

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

WORKING GROUP

ADVISORY BOARD ON  
RADIATION AND WORKER HEALTH

PROCEDURES REVIEW

The verbatim transcript of the Working Group Meeting of the Advisory Board on Radiation and Worker Health held in St. Louis, Missouri, on June 24, 2008.

STEVEN RAY GREEN AND ASSOCIATES  
NATIONALLY CERTIFIED COURT REPORTERS  
404/733-6070

C O N T E N T S

June 24, 2008

OPENING REMARKS DR. CHRISTINE BRANCHE, DFO	6
INTRODUCTION BY CHAIR	11
RE-REVIEW OF MATERIALS PROCESS	11
SC&A'S SUMMARY REPORT, FIRST SET	21
TRACKING SYSTEM STATUS	35
FIRST SET, REMAINING OPEN ITEMS	50
APPENDIX BB TO TBD 6000/6001	85
OTIB-52	133
OTIBS 8, 10, 23	148
HOUSEKEEPING ITEMS	151
COURT REPORTER'S CERTIFICATE	158

### TRANSCRIPT LEGEND

The following transcript contains quoted material. Such material is reproduced as read or spoken.

In the following transcript: a dash (--) indicates an unintentional or purposeful interruption of a sentence. An ellipsis (. . .) indicates halting speech or an unfinished sentence in dialogue or omission(s) of word(s) when reading written material.

-- (sic) denotes an incorrect usage or pronunciation of a word which is transcribed in its original form as reported.

-- (phonetically) indicates a phonetic spelling of the word if no confirmation of the correct spelling is available.

-- "uh-huh" represents an affirmative response, and "uh-uh" represents a negative response.

-- "\*" denotes a spelling based on phonetics, without reference available.

-- (inaudible)/ (unintelligible) signifies speaker failure, usually failure to use a microphone.

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

(By Group, in Alphabetical Order)

DESIGNATED FEDERAL OFFICIAL

BRANCHE, Christine, Ph.D.

Principal Associate Director

National Institute for Occupational Safety and Health

Centers for Disease Control and Prevention

Washington, DC

MEMBERSHIP

GIBSON, Michael H.

President

Paper, Allied-Industrial, Chemical, and Energy Union

Local 5-4200

Miamisburg, Ohio

GRIFFON, Mark A.

President

Creative Pollution Solutions, Inc.

Salem, New Hampshire

MUNN, Wanda I.

Senior Nuclear Engineer (Retired)

Richland, Washington

PRESLEY, Robert W.

Special Projects Engineer

BWXT Y12 National Security Complex

Clinton, Tennessee

ZIEMER, Paul L., Ph.D.

Professor Emeritus

School of Health Sciences

Purdue University

Lafayette, Indiana

**IDENTIFIED PARTICIPANTS**

ADAMS, NANCY, NIOSH  
ALLEN, DAVE, NIOSH  
ANIGSTEIN, ROBERT, SC&A  
CHANG, CHIA-CHIA, NIOSH  
CRAFT, PATRICIA, ORAU  
DUTKO, JOHN G., GENERAL STEEL  
ELLIOTT, LARRY, NIOSH  
HERZING, RALPH, GENERAL STEEL  
HINNEFELD, STUART, NIOSH  
HOFF, JENNIFER, ORAU  
HOWELL, EMILY, HHS  
LUBER, GEORGE, GENERAL STEEL  
MARSCHKE, STEVE, SC&A  
MAURO, JOHN, SC&A  
MCGOLERICK, ROBERT, HHS  
NETON, JIM, NIOSH  
RAMSPOTT, JOHN, GSI

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

JUNE 24, 2008

(8:30 a.m.)

OPENING REMARKS

DR. BRANCHE: Ray, are you ready?

THE COURT REPORTER: Yes, ma'am.

DR. BRANCHE: George, would you please un-mute the line?

Good morning. I'm Dr. Christine Branche. I have the pleasure of being the Designated Federal Official for the Advisory Board on Radiation and Worker Health, and this is the procedures workgroup meeting. It is Tuesday, June 24th, at 8:30 a.m. Central Time.

Would someone who's participating by phone please let me know that you can hear me?

UNIDENTIFIED: I can hear you.

DR. BRANCHE: Thank you so very much, and I'll start the procedures for figuring out who's who, so just one moment, please.

Ms. Munn, are you ready?

MS. MUNN: Yes, I am.

DR. BRANCHE: Okay. Would the Board members who are in the room please state your names.

MS. MUNN: Wanda Munn, Board member and chair

1 of this workgroup.

2 **DR. ZIEMER:** Paul -- Paul Ziemer, Board member.

3 **MR. PRESLEY:** Robert Presley, Board member.

4 **MR. GIBSON:** Mike Gibson, Board member.

5 **DR. BRANCHE:** Are there any other Board members  
6 participating by phone?

7 (No response)

8 We do not have a quorum of the Board, so we can  
9 proceed.

10 Would NIOSH staff in the room please state  
11 their names?

12 **MR. HINNEFELD:** Stu Hinnefeld.

13 **DR. NETON:** Jim Neton.

14 **MS. ADAMS:** Nancy Adams.

15 **DR. BRANCHE:** NIOSH --

16 **MS. CHANG:** Chia-Chia Chang.

17 **DR. BRANCHE:** -- staff partici-- please forgive  
18 me.

19 **MS. CHANG:** Chia-Chia Chang.

20 **DR. BRANCHE:** Thank you. NIOSH staff  
21 participating by phone who -- would you please  
22 state your names.

23 **MR. ALLEN:** This is Dave Allen.

24 **DR. BRANCHE:** Thank you, Dave. ORAU staff who  
25 might be in the room -- okay, ORAU staff

1 participating by phone, would you please state  
2 your names.

3 **MS. HOFF:** Jennifer Hoff.

4 **DR. BRANCHE:** Thank you.

5 **MS. CRAFT:** Pat Craft.

