

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

+ + + + +

WEDNESDAY  
APRIL 11, 2012

+ + + + +

The Subcommittee convened in the Brussels Room of the Cincinnati Airport Marriott, 2395 Progress Drive, Hebron, Kentucky, at 9:00 a.m., Wanda I. Munn, Chair, presiding.

PRESENT:

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

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ALSO PRESENT:

TED KATZ, Designated Federal Official  
BOB ANIGSTEIN, SC&A\*  
HANS BEHLING, SC&A\*  
KATHY BEHLING, SC&A\*  
STU HINNEFELD, DCAS  
JENNY LIN, HHS  
STEPHEN MARSCHKE, SC&A  
JOHN MAURO, SC&A\*  
MUTTY SHARFI, ORAU\*  
MATTHEW SMITH, ORAU\*  
JOHN STIVER, SC&A  
ELYSE THOMAS, ORAU\*  
BRANT ULSH, DCAS

\*Participating via telephone

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

2 (9:00 a.m.)

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

7 We are getting started. We will  
8 begin with roll call. There are no conflict  
9 of issue matters with our Members for this  
10 group for this agenda today so we don't need  
11 to address conflict of interest.

12 But let's go with roll call. Board  
13 Members, beginning in the room.

14 (Roll call.)

15 MR. KATZ: Very good. There's an  
16 agenda for the meeting. It's posted on the  
17 NIOSH web page under the Board section,  
18 meetings. And off we go. Wanda.

19 CHAIR MUNN: I assume everyone in  
20 the room has a copy of the agenda. If anyone  
21 needs a hard copy let me know. I have one  
22 extra copy here for you if you need it.

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1           Before we go any further, are there  
2 any additions or corrections to the agenda  
3 other than the two items that Ted had  
4 mentioned, were not specifically called out?

5           MR. STIVER:       If I could say  
6 something. This is John Stiver. We do have a  
7 kind of a draft PER-12 dose reconstruction  
8 report that we -- if we have time for it this  
9 afternoon, Kathy put that together kind of at  
10 the 11th hour, but -- so we'd like to discuss  
11 it.

12           We have one case of the nine that's  
13 addressed, and before we were to, you know, go  
14 ahead with the process we have in place and  
15 the format and everything, we would like to  
16 discuss it with the Subcommittee.

17           CHAIR MUNN:   Very good. We'll see  
18 if we -- with any luck at all, I think we'll  
19 have adequate time for that and we'll just do  
20 that before we get to administrative detail in  
21 the afternoon.

22           Anything else?

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1 (No response.)

2 CHAIR MUNN: Then let's move  
3 forward with the agenda. Our first item is to  
4 take a look at the database review and the  
5 comments. Steve Marschke. I want to thank  
6 Steve personally and all of the people that  
7 work with him to get a familiar format for our  
8 reporting of status to the Board Members  
9 today.

10 This was certainly very helpful for  
11 me and I don't know whether everyone else  
12 feels that way or not, but this is by far the  
13 most meaningful presentation of the data that  
14 we have had in a long time, I think.

15 Thank you again, Steve, and if you  
16 want to go through our report and give  
17 yourself and anyone else who wants to comment  
18 about it our usual discussion on where we are  
19 with our tracking system and how well we are  
20 doing in terms of being able to access the  
21 data we want, when we want, in the format we'd  
22 like to see.

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1                   Go ahead, Steve.

2                   MR. MARSCHKE:   Okay well first, I  
3 think, Brant, I think you want to say  
4 something along the lines of Wanda's summary  
5 table?

6                   DR. ULSH:     Yes, for the past, I  
7 don't know how many meetings, the Committee's  
8 expressed top priority has been to generate  
9 within the Board Review System the ability to  
10 generate this table that Steve did by brute  
11 force this time.

12                   I'm happy to report that you can  
13 now do it, and Steve is going to show you.

14                   MR. MARSCHKE:   If you go up here  
15 onto the reports and you click on summary  
16 finding status report, on a dropdown menu you  
17 get voila. You get the summary table comes  
18 up, automatically generated, and so in the  
19 future we won't have to be generating this by  
20 brute force. We can basically use the BRS to  
21 generate this, and so that's very good news.

22                   CHAIR MUNN:   Wait, let me do that.

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1 That is wonderful, just --

2 MR. MARSCHKE: Go back here to  
3 where it says reports, Wanda, and you get a  
4 little dropdown menu, and it says summary  
5 finding status report, you click on that.

6 CHAIR MUNN: That's it.

7 MR. HINNEFELD: Now, there's an  
8 export -- by the printer icon there's a button  
9 that says export.

10 MR. MARSCHKE: Is that up here?

11 MR. HINNEFELD: That corner where  
12 Steve is showing it. You can select the  
13 format in that dropdown list. And you can  
14 export that report into a Word file or Excel.

15 (Simultaneous speaking.)

16 MR. MARSCHKE: If you want to  
17 include this report into a Word document that  
18 you are sending out, you can export it  
19 directly, right into your document.

20 CHAIR MUNN: Oh, that's going to be  
21 so convenient.

22 MS. LIN: You're missing a 3D

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1 option.

2 (Laughter.)

3 CHAIR MUNN: Thank you. Yes.

4 That's about the only thing that's missing.

5 MR. HINNEFELD: We don't have the  
6 glasses yet.

7 CHAIR MUNN: That is very, very  
8 nice, complete with a PDF file. Thank you so  
9 much.

10 MR. HINNEFELD: You laugh. Those  
11 guys might do it.

12 (Laughter.)

13 MR. STIVER: We'd probably make it  
14 a video game.

15 CHAIR MUNN: Really looking forward  
16 to it. That is wonderful. Thank you all. Go  
17 ahead Steve. Thank you, Brant. Thank  
18 everybody behind the scenes who worked on  
19 this.

20 DR. ULSH: Yes, that's it, we're  
21 done. We're going home now.

22 (Laughter.)

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1 DR. ULSH: There is also, just so  
2 you know, Steve, if you could go back to the  
3 first page, the summary page. Yes. The  
4 cumulative totals chart, this is the graph  
5 that typically goes with the -- what we call  
6 the Wanda report.

7 CHAIR MUNN: Yes.

8 DR. ULSH: Now, be careful with  
9 this one for now. This is all late-breaking,  
10 and neither Steve nor I are quite sure how  
11 these bars are built. I mean, it looks like  
12 we want it to look in the past, but I have to  
13 double check with Tom James to make sure that  
14 all the numbers are --

15 (Simultaneous speaking.)

16 CHAIR MUNN: And how did you get to  
17 that, Steve?

18 MR. MARSCHKE: Basically you go to  
19 the same -- where did it go?

20 MR. STIVER: Cumulative totals  
21 chart.

22 MR. MARSCHKE: I lost -- I --

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1 MR. STIVER: Back under Board  
2 review.

3 MR. HINNEFELD: Yes, once you get  
4 to the report, you get back to the main screen  
5 and you close out --

6 (Simultaneous speaking.)

7 MR. MARSCHKE: -- to the reports  
8 button, it's the second one underneath.

9 CHAIR MUNN: Okay. Okay. It's the  
10 graph, I got it.

11 MR. MARSCHKE: But, again, use it  
12 with care because we don't -- we aren't sure  
13 exactly what's being put in there, because  
14 typically the BRS or the Access database  
15 before the BRS did not keep track of --  
16 historical track.

17 Now you can see, basically he's got  
18 every month, May, June, July, August,  
19 September, October, and that's not what I --  
20 that's not what we typically do. We typically  
21 have these bars. These charts are typically  
22 the dates of the Subcommittee meetings, like

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1 March 2008 and so on and so forth.

2 So I'm not sure, you know, I'm not  
3 sure that this chart that is being  
4 automatically generated is what we need.

5 CHAIR MUNN: Well, it was certainly  
6 helpful to me as an overall visual summary.

7 MR. MARSCHKE: Well we can -- but  
8 you have to be careful of the way you  
9 summarize it because you have to know what's  
10 in it before you can really, you know -- and  
11 it only goes back -- it doesn't go back -- it  
12 only goes back to May of last year.

13 So you know, what we've been doing  
14 in the past is, again, I've been keeping the  
15 historical record of these in kind of like a  
16 separate Excel file and generating these  
17 charts from a separate Excel file which has  
18 the history back through time.

19 CHAIR MUNN: Well, that seems the  
20 logical thing to do unless we have some really  
21 compelling reason to transfer that material  
22 into the new system.

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1 DR. ULSH: Well, let me -- let me  
2 make sure that I understand what you want in  
3 this draft, and if it's the Subcommittee's  
4 desire, now that we've had the Wanda table up,  
5 if this is your new top priority, then I can,  
6 you know, prioritize that appropriately with  
7 Tom James.

8 But from what I hear, you want the  
9 dates along the bottom to be the dates of the  
10 Procedures Subcommittee meetings rather than  
11 monthly, and for each bar, let's say if I'm  
12 looking at the June 8th bar, the third bar in,  
13 you see the different colored bars there  
14 corresponding to different finding status. So  
15 the way I interpret that is, as of June 8th,  
16 the bottom bar shows you how many were closed,  
17 and on top of that on June 8th, how many were  
18 in abeyance, et cetera et cetera.

19 Right? That's what we --

20 CHAIR MUNN: Correct. That was my  
21 interpretation as well.

22 DR. ULSH: Okay. I will work with

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1 Tom to make sure that that graph reflects what  
2 you want it to reflect. I'm just saying the  
3 shell is there now, but don't put a lot of  
4 trust in that data until we V&V it.

5 CHAIR MUNN: That's fine, and if  
6 there are -- yes, it seems logical to me to  
7 chart this from our Subcommittee view of it,  
8 which would be per our meetings rather than in  
9 -- by month or annually.

10 Paul, do you agree that our  
11 meetings should be the -- that is to say at  
12 our meetings, that's when we have input to  
13 this, and other times we, as a Subcommittee  
14 really and truly don't.

15 So from my perspective, that's  
16 ideal.

17 MR. MARSCHKE: Also, Wanda, the  
18 only -- in theory the only time the statuses  
19 are supposed to change is at the Subcommittee  
20 meeting, and by the Subcommittee.

21 So going month to month, when  
22 there's no Subcommittee, it would not -- the

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1 bars would be unchanged from one month to the  
2 next.

3 CHAIR MUNN: It would be  
4 meaningless to us because we wouldn't know who  
5 changed it and why.

6 DR. ULSH: Can you go back to the  
7 one that we generated in the system because  
8 it's month to month and you see there are some  
9 changes, so that --

10 MR. MARSCHKE: Well there might  
11 have been some meetings because there might  
12 have been a meeting in September, and there  
13 might have been a meeting in January. There  
14 was a meeting in January.

15 MR. STIVER: Yes, you can see  
16 there's kind of a step function there.

17 DR. ULSH: Okay, well maybe you're  
18 right then.

19 MR. STIVER: So, this looks like it  
20 reflects three different meetings here, which  
21 seems to be about right.

22 CHAIR MUNN: We were meeting much

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1 more frequently.

2 MR. MARSCHKE: So it's only -- but  
3 in between, it's level.

4 DR. ULSH: Yes, which is not  
5 terribly informative.

6 MR. MARSCHKE: Which is not, you  
7 know --

8 DR. ULSH: Okay.

9 CHAIR MUNN: Yes, I think we were  
10 changing it, essentially when we met.

11 MR. KATZ: So this is consistent  
12 with what you'd expect. The data is probably  
13 right.

14 DR. ULSH: Let me make sure.

15 CHAIR MUNN: Good. Has anybody  
16 else been working with this and having any  
17 problems at all with it? Have you tried  
18 working with the PDF files, et cetera?

19 MR. MARSCHKE: Well, you know, if I  
20 could continue on, Wanda --

21 CHAIR MUNN: Please.

22 MR. MARSCHKE: Preparing for the

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1 meeting, I guess it was the end of March, when  
2 I sent -- we were working with it and we  
3 found a few glitches and I sent an email, and  
4 I think they've been mostly taken care of.

5 I CC'd you, Wanda, on this email --

6 CHAIR MUNN: Yes.

7 MR. MARSCHKE: -- that I sent to  
8 Brant.

9 CHAIR MUNN: I have it.

10 MR. MARSCHKE: I did not cc the  
11 rest of the Subcommittee. I don't know how  
12 much the Subcommittee wants to follow the nuts  
13 and bolts of the BRS.

14 CHAIR MUNN: Well, I think it's  
15 worthwhile for us at least to touch on it and  
16 get it into the record, because it's helpful  
17 for anyone who is going to be working with it  
18 to kind of stay up to speed with where we are  
19 and our eventual goal to have this really  
20 super-smooth.

21 DR. ULSH: Now these should be  
22 addressed by now, but you know, we have to

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1 make sure --

2 CHAIR MUNN: Let's touch on it to  
3 find out.

4 MR. MARSCHKE: The -- I checked it  
5 this morning and I think TIB-9, OCAS-TIB-9 and  
6 OCAS-TIB-11 I believe are now in the system,  
7 so that's a good thing.

8 The only thing is they have not  
9 been populated.

10 DR. ULSH: Right, let me explain  
11 that. We discovered -- I can't remember who  
12 discovered it -- but I became aware that when  
13 we built the Board Review System from the  
14 Access database, there was a problem with not  
15 just 9 and 11, but I think many more of the  
16 DCAS TIBs or OCAS TIBs. Remember the names  
17 changed.

18 And that is that those findings  
19 were not ported over into the new system. So  
20 we are aware of that issue, and we are working  
21 on it.

22 CHAIR MUNN: Do we know why?

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1 DR. ULSH: No.

2 CHAIR MUNN: We love a mystery.

3 MR. MARSCHKE: See, you can see  
4 OCAS-TIB-9 for example is here. When you  
5 click on it, basically it says there are no  
6 findings to display. So that's what they're -  
7 - they're working on that right now.

8 DR. ULSH: And I'd asked Elyse, and  
9 I think she did it, to go back into the Access  
10 database and kind of print out that history so  
11 that we can then populate it here in the Board  
12 Review System.

13 MR. MARSCHKE: I think it's only --  
14 I think one of them had two findings and the  
15 other one might have had one finding, and I  
16 think all of them are either closed or in  
17 abeyance or something. It's very -- they're  
18 very -- there weren't many findings.

19 CHAIR MUNN: Well, I see 11 on my  
20 list, showing two findings.

21 MR. STIVER: I'm not seeing nine on  
22 mine.

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1 CHAIR MUNN: But I don't see nine.

2 MR. MARSCHKE: What list are you  
3 looking at?

4 CHAIR MUNN: I'm looking at the  
5 master list. There's OTIB-0011, tritium  
6 calculated missed dose estimates.

7 MR. STIVER: Yes, I go from TIB-8  
8 to 13.

9 CHAIR MUNN: Yes. I go from 8 to  
10 10. And then 11, 12, 13, 14, everybody but 9.

11 DR. ULSH: So we know that this is  
12 an issue and it's being worked right now.

13 CHAIR MUNN: Okay. We can make a  
14 note of that.

15 MR. MARSCHKE: The other one I saw  
16 was, when we were generating some of the PDF  
17 files I got some errors, when I was doing it  
18 for some of the findings, and I'm going to  
19 check that this morning, that seems to be  
20 working.

21 The one that doesn't seem to be  
22 fixed, Brant, is the first one, OCAS-PER-3.

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1 There was an issue loading this comment and I  
2 don't know what that -- OCAS -- OCAS-PER-3.  
3 When I click on that, I get this -- I get this  
4 error message.

5 DR. ULSH: OCAS-PER-003.

6 MR. STIVER: Yes, I get the same  
7 message.

8 CHAIR MUNN: I thought we had PER-3  
9 --

10 MR. MARSCHKE: And also when you  
11 basically do -- you get the same message when  
12 you do ORAU-OTIB-10. You click on that, you  
13 get that same, there was an issue loading  
14 comment/finding details. So I don't know.  
15 There could be some corruption in someone's  
16 files someplace or something.

17 CHAIR MUNN: That was OTIB what?

18 MR. MARSCHKE: That was OTIB-10.

19 CHAIR MUNN: We had a -- we had 10  
20 on our carryover items.

21 MR. MARSCHKE: Was the -- this is  
22 ORAU-OTIB-10. I don't think we've had OCAS --

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1 CHAIR MUNN: No, we had OCAS-OTIB-  
2 10.

3 MR. MARSCHKE: OCAS, yes we had --

4 CHAIR MUNN: Updated -- you later.

5 MR. KATZ: I wonder if you could  
6 have just an administrator, database  
7 administrator email set up so you know, as you  
8 do with other CDC systems, so that when these  
9 just sort of unique little problems like this,  
10 someone can just send an email to the email  
11 box saying there's a problem --

12 They ought to involve you in all  
13 that each time.

14 MR. HINNEFELD: Let me tell you  
15 what that address is. Hang on.

16 CHAIR MUNN: I'm sorry, Stu, I  
17 missed that.

18 MR. HINNEFELD: I'll tell you what  
19 the address is, what address to send it to.

20 CHAIR MUNN: Okay.

21 MR. HINNEFELD: It's -- this is all  
22 caps, but I don't think it matters. CIN, as

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1 in Cincinnati, hyphen OCAS, hyphen NOCTS space  
2 -- support. Support is no longer in caps.  
3 Actually, I'm sorry. That's -- it's CIN-OCAS-  
4 NOCTSSupport, all one word. I was reading the  
5 shorthand. The actual address is, and this is  
6 not all caps, but it won't matter, cin-ocas-  
7 noctssupport -- doesn't have room for the T --  
8 @cdc.gov

9 And specify that you are sending it  
10 for the Board review application. That's our  
11 NOCTS support inbox. And so that's our guys.

12 You can send it for -- even though it's not a  
13 NOCTS issue, you can send it to us.

14 MR. KATZ: Sure, yes. It looks  
15 like that will be more efficient.

16 MR. HINNEFELD: And then, Brant, we  
17 need to warn them that they will be getting  
18 emails from perhaps Work Group Members,  
19 Subcommittee Members and Steve and perhaps  
20 John or Kathy or some people like that.

21 MR. KATZ: And then down the road,  
22 in case someone loses it, I don't know if it's

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1 easy for them to just put this help number at  
2 the top of this system or something so that --

3 MR. HINNEFELD: Oh, I suppose they  
4 could.

5 MR. KATZ: If they can --

6 MR. HINNEFELD: In fact --

7 MR. KATZ: If that's easy to do,  
8 that would be nice, and they --

9 (Simultaneous speaking.)

10 MR. KATZ: help number --

11 MR. HINNEFELD: There's a link in  
12 NOCTS that takes you to it, so they have to  
13 only put that same type of link on --

14 MR. KATZ: Okay. So that would be  
15 perfect.

16 MR. HINNEFELD: You got that?

17 DR. ULSH: Yes.

18 MR. MARSCHKE: The other thing that  
19 we have talked about -- and I haven't checked  
20 this out so maybe it's been taken care of --  
21 but the other thing that we had talked about  
22 at other meetings are basically the total

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1 findings and the total active findings  
2 columns, and what is meant by active findings.

3 The last time we checked -- the  
4 last time we tried to do this, I think we used  
5 --

6 DR. ULSH: That should be fixed  
7 now. Should be. I told Tom to redefine the  
8 definition. Sorry, redefine total active  
9 findings to be all findings except closed --

10 CHAIR MUNN: Closed, transferred --

11 MR. STIVER: Transferred and in  
12 abeyance.

13 CHAIR MUNN: In abeyance.

14 DR. ULSH: Whatever it is we  
15 decided, I told Tom to change it and he  
16 reported back to me that it had in fact been  
17 changed. This was late last week so I haven't  
18 had a chance to verify that.

19 CHAIR MUNN: Yes, I think we had --

20 MR. MARSCHKE: The one that we were  
21 looking at was actually OTIB-54 and kind of  
22 using that as an example.

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1 MR. STIVER: ORAU-OTIB-54?

2 MR. MARSCHKE: See basically the  
3 problem I have is, if you look at OTIB-54, it  
4 shows 26 findings and 26 active findings and  
5 that's not right. So somehow it's not getting  
6 updated.

7 MR. STIVER: Oh, here it is. Yes,  
8 26, 26.

9 MR. MARSCHKE: And if you go, get  
10 down, if you go into the details, you can see  
11 basically that the first one is in abeyance,  
12 the second one is closed, the third one and  
13 fourth one are closed.

14 So a lot of them have been closed  
15 or in abeyance, and it's just really -- so  
16 something's not being updated probably. But I  
17 mean he made -- probably made the changes to  
18 the definition but somewhere there has to be  
19 an update of that first table.

20 MR. STIVER: There were nine in  
21 progress. All the rest are either closed or  
22 in abeyance.

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1 CHAIR MUNN: In abeyance. One,  
2 two, three, four, five, six, seven, eight. I  
3 have eight in progress, but you say there's  
4 more?

5 MR. STIVER: I might have  
6 miscounted, point being there's quite a few  
7 that are already closed.

8 CHAIR MUNN: Yes.

9 MR. STIVER: This is OTIB-54. Look  
10 under all Work Groups and then --

11 (Simultaneous speaking.)

12 CHAIR MUNN: Five, six, seven in  
13 abeyance. And it's not picking it up.

14 MR. MARSCHKE: Yes, that's the main  
15 point is, whether or not there's how many  
16 there are, specifically the fact that it's not  
17 picking them up.

18 CHAIR MUNN: Well now --

19 MR. MARSCHKE: So the question is,  
20 I mean, it's obviously, I think it's picking  
21 them up, obviously on the -- when it does the  
22 Wanda summary table, the new Wanda summary

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1 table, it's doing it right.

2 So the data is being, you know,  
3 somewhere -- this screen is not being updated  
4 with the latest information. Should be a  
5 relatively minor thing.

6 CHAIR MUNN: This is one of those  
7 that Ted had on his note that I had overlooked  
8 in my --

9 MR. MARSCHKE: Well, we weren't  
10 sure what Ted meant on his note, whether he  
11 meant this or whether he meant -- because we  
12 haven't really talked about OTIB-54 itself  
13 except for to use it as this example. We  
14 haven't talked about it itself since I think  
15 it was January of 2011.

16 MR. KATZ: That's why I didn't have  
17 it for this particular concern.

18 MR. MARSCHKE: Right, no. Yes.  
19 That's what I kind of thought.

20 CHAIR MUNN: So, we'll just keep  
21 that as a checkpoint for how well the system  
22 is working next time, right?

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1 MR. MARSCHKE: Yes, I mean this  
2 could be a very handy thing to have Wanda,  
3 because you could click on, you know, total  
4 active findings and it will order them in  
5 order and you could then use it and see which  
6 of the procedures are -- still have the most  
7 active findings associated with it so they can  
8 maybe pop up to the top of the list.

9 CHAIR MUNN: Yes, that's marvelous.  
10 That was one of the big things that I had on  
11 my list of things to check out here, so the  
12 fact that you can get active findings is  
13 great. We'll just check 54 next time.

14 All right. Anything else, Steve?

15 MR. MARSCHKE: I think that's all I  
16 wanted to say about the BRS.

17 CHAIR MUNN: Does anyone else who  
18 has been using the database have anything to  
19 add or anything to complain about?

20 I still find this a little bit  
21 cumbersome, but I think it's my lack of  
22 facility with the process, not the database

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1       itself, as best I can determine.

2                    You doing okay with it, Paul?

3                    MEMBER ZIEMER:  Yes, gradually.

4                    CHAIR MUNN:  Good.  And we don't  
5       have anyone on the line who -- do we have Mike  
6       on the line?

7                    MR. STIVER:  Mike Smith?

8                    CHAIR MUNN:  No.  No.

9                    MEMBER ZIEMER:  No, Mike Gibson.

10                   MEMBER GIBSON:  I'm here.

11                   CHAIR MUNN:  Have you had occasion  
12       to play with this at all, Mike?

13                   MEMBER GIBSON:  No, I haven't,  
14       Wanda.

15                   CHAIR MUNN:  Okay.  Very good.  
16       Then I trust you don't have any complaints?

17                   MEMBER GIBSON:  I don't.

18                   CHAIR MUNN:  That's good.  And,  
19       Dick, are we going to have Dick at any time on  
20       the line?

21                   MR. KATZ:  No.

22                   CHAIR MUNN:  No, okay.  All right

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1 then. Thank you very much Steve and all your  
2 associates. Brant, thanks. We really  
3 appreciate that. I feel like this is a  
4 significant help for me certainly.

5 I would call to your attention a  
6 small, tiny little thing Steve, on the primary  
7 chart, the heading says, "Number 2, total  
8 findings" of the first column. I think you  
9 want that to be total of total findings.

10 MR. MARSCHKE: Yes, well okay,  
11 well, the thing is -- what the, did they put  
12 it right in the --

13 CHAIR MUNN: Yes, it says, "Number  
14 2, total findings."

15 MR. MARSCHKE: Well they just have  
16 total findings. The new one, we will -- in  
17 the future we will be using the automatic  
18 system one.

19 CHAIR MUNN: And the automatic  
20 system one says --

21 MR. MARSCHKE: It just says total  
22 findings.

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1 CHAIR MUNN: -- total findings, it  
2 doesn't say any of two or anything. That's  
3 good.

4 MR. MARSCHKE: So, it doesn't have  
5 that problem.

6 CHAIR MUNN: Okay. That's good.  
7 Then my little picky is of no consequence at  
8 all. All right.

9 MR. MARSCHKE: I guess, I don't  
10 know if you want to talk about it now, but I  
11 mean we can basically talk about you know,  
12 where we are a little bit, if you want to look  
13 at this chart that was associated with the  
14 handout, as opposed to the one that was on the  
15 automatic chart with the system, you can  
16 really look and it gives you a good idea of  
17 the status that we are making and you see we  
18 are over 50 percent --

19 CHAIR MUNN: Done. Closed.

20 MR. MARSCHKE: -- closed. Well  
21 over 50 percent closed. Maybe 55 percent  
22 closed, if you look at the second one --

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1 CHAIR MUNN: Yes.

2 MR. MARSCHKE: -- which is not,  
3 which is not bad, and if you add in the ones  
4 that are in abeyance, that means we are over  
5 70 percent have resolutions to them.

6 CHAIR MUNN: Yes.

7 MR. MARSCHKE: The ones that are  
8 open is less than 10 percent, those are the  
9 ones we haven't talked about at all. It looks  
10 like we've got about 10 percent that are also  
11 --

12 (Simultaneous speaking.)

13 CHAIR MUNN: So go ahead, Steve,  
14 you're 11 percent --

15 MR. MARSCHKE: Well, I was just  
16 looking at the in progress one looks to be  
17 about, well, according to the chart it's about  
18 seven percent --

19 CHAIR MUNN: Yes, right.

20 MR. MARSCHKE: -- in progress, and  
21 so you know, if you look at the previous --  
22 the previous chart, you can see for a long

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1 time, from May of 2009 to October of 2010, we  
2 didn't really add any new findings.

3 CHAIR MUNN: No.

4 MR. MARSCHKE: But since we've  
5 added a few findings since October of 2010 to  
6 today, not very many, maybe a handful, I think  
7 most of these have, you know, came from Hans  
8 in his PER reviews --

9 CHAIR MUNN: I think so.

10 MR. MARSCHKE: -- and maybe Report  
11 44 is in there. But again, you can basically  
12 go back up and look at either the summary --  
13 the Wanda version here and you can see the  
14 from 2009 or from 2010 to now, you can see  
15 there's been 5, 10, depending on whether or  
16 not report PER-18 is included, findings that  
17 have been added since.

18 CHAIR MUNN: True. Now, it would  
19 be -- I was going to do this if we had time to  
20 do it later, but this is an excellent time for  
21 us to use the status filter to bring up all  
22 the open items to see if there's any way that

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1 we can specifically bring those up a little  
2 higher in our priority list, if it's feasible  
3 to do that so that we get a better feel for  
4 exactly what we have open that we have not  
5 addressed at all. We haven't done that in six  
6 or eight months, and it looks like we have  
7 IG-1 with a bunch of them open.

8 MR. MARSCHKE: We can basically  
9 order them.

10 CHAIR MUNN: Yes, we have -- PER-3  
11 has one. PER-7 has five. PR-3, that  
12 surprises me, we have done a lot with that but  
13 it still has one open.

14 We have OTIB-13 open. We have  
15 three open Paducah 37, a couple on Rocky, 38,  
16 eight on Hanford 39. That's interesting.

17 MR. MARSCHKE: I don't know if this  
18 is correct.

19 CHAIR MUNN: Well, if it's not  
20 correct, then the data isn't where it needs to  
21 be as far as status is concerned, so it might  
22 be wise for us to take a look at those.

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1                   Stu, Brant, do you have any  
2 thoughts about those open items that we show  
3 on the list?

4                   DR. ULSH: Yes, one thing that I  
5 asked Elyse to do for specific documents this  
6 time was to go through and make sure that the  
7 findings in the Board Review System were up to  
8 date, the status of them.

9                   At the appropriate time, whenever  
10 you want to during this meeting, I think, you  
11 know, I'll ask Elyse to report what she has  
12 found, but we can also make that a priority  
13 for the next meeting as well.

14                   I think that there's going to be  
15 some history, some actions that have been  
16 taken on some of these findings that have not  
17 yet been loaded into the Board Review System  
18 and we can make a list of those.

19                   CHAIR MUNN: Is Elyse on now?

20                   DR. ULSH: Elyse, are you there?

21                   MS. THOMAS: Yes, yes I am, and  
22 I've started that, but I don't really have

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1 anything yet to report, but I'll have  
2 something by the next meeting. It really just  
3 means going through a lot of different  
4 documents to, you know, see what the current  
5 status is.

6 So it's just time-consuming, but  
7 you know, I'll go through that for next time,  
8 so I have something to report for next time.

9 DR. ULSH: This is one of those  
10 things where I think perhaps since we are not  
11 going to be changing the status, we can report  
12 to Steve, you know if we find some that are  
13 out of date, because Steve will be the one to  
14 change them or someone on your side will be  
15 the one to --

16 MR. HINNEFELD: Well, we'll change  
17 it at the meeting, right?

18 MR. MARSCHKE: Usually we wait  
19 until the meeting.

20 DR. ULSH: That's true.

21 CHAIR MUNN: Well, if we find  
22 situations where we have at some meeting done

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1 something and it just for some reason is not  
2 being accurately reflected in the database,  
3 then there is no reason why that can't be  
4 taken care of. But, yes, you're right --

5 MR. MARSCHKE: It's your call,  
6 Wanda, if that's the way you want to -- I  
7 would prefer to keep a list of them and then  
8 do it -- maybe to bring that list to your  
9 attention at the next status meeting and kind  
10 of do a real quick look at it, so that the  
11 Board is aware, or that the Subcommittee is  
12 aware when the BRS statuses are changing.

