THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH

convenes the

ADVISORY BOARD ON

RADIATION AND WORKER HEALTH

DOSE RECONSTRUCTION WORKGROUP

The verbatim transcript of the Meeting of the Advisory Board on Radiation and Worker Health's Dose Reconstruction Workgroup held at the Center for Disease Control's National Institute for Occupational Safety and Health, Cincinnati, Ohio, on April 30, 2003.

C O N T E N T S

April 30, 2003

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P A R T I C I P A N T S

(By Group, in Alphabetical Order)

DOSE RECONSTRUCTION WORKGROUP

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P R O C E E D I N G S

(9:10 a.m.)

REGISTRATION AND WELCOME

DR. ZIEMER: Good morning, everyone. I'm Paul Ziemer, Chairman of the Advisory Board on Radiation and Worker Health. This is a pre-bidders' conference to answer questions, and it's being conducted by the Board -- or more specifically, by a working group of the Board, which is our dose reconstruction work group. That work group is headed by Mark Griffon who's here on my right. Others on the group include Richard Espinosa, who's here; Tony Andrade over here; Robert Presley, who's here (indicating). We expected Mike Gibson to join us, and he may still appear here shortly. Also, the Federal officer for the Advisory Board is Larry Elliott, who's here at the table (indicating). And then I would also like to introduce Al Summers -- officially Louis Al Summers, but he goes by Al -- Louis Al Summers. Al is with the Procurement Grants Office of CDC. He's out of Pittsburgh, actually, and he -- he is the main individual who is involved in administering

this contract on behalf of the Advisory Board. We are in the process of trying to get one other member of the work group, Roy DeHart, who could not physically be here this morning but may be able to join us by conference call here shortly.

(Pause)

Modern technology is great, isn't it?

(Pause)

We'll check it off-line and then come back and try it again.

Let me just pause here just a moment and turn the mike over to Larry Elliott for just a very brief word.

MR. ELLIOTT: Well, on behalf of NIOSH and Cincinnati, I welcome you all here. We're glad to see a number of new faces that are interested in this particular request for proposals, and we hope that you find the day -- this morning to be productive and informative. I just want to make sure you all are aware, we are in a conference room with two exits, of course, for safety purposes. The men's room and the ladies' room are right down the hallway if you need those. Everybody has a badge on and that's good, I believe, so we want

to make sure that our guard sees everybody with a badge, but thank you for coming.

DR. ZIEMER: Thank you, Larry. The Advisory Board operates under FACA rules, which means that we do keep open records of our activities. The meeting this morning will be transcribed. We have a recorder here so that he will be keeping a record, which will become a public record of all that transpires here this morning.

If you do speak on the record, either asking a question or making a comment, we ask that you identify yourself by name and, as appropriate, by organization so that that is in the public record, as well.

Our focus today will be primarily on answering questions pertaining to the request for bids that has gone out in the public sector. There are copies of the solicitation on the table if anyone needs additional copies. That material includes a lot of what I might call sort of standard Federal boilerplate, but it also includes some specifics, the tasks that the Board wishes to have carried out on its behalf. Those tasks and the related material were developed by this work

group here, so from a technical point of view they are the ones who in a position to identify and answer questions pertaining to the technical matters that are before us.

Al Summers, as the procurement person for CDC, is in a position to answer questions that you may have on the flow of paperwork and the timing and any of those kinds of things pertaining to how the materials are actually handled or how they are evaluated, and those kinds of questions that are pertaining to the handling of the bids as opposed to the technical content.

So with those preliminary comments, I'm going to call on Al Summers and Al, if you would just make any general comments you have at this time and then we will proceed from there.

REVIEW OF DATES IN SOLICITATION

MR. SUMMERS: Good morning, everyone --

DR. ZIEMER: Use the mike, if you would, Al.

MR. SUMMERS: Good morning, everybody. The only thing I'd like to do is to briefly review the dates that are in the solicitation. The issue date was the 23rd. Today, a week later, we're having a pre-proposal

conference. I had hoped to give you a little bit more time. Our headquarters review of the solicitation document took a little longer than I had anticipated, so all we had was the one week.

The due date for receipt of questions is the 5th of May, and then the proposals are due on the 28th of May. Most people tend to submit their proposals at the very last minute, and I just wanted to make people aware that sometimes Fed Ex is not overnight, and I have gotten late proposals from Fed Ex, and if your proposal comes the day after or later in the day, Fed Ex will offer you an apology and your solicitation will not be considered. Just to advise you it may be a good idea to get it in a day earlier.

We will do a technical review if necessary, conduct discussions, and we anticipate an award prior to the end of September. And that's about all I have to say. I'll answer any procedural type questions you might have.

DR. ZIEMER: Okay. Thank you very much, Al.

Before we open the floor for questions, I thought it would be helpful if we had a brief overview of what it

is that the Board is interested in, and that is predicated on the activities that NIOSH itself is doing on dose reconstruction. So we've asked one of the NIOSH staff person who's very much involved in that process, Jim Neton, to give us a kind of overview which will help perhaps clarify both the role of NIOSH, as well as the role of the Board, in this whole activity. And then we'll focus a little bit on what the contract tasks are, maybe summarize -- these are the tasks that the Board itself has approved based on the dose reconstruction work group's work.

And Jim, are you prepared to give us a brief overview of those issues?

OVERVIEW OF DOSE RECONSTRUCTION WORKGROUP

DR. NETON: Yes.

DR. ZIEMER: Thank you.

DR. NETON: Thank you, Dr. Ziemer.

DR. ZIEMER: And I understand we have handouts, as well, if people want copies of these. Is that correct?