6 **DR. BRANCHE:** Could you please state that --  
7 the la-- the last person, would you please  
8 state your name again?

9 **MS. CRAFT:** Patricia Craft.

10 **DR. BRANCHE:** Thank you. SC&A staff in the  
11 room, would you please state your names.

12 **DR. MAURO:** John Mauro.

13 **DR. ANIGSTEIN:** Robert Anigstein.

14 **MR. MARSCHKE:** Steve Marschke.

15 **DR. BRANCHE:** Thank you. SC&A staff  
16 participating by phone would you please state  
17 your names.

18 (No response)

19 Other federal agency staff in the room, would  
20 you please state your names.

21 **MS. HOWELL:** Emily Howell, HHS.

22 **MR. MCGOLERICK:** Robert McGolerick, HHS.

23 **DR. BRANCHE:** Thank you. Other federal agency  
24 staff participating by phone, would you please  
25 state your names.

1 (No response)

2 Petitioners or their representatives in the  
3 room, would you please state your names.

4 **MR. DUTKO:** John G. Dutko, General Steel,  
5 Betatron (unintelligible) operator, ma'am.

6 **DR. BRANCHE:** Thank you. Could you please  
7 spell your last name for us?

8 **MR. DUTKO:** D as in dog, u-t-k-o.

9 **DR. BRANCHE:** Thank you.

10 **MR. DUTKO:** Yes, ma'am.

11 **MR. RAMSPOTT:** John Ramspott, R-a-m-s-p-o-t-t,  
12 family member of a former GSI worker.

13 **DR. BRANCHE:** Thank you.

14 **MR. LUBER:** George Luber, that's L-u-b-e-r,  
15 radiographer at General Steel.

16 **DR. BRANCHE:** Thank you. And, sir?

17 **MR. HERZING:** Ralph Herzing, H-e-r-z-i-n-g,  
18 (unintelligible) technician, General Steel.

19 **DR. BRANCHE:** Thank you very much. Any  
20 petitioners or their representatives on the  
21 phone, would you please state your names.

22 (No response)

23 Workers or their representatives by phone,  
24 would you please state your names.

25 (No response)

1 Any members of Congress or their  
2 representatives who are participating by phone?

3 (No response)

4 Anyone else in the room who would like to state  
5 your name? Mark Griffon, Board member. Mark  
6 Griffon, Board members.

7 Are there any others who'd like to mention  
8 their names by phone?

9 (No response)

10 Before we begin I do ask that every participant  
11 by phone mute your phones, please. If you do  
12 not have a mute button, then please use star-6  
13 to mute your lines. It's very important that  
14 all of the telephone participants mute their  
15 phones because every piece of -- every small  
16 incident noise can interrupt the line.

17 If you must leave the phone, then please do not  
18 put this line on hold. It's better for you to  
19 leave the line altogether and dial back in than  
20 to put us on hold.

21 When you're ready to speak by phone, please  
22 unmute your phones, and if you -- again, if you  
23 do not have a mute button, then use that same  
24 star-6 to unmute your lines so that we can hear  
25 you speaking.

1 Thank you very much for exercising this basic  
2 telephone etiquette. Ms. Munn, it's yours.

3 **INTRODUCTION BY CHAIR**

4 **MS. MUNN:** Thank you, Dr. Branche. I am  
5 working on the premise that all of the Board  
6 members around the table have a copy of the  
7 agenda which was sent out by e-mail to you  
8 several days ago. Is that correct? Does  
9 anyone not have a copy of our agenda?

10 (No response)

11 If not, would you please take a quick look at  
12 it and tell me whether there are pressing  
13 matters that we must address today which are  
14 not mentioned in any place on the agenda. We  
15 have a full morning's work and we need to move  
16 through it as expediently as possible. We're  
17 going to try to do that.

18 **RE-REVIEW OF MATERIALS PROCESS**

19 The first order of business that we have is to  
20 -- to revisit an item from our last meeting.  
21 At that time our contractor, SC&A, raised a  
22 question with respect to clarification of  
23 review of materials which they had reviewed,  
24 NIOSH had then changed in some way and was now  
25 complete on the point of view of the agency.

1           Their question was whether the entire document  
2           was then to be re-reviewed by them or whether  
3           only the portions that had been corrected were  
4           open for review. Am I stating that correctly,  
5           John?

6           **DR. MAURO:** Absolutely.

7           **MS. MUNN:** We had tentatively said at that time  
8           that only the items which had been changed were  
9           already covered by the expectation of review  
10          process, but we did not come to a definite  
11          instruction to the contractor in that regard.  
12          There was some hesitance because of the budget  
13          inferences here. We don't have the authority  
14          to establish the need for that. The full Board  
15          has to do that, but we are in fact going to  
16          bring this to the full Board; if it needs  
17          bringing to the full Board, then I need the  
18          agreement of this body that that's the  
19          expectation that we have. Is there any  
20          disagreement to the position that re-reviews  
21          are required only for the material that has  
22          been changed; the original review does not need  
23          to be repeated in its entirety. Is that -- do  
24          I see nodding heads? Is that the sense of the  
25          committee?

1           **MR. GRIFFON:** I -- I -- yeah, I think  
2 generally. I mean I'm not sure we need to make  
3 a blanket policy on this, do we? What if -- if  
4 there's so many changes to something that it  
5 ends up being fairly significantly revamped, I  
6 think we would say just do a -- a new review,  
7 you know? But then we'd bring that back to the  
8 Board and --

9           **MS. MUNN:** We'd bring it to the Board in any  
10 case.

11           **MR. GRIFFON:** Right, right, so re-reviews, I --  
12 yeah, I...

13           **MS. MUNN:** And the real purpose in -- in  
14 clarifying this is to make sure that we don't  
15 have to do this every time when it's simply a  
16 relatively minor change.