13 MR. KATZ: But that's not necessary  
14 if this is -- if the -- if the Subcommittee  
15 has already taken its action and it's just  
16 that it's not correct in the system.

17 DR. ULSH: Well, yes, I tell you  
18 what we'll do. We'll -- at least we'll  
19 proceed with our work, and when we are at a  
20 reasonable point, we'll send an email to you,  
21 Wanda, and to you, Steve, and you can decide  
22 whatever you want to do with it.

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1 CHAIR MUNN: Great, that's great.  
2 My note is that Elyse is on the hot seat for  
3 next time as far as accuracy of the database  
4 is concerned.

5 DR. ULSH: Elyse is always on the  
6 hot seat.

7 CHAIR MUNN: Thank you, Elyse.

8 MEMBER ZIEMER: Am I understanding  
9 this correctly? On the first one there for  
10 example, there's seven of them listed even  
11 though there should be eight open. Is that  
12 how to understand this?

13 MR. MARSCHKE: Well let's go to --  
14 some time to think. That would be kind of a  
15 different -- there may be a difference between  
16 active finding -- because again, going back,  
17 Paul --

18 MEMBER ZIEMER: Active and open may  
19 be different.

20 MR. MARSCHKE: Active and open may  
21 be different.

22 MEMBER ZIEMER: I got you, yes. In

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1 other words it may be open versus what, in  
2 abeyance?

3 CHAIR MUNN: Well, in process.

4 MR. STIVER: In abeyance would  
5 still be considered active.

6 MR. MARSCHKE: In process --

7 CHAIR MUNN: In process would be  
8 open.

9 MR. MARSCHKE: -- may also be  
10 active.

11 MEMBER ZIEMER: Gotcha.

12 MR. MARSCHKE: And I don't know  
13 what we determined transferred and I guess --

14 CHAIR MUNN: We said transferred  
15 and in abeyance and addressed would be --  
16 would not be considered active.

17 MR. MARSCHKE: So basically the  
18 active was just the open ones and the --

19 CHAIR MUNN: It was open and in  
20 progress.

21 MR. MARSCHKE: -- in progress ones.

22 So --

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1 MR. STIVER: Steve, I've got a  
2 quick question for you. When I click on the  
3 little plus sign over on the right-hand column  
4 under IG-001, all I get is a note that the  
5 Subcommittee on Procedures Review -- I'm not  
6 getting a list of the open findings.

7 MR. MARSCHKE: Where are you?

8 MR. STIVER: I was just looking at  
9 that same document, OCAS-IG-001. Now if I  
10 click on the little icon, the little negative  
11 --

12 CHAIR MUNN: The little plus?

13 MR. STIVER: -- the little minus  
14 sign and a little plus, I'm not getting a list  
15 under there of the findings. Back out one  
16 level. Right there, see, now click the little  
17 blue icon there.

18 MR. KATZ: To minimize.

19 MR. STIVER: Yes, minimize it.

20 MR. MARSCHKE: It'll go away.

21 MR. STIVER: Yes, open it up. You  
22 see? I don't get that list.

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1 MR. MARSCHKE: Did you do a sort?  
2 Basically did you do the -- have you done the  
3 status filters -- have you done a filter?

4 MEMBER ZIEMER: Sort on open.

5 MR. MARSCHKE: If you did a filter  
6 on the open --

7 MR. STIVER: It's strictly pilot  
8 error then. Okay.

9 MEMBER ZIEMER: There it is.

10 MR. STIVER: Yes, there we go.  
11 Strike that from the record, please.

12 (Laughter.)

13 CHAIR MUNN: That wasn't said.  
14 Could we then leave as an item for NIOSH to  
15 specifically review the open items that we  
16 have from this sort and identify whether these  
17 are actions that we can begin to address, or  
18 if for some reason, these, although they are  
19 shown as open, cannot be or should not be  
20 worked at this time? Just in an effort to try  
21 to identify the level of concern that we have  
22 with respect to these open items we haven't

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1 addressed.

2 DR. ULSH: Okay, hold on a minute.

3 I have as an action item for us to review the  
4 status of the findings and make sure they're  
5 correct.

6 CHAIR MUNN: Yes.

7 DR. ULSH: Is that what you're  
8 saying?

9 CHAIR MUNN: Correct, and the  
10 second thing I'm asking is that you review  
11 them for their meaningful nature.

12 DR. ULSH: Okay.

13 CHAIR MUNN: That is to say should  
14 we be addressing these? Do we need to be  
15 closing these open items? Statistically it  
16 looks like we should be closing some of these  
17 open items, but statistics are only the first  
18 blush. If these are of such a nature that it  
19 would be creating a problem for extremely  
20 current work for us to begin to close them,  
21 then we need to know that. If not, then we'd  
22 like you to assess, that is I would like you

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1 to assess whether we need to be paying some  
2 attention to these. Is it time to move these  
3 up on your list of priorities?

4 MEMBER ZIEMER: So you're asking  
5 whether they have an importance level that we  
6 should do something now versus just leave it  
7 on the back burner?

8 CHAIR MUNN: Exactly.

9 MEMBER ZIEMER: I got you.

10 MR. KATZ: And you want DCAS to  
11 make those determinations as to what your  
12 priorities should be?

13 MR. HINNEFELD: Well, we'll know  
14 for instance if there's a finding against the  
15 procedures -- or process -- you know, things  
16 not being done anymore.

17 MR. KATZ: I see what you're  
18 saying.

19 MR. HINNEFELD: We'll be able to  
20 say things like that. I don't know that we  
21 would suggest prioritizing beyond that very  
22 much.

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1 MR. KATZ: Right.

2 CHAIR MUNN: Yes.

3 MEMBER ZIEMER: It's sort of like,  
4 well, even if you don't close this, it doesn't  
5 affect anything.

6 CHAIR MUNN: Yes, and I think --

7 MEMBER ZIEMER: Because we're not  
8 doing that or --

9 CHAIR MUNN: -- the Subcommittee  
10 needs to know that. We need to have some feel  
11 for whether these are important, and are being  
12 overlooked, or whether it's --

13 MEMBER ZIEMER: Well, particularly  
14 if you can do that easily.

15 CHAIR MUNN: Yes.

16 MEMBER ZIEMER: Just look at it and  
17 say there's no particular problem if we delay  
18 any action on this item, so that we can focus  
19 on things that are critical.

20 MR. HINNEFELD: It's a part of the  
21 other. It's an add-on to the original task.

22 CHAIR MUNN: It is. It is.

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1                   MR. HINNEFELD:    The original task  
2 was let's see if the statuses are right and by  
3 what we think -- see if we think they are  
4 current and up to date.  One thing that should  
5 be clear is some in abeyances might be ready  
6 to be closed, if we issue the revised  
7 document.  So that's one thing.

8                   And then -- but then following onto  
9 that, of the ones that statuses are open, are  
10 there any in there that we feel are  
11 unimportant or not relevant anymore and that  
12 we would suggest maybe these aren't worth the  
13 effort to resolve.

14                  DR. ULSH:    Okay.  I gotcha.

15                  CHAIR MUNN:   As I understand, for  
16 example, IG-001 was a very, very early one,  
17 even though we are looking at Rev 2 in these  
18 findings.

19                  MR. MARSCHKE:   This was like the  
20 second review by SC&A of IG-01.  We reviewed  
21 Rev 1.  I believe it was Rev 1.  And we had a  
22 bunch of findings on that, and you can see

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1 that those have all been taken care of, at  
2 least they're no longer open, and then we went  
3 through and did a second review of Rev 2 of  
4 IG-01 because I guess it's a very important  
5 procedure.

6 CHAIR MUNN: It is.

7 MR. MARSCHKE: And we really  
8 haven't talked about -- all these findings  
9 being shown as open means we really haven't  
10 even talked about that second review from SC&A  
11 yet.

12 CHAIR MUNN: And if we have not,  
13 the question for NIOSH is are you now ready to  
14 talk about those? Is it something that we  
15 need to --

16 MS. THOMAS: This is Elyse. If I  
17 can jump in here.

18 CHAIR MUNN: Please do.

19 MS. THOMAS: That is one that I did  
20 look at, as I mentioned. I did start this  
21 work. I am just not ready to report  
22 everything.

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1           But if you look at all the NIOSH  
2 responses for the Rev 2 review, Rev 3 has been  
3 issued. So I would suggest that, you know,  
4 the step here now is for SC&A to look at Rev 3  
5 to see if those items have been addressed in  
6 Rev 3 as NIOSH is saying they are.

7           CHAIR MUNN: Probably.

8           MS. THOMAS: Do you see what I'm  
9 saying?

10          CHAIR MUNN: Yes, if these -- if  
11 these are all essentially items that were a  
12 result of -- that were pushing Rev 3, and Rev  
13 3 has incorporated them, then we need to know  
14 that.

15          MR. KATZ: That's fine. So that's  
16 just an example --

17          CHAIR MUNN: Yes.

18          MS. THOMAS: Yes.

19          MR. KATZ: -- of the updating that  
20 we are looking for because we can't really  
21 task SC&A until we know what's on base.

22          CHAIR MUNN: Exactly.

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1 MS. THOMAS: Right, exactly.

2 MR. KATZ: So, right.

3 MS. THOMAS: So that's -- that's  
4 just one that I'm familiar with because I did  
5 look at that one.

6 CHAIR MUNN: Good.

7 MR. MARSCHKE: I believe Kathy  
8 Behling I think did the review of IG-01 and  
9 maybe, Hans, maybe you did it as well, maybe  
10 you were involved with it as well.

11 But I mean if you want to take an  
12 action -- if you want us -- if the  
13 Subcommittee wants SC&A to take an action item  
14 and look at Rev 3 of IG-1 and see whether --  
15 how much it addresses these --

16 MR. KATZ: Remaining open items.

17 MR. MARSCHKE: -- the remaining  
18 open items before the next meeting, we can  
19 actually do that.

20 MR. KATZ: That's fine. Might as  
21 well. Might as well pick it up since it's  
22 been raised.

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1 DR. MAURO: Ted, this is John.

2 MR. KATZ: Yes.

3 DR. MAURO: This cascade effect  
4 which I think is good, what's happening here,  
5 should this be something that would be  
6 automatic? That is, given that we have an  
7 active review, for example Rev 0, when we --  
8 and if we are watching the store and Rev 1  
9 comes out, should we automatically go into --  
10 and do it, or should we await direction from  
11 the Subcommittee?

12 CHAIR MUNN: Well, I think  
13 direction is in order, personally.

14 DR. MAURO: Okay, so we don't take  
15 any action on Rev 2, 3 -- this will be like a  
16 general, you know, fundamental protocol, that  
17 though there may be a new revision of a  
18 particular procedure that has been issued in  
19 the interim, that may very well have addressed  
20 many of the issues, we don't look at it or  
21 take action on it until we are authorized to  
22 do so by the Subcommittee?

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1 CHAIR MUNN: I believe that's been  
2 the general process in the past.

3 DR. MAURO: Okay.

4 MR. KATZ: That's good, but then we  
5 need -- so we need notice when there's a new  
6 rev of something.

7 MR. STIVER: Well, yes, I could see  
8 that happening where a new rev comes out just  
9 right after a meeting and --

10 MR. KATZ: Well just so the matter  
11 doesn't sit there forever before we even  
12 realize it, but --

13 DR. ULSH: I think the way that  
14 that would work would be -- like for instance,  
15 okay, SC&A has some findings on a particular  
16 document. We do a revision in response.

17 So if we go in to respond in the  
18 Board Review System, we should let you know,  
19 hey, we've added some responses. We should  
20 probably add this to the Procedures  
21 Subcommittee --

22 MR. KATZ: Right, it should be on

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1 the agenda for the next meeting. Right. That  
2 would be great.

3 MR. MARSCHKE: Yes, because I don't  
4 think we've always been following that.  
5 Because I remember on OTIB-52, Rev 1 of OTIB-  
6 52 came out, and I don't think -- and SC&A  
7 reviewed that to see how it would -- and it's  
8 on the agenda for later this afternoon.

9 But I don't think -- I think we  
10 just took that on our own initiative to see  
11 how it addressed the findings that were with  
12 Rev 0. So -- but this is, you know, more  
13 formal, a little bit more formal if we go  
14 through the Subcommittee.

15 CHAIR MUNN: Well, I thought we had  
16 discussed 52 though, at the time that the new  
17 rev was coming out. I thought we had it here  
18 on our agenda at one point. Perhaps I was  
19 wrong.

20 MR. MARSCHKE: Could be, I don't --

21 CHAIR MUNN: I don't know.

22 MR. MARSCHKE: I don't know.

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1 DR. ULSH: Well, it just seems to  
2 me that any time, at least on our side, that  
3 we put a response in the Board Review System  
4 we should shoot you notice that we --

5 MR. KATZ: Put it on the agenda and  
6 then we don't have to wait until a  
7 Subcommittee meeting to task you but --

8 MR. MARSCHKE: Okay.

9 MR. KATZ: It's going to be on the  
10 agenda and you would be prepared to address  
11 it.

12 MR. MARSCHKE: Right, yes.

13 MR. STIVER: As long as Wanda is  
14 notified and then we can --

15 (Simultaneous speaking.)

16 MR. MARSCHKE: Going forward that's  
17 the way we can --

18 CHAIR MUNN: That'll be fine.

19 MEMBER ZIEMER: One other question  
20 on this summary findings table, where there  
21 are items indicated as being active -- I'm  
22 looking for example at the one called

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1 processing claims for construction workers and  
2 there are 10 active items, but there's no list  
3 under it. Does that mean none of them are in  
4 the category that we call open?

5 In other words, the only ones  
6 showing up in the grey bars are the open  
7 items.

8 CHAIR MUNN: Yes.

9 MEMBER ZIEMER: So if there's  
10 active items but there's no list underneath,  
11 I'm assuming that means the active items are  
12 in categories other than open.

13 CHAIR MUNN: They should be in  
14 progress, then, if that's the case.

15 MEMBER ZIEMER: Maybe Elyse, when  
16 she reviews this -- do you understand what I'm  
17 saying, Elyse?

18 MR. MARSCHKE: I understand what  
19 you're saying. I don't -- I, again, we've had  
20 problems with the active finding columns and I  
21 don't know how this is -- if you go down  
22 construction worker, OTIB-52, you go down

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1 here, basically there should not be any -- you  
2 are correct, there aren't any open ones --

3 MEMBER ZIEMER: Well, we've sorted  
4 for opens and none are listed --

5 MR. MARSCHKE: So why does this one  
6 even show up on the sort?

7 CHAIR MUNN: Well it should be that  
8 they are in progress then.

9 MR. MARSCHKE: But we sorted -- we  
10 filtered on open so why is this -- why is this  
11 document even showing up on the table?

12 MEMBER ZIEMER: -- why are some of  
13 these showing up without open items?

14 CHAIR MUNN: Well, because it has a  
15 heading for total active findings, and --

16 MEMBER ZIEMER: But we sorted for  
17 opens --

18 CHAIR MUNN: We sorted for opens  
19 and open gave us the total findings and the  
20 total active findings.

21 MS. THOMAS: This is Elyse, and I  
22 think some of them may be that there was no

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1 initial NIOSH response. There's not a lot of  
2 those, but there are a few where, like for  
3 example, in a document that may have had, you  
4 know, five or six findings, we provided  
5 responses for -- or NIOSH provided responses  
6 for maybe four of those, and there's maybe one  
7 or two that, you know, we still haven't  
8 provided a response for.

9 So it may not -- it may be open but  
10 there's not a response, or maybe it was never  
11 given the status of opened to begin with.

12 MEMBER ZIEMER: Well yes, but see,  
13 that's what's a little puzzling, if it's not  
14 given the status of open, why does it show up  
15 on the sort, because if you're sorting against  
16 that category --

17 CHAIR MUNN: Well, open should be  
18 an automatic category. If we haven't  
19 addressed it, it's open.

20 MS. THOMAS: Yes, it's -- I was  
21 just thinking maybe it's because there's a  
22 finding but no response and so there's no

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1 status of --

2 MEMBER ZIEMER: Well, it's almost -

3 -

4 MR. MARSCHKE: There's been  
5 responses on -- on 52, the one that Paul  
6 pulled up, there's been a number of responses  
7 back and forth between NIOSH and SC&A. This  
8 has been going on since quite a while.

9 MEMBER ZIEMER: There were 16  
10 original findings, and there are 10 active,  
11 but none show up as being open. That's what's  
12 a little puzzling.

13 MR. STIVER: If you look on in  
14 progress though, it's giving you the right  
15 information, 13 and 14 show up there.

16 MEMBER ZIEMER: Where is that?

17 MR. STIVER: If you filter on in  
18 progress.

19 MEMBER ZIEMER: I see, okay. Okay,  
20 so it does mean that they are not open in the  
21 usual sense, but they are active.

22 DR. ULSH: Okay, if I can maybe

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1 perhaps look at the forest through the trees  
2 here. It seems like a priority item for us is  
3 to again check this column of total active  
4 findings and see --

5 MEMBER ZIEMER: Maybe it's sorting  
6 active versus open.

7 DR. ULSH: Yes, there's something  
8 going on there still. We thought we had it  
9 fixed, but we apparently don't have it fixed.

10 So that will be a priority item.

11 The second priority item is to look  
12 at all of the findings that are still out  
13 there and make sure the statuses are up to  
14 date, current, accurate. And I think once we  
15 do that, maybe it will at least cut down on  
16 the number of problems that we are trying to  
17 deal with here.

18 MR. MARSCHKE: The other thing I  
19 can like, say, on this sort, on open items is  
20 it's showing DCAS-TIB-10 as having --  
21 everything is open, all the nine issues as  
22 being open.

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1 I think when it was OCAS-TIB-10, I  
2 think we have, we have addressed a number of  
3 those. So you have -- when Elyse goes through  
4 this, she might want to look, I think a lot of  
5 those open ones that are associated with DCAS-  
6 TIB-10 will go away, if you look at what was  
7 done on OCAS-TIB-10.

8 DR. ULSH: Okay, that goes back to  
9 the problem that we were having with the  
10 DCAS/OCAS --

11 MEMBER ZIEMER: Yes. Yes.

12 MS. THOMAS: Yes, and I think that  
13 -- isn't that an item a little bit later on in  
14 the agenda?

15 CHAIR MUNN: Yes, we do have 10.

16 MS. THOMAS: Yes, because I do --  
17 that is another one that I looked at  
18 carefully, and I have, you know, suggestions  
19 as to which one should be closed, in abeyance,  
20 or in progress or whatever.

21 I sent those to Brant in an email  
22 so we can talk about that when it comes on

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1 further on in the agenda.

2 CHAIR MUNN: Yes, it's in our  
3 carryover items. All right. Are we all on  
4 the same page with respect to what our action  
5 items are for next time? Good.

6 Anything else, Steve?

7 (No response.)

8 CHAIR MUNN: Anyone else have  
9 anything they want to say about the database,  
10 where we are, other than applause and gold  
11 ribbons?

12 (Laughter.)

13 CHAIR MUNN: Then let's move on to  
14 our next item of business, which is the  
15 OTIB-70, status of the database entry review  
16 for accuracy.

17 Mutty was going to take a look at  
18 that. NIOSH has a report.

19 DR. ULSH: Mutty, you still there?

20 MR. SHARFI: Yes.

21 MR. KATZ: You're hard to hear,  
22 Mutty.

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1 MR. SHARFI: Can you hear me now?

2 MR. KATZ: Oh, yes. Perfect.

3 CHAIR MUNN: Yes, good.

4 DR. ULSH: So I don't know if you  
5 heard, Mutty, we are on the OTIB-70 agenda  
6 item.

7 MR. SHARFI: And the question for  
8 me is?

9 CHAIR MUNN: Our notes from our  
10 last meeting said that you were going to  
11 review the status of the entry for accuracy,  
12 to see if OTIB-70 was being reported properly.

13 Do we have what we need in our  
14 official database?

15 MR. SHARFI: The only thing that I  
16 have to verify was on the revision, there was  
17 a question about whether or not the 10 to the  
18 minus 6 resuspension was more of a guidance  
19 document in the revision, and I did verify  
20 that was true.

21 The revision has been approved, so  
22 that is now out there.

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1 MR. MARSCHKE: So there's a revised  
2 OTIB-70, recently revised OTIB-70 out there?

3 MR. SHARFI: Yes.

4 MR. MARSCHKE: That addresses some  
5 of these --

6 MR. SHARFI: Should address all of  
7 them.

8 MR. MARSCHKE: Should address all  
9 of these -- so this should be the same thing  
10 as we did for IG-1? We should basically take  
11 a look at the revised OTIB-70 and see whether  
12 we concur that it does address all the in  
13 abeyance findings?

14 MR. SHARFI: Yes.

15 CHAIR MUNN: Yes. It appears so.  
16 It looks like the action is now SC&A's. Good.  
17 That was quick and easy. At least we don't  
18 have to spend 15 minutes on that.

19 The status of the PERs. We have  
20 three of them: 008 transcript notations. The  
21 last time Ted had said he was going to send  
22 those over to Science Issues and it hadn't

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1 happened.

2 MR. KATZ: No, I copied you sending  
3 those to Dr. Richardson.

4 CHAIR MUNN: That is done. And a  
5 written notation due to LANL Working Group. I  
6 started to do that last week and discovered  
7 that one of the wonderful things our database  
8 does for us now, is it gives us all the links  
9 when we pull up -- we have the PDF file issued  
10 so we now can do that, but it also gives us  
11 the links that we need for -- these things  
12 have been transferred to another procedure.

13 So my -- what I was going to do,  
14 then, which was only forward the two  
15 outstanding items. By the way, the Work Group  
16 Chair already knows this and the Work Group  
17 has assumed this responsibility. This is just  
18 a formality of my getting this in writing so  
19 that we have it for the record.

20 I had a little trouble getting the  
21 PDF file that I wanted to the links up there.  
22 But that's happening. It just has not

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1 happened yet.

2 The other item is PER-20 and NIOSH  
3 was going to check to see whether any  
4 claimants were being affected by those two  
5 items that we had on that -- on the Blockson  
6 PER.

7 MR. HINNEFELD: Well, I'm only  
8 preliminarily done with that, and maybe, SC&A  
9 may -- I'll tell you what I get in and maybe  
10 SC&A may have some comments on whether this is  
11 sufficient.

12 The findings here related to the  
13 choice of class and solubility as the  
14 solubility of uranium at Blockson. DCAS's  
15 position is that the process that was used at  
16 Blockson would generate Class M uranium and  
17 there wasn't a heavy -- a high roasting, a  
18 high temperature roasting that would maybe  
19 make it Class S.

20 CHAIR MUNN: There wasn't. There  
21 wasn't.

22 MR. HINNEFELD: And so that's the

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1 nature of the finding. The findings are that  
2 if you use Type S, then these doses, you know,  
3 the PER calls everything Class M so there  
4 would be some doses would be higher if you  
5 used Class S. And that's a true statement.

6 And so I said, you know, it's not  
7 clear to me that anybody would even be  
8 affected if you used S or M because by and  
9 large that is a respiratory tract, lung and  
10 respiratory tract target organ. It wouldn't  
11 be an issue there.

12 So what I did was I took the list  
13 of all the Blockson claims that had a dose  
14 reconstruction with a PoC of less than 50  
15 percent and looked for claims that would have  
16 had either lung, ET 1 or 2, or LNPH, or LNEP,  
17 probably, but I don't think any of them did

18 In other words, had internal target  
19 organ that were Class Y -- Class S, Class S  
20 now, would cause a higher dose. There are  
21 about 12. Eleven of those are SEC cancer  
22 cases and they all have sufficient -- they all

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1 have a year of employment.

2           There's one claim that has -- that  
3 is a Hodgkin's disease, which is a non-SEC  
4 case, Hodgkin's disease in the supraclavicular  
5 lymph node, so the target organ is LNE.

6           So that's the one. There is one  
7 that might be affected and that's as far as  
8 I've gotten. I haven't determined whether it  
9 would actually determine, you know, change it  
10 or not.

11           MR. STIVER: Whether it would be a  
12 change or not, yes.

13           MR. HINNEFELD: Yes. So we haven't  
14 gone that far yet.

15           MR. STIVER: Okay.

16           MR. HINNEFELD: And we have verified  
17 that the 11 that should be SECs were actually  
18 before the SEC -- because these were dose  
19 reconstructions that were done before the  
20 Class was added. So we won't necessarily now.  
21 We'd have to send those to Labor to see if  
22 they actually made it.

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1           So that's where we are now. Our  
2 position is still that it was Type M, that it  
3 was Class M uranium and I have tried to find -  
4 - what I've been studiously doing here is  
5 doing this and looking at transcripts from  
6 Blockson Work Group. The last discussion I  
7 saw that talked about anything other than  
8 radon was on October 15th of 2008.

9           At that time Bob Anigstein  
10 expressed reservation about whether Class M  
11 was really the right way to go or whether  
12 there should be some consideration of Class S.

13           That's the last thing I saw. Jim  
14 Neton said at that meeting, "Well, we've  
15 established long ago that this is a Site  
16 Profile issue, and this was all SEC  
17 discussion," and so on. I couldn't find that  
18 it actually went farther than that.

19           MR. STIVER: If there was any  
20 resolution to that.

21           MR. HINNEFELD: Yes. That I can't  
22 find out. Our opinion still is that it was

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1 Class M uranium that came out of Blockson.

2 CHAIR MUNN: That was certainly the  
3 opinion of the Blockson Chair. I can tell  
4 you.

5 MR. HINNEFELD: That's where we  
6 are.

7 MR. STIVER: So the next step is to  
8 reevaluate --

9 MR. HINNEFELD: There's -- yes, I  
10 mean, we can -- the two ways to go here are to  
11 drag back out the evidence for Class M versus  
12 Class S in a future meeting and try to work  
13 through that.

14 Or the possible shortcut is to take  
15 this one case and say, okay, if it were  
16 reworked with Class S material, would it  
17 change? See, the person had, oh, somewhat  
18 less than three years of employment. It might  
19 not change.

20 So I mean we can -- we'll do that,  
21 but that's, that's a possible shortcut, in  
22 which case we would say none of the claimants

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1 would be affected.

2 CHAIR MUNN: It would be my  
3 suggestion that we do exactly that, unless  
4 there's strong opposition to that position.

5 DR. MAURO: This is John. To add a  
6 little bit to that, the reason we could take  
7 this quick approach, I mean, rather than have  
8 to resolve the fundamental issues, is: I think  
9 the Blockson situation was unique to Blockson.  
10 It wasn't that the issue of M versus S that we  
11 had before us was one that had far-reaching  
12 implications. I think that it probably was  
13 something that we expressed concern over that  
14 was specially unique to Blockson and what they  
15 were doing there.

16 And so all I am really saying is  
17 that by dealing with it in a more practical  
18 way, the way Stu just described, you know, is  
19 a quick way to expedite the process without,  
20 you know, needing to go to the Board arena.

21 MR. STIVER: John, this is John  
22 Stiver. I wasn't around for the Blockson

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1 discussions. This is kind of a pre-employment  
2 period for me.

3 What was the issue, without having  
4 to drag all this out again, if you could just  
5 kind of give the 30-second sound bite?

6 DR. MAURO: Yes, bottom line you've  
7 got the phosphogypsum material coming up from  
8 Florida, being processed for uranium using a  
9 relatively unique methodology --

10 CHAIR MUNN: All wet-process.

11 MR. STIVER: Oh, okay. All right.

12 CHAIR MUNN: All wet-process.

13 DR. MAURO: And it generated what  
14 we were calling yellowcake but it was a unique  
15 form of yellowcake, and our position was well,  
16 is it going to be Type M or Type S?

17 And typically NIOSH would assume  
18 the worst, but in this particular case I  
19 believe you adopted -- Jim felt strongly that  
20 no, this stuff is Type M, all right, I'm  
21 familiar with it, this is a special problem  
22 and it's Type M.

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1           And that's where we left it, and we  
2 still had this concern that maybe, you know,  
3 it's -- if a person has respiratory cancer you  
4 should assume it's S, because that would of  
5 course give you a -- and we left it there.

6           But the material itself, when we  
7 studied it, it became apparent that it wasn't  
8 your classic U308. It had its own unique  
9 characteristics because of the way in which it  
10 was produced.

11           MR. STIVER:     Okay, that satisfies  
12 me.     That makes sense from a chemical  
13 standpoint.

14           MR. HINNEFELD:     One additional  
15 thing to keep in mind is, you know, those of  
16 us who have been in health physics probably  
17 will remember the last classification of  
18 solubilities, which was days, weeks and years,  
19 D, W and Y, where W was the intermediate.

20           The Type M now, which now stands  
21 for middle, actually shows a much longer  
22 retention in the lung than the old Class --

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1 actually pretty close. The retention is  
2 actually pretty close to the old Class Y.

3 So you know, from our standpoint,  
4 you know, when you think about this, you don't  
5 want to translate W to M necessarily, because  
6 they don't -- it's not really the same model.

7 MR. STIVER: It's not a one to one  
8 correlation.

9 MR. HINNEFELD: The model stretches  
10 it out, and the retention is longer for M than  
11 the old model, the W.

12 So in our view, M covers this  
13 material. There was some drying done. It  
14 wasn't like it was never heated. It was  
15 filtered and then dried, but that's the extent  
16 --

17 (Simultaneous speaking.)

18 MR. STIVER: But it wasn't hardened.

19 MR. HINNEFELD: That's the extent  
20 of the heating that was applied.

21 CHAIR MUNN: No, it was not  
22 hardened. The drying wasn't in the process.

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1 MR. STIVER: Well, I'm satisfied  
2 with that explanation, so I think we can leave  
3 it --

4 MR. HINNEFELD: You know, if we do  
5 the lung and using Class Y would change it,  
6 then we are back in here talking. But if it  
7 doesn't change it, then we're done.

