

This transcript of the Advisory Board on Radiation and Worker Health, Procedures Subcommittee, has been reviewed for concerns under the Privacy Act (5 U.S.C. § 552a) and personally identifiable information has been redacted as necessary. The transcript, however, has not been reviewed and certified by the Chair of the Procedures Subcommittee accuracy at this time. The reader should be cautioned that this transcript is for information only and is subject to change.
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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL
NATIONAL INSTITUTE FOR OCCUPATIONAL
SAFETY AND HEALTH

+ + + + +

ADVISORY BOARD ON RADIATION AND
WORKER HEALTH

+ + + + +

SUBCOMMITTEE ON PROCEDURES REVIEW

+ + + + +

TUESDAY
MARCH 23, 2010

+ + + + +

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

PRESENT:

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

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ALSO PRESENT:

TED KATZ, Designated Federal Official
NANCY ADAMS, NIOSH Contractor
ISAF AL-NABULSI, DOE*
HANS BEHLING, SC&A*
KATHY BEHLING, SC&A*
ELIZABETH BRACKETT, ORAU Team*
STUART HINNEFELD, DCAS
EMILY HOWELL, HHS
GEORGE KERR, ORAU Team*
JENNY LIN, HHS
STEPHEN MARSCHKE, SC&A
JOHN MAURO, SC&A
STEVE OSTROW, SC&A*
MUTTY SHARFI, ORAU Team*
SCOTT SIEBERT, DCAS*
ELYSE THOMAS, DCAS*
BRANT ULSH, DCAS

*Participating via telephone

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

2 (9:30 a.m.)

3 MR. KATZ: Good morning, everyone
4 in the room and on the line. This is the
5 Advisory Board on Radiation and Worker Health,
6 Subcommittee on Procedures Review.

7 My name is Ted Katz. I am the
8 Designated Federal Official. We will begin
9 roll call with Board members in the room.

10 CHAIR MUNN: Wanda Munn, Chair of
11 the Subcommittee.

12 MEMBER LEMEN: Richard Lemen,
13 member of the Subcommittee.

14 MEMBER GIBSON: Mike Gibson,
15 member of the Subcommittee.

16 MR. KATZ: And on the line, Board
17 members?

18 MEMBER ZIEMER: Paul Ziemer,
19 member of the Subcommittee.

20 MR. KATZ: Mark? Not yet? Okay.
21 then NIOSH ORAU team in the room.

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1 DR. ULSH: Yes. This is Brant
2 Ulsh from the Division of Compensation
3 Analysis and Support.

4 MR. KATZ: And on the line, NIOSH
5 ORAU team?

6 MS. THOMAS: Elyse Thomas, ORAU
7 team.

8 MR. KATZ: Welcome, Elyse.

9 MR. SIEBERT: Scott Siebert, ORAU.

10 MR. KATZ: Scott.

11 MR. SHARFI: Mutty Sharfi, ORAU.

12 MR. KATZ: Okay. SC&A in the
13 room?

14 DR. MAURO: John Mauro, SC&A.

15 MR. MARSCHKE: Steve Marschke,
16 SC&A.

17 MR. KATZ: And SC&A on the line?

18 MR. OSTROW: Steve Ostrow.

19 MR. KATZ: Welcome, Steve.

20 MR. OSTROW: Good morning.

21 MR. KATZ: Okay, and then HHS and

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1 other government employees or contractors in
2 the room?

3 MS. HOWELL: Emily Howell, HHS.

4 MS. LIN: Jenny Lin, HHS.

5 MS. ADAMS: Nancy Adams, NIOSH
6 contractor.

7 MR. KATZ: And on the line, HHS or
8 other government employees or contractors?

9 MS. AL-NABULSI: Isaf Al-Nabulsi,
10 DOE.

11 MR. KATZ: Welcome, Isaf. Then
12 members of the public. Any members of the
13 public on the line?

14 (No response.)

15 Okay then, Wanda.

16 CHAIR MUNN: Thank you, Ted. We
17 want to take just a minute to give a special
18 welcome to Dr. Richard Lemen, who is our
19 sparkling brand new Member of our
20 Subcommittee. We are delighted to have you,
21 Dick. Thanks for making the trip here. That

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1 is a good thing.

2 We have quite a loaded schedule
3 today. I have pleaded with you to be here if
4 you could and to stay as long as you can and I
5 already know that half of you are not going to
6 follow my directive. So we will do the best
7 to cover the material that we have. It is
8 rather significant.

9 I am working on the assumption
10 that everyone has our action items list which
11 I sent out by email last week. If any of you
12 do not, please speak now, because we will be
13 relying on that action items list not only for
14 what we do today, but for our next step for
15 our coming-up meeting, whenever that is going
16 to be.

17 Everyone okay with the materials
18 in hand? You are aware of the fact we are
19 going to have what we hope to be a fairly
20 definitive but brief discussion on PERs and
21 how we are going to proceed with that

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1 particular activity in this Subcommittee, and
2 you have had an opportunity to take a look at
3 the carryover items.

4 Also, we have received a set of
5 new findings from NIOSH with a number of SC&A
6 updates from last October filtered in. We
7 will have Steve go through a part of that very
8 shortly so that we can all, hopefully, be on
9 the same page with respect to where we are on
10 our tracking mechanism.

11 I have one or two things that I
12 would like to change, rather, add to our
13 action items list. After lunch, we have --
14 the information that you should have received
15 by email should contain updates on OTIB-0029-
16 01 and -02. I would like to do that right
17 after lunch.

18 After we have looked at OTIB-0051,
19 we also have new information on OTIB-0021,
20 which I would like to place right in there.
21 Also, I think most of you received a request

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1 from Steve Marschke by email asking that we
2 address, if possible, new OCAS and ORAU's
3 comments for SC&A review. I would like to do
4 that after the afternoon break, right after
5 2:30. If that fits everyone's needs, we will
6 roughly follow that format. If you have a
7 problem with that, please speak now or forever
8 hold your peace.

9 Did I hear someone coming on the
10 line? Could that have been our missing
11 member?

12 MEMBER GRIFFON: I have been on
13 for a few minutes. I think somebody else just
14 came in, though. This is Mark Griffon.

15 CHAIR MUNN: Very good.
16 Excellent. We are all here and accounted for
17 or somewhere and accounted for, in any case.

18 To begin with, let us very quickly
19 see if there is anything of consequence that
20 we need to address in our carry-overs from our
21 last November session. NIOSH was going to

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1 check with IT to see if there was any good
2 instruction for us on how to provide those PDF
3 files when we were transferring procedures,
4 but have you had a chance to do that, Brant?

5 DR. ULSH: No. Can you refresh me
6 a little bit on what the issue was?

7 CHAIR MUNN: Yes. When we
8 transfer our procedures -- Steve, could you
9 put one of our -- an example of an outstanding
10 item that we have with -- or just for kicks,
11 since we are going to be working on OTIB-0021
12 later, do you want to get that up for us to
13 just serve as an example?

14 As you can see from our procedures
15 tracking there, we try to keep a record of
16 each exchange that has gone on. When we reach
17 a point when, for any reason, we decide to
18 transfer one of these items either to another
19 working group or another subcommittee or they
20 transfer something to us, what we try to do is
21 we want to send them a file of what we can

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1 pull up on the O: drive in this particular
2 database.

3 Right now we do not have a way to
4 make a PDF file of the material that we have.

5 Now you see, what shows in the windows is not
6 necessarily the whole story, because -- Steve,
7 can you --

8 MR. MARSCHKE: We can make a PDF
9 file. I will make one small correction. We
10 can make a PDF file, but it is a static PDF
11 file. It is an unchangeable PDF file.

12 CHAIR MUNN: We can't transfer it
13 to them in such a way so that they can work
14 with it. We want to know if that can be done,
15 if they can work with it as the same kind of
16 file that we have here or they are going to
17 have to send back to us a static report that
18 we will have to incorporate in some way
19 because we haven't established any procedure
20 for exchanges between the two groups with
21 respect to their progress.

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1 DR. ULSH: Okay. I am not aware
2 of any progress on this issue.

3 CHAIR MUNN: It may not even be
4 possible, but we would like feedback from the
5 IT people on whether or not it is possible.

6 I have not fulfilled my obligation
7 with respect to the transfer of IG-004, even
8 though I have discussed it with Jim Melius and
9 have promised him that it was in the works. I
10 still have not done it.

11 Check for documents on PROC-97 and
12 assure all nine findings are, in fact, covered
13 in PER-12. That was an SC&A requirement.
14 John?

15 DR. MAURO: Yes, I did get up
16 there, and our review of PER-12 is almost
17 done. In fact, we discussed it recently, and
18 we will have a report out. Effectively, what
19 that review will do is describe -- have
20 several aspects to it.

21 PER-12, by the way, is your

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1 outreach procedure. I guess it was OTIB-0097,
2 was your former outreach procedure that was
3 replaced by their more recent PER-12. PER-12
4 being that it added in the tracking system and
5 it made a number of changes.

6 We were tasked by the Outreach
7 Work Group to review PER-12 from many
8 contexts, one of which is the degree to which
9 the new procedure, in fact, subsumes all of
10 the elements that originally were provided for
11 in -97. So I guess the short answer to your
12 question is that won't happen until a couple
13 of weeks from now when we deliver our PER-12
14 report and then we will have a clear picture
15 of what it is in PER-12 that perhaps did not
16 make it into -- I'm sorry -- I think it is
17 OTIB-0097 that didn't make it into PER-12 and
18 its significance.

19 So that is a process that is
20 underway.

21 CHAIR MUNN: If I am hearing you

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1 correctly then, when you release PER-12 in a
2 couple of weeks, it will actually identify --

3 DR. MAURO: Yes.

4 CHAIR MUNN: Included in your
5 submission will be any identification of any
6 shortcoming between PROC-97.

7 DR. MAURO: And more than that; it
8 would evaluate -- the evaluation of PER-12
9 goes toward -- that is the first thing to
10 check. Okay, have we carried that forward to
11 the extent that the Work Group feels it has
12 been fully carried forward? But also there is
13 now also an implementation plan for outreach
14 that has been discussed and, I think, was
15 brought before the full Board at the last
16 meeting and I believe the Work Group has
17 accepted it.

18 It wasn't a matter of the Board
19 approving it. I think it was just a matter of
20 the Work Group saying, yes, this is what we
21 are going to use. That implementation plan

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1 also sets forth now what the Work Group feels
2 are all the elements that are good -- that the
3 Outreach Work Group would like to
4 independently evaluate.

5 So that becomes another blueprint.

6 Okay, so when we review PER-12, we are not
7 only reviewing to see that it captured
8 everything in -97, but also whether or not it
9 captures everything that is currently in the
10 new Implementation Plan.

11 So it is broader than that, but
12 certainly, whatever portion of that you would
13 like to have loaded into here, the mechanics -
14 - the information will be there. The question
15 is what it is you would like to capture in
16 this database and the degree to which PER-12
17 is part of this or part of Outreach or both,
18 these are matters -- this is one of the first
19 times where we have come across a situation
20 where we have a procedure review and
21 simultaneously it is a procedure that falls

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1 under the Outreach Group.

2 So there is, I guess, a little bit
3 of the logistics of the communication and
4 coordination that still have to be worked out.

5 CHAIR MUNN: We are, of course,
6 addressing that. We are already working with
7 the plan in the Worker Outreach Group. Do you
8 want to say anything about that, Mike?

9 MEMBER GIBSON: I think John
10 described it pretty well.

11 CHAIR MUNN: Yes. Then we will
12 anticipate the delivery of PER-12 in the next
13 couple of weeks and we will address that at
14 our next meeting as well.

15 The last carry-forward that I have
16 is -- no, there are two: providing response to
17 PROC-95. There were two requests from that
18 from NIOSH for loading responses into the
19 database and making sure the paragraphs were
20 numbered properly for OTIB-13. Do you know if
21 that has happened, Brant?

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1 DR. ULSH: Elyse, are you on-line?

2 MS. THOMAS: Yes, I am.

3 DR. ULSH: Can you take the lead
4 on that?

5 MS. THOMAS: I just got access to
6 write into the database. So those haven't been
7 done. In other words, the database has not
8 been updated on that.

9 CHAIR MUNN: But you have the
10 material you need to do so?

11 MS. THOMAS: Yes.

12 CHAIR MUNN: So it is just the
13 mechanics we are looking at?

14 MS. THOMAS: Yes.

15 CHAIR MUNN: Okay, very good. So
16 that is going to happen by magic here in a
17 week or so. Right?

18 MS. THOMAS: Yes.

19 CHAIR MUNN: All right. Now we
20 come to the meaty part of our action items for
21 this morning. That is the discussion of our

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1 PER reviews: where we are with those and how
2 we want to approach them in the future.

3 In order for everybody to be
4 starting from the same place, I would like to
5 get a brief overview from both SC&A and NIOSH
6 as to how they perceive this Subcommittee
7 should be addressing the PERs as they come up
8 for us in future meetings.

9 It doesn't matter to us which of
10 you goes first. John, would you like to give
11 us the SC&A view of what you believe the
12 Subcommittee should do with your -- you have
13 already given us the protocol to review.

14 DR. MAURO: Right. What happened
15 is PER reviews have been subsumed within this
16 Subcommittee. At one time this Subcommittee
17 was limited to procedure reviews, OTIBs
18 primarily. It was deemed that, as we matured
19 and as we will see, these procedures, the vast
20 majority of the procedures have been reviewed
21 and are in various stages of issues

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1 resolution.

2 It was deemed that the next stage
3 of maturation of the program is a lot of old
4 dose reconstructions are in the process of
5 being reevaluated because of new procedures
6 and changes, and the program now -- NIOSH's
7 program includes Program Evaluation Reports,
8 PERs.

9 Basically, what a PER does is
10 says, okay, we are revising a number of our
11 procedures, our site profiles or whatever and
12 as a result of that, a lot of cases have to be
13 revisited and there is a protocol that NIOSH
14 follows in order to make sure that they go
15 back into the adjudicated cases, pull out the
16 appropriate cases that could be affected by
17 these changes and redo the changes. In some
18 cases, it is a handful of cases; in other
19 cases, it could be literally 1,000 or more
20 cases that might need to be reviewed. So that
21 is the process NIOSH has well under hand, well

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1 underway.

2 The Board and the Working Group
3 decided that, listen, I think it is important
4 that the Board take a look at that to see how
5 well that process is working from several
6 perspectives.

7 One, is NIOSH selecting the
8 appropriate cases to be fixed? When you have
9 1,000 adjudicated cases and let's say 30
10 percent of them were denied and a judgment has
11 to be made, do we have to revisit all of those
12 cases? Well, maybe we only have to revisit
13 some subset of it, only the ones that we feel
14 have the potential to be reversed. In other
15 words, go from denial to granting.

16 So the first step in NIOSH's
17 process is to make that judgment and it is not
18 always a simple judgment. Sometimes NIOSH
19 says, every single case that was denied, no
20 matter what the PoC was, we are going to
21 review it or we are only going to review those

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Procedures.

1 that had a PoC that was less than 15 percent -
2 - I'm sorry, greater than 16 percent, because
3 we know, no matter what happens, if the PoC
4 was less than 16 percent, there is no way all
5 these changes could ever kick it over the 50
6 percent.

7 So these are judgment calls that
8 NIOSH makes in terms of selecting the cases.
9 It is important to understand with NIOSH,
10 though.

11 Then they go ahead and they do the
12 cases and they implement and make all those
13 changes, redo the calculations using new
14 technical approaches that are new improvements
15 in the protocol of doing dose reconstruction,
16 whatever that might be. Could be a change in
17 neutron to photon ratio. It could be a change
18 in the biokinetics of some inhaled
19 radionuclide.

20 Now the end of the story: the end
21 of the story is SC&A was asked -- I think it

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Procedures.

1 is a good idea to bring that to the table, to
2 the Board -- so we will have SC&A review some
3 selected PERs to see how well that program is
4 going.

5 To date, I believe we have
6 formally reviewed three: Blockson, high-fired
7 uranium, and thoracic lymphoma. These are the
8 three I recall. There may be more. If Hans
9 is on the line, he probably could help us out
10 a bit. But along the way, we ran into a
11 little bit of a knot. That is, during the
12 last one, which I believe was PER-12, it
13 dawned on everyone, you know, SC&A is moving
14 forward reviewing these PERs but we don't have
15 a procedure, because everything else we do on
16 the project, whether it is dose reconstruction
17 reviews, site profile reviews, procedure
18 reviews, we have a formal procedure that was
19 submitted to the Board, reviewed by the Board,
20 approved and is sitting up on the Web. But
21 here we are marching down the road.

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Procedures.

1 The way this actually happened, by
2 the way, is it happened during the transition
3 from our old contract to our new contract. In
4 our recompetete, we put in a section that
5 described in some detail the procedure we are
6 going to follow to do PER reviews, because we
7 knew that was going to be an item.

8 So we actually do have a
9 procedure, but it is not a procedure that was
10 formally submitted to the Board for review and
11 approval. It was actually a procedure that we
12 submitted as part of our proposal, and it sort
13 of served as an interim procedure to use to
14 get the PER process started, which is what we
15 did. But it was agreed that, listen, we
16 really need to formalize the procedure, have
17 it formally reviewed and approved, and that
18 was a task that was given to SC&A a while
19 back.

20 We did, in fact, develop the
21 procedure of December 2009, and deliver it to

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Procedures.

1 the Board. Now we are waiting for the Work
2 Group to review it and comment on it, and
3 NIOSH to review it and comment on it, and to
4 give any feedback whether this is okay.

5 The process eventually would be we
6 would make any revisions that the Work Group
7 feels is needed, and at that point that the
8 Work Group is comfortable with it, it would
9 bring it to the Board as a recommendation for
10 approval by the Board.

11 Then we will be in a position to
12 actually have a formal procedure under which
13 we would proceed. The reason I feel it is
14 urgent that we review and approve or whatever
15 this procedure is we have sort of been in
16 limbo on doing any new PER reviews.

17 It was generally agreed, really,
18 until we get this procedure approved, it is
19 inappropriate for SC&A to move forward --
20 there are lots and lots of PERs -- on any
21 additional PER reviews, because we really

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Procedures.

1 don't have a formally accepted procedure for
2 performing those reviews. There is my story.

3 MEMBER LEMEN: Did you happen to
4 bring a hard copy, since I can't get to my
5 computer?

6 DR. MAURO: Of this? No, I don't
7 have one with me.

8 MR. MARSCHKE: One thing I should
9 -- I would like to add is that this is a
10 December 1, 2009 version. This is the thing
11 that I have shown on the screen here, is a
12 December 1, 2009, version of this PER review
13 document.

14 This reflects comments that were
15 made during the November -- I think it was the
16 November 17th Subcommittee meeting where we
17 talked about a previous version and we
18 commented on a previous version of this PER.

19 So Hans has taken that, the
20 comments that were made during that
21 Subcommittee and incorporated those comments

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Procedures.

1 into this version. So this is like the draft
2 2 or draft 3 of the procedure.

3 CHAIR MUNN: Yes, and I was making
4 the assumption that this was the revision from
5 which we were -- on which we were basing our
6 comments.

7 Paul and Mark, are you on-board
8 with this with respect to which version we are
9 looking at?

10 MEMBER ZIEMER: Well, I don't have
11 it up before me.

12 CHAIR MUNN: Well, I don't think
13 it is necessary. I just wanted to make sure
14 that neither of you in your reviews have been
15 working from an earlier version. That was my
16 only concern.

17 MEMBER ZIEMER: I don't think so.

18 CHAIR MUNN: Okay.

19 MR. KATZ: It might be nice for
20 Steve or John to just do a skeletal summary of
21 the components of it and what changed, so that

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Procedures.

1 -- particularly for Dick, who hadn't reviewed
2 the procedure -- so they have an understanding
3 of the mechanics.

4 DR. MAURO: Let's scroll through.

5 Yes.

6 MS. BEHLING: John, excuse me.

7 This is Kathy Behling. We are on the line. I
8 am sorry we weren't here when you had the roll
9 call, but I also just wanted to tell you that
10 this is Rev 1 of that procedure that we did
11 discuss seems -- is correct. We discussed
12 this procedure.

13 We presented it to the
14 Subcommittee during the November meeting, and
15 we have discussed it, and we incorporated --
16 we hope we have incorporated all of the
17 changes that we had discussed during that
18 meeting.

19 So what you are looking at is Rev
20 1, December 2009, and it, hopefully, reflects
21 all of the changes and comments that you had

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Procedures.

1 in November.

2 DR. MAURO: Kathy, your timing is
3 very good. I hope you can hear me. I am at
4 the other end of the table, but one of the
5 things that was just asked is, how about a
6 quick refresher on this procedure.

7 We actually have it up on a
8 screen, the December 1, 2009, Rev 1. If --
9 were about to scroll down and I was going to
10 take my best shot in getting it up there, but
11 if you would take over, I would greatly
12 appreciate it.

13 MS. BEHLING: Okay. I will have
14 Hans do that. He is prepared to do that.

15 DR. BEHLING: Yes. I think the
16 critical part was that, among the changes that
17 was needed was a retraction of one of the sub-
18 tasks that came at the request of the CDC
19 contract people.

20 That was one of the changes, but
21 in essence, the sub-tasks that we have

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Procedures.

1 identified remain pretty much the same as they
2 were even in the previous form because that
3 was what we had used in two other PERs, and
4 they are identified. If you can put on the
5 screen -- put on page 6. There is a summary
6 of the sub-tasks, one through five, that you
7 can just kind of scan over.

8 We have used those particular sub-
9 tasks, not just in the review of PER-12, but
10 also in the PR for Blockson and lymphoma. So
11 I don't know. Rather than read it, if it is
12 available on-screen, I guess the people there
13 at the meeting can just simply read the
14 various five sub-tasks that are really
15 essential here in understanding how we propose
16 to review PERs.

17 Steve, are you in a position to
18 read that on-screen?

19 MR. MARSCHKE: Yes, we have it up
20 on the screen right now, Hans.

21 DR. MAURO: To back up a little

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Procedures.

1 bit, when we originally proposed it in our
2 proposal and then used it, the item that we
3 withdrew was one that really didn't serve us
4 well. It had to do with the genesis of the
5 change.

6 Step 1 in our procedure was, okay,
7 let us first describe why was this PER
8 necessary, what triggered it, what was the
9 experience that occurred that necessitated the
10 change.

11 We found that trying to
12 reconstruct the history of the item necessary
13 to issue the PER sometimes is elusive. All we
14 can say is that over time it became apparent
15 that there was a need for a change for certain
16 procedures as we learned more and NIOSH
17 learned more.

18 So we took that first step out and
19 we start, actually with, okay, given that
20 there was a need for this -- so we broke it up
21 into five tasks instead of six. I guess, in

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Procedures.

1 essence, all we really do with the first, I
2 guess, four steps is relatively simple.

3 We really sort of characterize
4 what the issue is, what has been changed, what
5 is the new protocol, the corrective actions
6 that NIOSH says that, listen, I think we have
7 to make these changes. These are the kinds of
8 things we have to do and why, why it is
9 necessary.

10 Three, this becomes identifying
11 which cases -- I mentioned earlier -- which
12 cases have to be fixed. There could be
13 hundreds of them and to make sure that the
14 decision -- now sometimes that is an easy one
15 for us to review because NIOSH says we are
16 going to review every single case at Savannah
17 River or whatever. For every case that has
18 the potential for high-fired uranium exposure,
19 we are going to review every one of the ones
20 that have been denied and redo them, or in
21 some cases -- here is where things get a

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Procedures.

1 little more complicated -- NIOSH says, no, we
2 really have to review all 1,000 of them or
3 whatever.

4 We know, as I mentioned earlier,
5 that if the PoC was less than some number --
6 the number 16 seems to ring in my head for one
7 of them.

8 DR. BEHLING: John, that is not
9 necessarily correct.

10 DR. MAURO: Hans, please, take
11 over.

12 DR. BEHLING: John, for PER-12 the
13 number of 16 percent is appropriate because it
14 is based on the generic multiplier of four,
15 but the lowest threshold for reviewing a dose
16 reconstruction that is affected by PER is a
17 variable. It changes from one PER to the
18 next.

19 In the case of PER-12, which was
20 also forwarded to the Board in the last three
21 days, that turns out to be the number because

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Procedures.

1 of a generic multiplier that says a Super S
2 plutonium has a much longer residency time in
3 the lung and, therefore, the biokinetics
4 change and the multiplier there turns out to
5 be four and it is based on the value that then
6 sets a lower threshold of 16 point some
7 percent change of PoC, but that is a variable
8 that is not constant for all PERs.

9 Again, just to review, sub-task 2
10 in most instances will possibly be a fairly
11 detailed analysis that may require the basis
12 for the PER. In the case of PER-12, we were
13 able to skip that part for the most part
14 because OTIB-49 was, in fact, independently
15 reviewed ahead of the review of the PER-12 as
16 we have submitted in the last few days.

17 So we can kind of gloss over sub-
18 task 2, but what was really important, I
19 think, to the discussion regarding the issue
20 of PERs is how to identify the number of
21 audits that need to be done, which is also a

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1 highly variable one and that is defined in
2 sub-task four.

3 If we get a chance -- I don't know
4 if we will even have a chance to talk about
5 PER-12 -- we can actually go over that
6 methodology by which we have to define which
7 types of audits need to be done on dose
8 reconstructions and the actual number of
9 minimum number.

10 So those are the key issues here
11 in sub-task four, is to define really which
12 types of PERs need to be audited because they
13 will be classified based on how the PER
14 affects the dose reconstruction, and in the
15 case of PER-12 you will see that we have the
16 minimum identified ten dose reconstructions
17 that need to be audited, based on the type of
18 target organ that was assessed and the
19 methodology that was used in assessing the
20 original dose reconstruction.

21 I don't know if we have time to

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Procedures.

1 look at PER-12 today, but that will become
2 much more self-evident when we have that
3 discussion.

4 CHAIR MUNN: We may or may not
5 take a look at it. Our primary concern -- at
6 least my primary concern right now is to make
7 sure that we hash through this PER issue
8 itself.

9 DR. MAURO: One last thing I would
10 like to add; in addition to approving our
11 procedure when reviewing PERs, there is
12 another outstanding element of it.

13 The last step in all of our PER
14 reviews is to review some real cases, go in --
15 there may be hundreds of cases that were
16 redone and the last question is, okay, here is
17 the process NIOSH went through to describe the
18 kinds of changes needed, the selected cases
19 that they were going to redo and let's say we
20 go through the process, and everything is
21 great. The changes that were needed look

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1 really -- are right. They fixed the problems.

2 Not only that, all the cases that they
3 decided to pick and the criteria they used to
4 select the cases were right on target, but
5 there is one last step.

