
17 of jobs, based on looking at all of the
18 compendia of data, always -- the distributions
19 are in there, were -- have a much lower
20 potential. Then, of course, a judgment would
21 have to be made when you do use the later data
22 from machining folks, do you work with the

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1 geometric mean and standard deviation, do you
2 want to work with the upper 95th percentile,
3 and that'll be a judgment call that perhaps
4 you'd leave in the hands on a case-by-case
5 basis.

6 MR. HINNEFELD: Yes, I'd have to
7 see --

8 DR. MAURO: Well, that's -- I
9 mean, we've been through that, but I think
10 that you're under -- that's the right track
11 and in the end, I think -- quite frankly, I
12 would like to work on this. I didn't work on
13 this, but that's the --

14 MEMBER GRIFFON: John?

15 DR. MAURO: Yes?

16 MEMBER GRIFFON: The only question
17 I would have -- I agree with everything you
18 said. The only question I would have is, I'm
19 not sure Adley looked at the job category of
20 tearing down calutrons or recovery from -- you
21 know?

22 DR. MAURO: Yes --

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1 MEMBER GRIFFON: It's a very
2 specific operation. I would -- you might
3 assume that the machining would bound, but I
4 might throw a little caution in there because
5 I'm not sure exactly what these guys were
6 doing in the late '40s and --

7 DR. MAURO: And I agree with you,
8 Mark. I was -- I guess I was speaking in
9 generalities.

10 MEMBER GRIFFON: I agree.

11 DR. MAURO: If we run into that
12 knot whereby -- listen, these guys are doing
13 things that we don't know and they -- and we
14 really can't pigeonhole that into any one of
15 these broad categories that have been assigned
16 by Adley and by Kingsley, there's a problem.

17 CHAIR MUNN: Well, your
18 argumentative chair still argues that there's
19 no reason why these two actions that we need
20 to be moving forward with cannot occur in
21 parallel. I still see that NIOSH has checking
22 to do on specific data and that SC&A wants to

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1 clarify the comments that have been made. Is
2 there any reason why we can't have those two
3 action items for the same --

4 MEMBER ZIEMER: No. I think the
5 earlier implication was that NIOSH had to
6 check on individual workers to see whether or
7 not they were the same people, whereas Stu has
8 proposed an alternative to approach the
9 problem. It seems to me that without us
10 directing how it be done, he needs to -- he
11 can look into that and decide the best path.

12 MR. HINNEFELD: Yes, we can put it
13 on the list.

14 CHAIR MUNN: And we will extend --

15 MR. HINNEFELD: You're putting
16 these in parallel, thinking that we're going
17 to be done really quickly if we do them in
18 parallel, and I won't necessarily promise that
19 this will be done quickly.

20 CHAIR MUNN: No, I understand
21 that, but there are action items for both the
22 agency and the contractor.

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1 DR. MAURO: I might not -- one
2 thing, of course, we can do is clarify and
3 perhaps get the wording down so that it's
4 clear and crisp with no ambiguity, I think
5 we're close but not there yet, is there any
6 action that we should take in looking at those
7 early years? For example, the issue that was
8 just raised by Mark, is there anything about
9 the calutron tear-down that you want us to
10 look into? Is this something --

11 CHAIR MUNN: I think it's a NIOSH
12 --

13 DR. MAURO: And that's fine. No,
14 no, that's -- I'm not looking for the work. I
15 just want to make sure that the expectation
16 isn't that we'll -- okay.

17 MEMBER ZIEMER: No. I mean -- if
18 Stu looks at that, if your people look at
19 that, you'll make the decision as to what to
20 do. Again, my usual caution.

21 DR. MAURO: I'm fine.

22 CHAIR MUNN: And we agree with

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1 Joyce's direction to leave it in progress,
2 correct?

3 (No audible response.)

4 CHAIR MUNN: All right. So we'll
5 have -- we'll update the tracking list now or
6 later?

7 MR. MARSCHKE: Well, basically, we
8 got a third portion of this -- of issue 0029-
9 01, we have a third portion of the response --

10 CHAIR MUNN: Okay.

11 MR. MARSCHKE: -- which is
12 basically information from the note of
13 references was used at first, but as noted
14 these were initial assumptions.

15 As further noted in the OTIB,
16 however, the bioassay data had some distinct
17 patterns, so the intake dates were adjusted to
18 obtain a better approximation of the data.

19 There appeared to be low-level
20 chronic intakes of uranium throughout long
21 periods with briefer larger intakes
22 superimposed on them. To model this pattern,

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1 three long-term chronic exposures were assumed
2 to cover 1947 through 1988.

3 Five shorter chronic exposures
4 were modeled on top of the early period to
5 account for the intermediate rises in the
6 urine results. Therefore, the initial fitting
7 assumptions are irrelevant because they were
8 not used.

9 The fits were based upon the
10 patterns of the bioassay data, and Joyce's
11 recommendation is she agrees with that and she
12 recommends that this portion of the issue be
13 closed.

14 So, and I believe that's the third
15 -- okay, yes, now we're into issue 0029-02, so
16 those are the three portions -- the three
17 responses to issue 0029-01, and we have three
18 different recommendations.

19 One, the first portion being in
20 abeyance. The second portion being remain in
21 progress, and the third portion closed based
22 upon previous Subcommittee actions then we --

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1 the whole issue, 0029-01, is stasured as in
2 progress.

3 I mean, that's the way we have
4 done it in the past.

5 MR. HINNEFELD: Well, that's the
6 one that makes sense.

7 MR. MARSCHKE: Right, the most
8 limiting one, and that's the way it was and
9 that's the way it was if you just look at the
10 database; 0029-01 was in -- is in progress.

11 CHAIR MUNN: Is in progress. Do
12 we have any objection to closing the third
13 item under 0029-01?

14 MEMBER ZIEMER: Can you close it
15 separately or do we take the whole thing?

16 CHAIR MUNN: I think --

17 MEMBER ZIEMER: I think he's
18 saying until you close all parts, it stays in
19 progress?

20 CHAIR MUNN: Yes, that's correct,
21 but this portion goes onto the tracking list
22 as --

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1 MR. MARSCHKE: No, we don't track
2 them. We can't track one, two, and -- we
3 can't --

4 CHAIR MUNN: I understand. I
5 understand, but this will go on our tracking
6 list.

7 DR. MAURO: In the record.

8 CHAIR MUNN: In the record.

9 MR. MARSCHKE: Yes, we'll put the
10 words in there that the third portion -- let
11 me see, I don't know how full -- no. See,
12 even at NIOSH we -- the second round of
13 responses have not been entered in here yet,
14 so we have to -- all this information which
15 you are looking at here on the Word file, the
16 NIOSH response, the NIOSH initial, or NIOSH
17 responses, or additional responses plus the
18 SC&A reaction to those additional responses,
19 all that information has to be uploaded into
20 the database.

21 CHAIR MUNN: I understand. It has
22 yet to be loaded.

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1 MR. MARSCHKE: All right. So --

2 CHAIR MUNN: But that's what's
3 going to happen, right?

4 MR. MARSCHKE: That's what's going
5 to happen.

6 CHAIR MUNN: Very good, and we'll
7 remain in progress on this one.

8 MR. MARSCHKE: Yes.

9 CHAIR MUNN: I would request for
10 my records and for Paul's that at some
11 juncture you also forward this to us.

12 MR. MARSCHKE: Yes. Fine.

13 CHAIR MUNN: The hard copy that
14 you're working on here. Let's take a 15-
15 minute break right now with the expectation
16 that we'll take up Item 2. Do we have
17 anything on 02?

18 MR. MARSCHKE: 02? Basically we
19 have -- yes, we have --

20 CHAIR MUNN: Are we going onto
21 OTIB-0068? And we have something going on
22 with 02?

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1 MR. MARSCHKE: Yes, this is the,
2 again, the additional or initial response from
3 --

4 CHAIR MUNN: Oh, yes. Okay. Very
5 good. Let's take up 02 of OTIB-0029 when we
6 get back from break. Fifteen minutes.

7 (Whereupon, the above-entitled matter went off
8 the record at 11:00 a.m. and
9 resumed at 11:21 a.m.)

10 CHAIR MUNN: All right. We're
11 back where we said we were going to be, I
12 believe. We're ready to pick up on OTIB-0068,
13 correct? No, we're still on 0029.

14 MR. MARSCHKE: This is 0029. We
15 do have a response on 0029-02.

16 CHAIR MUNN: Right.

17 MR. MARSCHKE: The issue was the
18 ORISE CER database of uranium urinalysis
19 records for the Y-12 site from 1950 to 1988
20 was used without questioning the accuracy of
21 these records.

22 The records were used despite the

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1 problems pointed out by ORAU OTIB-0029. Then
2 the latest NIOSH response, the NIOSH response
3 of 7/23, you should be aware that there is in
4 the database a NIOSH response -- we have a
5 NIOSH response of 8/13.

6 Oh, this is the same. This is the
7 same. Actually, this one got in here somehow.

8 The records in the CER database are
9 considered by the site to be the official dose
10 of record. The same database is used for
11 supplying claimant results. The site profile
12 does contain information about reported values
13 of factors that were applied in their
14 calculation.

15 Reference to the site profile was
16 an apparent oversight in the development of
17 this document. Then the SC&A response was
18 basically it's geared towards why -- the SC&A
19 response is why was the statement on Page 3 of
20 OTIB-0029 given?

21 That statement was, the
22 assumptions used to convert mass results to

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1 activity concentrations for inclusion in the
2 database are not known nor are the assumptions
3 used to normalize spot sample results to
4 24 hours.

5 I believe this is basically --
6 Joyce is saying that the -- this is referring
7 to the last sentence of the issue where these
8 are some of the problems that the OTIB itself
9 pointed out with the ORISE CER database.

10 So this is -- if you don't know
11 this information, how can you have confidence
12 in the values that are in the database?

13 MR. HINNEFELD: I can't explain
14 the comments or the sentences today.

15 COURT REPORTER: Sorry, I couldn't
16 hear that.

17 MR. HINNEFELD: I can't explain
18 those sentences today, so it'll be something
19 I'll have to go back and check on.

20 CHAIR MUNN: So NIOSH has an
21 action item. Respond to Joyce's comment. All
22 right. I don't show anything else on 0029.

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1 Do we have anything else?

2 MR. MARSCHKE: No. The next one -
3 - not in this file, no.

4 CHAIR MUNN: -0068, two-day sample
5 issue, do we have a response from NIOSH on
6 that?

7 MR. HINNEFELD: I have not
8 prepared a response. I have some information
9 about it.

10 CHAIR MUNN: Okay.

11 MR. HINNEFELD: The -- I don't
12 know that I'm prepared to give a response
13 because I can't speak to why a coworker said -
14 - don't feel like that two-day adjustment is
15 needed. We've not found a data set yet that
16 seemed to be consistently days off samples.
17 In other words, the data set seems to be
18 distributed throughout the week, and we don't
19 seem to be able to identify a trend to avoid
20 days off if we're given the samples and
21 perhaps that same argument then applies to
22 individual numbers.

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1 Since we haven't seen that pattern
2 that the data always is collected after two
3 days off, we feel like the data we're using
4 can be used in the manner we're using.

5 It is a fact that if you compare a
6 two day off sample -- a five-day exposure, two
7 days off in a sample and compare it to a
8 seven-days exposure and a sample, even though
9 you adjust the amount, so the same amount of
10 intake over that week, the two day off sample
11 is significantly lower.

12 Even on a chronic exposure, a
13 relatively long-term chronic exposure, you can
14 have an adjustment of 50 percent. You can be
15 50 percent low for M, somewhat less for Y, and
16 more for F.

17 So there is that adjustment, which
18 mathematically would occur in that situation
19 if you consistently have a two day off
20 sampling period. Having not observed that,
21 though, we don't really -- we don't have a --
22 we haven't implemented an adjustment factor.

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1 I mean, it is available if we
2 would encounter it, but we don't have anything
3 published.

4 MEMBER ZIEMER: So does that mean
5 that there may be an occasional one, but it
6 sort of gets smoothed out in the population of
7 samples?

8 MR. HINNEFELD: Yes. If you have
9 a long population of samples, and there are
10 some Monday mornings on some other that are
11 not Monday morning, by the time you get the
12 data --

13 DR. MAURO: It's buffered.

14 MR. HINNEFELD: Yes.

15 MEMBER ZIEMER: It's buffered.
16 Unless they were all that way, then --

17 MR. HINNEFELD: If they're all
18 that way, then you got --

19 DR. MAURO: And I think our work,
20 as I recall the last time we visited this
21 issue, was that there seems to be more of a
22 problem in certain years, earlier years, where

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1 there was a standard practice to have this
2 break, but then -- and then that changed over
3 time.

4 So, we think it is real, at least
5 at some time period where that practice -- and
6 so therefore that -- the records for that
7 data, for those people in that time period,
8 might need to be dealt with.

9 It's not -- it's a tractable
10 problem. It's something that, if you know you
11 have this problem -- in fact, we've already
12 done all the numbers, this is what would
13 happen and here are the adjustments you need
14 to make.

15 So it sounds to me that that's not
16 the issue. The issue is, did it happen and is
17 that adjustment needed in the coworker model
18 for certain time periods. For example, you
19 may say that, well, we know that it was common
20 practice to do that for a certain -- this time
21 period.

22 The fix would be, okay, when

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1 you're doing your dose reconstruction, please
2 make these adjustments because we know that
3 practice --

4 MEMBER ZIEMER: For that time
5 frame.

6 DR. MAURO: For that time period,
7 but we also know that later on -- I mean, that
8 would be the way you -- it would unfold and be
9 resolved. Certainly, it's a tractable
10 problem.

11 Now, if there's -- the only
12 dilemma would be you're really not sure, you
13 know, you're really not sure what the practice
14 was, but I think when we looked into it, I
15 think one of our folks looked into it and it
16 was looked at that -- when were the samples
17 collected.

18 I remember there was a time period
19 when they were always on Monday morning, then
20 later on we noticed that they were on
21 Tuesdays, sometimes they were on Wednesdays,
22 sometimes they were on Thursday.

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1 That pattern -- there's a time a
2 little later when we start to see the pattern
3 change. Always on Monday and all of the
4 sudden we're starting to see, no, no --

5 MR. HINNEFELD: Well, it's a fact,
6 I think, that sites preferred two day off
7 samples. In fact, I even remember it from my
8 own history that that was preferred, but also,
9 if the samples sat around after collection,
10 you couldn't get the -- the analysis would go
11 to crap.

12 If you waited -- sample it and
13 then waited several days to do it, you
14 couldn't get a good analysis out of it because
15 of the decay or whatever happened in the
16 sample. The analysis got messed up if you
17 waited.

18 So, rather than collect all the
19 samples on Monday and maybe analyze them as
20 you got to them because of capacity reasons,
21 people collected them throughout the week. I
22 mean, that's my recollection of my experience.

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1 Now, this was twenty-some odd
2 years ago, so who knows if I'm remembering it
3 correctly or not, but that seems to strike a
4 chord with me, but I -- without, you know, I
5 guess without some evidence, and I guess what
6 we'd need to do is establish this time period.

7 Now, have you guys previously
8 identified that or is it noted and not
9 commented on or a re-look or what?

10 DR. MAURO: Yes. I recall when
11 this came up -- I think Bob Barton may have
12 looked -- gone into the database --

13 MR. HINNEFELD: Okay.

14 DR. MAURO: -- to see if there's
15 any evidence that, yes, it seems like there
16 was always a sample we always collected on
17 this Friday -- I'm sorry -- if I work through
18 Friday, but then the first thing --

19 MR. HINNEFELD: First thing on
20 Monday.

21 DR. MAURO: -- Monday, so what
22 happens is during those two-day periods, you

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1 lose the short way of -- the rapidly
2 immobilized rate.

3 MR. HINNEFELD: That was
4 intentional. They didn't want to see that --

5 DR. MAURO: They didn't want that
6 because --

7 MR. HINNEFELD: -- because it's
8 harder to interpret.

9 DR. MAURO: You're right. Because
10 --

11 MR. HINNEFELD: It changes too
12 fast.

13 DR. MAURO: Yes. But, in any
14 event, the consequences of that is you have
15 this possible underestimate that would then --
16 it effects M and S -- M and F.

17 MR. HINNEFELD: M and F. Really,
18 not a lot on S.

19 DR. MAURO: It doesn't effect S,
20 so anyway, now, I recall having that
21 conversation, but I'll be the first to admit
22 that when we revisited this recently, I

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1 couldn't recover that.

2 MR. HINNEFELD: Okay.

3 DR. MAURO: That is, I couldn't
4 recover the evidence or the information that
5 said, yes, that practice was, in fact, in
6 place.

7 So, it's only my recollection that
8 that was in place. I don't know if there's
9 any action you'd like us to take or SC&A to
10 take to try to recover that. When I made my
11 inquiries after this came up the last time we
12 discussed it, I failed.

13 I was not able to recover that
14 information that --

15 MR. HINNEFELD: Yes, and this came
16 up, I think with relation -- we were just
17 looking at the Y-12 coworker dataset.

18 DR. MAURO: Yes.

19 MR. HINNEFELD: I think it came up
20 in that context.

21 DR. MAURO: It did.

22 MR. HINNEFELD: I think we've

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1 checked that and we've done some analysis of
2 days of the week and it's -- the samples seem
3 to be spread throughout the week.

4 DR. MAURO: If that's the case --

5 MEMBER GRIFFON: Stu?

6 MR. HINNEFELD: Yes?

7 MEMBER GRIFFON: This is Mark
8 Griffon. I also recollect -- I mean, it was
9 more I do remember NIOSH saying that you
10 looked at the database and looked at the days
11 of the week sort of thing and saw a wide
12 distribution, not just Monday mornings, but
13 then I thought we had a rebuttal, maybe it was
14 from SC&A, but I do remember hearing this that
15 they -- maybe it was through interviews or
16 whatever, they had evidence that indicated
17 that it was a two day off thing, it wasn't
18 always Mondays, so that people could be on
19 off-shifts where they were working Friday
20 through Wednesday or whatever and then having
21 two days off and giving their samples, so it
22 could be that they weren't working a normal

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1 through Friday, you know?