8 MR. STIVER: Yes, that sounds like  
9 the best approach, do the shortcut.

10 CHAIR MUNN: All right. Very good.

11 MR. KATZ: So, we'll check on this  
12 at the next meeting.

13 CHAIR MUNN: Yes, we will.

14 MR. HINNEFELD: I'll send -- I'll  
15 try and send --

16 MR. KATZ: I'll send an email  
17 before.

18 MR. HINNEFELD: I'll try to send  
19 the report before.

20 MR. MARSCHKE: These issues are in  
21 the BRS and so if you really just want to put  
22 your response in the BRS, then --

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1 MR. HINNEFELD: And then send an  
2 email that says -

3 MR. MARSCHKE: And send an email.

4 CHAIR MUNN: The next item that I  
5 inserted here didn't have to do with PERs. It  
6 was OTIB-54 that had it brought to my  
7 attention, we had an action on it and I'm not  
8 sure exactly what action we had on OTIB-54.

9 Can you help me out, Ted?

10 MR. KATZ: No, all I can say is I  
11 don't know whether there's something ready to  
12 be discussed, but it's still in progress.

13 DR. ULSH: Is this the one I sent  
14 an email on?

15 MR. KATZ: I think you did. I  
16 think you said you're not ready.

17 DR. ULSH: Right. The status on  
18 this one is we owe a revision of OTIB-54 to  
19 address some of the comments. I think the  
20 comments are largely in abeyance and we are  
21 just waiting to see whether the revision  
22 addresses those.

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1                   But we have not yet completed that  
2 revision. It is ongoing. We have made a lot  
3 of progress. But it's not finished.

4                   MR. HINNEFELD: It's not finished  
5 yet.

6                   MR. KATZ: So, I just -- I keep  
7 these on the agenda until they're --

8                   CHAIR MUNN: Yes, that's wise.

9                   MR. KATZ: -- until they're cleared,  
10 that's all.

11                  DR. ULSH: I don't want to  
12 interrupt, but Wanda, before you move on to  
13 the next --

14                  CHAIR MUNN: Yes, please.

15                  DR. ULSH: Okay. While we were  
16 talking I emailed Tom James with the problem  
17 about total active findings definition. He  
18 reported back that it is now fixed.

19                  Steve did a quick spot check and it  
20 looks like it --

21                  MR. MARSCHKE: Basically OTIB-54 up  
22 there, the third one down, the one with the

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1 finger on it, before it had 26 total and 26  
2 active, and now basically with the fix it's  
3 got 26 total and 9 active.

4 So, and then if you click on it,  
5 and go to the detail, you can see -- I don't  
6 know if you want to count the ones that are  
7 active, but there are a few in progress ones.

8 I think John, you had counted up  
9 nine --

10 MR. STIVER: Yes.

11 MR. MARSCHKE: -- before so that  
12 seems to be -- so that portion of the database  
13 seems to be working.

14 DR. ULSH: Well, that was a quick  
15 fix, according to this one spot check.

16 MR. STIVER: Based on a sample size  
17 of one.

18 (Laughter.)

19 CHAIR MUNN: It's better than the  
20 sample size we had.

21 MR. STIVER: That's true.

22 MR. MARSCHKE: So what you're

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1 saying is basically all these nine that are in  
2 progress, you expect to have a resolution to  
3 in the next revision, or --

4 DR. ULSH: I expect to have a  
5 response.

6 MR. MARSCHKE: Response.

7 CHAIR MUNN: Do you think the  
8 revision will be done by the time we meet two  
9 months from now?

10 DR. ULSH: I don't know. It's  
11 quite a complicated revision.

12 CHAIR MUNN: Okay.

13 DR. ULSH: There are a lot of --

14 CHAIR MUNN: Okay, we'll just ask  
15 for a status on our revision next time.

16 DR. ULSH: -- a lot of reactor  
17 modeling type --

18 CHAIR MUNN: Okay.

19 MR. STIVER: This is the mixed  
20 fission products issue. It's going to be a big  
21 one.

22 CHAIR MUNN: Yes. It is

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1 complicated. All right. That's a good thing.

2 We are a little ahead of schedule.

3 MR. KATZ: So I'll check before we  
4 put out the agenda, the Federal Register  
5 notice for the next, as to whether you think  
6 it will be on the agenda.

7 CHAIR MUNN: Yes. That'll be good.  
8 We'll have it on the agenda and your response  
9 will determine what we have on the agenda.  
10 Thank you both.

11 Let's go ahead and start the  
12 carry-over items and see if we can get one or  
13 two out of the way on TIB-10, updated database  
14 status.

15 I had a note to question Brant  
16 whether the updates were made, specifically on  
17 Finding 8, something about correction factor  
18 on MCNP.

19 MR. MARSCHKE: I think this might  
20 have been what we talked about, what I started  
21 talking about a little bit earlier on the OCAS  
22 versus DCAS problem, and when you get into --

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1 I mean, right now, the document that is in the  
2 database is DCAS-TIB-10. I believe we did our  
3 review on OCAS-TIB-10, which I think DCAS is a  
4 little bit more generic than OCAS but -- and I  
5 also believe that we had resolved, or at least  
6 I know we discussed, so there wouldn't be any  
7 open any longer, many of the OCAS-TIB-10  
8 findings.

9 SC&A did not explicitly review  
10 DCAS-TIB-10. We --

11 CHAIR MUNN: DCAS-TIB-10 is the  
12 glove box workers.

13 MR. MARSCHKE: Right. Well, OCAS-  
14 TIB-10 was also glove box workers. You know,  
15 this -- what I believe these are, these  
16 findings that are in here for DCAS-TIB-10 are  
17 the OCAS-TIB-10 findings, but the statuses  
18 from the OCAS-TIB-10 findings, I don't think  
19 the statuses are correct for the -- as I  
20 recall.

21 CHAIR MUNN: When I search for  
22 OCAS-TIB-10, what I get is DCAS-TIB-10.

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1 DR. ULSH: That's all I'm getting.

2 MR. MARSCHKE: That's right, that  
3 OCAS-TIB-10 is not in the database. I mean,  
4 and it would be a duplicate, I mean, because  
5 DCAS-TIB-10 basically was a replacement, as I  
6 understand it, of OCAS-TIB-10.

7 MR. HINNEFELD: It was the earlier  
8 rev. it would be Rev 2 or Rev 1.

9 MR. STIVER: So we have reviewed  
10 Rev 0, essentially.

11 DR. ULSH: All right this is one  
12 where -- this document, DCAS-TIB-10 -- I asked  
13 Elyse to go through and check the status of  
14 these findings. It's one that we had to  
15 actually go back and load the findings in  
16 manually into the Board Review System.

17 Elyse, do you want to walk through  
18 it or do you want me to?

19 CHAIR MUNN: Go ahead, because we  
20 show all of them open.

21 MS. THOMAS: Whichever you prefer,  
22 Brant, it doesn't matter.

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1 DR. ULSH: I prefer you.

2 MS. THOMAS: Okay.

3 CHAIR MUNN: Just walk through them  
4 one at a time, Elyse, so we know where we are,  
5 if you would.

6 MS. THOMAS: Okay. So yes. I'll  
7 just call it TIB-10. I did check all the  
8 findings with the old Access database so the  
9 findings are the same. So --

10 CHAIR MUNN: We can stop worrying  
11 about that.

12 MS. THOMAS: I guess what SC&A  
13 reviewed was OCAS-TIB-10. Anyway, TIB-10  
14 Finding 1, I think this status should be  
15 closed. Let's see. It's -- the Subcommittee  
16 discussed this at their meeting on three --  
17 March 22nd of 2011, and so in the transcript  
18 for that meeting, on page 77, they I think  
19 decided to close it. So I think this one  
20 should be closed, and if you'd like you can  
21 open that transcript and check that page.

22 MR. MARSCHKE: What was the date of

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1 the transcript, Elyse?

2 MS. THOMAS: It was March 22nd of  
3 2011, and that's page 77.

4 MR. MARSCHKE: Thank you.

5 CHAIR MUNN: And this is finding  
6 number one, right?

7 MS. THOMAS: Yes.

8 CHAIR MUNN: That says internal  
9 review objective 1, rating 3, the TIB lacks  
10 transparency. The radioactive source is not  
11 identified, neither is its exact dimensions  
12 nor location given, nor is the thickness of  
13 the walls presented. The TIB lacks  
14 transparency. Oh, it repeats itself.

15 MS. THOMAS: Yes, everything here  
16 says changed to in abeyance. But, like I  
17 said, in the transcript --

18 MR. MARSCHKE: Excuse me. Anything  
19 from 2011 would not be in the BRS, I don't  
20 believe. I am looking at the Access, or  
21 printout of the Access database that I printed  
22 out quite some time ago. It has -- it's

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1 showing it being in abeyance as well but that  
2 was as of August 21st, 2008.

3 CHAIR MUNN: And the current  
4 database shows it open so at the very least,  
5 you need to change status from open to in  
6 abeyance.

7 MS. THOMAS: To in abeyance, at the  
8 very least, yes.

9 MR. MARSCHKE: Well, if we, you  
10 know what was the -- let me see. Let me pull  
11 up --

12 MS. THOMAS: The transcript? Yes  
13 it was for the meeting on March 22nd, 2011.

14 DR. ULSH: Hold on, Elyse we are  
15 getting the transcript.

16 (Simultaneous speaking.)

17 MR. HINNEFELD: Go to our web page,  
18 which is [www.cdc.gov/niosh/ocas](http://www.cdc.gov/niosh/ocas). Go to the  
19 Advisory Board box.

20 MR. MARSCHKE: I know how to get it  
21 from here.

22 MS. THOMAS: March 2011.

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1 MR. MARSCHKE: Twenty-second, right  
2 here. And here's the transcript.

3 MS. THOMAS: Okay, and then page  
4 77.

5 MR. MARSCHKE: Okay. 91 is new.  
6 It was in abeyance. We recommend that it be  
7 closed. Wanda Munn, Chair Munn --

8 MR. STIVER: We were recommending  
9 that it be closed. I just asked Bob to call  
10 in. So he should be getting online.

11 DR. ANIGSTEIN: Yes, I'm here.

12 MR. STIVER: Okay.

13 CHAIR MUNN: "They did provide the  
14 information" -- source, spectrum and  
15 dimension.

16 MR. STIVER: In Appendix B.

17 CHAIR MUNN: Yes. So that should  
18 be closed. NIOSH just needed an opportunity  
19 to look at what it was seeing.

20 MR. MARSCHKE: I don't see -- I see  
21 where Bob recommended it being closed. I  
22 don't see where Wanda or the Subcommittee

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1 actually said this is closed.

2 MR. STIVER: We're not seeing any  
3 concurrence here.

4 MEMBER ZIEMER: Go back a little  
5 bit.

6 MR. MARSCHKE: Basically, "We  
7 recommend that it can be closed. Finding 1 is  
8 in abeyance. We recommend that it be closed."

9 And Wanda says, "All right. Again..." I  
10 don't know if that's concurrence when she  
11 says, "All right."

12 CHAIR MUNN: No, it's not, because  
13 later Bob says, "The finding is that they did  
14 not specify, it had not changed. It was not  
15 addressed. Rev. 3 did not address this  
16 finding. We were asked to see that it did,  
17 and in fact, it did not."

18 MEMBER ZIEMER: As long as your  
19 confirmation is that it is appropriately --

20 CHAIR MUNN: So I said, "All right.  
21 Well, we will stand by our statement that not  
22 only item 8, which we have addressed at

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1 length, but, also, the other items that are  
2 involved in this response will be reviewed by  
3 NIOSH and we will see those back here next  
4 time, right?"

5 MR. STIVER: I think that's in  
6 relation to Finding 9.

7 MR. HINNEFELD: I think that's  
8 nine, because one and nine are kind of  
9 similar.

10 MEMBER ZIEMER: Item 9, is that --

11 MR. STIVER: Look at -- Finding 20  
12 on page 78, starting at Dr. Anigstein.

13 MEMBER ZIEMER: "We are  
14 recommending it should be closed?"

15 "Yes."

16 "Okay. I think that should be part  
17 of the record."

18 That's John Mauro.

19 MR. MARSCHKE: "The Subcommittee  
20 wants to close it at this time, it sounds  
21 like, no, you would rather wait and hear back  
22 from NIOSH."

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1 "Not on 1."

2 "Not on 1."

3 "Not on 1."

4 CHAIR MUNN: Well, this is clear as  
5 mud.

6 MR. MARSCHKE: It is pretty clear.

7 MEMBER ZIEMER: I think we were  
8 saying 1 was closed and 9 is not.

9 MR. STIVER: There's still some  
10 issues on 9, but 1 was closed.

11 MR. KATZ: Right.

12 MS. THOMAS: Yes, you'll see when  
13 we get to 9, NIOSH did provide more  
14 information. So I interpreted that to mean  
15 for Finding 1 as well.

16 MR. MARSCHKE: So, basically we  
17 should go in and edit the status of Finding 1  
18 and change the status to closed, as per the  
19 March 22nd meeting Subcommittee meeting  
20 minutes -- transcript.

21 CHAIR MUNN: Correct. Well, you  
22 see, Stu said, "John, my recollection of the

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1 situation is that it was that passage was  
2 supposed to come --" is that passage we are  
3 talking about 1 here again? No, 9.

4 MR. STIVER: Yes, they are kind of  
5 going back and forth on 9 and 1 here.

6 CHAIR MUNN: Back and forth between  
7 1 and 9. "That passage that was supposed to  
8 come out in Rev 3. It is a recommendation to  
9 remove something. Apparently it just got moved  
10 to an appendix. So, we will have to check on  
11 that."

12 And Bob said, "I held Rev 2 and Rev  
13 3 side by side and there was absolutely no  
14 difference except for changing a figure,  
15 number and reformatting a table and adding the  
16 appendices. The main body of it was word for  
17 word."

18 "I expected it to come out, and I  
19 don't think you will see my signature on  
20 there."

21 "We will close No. 1 and everything  
22 else that is on this current report we are

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1 looking at will be reviewed by NIOSH, and we  
2 will have your report next time."

3 But we didn't get it next time.  
4 Right?

5 MR. STIVER: Yes, so 9 is still in  
6 question.

7 DR. ULSH: Bob, do you want to get  
8 out of order --

9 MS. THOMAS: Well, do you want to  
10 go on to 2, or do you want to go on to 9?

11 MR. STIVER: Just jump to 9, since  
12 it's related?

13 MS. THOMAS: Okay.

14 CHAIR MUNN: Are the others still -  
15 -

16 MR. MARSCHKE: Well, wait a minute,  
17 I mean, why don't we just go through them in  
18 order?

19 CHAIR MUNN: Yes, let's do.

20 MS. THOMAS: Okay.

21 CHAIR MUNN: Let's make sure that we  
22 are getting them, since we have -- we

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1 originally had 2 in abeyance and that's not  
2 what we have now, right?

3 MR. MARSCHKE: Based upon -- again,  
4 based upon the old Access database, as of  
5 2008, it was in abeyance.

6 DR. ULSH: Okay. Elyse, do you  
7 want to talk about Finding 2 now?

8 MS. THOMAS: Yes. Finding 2,  
9 again, I am suggesting, should probably still  
10 be in abeyance. However there is a new NIOSH  
11 response in the Board Review System, and it's  
12 dated 11/1/2011.

13 So that response must have been  
14 distributed by an attachment to an email. In  
15 other words, it wasn't able to be entered in  
16 the Board Review System when it was  
17 originally written.

18 But the date on the document is  
19 11/1/2011. And so I kept that original  
20 response date when I put it into the Board  
21 Review System, if that makes sense.

22 So in other words, it is a new

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1 response in the Board Review System but I  
2 guess it was originally distributed back in  
3 2011.

4 That's for Finding 2.

5 MR. KATZ: Right, so can we pull  
6 that up?

7 MR. MARSCHKE: It's right here.

8 MR. STIVER: It's just out of  
9 order.

10 MR. MARSCHKE: It's just out of  
11 order.

12 DR. ULSH: Okay, I know who wrote  
13 this. That would be me. That's what I  
14 thought. I just wanted to read it first  
15 before I -- basically, to look at the big  
16 story on this document, it's the glove box TIB  
17 and SC&A questioned some of the MCNP runs that  
18 we added to address their concerns, and after  
19 going round and round about this, I just  
20 decided that the appendices, the additional  
21 MCNP runs, did not really -- they weren't  
22 necessary for the TIB. We just added them to

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1 respond to SC&A's comments.

2           They didn't serve that purpose.  
3 They wound up raising more issues than they  
4 solved. So we issued Rev 4 where we took that  
5 material out and you see that here in the  
6 response. So that's kind of what's going on.

7           MR. MARSCHKE: As I recall, when  
8 Bob looked at this, he looked at the MCNP --  
9 he looked at the attachment. Bob, correct me  
10 if I'm wrong. I don't want to -- but he looked  
11 at the attachment and you're right, he  
12 basically said there wasn't enough information  
13 in the attachment for us to duplicate the MCNP  
14 run, so that's why we said it wasn't -- we  
15 didn't, we weren't --

16           DR. ULSH: Right, I think the  
17 original issue here was that SC&A questioned  
18 our use of the Attila software, and so we did  
19 some MCNP runs to try to show that it was okay  
20 to use that and it did not satisfy SC&A's  
21 concerns. It just wound up raising a whole lot  
22 more issues.

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1           MR. MARSCHKE: At one point we were  
2 basically asking for the MCNP runs themselves,  
3 and I think the way you tried to address that  
4 was to put them in the attachments, and then  
5 when we looked at the attachment, they weren't  
6 -- you know, again, like I said, there wasn't  
7 enough information --

8           DR. ULSH: Well, I remember we  
9 provided the runs to Bob and --

10          CHAIR MUNN: Well, there's another  
11 finding. Finding 8 has something to do with  
12 the version that was --

13          MR. STIVER: I think Bob can weigh  
14 in on this.

15          DR. ANIGSTEIN: Yes, the issue was  
16 -- I mean, first of all it was just a  
17 technical issue that the -- that we did not  
18 actually have -- the format of the attachment  
19 was such that it was not usable in MCNP, so we  
20 asked for that. That's a purely technical  
21 issue.

22                   The real issue was that -- and I'm

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1 going from memory now -- if I remember  
2 correctly, the source now was changed. In the  
3 Attila code they had used a point source. And  
4 here they used a flat disc of plutonium and  
5 what happened was the way the MCNP run, the  
6 MCNP geometry was formulated, you were looking  
7 at this flat disc of very dense metal edge-on.

8 So there was a huge amount of self-  
9 absorption and therefore you actually got low  
10 doses immediately in the -- if you draw a  
11 plane that is, a horizontal plane that  
12 intersects with this, you actually got  
13 relatively low doses because the radiation  
14 couldn't get out.

15 CHAIR MUNN: Now, wait just a  
16 minute, Bob. I think you are talking about  
17 what I believe is Finding 8. We're on Finding  
18 2.

19 DR. ANIGSTEIN: Oh I see. Okay.  
20 Well, we were talking about the MCNP run.  
21 That was the only place where MCNP runs were -  
22 - okay, I'm sorry if I'm talking out of turn.

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1 CHAIR MUNN: That's all right.

2 DR. ANIGSTEIN: Taking this out of  
3 turn.

4 CHAIR MUNN: We're going to have to  
5 talk about that while we're talking about  
6 TIB-10. But the number 2 finding is just that  
7 the four lower torso organs were not  
8 specified.

9 DR. ANIGSTEIN: I have that in  
10 front of me. And yes, that is correct. I  
11 went ahead because you were talking about  
12 MCNP, otherwise MCNP doesn't --

13 CHAIR MUNN: Right.

14 DR. ANIGSTEIN: Why was -- I'm  
15 sorry, but why was MCNP mentioned in this  
16 context then?

17 CHAIR MUNN: I don't know.

18 DR. ANIGSTEIN: Okay.

19 CHAIR MUNN: I think it was because  
20 this all has to do with TIB-10 and it's hard  
21 sometimes to just sort out one of the --

22 DR. ANIGSTEIN: Okay. I'm sorry

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1 then. I just --

2 CHAIR MUNN: No, that's okay.

3 MS. THOMAS: This is Elyse again.  
4 If I can interject something. As I was  
5 studying this, I -- it appeared that there's a  
6 -- that SC&A provided a response that was  
7 dated on March 21st, 2011 that doesn't appear  
8 in the Board Review System.

9 So again, that would help kind of -  
10 - if that response were entered into the Board  
11 Review System, it might help this sequence --  
12 you know, reading this sequence and the  
13 history --

14 DR. ANIGSTEIN: Okay. I have this  
15 -- I see this here on my system, on my  
16 computer. Steve, wasn't that passed on?

17 MR. MARSCHKE: It was passed on.  
18 It wasn't entered into the Board Review  
19 System. I have that up on the screen right  
20 now, and basically Finding 2, lower torso  
21 organs not specified, and basically it says,  
22 "On September 7th, 2007 --"

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1 MS. THOMAS: Yes. Yes, that  
2 response needs to get entered. And I think  
3 that will help the flow of the history.

4 MR. MARSCHKE: I can take that as  
5 an action item to enter these --

6 MS. THOMAS: Yes, and one other  
7 item --

8 CHAIR MUNN: That's Finding 8  
9 again.

10 MR. MARSCHKE: No, that's Finding  
11 2.

12 DR. ULSH: Finding 2.

13 MR. MARSCHKE: Finding 2, right  
14 there.

15 CHAIR MUNN: Finding 2. Oh, I'm  
16 sorry. I was reading the one underneath it.

17 MR. MARSCHKE: The date on the  
18 response is March 21st, 2001. The meeting --

19 MS. THOMAS: That's 2011.

20 MR. MARSCHKE: 2011, I'm sorry, I'm  
21 a decade behind the times. So it was the --

22 DR. ANIGSTEIN: I also -- I have a

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1 revised version -- I don't know whether it  
2 would help -- on 7/14/2011. I don't know  
3 whether that was just something local here, or  
4 whether that was submitted.

5 MR. MARSCHKE: Email it to me, Bob,  
6 and I will enter whichever is -- I will enter  
7 that probably into the BRS and then it will be  
8 up -- and then it will be in the BRS system.

9 DR. ULSH: Okay, so that will help  
10 with, like Elyse said, that will help with the  
11 flow of reading the history of this. But I  
12 think the latest item is: we have entered a  
13 response to this dated 11/1/2011, and I think  
14 going forward, the action will be for SC&A to  
15 review our response.

16 MR. KATZ: Or the Subcommittee  
17 right now to review --

18 CHAIR MUNN: The Subcommittee have  
19 to review it, because the recommendation is to  
20 close it.

21 MR. KATZ: Right.

22 CHAIR MUNN: and it's very clear

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1 that we, both the agency and the contractor,  
2 have looked at the specific finding, which is  
3 what's in lower torso, what do you mean by  
4 lower torso, and it's been very clearly stated  
5 here what's meant by lower torso, by both  
6 parties. We should be able to close this.

7 MR. MARSCHKE: I guess that the  
8 thing is: we have to go -- we should probably  
9 go back, by rights we should go back to the --  
10 and pull up Rev 4.

11 MS. THOMAS: Right, there's been a  
12 whole new rev since these reviews and  
13 responses were written.

14 DR. ULSH: And to make it easy, I  
15 can give you the short story on Rev 4. The  
16 only difference between Rev 4 and Rev 3,  
17 because I did it, was to pull out the MCNP  
18 material from the appendices, delete that,  
19 modify the parts of the text that referred to  
20 it. Those are the major changes. There's  
21 nothing else, really.

22 CHAIR MUNN: So essentially that's

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1 Finding 8.

2 MEMBER ZIEMER: So we can close it  
3 based on this.

4 MR. MARSCHKE: Well, what were we  
5 waiting for, then? Why, I mean, we were  
6 waiting before to close it. We had it in  
7 abeyance and we were waiting for some reason.

8 It was in abeyance before, so we had agreed  
9 and Rev 3 -- "Rev 3 presents no additional  
10 explanation of which organs are in the lower  
11 torso, requires the use of the dose conversion  
12 factor presented in this bulletin."

13 So I guess the question is: does  
14 Rev 4 provide the additional explanation of  
15 which organs are in the lower torso --

16 DR. ULSH: If you pull up the BRS  
17 and look at our response --

18 MR. HINNEFELD: Our response from  
19 November of '11 says why we have specified it  
20 as far, to the extent that we can, and that  
21 Rev 3 specified it to the extent that we can.

22 DR. ANIGSTEIN: Excuse me. This is

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1 Bob Anigstein. I just went on the web, and  
2 the latest one is Rev 3 that's posted.

3 DR. ULSH: All right. We'll take  
4 as an action item to post Rev 4.

5 MR. STIVER: Okay, so we're going  
6 to keep this one in abeyance until --

7 MR. HINNEFELD: I think you can  
8 still close it, because Rev 3 and Rev 4 say  
9 the same thing with respect to this issue.

10 Do you believe our explanation  
11 that's in the BRS that says we have specified  
12 it as clearly as we can, and we don't specify  
13 it completely because we may not think of all  
14 the organs and all the cancers that may occur  
15 in that region? We have defined the region by  
16 the organs that we have listed and anything  
17 else that occurs in that region. I don't know  
18 what else we can do.

19 MR. STIVER: Seems reasonable just  
20 to --

21 MEMBER ZIEMER: You guys are  
22 comfortable with that, right?

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1 MR. STIVER: I'm comfortable with  
2 it.

3 MEMBER ZIEMER: I don't see why we  
4 shouldn't close it here.

5 CHAIR MUNN: Certainly item 2, yes.

6 MR. KATZ: Okay, so today's date we  
7 close item 2.

8 MEMBER ZIEMER: Could I ask just a  
9 quick format question? I hate to keep coming  
10 back to format. These things don't seem to  
11 sort automatically in the order of the  
12 finding. When you get to -- when you get to  
13 this list of findings here, it goes 1, 4, 5,  
14 6, 7, 8, 9, 2.

15 CHAIR MUNN: And then 3.

16 MEMBER ZIEMER: Are these showing  
17 up in the order that we are dealing with them  
18 or why don't they jump into --

19 CHAIR MUNN: I think this is an  
20 error. I think it's a glitch.

21 MEMBER ZIEMER: It's not a big deal  
22 but --

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1 CHAIR MUNN: No.

2 MEMBER ZIEMER: -- one might  
3 otherwise say well, 2 must have been closed  
4 because it's not there, and then you find it  
5 at the end of the list for some reason.

6 MR. HINNEFELD: I've got to believe  
7 there is a typing anomaly that made that sort  
8 out. So that would be something --

9 MEMBER ZIEMER: Something sorted  
10 before the number looks somewhat different  
11 than --

12 DR. ULSH: Okay --

13 MEMBER ZIEMER: It's not obvious.

14 DR. ULSH: Finding 2 on DCAS-TIB-10  
15 shows up out of order. That's the issue.

16 CHAIR MUNN: Correct. It's 2 and 3  
17 are both out of order.

18 MEMBER ZIEMER: Well, 2 and 3 show  
19 up at the end of the list, so it goes 1, 4, 5  
20 and 2, 3 end up at the bottom of the list. So  
21 it looks a little strange, I just --

22 MR. HINNEFELD: Well, it's easy to

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1 look past something when it's --

2 CHAIR MUNN: Yes.

3 MEMBER ZIEMER: Because you say,  
4 well, it must have been closed, it's not --

5 MR. KATZ: The response date is  
6 11/1/11.

7 MR. MARSCHKE: It's 11/1?

8 MR. KATZ: 11/1.

9 MR. MARSCHKE: November? Or 11  
10 slash --

11 MR. KATZ: Yes, that would be  
12 November.

13 MR. MARSCHKE: 11/01/2011.

14 MEMBER ZIEMER: But as they are in  
15 here now, they all have the same response  
16 dates on them, so that couldn't have been part  
17 of the problem.

18 MR. KATZ: Oh, no, no, I was  
19 helping Steve.

20 MEMBER ZIEMER: Oh, I know. I  
21 thought at first it could have been what dates  
22 are in here, but those are the same thing.

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1 MS. THOMAS: And this is Elyse  
2 again. I'm sorry, Dr. Ziemer, if you -- I  
3 didn't mean to interrupt you.

4 MEMBER ZIEMER: No, that's fine.

5 MS. THOMAS: Okay. I have one  
6 other little housekeeping thing that I think  
7 probably just for -- if Steve is making some  
8 changes.

9 There was a comment in Finding 1  
10 that I think belongs in Finding 2 because it  
11 makes more sense in that thread, and I just  
12 wonder if it was maybe entered correctly but  
13 if you want to just maybe make a note, Steve,  
14 to look at that, and maybe if you think it  
15 belongs in Finding 2, I guess you could change  
16 it. But the finding says something, what  
17 changes are going to be made to TIB-10 as a  
18 result of this issue.

19 MR. MARSCHKE: Well, just a minute,  
20 Elyse. Let me close out Finding 2, if Wanda  
21 and Paul and Mike agree, I'd just add this  
22 little note here and change the status to

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1 closed based upon the explanation provided by  
2 NIOSH on the --

3 MEMBER ZIEMER: Just put a past  
4 tense to closed.

5 CHAIR MUNN: Is that okay with you,  
6 Mike?

7 MEMBER GIBSON: It is.

8 MR. MARSCHKE: Closed based upon  
9 the explanation provided by NIOSH on November  
10 1st, 2011, and if everybody agrees then we  
11 will close this item.

12 MEMBER ZIEMER: And agreed to by  
13 SC&A, or does that need to be in there?

14 MR. STIVER: Just probably put some  
15 comment about that --

16 MR. HINNEFELD: You can say that,  
17 you can say that. You don't have to.

18 MR. KATZ: You don't need SC&A's  
19 approval.

20 MEMBER ZIEMER: No, well, for the  
21 record, but I guess I --

22 MR. STIVER: We won't try to reopen

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1 at some future date.

2 MEMBER ZIEMER: Okay, forget it.

3 (Laughter.)

4 MR. MARSCHKE: We need plausible  
5 deniability here, you know?

6 CHAIR MUNN: Did I hear you, Mike?

7 MR. HINNEFELD: Yes, he said okay.

8 MR. MARSCHKE: So, issue 2 is  
9 closed. Issues 1 and 2 are closed.

10 CHAIR MUNN: Okay.

11 MR. MARSCHKE: Now, Elyse, you said  
12 go back to issue -- or Finding 1?

13 MS. THOMAS: Yes, like I said, it's  
14 just -- it's kind of a minor, kind of  
15 housekeeping type of issue, and I'm wondering  
16 whether I should just email it to you, because  
17 -- especially if the item is closed.