6 Here is where we are sort of stuck
7 right now. That is, okay, then we go in, and
8 we go grab a few cases, some cross-section,
9 some selected number of cases to see if, in
10 fact, they were, in fact, correctly in accord
11 with the new protocol in redoing the cases --
12 high-fired plutonium, thoracic lymphoma, all
13 of these -- Blockson -- and the issues related
14 to the radon, or whatever it is.

15 Our instructions are very clear.
16 We don't do that last step until the cases are
17 selected by a combined effort between the DR
18 Subcommittee and the Procedures Subcommittee.

19 So, for example, right now on PER-
20 12 Hans has pointed out -- I believe, Hans,
21 you said anywhere from seven to 12 cases might

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1 be needed to actually capture the range of
2 kinds of issues that need to be explored to
3 evaluate how well the PER was implemented, but
4 to date no cases have been selected.

5 DR. BEHLING: Yes, and John, the
6 difficulty is, if we have a chance to discuss
7 PER-12, you will see a matrix that identifies
8 at least 10 permutations that potentially
9 affect the dose reconstruction reevaluation
10 protocols.

11 If you want to at least test one
12 case for each of the 10 different
13 methodologies that will affect dose
14 reconstruction involving Super S plutonium,
15 you would then have to be in a position to
16 identify -- of the universe of 1,573 dose
17 reconstructions that have been reevaluated
18 using OTIB-49, you may have to select ten out
19 of the 1,573 cases.

20 Now, we don't have access to those
21 cases. So the selection criteria has to first

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1 start with NIOSH who will first identify what
2 those 1,573 cases are, and then segregate them
3 on the basis of the type of organ that was
4 assessed and the initial methodology by which
5 that initial dose reconstruction was based on:
6 whether it was urinalysis, air sampling data,
7 fecal analysis, et cetera.

8 So this is a complex process that,
9 at a minimum, requires NIOSH to identify those
10 1,573 cases in the case of PER-12 and then, I
11 guess, the Board or the Working Groups for
12 Procedures and Dose Reconstruction as a
13 combination may have to sit down and then
14 select perhaps one for each of the 10
15 different methodologies that are prescribed in
16 PER-12.

17 CHAIR MUNN: Thank you, Hans. I
18 appreciate that.

19 MEMBER ZIEMER: Wanda.

20 CHAIR MUNN: Yes?

21 MEMBER ZIEMER: This is Ziemer. I

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Procedures.

1 just have a question here. We are focusing on
2 sub-task 4 here, right, on the audit of the
3 dose reconstructions?

4 CHAIR MUNN: Actually, we are
5 focusing a great deal more than I had wanted
6 us to.

7 MEMBER ZIEMER: Well, here is my
8 question. I have a note on our November
9 meeting that we were going to or did ask that
10 that sub-task 4 be handled by the Dose
11 Reconstruction Subcommittee, actually. Did we
12 formalize that? I have that in my notes. I
13 didn't compare that with the --

14 CHAIR MUNN: Well, one of the
15 reasons we haven't formalized any of it is
16 because we haven't identified what our
17 procedure is going to be, whether this is, in
18 fact, going to be the procedure. It is the
19 one that is being recommended by SC&A, but we
20 are not sure that that is, in fact, what we
21 are going to do. That is what we are trying

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Procedures.

1 to get to here this morning.

2 So with that thought in mind and
3 the fact that I think we now understand, both
4 from the document and from the overview that
5 we have had from SC&A what the contractor's
6 position is with respect to their view of how
7 to proceed, I would like to hear NIOSH's view
8 of how best to proceed on this. Brant, are
9 you taking this?

10 DR. ULSH: Yes. Well, that is
11 actually a good segue. If you could just
12 leave sub-task 4 up there, because that is
13 really the one that we have -- well, some
14 concerns about, and we would like to raise for
15 the Subcommittee's consideration.

16 I guess it is NIOSH's position
17 that we feel that, in terms of PER reviews,
18 the appropriate focus is on the decision
19 criteria, whether or not we have appropriately
20 selected or set up rules that will identify
21 the cases that are affected.

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Procedures.

1 We don't see a lot of value in
2 adding a whole list of DR reviews, simply
3 because you have a standing committee to do
4 that, the DR Subcommittee, and they are going
5 to be selecting DRs to review.

6 As Paul mentioned, if you would
7 like to inform the DR Subcommittee, hey, we
8 have a particular interest in these. Can you
9 include those in some of the cases that you
10 select? That is good, but we feel like the DR
11 reviews are more appropriately handled under
12 the auspices of the DR Subcommittee.

13 He stepped out. So I don't know
14 if Stu wants to add anything.

15 CHAIR MUNN: So if I am hearing
16 you correctly, the current NIOSH position is
17 that sub-tasks 1, 2 and 3 are fairly well
18 characterized in the SC&A document. The
19 question revolves around whether the dose
20 reconstructions are going to be handled under
21 the PER review in this Subcommittee or whether

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Procedures.

1 it will be the purview of the Dose
2 Reconstruction Subcommittee to decide whether
3 PERs list of redone dose reconstructions
4 should be reviewed again.

5 DR. ULSH: Well, yes. Now when
6 the DR Subcommittee picks up the DR to review,
7 they look at a whole number of factors. One
8 of those factors presumably would be any PERs
9 that come to bear on that particular dose
10 reconstruction.

11 So we don't see a lot of value in
12 adding a totally separate effort under this
13 Subcommittee to review additional DRs.

14 DR. MAURO: Could I -- I think
15 that you are making a good point for
16 efficiency. Right now, under what we
17 typically go to our tasks for, we typically
18 are asked to review 60 cases that are selected
19 two or three times a year by the Board, and
20 there is actually a selection protocol to make
21 sure that we capture different kinds of sites,

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Procedures.

1 different years, et cetera, et cetera,
2 different PoCs, types of cancers.

3 So there is a fairly formal
4 process which we have been using for about six
5 years. What you are saying now is that there
6 is another criteria that you want to
7 incorporate.

8 Now the only concern I have is the
9 philosophy that is in effect -- the philosophy
10 originally, which goes way back, the Board
11 would select two and a half percent of all the
12 adjudicated claims, whether they passed or
13 failed, that will meet these criteria, and to
14 collectively select some set or review by
15 SC&A, and it had a certain mission.

16 The mission goes right back to the
17 Act and implementing the intent of the Act.
18 Now what we have is a specialty area -- and I
19 could see going either way -- whereby you are
20 saying, oh, we could very well accommodate the
21 selection of these cases, whether it is -- in

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Procedures.

1 this case, it is quite a number of cases: 10.

2 By the way, the others don't
3 demand that number of cases. This one does
4 because of its complexity.

5 CHAIR MUNN: Well, of course, we
6 don't know in the future how many.

7 DR. MAURO: That is true. We did
8 do three, and we know the first two, we were
9 only going to look at three.

10 CHAIR MUNN: Well, that would be
11 an arbitrary number depending upon each case.

12 DR. MAURO: Now the question that,
13 I think, the Board and the Work Group needs to
14 ask is, do we want to combine the two
15 together, certainly make it part of the
16 process of case selection. In other words, we
17 have a new goal as part of case selection. It
18 will dilute down -- in other words, we would
19 have a new goal as part of case selection, it
20 would be another parameter, namely, let's also
21 make sure we pick some cases that are

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Procedures.

1 sensitive to this process.

2 I, for one, think they should be
3 kept separate because I think the PER process
4 is a very special and important process for
5 one reason. It represents the maturation of
6 this program, which is almost like bringing
7 home the bacon.

8 In other words, there is a very
9 long process it goes through where a procedure
10 is being reviewed and revised, Site Profiles
11 are being reviewed and revised and there are
12 lots of cases that are being revisited and the
13 degree to which that process is, in fact,
14 effective.

15 That is a very, very important
16 closure issue in terms of engendering trust
17 but that is different than what we are doing
18 under Task 4. It really has a different
19 objective, and to mix the two together could
20 cause confusion.

21 So I would argue the other way,

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Procedures.

1 but I --

2 MR. MARSCHKE: Let me ask a
3 question, John. Now if we did keep them
4 separate, when somebody under sub-task 4 under
5 the PER review were given a dose
6 reconstruction, would they look at the whole
7 dose reconstruction in their review or would
8 they just look at the dose reconstruction
9 portion of it that was done under the PER?

10 If it came out under the Dose
11 Reconstruction Subcommittee, they would look
12 at the whole body of work that was done, I
13 would assume, from the initial contact all the
14 way up through any PERs that were done and so
15 on and so forth, right to the end. But if
16 they are done under the PER review, I can see
17 the argument for, well, let's just look at
18 that portion of the dose reconstruction that
19 was done in response to the PER, and let's
20 forget about all the body of work that was
21 done up to that point.

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Procedures.

1 CHAIR MUNN: Hold just a minute.
2 Ted wants to say something. Somebody on the
3 phone wants to say something, and I would like
4 to hear from Stu before we get into this too
5 deeply. Ted?

6 MR. KATZ: Well, Hans could go
7 first but the nice thing about what you said,
8 Steve, I think, is when the -- I mean, Hans
9 said that the CDC Contracts Office spoke to
10 this, but it was actually a panel including
11 Board members, not CDC Contract Officers who
12 had some thoughts about this procedure, one of
13 which John has already talked about, but they
14 also had thoughts about this, about the audit.

15 A concern in that discussion,
16 which I think Steve sort of addresses nicely
17 in a way, was that, if you were going to do it
18 separately, as John has said is his
19 preference, and have these PERs sort of
20 reviewed independently of doing DR reviews
21 generally, the concern that was raised by the

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Procedures.

1 panel was, are you going to review the thing
2 whole-hog, every aspect of the dose
3 reconstruction or only the aspects related to
4 the PER.

5 The panel's view was it is sort of
6 why are we -- if this is about PER, why would
7 you be reviewing everything else. But
8 related to that, there was a lot of gray area.

9 When you are reviewing a PER, if you are
10 going to be reviewing a dose reconstruction
11 under a PER, it is probably hard to separate
12 whether you look at the other stuff or you
13 just look at what is affected by the PER.

14 In that respect, I would just say
15 it is kind of nice to do it under the Dose
16 Reconstruction Subcommittee. You are
17 reviewing the entire thing, not just limiting
18 your view to what the PER -- how the PER
19 affected the dose reconstruction, but the
20 entire dose reconstruction. You don't have to
21 worry about that gray area.

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1 DR. BEHLING: I think we are
2 discussing something that is clearly stated
3 under sub-task 4 under the two bullets. If it
4 is still up on the board for people to read,
5 those two bullets will identify whether or not
6 it is a very limited, focused review of the
7 PER issue only or in bullet number 2 you may
8 have to go through the full gamut, depending
9 on whether or not the original dose
10 reconstruction was a maximized dose and, if
11 such, if the PER affects it grossly, you would
12 then have to potentially redo the whole dose
13 reconstruction because you no longer want to
14 maximize doses that at this point in time you
15 will say, well, we are getting close to the
16 50th percentile value and we cannot use a
17 maximized dose.

18 So if you look at those two
19 bullets, I think the discussion that Steve
20 started and Ted has had a comment on is really
21 resolved by those two bullets, if you are in a

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Procedures.

1 position to read that.

2 CHAIR MUNN: We are in a position
3 to read it and thank you, Hans.

4 Was there someone else on the
5 phone who was trying to speak because, after
6 Stu, I would like to hear from the Chair of
7 the DR Subcommittee, who happens to be on the
8 line also and must certainly have some opinion
9 about this.

10 MEMBER GIBSON: Wanda, I have a
11 question, too.

12 CHAIR MUNN: Yes, Mike?

13 MEMBER GIBSON: When NIOSH does a
14 -- when they feel the need for a PER and they
15 establish one, and they go back and relook at
16 a dose reconstruction, do you just look at the
17 areas that the PER would review or do you go
18 back and redo the whole dose?

19 MR. HINNEFELD: No, the
20 reconstruction is done in accordance with the
21 Technical Guide that is in place at the time

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Procedures.

1 of the redo. So if, in fact, there have been
2 other changes to the technical documents that
3 are used -- that will be used for that case,
4 the new ones are done. So you don't just do
5 the PER part. You rework it, if there are --
6 you know, if there haven't been any, then
7 generally what you are doing is just working
8 the PER change, but if there had been some --

9 MEMBER GIBSON: You go back and
10 look?

11 MR. HINNEFELD: Yes. And what
12 Hans mentioned is true. If, in fact, the PER
13 would put -- if you use the maximizing
14 approach the first time around and the PER
15 would put the PoC, looks like, above 45
16 percent, then you would not use a maximizing
17 approach. Something, either not an
18 overestimate or some smaller overestimate that
19 you would take out, some overestimating
20 approach that was in the original, if the PER
21 was pushed above 45 percent.

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Procedures.

1 So, yes, as a general rule, it is
2 not just going to be the PER rework. There
3 may be other changes as well.

4 DR. ULSH: Especially if you think
5 about the work flow in terms of doing a dose
6 reconstruction. Whenever we make a change --
7 say, we updated a TBD or changed a procedure
8 or something like that, we go through and
9 modify all of the tools that we use to do dose
10 reconstruction.

11 So if we have a dose
12 reconstruction where we are picking it up
13 again because of a PER particular issue, it
14 really would be very difficult for us to go
15 back and recreate that dose reconstruction if
16 things have changed in the interim, because
17 the tools have already been updated and it is
18 just easier to redo the dose reconstruction
19 essentially from scratch.

20 So that way you ensure that the
21 current methods are used in all aspects of the

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Procedures.

1 dose reconstruction, including the PERs.

2 DR. MAURO: By trying to parse it,
3 would tie the hands of the person doing the
4 review to make also some judgments of where
5 one separates the other. So I would say, in
6 my mind, you've got to let the reviewer --
7 let's say it is Hans -- have the freedom to
8 say, listen, I have to look at this, to the
9 extent that I feel I have to look at it to
10 make sure that I could come out of the back
11 end of the review and say, yes, they redid the
12 dose reconstruction and everything that needs
13 to be factored in to reflect a product that
14 has a PoC that you can rely on.

15 So I would not want to tie the
16 hands of the reviewer. Really, the question
17 becomes -- it is really one of optics in terms
18 of the public seeing a process at work in
19 terms of the process being a continuing
20 reevaluation of performance.

21 The PER, in my mind, is such an

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Procedures.

1 important part of this program that I would
2 not like to see the reviews of cases relevant
3 to a particular PER subsumed into the world of
4 all of these large sets of the PER reviews,
5 which are there for a totally different
6 purpose.

7 I can envision a stand-alone
8 document on PER-12 that said, great job in the
9 selection, OTIB-49 is right on target; all the
10 procedures are laid out, and we went in and we
11 picked seven -- together, picked seven, 10,
12 12, whatever the number is that, collectively,
13 we judge represent a good cross-section of all
14 the different kinds of situations you could
15 encounter under PER-12 and OTIB-49, and that
16 is the last chapter, and we review them, and
17 everything is fine.

18 This is a very important document
19 to have on the record a stand-alone that
20 demonstrates the Board has taken a real
21 serious look at this, and they are comfortable

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Procedures.

1 with it.

2 To sort of blend it into the other
3 part of the program where we are doing our two
4 and a half percent cross-section for other
5 reasons, broader reasons, I think, would do a
6 disservice to the PER process.

7 CHAIR MUNN: I am not going to
8 express my personal opinion on that until we
9 have heard from Mark. Mark, we are doing such
10 a stellar job getting through the dose
11 reconstructions that are necessary in that
12 Subcommittee. What is your view with respect
13 to the best method for approaching this?

14 MEMBER GRIFFON: Well, I actually
15 -- I think you guys have hit all the issues
16 that I was thinking of, but I am actually
17 probably convinced, mainly by just what John
18 said, that I think it might make a lot more
19 sense to keep it -- well, number one, I think
20 it should -- I really do think we need to
21 review some figures, because I agree that

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1 there is an important product coming out of
2 the overall Board review.

3 Two, I think that I might agree
4 with John now. Originally, I was thinking it
5 made more sense to select the cases and do it
6 in the DR Subcommittee. But for a couple of
7 reasons, I think it might make more sense to
8 keep it separated.

9 One was just the mechanics of it,
10 like John was suggesting, that it might be
11 confusing to be transferring back and forth.
12 In most of the cases, even all of the cases,
13 we are doing in our two and a half percent.

14 The other is we also have enough
15 crossover on the two Subcommittees. In fact,
16 at one point I think we all went to the
17 Committee. So we've got a lot of crossover on
18 the two, and I think there would be enough --
19 you know, we would maintain consistency there.
20 So I don't see that as a problem.

21 So I would prefer, actually, to do

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1 a -- I mean, I am satisfied with the procedure
2 the way it was developed, and I think
3 selecting the cases and doing the reviews on
4 the Procedures Subcommittee might make the
5 most sense.

6 I am -- I think, as we get into
7 this, I think we are going to find that there
8 is -- selecting the cases might be quite
9 difficult, especially -- well, maybe for PER-
10 12 it will be the most difficult, but I know
11 that 10 different types of methodologies that
12 Hans is referring to -- that is not something
13 that NIOSH simply has in the database. I
14 think they have to open up case by case to
15 find those. So this could be a time-consuming
16 activity on the part of NIOSH.

17 Notwithstanding that, I think that
18 the whole thing, may be best served to stay in
19 the Procedures Subcommittee.

20 CHAIR MUNN: I guess I don't quite
21 understand your last comment, since as I

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1 understand it, NIOSH will be having to do that
2 under any circumstance.

3 MEMBER GRIFFON: Well, yes. That
4 wouldn't matter, where it is at. I am just
5 pointing that out as a issue. I was thinking,
6 you know, case selection; how difficult could
7 that be. But this example shows how difficult
8 it might be, is all I am pointing out.

9 CHAIR MUNN: Well, and it is going
10 to have to be --

11 MEMBER GRIFFON: Would happen in
12 either place, yes.

13 CHAIR MUNN: It is going to have
14 to be done, regardless of where any audit
15 takes place. Of course, you realize, Mark, I
16 am just as happy to give your Subcommittee the
17 responsibility as you are to give it to this
18 one.

19 MEMBER GRIFFON: I thought I made
20 a strong argument of keeping it with you.

21 CHAIR MUNN: And I am thinking I

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Procedures.

1 have just as solid an argument for giving it
2 to you.

3 Paul, do you have a position on
4 this that you would like to express at this
5 time or do you want to think about it a little
6 more?

7 MEMBER ZIEMER: Well, I think
8 originally I felt like it should be with the
9 Dose Reconstruction group, in part because it
10 may be that it is being reviewed more
11 comprehensively, not just for some changes,
12 and maybe that remains to be seen yet.

13 The Dose Reconstruction
14 Subcommittee, in principle, has been -- they
15 have established sort of selection criteria
16 and approaches to doing these things.
17 Granted, there is a fair amount of overlap
18 between our two groups, but at least initially
19 it seemed to make sense to say, well,
20 basically, it is a review of dose
21 reconstruction, even though in this case it is

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Procedures.

1 driven somewhat differently by a particular
2 set of circumstances that you are selecting
3 from sort of a subgroup of the total pool.
4 But that was my initial reaction.

5 I don't know, but we might have to
6 try it. Maybe initially -- and again, I am
7 talking off the top of my head, but maybe
8 initially we would have to do something like,
9 okay, let's -- either Dose Reconstruction or
10 Procedures Review select a group of cases,
11 examples, and then let the other group take a
12 look at that and see if they concur.

13 Maybe we have to look at this
14 together and kind of get a feel for it. I
15 don't know, but to some extent we have to get
16 an idea of how things work.

17 MEMBER GRIFFON: Paul, this is
18 Mark. I mean, I could see a case for either
19 place also. I think, if it does stay in the
20 Procedures Subcommittee, I would argue that
21 the review methodology should be consistent

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Procedures.

1 with what we do in the Dose Reconstruction.

2 MEMBER ZIEMER: Right.

3 MEMBER GRIFFON: So I don't see
4 that as being such a problem, and if we kept
5 it in the -- if we switched it to the DR
6 Subcommittee, I would certainly treat it as a
7 separate work product, not mix it in with all
8 the other --

9 CHAIR MUNN: Absolutely, yes.

10 MEMBER GRIFFON: You know, I think
11 we could handle it either way. I am with you,
12 Paul. Maybe we need to give it a trial run,
13 one way or the other and see how it works.

14 Also, I think that goes for the
15 procedure, too. We may find that we have to
16 revisit the procedure after a few months, the
17 SC&A's procedure. We may find that we may
18 have some problems in terms of it down the
19 line. We can always ask for a modification.

20 CHAIR MUNN: It is very clear from
21 my perspective that, whenever we have any

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Procedures.

1 review of rework that has been done under a
2 PER, that that review would be done in a group
3 of separate cases. They should not be
4 included into any routine process that we have
5 gone through. But I can't see that that would
6 be any real problem for the DR Subcommittee.

7 We would simply make a selection
8 based on slightly different criteria than we
9 usually use, and the assessment with respect
10 to how many need to be reviewed would be more
11 of a thorny problem than actually the review
12 itself.

13 There is no reason why that group
14 shouldn't stand alone, as I see it.

15 MEMBER ZIEMER: This is Ziemer
16 again. A question I have today is what level
17 -- do we need to decide this today or are we
18 just discussing it kind of in general terms?
19 What is the end point for this particular
20 discussion? What are we trying to get to?

21 CHAIR MUNN: My hope for the end

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Procedures.

1 point was to have a decision on which
2 direction we should recommend the Board take
3 at our next teleconference meeting, which is
4 coming up here in just a little over a week.
5 I had hoped that is what we could do, is get
6 the Subcommittee's recommendation as to how to
7 proceed with the PERs.

8 MEMBER GRIFFON: Wanda, this is
9 Mark. You can make a recommendation. I will
10 support either way right now.

11 CHAIR MUNN: All right. Hold on
12 just a moment. Emily has a question.

13 MS. HOWELL: I just wanted to
14 better understand what the Subcommittee and
15 SC&A sees as the path forward with the number
16 of PER reviews. I mean, from the NIOSH
17 perspective, NIOSH is going to continue to
18 issue PERs throughout the existence of the
19 program as necessary. So I would assume then
20 that the need to audit dose reconstructions
21 that are covered by a PER would be similarly

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Procedures.

1 of an ongoing nature.

2 DR. MAURO: I could help answer
3 that. I see two processes moving forward.
4 One is selection of the cases, the 60 cases
5 per year. That is ongoing, and it is well
6 established, and the criteria for selection of
7 it.

8 What we are introducing now is
9 another process for selecting cases for a very
10 focused purpose. Now so I see them both
11 moving forward.

12 How to script the former, of
13 course, is well established. The latter,
14 right now we are deliberating on how best to
15 be done. By way of efficiency -- and Steve
16 just pointed this out while we were talking --
17 is, let's say today NIOSH says, okay, here is
18 10 cases that we think meet the criteria for
19 PER-12 that we would recommend being reviewed
20 because they capture different dimensions of
21 the problem and they are put before us or they

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Procedures.

1 put it before the Subcommittee or either one
2 of the Subcommittees, however that is decided.

3 I would like to point out there is
4 an efficiency to this. When that is delivered
5 to us, one of the first things SC&A should do
6 is say, oh, by the way, you see that one right
7 there, number six, we already reviewed that.
8 We are reviewing it right now as part of the
9 47 cases that we currently have in front of
10 us.

11 I would argue that -- and I would
12 like, to Hans' reaction -- for all intents and
13 purposes, we have the ten, but we really only
14 have to do nine, because one of them is
15 already captured. That one just happened to,
16 like, pass all by itself.

17 In other words, you know, you
18 folks went ahead and picked the best ten that
19 you think would work. The Work Group could
20 approve it. It goes forward, but then the
21 onus is on us to make sure we are not doing

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Procedures.

1 one twice.

2 In other words, I could see some
3 efficiencies going out because we are doing 47
4 right now and I could tell you I have noticed
5 from the -- and Hans certainly could weigh in
6 on this. I believe I have seen some high-
7 fired plutonium cases that were revisited and
8 returned as part of the audit of our 47 cases
9 and that could very well be one of the cases
10 that would serve us well also at this part.

11 So in a way, there could be some
12 efficiencies built in, but still keep them
13 separate.

14 CHAIR MUNN: Let me see if I can
15 respond partially to what I think the question
16 is. It appears that there are actually two
17 selection processes that have to go forward.
18 That has not been well established so far.

19 One is what PERs are going to be
20 selected and the other is what cases are
21 selected under that PER.

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1 MS. HOWELL: Right.

2 CHAIR MUNN: So we have -- in
3 terms of what do we do now, one of the
4 questions that I had hoped to resolve here is
5 how do you choose the PER and with what
6 frequency, of what number?

7 We are dealing with a total set of
8 unknowns. We have no idea how many PERs we
9 are going to have and we have no idea how
10 complex they may or may not be. So we are
11 starting from ground zero with that selection,
12 and the same is essentially true with respect
13 to the dose reconstructions themselves.

14 So I hope that --

15 MS. HOWELL: That helps. I guess
16 my question is I am just -- it seems like,
17 just as with the dose reconstructions, the
18 number of dose reconstruction -- PER dose
19 reconstruction reviews is just going to be an
20 ongoing, rolling, continuing thing as you have
21 additional PERs that come up and it is not

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1 clear to me -- I did read the SC&A document
2 when it first came out but I don't remember it
3 well enough right now to know if it answers
4 this question, but would you only be doing PER
5 dose reconstruction audit of cases that you
6 had done a full PER review of?

7 DR. MAURO: Oh, yes.

8 MS. HOWELL: So -- and is there
9 any sort of link numerically, if we are
10 reviewing this PER, then we want to get two
11 percent or whatever of the cases affected by
12 that PER or is it just more of a kind of like
13 how we look at sites when we are selecting
14 individual dose reconstructions where there is
15 no numeric requirement. It is just kind of
16 like we want to make sure it is
17 representative?

18 CHAIR MUNN: The latter is
19 correct.

20 MS. HOWELL: Okay. So then I am
21 trying to understand, then, whether the

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1 ultimate -- I am asking these questions, so
2 you understand, because I am trying to make
3 sure where this kind of fits within the
4 different subcommittees, where it is the
5 Board's work and the SC&A work, and I just
6 want to make sure I have a clear
7 understanding.

8 So is the ultimate goal from
9 reviewing the PER dose reconstructions to
10 validate the PER or is it to validate the dose
11 reconstructions; because it seems like,
12 depending on which subcommittee you make the
13 selection under, it could be either one,
14 because you are saying that you sometimes
15 review PER dose reconstructions under the Dose
16 Reconstruction Subcommittee.

17 DR. MAURO: That would be -- that
18 will happen not by design.

19 CHAIR MUNN: Serendipity.

20 DR. MAURO: Serendipity. To
21 answer your question, though, which PERs go to

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Procedures.

1 the Work Group, this is a lot like which Site
2 Profiles. Usually, the criteria -- and this
3 is a judgmental call that is collectively made
4 by the Board. Usually, it is at full Board
5 meeting.

