

**The Subcommittee for Dose Reconstruction  
and Site Profile Review of the  
Advisory Board on Radiation and Worker Health  
National Institute for Occupational Safety and Health  
Centers for Disease Control and Prevention**

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**Summary Minutes of the Twelfth Meeting  
September 19, 2006**

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The Twelfth Meeting of the Subcommittee for Dose Reconstruction and Site Profile Review (the subcommittee) of the Advisory Board on Radiation and Worker Health (ABRWH or the Board) was held at the Westin Casuarina Hotel in Las Vegas, Nevada on September 19, 2006. The meeting was called to order by **Dr. Paul Ziemer**, Chair of the Board and of the subcommittee, and by **Dr. Lewis Wade**, the Designated Federal Official, Centers for Disease Control and Prevention's (CDC) National Institute for Occupational Safety and Health (NIOSH). These summary minutes, as well as a verbatim transcript certified by a court reporter, are available on the internet on the web site of the NIOSH/Office of Compensation Analysis and Support (OCAS) located at [www.cdc.gov/niosh/ocas](http://www.cdc.gov/niosh/ocas). Those present included the following:

**Subcommittee Members:** Dr. Paul Ziemer, Chair; Mr. Brad Clawson, Mr. Michael Gibson (via telephone), Mr. Mark Griffon, Ms. Wanda Munn, Dr. John Poston, Mr. Robert Presley, and Dr. Genevieve Roessler.

**Designated Federal Official:** Dr. Lewis Wade, Executive Secretary

**Federal Agency Attendees:**

Department of Health and Human Services: Mr. Stuart Hinnefeld, Ms. Liz Homoki-Titus (via telephone).

**Contractors:**

Sanford Cohen & Associates: Dr. Hans Behling and Ms. Kathy Behling (via telephone), Dr. John Mauro.

**Public Attendees:** See Registration

**WELCOME, OPENING COMMENTS**

**Dr. Paul Ziemer**, subcommittee chairman, called the meeting to order and reminded attendees that it was a subcommittee meeting. The full Board is to meet in the afternoon. He further pointed out that the subcommittee would recess at 10:00 a.m. to allow members of the subcommittee with specific clearances to convene at a secure location. There they will consider issues with classified information that relate to deliberations of the Board. The full Board will then convene after lunch. **Dr. Ziemer** directed attention to the agenda and called on **Dr. Lewis Wade**, Designated Federal Official, for comments.

**Dr. Wade** noted that cleared members of the SC&A team, the Board's contractor, will accompany subcommittee members to the secure site to join in the deliberations of classified matters.

**Dr. Wade** clarified that the current subcommittee examines both dose reconstructions and site profile reviews, and is made up of all members of the Board. Later in the meeting the Board will discuss redirecting the subcommittee to focus only on dose reconstructions and limit its membership.

**Dr. Wade** then explained the Board's task organization of subcommittees and workgroups. He emphasized the importance of the attendees who represent the public.

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**SUBCOMMITTEE CHARTER AND MEMBERSHIP**

**Dr. Paul Ziemer**

**Dr. Ziemer** explained to the assembly that reorganization of the subcommittee was proposed during the telephone Board meeting of August 8, and a draft of the reorganization had been prepared and e-mailed to all Board members. He noted there are two significant changes in the proposed subcommittee charter language. First, the original subcommittee has the responsibility to review dose reconstructions and site profiles. Because site profile reviews are conducted by a number of working groups, the proposal suggests the subcommittee no longer be responsible for that task.

Secondly, **Dr. Ziemer** pointed out the subcommittee membership originally included the membership of the entire Board. The proposal suggests that specific members be named to the subcommittee: a Chair, three members and two alternates.