17           Yes, Steve Marschke.

18           **MR. MARSCHKE:** The -- the other problem -- or  
19 the concern is when the resolution of the issue  
20 resulted in either a revision to the procedure  
21 or maybe perhaps a new procedure. Several  
22 procedures that had been reviewed were rolled  
23 up into a new procedure, and either the  
24 revision to the procedure or this new procedure  
25 was not on SC&A's list of -- of documents to be

1 reviewed. And I guess the question is what do  
2 we do in that case? But the -- the example  
3 that comes to mind is PROC-90. In PROC-90 we  
4 had (electronic interference) made a -- a  
5 number of comments on (unintelligible) 4, 5 and  
6 17, which were then rolled into (electronic  
7 interference) PROC-90. And all the resolutions  
8 to the issues will -- of 4, 5 and 17, which are  
9 not inactive, all those are (unintelligible) be  
10 resolved in PROC-90. SC&A does not have the  
11 authority or whatever the correct word is --  
12 **MS. MUNN:** Well, you haven't had the directive.  
13 **MR. MARSCHKE:** -- the directive to -- to review  
14 PROC-90 at all, so I guess that's the other  
15 prong of this -- what do we do when -- when we  
16 close out those -- I think there's 29 issues  
17 associated -- that were associated with 4, 5  
18 and 17 and we -- we don't know how to go about  
19 closing those out.  
20 **MS. MUNN:** This is probably the most obvious of  
21 the examples that we have, and whether or not  
22 we encounter the same situation in the future  
23 is open to debate, I would think. But in this  
24 particular case where a new procedure has in  
25 fact taken the case of at least three and, if

1           memory serves, a portion of a fourth of the  
2           documents that have been reviewed before, this  
3           may be one of those times where we really do  
4           need to bring this to the Board and ask for  
5           specific authority to instruct SC&A regarding  
6           PROC-90.

7           Yes, John?

8           **DR. MAURO:** Well, I'd like to point out when  
9           this arose my direction to the team was  
10          (electronic interference) those issues to --  
11          I'm thinking in terms of the issue that came  
12          out of whatever the original procedure was.  
13          And if now it's all agreed that that issue now  
14          has been addressed somewhere else, we follow  
15          the issue and will review it wherever it is,  
16          but we won't expand beyond that. That is, if  
17          it ends up in PROC-90, that issue is now  
18          addressed there, we will review it there.  
19          However, the standing directive, at least until  
20          we get further guidance, is that's -- that's  
21          the protocol we're finding -- we're follow--  
22          following. The issue comes up, if in fact we -  
23          - it's -- it's -- finds its way into the new  
24          document and it's explained to us that way  
25          during a workgroup meeting, we will then

1            proceed -- which we have -- and review it there  
2            and -- and then make a recommendation to the  
3            workgroup that yes, we concur, it has in fact  
4            been resolved in accordance with the  
5            discussions we've had; however, it's being --  
6            it's been resolved in PROC-90 as opposed to  
7            some earlier procedure. So then this is the  
8            modus operandi we've been operating under  
9            anyway as -- and -- but we do want I guess  
10           confirmation that in fact that's what you'd  
11           like us to do.

12           **MS. MUNN:** Yes, and -- and I wanted to make  
13           sure that we were all clear on what we were  
14           doing.

15           **MR. HINNEFELD:** Wan-- Wanda --

16           **DR. BRANCHE:** Excuse me, Wanda, before you  
17           proceed, there's a person participating by  
18           phone -- we're so glad to have you on board  
19           with us, but we do ask that you mute your line  
20           until you're ready to speak. If you do not  
21           have a mute button, then please use star-6.  
22           You are causing some interference on the line  
23           by not muting your phone. Thank you.

24           **MR. HINNEFELD:** Wanda --

25           **MS. MUNN:** Yes.

1           **MR. HINNEFELD:** -- I think that PROC-90, as it  
2           currently exists, is not significantly  
3           different -- not in content, I don't know that  
4           it's any different in content -- than the old  
5           PROCs 4, 5 and 17 which were reviewed. I  
6           believe that's why I suggested that these could  
7           -- these findings could be just tracked under  
8           PROC-90.

9           Part -- a number of our responses to those  
10          findings refer to a revised acknowledgement  
11          packet that is now being sent to claimants that  
12          we think provides better explanation to the  
13          claimants at that aspect, because many of the  
14          findings had to do with not explaining things  
15          very well to the claimant during the CATI, and  
16          we felt we were using this other mechanism to  
17          do that. I brought I think maybe about a dozen  
18          of those to distribute to the working group and  
19          to the SC&A principals for use if the -- if you  
20          proceed along the additional PROC-90 review or  
21          if they're looking to follow these issues and  
22          what's going on now in these issues.

23          **MS. MUNN:** It's the sense of the chair that,  
24          even in this particular case, as long as the  
25          finding itself is being tracked and is being

1 followed into whatever procedure it goes to,  
2 that the current process of following the  
3 finding through should be adequate. And re-  
4 view of the entire new procedure may not be  
5 called for. That -- barring any -- any  
6 negative feeling about that from the -- the  
7 workgroup, that's the recommendation that I --  
8 that is the report that I will make to the --  
9 to the Board, saying in effect that the  
10 contractor will continue to track the finding  
11 and that re-issuance of a statement for review  
12 of a new procedure is not necessary as long as  
13 the finding itself is being followed. Any  
14 problem with --

15 **MR. GRIFFON:** That -- yeah, I think I'm --

16 **MS. MUNN:** -- that recommendation?

17 **MR. GRIFFON:** -- okay with that. Is -- the  
18 only question I have in this circumstance is is  
19 the -- is this acknowledgement package  
20 referenced in PROC-90 or is it just a total  
21 separate thing and -- and I think that's where  
22 -- from what I understand from Stu, we're not --  
23 -- PROC-90 did not in fact resolve the findings  
24 for 4, 5 and 17 --

25 **MR. HINNEFELD:** (Unintelligible) --

1           **MR. GRIFFON:** -- (unintelligible) the  
2           acknowledgement package --

3           **MR. HINNEFELD:** No --

4           **MR. GRIFFON:** -- may answer some of those --

5           **MR. HINNEFELD:** Right.