6 SC&A would provide a list of here
7 are all the Site Profiles that currently are
8 underway but have not been reviewed by SC&A,
9 and right next to them would be the number of
10 cases that are affected by that profile.

11 What happened at the last meeting
12 is the Board looked at it and said, well,
13 listen, gee, you know, Kansas City, Pacific
14 Northwest -- these are some big ones that have
15 lots of cases and if we are -- you know, so
16 one of the criteria that often is used on why
17 we pick a particular Site Profile -- or the
18 Board -- is the number of cases.

19 Another criteria is if there is an
20 impending SEC. If everyone -- this happened
21 with Brookhaven. We, a while back, were

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Procedures.

1 authorized to review the Brookhaven Site
2 Profile with an eye toward the fact that a
3 Brookhaven ER was coming out within six
4 months.

5 So in other words, so the Board --
6 it is really a collective judgment on which
7 ones are important to look at, how much money
8 is left in the pot for the rest of the year.
9 So SC&A doesn't get involved with the
10 selection of which PERs, but there is general
11 agreement that, yes, PERs need to be reviewed.

12 It is very important and part of the overall
13 mandate for the Board to look at them.

14 How many and which ones are looked
15 at, I believe, is a judgment call that is made
16 by the Board or -- I am not quite sure of the
17 protocol -- or the Work Group. I am not sure
18 at what level those decisions will be made.
19 Maybe, Ted, you have a sense.

20 MR. KATZ: Well, I am going to
21 agree with you. It is a judgment call. At

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1 least, so far it has been a judgment call by
2 the Board.

3 Just to clarify, SC&A is not
4 involved in making that judgment call but SC&A
5 did assist the Board last time by preparing a
6 matrix. It covered certain criteria like
7 number of cases affected but also the
8 complexity of the changes involved and so on
9 and I think that is helpful for the Board.

10 Those are valid considerations and
11 this Work Group was going to consider those
12 criteria and consider whether they needed to
13 be added to or subtracted from or whatever,
14 and that was part of what was going to come
15 out of this Work Group as a recommendation to
16 the full Board. Are those criteria the good
17 ones, all the good ones we need, or do they
18 need more or whatever?

19 DR. MAURO: But, remember, that is
20 a lot different. There is the selection of
21 the PERs that should be looked at, and we do

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Procedures.

1 the best we can to give you the ammunition you
2 need to help make the judgments, but the
3 selection of the cases --

4 CHAIR MUNN: Well, and Steve has a
5 list up right now.

6 MR. MARSCHKE: This is from the
7 protocol that John developed. This is
8 Attachment 1, and I guess it was 32 PERs
9 total, and it gives a description of it, the
10 number of cases, and the level of complexity.

11 CHAIR MUNN: And it will
12 definitely be a Board decision to make, but as
13 long as the Board has the full set of data
14 from which to make that judgment, then we
15 really don't have to worry about it.

16 What we need to do is make a
17 recommendation as to how many we should -- and
18 how frequently we should check the PERs for
19 potential review by SC&A.

20 MR. KATZ: And when we discussed
21 this at the Board -- just to remind you, too,

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Procedures.

1 about selection of PERs, the other reason I
2 had argued at the Board meeting it should be a
3 Board decision also, because you will have
4 members who have conflicts; and the smaller
5 your subgroup, the more limited you are, then,
6 in making these choices. So it makes sense to
7 use the full Board, and then you will always
8 have an adequate number of people to deal with
9 that consideration.

10 DR. MAURO: The only thing that is
11 not up here -- and I try to do this and it is
12 a little risky is give you a price tag. In
13 other words, some of them are more complex,
14 and they may cost a little more, but at least
15 -- you know, one of the things that is
16 important that we have been doing -- it is
17 almost like a new thing for cost control is,
18 when we give you a menu -- so here are all the
19 Site Profiles. Here are all the PERs. Here
20 are all the procedures that have not been
21 reviewed to date, and here is how much --

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Procedures.

1 right now, we've got \$1.5 million in the bank
2 for this year.

3 So, in effect, you've got limited
4 resources.

5 CHAIR MUNN: Yes.

6 DR. MAURO: And you have to decide
7 how best to invest that money. So I do the
8 best I can to let you know how much is left,
9 because you have committed this much. It
10 turns out there is a certain amount of money
11 that, for all intents and purposes, best we
12 can tell this committee -- we add up. We
13 think we can do all that work, deliver all
14 those products to you, but you still have 1.5
15 million. Then you say, okay, we've got 1.5
16 million. What do you want to do with that
17 money? I mean, in theory, you could spend it
18 all on PERs or you could say, no, no, no, I
19 want to save some for some other Site Profile;
20 I want to save some money for SECs that may be
21 coming down the line.

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1 So all we can do is give you as
2 much information as we can regarding the
3 nature and complexity of the report, some
4 metric like these, what we believe would
5 possibly the cost to do it and then
6 collectively you decide how you would like to
7 task SC&A.

8 Right now, we are talking about
9 something very narrow: just the cases that
10 really represent cases that have to be
11 reviewed in order to complete our review of
12 PER and right now that job is not done. We
13 are not finished.

14 We have delivered a report but it
15 is stopped without the cases and without a
16 review of the cases where we come out the back
17 end and said, yes, we reviewed the appropriate
18 representative cases that capture the ten
19 different dimensions of the problems, and
20 every single one of them turned out perfect.
21 That is a very powerful statement, an

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Procedures.

1 endorsement.

2 Without having the ability to say
3 that in that PER work product that is sitting
4 on the shelf somewhere or delivered to the
5 public -- and that is why I would like to keep
6 it clean, not somehow confounded with the
7 selection of the cases that we do under task
8 one.

9 CHAIR MUNN: No, they would be
10 kept separately. Regardless of where we do
11 it, they need to be kept separately.

12 MEMBER ZIEMER: Wanda, this is
13 Ziemer. One additional comment. I think
14 Emily's questions were appropriate, because
15 one thing we haven't done is -- and by we, I
16 am talking, I think, about the Board generally
17 -- and that is make a decision as to whether
18 we are going to look at a certain fraction of
19 the total PER cases, as we have done with the
20 total number of cases: you know, some
21 percentage versus simply each time arbitrarily

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Procedures.

1 selecting a certain number of cases that
2 somehow relates to the total available. But I
3 don't think we have ever come up with a --
4 sort of a set policy on what fraction of the
5 total of those kind of cases we would look at.

6 CHAIR MUNN: No, we have not. We
7 haven't even attempted to discuss that, and
8 since the number of PERs that are available to
9 us is likely to change from month to month,
10 this is new territory for us.

11 It is time for us to take a break.

12 I would like to do that, like for everyone to
13 give some thought to what we have just been
14 discussing.

15 I think I am prepared to make a
16 suggestion with respect to our recommendation
17 to the Board when we get back, but consider
18 what we have said and I will talk about
19 recommendation and we will have further
20 discussion, if necessary, on whether we need
21 to clarify points as we go to the Board.

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Procedures.

1 DR. BEHLING: Wanda, can I make a
2 quick comment before we break?

3 CHAIR MUNN: Certainly. Go ahead,
4 Hans.

5 DR. BEHLING: Yes. There is a
6 small fly in the ointment here in the number
7 of dose reconstructions that we would
8 potentially identify for recommendation to be
9 audited is really something that cannot be
10 done until you actually do sub-tasks 1 through
11 3 for each PER because it is at that point
12 that you identify the complexity of the PER
13 and the types of mutations or the number of
14 mutations that come into play here.

15 In the case of PER-12, if you have
16 had a chance to look at it, in Table 2 of PER-
17 12 review, I have identified ten potential
18 permutations. It isn't until you actually
19 review the PER that you come to that wisdom of
20 identifying the minimum number.

21 So in response to Emily Howell's

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Procedures.

1 comments: is it a percentage, is it a number.

2 Yes, it is probably a minimum number that we
3 can identify, but it is a number that we don't
4 know up front.

5 So that in the attachment for the
6 document that you have in front of you, we are
7 not in a position to identify on behalf of
8 each PER that has yet to be reviewed the
9 number of cases that we would potentially
10 recommend for auditing in terms of dose
11 reconstruction audit. That wisdom only comes
12 after you actually do the review and it is
13 part of the first three sub-tasks that allow
14 you to make this decision.

15 MR. KATZ: Right. Hans, the
16 critical factor that you just laid out is it
17 doesn't come under the rubric of doing a
18 sample of -- of auditing or reviewing the
19 sample of dose reconstructions. It is guided
20 by the content of the PER.

21 DR. BEHLING: Yes.

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Procedures.

1 CHAIR MUNN: All right. We are on
2 a 15-minute break. We will be back at 11:05.

3 (Whereupon, the above-entitled
4 matter went off the record at 10:47 a.m. and
5 resumed at 11:04 p.m.)

6 CHAIR MUNN: We will go ahead and
7 see if we can get started here, even though
8 Mark's buy-in on this will probably be a
9 necessary thing. So if anyone is aware of a
10 click on the line which indicates Mark might
11 be joining us, please do stop us and let us
12 know.

13 Having discussed this process and
14 given considerable thought to it over the last
15 few weeks in both the Dose Reconstruction
16 Subcommittee and in this one, it is my
17 proposal that we recommend as a Subcommittee
18 to the Board at our -- I believe it is March
19 31st -- teleconference that we proceed in this
20 manner:

21 Annually, SC&A will present to us

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Procedures.

1 the universe of PERs -- that is, to the full
2 Board -- well in advance of an upcoming
3 meeting so that the Board members will have an
4 opportunity to fully understand the PERs that
5 are available for review.

6 Then, if the Board members
7 themselves have additions that they would like
8 to make to that recommendation, they will have
9 an adequate opportunity to do so prior to the
10 meeting.

11 At the meeting, one of the agenda
12 items then would be for the Board to select
13 whatever number of PERs the Board feels is
14 appropriate for review in the coming year.
15 This, hopefully, will also give SC&A an
16 opportunity to do some budget thinking with
17 regard to what that may cost.

18 DR. MAURO: I would only make one
19 suggestion. We hold our full Board meetings
20 about once every two months. I would say,
21 rather than have it as annual, as the date for

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Procedures.

1 the next meeting is coming up, like this one,
2 and the agenda is being developed for that, I
3 think it is probably -- it may turn out in the
4 interim a number of PERs may have been opened
5 up, just like there may have been a number of
6 Site Profiles.

7 I think that, to hold ourselves to
8 annually, I would assume to say, this is to be
9 determined by the Board when they want to hear
10 from SC&A, as opposed to automatically making
11 it once a year.

12 CHAIR MUNN: This would not be
13 written in stone. This is my recommendation
14 for our initial cut at this. As is always the
15 case, when -- I think our experience during
16 the last few years has been whenever you have
17 brought to our attention the fact that there
18 is an outstanding issue that should be
19 addressed, we have taken that into
20 consideration and in most cases have
21 authorized you to go forward and do so.

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Procedures.

1 I can't imagine that this
2 particular situation would be any different.
3 I am simply suggesting that, as a routine item
4 for annual consideration and one that you
5 could incorporate into your budgeting process,
6 this kind of presentation be made to the Board
7 so that the Board have an opportunity to make
8 any additional recommendations they might have
9 and we could all be on the same page at the
10 same time.

11 DR. MAURO: This kind of
12 information is always available to us. It is
13 just really a matter of when the Board would
14 like to hear from us.

15 CHAIR MUNN: Yes. Yes, and that
16 is why I am suggesting that we do this at
17 least annually.

18 I would then suggest that SC&A
19 would perform Sections 1 through 3 -- the Sub-
20 tasks 1 through 3 as they have done in the
21 past with respect to the procedure itself for

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Procedures.

1 evaluation, and present to the Dose
2 Reconstruction Subcommittee your assessment of
3 the number of dose reconstructions which
4 should be done in that specific case.

5 Since there is no way for us to
6 second-guess what that might be, it appears
7 logical that your assessment would be the
8 basis for any decision that would be made.

9 I would suggest that the final
10 decision with respect to the number and the
11 criteria to be used then be left in the hands
12 of the Dose Reconstruction Subcommittee and
13 that those reconstructions, whatever their
14 number may be, whether it is five or whether
15 it is 25 or whether it is 50, be handled as a
16 separate cohort, not to be mixed in any way
17 except that some may be duplicated. We, of
18 course, would not want to duplicate -- and
19 that the end result of those audits then as a
20 final step be incorporated into a final report
21 which would essentially incorporate what you

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Procedures.

1 have in your current procedure as Sub-task 4.

2 That is my expectation of
3 recommendation to the Board. Does anyone have
4 any contrary suggestions or do you feel that
5 we are off-track in any way? I feel certain,
6 if the Board doesn't agree with us, we will
7 hear from them.

8 MR. KATZ: Well, just, I think you
9 need to supplement it. You need to make a
10 recommendation about the criteria for
11 selecting PERs that the Board is going to
12 consider. SC&A has this proposal, this table
13 of criteria for how to select PERs, but you
14 haven't given your opinion about it.

15 CHAIR MUNN: No.

16 MR. KATZ: If that is adequate, if
17 you want more --

18 DR. MAURO: Could I help a little
19 with the criteria a bit? The perfect example
20 -- the reason we picked a number is --

21 MR. KATZ: No, no, no. You are

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Procedures.

1 mistaken. I am talking about the selection of
2 PERs. SC&A did a nice job of laying out what
3 it thought were some important factors for the
4 Board to consider, but the Board wanted to
5 hear from the Work Group what its
6 recommendations are, because -- and in fact,
7 you commented in that Work Group meeting that
8 you wanted to consider those factors that SC&A
9 used to lay out a chart of possible PERs and
10 how you might collect them.

11 CHAIR MUNN: So?

12 MS. KATZ: Your Work Group needs
13 to either say we like the criteria that SC&A
14 used as factors to consider or there are other
15 factors we would like to see in these to
16 consider which PERs to select, if there are
17 other factors that come to mind to inform the
18 Work Group.

19 CHAIR MUNN: All right. Perhaps
20 we need to try to do that today, if we are
21 going to do that.

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Procedures.

1 MR. KATZ: Steve, do you have -- I
2 am thinking that there was a table that had at
3 least one more factor than what was showing
4 there that was presented to the Board when you
5 guys presented PERs for consideration.

6 DR. MAURO: But you got to have a
7 column with a price tag.

8 MR. KATZ: I don't think that was
9 a factor from which to select.

10 DR. MAURO: I don't know.

11 MR. KATZ: It was complexity,
12 number of cases.

13 MR. MARSCHKE: This is all I have.

14 MR. KATZ: This isn't the table I
15 am thinking of.

16 CHAIR MUNN: I remember
17 discussions of complexity. I remember -- of
18 course, number of cases is obvious.

19 DR. ULSH: Just so I understand,
20 John, if I look at it row by row, is this a
21 list of all unreviewed PERs or has there been

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Procedures.

1 some filtering applied?

2 DR. MAURO: No. I think we have a
3 list of everything, every PER, and some of
4 them we have looked at. We have looked at
5 this one. I think PER-9 may be here
6 somewhere. In other words, I think our intent
7 is -- what I try to do is keep a complete list
8 of every PER and make it clear which ones you
9 have already looked at, where it is.

10 For example, on 12 we have looked
11 at it. There are nine here. I know nine, 12
12 and there was maybe 13. So we looked at that.

13 I think the asterisk says we looked at it.
14 Do you know which ones we have reviewed
15 already?

16 CHAIR MUNN: No, you looked at the
17 science. You looked at the complexity. You
18 looked at the number of cases and was there
19 one other criterion. I think probably I was
20 thinking there should be another criterion.

21 MR. KATZ: Kathy was trying to

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Procedures.

1 speak. Kathy, do you have something?

2 MS. BEHLING: The only thing I was
3 going to say is the Attachment 1 does include
4 all of the PERs we are currently aware of. I
5 believe there are 32.

6 The reason that they are ranked
7 the way they are, they are presented the way
8 they are, is because we did try to put those
9 PERs that we felt the Board might be most
10 interested in looking at at the top of the
11 list. So when I went out and generated this
12 list, I first of all looked at the number of
13 cases that were potentially involved, and also
14 the level of complexity. That is a two-part
15 thing.

16 First of all, how complex was the
17 selection criteria and for PER-12, as Hans has
18 indicated, that was a fairly complex selection
19 process for what cases will be looked at.

20 Then thirdly, we looked at the
21 science involved. How complex was the science

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Procedures.

1 involved and how much rework had to be done to
2 go back to these dose reconstructions? But
3 all of the PERs are listed in Attachment 1 of
4 our proposed procedure but they are just
5 ranked by those that we thought you might be
6 most interested in looking at.

7 MR. KATZ: Thanks, Kathy. You
8 actually answered my question. I thought
9 there was another element, and it is really
10 that there are two elements in the single
11 column.

12 MS. BEHLING: Right.

13 MR. KATZ: You have the selection
14 criteria complexity and you have the science
15 complexity. I recall that there was another
16 and that is the other factor. They are just
17 both in the same column under level of
18 complexity.

19 CHAIR MUNN: And as much as I
20 would like to be able to say yes, it would be
21 nice to have John's assessment of cost

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Procedures.

1 involved -- I think the cost was the other
2 element that I was thinking of at the time
3 that we had discussed it earlier -- but it is
4 very difficult for me to see how such a cost
5 estimate could be made until the Dose
6 Reconstruction Committee's decision with
7 respect to the variable number of cases can be
8 seen.

9 DR. MAURO: That is true. When I
10 originally did the cost, we originally were
11 talking about three and that was a number we
12 just plucked out of the air; we'll do three.
13 But now I am starting to realize, no,
14 sometimes three is not going to be enough.

15 CHAIR MUNN: Yes.

16 DR. MAURO: Now whether or not
17 this PER-12 is the unusual one where you had
18 so many different cases you need to really get
19 the cross-section, I don't know, but you are
20 right.

21 So when I put a cost up, I do that

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Procedures.

1 because I feel -- I do the best I can to get
2 an idea of where we are headed. They are
3 usually not right on the button, but usually -
4 - sometimes it turns out some are more and
5 some are less, and in the end we will probably
6 be okay.

7 CHAIR MUNN: Well, even looking at
8 your chart, at PER-17, that would be -- trying
9 to choose cases out of that number of cases
10 and cover the criteria that Hans and Kathy
11 would like to see, as we, I think, also would
12 like to see, is going to be a touchy business.

13 Some of them will be easy to do and some of
14 them will be difficult to do.

15 DR. MAURO: Yes. And I am going
16 to add another level of complexity that is
17 unfortunate, which is, of course, when you
18 slow the train down, you've got -- the
19 document was completed. We reviewed OTIB-12.
20 there was a formal procedure for doing high-
21 fired plutonium. It received a positive

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Procedures.

1 review, which is a lot we can stand on.

2 Now, unfortunately, at Hanford, we
3 are in the middle right now of a review of the
4 Hanford Evaluation Report. There are a number
5 of issues. Even though Hanford has now
6 expanded its recommended period of coverage
7 for the SEC, there are still a number of
8 issues that Arjun is working with the team
9 that may very well result in some additional
10 changes.

11 So what happened is PERs are
12 issued when NIOSH realizes -- this is a
13 constant issue of PER, because enough has
14 changed that we better revisit these cases.
15 But some of those sites are still in the
16 process of undergoing some degree of review.
17 Savannah River is a perfect example. Hanford
18 is another one.

19 Idaho -- INL, we only had one --
20 We have a Site Profile review in INL. We had
21 one Work Group meeting where we went over all

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Procedures.

1 of our cases, and -- or all of our issues, and
2 we are just warming up to issues resolution.

3 So just bear in mind that, in
4 theory, we could do a PER review on INL,
5 Idaho, and within the context of that PER
6 notwithstanding the fact that things might
7 change some more in the future, bear in mind
8 that we could do one and say, okay, given this
9 new set of guidelines as captured in the
10 revised version of a -- whether it is a Site
11 Profile or an OTIB -- and now this PER is
12 issued that is these many cases.

13 We could put that into the
14 machinery and do a review but always
15 recognize, if that particular site is still in
16 the middle, things could change again.

17 CHAIR MUNN: Board members will
18 have to recognize that at the time that they
19 look at your universe and make their
20 selection. Yes.

21 MEMBER ZIEMER: Yes. This is

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Procedures.

1 Ziemer and I think you always have that
2 possibility on any particular site. The door
3 is never closed to something being revised or
4 changed or a PER coming out. So you have to
5 deal with where you are at the moment.

6 CHAIR MUNN: True.

7 MEMBER ZIEMER: And go from there.

8 CHAIR MUNN: Then hearing no real
9 objection to the contrary, I will put this
10 recommendation into writing, send it to all
11 the members of this Subcommittee and, if you
12 have any suggestions with respect to wording
13 or with aspects of my recommendation, then
14 please get back to me as promptly as possible.

15 Bear in mind that, between Friday
16 morning and the time that we go to our
17 teleconference on the 31st, I will be almost
18 incommunicado. I will really be hard to reach
19 and if you do reach me, I will probably be
20 highly medicated. So if we can do this, it
21 would be helpful.

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Procedures.

1 MEMBER ZIEMER: This is Ziemer
2 again. Just one other comment. I think the
3 chart that SC&A provided us with, as I
4 understand it, was sorted by sort of impact,
5 number of cases from top to bottom and the
6 reason certain facilities were at the top of
7 the list were the number of cases' impact.

8 CHAIR MUNN: Yes.

9 MEMBER ZIEMER: Is that not
10 correct?

11 CHAIR MUNN: Kathy had said that -
12 - in order of importance, as they saw them.

13 MEMBER ZIEMER: Well, I think the
14 importance was determined by potential number
15 of cases to be reevaluated. Isn't that
16 correct?

17 MS. BEHLING: A combination of
18 number of cases, like I said, level of
19 complexity for the different criteria. It is
20 selection criteria and the science involved,
21 as we saw it. It is objective.

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Procedures.

1 MEMBER ZIEMER: Okay. As I look
2 at the numbers in column 3, it is pretty clear
3 that they go from -- well.

4 CHAIR MUNN: From high to lower.

5 MEMBER ZIEMER: High to lower,
6 whereas the complexity thing doesn't seem to
7 do that.

8 MR. KATZ: It is not totally
9 consistent in terms of numbers alone.

10 CHAIR MUNN: Steve, may I ask that
11 you send that particular document, the list of
12 PERS?

13 MR. MARSCHKE: This is attached to
14 the new protocol that -- I can send it, yes.

15 CHAIR MUNN: If you would send it
16 separately.

17 MR. MARSCHKE: It is part of
18 Attachment 1 to the procedure.

19 CHAIR MUNN: We all just have the
20 procedures in there.

21 MR. MARSCHKE: And it is just

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Procedures.

1 Attachment 1 for that procedure.

2 CHAIR MUNN: No, that's okay.
3 don't worry about it. Don't worry about it.
4 I was just thinking that it might help the
5 committee members if they had that in hand at
6 the same time they had my recommendation but
7 we all know where to find it.

8 MEMBER LEMEN: Could you just
9 summarize your recommendation for me one more
10 time?

11 CHAIR MUNN: Yes. I will try to
12 do that.

13 What I am going to recommend is
14 that at least annually, SC&A will present to
15 the Board the universe of PERs that exist with
16 any recommendation that they have for review.

17 I am asking that they do that prior to a full
18 Board meeting so that, if anybody has any
19 suggestions other than their suggestions, they
20 can come forward with that at the time that we
21 have it on the agenda at the Board meeting.

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Procedures.

1 Then the Board will make the
2 selection.

3 MEMBER LEMEN: Now what is the
4 criteria, though, for them to present it to
5 us? Like this?

6 CHAIR MUNN: Like this, yes.

7 MEMBER LEMEN: Just like this that
8 is in here?

9 CHAIR MUNN: Yes, their criteria,
10 and we are not including the cost, simply
11 because it is difficult to impossible to
12 evaluate what the cost, actually, for their
13 work will be until they have recommendation
14 from the Dose Reconstruction Committee with
15 respect to how many dose reconstructions the
16 DR Subcommittee feels should be done to
17 adequately cover their universe of concerns.

18 MEMBER LEMEN: So out of this list
19 then the Board will select a fixed number or
20 some number, whatever they decide, and then it
21 will be costed out to see if it is feasible to

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Procedures.

1 do, and then SC&A will come back to the Board
2 with the cost figures. So then the Board will
3 say, okay, you can do two or you can do three,
4 based upon the cost figures, or how does that
5 work?

6 CHAIR MUNN: I did not intend to
7 get into the cost now.

8 MR. KATZ: I think SC&A can give
9 you rough costs. I mean, the only thing that
10 is uncertain is how many cases would be
11 reviewed -- dose reconstruction cases would be
12 reviewed. But they can give you rough
13 figures, just like they do for Site Profile --
14 recently did for the Site Profiles that were
15 presented and so on.

16 CHAIR MUNN: In my recommendation,
17 after the Board selects cases that it might
18 like to see, then the Dose Reconstruction
19 Subcommittee will identify what their
20 recommendation will be for the number of
21 cases. Only then will we be able to ask SC&A

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Procedures.

1 for some cost estimate.

2 MEMBER LEMEN: For example, if
3 SC&A -- PER-12 seems to be the one that they
4 are pushing, but we may want as a Board to see
5 PER-29, 14 and 17 done. How do we -- if we
6 vote that we need those done and the Dose
7 Reconstruction Committee then does their
8 review, how do we know how many are going to
9 be done? Does SC&A come back and tell us,
10 okay, we got enough money to do these or what?

11 DR. MAURO: I know we would like
12 to be precise, but the reality is -- let's say
13 during any given Board meeting, you pick four.

14 Okay? Now we don't know at the back end of
15 the process, after we go through the first
16 three steps, which ones are going to come up
17 with -- we could assume that there will be a
18 minimum of three. There may be some of them
19 that will demand more. Okay? We don't know.

20 Now does that mean we can't give
21 you some rough sense of what we think the cost

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Procedures.

1 would be, the average cost per case?
2 Actually, we could right up front. Of course,
3 we -- so, therefore, everyone has a sense,
4 because when you start to aggregate and you
5 look at our group of four, if there is one
6 outlier that ends up being more expensive,
7 very often there are others that are less
8 expensive.

9 I am concerned. I need a sense.
10 Is this a \$20,000 job or this is a \$200,000
11 job -- and a sense of where we are and when we
12 are knocking on the door that we might be
13 exhausting resources. I think we could do
14 that up front.

15 When this slide goes up during a
16 full Board meeting, there will be some dollars
17 next to it. Everyone will recognize the
18 dollars are going to have a degree of
19 uncertainty. Certainly, what happens then is,
20 on the basis of that, you folks make your
21 judgments, how many, which ones, and you will

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Procedures.

1 have a sense around that a whole deal may end
2 up costing \$100,000. Okay?

3 Now given that, we are given the
4 green and go to work. Okay? The next time we
5 meet, two months from then, I will be prepared
6 to discuss with you, and I will always be
7 prepared to let you know how -- in fact, every
8 progress report that comes out every month --
9 take a look at it.