When this was discussed during the teleconference there was some question about the membership status of **Ms. Wanda Munn**. With that issue now resolved, the following members are proposed to comprise the new subcommittee:

**Mr. Mark Griffon, Chairman**  
**Mr. Michael Gibson**  
**Dr. John Poston**  
**Ms. Wanda Munn**  
**Mr. Robert Presley (Alternate 1)**  
**Mr. Brad Clawson (Alternate 2)**  
**Dr. Lewis Wade (Designated Federal Official)**

**Dr. Genevieve Roessler's** status on the subcommittee was discussed among **Mr. Griffon, Dr. Ziemer, Ms. Munn, Dr. Wade** and **Dr. Roessler**. The above list was settled upon as the proposed subcommittee membership. **Dr. Ziemer** suggested the organization as outlined above be considered a motion before the subcommittee, and be recommended to the full Board. At this point **Mr. Clawson** requested clarification of a phrase in the Purpose paragraph of the draft Establishment of Subcommittee. It was determined the confusion is the result of a typo, which will be corrected.

**Dr. Wade** noted that new procedures for establishing or abolishing a subcommittee requires a decision by the Secretary of Health and Human Services. He indicated he would take the actions of the Board to the Secretary and explain the rationale -- that a smaller group will be more efficient dealing with the detailed work of the subcommittee -- for the proposed restructuring. He said he expects the Secretary will approve the proposal.

**Dr. Ziemer** agreed with **Dr. Wade's** explanation and rationale. He noted it will expedite meetings with other agencies such as NIOSH and contractors. He added that all subcommittee meetings will continue to be open to the public.

Since the restructuring had met with agreement of the full Board during their teleconference, the subcommittee needed only approval of the proposed charter draft in order to recommend it to the full Board later in its meeting.

**By vote, the draft charter received unanimous approval.**

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**INDIVIDUAL DOSE RECONSTRUCTION REVIEWS**

## **Closure on Second and Third Sets of Cases**

### **Mr. Mark Griffon**

**Mr. Griffon** referred to a letter from the Board to the Secretary of Health and Human Services first discussed during the August teleconference. It summarizes the findings for the second and third sets of case reviews, case numbers 21 through 60. The only change from the original letter is one based on a review by **Mr. Stu Hinnefeld** of NIOSH, and **Mr. Griffon** described the change. He added that **Mr. Hinnefeld** also provided a table identifying the cases reviewed which will be included with the letter.

**Dr. Ziemer** proposed the subcommittee act on the letter as a report to the Secretary. There will be four attachments, as follows:

Attachment 1:     Cases Reviewed in Second and Third Sets of Dose Reconstruction Reviews.

Attachment 2:     The SC&A Table Enumerating Findings.

Attachment 3:     The Dose Reconstruction Matrix.

Attachment 4:     The Methodology for Categorizing and Ranking Dose Reconstruction Case Review Findings.

It was suggested the subcommittee prepare a recommendation for the Board and have the letter report on the Board's agenda for later during their meeting. It was noted Board members should have complete copies of all related documents prior to their vote.

**Dr. Poston** expressed some concern that it was difficult at times to know how some of the information received by e-mail fits into the overall picture. **Dr. Ziemer** agreed, suggesting that if the group agreed on the letter report, he would accept it as a motion before the subcommittee.

**Ms. Munn** suggested modifying the Summary of Findings Impacting Estimates of Individual Doses paragraph of the basic letter by changing the third line to add the words *on either the individual POC or more extensive applications*. A prolonged discussion of the phrase *more extensive applications* among **Dr. Ziemer**, **Ms. Munn** and **Mr. Griffon** resulted in excluding that phrase from the suggested change, since findings with a wider impact are discussed in the paragraph following Summary of Findings, etc.

**Mr. Griffon** commented that this issue has been raised previously with SC&A and the phrase *with likely little or no effect on the overall dose*

was settled upon. He cautioned that the wording should be consistent with other reports.

**Dr. John Mauro** from SC&A emphasized they were trying to be careful not to go into the POC area and limit their observations, findings and scoring toward the dose as it applied to a particular case, whether it was important to the individual case or might be applied more generally. **Dr. Mauro** continued that they were dealing with dose, but if there is a low score, it is only for that particular case and does not have a substantial or significant effect on changing the dose in any particular way. It reflects a quality issue and indicates that procedures were not followed as laid out.