DR. NETON: Yeah, that's correct.

DR. ZIEMER: Does everybody have one?

DR. NETON: You all should have a three-page handout

that has I think eight slides on it. I'm not going to --

DR. ZIEMER: Is there anyone besides the Chair who doesn't have this? Okay, thank you.

DR. NETON: I don't want to take a lot of the folks' time at this conference -- pre-bid conference because I know it's primarily here for y'all to ask questions about the statement of work that's out. It's pretty lengthy, but really as far as the technical statement of work goes, it's down to about six or seven pages, I believe.

I thought it might be helpful to just briefly talk about some of the key differences between what NIOSH does, and our ORAU contractor for dose reconstructions, compared to what's traditionally done for occupational radiation protection dose reconstructions, or dosimetry. What I'm going to talk about is essentially outlined in Federal Regulation 42 CFR Part 82 where our dose reconstruction methodology is outlined. But I just want to touch briefly on some of the key issues. Mainly we are tasked with doing dose reconstructions -- I think there's about 12,000 in-house right now that

we're working on with ORAU to complete, so it's a fairly large-scale effort. But to do these dose reconstructions we're going to use all available workplace/worker information, evaluate all the doses that the Department of Energy provides us. And more importantly, we tend to add in this undetected, or what's sometimes called in the field "missed dose". That's something that you don't normally see in a dosimetry calculation out there in the field. That's one of the key differences.

We also tend to -- we will use what's called a tiered approach where we have a hierarchical approach to use of the data. We will first preferentially use coworker -- I mean use personal monitoring data that was taken on an individual, whether it's a TLD or a bioassay sample, something of that nature, if an analysis of that data indicates that it is of value and is a valid measurement. We're not tied to using it if we feel for some reason it wasn't technically adequate.

But if that type of information is not available, then we would back off and try to use coworker data. And lacking coworker data, we'd go and use area dosimeters,

radiation surveys, that sort of stuff -- sort of workplace monitoring information.

And then all the way down at the bottom of the scheme we would resort to source term information if there was nothing else available at that point.

That gives you a little bit of flavor of the differences of how we approach this. And in these reviews I suspect that you'll end up -- whoever the successful bidder is will see all flavors of those types of dose reconstructions for evaluation.

Another key difference is that we're not tied to using these 50-year doses for internal dosimetry that's used in the Department of Energy currently. You'll see annual dose equivalents calculated from an internal dose for every year of exposure from the time the person was exposed to the date of diagnosis. And all of these calculations for internal dosimetry will be based on the ICRP-66 lung model and the more current metabolic models that are out there, so that's another key difference. A lot of folks may not have experience with that, but you need to be aware that that's what's being used.

Also there will be estimates of uncertainty about these dosimetry values when necessary. Again, that's not something that's commonly seen in current practices. Also there will be interviews with claimants that must be considered as part of the dose reconstruction, so that will be required in the review. And probably one of the more important features is the claimants' assertions are provided the benefit of the doubt. When information is lacking and there is no technical direction to point one way or the other, we will be -- the dose reconstruction will be claimant -- should be claimant-favorable. That's something that -- to be aware of.

Also medical screening X-rays are included. This is not traditionally considered occupational exposure, but NIOSH has taken the position that if a person's medical X-ray was required as a condition of employment, that should be included.

And I think one of the key things here, the last bullet on I think the first slide is emphasis on efficiency without biasing outcome. As I indicated, there's a tremendous amount of number of dose reconstructions to

be conducted, so NIOSH has tried to adopt an efficient process so that the dose reconstruction's only taken as far as necessary to make a -- allow the Department of Labor to make a final decision whether or not that dose reconstruction is compensable or not compensable.

So NIOSH is doing all these dose reconstructions with ORAU, contract support help. And the Board is tasked in the Act -- and I've indicated on the role of the ABRWH, item two, the Board is tasked under the Act with reviewing the scientific -- shall advise the President on the scientific validity and quality of dose estimation reconstruction efforts being performed for purposes of a compensation program. So this is essentially the gist of what this task order RFP is about. It is to assist the Board in reviewing a representative sample of the dose reconstructions. That's outlined in the proposal. I think you'll -- it's fairly well-described, and that's exactly what we're talking about here today.

There's three contract tasks that are outlined. This -- the proposal is not limited to that, but these are the main issues that the Board is requiring assistance

with. One is the individual dose reconstruction reviews, and there's three different types of those. There'll be a basic, advanced and blind review that will be assigned to the contractor -- task order contractor for review. And there are two examples provided of these -- I think there's an example of the basic and an example of an advanced review provided in Section L -- no, it's provided as an attachment. I forget what the attachment number is, but you need to look at Section L-1 to make sure that you respond to that requirement that you bid against those two examples. There's two examples in there that the review panel will be looking at to evaluate the technical adequacy and the cost realism of your responses to those two tasks.

The other two issues outside -- other two tasks outside of the review of the dose reconstructions are the NIOSH site worker -- site and worker profile reviews and the review of the Special Exposure Cohort petitions, which we do not have any in-house at this point. The rule is currently out for comment as an NPRM.

And lastly I just want to mention that the evaluation

factors are contained at the end of the proposal, and I would strongly urge people to review the prerequisite section of those evaluation factors. There are some issues in there that would prohibit certain parties from bidding based on certain participation in certain different contracts and that sort of thing.

That's all I really had to say. Other than that, I think I'll just turn it back over to the Advisory Board.

DR. ZIEMER: Let me ask if anyone attending here today has any questions on this brief presentation, anything that was just said, for clarification?