18 MR. KATZ: That sounds fine.

19 DR. ULSH: Yes, don't -- email it  
20 to Steve.

21 MS. THOMAS: Okay. Ready to go to  
22 Finding 3? Again, this is one that I think

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1 should be closed because if you look at the  
2 history of the Subcommittee comment for  
3 10/14/2008 states it should be closed. It's  
4 also closed in the previous Access database.

5 MR. MARSCHKE: I agree with Elyse,  
6 and this is showing up on the -- I'm showing  
7 the Subcommittee or the people in the room  
8 here what it says in the Access database on  
9 item 3, issue 3, and it's showing it as  
10 closed, and as Elyse says, October 14th, 2008,  
11 was the date that the Subcommittee closed it.

12 So -- item -- I've got to find it, since  
13 they're out of order.

14 MR. STIVER: It's at the bottom of  
15 the page.

16 CHAIR MUNN: Right, it's all the  
17 way down at the bottom.

18 MR. MARSCHKE: Can somebody give me  
19 the -- that was October --

20 MS. THOMAS: October 14th of 2008.

21 MEMBER ZIEMER: 2008.

22 MR. MARSCHKE: Okay, so change the

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1 status to closed based upon the discussions --  
2 discussions held on October 14th, 2008. Or  
3 basically, the status was closed --

4 MS. THOMAS: Yes.

5 MR. MARSCHKE: Shouldn't it be  
6 changed to, basically, the status was closed  
7 on October 14th, 2008. How's that?

8 MR. KATZ: Good.

9 MR. MARSCHKE: Okay.

10 DR. ULSH: Ready for issue 4?

11 MR. MARSCHKE: Four is also closed.

12 MS. THOMAS: Yes, four is the same,  
13 exactly the same situation as far as I can  
14 tell.

15 MR. MARSCHKE: Does the  
16 Subcommittee concur?

17 CHAIR MUNN: Yes.

18 MEMBER ZIEMER: Which one is that?

19 CHAIR MUNN: Four. Analysis is  
20 needlessly complex, was the finding.

21 MR. MARSCHKE: Fourteen?

22 DR. ULSH: October 14, 2008.

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1 Elyse, number 5?

2 MS. THOMAS: On number 5 --

3 CHAIR MUNN: I am going to make a  
4 suggestion here before we go on. I hate to  
5 break in the middle of our work on 10 here,  
6 but the truth is we are past due for a comfort  
7 break and we are going to have, I suspect, a  
8 discussion on eight, when we get there.

9 And so let me suggest that we take  
10 a break right now in the midst of TIB-10 and  
11 be back in 15 minutes. Let's come back at 11  
12 o'clock and let's give ourselves a break.

13 MS. THOMAS: Okay.

14 MR. KATZ: Okay, so I'm just  
15 putting the phone on mute.

16 CHAIR MUNN: Thanks, we'll take up  
17 with item 5 when we return.

18 (Whereupon, the above-entitled  
19 matter went off the record at 10:47 a.m. and  
20 resumed at 11:01 a.m.)

21 MR. KATZ: We're back. It's 11  
22 o'clock.

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1 MEMBER ZIEMER: Mute your phones.

2 MR. KATZ: And we're working on  
3 OTIB-24.

4 MR. HINNEFELD: DCAS-TIB-10.

5 MR. KATZ: DCAS, I'm sorry, TIB-  
6 10. What was I -- DCAS-TIB-10.

7 CHAIR MUNN: We're starting with  
8 item 5.

9 MS. THOMAS: Okay, for Finding 5,  
10 if you look down the string of comments and  
11 responses, 10/14/2008, it was determined to be  
12 in progress, so I think that's the correct  
13 status for now. It was in progress in the  
14 previous Access database also.

15 CHAIR MUNN: So that's a change for  
16 us.

17 MR. MARSCHKE: What was the date,  
18 Elyse?

19 MS. THOMAS: 10/14/2008.

20 MR. MARSCHKE: Oh, again the 10/14  
21 date.

22 MS. THOMAS: Yes.

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1 MR. KATZ: So and what is -- when  
2 it's in progress, what progress is being made?  
3 What are we waiting on?

4 MS. THOMAS: This one has to do  
5 with the angular dependence and so I don't  
6 know, there was -- I'm not sure that that  
7 issue has been resolved, and I think angular  
8 dependence got bumped to another group and  
9 whatever, so it may be waiting on that.

10 MR. STIVER: Yes, I think on  
11 October 10th there's a hint here, the factors  
12 that affect conversion of particle flux to the  
13 dose rate must be accounted for by dosimeter  
14 calibration. Discussion of dosimeter  
15 calibration to be site-specific and cannot be  
16 resolved in discussion of the glove box TIB.

17 MEMBER ZIEMER: Well, they also  
18 referred to TIB-13 where it will be handled  
19 apparently.

20 MR. MARSCHKE: NIOSH will respond  
21 to that finding in discussion of TIB-13 where  
22 the issue was raised, rather than here, the

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1 factors that affect conversion of particle  
2 flux to dose rate must be accounted for by  
3 dosimeter calibration.

4 MR. KATZ: So, can we check. If  
5 this is under TIB-13, it seems like then we  
6 can close it here and --

7 MR. MARSCHKE: Change it to  
8 addressed in TIB-13 or close it or --

9 MR. KATZ: Close it here, with a  
10 notation that this is -- whatever, this is  
11 being addressed under TIB-13.

12 CHAIR MUNN: Is anyone familiar  
13 enough with TIB-13 to know that that is in  
14 fact what we are doing?

15 MR. KATZ: Pull it up.

16 CHAIR MUNN: I guess we'll have to  
17 look and see.

18 DR. ULSH: Is it DCAS-TIB-13 or  
19 ORAU-TIB-13?

20 MR. KATZ: Good question.

21 MR. HINNEFELD: I think it's DCAS.

22 Or OCAS.

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1 MR. MARSCHKE: DCAS-TIB-13.

2 MR. HINNEFELD: It's either OCAS or  
3 DCAS, I think, because it's --

4 MR. MARSCHKE: No findings in the -  
5 -

6 DR. ULSH: Okay. This goes back to  
7 the problem with the DCAS/OCAS TIBs, the  
8 findings.

9 MR. MARSCHKE: OCAS, there is no  
10 OCAS, so there is no OCAS-TIB-13 that I can  
11 see.

12 MR. STIVER: DCAS-TIB-13 Rev 1 is  
13 the latest.

14 MS. THOMAS: If you put in just  
15 TIB-0013, it comes up.

16 MR. MARSCHKE: I get DCAS-TIB-13,  
17 OCAS-TIB-2. I get ORAU-OTIB-13. I don't get  
18 OCAS-TIB-13. Maybe it's just a --

19 MR. STIVER: I got OCAS-TIB-13.

20 DR. ULSH: Wait. There's a DCAS-  
21 TIB-13 and then there's an OTIB-13, which is  
22 an ORAU document, so I think --

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1                   MEMBER ZIEMER: Well, the DCAS one  
2 has to do with geometric --

3                   (Simultaneous speaking.)

4                   MR. MARSCHKE: OCAS-TIB-13, wait a  
5 minute, I got it. I got it. It's not 0013.  
6 It's 013.

7                   CHAIR MUNN: Let's make sure we  
8 have that right now.

9                   MR. MARSCHKE: Now what are we  
10 looking for? We are looking for angular  
11 dependence.

12                  DR. ULSH: I think that's in  
13 general what the issue was.

14                  MR. MARSCHKE: Writing style.  
15 That's not it. Well, the only one that is  
16 still in progress is Finding 4.

17                  DR. ANIGSTEIN: This is Bob  
18 Anigstein, if I could break in and comment.

19                  CHAIR MUNN: Speak up, Bob.

20                  DR. ANIGSTEIN: In the original  
21 SC&A review of TIB-10, we did not address the  
22 angular dependence, but when we went back and

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1 looked at it -- but then when we got to TIB-  
2 13, not OTIB-13 at the time, it was TIB-13,  
3 which is related, it was originally for  
4 Mallinckrodt workers and then it got expanded  
5 to other sites, and then we found very similar  
6 issues as in TIB-10 and then in addition, we  
7 brought in the angular dependence, which made  
8 the correction factor, the recommendation for  
9 a correction factor, even larger.

10 And so it would really apply here  
11 too. Procedurally, if I recall correctly,  
12 rather than addressing the same item twice,  
13 the Subcommittee decided we'll handle it as  
14 part of TIB-13.

15 CHAIR MUNN: Okay, so you are  
16 talking about the Mallinckrodt workers.

17 DR. ANIGSTEIN: We are talking  
18 about TIB-13.

19 CHAIR MUNN: Right, which is  
20 Mallinckrodt.

21 DR. ANIGSTEIN: Which has been  
22 expanded beyond Mallinckrodt.

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1 MR. KATZ: So it's now the DCAS --  
2 if you go back to the DCAS, isn't the DCAS  
3 just an expansion of the Mallinckrodt  
4 procedure?

5 MR. STIVER: Yes, if you look at  
6 the revision description under DCAS --

7 MR. MARSCHKE: I don't think the  
8 DCAS --

9 MR. STIVER: DCAS-TIB-13 has the  
10 changes that Bob was describing.

11 MR. MARSCHKE: It's not filled out.

12 MR. STIVER: But there's no  
13 findings associated with it, not in the  
14 system.

15 MR. MARSCHKE: It's not populated.  
16 The findings have not been populated into  
17 DCAS.

18 MR. KATZ: Okay, but this is the  
19 document Bob's referring to, it's the expanded  
20 version of, right, of the Mallinckrodt?

21 MR. HINNEFELD: Yes.

22 MR. KATZ: So this is where it may

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1 have been already addressed. You don't have  
2 this laid out yet, but it may have been  
3 addressed in this document.

4 CHAIR MUNN: So, we're going to  
5 need DCAS-TIB-013, right?

6 MEMBER ZIEMER: I think it's 0013.

7 CHAIR MUNN: Is it, 00?

8 MR. HINNEFELD: Well, it depends on  
9 where you look at it.

10 MEMBER ZIEMER: In the database  
11 it's 0013, right?

12 CHAIR MUNN: Okay.

13 MR. HINNEFELD: But the findings  
14 are available as 00.

15 MEMBER ZIEMER: Oh, I see.

16 MR. MARSCHKE: Well, the database  
17 has no findings associated with DCAS-TIB-13.

18 MR. KATZ: We understand, right, so  
19 that's the issue, is the findings are under  
20 the old version of the document. There's a  
21 new version of the document and we need to  
22 sort out, it sounds like, whether these

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1 findings have been addressed.

2 CHAIR MUNN: And do we need to  
3 populate --

4 DR. ULSH: Yes.

5 CHAIR MUNN: 0013.

6 DR. ULSH: Yes.

7 CHAIR MUNN: Okay. Is that a NIOSH  
8 action?

9 DR. ULSH: Yes.

10 CHAIR MUNN: So we are going to  
11 populate the database and we are going to  
12 verify that angular dependence is addressed  
13 properly.

14 MR. KATZ: We're going to see what  
15 the status is of these findings.

16 DR. ULSH: Right, we're going to --  
17 I have as a NIOSH action item to populate  
18 DCAS-TIB-13 with the findings on that  
19 document. I think what we've said here under  
20 the finding on DCAS-TIB-10 is that this issue  
21 of angular dependence has been addressed in  
22 DCAS-TIB-13. Is that what we are saying,

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1 Elyse?

2 MR. HINNEFELD: No, it says it will  
3 be.

4 CHAIR MUNN: Will be. But we don't  
5 know what's in DCAS-13.

6 MS. THOMAS: Yes, I think the  
7 safest thing to do right now today for Finding  
8 5 on TIB-10 is just to put it in progress,  
9 instead of open.

10 CHAIR MUNN: Agreed.

11 MR. KATZ: I would just close it,  
12 because close it, we are moving it to TIB-13,  
13 and why do we want to track two? We have  
14 enough craziness without having to double  
15 track things. We are moving it to TIB-13 --

16 MR. STIVER: As long as we don't  
17 lose it in the interim.

18 MR. MARSCHKE: Yes, if you close it  
19 now before you open it, do you want to close  
20 it now before you open another one?

21 DR. ULSH: Let me make sure that  
22 that particular issue was captured in the

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1 findings for DCAS-TIB-13.

2 MR. KATZ: And you may find them  
3 under the findings for the TIB-0013, the  
4 precursor, is where they may be.

5 MR. MARSCHKE: So, basically 5 is  
6 changed to in progress.

7 MR. KATZ: So you're going to put a  
8 note under there that it's being moved to  
9 DCAS-TIB-13.

10 DR. ANIGSTEIN: Likewise, get a  
11 strenuous workout that I'll have to talk  
12 about.

13 CHAIR MUNN: Yes. Okay. Are we  
14 okay with it?

15 MR. KATZ: Yes.

16 CHAIR MUNN: Very good. Ready for  
17 item 6.

18 MS. THOMAS: Okay. I think Finding  
19 6 has been that same -- is not the same exact  
20 same issue but it's the exact same thing, that  
21 it should be in progress, and if you look down  
22 at the end of the string, there's an entry

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1 there for 10/14/2008 that says it should be in  
2 progress. It also refers back to TIB-13.

3 CHAIR MUNN: So, we're still in  
4 progress here.

5 MR. MARSCHKE: Okay, so we want to  
6 change this to in progress with the same note  
7 that we made on --

8 MR. KATZ: Right, move the finding  
9 to 13.

10 DR. ULSH: Wait, you're looking at  
11 6. This is 5.

12 MR. MARSCHKE: I thought we just  
13 did 5.

14 DR. ULSH: Oh, you're right.

15 CHAIR MUNN: Five and six.

16 MR. MARSCHKE: Issue TIB --  
17 basically I've got that on July 14th, 2011, we  
18 have issue TIB-13-06 is closed, since it is  
19 the same issue as TIB-13-04. Resolution of  
20 TIB-13-04 will also resolve TIB-13-06, so 6 is  
21 already closed in the database.

22 CHAIR MUNN: Rather than in

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1 progress. Okay.

2 DR. ULSH: And four is closed. So

3 --

4 MS. THOMAS: And 10, TIB-10-06 is  
5 closed?

6 MR. MARSCHKE: 10-06 is closed. Oh,  
7 no, I'm looking at 13. Oh, my spread is  
8 screwed up here. I might have screwed up.

9 (Simultaneous speaking.)

10 MR. MARSCHKE: No, I did that right.

11 CHAIR MUNN: No, you're still on  
12 13.

13 MR. MARSCHKE: I'm still on 13,  
14 yes, I know, I just want to make sure I didn't  
15 change the --

16 MR. STIVER: Inadvertently make any  
17 changes.

18 MR. MARSCHKE: I mean, it changed  
19 to 13, when I was trying to make a change to  
20 10. DCAS-TIB-10. Is that the one we're  
21 doing?

22 CHAIR MUNN: Yes. Glove box

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1 workers. Got it.

2 MEMBER ZIEMER: When we transfer  
3 it, do we always close it, or do we put it in  
4 abeyance? Do we always close it?

5 CHAIR MUNN: We just call it  
6 transferred.

7 MEMBER ZIEMER: Oh, is that a  
8 category?

9 CHAIR MUNN: Yes, it is a category.

10 DR. ULSH: That's when we transfer  
11 it to a different Work Group.

12 CHAIR MUNN: And transferred is  
13 considered --

14 MEMBER ZIEMER: Isn't that what we  
15 are doing --

16 MR. STIVER: Wasn't that  
17 transferred within the document though, if  
18 there's a --

19 MR. HINNEFELD: That's addressed in  
20 --

21 CHAIR MUNN: That's addressed in --

22 MR. HINNEFELD: Addressed in the

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1 findings.

2 (Simultaneous speaking.)

3 MR. STIVER: That's right.

4 CHAIR MUNN: -- moved it to some  
5 other Work Group to deal with.

6 DR. ULSH: Procedure on Procedures.

7 CHAIR MUNN: Yes. Let's not  
8 suggest that. A little macabre humor here..

9 MR. MARSCHKE: Six, basically. Now  
10 what did we decide on six?

11 MR. KATZ: Six is the same as five.

12 MEMBER ZIEMER: Is five transferred  
13 then?

14 MR. KATZ: It's not transferred.  
15 It's just being dealt with.

16 CHAIR MUNN: It's in abeyance.

17 MR. MARSCHKE: Right now it's in  
18 progress.

19 MR. KATZ: It's in progress and as  
20 soon as it's -- the finding is put into 13, it  
21 will be closed here.

22 MEMBER ZIEMER: Closed or

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1 transferred?

2 MR. KATZ: Closed.

3 CHAIR MUNN: It is in progress.

4 MR. KATZ: Right now, but it's --

5 CHAIR MUNN: Because it's going to  
6 be taken care of.

7 MEMBER ZIEMER: No, but when it's  
8 transferred, does it show up here as closed or  
9 transferred?

10 MR. MARSCHKE: That depends on how  
11 the Subcommittee wants it --

12 CHAIR MUNN: When it's transferred  
13 it shows up as -- it shows up as transferred.

14 MR. KATZ: We're not transferring  
15 here. We're closing here. We're not  
16 transferring.

17 MEMBER ZIEMER: That's why I'm  
18 asking the question.

19 CHAIR MUNN: For our purposes, when  
20 we are looking at the database, anything that  
21 has been closed, transferred and in abeyance  
22 is closed for us. There's nothing we can do

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1 about it. Something is going on somewhere  
2 else.

3 MEMBER ZIEMER: So it's going to  
4 show up as closed?

5 CHAIR MUNN: Yes. It won't be in  
6 our list of closed files. It will be shown in  
7 those three categories. But when we are  
8 working with our agenda and what we are  
9 looking at, those are three things that we  
10 don't look at, simply because they are in the  
11 hands of someone else.

12 MEMBER ZIEMER: Well, I was just  
13 asking, in this case, how is it going to show  
14 up here, as closed --

15 CHAIR MUNN: It will show up in  
16 progress.

17 MR. STIVER: Once it's closed it  
18 will be transferred though --

19 MEMBER ZIEMER: Once it's  
20 transferred where will --

21 (Simultaneous speaking.)

22 CHAIR MUNN: Stop. Stop. It's --

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1 the reason it's in progress is because NIOSH  
2 actively is working it, and then --

3 MEMBER ZIEMER: I understand that,  
4 but --

5 CHAIR MUNN: Yes, and --

6 MEMBER ZIEMER: But even if they're  
7 working it under the other one, how does it --  
8 it's going to show up here once it's  
9 transferred in as closed.

10 CHAIR MUNN: Yes. Once the --

11 MEMBER ZIEMER: I want to make sure  
12 that Ted is saying the right thing. What  
13 you're saying is --

14 CHAIR MUNN: Once 13 is answered,  
15 yes. But 13 is not in the database yet.

16 MEMBER ZIEMER: I understand that.

17 CHAIR MUNN: Okay, ready for seven.

18 MS. THOMAS: Okay. On Finding 7,  
19 again I think the status should be closed. If  
20 you look down at the end of the string it says  
21 that for the entry on 10/14/2008, and it was  
22 closed in the previous Access database, so --

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1 CHAIR MUNN: So it was carried over  
2 as open in error. Closed.

3 MEMBER ZIEMER: As per --

4 CHAIR MUNN: October 14 -- October  
5 one-four.

6 MEMBER ZIEMER: As per the October  
7 --

8 DR. ULSH: The third word is a  
9 spelling error too.

10 CHAIR MUNN: October 14, 2008.

11 MEMBER ZIEMER: The status has  
12 changed to closed as per October 16th, 2008.

13 MR. MARSCHKE: Fourteenth.

14 CHAIR MUNN: Fourteen, at least  
15 mine says 14.

16 MEMBER ZIEMER: It's got both dates  
17 here, see that? Well, it's interesting, it's  
18 got both 14 --

19 MR. MARSCHKE: It didn't happen  
20 until --

21 (Simultaneous speaking.)

22 MEMBER ZIEMER: Oh, that's a

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1 different thing, yes, October 14.

2 MR. MARSCHKE: Seven is closed.

3 MR. KATZ: Okay, so that brings us  
4 to eight.

5 MS. THOMAS: Okay, so Finding 8,  
6 NIOSH provided a response for November in  
7 November of 2011, and this response is now  
8 entered in the Board Review System with that  
9 date, so it's newly entered, it's not a new  
10 response. The status in the previous Access  
11 database was in progress.

12 MR. MARSCHKE: This is one that  
13 also Bob discussed in his March 2011 -- he  
14 gave a very long discussion on it, and it is -  
15 - just scrolling down to the end, and  
16 basically SC&A recommends the status of  
17 Finding 8 be made in progress.

18 So I need -- again, I already have  
19 an action item to go back and to enter Bob's  
20 March -- well, or his revised version of the  
21 March 2011 write-up and enter that into the  
22 database.

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1                   So I think that -- and I assume,  
2 Elyse, when you say that NIOSH, the finding  
3 here that is newly entered, is this in  
4 response to Bob's --

5                   MS. THOMAS: Yes. Yes it is. So  
6 you probably need to enter Bob's response and  
7 review the NIOSH response.

8                   MR. MARSCHKE: And review the NIOSH  
9 response and see whether or not we can -- so  
10 Bob, this is an action item for you, really.

11                   DR. ANIGSTEIN: To do what?

12                   MR. MARSCHKE: I will give you,  
13 when I get back, or you can go onto the Board  
14 review database, but I can give you -- or when  
15 I get back, I'll give you a printout of the --  
16 NIOSH's response to your March response.

17                   MR. KATZ: Well, wait, I mean, can  
18 these --

19                   DR. ANIGSTEIN: But that's what he  
20 transmitted -- I have a version that was  
21 transmitted July 14th.

22                   MR. MARSCHKE: Okay, the July --

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1 the one I'm looking at is March, but the July  
2 one, then.

3 MR. KATZ: Before we just bat it  
4 back can the Subcommittee take it up? I mean,  
5 Brant, you responded to it.

6 DR. ULSH: I don't think it's going  
7 to be one where SC&A and us are easily in  
8 agreement.

9 MR. KATZ: But do you want to  
10 discuss it before we just bat it back to SC&A?

11 MR. MARSCHKE: Well, we can -- Bob,  
12 I don't know that Bob can even look at it.  
13 Let's see.

14 CHAIR MUNN: This was what Bob was  
15 talking about earlier when he was talking  
16 about the difference between the Attila and  
17 MCNP positions and results.

18 MR. KATZ: Right, and Brant has  
19 responded to Bob's comments.

20 DR. ANIGSTEIN: If I can comment on  
21 that, the issue -- we raised the issue about  
22 Attila, but at this point the issue is not a

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1 technical one between the two codes. It's an  
2 issue -- the issue is the NIOSH model in the  
3 MCNP is radically different than the model  
4 they used in Attila, not the model of the  
5 code, but the model of the glove box and the  
6 geometry.

7 DR. ULSH: Yes, you're correct,  
8 Bob, however you'll see in our response that  
9 we have revised the TIB to delete all that  
10 MCNP stuff out. So we are kind of back to  
11 square one --

12 DR. ANIGSTEIN: But the result --  
13 but the issue is not the MCNP runs and whether  
14 you are to include them. We are still -- I  
15 mean we are talking about the results. That's  
16 the only thing that's of significance.

17 DR. ULSH: Okay.

18 DR. ANIGSTEIN: And we disagree  
19 with the results.

20 DR. ULSH: I know. I really  
21 suggest that you take a look at our response  
22 in here.

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1 DR. ANIGSTEIN: Okay, will do.

2 DR. ULSH: And then if you don't  
3 like it, you can come back to the committee  
4 with a response to that.

5 DR. ANIGSTEIN: Very good.

6 DR. ULSH: This is not something we  
7 are going to be able to iron out today.

8 DR. ANIGSTEIN: Okay. But this is  
9 something, Steve, you will send me.

10 MR. MARSCHKE: Yes.

11 DR. ANIGSTEIN: Very good.

12 CHAIR MUNN: All right.

13 MEMBER ZIEMER: Just a question.  
14 So there is an earlier SC&A response that is  
15 not in here. Is that what you're saying?

16 MR. MARSCHKE: There is -- yes.  
17 There is a version --

18 DR. ULSH: It's March 2011.

19 MR. MARSCHKE: It was in March or  
20 July of 2011. I have the March version and we  
21 will look -- and Bob says he revised this  
22 slightly.

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1                   MEMBER ZIEMER:        Okay, I see.  
2       There's a whole -- well, let's see.

3                   MR. STIVER:     It never made it into  
4       the --

5                   MR. MARSCHKE:    The database wasn't  
6       working at that point in time.

7                   MEMBER ZIEMER:    And it looks like  
8       there's another placeholder that has your name  
9       on it, Brant, for March 16th. Is that the one  
10      that should have been a placeholder for --  
11      there. Right? See that?

12                   March -- wait a minute. Yes, see  
13      the March -- see the March 16th thing?

14                   DR. ULSH:        Yes, where it says,  
15      "Files provided to SC&A" on 3/11/2011?

16                   MEMBER ZIEMER:    Oh, okay, that's  
17      your response.

18                   DR. ULSH:        That's me saying --

19                   MEMBER ZIEMER:    And then there's --  
20      yes, got you.

21                   MR. MARSCHKE:    And there should be  
22      -- below that there should be --

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1                   MEMBER ZIEMER: Below that is where  
2 the --

3                   MR. MARSCHKE: -- where Bob's should  
4 be brought in.

5                   MEMBER ZIEMER: Got it.

6                   MR. MARSCHKE: So, at the minimum,  
7 we should change the status from -- right now  
8 the status is open. We should change the  
9 status to in progress at a minimum.

10                  CHAIR MUNN: Yes, right.

11                  MR. KATZ: At the next meeting,  
12 this will be on the agenda for the next  
13 meeting.

14                  CHAIR MUNN: Question. Are any of  
15 those responses -- it appeared that the --  
16 Bob's most recent response, if that's what we  
17 were seeing on the screen earlier, was fairly  
18 lengthy. Do we need any links to any of that  
19 or is this all --

20                  MR. MARSCHKE: Well right now we  
21 should be able to basically -- if we do need a  
22 link to it, we should be able to do a link to

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1 it.

2 CHAIR MUNN: Yes, that's why I  
3 asked.

4 MR. MARSCHKE: So we can either --  
5 we can either bring it in as a -- you know, we  
6 can either paste it into the spot provided, if  
7 it works that way, or we can link it to either  
8 a PDF file or a Word file whichever one we  
9 pick.

10 CHAIR MUNN: It depends entirely on  
11 the length of that response. It appeared to  
12 me that it was two pages long. And if it's  
13 two pages long then clearly we need to link it  
14 rather than copy it into the database.

15 Is it in a document we can link  
16 easily?

17 MR. MARSCHKE: The only problem  
18 with linking it, Wanda, is, basically right  
19 now the document is, is --

20 CHAIR MUNN: Internal  
21 correspondence.

22 MR. MARSCHKE: Well, internal

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1 correspondence, but it's -- it also has  
2 discussion of four findings as opposed to just  
3 the one finding, so I wouldn't -- if we're  
4 going to link it, what I would like to do is I  
5 would like to pull out the one finding, the  
6 information on the one finding and then  
7 include that.

8 CHAIR MUNN: Well, my only question  
9 is, without reading it, it's difficult for me  
10 to identify whether the verbiage there is  
11 really and truly pertinent to what we are  
12 trying to do, or if it needs to be summarized.

13 And that's something we would have to read I  
14 suppose to see if it is.

15 My instinct is that perhaps it  
16 could be summarized, but if that's not going  
17 to be feasible, now there's a diagram too.  
18 Perhaps this is one that you should pull out  
19 and make that response a standalone. We could  
20 do that okay?

21 MR. MARSCHKE: We can do that.

22 CHAIR MUNN: All right.

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1                   MEMBER ZIEMER:     There is an 08  
2 portion of the total report of the -- you can  
3 just pull that out.

4                   CHAIR MUNN:        That's what he's  
5 looking at right here.

6                   MR. MARSCHKE:     We'll pull out the  
7 08 portion and link it in, either as a Word  
8 file or as a PDF file.

9                   MR. KATZ:     Sounds good. Is that the  
10 end of the line for this?

11                   DR. ULSH:     No.

12                   MR. KATZ:     No? Okay.

13                   DR. ULSH:     Finding 9.

14                   MS. THOMAS:     Okay, are you ready  
15 for nine?

16                   MR. KATZ:     Yes. Thanks, Elyse.

17                   MS. THOMAS:     Okay. This was  
18 originally closed so if you look at the old  
19 Access database, Finding 9 was closed. But it  
20 was reopened at the Subcommittee meeting on  
21 March 22nd of 2011.

22                   That's what we were looking at

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1 before. So that was pages 80 and 82 of that  
2 transcript. However there is a new NIOSH  
3 response dated 11 -- November 2011 and then a  
4 new version, Rev 4.

5 So this one was originally closed.  
6 It was reopened. So I'm not sure what the  
7 status should be today.

8 MR. KATZ: So we can take up the  
9 DCAS response then, from November '11?

10 CHAIR MUNN: It appears that the  
11 action at this point should be SC&A's to  
12 respond to the --

13 MEMBER ZIEMER: This may be similar  
14 to the earlier one. It may be a lengthy --

15 MR. STIVER: It's similar to  
16 Finding 8.

17 MEMBER ZIEMER: We may need to  
18 analyze that and --

19 CHAIR MUNN: It appears to be in  
20 progress.

21 DR. ULSH: Well, to make a fairly  
22 lengthy response short, SC&A questioned the

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1 use of Rocky Flats data and in Rev 4, we  
2 deleted it. So I don't know. If you want to  
3 take time to look at it you can, but --

4 MR. HINNEFELD: Yes, the history  
5 behind this was that the original document  
6 pulled out some risks and whole body  
7 measurements from Rocky Flats glove box  
8 workers as sort of a check on what Attila came  
9 up with. And SC&A felt like that was not  
10 really a relevant check. I forget the whole  
11 nature of --

12 MEMBER ZIEMER: It was sort of a  
13 validation effort?

14 MR. HINNEFELD: Yes, sort of a  
15 validation thing, and so since it wasn't  
16 really critical to the argument that was being  
17 made in the document, we thought, well,  
18 there's no need to put that in there, because  
19 I think there are -- there were clearly some  
20 weaknesses in using it, as SC&A pointed out.  
21 It's not that we objected. We kind of  
22 understood their objection to its use.