6           **MR. GRIFFON:** -- but we -- but we haven't  
7           reviewed the acknowledgement package, so --

8           **MR. HINNEFELD:** I don't -- we've never  
9           discussed the acknowledgement packet. I --

10          **MR. GRIFFON:** Right.

11          **MR. HINNEFELD:** -- I thought maybe I  
12          distributed it one time that --

13          **MR. GRIFFON:** I think you -- yeah, I think you  
14          alluded --

15          **MR. HINNEFELD:** Right.

16          **MR. GRIFFON:** -- to it several times, but --

17          **MR. HINNEFELD:** Right.

18          **MR. GRIFFON:** -- we never saw it.

19          **MR. HINNEFELD:** I have it to distribute for --  
20          for consideration after today about whether  
21          that -- you know, whether people feel that  
22          that's the specific findings that we felt this  
23          addresses and whether it's appropriately  
24          addressed. The acknowledgement packet is not  
25          referenced in PROC-90. It would be -- it would

1           be probably referenced in a different  
2           administrative procedure about what do we do  
3           when we receive a claim. See, it -- a CATI is  
4           done -- you know, that -- PROC-90 was -- this  
5           is how you conduct the claimant interview and  
6           track -- you know, schedule and conduct and  
7           record. But the -- this acknowledgement packet  
8           goes out well before that. This  
9           acknowledgement packet goes out when we receive  
10          the claim from the Department of Labor, so  
11          there -- probably an administrative procedure  
12          that would talk about sending the  
13          acknowledgement packet to the claimant as --  
14          when we send the request for exposure history  
15          to DOE, for instance.

16         **MR. GRIFFON:** I mean I -- I guess I'm fine with  
17          the process you described, Wanda, as long as we  
18          don't, li-- like we all intend not to lose  
19          these findings and -- and in this case it's --  
20          it's going to be tracked through beyond the  
21          procedure, you know --

22         **MS. MUNN:** Yes.

23         **MR. GRIFFON:** -- apparently --

24         **MS. MUNN:** Yes, it is.

25         **MR. GRIFFON:** -- so...



1 the last workgroup. I'm -- the only I guess  
2 concern I have, which I expressed at the last  
3 workgroup, was that we don't conclude any-- you  
4 know, it doesn't say anything. I mean it's a  
5 status report, I guess.

6 **MS. MUNN:** Yes, it is.

7 **MR. GRIFFON:** But it doesn't -- you know, I  
8 don't know, if I was in the Secretary's  
9 position and receiving this letter and I saw  
10 that 40 percent of the findings were not  
11 resolved after a couple of years of doing this  
12 procedures workgroup, I'd be -- you know, and -  
13 - and I think I'd say what do you mean they're  
14 not resolved yet, you know, what's the --  
15 what's going on and what is the significance  
16 level of the findings, what -- you know, I  
17 don't...

18 **MS. MUNN:** Do you believe we could clarify that  
19 in the wording in a better way?

20 **MR. GRIFFON:** I -- I -- to be honest with you,  
21 I'd have to pull it up, I -- I've got to put my  
22 computer up, but...

23 **MS. MUNN:** Do we need to --

24 **MR. GRIFFON:** I mean do other people feel that

25 --

1           **MS. MUNN:** -- postpone this --

2           **MR. GRIFFON:** -- I mean if I'm the only one,  
3 I'm not going to push that if it's just a  
4 status report and people are comfortable with  
5 that -- that report. I'm just worried that  
6 there's some items in there that hang out for  
7 me. Like, you know, I'm -- I'm trying to  
8 remember the phrase, maybe someone else can  
9 weigh in while I look at this.

10          **DR. ZIEMER:** Wanda, I have a comment, if I  
11 could --

12          **MS. MUNN:** Yes, please.

13          **DR. ZIEMER:** It seems to me that, although it's  
14 a status report, there are a number of items  
15 that have been closed and, based on those, we  
16 might be in a position to make some preliminary  
17 statements of conclusions with respect to what  
18 we have seen. You -- you may recall that we  
19 added, I think it was in the first paragraph,  
20 the statement having to do with why we're doing  
21 the procedures review in the first place. And  
22 it has to do with the -- the requirement of the  
23 Act that we confirm that NIOSH is carrying out  
24 those reconstructions with scientific validity  
25 and some other words to that effect, I forget

1 the exact wording.

2 **MS. MUNN:** Uh-huh. Uh-huh.

3 **DR. ZIEMER:** The -- if there's any conclusions,  
4 we have to base them on whether or not that is  
5 occurring, or the extent to which that is  
6 occurring. And if we're able to make some  
7 statements based on at least the items that  
8 have been closed -- obviously they're not all  
9 closed, but the lack of closure doesn't  
10 necessarily mean something is wrong; it means  
11 we're still pursuing something. But my  
12 question is would we be able to state that --  
13 in some -- in some degree, and I don't have any  
14 words in mind at the moment so I just ask it as  
15 a question, could we make some statements about  
16 what our conclusions are relative to the use of  
17 these procedures in carrying out dose  
18 reconstruction in a scientifically valid  
19 manner?

20 **MS. MUNN:** Well, let's look at some of the  
21 verbiage that exists in the letter and see  
22 where the best place might be to additionally  
23 inform.

24 The second paragraph is a very brief  
25 description of the process that is undergone.

1           The third paragraph discusses our new format  
2           for making the information electronically  
3           available to NIOSH and the Board as we move  
4           through it. The fourth paragraph is the one  
5           that describes and summarizes what we have.  
6           (Reading) Completion of this notable  
7           improvement presents an approximate moment --  
8           an appropriate moment to summarize the status  
9           of the first set of procedures and assess the  
10          progress of this substantial effort. Since the  
11          working group first convened meetings have been  
12          held on a regular basis, approximately every  
13          six weeks, both in group session and by  
14          teleconference. The first set of 33 procedures  
15          referred to SC&A resulted in 153 individual  
16          findings of varying weight. Of those, 99 have  
17          been resolved and are now closed. Fifty-four  
18          are open and under discussion or otherwise in  
19          process.