There appear not to be any questions on that. Let me point out to you that in the big packet, the -- on page 2 of 65 entitled Section B -- is the section that is entitled Supplies or Services and Prices and Costs, so that spells out something about the scope of the contract. I'm sure perhaps you've seen that. And then more specifically, the work statement that was developed by this work group and has been approved by the Advisory Board is -- begins on page 3 of 65, called Section C -- Description/Specification/Work statement.

And that work statement delineates what Jim has just summarized for you, particularly the contract tasks, the basic reviews, the advanced reviews and the blind dose reconstructions. So that -- those are spelled out there, and that goes from page 3 up through page 7 of 65, if you have no already identified that basically is the technical statement of tasks that you want to focus on.

The two examples that Jim referred to when he talked about Section L-1, if you look at L-1, all it says is that there are sample task responses, and you need to respond to those, but those aren't actually give on page 47 of 65, which is where L-1 appears. Those two examples are in an earlier part of the packet, before the numbered pages begin, really. That is before the 65 numbered pages begin. And those are contained in what is called Attachment E, so under the cover letter there are a number of various attachments, and Attachment E contains the two sample tasks, example task one and example task two, which is Attachment F. So Attachment E and Attachment F are those two example tasks which are referred to in Section L-1 of the

solicitation.
Did I make that sufficiently confusing so that no one can find it?
Okay, well, I'm not sure how the packets here are arranged. I downloaded mine separately so I'm going by my arrangement. But anyway, make sure you find those somewhere in your packet so that you understand. So it's those two example tasks plus the statement of work which constitutes the technical material that the Board has immediate interest in, and that's the point I wanted to make.
Okay. Now let me ask the chair of the work group, Mark -- Mark, do you have any other comments you want to make? I don't think we need to have you go through the tasks. Those have been distributed. People have had a chance to read them. Do you have any comments at this point?
MR. GRIFFON: No.

PARTICIPANTS' QUESTIONS

DR. ZIEMER: No. Okay. Then I think we're ready to open the floor for questions. These can be questions pertaining to what we mean by things in the tasks. It

can be questions -- if you think something is left out or some key point that you want clarified, that's fine, as well. If there's something that you think we should have considered and didn't, we will be glad to take those kind of comments under advisement, as well, if there's some bit of information you think you need that would help you as you prepare your bid.

And a comment from Larry Elliott here while you're thinking about your questions.

MR. ELLIOTT: Before we start taking questions, it's important for you all to understand how this is going to work. Any question that is put on the table today we'll try to provide an answer for. If we don't have a ready answer, then we'll do our necessary research to find that answer and all of these questions and all of the answers will then be rolled up into one nice package and shared with everybody who's here today, as well as those who may be interested in proposing against this scope but weren't able to attend. So just so you understand the process, you'll all get a copy of everyone's questions and all the responses that have been -- will be provided.

MR. ESPINOSA: Prior to the -- is it on? Prior to the Q and A, can we get an introduction from the contractors that are here?

DR. ZIEMER: That's permissible. I believe -- I don't know if it's mandatory, but -- I suspect it's not mandatory, but anyone that wants to identify -- do we need a mike for this? We do need a mike for this -- lavaliere, okay, so perhaps those who wish to so identify could do so at this time. Thank you.

MR. WALKER: I'm Tom Walker. I'm with Jones Technologies, but I'm representing also Proxtronics, Incorporated out of Springfield, Virginia.

MR. ULICNY: Bill Ulicny with S. Cohen & Associates.

MS. STETER: Elisabeth Steter, Risk Assessment Corporation.

MR. MEINERS: Steve Meiners, Safety and Ecology Corporation.

MR. DOMAL: Mike Domal representing Arcadia Consulting out of Denver.

MR. ROGERS: Andy Rogers representing Trinity Engineering Associates.

DR. ZIEMER: Okay, thank you very much. And there are

a number of other Federal staff people here today, as well.

Okay. Let's now open the floor for questions. I don't -- I always have to tell my classes, no question is a bad question. You may get a bad answer, but the questions are always good, so please don't be bashful about asking questions. Typically if you have a question, others have that same question and somebody's got to be bold enough to ask it, so please -- who wishes to begin?

We do not want these Federal folks to think that their solicitation was so clear everybody understood it. Right?

MR. ELLIOTT: It's your solicitation.

DR. ZIEMER: It's our solicitation, but it's hidden amongst a lot of boilerplate. Only kidding. Okay. Who wants to go first?

MR. WALKER: Tom Walker from Jones Technologies. I'm -- I'm not the one who's been following this procurement for Jones and Proxtronics, so I'm going to ask a question. It may be -- maybe it is a bad question, but I assume that this is a new task and is not a recompete

of an existing task, so there is no incumbent contractor?

DR. ZIEMER: That is correct. This is a new task. Keep in mind that the whole activity that Jim just described is fairly new. It basically just really got underway a little over a year ago on the NIOSH side. Several rulemakings have been in process relating to it, including the dose reconstruction rule, which is in the *Federal Register* now. And meanwhile the Board has been under way in its task and it is charged, in a sense, to monitor the dose reconstruction work. You might think of it as a kind of audit. So there is a -- there is a contractor that does dose reconstruction support on behalf of NIOSH. In a sense, this activity will be looking at that work and sampling it for its quality and related matters that might be of interest to the Board in carrying out its task. So that's -- in short, it is a new task. There is no incumbent contractor.

MR. WALKER: Thank you.

DR. ZIEMER: And again, identify yourself for the record, please.

MR. WOOD: I'm Ray Wood with Trinity Engineering Associates. If we're a small bidder on this, small business bidder, do we have to fill out a subcontracting plan? It wasn't clear in the proposal that we were exempt from that.