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1           And so based on that, we said,  
2 well, not that we write a lot of these  
3 documents but we have developed a technique  
4 and say this is the technique without trying  
5 to throw in a validation approach also.

6           So why don't we just take the  
7 validation approach out? So in -- ultimately  
8 I guess, in Rev 4, we say it has been taken  
9 out, whereas in Rev 3 it wasn't. It was just  
10 moved. So --

11           CHAIR MUNN: Since Bob is reviewing  
12 it --

13           MR. HINNEFELD: -- someone would  
14 have to look at the Rev 4.

15           CHAIR MUNN: Yes, it's my  
16 understanding that we tasked Bob to look at  
17 Rev 4 in any case, and since he's going to be  
18 looking at Rev 4, then it appears logical that  
19 we can close out eight and nine simultaneously  
20 when that review has been complete.

21           MR. KATZ: Is that clear to you,  
22 Bob?

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1 DR. ANIGSTEIN: No.

2 CHAIR MUNN: No?

3 DR. ANIGSTEIN: It appears that you  
4 want to review -- I'm not sure what we are  
5 supposed to do about nine. I mean, nine is  
6 particular because nine was closed back in --  
7 way back early and then we were told to look  
8 at it, even though it was closed.

9 MR. MARSCHKE: Well, what you don't  
10 know, Bob, is that on November 1st of 2011,  
11 NIOSH provided a response and they also  
12 revised DCAS-TIB-10 that was right before --

13 DR. ANIGSTEIN: I thought they just  
14 -- I thought, from what I heard was that the  
15 revision only consisted of taking out the  
16 appendix.

17 MR. MARSCHKE: Well, they also took  
18 out the Rocky Flats data.

19 DR. ANIGSTEIN: I see, okay. Well  
20 I haven't -- you know, I was, I was not  
21 apprised of that and I have not seen either  
22 the version -- Rev 4, nor the November

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1 response. So --

2 MR. MARSCHKE: That is what you are  
3 being tasked to do right now.

4 DR. ANIGSTEIN: Excuse me?

5 MR. MARSCHKE: You are being -- at  
6 this meeting you are --

7 DR. ANIGSTEIN: Okay, right, okay,  
8 so you'll --

9 MR. MARSCHKE: You are receiving a  
10 task to do that.

11 DR. ANIGSTEIN: You know, I  
12 obviously am not clear what to do, but I  
13 haven't seen it. But once I see it, I'll  
14 figure it out or I will consult.

15 MR. MARSCHKE: Right, so you'll  
16 review it between now and the next  
17 Subcommittee meeting.

18 DR. ANIGSTEIN: Which is?

19 CHAIR MUNN: We haven't set it yet.

20 MR. MARSCHKE: Probably three or  
21 four months down the road.

22 DR. ANIGSTEIN: Okay.

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1 DR. ULSH: So, status as of today  
2 is in progress.

3 MR. KATZ: In progress.

4 CHAIR MUNN: Yes.

5 MR. KATZ: So, are we on -- is  
6 there a finding ten?

7 DR. ULSH: That's the end of the  
8 findings for this packet.

9 MR. KATZ: Okay.

10 CHAIR MUNN: Very good, that should  
11 clear us up with 10. Right, Elyse?

12 MS. THOMAS: Yes, that's it.  
13 That's all the findings there.

14 CHAIR MUNN: Good. All right.  
15 Then let's move on to our next thorn in the  
16 side, TIB-13.

17 Our agenda says we were to re-  
18 view Finding 4 and determine whether this is  
19 an overarching issue or whether it's site-  
20 applicable. And NIOSH was going to look at  
21 that, right?

22 DR. ULSH: Yes, I mean that's what

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1 it says here, it's a DCAS action item. I  
2 don't think that we have done that yet.

3 CHAIR MUNN: Haven't done that?

4 MS. THOMAS: That one's also tied  
5 up in the previous issue we were discussing  
6 about OCAS-TIB-13 versus DCAS-TIB-13.

7 CHAIR MUNN: And this is 013 TIB.

8 MEMBER ZIEMER: Is this the  
9 original Mallinckrodt one?

10 CHAIR MUNN: Yes, it's the  
11 Mallinckrodt one, yes.

12 MR. MARSCHKE: I screwed up earlier  
13 on this one and I changed the status of  
14 TIB-13-5 when I was supposed to change the  
15 status of TIB-10-5.

16 And so what was the status of TIB-  
17 13-5 going into today?

18 MS. THOMAS: I think it was closed  
19 because the only one that was not closed, was  
20 04.

21 MR. MARSCHKE: That's what I show.

22 I show that on July 14th, we --

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1 MEMBER ZIEMER: We closed it.

2 MR. MARSCHKE: we closed it.

3 MEMBER ZIEMER: Right.

4 MS. THOMAS: Yes.

5 MR. MARSCHKE: And so --

6 MEMBER ZIEMER: Right, so we need  
7 to remove that last -- wait a minute.

8 MR. MARSCHKE: I don't know how we  
9 remove, but I do know I can just basically go  
10 in and re-change it.

11 MEMBER ZIEMER: Try editing, maybe  
12 the editing will allow you to delete it.

13 MR. KATZ: I think this could -- I  
14 think you'll be able to go in and change the -  
15 -

16 MR. MARSCHKE: See, the editing  
17 allows me to edit the response. It doesn't  
18 allow me to change the status.

19 MR. KATZ: You just have to change  
20 it and re-delete the --

21 MR. MARSCHKE: I'm just going to  
22 have to add another one, another one saying

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1 that the above entry was made in error.

2 (Simultaneous speaking.)

3 CHAIR MUNN: If you're allowed to  
4 edit it.

5 MR. MARSCHKE: Every time you make  
6 a mistake it's going to be --

7 MEMBER ZIEMER: Recorded for  
8 posterity.

9 CHAIR MUNN: If you're allowed to  
10 edit it, can you make that statement inside  
11 the same --

12 MR. MARSCHKE: I can't make it  
13 inside the same -- I can edit the same one and  
14 basically say that --

15 CHAIR MUNN: That's right. The  
16 previous sentences were entered in error.

17 MEMBER ZIEMER: Well, you don't  
18 even have to mention that. You can just say  
19 that we confirmed that it's closed or  
20 something.

21 DR. ULSH: We didn't make a  
22 mistake, we just --

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1 MEMBER ZIEMER: You are doing a new  
2 finding then, or I mean, a new entry. Are you  
3 editing the --

4 MR. MARSCHKE: No, I'm making a new  
5 entry because I can't edit the status. I can  
6 edit the words that explain the status. I go  
7 back and take -- but I can't edit the status  
8 itself.

9 MEMBER ZIEMER: The top line there,  
10 change "the".

11 MR. STIVER: Also, "remains."

12 MR. MARSCHKE: What other one?

13 MEMBER ZIEMER: Remains, the second  
14 to last word.

15 MR. MARSCHKE: Now I can go back  
16 and enter -- I can go back and change the -- I  
17 can go back and change this one.

18 MEMBER ZIEMER: The paragraph  
19 marked between them sort of stands out.  
20 There.

21 CHAIR MUNN: Good. Now we can go  
22 to our agenda item, which is the previous

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1 finding, number 4. So we are looking at TIB-  
2 13, finding 4. We have a final statement that  
3 we had from that entry was from last  
4 September, where we said NIOSH was going to  
5 reexamine the SC&A comments and report back to  
6 the Subcommittee with respect to whether this  
7 was going to be considered an overarching  
8 issue or a site-applicable issue.

9 MR. MARSCHKE: Right, and we didn't  
10 get that done.

11 CHAIR MUNN: That is not done.  
12 It's going to be another carryover, which is  
13 fine, because we have to populate that anyway,  
14 right?

15 MR. MARSCHKE: Right.

16 CHAIR MUNN: The next item is OTIB-  
17 52 Rev 1, reduced dose. That's an SC&A  
18 action.

19 MR. MARSCHKE: Yesterday I updated  
20 the BRS on OTIB-52. So basically there was 13  
21 and 14 needed to be -- we had them in  
22 progress, and the entry that I made -- I

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1 reviewed the NIOSH response for 13. This is  
2 13 which is on the screen right now, and I  
3 reviewed the response for 13 and I concur with  
4 it and I recommend -- this is the whether or  
5 not, when they calculate the ratio of  
6 construction worker to other workers, whether  
7 they use other workers as defined as non-  
8 construction trade workers or is it defined as  
9 all monitored workers, which includes  
10 construction trade workers.

11 And I agree with NIOSH that it  
12 really, really doesn't make much difference,  
13 just a few percentage points difference, which  
14 is less than the 20 percent -- what they're  
15 using as a cutoff error, cutoff margin.

16 So -- and I used SRS data.  
17 Actually I used SRA data, probably it should  
18 be SRS data, to come to that conclusion. So I  
19 agree with the NIOSH response on this one, and  
20 SC&A agrees with the NIOSH response on this  
21 one, and so we'd recommend that this -- at  
22 this time that this finding be closed.

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1 CHAIR MUNN: Any objection to that  
2 on the Subcommittee?

3 MEMBER ZIEMER: No objection.

4 CHAIR MUNN: Hearing no objection,  
5 Finding 13 on OTIB-52 will be closed.

6 MR. MARSCHKE: Finding 14. This --  
7 Finding 14 has to do with -- when you  
8 calculate the ratio of construction trade  
9 worker dose to other worker dose, whether or  
10 not you include the missing dose component.

11 And you can see in the December  
12 16th, 2011, a reply from Matt Smith that they  
13 added a paragraph to 52 kind of explaining why  
14 they did it that way.

15 Some sites, the all-monitored group  
16 includes construction trade workers, others it  
17 dose not. Some sites the comparisons are made  
18 using -- they have been corrected for external  
19 missed dose while others made without that  
20 correction, analysis made was appropriate --  
21 was adopted to the differences in data but in  
22 all cases, the comparisons are consistent for

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1 each site.

2 I don't think that really addresses  
3 the concern. The -- and I would like to see  
4 some kind of an analysis where the -- compares  
5 the dose -- the ratio of the construction  
6 trade worker to all-monitored dose worker  
7 dose, including the missed dose component  
8 versus when you take out the missed dose  
9 component.

10 What concerns me is, when you add a  
11 constant to both the numerator and denominator  
12 of a fraction, you are going to drive that  
13 fraction towards one, since you're doing this  
14 across DOE sites, the fact that it's -- you do  
15 it constant or you do it consistently within a  
16 site, is good, but it's not sufficient.

17 I mean, you have to do -- it should  
18 be done consistently across the sites because  
19 you are trying to come up with one fraction,  
20 this factor of 1.4, which is then going to be  
21 applied across sites.

22 So I would like to see a little

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1 more about analysis as to what the differences  
2 are when you take out the missed dose  
3 component.

4 MR. HINNEFELD: I think we just  
5 should take this latest entry and write --

6 MEMBER ZIEMER: Yes, this -- we  
7 just got this, right?

8 MR. MARSCHKE: Yes, I just -- yes,  
9 I just put this up yesterday.

10 MR. HINNEFELD: Rather than trying  
11 to respond on the fly.

12 MR. STIVER: Yes, take some time  
13 with it.

14 MR. MARSCHKE: The one you -- yes,  
15 again, I do mention in here, you know, Rocky  
16 Flats in particular was one of the files that  
17 I looked at where they include them, the  
18 missed dose component, and they specifically  
19 include the missed dose component.

20 They have it -- you know, they  
21 specifically add it in. And you can see the  
22 Excel file -- I've documented it there -- that

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1 I used.

2 And so my recommendation at this  
3 point is to maintain the status as in progress  
4 and to ask for a little bit of additional --

5 MEMBER ZIEMER: Just help me get a  
6 feel for it. Obviously if you had a constant  
7 numerator and denominator, it does drive it  
8 towards one. But how big is what you're  
9 adding, because compared to what's already  
10 there?

11 I mean, what you say is  
12 conceptually true, but is it true as a  
13 practical point, if you are adding small  
14 increments to --

15 MR. STIVER: It should depend on  
16 the increments.

17 MEMBER ZIEMER: Yes, I just -- let  
18 me kind of get a feel for -- is it likely to  
19 change the ratio to like, 1.39 or is it going  
20 to drive it down to 1.1 or 1.2? That's a kind  
21 of a feel for --

22 MR. MARSCHKE: Well, that's one of

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1 the things that we are asking to find out for  
2 sure.

3 MEMBER ZIEMER: Oh, you're asking  
4 sort of the same --

5 MR. MARSCHKE: But I think you can  
6 get a -- what I'm calling up here now, Paul,  
7 is the Rocky Flats file and I take it it's a  
8 big file so it will take some time to pull it  
9 up. But --

10 MEMBER ZIEMER: Maybe the answer to  
11 that is something that NIOSH wouldn't even  
12 look at. I mean, I think the point is  
13 theoretically correct. Whether it's of any  
14 practical value, I think, depends on what  
15 those starting numbers are and what you are  
16 adding to it.

17 MR. MARSCHKE: Some of the missing  
18 dose components are rather large in the early  
19 years.

20 MEMBER ZIEMER: Ah, compared to  
21 what the ratio --

22 MR. MARSCHKE: That's what I'm

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1 trying to --

2 MEMBER ZIEMER: Well, we don't  
3 really know --

4 MR. MARSCHKE: I'm not sure --

5 MEMBER ZIEMER: Okay.

6 MR. MARSCHKE: I think that if you  
7 can look at this, let's see.

8 MEMBER ZIEMER: Well, I don't know  
9 that we necessarily solve this right now. I  
10 thought maybe you had a feel for something  
11 that was telling you that that ratio is  
12 changing significantly.

13 MR. MARSCHKE: This is the file  
14 that they used -- that was used to calculate -  
15 - to generate this figure here. This is one,  
16 a figure 5.5 in the OTIB, and this shows --  
17 the blue line shows the all-monitored worker.  
18 This is for Rocky Flats and it shows the  
19 monitored worker doses versus the construction  
20 worker doses, and again, if you put your thing  
21 here, you can see the data comes from the  
22 comparison worksheet.

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1           So if we go all the way here to the  
2 comparison worksheet, you can see -- and also  
3 if you go back here, you can see that the --  
4 for example, the construction workers are from  
5 column M of the comparison worksheet.

6           So if we go back and we look at  
7 column M, we can see that column M is the sum  
8 of G, which is the missed dose component, and  
9 I. See what we've got up here, we've got G  
10 and I.

11           So G is the missed dose component,  
12 and we are talking about 1,000 millirems. I  
13 is the measured component, and we are talking  
14 about 200 millirems. So the combined factor  
15 here is you know -- so, more than, what is  
16 that --

17           MR. STIVER: That's almost a factor  
18 of five.

19           MR. MARSCHKE: The majority of it  
20 is coming from the missed dose component.

21           MEMBER ZIEMER: Got you, okay,  
22 well, take a look at it then. I was going to

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1 say as soon as I saw that, I'm not going to  
2 answer that question.

3 (Laughter.)

4 MEMBER ZIEMER: I mean, there is --  
5 obviously there's cases and cases, and you  
6 have to see what it -- okay.

7 MR. HINNEFELD: Yes, it is --

8 MEMBER ZIEMER: Thank you.

9 MR. HINNEFELD: -- early missed  
10 doses can be pretty big because of frequent --

11 MEMBER ZIEMER: Yes.

12 MR. HINNEFELD: That's the bad  
13 news. There is some good news --

14 MEMBER ZIEMER: So this one is  
15 going to remain in progress.

16 CHAIR MUNN: Yes, it will be in  
17 progress still.

18 MR. MARSCHKE: Now, let's see. For  
19 Findings 1, 15 and 16, we basically had  
20 transferred those to OTIB-20 and requesting  
21 that some wording change be made to OTIB-20.  
22 OTIB-20 has been revised since the issuance of

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1 Rev 1, the OTIB-52 and since the issuance of  
2 SC&A's critique of Rev 1.

3 And in fact it does include the  
4 wording that we were requesting.

5 CHAIR MUNN: I'm looking for it.

6 MR. MARSCHKE: And I'm just going  
7 to see if I can pull that up here for you.

8 MEMBER ZIEMER: Okay, this is an  
9 example of what I was asking about before.  
10 Once it's formally transferred, does it have  
11 to be closed in the other system before it's  
12 closed here?

13 CHAIR MUNN: Yes.

14 MEMBER ZIEMER: See, that wasn't  
15 what I heard before.

16 MR. KATZ: Right, and I don't see  
17 why.

18 MEMBER ZIEMER: See, that's -- see,  
19 this shows as transferred and I think what Ted  
20 was saying before it -- once the transfer  
21 occurs, it's closed here, and I think you are  
22 saying, no, it's not closed here until you

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1 close it in the other system.

2 CHAIR MUNN: Well, that's the  
3 reason we track the transfers.

4 MR. MARSCHKE: The other fact of  
5 the matter is I don't think it ever -- there  
6 was never a new issue opened under 20 that  
7 would have tracked this.

8 So I don't -- even though we  
9 transferred it to 20, we transferred it saying  
10 that the action was going to occur in 20, but  
11 I don't think we ever opened an issue  
12 specifically to -- under 20 to track this  
13 particular problem.

14 MEMBER ZIEMER: So it sort of isn't  
15 transferred --

16 MR. KATZ: Right, it never was  
17 transferred actually. It was just that it was  
18 going to get resolved by a change in 20.

19 MEMBER ZIEMER: So this is really  
20 intent to transfer.

21 MR. STIVER: We need a new category  
22 here.

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1                   MEMBER ZIEMER:     Okay.     I just  
2 wanted to make sure we are being consistent.  
3 I agree with how you want to do it.

4                   CHAIR MUNN:     Well, mechanically it  
5 should have been in progress.

6                   MEMBER ZIEMER:     It hasn't really  
7 been transferred yet, but --

8                   MR. MARSCHKE:     Basically this is  
9 the sentence right here.     Basically it also  
10 notes that in certain construction trade, pipe  
11 fitters may have received higher exposure than  
12 the construction trade in general, therefore  
13 they might fall into a category expected to  
14 have been monitored.

15                   So I mean that was really the  
16 sentence that we were looking for.     We wanted  
17 the dose reconstructors to be aware that there  
18 are certain categories of construction workers  
19 that may require special attention.

20                   The 1.4 multiplier from OTIB-52 may  
21 not cover some particular construction  
22 workers, not just pipe fitters.     So -- and now

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1 this has been showing up in OTIB-20. What we  
2 are recommending back in -- for example 15,  
3 52-15, basically we said -- you can see here  
4 we had it transferred to OTIB-20 and we are  
5 saying that on November 14th, OTIB-20 Revision  
6 3 was issued with the requested change to  
7 address the OTIB-52 findings. Thus SC&A  
8 recommended that these three findings be  
9 changed to closed.

10 So that same wording has been --  
11 I've added that same wording to basically each  
12 of these three 52 findings, 52-15, 52-16 and  
13 52-1.

14 CHAIR MUNN: All three of them now  
15 have the same statement in it?

16 MR. MARSCHKE: They have the exact  
17 same statement.

18 CHAIR MUNN: Any objection from the  
19 Subcommittee?

20 MEMBER ZIEMER: So that means they  
21 are transferred?

22 CHAIR MUNN: No.

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1 MR. KATZ: They're closed.

2 CHAIR MUNN: They're closed now.

3 MEMBER ZIEMER: They're closed?

4 MR. MARSCHKE: Well, they will be  
5 closed if the Subcommittee agrees to close  
6 them.

7 CHAIR MUNN: They were transferred  
8 and to --

9 MEMBER ZIEMER: And have been  
10 addressed.

11 CHAIR MUNN: And have been  
12 addressed, yes.

13 MR. MARSCHKE: And they have been  
14 addressed. And the action was taken by  
15 whoever was responsible for OTIB-20, the  
16 action was taken by that person and so now we  
17 can close these here.

18 CHAIR MUNN: Any objection from the  
19 Subcommittee?

20 MEMBER ZIEMER: Sounds good.

21 CHAIR MUNN: If not, OTIB-52,  
22 Findings 1, 15 and 16 are closed. How very

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1 nice. And this means -- what finding did I  
2 have where I made a note to myself that NIOSH  
3 was going to respond to SC&A's request for  
4 more analysis. What finding was that?

5 DR. ULSH: Finding 14.

6 CHAIR MUNN: That was 14?

7 MR. KATZ: Yes, it's in progress.

8 MEMBER ZIEMER: It's in progress.

9 CHAIR MUNN: All right.

10 MR. MARSCHKE: Wait a minute, I'm  
11 just -- let me catch up, Wanda, because I want  
12 to talk about one more thing while we're on  
13 here.

14 CHAIR MUNN: On 52?

15 MR. MARSCHKE: Yes. Kind of on 52.  
16 It's another one of these transferred things.

17 CHAIR MUNN: Thank you very much.

18 MR. MARSCHKE: OTIB-14, finding  
19 number one, if we can go to that for a second.

20 MEMBER ZIEMER: What's the title of  
21 it?

22 MR. MARSCHKE: It's assignment of

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1 environmental internal doses to employees not  
2 -- wait a minute.

3 MEMBER ZIEMER: Yes, not exposed to  
4 airborne?

5 MR. MARSCHKE: Airborne  
6 radionuclides in the -- something.

7 MEMBER ZIEMER: Yes, got you.

8 MR. MARSCHKE: Basically there was  
9 only one finding in it and that one finding  
10 was transferred to OTIB-52, but obviously,  
11 again nothing had ever -- nothing was ever  
12 opened in OTIB-52 to receive it, so it's a  
13 similar type of thing as with OTIB-52 and  
14 OTIB-20.

15 Now that we have this -- the  
16 wording in OTIB-52 and OTIB-20, I believe that  
17 the concern here was -- this was just a very  
18 generic concern saying that particular care  
19 must be taken when assigning a construction  
20 worker to a given category of exposure due to  
21 the highly diverse nature of exposures that  
22 some construction workers experience.

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1           So really the question is: what  
2 does the Subcommittee want to do with this? I  
3 mean, I would recommend, I guess, at this  
4 point that this probably should be closed,  
5 because pretty much for all intents and  
6 purposes, OTIB-20 -- or OTIB-52 has all been  
7 taken care of --

8           CHAIR MUNN: Well, back in December  
9 didn't we close it? We recommended that it be  
10 closed. NIOSH did.

11           MR. MARSCHKE: NIOSH recommended  
12 that it be closed.

13           CHAIR MUNN: And we didn't close  
14 it? Why not?

15           MR. MARSCHKE: Because OTIB-14 is  
16 not applicable to construction trade workers.  
17 Finding -- well, I'm not sure that that's  
18 true. That's not really a true statement, I  
19 don't believe.

20           Last time I looked at OTIB-52 --  
21 OTIB-14 I should say -- OTIB-14, I mean if you  
22 go down and say they have this -- this is

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1 another reason for closing it, but I mean they  
2 say OTIB-14 specifically says, addresses,  
3 right here, it says construction workers and  
4 it has you know, pipe fitters, plumbers, and  
5 so on and so forth, so they do talk about  
6 OTIB-14 does apply -- to me it does apply to  
7 construction workers.

8 MR. HINNEFELD: Can you just scroll  
9 up most of the three categories of workers  
10 that are on this page? So there's some  
11 potential for workplace exposure -- hang on --  
12 specific, some potential for workplace  
13 exposures, and then have little or no  
14 potential for workplace exposures.

15 So let's go to the top of the  
16 document, because if this is assigning  
17 environmental dose, that should only be done  
18 for people who have little or no potential for  
19 it.

20 MR. MARSCHKE: That's what this is.  
21 This is basically -- these people up here  
22 have no potential. These people get the

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1 environmental dose.

2 MR. HINNEFELD: Right.

3 MR. MARSCHKE: The people in the  
4 middle here get the, you know, basically would  
5 receive the 50 percentile dose and the people  
6 --

7 MR. HINNEFELD: What's the title of  
8 the document?

9 MR. MARSCHKE: The title of the  
10 document is environmental. Assignment of  
11 environmental -- internal doses to employees  
12 not exposed to airborne radionuclides.

13 MR. HINNEFELD: Okay, so the fact  
14 that construction shows up in those bottom two  
15 categories means that you wouldn't do this for  
16 them, because this is a document that you  
17 would -- this tells you to assign  
18 environmental to people who are not exposed

19 MR. MARSCHKE: That's right.  
20 Basically, yes. The fact that -- the fact  
21 that the construction workers show up here in  
22 categories 2 and 3, you would not assign -- I

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1 agree with you on that.

2 MR. HINNEFELD: So my thinking, the  
3 statement in a -- the statement here from  
4 December is correct, that 14, you know -- the  
5 assignment of environmental dose, which is  
6 what 14 speaks of, doesn't apply to  
7 construction workers. In fact, it  
8 specifically excludes construction workers  
9 from the assignment of environmental dose.

10 And so we think -- I would support  
11 closing the finding based on that.

12 DR. MAURO: I agree with Stu. It's  
13 John.

14 MR. HINNEFELD: Thank you.

15 CHAIR MUNN: Any opposition?

16 (No response.)

17 CHAIR MUNN: Please close this.

18 DR. ULSH: That wasn't even on the  
19 agenda, was it?

20 CHAIR MUNN: No. Thank you for  
21 bringing it to our attention.

22 MR. HINNEFELD: Maybe we get extra

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1 brownie points for all the things that need  
2 done but we didn't do.

3 CHAIR MUNN: We can give you a big  
4 hurrah.

5 MR. STIVER: And some compensation  
6 --

7 CHAIR MUNN: Now, while Steve is  
8 working away at our last entry that we just  
9 discussed, it's time for us, I think, to break  
10 for lunch.

11 MR. KATZ: Before we do can I just  
12 -- a clarification for me if only for me. So,  
13 if Finding 14 is in progress, is everything  
14 else closed in 52?

15 DR. ULSH: Finding 14.

16 MR. KATZ: Fourteen, yes, that's  
17 what I said.

18 DR. ULSH: I thought you said four.

19 MR. KATZ: It is in progress.  
20 Finding 14 is in progress, but is everything  
21 else associated with 52 closed, so we --

22 MR. MARSCHKE: Oh, wait a minute.

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1 Hans, are you on the phone?

2 CHAIR MUNN: No, we have Finding 14  
3 is outstanding.

4 MR. KATZ: That's what I said. I  
5 said 14 is in progress, but is everything else  
6 other than Finding 14 --

7 MR. MARSCHKE: Well, of the 16  
8 findings, I believe what you said is true.

9 MR. KATZ: Okay. That's what I  
10 thought. I understand.

11 MR. MARSCHKE: Now on 52 I'd like to  
12 bring up one more thing, and when Hans was  
13 preparing PER for this, I think it was PER-14.

14 MR. STIVER: PER-14, yes.

15 MR. MARSCHKE: He had some concerns  
16 about the way the database of doses was being  
17 utilized. Specifically, let me try to  
18 paraphrase what Hans's concern was, and John  
19 Mauro or John Stiver, you can correct me if  
20 I'm wrong.

21 DR. MAURO: Yes, I'm listening.

22 DR. H. BEHLING: I'm here too.

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1 MR. MARSCHKE: Oh good, Hans.

2 DR. MAURO: Okay, we're all here.

3 MR. MARSCHKE: Good. The concern  
4 was that construction workers do not spend --  
5 may not spend the entire year at the site, so  
6 their annual exposure may represent not really  
7 an annual dose, but maybe a dose over a couple  
8 of months, a month, six months, some shorter  
9 time period.

10 So if you include that shorter time  
11 period exposure, or that exposure is included  
12 in the database, and then it gets factored  
13 into the, kind of the roll-up, the 90th  
14 percentile, it may underestimate a true annual  
15 90th percentile, because the 90th -- the doses  
16 are being made up of -- the annual doses are  
17 not being made up not of annual exposures, but  
18 of exposures that occurred over a somewhat  
19 shorter period of time.

20 So the concern is that the, you  
21 know, the coworker dose model, which is coming  
22 up, and coming up with the 90th percentile or

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1 the 50th percentile based upon these roll-ups,  
2 is not claimant-favorable.

3 DR. H. BEHLING: And let me just  
4 make a comment here. This is Hans. I made an  
5 assumption that goes back to my experience  
6 within the utilities, with the utilities,  
7 which may not be specifically applicable here.

8 But in the utilities, you'll hire  
9 transient workers during outages which are  
10 very, very brief, and in some cases you hire  
11 people from the union hall on an as-needed  
12 basis.

13 And so when I look at the data that  
14 was used to reconstruct these values, I  
15 assumed that they used annual doses for people  
16 who were considered construction trade  
17 workers, versus all others, which in some  
18 cases also includes construction trade  
19 workers, and on the assumption that  
20 construction trade workers may have very brief  
21 periods of exposure, their annual doses are  
22 not exactly based on 50 weeks of work, and

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1 therefore when you look at those comparisons,  
2 you may be short-changing the true values that  
3 should have been used, and I will also assume  
4 that if you have now a construction worker and  
5 you go back to his employment history, if he,  
6 for instance, is shown to have an employment  
7 for one year for, let's say, a two-month  
8 period, I would assume that he will be  
9 prorated for that dose for two months as  
10 opposed to for the whole year, which means  
11 that in the end, you are mixing apples with  
12 oranges, and that was my concern.

13 MR. HINNEFELD: Well, sitting here  
14 today, I don't know how they did that. I  
15 understand the point.

16 MEMBER ZIEMER: Well, I think you  
17 can also -- this is, partially you can have a  
18 little bit of philosophical debate on this, is  
19 that the -- you have the workers that are, as  
20 Hans described, which have a shorter time  
21 span, but they are part of the distribution  
22 that represents the real distribution of the

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1 real workers. It actually spreads it maybe  
2 toward the low end a little bit. Whether it  
3 affects the upper tail would remain to be seen  
4 because you do have a distribution. That's  
5 number one.

6 Number two, you can probably argue  
7 that even regular workers have the same sort  
8 of thing in that they are not always in the  
9 exposure mode all the time they are working.  
10 They have other things that they are doing.  
11 Maybe they are doing paperwork. I mean, as an  
12 HP, I was not exposed 24/7 as it were. I was  
13 in the office recording surveys and so on part  
14 of the time. My exposure would not have been  
15 every workday either.