20          Actually from the time that we wrote this,  
21          those numbers have changed slightly. Perhaps  
22          in this paragraph might be the appropriate  
23          place for the addition of one or more sentences  
24          further clarifying the degree of success that  
25          is not easily reflected by the raw numbers

1           themselves.

2           **DR. ZIEMER:** I think that would be the  
3           appropriate spot. I -- I guess I, for one,  
4           would like to hear from other members of the  
5           workgroup as to whether or not this is  
6           something that we should do. Basically it is -  
7           - I think as Mark described it, it currently is  
8           a status report in terms of how many procedures  
9           we've reviewed and the numbers of findings and  
10          sort of just categorizes as -- as what's going  
11          on. But is it -- is it premature to reach any  
12          conclusions, that's what I'm sort of asking.

13          **MR. GRIFFON:** And I mean -- I guess -- and I've  
14          got to pull out -- you've -- we've referenced  
15          an attachment and that's an S-- the SC&A  
16          report. Right? I'm trying to --

17          **MS. MUNN:** The SC&A report, yes.

18          **MR. GRIFFON:** -- I'm trying to find that. I  
19          know I've looked at it, but I'm trying to get a  
20          sen-- you know, do we have any sort of  
21          descriptive statistics. Like, you know, we've  
22          -- 99 findings have been clos-- you know, we  
23          have 150 findings or whatever and of those we  
24          consider, you know, 80 to be, you know, of --  
25          have we described those in any way? Maybe

1           they're described in the attachment, I don't  
2           recall, you know, like 40 were techni-- we  
3           consider technical but -- you know, several  
4           times we've had some findings which were  
5           language things, you know, which I would  
6           consider low level, you know, so I was thinking  
7           of a way -- because 150, someone might read  
8           that and say wow, that's -- that's quite a few  
9           findings, you know, but we -- I think we need  
10          to give it some context of -- you know.

11         **MS. MUNN:** Well, that's why we indicated that  
12          they were of varying weight. What we --

13         **MR. GRIFFON:** Yeah.

14         **MS. MUNN:** -- did not do was identify whether  
15          the 99 that have been resolved include those  
16          that we consider to be of most significance,  
17          and which I think is a true statement, leaving  
18          the 54 that are open and under discussion --

19         **MR. GRIFFON:** I guess I just -- I -- I'd be  
20          willing to -- to try to put together some  
21          numbers. I don't have it right this second,  
22          but I -- you know, I -- I'd have to --

23         **MS. MUNN:** I'd appreciate --

24         **MR. GRIFFON:** -- look at the SC&A attachment  
25          and try to break it out a little bit. I -- I

1           would try -- I should have probably come  
2           prepared with that to this meeting, I'm sorry,  
3           but I think we need a little more -- little  
4           more description there of what -- just more --  
5           little more context for the reader is my --

6           **MS. MUNN:** You can understand why I don't want  
7           to postpone this for another meeting of this  
8           group. We have -- this is --

9           **MR. GRIFFON:** Yeah.

10          **MS. MUNN:** -- the third meeting in which we've  
11          addressed this. SC&A gave us their -- their  
12          report several months ago, and this is our  
13          third attempt to try to get it out and to the  
14          Secretary. If we want to make this status  
15          report -- which in my view is important that we  
16          do -- then we need to get this tied down. And  
17          if we have words, if other people on the  
18          working group have words that they want to  
19          place before us as possibly clarifying or in  
20          any way assisting us to get this out, I'd  
21          certainly appreciate having it. I really don't  
22          want to postpone this until next month. Can we  
23          -- how can we do this? Mark, if you have words  
24          for us, is there a possibility that you can  
25          provide those words sometime perhaps later

1           today, after this --

2           **MR. GRIFFON:** Yeah, I mean --

3           **MS. MUNN:** -- meeting is over --

4           **MR. GRIFFON:** -- I've got a pretty tight day,  
5 but you know, I --

6           **DR. ZIEMER:** I'm --

7           **MR. GRIFFON:** -- I just -- and I will say that  
8 I did bring this up at the last workgroup  
9 meeting, on the phone meeting. I -- I do  
10 remember saying -- I didn't say I had specific  
11 words available, but I -- but the -- the same  
12 draft is before us so, you know, I -- I was  
13 thinking maybe someone might have added in by  
14 this time, so I -- I will try, I'll -- you  
15 know...

16          **DR. ZIEMER:** A comment. I'm looking at the  
17 SC&A report here now --

18          **MR. GRIFFON:** Yeah.

19          **DR. ZIEMER:** -- and of course it -- it details  
20 the nature and the numbers of all the findings  
21 so that -- that's all in there. There's also a  
22 section called "Role and Potential Impact of  
23 the Findings" --

24          **MR. GRIFFON:** Right.

25          **DR. ZIEMER:** -- and I think we could probably

1 use that information, it's at the very end of  
2 the report, it's -- it's a --

3 **MR. GRIFFON:** That's my thought --

4 **DR. ZIEMER:** -- single paragraph --

5 **MR. GRIFFON:** -- maybe it's there and we just  
6 didn't pull a little bit of --

7 **DR. ZIEMER:** -- and I'm wondering if during the  
8 break maybe if -- if the chair agreed, maybe  
9 Mark and I could take a look at that and -- and  
10 suggest some words to the workgroup yet this  
11 morning based --

12 **MS. MUNN:** That would --

13 **DR. ZIEMER:** -- based on some preliminary  
14 conclusions reached by the contractor.