MR. SUMMERS: Yeah, the small -- you'll have to, in order to get credit for the small disadvantaged business participation factor. If you so choose to do that, you would have to submit a plan for utilizing small disadvantaged businesses. There is no formal requirement for a subcontracting plan per se under this solicitation because they're -- the work will be issued on task orders. And until you have a task order with a definitive statement of work that says you are to go and do, you know, A, B and C, you wouldn't be able to propose any real subcontracts. But if you have arrangements with small disadvantaged businesses, you can put that down in a plan -- in a separate plan. It's not really a subcontracting plan, but it's a plan to utilize small disadvantaged businesses, and there is an evaluation factor which addresses that.

MR. ULICNY: Bill Ulicny with SC&A. The RFP asks -- I

think it's in Section L-11 -- for the sample tasks, technical and cost information. Is that what you want, or should the technical information be in the technical and the costs be in the cost proposal?

MR. SUMMERS: You know, every time I put one of these together I ask myself a similar question. Actually we're asking for two different areas. Under your basic proposal you are to submit, you know, personnel, management, technical approach, those sort of things. Under the sample tasks you have a specific work element that you're supposed to submit a formal -- as if you would if we -- if we issued that to you as a request for a task proposal, we would expect you to put in a separate proposal specifically for that -- those items of work, and we would want to see the cost breakdown, what goes into that.

MR. ULICNY: And the technical proposal?

MR. SUMMERS: The practical assessment for the two sample tasks is to be a separate document, right.

DR. ZIEMER: Are there no additional questions? Okay, another comment. Al, please.

MR. SUMMERS: There is a deadline of May 5th for

questions, so should you get back to your offices and decide that there's something that you've come across in the solicitation that you haven't addressed, you can feel free to submit that in writing -- I'll take an e-mail request -- and we'll try to answer those questions, as well.

DR. ZIEMER: Al, is your e-mail somewhere here for these folks --

MR. SUMMERS: It's on the cover page. It's LNS7, and I specifically put it in caps, even though you don't have to type it in caps, because if I put it in small -- in lower case, the L looks like a one -- @cdc.gov, correct. It's on actually the cover sheet of the solicitation, which is underneath the cover letter.

DR. ZIEMER: Okay. Thank you for that. Tony, did you have a comment?

DR. ANDRADE: I was going to suggest that perhaps it might be useful if the chair of the dose reconstruction work group noted just a couple of the main differences between the basic, the advanced and the blind reviews. Maybe that would stir up a couple of questions.

DR. ZIEMER: Okay. Tony came all the way from Los

Alamos. He doesn't want the meeting to end this quickly, so he wants to stir up some more questions. But I think it's certainly an appropriate -- Mark, do you want to --

MR. GRIFFON: Sure.

DR. ZIEMER: -- sort of give a quick review and that may indeed stimulate some additional questions or comments.

MR. GRIFFON: Yeah, I think this is on page 5 and 6 and --

DR. ZIEMER: Five and 6 of --

MR. GRIFFON: -- 5 and 6 --

DR. ZIEMER: -- 65, right? That's that section that's numbered one through 65, yeah. Is that correct?

MR. GRIFFON: Right.

DR. ZIEMER: Right.

MR. GRIFFON: And there's a -- the basic review, there's an advanced review and a blind review, and the basic and the advanced -- these are for individual dose reconstruction reviews. And then we have another component which is to review these site profiles or worker profiles. And then the third component I guess,

if we section it out that way, is reviewing the SEC, Special Exposure Cohort, petitions.

And the first part, the individual dose reconstruction reviews, we -- we modeled this sort of after the -- the previous -- the Veterans program where -- where John Till's advisory group had -- had selected about two to three percent of the cases for review, and so that's where we got some of these numbers that are in here. We used 2.5 percent to estimate. We thought that we wanted a more bas-- obviously basic -- more basic review for most of them, but then for some we thought a more advanced review was warranted.

And I guess the major difference, if -- you know, if you look in those -- be advised that first sentence there, it says the advanced review will include all the task items in the basic review, along with the additional tasks listed below.

And one -- one key point I think which in my mind sort of highlights the differences is the -- is the first bullet there on page 6, which says review the relevant aspects of the site profiles as they apply to the individual cases. So I think here in the advanced

review we're expecting more of -- first of all, NIOSH, the way they've set this up, they have a full administrative record for each individual review that they've done. For the basic review -- and get the -- let me make sure I get this right with Jim Neton and Larry, but they will put the documents that were relevant to determining the dose -- they separate those. They make a distinction. So on the basic review we don't necessarily see the -- the contractor reviewing the entire administrative record. For the advanced review we would expect that you would review the entire administrative record. And -- and so the basic review -- you know, you're kind of assuming NIOSH picked up the relevant stuff and we're going to review it on that level. The advanced you want to pick through and make sure they didn't miss something. That's sort of the -- the notion there.

In addition to that, it's -- this tiered approach that Jim described, the advanced review is sort of a way to get at that -- you know, was that appropriate what -- they used -- maybe in one case they used all personal dosimetry data. Well, let's -- let's match this up

against the site profile and make sure this is consistent with air sampling in that individual's work areas or whatever. If there's large discrepancies, did -- did NIOSH account for those, make -- so that -- in a nutshell, that's kind of the -- the major differences on the basic and advanced.