2 But they were still giving two
3 days off before they left their sample, so
4 that was the rebuttal I recall. I just wonder
5 if there's anything, I mean, through the
6 workers that you've interviewed for Y-12, if
7 there's any evidence of what was going on from
8 the worker interviews.

9 MR. HINNEFELD: Well, I don't know
10 sitting here today.

11 MEMBER GRIFFON: Yes, I know, I
12 know.

13 DR. MAURO: Mark, I recall that
14 and we were the ones who made that statement
15 and that goes back a ways, and when I was
16 tasked to look into that to provide, okay, why
17 did you say that. We went into the database
18 to see if, in fact, that's where we found it.

19 Now, you bring up a point that I
20 didn't do was that -- was the interviews. It
21 may have emerged from perhaps Arjun and Kathy
22 doing on a site visit and getting that. That

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1 might be the source of the information.

2 I was operating on the assumption
3 that somehow embedded in the database of the
4 records we would be able to discern these
5 patterns, but maybe I was looking in the wrong
6 place.

7 So, I tell you what, there'd be a
8 very simple action item, I think, for SC&A.
9 Let me just query our interviewers to say, is
10 that in our records from the interviews.
11 That's where we got that information and
12 that's the basis for it and it's not in the
13 database; it's in the interviews.

14 That's something easy for us to
15 do, and I think it's an action item that would
16 help bring this to closure. We do have that
17 information. It says yes, we have some folks
18 said this was the practice. The next step
19 becomes okay, what do you do about it?

20 MEMBER GRIFFON: Yes. Okay.

21 MEMBER ZIEMER: Do you think this
22 was discussed in this Subcommittee or

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1 somewhere else.

2 CHAIR MUNN: This was discussed
3 here.

4 DR. MAURO: I think we talked
5 about it here.

6 MEMBER ZIEMER: So, if we can
7 track when the earlier discussions on this --
8 would it have been on this item or --

9 MR. MARSCHKE: OTIB-0068 is not
10 one of the procedures --

11 MR. HINNEFELD: It was never
12 published, so it's never on here.

13 MR. MARSCHKE: My notes from the
14 last meeting say OTIB-0068, NIOSH does not
15 plan to issue.

16 MR. HINNEFELD: But the issue was
17 that this came back -- the issue came up in
18 the discussion of one of the TIBs. It may
19 have been -0029.

20 DR. MAURO: I think so, too. I
21 think that is -0029.

22 MR. HINNEFELD: So it -- if it --

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1 MEMBER ZIEMER: If we know when it
2 was discussed, it'll show up in the
3 transcript.

4 MR. HINNEFELD: It would be in the
5 transcript, yes.

6 MEMBER ZIEMER: I mean, you can
7 check on your database when we discussed this
8 last and go to the transcript of that date.

9 MR. HINNEFELD: It may not be the
10 last -- I don't think it was the last time.

11 DR. MAURO: No, it was not the
12 last time. It was not.

13 MEMBER ZIEMER: I don't think it
14 was either. I sort of remember it, but it's
15 been a while.

16 CHAIR MUNN: We probably should
17 check -0029 to see if that was the correct --
18 urinalysis records that would be Item 2 of
19 OTIB-0029 it looks like.

20 No. It would be Item 4. NIOSH
21 did not use the fact that urine samples were
22 collected on Monday. That would've been it.

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1 MR. MARSCHKE: Yes, there it is.
2 Yes, Item 4. OTIB-0029-04.

3 CHAIR MUNN: 04, yes.

4 DR. MAURO: Now, we don't have it
5 in a database, but you're saying that maybe we
6 could find it in the transcript where we
7 discussed it earlier. Okay, so let me see
8 what I can do.

9 MR. MARSCHKE: Well, what we have
10 -- basically, we have this -- okay, this is in
11 progress. We made this in progress last time
12 even though we had recommended it be in
13 abeyance. The Subcommittee decided that it
14 should be in progress.

15 CHAIR MUNN: Contingent upon
16 NIOSH's providing the following documentation.

17 The samples were not collected on Mondays,
18 most of the plant's history of primary urine
19 analysis collection method was a spot sample
20 submitted Monday morning before entering the
21 work area.

22 MEMBER ZIEMER: That should give

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1 us the date of the --

2 DR. MAURO: The date of the --
3 yes, what is the --

4 CHAIR MUNN: 3/9/29. I mean, 3/9
5 of --

6 MR. MARSCHKE: The meeting was
7 3/24.

8 CHAIR MUNN: Yes, that's correct.

9 MR. HINNEFELD: I think -- yes,
10 the transcript is available.

11 CHAIR MUNN: The transcript is
12 available; yes, it is. I can assure you.
13 March is done. May is done. So, I have an
14 action item for SC&A to query the database and
15 the data sources.

16 DR. MAURO: And the transcript.

17 MR. MARSCHKE: The transcript and
18 the interviews.

19 DR. MAURO: Yes, and the
20 interviews. Yes, get to the bottom of this.

21 CHAIR MUNN: With the data sources
22 and database and transcript. All right. We

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1 will leave that in progress and move onto the
2 next item, which is distribute draft transfer
3 IG-004-03 and -07 to the Surrogate Data Work
4 Group.

5 I have not done that because I did
6 not have our transfer letter complete and
7 approved. Now that we have our transfer
8 letter complete and approved, I'll take that
9 as an action for the next meeting. I'll try
10 to accomplish that shortly.

11 MR. ELLIOTT: That's IG-004 --

12 CHAIR MUNN: -3 and -7.

13 MR. ELLIOTT: Yes, okay.

14 CHAIR MUNN: Goes to the Surrogate
15 Data Work Group.

16 MR. ELLIOTT: Okay.

17 CHAIR MUNN: To identify changes
18 in SC&A procedure used to review NIOSH
19 procedures, briefly revisit entire text for
20 other potential updates.

21 MR. MARSCHKE: We have not done
22 that as of this point primarily because we

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1 were not really reviewing any procedures and
2 utilizing that procedure; haven't done
3 recently, so we kind of put that on the back
4 burner.

5 If the Subcommittee instructs us
6 to bring it forward, we will bring it forward
7 and get it done by the next -- I guess the
8 next meeting is the 17th of November or
9 whenever the next meeting is.

10 CHAIR MUNN: Yes, it is in
11 November.

12 MR. MARSCHKE: Put that as an
13 action item again -- we can make it as an
14 action item again and make sure that we get it
15 accomplished this time.

16 CHAIR MUNN: I will have it on for
17 the next meeting.

18 MR. MARSCHKE: Okay.

19 CHAIR MUNN: Then review the
20 commonalities table to include two items from
21 OTIB-0035-01.

22 MR. MARSCHKE: This was -- the

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1 document was discussed at the last
2 Subcommittee meeting back in August, I guess
3 it was, and there was a couple of concerns
4 about the document.

5 One concern was to make sure it
6 was in more of a document format. Before, it
7 did not have this disclaimer header on it and
8 it wasn't really -- it just had a title, it
9 did not have any subsections or anything like
10 that, so what I did was I went through and I
11 kind of restructured it as a document.

12 I'm not sure that this is the way
13 we want to -- this kind of has belts and
14 suspenders. It has the disclaimer header on
15 the -- each page, and it also has the SC&A
16 standard cover page, as well, so I don't know
17 if we need both of those, but then I did go
18 through and I did, again, structure it as a
19 more structured document with an introduction
20 and then a couple subsections.

21 DR. MAURO: Can I just say
22 something about protocol?

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1 CHAIR MUNN: Yes.

2 DR. MAURO: The fact that you put
3 it into a more appropriate standard protocol,
4 we still have a process where everything goes
5 through Nancy Johnson.

6 In other words, if this is
7 deliverable to a work group or to the full
8 Board as opposed to -- the process we use now
9 is, this goes through Nancy for a variety of
10 reasons so that it's tracked, that it gets PA-
11 cleared if it turns out this is a document you
12 want to discuss with the public.

13 In other words, so any work
14 product so the fact that we have it in an
15 appropriate format, that's just the first
16 part. If this becomes a deliverable to a work
17 group as opposed to just notes that are being
18 loaded up into the database, this is like a
19 white paper, we have to deliver this in a
20 formal fashion.

21 MR. MARSCHKE: The other item that
22 came up at the last meeting was -- and the

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1 other change to this was the addition of the
2 commonality between issues -0029-03, -0035-01,
3 and -0037-04, which is the distribution
4 selection process and whether or not a full
5 distribution is always selected or whether or
6 not the Dose Reconstructor selects the
7 appropriate distribution to utilize.

8 I think that is the actual course
9 that NIOSH has been pursuing, and we just want
10 to make sure that the procedures for the OTIBs
11 reflect that and don't give the impression
12 that they always use the full distribution.

13 So that was the formatting and
14 then the submission of Section 3.3 on the
15 distribution selection were the changes that
16 were made to this commonality. I guess the
17 thing is -- so this is really a draft -- pre-
18 deliverable draft at this point if the
19 Subcommittee has any ideas for enhancement or
20 changes, modifications to this before we
21 deliver it.

22 DR. MAURO: Let me ask a question.

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1 This issue of the distribution, bear with me,
2 I thought that this was simply we had a
3 discussion on this matter, and we had a
4 conference call with Jim and the bottom line
5 is that yes, the fact that we -- originally,
6 the way the words were written was that no,
7 you always use the geometric mean -- the full
8 distribution. That's a fix.

9 Jim agreed, no, no, no, we need to
10 make sure that some degree of judgment has to
11 be used. Sometimes it makes sense to use the
12 full distribution, but sometimes it makes
13 sense to use the upper end depending on the --
14 this is the coworker model -- depending on the
15 job of the person.

16 If there's some ambiguity about
17 that, you go with the upper end. Now, I guess
18 I'm not quite sure -- once we agree in
19 principle on that matter, is there a -- are
20 you saying this is deliverable here from us?

21 MR. MARSCHKE: What we were asked
22 to do, John, is look at all the issues that

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1 come down from various sites and see which
2 ones are common issues across different
3 fronts.

4 DR. MAURO: And this currently is.

5 MR. MARSCHKE: This is a common
6 issue across different sites.

7 DR. MAURO: Okay. Okay, so --

8 MR. MARSCHKE: And so we want to
9 make sure that these common issues are
10 addressed in a common fashion --

11 DR. MAURO: Got you.

12 MR. MARSCHKE: -- as much as
13 practicable across the different sites.
14 That's all that this is doing.

15 DR. MAURO: Oh, okay.

16 MR. MARSCHKE: This is not trying
17 to --

18 DR. MAURO: To reopen --

19 MR. MARSCHKE: -- to resolve the
20 issue or reopen the issue. This is more of a
21 --

22 DR. MAURO: Thank you for getting

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1 me back on track.

2 MEMBER ZIEMER: There's an
3 accompanying document that you had with this.

4 It was the tables with the highlighted --

5 MR. MARSCHKE: This is -- and it's
6 still here.

7 DR. MAURO: And these are
8 deliverable.

9 MR. MARSCHKE: This is basically
10 the deliverable --

11 MEMBER ZIEMER: There's two
12 interesting things. The findings have a
13 commonality of how they're expressed, as well,
14 and the responses have sort of a common -- in
15 fact, if you found different responses for the
16 same parallel finding, then you would -- there
17 would be some cause for concern, I think.

18 The issue of whether it's the
19 right response is separate, but is the
20 response consistent with the same kind of
21 finding I think was the issue. Was it?

22 CHAIR MUNN: Yes, I believe so,

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1 and it appears to be --

2 MEMBER ZIEMER: In other words, in
3 one case you raise this issue, then they
4 respond one way and another case with the same
5 issue at a different site is at a different
6 response. I think we've seen consistency both
7 in terms of how you are expressing findings of
8 these types and how NIOSH is responding --

9 MR. MARSCHKE: The other use of
10 this is if NIOSH -- if we do raise common
11 issues across sites and NIOSH hasn't responded
12 to some of them and it's a common issue that
13 has been resolved at another site, we can
14 bring that response over and close out that --

15 MEMBER ZIEMER: The resolutions
16 ought to have some parallel. It's helpful.

17 DR. MAURO: This is an important
18 deliverable. Let's get it through Nancy.
19 Let's get it through the formal process for
20 delivery.

21 CHAIR MUNN: It's a very important
22 deliverable.

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1 MEMBER ZIEMER: Remind me what the
2 red meant on your --

3 MR. MARSCHKE: The red is only a
4 means, and maybe I shouldn't have used red
5 because red has different connotations to it,
6 but it doesn't mean anything. It's just --
7 anything that is red, all the red issues are
8 similar issues, common issues.

9 All the blue issues --

10 MEMBER ZIEMER: Are common --

11 MR. MARSCHKE: -- are common --
12 are one set of common issues. All the red
13 issues are one set of common issues, and all
14 the yellow issues are another set of common
15 issues.

16 MEMBER ZIEMER: Okay, so the
17 colors you chose aren't --

18 MR. MARSCHKE: The colors aren't
19 meaningful.

20 MEMBER ZIEMER: Okay.

21 MR. MARSCHKE: The colors have no
22 meaning in and of themselves. It's just a way

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1 to group --

2 MEMBER ZIEMER: I was concerned on
3 the red ones whether there was some --

4 MR. MARSCHKE: No.

5 MEMBER ZIEMER: -- other meaning.

6 MR. MARSCHKE: No.

7 CHAIR MUNN: Steve, I found this
8 to be a very impressive document and, very
9 frankly, I have not had an opportunity to read
10 through it as completely as I would like to.
11 I simply glanced at it, was impressed, and
12 thought we must really go over this carefully.

13 Are members on the phone line able
14 to see the document that Steve sent us? Do
15 you have that, Mark?

16 MEMBER GRIFFON: Yes, I have that
17 one.

18 MEMBER ZIEMER: Two of them.

19 CHAIR MUNN: Mike?

20 MEMBER GIBSON: No, it didn't come
21 through for me.

22 CHAIR MUNN: Oh, it didn't come

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1 through?

2 MR. MARSCHKE: It was emailed --

3 MEMBER ZIEMER: It was several
4 days ago.

5 MR. MARSCHKE: It was emailed, I
6 think, yesterday or the day before yesterday.

7 MEMBER GIBSON: Okay. Let me
8 check the file.

9 MEMBER ZIEMER: Both of them have
10 the word commonality in the attachment.

11 CHAIR MUNN: Yes, it should be on
12 your standard email from Steve. My only
13 concern with this is I see two actions
14 necessary here. One is I think the members of
15 the Subcommittee -- certainly, I would like a
16 little more time to absorb the contents a
17 little more thoroughly since they're
18 significant in many -- at many levels.

19 I suspect that that's probably
20 true of Mark and Mike, as well, since it's
21 fairly recent. As John has pointed out, there
22 are certain issues that need to be addressed

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1 in terms of process in their shop to get this
2 ready for wider distribution.

3 What's the desire of the body with
4 respect to this? I would prefer to defer it
5 at least until we've had adequate time to
6 actually study it a little bit. Don't know
7 whether it's reasonable to defer it to our
8 next meeting or not, whether that's necessary.
9 Paul?

10 MEMBER ZIEMER: My question is, is
11 this at this point in your shop a draft, John?

12 In other words, you haven't actually signed
13 off on it.

14 DR. MAURO: That's correct. Yes,
15 I think I'd like to look at this as if this
16 was a special study --

17 MEMBER ZIEMER: I mean, the copy
18 we got looks like a deliverable already.

19 DR. MAURO: But it shouldn't be.

20 MEMBER ZIEMER: But it's not
21 signed.

22 DR. MAURO: Exactly. It did not

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1 go through --

2 MEMBER ZIEMER: It's still in
3 draft form.

4 DR. MAURO: Now -- so, this is
5 unlike the interactions we normally have
6 regarding issues resolution. What this was is
7 really a special study.

8 CHAIR MUNN: Yes.

9 DR. MAURO: Almost as if you were
10 asking us to do a procedure review.

11 CHAIR MUNN: We just about did.

12 DR. MAURO: Yes, and that's what
13 this is.

14 CHAIR MUNN: Yes.

15 DR. MAURO: As a formal work
16 product on behalf of -- this past three, we
17 have to go through our due process. This
18 didn't go through that process, so the action
19 is in our house now and it doesn't hurt that
20 you have it before you, but reality is until
21 we deliver it formally to you as our work
22 product, we probably should -- it's not

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1 something that you may want to initiate
2 anything on right now.

3 You can certainly look at it, I
4 mean, but I'm saying that we have not
5 delivered this.

6 CHAIR MUNN: I understand. I
7 understand. My concern is whether or not
8 there might be items of interest to the
9 Subcommittee that they might want to express
10 to you or ask broader or more narrow, focused
11 questions.

12 DR. MAURO: Quite frankly, I think
13 that we don't have to hold to a -- you have
14 it, read it, get a reaction, feed it back as
15 if you were part of the internal review
16 process feeding back -- I mean, that's what it
17 comes down to now.

18 You have, in effect, an advance
19 copy of the draft work product that SC&A has
20 been working on.

21 CHAIR MUNN: That we've asked for.

22 DR. MAURO: And that you asked

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1 for, and certainly, we would more than welcome
2 any feedback on it so that we could make it
3 the best product we can for you. So,
4 certainly, give us your comments.