10 You will see in every progress
11 report, I make a statement right in the front,
12 the first page, based on all of the work that
13 has been authorized to date by the Board and
14 our best estimate of what we think it is going
15 to cost to deliver those products to you, here
16 is how much money, I believe, that we are
17 committed -- we are obligated to spend and how
18 much do we have left.

19 So you will always know very early
20 on whether or not we are starting to knock on
21 the door of the 3.44 million that has been

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Procedures.

1 allocated this year to support the Board.
2 Right now, we still have got 1.5 million in
3 the bank. That doesn't mean it won't go away
4 quickly in terms of -- not that we've spent
5 it. I make a decision, where do we spend and
6 what is committed.

7 So again, I think it will serve
8 the Board best and the whole program best if I
9 do the best I can to put a number next to each
10 one and you folks make your judgments as you
11 see fit given that, more or less, those
12 numbers are -- in the end, the collection of
13 four or five or six cases, I am going to come
14 in, more or less, where -- sort of average out
15 and come in where I say they are.

16 If there is a big surprise -- oh,
17 my goodness, you know, it is going to be 10
18 times more -- I will let you know right away.

19 In fact, we just recently had a very big
20 surprise which went the other way. We set
21 aside about \$100,000 to do a particular piece

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Procedures.

1 of work from the last meeting that, it turns
2 out, we didn't have to do. So we just put
3 \$100,000 back in the bank. So maybe it can go
4 either way.

5 Once we get started and we
6 realize, oh no, this job is not going to be as
7 difficult -- it happens both ways, and it is a
8 living process.

9 MR. MARSCHKE: Isn't there a
10 natural hold point that Sub-task 4 -- I mean,
11 we come down. We do Sub-task 1, 2 and 3 and
12 then there is a natural hold point at Sub-task
13 4 where we've got to wait for the Board or
14 somebody to authorize what PERs are going to
15 be reviewed.

16 So at that point, you can --

17 DR. MAURO: Revisit.

18 MR. MARSCHKE: I mean, you need to
19 revisit the process, and you could do it at
20 that point.

21 DR. MAURO: I think we just got to

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Procedures.

1 keep talking to each other. We realize it is
2 a living process. We do the best we can as
3 early in the process as we can to let you
4 know, here is what we think needs to be done;
5 how many of those do you want that you will
6 call. Here is what we think about the prices.

7 And as we learn more and think the picture
8 changes, we would just let you know real
9 early, the picture is changing.

10 So as manager of the project in
11 terms of making sure the Board knows where the
12 obligations of the money have gone and when we
13 are going to get into trouble, I take that as
14 my primary responsibility to make sure that
15 you are not authorizing us to do work that we
16 are just not going to be able to do within
17 budget.

18 MEMBER LEMEN: How many of these
19 did you do last year?

20 DR. MAURO: Last year? PERs?

21 MEMBER LEMEN: Yes.

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Procedures.

1 DR. MAURO: We did 9 and 12. I
2 don't know --

3 MEMBER LEMEN: Nine and 12?

4 DR. MAURO: PER-9 and PER-12.

5 MEMBER LEMEN: Okay.

6 DR. MAURO: Hans, help. Do you
7 guys remember any others besides 9 and 12 we
8 did last year?

9 MR. MARSCHKE: Up to Sub-task 3.

10 DR. MAURO: Well, we didn't finish
11 them.

12 MEMBER LEMEN: Sub-task 3, they
13 didn't do. So how many have had dose
14 reconstructions?

15 DR. MAURO: We didn't -- our
16 contract started -- we are in the second year
17 of our new contract and we did --

18 MR. MARSCHKE: If you look at the
19 Attachment 1, every one that has an asterisk
20 next to it, we have done -- not under this
21 contract, but either this contract or the

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Procedures.

1 preceding contract.

2 DR. MAURO: Right. That's why I
3 am having trouble.

4 MR. MARSCHKE: You will see that
5 there is some that have, like, OCAS PER-9 has
6 a single asterisk next to it. That means, I
7 guess, it has currently been assigned. If you
8 look above it, OCAS PER-007 has a double
9 asterisk next to it. That means it has
10 already been included in one of the previous
11 deliverables that we have given to the
12 Subcommittee.

13 PER-20 has a single. If you look
14 at the bottom of the -- basically, the Board
15 has assigned -- a single asterisk means Board
16 has assigned this PER to SC&A. The double
17 asterisk means it is included in the third
18 set. The triple asterisk means it was -- I
19 think that is the January 2005 -- I think that
20 is the first set.

21 So you can see, but all these

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Procedures.

1 reviews have been only done through Sub-Task
2 3. None of them have had any DR done.

3 CHAIR MUNN: The Board has never
4 directed that that be incorporated into a
5 review of a PER before. This is relatively
6 new ground for us. That is why we are having
7 trouble deciding where the responsibility
8 lies.

9 MR. MARSCHKE: All the ones that
10 have the double asterisks and the triple
11 asterisks were done under the Procedures
12 Review documents. When SC&A conducted their
13 review of this PER as being a document, we
14 conducted that review under the Procedures
15 document. Now we have gotten a little bit
16 more sophisticated with this dedicated PER
17 review document.

18 MEMBER LEMEN: I presume, and
19 maybe wrongly, that those that have a double
20 asterisk or a triple asterisk the Board in the
21 past has received your reviews?

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Procedures.

1 CHAIR MUNN: Yes. That is
2 correct.

3 MEMBER LEMEN: And what happens
4 then when they receive your reviews?

5 MR. MARSCHKE: Usually, what
6 happens is we have a number of issues
7 associated with any of the documents that we
8 review, and I am just going to scroll through
9 here and see if we have any PERs that I can
10 pull out -- PER-3. We can look, and we just
11 happen to have -- We did a review of PER-3.
12 We have -- you can see on the summary screen
13 here, we had four -- what happened?

14 MEMBER LEMEN: We track it and
15 then what do we do with that? Do we track it?

16 CHAIR MUNN: It is resolved.

17 DR. MAURO: There are four
18 findings noted in and the status of those
19 findings are tracked.

20 MEMBER LEMEN: And then once it is
21 tracked and resolved by the Subcommittee, what

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Procedures.

1 happens?

2 DR. MAURO: Can we go back to
3 that? We could see where they are. That is
4 why -- a little primer here.

5 MR. MARSCHKE: If you look at the
6 detail, basically -- if you look at what is up
7 here, this is the SC&A finding or a summary of
8 the SC&A finding. There is a report that SC&A
9 issues. So this is a summary out of that
10 report.

11 Then what happens -- so this is
12 our finding out of that report or a summary of
13 our finding out of that report. NIOSH comes
14 back and they respond to that finding and then
15 basically what we do is we come up with a
16 follow-up recommendation to NIOSH's response,
17 and --

18 MEMBER LEMEN: At that point then,
19 the Board --

20 MR. MARSCHKE: Then at that point,
21 the Work Group --

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Procedures.

1 MEMBER LEMEN: This Work Group
2 gets it at this point and then this Work Group
3 make a decision to either keep it open or
4 close it.

5 MR. MARSCHKE: Yes. There are --

6 MEMBER LEMEN: I understand.

7 DR. MAURO: In essence, there is a
8 big report sitting on the shelf somewhere and
9 there are findings regarding this particular
10 PER. We boil it down to a database.

11 MEMBER LEMEN: So is that report
12 then made available back to the petitioners?

13 MR. KATZ: I can explain it. It
14 is not petitioner-specific. So this
15 Subcommittee does its work on a whole host of
16 procedures, and periodically this Subcommittee
17 then reports to the full Board, and --

18 MEMBER LEMEN: I understand that.

19 MR. KATZ: -- and covers these are
20 the procedures that we have covered, that we
21 have closed, and so on. At that opportunity,

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Procedures.

1 the Board, of course, could engage -- hasn't
2 really meatily engaged, but could engage on
3 any of the questions.

4 MEMBER LEMEN: I guess my question
5 is very simple. It is closed now, and so it
6 goes to a shelf, you say. What happens? Is
7 it public record at that point in time that
8 anybody can pull that report out and read it
9 or is it sent to the original petitioners?
10 Once something is closed just sitting on a
11 shelf doesn't seem to do much for anybody.

12 MR. MARSCHKE: Sometimes in order
13 to close the issue, it would require a change
14 to a procedure. It would require NIOSH to go
15 back and do something. Usually, that is --
16 Because our comments usually are on a PROC
17 document or an OTIB document, sometimes the
18 closure of the comment requires that NIOSH
19 revise that particular document.

20 So that would really be the -- but
21 as far as the public or the claimants having

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Procedures.

1 access to this particular database, they don't
2 have access to this particular database. I
3 don't know about the -- again, this is -- the
4 original document that SC&A puts together with
5 our comments on it usually comes in the form
6 of something like this, which is a letter from
7 John to the CDC and with the document attached
8 to that letter and it includes all the
9 documents that we have reviewed and all the --
10 again, if we look through here --

11 CHAIR MUNN: This document that
12 you are talking about --

13 MEMBER LEMEN: That is a public
14 document.

15 CHAIR MUNN: Yes, that is a public
16 document. That is the closed document.

17 DR. MAURO: You are bringing up a
18 very important point and I agree with you. We
19 put up on the Web, on the open Web, all the
20 procedures for the world to read.

21 We put up on the open Web our

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Procedures.

1 report to see our comments on it but then we
2 engage in this process, a very complex
3 process, because we have over 100 -- we have
4 103 procedures that we review to date. Each
5 one has perhaps five to ten comments.

6 We systematically march through
7 and in the marching through, that is why we
8 have this database that you just looked at.
9 Every time we have a meeting, we address an
10 issue, and we discuss it, and usually the
11 discussion goes like this. Well, SC&A -- we
12 will say this is our problem and it is in that
13 database. Here is our problem.

14 NIOSH has an opportunity before
15 the meeting to say, well, listen, we think we
16 are okay, here is why, and it goes within the
17 database and you just saw that window.

18 Then the last step in the process
19 is we will talk about it, and very often SC&A
20 is saying, yes, we saw your answer, and we
21 agree with you; we think that you have solved

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Procedures.

1 the problem, or they will say, no, SC&A, we
2 agree with you, that is a problem with our
3 procedure and we are going to fix it.

4 What happens at that point, the
5 Board does one of two things -- a number of
6 things. For that particular issue, it
7 decides, okay, the procedure has been revised;
8 it is new, we have issued a new procedure that
9 solves that issue. It has been out there now.

10 We could close it, because --

11 MEMBER LEMEN: When you say the
12 Board, do you mean this Subcommittee?

13 DR. MAURO: I'm sorry, this
14 Subcommittee. This Subcommittee is the one
15 that has the final say and votes, do we close
16 that issue. This particular one that we are
17 looking at, it has been closed. Very
18 important, though. Sometimes we disagree, and
19 we will say, no, no, no, and we disagree, and
20 then it is still open.

21 That means we have not closed it.

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Procedures.

1 We have not resolved it. Then there is a
2 gray area where we sit around the table and we
3 agree in principle on the solution, but that
4 change has not yet found its way into the
5 procedure as a revision, so it is called in
6 abeyance. That means, for all intents and
7 purposes, the problem has been solved but we
8 are not going to close it yet because, until
9 we actually have a new procedure that captures
10 the sense of the concern and has fixed it, it
11 is only then when the Work Group says we will
12 close it.

13 MEMBER LEMEN: When it is closed,
14 does that mean that NIOSH has taken the
15 actions that are necessary to correct any of
16 the disagreements?

17 DR. MAURO: Absolutely.

18 MEMBER LEMEN: And everything is
19 copacetic.

20 DR. MAURO: It's finished, but you
21 know what?

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Procedures.

1 MEMBER LEMEN: Why doesn't it go
2 after that back to the petitioners?

3 MR. KATZ: Well, first of all, the
4 petitioners -- this is Procedures.

5 MEMBER LEMEN: I understand that.

6 MR. KATZ: But these aren't
7 petitioners. There are no petitioners. These
8 are procedures.

9 MEMBER LEMEN: Why isn't it a
10 public document?

11 MR. KATZ: But you are saying why
12 isn't it in the public. This is a morass of
13 details. This is really very granular at this
14 level.

15 MEMBER LEMEN: It is like us
16 sitting here saying, well, the public wouldn't
17 understand it.

18 MR. KATZ: No. No, I mean, the
19 public could -- how would the public find its
20 way through this morass of details at any
21 given time?

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Procedures.

1 MS. HOWELL: Wait, wait. Let me
2 clarify because, if there were requests for
3 these materials, the public could receive
4 them.

5 MR. KATZ: They would make them
6 available.

7 MS. HOWELL: However, basically,
8 in order to be able to put -- this is all pre-
9 decisional document. What you are seeing on
10 the screen right now isn't final, and so to
11 make that available to the public could be
12 potentially misleading.

13 Now once it is closed, there are
14 things that can be made available, but they
15 all have to go through a level of review.
16 Certainly, they could be requested as a Board
17 document or under a FOIA request and the
18 proper reviews would have to take place and
19 then they would be released to the public.

20 So it is not that they would never
21 get to the public. It is that we are not

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Procedures.

1 taking the step of doing those sorts of
2 reviews and creating -- I don't even know the
3 kind of server capacity we would have to have
4 to have all of this stuff posted all the time
5 on the website.

6 So it is available. I do want to
7 clarify that the material would ultimately be
8 made available in some fashion.

9 MEMBER LEMEN: Well, what is -- go
10 ahead. I have got another question to follow
11 up on that.

12 CHAIR MUNN: These are the
13 internal machinations of the organization that
14 are necessary in order to work out the
15 technical details of how to reach the goal
16 that is established for us by the law.

17 These internal machinations really
18 and truly are detail-specific. They are tiny
19 little things. We struggled at the outset.
20 We started off with an ordinary matrix like
21 everyone has, and discovered very quickly

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Procedures.

1 that, by the time we reached not even our
2 halfway point, we were completely beyond being
3 able to control a paper matrix.

4 So this database was, over a
5 period of about three years, put together and
6 formulated as a way for us to internally keep
7 track and for the Board internally, to keep
8 track of the issues that had been raised by
9 our contractor and the resolutions as they
10 progress and the resolution for each one of
11 these. Sometimes it is simple. Sometimes it
12 goes on for years.

13 So we wanted to be able to have,
14 when all is said and done, an archive that
15 anyone who wanted to could go back into and
16 follow through step by step and date by date,
17 this organization or this person says this,
18 the response was this, the agreement was not
19 this, it turned out to be this and what was
20 done about it was this.

21 MEMBER LEMEN: But the PER is

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Procedures.

1 specific to a petition. Right?

2 CHAIR MUNN: No.

3 MEMBER LEMEN: Well, these are
4 right here. I mean --

5 CHAIR MUNN: No. It is to a
6 program. It is a program review, not a
7 petitioner.

8 MEMBER LEMEN: But it is a program
9 review of -- well, let's see if I can get back
10 to the beginning. It is a program review of
11 one particular site, isn't it?

12 MR. KATZ: Yes, sometimes. Some
13 of them are, and sometimes --

14 MEMBER LEMEN: Some of them are
15 general for all sites?

16 DR. ULSH: Sure, Super S
17 plutonium. That appears at Rocky Flats, but
18 it is also several other sites as well.

19 MEMBER LEMEN: But if it is
20 particular to one site and only one site, that
21 is -- I am wondering why that wouldn't be --

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Procedures.

1 that would be available to petitioners only if
2 they did a FOIA.

3 MR. KATZ: Well, there may not
4 even be petitioners for the site. I mean, it
5 depends on the site.

6 MEMBER LEMEN: What if there is --
7 I understand that. I know there is not
8 petitioners for every site, but --

9 DR. MAURO: The point is that we
10 agonized early that we have an obligation to
11 archive all the thinking, all the analysis,
12 all the exchange which has been going on now
13 for six years and we were tracking it,
14 actually, in a table by hand. We realized
15 that we are not creating an archive.

16 I think, to have this system so
17 that we could not lose sight of where we are -
18 - this forest is enormous. But even more
19 important, it is important that we operate in
20 the sunshine.

21 So when this was invented many

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Procedures.

1 years ago, it was as much a reason to have an
2 archive where every decision where we went
3 from an issue that we raised on some PER or
4 some procedure -- we said, listen, we have a
5 problem here, and then there is a process we
6 went through that ended up closing that, a
7 process that could have taken a year and five
8 or six meetings before we closed it. But it
9 is all there and it is in the transcript.

10 By the way, one could argue that
11 everything is in the transcript. If you
12 really want to know how it happened, the
13 transcript is here but we also realized that,
14 who is going to read 10,000 pages of
15 transcript because every meeting -- this is
16 300 pages.

17 So we have a better way. We are
18 going to do this. So now -- but you are
19 right. What we have not talked about, and I
20 think it is important, is at what point do we
21 make this available to the public so that, if

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Procedures.

1 anyone is interested and is concerned -- how
2 was the high-fired plutonium issue resolved?
3 We know that they issued OTIB-0029, but how do
4 we know that, in fact, it was properly
5 implemented and all the workers who are
6 affected by that new way of modeling internal
7 dose were, in fact, given -- you know, it was
8 all done correctly?

9 The answer is we go to the PER
10 process. SC&A does its thing. We do the
11 cases and it is all archived. So anyone who
12 wants to could determine for themselves
13 whether or not this all has been done in an
14 open way and in a scientifically sound way.

15 MEMBER LEMEN: And this archive
16 then is kept by NIOSH?

17 MR. HINNEFELD: Yes, it on a
18 computer system.

19 MEMBER LEMEN: But is there a
20 docket office that somebody could walk into
21 like in any regulatory agency and just pull

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Procedures.

1 out these and review them?

2 CHAIR MUNN: Not yet, but there
3 may be. Dick, you are getting a skewed view
4 of what we are doing also, because you are
5 coming in at the program review stage, and
6 these PERs are relatively new and relatively -
7 - they have become increasingly complex as the
8 program has gone along and have increased in
9 number, of course, as the program went along.

10 The first few years of the
11 program, there was not enough of a program
12 issue to be reviewed and that is why you have
13 only 32, as a matter of fact. But they have
14 increased in complexity as the programs
15 themselves has expanded, but the PERs, in the
16 view of this Subcommittee, are a very, very
17 small part of what we are looking at.

18 We look at all of the procedures
19 that are involved in the internal operations,
20 and all of the other procedures we have come
21 to grips with how we should handle. The PERs

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Procedures.

1 have now become complex enough and large
2 enough in number that it behooves us to
3 include them as a part of our procedure.

4 MEMBER LEMEN: Okay. All of the
5 other procedures that you are talking about --
6 do you track those?

7 DR. MAURO: That is most of what
8 this is.

9 MEMBER LEMEN: That is PERs and
10 the other stuff combined; right?

11 MR. KATZ: Everything.

12 MR. MARSCHKE: See, there's 538
13 issues up there and most of those 538 are on
14 TIBs, OTIBs, PROCs and other documents like
15 that.

16 CHAIR MUNN: Yes.

17 DR. MAURO: For example, we could
18 open up OTIB-49, which deals with the high-
19 fired plutonium, and see how we resolved that
20 issue.

21 MEMBER LEMEN: That is fine, but

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Procedures.

1 on the open issues then, how many of the 500-
2 some are still open?

3 DR. MAURO: We got a nice table
4 for you.

5 CHAIR MUNN: Is this a good time
6 to see the summary? That is the way we
7 usually start our meetings, is by looking at
8 our status, and the status also will be
9 available to you on the O: drive, as it is to
10 all Board members. You want to talk about it,
11 Steve?

12 MR. MARSCHKE: Yes, we can talk
13 about it. This is something that can be
14 generated from the -- it is one of the tables
15 that can be generated. If you go up here to
16 the reports, new reports button, you can press
17 that, and you can generate this file here. I
18 have a hard copy of it. I will re-generate
19 it.

20 Actually, I sent this through
21 email to everybody. I think it was yesterday

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Procedures.

1 -- last night. Our office does -- this is a
2 list of the finding dates. When we issue a
3 report, that includes findings on a procedure
4 or another document included in a PER. This
5 is the date that report was issued.

6 This is the number of findings
7 that were associated with that report. The
8 three big ones here are what we call -- these
9 are the three combined reports, if you will.
10 We looked at multiple procedures in these. We
11 looked at -- I don't know -- maybe 20
12 procedures, 20 or 30 procedures, and so these
13 are the three big ones.

14 Most of these other ones where you
15 just have single digits or maybe a couple of
16 dozen comments -- those are individual
17 documents, individual procedures that have
18 been looked at.

19 So these are the numbers of
20 findings. These are the ones that are open at
21 this point, and open means -- the definitions

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Procedures.

1 of the terms are down here. Open means that
2 SC&A has issued an issue or a finding, has
3 made a finding. NIOSH has not yet responded
4 to that finding, and so there has been really
5 no discussion.

6 Out of the 538, there has really
7 been no discussion within this Subcommittee of
8 101 of those findings. In progress means that
9 NIOSH has come back and responded to --
10 initially responded to our finding, and they
11 said, well, this is our interpretation and
12 this is our reason why, this is our proposed
13 resolution, or whatever; and we have come back
14 and said, well, we don't quite agree with you,
15 NIOSH. So we are still negotiating, if you
16 will, within the Subcommittee as to what the
17 resolution to those 35 issues are.

18 In abeyance, as John talked about
19 before, is NIOSH has come back with their
20 response to our issue and we have discussed it
21 here at the Subcommittee and we come to a

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Procedures.

1 meeting of minds and said, yes, that is a good
2 resolution, but they need to change -- in
3 order to implement that resolution, they have
4 to change the document.

5 That means we are in agreement in
6 principle, but there still has to be the
7 mechanics carried through. So there is 86 of
8 those that are in that bucket.

9 Addressed in finding, that means
10 that, you know, we made a finding but it is
11 similar to another finding that we made maybe
12 on another procedure, so we direct you to that
13 other procedure and there have been 15 of
14 those.

15 Transferred means it is better
16 that this particular issue be handled in a
17 different subcommittee or be handled as a
18 general generic issue, something along those
19 lines, and we got 41 of them in that class.

20 Closed is exactly what you would
21 expect it to mean. We have come to a meeting

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Procedures.

1 of minds. There is no more changes required
2 to any of the documents. So this issue is put
3 to bed, and we've got about 250 issues in that
4 category.

5 MEMBER LEMEN: Is there any
6 process for the closed, if new information
7 might alter the decision that was made?

8 MR. MARSCHKE: No, I don't think
9 so. Once it is closed, unless NIOSH goes back
10 and changes the document and causes us to re-
11 view that document, there is really no --
12 that is put to bed, and that issue goes away,
13 as far as I --

14 DR. MAURO: But that triggers a
15 PER. In other words, let's say NIOSH agrees
16 that, yes, we have to change this procedure.

17 MEMBER LEMEN: Then you go back to
18 the process and start a PER and go back
19 through it again? That is all I was asking.
20 That is all I was asking.

21 MR. HINNEFELD: New information.

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Procedures.

1 MEMBER LEMEN: That is all I am
2 asking.

3 DR. MAURO: And you could see the
4 maturation. We start off looking at technical
5 procedures, and then we end up getting to a
6 place where, yes, NIOSH says, you know, I
7 think we better fix this procedure. But wait
8 a minute, when you fix a procedure, does that
9 not mean that it might affect some dose
10 reconstructions? Yes. So all of a sudden --
11 I don't know how many years ago we merged --
12 you folks implemented the PER program where
13 there is a whole process where they go back
14 and they review. And that is what this whole
15 discussion started because now we are in a
16 mode where we are doing less procedure reviews
17 and we are moving into a mode where PER
18 reviews are becoming the coin of the realm, so
19 to speak, because that is where, you know, you
20 bring closure. Yes, they in fact have
21 implemented changes, and everything is looking

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Procedures.

1 fine or not.

2 MEMBER LEMEN: Well, now you see
3 the problem with putting a new person on the
4 Board, having to come back and explain things
5 to them.

6 CHAIR MUNN: And this is a very
7 complex process to be explained.

8 MEMBER LEMEN: Thank you for your
9 indulgence.

10 MR. HINNEFELD: I don't
11 necessarily want to extend the conversation,
12 but from our standpoint there is a fair amount
13 of benefit in having a closure document
14 available to the public on these findings,
15 because from our standpoint, the reports are
16 all public. You know, they are all on our
17 website, and they said, boy, there is all
18 these problems with the procedures.

19 Then there is nothing else there.

20 So from our standpoint, it would be
21 worthwhile to have some sort of closure thing

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Procedures.

1 saying that this finding from this document
2 was closed in this fashion.

3 MR. MARSCHKE: The only thing I
4 can think of in that line is, periodically the
5 Board does send to the Secretary a summary
6 letter saying that so many have been closed,
7 so many are still open, and so on and so
8 forth.

9 It is very general, very generic,
10 and very upper-level, but -- and I don't know
11 how available that is to the general public.

12 MR. HINNEFELD: They are there.

13 MR. KATZ: That is available. The
14 only thing I was thinking when Dick was
15 raising this, other than -- I think the PER is
16 the nicest closure, because it really brings
17 it to the very end where dose reconstructions
18 are redone according to a new procedure, but
19 of course, not everything ends up in a PER
20 either because some of issues, findings, are
21 closed and no change is needed and so on.

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Procedures.

1 The only thing that could be done
2 -- but it would require, I think, a separate
3 database in a sense, would be to take the
4 closed ones and put those in the database that
5 is publicly available.

6 MR. HINNEFELD: Or you print them
7 out in a report.

8 MR. KATZ: Or print them out in a
9 report, the closed ones; and if people want to
10 see those details, they could see how those
11 issues were closed.

12 MEMBER LEMEN: Could the summary
13 document serve as -- or does the summary
14 document sent to the Secretary summarize the
15 closed documents?

16 CHAIR MUNN: No. We try to keep
17 the communication with the Secretary as clear
18 and as upper-level as possible.

19 MEMBER LEMEN: Is it possible that
20 the closed documents, as Stu was saying, would
21 be beneficial to them, maybe a short summary

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Procedures.

1 to put it in layman's terms what the meaning
2 out of the closed document means could be made
3 available to the general public?

4 MR. KATZ: That would take a lot
5 of translation. To translate these into
6 layperson's terms for each item that is
7 closed, someone would have to sit down with
8 that and write something de novo. That sounds
9 like a lot of work.

10 MEMBER GIBSON: It is a good
11 issue. I mean, that is one point we get
12 constantly on the whole program, is we can't
13 break it down into layman's terms that people
14 will understand.

15 MEMBER LEMEN: Well, I think we
16 have to address that issue, because when I
17 came in, that is one of the things I got hit
18 with the most, was people don't know what is
19 going on and what decisions are being made and
20 it is being made, not in a vacuum, but it is
21 not being translated.

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Procedures.