**Mr. Griffon** noted that the phrase *significant effect on the individual's dose reconstruction* might express the intent of the sentence. **Ms. Munn** offered *with little or no effect on the individual's evaluation*. **Dr. Ziemer** suggested *individual dose evaluation* and **Mr. Presley** contributed *individual case evaluation*. **Mr. Griffon** concurred with the last suggestion. All others agreed with **Mr. Presley's** suggestion and it was accepted as a friendly amendment.

**Dr. Ziemer** called for a vote to present the amended letter to the Board later in the week for action. The motion carried with no opposition. For the record, **Dr. Wade** noted **Mr. Gibson** had been unable to vote due to communication difficulties and his vote should be taken before accepting the document with the amendment.

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#### **Update on Fourth, Fifth and Sixth Sets of Cases**

**Mr. Griffon** explained that SC&A has delivered a report on the next 40 cases (4th and 5th sets). The teams have met with SC&A, usually by telephone. Following the six-step process, they have discussed the cases with SC&A who then develops a matrix with the findings. The findings are then provided to NIOSH. A complete NIOSH response is not yet available.

**Mr. Hinnefeld** confirmed the initial work was done. Some initial responses have been drafted, but additional work is needed to be prepared for the next step, which is a meeting between workgroups and SC&A to review the responses and resolve disagreements. **Mr. Griffon** observed that the restructured subcommittee will be responsible to accomplish the outlined task.

**Dr. Mauro** reported that the 5th set of 20 cases is complete, and **Dr. Hans Behling** and **Ms. Kathy Behling** are not present because they are

preparing the final product for delivery to the Board shortly.

**Dr. Mauro** then inquired whether the one-on-one discussion of the cases with members of the Board would be required before delivery of the full package. If that requirement were waived, the 2006 deliverables would be completed by the end of the month. Otherwise, the 5th set will not be delivered until mid-October.

**Dr. Ziemer** canvassed the members present to ascertain their preference. **Mr. Presley, Ms. Munn, Mr. Griffon** and **Mr. Clawson** all expressed preference for the one-on-one before the package is delivered. **Dr. Wade** interjected that the later date would present no problem with the contract.

**Dr. Mauro** then queried members as to their preference in receiving the package. It was agreed members would receive the report on their individual cases within a set rather than the entire package.

**Dr. Wade** inquired of **Dr. Mauro** when SC&A would need to have the 7th set of cases identified for analysis. **Dr. Mauro** indicated November would be fine, but if they are received as late as December, that would be satisfactory. **Mr. Griffon** reminded the members that blind reviews had been discussed and perhaps should be applied to the 7th set of cases.

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#### PROCEDURES REVIEW

Before receiving a workgroup report, **Dr. Wade** remarked that the Board should instruct SC&A on the procedures to be reviewed in next year's work. He noted that **Dr. Mauro** had provided a list of procedures not yet reviewed by SC&A, and this list should be the basis for the Board to recommend procedures to be reviewed next year. **Dr. Mauro** reported SC&A was in a position to accept additional work at this time.

**Dr. Wade** reminded members that there is an item on the full Board agenda to be discussed later in the day concerning this issue. The implication was that the later discussion could lead to identifying procedures to be reviewed in the next fiscal year.

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#### Workgroup Report **Mr. Mark Griffon, Chair**

**Mr. Griffon** reported he has created a matrix from the first set of procedures review, but has drafted no letter to support it. However,

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his discussions with **Dr. Ziemer** indicated perhaps a report should be prepared. While there is no action required, a year of work has gone into the effort and it should be reported to the Secretary.

**Dr. Wade** concurred with that determination. **Dr. Ziemer** suggested perfecting the record by drafting a one-page letter from the Board to the Secretary outlining the work that has been done toward meeting the Board's responsibilities.

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With time drawing near when the Q-cleared members of the subcommittee must leave to meet on classified issues, **Dr. Ziemer** suggested the reports from Chairs of the various working groups be made a part of the full Board meeting.

**With no further business to come before the Subcommittee, the meeting was adjourned at 10:00 a.m.**

**End of Summary Minutes**

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I hereby confirm these Summary Minutes are accurate, to the best of my knowledge.

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Paul L. Ziemer, Ph.D., Chair

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Date