5 MR. MARSCHKE: I guess -- yes, the
6 question is, if you want the formal revision
7 by the next procedure review meeting, which,
8 again, I think it's November 17, then we
9 probably need a week or two before that to get
10 this through Nancy and get this through the
11 SC&A internal publication --

12 DR. MAURO: And then PA.

13 MR. MARSCHKE: And then PA.

14 DR. MAURO: There's nothing here,
15 I think, that's DOE, right? I mean, we have
16 to --

17 MR. MARSCHKE: There shouldn't be.

18 DR. MAURO: See, once we enter
19 this realm of a deliverable that's eventually
20 going to go public, but these are one of these
21 questions I ask Joe. I passed this by Joe
22 Fitzgerald. I said, Joe, is there any reason

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1 here that -- is there any information here
2 that you think -- and usually he errs on the
3 safe side.

4 He sends it off for review to DOE
5 if there is any information that he thinks DOE
6 would like to see. So, once we enter this
7 more formal process, it is quite time
8 consuming, unfortunately.

9 MR. MARSCHKE: Well, I guess the
10 question is -- what I was trying to back-
11 calculate was how late in the process can the
12 Subcommittee provide us feedback and still get
13 it into the document before the next meeting.

14 CHAIR MUNN: My request was going
15 to be to the Subcommittee members that they
16 commit to having any comments that they may
17 have to you by the end of this month. Is that
18 reasonable? Mark?

19 MEMBER GRIFFON: Yes, that's fine.
20 Yes.

21 CHAIR MUNN: Mike?

22 MEMBER GIBSON: Yes, that's good.

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1 CHAIR MUNN: Paul?

2 MEMBER ZIEMER: Yes.

3 CHAIR MUNN: Let's say that if you
4 do have any comments on this you will have
5 them to the other Subcommittee members and to
6 SC&A no later than the witch's flight the end
7 of this month.

8 That will give a full two weeks of
9 work time, plus a day for any --

10 DR. MAURO: And once we get it.
11 Now, so at the end of the month we have all
12 your feedback.

13 CHAIR MUNN: The end of the month
14 --

15 DR. MAURO: It goes through due
16 process within SC&A, which basically means a
17 week of internal review and editing. At that
18 point, a judgment is made does this need to go
19 to DOE?

20 It goes to DOE usually one to two
21 weeks, I would say two weeks, to DOE then to
22 give its approval. And then it comes back --

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1 at that point it becomes deliverable,
2 strangely enough, to the Work Group and
3 simultaneously goes to PA.

4 PA clears it, and then it becomes
5 something that could actually go up on the web
6 as a public document. That's how the process
7 goes, so I guess what I'm saying is one week -
8 - one week -- it's really a month, so starting
9 November 1, I would say it'll -- before it
10 actually -- it'll say ready for prime time,
11 whole distribution. We're talking about a
12 one-month turnaround.

13 MR. MARSCHKE: So we may not get
14 it back in time for the November 17, but --

15 CHAIR MUNN: Okay.

16 MR. MARSCHKE: -- but --

17 DR. MAURO: Yes, I would say that
18 that's not -- it's unlikely we'd have it for
19 the October meeting.

20 MR. MARSCHKE: Okay.

21 MEMBER ZIEMER: What are we going
22 to do with it at that point once it's cleared?

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1 CHAIR MUNN: We are going to --

2 MEMBER ZIEMER: I mean, I guess
3 the value of the document was to put these
4 things side by side and look for the
5 consistency and --

6 CHAIR MUNN: Well, the original
7 intent was to make sure that this information
8 was transmitted adequately to NIOSH so that it
9 could be incorporated into their
10 considerations of what we call either our
11 overarching issues or other commonalities so
12 that we didn't continue to address the same
13 issue in eight different venues.

14 DR. MAURO: That was a whole bunch
15 --

16 CHAIR MUNN: Yes. Yes, so whether
17 our intent has changed, I don't know, but that
18 was our original intent was to make sure that
19 the issues that we raised here through the
20 commonalities question would all be available
21 to NIOSH as they move forward in their large
22 issues concerns, which would mean, simply,

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1 once it's available that we would transmit it
2 as a product of the Subcommittee for the use
3 of the agency.

4 MR. MARSCHKE: Probably the
5 working information is already in the --
6 probably the working information that you need
7 to know is not going to change from what you
8 have before you, so really, the formal
9 document coming out is a formality.

10 CHAIR MUNN: Yes. I think that's
11 true. I think that's true. We just want it
12 to be of record.

13 MR. MARSCHKE: Mike, did you find
14 the email with the document in it, or should I
15 send you another copy of it?

16 MEMBER GIBSON: I do have it.

17 MR. MARSCHKE: Okay, good.

18 CHAIR MUNN: All right. Very
19 good. Then we will see if things go smoothly
20 and we do or don't have it available next
21 time, but in any case, the immediate action
22 will be for the Subcommittee members to

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1 provide any comments that they have, whatever,
2 to SC&A by the end of this month.

3 DR. MAURO: It could move very
4 quickly after we get your comments, if it
5 doesn't have to go to DOE.

6 CHAIR MUNN: My guess is that you
7 will not have significant comments. That
8 would be my guess, unless someone already sees
9 something that they have a problem with.

10 MEMBER ZIEMER: You have some
11 spelling things, but I assume your spell check
12 is going to take care of those.

13 CHAIR MUNN: Oh, yes.

14 DR. MAURO: All the editorial -- I
15 guess its information content.

16 MEMBER ZIEMER: Right. Right.

17 DR. MAURO: The information: is it
18 cleared? Does it do the things you'd like it
19 to do?

20 MR. MARSCHKE: Any document I
21 write will have that kind of spelling problems
22 in it.

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1 CHAIR MUNN: We can overcome
2 those. We have machines to do that,
3 fortunately. Our next item, review the NIOSH
4 response to OTIB-0047-01.

5 MR. HINNEFELD: I want to
6 apologize. Can we go back to -0029-02 just
7 for a second?

8 CHAIR MUNN: Yes.

9 MR. HINNEFELD: I got some
10 information via email from Liz Brackett about
11 that discussion. The -- it has to do with
12 this wording here. This quote from OTIB-0029
13 is -- that's in OTIB-0029.

14 The person who wrote OTIB-0029 was
15 writing from prior -- or experience from --
16 personal experience from years ago, and in
17 fact, during our research of the site profile,
18 we did, in fact, find the factors -- the
19 assumptions of -- the factors that were used
20 for conversion spot samples to daily output
21 and also for the mass -- those activities.

22 Those were found and the site

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1 profile says that. In fact, it's Section -- I
2 can probably tell you here, in Section --
3 well, I'll have to wait for my computer to
4 cooperate.

5 Surely, it's in Chapter 5.

6 DR. MAURO: So they -- the reality
7 is the statement, they are known.

8 MR. HINNEFELD: They are known.
9 The statement is incorrect.

10 DR. MAURO: The statement is -- it
11 needs to be removed --

12 MR. HINNEFELD: It needs to be
13 removed --

14 DR. MAURO: -- because the
15 information --

16 MR. HINNEFELD: The information
17 exists --

18 MEMBER ZIEMER: Whoever was
19 writing that didn't know at the time --

20 MR. HINNEFELD: At the time they
21 wrote it, they didn't know that we had found
22 those conversions, and so -- yes.

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1 DR. MAURO: Well, in principle,
2 then this issue is resolved.

3 MR. HINNEFELD: Yes, we had --
4 well, in terms of abeyance --

5 DR. MAURO: Yes, until that
6 statement is removed.

7 MR. HINNEFELD: Right.

8 DR. MAURO: Yes, good.

9 MR. HINNEFELD: But that's the way
10 it sounds to me.

11 MR. HINNEFELD: Oh, I got that
12 little email. Outlook can't find the server,
13 so it'll find it in a little bit.

14 DR. MAURO: Okay.

15 MR. HINNEFELD: A little bit. In
16 fact, I can -- I will -- periodically, Outlook
17 can't find its server. That happens
18 periodically, either here or on a desktop.

19 Usually, it's short-term.

20 MEMBER ZIEMER: So, the revision
21 would be that the assumptions to convert mass
22 to activity are --

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1 MR. HINNEFELD: I would just say
2 are described --

3 MEMBER ZIEMER: -- are described
4 in the site profile. Something to that
5 effect.

6 DR. MAURO: That is the end of the
7 slide.

8 MR. HINNEFELD: Got you.

9 MEMBER GRIFFON: John, the only
10 question I would have is, do you want to walk
11 back the finding because this is what happens
12 when we work from these matrices or from these
13 final things a lot of times.

14 I mean, if I were reviewing this -
15 - I'm trying to put myself in SC&A's shoes.
16 If I reviewed this and saw that that statement
17 was made but later in the document they
18 actually have found the factors, then wouldn't
19 my finding data there mean there's an
20 inconsistency within your procedure rather
21 than that you don't have the factors? You
22 understand what I'm saying?

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1 MR. MARSCHKE: I think they have
2 to change OTIB-0029 to make it consistent and
3 to leave it -- point to the site profile and
4 say, this information is provided in the site
5 profile.

6 MEMBER GRIFFON: Okay, so we're
7 going to say profile, not in another place in
8 the TIB?

9 MR. MARSCHKE: Right.

10 MEMBER GRIFFON: Is that what
11 you're saying?

12 MR. MARSCHKE: Correct.

13 MEMBER GRIFFON: Oh, okay. All
14 right. Okay. Then never mind.

15 CHAIR MUNN: I love that line.
16 Any other comments on the OTIB-0029 questions?

17 Then we're back to reviewing NIOSH response
18 to OTIB-0047-01.

19 MR. HINNEFELD: I don't think we
20 sent anything on that. Steve, do you have
21 anything on the database on that?

22 MR. MARSCHKE: -0047-01 is -- is

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1 Bob Barton on the line?

2 MR. BARTON: Yes, I'm here, Steve.

3 MR. MARSCHKE: We did receive
4 something from you right -- I think it was
5 right after --

6 MR. BARTON: Right after the
7 meeting.

8 MR. MARSCHKE: Right after the
9 meeting. This is one of the cases where I
10 have the emails here, but I can't open them.
11 I think you did some comparisons between data
12 which was found in an Access database, a dose
13 record database, and some numbers which were
14 the coworker numbers.

15 Correct me if I go off course
16 here, Bob. We like the idea of doing the
17 comparison, but we think there's a units
18 conversion or a mathematical error in what was
19 done. We think we're comparing weekly data
20 from the database to quarterly coworker doses
21 and coming up with the finding that -- or
22 coming up with a result that the weekly

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1 numbers are much smaller than the quarterly
2 numbers so therefore we have no problem.

3 Well, we think the correction has
4 to be made to the comparison so that we're
5 comparing quarterly exposures to quarterly --
6 quarterly exposures from the database to
7 quarterly exposures from the dose -- the
8 coworker model.

9 When that is done, I think we
10 would be in agreement with NIOSH on this one.

11 Anything you would like to add, Bob?

12 MR. BARTON: Not really. I think
13 you put it very well. I think the document
14 everybody's looking at -- the real comparisons
15 were made in what's called New Table 5-5, and
16 I believe that's on Page 20, the bottom of
17 Page 20 of what everybody's looking at.

18 CHAIR MUNN: We're not looking --

19 MR. MARSCHKE: We don't have much
20 of anything here because I can't get it open.

21 It's in my --

22 MR. BARTON: Essentially, the

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1 database has weekly exposures for workers.
2 They changed out their badges every seven
3 days, and so when NIOSH went and calculated
4 the mean dose, what they were actually
5 calculating, was the mean weekly dose for the
6 quarter and not the mean dose for the quarter.

7 So in order to make it a
8 meaningful comparison, these mean weekly doses
9 would have to be scaled up to a full quarter
10 and then compared with their coworker
11 quarterly doses.

12 MR. MARSCHKE: And Bob has done a
13 -- some of that based upon some assumptions
14 that he made, but we think NIOSH probably
15 should do -- would want to do it -- do their
16 own calculations.

17 I will forward -- when I get back
18 tomorrow, I will forward that information and
19 make sure that the Subcommittee has it.

20 MR. BARTON: If I just might -- I
21 might add in here, Steve, when you take the
22 mean weekly dose and just scale it up to a

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1 quarter by, say, multiplying it by 12.5 weeks
2 in a quarter, in most cases the coworker model
3 is still higher. In some cases, it's not.

4 So I think that if you took those
5 values and maybe scrubbed them a little bit,
6 so, for instance, dose entries that were
7 perhaps at the MDL, sometimes it's common
8 practice, to evaluate it at half the MDL, you
9 can do those sort of things and we found that
10 in almost all cases, the coworker model is
11 claimant-favorable, but I think, like you just
12 said, we just feel that NIOSH should take an
13 independent look at it and be able to draw
14 their own conclusions about it.

15 MR. HINNEFELD: Well, I'll have to
16 go back and check. I have now found that
17 document that was sent, and so I have that in
18 front of me, but in terms of whether it's -- I
19 won't be able to tell from this whether
20 there's weekly data compared to quarterly
21 data, so I have to double-check.

22 MR. MARSCHKE: We do have the name

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1 of the access data file that we downloaded
2 from the O: drive, and we will provide that
3 information, as well, to the Subcommittee and
4 to NIOSH.

5 MR. HINNEFELD: Do you have the
6 folder and its name?

7 MR. MARSCHKE: We have the folder
8 and its name and it's right here, right in
9 this -- right in this email that's right up
10 there, which I cannot open.

11 MR. HINNEFELD: Okay.

12 MR. MARSCHKE: So I apologize for
13 not beta testing this before I came down for
14 the meeting today.

15 CHAIR MUNN: None of us could do
16 it. So, the only action I have then that
17 Steve's going to be sending more information
18 to the Subcommittee about this, but the ball -
19 - there's still -- Stu, do you feel you have
20 some action here?

21 MR. HINNEFELD: Well, yes. I
22 mean, I have -- I mean, I totally have an

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1 action it seems like. Not looking at the
2 database, I don't know if Bob's response is
3 captured there yet.

4 MR. MARSCHKE: No, it's not.

5 MR. HINNEFELD: But we know what
6 it is, and so we can go check on it. Like I
7 said, I won't be able to tell today when we
8 did it.

9 CHAIR MUNN: Right.

10 MR. MARSCHKE: And I'll get this
11 information to you tomorrow morning.

12 CHAIR MUNN: All right. That's
13 good. For the moment, I'll carry the action
14 item as an SC&A item and with the expectation
15 that Stu may or may not have an opportunity to
16 work on -- to assimilate that information and
17 have a response for us about where we are with
18 the status of this particular finding, if it
19 needs to stay in progress or if we're able to
20 close out any of it.

21 Our next item is a carryover from
22 the previous meeting, OTIB-0051-01, a NIOSH

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1 action.

2 MR. HINNEFELD: Yes, we -- that
3 should be on the database. Our response
4 should be on the database. I had sent it to
5 the Subcommittee back in August, shortly after
6 our last meeting.

7 MR. MARSCHKE: Which one was it?

8 MR. HINNEFELD: -0051-01.

9 CHAIR MUNN: So, I don't -- all I
10 have is your initial response, right, and then
11 -- 6/9/2009.

12 MR. HINNEFELD: I still can't open
13 my email, so I can't verify that I can find
14 that sent email.

15 CHAIR MUNN: It says NIOSH will
16 provide an update at the next committee
17 meeting. That was in June we had that.

18 MR. MARSCHKE: -0051-03.

19 CHAIR MUNN: -0051-01. It's the
20 effective threshold energy and angular
21 response of NTA film on missed neutron dose at
22 Oak Ridge Y-12.

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1 And the last shown action here was
2 from June 9, 2009. NIOSH will provide an
3 update at the next Subcommittee meeting. So,
4 what we're looking at now is the carryover
5 from that.

6 You sent us something, but it
7 didn't get onto the database. Is that what
8 I'm hearing? Stu?

9 MR. HINNEFELD: Well, it was
10 supposed to have been entered, but it didn't
11 get read over, apparently.

12 MEMBER ZIEMER: Do you recall what
13 the title of the document was?

14 MR. HINNEFELD: No, and I can't
15 find my email to tell you what it is. I can't
16 get in my email.

17 MEMBER ZIEMER: What is that OTIB?
18 What's the title of the OTIB?

19 MR. MARSCHKE: Effect of threshold
20 energy and angular response of NTA film and
21 missed neutron dose at the Oak Ridge Y-12
22 facility.

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1 MEMBER ZIEMER: I'm looking for a
2 keyword. I mean, out of all these documents
3 of this Subcommittee, I'm looking for that
4 one. I don't see it. I mean, normally, I
5 file them under the OTIB number and I don't
6 see the OTIB.

7 CHAIR MUNN: You believe it came
8 right at you at the August meeting?

9 MR. HINNEFELD: I thought it did.
10 I have a note here that it was sent 8/21.

11 MR. KATZ: Mark, do you have an
12 email from Stu from 8/21?

13 MR. HINNEFELD: It wouldn't have
14 gone to his HHS email.

15 MR. KATZ: Oh, how about your
16 personal email?

17 MR. HINNEFELD: It would've gone
18 to his old email.

19 MEMBER GRIFFON: I have to check
20 that. What's the date? May --

21 MR. HINNEFELD: August 21.

22 MEMBER GRIFFON: August 21.

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1 CHAIR MUNN: I have a long --

2 MEMBER GRIFFON: I'll check it.

3 CHAIR MUNN: -- a long set of
4 responses that were sent, but there's so many
5 of them. I've gotten through 47. There is
6 OTIB-0051-03. I have -03.