1 I think we need to, at some point
2 in time, maybe make it an agenda for a future
3 meeting or a full Board meeting to translate
4 how we get this information out.

5 I hear you, Paul. You want to say
6 something.

7 MEMBER ZIEMER: Well, yes. This
8 is Ziemer again. I just wanted to point out
9 that, in the two reports to the Secretary,
10 although we don't deal individually with each
11 of the closed items, there are statements
12 where we have indicated what the impact of
13 these different items are on the whole system.

14 In other words, the question --
15 the real bottom-line question is, okay, there
16 have been some issues in terms of the
17 procedures. There are some findings that have
18 been identified and corrections have been
19 made. What is the impact on this?

20 There is a couple of them. One of
21 them is that some procedures have been

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Procedures.

1 changed. So there are some summary statements
2 in the reports to the Secretary that kind of
3 give that bottom line. I think that is sort
4 of what the public wants to know also. Are
5 the findings such that the system is broken or
6 are these procedures that are and have been
7 fixed, and that kind of thing?

8 That is what we have tried to
9 convey to the Secretary. Are we able to say
10 that, with these procedures, either as being
11 used or as being revised, is the bottom line a
12 scientifically sound approach to dose
13 reconstruction?

14 CHAIR MUNN: I believe the letters
15 to the Secretary are on the --

16 MEMBER ZIEMER: Oh, they are on
17 the website. Those are all public. Yes.

18 CHAIR MUNN: So, easily
19 identifiable.

20 MEMBER ZIEMER: Yes.

21 MEMBER GIBSON: I think I see

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Procedures.

1 Richard's comment as a little different than
2 that, than just the public saying, yes,
3 scientifically been decided or met properly
4 and stuff. They want to more understand the
5 program.

6 MEMBER LEMEN: Exactly.

7 MEMBER GIBSON: I mean, we have an
8 Worker Outreach Work Group and we have
9 certainly talked about committees. We would
10 love to have you, because that is something we
11 are struggling with with that group with how
12 to make things more clear to the claimants and
13 the public, dose reconstructions and the
14 documents.

15 CHAIR MUNN: We have put in a
16 great number of hours in various of our Work
17 Groups and Subcommittees attempting to provide
18 information in a variety of ways and in as
19 clear a manner as possible. To the best of my
20 knowledge, it has made little impact on the
21 complaint that what is being done is difficult

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Procedures.

1 to understand.

2 How one can find the ideal
3 translator for that is a mystery, but we do
4 the best we can and we keep trying to keep our
5 communication lines open as much as possible,
6 and even in all of our discussions we always
7 have the opportunity for anyone who is
8 interested in what we are doing to be on the
9 phone line, but it gets pretty dull just
10 listening to this.

11 MEMBER LEMEN: Well, one thing
12 that I see after what you said was that, you
13 know, you can throw this issue to the Outreach
14 Subcommittee, but the Outreach Subcommittee
15 really doesn't have the understanding of
16 having sat through Procedures Committee
17 meetings to really understand this issue. So
18 how can the Outreach Committee really even
19 begin to translate this?

20 CHAIR MUNN: Well, the argument
21 that I have heard personally from -- and the

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Procedures.

1 requests that I hear from the public don't
2 have anything to do, really, with what we do
3 here. The question is really, why is this
4 decision made the way it is, and explaining
5 why the decision is made the way it is varies
6 from one claimant to the other, from one case
7 that is being reviewed to the other.

8 It is difficult to see how there
9 is any simple way to show in any kind of
10 meaningful way how what we are doing applies
11 to the concern that most claimants seem to
12 have.

13 MEMBER LEMEN: Well, it seems to
14 me that, if you are going to go to the
15 Outreach Subcommittee with this, this
16 committee at least has the responsibility of
17 getting the closed document and saying, here,
18 Outreach, this is what we decided. Someone
19 has to translate this.

20 MR. KATZ: Again, it just would be
21 resource -- you could have resources. You

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Procedures.

1 could have a person or persons assigned to
2 taking each closed item and writing up a
3 little summary of, this was the issue, this is
4 how it was closed, and this is what its
5 relevance is for dose reconstructions and --

6 MEMBER LEMEN: Well, that doesn't
7 seem hard to me to do.

8 MR. KATZ: Well, except there are
9 hundreds. So it is not a small volume --

10 MEMBER LEMEN: You would have to
11 catch up. I understand.

12 MR. KATZ: So, it could be done.
13 It is just a question of --

14 MEMBER LEMEN: So once you catch
15 up, it is not a big problem.

16 MR. KATZ: It is just a question
17 of resources.

18 DR. MAURO: Interestingly enough,
19 the Outreach Work Group -- the genesis of the
20 Outreach Work Group had to do with lots of
21 concerns that went on for a while that

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Procedures.

1 workers, petitioners, would bring information
2 to NIOSH and they felt that they weren't
3 always heard. Therefore, the information that
4 is being transmitted is not making its way
5 into the work products and into the decision-
6 making.

7 So most of the Outreach -- I'm
8 speaking from -- I was involved in the genesis
9 of this, too. Most of the Outreach was
10 concern -- or is concerned with, listen, we
11 think it is very important that, when
12 information comes in from workers during
13 interviews, during data-capture efforts or
14 whatever vehicle it is, that that information
15 is recorded and recorded completely and
16 accurately and then seriously considered when
17 a work product like a Site Profile is produced
18 and decisions are made regarding, you know,
19 judgments regarding whether an SEC petition
20 should be granted or not.

21 Now you are bringing a new

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Procedures.

1 dimension by way of enriching the process even
2 further, that being that folks out there who
3 are concerned about this program probably are
4 not aware of this and this is, in my opinion,
5 extremely impressive. The agony and the
6 amount and granularity -- we haven't even
7 gotten -- we haven't started knocking heads
8 yet, but it is all here and, quite frankly, I
9 am thinking that -- and I don't know the
10 degree to which NIOSH does this, but the
11 degree to which, when NIOSH goes out, and
12 whether it is a data-gathering effort or it is
13 an effort to communicate about what is going
14 on, I don't know the extent to which NIOSH
15 includes some discussion of, by the way,
16 listen, when we hear you and when we get your
17 information and when we revise our procedures
18 and our Site Profiles in light of that
19 information, it doesn't stop there. It goes
20 to PERs. We went back and redid 10,000, 1,000
21 -- I don't know how many cases in light of all

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Procedures.

1 this information.

2 In a funny sort of way, this PER
3 closes the loop and I don't know if
4 petitioners and members of the public realize
5 that this is -- when all is said and done,
6 beside the SEC process, this closes the circle
7 and makes sure that everybody is being treated
8 correctly.

9 MEMBER LEMEN: Oh, I hear a lot of
10 complaints of people saying exactly that. We
11 are spending a lot of money. We are spending
12 a lot of sweat and input from a lot of people
13 and we have a lot of contractor support to do
14 that, but what are we getting for that money
15 and why can't these closed reports help answer
16 those questions?

17 I think it would be good PR for
18 the whole program if you could show that the
19 circle has been closed, because right now the
20 circle is left open, and there is a gap
21 between this end of the circle and the

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Procedures.

1 beginning of the circle that has not been
2 closed.

3 DR. MAURO: I could say I am
4 aware, at least for the thoracic lymphoma and
5 the high-fired, there were a lot of reversals
6 which, you know, in one respect you could say,
7 oh my goodness -- it is good. You put in
8 place a process that we found -- we learned
9 something and we fixed it and we had these
10 many reversals.

11 MEMBER LEMEN: I think that is
12 good news.

13 DR. MAURO: Yes.

14 MEMBER LEMEN: That good news
15 ought to get out there.

16 DR. MAURO: I agree and I don't
17 think that information is getting out. I
18 don't know. Is it? I mean, when you folks go
19 to your Outreach, do you talk about that?

20 MEMBER ZIEMER: This is Ziemer. I
21 think what could be done would be something

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Procedures.

1 like that, that is somewhat generic. If we
2 took it item by item, I think we would have a
3 problem, because -- and Dr. Lemen, I will just
4 mention, for example, I just pulled up at
5 random here a finding. But here is an SC&A
6 finding: the fitting of the data to a log-
7 normal distribution was statistically
8 acceptable, but many times did not represent
9 well the data at the highest end of the
10 results.

11 Well, all right. I don't think
12 that particular finding is worth spending a
13 lot of effort to try to explain to the public
14 what that has meant. What we need to do is
15 look at the issues that impact, like high-
16 fired plutonium or maybe categorize broadly a
17 number of findings of the type just mentioned,
18 that there were a number of findings that have
19 to do with how the data are reviewed or how
20 the data are utilized or something like that
21 and then indicate what has been done.

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Procedures.

1 To do each finding in the level of
2 detail that we deal with, I don't think, would
3 serve the public very well, because it
4 wouldn't add to the overall understanding of
5 what really is going on unless simply knowing
6 that we are doing with that level of detail,
7 if that helps.

8 I mean, so many of these findings
9 are -- taken individually by themselves, are
10 really a great amount of detail in how things
11 are done.

12 CHAIR MUNN: This has been a good
13 discussion and one that, I hope, is helpful
14 for our new member as well as giving us some
15 material for thought for the rest of us.

16 I don't know about the rest of
17 you, but your Chair is ready for lunch, and we
18 have, I believe, come to some decision with
19 respect to at least what you are going to be
20 seeing in the next day or so from me and what
21 I propose for what we will, I hope, as a

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Procedures.

1 Subcommittee propose to the Board.

2 When we return from lunch, I hope
3 we can leave this on the table and revisit it
4 again after we have all had an opportunity to
5 address some of the other issues, other than
6 our PER setup here, and we will try to take up
7 where we left off which would have been about
8 the eleven o'clock item on our Action Items.

9 Lunch -- return at 1:30, if that
10 is amenable with all.

11 MS. BEHLING: Wanda, this is Kathy
12 Behling. I just wondered on the PER issue if
13 I could make one additional comment.

14 The question was initially asked,
15 how many PERs did we do last year and the
16 answer is three and it is PER-20 and PER-12
17 which is the high-fired plutonium and the
18 lymphoma -- PER-9, the lymphoma issue.

19 One of the things I just wanted to
20 make mention of; we have never discussed the
21 PER-20, the Blockson TBD revision, under your

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Procedures.

1 Subcommittee. So perhaps that is something
2 we could put on an agenda at some point in
3 time.

4 CHAIR MUNN: If that is one of
5 those that we have been directed to do. I am
6 not sure.

7 MS. BEHLING: SC&A was directed to
8 do PER-20, PER-12, and PER-9 under the
9 protocol that we have been using as protocol.
10 Those are the three PERs that we have done
11 under that protocol but we have never
12 discussed the PER-20 issue with your
13 committee.

14 CHAIR MUNN: Do we have it on our
15 board yet? Okay. Thank you, Kathy, for
16 calling that to our attention. We appreciate
17 it.

18 MEMBER ZIEMER: At 1:30, then?

19 CHAIR MUNN: One-thirty, yes.

20 MEMBER ZIEMER: Thank you.

21 MR. KATZ: Thank you, everyone on

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Procedures.

1 the line.

2 (Whereupon, the above-entitled
3 matter went off the record at 12:13 p.m. and
4 resumed at 1:30 p.m.)

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Procedures.

1 that whole procedure review.

2 So, Paul and Mark in particular, I
3 don't know what you think about that. I would
4 like to task SC&A with doing that, if that
5 sounds like a good idea to the Subcommittee.

6 MEMBER ZIEMER: Do you have a feel
7 for the extent to which we have a number of
8 them that are in that category? Is it just
9 one or two?

10 CHAIR MUNN: We don't know yet.
11 They are going to have to check and see.

12 MR. KATZ: Steve did just sort of
13 a very quick look at the database and it seems
14 like some of the earlier procedures are going
15 to fall in that category, and we don't have to
16 do, you know, vast numbers at a time, even if
17 there were a lot of them.

18 We can do this incrementally, but
19 it would be a nice way to just have a final
20 record of disposition for procedures that have
21 been reviewed.

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Procedures.

1 MEMBER ZIEMER: Seems like a good
2 plan, at least worth trying and see what the
3 product looks like. I think, as I understood
4 what Mr. Gibson and Dr. Lemen were saying,
5 that it ought to be something that could be
6 conveyed to, certainly, the worker population
7 to give them a feel for what we did and what
8 the outcomes were.

9 MR. KATZ: Yes. I also think it
10 would be nice for the Board itself to have
11 this kind of closure on a substantive basis on
12 procedures versus the Secretary's report,
13 which doesn't get into details at all.

14 MEMBER ZIEMER: Right.

15 MR. KATZ: Does the rest of the
16 Subcommittee feel like this is -- Mark?

17 MEMBER GRIFFON: Yes, this is
18 Mark. That sounds fine to me, Ted.

19 CHAIR MUNN: We will just see what
20 shows up, and we will see what we actually
21 have. We don't know yet what we actually

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Procedures.

1 have. We will make that judgment when we need
2 to meet next, and we will make that decision.

3 DR. MAURO: By the way, what I
4 could do is to make -- we will go through the
5 list and see how many fall into that category
6 and we will do one.

7 CHAIR MUNN: Yes.

8 DR. MAURO: We will do one, send
9 it out to you. What do you think? Is this
10 what you had in mind?

11 MR. KATZ: I think that would be
12 great. Thank you, John.

13 CHAIR MUNN: We are going to take
14 up our action items list. Under the first
15 item, originally scheduled for eleven o'clock,
16 status of new tracking methods for changes to
17 SC&A procedures that are being used to review
18 NIOSH procedures. SC&A is going to have to
19 show us where we are with the database before
20 we start using it. Steve?

21 MR. MARSCHKE: We don't really

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Procedures.

1 track changes to SC&A procedures per se. We
2 do keep a file of every procedure that was
3 issued and so I think this came out -- we were
4 revising the SC&A procedure that we use to
5 review the NIOSH procedures, and we don't --
6 like I say, we don't really keep track of
7 those changes in any kind of a systematic
8 tracking system or anything like that.

9 What we do do is we keep a
10 permanent record of all the procedures that
11 have been issued. So we have Version 0, and
12 then, when Version 1 comes on, we put that
13 into the permanent file as well.

14 So if you wanted to see the
15 changes between Version 0 and Version 1, what
16 you would have to do is you would have to go
17 to our -- Judy, who basically maintains that
18 file, and she would call up both versions of
19 the document, and you would have to sit there
20 and compare them page by page.

21 CHAIR MUNN: As I recall the

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Procedures.

1 discussion that we had when we were talking
2 about this before, we were urging SC&A to
3 adopt the practice that is used by NIOSH and
4 by other organizations whereby a tracking page
5 is inserted into the procedure itself, so that
6 if changes are made, there is an indication of
7 who made the procedure change, what that
8 change was or at least where it can be found
9 in the new procedure and the date.

10 MR. MARSCHKE Okay. We did not
11 pick up on that and we will do that and revise
12 the future revisions. Future revisions of
13 SC&A procedures will then include a tracking
14 page.

15 DR. MAURO: Yes, just like -- yes,
16 I think it is a great idea and we should do
17 that.

18 CHAIR MUNN: Yes.

19 DR. MAURO: So just like you folks
20 have one like the date, the revision date and
21 a brief summary of what the changes are. I

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Procedures.

1 know I find it useful when I look at your
2 material. We should be doing the same thing.

3 Yes.

4 CHAIR MUNN: That is good. All
5 right. Then we will have this same item show
6 up next time so that we can identify any new
7 additions to your process. Okay?

8 MR. MARSCHKE: Okay.

9 CHAIR MUNN: The next item: OTIB-
10 0047-01 and -02. We are going to review the
11 cleanup of issue status and show the database
12 link to clarification responses.

13 MR. MARSCHKE: What we have done
14 is Brant sent us NIOSH responses a week or so
15 ago, 0047-01 I believe it was, and we have
16 looked over these responses.

17 Basically, what it was is NIOSH
18 agreed with some small comments that we made
19 on the previous go-round. Back in November,
20 NIOSH had given us a response where they did
21 an analysis of measured dose rates.

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Procedures.

1 There was a units-conversion
2 problem where they assumed they were weekly
3 responses, and in fact, they were quarterly
4 responses or vice versa -- I am not sure
5 which. We picked up on that.

6 We happened to pick up on that,
7 and conveyed that at the November meeting and
8 NIOSH has gone back and looked at, you know,
9 where we said that they agreed that they did
10 make that units conversion, and in what Brant
11 sent out last week or so ago -- was basically
12 saying, yes, we did do a unit conversion and
13 we will have redone the analysis. Is that
14 correct?

15 DR. ULSH: I think pretty much.
16 Elyse, do you want to add anything, or anybody
17 else?

18 MS. THOMAS: Right. I don't think
19 I want to add anything, but I think George
20 Kerr may be on the line, and he may want to
21 add something.

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Procedures.

1 CHAIR MUNN: So where are we? Are
2 we still in progress?

3 MR. MARSCHKE: I would say --
4 recommend we change to in abeyance, because we
5 basically are -- you know, NIOSH and SC&A are
6 in agreement on this one. So I would --
7 SC&A's recommendation would be to change the
8 status from in progress to in abeyance.

9 CHAIR MUNN: Because we are really
10 just waiting for what: wrap-up?

11 MR. MARSCHKE: We are just waiting
12 for wrap-up.

13 Now the second portion about the
14 database link to the clarification responses,
15 you can see right here is the related link and
16 when you click on it, that portion of the
17 database is not working since we have made the
18 migration from the ORAU machine to the OCAS
19 machine.

20 CHAIR MUNN: Are we going to be
21 able to make it work?

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Procedures.

1 MR. HINNEFELD: Yes. I thought we
2 had that in place but I guess I am wrong.

3 CHAIR MUNN: I thought we had. So
4 is that your action, NIOSH, to get the hotline
5 done?

6 MR. HINNEFELD: Yes. Okay.

7 CHAIR MUNN: Okay. Do we have
8 anything else to say about that? Is there
9 anyone who disagrees that this is now in
10 abeyance? Steve is updating the database as
11 we sit here, getting the date and we are
12 changing it.

13 MEMBER LEMEN: And we can pull
14 these up?

15 CHAIR MUNN: Yes, you can.

16 MEMBER LEMEN: From the CDC
17 website?

18 CHAIR MUNN: Yes, anywhere.

19 MR. HINNEFELD: When you log on to
20 our system, not from our public website, but
21 when you log on to our system.

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Procedures.

1 MEMBER LEMEN: If it ever works, I
2 will do that.

3 CHAIR MUNN: And then it is
4 accessible to you. All right.

5 The next item, as I indicated,
6 first thing supposedly after lunch: OTIB-
7 0029-01 and -02 that were recently distributed
8 to us. Responses to selected findings from
9 third set. We have -- and who was the sender?
10 Who is going to talk about this? It was just
11 sent.

12 DR. ULSH: Probably us. Is that
13 the one I sent Friday?

14 MR. MARSCHKE: No, I think 0029 --
15 What happened was we --

16 MEMBER GRIFFON: This is Mark.
17 There was a NIOSH email on 3/19, I believe, I
18 think from Brant.

19 MR. MARSCHKE: What happened was
20 there was a -- Ron Buchanan had responded to,
21 I think it was, OTIB-0057, and at the last go-

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Procedures.

1 round in November, I had promised to forward
2 those responses to the Subcommittee.

3 In that response that Ron made on
4 OTIB-0059-07, he included also responses to
5 OTIB-0029 and, I believe, OTIB-0051. So when
6 I sent out the response -- to fulfill my
7 promise to the Subcommittee to send out Ron's
8 responses to OTIB-0057, you also received his
9 response to OTIB-0029, and I believe that is
10 maybe why Wanda added that to the agenda.

11 CHAIR MUNN: Yes, I did add it to
12 the agenda because it was new to me and it was
13 sent as a different set than OTIB-0021 and
14 OTIB-0057.

15 MEMBER GRIFFON: Just for
16 clarification -- this is Mark again -- that
17 Ron response -- I thought that had 21, 51 and
18 57 in it.

19 CHAIR MUNN: That is correct. It
20 did.

21 MEMBER GRIFFON: Not 29.

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Procedures.

1 CHAIR MUNN: No.

2 MR. MARSCHKE: Okay, I am sorry.
3 Shooting from the hip again. I should know
4 not to do that.

5 CHAIR MUNN: And those that just
6 came -- so let me see where it came from.

7 DR. ULSH: I see that I sent out
8 something, as Mark indicated, on 3/19, which
9 would have been last Friday. Is Liz Brackett
10 on the line?

11 MS. BRACKETT: Yes, I am here.

12 DR. ULSH: Okay. This response
13 was written by you. Do you want to perhaps
14 walk through?

15 MS. BRACKETT: Well, I was just
16 frantically emailing people saying what is
17 going on. I am trying to find these
18 responses. I didn't know this was on the
19 agenda and I don't know what issues we are
20 addressing.

21 DR. ULSH: The one I see that we

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Procedures.

1 have a more recent response that you wrote on
2 January 14th is OTIB-0029-02. The initial
3 SC&A finding was that the ORISE CER database
4 of uranium urinalysis records for the Y-12
5 site for 1950 through 88 was used without
6 questioning the accuracy of these records.
7 The records were used despite the problem
8 pointed out by ORAU OTIB-0029.

9 CHAIR MUNN: And had an initial
10 NIOSH response in July of last year and an
11 SC&A recommendation from 12/17.

12 DR. ULSH: Right.

13 CHAIR MUNN: Whether either of
14 these changes anything or has been added to
15 the database, I don't know. We have SC&A
16 recommendations for 0029-01 that is dated last
17 December, and again, since these things have
18 occurred since our meeting in November, I
19 guess the real question is whether these items
20 are currently on our database. Do they need
21 to be incorporated? Do we have them

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Procedures.

1 correctly? That is the real bottom line.

2 DR. ULSH: Well, I will chime in
3 here and, Steve, correct me if I go off the
4 rails. But I think the answer to your
5 question, Wanda, about whether or not it is in
6 the database is probably not, because this is
7 in that interim period when the database was
8 going to be migrated over to the NIOSH server.

9 So I don't think the database is
10 up to date. Am I right, Steve?

11 MR. MARSCHKE: I don't think so.
12 I think you are right, yes. I don't think it
13 has been updated. I don't believe this has
14 been added to the database, but the database
15 is up to date. It has been migrated over and
16 it was caught up on our side. It was up to
17 date on our side.

18 DR. ULSH: Oh, okay.

19 MR. MARSCHKE: And any changes
20 made since that time have to be made on our
21 side. So now there may be information out

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Procedures.

1 there that has not been added, but it is up
2 and running, and it is up to date on our side,
3 other than things that have been exchanged
4 through email and have not been put in it.

5 DR. ULSH: Okay. All right, I was
6 wrong. Liz, have you come up with it yet?

7 MS. BRACKETT: I just got emailed
8 two copies of it.

9 DR. ULSH: Page six of six.

10 MS. BRACKETT: I don't have -- oh,
11 okay, this is the addition of the information.

12 CHAIR MUNN: Yes, I think so.
13 Theoretically, the earlier information is
14 already on the database, theoretically.

15 MS. BRACKETT: I believe that what
16 happened at the last meeting was the question
17 about -- you know, the OTIB said that there
18 were these outstanding questions, but in fact,
19 that was my mistake, that the office of the
20 TBD had found this information and
21 incorporated it into the TBD, but I did not

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Procedures.

1 reference that. I didn't realize that this
2 information had been put in there.

3 So this response was now pulling
4 that information out of the TBD and showing
5 that it was available. I have had
6 correspondence with one of the TBD authors
7 since this was written where he said he found
8 additional information on -- there is a factor
9 of eight that is in that equation that isn't
10 explained other than to say it is a constant
11 incorporating various parameters and he found
12 the documentation specifically on what that
13 factor was. But I just got that at the end of
14 February.

15 MR. HINNEFELD: This was discussed
16 in the --

17 MEMBER GRIFFON: I am sorry to
18 break in and this is Mark. That is the bottom
19 line. I am in favor of including all of these
20 if we can just figure out that factor of eight
21 and put that to bed.

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1 MS. BRACKETT: Okay. I do have
2 information on that now.

3 MEMBER GRIFFON: All right. If we
4 can more clearly explain that, at least from
5 my standpoint, speaking for myself.

6 MS. BRACKETT: Okay. Do you want
7 to do that now or -- I assume that you want it
8 in writing.

9 MEMBER GRIFFON: Well, Wanda, I
10 guess you should probably submit it in writing
11 like we usually would, right? So, yes.

12 CHAIR MUNN: But at least we can -
13 - we don't have it in writing anywhere, then;
14 right?

15 MS. BRACKETT: I sent a note to
16 Elyse at the end of February. So I am
17 guessing that none of this has gone -- I
18 didn't formally write it out, but I sent her a
19 note saying that I had been provided this
20 information from the TBD Office.

21 CHAIR MUNN: Steve, are we looking

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Procedures.

1 at the correct communication?

2 MR. MARSCHKE: I don't know. This
3 is what we received the other day from the
4 email there and then it does talk about an
5 equation that has a factor of eight in it and
6 it defines -- underneath factor of eight is
7 equal to a constant incorporating time, count
8 and volume constants, including the 20
9 milliliter electroplating volume.

10 MS. BRACKETT: But then there is
11 nothing after that, is there?

12 MEMBER GRIFFON: Yes. Then it
13 says there is no information on UCC on what
14 the constant includes or what the daily
15 excretion was. So I think that is what you
16 are saying you found more information on.
17 Right, Liz?

18 MS. BRACKETT: Yes, I have one
19 now. It says see below after that, and there
20 is -- it is actually -- it looks like a copy
21 of an old document like a picture from a typed

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Procedures.

1 document explaining -- well, it gives some
2 more equations.

3 MEMBER GRIFFON: Oh, great. So
4 that might resolve all this, I think, in my
5 mind.

6 MS. THOMAS: This is Elyse. Liz,
7 we got that information after this response
8 had been submitted to NIOSH, but before NIOSH
9 submitted it to the Subcommittee. So we
10 probably just need to collect it all in one
11 place again to do that. That is what
12 happened.

13 MS. BRACKETT: Right.

14 DR. ULSH: So is it correct to say
15 then that we will issue a revised response
16 document to the Subcommittee for your review,
17 and it will address specifically -- it will
18 include what we've got here, what we sent out
19 this past Friday, but then also some
20 additional information on that factor of eight
21 in the equation. Right?

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Procedures.

1 CHAIR MUNN: Is that right? Yes.

2 DR. ULSH: Elyse? Liz?

3 MS. TAYLOR: Yes, that sounds
4 right.

5 CHAIR MUNN: All right. So it is
6 a NIOSH action. Is there anything in -01
7 that we need to address other than just seeing
8 that it is incorporated -- that your most
9 recent comments are incorporated into the
10 database?

11 MR. MARSCHKE: Again, looking at
12 what was sent out at the top of page 5 and
13 what was sent out on Friday, the SC&A
14 recommendation was to propose this. I think
15 the date on that should be 11/17/2009.