16 So I am not necessarily saying that  
17 you shouldn't make it -- you know, normalize  
18 it to a year, but I think you have to think  
19 carefully about whether using the true  
20 distribution, which is what you have, versus  
21 -- because then, why wouldn't you do that with  
22 other workers, saying well, they are actually

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1 out in the radiological area only 50 percent  
2 of the time, so we are going to normalize  
3 their numbers upwards, and I think you have to  
4 have that discussion. I think Hans's point is  
5 one that is worth thinking about, and maybe  
6 NIOSH needs to think about that too, but I  
7 think you have to be careful in how you  
8 interpret that.

9 DR. ULSH: Also, I suspect that  
10 even non-construction workers, if we didn't  
11 prorate the construction workers, we didn't  
12 prorate anyone else either. I do agree --

13 DR. H. BEHLING: If I could make a  
14 comment --

15 (Simultaneous speaking.)

16 MR. KATZ: One at a time.

17 DR. ULSH: Let me finish. I do  
18 agree with Hans that it would be a bigger  
19 issue for journeyman-type construction  
20 workers.

21 MEMBER ZIEMER: Yes.

22 DR. H. BEHLING: But let me just

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1 make a comment here. For instance, when I was  
2 in the utilities, we had obviously rad techs  
3 who spent every day in the field too, and they  
4 would do obviously job coverage on RWPs and so  
5 forth.

6 But then comes an outage, and you  
7 have people who are now representing  
8 rent-a-techs who are there for the duration,  
9 and oftentimes just for a few weeks or a few  
10 months, a couple of months.

11 And you would now have, obviously,  
12 technicians, rad technicians who are in the  
13 field, who are in-house, versus the rent-a-  
14 tech who may be there obviously for a very  
15 brief period of time or at least only a  
16 fraction of the year.

17 And then both parties would be  
18 exposed, obviously, throughout the time period  
19 they were employed. One, the in-house tech  
20 would be by and large exposed for the 12  
21 months duration of a year, and the rent-a-tech  
22 would be there for perhaps two or three

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1 months.

2 And so those are the comparisons  
3 that I was looking to draw attention to.

4 MR. MARSCHKE: I believe that there  
5 was a discussion at some point about not  
6 necessarily construction workers, but the --  
7 all site workers, about what to do with the  
8 first year and last year of their dose  
9 records, because, just exactly because of  
10 this, there may not be a complete year annual  
11 record, and I just can't put my finger on  
12 where that discussion was held and in what  
13 context that discussion was held, but I think  
14 that this has been brought up, not necessarily  
15 for the context of construction workers, which  
16 probably is more of a concern for them, but I  
17 do think that partial year exposure has been  
18 discussed as to you know, workers' beginning  
19 dates and workers' ending dates. So --

20 CHAIR MUNN: Yes, for some reason  
21 that I can't put my finger on, I'm thinking  
22 Rocky Flats. We had some kind of discussion

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1 many, many years ago about that. But Hans and  
2 John, aren't your concerns captured in Finding  
3 1 of your evaluation -- review of the PER?

4 DR. H. BEHLING: Let me see here.

5 CHAIR MUNN: Your Finding 1 says,  
6 "In the event of annual doses for a CTWs and,  
7 to a lesser extent, for AMWs, we are not  
8 adjusting to account for exposure on  
9 employment periods of less than a full year,  
10 the recommended deep dose adjustment factor of  
11 1.4 may not be claimant-favorable."

12 Although you only mentioned the  
13 deep dose adjustment, doesn't that capture the  
14 basic concern?

15 DR. H. BEHLING: Yes, that's pretty  
16 much the sum of my concern, is that in your  
17 write-up you actually have the actual  
18 comparison. I don't know if anything like  
19 that was normalized. In other words, if the  
20 employment period between construction and  
21 non-construction workers were adjusted to  
22 reflect any changes or differences in terms of

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1 exposure period or employment period.

2 CHAIR MUNN: I guess my only  
3 question is, our discussing this now, at this  
4 particular moment, I don't see that this  
5 particular PER has been populated yet on our  
6 database.

7 It's showing in the database but  
8 not yet populated, as I see it, and if that's  
9 the case, then we have not had an opportunity  
10 to address your review here in this forum.

11 Perhaps the discussion, although  
12 pertinent, is a little early for us to be  
13 addressing it. Am I misreading what the  
14 information is here that I have?

15 DR. H. BEHLING: No, I think in  
16 fact I wasn't really prepared to even discuss  
17 it because I didn't really see it on the  
18 agenda for today.

19 DR. MAURO: Wanda, this is John. I  
20 think the dilemma we have here is in the  
21 process of working through a PER which  
22 referenced OTIB-52, Hans said, jeez, I'm

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1 noticing something. There might be an issue  
2 on 52, even though it wasn't brought up, found  
3 as an issue. When we review OTIB-52, it may  
4 very well be an important issue to OTIB-52, so  
5 we are in this sort of uncomfortable position.

6 We already sort of signed off, said  
7 everything's fine. But then Hans said, wait a  
8 minute, what about this? You know, when you  
9 reviewed OTIB-52, did you take into  
10 consideration this time period issue? For  
11 example, if you've got a guy who is a  
12 construction worker and you're going to use  
13 the OTIB-52 approach as a coworker model, and  
14 if that OTIB-52 approach, you know, didn't  
15 take into consideration that construction  
16 workers very well may not have been monitored  
17 for a full year, you have a dose for 1969 or  
18 whatever, but he really was only exposed for  
19 three months in 1969, so that coworker model -  
20 - you see the nuance here.

21 So unfortunately, what I think we  
22 are saying here is that I think we have a new

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1 issue for OTIB-52, or we might, that we really  
2 never explored, and we may not have it right,  
3 but the concept, as articulated by Hans, I  
4 think is worthy of some consideration by  
5 NIOSH.

6 I think everyone understands the  
7 issue and I do believe that it goes to OTIB-  
8 52, and of course it also goes to the PER,  
9 which relies on OTIB-52.

10 MR. KATZ: Right, and John, there's  
11 nothing unfortunate about this. It's good.  
12 It's an issue that we need to resolve, and I  
13 agree that it should be added and we'll --

14 CHAIR MUNN: This is an interesting  
15 process question, because, to the best of my  
16 knowledge, we have not had an additional  
17 finding brought up after we have essentially  
18 closed out the original findings, and the  
19 question in my mind is how best to do that so  
20 that it establishes a precedent if we have  
21 this occasion.

22 DR. ULSH: But it's already

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1 captured under the PER-14, so it could be  
2 addressed there rather than under --

3 MR. STIVER: Yes. Instead of putting  
4 it back under 52, we could address it under  
5 PER-14 --

6 MR. HINNEFELD: We've actually had  
7 --

8 MR. STIVER: -- with appropriate  
9 linkages.

10 MR. HINNEFELD: We actually did  
11 have an analogous finding, in the lymphoma PER  
12 when there was discussion -- it ended up not  
13 really being resolved or resolvable on the  
14 NIOSH side, but the discussion was about  
15 historically, how do we know that lymphomas  
16 were really correctly characterized as  
17 Hodgkins or non-Hodgkins, and that came up in  
18 the PER, and so we said, well, that was not  
19 something we could deal with because it's  
20 defined. I mean, Hodgkins is one -- and the  
21 law, since it distinguished between the two,  
22 it assumes the distinction.

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1 MR. KATZ: So that's fine. So if it  
2 stays under the PER and the resolution is that  
3 there's some change needed to OTIB-52, then  
4 OTIB-52 will get changed.

5 MR. HINNEFELD: Yes.

6 MR. STIVER: It's just another way  
7 of giving back to the --

8 CHAIR MUNN: So it appears that our  
9 primary necessity right now is to get the PER-  
10 14 database, I mean 13 --

11 DR. ULSH: Fourteen.

12 CHAIR MUNN: It is 14 -- database  
13 populated the way we already have TIB-13 that  
14 needs to be populated. Is there any problem  
15 with seeing to it that these two findings for  
16 PER --

17 DR. ULSH: I've taken it down as an  
18 action item for us.

19 CHAIR MUNN: Good.

20 MR. MARSCHKE: Oh, you're going to  
21 do it -- usually, since they are our findings,  
22 you know, if you want to populate it --

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1 DR. ULSH: I'll put it down as an  
2 action item for Steve.

3 (Laughter.)

4 MR. HINNEFELD: If you guys have  
5 got your, you know, your finding summaries  
6 written, Steve, the database does that. It'll  
7 allow -- it should allow you to assign it to  
8 this Subcommittee and move it over.

9 MR. MARSCHKE: Yes, I agree.

10 MR. HINNEFELD: PER-14 looks to be  
11 unassigned. If you go to the front page of  
12 our --

13 CHAIR MUNN: Is it not a summary?

14 MR. HINNEFELD: Yes, it's in the  
15 unassigned queue. If you go up --

16 CHAIR MUNN: Oh, okay.

17 MR. HINNEFELD: Go to the Board  
18 review unassigned queue, and then it will  
19 build it and then if you want, you can -- you  
20 can just look at PER, which you are not going  
21 to type --

22 MR. KATZ: So then this will be --

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1 this could be an agenda item for the next --

2 CHAIR MUNN: Yes.

3 MR. STIVER: It should be for the  
4 next meeting.

5 MR. KATZ: PER-14.

6 CHAIR MUNN: Yes, it would be.

7 DR. ULSH: To talk about SC&A's  
8 findings.

9 MR. HINNEFELD: Yes, in fact, now  
10 are there other PERs that -- I've lost track.

11 I mean, if you guys have done reviews of --

12 MR. STIVER: This was really the  
13 only one that is new since the last meeting.  
14 We still have two others in the queue that we  
15 need to begin, 17 and 29.

16 MR. HINNEFELD: Okay, so, but when  
17 -- I mean, I think going forward, when you  
18 finish your review, it could just be the  
19 automatic step to take it from an assigned  
20 queue into the -

21 MR. STIVER: I think because this  
22 one is so recent that we just hadn't got to

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1 that step yet.

2 MR. HINNEFELD: All right. Okay.

3 MR. KATZ: I agree.

4 MR. MARSCHKE: So all we've got to  
5 do here is assign it and we can do it right  
6 now.

7 MR. HINNEFELD: Yes, you can assign  
8 it and then I don't know when it comes up.

9 MR. MARSCHKE: Only choice we have.

10 MR. KATZ: Right.

11 MR. MARSCHKE: Assigned to Work  
12 Group.

13 CHAIR MUNN: All right. Then we'll  
14 have an opportunity to address those two  
15 findings at our next meeting. So we'll have  
16 the database. Thank you, John and Hans. We  
17 appreciate it.

18 Anything else? If not, then let's  
19 break for lunch, and let's take an hour and  
20 be back at 1:30.

21 MR. KATZ: Okay. Thanks, everyone  
22 on the line. I'm cutting the line. See you

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1 at 1:30, or hear you.

2 (Whereupon, the above-entitled  
3 matter went off the record at 12:28 p.m. and  
4 resumed at 1:30 p.m.)

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1 A-F-T-E-R-N-O-O-N S-E-S-S-I-O-N

2 (1:30 p.m.)

3 MR. KATZ: Good afternoon. We are  
4 back, dose reconstruction -- no. We are not.  
5 Procedures Review Subcommittee, Advisory  
6 Board on Radiation and Worker Health. Let me  
7 check on the line and see if we have our Board  
8 Member Mike Gibson.

9 MEMBER GIBSON: Yes, I'm here Ted.

10 MR. KATZ: Oh, that's great. Thank  
11 you. Wanda?

12 CHAIR MUNN: I'm ready. Let's take  
13 up our agenda where we left it, with our  
14 introduction of the new overarching issues  
15 database list.

16 NIOSH made any progress on putting  
17 together that list?

18 DR. ULSH: Not yet.

19 CHAIR MUNN: Okay. We have no  
20 actions to carry over. The status of the  
21 two-pagers has not improved so far as I know  
22 very much from the last time. It was intended

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1 that we would try to put together a -- that  
2 three of us would be working on this in the  
3 interim.

4 I have done one additional one  
5 myself but have not shared it with anyone, and  
6 that's not very helpful. Paul, do you have  
7 anything to add?

8 MEMBER ZIEMER: Well, let me just  
9 confirm that we are talking about the 15 two-  
10 pagers that were distributed in March of 2011.

11 MR. KATZ: Yes.

12 CHAIR MUNN: Yes.

13 MEMBER ZIEMER: About a year ago.

14 CHAIR MUNN: Those 15 for starters.

15 And the other full list actually.

16 MEMBER ZIEMER: I have gone through  
17 all these and I have done markups but I had a  
18 sense of deja vu going through these that I  
19 might have done markups on these before on a  
20 tracking thing but I couldn't find it on my  
21 computer here or at home so maybe I never did  
22 that.

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1 CHAIR MUNN: Why don't I make an  
2 effort to --

3 MEMBER ZIEMER: See if I sent them  
4 to you but in any event I have got handwritten  
5 markups on all of them. I think there's only  
6 two that I thought were sort of clean and --

7 MR. KATZ: Ready to post.

8 MEMBER ZIEMER: -- unadulterated,  
9 sort of ready to post, but I think we need to  
10 have everybody look at them, not just me and  
11 so --

12 CHAIR MUNN: Well, we had agreed  
13 last time that if you and I and Dick had  
14 agreed that they were in pretty good shape,  
15 that we would just go ahead and accept them,  
16 provide them and accept them.

17 MEMBER ZIEMER: I can go ahead and  
18 convert these to track changes format and  
19 distribute them.

20 CHAIR MUNN: Well, if you have a  
21 couple of minutes after we adjourn here,  
22 perhaps you and I should take a look at some

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1 of them and we'll go from there and commit to  
2 doing a better job of bringing something for  
3 the rest of the group to look at on -- at our  
4 next meeting.

5 MR. KATZ: I think in reality, I  
6 mean, what we talked about, the rest of the  
7 group is not going to look at -- anybody who  
8 wanted to provide discussions will have --

9 CHAIR MUNN: Yes.

10 MR. KATZ: So it's not that, we'll  
11 just post them once you and Paul --

12 CHAIR MUNN: We'll just post them.

13 MR. KATZ: So if you and Paul want  
14 to get together and --

15 CHAIR MUNN: We'll do that and  
16 we'll --

17 MR. KATZ: Just send me clean  
18 versions and we will get them posted.

19 CHAIR MUNN: We'll start our web  
20 page here. Okay?

21 MR. KATZ: Okay.

22 CHAIR MUNN: Good. Status of new

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1 available for review list for SC&A. NIOSH,  
2 has that been put together?

3 MR. HINNEFELD: Well, we've got it.

4 It may not be entirely up to date, but it's  
5 the unassigned queue in the application.

6 MR. STIVER: Yes, we talked about  
7 that in the hallway after lunch.

8 CHAIR MUNN: Did you get a chance  
9 to look at that?

10 MR. HINNEFELD: I mean we can go  
11 through their -- we can do that now.

12 CHAIR MUNN: It's nice to have them  
13 in that concise list.

14 MR. HINNEFELD: There may be a few  
15 more that can be added because this -- it  
16 doesn't get updated automatically. And when a  
17 new document comes out then -- that's the  
18 list. We can go through the list of all the  
19 documents. We divided them between the ones  
20 that had comments and the ones that -- there  
21 may actually be a couple in here that were  
22 reviewed and had no comments. That's the only

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1 thing we could do, we couldn't identify those  
2 easily and they might still be here. But for  
3 the most part these then have not been --

4 CHAIR MUNN: I guess the real  
5 question from the Subcommittee's point of view  
6 needs to be what SC&A views as of specific or  
7 particular interest to them, if at all,  
8 because the matter of fact that a procedure  
9 exists does not necessarily demand that it  
10 require SC&A review, and if there's  
11 outstanding interest in some of these, or  
12 concern with respect to how some of these  
13 specifics are approached, the Subcommittee  
14 would like to hear it.

15 MR. STIVER: As at the last  
16 meeting, we have prepared a list. This is  
17 based on the 2009 summary table that Brant had  
18 produced. This was back in the time when we  
19 didn't have access to the -- the Board Review  
20 System wasn't working correctly, and we had  
21 identified 11 potential candidates for review.

22 At this point though I think that

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1 we would want to go back and look through --  
2 take a more careful look at the latest  
3 additions to that, maybe put together an  
4 updated list of things that we thought might  
5 be good candidates and then bring that back.

6 CHAIR MUNN: Well, you understand,  
7 I don't think the Subcommittee wants to  
8 encourage you to -- there's no interest in  
9 giving you things to review for review's sake.  
10 If you have --

11 MR. STIVER: Absolutely, that's why  
12 we had identified some that we thought might  
13 actually benefit from a review of the --

14 CHAIR MUNN: It would be helpful, I  
15 think, for us to have that. Are you prepared  
16 to mention any of those to us today? Or would  
17 you prefer to defer this item?

18 MR. STIVER: I would prefer to have  
19 a complete listing actually. I mean we have  
20 the other ones from the previous meetings  
21 which we could run through I suppose --

22 CHAIR MUNN: Well --

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1                   MR. STIVER:     I mean it wouldn't  
2 hurt to do that.

3                   CHAIR MUNN:    I don't see that that  
4 would merit much -- would be very productive  
5 probably at this point.

6                   MR. STIVER:     Yes, I think that it  
7 would be better for us to have a comprehensive  
8 list of everything that is available at this  
9 point that we -- after we have reviewed them  
10 and have a better feel for which ones might  
11 actually benefit from a review by SC&A.

12                  CHAIR MUNN:    I think that would  
13 probably be helpful, especially now that you  
14 have this excellent unassigned queue from  
15 which to work. And as I said, we are not  
16 looking for something to assign to you. We  
17 are just asking if you have concerns based on  
18 -- perhaps links from one to the other.

19                  MR. STIVER:     Yes, and I think that  
20 would be a good tasking for us then to go  
21 ahead and prepare a list for discussion.

22                  CHAIR MUNN:    All right.    That's a

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1 carryover.

2 MR. MARSCHKE: All these documents  
3 that are in this unassigned queue, where can  
4 we get copies of the documents themselves?  
5 Are they all available on the -- a lot of them  
6 are basically like looking up in all these  
7 report documents. They are in the unassigned  
8 queue, but they are just given the number,  
9 like report 19, report 20, report 11 and  
10 report 10. You know, we don't know what the  
11 title is of it. We don't know -- so we can't  
12 really, from looking at this we can't really  
13 see whether or not we can make a  
14 recommendation as to whether it should be  
15 reviewed or not. We'd have to get a little  
16 bit more information than what is available in  
17 the --

18 MR. KATZ: So, when they are loaded  
19 on here there is not a link to the actual  
20 document?

21 MR. MARSCHKE: Well, let's just try  
22 that. The last time I clicked on it, that's

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1 how we go to the -- that's how you get it  
2 assigned.

3 MR. HINNEFELD: I think in the  
4 unassigned queue that's not working.

5 (Simultaneous speaking.)

6 MR. KATZ: So maybe the thing to do  
7 is just to get them so that -- linked so that  
8 they can click on these and actually see the  
9 document?

10 MR. HINNEFELD: We could do that or  
11 we could put the documents where we could see  
12 them.

13 MR. STIVER: Either way it would  
14 work, as long as we have access to them  
15 without having to go up and down.

16 MR. KATZ: Whatever's easiest.

17 MR. HINNEFELD: They're on K:

18 CHAIR MUNN: It would be very  
19 helpful to have a --

20 MR. HINNEFELD: These are not on  
21 the public website. Most of them. I mean  
22 there might be a couple. But in general these

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1 --

2 MR. KATZ: But on K: is fine.

3 MR. HINNEFELD: I mean they are O:  
4 They are not currently on their O: We would  
5 have to put them there. We would make a file  
6 under ABRWH and then --

7 MR. STIVER: And call it  
8 unassigned.

9 MR. HINNEFELD: And then Procedures  
10 Subcommittee and then put it in there and just  
11 say unassigned documents or something and you  
12 could write them in there, and then they come  
13 in several categories, you know, reports,  
14 PERs, they each have their own folder on our  
15 K: drive and so we can do that.

16 But what we'll do is we'll check  
17 with TSD and say it would be better to do that  
18 or to build a link from this application to --

19 MR. KATZ: Whichever's easier. So  
20 when you come up with a new version of a  
21 document that has already been reviewed, does  
22 that also automatically end up in the --

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1 MR. HINNEFELD: No, that's part of  
2 the process we have to build.

3 MR. KATZ: Okay.

4 MR. HINNEFELD: Because it doesn't  
5 automatically go in here and that's why I  
6 think we are several behind on this. So you  
7 got that too Brant?

8 DR. ULSH: Yes.

9 CHAIR MUNN: I'm just going to  
10 assume that you are going to bring us some  
11 magic way that we can go from this unassigned  
12 list --

13 MR. HINNEFELD: Yes, and I think we  
14 should have something ready on this well  
15 before the next meeting. It shouldn't take  
16 very much time --

17 CHAIR MUNN: Good.

18 MR. HINNEFELD: -- either to decide  
19 what we are going to do on our side and either  
20 move them to where you can see them on your O:  
21 drive or build -- have the application linked  
22 on an open --

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1 MR. STIVER: Okay, well we'll just  
2 stay in contact with Brant and --

3 MR. HINNEFELD: Yes, there's no  
4 reason to wait until the next meeting to have  
5 that in place. I think we can have that in  
6 place pretty quickly.

7 CHAIR MUNN: That's good. That  
8 would be helpful for everybody actually.  
9 Thank you Stu. Any other comments about this  
10 unassigned list? Then --

11 MR. MARSCHKE: Well, wait a minute.  
12 There is one other thing. I mean, in some  
13 cases we reviewed -- I mean if you look at the  
14 list that John was talking about, in some  
15 cases we have reviewed a version of the  
16 document, and then the document has  
17 subsequently gone and been reissued as to like  
18 this morning we talked about version 4 of OCAS  
19 or DCAS-TIB-10 or whatever it was. Now there  
20 may be other documents -- just because it's in  
21 the assigned queue, there may be documents  
22 that are in the assigned queue that have one

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1 or more revisions been issued since the last  
2 time SC&A reviewed it, because looking at the  
3 -- again, looking at the list that John was  
4 talking about, that was one of the reasons --  
5 that was one of the criteria for putting it on  
6 as a potential re-review because it has a full  
7 -- been fully revised since the last time SC&A  
8 reviewed it.

9 Now, again, it's up to the Board or  
10 the Subcommittee as to whether or not you  
11 would like us to take another look at some of  
12 these that we have -- I know that, like, we  
13 talked about IG-1. We have reviewed that one  
14 at least twice. There may be other ones which  
15 we would want to go back and re-review. So  
16 you know, I don't know that we would want to,  
17 you know, limit ourselves to the unassigned  
18 queue, let's put it that way.

19 And that's why we were -- I know  
20 that in the past NIOSH has published  
21 periodically a complete list of all their  
22 documents, where they stood, and you know,

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1 which ones -- what versions they were, and  
2 kind of like for their own document control  
3 purposes, and that's the -- that's what John  
4 was talking about that we -- a version of that  
5 document we got from, that was a 2009 version  
6 of that document.

7 But I don't know if they continue  
8 to do that anymore or --

9 MR. HINNEFELD: Well, we can -- I  
10 don't think we routinely generate it, but I  
11 think we could generate it.

12 CHAIR MUNN: It might be very  
13 helpful for all involved to know exactly what  
14 --

15 MR. STIVER: If you could do that,  
16 that would provide us -- that in addition to  
17 the unassigned queue would probably give us  
18 what we need to put together a complete list.

19 MR. HINNEFELD: Okay.

20 DR. ULSH: Can you review what that  
21 was again?

22 MR. HINNEFELD: Well, generate a

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1 list of all the current -- the current  
2 documents, the current revisions of, you know  
3 --

4 MR. KATZ: The rev status of all  
5 the --

6 MR. HINNEFELD: Yes, the rev status  
7 of the documents. The list of the documents  
8 and the revs -- which rev that is.

9 MR. KATZ: Yes, okay.

10 MR. MARSCHKE: I could send you a  
11 version of what I am talking about, Brant.

12 MR. STIVER: Yes, send him the old  
13 trial that we had from before.

14 MR. MARSCHKE: Well, I don't --  
15 I'll send him the file that we used to  
16 generate her file if I can find it.

17 MR. STIVER: I have it on my  
18 machine at SC&A if you can't find it.

19 CHAIR MUNN: All right. Anything  
20 else on that topic?

21 (No response.)

22 CHAIR MUNN: Otherwise, update on

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1 the PER reviews? SC&A, do you have anything  
2 new to add on where you are with yours?

3 MR. STIVER: We have a PER-14 that  
4 we talked about just this morning.

5 CHAIR MUNN: Yes, that's out, if  
6 anyone hasn't had an opportunity to look at  
7 it, it's available to you.

8 MR. STIVER: Right. Hans, are you  
9 on the line?

10 MS. K. BEHLING: Hans is not on the  
11 line. I can put him on, hold on one second  
12 please. This is Kathy.

13 CHAIR MUNN: Hi Kathy.

14 MS. K. BEHLING: Hi Wanda, how are  
15 you?

16 CHAIR MUNN: Just fine. It's good  
17 to hear your voice.

18 MS. K. BEHLING: Oh, thank you.

19 DR. H. BEHLING: I'm here.

20 MR. STIVER: Hans, could you give  
21 kind of an overview of PER-14 for the  
22 Subcommittee, just kind of a broad brush-

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1 stroke overview of the issues?

2 DR. H. BEHLING: Okay. I just put  
3 it away. I thought that was going to be a  
4 topic for next time.

5 CHAIR MUNN: Well, we are  
6 definitely going to do that next time. Well,  
7 we are certainly going to --

8 DR. H. BEHLING: Those who may have  
9 a copy of it, I can just briefly identify some  
10 of the leading findings that I had. I think  
11 we touched on --

12 CHAIR MUNN: We touched on Finding  
13 1, there were two findings.

14 DR. H. BEHLING: Yes, hold on for a  
15 second.

16 CHAIR MUNN: The two of -- they're  
17 -- it's on page 11. The two findings.

18 DR. H. BEHLING: Let me just --  
19 yes.

20 CHAIR MUNN: And they aren't really  
21 that extensive, although judging from our  
22 discussion earlier this morning, and the

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1 bearing that they have on OTIB-52, we are a  
2 long way from being completely done with it I  
3 think.

4 DR. H. BEHLING: Yes, I think  
5 finding number two was the question that I had  
6 between trying to decipher what it means that  
7 the issue for condition number two for all  
8 sites seek internal dose to be determined  
9 using the same method as is applied to all  
10 other workers.

11 I don't know what that means.

12 CHAIR MUNN: Yes.

13 DR. H. BEHLING: There were a  
14 number of things that were very difficult for  
15 me to get a full grasp because I was really  
16 not part of the discussion groups that  
17 involved the OTIB and therefore I was somewhat  
18 at a loss to really have a full understanding  
19 of what may have been discussed in previous  
20 sessions.

21 CHAIR MUNN: That is always  
22 difficult.

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1 DR. H. BEHLING: I don't know if  
2 someone from NIOSH can respond to that  
3 particular finding.

4 CHAIR MUNN: Well, we'll have an  
5 opportunity to begin to address that at our  
6 next meeting. That will be on our list.

7 DR. H. BEHLING: Yes, and there  
8 were a couple of other things that I really  
9 had a question about, what happens to people  
10 whose dose reconstructions were performed  
11 prior to the development of a coworker model,  
12 and you realize -- and my review I had  
13 identified those various states, for the  
14 facilities that currently have a coworker  
15 model, but in many instances that was only  
16 made available in recent couple of years, and  
17 for anyone whose dose reconstruction took  
18 place before that, and who do not have any  
19 assigned coworker dose, what does that mean in  
20 terms of will they be given another chance to  
21 have their dose reconstruction done at another  
22 time frame under different circumstances?

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1           That was really the key issue here.

2           MR. HINNEFELD:    Yes, this is Stu  
3 Hinnefeld. What should have happened in those  
4 situations is the claims that needed a  
5 coworker treatment shouldn't have been -- the  
6 dose reconstruction shouldn't have been done  
7 until the coworker was available. The dose  
8 reconstructions that would have been done,  
9 would have used one of the overestimating  
10 approaches that were used early on in the TIB-  
11 2 or TIB-4, you know, whichever the pertinent  
12 overestimating approach was, and then -- and  
13 there shouldn't have been any dose  
14 reconstructions done for someone who needed a  
15 coworker approach until the coworker model was  
16 available, because that's, you know, in part  
17 why those overestimating approaches were  
18 adopted, because we thought we could  
19 disposition some claims in advance of doing  
20 the work necessary for the coworkers, the  
21 coworker studies.

22           Now, so that's what should have

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1 happened. Now, you know, I guess the question  
2 remains: should there be an effort, or did we  
3 go back and look even when we posted coworker  
4 -- I don't know, to be honest, whether we did  
5 or not, if we looked in the posted coworker  
6 model and said okay, for the people we have  
7 done so far, are there any in there that we  
8 didn't appropriately overestimate, or  
9 something, or we didn't use an overestimating,  
10 and if we looked at it now, we said, when we  
11 get this coworker model, well, we'll use this  
12 coworker model.

13 So, but, what -- it should not have  
14 been done if they required a coworker  
15 treatment, they should not have been done  
16 until the coworker was done. And the reason  
17 they would require a coworker treatment is  
18 because the overestimating approach would come  
19 above 50 percent, so you can proceed with  
20 that.

21 So we'd say, well, this is going to  
22 be a coworker. I would think that we -- there

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1 were probably a lot of cases that had that  
2 pend designation a long time ago, I mean,  
3 we've pretty much got them all over the place  
4 now, so -- but we would pend those things, say  
5 we can't work it until we have a coworker. So  
6 that's what should have happened.

7 MR. KATZ: That makes sense.

8 DR. H. BEHLING: Stu, let me ask  
9 you, because, again, since I was really not  
10 privy to some previous discussions, when you  
11 go to page 14 of my write-up I make reference  
12 to the issue that's under the criteria, 977  
13 cases were selected that potentially would be  
14 affected, and at this point, I don't really  
15 know to what extent the criteria that I cite  
16 on page 14 have been applied to whittle down  
17 that 977 cases to something that is probably a  
18 small fraction of those 977 cases.

19 And under criteria 2, that's really  
20 the key issue, it says review the external  
21 dose of the claim if no external coworker dose  
22 was assigned, and internal for Hanford,

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1 there's no OTIB-52 adjustment to be made.