7 MR. HINNEFELD: Yes, -03 up there
8 but that was before -- because those are in
9 August, that's all.

10 MR. MARSCHKE: That was sent on
11 August -- I think it was sent on August 13.

12 MS. THOMAS: Stu, this is Elyse --

13 MR. HINNEFELD: Yes?

14 MS. THOMAS: -- and you sent that
15 email on August 20.

16 MR. KATZ: August 20 says Elyse.

17 MR. HINNEFELD: Thanks, Elyse.

18 MS. THOMAS: I was copied so I can
19 send it out to the -- I can forward it again
20 if you all are having trouble.

21 MR. HINNEFELD: That would be
22 great for a lot of people, but I can't -- my

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1 email won't open, so --

2 MR. KATZ: That'll work for
3 everyone else here.

4 MEMBER GRIFFON: That would be
5 great if you can forward it. I don't --

6 MS. THOMAS: All right. I'll
7 resend it.

8 MEMBER GRIFFON: I don't seem to
9 have it. Okay.

10 MR. KATZ: Thank you, Elyse.

11 CHAIR MUNN: I don't have anything
12 on that date. While we're waiting for that
13 to come through, would this be an ideal time
14 for us to break for lunch?

15 MEMBER ZIEMER: Yes.

16 CHAIR MUNN: We'll let that
17 happen.

18 MR. HINNEFELD: I will email it to
19 you all.

20 CHAIR MUNN: That's good. We will
21 -- let's wait for Elyse to do some email
22 magic for us, and we'll try to be back here

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1 1:35. Is that amenable to the folks on the
2 phone?

3 MEMBER GIBSON: Yes, that's good.

4 CHAIR MUNN: 1:35. We'll try to
5 be prompt. Thanks much. We're going to sign
6 off now.

7 (Whereupon, the above-entitled matter went off
8 the record at 12:20 p.m. and
9 resumed at 1:36 p.m.)

10 MR. KATZ: Okay, this is Advisory
11 Board on Radiation Worker Health, Subcommittee
12 on Procedures Review, and we had a little
13 technical difficulty making the phone work,
14 but we're back on now.

15 Let me check, Mark and Mike, are
16 you with us again?

17 MEMBER GRIFFON: I am here.

18 MR. KATZ: Great.

19 MEMBER GIBSON: Yes, this Mike.
20 I'm here.

21 MR. KATZ: Great.

22 CHAIR MUNN: I have just sent to

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1 all of you that are on standard distribution
2 for the Subcommittee the most recent draft of
3 our proposed letter to the Secretary.

4 I sent it not to your CDC mail but
5 to your standard personal mail that I usually
6 use, so you may want to take a moment to check
7 to see if you've received that yet. In the
8 meantime, I think most of us here have
9 received what Elyse sent with respect to
10 findings on the third set of DRs review.

11 Is that really what we want? Yes,
12 it's procedures review. I think the title on
13 it was incorrect. We'll see if that's what we
14 have. Do -- Mark and Mike, do you have that
15 from her?

16 MEMBER GIBSON: Yes. It just came
17 in, Wanda.

18 CHAIR MUNN: Okay. Thanks, Mike.

19 MEMBER GRIFFON: Yes, I got the
20 email, too. Yes.

21 CHAIR MUNN: Okay. I'm just now
22 downloading it. Did you receive my email yet?

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1 MEMBER GIBSON: Yes.

2 CHAIR MUNN: Got it. Do you want
3 to take a moment to read through that? We
4 discussed the changes we were going to make.
5 I think we've made the ones that we discussed,
6 and I believe you see them there.

7 So, let's take five while you read
8 through those and see if there's a problem
9 with anything. I have not filled in the final
10 numbers. I won't do that until we're actually
11 ready to send the letter out.

12 MEMBER ZIEMER: Steve, could you
13 confirm -- was it 80 or 81 percent and that
14 was 81 percent of the findings or of the
15 procedures?

16 MR. MARSCHKE: I think it was of
17 the findings.

18 MEMBER ZIEMER: Of the findings
19 have been addressed?

20 MR. MARSCHKE: Yes.

21 MEMBER ZIEMER: And the number
22 could change, but right now it's 80 percent?

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1 MEMBER GRIFFON: Wanda, did you
2 send that to me? I don't seem to get it. I
3 thought you sent it on the -- I checked both
4 of my emails now and I don't see it.

5 CHAIR MUNN: I did. Let me
6 double-check to see whether my email for some
7 reason fails to do right by you.

8 MEMBER ZIEMER: His name is on the
9 send out list, but --

10 MEMBER GRIFFON: I just got it. I
11 just got it. It's just coming in now.

12 CHAIR MUNN: Okay.

13 MEMBER GRIFFON: Okay. Thank you.

14 MEMBER ZIEMER: It's a long ways
15 up there from here.

16 MEMBER GRIFFON: Yes, yes.

17 MR. ELLIOTT: Real slow today.

18 CHAIR MUNN: Especially on some
19 networks that --

20 DR. MAURO: Eighty-one percent are
21 either undergoing deliberation or have been
22 resolved.

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1 CHAIR MUNN: Out there in the
2 ether, we are making a change to the last
3 sentence of the third paragraph. We're
4 changing it to giving a total of over
5 80 percent having been deliberated or closed
6 rather than addressed.

7 MEMBER ZIEMER: Yes, although
8 we've already said 49 percent have been closed
9 or resolved, right?

10 CHAIR MUNN: So deliberated needs
11 to come out. Having been --

12 DR. MAURO: Under active
13 deliberation.

14 CHAIR MUNN: Having been
15 deliberated rather than addressed.

16 MEMBER ZIEMER: So what is the
17 wording going to be?

18 CHAIR MUNN: Giving a total of
19 over 80 percent having been deliberated.

20 MR. KATZ: Well, you can say
21 discussed, but it's not good English having
22 been deliberated.

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1 CHAIR MUNN: I guess it isn't.

2 MR. KATZ: A group deliberates,
3 but you -- and you can deliberate upon
4 something, but --

5 CHAIR MUNN: And then that would
6 make Winston Churchill unhappy.

7 MR. KATZ: You can say reviewed.

8 MEMBER ZIEMER: Well --

9 CHAIR MUNN: Is that acceptable to
10 you?

11 MEMBER ZIEMER: Is the previous
12 sentence about the complete group of
13 procedures scrutinized, that's everything that
14 SC&A has done?

15 CHAIR MUNN: Totals -- yes, totals
16 everything.

17 MEMBER ZIEMER: Or is that what
18 we've done?

19 CHAIR MUNN: Well, that's what
20 we've done.

21 MEMBER ZIEMER: Is that the
22 80 percent? That's what I'm asking.

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1 DR. MAURO: Yes. The 81 percent
2 are the ones that have undergone some degree
3 of deliberation by the group. A subset of
4 that have actually been closed. A subset of
5 that have been transferred. In other words --
6 but --

7 MEMBER ZIEMER: So, we could say
8 81 percent of the procedures or we have
9 scrutinized 81 percent of the procedures or --

10 MR. MARSCHKE: They were not of
11 the procedures. Eighty-one percent of the
12 issues.

13 MEMBER ZIEMER: How about of the
14 number of -- of the -- let's see, the total --
15 the number of individual findings totals 538,
16 80 percent of which have been -- 81 percent of
17 which have been considered by the Subcommittee
18 and 49 percent of which have been closed.
19 Something like --

20 CHAIR MUNN: Well, let's make --
21 if we're going to do that, I would prefer we
22 make two sentences out of it.

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1 MEMBER ZIEMER: Yes.

2 CHAIR MUNN: So, we say the number
3 of individual findings totals 238, semicolon,
4 we have deliberated more than 80 percent of
5 those. Then the next sentence, 265 or
6 49 percent have been resolved and closed.

7 MEMBER ZIEMER: Fifty-nine?

8 MR. MARSCHKE: Fifty-eight. I got
9 258.

10 CHAIR MUNN: Well, these are
11 numbers that I put in before we did anything
12 today. So, before -- I will check with you
13 before we release this as correct numbers.
14 Yes.

15 DR. MAURO: Yes, get the language
16 and a placeholder.

17 CHAIR MUNN: Yes.

18 MR. MARSCHKE: Aren't the ones
19 that are in abeyance also being resolved?

20 DR. MAURO: Yes.

21 CHAIR MUNN: Yes.

22 DR. MAURO: Yes, and I think we

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1 should -- we don't need to speak about them
2 separately, but I would consider that part
3 something that the group has been resolved.

4 MR. MARSCHKE: So can we take this
5 one, 258, and add the 86 that are in abeyance
6 and say that those --

7 DR. MAURO: Have been resolved.

8 MR. MARSCHKE: Those -- that's
9 over 300 of them have been resolved?

10 CHAIR MUNN: That's up to the
11 group. In my mind --

12 MEMBER ZIEMER: That would be --

13 CHAIR MUNN: Even though we've
14 resolved the issue, it's not in a position for
15 us to turn loose of until -- if they were
16 addressed in a finding, then that's obviously
17 closed.

18 If we closed them, then that's
19 obviously closed, but until the in abeyance
20 action has taken place, in my mind, they're
21 still in our lap. We still have to track
22 them.

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1 MR. MARSCHKE: Yes, I won't argue
2 with that, but they're not closed, but they
3 are resolved. I don't know if they're -- but,
4 again, like you say, Wanda, it's up to the
5 Subcommittee.

6 MEMBER ZIEMER: You would say
7 65 percent have been closed. No, not closed,
8 have been resolved.

9 MR. MARSCHKE: Right, or
10 technically resolved.

11 MEMBER GRIFFON: Or conceptually
12 resolved. I mean, I think that's the problem
13 I have. We haven't seen anything, you know?
14 We discussed them and they're in abeyance
15 until we see the change language. Right?

16 CHAIR MUNN: Okay, so I'm going to
17 put in 65 percent even though we don't know
18 what that number is because we haven't checked
19 it. The number of individual findings totals
20 538, semicolon, more than 80 percent -- no,
21 comma, more than 80 percent of which have been
22 deliberated upon and 65 percent have been

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1 resolved or closed. Is that what we want to
2 say?

3 MEMBER ZIEMER: That sounds close.
4 Number of individual findings was 538, of
5 which 80 percent have been --

6 CHAIR MUNN: Comma. More than
7 80 percent of which have been deliberated
8 upon.

9 MEMBER ZIEMER: More than
10 80 percent have been deliberated upon, and
11 then another sentence?

12 CHAIR MUNN: And 65 percent have
13 been resolved or closed. No, if we do it that
14 way we can alter -- we can do it in one
15 sentence.

16 MEMBER GRIFFON: I still would
17 vote for leaving the 65 percent out. I think
18 that's just confusing things. I would say
19 50 percent have been closed.

20 CHAIR MUNN: That is what I
21 originally was going to do.

22 MEMBER ZIEMER: Are we leaving out

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1 the 258? Just put the percentage for
2 simplicity or what? Are we leaving both
3 numbers out?

4 CHAIR MUNN: Well, I would -- the
5 issue here is whether we're going to include
6 the resolved and closed or whether we're going
7 to use only the word closed. It really still
8 circles around how you look at matters that
9 are in abeyance. If you prefer --

10 MEMBER ZIEMER: Well, certainly,
11 the closed part is more definitive. It's a
12 lower number, but there's no point.

13 CHAIR MUNN: Well, if we want to
14 say the number of individual findings totals
15 538, more than 80 percent of which of them
16 have been deliberated upon and 49 percent have
17 been closed, then there's no --

18 MR. ELLIOTT: Is that 49 percent
19 of the total --

20 CHAIR MUNN: Yes.

21 MR. ELLIOTT: -- or 49 percent of
22 the deliberated?

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1 CHAIR MUNN: No.

2 MEMBER ZIEMER: Of the total.

3 CHAIR MUNN: We can say 49 percent
4 of the total have been closed.

5 MR. ELLIOTT: Just a friendly
6 comment, because it could be misinterpreted.

7 CHAIR MUNN: Yes. All right then.
8 That would make the sentence much shorter and
9 it would read, the number of individual
10 findings totals 538, more than 80 percent of
11 which have been deliberated upon, and
12 49 percent of the total have been closed.

13 Or we can reverse that order and
14 say, forty-nine percent have been closed and
15 more than 80 percent have been deliberated
16 upon, whichever you choose.

17 MEMBER ZIEMER: I would leave it
18 the way you have it.

19 CHAIR MUNN: All right. I will do
20 that.

21 DR. MAURO: I hate to throw a
22 small monkeywrench through this, but is there

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1 anywhere where we identify the total number of
2 procedures that are -- that went through the
3 process or are going through the process?

4 CHAIR MUNN: Yes.

5 DR. MAURO: It's in here
6 somewhere?

7 CHAIR MUNN: It's where the blank
8 is.

9 DR. MAURO: All right. Okay.
10 Sorry.

11 CHAIR MUNN: I have not counted
12 them meticulously. I wanted to make sure.
13 You cannot tell from the total number of items
14 we have because some procedures --

15 MR. MARSCHKE: A hundred and five.

16 DR. MAURO: Hundred and five.

17 CHAIR MUNN: I got 108 when I
18 first counted; 105. Okay.

19 MR. MARSCHKE: There are 105 in
20 the database.

21 CHAIR MUNN: Okay. That's it
22 then. The last two sentences then would read,

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1 the complete group of procedures still
2 scrutinized totals 105, including revision of
3 certain procedures when circumstances appear
4 to require that action.

5 The number of individual findings
6 totals 538, more than 80 percent of which have
7 been deliberated upon, and 49 percent of the
8 total have been closed. Clear enough?

9 I'll send this out one more time,
10 cleaned up in what I hope would be final
11 format so that everybody will have -- that
12 will be Iteration 5 for me. I'll try to get
13 that out for you yet this week so that you'll
14 have a chance to look at it.

15 If there is no grief, then may we
16 present this to the Board as --

17 MEMBER ZIEMER: This can be
18 presented during the working time when you
19 make your report.

20 CHAIR MUNN: Yes.

21 MEMBER ZIEMER: And it would
22 become a motion for the Board to approve it.

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1 CHAIR MUNN: I will try to get
2 that in the hands of the Board prior and once
3 you've all seen the final copy and said yes,
4 that's okay with you. I'll send it to all the
5 Board members so that they will have an
6 opportunity to read it prior to coming to the
7 meeting. All right. Very good.

8 MR. KATZ: Tomorrow?

9 CHAIR MUNN: Probably tomorrow.
10 Tomorrow's going to be my workday here, yes.
11 That's true. It probably will happen. That
12 being the case, we are now back to our action
13 items. We were getting ready to address OTIB-
14 0051-01, were we not, the carryover, and Stu
15 said we hadn't done anything with that.

16 MR. HINNEFELD: Yes, actually
17 Elyse sent me a file and we have provided
18 that.

19 CHAIR MUNN: Okay.

20 MR. HINNEFELD: She sent it over
21 lunch and I forwarded it when I got here, so
22 if you got an email from me in the past

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1 20 minutes, there's a folder attached to that
2 email --

3 MEMBER ZIEMER: Is this a regular
4 or on a --

5 MR. HINNEFELD: This is on your
6 HHS email.

7 CHAIR MUNN: Oh dear.

8 MR. HINNEFELD: Because Elyse sent
9 it to your regular email. Elyse sent it to
10 your regular email. Your regular email, Elyse
11 sent it there.

12 CHAIR MUNN: I have that.

13 MR. HINNEFELD: Simply went to
14 your regular email. I sent it to your HHS.

15 CHAIR MUNN: Okay.

16 MEMBER GRIFFON: That was going to
17 be my question, Stu. So they're the same
18 document, right?

19 MR. HINNEFELD: Same thing. I
20 just forwarded what she sent me.

21 MEMBER GRIFFON: Thanks.

22 MEMBER ZIEMER: Got it.

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1 MR. HINNEFELD: I sent it to you
2 guys. I think Elyse and I sent you -- oh, but
3 no wait a minute. I'm sorry, Steve, I'll
4 forward it to your email.

5 And on Page 25 is where OTIB-0051
6 -- -0057, I'm sorry. OTIB-0057 appeared on
7 Page 25.

8 MR. MARSCHKE: We're doing -0057?

9 MR. HINNEFELD: Isn't that what
10 we're doing?

11 MR. MARSCHKE: I thought we were
12 doing -0051.

13 MEMBER ZIEMER: -0051-01.

14 CHAIR MUNN: -0051.

15 MR. HINNEFELD: Well, then I may
16 not have -- I may --

17 MEMBER GRIFFON: There's no -0051-
18 01.

19 MR. HINNEFELD: There is no -0051.
20 Okay.

21 CHAIR MUNN: I have --

22 MR. HINNEFELD: -0051-03, but not

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1 -0051 --

2 MR. KATZ: Someone on the line has
3 not muted their phone and we're getting a lot
4 of static feedback. And if you don't have a
5 mute button, star six. Wrong phone. Someone
6 muted their phone, but it didn't fix the
7 problem.

8 Someone else has their phone
9 unmuted that's on this line.

10 MR. HINNEFELD: Okay. We do have
11 -0051-03. This name -- I don't know if this
12 name's been out for the last meeting. This
13 may have been presented at the last meeting.

14 CHAIR MUNN: I think it was,
15 actually. I believe I already had a copy of
16 that in my files. I have no way of knowing
17 where it's been.

18 MEMBER ZIEMER: On -0051-01, -02,
19 and -03, my note says at the last meeting,
20 this is August 13, that there was no
21 information and that they would all three
22 carry over to the next meeting.

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1 CHAIR MUNN: Yes, and one has to
2 do with two areas that lack technical detail
3 and clarity. Critical experiments facility
4 mentioned in several places.

5 States the mean missed neutron
6 dose.

7 MEMBER ZIEMER: Is this -01?

8 MR. HINNEFELD: We don't have
9 anything on -01 or -02.

10 CHAIR MUNN: -- and I no longer
11 have -02 on my -- it must be closed because I
12 --

13 MR. MARSCHKE: I don't know what
14 happened; -02 was skipped in the numbering
15 system. I have to go back and check and see
16 why we don't have a -02.