16 CHAIR MUNN: Yes, I think it
17 probably should be. MR. MARSCHKE:
18 That is when we had our meeting.

19 CHAIR MUNN: That was our meeting
20 date.

21 MR. MARSCHKE: Based upon what

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Procedures.

1 happened at the meeting last time, we were
2 satisfied.

3 CHAIR MUNN: So can we, on our
4 database -- is there any objection to closing
5 -01 on OTIB-0029?

6 MEMBER GRIFFON: I think this
7 might have been held up for me, and I since
8 have had a chance to review it, and I am
9 satisfied with the NIOSH response to this one.

10 CHAIR MUNN: One is okay. We will
11 get response for -02 next time. So we are
12 going to close -01. Steve is doing it right
13 now.

14 DR. MAURO: I got a question. The
15 material that we are talking about that was
16 exchanged recently and the additional material
17 that will be coming in which provides more
18 elaboration on exactly the date, are those
19 White Papers something that will be hooked
20 into this, that becomes ultimately the
21 technical basis for why they are closing it?

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1 It answered our question.

2 The question becomes, how is that
3 captured in the database. I understand there
4 is some difficulty incorporating PDF files and
5 White Papers into the system because we do
6 need that material on the record.

7 MR. HINNEFELD: There really
8 shouldn't be that problem with that. It
9 should just be a matter of getting the TST
10 team to put the whatever folder -- I suspect
11 that that folder with those other documents
12 was not as apparent as the other folders that
13 had to move over, and so the issue here is
14 that, you know, when your application looks
15 for a file, there is a certain presumption of
16 where you are telling it to look. If you
17 don't specify, it is going to look in the
18 folder where it is, and that folder was not
19 put over in the right place when it came over.

20 I think it is a simple fix. It is
21 just a matter of our TST folks have to be able

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1 to identify the folder as it existed on the
2 ORAU side and put it in where it belongs on
3 our side. I think that is a pretty simple
4 fix.

5 So I think we will be able to use
6 it and whether this is a White Paper or not, I
7 don't want to say. It sounds like, if we have
8 essentially an image of another document, that
9 is something that will probably have to be put
10 in as a link. But this response isn't so long
11 that we couldn't just cut it and paste it.

12 CHAIR MUNN: No. I thought the
13 response was just going to go into the
14 database.

15 MR. MARSCHKE: The problem with
16 putting the response in the database -- there
17 are two things. One, Stu is right. If you
18 look, there is no -- actually, there is no
19 subfolder to these. Usually, there is a
20 subfolder underneath here where all the PDF
21 files are stored. There is no subfolder.

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Procedures.

1 The problem with cutting and
2 pasting the thing in is that these fields,
3 these ASCII -- these access fields are limited
4 to only ASCII characters. You cannot put in a
5 figure. You cannot put in a table. You
6 cannot bold. You cannot underline. You
7 cannot superscript. You cannot subscript.

8 So, basically, you are limited to
9 ASCII, and a lot of the responses, a lot of
10 the people who write these responses, you
11 know, use Word and get very fancy with all
12 their stuff, and all that is lost when you
13 block copy paste into these access fields.

14 So in theory, we could take all
15 these responses and put them in as links, but
16 the other problem with that is you are only
17 allowed one link per issue. Now we can
18 combine multiple documents into one PDF file
19 and overcome it that way, but there are
20 certain things that have to be --

21 MR. HINNEFELD: I mean, just

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Procedures.

1 reading this response, it looks like it is
2 pretty much ASCII. This, we could clip and
3 put in the database. Then, if the additional
4 information requires this image, if we already
5 have a link, we could use it for that and, if
6 not, we would have to combine it with
7 something.

8 DR. MAURO: Did I understand
9 correctly that you said that, like, you could
10 only have one link to each file here that you
11 have on the screen, and the way to deal with
12 that is to create a single folder that may
13 have lots of different files.

14 In other words, let's say it turns
15 out there are two or three pieces of
16 information that going to go into a folder,
17 each dealing with a different aspect of the
18 problem. Can we put them in the same place?
19 Is that what you are saying?

20 Let's say there are three or four
21 subjects being addressed.

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Procedures.

1 MR. HINNEFELD: What he said was
2 you would append them into one file.

3 DR. MAURO: And they are appended
4 into one file. So they will all be there, I
5 would hope, in separate files.

6 MR. HINNEFELD: Whenever you hit
7 that link, you get them all.

8 DR. MAURO: You get them all.
9 Well, that is okay.

10 MR. MARSCHKE: Everything that is
11 associated with this particular issue would
12 come up. So again, this is one of those that
13 doesn't have a link. Let's go back, just
14 temporarily go back to 47, since it did have a
15 link in 47.

16 The only place you can put the
17 link is in this related link file, and you are
18 only allowed to put one link in there. So
19 whatever you put in there, you have to be all
20 appended into the PDF file.

21 So if NIOSH has a response and it

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Procedures.

1 has figures and tables in it, and they put it
2 in the PDF file, and then SC&A comes back, and
3 we have figures and tables, we have to append
4 our figures and tables into that. Otherwise,
5 when you try to stuff it into the -- the
6 tables get collapsed, and the figures just
7 disappear.

8 DR. MAURO: So this one folder,
9 when you can link to it, that one folder --

10 MR. MARSCHKE: One file will
11 include --

12 DR. MAURO: -- include many
13 others.

14 MR. MARSCHKE: It may include more
15 than one document. It may actually end up
16 looking something similar to what was sent out
17 on Friday where you have, you know, an initial
18 response, an SC&A recommendation, additional
19 response, and then, you know -- so you would
20 have several levels of detail in one file.

21 DR. MAURO: Well, my main concern

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Procedures.

1 is that five years from now, when someone
2 comes back and wants to see how a particular
3 matter was resolved, and they go into this
4 archive, that they can navigate their way
5 through without pulling their hair out of
6 their head.

7 CHAIR MUNN: We should be able to
8 refer to the reference file, and in the
9 reference file we should be able to include
10 virtually any number of documents that were
11 necessary for the closure of that particular
12 item. Surely, there is no limit to the number
13 of reference documents we could put into a
14 reference file, is there?

15 MR. MARSCHKE: No. It is just
16 work for the people who have to do it, because
17 you have to create this PDF file every time,
18 and you have to make sure that you don't
19 overwrite. If I come up and I have a PDF file
20 which is my response, and I go in and
21 basically replace what NIOSH has put in there,

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Procedures.

1 that is a no-no.

2 I have to make sure that, when I
3 do it, I start with what was in there
4 initially, like if I wanted to augment this
5 particular issue and I had something which had
6 figures and tables on it, I would have to go
7 and pull this PDF file out and append to that
8 PDF file additional information, and then
9 restore it.

10 CHAIR MUNN: And that is more
11 complicated than what I was envisioning. You
12 may be telling me that what I am envisioning
13 is not technically possible. But I had
14 envisioned a reference folder, a hotlink to a
15 reference folder. I don't know where the
16 reference folder would be, but in that folder
17 one would be able to place virtually any
18 number of documents, PDF files or whatever
19 came to hand.

20 Does it have to be a PDF folder?

21 MR. MARSCHKE: The way the program

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Procedures.

1 is written now -- I mean, technically you are
2 absolutely correct, Wanda. You can write a
3 program that will allow you to do that. The
4 way this system has been written is we only
5 allow one link to that reference.

6 You see, basically, your data up
7 here -- this is your folder, reference
8 document. This is the folder. You can have
9 any number of PDF files in this reference
10 document's folder, and the folder doesn't know
11 where they are coming from. But in this
12 detailed area, you have to put a link
13 someplace.

14 Right now, the way the program has
15 been structured, the only place you can put
16 that link is right in this field here. You
17 don't have additional fields. So you only
18 have one link that gets you into the reference
19 documents folder per issue.

20 CHAIR MUNN: So what you have to
21 do essentially is convert anything that you

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Procedures.

1 are going to put in there to a PDF file?

2 MR. MARSCHKE: And that is the
3 other thing. The way this is written now is
4 that it goes out and looks for a PDF file. It
5 pulls this into a viewer, which is a PDF
6 viewer.

7 CHAIR MUNN: Is this a shortcoming
8 that we have overlooked in setting up the --

9 MR. MARSCHKE: It makes life
10 perhaps a little bit more difficult. I don't
11 know whether you would call it a shortcoming,
12 but it should be something that you should be
13 aware of when you are manipulating the data
14 file or the database.

15 CHAIR MUNN: And how much
16 bloodletting would have to occur to change
17 that to the type of file more easily added to
18 what I had envisioned earlier?

19 MR. MARSCHKE: That, I don't know.
20 You know, where you have basically an
21 unlimited number of links per issue; I don't

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Procedures.

1 know how much that would take.

2 CHAIR MUNN: I wouldn't consider
3 them to be unlimited, but it wouldn't surprise
4 me to find that in some circumstances, we
5 perhaps might need a folder as large enough as
6 12 documents, not necessarily large documents
7 but, you know, a dozen documents.

8 MR. MARSCHKE: It is not merely
9 the size of the folder on it. It is where you
10 have a field that specifies a link.

11 CHAIR MUNN: Right.

12 MR. MARSCHKE: So how many fields
13 you want to specify a link to that folder, and
14 whether or not -- there may be other ways to
15 do this. I haven't talked to my IT people to
16 find out. Again, right now we are not making
17 any -- we have made the decision not to make
18 any merely programming changes to this
19 database.

20 MR. HINNEFELD: Don't forget there
21 is supposedly effort going on on our side on

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Procedures.

1 document tracking. I am not up to date on
2 where that is.

3 CHAIR MUNN: It would be really
4 helpful for the two to get together and to try
5 to identify how we can do this business of
6 referencing multiple documents because,
7 clearly, we can't put it all on this archive.

8 If we can reference multiple documents into a
9 folder somewhere that is electronically
10 connected to this and, therefore, accessible
11 for those who want to go from there.

12 MR. HINNEFELD: I haven't heard
13 anything from the developers for a while, and
14 I know they were -- I was identifying
15 priorities and rights for various players and
16 not only for the Subcommittee but just
17 different groups.

18 CHAIR MUNN: Am I off in left
19 field thinking that this is the best of all
20 possible worlds if we can get --

21 MR. HINNEFELD: I just have to get

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Procedures.

1 with them and see where they're at -- I
2 suspect they have been distracted on other
3 things, and I haven't been bothered about it.

4 CHAIR MUNN: So can we ask that
5 you give us information on that next time,
6 because that is -- I guess I had some
7 confusion in my mind with respect to what we
8 were going to be capable of doing. I think
9 that is what I was aiming for in earlier
10 issues when I asked for --

11 MR. HINNEFELD: Well, now we
12 haven't really hit a real bad problem with
13 this database yet, because there is no link on
14 the one we were talking about where we might
15 be able to put in a link. There is no link on
16 that finding, so we haven't really run into a
17 bad problem on the use of this database yet.

18 CHAIR MUNN: No, not yet.

19 MR. HINNEFELD: I understand we
20 could.

21 CHAIR MUNN: I see that coming.

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Procedures.

1 DR. MAURO: Then the problem would
2 be -- the downside is that if, for some
3 reason, the one we were just looking at does
4 have a link, if someone was working that and
5 wanted to add more material, they could put a
6 link in. So that we would lose that one. You
7 wouldn't even know that happened. All of a
8 sudden, that would disappear and a new one
9 would be in there, the other one would be lost
10 forever to the archive.

11 MR. HINNEFELD: Well, the person
12 who put it in there would have to know that
13 they are renaming -- that they are naming
14 their file exactly the name that is already
15 there.

16 DR. MAURO: Mechanically, the
17 person would open that up and drop in the
18 material.

19 MR. HINNEFELD: I think -- I'm not
20 even exactly sure how it works, mechanically.

21 DR. MAURO: My only concern is

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Procedures.

1 that, without realizing it, we may corrupt the
2 archive and lose information that we didn't
3 want to lose.

4 CHAIR MUNN: Yes, and we don't
5 want to do that. We really don't want to do
6 that.

7 MR. HINNEFELD: I don't think that
8 will happen inadvertently.

9 MR. MARSCHKE: To take you back a
10 little bit, we have run into the problem. The
11 problem has arisen, and if you go back to 47,
12 OTIB-0047, you can see we already have a
13 related link in there in OTIB-0047, and then
14 if you go back and look at the SC&A response
15 of 8/11/2009, we have a -- actually, this is a
16 Board file that had tables associated with it,
17 and when the table got imported into this
18 little box here, basically all the table
19 structure got removed.

20 So all that you have here now is a
21 whole bunch of numbers which really don't come

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Procedures.

1 up. Now, if we had brought this into it as a
2 linked document, we could have changed the
3 Word file into a PDF file and put it in as a
4 link. The table would be there, and the
5 structure would have been maintained.

6 So it is not purely an academic --

7 MR. HINNEFELD: Is that 0047-01?

8 MR. MARSCHKE: That is 0047-01.

9 CHAIR MUNN: A perfect example of
10 what we need to circumvent, one way or
11 another. We are going to trust the program
12 wizards have a way to do this. All right. We
13 will ask for NIOSH to pursue that for next
14 time.

15 For this current moment, I am
16 gathering that -- did I understand you
17 correctly, Steve? We can or cannot get our
18 new information that we have here?

19 MR. MARSCHKE: We should be able
20 to -- well, two things. One, we don't have a
21 link already. We don't have a link that

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Procedures.

1 already exists in 29-01 or 29-02, I don't
2 believe.

3 The other part is that, with the
4 way NIOSH has written the response, it is
5 appearing in an ASCII file. So it can be
6 brought in.

7 CHAIR MUNN: So we can do it.

8 MR. MARSCHKE: Yes, into the
9 access field without losing any formatting.

10 CHAIR MUNN: Let's request that
11 you do that, not necessarily here right now.
12 So I will put that as an SC&A action, to get
13 that incorporated.

14 MR. MARSCHKE: Well, NIOSH is
15 going to update that response, and when the
16 updated response comes, we will incorporate
17 it.

18 CHAIR MUNN: All right. I am
19 trying to do three things all in one lump.
20 Any other questions on 29, OTIB-0029? If not,
21 we will go on to OTIB-0049-01, response to

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Procedures.

1 contact with SC&A regarding the estimated
2 doses for plutonium strongly retained in the
3 lung. NIOSH?

4 DR. ULSH: I think we sent out --
5 let me make sure I have the right one here --
6 a response on this, 0049-1. Okay, I think
7 this is one where it was Super S and there
8 were iterations back and forth and we had some
9 concerns that the dose reconstruction wouldn't
10 really be conducted in the way that SC&A
11 thought that it would. But we have not yet
12 received a written response to that effect.

13 Elyse, is that the one? Am I
14 thinking of the right one?

15 MS. THOMAS: Yes, it is the one I
16 sent you the long email string, and was
17 whether or not to have a technical call or to
18 call a technical call.

19 DR. ULSH: Right. I think at the
20 last meeting of this Subcommittee we had
21 discussed whether or not it would be

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Procedures.

1 productive for SC&A and NIOSH to have a
2 technical call to discuss this issue. That
3 didn't come to pass and we didn't do it and I
4 think we decided instead to task ORAU with
5 writing a written response that we would
6 present to SC&A. That has not yet been done.

7 MEMBER ZIEMER: This is Ziemer.
8 The note I have was that NIOSH was going to
9 provide a written response first and then
10 determine whether a technical call was needed.

11 DR. ULSH: So that has not been
12 done yet, Wanda.

13 CHAIR MUNN: Okay.

14 DR. ULSH: I would say that that
15 would be on the next meeting agenda.

16 CHAIR MUNN: That is a carryover.
17 So we are expecting a written response from
18 NIOSH. Right?

19 DR. ULSH: Right.

20 CHAIR MUNN: The next item is
21 OTIB-0057, review current material to be sent

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Procedures.

1 to the Committee and provide the hotlink for
2 the supporting data. SC&A.

3 MEMBER ZIEMER: Was that 67 or 57?

4 MR. KATZ: Fifty-seven, Paul.

5 CHAIR MUNN: Fifty-seven, five-
6 seven.

7 MEMBER ZIEMER: Five-seven, yes.
8 Okay.

9 MR. MARSCHKE: Is this one of the
10 ones that I was talking about before?

11 CHAIR MUNN: I can't pull it up on
12 my screen, so I don't know. We are relying on
13 you, Steve.

14 MR. MARSCHKE: This is what we
15 have in the -- in Ron Buchanan's responses to
16 OTIB-0057, I did incorporate those into the
17 database. Now it says that these are --
18 okay.

19 The first one was -- I think the
20 story here was this is the file that Ron --
21 which I spoke about previously when I got

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Procedures.

1 confused. This is the file that Ron had given
2 responses to and I was reading at the last
3 meeting or maybe it was the October meeting --
4 I was reading from Ron's responses, and no
5 one, even on the Subcommittee, had those
6 responses or NIOSH didn't have those
7 responses.

8 What I have done is I have
9 uploaded Ron's responses into this database,
10 and I have also sent an email with Ron's
11 responses to the Subcommittee and to anybody
12 that Wanda had put a reply-on line as agenda.

13 So you should have Ron's file that has these
14 responses in it.

15 If you go back to the October 15,
16 2009 transcript, you will see that the
17 Subcommittee basically agreed on 0057-01 to
18 propose this item, and it is on page 201 of
19 the transcript. You can see where that is
20 written or that was talked about, and right
21 now in the box called, SC&A follow-up, that

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Procedures.

1 includes Ron's -- or SC&A evaluation of the
2 NIOSH response.

3 CHAIR MUNN: So we don't need a
4 hotlink to support it?

5 MR. MARSCHKE: Don't need a
6 hotlink.

7 CHAIR MUNN: We have got it in
8 here. Okay.

9 MR. MARSCHKE: Now the same type
10 of -- the same story is true on --57-02, and
11 basically, the response from Ron here is he
12 wanted to change this to in progress, and you
13 see SC&A's response in 0057-03 as the reason
14 why. Again, so I have updated the database to
15 reflect that.

16 MEMBER GIBSON: Can we go back to
17 0057-01 for a minute?

18 MR. MARSCHKE: Yes, we can.

19 MEMBER GIBSON: In the attachment
20 to the email that came out, it shows as of
21 October 2009 that Ron said in abeyance.

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Procedures.

1 MR. MARSCHKE: Ron?

2 MEMBER GIBSON: Is there something
3 since then?

4 CHAIR MUNN: Yes, we did, in
5 November at our meeting we talked about the
6 material that he sent.

7 MEMBER GIBSON: So this wasn't the
8 latest version that came out in email the
9 other day?

10 MR. MARSCHKE: SC&A recommended
11 that it be in abeyance in Ron's
12 recommendation. The Subcommittee determined
13 that they wanted to close it.

14 MEMBER GIBSON: All right.

15 MR. MARSCHKE: You don't have to -
16 - I mean, the Subcommittee, obviously, did not
17 have to follow the SC&A recommendations.

18 Now talking about the hotlink,
19 this is the one where you might be needed.
20 0057-03 -- you can see there is a link in
21 0057-03. There is also a very big, bit --

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Procedures.

1 quite a detailed response.

2 Again, there is a table in here
3 which got collapsed and so on and so forth.
4 So I don't know how readable the SC&A follow-
5 up on the database would be.

6 Now you can expand this -- I mean,
7 right now a field is only two lines high. It
8 is very difficult to read, but if you do the
9 printout version of it, you get a bigger field
10 so that you can print it out. You can see the
11 whole thing.

12 DR. MAURO: That can't be done on
13 the screen, though.

14 MR. MARSCHKE: It cannot be done
15 on the screen.

16 DR. MAURO: Is that another
17 limitation?

18 MR. MARSCHKE: No, it is not a --
19 it is a limitation, again, of the way that
20 this system has been designed. You know, you
21 can program the thing to do anything.

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Procedures.

1 CHAIR MUNN: But you can scroll
2 through it.

3 MR. MARSCHKE: We can scroll
4 through it.

5 CHAIR MUNN: You can read it.

6 MR. MARSCHKE: Two lines at a
7 time.

8 CHAIR MUNN: Correct.

9 DR. MAURO: I mean, if one of the
10 areas -- if I wanted to read Ron's report, I
11 have to print it out and that is fine. But
12 right now sitting around the table if you
13 wanted to read it on the screen, you can't do
14 that.

15 CHAIR MUNN: No. It would take us
16 a while.

17 MR. MARSCHKE: And the other
18 thing, you would lose -- if you print it out
19 from the way it is set up here now, you would
20 lose all the structure of the table. What you
21 should have done when we installed this --

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Procedures.

1 what we usually do -- what I try to do when I
2 install it is I try and take the ASCII version
3 of the response and put it into the field, the
4 Access field, and then put the Word version of
5 the response -- convert it to a PDF file, and
6 attach that so that you can see the formatted
7 version.

8 So I think what you will look at,
9 if you go back up here and you look at what is
10 the NIOSH initial response and then you look
11 at the related link, which is the NIOSH
12 response as well, I think you are going to
13 get a duplicate. One is a duplicate of the
14 other, only the -- again, the NIOSH response,
15 if I recall correctly, it had some figures in
16 it or something in it, maybe some tables,
17 which -- you know, additional graphs and
18 tables, full response in the related link.

19 CHAIR MUNN: In any case, we have
20 two clear examples of why we need a little
21 more tender loving care from the IT wizards.

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Procedures.

1 Hopefully, we will have that by the time we
2 meet next, and at least some feel for what is
3 possible. If we are asking for
4 impossibilities, then we will have to fall
5 back and regroup, I guess.

6 DR. MAURO: You know, I would like
7 to hear -- I mean, I understand we are talking
8 about the mechanics of managing the database,
9 but I would like to hear a little bit more.
10 Apparently, there is a disagreement.

11 In other words, you folks have
12 come up with an answer, but our people feel
13 the issue is still in progress. I would like
14 to hear some of the technical substance of
15 what is at play here. What is the problem?

16 Obviously, we are not in
17 agreement. Now we can't really tell what that
18 is. Is there anyone who knows the story?

19 MR. MARSCHKE: Not at this go-
20 round.

21 DR. MAURO: Okay.

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Procedures.

1 MR. MARSCHKE: Not from SC&A's
2 point of view.

3 DR. MAURO: So Ron isn't available
4 to us on the phone to tell the story?

5 MR. MARSCHKE: No.

6 DR. MAURO: Should we get him on
7 the phone or do you want to move on?

8 MEMBER GRIFFON: Well, John, I am
9 with you, actually. If I am reading through
10 that correctly, maybe it could move the ball
11 along for the next meeting. It looks like the
12 disagreement is the uncertainty that NIOSH is
13 assuming for the doses, and they are saying it
14 is 25 percent uncertainty based on the numbers
15 derived from the accident, the criticality
16 accident, and Ron is suggesting that a higher
17 uncertainty is probably a more valid value.

18 I think he is recommending 50
19 percent or something like that. Then I think,
20 at the bottom of his rebuttal, he asks where
21 the basis for NIOSH's 25-percent derivation

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Procedures.

1 came from. So maybe that might be a starting
2 point for NIOSH when they look back at this,
3 is to answer that question; how did you come
4 up with this number, and then we can continue
5 this discussion at the next meeting.

6 MR. HINNEFELD: Well, I have a
7 question about Ron. Are we talking about the
8 SC&A response on October 2009? Is that the
9 latest thing, the reason why it shouldn't be
10 closed or is there something later?

11 DR. MAURO: Well, I got the sense
12 that Ron is recommending -- just looking at
13 it.

14 MR. HINNEFELD: Yes, he is
15 recommending -- he is saying --

16 DR. MAURO: He has a problem.

17 MR. HINNEFELD: Well, just reading
18 -- that is apparently the last thing here is
19 the October 2009. He has the table of doses.
20 Before the table of doses -- and this is the
21 issue, the evacuation following the

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Procedures.

1 criticality, and there were some six or seven
2 employees who were quite close to the
3 criticality event, and their dose is
4 determined by sodium activation in the blood.

5 Okay?

6 There is also a predicted dose, if
7 you only use the one over r-squared from the
8 number of fission -- because one over r-
9 squared was used for everybody else. You
10 know, the people who were in the building but
11 farther away did not get sodium blood
12 analysis. They just assigned it based on one
13 over r-squared.

14 Ron makes the statement in his
15 response that all five workers, B, C, D and H
16 -- that is five of the seven who were close --
17 determined by the blood analysis was less than
18 the predicted by one over r-squared, but he
19 presents the table right below. Unless
20 something is mislabeled, it is exactly the
21 opposite.

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Procedures.

1 For all of those five workers, the
2 dose by sodium activation is -- or by blood
3 analysis is higher than the one over r-squared
4 and it is in the table right where he made
5 that statement. So there is either something
6 mislabeled or something going on there.

7 The data in this table is
8 consistent with the explanation that was
9 provided by ORAU during the last meeting,
10 which was the employees who were quite close
11 to the event, first four on the table, didn't
12 know where the criticality occurred and they
13 didn't evacuate away from the criticality
14 unnecessarily. In fact, one of them even had
15 a particularly bad route in terms of going
16 past -- I think, from one side past the
17 criticality, the drum where it occurred, to
18 another exit.

19 So there are people here who have
20 significantly higher blood activation doses,
21 according to this table, than you would

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Procedures.

1 calculate by one over r-squared because they
2 weren't at the one over r-squared. They went
3 past the drum after the criticality when there
4 were still some delayed neutrons coming off
5 the criticality.

6 So other people who were far
7 enough away did not really approach the drum
8 in any meaningful fashion anyway on their way
9 out of the building. So one over r-squared is
10 appropriate.

11 Now two of the seven close people
12 are considered the benchmark people and their
13 blood activation -- apparently, it was
14 reconstructed that they took a direct route
15 out, quickly out. They were not the real
16 close ones. Their blood activation was 20
17 rads and they are considered the benchmark for
18 one over r-squared.

19 So all the one over r-squared
20 doses are calculated as if, if you were that
21 far away, your dose was 20 rads. Okay. So

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Procedures.

1 unless there is something mislabeled in the
2 table, Ron's discussion doesn't line up with
3 the data in the table.

4 So the discussion that George Kerr
5 provided at the last meeting, that the reason
6 that they used those two people is because
7 they went out directly and it was a good way
8 to use one over r-squared, and for all the
9 other people in the building who would not
10 approach the drum in any meaningful way on
11 their way out of the building, one over r-
12 squared is a good approximation. But for
13 these people who are close and didn't evacuate
14 directly, one over r-squared isn't really the
15 correct approximation. So you would use blood
16 activation.

17 That was George's discussion last
18 time, and that is where this is. As Ron has
19 written this, or as the table is presented, it
20 doesn't say anything about the argument that
21 George made last time.

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Procedures.