The blind reviews are -- are going to be just that, that you'll get the -- the case without NIOSH's final analysis. You'll get the entire administrative record and you'll just do a dose reconstruction yourself. And I should point out that -- that, you know, we would probably -- we expect the contractor to do the dose reconstruction in the same approach that NIOSH is using. In other words, Jim -- Jim emphasized this earlier, that this is not necessarily -- that you're doing dose reconstruction for the purposes of determining causation, not -- so if someone's -- you know, we've had some examples already reported to the Board where the dose was high enough, just looking at one accident, to trigger over 50 percent, so there was no need to go forward further, you know. So we would expect the same sort of approach used in the blind

review. And at that point, you know, there'll be procedures established so the -- you, as the contractor, would use the same procedures in place to -- to do the blind review.

And I think that's it, and maybe -- maybe that stirred up some questions.

MS. STETER: I have one. Lisa Steter, Risk Assessment. The question I have is, you're going to be asking the contractor to assess whether the dose reconstruction performed by ORAU is reasonable, and does the Board have guidelines as to what they mean by reasonable? And if there's a dispute about that, you know, how is that resolved?

DR. ZIEMER: That's a very good question. Keep in mind that this is not -- these are dose reconstructions that are complete. The decision has already been made on the compensation or not, so on. So what the Board is looking for is not to second-guess a particular case, but to look for issues -- like an auditor would auditing a bank statement -- and say okay, something -- there's some pattern of something going wrong here. It's certainly possible that one might get a slightly

different answer, but we're looking for issues that might arise that point to something in the system that is not being done correctly. So in that sense, what comes back to the Board is not something like this case was handled wrong, but we are seeing certain things occurring. And it may make a difference whether that happens one time or you're seeing it on a regular basis.

So the Board is looking at it as a kind of audit. Obviously if -- if there were a great discrepancy and -- it's conceivable, and I don't think here we have a particular guideline that would point out something to NIOSH and they, on their own, might say well, we're going to reopen this case. But the intent of this is not for us to come back and ask them to, you know, reopen cases and do this and that. It's to look at whether they are following their guidelines appropriately and whether there are glitches in the system that we think should somehow take a -- say a mid-course correction, or something's being omitted or the models are not appropriate -- or whatever it might be that arises. So I think, in that sense, we're sort

of open.
But we're expecting the group -- and the contractor that supports this would have to help the Board. We're expecting regular reports at our full Board meetings as to the cases that we have reviewed and what -- and a summary of the findings. Like for example, we reviewed 20 cases last month and in 19 of those cases everything was fine. In one case we found this. And again, we would not be, in open meeting, identifying particular individuals or anything like that. We would be looking for the sort of trends or issues kind of thing.
I don't know if that sufficiently answers -- and maybe others on the working group -- Mark, do you want to add to that?
MS. STETER: (Off microphone) It actually raised a couple of (inaudible). That's a good (inaudible).
DR. ZIEMER: Yeah, and we would -- you know, this is -- this is new territory in terms of what it means to audit what is being done because we've had a lot of discussions on the Board itself, and I'd been pushing the Board not to think of this as second-guessing or an appeal process for -- for people who didn't get the

result they wanted. This is to check and monitor what's being done and -- and identify issues.

MS. STETER: That brings up two other things. As far as a cost proposal, should we include not only the cost of the reviews, but also advice to the Advisory Board and meeting with the Advisory Board, and what are you looking for there?

DR. ZIEMER: I believe the answer to that is yes, because we expect -- in a sense, the reason we're getting a contractor is not everyone on the Board is, for example, a health physicist. And even those who claim they are may not be dose reconstruction people. So -- but we do expect the contractor to defend their work to individual Board members who may be working with them, two or three in small groups, that will report back to the Board. So the contractor is going -- going to have to have a regular summary and, in some cases, maybe expected -- I don't recall if we spoke to this -- to actually be available at Board meetings from time to time.

If you look back at our record, we've been meeting an average of almost once a month. We're hoping that it

won't be that often in the future, but perhaps once every two months or something like that. So there would be the ongoing reviews on some regular basis, and then opportunities to meet with those Board members who have to bring a report back to the Board and also defend the outcomes.

MS. STETER: And the other question that relates to this is, there's a statement that says no information related to data obtained under this contract shall be released or published without written authorization of the contracting officer.

What does this -- what does this mean relative to how openly we can discuss the work with the public or with workers? What's the intent there?

DR. ZIEMER: I'm going to ask some of the Federal people, but this is -- this is medical information that probably is -- you will be advised it's very confidential, number one -- certainly on an individual basis. I don't think we have addressed the issue, for example, can you present a paper summarizing your work at a meeting Risk Socie-- RS -- Risk Society, whatever. But -- and maybe that's something that has to be

discussed, but certainly there's a confidentiality. And we also recognize that even if you de-identify names, sometimes descriptions of the case will themselves be identifiable to people. So this is a serious issue.

We have -- there's a CDC attorney present who may want to comment on that, and also some of the NIOSH staff, but I know -- I know there are serious issues of confidentiality.

Larry.

MR. ELLIOTT: The information that is contained in these case files and the administrative record that supports the decision, as Dr. Ziemer says, is confidential. It is Privacy Act-controlled information. As a contractor, you would be held accountable to the Privacy Act requirements.

We would have to discuss and talk and clear any type of publication that you, as a contractor, might want to put into the public venue.

DR. ZIEMER: Nothing to add? Jim? Always enjoy it when an attorney says yeah, that was the right answer. Right?

Okay, Dr. Andrade has a question or a comment.

DR. ANDRADE: Partially in response to her question, and as well as one I was going to propose for the folks that are gathered here today, as clarification so that everybody can go home happy about this regarding one of the statements in the SOW in the blind dose reconstruction description. Down towards the very bottom of page 6 of 65 there is a statement that alludes to the fact that one task in evaluating that the data identification and collection process were adequate may require the contractor to conduct interviews, one on one or group, with employees, et cetera. I know what the answer is, but I'd like for either a Federal officer or our Chairman to very specifically state what the limitations on that are.