17 CHAIR MUNN: I don't -- I filtered
18 my closed ones out. I thought perhaps that
19 one was closed.

20 But, -03 is OTIB was generally
21 claimant-favorable in instances of unknown
22 parameters affecting dose estimates. However,

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1 there are three situations where uncertain
2 parameters would lead to an underestimate of
3 neutron doses that were not identified in the
4 OTIB, moderated, that is alpha and neutrons,
5 third parameter needs to be considered and
6 angular response.

7 And there's NIOSH's new response.

8 It is a graph with a correction factor on NTA
9 film.

10 So, SC&A folks, have you seen this
11 before?

12 MR. MARSCHKE: Yes. Basically,
13 we've looked at it. Ron Buchanan has looked
14 at it, and he's recommending that it be
15 closed. He finds that the -- this is an issue
16 of wording and does not affect dose
17 reconstruction. He recommends it be closed.

18 CHAIR MUNN: Okay. Are we in a
19 condition where we can update the -- can we
20 update the database?

21 MR. MARSCHKE: I don't think I
22 can. I cannot. I can try.

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1 CHAIR MUNN: Okay. So -- and in
2 fact, we don't have anything we've done at
3 this meeting or anything from the last meeting
4 on this database we're looking at yet,
5 correct?

6 MR. MARSCHKE: No, some of the
7 stuff from the last meeting is. They brought
8 over the database from the Oak Ridge --

9 MR. HINNEFELD: Yes.

10 MR. MARSCHKE: -- computer, so
11 anything that changed -- that I made on the --
12 at the last meeting is reflected.

13 CHAIR MUNN: I see this one was
14 updated 8/28, so yes, I guess there's an
15 update. I don't know where the update went.

16 MR. MARSCHKE: It could be in this
17 additional response. Basically, there's a PDF
18 file here under related links and we cannot
19 open it.

20 CHAIR MUNN: It takes you to this
21 White Paper, right?

22 MR. MARSCHKE: Supposedly. That's

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1 the way it's supposed to work, but it --

2 CHAIR MUNN: It's supposed to
3 work, but we don't have it set up so that it
4 goes there yet.

5 MR. MARSCHKE: Doesn't seem to be
6 working right.

7 CHAIR MUNN: No, it doesn't.

8 MR. HINNEFELD: Okay. I would
9 guess that we didn't make that connection. We
10 just pulled the data over late yesterday.

11 MR. MARSCHKE: I can see basically
12 there's no subdirectory here where both those
13 white papers are usually in the subdirectory
14 under the database --

15 MR. HINNEFELD: We've never pulled
16 any of those over to our side before so we
17 didn't have a directory set up.

18 MR. MARSCHKE: Right.

19 CHAIR MUNN: So --

20 MR. MARSCHKE: I would --

21 CHAIR MUNN: -- we need to do that
22 and mark this as closed if that's agreeable

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1 with the Subcommittee. Mark and Mike, do you
2 have any objection to closing this based on
3 what we've just seen?

4 MEMBER GRIFFON: I guess I'm okay
5 with that one, Wanda. I'm still trying to
6 find -- I'm having a lot of trouble with this
7 database, unfortunately, but I'm okay with
8 that one.

9 CHAIR MUNN: Yes, it's not very
10 clean yet. We're hoping that by some magic
11 come the middle of November, this will all be
12 scrubbed and shiny for us.

13 MEMBER GIBSON: I'm okay with it,
14 too, Wanda.

15 CHAIR MUNN: Okay. Then --

16 MEMBER ZIEMER: Okay here.

17 CHAIR MUNN: -- the instruction is
18 get the link, work out the way for the link to
19 be working, and call it closed.

20 MR. MARSCHKE: Stu, can you close
21 from your version of the database?

22 MR. HINNEFELD: No. When I open

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1 it, since you already opened it, I couldn't
2 get write privileges. I could read-only
3 since. Certainly, in 2003 Access, the first
4 person in essentially was able to write it.

5 When somebody else tries to get
6 in, they get a read-only, at least that's what
7 appeared to happen.

8 MR. MARSCHKE: Okay.

9 CHAIR MUNN: Okay. Action NIOSH.

10 The next item we have is incorporation
11 enclosure data into OTIB-0047-02.

12 MEMBER GRIFFON: Can you repeat
13 that OTIB number, Wanda?

14 CHAIR MUNN: -0047-02.

15 MEMBER GRIFFON: Thank you.

16 MEMBER ZIEMER: That's just a
17 matter of coming into the database?

18 MR. MARSCHKE: I think -- we
19 talked about this this morning kind of when we
20 talked about -0047-01, as well. We -- I mean,
21 the same -- they touch upon many of the same
22 concerns.

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1 MEMBER ZIEMER: I have a note that
2 we closed it last time.

3 MR. MARSCHKE: Yes. It's showing
4 up as closed; -0047-02 is showing up as
5 closed.

6 CHAIR MUNN: Is it? Then that
7 action has been taken care of, right?

8 MEMBER ZIEMER: It's something
9 about incorporating enclosure data.

10 CHAIR MUNN: Did we not have --

11 MR. MARSCHKE: Basically it says -
12 - my note to myself is SFM is to insert Bob
13 Barton's information here. So, Bob Barton did
14 a writeup and we had it -- and we have to
15 insert that in here.

16 MEMBER ZIEMER: It was something
17 about the numbers of people --

18 MR. MARSCHKE: The numbers of
19 people --

20 MEMBER ZIEMER: -- that were
21 badged or --

22 MR. MARSCHKE: Badged, yes. There

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1 was a disagreement between the number -- we
2 see up at the top there was a disagreement --
3 we had 229 and they had a different -- and
4 NIOSH was using a different count.

5 MEMBER ZIEMER: There were four
6 people who didn't have badge numbers.

7 MR. MARSCHKE: Something along
8 those lines, but I think they've come to a
9 meeting of the minds on that.

10 CHAIR MUNN: But it has not yet
11 gone into the database?

12 MR. MARSCHKE: There needs to be,
13 if -- see down here where it says SC&A follow-
14 up, at the last meeting, I made a note to
15 myself to basically insert --

16 CHAIR MUNN: The data in there.

17 MR. MARSCHKE: -- and get the data
18 in there, and that's what -- I believe that's
19 what you said that needs to be updated and I
20 believe that's what you're referring to.

21 CHAIR MUNN: Yes, I think so, and
22 that has not occurred.

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1 MR. MARSCHKE: That has not
2 occurred, yes.

3 CHAIR MUNN: Next item is to have
4 a response from the tech call on OTIB-0049-01,
5 and Mark was supposed to be notified of that
6 tech call. I don't believe he was. Did it
7 occur?

8 MR. HINNEFELD: The issue here was
9 that we need to provide a response to Mark's
10 input on -0049-1, and if we don't know how to
11 respond. In other words, we don't quite
12 understand what's owed of us, then we're
13 supposed to set up a conference call.

14 I don't think that we got to the
15 point of deciding we don't know how to
16 respond, so we didn't set up a conference
17 call.

18 MR. MARSCHKE: Which one are we --

19 MR. HINNEFELD: -0049-01.

20 MEMBER ZIEMER: The note from last
21 time is NIOSH was going to first write a
22 response and then it would be determined

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1 whether you needed to call for a technical
2 call.

3 CHAIR MUNN: If we don't have a
4 response, then --

5 MR. MARSCHKE: Yes, there were
6 more down. There's more below. Tell me to
7 scroll down when you're done reading.

8 MR. HINNEFELD: Yes, I don't
9 believe we've reached --

10 MEMBER ZIEMER: I have another
11 note here, and I'm trying to interpret it. It
12 says we are waiting according to NIOSH
13 response that SC&A needs to first present the
14 issue to the Subcommittee. Was it not
15 presented or --

16 CHAIR MUNN: It -- well, the last
17 date, though, was -- the last date -- well,
18 that's confusing because SC&A's December
19 comment and there has not been anything from
20 NIOSH --

21 MEMBER ZIEMER: Well, what was the
22 issue? I can't remember the issue.

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1 CHAIR MUNN: Well, what SC&A's
2 comment says on the database is following are
3 examples where SC&A believes that OTIB-0049,
4 including -01, needs clarification.

5 Then they list the last paragraph
6 of Section 4 that summarizes how to use the
7 intake correction factors for equivalent doses
8 to systemic origins calculated from year-end
9 monitoring result needs clarification.

10 The example was given as to
11 chronic intake with five years' monitoring
12 result. In this case, it's clear that
13 multiplication factors should be applied to
14 years six through ten. There are other
15 situations that need clarification. No
16 examples or instructions geared to single
17 intake.

18 On Attachment C of OTIB-0049, it
19 stated that the intake adjustment was also
20 evaluated to determine the effect on an acute
21 intake scenario. There's also this analysis
22 provided in Figure C-2. While the chronic

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1 exposure scenario produced adjustment factors
2 that are fairly consistent throughout the
3 duration of exposure, the acute exposure
4 scenario does not, in fact.

5 And go on. We can all read that,
6 but it's a long, long, long statement there.

7 MR. MARSCHKE: Then there was a
8 NIOSH follow-up on --

9 CHAIR MUNN: Well, the last --

10 MR. MARSCHKE: I believe that
11 should be 1/20/2009, not 1/20/2008.

12 CHAIR MUNN: Oh, okay. Then
13 that's why I was confused. I thought the
14 NIOSH follow-up came from the first -- from
15 the finding.

16 MR. MARSCHKE: Then if you click
17 on and you see that then there was basically a
18 second SC&A follow-up on March 9, 2009.

19 CHAIR MUNN: Really? So we have
20 an incorrect date on the NIOSH follow-up?

21 MR. MARSCHKE: It looks like there
22 was an incorrect date on the NIOSH follow-up.

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1 Considering we didn't get -- the NIOSH
2 initial response, if you look on the, kind of
3 the left-hand side there, was 10/9/2008.

4 CHAIR MUNN: Right.

5 MR. MARSCHKE: So this has got to
6 be 1/20/2009.

7 CHAIR MUNN: All right. They say
8 that some corrections will be made.

9 MEMBER ZIEMER: I'm looking at the
10 transcript. This is 8 -- yes, 8/13/09.

11 MR. HINNEFELD: With the date of
12 our last --

13 MEMBER ZIEMER: When we discussed
14 this.

15 CHAIR MUNN: They said they were
16 going to rewrite the paragraph. NIOSH will
17 address these issues once they are identified.
18 Let's see what she said for D.

19 MEMBER ZIEMER: This talks about
20 going back to Joyce --

21 CHAIR MUNN: Yes.

22 MEMBER ZIEMER: -- for some

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1 information.

2 CHAIR MUNN: D said -- her D said
3 there are new issues in relation to
4 application of the TIB to fecal samples in the
5 new version of the TIB. OTIB-0049-Rev 01, PC-
6 1, 2008.

7 Based on the above discussion,
8 SC&A recommends that the status of this issue
9 be changed to in progress, which we did. But
10 then response to that says NIOSH will address
11 these issues once they are identified.

12 MEMBER ZIEMER: Are you reading
13 from the transcript?

14 CHAIR MUNN: Yes. I'm reading --
15 no, not from the transcript. I'm following --
16 I'm just reading from the database itself.

17 MEMBER ZIEMER: I have a note here
18 -- I'm trying to get the context out of the
19 finding, scrolling down here.

20 CHAIR MUNN: Well, what she says
21 is there are new issues in relation to the
22 application of the TIB to fecal samples in the

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1 new version. OTIB-0049, Rev 01, PC-1, 2008,
2 and NIOSH says to that that they'll address
3 those once they are identified.

4 So it's not clear to me who has
5 the action to identify them.

6 MR. MARSCHKE: Where do you see
7 that SC&A -- or NIOSH says that they will
8 identify it?

9 CHAIR MUNN: The very last thing,
10 the very last sentence on that.

11 MR. MARSCHKE: NIOSH will -- oh, I
12 believe --

13 CHAIR MUNN: -- you tell me is the
14 wrong date. It should be '09. The last thing
15 they say in response to Joyce's D is NIOSH
16 will address these issues as they are
17 identified.

18 MR. MARSCHKE: That's D.

19 CHAIR MUNN: And D is the very
20 last thing on the SC&A follow-up from 12/5.

21 MR. MARSCHKE: Okay, and then
22 basically, if you look on the next SC&A

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1 follow-up on March 9, basically for Item D we
2 say SC&A will supply the new issues in
3 relation to the application of the TIB to
4 fecal sample and the new revision of the TIB
5 if and when requested to do so by the Board.

6 DR. MAURO: Okay, so we basically
7 move out of the old procedure into a new
8 revision of the procedure, and I guess the
9 ground rules were that we need to be
10 authorized to move ahead because this becomes,
11 what, a new issue that emerged because there
12 was a new revision by protocol.

13 You see -- we sort of left your
14 original -- the old version and now we're
15 moving into a new version and we only move
16 forward --

17 CHAIR MUNN: Right.

18 DR. MAURO: -- on a new procedure
19 if so authorized.

20 CHAIR MUNN: If you are authorized
21 to do so. So it's our responsibility to
22 authorize you to do so.

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1 MR. HINNEFELD: Part of -- this
2 part of it, I didn't remember talking about
3 this. This is an email -- I sent you an email
4 in September that talked to the last meeting,
5 August 24, to both of you guys, about how much
6 trouble I'm having sorting out exactly what
7 are the findings here.

8 MR. MARSCHKE: That's right. I
9 remember that email.

10 MR. HINNEFELD: Yes, and it's a
11 lengthy, convoluted email, and I apologize for
12 that. I was confused by reading the history
13 of it. And so maybe now we you go back and
14 start with that -- not today, but after today
15 -- look at that and see if we can sort it out
16 a little better. The fecal one was clearly
17 something to be done on the next round.
18 That's off the table, I think, for now, but as
19 I'm reading Joyce's description, now this is
20 the adjustment for Super S plutonium, but
21 rather than do a new model, we just said we're
22 going to use this empirical dose correction

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1 factor essentially on Type S in these
2 circumstances by this amount.

3 Joyce took issue with the
4 applicability of that in circumstances, and
5 the particular circumstances of someone who
6 has two acute exposures separated by a year in
7 between the sampling only after the exposure.

8 I think she makes some conclusions
9 about how a dose reconstruction would be done
10 in that case that we wouldn't necessarily do.

11 For instance, if we had people with bioassay
12 here and bioassay there and they had the same
13 job and there wasn't some evidence that they
14 got shipped somewhere else, we would expect
15 them to be chronically exposed through that
16 whole period.

17 So, I think the manner in which we
18 do dose reconstructions mitigates her concern
19 to a large degree, I think. So if, when you
20 look through this, maybe if you could read it
21 with that context, we may be able to sort out
22 a pathway here in what we want to do.

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1 DR. MAURO: So you have -- in
2 other words, you have a response, a written
3 response to this --

4 MR. HINNEFELD: I have sent to you
5 two guys --

6 DR. MAURO: We have it.

7 MR. HINNEFELD: Just essentially,
8 help me understand where we need to go this.
9 I sent that on August 24, and I forgot until I
10 just came across it.

11 MEMBER ZIEMER: Here's what's in
12 the minutes. This is on 0049-01, and this
13 would be dated 8/13 --

14 MR. HINNEFELD: Yes, that meeting.

15 MEMBER ZIEMER: That meeting.
16 Okay. It says -- Steve starts off -- and
17 Marschke -- it's very long-winded referring to
18 the finding:

19 Munn: Yes, there's a lot to be
20 said here. We need to read it carefully.

21 Marschke: A lot of words.

22 Munn: If we are interested in

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1 discussing it, we need to read it.

2 Ziemer: Who drafted this for
3 SC&A?

4 Marschke: Joyce. Joyce
5 Lipsztein.

6 Munn: Okay.

7 Mauro: Steve, is this high fired
8 plutonium?

9 Marschke: Yes.

10 Mauro: And so it was probably
11 Joyce.

12 Marschke: Yes, it was Joyce.

13 Mauro: I know she's not available
14 to us now, but could you send it -- send that
15 to me from where you are?

16 John, you were on the phone.

17 DR. MAURO: Yes.

18 MEMBER ZIEMER: Marschke: I
19 can't.

20 Mauro: You cannot? Okay. I'll
21 see what I can do to find out. I'm a little
22 concerned that --

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1 And then Ziemer: Hang on, John.
2 Stu might be able.

3 Hinnefeld: John, I can send the
4 file on it.

5 Anyway, and then Hinnefeld: It's
6 a long file, a lot of conversations, a bunch
7 of different findings. They're pretty much in
8 order.

9 Mauro: Well, I get the feel for
10 it. It sounds like it might help to wait till
11 Joyce can help us out.

12 Then I'm skipping down here a
13 little bit.

14 CHAIR MUNN: I think we went
15 through all that and then realized that there
16 needed to be a technical call to sort out what
17 Stu was saying. How do we approach this?
18 Where do we go from here?

19 MEMBER ZIEMER: It appears -- I'm
20 quoting from you now, Wanda. It appears that
21 SC&A has several points that it would like to
22 have fleshed out or revised in some way.

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1 Whether this is the appropriate venue for the
2 discussion, whether there needs to be a
3 technical discussion between SC&A and NIOSH,
4 is not clear to me at this time.

5 Then skipping down, there's a lot
6 of conversation in between there, so I'm
7 trying to get to the meat of this, but let's
8 see, the bottom line is -- Ziemer says she was
9 -- Joyce was disagreeing that Super S was
10 applied in those cases.

11 We don't have a disagreement on
12 how you do this. It wasn't clear to me
13 whether the issue was whether the examples
14 were not done right or whether there was a
15 disagreement on the underlying assumptions.

16 Hinnefeld: I don't think so. I
17 thought there was an agreement on the
18 adjustment.

19 Hinnefeld goes on: I thought that
20 we had agreed to them that the finding seems
21 to be that beyond the scenario you have
22 described here, there are other potential

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1 exposure scenarios that you don't talk about.