15 **MS. MUNN:** That would be very helpful. Perhaps  
16 we could even include -- if you feel that the  
17 words from the contractor report adequately  
18 address our concerns here, then perhaps --

19 **DR. ZIEMER:** Well, we know that the  
20 contractor's report would not come close to the  
21 -- achieving the level that the Board members  
22 themselves could -- so we would --

23 **MS. MUNN:** This is --

24 **DR. ZIEMER:** -- feel compelled to change it.

25 **MS. MUNN:** I -- I need to point out that that's

1 a facetious statement --

2 **DR. ZIEMER:** Well, if anybody thought was  
3 serious, they have a serious problem to start  
4 with.

5 **MS. MUNN:** Sometimes it looks different in  
6 black and white --

7 **DR. BRANCHE:** That's exactly right.

8 **DR. ZIEMER:** That's the problem, isn't it?

9 **MS. MUNN:** But if that's a possibility, then  
10 perhaps the entire issue could be resolved by  
11 incorporating those words as a quote, as -- as  
12 a paragraph --

13 **DR. ZIEMER:** Or something close, but let -- let  
14 us take a stab at it. I -- I kind of agree  
15 with Mark. I think it would be helpful if --  
16 in a communication to the Secretary if there  
17 was at least an early evaluation of -- of  
18 impact.

19 **MS. MUNN:** The more specificity we can bring to  
20 it, the better we all are. If the two of you  
21 would be willing to do that at break time, then  
22 --

23 **MR. PRESLEY:** Within reason.

24 **MS. MUNN:** -- I'd appreciate it.

25 **MR. PRESLEY:** I agree with Paul, I agree with

1 Mark, but this -- what you're discussing here  
2 could be a single paragraph, or it could be 20  
3 pages long, depending on how much you get into  
4 it.

5 **DR. ZIEMER:** There will be an attachment, I  
6 believe, to the report, which is the SC&A  
7 report.

8 **MR. PRESLEY:** Right --

9 **MS. MUNN:** Correct.

10 **MR. PRESLEY:** -- and that's what I'm saying --

11 **DR. ZIEMER:** So that detail --

12 **MR. PRESLEY:** -- the attachment's there, so --

13 **DR. ZIEMER:** Yeah, we need to highlight --

14 **MS. MUNN:** That's what we're transmitting.

15 **MR. GRIFFON:** We're looking at one, two, three  
16 lines maybe --

17 **DR. ZIEMER:** Yeah.

18 **MR. GRIFFON:** -- a couple of lines at most just  
19 to --

20 **MR. PRESLEY:** Okay.

21 **DR. ZIEMER:** At most.

22 **MS. MUNN:** Just to -- just to summarize the  
23 attachment more completely, I think.

24 All right.

25 **MR. GRIFFON:** Paul, do you have the name of the

1 SC&A report? I'm just looking in my folder  
2 while --

3 **DR. ZIEMER:** It's called "Draft Report, First  
4 Set of Procedures Reviewed" -- there may have  
5 been a --

6 **MS. MUNN:** And there is a final.

7 **DR. ZIEMER:** The version I'm looking at is  
8 dated --

9 **MR. GRIFFON:** Is Kathy Behling on the line?

10 **DR. ZIEMER:** -- March 31st, 2008.

11 **MS. MUNN:** And --

12 **DR. ZIEMER:** This is -- Steve prepared this.

13 **MR. MARSCHKE:** I don't have a copy of it with -  
14 - I didn't bring a copy of it with me, though,  
15 unfortunately.

16 **MS. MUNN:** Now it's --

17 **MR. GRIFFON:** What's the date of the report?  
18 I'm sorry, I --

19 **MS. MUNN:** -- dated April 8th, 2008.

20 **MR. MARSCHKE:** Yeah, I'm -- I -- the last time  
21 I --

22 **DR. ZIEMER:** Okay, I'm looking at a March 31st  
23 draft, so there may have been a revision on  
24 April 8th.

25 **MS. MUNN:** There's a -- yeah, there's an April

1 8 final report --

2 **DR. ZIEMER:** Well, this --

3 **MS. MUNN:** -- that's entitled --

4 **DR. ZIEMER:** -- this is -- this is one that may  
5 have not been cleared at that point.

6 **MR. MARSCHKE:** I think the April 8th had input  
7 from the -- the Board meeting that was down in  
8 Florida.

9 **MS. MUNN:** Uh-huh, and the title is "Overview  
10 and Summary Results of the First Set of 33  
11 Procedures Reviews."

12 **MR. MARSCHKE:** That's the report.

13 **MS. MUNN:** Prepared by Steve Marschke, April  
14 8th, 2008. Do you need it with -- would you  
15 like me to --

16 **MR. GRIFFON:** Yeah, I don't have -- I'm not  
17 finding it right now. I don't know if -- Paul,  
18 do we have wireless in here? Can you forward -  
19 -

20 **DR. BRANCHE:** Yes, you should have wireless.

21 **MS. MUNN:** We do have.

22 **MR. GRIFFON:** Can you e-mail --

23 **DR. ZIEMER:** I -- yeah, or I can just put it on  
24 a flash stick.

25 **MR. GRIFFON:** Okay. Thank you.

1           **MS. MUNN:** Very good, we'll rely on you two  
2 gentlemen to address that at the break.

3           **TRACKING SYSTEM STATUS**

4           The next item on our agenda is the tracking  
5 system status summary and presentation. This  
6 is our first opportunity to begin to really  
7 work on the ground with the electronic version  
8 of -- of our database, which makes it possible  
9 -- much more -- much more simple for us to  
10 track where we are with the various procedures  
11 that we're charged with overview.

12          Recall that we are responsible only for the  
13 procedures that have been authorized by the  
14 Board to be reviewed by SC&A. Now that we have  
15 this tracking system up and running -- for  
16 which, again, thank you, Steve and Kathy  
17 Behling, the other folks at SC&A who have been  
18 involved in this -- Steve, would you like to  
19 tell us where we are and where we perhaps might  
20 still need to tweak one or two things.