MR. ELLIOTT: The expectation in this regard is that if it's necessary to interview an employee or employees or groups of experts for a particular site, that would be done off-site. We won't be gaining access for this contractor to go into the site and hold these kind of interviews or review information on the DOE site itself.

DR. ZIEMER: Okay. Okay, got further questions, comments?

MR. MEINERS: Steve Meiners, Safety and Ecology Corporation. How will all of the information be provided to the contractor? Will that come in boxes of paper or on a CD or...

DR. ZIEMER: I think I'll let Jim or Larry answer that, but it's probably going to be on electronic format, mostly.

DR. NETON: Yes, that's correct. The information will be available on a CD as part of what Mark has alluded to. It's called the administrative record, which is a series of folders. It contains all the information that was used to make a -- to do a dose reconstruction on a particular case.

MR. ELLIOTT: I would add to that -- that, though, there are a number of documents that are used to establish the methodology for dose reconstruction here, and those documents are contained on our web site, but they're also accessible on an internet basis internally here to us. So a contractor could come here and access those kinds of documents, site profile-related

information, those kind of things. We could make that also available -- perhaps in some cases -- on the compact disk that supports the administrative record for a review. So we'll have to look at that. There's a variety of information that would have to be assembled for this -- for the different types of review that are going to occur here.

DR. ZIEMER: But in principle, much of this could be done sort of at home, as it were.

DR. NETON: That's correct. The administrative --

DR. ZIEMER: If that's what you're asking -- you know, what's the form and where do you have to go to get to it. And if -- once we identify cases to be reviewed, those could -- the information could be gathered in electronic form, say on a disk, and provided to the contractor.

DR. NETON: That's correct. The administrative record -- the intent of the administrative record is to be a self-contained entity so that you could do the review. And it includes things as -- as obscure government reports that may have been used to do the dose reconstruction. It does not include what we would

consider readily-retrievable records such as health physics journal articles, books that are available at most larger libraries, that sort of thing.

As far as the reports go, the technical basis documents that ORAU would be developing, those would be out and available on the web site for -- for review.

MS. STETER: Change of subject -- Lisa Steter again, Risk Assessment Corporation. The RFP implies that you might actually choose more than one contractor and then have them bid against one another for specific task orders. Is that the correct interpretation, and if so, when would you decide how many contractors you're going to hire. And would a company know before signing the contract who else would be one of the selected contractors?

MR. SUMMERS: I think that was two questions.

MS. STETER: (Off microphone) It was three, actually.

MR. SUMMERS: Three questions. Yes, there is a possibility that we will make multiple awards. That is actually the preferred method. It will -- I can't tell you right now whether we'll be making one, two or three. I can probably tell you it wouldn't be more

than three. And it will depend upon the proposals that we get in and the evaluation process. We would make any and all awards at the same time, so there wouldn't be a notification. You would probably -- you would be notified, when we made an award, of any other contractors who did receive contracts, as well.

Did that answer the three questions or... Okay. There was one other point. There was some discussion about the cost of reporting to the Board or being present at Board meetings.

This contract is structured to be an IDIQ, an indefinite delivery/indefinite quantity type contract. The only funding that will be provided will be on individual task orders. I would assume that probably what will happen is that you'll have to include in your proposal for an individual task order the cost of reporting to the Board.

Alternatively, there could be a task order issued, particularly after there's some track record, maybe, after the first year -- during the second year -- if it appears that there are maybe six Board meetings a year that you'd be required to make a presentation at, the

possibility exists of issuing an individual task order just to cover those meetings. But there will be no funding under the base contract.

MR. ELLIOTT: Al, is it correct that -- this is a task order contract, that's recognized. Is it correct to assume that if there are multiple awardees that they will find themselves working on different tasks? They won't find themselves cojoined (sic) on one task.

MR. SUMMERS: Whenever there's a requirement, the way it's structured -- and if this isn't how someone envisioned it, we'll have to go back and reconsider it -- but the way I am looking at it right now is that when there was a requirement for a particular task, that requirement would be furnished to all contractors holding a contract and they would -- they would all be available to submit proposals. I don't know if that's -- did that clarify it?

UNIDENTIFIED: For me, I don't know about for the audience.

DR. ZIEMER: Well, for the Board there may be questions, too. What is the turnaround time on task orders when you have that additional requirement?

MR. SUMMERS: I'm not sure what the particular time frame is on this one, but normally we give about a week or ten days for a contractor to submit a proposal.

MS. DIMUZIO: (Off microphone) It's 14 days -- once we submit the task order to the contractor, it's 14 days for the contractor to submit the proposal back to you. And then if we have issues or if the Board has issues or concerns, then there's another seven days for the contractor to turn it around.

DR. ZIEMER: Okay.

MS. DIMUZIO: (Off microphone) But I just have a question related to attendance at Board meetings. If we were to have multiple awardees -- I mean they would have -- they would need to attend the meeting -- both -- both contractors would need to attend the meeting, so they would both be under a task, so under that scenario, wouldn't they both be given tasks -- they would both -- each have a task order to attend to Board meetings because you -- we would want each -- each contractor to report on -- on the dose reconstructions that they may be doing, so really both of the -- of the contractors, if there's more than one, they would each

have some task about attending Board meetings.

MR. SUMMERS: Either a separate task or the cost for each of them to attend would be included in any tasks that they were issued.