2 MR. HINNEFELD: That was Joyce's
3 issue.

4 DR. MAURO: There were certain
5 special circumstances --

6 MEMBER ZIEMER: Yes. You come on,
7 John. You had quickly read through it, and
8 you say there's a lot of different scenarios
9 and go on to describe that. So, that was sort
10 of the framework for all this.

11 Marschke: I agree with John. I
12 think basically the concern that Joyce has
13 raised is multiple independent acute
14 exposures. And now I'm trying to find the
15 action.

16 DR. MAURO: Who's got the action?

17 MEMBER ZIEMER: Do you have
18 somebody named Siebert on your staff?

19 CHAIR MUNN: Yes.

20 MR. HINNEFELD: That was on our
21 staff.

22 MEMBER ZIEMER: Oh, that's on your

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1 staff.

2 MR. HINNEFELD: Scott Siebert.

3 MEMBER ZIEMER: Scott? Oh, yes.

4 Scott.

5 MR. HINNEFELD: ORAU staff.

6 MEMBER ZIEMER: Yes, Scott had
7 some input on here and it was fairly long
8 discussion back and forth. Okay.

9 Munn: We already have a lot of
10 information under our belt. It's not
11 incorporated here where we need it, so who has
12 the action to set up the call?

13 Hinnefeld: Well, I have the
14 action because, if we feel like we can respond
15 to this entry without a phone call, we
16 understand we can go ahead and write a
17 response.

18 MR. HINNEFELD: That was the note
19 I had.

20 MEMBER ZIEMER: So, we will either
21 write a response or we will get a hold of SC&A
22 about phone calls.

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1 Munn: Okay. Very good. That
2 will complete our action items that we've set
3 up.

4 MR. HINNEFELD: And so my note was
5 if we can't figure out how to respond by the
6 time of the call -- I sent this email first.

7 On August 24, I sent this email. Look,
8 here's how I'm reading this and I'm not real
9 sure.

10 I never proceeded further on the
11 subsequent phone call.

12 MR. MARSCHKE: I don't think we
13 ever followed up with a response to your email
14 either.

15 MR. HINNEFELD: It may not be
16 responsible; it's very convoluted.

17 DR. MAURO: So, we have right now
18 material from you that sounds like that --

19 MR. HINNEFELD: Well, my August 24
20 email, I sent it to your old email address and
21 not your CDC email, and so I sent it to you,
22 too.

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1 MR. MARSCHKE: I remember it.

2 MR. HINNEFELD: So, we could use
3 that as the basis of the phone call. I think
4 we probably all need to read it and refresh,
5 and of course, I assume you're going to be at
6 the Advisory Board next week as I am, so next
7 week now and the following week are not great
8 for me.

9 DR. MAURO: It sounds like
10 something that we've got to get -- is this
11 working, to Joyce, or not, with your response.

12 (Simultaneous speaking.)

13 MR. MARSCHKE: The clarifications
14 as to what exactly are the issues that we're
15 having, and so maybe it will have to go to
16 Joyce, but the first thing is for you and I to
17 look at it and see whether or not we can
18 respond to Stu and maybe get on -- maybe just
19 talk to Stu and figure out if we can figure
20 out what the issues are.

21 DR. MAURO: So something -- I
22 mean, getting it down to simplicity, it sounds

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1 like that there are certain multiple, I guess,
2 intakes that could occur over some sequence of
3 time period that represents a scenario that is
4 troubling to Joyce in terms of, will your fix,
5 the 1.4 multiplier fix that you have --

6 MR. MARSCHKE: Yes, it's actually
7 a factor.

8 DR. MAURO: I'm sorry. A factor,
9 yes. The factor of four fix in that
10 circumstance work.

11 MR. MARSCHKE: Right.

12 DR. MAURO: Now, you have a
13 response that's back to that says what it
14 says.

15 MR. MARSCHKE: Yes, I'm trying to
16 sort out, and once --

17 DR. MAURO: Tries to sort this out
18 a little bit.

19 MR. MARSCHKE: But, in
20 conversation here -- I mean, I don't think I
21 put this in there, but in conversation here, I
22 think Joyce is presuming a certain approach to

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1 what we would do in a dose reconstruction in
2 that instance where you have a person with an
3 intake and it's a bioassay.

4 DR. MAURO: Oh, okay.

5 MR. MARSCHKE: No bioassay,
6 another intake and some bioassay, and in that
7 circumstance, she says then four may not be
8 bounding.

9 DR. MAURO: Okay.

10 MR. MARSCHKE: And I said, well,
11 I'm thinking she's presuming that we would do
12 that as two -- say two acute intakes with
13 nothing in between. Whereas, if the person
14 was a radiological worker, a plutonium
15 radiological worker in between, they'd get a
16 chronic in between, as well.

17 DR. MAURO: That may resolve the
18 issue, so that's really great. So, in effect,
19 I think I understand, we probably have to move
20 on this in terms of making sure that Joyce
21 understands, no, this is what we do.

22 MR. MARSCHKE: Right.

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1 DR. MAURO: We don't do what -- we
2 don't do it the way you sort of laid it out.
3 That creates this problem.

4 MR. MARSCHKE: Right.

5 DR. MAURO: This is how we do it.
6 With that information in Joyce's hands, which
7 I don't believe she has --

8 MR. MARSCHKE: No.

9 DR. MAURO: -- she may very well
10 go back and say, oh, okay. That's okay now.
11 I mean, that would be the --

12 MR. MARSCHKE: Yes, that's --

13 DR. MAURO: -- the nice outcome.

14 MR. MARSCHKE: In this
15 circumstance, the second intake occurs. The
16 fit of that data would assume that they had
17 been exposed chronically to some level and
18 acutely --

19 DR. MAURO: And on top of it.

20 MR. MARSCHKE: -- acutely on top
21 of it, and so I think it's going to be okay
22 because of the assumptions we make about

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1 chronic exposure.

2 DR. MAURO: And so the ball's in
3 our court, then, at this point. You have
4 certain questions and clarifications --

5 MR. MARSCHKE: Yes. Let's just
6 kind of sort out. Maybe if you guys can go
7 through this and I'll try to refresh my memory
8 and we could even talk about it next week and
9 -- get Steve on the phone next week and talk
10 about it then.

11 DR. MAURO: Okay.

12 CHAIR MUNN: Is Joyce back already
13 so that you can ask her?

14 DR. MAURO: Yes, she's back.
15 She's been in touch with us, yes.

16 CHAIR MUNN: Oh, good.

17 DR. MAURO: Yes, she was away in
18 New York.

19 CHAIR MUNN: Okay. So, I'm going
20 to change this from NIOSH action to SC&A
21 action.

22 DR. MAURO: Yes, we have to -- I

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1 think since you've delivered something to us
2 that we haven't acted on, it's -- the ball's
3 in our court.

4 CHAIR MUNN: And Mark had asked to
5 be notified when you were going to discuss
6 that.

7 MR. HINNEFELD: If you have a --

8 DR. MAURO: Yes, we'll take it
9 from here.

10 CHAIR MUNN: Okay.

11 DR. MAURO: We've agreed to what
12 you want and gave you further discussion or
13 perhaps just simply send it off to Joyce and
14 see what she has to say, but we've got the
15 action.

16 CHAIR MUNN: Very good. Our next
17 item is for NIOSH to provide a response for
18 OTIB-0057.

19 MR. HINNEFELD: We sent those. I
20 don't know what this is talking about.

21 CHAIR MUNN: Were they in the
22 group you sent out two months ago?

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1 MR. HINNEFELD: Yes, I believe so.

2 MR. MARSCHKE: So there's three
3 issues with 0057?

4 CHAIR MUNN: Well, we had --

5 MR. MARSCHKE: Yes, I think your
6 response has made it into the database. NIOSH
7 agrees with the above suggested changes. We
8 also basically -- and Ron Buchanan has
9 reviewed the NIOSH initial responses, and
10 basically, the first one, we recommend the
11 change to be in abeyance.

12 Since NIOSH agreed to it, the
13 finding and the -- has agreed to make the
14 above three above suggested changes to the
15 OTIB.

16 CHAIR MUNN: So is there any
17 opposition to changing the status to in
18 abeyance on -01?

19 MEMBER ZIEMER: No, that's good.

20 DR. MAURO: This is just language.
21 Yes, I don't have any problems.

22 MR. MARSCHKE: 0057-02, the OTIB

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1 is generally claimant-favorable in instances
2 of unknown parameters affecting dose
3 estimates. However, one area that lacks
4 sufficient detailed analysis was the
5 uncertainty associated with dose assignments.

6 The OTIB suggested uncertainty of
7 +25 percent does not bound the uncertainties
8 found in the actual results. In accident
9 situations an uncertainty in the range of at
10 least +50 percent is needed to encompass the
11 feasible doses and to ensure claimant-
12 favorability.

13 NIOSH came back with a response
14 along with -- before we commit to reading it -
15 - basically, NIOSH came back with a response
16 OTIB-0057 presents data that a first collision
17 dose with neutron and gamma rays for the eight
18 most highly exposed employees and
19 23 additional employees who were exposed
20 within 412 feet of the Y-12 nuclear
21 criticality accident in 1958.

22 Do you want me to read all this or

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1 do we read it all ourselves or --

2 CHAIR MUNN: Well, I'm assuming
3 that you folks have absorbed this and have a
4 recommendation.

5 MR. MARSCHKE: The recommendation
6 down at the bottom here is basically this
7 issue is in progress. The SC&A response --
8 see SC&A's response to finding number three.

9 CHAIR MUNN: Number three below,
10 okay.

11 MR. MARSCHKE: So, basically, if
12 we want to keep scrolling down --

13 CHAIR MUNN: Yes.

14 MR. MARSCHKE: -- finding number
15 three was all this and the SC&A response was
16 this issue is in progress. SC&A agrees that
17 the use of the dose data from Workers F and G
18 likely provided the most reliable data from
19 which to calculate the doses to other workers
20 located further away, as their exit patterns
21 would have been similar.

22 SC&A also agrees with NIOSH that

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1 the exit patterns of Workers B, C, D, E and H
2 could have been such that they exited towards
3 the source before exiting away from it.

4 However, if that was the case for
5 those workers, the dose determined by blood
6 analysis would have been greater than what
7 would be predicted from $1/r^2$ from Workers
8 F and G dose results.

9 No exit pattern could account for
10 blood analysis results producing a lower dose
11 than that projected from Workers F and G using
12 $1/r^2$ calculations. As previously illustrated,
13 all five workers, B, C, D, E, and H, dose
14 determined by blood analysis was less than
15 that predicted by $1/r^2$.

16 Then Ron gives a table of
17 comparison in which he compares the -- I guess
18 the neutron measured dose --

19 MEMBER GRIFFON: Steve?

20 MR. MARSCHKE: Yes?

21 MEMBER GRIFFON: Can you tell me
22 where you're reading from? I mean, I see the

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1 NIOSH initial response, but I don't see any
2 rebuttal from SC&A in it.

3 MEMBER ZIEMER: We don't have
4 that. I don't think you have that.

5 MEMBER GRIFFON: Okay.

6 MEMBER ZIEMER: Steve has it.
7 It's on the projector.

8 MR. MARSCHKE: This is some of the
9 stuff I was hoping to get into the database
10 before the meeting, and for various reasons, I
11 didn't get the opportunity to do that, and I
12 apologize to the Subcommittee.

13 Basically, after the table, Ron
14 continues his -- where'd it go?

15 CHAIR MUNN: Steve has to keep
16 reading because that's the only source the
17 rest of us have right now.

18 MR. MARSCHKE: After the table of
19 comparing the $1/r^2$ doses to the measured
20 doses, Ron continues, therefore, apparently,
21 there was an uncertainty in the initial
22 position of the workers A through H as listed

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1 in Table 3-1 of OTIB-0057 for uncertainty in
2 their dose determined by blood analysis that
3 resulted in overall uncertainties of greater
4 than 25 percent for three out of five of the
5 workers.

6 He's getting that from the table
7 where he compares the $1/r^2$ doses to the
8 measured doses and three of those are greater
9 than 50 percent.

10 MEMBER ZIEMER: Is the original
11 finding -- is it dealing with uncertainty or
12 what?

13 MR. MARSCHKE: The original
14 finding was dealing with uncertainty. It was
15 basically --

16 DR. MAURO: Twenty-five versus 50.

17 MR. MARSCHKE: That was finding
18 number two.

19 CHAIR MUNN: Finding number three
20 is --

21 MR. MARSCHKE: That was on finding
22 number two and that's why he referred us back

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1 to this discussion that we're reading.

2 DR. MAURO: That's the genesis of
3 it also. Isn't that right?

4 MR. MARSCHKE: And then there's a
5 finding number three, which basically says
6 most of this OTIB employs scientifically valid
7 protocols for reconstructing dose. However,
8 one area that technically compares validation
9 was not analyzed and considered.

10 This consists of comparing the
11 neutron dose results obtained by sodium
12 analysis at various distances to those
13 obtained by inverse square of the distance for
14 the two workers, F and G, at 25 feet, which
15 were used to estimate the dose to other
16 workers further away from the accident.

17 Then item number two is the main
18 concern with this OTIB is that, if the dose is
19 predicted by use of the inverse square of the
20 distance method are less than those measured
21 dose, then the dose is assigned workers that
22 were non-measured could be underestimates of

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1 the actual doses they received.

2 MEMBER ZIEMER: I'm not sure how
3 well the inverse square applies in this case
4 anyway. They're in a closed room. The
5 neutrons are bouncing all over the place
6 anyway, so how well would you depend on
7 inverse square in this case?

8 I mean, it's got to be much worse
9 than it would for the gamma source. Have they
10 added in the gamma to this, gamma plus
11 neutron?

12 MR. HINNEFELD: The doses he's
13 reporting are the neutron dose from the --
14 right. He's doing the study and he's
15 comparing the sodium activation in T^2 to the
16 sodium activation for the neutron dose.

17 MEMBER ZIEMER: Well, the sodium
18 activation would be a component of the neutron
19 dose.

20 MR. HINNEFELD: Right.

21 MEMBER ZIEMER: The thermal
22 content: most of the dose --

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1 MR. HINNEFELD: I would -- well,
2 there was --

3 MEMBER ZIEMER: It's in a liquid.

4 MR. HINNEFELD: Yes, it was
5 moderated.

6 MEMBER ZIEMER: It was moderated
7 to start with. Did he include the mock-up
8 stuff in his table rate? He had some --
9 they're using these mock-ups independently --
10 they had a mock-up of the thing.

11 I don't see the results of the
12 mock-up there. It probably doesn't make it
13 more certain of understanding what they
14 would've calculated based on the mark-ups.

15 MR. HINNEFELD: I don't know,
16 sitting here, what would -- I'm sure a lot of
17 the information would be contemporary
18 information generated in the investigation of
19 this accident certainly into the site to dose
20 estimate.

21 I'm not -- I think they just did
22 the nearest eight or so. I don't know that

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1 they did those sort of -- try to do that sort
2 of reconstruction dose for people who were
3 farther away.

4 MEMBER ZIEMER: No. If they did,
5 I didn't find them.

6 MR. HINNEFELD: Yes, you would
7 know more than I. You were probably doing
8 them, right?

9 MEMBER ZIEMER: No. I haven't
10 done that.

11 MR. HINNEFELD: That would've been
12 fun, though.

13 MEMBER ZIEMER: I was in the next
14 building. I may be conflicted on this one.

15 MR. HINNEFELD: You might, but --
16 so I suspect that this relies on information
17 from --

18 MEMBER ZIEMER: Well, they said
19 something about --

20 MR. MARSCHKE: Well, I was just
21 reading that. There was something in here
22 about the burrows, but I'm not -- it just says

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1 more of what the adjustment factors for humans
2 were versus the burrow.

3 COURT REPORTER: Can we just pause
4 for a second?

5 MEMBER ZIEMER: It looks like they
6 found an uncertainty between the -- let's see,
7 is that between the flood and the dose from
8 the boilers was 20 percent? The first-
9 collision dose is basically a faster time,
10 though.

11 CHAIR MUNN: Yes.

12 MEMBER ZIEMER: Well, but the --
13 that moderates the neutron when you get some
14 activation.

15 CHAIR MUNN: Yes.

16 MEMBER ZIEMER: Well, anyway --
17 well, we can't do anything with this today.
18 We haven't even officially got it.

19 CHAIR MUNN: No, I don't see that
20 we can.

21 DR. MAURO: Would you want to try
22 to get Ron on the phone, tell a story, if that

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1 will help clarify what the -- I mean, it's a
2 long story here --

3 CHAIR MUNN: Well, I think it'd be
4 better --

5 DR. MAURO: -- a lot of work.

6 CHAIR MUNN: It would be better to
7 clarify the story after we've had an
8 opportunity to read it.

9 DR. MAURO: Okay.

10 CHAIR MUNN: I'm sure this is
11 doubly puzzling for Mark and Mike. At least
12 we have something to read here in these long
13 pauses. They have nothing to read, and since
14 we haven't had an opportunity to distribute
15 any of this material so that we can make some
16 reasonable commentary about it and, again, to
17 form some judgments, I would suggest that we
18 carry this one over until next time.

19 We might see -- does Ron have any
20 final recommendation here on item three?

21 MR. MARSCHKE: I think he starts
22 the whole discussion off with -- to make it in

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1 progress.

2 CHAIR MUNN: Which it clearly is
3 in my mind.

4 MR. MARSCHKE: He basically --

5 CHAIR MUNN: As is item two,
6 correct?

7 MR. MARSCHKE: Yes.

8 CHAIR MUNN: So, item one is in
9 abeyance. Item two is in progress. Item
10 three is in progress. We need to see the
11 material that we have in order for us to
12 address this at our next session.

13 So, we have three changes to make
14 to the database, and it's an SC&A action to
15 forward the material -- forward the current
16 material to the Board -- I mean, to the
17 Subcommittee, correct?