2 That's really the crux of the  
3 concerns that I have for this particular PER-  
4 14.

5 MR. HINNEFELD: Okay, I'm not smart  
6 enough to -- knowledgeable enough about the  
7 PER and OTIB-52 to really respond here today,  
8 but --

9 CHAIR MUNN: No, we wouldn't expect  
10 that. That will be on our agenda for next  
11 time.

12 MR. HINNEFELD: But I mean, we can  
13 work through this as we work through this PER  
14 review, I think would be the best way to do  
15 it.

16 CHAIR MUNN: All right. We'll  
17 indicate that we will definitely -- we'll ask  
18 for some addressing of PER-14 next time. Is  
19 there anything else going on with the PER  
20 reviews that we ought to be on top of?

21 MR. STIVER: I guess the only other  
22 thing, then, is what we brought up earlier in

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1 the day about the case reviews for PER-12, and  
2 the draft approach that Kathy Behling had put  
3 together, and which is not available really  
4 for review at this point for everybody, but  
5 Kathy could certainly -- is online and could  
6 explain the basic approach that we are  
7 planning on taking, and kind of go through  
8 some of the highlights of that.

9 CHAIR MUNN: And refresh my memory,  
10 PER-12 is --

11 MS. K. BEHLING: Okay, PER-12 was  
12 the evaluation of a highly insoluble plutonium  
13 compound, the type Super S, and yes, if I can  
14 take a few minutes, it sounds like -- I wasn't  
15 on the line this morning, and I apologize for  
16 not getting this to you earlier, but it sounds  
17 like not everyone has a copy of what I  
18 provided to John Stiver late yesterday. Is  
19 that correct?

20 CHAIR MUNN: I think that's  
21 correct.

22 MR. KATZ: Yes.

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1 MS. K. BEHLING: Okay, if I can  
2 just take a few minutes, maybe I can walk you  
3 through what I have done, and because I know  
4 there is always a good deal of discussion as  
5 to how SC&A should approach the audits  
6 associated with these PERs, and so I thought  
7 if we could -- if I could work through one and  
8 briefly explain what I did to you, and maybe  
9 we could determine if I am on the right track  
10 here and maybe get some feedback.

11 MS. LIN: Kathy, this is Jenny with  
12 HHS. Before you go on, we haven't PA-reviewed  
13 the document that you would be speaking of, so  
14 just be careful of any claimant-specific  
15 information.

16 MS. K. BEHLING: Okay. I'll try to  
17 remember that, and please stop me along the  
18 way if I say the wrong thing. Hopefully, I  
19 will not do that.

20 What I did in this report, and I  
21 did go back to the transcript to try to get an  
22 understanding of everything that we wanted to

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1 put in this report, and again, this was our  
2 review of PER-12, which is the highly  
3 insoluble plutonium compound, and like I said,  
4 the Super S, and we were issued -- we were  
5 tasked to review that PER back in, I guess,  
6 October of 2009 and I started out a report by  
7 feeding some relevant background information  
8 on when we were assigned the PER and why that  
9 PER was in existence, you know, how it  
10 actually became something that was done  
11 because it was determined that there was the  
12 existence of this highly insoluble plutonium  
13 and therefore NIOSH issued OTIB-49.

14 OTIB-49 was the estimating doses  
15 for plutonium strongly retained in the lung  
16 and that's what prompted the OTIB PER. SC&A  
17 was tasked to review that and as part of our  
18 review, we have five sub-tasks, and sub-task 4  
19 is actually conducting the audit of DRs  
20 accepted by the PER, and this is our first  
21 opportunity to do that, obviously.

22 So, in my report, I indicated all

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1 this in the pertinent information. I'm sorry,  
2 did somebody -- okay. And one thing that we  
3 determined with PER-12 was there were various  
4 criteria that needed to be looked at under the  
5 OTIB-49.

6 First of all, there were four  
7 different target organs that we needed to look  
8 at, and also you needed to assess how the  
9 individual was monitored.

10 And so based on that, SC&A had  
11 recommended that there be a selection of 10  
12 different categories, or 10 different cases in  
13 each of the various categories or permutations  
14 that were part of PER-12.

15 And back in -- it was the July  
16 15th, 2011 DR Subcommittee meeting, NIOSH  
17 provided the Subcommittee with a list of, I  
18 think, 50 cases, and from those 50 cases,  
19 there were nine cases selected that actually  
20 represented eight of the 10 DR categories.  
21 Two of the categories were not represented  
22 because there were just not enough -- they

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1 were the fecal samples associated with the GI  
2 tract and systemic organs and so there were no  
3 cases selected for those two categories.

4 So what I did in the very first  
5 case is we selected -- I just took the first  
6 one off the list. I went in and I gave some  
7 background information on this particular  
8 case, just as we do with our normal dose  
9 reconstructions, indicating where the  
10 individual worked, what time frames he worked  
11 there, what locations. I identified both  
12 internal and external monitoring that was  
13 provided for the individual, when they were  
14 diagnosed with their cancer, and I was  
15 actually going to go through all of that in  
16 this case but I am a little bit reluctant to  
17 do that now, based on the earlier comment.

18 CHAIR MUNN: Yes, there's no reason  
19 to do that now, Kathy.

20 MS. K. BEHLING: Okay.

21 MR. STIVER: Kathy, this is John.  
22 Can I step in for just a second? I wanted to

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1 let the Subcommittee know that I had just sent  
2 this document to all of your CDC accounts.

3 So it is available. Sorry to  
4 interrupt, Kathy. I just wanted to --

5 MS. K. BEHLING: Oh, that's okay.  
6 And again, I'll keep this more brief than I  
7 was intending to. So, but once we get into  
8 the actual case review, my first section is a  
9 background information, as I just indicated,  
10 as we generally do with our dose  
11 reconstructions. And then under section 2, I  
12 did a comparison of NIOSH's original dose  
13 reconstruction, and then the rework of the  
14 dose reconstruction.

15 Here's where I -- I decided to go  
16 in and talk about both the internal and  
17 external, even though in this particular PER  
18 we are only focused on the internal doses  
19 associated with plutonium, just because I  
20 thought it would be nice to know if this was  
21 the total dose, this was the PoC assigned for  
22 the initial dose reconstruction, and then this

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1 is how the dose ultimately changed and what  
2 the revised PoC was.

3           Then I went into -- the final  
4 section is just specific issues related to the  
5 PER-12 for this particular case, and I walked  
6 through what was done in the original dose  
7 reconstruction in this particular case. This  
8 individual -- in both cases, the original and  
9 this rework, the dose reconstruction was done  
10 as an overestimate. The original was really a  
11 maximizing case where the internal was done  
12 with the OTIB-2 methodology, which is not even  
13 being used at this point. An OTIB-2  
14 methodology was that when they took -- there  
15 were 28 radionuclides that were assumed on the  
16 -- that were in -- yes, 28 radionuclides on  
17 the very first day of employment were assumed,  
18 and so it was a very -- it was a hypothetical  
19 internal dose, with a very maximizing  
20 approach.

21           With the rework, they actually went  
22 into the monitoring data, looked at -- because

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1 the individuals did have bioassay samples.  
2 They did a fitted internal dose for the period  
3 where there were bioassay samples, and then  
4 for the remainder of the individual's  
5 employment, they looked at coworker data, and  
6 I reviewed all of that data, I made sure they  
7 made comparisons of the solubility classes,  
8 Type M and Type S, they assigned the highest  
9 dose and then they applied the appropriate  
10 adjustment factors for the -- both fitted and  
11 the coworker proportion of the employment, and  
12 I was able to verify that that was all done  
13 correctly. I looked at all of the IMBA runs,  
14 looked at all the guidance in the appropriate  
15 TBDs and in the OTIB-49, and for this  
16 particular case I had no findings.

17 And so that's how I went about  
18 going -- actually doing this pre-work and I  
19 guess we have decided that we are going to  
20 make this one report so that all nine of the  
21 cases that have been selected will be part of  
22 this one report.

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1           But I just wanted to have the  
2 opportunity of walking you through the  
3 approach that was taken and just get some  
4 feedback as to whether that's appropriate, and  
5 if I interpreted your direction correctly.

6           I realize that you haven't had a  
7 chance really to look at this, but I didn't  
8 know if I had put in enough detail, too much  
9 detail or -- if you have any thoughts at this  
10 point.

11           DR. MAURO: You know, this is John,  
12 Kathy. I read your report this morning, and I  
13 found it very interesting with regard to one  
14 respect, and I think it might be of interest  
15 also to the Subcommittee.

16           I noticed that when this was  
17 reworked, it was reworked for a number of  
18 reasons. It looked like one of the main  
19 reasons was there was a second cancer, the  
20 colon cancer, I guess, came up, which then  
21 drove the need to redo this case anyway.

22           And when the case was redone, in

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1 the process of doing that, there were a number  
2 of changes made, as is typical for a PER, one  
3 of which of course was the issue regarding  
4 high-fired plutonium, and I noticed that --  
5 now, the question I have is, if there was no  
6 other reason to redo this one other than high-  
7 fired plutonium, would this -- because the  
8 dose went down, the internal dose to the  
9 prostate went down, I believe.

10 Stay with me a little bit. It's  
11 sort of a brain-teaser. Would there have been  
12 a need to redo this case? In other words, in  
13 a funny way, what we found ourselves doing is  
14 reviewing a case under the high-fired  
15 plutonium PER, but the reality is that the  
16 real reason this case needed to be redone  
17 wasn't because of that, it was because this  
18 other cancer showed up, which drove the need  
19 to redo this case?

20 So -- unless I misunderstood. I  
21 just read it pretty quickly this morning.

22 MS. K. BEHLING: Okay. No, you are

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1 correct, John. However, this case was done  
2 for two reasons -- for the high-fired  
3 plutonium issue and for the additional cancer,  
4 and I realize the additional cancer is what  
5 you might think drove this, but there was  
6 documentation in the file that indicated that  
7 this case should be reviewed under PER-12 and  
8 that a rework was to be done because you could  
9 not make a determination until there was a  
10 rework.

11 So whether there would have been a  
12 second cancer or not, this case would have  
13 been looked at again.

14 DR. MAURO: Oh, okay.

15 DR. H. BEHLING: John, this is  
16 Hans. The real driver here was that the need  
17 to look at it was driven by a PoC that is --  
18 that has to be greater than 16.97 percent. So  
19 even though this was originally a maximized  
20 dose reconstruction using OTIB-2, I think it  
21 would -- this was snagged on the basis of that  
22 PoC criteria.

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1 DR. MAURO: Interesting, and as a  
2 result, by going to the more realistic model,  
3 the internal dose, to the prostate in this  
4 case of course, went down.

5 I would suspect if it was a lung  
6 dose, it may very well have gone up, but  
7 that's -- it's sort of an unexpected outcome.  
8 It's just interesting that it turned out --

9 DR. H. BEHLING: Yes, but they did  
10 follow the guidance --

11 DR. MAURO: Oh, yes.

12 DR. H. BEHLING: -- that are defined  
13 in PER-12 and that is driven by signs that  
14 this guy might have been exposed to Super S,  
15 and his original PoC exceeded the threshold  
16 for snagging him.

17 DR. MAURO: Oh, no, I did read it  
18 and I followed it exactly and I just found it  
19 interesting that -- typically you expect a  
20 redo to result -- especially in the case of  
21 high-fired plutonium -- that the internal dose  
22 would go up. But not in this case, for the

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1 reasons you very well explained.

2 DR. H. BEHLING: Well, they might  
3 have, and in fact in the future maybe they may  
4 want to look at those cases if there is a  
5 highly-maximized PoC that goes above the  
6 threshold of the PoC that will pull it out,  
7 they may want to look at it and sort of say,  
8 look, is this reasonable, although I think  
9 what they did is probably the correct thing.

10 DR. MAURO: Yes, yes.

11 DR. H. BEHLING: To realize you  
12 don't want to make an assumption before you  
13 add to one of the numbers.

14 DR. MAURO: Got it. Good, thank  
15 you.

16 CHAIR MUNN: Thank you, gentlemen,  
17 for the discussion, and thank you, Kathy, for  
18 bringing us up to date. I think that we  
19 probably can't do anything with this until  
20 NIOSH has had an opportunity to look at it and  
21 respond.

22 MR. HINNEFELD: We agree.

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1 MR. KATZ: No, no. There's nothing  
2 to respond to at this point. They are just  
3 asking the Subcommittee are they on the right  
4 trail --

5 CHAIR MUNN: Are they on the right  
6 track.

7 MR. KATZ: before they deliver  
8 their actual full report on all the cases,  
9 because this is just the first that they have  
10 gone through.

11 CHAIR MUNN: This is -- I recognize  
12 this is not a complete report, but I guess  
13 what I should be asking instead is if you have  
14 a feel for when the completed PER review will  
15 be available? Will there be anything for us  
16 to discuss on this next time?

17 MR. STIVER: I would say that we  
18 should be able to have it ready by the next  
19 meeting. Kathy, is there --

20 MS. K. BEHLING: Yes, that  
21 shouldn't be a problem. As Ted just  
22 indicated, what I am hoping to do is to get

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1 some feedback just to say should I continue on  
2 this path, have I given you enough information  
3 with this first test case, and I can complete  
4 the other eight cases associated with PER-8 in  
5 this fashion, or would you like me to make  
6 changes? Do you want more data, less data, do  
7 you want me to go into detail in the rework?  
8 That was my -- that was what I was trying to  
9 get an answer to.

10 CHAIR MUNN: Paul, do you have  
11 anything to add?

12 MEMBER ZIEMER: Well, of course we  
13 just saw it for the first time. I mean, my  
14 impression is that it's fine.

15 CHAIR MUNN: It seems thorough to  
16 me.

17 MEMBER ZIEMER: But I guess  
18 ultimately I would like to reserve judgment a  
19 little bit on that, but my feeling is she  
20 should proceed. I think she's on the right  
21 track here, and I'm not sure -- I mean, what  
22 else would you add at this point? It's not

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1 clear to me that there's any big pieces  
2 missing.

3 MR. KATZ: So, let me give you some  
4 food for thought from just -- I haven't read  
5 it, Kathy. I just listened to you, that's  
6 all. But just my sort of thought in listening  
7 to you is, I mean, your final product is going  
8 to be a report on the review as a whole and of  
9 course you'll call out any instances or  
10 concerns that there may be with respect to  
11 implementation. I mean, that's sort of the  
12 purpose of this, to see was implementation  
13 done correctly.

14 MEMBER ZIEMER: Right, but it's not  
15 so much that it's the final numbers --

16 MR. KATZ: The individual cases are  
17 not important at all --

18 MEMBER ZIEMER: -- whether they go  
19 up or down because you know, with high-fired  
20 plutonium, you've got a longer residence time  
21 in the lung, and in a sense it's not  
22 surprising that it's the other organs that go

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1 down then because the material is not  
2 available for them to accumulate.

3 MR. STIVER: Okay. This was kind  
4 of a unique case in that you did have the two  
5 drivers and one -- so you are trying to  
6 combine those in this particular thing, where  
7 really -- for the purposes of PER-12, you  
8 know, where really only the --

9 MR. KATZ: And I think you may find  
10 that you have quite a few instances of that  
11 because there are -- I think there will often  
12 be more than one driver of a redo.

13 MR. STIVER: So in those cases,  
14 then, we should just strictly stick to the  
15 PER-12 aspect of it.

16 MR. KATZ: The PER-12 issues are  
17 the ones that we are trying to examine, you  
18 know, their ultimate PoC and all that really  
19 doesn't matter. I mean, it --

20 MEMBER ZIEMER: Right, and the --  
21 I'm not sure if the second cancer sort of  
22 matters in this case even --

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1 MR. KATZ: Right.

2 MEMBER ZIEMER: -- so much.

3 CHAIR MUNN: Well, but with nine  
4 individual cases, by the time all nine of them  
5 have been covered, you are going to have such  
6 a variety of types and PoCs that certainly as  
7 far as the process itself is concerned, it  
8 looks thorough to me.

9 DR. MAURO: Yes, Kathy, when I  
10 looked at it, you focused right in on the  
11 prostate and how the dose changes because of  
12 these changes, and of course you did not  
13 address the colon, which would not have been  
14 within the scope of this PER review process.

15 MR. STIVER: There was a mention of  
16 it but, you know, there wasn't any --

17 DR. MAURO: Oh, no, it's mentioned,  
18 but I mean to -- so I think what my reaction,  
19 I guess, is when I read it, it did follow our  
20 instructions from what I understood at the  
21 time to be what we are supposed to do for a  
22 PER, and you know, so I guess I -- my sense

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1 is, I think, you know, the SC&A people have  
2 only recently looked at it is that, this is,  
3 this is, you know -- you are on the right  
4 path. That's my suggestion, yes.

5 MS. K. BEHLING: And I guess what I  
6 was thinking about is: and I realize I believe  
7 that the -- our direction was supposed to be  
8 focused on the PER issue. But I know that  
9 there was a lot of discussion and dialogue  
10 back and forth, should we be making the  
11 comparison, should we be looking at PoC from  
12 the first -- from the original and compare it  
13 to the rework.

14 And so I tried to blend both of  
15 those, you know, there were two different  
16 schools of thought, I think, when I read back  
17 through the transcript, and I tried -- I  
18 decided I was going to try and blend both so  
19 that we'd have everything here, so that we  
20 could look at the big picture.

21 MR. KATZ: So, Kathy?

22 MS. K. BEHLING: Yes.

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1 MR. KATZ: Kathy, so again, my  
2 sense for that, as far as how that dialogue  
3 went, was that it was really not, I mean, the  
4 conclusion of that dialogue was we are not  
5 interested in -- I mean, it really is all  
6 about focusing in on the correct  
7 implementation of the PER and not other  
8 matters, you know, with respect to comparing  
9 the original dose reconstruction to the redo.

10 It really is focused on the PER-12 question:  
11 is it implemented correctly? And everything  
12 else is really not germane to the process, and  
13 it's just going to slow you down in completing  
14 your evaluation.

15 MEMBER ZIEMER: Well, unless it's  
16 easy to do, I think knowing how it impacts is  
17 informative in a sense, that it gives you a  
18 feeling for the impact that you are having  
19 with the change, you know what I'm saying?

20 The numbers are informative simply  
21 to give you a feel for the importance of the  
22 change. I mean, if you were finding that with

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1 or without this PER, it had very little effect  
2 on anything, then you'd be wondering about in  
3 the future --

4 MR. KATZ: Well, the PERs are done  
5 because they do have an impact, and that is  
6 sort of a foregone conclusion --

7 MEMBER ZIEMER: You're saying it's a  
8 priori -

9 (Simultaneous speaking.)

10 MR. KATZ: -- if they don't get done  
11 in the first place. I mean, the point of this  
12 is to make sure, again, and then there's an  
13 evaluation of the methodology to make sure  
14 that's straight and Hans has done, I think,  
15 many of those.

16 But then this process here and the  
17 tail end of it is simply to ascertain: was it  
18 actually implemented on cases correctly?

19 MEMBER ZIEMER: Yes.

20 MR. KATZ: So that's really all we  
21 are trying to get at.

22 MEMBER ZIEMER: Whether or not it

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1 kicked them over the line or not --

2 CHAIR MUNN: That's moot.

3 MR. KATZ: Is really not the issue.

4 MR. STIVER: I guess it is. But --  
5 this is Stiver again -- but if you were able  
6 to get some of that after-diagnostic  
7 information, like Kathy has done, without an  
8 inordinate amount of extra effort, wouldn't  
9 that be something useful to the program that  
10 we might want to --

11 MR. KATZ: Well, I mean I guess you  
12 say inordinate effort. But I don't see why we  
13 would just have any extra effort. Why not  
14 just do the task and get it done as  
15 efficiently as possible? Why spend time and  
16 money on a matter that gets addressed  
17 elsewhere? Because we do case reviews for  
18 dose reconstruction in the Dose Reconstruction  
19 Subcommittee and that's really not the  
20 function here.

21 DR. MAURO: Along these lines, let  
22 me jump in, this is John, a little bit. The

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1 key here, I think, I'm looking right now at  
2 Table 2 in Kathy's report where she shows the  
3 difference in the internal dose between --  
4 before and after -- the difference, I am  
5 presuming, is entirely due -- and it's the  
6 prostate -- entirely due to going from OTIB-2  
7 to going to high-fired plutonium, which is the  
8 essence of what we were trying to do here.

9 But what she also did in this very  
10 same table is that context. It showed the  
11 before and after for some of the external  
12 doses also, and medical.

13 And what it does is, it does set  
14 context. In theory, Kathy, I guess you could  
15 have just put the internal dose and how it  
16 changed, and whether or not, you know, it was  
17 done correctly, going from OTIB-2 to the new  
18 approach to high-fired plutonium, OTIB-29, and  
19 maybe that's the question that should be  
20 before us at this time, because, I think,  
21 Kathy, you have presented your vision of what  
22 these case reviews will look like, and in this

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1 particular case, this had context by showing  
2 before and after for the full range of  
3 exposures, but of course the whole analysis  
4 and discussion where you want vertical, so to  
5 speak, is on how did the internal dose change  
6 because that's where the action is.

7           And I guess that's a fair question  
8 maybe the Subcommittee doesn't want to address  
9 right now, but do they want to see context the  
10 way you have laid it out?

11           I for one did like seeing it,  
12 because I understood the -- where this  
13 particular -- where the PER aspect, OTIB-49  
14 had play within the overall context of the  
15 case, so it helped me be oriented.

16           But Ted, what you had just  
17 mentioned is a little bit more, I would say,  
18 narrow interpretation and I think that's the  
19 reason why, Kathy, you sent this out, to make  
20 sure that you are maybe not doing more than  
21 needed, or maybe we are not doing enough.

22           MR. KATZ: That's exactly right.

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1                   MEMBER ZIEMER: Well, in order to  
2 accomplish the task of determining that the  
3 information for IMBA was correctly entered,  
4 you don't actually have to do the final step  
5 and run it and calculate the dose, do you?

6                   MS. K. BEHLING: No, you don't.

7                   MEMBER ZIEMER: But do you have to  
8 do everything up to that point? In other  
9 words, is the dose step simply a matter of  
10 pushing the button and letting something  
11 calculate, or is it -- I mean, some of these  
12 things don't change anyway, medical x-ray or  
13 so on, but -- ambient -- but you are going  
14 through and looking at the entry of all the  
15 other data, right, up to that point? You are  
16 verifying -- in fact, let me look at your  
17 words here -- you are verifying that the  
18 assumptions were appropriate and the data were  
19 entered into IMBA correctly.

20                   MS. K. BEHLING: That's correct.

21                   MEMBER ZIEMER: Now, doing that  
22 last step, are you just looking at the input

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1 that they have used, just saying, yes, here's  
2 the number and they put it in correctly? Is  
3 that what's happening here?

4 MS. K. BEHLING: Yes, and I did go  
5 -- that's where I went into detail, in this  
6 section 2.3, because those were the issues  
7 that were pertinent to the PER-12.

8 It just felt to me when I went to  
9 write this that I couldn't help myself. I  
10 felt like I needed to tell the whole story and  
11 I thought perhaps others, you know, we'll have  
12 other discussions coming out of this, although  
13 I do agree with Ted, that really, it's my  
14 section 2.3 that is the -- that's the key,  
15 that's what we're trying to do here.

16 MEMBER ZIEMER: Well, if you are  
17 saying that they entered the numbers  
18 correctly, then they have already generated  
19 the table, the right-hand column of the table.

20 Is that not correct?

21 MS. K. BEHLING: Table 2?

22 MEMBER ZIEMER: Yes. If they

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1 entered the numbers correctly, you've verified  
2 that step, then wouldn't Table 2 be the  
3 numbers that they would have generated?

4 MS. K. BEHLING: That's correct.

5 MEMBER ZIEMER: So you don't have  
6 to do that.

7 MS. K. BEHLING: No, I was just  
8 trying to give the big picture. That's all I  
9 was trying to do. I had gone in and made sure  
10 --

11 MEMBER ZIEMER: No, but what I'm  
12 saying is if you just went to NIOSH's final  
13 thing and said here's what they put down, you  
14 don't have to do anything. I'm trying to  
15 figure out whether or not SC&A is  
16 recalculating something that NIOSH is already  
17 calculating when they have already confirmed  
18 that they put the right numbers into the  
19 program.

20 I mean, it's sort of getting at  
21 what you said --

22 MR. KATZ: Yes, again, my only

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1 issue is --

2 MEMBER ZIEMER: I mean, it's nice  
3 to have these numbers, but if there is any  
4 extra work in doing it, it's beyond what we  
5 need. That's all I'm saying.

6 CHAIR MUNN: The question, though,  
7 will be asked by someone.

8 MR. STIVER: What was the net  
9 effect?

10 CHAIR MUNN: Yes, what was the net  
11 effect.

12 MEMBER ZIEMER: But I'm saying  
13 NIOSH already has determined that, I guess,  
14 right? Isn't this what you would generate?  
15 If they say we put all the numbers, we checked  
16 all the numbers that NIOSH put in, and they  
17 are the right numbers, in the IMBA.

18 MR. MARSCHKE: Well, isn't the  
19 ultimate check that the right numbers were  
20 entered into IMBA comparing the results that  
21 come out of IMBA?

22 MEMBER ZIEMER: I don't know the

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1 answer. That's why I am asking the question.

2 MR. MARSCHKE: That basically if  
3 the results come out the same, that means that  
4 they must have input the same -- the correct -  
5 -

6 MEMBER ZIEMER: But that's not how  
7 she's verifying. I think she's verifying by  
8 looking at the numbers.

9 MR. HINNEFELD: Well, based on the  
10 write-up, I don't know, Kathy, correct me if  
11 I'm wrong, but it appears that Kathy looked at  
12 what was different between -- really what she  
13 is writing about here is what was different in  
14 the internal dose between before and after.

15 Okay. She wrote down those others  
16 for context because it will influence the net  
17 result of PoC. You know, when -- it will have  
18 an influence on actually what the PoC was,  
19 which she also describes, both before and the  
20 after.

21 So it provides a complete picture  
22 of how that comes out. But the entire write-

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1 up is about the internal dosimetry. She  
2 doesn't dwell -- she doesn't even describe why  
3 the those external doses went down. It's just  
4 reported on the table they went down. There's  
5 no description of why. The description is all  
6 about what was done on internal, which was the  
7 focus of it.

8           You know, I don't know what's  
9 necessary and what's not. When I have just  
10 been reading through this, I can, it's kind of  
11 a pretty complete story, and it puts me in a  
12 good mood because she didn't find anything  
13 wrong with what we did.

14           So -- but it seems like it's kind  
15 of a -- it's a little complete story there and  
16 you've got the idea, but it really is -- what  
17 she has really spent her time on is what was  
18 the internal done later, how does it compare  
19 to earlier and did they do what they should  
20 have done when they reworked this case.

21           So to me, I don't -- we can, I  
22 guess you can equivocate. I don't know that

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1 there's a particularly better way to tell the  
2 story, because if she doesn't put those other  
3 numbers up there, then there's -- then you  
4 don't really have a full picture of what  
5 happened on the PoC and why did the net change  
6 in the PoC happen, if you're interested in it.

7 MEMBER ZIEMER: I think Ted is  
8 saying: do we need that information?

9 MR. KATZ: Yes, my only question  
10 was: who cares about that?

11 MR. HINNEFELD: About the PoC?

12 MR. KATZ: If it was done  
13 correctly, we are not reviewing this case --

14 MR. HINNEFELD: Right.

15 MR. KATZ: -- as a dose  
16 reconstruction review. All we are trying to  
17 answer is a simple question, which is: did we  
18 implement PER-12 correctly?

19 MR. HINNEFELD: The way we said.

20 MR. KATZ: And that's all we are  
21 interested in, so the other story, which is a  
22 story to tell, is not a story that I think we

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1 were intending to spend resources on, the  
2 bigger picture. But I don't have a strong --  
3 you know, if it's not taking much resources  
4 then it's not a big issue to me. I just don't  
5 want us to just be spending our time, because  
6 then you know, whatever else there is, not  
7 only consumes their time in putting the story  
8 together, but it consumes, you know, it's so  
9 easy for everyone else then to start to talk  
10 about anything that is of interest, whether it  
11 is on topic or not, and I am just trying to  
12 help the Subcommittee stay on topic. That's  
13 all.

14 MEMBER ZIEMER: Let me ask Kathy.  
15 Kathy, are the numbers in Table 2, the right-  
16 hand column, are those the same as the NIOSH  
17 numbers?

18 MS. K. BEHLING: Yes. As a matter  
19 of fact, I pulled this table out of the rework  
20 of NIOSH --

21 MEMBER ZIEMER: So you didn't have  
22 to generate this --

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1 MS. K. BEHLING: No.

2 MEMBER ZIEMER: Well, so she didn't

3 --

4 MS. K. BEHLING: I'm simply trying  
5 to tell the whole story, just to make it a  
6 picture.

7 MEMBER ZIEMER: I thought they were

8 --

9 MR. STIVER: It's not like we went  
10 through them and recalculated all the doses.

11 MEMBER ZIEMER: So you just  
12 confirmed that the right numbers in and here's  
13 what NIOSH said the answer was.

14 MR. STIVER: Right.

15 MEMBER ZIEMER: So there -- okay.

16 MR. KATZ: So I mean, for example,  
17 you talked about external dose, which isn't an  
18 element of this at all.

19 MR. STIVER: But it's just in  
20 there.

21 MR. KATZ: But it's in there. So  
22 if it doesn't take any time, it is not a

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1 matter to me to raise to you.

2 MEMBER ZIEMER: There's no  
3 additional calculations --

4 MR. STIVER: There's no additional  
5 effort expended really, other than just  
6 cutting and pasting the information.

7 MEMBER ZIEMER: I don't know, every  
8 three seconds multiplied by --

9 (Laughter.)

10 MR. KATZ: So, Kathy just needs a  
11 nod from the Subcommittee to go forward and  
12 prosper this way or do something different.

13 CHAIR MUNN: Well, as I said at the  
14 outset, this seems like a very thorough  
15 process that she is undertaking here, and it  
16 seems appropriate to me. If it is the general  
17 feeling that it may be overkill, then now is  
18 the time to address it. That's what we edit  
19 for.

20 I don't see that it is, frankly.

21 MEMBER ZIEMER: Well, I think my  
22 view it's just there's no expert work done.

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1 Cutting and pasting an extra column in there  
2 isn't any extra work.

3 But I was concerned whether they  
4 were going through calculation of things and  
5 confirming all the other stuff, but it looks  
6 like they are not.