DR. ZIEMER: Thank you. That's -- yeah, you have an additional question, Lisa? Please.

MS. STETER: The RFP asks for a fair amount of detail relative to number of workers and ensuring they've been through proper security processing. And I'm just kind of curious, how much information are you looking for in this initial proposal versus the task orders as far as identifying manpower and, you know, actual levels of commitment to the -- to a particular project?

DR. ZIEMER: Who knows the answer to that question? Does anybody?

MS. STETER: Do I need to ask it again? Did --

DR. ZIEMER: No, I think we understand it. It's sort of what do you have to have up front to show capability, I think is what you're asking. Right?

MS. STETER: Yeah, in just a --

DR. ZIEMER: Are you asking for actual identification of people?

MS. STETER: Yeah, I mean --
DR. ZIEMER: Up front?
MS. STETER: -- yeah, at this level, or is that something that comes when you get to the task order?
DR. ZIEMER: Well, I think the Board is -- certainly wants some level of confidence that you have access to people who can do -- do this task, so -- I know -- Mark, you have a --
MR. GRIFFON: I think part of the -- in Section M, the evaluation criteria, page -- if you haven't looked at it, page 61 it starts on -- certainly lays out what we're going -- what the awards'll be evaluated against, and I think we need at least enough specifics on personnel to be able to evaluate those criteria. There's personnel criteria. There's also a conflict of interest section there. And you know, just to state that you have staff health physicists I think might not be detailed enough to be able to make a judgment on that section, so --
DR. NETON: I might add to that --
DR. ZIEMER: Jim and Al --
DR. NETON: This is Jim. I think in the proposal it

also provides a sketch of what the expected workload would be by year, like a number of tasks by degree of investigation -- advanced, blind. I think one should propose at least a sufficient staff to -- to accomplish those tasks. There's no guarantee that those are all going to happen, but that is the projection made by the Board as to the anticipated workload, and staff should at least be -- proposed to be adequate to address those -- those tasks.

DR. ZIEMER: Al, do you have anything from the contracting point of view to add to that?

MR. SUMMERS: I'm not sure if you were partially asking, as far as the proposal here, whether you should include that information in the practical assessment for the two sample tasks. I would think that you'd have to -- that the personnel and the personnel qualifications would be listed under base -- the base proposal. And then when you submit the task order, you would reference those people who you proposed in the -- in your basic proposal, listed them as personnel.

DR. ZIEMER: Okay, but they, at one place or another, would end up being identified so that there'd be an

ability to evaluate the quality of the individuals involved.

Okay. Thank you. Further questions? Comment? Okay, Larry?

MR. ELLIOTT: Dr. Andrade raised a question with me on the -- on the side of the table here that may help folks, and I think we need to be clear about this ourselves. The Board will generate these task orders. And in the negotia-- if it's multiple award to several contractors, two con-- two or three contractors, and those contractors who have been awarded under this scope will bid against those task orders. And then the Board will decide and negotiate with the awardees as to who gets the task. So the Board will see the proposals and they'll see the qualifications of the individuals and they'll see how the individual contractors viewed the scope of that task and make a decision on who to award that task to. So it's the Board's discretion as to whether to award to one or to multiple on a task. Did that help? Is that correct? I think I'm correct, but Al's -- Al's looking askance at me.

DR. ANDRADE: Jim was talking about --

DR. ZIEMER: Hang on, Tony, just a minute. We've got to take care of the askance look here.

MR. SUMMERS: I think what you pretty much said was that we can award multiple task orders on a given requirement? Is that -- I don't think that's what we intend to do. I think what we intend to do for -- for an individual task statement of work is to compete it between awardees, negotiate it, and then select one of the contractors to perform that element of work. And then when a new requirement comes up, to do the same -- to conduct the same process.

DR. ANDRADE: Tony Andrade here. Precisely. I just thought that the previous answer had perhaps produced some confusion about that. If a task order is issued and let's say two contractors have been chosen under this RFP in general, one of them presents better qualifications to perform that particular task, then the Board can indeed decide that one of those contractors will do that.

On the other hand, if there is enough work to do, if the work needs to be split between two contractors and contractors present appropriate credentials to address

the work, maybe one doing a half and another doing another half, then the Board can also choose to have both contractors perform work under the same task order.

DR. ZIEMER: Same but different.

DR. ANDRADE: Same -- same but different type work, split -- right, split into two tasks.

DR. ZIEMER: Split into two tasks then is what you're saying. Gotcha.

DR. ANDRADE: Right, one task at a time for one -- one contractor.

DR. ZIEMER: Okay. Now I think a question --

UNIDENTIFIED: That answered my question.

DR. ZIEMER: That answered the question. Okay.

MR. ELLIOTT: It goes back to what I said earlier. My question was, will they be conjoined? No, they will not be. They may be working on the same task, but the task will be split apart.

MS. DIMUZIO: (Off microphone) Yeah, through that negotiating process you would end up separating the tasks.

MR. ELLIOTT: So you're not going to find yourself, as

a contractor, working with other contractor you don't know anything about or you don't know where they come from. But -- sorry if I confused you with that.

DR. ZIEMER: Okay, keep going. Or are you at the point where you think all your questions are answered? Okay. So where are you? We're depending on you, Lisa, to keep it going here.

MS. STETER: Lisa Steter, Risk Assessment. In preparing a cost estimate, how many task orders should be planned for or how are you looking for us to present costs?

DR. ZIEMER: Okay, Mark's going to answer that.

MR. GRIFFON: Well, I was --

DR. ZIEMER: Maybe.