1 MEMBER GRIFFON: I agree with you.

2 That is backwards from what Ron was saying in
3 the paragraph. That is mislabeled or
4 something, yes.

5 MR. HINNEFELD: Unless the table
6 is mislabeled or something, it is backwards
7 from what Ron wrote.

8 MEMBER GRIFFON: That confused me
9 as well, yes.

10 CHAIR MUNN: And we have not
11 captured any of that discussion on the
12 database.

13 MR. HINNEFELD: Did we not give
14 you a written?

15 MR. MARSCHKE: I think the
16 discussion was -- the last time when we had
17 this -- at the last meeting, we weren't using
18 the database.

19 CHAIR MUNN: That's right. We
20 were dead in the water.

21 MR. MARSCHKE: Yes. It was

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Procedures.

1 problems with the database, and we decided not
2 to utilize it. So the discussion that George,
3 you gave, there is nothing in here. I guess
4 we can go back to the transcript and try and
5 pull something out of the transcript or I
6 could just put in here a reference to see --
7 to the person to go see the description or the
8 discussion that is contained within the
9 transcript.

10 MR. KERR: Excuse me. This is
11 George Kerr. Isn't the discussion in the Part
12 2, OTIB-0047-02? Well, I can't see your
13 database. I'm sorry, I've got an email here.

14 MR. HINNEFELD: I think we are
15 mainly on 0057-03, George.

16 MR. KERR: Yes. Well, the
17 discussion was on 0057-02.

18 MR. HINNEFELD: Yes. It starts in
19 0057-02, yes. I believe we provided -- it is
20 not put in the database, but we did provide
21 the written discussion, and that was what

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Procedures.

1 George is speaking from.

2 George, if I had known you were on
3 the phone, I would let you have the argument.

4 MR. KERR: No, that is fine.

5 CHAIR MUNN: So it is in writing
6 somewhere. We just don't have it captured
7 yet?

8 MR. HINNEFELD: It is not on the
9 database yet.

10 MEMBER GRIFFON: That is correct.
11 It is in 0057-02.

12 MR. HINNEFELD: Yes, right.

13 CHAIR MUNN: That discussion is in
14 0057-02?

15 MR. HINNEFELD: It is not in the
16 database, but it is on the additional -- the
17 document that was sent by email.

18 DR. MAURO: And we have that. So
19 it sounds to me, we have to ask Ron what is
20 proper.

21 MR. HINNEFELD: Yes. This

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Procedures.

1 sentence doesn't mesh with the table.

2 DR. MAURO: Right, got it. So we
3 will take that.

4 CHAIR MUNN: Okay. Fifty-seven,
5 two is where the discussion is going to take
6 place?

7 MR. HINNEFELD: It addresses both
8 -02 and -03, I believe. I believe it will
9 address both.

10 CHAIR MUNN: All right. So SC&A
11 has an action and so does NIOSH with respect
12 to the problem.

13 MEMBER LEMEN: So does that mean
14 it is going to come up at the Subcommittee
15 next time?

16 CHAIR MUNN: Yes, it will. It
17 will be on our action item listing.

18 The next action item on the list
19 is OTIB-0051-01, link to the White Paper and
20 closing on the database. The link to the
21 White Paper in that?

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Procedures.

1 MR. MARSCHKE: No, we didn't get
2 any links to the White Paper because we can't
3 link.

4 DR. MAURO: Notwithstanding the --
5 What I am looking at is, as of the last
6 meeting, the last exchange, we had accepted
7 that. Is that correct?

8 MR. MARSCHKE: Recommended in
9 abeyance. NIOSH has complied and update at
10 the next Subcommittee meeting. That was back
11 in June. Obviously, if you look at the
12 status, the Subcommittee didn't agree with our
13 recommendation and they kept it in progress.

14 CHAIR MUNN: And my note said we
15 were going to close it on the database, that
16 it was a NIOSH action -- the link to the White
17 Paper and close on the database. Am I
18 incorrect?

19 MR. MARSCHKE: The date of our
20 last meeting?

21 CHAIR MUNN: November 17th.

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Procedures.

1 MEMBER ZIEMER: This is Ziemer.
2 In the October meeting we got the NIOSH
3 response on 0051-01, and then in the November
4 meeting -- let's see, 0051-01. Whatever was
5 supposed to happen -- I guess just linking it
6 had not occurred. That is why we carried it,
7 I guess.

8 CHAIR MUNN: The link, and close
9 the database.

10 MEMBER ZIEMER: Right. But we
11 have the information. Right?

12 CHAIR MUNN: That was my
13 understanding, that the White Paper resulted
14 in everybody's agreeing, yes, that does it.
15 But without some kind of link in there, there
16 is no way to close it. Do we need to carry
17 that one over?

18 MR. MARSCHKE: Yes.

19 CHAIR MUNN: Until we can make
20 sure we know what we are doing, we will carry
21 it. Steve is saying wait a minute.

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Procedures.

1 MR. MARSCHKE: Well, 0057-01 we
2 have -- 0057-02, we seem to have -- we do have
3 0057-03, I should say. It has been closed and
4 it does have a link to NIOSH's additional
5 responses. This is 0057-03.

6 MEMBER ZIEMER: Three was closed.

7 MR. MARSCHKE: Three was closed.

8 MEMBER GRIFFON: I thought we were
9 on 0051-03.

10 CHAIR MUNN: We are on OTIB-0051,
11 finding one.

12 MR. MARSCHKE: Fifty-one -- I'm
13 sorry. Did I say 0057? Fifty-one, three.
14 I'm sorry. Thank you.

15 DR. ULSH: Fifty-one, three is
16 closed. Is that what you said?

17 MR. MARSCHKE: Fifty-one, three is
18 closed, and it has a link. I had that in my
19 notes from the October meeting.

20 DR. MAURO: So do I understand
21 this correctly? 0051-01, there has been

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Procedures.

1 exchange of the material where, for all
2 intents and purposes, SC&A and NIOSH are in
3 agreement in principle, but it hasn't
4 physically made it mechanically into the
5 system. So for that reason, we are not making
6 it closed. We are going to leave it open
7 until we mechanically incorporate the
8 material? I guess I am a little lost here.

9 CHAIR MUNN: Yes.

10 DR. ULSH: Wait, wait. I thought
11 it was just a matter of updating the database
12 and putting the correct link in.

13 DR. MAURO: That is what I meant,
14 and that is the reason we are leaving it in
15 progress even though we all agree, really, it
16 is closed. We are going to leave it in
17 progress because we mechanically couldn't
18 really capture the information yet. It is
19 sort of like a reminder.

20 CHAIR MUNN: That is correct.

21 DR. MAURO: I just want to

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Procedures.

1 understand.

2 CHAIR MUNN: Correct. We are all
3 on the same page somewhere.

4 DR. MAURO: Somebody fix this, so
5 we can close it.

6 CHAIR MUNN: I have it as a NIOSH
7 action.

8 The next thing I have is OTIB-
9 0021, both -01 and -02. That was one of the
10 things that we received by email just last
11 week. We just got an email transmitting about
12 five pages with SC&A responses on it to some
13 of the NIOSH responses.

14 SC&A was -- their responses are
15 shown in green and it was a broad printout of
16 findings 1, 2 and 4 from OTIB-0021.

17 MEMBER ZIEMER: Right.

18 CHAIR MUNN: And there are two
19 pages of that that are OTIB-0021. I am unable
20 to verify whether any of that has been
21 captured on our database.

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Procedures.

1 MR. MARSCHKE: It is in the
2 database.

3 CHAIR MUNN: Okay.

4 MR. MARSCHKE: This one actually -
5 - these were responses that NIOSH provided
6 back, I think, in August. Ron Buchanan's
7 responses were provided back in --

8 MEMBER ZIEMER: October.

9 MR. MARSCHKE: October, and we
10 just have not -- as a Subcommittee have not
11 discussed it, I don't think, and Ron recommend
12 for 0021-01 is that he agrees with the NIOSH
13 response. SC&A and NIOSH agree, and the
14 procedure needs to be revised accordingly, and
15 we recommend that the issue 0021-01 be changed
16 to in abeyance.

17 CHAIR MUNN: And it is an action
18 item for NIOSH to do the procedure. Right?

19 MR. MARSCHKE: And the revision.

20 CHAIR MUNN: The revision with the
21 procedure, sections and items having already

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Procedures.

1 been identified. And Item Number 2?

2 MR. MARSCHKE: So is it in
3 abeyance?

4 CHAIR MUNN: Is there any question
5 to that? It is a NIOSH item, and we are in
6 abeyance.

7 MEMBER LEMEN: And both 1 and 2?

8 MR. MARSCHKE: Number one.

9 CHAIR MUNN: No, just one. We
10 take them one at a time.

11 Then finding number 2. October,
12 Ron says SC&A would like to see calculations
13 showing how NIOSH revised the gamma on 99
14 percent values in Table 3, page 11 of OTIB-
15 0021 for the years 1950, 53, and 55. He gives
16 the rems for each of those. SC&A could not
17 arrive at those values using the data in Table
18 2 and the procedures stated in Section 7, page
19 9, step 3 of OTIB-21.

20 Any discussion necessary on that?

21 DR. MAURO: Except I guess this

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Procedures.

1 should be called in progress now, now that we
2 have acted on it.

3 CHAIR MUNN: Yes, that is what Ron
4 is recommending. It should be in progress.
5 Any discussion here about that? Does NIOSH
6 agree that needs to be done?

7 MR. HINNEFELD: Well, we will do
8 it.

9 MEMBER LEMEN: That wasn't real
10 enthusiastic.

11 CHAIR MUNN: Okay. Action item,
12 NIOSH.

13 MR. MARSCHKE: So the Subcommittee
14 agrees that that is in progress.

15 CHAIR MUNN: Any disagreement with
16 that?

17 MEMBER ZIEMER: Well, was this
18 just an issue of SC&A couldn't reach the same
19 values? They weren't sure where the numbers
20 came from, or what was --

21 CHAIR MUNN: That is what it looks

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Procedures.

1 like.

2 MR. HINNEFELD: That is what it
3 looks like.

4 CHAIR MUNN: It looks like they
5 don't follow the math.

6 MEMBER ZIEMER: So all they are
7 asking NIOSH to do is show them where the
8 calculations came from?

9 CHAIR MUNN: Correct. Yes. See
10 the difference.

11 MR. MARSCHKE: Again, that is all
12 we are asking.

13 MEMBER ZIEMER: Not to do a new
14 set of calculations, but just show where they
15 came from?

16 MR. MARSCHKE: Exactly.

17 MEMBER ZIEMER: Okay.

18 CHAIR MUNN: And then the next
19 item is finding number 4. In the October
20 NIOSH response from Ron was that this was in
21 progress. Section 7 Step 1 describes how the

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Procedures.

1 1961 and later data was adjusted for less than
2 a full year of dose results. However, the
3 last sentence of that paragraph states that
4 the data prior to 1961 was not adjusted, since
5 it was apparently represented doses received
6 during the entire year.

7 Note that SC&A does not suggest
8 that the data prior to 1961 was quarterly
9 data, but instead it was the sum of all
10 badging periods for a year for an individual.

11 However, this sum may be only for the partial
12 year of badging caused by starting employment,
13 ending employment, change in jobs, et cetera.

14 It does not appear reasonable to assume that
15 those data prior to 1961 are for full years,
16 but the dose data for 1961 and after are for
17 partial years and, therefore, were adjusted as
18 described in Section 7 Step 1.

19 Does NIOSH have any documentation
20 that the seeder data compiled for the epi
21 studies are included or was adjusted for dose

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Procedures.

1 data for a 12-month period?

2 So there is a question.

3 MR. HINNEFELD: We will see what
4 we can find out.

5 CHAIR MUNN: Action, NIOSH. Do we
6 agree that the status is in progress?

7 MEMBER GRIFFON: Yes.

8 CHAIR MUNN: Hearing no one to the
9 contrary, the action will be changed to in
10 progress.

11 The next page is OTIB-0051-01.3.

12 DR. ULSH: Didn't we already cover
13 that?

14 CHAIR MUNN: I think we have
15 beaten that one to death.

16 DR. ULSH: We did cover that.

17 CHAIR MUNN: I wanted to make sure
18 here. We did change it to in abeyance.

19 MEMBER LEMEN: We said for -01 we
20 might carry it over.

21 CHAIR MUNN: That was -01,

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Procedures.

1 carrying over. Yes.

2 MEMBER ZIEMER: Well, -02 and -03,
3 we said SC&A was going to follow up on.

4 CHAIR MUNN: Right. Correct.

5 MEMBER LEMEN: That was for 0057,
6 though.

7 CHAIR MUNN: OTIB-0057. Correct.

8 Now that brings us to where I have suggested
9 we break. Are we ready for a 10-minute quick
10 break or do we want to -- before we do that,
11 let's do the one thing that Steve had asked us
12 with respect to discussing the OCAS and ORAU
13 documents for review, additional ones.

14 Let's do that before we have the
15 break because I am afraid we are going to lose
16 Dr. Lemen here very quickly and I would like
17 for us to at least take a look at that and
18 hear what Steve has to say. What are you
19 folks looking at with respect to new documents
20 for SC&A review that you are concerned with
21 right now?

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Procedures.

1 MR. MARSCHKE: In the response to
2 one of the -- and I forget which -- ones with
3 a PROC. In the response to one of the PROCs,
4 NIOSH had indicated that it was -- it referred
5 us to report, RPRT document Number 44, and
6 that led us to think, well, are there other of
7 these RPRT documents out there which are
8 technical in basis that maybe would benefit
9 from an SC&A review.

10 So I went onto the O: drive, and I
11 got a list of -- this is a list that is
12 available. I think the date stamp on this was
13 January of 2009 and there is a list here of --
14 well, I don't know -- of all the RPRT
15 documents that were issued as of that date,
16 plus, I think, -- RPRT 44 wasn't on that list,
17 but I added it.

18 Many of these report documents are
19 purely administrative from NIOSH's point of
20 view and, clearly, are outside of the realm of
21 SC&A performing any kind of review on and I

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Procedures.

1 have indicated that in the right-hand column
2 with an N, which are not applicable for SC&A
3 review.

4 There are some of them which,
5 again -- and this is almost purely by a review
6 of the title of the RPRT document -- which I
7 think these have a potential for an SC&A
8 review, and these have been indicated with a P
9 in the SC&A -- in the right-hand column.

10 MEMBER ZIEMER: What document are
11 you referring to, Steve?

12 MR. MARSCHKE: This is -- did I
13 send this to everyone? I forget.

14 CHAIR MUNN: Yes. Steve sent an
15 email on the 23rd.

16 MEMBER ZIEMER: What is the
17 document called?

18 CHAIR MUNN: I mean, on the 18th.
19 It is just an email -- a note to me saying at
20 next Tuesday's meeting SC&A would like to
21 review, et cetera. It is from Steve. The

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Procedures.

1 subject is, re: Procedures Committee Action
2 Items for 3/23/10, email March 18.

3 MR. MARSCHKE: And what I am
4 looking at, Paul, is an attachment to that
5 which was a Word document that had this table
6 in it.

7 MEMBER ZIEMER: Okay.

8 CHAIR MUNN: And I didn't get the
9 attachment, frankly, Steve.

10 MEMBER GRIFFON: Would it be ORAU
11 RPRT? That's the name of it.

12 CHAIR MUNN: That is the name of
13 it, 0044. I didn't get the attachment. Just
14 have your message.

15 MR. MARSCHKE: That is the gist of
16 it. I can read some of the titles of the
17 documents that we think may be potential for
18 SC&A review.

19 CHAIR MUNN: Does NIOSH have any
20 specific feeling, one way or the other, about
21 having these items in SC&A's purview for

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Procedures.

1 review and, if so, we would sure like to hear
2 it.

3 MR. HINNEFELD: There were a
4 couple that, I think, are formalizations of
5 White Papers that were presented during the Y-
6 12 Evaluation Report discussion. So there has
7 been a fair amount of review on those already
8 in the Y-12 Work Group.

9 So you pick out the ones that are
10 Y-12, have Y-12 in the title. I think those
11 are the ones that came -- They were generated
12 out of that effort.

13 So I mean, I think they have been
14 vetted and essentially accepted in that venue,
15 although SC&A could check against that menu to
16 see whether there was review and so on and
17 essentially agreement on those.

18 That is the only thing I would
19 say, is I think those, I think, have been
20 reviewed. Let's see if I can read these now.

21 CHAIR MUNN: There seemed to be

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Procedures.

1 special interest in 0044.

2 MR. MARSCHKE: Forty-four was
3 brought up there, because that was really what
4 turned us on to this. It was in response of -
5 -

6 MEMBER GRIFFON: Yes. I think
7 0044 is an appropriate one. I think I agree
8 with Stu on the Y-12 ones, that we have looked
9 at those during the SEC Evaluation and, if we
10 need to further look at those, I would argue
11 that it should be to finish out the Site
12 Profile Review of Y-12, not in the context of
13 the Procedure Review.

14 CHAIR MUNN: And 0044 is in the
15 category, because it is purely a technical
16 document?

17 MEMBER GRIFFON: Yes, and it
18 doesn't seem to be site-specific. It is a
19 technical document, an overarching document, I
20 believe.

21 DR. MAURO: In fact, before this

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1 meeting because I sent it off to Joyce
2 Lipsztein, our internal dosimetry specialist,
3 and I said, Joyce, will you take a quick look
4 at this; is this something new and something
5 important. Her response to me was,
6 absolutely, this is new, and it is very
7 important.

8 So of all the list there, that is
9 the only one where we took a pretty close at
10 it to see are we dealing with something here
11 that is of some importance overall to the
12 program.

13 The other items have been very
14 correct. They turn out to be mainly site-
15 specific. Looks like a lot of them are Y-12,
16 and may turn out that there really is nothing
17 there for us to do.

18 CHAIR MUNN: So for the purposes
19 of this discussion, can we just limit
20 ourselves to 0044?

21 DR. MAURO: That is certainly fine

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1 with me.

2 MEMBER GIBSON: Well, what about
3 37 and 42? Are they site-specific?

4 MR. MARSCHKE: I don't think they
5 are site-specific, but they are more -- Forty-
6 two is like a software quality assurance, a
7 validation and verification. So it is a
8 little bit of a different animal than what we
9 are kind of -- all the QA/QC type of thing.

10 Thirty-seven, again, is errors
11 tracking and reporting, and again it kind of
12 falls in the range of quality assurance. So
13 it is not so much of a technical point of view
14 from a dose reconstruction or health physics
15 or that type of thing, but it is -- I thought
16 it was error tracking and quality assurance,
17 which I know sometimes we used to get involved
18 in at some point. So that is why I put the
19 potential for those two.

20 So those two are a little less
21 technical than 0044. Really, those are the

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1 only three that are still up for discussion.

2 MEMBER GIBSON: It looks like the
3 error tracking or reporting would have to go
4 toward data quality, too, which we have had
5 some concerns with.

6 MR. MARSCHKE: Yes. I don't know
7 what that one says.

8 MEMBER GIBSON: In my view,
9 there's a couple of the titles, even some that
10 SC&A has marked no, that I think might be
11 useful as we look at the quality issues in the
12 Dose Reconstruction Subcommittee.

13 I am not sure we need SC&A to
14 review them, but they might be informative to
15 other issues that we are dealing with. But I
16 would support a review. At this point, I
17 would just support a review of 44, and the
18 other one, like I said, might be for our
19 information. I am not sure we need SC&A to
20 review those.

21 CHAIR MUNN: Well, and validation

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1 of software, frankly, falls outside of my
2 perception of what we need to look at most
3 specifically. Is it the feeling of the
4 Subcommittee that at this juncture, without a
5 great deal of debate, we could simply agree
6 that 44 would be a reasonable procedure for
7 SC&A to undertake to review?

8 MEMBER GRIFFON: Yes.

9 MEMBER ZIEMER: That seems
10 reasonable. Do you know what the date is on
11 that one when it went into effect?

12 MR. MARSCHKE: Forty-four?

13 MEMBER ZIEMER: Yes.

14 MR. KATZ: We can get that.

15 MR. HINNEFELD: That is not 0044.

16 MEMBER ZIEMER: I just wondered if
17 it was fairly recent.

18 MR. MARSCHKE: It is fairly
19 recent.

20 CHAIR MUNN: We are checking.
21 That is the imperial we.

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1 MR. MARSCHKE: 5/22/2009, one
2 year.

3 CHAIR MUNN: All right. Hearing
4 no objection, SC&A is authorized to proceed
5 with a review of RPRT-0044.

6 Does anyone have any fragment of
7 wisdom to pass along before we break for 10
8 minutes? If not, we are on break until five
9 minutes after the hour.

10 (Whereupon, the above-entitled
11 matter went off the record at 2:55 p.m. and
12 resumed at 3:06 p.m.)

13 CHAIR MUNN: Let us go ahead and
14 restart with our 2:45 item: provide responses
15 for OTIB-0054. That is a carryover for NIOSH.

16 DR. ULSH: I don't know that we
17 have anything to report on that. Elyse, do
18 you have anything on that?

19 MS. THOMAS: No. We have started,
20 but we don't have our responses complete yet.

21 CHAIR MUNN: All right. We will

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1 carry it.

2 The next item: Certify OTIB-0014
3 and ORAU TIB-0014 are correctly noted on the
4 database. That is an SC&A action.

5 MR. MARSCHKE: What was the intent
6 of that, Wanda? Refresh my memory.

7 CHAIR MUNN: Apparently, we had
8 some discrepancy on how these two documents
9 were listed on the database. I guess I would
10 have to go back and check. We carried that
11 over for a couple of meetings since, as we all
12 repeatedly said, we were unable to do anything
13 to the database in November.

14 MR. MARSCHKE: We have OCAS TIB-
15 14, and we have that here and we have three
16 issues associated with it. Now ORAU TIB-0014
17 --

18 MEMBER ZIEMER: This would carry
19 over, actually, back in October was a carry-
20 over as well. So this goes back a ways. I
21 don't see it in November.

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Procedures.

1 CHAIR MUNN: No, I don't think we
2 had the database to work with in November. So
3 we had to suspend belief on many things. It
4 may be necessary to check transcripts of
5 earlier meetings to see what the issue might
6 be. Steve is trying to sort for the numbers
7 to see what we come up with.

8 MEMBER ZIEMER: TIB-0014 in August
9 was awaiting a NIOSH response, according to my
10 notes from August. That was TIB-0014.

11 CHAIR MUNN: And not OTIB-0014.

12 MR. MARSCHKE: I have October. I
13 have virtually the same thing for TIB-0014,
14 NIOSH needs to provide input.

15 Oh, OTIB-0014 was SC&A reviewed
16 it, and we did not find any -- I think this
17 was transcript; let me see what it says.
18 OTIB-14 has to do with -- the issue was
19 particular care must be taken when assigning a
20 construction worker to a given category of
21 exposure due to highly diverse nature of the

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Procedures.

1 exposures that some construction workers
2 experienced.

3 We had indicated that as
4 transferred to the review of OTIB-52. So I
5 don't understand what the --

6 CHAIR MUNN: I had thought there
7 was a confusion between OTIB-14 and TIB-14,
8 the ORAU document with a similar number, but
9 our only concern was whether or not it was
10 shown correctly and there was only one
11 document -- we don't have an ORAU TIB-14.

12 MR. MARSCHKE: I mean, that is
13 nothing -- the numbering scheme -- ORAU
14 doesn't make TIBs.

15 CHAIR MUNN: No, that couldn't be
16 right.

17 MR. MARSCHKE: TIB has got to be
18 an OCAS TIB.

19 MR. SIEBERT: That is not
20 necessarily true.

21 MR. MARSCHKE: No?

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Procedures.

1 MR. SIEBERT: Part are called ORAU
2 TIBs or OTIBs.

3 MR. HINNEFELD: Yes, but for the
4 vernacular we use here, Scott, is that if we
5 are looking at ORAU TIB, we call it an OTIB,
6 because that is the shorthand in the title.

7 MR. SIEBERT: Okay. I am just
8 making sure there is clarification.

9 MR. HINNEFELD: Yes, you got it
10 right. We just call them here OTIBs because
11 that is the initials in the title, whereas,
12 our TIBs, the initials in the title are TIB.

13 MR. SIEBERT: Sure. I just think,
14 you know, OTIB-14 happened to be
15 environmental type stuff, low exposure, and I
16 didn't know if that might tie in.

17 MR. MARSCHKE: TIB-14 is here.
18 TIB-14 has to do with Rocky Flats internal
19 dose co-worker.

20 CHAIR MUNN: And we haven't even
21 touched that one.

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Procedures.

1 MR. MARSCHKE: So far.

2 DR. MAURO: That is Lockey.
3 Transfer this to Lockey?

4 CHAIR MUNN: No. It hasn't even
5 been addressed yet.

6 MR. MARSCHKE: We haven't talked
7 about this -- TIB-14, there is nothing talked
8 about at the Subcommittee level.

9 DR. MAURO: Does Rocky have an
10 active Work Group or that is closed?

11 MR. HINNEFELD: No, they do not
12 have an active one.

13 CHAIR MUNN: It is closed. So
14 OTIB-14, we have noted correctly. Right?

15 MR. MARSCHKE: OTIB-14 has one
16 issue associated with it, and it was to
17 transfer it to OTIB-52.

18 CHAIR MUNN: OTIB-52. So that is
19 -- all right, I am going to take this off of
20 my action item list because it appears to me
21 that that is done properly. The only thing

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Procedures.

1 that we have -- that means we still haven't
2 opened the item that NIOSH hasn't addressed,
3 but that is just along with all other open
4 items. All right.

5 The next item I have is a
6 carryover, reporting on the status of TIB-10-8
7 for a possible closure.

8 DR. ULSH: I don't have anything
9 on that, Wanda. Elyse, do you know anything
10 about 10-8?

11 MR. HINNEFELD: That is ours.

12 DR. ULSH: Never mind, Elyse.

13 MS. THOMAS: Okay.

14 MR. MARSCHKE: This is the Monte
15 Carlo runs that was made. I am bringing it
16 up, but I am sure it was. Basically, we had
17 asked to look at the Monte Carlo runs that
18 confirmed the Attila runs that you guys made.

19 I guess what we are waiting on -- or at one
20 point NIOSH was going to give us those runs,
21 the MCNP runs, and we were going to look at

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Procedures.

1 them. That is what we are waiting on under
2 here.

3 CHAIR MUNN: Another carryover,
4 right?

5 The next item, to approve the
6 transfer of Work Group TBD-6000 Finding 6 to
7 us and set its priority. I think we sent the
8 material to you when Dr. Ziemer transferred
9 that item over to us. I have to have your
10 approval before I can sign the yes, we have
11 received it and accepted it note back to Dr.
12 Ziemer.

13 Is there any concern over our
14 acceptance of that item and inclusion on our
15 database? Anybody have a problem with that?
16 If not, then I will consider myself authorized
17 to sign and return the transfer notification
18 to Dr. Ziemer.

19 DR. MAURO: This is an incoming?

20 CHAIR MUNN: This is incoming.

21 DR. MAURO: So this is -- what?

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Procedures.