7 MS. K. BEHLING: No, no, we are  
8 not. No. We're just simply going through a  
9 reworked case, in fact, like I said, this  
10 Table 2 comes right out of that rework, and I  
11 just felt it told the entire story.

12 It's really a minimal effort for  
13 getting a complete picture of this particular  
14 case.

15 CHAIR MUNN: Kathy, you are good to  
16 go.

17 MS. K. BEHLING: Okay, thank you.

18 CHAIR MUNN: Would you please make  
19 a special note to make sure that I know when  
20 this document actually hits the street,  
21 because it would be nice for us to know  
22 whether it is going to be there early enough

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1 for NIOSH to respond to it in any way, or  
2 whether it's only going to be out in time for  
3 us to say it's out next time. So if you'll  
4 let me know --

5 MS. K. BEHLING: I will certainly  
6 do that, and again, I do apologize that I  
7 didn't get this in your hands a few days ago,  
8 but I don't know when -- I don't think you  
9 discussed when the next meeting is going to  
10 be, but --

11 CHAIR MUNN: No.

12 MS. K. BEHLING: I will definitely  
13 have this report in everyone's hands before --  
14 well before the next meeting.

15 CHAIR MUNN: Great. Thank you very  
16 much. We appreciate it. We'll have it on the  
17 agenda one way or the other next time.

18 MS. K. BEHLING: Okay. Thank you.

19 CHAIR MUNN: You bet, thank you.  
20 Now I did not have on the agenda one item  
21 which I picked up when I was reviewing our  
22 transcript from last time to make sure that we

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1 were all okay.

2           One of the things that we spoke of  
3 was OTIB-6, which for the most part is pretty  
4 much done, but we raised a question about how  
5 tricky it would be to nest the attached files  
6 into the directory -- into a directory or the  
7 procedures list so that we don't have to save  
8 all of the PDF files in order to transmit  
9 them.

10           And in my working with the current  
11 database that we have, I think I was able to  
12 do that. And I thought I was able to just  
13 transmit the whole thing, but I didn't  
14 actually follow through with my transmission.  
15 I got tangled up in some of the additional  
16 linked files that I wanted to transmit as  
17 well, and didn't complete my action.

18           So has anyone used that aspect of  
19 the those things so that we know that they  
20 are properly nested and everything goes? Or  
21 is this something I just need to do myself and  
22 mark off my list?

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1                   It looks like it's one of those  
2 things I need to do myself.

3                   MR. MARSCHKE: You're talking about  
4 generating the PDF files of the history of the  
5 issues? Is that what you are --

6                   CHAIR MUNN: Well, I think that is  
7 what we were talking about.

8                   MR. STIVER: This is John Stiver.  
9 I think I recall that. The issue was about  
10 whether -- I think it was about putting in  
11 links to these files, if you transferred that  
12 to somebody else, whether those links could be  
13 attached, would the recipients still be able  
14 to reach those files?

15                   CHAIR MUNN: And as I said that's  
16 where I got jimmied up when I was trying to  
17 transmit the files that I intended to. So I  
18 didn't follow through. I'll just check it  
19 myself. And if it's okay, I just won't follow  
20 through, and if it's not okay, we'll talk  
21 about it next time.

22                   Is there any other specific issue

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1 that we need to address before we start  
2 looking at administrative?

3 MR. KATZ: Yes, we do. There's --  
4 we talked about it offline but we need to talk  
5 about it online because we didn't get through  
6 it all.

7 But at the last full Board meeting,  
8 we assigned seven procedures for two-pagers  
9 that -- where the review has been completed.  
10 But I had a list from SC&A of nine procedures  
11 that were ready for two-pagers.

12 The two that we did not assign at  
13 the full Board meeting, as we discussed at  
14 that meeting, were IG-001 and 003. We didn't  
15 assign them because the SC&A listing that was  
16 given to me showed no findings for either of  
17 those and it didn't -- it just didn't make  
18 sense to so I didn't understand why we would  
19 be assigning them at this point because  
20 something was wrong.

21 So, and today we have seen on the -  
22 - in reviewing the database, that 001 in fact

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1 has a number of revisions that were findings.  
2 So it's not that there were zero findings.  
3 Many findings have been resolved. They are in  
4 progress, they are resolved, we don't know  
5 exactly what the status of all of them are,  
6 and there's a new rev up.

7 So that one clearly is one that  
8 actually shouldn't have been assigned as a  
9 two-pager, and wasn't, but then the other one  
10 that was in that listing was IG-003.

11 MR. STIVER: Ted, I think you might  
12 have the wrong -- I have 003 and 005 and not  
13 001.

14 MR. KATZ: 003 and 005?

15 MR. STIVER: Three and five.

16 MR. KATZ: Okay, so I'm remembering  
17 it wrong. But, so it's 003 and 005, so  
18 anyway, these are the ones -- we don't know --  
19 it shows zero findings.

20 MR. STIVER: There were zero  
21 findings, yes, it was a matter of looking into  
22 ones that had zero outstanding findings and

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1 not actually --

2 MR. KATZ: These others show closed  
3 findings. It's not like they don't -- they  
4 show that they have four findings, three were  
5 closed, this one shows that there were no  
6 findings in the first place.

7 MR. STIVER: And you know, Steve  
8 Ostrow went through and generated that list  
9 and I am not sure of all of the mechanics that  
10 went into that and whether there might have  
11 been a breakdown in doing it --

12 MR. KATZ: But whatever they -- the  
13 question --

14 MR. STIVER: But I can certainly  
15 check into that.

16 MR. KATZ: the question for today  
17 that is just what -- again, so IG-003 and 005  
18 then -- sorry about 001 -- 003 and 005, the  
19 question is, are these ready for two-pagers.  
20 That's the question.

21 MR. STIVER: I guess the question  
22 was -- I would assume they would be if there

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1 was a need for a followup, since they didn't  
2 have any findings to begin with. And that's  
3 like I guess where the disconnect is here.

4 MR. KATZ: So that's what I'm  
5 trying to understand. I have never seen an  
6 SC&A review with no findings. These two --

7 MR. STIVER: There have been a  
8 couple.

9 MS. LIN: Ted, at least 005, it's  
10 just the use of classified information is how  
11 we would -- the agency's commitment to use as  
12 little classified information, you know --

13 MR. KATZ: Okay.

14 MS. LIN: It's more of a --

15 MR. KATZ: And we actually --

16 MS. LIN: It doesn't necessary  
17 impact dose reconstruction processes, health,  
18 or anything like that.

19 MR. KATZ: So, and SC&A reviewed it  
20 nonetheless, and --

21 MR. STIVER: Yes, and I think in  
22 terms of putting out a short summary to

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1 indicate what the procedure is all about,  
2 that's certainly something we'd want to do.

3 MR. KATZ: Well, I mean, the  
4 procedure is out there, it's just a question  
5 of -- so there's a review but the review  
6 didn't find anything -- so then it would just  
7 be sort of checking a box that the Board did  
8 review --

9 MR. HINNEFELD: My recollection at  
10 least, and my idea of what the two-pagers are  
11 about, and why I was an advocate for something  
12 like a two-pager, was that the procedure  
13 review was on our website, with, you know, 20  
14 findings or 10 findings or whatever, and then  
15 nothing else goes up.

16 MR. KATZ: No, I understand.

17 MR. HINNEFELD: And so the two-  
18 pager then provides, just saying, okay, we  
19 have worked through this, there have been some  
20 revisions, it's all taken care of, so that  
21 there is this closure rather than just --

22 MR. KATZ: I understand.

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1 MR. HINNEFELD: But if you've got a  
2 review with no findings, it kind of obviates  
3 the need --

4 MR. KATZ: Not much need for  
5 closure.

6 MR. HINNEFELD: -- for the two-pager  
7 to close it out.

8 MR. KATZ: That's why I'm raising  
9 it here, because it's up to the Subcommittee  
10 what you want to do with these particular  
11 cases.

12 MR. HINNEFELD: And it matters not  
13 to me, but my driver for wanting to have two-  
14 pagers does not exist when there were no  
15 findings on the original.

16 CHAIR MUNN: Yes, there wouldn't be  
17 just a heck of a lot we can say, except that -  
18 - well, the review was done and it was found  
19 to be adequate as-is. No findings were the  
20 result.

21 MR. KATZ: So then I don't think  
22 you need an SC&A product for that, I mean, you

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1 can you have a simple statement, no findings.

2 So that statement can just go on the website,  
3 you don't need to hire SC&A to tell us that  
4 they didn't have any findings.

5 CHAIR MUNN: That they didn't find  
6 anything.

7 MR. HINNEFELD: Because they have  
8 already told us that.

9 MR. KATZ: Yes. No, but we have to  
10 summarize that they told us that.

11 MR. HINNEFELD: Summarize that they  
12 told us that.

13 DR. ULSH: I'd like them to repeat  
14 that as often as possible.

15 MR. KATZ: I'm sure you would,  
16 Brant.

17 (Laughter.)

18 MR. STIVER: You've got to enjoy it  
19 when you can.

20 MR. KATZ: Okay. So if that's the  
21 case, then I just wanted to -- because it was  
22 very peculiar, I wanted to verify here

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1 whatever and figure out what our path forward  
2 is, so if that's true for both 005 and 003,  
3 then we know what our path forward is. We  
4 will just have a statement on the website when  
5 we load these other ones up on the website  
6 that says no findings, no concerns.

7 CHAIR MUNN: And it would be nice  
8 of course to get those on the website, because  
9 these -- it would be nice to get them in our  
10 database that says as much, as well, because  
11 if we go to our database and don't find --

12 MR. KATZ: No, the database should  
13 reflect this. I mean, this is just the two-  
14 pagers, right? The database should reflect  
15 the findings already.

16 CHAIR MUNN: It should. But my  
17 question is, does it now? I do not believe  
18 that it does.

19 MR. KATZ: I don't know.

20 CHAIR MUNN: No. It does not.

21 MR. MARSCHKE: I don't think IG --

22 CHAIR MUNN: They don't appear on

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1 there.

2 MR. MARSCHKE: I can't find where,  
3 I mean, I looked at the three -- I've been  
4 looking in, while you guys have been talking,  
5 I have been looking at the three reports that  
6 were generated and I can't find IG-003 or IG-  
7 005. I can't find where they are even in --  
8 when we did those reviews. So --

9 MR. KATZ: Okay. So it would be  
10 good to get that material --

11 (Simultaneous speaking.)

12 MR. KATZ: If DCAS doesn't have  
13 those reports, of course, I don't know. Then  
14 we need to get those in DCAS's hands.

15 CHAIR MUNN: It seems logical to me  
16 that somehow, they should appear somewhere in  
17 the database. If for no other reason than  
18 it's an ideal way for it to get back to the  
19 original document. It just follows, it seems  
20 to me.

21 MR. KATZ: Great. So SC&A will  
22 follow up on this?

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1                   MR. MARSCHKE: We'll follow up and  
2 try and figure out --

3                   MR. KATZ: And maybe just send me  
4 the final reports again for these two, the  
5 SC&A reports.

6                   MR. MARSCHKE: Yes, if we can find  
7 them.

8                   MR. KATZ: I mean, because these  
9 predated me, by a long ways, so if you'll send  
10 them to me I'll make sure DCAS has them and  
11 they can load them up.

12                   CHAIR MUNN: Good. All right.  
13 Anything else that we want to make sure we  
14 don't miss?

15                   MR. STIVER: I have one other thing  
16 I wanted to bring up regarding the PERs and  
17 that is in regards to PER-17 and 29, which we  
18 were authorized to review but which we had not  
19 yet begun a review process.

20                   And both of these are -- have  
21 updates that the actual documents that are  
22 referred to have been updated since the review

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1 was authorized.

2 And I guess my question for the  
3 Board -- or for the Subcommittee, is whether  
4 we should hold off until the -- all PERs are  
5 updated before we were to progress on these  
6 two?

7 Which is kind of the problem we had  
8 with 14 in that there was a revision to TIB-52  
9 that came out and we were -- found ourselves  
10 doing a review in relation to Rev 0 instead of  
11 Rev 1.

12 And so I guess the question for you  
13 all is whether you would recommend that we  
14 hold off on those until everything is updated  
15 and complete, or --

16 CHAIR MUNN: Thank you for bringing  
17 that issue up. It seems to me that the  
18 logical thing to do in all cases, when we have  
19 a revision, an active revision in process,  
20 that it behooves us to not reinvent the wheel  
21 by reviewing both revisions.

22 But that's just my knee-jerk

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1 reaction. Anyone else's thought?

2 MEMBER ZIEMER: But you haven't  
3 started the earlier version yet.

4 MR. STIVER: No, we haven't even  
5 started it yet.

6 MEMBER ZIEMER: And when will the  
7 new version be out?

8 MR. HINNEFELD: Which PER?

9 MR. STIVER: It's 17 and 29.

10 CHAIR MUNN: And so we are looking  
11 at --

12 MR. STIVER: Yes, 17 is evaluation  
13 is incomplete, internal dosimetry records from  
14 Idaho Argonne East and Argonne West national  
15 laboratories.

16 CHAIR MUNN: That's its title.  
17 What's its number?

18 MR. STIVER: This is PER-017.

19 CHAIR MUNN: 017, okay.

20 MR. STIVER: And the second is  
21 OCAS-PER-029, which are Hanford TBD revisions.

22 CHAIR MUNN: Okay.

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1 MR. HINNEFELD: Okay, and you've  
2 found out that these were being revised by,  
3 and what mechanism, did you tell them?

4 MR. STIVER: There had been, the  
5 basis documents had been revised since we were  
6 authorized to review --

7 MR. HINNEFELD: The basis documents  
8 meaning the Hanford TBD.

9 MR. STIVER: Yes, and so it's a  
10 situation where we don't want to find  
11 ourselves going back and reviewing a PER  
12 that's outdated. If you guys are planning to  
13 issue new PERs based on the changes, the  
14 documents themselves, the TBDs --

15 MR. MARSCHKE: Why would the PER be  
16 updated? The PER is just basically shows how  
17 it was -- how the change -- the previous  
18 change was implemented, and whether or not the  
19 previous change was implemented correctly or  
20 not is really what you are doing when you  
21 check the PER --

22 MR. STIVER: That's true but if

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1 there is going to be a new PER as a result of  
2 changes, additional changes since we were  
3 authorized, would you want to wait until the  
4 new PERs come out --

5 MR. MARSCHKE: I mean you are still  
6 going to have to basically look at PER-17 and  
7 see whether or not that first change was  
8 implemented correctly to make -- and then go  
9 and make sure that the second change is  
10 implemented correctly.

11 MR. STIVER: Yes, then we'd have to  
12 put you a follow-on to that, but I guess to  
13 get to the point, if it's -- there's potential  
14 lag time that you might be addressing things  
15 that are no longer relevant or have been  
16 addressed in another --

17 MR. KATZ: I understand what John  
18 is saying.

19 DR. ULSH: I do too. My question,  
20 though, is whatever the changes were that  
21 caused the revision, it would only be a PER if  
22 the doses went up. If the changes made the

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1 dose go down, it so my question is, have you  
2 determined whether or not the revision would  
3 necessitate a PER, do you know that?

4 MR. STIVER: At this point it's  
5 just more of a philosophical question, whether  
6 we need to wait until -- in my mind it's a  
7 moving target and there is always going to be  
8 revisions and there's always going to be  
9 refinements, and so once a PER is issued, we  
10 should probably go ahead and address those  
11 points that were tasked, and then if a new  
12 problem comes up later then we can visit that  
13 one.

14 MR. HINNEFELD: I think it might be  
15 a situation that has to be addressed  
16 individually, because we have some knowledge  
17 about what gave rise to this PER and what's  
18 going to be --

19 (Simultaneous speaking.)

20 MR. HINNEFELD: Specifically with  
21 the ANL internal dose records issue, this goes  
22 way back. I'm really on a memory that is

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1 getting older by the day, but the issue that  
2 gave rise to this PER was a matter in which  
3 INL reported internal dosimetries in early  
4 days when we asked for an exposure, they would  
5 report no internal, essentially no internal.

6 But they would report that whether  
7 or not the person was monitored or not. They  
8 wouldn't give us the zero bioassay results.  
9 They didn't have an internal dose on the  
10 person so they'd report no internals, which we  
11 interpreted as meaning there is no bioassay  
12 for this person.

13 As a matter of fact, there was  
14 bioassay for that person. They just didn't  
15 provide it. They went through quite a lot of  
16 effort to get their records in the system  
17 where they could provide the bioassay and then  
18 we got the bioassay for people who,  
19 heretofore, had just been said no internal.

20 That gave rise to this, and that is  
21 a discreet piece that we had to address to see  
22 have we short-changed any of these people

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1 because we thought they weren't monitored at  
2 the time.

3 The kind of work going on at INL --  
4 ANL -- is to take a careful look at how, on  
5 the Site Profile, I think there are a number  
6 of findings on the Site Profile that we are  
7 trying to come to grips with, and there will  
8 be some changes in the Site Profile.

9 This is kind of a separate issue  
10 from that earlier reporting issue. So that  
11 specific one I think there is merit in going  
12 forward with 17.

13 I think I know what's going on with  
14 Hanford but I don't remember exactly what gave  
15 rise to PER-29. If we get it while we do  
16 something else I'll go look at it and see if I  
17 remember it.

18 The revision that is going to go on  
19 at Hanford is in all likelihood going to be an  
20 extension of the SEC Class into later years  
21 than what has been handled so far. So that  
22 will then cause some changes in the Site

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1 Profile because you essentially take out the  
2 internal dose assessment, whatever it is, the  
3 particular piece and when you said do the dose  
4 assessment this way, you determine well it was  
5 really not feasible to do that, you take that  
6 part out.

7 And this may not be that big a  
8 change to the Site Profile. So in that case,  
9 probably I ought to figure out what this PER-  
10 29 addressed and then I'll be able to speak  
11 more -- well, I will feel like I know more  
12 maybe but I may not.

13 MR. STIVER: Okay that's something  
14 we need to do through emails or whatever.

15 MR. KATZ: Yes, we can just do  
16 that.

17 MR. HINNEFELD: But I would say  
18 that just looking at this and remembering the  
19 17 situation I think --

20 (Simultaneous speaking.)

21 MR. KATZ: It sounds like it's  
22 likely you'll be okay with the PER-29 too.

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1 It's just an extension of the --

2 MR. HINNEFELD: I suspect, I want  
3 to see what this one -- why we wrote this one,  
4 to be completely honest.

5 MS. K. BEHLING: Excuse me just one  
6 second, this is Kathy. I think with Hanford,  
7 those were some earlier changes that were made  
8 for Hanford on the TBD, they were just an  
9 update to the TBD, 2008, or it was that time  
10 frame I believe, for the PER-29.

11 But I thought that you were also in  
12 the process of changing the Hanford TBD, or  
13 it's been changed for the neutron issue, and  
14 that is a big -- that's a big issue. That's a  
15 significant change.

16 And that will definitely require a  
17 PER. Now I haven't seen that PER come out  
18 yet. And so I guess I was thinking along the  
19 lines that we would want to wait to see, did  
20 the PER that comes out on Hanford associate it  
21 with the neutron doses and then do all of the  
22 -- do the PER-29 along with the PER that I

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1 assume is going to be coming out for Hanford  
2 for neutron.

3 MR. HINNEFELD: Okay, you're right.

4 MR. KATZ: So the only question  
5 really is if the neutron overlaps whatever is  
6 covered in PER-29. If they don't overlap,  
7 then you still can just do them independently,  
8 right?

9 MR. HINNEFELD: I would think so.

10 MS. K. BEHLING: Yes, that's  
11 probably true. I can go back and look at all  
12 of the details that into 29 and I don't think  
13 it would be an issue. I meant, sorry, neutron  
14 issue.

15 MR. KATZ: So we can follow up on  
16 this by email. And sort it out as to whether  
17 there is an overlap or not. If there's an  
18 overlap, I think what you say makes a lot of  
19 sense, to amalgamate them. But otherwise, you  
20 can just carry it forward with PER-29.

21 CHAIR MUNN: Okay.

22 MR. MARSCHKE: Wanda, I have an

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1 item I'd like to bring up.

2 CHAIR MUNN: Yes Steve.

3 MR. MARSCHKE: While we are talking  
4 about PERs and also going back to OTIB-52, Rev  
5 1 of OTIB-52 basically limited the internal --  
6 the applicability of the internal procedure to  
7 uranium and plutonium isotopes, as opposed to  
8 all radionuclides.

9 So in our review, you can see  
10 basically, what we are recommending, a PER be  
11 developed to determine whether or not OTIB-52  
12 was used for -- to calculate internal doses to  
13 construction workers when other radionuclides  
14 besides uranium and plutonium were the  
15 radionuclides of concern.

16 Because basically all the OTIB-52  
17 analysis was done only for uranium and  
18 plutonium, so I don't know whether -- again,  
19 were, you know, -- in our report here we are  
20 kind of recommending that a PER be looked at  
21 to see whether or not that is a concern.

22 I don't know about dose

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1 reconstructions but I do that OTIB-52 was used  
2 as a basis for an SEC at Savannah River  
3 internal doses for tritium as opposed -- and  
4 really there's no basis for using that for  
5 OTIB-52, for tritium, internal doses, because  
6 this is -- you know, all the analysis was  
7 done, only, again, on uranium and plutonium.

8 DR. ULSH: You said tritium. Did  
9 you mean thorium?

10 MR. MARSCHKE: No, tritium.

11 DR. ULSH: Okay.

12 MR. MARSCHKE: The other one, again

13 --

14 CHAIR MUNN: That's surprising.

15 MR. MARSCHKE: The other one was,  
16 as we mentioned this morning, right now we are  
17 basically putting the caveat in there about  
18 you know, being careful about applying the  
19 OTIB-52 methodology to some particular classes  
20 of construction workers, such as pipe fitters.

21 And so the other potential PER that  
22 would be -- result from that would be to go

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1 back and look and see whether or not OTIB-52  
2 has been applied to pipe fitters, and whether  
3 or not it is still applicable to apply it to  
4 those particular individuals.

5 Because right now, as we saw in the  
6 modification that was made to OTIB-20, there's  
7 a caution in there about you know, blindly  
8 just applying OTIB-52 to all construction  
9 trades, or workers in all construction trades.

10 So again, those were two potential  
11 PERs that we identified when we did the review  
12 of Revision 1 of OTIB-52, and I don't know  
13 whether the -- I don't know how -- I don't  
14 know if there is a path forward on this, or  
15 what, if the Subcommittee wants NIOSH to take  
16 a look at it or what, but I just thought I  
17 would mention those because you know, they  
18 were in the report, and we hadn't talked about  
19 them.

20 CHAIR MUNN: No, we hadn't. I'm  
21 surprised about the Savannah River situation  
22 you mentioned. Difficult to see for most

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1 construction trades why other nuclides,  
2 radionuclides would be of specific concern  
3 outside the transuranics.

4 MR. HINNEFELD: What report are you  
5 showing us here Steve?

6 MR. MARSCHKE: This is the report  
7 that we put together for our review of  
8 Revision 1 of OTIB-52. It was in July of last  
9 year.

10 MR. HINNEFELD: Okay.

11 CHAIR MUNN: Well --

12 MEMBER ZIEMER: So that's 52-05,  
13 which was closed, right?

14 MR. MARSCHKE: 52-05 was closed  
15 because they put a limit in the -- they  
16 changed -- what was 52-05 Paul, I --

17 MEMBER ZIEMER: Let's see. Finding  
18 5, determine uranium used to compare internal  
19 CTW and ANW doses.

20 MR. MARSCHKE: Yes. That was --  
21 and the way they addressed that, the reason  
22 why we closed it, was because, when they did

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1 Revision 1, they basically put a limitation in  
2 and said that the internal dose calculation is  
3 only applicable for uranium and plutonium  
4 exposures.

5 MEMBER ZIEMER: So it became a moot  
6 point.

7 MR. MARSCHKE: So basically they  
8 limited it. They limited the scope of OTIB-52  
9 from being -- from the internal portion of  
10 OTIB-52, from being you know, wide open,  
11 having no limits on it, to basically limiting  
12 it to only uranium and plutonium.

13 MEMBER ZIEMER: The document you  
14 just showed us, is that the -- that's not the  
15 document that's on there.

16 MR. MARSCHKE: That's our review.

17 MEMBER ZIEMER: That's the Rev 1  
18 review.

19 MR. KATZ: We have about five  
20 minutes before adjournment. Can we just have  
21 DCAS look at this recommendation and give us  
22 feedback at the next Subcommittee meeting,

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1 Wanda? Sounds like it is a little convoluted  
2 to resolve, as to whether there is a PER  
3 needed for these or not.

4 CHAIR MUNN: Yes.

5 MEMBER ZIEMER: And you're just  
6 saying it may be needed.

7 MR. MARSCHKE: I'm just saying, yes  
8 --

9 (Simultaneous speaking.)

10 MR. KATZ: I don't think we can  
11 resolve it --

12 MR. MARSCHKE: They went from a  
13 wide scope in Rev 0 to a narrower scope in Rev  
14 1 and so the question is, you know, was  
15 anybody evaluated under that wider scope who  
16 would be excluded now under Rev 1.

17 MEMBER ZIEMER: Gotcha.

18 CHAIR MUNN: That's worth looking  
19 at. We'll ask for a look-see from NIOSH.  
20 Okay. Ready for schedule?

21 MR. HINNEFELD: I just, before we  
22 get to schedule, we are okay, really, right,

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1 on proceeding with PER-17, Idaho Falls, and my  
2 response is an opinion on 21.

3 MEMBER ZIEMER: I guess you were  
4 saying 17 is going ahead.

5 MR. HINNEFELD: I think 17 is kind  
6 of its own little thing. I'll go back and  
7 check on 29 and provide some --

8 (Simultaneous speaking.)

9 MR. HINNEFELD: There's a certain,  
10 just off the top of my head, there's a certain  
11 clarity in dealing with each PER on its own  
12 because you are going to have different  
13 initiation dates, you know, for the first PER  
14 it's going to be DRs done before this date and  
15 when the next change comes out after that  
16 date, and when you kind of amalgamate and  
17 combine them, it's not going to be as easy to  
18 say.

19 MR. STIVER: It's going to be a lot  
20 harder to deconvolute.

21 MR. HINNEFELD: Yes.

22 MR. STIVER: You'll need to go back

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1 later.

2 MR. HINNEFELD: When you try to  
3 blend them together and just do it once, it's  
4 going to be a lot harder than you think.

5 MR. KATZ: It almost sounds like  
6 you should just go forward --

7 (Simultaneous speaking.)

8 MR. HINNEFELD: If it's okay with  
9 you guys.

10 MR. STIVER: It's fine by us. We  
11 can certainly --

12 (Simultaneous speaking.)

13 CHAIR MUNN: I think so. Paul, do  
14 you have any problem with that?

15 MR. STIVER: All right, well we'll  
16 take our marching orders then.

17 CHAIR MUNN: Just follow along with  
18 it.

19 MR. KATZ: You know, the quorum  
20 issue, I think, let's not do the scheduling  
21 now. We don't have a lot of Subcommittee  
22 Members here.

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1 CHAIR MUNN: Mike's gone.

2 MR. KATZ: Well, we may have Mike.  
3 Mike, do we have you still?

4 MEMBER GIBSON: I'm still here.

5 MR. KATZ: We have three, but we --  
6 we have three out of whatever it is, five,  
7 right? Four?

8 CHAIR MUNN: Well, we need to at  
9 least look at a week, if nothing else. When  
10 we will get --

11 MR. STIVER: How far out are we  
12 looking?

13 CHAIR MUNN: Yes, how far do we  
14 need to go? I had thought that perhaps we  
15 could do something in June, but I don't see  
16 how we can with the Santa Fe meeting going up  
17 in June.

18 MR. STIVER: We have the Dose  
19 Reconstruction meeting. We moved that to the  
20 6th, Ted, is that the --

21 CHAIR MUNN: Yes, the DR is going  
22 to be the 6th.

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1 MR. KATZ: Well, it's not done yet.  
2 I haven't heard from everyone yet.

3 CHAIR MUNN: And I don't know how  
4 much we would have done in six weeks if we  
5 tried to meet that same week. It wouldn't  
6 work.

7 MR. STIVER: We have a lot of other  
8 things on our plate.

9 CHAIR MUNN: So June is out of the  
10 question. It puts us into July, I think,  
11 which should be far enough out for everybody,  
12 and I'd be -- I think my preference would be  
13 probably the week of the 9th. How does that  
14 look for people? Is everybody here going to  
15 be possibly available or people on vacation?  
16 What? The week of the 9th look like it's a  
17 possible?

18 MR. HINNEFELD: Looks like it works  
19 for me.

20 MR. STIVER: No problem for me.

21 CHAIR MUNN: No problem?

22 MR. KATZ: Mike?

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1 CHAIR MUNN: Mike, does the week of  
2 July 9th look possible for you?

3 MEMBER GIBSON: July the 9th?

4 CHAIR MUNN: Yes. That week. Not  
5 the date.

6 MR. KATZ: The week of July 9th.  
7 So, say, the middle of the week, say the 11th  
8 for example.

9 MEMBER GIBSON: Yes, that should be  
10 fine.

11 CHAIR MUNN: Okay, I'll send out a  
12 request to our Subcommittee membership -- all  
13 of the mailing list for this Subcommittee.

14 MR. KATZ: I'll cover that but, so  
15 which date are we suggesting, the 11th?

16 CHAIR MUNN: Let's suggest the  
17 11th.

18 MR. KATZ: Okay.

19 CHAIR MUNN: And if not the 11th,  
20 ask if people are available on one day either  
21 side of that.

22 MR. KATZ: Everyone here is saying

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1 the 11th is okay.

2 CHAIR MUNN: They are saying the  
3 11th is okay.

4 MS. LIN: I won't be here July --

5 MR. KATZ: But someone will cover.  
6 Yes. Okay. July 11th, question mark. Okay,  
7 I'll poll Dick.

8 CHAIR MUNN: Thank you Ted. I  
9 appreciate that. And thank you Mike and  
10 everyone else on the line. We certainly  
11 appreciate it.

12 MEMBER GIBSON: No problem.  
13 Thanks.

14 CHAIR MUNN: Thank you. And are we  
15 adjourned?

16 MR. KATZ: Yes.

17 CHAIR MUNN: We are adjourned.

18 (Whereupon, at 2:59 p.m., the meeting was  
19 adjourned.)  
20  
21  
22

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