MR. GRIFFON: -- I was actually going to raise the same -- I think that we're expecting that everyone should be -- should bid as if they're going to do all tasks. Right? All tasks under the contract, and that would include all the individual dose reviews, as well as the site profiles and the petitions, and we give estimates of the numbers, and I think you'd -- you'd have to go by those estimates. I don't know. I don't think

you're going to bid it on -- on just doing -- assume you just wanted to do the SEC petition review support. I don't think -- I think you have to bid on the whole package, is my understanding.

MR. SUMMERS: I have that blank look -- I have that blank look again. My anticipation was that the cost data would be submitted for the two sample tasks, not for an overall -- you have to have the technical capability to perform all elements of the work, but the cost data itself would be limited to the two sample tasks. I think that would be the preferred way of --

DR. ZIEMER: I think that's what we were thinking, too, Mark --

MR. GRIFFON: Yeah, that's correct. I guess I -- I mean I meant that --

DR. ZIEMER: The capability for --

MR. GRIFFON: -- should show the capability for all the tasks, yeah. The personnel, et cetera should be laid out, but the cost estimate should be just for those two, yeah.

MS. STETER: Okay. So let me make sure I understand that. The cost estimate would be for those two sample

tasks. We don't have to take that and then multiply up by the total number of reviews. Okay. Thank you.

MR. ELLIOTT: I don't think we can predict at this point, other than two and a half percent, what you might encounter in a review. We can't talk volume right now. So we tried to make a level playing field with these two examples, and that's what you need to cost out.

DR. ZIEMER: I think there's a question near the back here, yeah.

MR. WOOD: Actually I got it answered by what he just said. Ray Wood, Trinity Engineering Associates. I was curious, does that mean then that you only want us to provide you those sample tasks with the cost estimate and no separate business proposal other than that?

MR. SUMMERS: The only complete cost proposal we want is on the sample tasks, correct. There may be some other things in -- in the business proposal that are not directly addressed. In the instructions for the business proposal there could very well be some information in there that would not be included in the -- in a cost breakdown for each sample task.

DR. ZIEMER: For example, Al, can you clarify...

MR. SUMMERS: I was afraid you were going to ask me that.

DR. ZIEMER: Well, I'm trying to understand what you just said there. You're saying there -- if there's something else pertinent in the business plan that the bidder wishes to bring out, they may want to do that, but it's not -- wouldn't be included in the other section?

MR. SUMMERS: That's my recollection. I'm going to have to look here for a minute, if you'll bear with me, and try to find something that's in -- that we would be looking for in a business proposal that would not be in the cost proposal for the sample tasks.

Part of the business proposal is the representations and certifications, which are Section K. That would be something that would be included in the business proposal that you would not put in the sample task proposal. Information on your accounting system and there's a paragraph there for administrative data. That type of information would be -- but as far as the -- the section where it says cost data information,

which is direct labor, fringe benefits, materials and services, travel, other direct costs -- those sort of things would be contained in the proposal for the sample tasks. There would be a few items, though, that are listed under the business proposal that we would want to see outside the task proposals.

Does that answer the question?

MR. WOOD: (Off microphone) Yeah, that helped a lot. Thanks.

DR. ZIEMER: I don't want to prolong this if all the questions have been addressed. On the other hand, we don't want to shut it off, either, if --

MR. WALKER: Tom Walker with Jones Technologies again. I'm sorry, I'm not trying to prolong this, but that last question did trigger another one. Does that mean that you do not need to have a schedule -- labor categories and labor rates -- for the year of the contract?

MR. SUMMERS: That's correct.

DR. ZIEMER: Any other comments by members of the work group? Because if we've reached the point where we're ready to adjourn, then I'm going to propose that we

adjourn. But again, I don't want to cut us off if there are any lingering questions. Please -- this is your opportunity. What we don't want to happen is we adjourn and then several of you come up here and ask questions.

MS. STETER: (Off microphone) I have a question (inaudible).

DR. ZIEMER: Okay. Well, there's opportunity for submitting written questions, of course, as well, but we do want -- one of the things about the questions, in sharing them, is that it helps everybody understand the bigger picture, and so we want it all shared.

MS. STETER: Is there a process for requesting an extension for the due date of the RFP?

DR. ZIEMER: I don't know the answer -- Al or a...

MR. SUMMERS: We are not at this time entertaining any. If there would be, you know, a reason that would affect multiple offerors, that is a possibility. For an individual offeror, it would not be likely.

MR. ELLIOTT: I'd like to add to that and emphasize that we're trying to effect this procurement before the end of this fiscal year. If we don't get it done by

September, then we go into next fiscal year. And I think the Board's anxious to get this underway, so we're looking to get this put in place.

I know it puts a burden on you all with a short turnaround, but that's -- that's where we're coming from.

DR. ZIEMER: Okay. Let me thank all of those who did participate today. It's been helpful to the Board, as well as to -- I'm sure to all who are involved in this process. If there are no further items to come before us, we stand adjourned.

(Meeting adjourned at 10:25 a.m.)

C E R T I F I C A T E

STATE OF GEORGIA)
)
COUNTY OF FULTON)

I, STEVEN RAY GREEN, being a Certified Merit Court Reporter in and for the State of Georgia, do hereby certify that the foregoing transcript was reduced to typewriting by me personally or under my direct supervision, and is a true, complete, and correct transcript of the aforesaid proceedings reported by me.

I further certify that I am not related to, employed by, counsel to, or attorney for any parties, attorneys, or counsel involved herein; nor am I financially interested in this matter.

WITNESS MY HAND AND OFFICIAL SEAL this _____ day of May, 2003.

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STEVEN RAY GREEN, CVR-CM
GA CCR No. A-2102