18 MR. MARSCHKE: Correct.

19 MEMBER ZIEMER: Bottom line at
20 this point is SC&A's recommending a greater
21 uncertainty for those individuals involved in
22 the accident --

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1 MR. MARSCHKE: That's the -- I
2 mean, if you look here on Ron's -- it's the
3 last sentence in his writeup. Basically,
4 SC&A's major concern is that NIOSH did not
5 address all the uncertainties for this
6 accident in deriving the recommended 25-
7 percent uncertainty.

8 So, yes, I think he wants
9 something greater than 25 --

10 MEMBER ZIEMER: Not the dose
11 values but it's uncertainty which would spread
12 that -- spread the distribution out further, I
13 guess, is the effect, right?

14 MR. HINNEFELD: Right. Well, I
15 mean -- yes, it sort of does.

16 DR. MAURO: I'm not sure of this.
17 The table you are showing, that there might
18 have been 68 -- in other words, obviously,
19 he's saying that there seems to be an
20 incongruity between what you would derive
21 based on the $1/r^2$ versus what you would derive
22 based on the sodium activation. Okay?

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1 Now, that incongruity, I guess,
2 could be dealt with and one of the ways is
3 making the uncertainty larger so that you sort
4 of capture that or you could say, well, hey,
5 wait a minute. Maybe you've got to change
6 some numbers.

7 And I guess that's something I'd
8 like to hear from Ron. The words he uses here
9 though, we all just read, it sounds like he
10 feels that maybe we could deal with this issue
11 by just expanding the size of this
12 uncertainty. That's the easy fix. That's the
13 easy fix.

14 MR. HINNEFELD: Well, we'll just
15 need to digest what he said and look back at
16 some of the original information, as well.

17 MR. MARSCHKE: He does give a list
18 of references.

19 MR. HINNEFELD: Right.

20 MR. MARSCHKE: A couple of them
21 are the --

22 DR. MAURO: You know, normally,

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1 something like this would be a White Paper,
2 you know? You know, in other words --

3 CHAIR MUNN: Well, we got a
4 hotlink, and if this is going to be an
5 addition to or an appendix to the response to
6 the White Paper, then this is another one of
7 those things where the link has to be working
8 before we can find the data.

9 So, with any luck at all, by next
10 time we'll have the links working, and this
11 kind of really deep, thoughtful information
12 can be referenced properly without putting the
13 entire document here --

14 DR. MAURO: Putting the whole
15 thing in the document?

16 CHAIR MUNN: Yes.

17 DR. MAURO: It's really a burden
18 on the document.

19 CHAIR MUNN: Yes, it is. So --

20 MEMBER ZIEMER: Well, I would
21 assume, and again, without going along with
22 the text here, I would assume that Hurst and

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1 Ritchie and Emerson would have estimated the
2 uncertainty in that health physics paper.
3 That was a big paper that -- and then the
4 sodium and NaIN must have some analysis of how
5 well the sodium predicts the dose, so that if
6 there's -- and I'm not sure how much is
7 relying on the sodium in their dose
8 predictions -- the guys were wearing
9 dosimeters, but they may have been beyond the
10 range of the normal monitoring and what
11 happens then is all they have is criticality
12 detectors in there so they can tell who got
13 the big doses.

14 Those old criticality detectors
15 were threshold detectors and not all that
16 useful. You had to be stuck with a strip
17 hanging down, different kinds of foils and I'm
18 not sure how well you could -- you could
19 ballpark a dose for purposes of making sure
20 you didn't have somebody that was going to get
21 sick, but I'm not sure how well you could
22 reconstruct dose.

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1 I think that's why they did the
2 work with the burrows because they can measure
3 that. Once they knew the distances and you
4 simply monitor detection using the burrow,
5 they could reproduce that.

6 DR. MAURO: This is no small
7 piece. This is --

8 CHAIR MUNN: No, this is
9 significant, and for those -- for anyone who
10 is sincerely interested in the nitty gritty,
11 you have the references to go back to if you
12 want, including this, so -- but we have to
13 have it in hand before we can comment.

14 MEMBER ZIEMER: I want to ask a
15 related question, though. Is there a similar
16 sort of analysis for the SL-1 accident with
17 uncertainties and so on?

18 MR. KERR: Excuse me? Could I say
19 something? This is George Kerr, and I'm --

20 MEMBER ZIEMER: Hi, George.

21 COURT REPORTER: I'm sorry. I'm
22 not getting this.

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1 MR. KERR: This is George Kerr.
2 You can't hear this?

3 COURT REPORTER: No.

4 MR. KERR: The problem is here
5 that these people were moving around in the
6 building while the criticality accident went
7 on, so there is no correlation. That was
8 their initial position when the criticality
9 accident happened.

10 And they moved around in the
11 building in exiting, and the change -- because
12 one guy ran away from the drum when he saw the
13 Cherenkov radiation.

14 The other -- there were three
15 people who didn't know, and they walked toward
16 the drum, so the problem is, with those people
17 close in, their distance changed as the
18 criticality was occurring, so you can't really
19 correlate with distance.

20 MEMBER ZIEMER: Yes, they were.

21 MR. KERR: That's where the
22 fallacy is in what SC&A did. They're trying

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1 to correlate with distance and you can't do
2 that. The people were not monitored and the
3 only reliable indicator of their exposure was
4 neutron -- sodium activation in the blood.

5 MEMBER ZIEMER: I think that's a
6 good point. It's not like --

7 MR. KERR: I mean, that's -- and
8 that's essentially what it stated, and that's
9 why in an accident, a criticality accident,
10 you don't even really depend necessarily on
11 the dosimeters that people were wearing, and
12 most of these people were not wearing any kind
13 of dosimeters.

14 So, you had to go with blood
15 sodium activation. Blood sodium activation is
16 extremely reliable.

17 DR. MAURO: In fact, I guess I'm a
18 little disoriented right now because I thought
19 that the concern was the way in which the
20 protocol was written was to use the $1/r^2$
21 approach.

22 MR. KERR: Well, we had to --

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1 DR. MAURO: Not the sodium,
2 because it was in this table --

3 MR. KERR: Yes, but we didn't have
4 sodium activation for most of the people. It
5 was only the people close in who had sodium
6 activation.

7 DR. MAURO: Okay.

8 MR. KERR: So, at a distance the
9 only information we had was not -- we had no
10 sodium activation for the most -- for the ones
11 who were -- most of the people who were
12 exposed, and that's the only correlation we
13 could make, but the movement of the people at
14 larger distances is not as an important as a
15 movement of the people close in.

16 MEMBER ZIEMER: Exactly. A little
17 distance change goes in and makes a lot of
18 difference. I mean, $1/r^2$. If you're 400 feet
19 away, it doesn't matter. Good point, George.

20 Well, we need to pursue it
21 further.

22 MR. HINNEFELD: Okay.

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1 CHAIR MUNN: So let me repeat. As
2 I understand our action items, SC&A is going
3 to forward the current material to all of the
4 Subcommittee. Whoever has access to the
5 database is going to change the status of all
6 three of the findings under OTIB-0057, and we
7 will -- once we all have this material, then
8 it will be NIOSH and SC&A action to try to
9 identify whether -- what further action needs
10 to be done on any of these.

11 We will have it on our agenda for
12 the next meeting. A great deal, hopefully,
13 will go on in between.

14 I think we're close enough to the
15 end of our list we can take a break. We'll be
16 offline for 15 minutes. Back on at 3:15.

17 (Whereupon, the above-entitled matter went off
18 the record at 2:55 p.m. and
19 resumed at 3:10 p.m.)

20 CHAIR MUNN: I don't think Mark
21 would mind our starting off without him
22 because I'm quite sure he'll catch up as he

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1 can.

2 The next item that I have on my
3 list is providing response for PROC-0095.
4 That was a NIOSH action?

5 MR. HINNEFELD: What is PROC-0095?

6 CHAIR MUNN: That's generating
7 summary statistics for coworker bioassay data.

8 MR. HINNEFELD: Okay. I have a
9 note from the contractor that our responses
10 will be similar to the OTIB responses, which
11 is the OTIB it talks about in general terms
12 about coworkers, but I haven't been able to
13 pull all this stuff together and see if I
14 really -- if those responses are applicable or
15 not, so we don't really have anything to
16 provide right now.

17 CHAIR MUNN: Okay. It's a carry-
18 over. Can check for documents, report on
19 PROC-0097. Why is it still open? Is it
20 covered in PROC-0012? It's a NIOSH action.

21 MR. HINNEFELD: Okay. So the
22 action here would be what, to see whether the

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1 findings from -0097 are also applicable to -
2 0012 or whether -0012 addressed the findings
3 of -0097?

4 Because -0097 was the ORAU worker
5 outreach procedure, but they don't do that
6 anymore. Yes, ORAU doesn't do worker outreach
7 anymore, so we wrote PROC-0012, and part of
8 the findings from -0097 I know were considered
9 when we wrote -0012.

10 I think that's probably something
11 that I need to do and haven't done.

12 DR. MAURO: So, what we might have
13 is -0097 may no longer be needed or used or --

14 MR. HINNEFELD: Well, PROC-0097 is
15 not used.

16 DR. MAURO: Is not used, and --

17 MR. HINNEFELD: PROC-0012 --

18 DR. MAURO: PROC-0012 is now in
19 place.

20 MR. HINNEFELD: As I recall, we
21 had the review of -0097 before we wrote PROC-
22 0012, and I'm pretty sure we tried to address

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1 certain of the findings from -0097 in -0012.

2 DR. MAURO: And we've been
3 authorized to review -0012 under the other
4 work group -- under the --

5 MR. HINNEFELD: Worker outreach?

6 DR. MAURO: -- outreach work
7 group.

8 MR. HINNEFELD: Okay.

9 DR. MAURO: So, I don't know what
10 type of communication -- I see it's on -- is -
11 0012 on this list or no, it's not, it didn't
12 make it on here?

13 MR. HINNEFELD: Twelve would not
14 be on this list --

15 DR. MAURO: It wouldn't be on
16 there. Good. Okay.

17 MEMBER ZIEMER: Well, one of the
18 things that is to make sure that any items
19 that have already been identified would show
20 up on -0012 carried forward --

21 DR. MAURO: Cover the issues.

22 MEMBER ZIEMER: -- and cover.

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1 Yes.

2 DR. MAURO: Yes, got it.

3 MEMBER GIBSON: That is part of
4 what SC&A was supposed to look at when they
5 looked at -0012, as compared to -0095, or
6 address it.

7 DR. MAURO: Okay.

8 MEMBER ZIEMER: We're good.

9 CHAIR MUNN: So, the question here
10 is what is -- is there a NIOSH action other
11 than just identifying that PROC-0012?

12 MEMBER ZIEMER: So -0012 still has
13 to be reviewed then.

14 DR. MAURO: Oh, yes. We have an
15 action item and it's under way to review -
16 0012. What I have to say is, though, I didn't
17 have the presence of mind to say when you do
18 that, make sure you take a look at the
19 comments on -0097 to incorporate that into
20 your consideration.

21 So, I mean, we need to do that. I
22 have to make sure that happens.

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1 CHAIR MUNN: We have apparently
2 nine findings here on -0097, probably all of
3 which should have been covered by -0012, but -
4 -

5 MEMBER ZIEMER: Yes, and that'll
6 be the issue to make sure that they have been.

7 CHAIR MUNN: All right. So this
8 now will become an SC&A action. Make sure
9 PROC-0012 --

10 DR. MAURO: Is that PROC or PR-12?

11 MR. HINNEFELD: It would be PR-12.

12 DR. MAURO: PR-12.

13 MR. HINNEFELD: It's an OCAS
14 procedure, so it'd probably be PR-12.

15 DR. MAURO: Good. Good.

16 CHAIR MUNN: All right. All nine
17 findings. Do we have any feel whether or not
18 that's an activity that's likely to occur in
19 the next month?

20 MR. HINNEFELD: What's that?

21 DR. MAURO: The review -- I have
22 to check. It's under review. It's being done

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1 by Kathy Demers. I haven't spoken to her
2 about it. I don't know where she is on that.

3 CHAIR MUNN: You don't have a feel
4 for where it is.

5 DR. MAURO: So, I don't know where
6 it is, no.

7 CHAIR MUNN: Can you give us at
8 least a status for next time?

9 DR. MAURO: I will certainly find
10 out.

11 CHAIR MUNN: All right. Thank
12 you. NIOSH responses are needed for OTIB-
13 0054, OTIB -- I mean, TIB-0013, TIB-0014.
14 Let's start with -0054.

15 MR. HINNEFELD: I don't have
16 anything for OTIB-0054. We're still working
17 on that.

18 For -0013, I've not sent these,
19 but I have some things I can cover pretty
20 quickly --

21 CHAIR MUNN: Okay.

22 MR. HINNEFELD: -- and just for

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1 discussion purposes and then we'll see what
2 kind of reaction we get here. Like I said, I
3 think I can cover them pretty quickly if I can
4 get that to open.

5 Okay, the first finding is these
6 paragraphs are not numbered sequentially and
7 we'll fix that. Our response is okay, we'll
8 fix that.

9 MEMBER ZIEMER: What are we
10 looking at?

11 MR. HINNEFELD: TIB. It's says
12 OCAS TIB-0013. Yes, I'll send these
13 responses. Well, I have to put them in the
14 database, but essentially, we just say, yes,
15 that's right. We'll fix that.

16 DR. MAURO: Is that in abeyance or
17 is that closed?

18 MR. HINNEFELD: I would think it
19 would be in abeyance because we --

20 MR. MARSCHKE: Well, we have to
21 wait till --

22 DR. MAURO: Right. Right.

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1 MR. HINNEFELD: The second finding
2 is the attempt to validate the model using
3 data from radio dosimeters should precede the
4 conclusions in 3-2 since these conclusions
5 presuppose the validity of the model and so
6 we'll reorder those sections.

7 MEMBER ZIEMER: That is just
8 switching the discussion?

9 MR. HINNEFELD: Yes, moving the
10 discussion. Okay now the list I have, I want
11 to go from the database now to -- the ordering
12 that I have on the page I'm looking at doesn't
13 match the database, so I want to make sure I
14 open the database.

15 So, number three is it is not
16 clear that the methodology and parameters --

17 MEMBER ZIEMER: Say it again, Stu.

18 MR. HINNEFELD: The TIB is not
19 clear as to the methodology and parameters
20 assumed in the NIOSH for internal shielding
21 computer code ATTILA calculation.

22 Force parameters such as average

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1 worker geometry and particular worker height
2 and assumed dosimeter position were not
3 indicated in the description. Our first part
4 of the response is that ATTILA is not a point
5 kernel shielding code.

6 It's a multi-group deterministic
7 radiation transport program that is capable of
8 modeling complex geometry sufficiently and
9 accurately to solve large 3D problems.

10 We don't even have a ATTILA
11 anymore. We let the license expire, but it
12 was convenient because you could model the
13 thing on a CAD. You could draw your geometry
14 on a CAD and it would work from that, so it
15 would be easy to model geometry. That's why
16 we chose it; for convenience.

17 The worker geometry is shown in
18 the figures for each scenario and the list of
19 the distances and dimensions were provided
20 apparently outside the -- in a different
21 communication. I believe we sent those
22 separately.

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1 The geometry factors obtained in
2 the ATTILA glove box for OTIB-0010 provide a
3 reasonable idea of the spread of ratio values
4 between the upper and lower torso in this TIB.

5 The geometric mean and standard deviation
6 glove box are such and such.

7 The spread is based on a Monte
8 Carlo analysis of 30 different upper and lower
9 torso points, and since this is only geometry-
10 dependent, I would expect that it would hold
11 for this TIB as well.

12 In other words, both the glove box
13 TIB -- and this is the Mallinckrodt's special
14 geometry TIB -- both of these are -- were
15 attempted to reflect the geometry difference
16 between a source position, a dosimeter on your
17 upper chest, and the lower torso. So they're
18 both intended to show the geometry.

19 DR. MAURO: Yes, we've seen that
20 before. I remember reading that.

21 MEMBER ZIEMER: What's the new
22 program replacing --

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1 MR. HINNEFELD: Well, to the
2 extent we do anything, we run MCNP.

3 MEMBER ZIEMER: Oh. Okay.

4 DR. MAURO: I remember the factor
5 of two.

6 MR. HINNEFELD: So, anyway, that's
7 kind of it. I think we can provide additional
8 detail about designs, the perks, and so on,
9 where we have things in the TIB we put in at
10 the time.

11 Let's see, then the next finding -
12 - and I don't expect any response on these,
13 but I will put them in a database.

14 The procedure underestimates the
15 maximum correction factor to be applied to the
16 badge reading. Therefore, the procedure does
17 not provide adequate guidance for defining
18 claimant-favorable assumptions.

19 Now, in this there was a fairly
20 extensive MCNP run, work that modeled -- the
21 dosimeter itself has a little rectangle, solid
22 rectangle up here and other factors, and

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1 arrived at a different correction path than
2 what details of what our analysis arrived at.
3 Higher, certainly higher than the MCNP
4 analysis that SC&A writes.

5 In my read of this, the issue with
6 the MCNP, since it was modeled so completely,
7 it has incorporated not only the geometry
8 between your torso and a badge, but it's also
9 modeled angular response of a dosimeter and it
10 depends on an absolutely vertical dosimeter,
11 which is -- probably doesn't manifest reality
12 either.

13 And so it kind of wraps into -- it
14 combines -- that analysis combines both the
15 geometry difference and some sort of angular
16 dependence of the badge if the badge is
17 exactly perpendicular for the person who wears
18 it on its chest.

19 DR. MAURO: And that's why you
20 probably got a bigger difference than we did.

21 MR. HINNEFELD: Well, actually,
22 you got a bigger difference.

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1 DR. MAURO: We got a bigger
2 difference?