1 Issue 6 on TBD-6000?

2 CHAIR MUNN: Correct.

3 DR. MAURO: That is coming in
4 here, which probably -- I am not sure what
5 that deals with.

6 CHAIR MUNN: I will get that to
7 you, John.

8 DR. MAURO: Our review of TBD-
9 6000?

10 CHAIR MUNN: Yes. You should have
11 it, yes. Okay.

12 MR. MARSCHKE: Do we add it to the
13 database?

14 CHAIR MUNN: Yes, we will be
15 adding it -- we now officially need to add it
16 to the database.

17 DR. MAURO: Yes, Task 6 -- or
18 Issue 6.

19 CHAIR MUNN: Correct. The next
20 item, OTIB-70. Responses are due from NIOSH.

21 DR. ULSH: We have recently picked

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Procedures.

1 this one up. So it is in progress, but we are
2 not done with it yet.

3 CHAIR MUNN: Are we properly
4 showing here that it is in progress?

5 MR. MARSCHKE: Which one is it?

6 CHAIR MUNN: OTIB-70.

7 DR. MAURO: This would be a nice
8 one to engage at so many sites.

9 CHAIR MUNN: Really and truly,
10 this will be a biggie.

11 DR. ULSH: Would you like me to
12 assign some priority to that over other items
13 on the agenda?

14 CHAIR MUNN: I think it would be
15 wise to do so, given the amount of interest
16 that has been expressed in it in other
17 meetings.

18 MR. MARSCHKE: Well, we have --

19 CHAIR MUNN: The old facilities,
20 and there is, as you can see, a handful of
21 items involved there.

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Procedures.

1 MR. MARSCHKE: Fifteen issues, all
2 open.

3 CHAIR MUNN: There is a lot, and
4 since they are -- am I remembering correctly?
5 These are all AWEs?

6 DR. MAURO: Its most applicability
7 is AWE. It has to do with how you deal with
8 residual period. In general, the residual
9 period is a big deal at AWE sites.

10 DR. ULSH: Okay. We will give
11 that attention.

12 CHAIR MUNN: Thank you. PROC-
13 0042, Finding 6 to be formulated and added to
14 the database, SC&A.

15 MR. MARSCHKE: PROC-42.

16 MEMBER ZIEMER: This is a problem
17 with the workbook that Ron Buchanan pointed
18 out, and the scaling factor.

19 MR. MARSCHKE: Oh, okay. It is
20 still outstanding.

21 MEMBER ZIEMER: That was one where

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Procedures.

1 the issue didn't appear as a finding but it
2 did show up in the report, and SC&A was going
3 to add it as a finding, I believe.

4 MR. MARSCHKE: Yes, I remember.
5 Now that you remind me, Paul, I remember it,
6 and it slipped through the cracks. It was not
7 done.

8 CHAIR MUNN: I think that is why
9 the language says "to be formulated."

10 MEMBER ZIEMER: Right. The other
11 part of it was that I think ORAU indicated
12 that the notebook wasn't used in the way that
13 perhaps that Ron Buchanan noted. They never
14 scaled the dose downward.

15 MR. MARSCHKE: That is correct.
16 They never used the negative scaling factor.

17 MEMBER ZIEMER: Right.

18 MR. MARSCHKE: I remember that.
19 So, basically, we could -- we will add it. We
20 will discuss --

21 MEMBER ZIEMER: But SC&A was

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Procedures.

1 supposed to make it an official finding. It
2 was just an observation, and I think SC&A was
3 going to revise their -- maybe they were going
4 to revise the report.

5 MR. MARSCHKE: No. I think the
6 issue was in the report, Paul.

7 MEMBER ZIEMER: Yes. It was in
8 the report, but it wasn't a finding.

9 MR. MARSCHKE: It never got
10 carried over into the database. Basically, we
11 did this in two steps. We wrote the report.

12 MEMBER ZIEMER: Okay. It wasn't
13 in the matrix then. Maybe that was the deal.

14 MR. MARSCHKE: And then we wrote
15 up the -- yes, then we had made the database,
16 and we converted everything over from the
17 reports to the database.

18 MEMBER ZIEMER: Right. Okay.

19 MR. MARSCHKE: And sometimes we --
20 we missed this one.

21 MEMBER ZIEMER: Yes, that was it.

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Procedures.

1 MR. MARSCHKE: And so we just have
2 to go back and add this, and we can add the
3 discussion that was presented. I remember
4 discussing this either in November or October
5 or last time we met. We can add that
6 discussion, and essentially -- well, then we
7 will leave it to the Subcommittee to -- but it
8 sounds to me like it is pretty well -- you
9 know, since NIOSH doesn't use the workbook in
10 that manner, it is almost a no, never mind.

11 MEMBER ZIEMER: Right, and that
12 way we can put it to bed.

13 MR. MARSCHKE: Exactly. We will
14 add it, and then the next time we meet we will
15 close it. I guess that is a carryover.

16 CHAIR MUNN: Does anyone have
17 anything else before we address administrative
18 issues and schedule?

19 DR. ULSH: I already talked to
20 Wanda about PROC-95.

21 MR. HINNEFELD: Okay.

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Procedures.

1 CHAIR MUNN: Are we ready to look
2 at calendar?

3 MEMBER ZIEMER: Yes.

4 MR. KATZ: Did you get dates from
5 Dick, Wanda, before he left?

6 CHAIR MUNN: He said the one that
7 I was aiming for, which is May 12th, would be
8 fine for him.

9 MR. MARSCHKE: Wanda?

10 CHAIR MUNN: Yes?

11 MR. MARSCHKE: There is one thing.
12 Again, Russ sent responses to PROC-95, and we
13 did look at those, and we do have -- and I
14 don't know that I sent to the Work Group or
15 the Subcommittee yet the -- NIOSH has gone
16 through -- or SC&A has gone through those, and
17 we do have recommendations.

18 They are not either in the
19 database or they are not in -- they have not
20 been sent by email to the Subcommittee because
21 we just kind of got these at the last moment.

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Procedures.

1 If you want -- I mean, the first
2 one -- we have the file here. We can put it
3 up on the screen, or we can just wait until
4 next time, and I can update the database and
5 send it to the Subcommittee so that --

6 DR. ULSH: Yes, that is what I was
7 asking about on the first one. I didn't think
8 we had covered this.

9 CHAIR MUNN: Well, all I had was
10 to provide responses for PROC-95. There were
11 two, and to load responses into the database
12 and assure the paragraphs were numbered
13 properly for TIB-13.

14 Elyse said that that was her job
15 to do and that she would do it this morning.
16 Elyse, are you still there?

17 MS. THOMAS: Yes.

18 CHAIR MUNN: Did I misunderstand?

19 MS. THOMAS: No, that is correct.

20 I have not put our responses in the database
21 because I just got access recently.

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Procedures.

1 MR. MARSCHKE: Yes. The database
2 has not been updated with either the NIOSH
3 responses or the SC&A recommendations, and
4 nobody has seen the SC&A recommendations
5 except for what is up here on the screen right
6 now. So the question is do we want to go
7 through these at this -- obviously, Paul and
8 Mark will be kind of left in the dark.

9 CHAIR MUNN: And so will Dr.
10 Lemen.

11 MR. MARSCHKE: And Dr. Lemen.

12 MEMBER GRIFFON: I don't know.
13 The recommendations that I see from NIOSH are
14 to basically defer them to other places. So I
15 don't see any big deal in closing these items
16 out.

17 MR. MARSCHKE: Our recommendation
18 for 95-1 was to close it; 95-2 was to transfer
19 it to OTIB-19.

20 MEMBER GRIFFON: Right, which is
21 what NIOSH is recommending, too, and 3 is

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Procedures.

1 going to the report 44.

2 MR. MARSCHKE: Yes. I mean, we
3 could either -- we had it as in progress, but
4 if you wanted to transfer it to report 44,
5 which you guys have just assigned us, then
6 that would be -- you know.

7 MEMBER GRIFFON: The only question
8 I would have -- and I don't know if Liz is
9 hanging in there, but I am a little curious if
10 -- maybe I am misreading that, but report 44 -
11 - it seems like that wouldn't necessarily be a
12 procedure that would guide a dose
13 reconstructor. Rather, it is a report, but
14 maybe you are using this as guidance as well.

15 It seems like it is an issue dealing with the
16 sensitive data and how to handle it.

17 CHAIR MUNN: Right.

18 MEMBER GRIFFON: Shouldn't that be
19 in the procedure, rather than just in a
20 report?

21 MS. THOMAS: I don't remember why

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Procedures.

1 it was written as a report rather than -- it
2 is not something that the dose reconstructors
3 use. It was written for a co-worker study.

4 MEMBER GRIFFON: Right. It is
5 needed in the co-worker stuff. Yes. That is
6 true. At any rate, this is the co-worker
7 model procedure, and I thought, just as far as
8 where to deal with the issue, it seemed to me
9 it was -- I don't know, and I don't know
10 exactly how you deal with reports versus
11 procedures.

12 I guess as long as it is captured
13 somewhere and it is correctly done I don't
14 think it is a problem. That was the only
15 question I had.

16 CHAIR MUNN: Well, it might be a
17 problem if we are going to be looking at
18 procedures that are characterized as reports
19 at some juncture in the future, if that
20 continues to be an issue for us.

21 I am willing to follow the

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Procedures.

1 direction of the rest of the Subcommittee in
2 this respect, but because nobody but Mike and
3 I are here in person right now, I am hesitant
4 to do anything other than have the responses
5 loaded into the database at this juncture,
6 although if you -- Paul, how do you feel about
7 it?

8 MEMBER ZIEMER: Well, I kind of
9 agree with Mark, and I am willing to go ahead
10 if the others are okay with it.

11 MEMBER GRIFFON: We are not really
12 leaving the findings on the second and third
13 one. We are just transferring them to other
14 procedures, and we will still address them.
15 It is not like we are losing the technical
16 discussion.

17 MEMBER ZIEMER: Right.

18 CHAIR MUNN: So our preference
19 then is that Elyse will go ahead and upload
20 the NIOSH responses, and following that Steve
21 will magically add in the SC&A responses, and

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Procedures.

1 Item 1 then will be changed to closed. Item 2
2 will be transferred, and Item 3 will go to
3 Report 44. Correct?

4 MEMBER ZIEMER: Yes.

5 MEMBER GRIFFON: That sounds good.

6 CHAIR MUNN: All right with you,
7 Mike?

8 MEMBER GIBSON: Yes.

9 CHAIR MUNN: All right.

10 DR. ULSH: Steve, which one did
11 you recommend transfer to for PROC-95-2? Was
12 that OTIB-19?

13 MR. MARSCHKE: Yes.

14 CHAIR MUNN: All right. Any other
15 issues we didn't touch on? I guess we could
16 give Steve an opportunity to fill in the
17 blanks. That would be helpful.

18 MR. KATZ: We could do the
19 calendar while Steve is typing.

20 CHAIR MUNN: As much as I would
21 like to schedule a meeting of this group in

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Procedures.

1 April, it is not going to be possible to do
2 so.

3 In May, the week prior to the
4 meeting in Buffalo, the SEC Issues Group is
5 going to be meeting here on May 11th. I would
6 suggest that, if at all possible, this
7 Subcommittee meet the following day on May
8 12th. There are a couple of reasons for that.

9 One is I believe I will be able to
10 travel that week. I am not sure. The other
11 is we would really like to have a small little
12 get-together the night of the 11th, if we
13 could, for Larry Elliott, and if we can set
14 our meeting in such a way that it meshes with
15 the other meetings that are already on the
16 calendar.

17 I recognize the problem,
18 especially that NIOSH has with regard to
19 preparations for the New York meeting, but
20 waiting more than essentially eight weeks for
21 another meeting here really does put us in a

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Procedures.

1 slowed down procedural process where everybody
2 forgets what we were talking about the last
3 time.

4 We have a large burden of carry-
5 overs here, and SC&A will have quite a bit to
6 do between now and then. I think probably
7 their efforts may be the bulk of our
8 activities next time, but anyone who has any
9 feelings one way or the other about whether we
10 can do a meeting on May 12th, please speak
11 now.

12 MEMBER ZIEMER: This is Ziemer.
13 You may recall, we are also trying to schedule
14 TBD-6000, and we are down to two dates for it,
15 either the 10th or the 12th. I haven't heard
16 yet from Bob Anigstein from SC&A on his
17 schedule, and I haven't heard from John Poston
18 yet. So I am still waiting to hear from them,
19 but for the ones involved in that one, it
20 would be Josie, Wanda, Mark, Poston and me,
21 and then Dave Allen for NIOSH and Dick Stein

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Procedures.

1 for SC&A. But so far the 10th and the 12th
2 are both clear dates.

3 I think, for Mark, the 12th was
4 the best. Wanda, you said the 12th was the
5 best for you also.

6 CHAIR MUNN: Yes, it is.

7 MEMBER ZIEMER: But that was
8 before you were talking about this group
9 meeting. I suppose the 13th might also be a
10 possibility, if we got into that.

11 CHAIR MUNN: There is the
12 Surrogate Data Work Group telecom that day,
13 but it is only half a day. It is in the
14 afternoon.

15 MR. KATZ: I don't think the 13th
16 will work for that reason.

17 MEMBER ZIEMER: Oh, that is right.
18 That is at one o'clock on the 13th. Although
19 Dave Allen indicated he was okay to meet on
20 that date, I haven't got a confirmation from
21 him that they have finished going through all

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Procedures.

1 of the General Steel Industries documents that
2 were, I think, basically obtained with Dr.
3 McKeel's help. So I am not sure where he is
4 on those, but I made the assumption when he
5 said he was available that he would have
6 finished that review because that is critical
7 to the TBD-6000 meeting.

8 So that is the other piece of the
9 picture we need to be aware of.

10 MR. KATZ: Mark, if you are booked
11 on the 10th and the 12th, that would work for
12 you?

13 MEMBER GRIFFON: Not very well,
14 but I would -- the 11th, 12th and the
15 Surrogate, I could do. The 10th is pushing it
16 for me, other commitment-wise.

17 MR. KATZ: Okay, because for the
18 TBD-6000, we need you.

19 MEMBER GRIFFON: Yes, I know. I
20 know, and I don't want to miss that one or the
21 Procedures.

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Procedures.

1 CHAIR MUNN: How much overlap do
2 we have between 6000 and Surrogate Data?

3 MEMBER ZIEMER: Right now, not a
4 whole lot. The Surrogate Data is essentially
5 6000 in terms of Texas City, but TBD-6000
6 isn't handling the Texas City one.

7 Then presumably, the 6001 stuff is
8 going to be a separate Work Group, but I
9 haven't heard from Jim yet.

10 MR. KATZ: But that is correct,
11 Paul. That is correct. It is going to be a
12 separate Work Group.

13 MEMBER ZIEMER: I had thought
14 initially that -- I think, in terms of
15 volunteers, several people who volunteered for
16 that were also on the 6000, but I don't know
17 that that has been established yet for sure.

18 CHAIR MUNN: I haven't seen
19 anything.

20 MR. KATZ: It is not out yet. It
21 is not finished yet.

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Procedures.

1 CHAIR MUNN: So in terms of
2 people, the 6000 and Surrogate Data Work
3 Groups don't overlap very much, do they?

4 MEMBER GRIFFON: I think it is
5 just Paul and I. Right, Paul, that overlap?

6 MEMBER ZIEMER: I am on that one,
7 and I am on the SEC Work Group on the 11th.

8 CHAIR MUNN: So being purely
9 selfish here, I am still looking at May 12th
10 for this group.

11 MR. KATZ: But, Wanda, that pretty
12 much will knock out our being able to have
13 that TBD-6000 Work Group then because Mark is
14 not going to be able to do four days of Work
15 Groups that week.

16 MEMBER GRIFFON: I can't do four
17 days in Cincinnati anyway.

18 CHAIR MUNN: Well, I was going to
19 say he could just bring his bicycle. He will
20 be fine, I am sure. You can do it, Mark. You
21 are the iron man, right?

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Procedures.

1 MEMBER GRIFFON: Yes.

2 MR. KATZ: Can we back up a little
3 bit on the Procedures in terms of dates from
4 the 12th?

5 CHAIR MUNN: I can't travel.

6 MR. KATZ: Before that week?

7 CHAIR MUNN: I doubt it very much
8 that I would be able to.

9 MS. HOWELL: The 14th?

10 CHAIR MUNN: I could do the 14th.

11 MR. KATZ: Oh, my gosh. But
12 considering there is a Board meeting the next
13 week, that is fairly brutal for everyone. I
14 think SC&A is getting red. I think that is
15 pretty ugly. I will do whatever anyone wants
16 myself. It is not my problem, but --

17 MEMBER ZIEMER: Well, I am not
18 sure which is the most critical. We can
19 certainly have the -- we can have the TBD-6000
20 later, but it is going to end up in June, if
21 we do that.

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Procedures.

1 CHAIR MUNN: Or earlier -- I could
2 certainly -- I could be on the telephone for
3 TBD-6000 if it were done the preceding week.

4 MEMBER ZIEMER: Well, the
5 preceding week, Ted Katz isn't available.

6 CHAIR MUNN: All right.

7 MEMBER GRIFFON: You had narrowed
8 it down from a lot of dates. I know that,
9 Paul. Right?

10 MEMBER ZIEMER: What's that?

11 MEMBER GRIFFON: You had narrowed
12 it down from a lot of dates.

13 MEMBER ZIEMER: Well, right, and
14 Mark, you are not available between the 13th -
15 - I had the 13th, 14th, 23rd and 27th -- on
16 any of those dates -- well, the 13th and 14th,
17 we have several people not available.

18 MR. KATZ: I am not sure that I am
19 not available the first week in May. I think
20 I am.

21 MEMBER ZIEMER: Oh, first week in

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Procedures.

1 May? No, I am not available the first week in
2 May.

3 MR. KATZ: Oh, you are not?

4 MEMBER ZIEMER: No.

5 MEMBER GRIFFON: What were the
6 other ones again, Paul? The 13th and 14th are
7 definitely out for me. April we are talking
8 about?

9 MEMBER ZIEMER: Right. The 23rd
10 and the 27th I had, but the 27th was out for
11 Katz, and the 26th was out for Mark.

12 MR. KATZ: Email me. I will try
13 to make it.

14 MEMBER GRIFFON: I was going to
15 say I could do the 27th, but I can't do the
16 23rd, no.

17 MEMBER ZIEMER: Right. And Wanda
18 can't be available in March -- or April,
19 rather.

20 CHAIR MUNN: No, but I could call
21 in.

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Procedures.

1 MEMBER ZIEMER: Could call in.

2 CHAIR MUNN: Yes. I think it
3 would be all right. So?

4 MEMBER ZIEMER: Well, the only one
5 of those maybe that would be possible would be
6 the 23rd, I guess, but you are not available,
7 Mark. You would have to call in. Right?

8 MEMBER GRIFFON: And even if I
9 could call in, I still might miss part of it.

10 MEMBER ZIEMER: Yes. So that
11 wouldn't be good.

12 MS. HOWELL: What about the 18th?

13 MR. KATZ: So Emily is just asking
14 about the 18th in Buffalo. We are there the
15 19th, 20th, 21st.

16 CHAIR MUNN: But it is not
17 Buffalo. It is Niagara Falls.

18 MR. KATZ: Paul, do you expect
19 that this TBD-6000 meeting possibly will be
20 closing out the Work Group's work on GSI?

21 MEMBER ZIEMER: That is going to

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Procedures.

1 be very dependent on where Dave Allen is on
2 their review of the materials. I don't have a
3 hint at the moment. I guess I am going to be
4 surprised if we can close out. There's a lot
5 of issues. I would like to be able to. There
6 has certainly been pressure on us to close
7 that out.

8 MEMBER GRIFFON: Paul, what if we
9 said here that May 12th will either be TBD-
10 6000 or the Procedures Subcommittee, depending
11 on what you hear from Dave, because he may not
12 even be ready. Right?

13 MEMBER ZIEMER: Yes, that is a
14 possibility. I would say let's reserve it,
15 and then whichever.

16 MEMBER GRIFFON: Reserve the day.
17 I don't know. I would argue, if Dave is
18 ready, that is probably a little more
19 pressing, the 6000 group.

20 CHAIR MUNN: Yes, you are probably
21 correct. I am certainly open to Emily's

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Procedures.

1 suggestion. I have no problem with
2 considering the 18th for this meeting in
3 Buffalo or Niagara Falls.

4 MR. KATZ: Niagara Falls. Mark,
5 can you handle that?

6 MEMBER GRIFFON: I guess. I am
7 just afraid, if it is an aggressive agenda,
8 you know, if we are all trying to get ready
9 for the --

10 MR. KATZ: Yes. Well, it is going
11 to be a -- it is going to be a busy Board
12 meeting again, like the last one.

13 MEMBER GRIFFON: Right.

14 CHAIR MUNN: But then there are
15 advantages as well.

16 MEMBER ZIEMER: Well, let's go
17 ahead and block off the 12th, and I will talk
18 to Dave Allen and see what we can do and let
19 you know.

20 CHAIR MUNN: So tentatively, we
21 are going to say 6000 on the 12th. Right?

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Procedures.

1 MR. KATZ: Tentatively, yes.

2 CHAIR MUNN: Tentatively. And can
3 we go ahead and lock in this one on the 18th?
4 I know no one finds that to be particularly
5 palatable.

6 MEMBER GRIFFON: Wanda, do you
7 think, if we did the 18th at the meeting, can
8 it be arranged that we do -- oh, no, that
9 won't work for you anyway.

10 CHAIR MUNN: What?

11 MEMBER GRIFFON: I was just
12 thinking, if I can do it, I would have to
13 travel the morning of the 18th, and I am not
14 sure what my options are to get up there
15 early.

16 MR. KATZ: So you are saying maybe
17 a half-day?

18 MEMBER GRIFFON: Yes, that is what
19 I was thinking, like a noon-time start, and
20 then we get everything done a little late, but
21 you know --

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Procedures.

1 MS. HOWELL: If we could do this
2 in a half-day, then we could do it the morning
3 of the 13th.

4 MS. ADAMS: You could do two half-
5 days.

6 MR. KATZ: We could. The whole
7 prospect is seeming brutal to me, considering
8 the Board meeting, especially for you folks.

9 CHAIR MUNN: Well, rather than
10 waffle, let's go ahead and say that we will
11 meet in Niagara Falls on the 18th. We will
12 attempt to start at noon. Will noon be
13 adequate?

14 MEMBER GRIFFON: I can't answer
15 that, but I think so.

16 MR. KATZ: There are some good
17 flights.

18 CHAIR MUNN: Or if we find that
19 flights are impossible, then we can always
20 push it back to one.

21 MR. HINNEFELD: That makes more

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Procedures.

1 sense.

2 CHAIR MUNN: Does it?

3 MR. HINNEFELD: Afternoon start.

4 MR. KATZ: That means they have to
5 come in the night before.

6 MR. HINNEFELD: We may have to get
7 there the night before for Niagara Falls. I
8 was going to drive to Niagara Falls and go to
9 my in-laws. Instead of leaving on Tuesdays,
10 then I would be leaving on Monday. I would
11 lose the entire week before the Board meeting,
12 or the entire week of the Board meeting.

13 MS. HOWELL: If we thought it was
14 going to be a half-day, because the week
15 before it would still only be three days of
16 meeting, which it already is now, if you are
17 assuming that the TBD-6000 meeting is on the
18 12th. So to me, it is like not necessarily--

19 MR. KATZ: What about -- Wanda, do
20 you have to be -- what about if you do it by
21 phone, Procedures? You can't do that?

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Procedures.

1 CHAIR MUNN: My personal feeling
2 is nothing is more difficult than trying to
3 deal with it. We did very little with the
4 database this time, and this makes the third
5 and --

6 MR. KATZ: Okay, that's fine.
7 That's fine. I was just looking at the end of
8 the last week of April, which would work.

9 MEMBER GRIFFON: I hate to tell
10 you this, Wanda, but what about -- you know,
11 we are killing ourselves here with this
12 schedule.

13 MR. HINNEFELD: And I don't know
14 what can get accomplished in six weeks, and
15 May 12th is six weeks out.

16 MEMBER GRIFFON: Yes. Then why
17 don't we push it into probably June?

18 MR. KATZ: Well, what about the
19 last week in May? Was that a no go for some
20 reason?

21 MEMBER ZIEMER: It is for me. I

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Procedures.

1 wouldn't be available.

2 MR. KATZ: The last week in May is
3 no good? Okay.

4 MEMBER ZIEMER: And the 18th is
5 going to be problematic.

6 MR. KATZ: Okay. Then let's
7 scratch that. Looks like we are into June.
8 What about that first week in June? The first
9 week in June looks fine from my calendar.

10 MR. HINNEFELD: I believe I am on
11 vacation Thursday and Friday of that week.

12 MR. KATZ: Okay. So there is
13 Monday, the 31st of May, Tuesday the 1st.

14 MR. HINNEFELD: Monday the 31st is
15 Memorial Day.

16 MR. KATZ: Oh, right, right.

17 MEMBER GRIFFON: The 2nd is good
18 for me, the best actually.

19 MR. KATZ: The 2nd? Yes, the 2nd
20 would be probably best for anyone traveling,
21 so they don't have to do this for Memorial

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1 Day.

2 MEMBER ZIEMER: I am not available
3 that week at all.

4 DR. ULSH: I don't know if I am.

5 MR. KATZ: Okay, and Paul is not.
6 The second week of June? June 8th?

7 MEMBER GRIFFON: Eighth or ninth
8 or 10th are okay with me.

9 MR. KATZ: Good for me.

10 DR. ULSH: I am going to have to
11 get back to you. I know I am going on
12 vacation in June. I just don't remember the
13 date.

14 MR. HINNEFELD: Well, I will cover
15 it if I need to.

16 MR. KATZ: Okay. June 8th is good
17 for you, Stu?

18 MR. HINNEFELD: Yes.

19 MR. KATZ: June 8 okay with you,
20 Wanda? Steve? Okay. June 8th, and I will
21 send an email to Dick.

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Procedures.

1 MEMBER GRIFFON: Well, that was
2 the longest agenda item.

3 CHAIR MUNN: Not really.

4 MR. KATZ: It would have been even
5 longer if we had done this by email.

6 CHAIR MUNN: All right, June 8th,
7 Procedures in Cincinnati, and the great
8 letdown after the Niagara Falls meeting. All
9 of these outstanding items can magically be
10 addressed.

11 Is there anything else for the
12 good of the order? If not, thank you all very
13 much for hanging in there with us. We will
14 look forward to hearing your dulcet tones or
15 seeing your smiling face on Tuesday, June the
16 8th at 9:30.

17 This meeting is adjourned.

18 MR. KATZ: Thanks, everyone on the
19 line. Take care.

20 (Whereupon, the foregoing matter
21 went off the record at 3:49 p.m.)

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Procedures.

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