21          **THE COURT REPORTER:** Wanda, before you go to --  
22 can I say --

23          **MS. MUNN:** Just a moment.

24          **THE COURT REPORTER:** Would y'all use the mike  
25 about like Wanda is? If you're going to speak,

1           you need to get that close.

2           **DR. BRANCHE:** You need to get that close? We  
3           can't --

4           **THE COURT REPORTER:** About like Wanda was,  
5           yeah.

6           **DR. BRANCHE:** We can't get them any more  
7           sensitive than that, George? Okay.

8           **THE COURT REPORTER:** Thank you.

9           **MR. MARSCHKE:** Okay.

10          **MS. MUNN:** Go ahead, Steve.

11          **MR. MARSCHKE:** Since the May meeting we've made  
12          a number of changes to the database. And in  
13          addition to myself and Kathy, I think we should  
14          acknowledge Don Loomis, who is now our  
15          programmer and did a lot of the prog-- well,  
16          did all the programming on the -- on the  
17          database for SC&A.

18          A -- a few -- I just gave a handout -- I only  
19          had eight copies and so I apologize, I didn't  
20          have enough for everybody but I think I got the  
21          -- everybody on the Board a copy of the  
22          handout, or everybody on the working group, I  
23          should say.

24          The first -- on the handout the first page is a  
25          -- a screen capture of the summary page from

1           the database, and circled up on the top you'll  
2           see we've replaced two "print" buttons with a  
3           single "print" button. Before we had a "print"  
4           button for print the summary and print details,  
5           and we've replaced that with a single "print"  
6           button. That's really the only change we made  
7           on the first screen.

8           If you flip over to the second screen you'll  
9           see, again, the top button is changed -- that's  
10          a change. You'll also see there's two other  
11          changes on this screen.

12          We've added a status date. In May it was  
13          requested that we put in a date when the issues  
14          had been closed. Well, we've taken that a  
15          little bit -- the status date is our way of --  
16          of doing that. Whenever the status gets  
17          changed, the date in here will reflect the  
18          latest change to that status. And so when the  
19          status gets changed to "closed", this will be  
20          the closed date showing down here in -- in  
21          about the middle of the right-hand portion of  
22          the screen.

23          The other change on this page is on the --  
24          we've added another field called the "issues  
25          source" field, and this is -- is shown blank on

1           -- on this example, but what can be put in  
2           there is where the issue came from, whether it  
3           came from the first set of SC&A reviews, the  
4           second set, the third set, the OTIB-52 review  
5           or -- which -- which is -- probably this is  
6           more important, if the issue was transferred in  
7           from another working group, then that would be  
8           captured here. Where that -- where that tran--  
9           was transferred from would be captured here.  
10          Again, if we go back up to the top, the  
11          "print/view reports" button, if you press that  
12          button, what you then get is the third sheet  
13          here on the handout. This is a new screen  
14          which comes up when you pre-- press that new  
15          button. And you'll see the top -- you have two  
16          options, which is the old "print summary" or  
17          "print details", and those are -- those are  
18          what had been in the database from before. But  
19          those two new buttons here, which one is the  
20          capability to sort the issues by meeting date,  
21          so if any issues came up during this meeting  
22          which were associated with the procedures, you  
23          could sort them by pressing this button here.  
24          An example of the printout that you get is on -  
25          - when you press that button is on the last

1 sheet.

2 The -- the final -- fourth button on this  
3 reports screen is the status summary, and that  
4 is the table that Nancy Adams produced at our  
5 last meeting which had the roll-up summary of  
6 where we were for each one of the issues --  
7 which -- which -- by issue date, which ones  
8 were open, which ones were closed, which ones  
9 were in abeyance and was a roll-up.

10 So the one item that we are trying -- we are  
11 currently still working on for the -- the  
12 summary sheet is we want to put -- next to each  
13 issue finding date we want to put an identifier  
14 for each -- like June 17th, 2005, the  
15 identifier for that would be "first set of SC&A  
16 findings", so that's one thing that we're still  
17 working on.

18 **MS. MUNN:** It gives us an additional sort.

19 **MR. MARSCHKE:** It gives you an additional sort,  
20 yes, and gives you --

21 **MS. MUNN:** So that it doesn't have to be by  
22 date, we can sort by set.

23 **MR. MARSCHKE:** Right. Yeah, we want to  
24 basically be able to sort -- yes, exactly.

25 **MS. MUNN:** Because some of these items that we

1           have on here are not -- are items that were not  
2           the result of a specific set. SC&A was charged  
3           at one time or another with doing some  
4           additional work, and those don't fit into this  
5           same category so it helps us to identify.

6           **DR. MAURO:** Just a perspective, not to change  
7           anything, but --

8           **DR. BRANCHE:** You need to speak into the mike.

9           **DR. MAURO:** As you go through this process it's  
10          becoming apparent that the boundaries between  
11          sets -- first set, second set, third set -- the  
12          separate, stand-alone procedure reviews and the  
13          entire process, they're starting to blend. In  
14          a way what we really have, what I'm starting to  
15          see, and this is meant only as a point of  
16          perspective, is as we come to the close of this  
17          contract, the SC&A contract which will be  
18          ending in September, we effectively have about  
19          133 procedures that instead of looking -- I'm  
20          starting to look at them now not as the first  
21          set, the second set, the third set. I'm  
22          starting to look at them as there were 133  
23          procedures reviewed by the Board over this  
24          four-year period and -- and -- well, five-year  
25          -- is it five years? Five years, oh, how time

1           flies.

2           **MS. MUNN:** This workgroup has not been  
3           established that period of time, though.