3 MR. HINNEFELD: Yes.

4 DR. MAURO: So, you --

5 MR. HINNEFELD: We were flush on.
6 We were up here. You got a bigger
7 difference.

8 DR. MAURO: Oh.

9 MR. HINNEFELD: Between here and
10 here because you also had a sort of an angular
11 dependence of the badge because it wasn't
12 straight, it wasn't directly AP as the model
13 was set up -- as the MCNP was set up, but
14 still, like I said, that depends on precisely
15 vertical TLD.

16 My own view of this now, we've had
17 some discussions. I think we've got sort of
18 angular dependance of film badge just sort of
19 out there. It's at issue, right? So --

20 DR. MAURO: It's been out there
21 for a while.

22 MR. HINNEFELD: Yes. And so my

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1 view is if the angular dependance of the
2 dosimeter is an issue that needs to be
3 addressed separate from what we're trying to
4 do here, which is a geometry.

5 DR. MAURO: It's just simply the
6 different locations, yes.

7 MR. HINNEFELD: Yes, which is
8 strictly just a geometry thing.

9 DR. MAURO: Right.

10 MR. HINNEFELD: And you can get in
11 -- I don't want to really get into angular
12 dependence of dosimeters because that's going
13 to be a long discussion, but anyway, that's
14 kind of the nature of our response here is
15 that we -- the angular dependence of the badge
16 that is shown by this specific modeling, this
17 specific MCNP run with an exactly vertical
18 dosimeter, introduces a factor and therefore
19 an additional adjustment factor than what
20 strictly geometry does.

21 And so we would expect it to have
22 a different number, but we don't really

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1 consider this to be a critique of something
2 where we're just trying to show geometry.

3 DR. MAURO: I understand.

4 MR. HINNEFELD: Similarly, there
5 was a bremsstrahlung component added to, I
6 guess, enhance the overall difference and then
7 bremsstrahlung wasn't specifically addressed
8 in the -- in our version, but again, if we
9 were only dealing with the geometry, the
10 geometry adjustment should be the same.

11 DR. MAURO: Yes, it shouldn't be
12 different.

13 MR. HINNEFELD: So you shouldn't
14 be affected by that, but the dosimeter
15 response could, in fact, be different.

16 DR. MAURO: Okay.

17 MR. HINNEFELD: So, based on that,
18 we just felt like for this purpose, for a
19 geometry purpose here, we felt like the
20 finding overall included more items than there
21 needed to be, that we needed to sort out the
22 badge geometry issue and deal with that as

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1 sort of a global issue.

2 The next is -- yes, this is,
3 again, how high is the worker placing the
4 dosimeter. Some of the assumptions about how
5 -- we said we will add that to our database.

6 And then the final finding is
7 OTIB-0013 does not represent scientifically
8 valid or claimant-favorable approach to
9 develop a correction factor for organs in the
10 lower torso. TIB underestimates the CF by a
11 factor of almost five. That's, again,
12 compared to that MCNP run.

13 This seems to us to be essentially
14 a summary of the other findings and we didn't
15 feel like a separate response was needed.
16 Once I get this in that, if we want to put
17 these in progress -- or I think anything we
18 say like, okay, we're thinking, I would like
19 to suggest that maybe it would be placed in
20 abeyance and that anything where we've had a
21 discussion, be moved to in progress and then
22 the summary would move to in progress, as

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1 well, and it remain there until they're all
2 dispositioned, if that makes sense to be done.

3 I will provide this shortly.

4 CHAIR MUNN: I think so. That's
5 fine.

6 MEMBER ZIEMER: So we'll just
7 carry all of these forward.

8 CHAIR MUNN: All six -0013s.

9 MEMBER ZIEMER: They're not in the
10 system right now.

11 DR. MAURO: They're not in the
12 system.

13 MEMBER ZIEMER: We don't have
14 these responses.

15 MR. HINNEFELD: You did actually
16 get them just a week ago. You got them in a
17 track-changes version. I believe I sent them
18 about a week ago.

19 MEMBER ZIEMER: As what? What
20 were they called?

21 MR. HINNEFELD: Let's see.

22 MEMBER ZIEMER: There's a

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1 different sheet --

2 MR. HINNEFELD: It's a file name
3 that says -- NIOSH initial response is TIB-
4 0013, October 7, '09. Something like that. I
5 think I messed up and sent you the track-
6 changes version.

7 MEMBER ZIEMER: Oh, yes.

8 MR. HINNEFELD: I believe I sent
9 you the track-changes version. We have a
10 clean one which is what I'll actually put in
11 the database. I also added submissions right
12 there.

13 MEMBER ZIEMER: Yes.

14 CHAIR MUNN: Mike or Mark, do
15 either of you have any objection to Stu's
16 suggestion for addressing these six?

17 MEMBER GIBSON: No, I don't think
18 so.

19 CHAIR MUNN: Fine. We'll look
20 forward to a nice, squeaky clean set of six
21 detail sheets next time.

22 DR. MAURO: Are any -- I guess one

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1 thing I wasn't sure of, are there any aspects
2 of -- are any of these six something that we
3 would consider to be in abeyance or recommend
4 in abeyance?

5 MR. HINNEFELD: There are about
6 three of them where we said, you're right.
7 We'll change that.

8 DR. MAURO: Okay.

9 MR. HINNEFELD: I think I suggest
10 --

11 MEMBER ZIEMER: The renumbering --

12 MR. HINNEFELD: Reordering,
13 renumbering --

14 MEMBER ZIEMER: Reordering --

15 MR. HINNEFELD: -- and then the
16 addition of the specifics about the person's -
17 -

18 DR. MAURO: About the size, right,
19 and that would be -- okay. Good. Good.

20 CHAIR MUNN: Good. All right.
21 That takes us --

22 MR. HINNEFELD: TIB-0014 we have

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1 not provided anything yet. The person who
2 signed the TIB-0014 was assigned to a couple
3 of other things, as well, and they are taking
4 credit for that.

5 CHAIR MUNN: Carry-over. And we
6 need a NIOSH report on the status of --

7 MR. HINNEFELD: It's the same.

8 CHAIR MUNN: -- same?

9 MR. HINNEFELD: Same deal. We
10 have -- actually, I was thinking of -0010-08
11 on that last statement I just said. Let me
12 see what --

13 MEMBER ZIEMER: The TIB-0008 is --

14 MR. HINNEFELD: TIB-0010 is the
15 glove box TIB, so let's see if I can pull up
16 TIB-0014 to see which one that is. I might be
17 able to get a better --

18 CHAIR MUNN: That's the Rocky
19 Flats internal dosimeter coworker exchange.

20 MR. HINNEFELD: Oh, okay. I have
21 not -- I don't have anything on that. I -- we
22 are -- it is -- we are working on it.

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1 CHAIR MUNN: All right. So, both
2 TIB-0010-08, we can't do anything about
3 closing it you're saying. It says not ready.
4 Then --0014 is not ready.

5 Now I had one. That gets us to
6 the end of our action items. I had one action
7 item as a result -- that I wanted to bring up
8 as a result of what transpired yesterday in
9 Paul's work group.

10 A decision was made to transfer
11 exactly what to us?

12 MEMBER ZIEMER: Hold on.

13 CHAIR MUNN: It was not a
14 procedure that we have on our list yet,
15 correct?

16 MEMBER ZIEMER: It is issue six on
17 our TBD-6000 Findings Matrix, and that has to
18 do with TBD-70. It has to do with -- in the
19 use of that ten to the minus six factor
20 residual activity in clean-up operations.
21 NIOSH is using a factor of one times ten to
22 the minus six and SC&A recommended five times

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1 ten to the minus fifth.

2 It's an issue that is covered by,
3 I think, TIB-0070, according to my notes.

4 MR. MARSCHKE: Is that like a
5 resuspension factor that you're --

6 MEMBER ZIEMER: I believe it has
7 to do with the resuspension. The issue that
8 is being transferred is not a procedure per
9 se, but we believe it is covered by TIB-0070,
10 and the finding in our document is this issue
11 of the ten to the minus six factor.

12 But since that is an issue in TIB-
13 0070, we don't want to be resolving it in a
14 different manner. You're saying, well, since
15 TIB-0070 is the TIB that talks about these
16 resuspension factors and so on, we leave it to
17 the Procedures Review to review that issue and
18 whatever that finding is that becomes the
19 finding for our particular issue. We're not
20 reviewing TIB-0070; we're reviewing a finding
21 that has to do with an item that is in TIB-
22 0070.

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1 CHAIR MUNN: So you're --

2 MEMBER ZIEMER: We're simply --

3 CHAIR MUNN: You're transferring
4 your Finding 6.

5 MEMBER ZIEMER: Our Finding 6,
6 which is a subset of TIB-0070, but we're not
7 asking you to do -- so TIB-0070, whatever its
8 outcome will address our issue, that's the
9 point.

10 CHAIR MUNN: Okay.

11 MR. MARSCHKE: This is a TIB and
12 not an OTIB?

13 CHAIR MUNN: OTIB.

14 MEMBER ZIEMER: I said TIB-0070,
15 but it may have been an OTIB.

16 CHAIR MUNN: OTIB is --

17 MR. HINNEFELD: I believe that is
18 an OTIB.

19 CHAIR MUNN: Dose reconstruction
20 during residual radioactivity periods of --

21 MEMBER ZIEMER: That's it.

22 CHAIR MUNN: -- employer

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1 facilities. That's it. That's OTIB-0070.
2 I'm assuming that you will -- it says --

3 MEMBER ZIEMER: I guess I send a
4 document, a parallel document, indicating our
5 issue similar to what you said for the --

6 CHAIR MUNN: That would be ideal.

7 MEMBER ZIEMER: Yes.

8 CHAIR MUNN: All right. Good.
9 We'll look forward to receiving that with
10 great joy. Do we have any other issues that
11 we need to address before I pull together the
12 next set of action items for us?

13 Anything outstanding? We are
14 scheduled for our next meeting --

15 MR. KATZ: November 16.

16 CHAIR MUNN: November 17, isn't
17 it?

18 MR. KATZ: Seventeenth, right.

19 CHAIR MUNN: And we'll be, of
20 course, here, as usual. With the exception of
21 the specific copy of the letter to the
22 Secretary, is there any other specific

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1 information that you want included in our
2 report to the full Board next week in
3 Brookhaven?

4 If not, I will provide that to the
5 Board as I indicated, and I will plan on
6 getting the material that I had promised to
7 you well in advance of the 17th. Please
8 remember that we have a commitment to review
9 and get back to SC&A any comments that we have
10 before the end of October.

11 Anything else?

12 MR. KATZ: So did -- has anything
13 -- we haven't closed any of the TIBs or other
14 procedures that we've addressed today, right?

15 They're all still viable issues for the next
16 meeting?

17 CHAIR MUNN: Today we have one
18 closure.

19 MEMBER ZIEMER: That was a subset
20 --

21 MR. KATZ: But that's just a
22 finding that you closed, not a whole --

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1 CHAIR MUNN: Yes, one finding.
2 One finding.

3 MR. KATZ: Okay.

4 CHAIR MUNN: Finding 1 of OTIB-
5 0051.

6 MR. MARSCHKE: -0051-03.

7 MEMBER ZIEMER: -0051-03.

8 CHAIR MUNN: And -0051-03. That's
9 right. With any luck at all, hopefully, those
10 can be done when the --

11 MR. KATZ: Right.

12 CHAIR MUNN: -- when the database
13 is more accessible to the folks who work with
14 it so that, when I ask for final figures for
15 the Secretary's letter I'll be able to have
16 access.

17 MR. KATZ: Right, so I'm just
18 trying to be clear about the agenda for the
19 Federal Register notice. The agenda is not
20 going to change except the letter to the
21 Secretary will come off because you'll have
22 dealt with that.

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1 CHAIR MUNN: Yes.

2 MR. KATZ: And do we add to the
3 agenda this TIB-0070 that's going to be
4 transferred? Do you think the work group's
5 going to be ready to deal with it at the next
6 meeting or is it just on your plate but --

7 MEMBER ZIEMER: Well, they may be
8 already dealing with TIB-0070. We're not
9 transferring the TIB-0070.

10 MR. KATZ: No, I know. I'm
11 talking about just that one item from it, but
12 it's still TIB -- it's an element of TIB-0070
13 that you're --

14 MEMBER ZIEMER: Where is TIB-0070
15 in the scheme of things?

16 CHAIR MUNN: That's a good
17 question.

18 MEMBER ZIEMER: Can you tell
19 whether there's open --

20 MR. KATZ: There are issues for
21 TIB-0070?

22 MR. MARSCHKE: I don't think that

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1 we've reviewed TIB-0070. Did we review TIB-
2 0070?

3 MR. KATZ: I imagine we did, but -
4 -

5 CHAIR MUNN: It's on the list.

6 MEMBER ZIEMER: It may be still on
7 the queue, but --

8 CHAIR MUNN: It's on the list and
9 for some strange reason, even though I'm on
10 it, I can't bring up the details on it. It
11 takes me back to TIB-0014 for some strange
12 reason. Can you tell, Steve?

13 MR. MARSCHKE: I logged off -- I
14 foolishly logged off the database and now I
15 have to log back on. So --

16 MR. HINNEFELD: It's listed in the
17 database. I'll see if I --

18 CHAIR MUNN: Yes, it is listed in
19 the database. The procedures -- and I can't
20 pull up any details at all for some reason. I
21 don't know why I can't pull up the details. I
22 can get to it on the list of procedures, but I

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1 can't get to it. It won't give me details.

2 There is something that either I
3 or the electronics is not doing correctly.

4 MR. KATZ: Okay, so you don't know
5 whether it's in the queue, but so I'm going to
6 just assume it's not being added to the items
7 for the next meeting.

8 CHAIR MUNN: Well, I will be
9 asking for a status in any case.

10 MEMBER ZIEMER: Well, if it hasn't
11 been reviewed yet --

12 MR. KATZ: No, it's been reviewed
13 by SC&A.

14 MR. HINNEFELD: There are some 15
15 findings that are open.

16 MR. KATZ: They're all open, so
17 you haven't gotten into the --

18 MR. HINNEFELD: We haven't talked
19 about it yet.

20 MR. MARSCHKE: I wonder if any of
21 the findings --

22 CHAIR MUNN: They're there.

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1 MR. MARSCHKE: -- related to ten to
2 the minus fifth versus ten to the minus sixth?

3 MR. HINNEFELD: Well, I can see
4 the heading of it is, inconsistent use of
5 resuspension factor. That's number one. And
6 NIOSH has recommended resuspension factor ten
7 minus six per meter is --

8 CHAIR MUNN: Yes, there and both
9 eight and nine.

10 MEMBER ZIEMER: Well, it's clearly
11 in that --

12 MR. KATZ: It's in there.

13 MR. MARSCHKE: I don't think it's
14 any more work.

15 MEMBER ZIEMER: No, it's something
16 you were going to do anyway. We're just
17 saying that we're not going to do that
18 separately from this process.

19 MR. KATZ: I don't know where it
20 is in the queue. That's all.

21 MEMBER ZIEMER: Yes.

22 MR. KATZ: Yes.

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1 CHAIR MUNN: Well, there's an
2 interesting one, too, on Finding 12, use of
3 TBD-6000 for assigning operational air
4 concentrations. That's -- and -6001 for
5 determining inhalation. There -- yes, they're
6 definitely in there.

7 MR. KATZ: Are we adding any
8 agenda items for the next meeting is really
9 the question I'm trying to get to because --

10 CHAIR MUNN: Yes, I understand
11 that, and Stu, is there any possibility that
12 we'll have even a status?

13 MR. HINNEFELD: Well, I don't
14 know. Was this reviewed on its own or was
15 this part of a --

16 MR. MARSCHKE: It looks like it
17 was reviewed on it's own.

18 MR. HINNEFELD: 8/29/08, so it
19 hasn't been part of the third set, so it
20 hasn't been one of the things we picked up.

21 CHAIR MUNN: No, it was one of
22 those --

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1 MR. HINNEFELD: I can bump it -- I
2 can try to bump it ahead of third-set items.
3 I don't know even then, though -- let's see,
4 the next meeting is November 17.

5 CHAIR MUNN: Correct.

6 MR. HINNEFELD: So it's a month
7 away, and there's a Board meeting intervening.
8 So, I don't know that we'll have a lot by
9 November 17, to be honest.

10 MR. KATZ: I don't know that it's
11 a priority above what you have in the third
12 set, so that's not -- I'm not suggesting that
13 you need to bump it up.

14 MR. HINNEFELD: Okay.

15 CHAIR MUNN: Well, it's one of
16 those things that's going to be a recurring
17 issue, this whole business of inhalation --

18 MEMBER ZIEMER: Yes, it's
19 certainly -- it's more of a sightline issue
20 than some others.

21 MR. HINNEFELD: It's going to show
22 up in a number of dose reconstructions. When

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1 the dose reconstructions -- we did the AWE
2 dose reconstructions and the mini site profile
3 review dose reconstructions, all the time it
4 comes up in there.

5 MR. KATZ: So it sounds like what
6 you're saying is maybe it should be a higher
7 priority than --

8 MR. HINNEFELD: It's pretty
9 broadly applicable.

10 CHAIR MUNN: I think so. It would
11 be very helpful if you could get it started so
12 that we could at least have an initial --

13 MR. HINNEFELD: Right. I hate to
14 commit to anything in here because I never
15 know what I'm --

16 MR. KATZ: I know. I can just put
17 it on the agenda. You may not get to it, but
18 I can put it on the agenda.

19 CHAIR MUNN: If we don't get to
20 it, we don't get to it, but it would be nice
21 to have it on the agenda.

22 MR. KATZ: Right. Okay.

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1 CHAIR MUNN: I would prefer to
2 have it on it than not because I want to get
3 at least some notations on the database about
4 it. Anything else? If not, then we are
5 adjourned.

6 (Whereupon, the above-entitled
7 matter adjourned at 3:41 p.m.)

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