4           **DR. MAURO:** But what I'm getting at is Nancy's  
5           -- Nancy's table does a very nice job of  
6           rolling that up so that -- it's almost as if,  
7           though I know you're working on the first  
8           report which is designed to talk about the  
9           first set of 30 or 33 procedures, which is  
10          fine, but we actually are now transitioning  
11          into a stage where we could actually start  
12          talking about the entire group of -- of I  
13          believe it's 133 or a hundred -- I forget the  
14          exact number. I just wanted to point that out  
15          be-- because the groupings were I guess  
16          functional for us at one time because we have  
17          our thick book, we started the process of  
18          review and moving that along. Now we moved --  
19          now we're into the second book, and now we're  
20          actually loaded up the third book --

21          **MS. MUNN:** The third book.

22          **DR. MAURO:** -- and all the separate stand-  
23          alones, like OTIB-52 and the other CATI-related  
24          procedures which sort of stand alone, they're  
25          in the system. So they're all now in the

1 system in -- in one place, so -- and the reason  
2 I -- and there's transference between them.  
3 There's actually cross-talk occurring between  
4 them. So what I'm -- all I'm really trying to  
5 say is that I know I'm starting to think about  
6 this as one fully integrated process as opposed  
7 to set one, set two, set three.

8 **MS. MUNN:** I agree with you, John. For our  
9 purposes here in the workgroup it's very  
10 helpful for me to be able to look at them in  
11 terms of sets still, and to be able to identify  
12 those items which do not belong to a specific  
13 origin of sets. It would also be my  
14 expectation at the second status report that we  
15 eventually will send to the Secretary would  
16 also at that time talk about the blending of  
17 the various sets and where we are with each one  
18 as a whole. It was my specific request that we  
19 identify one more sort capability because, for  
20 our purposes in tracking them, I think it's  
21 important. Otherwise, we lose a little  
22 continuity from -- from where we began. If  
23 we're looking at it from any perspective other  
24 than inside the tracking system, we need to be  
25 able to pull that. So I agree wholeheartedly,

1           they are starting to blend, and hopefully we'll  
2           have one set at the tail end of all this with -  
3           - with very easy-to-discover sources and -- and  
4           closure mechanisms.

5           **MR. MARSCHKE:** There was one other change which  
6           I didn't get a handout for, I couldn't get a  
7           screen capture of, but on our sort screen we do  
8           -- did add the capability -- again, I think it  
9           was asked for in -- in the last meeting. We  
10          did add the capability to sort on a range date,  
11          a finding range, so you can add a start date  
12          and an end date for the finding dates and find  
13          all the findings within that range. So that  
14          capability is -- has been added. We're still  
15          working on making it a little easier to -- to  
16          implement by including drop-down menus as  
17          opposed to requiring the person remember what  
18          dates to type in. They can do it either way,  
19          either with a drop-down menu or type in a date  
20          range, which-- whichever way is more convenient  
21          for them.

22          **MS. MUNN:** Should be helpful.

23          **MR. MARSCHKE:** I think that -- that that's  
24          really -- as far as the mechanisms of the -- of  
25          the programming of the database, that -- that

1           about cre-- summarizes what we did. We did add  
2           -- make some changes to the data in the  
3           database, based again on recommendations from  
4           the Board in the last minute -- meeting. I  
5           don't know if you wanted me to kind of  
6           summarize those also --

7           **MS. MUNN:** You might touch on one or two of  
8           them anyway.

9           **MR. MARSCHKE:** The first one we did was we  
10          added the -- Appendix BB, I think there was 13  
11          issues associated with Appendix BB and we added  
12          those to the database and we statused those as  
13          all being in progress since they were discussed  
14          at the last meeting. And we did add the NIOSH  
15          initial responses to the Appendix BB issues, so  
16          they are all in the database presently.  
17          The second thing that we did was we changed the  
18          status of the 16 issues associated with TIB-52  
19          from open to in progress, because the  
20          definition of in progress is that they have  
21          been discussed at a working group meeting and  
22          they -- and OTIB-52 was discussed at a working  
23          group meeting last August. So those were  
24          changed from open to in progress, and we're  
25          going to talk a little bit more about OTIB-52

1 later in -- in the meeting.

2 The other changes we did make was we discussed  
3 at the last meeting OTIB-7, PROC-3, OTIB-2, 1  
4 and IG-2, and we had some changes based upon  
5 recommended -- some of those issues were closed  
6 and some of them were -- had other changes  
7 associated with them, and we did make those  
8 changes as we agreed upon at the last meeting.  
9 The OTIB-11, there was two issues associated  
10 with those, and at the last meeting we had  
11 agreed to close those two issues, and those two  
12 issues were closed.

13 So I think that summarizes the changes that  
14 were made to the data within the database.

15 **MS. MUNN:** Essentially the data's up to date --  
16 to date with our -- with our current  
17 recommendations from the workgroup.

18 **MR. MARSCHKE:** As far as I know, it is, yes --  
19 to the best of my knowledge. I --

20 **MS. MUNN:** That's a great relief to those of us  
21 who need to track open items. Yes, John?

22 **DR. MAURO:** (Off microphone) (Unintelligible)  
23 ask a question --

24 **MS. MUNN:** Mike -- sorry about that.

25 **DR. BRANCHE:** The mike --

1           **MS. MUNN:** Maybe --

2           **DR. BRANCHE:** -- does move.

3           **MS. MUNN:** Maybe it can move.

4           **DR. MAURO:** That's all -- I'll just come by,  
5           that's okay. With regard to the process that  
6           NIOSH and SC&A just went through over -- since  
7           the last workgroup meeting, it's my  
8           understanding that we did have access to the  
9           transcript for that last meeting. I believe  
10          that's true. And that that was -- was that --  
11          was that available -- when we last spoke we had  
12          --

13          **MR. MARSCHKE:** We had --

14          **DR. MAURO:** -- there was some --

15          **MR. MARSCHKE:** -- we had --

16          **DR. MAURO:** -- transcript information that did  
17          -- was used.

18          **MR. MARSCHKE:** We had transcript information  
19          for the meeting that was last August --

20          **DR. MAURO:** Ah, okay.

21          **MR. MARSCHKE:** -- on -- on TIB -- on OTIB-52.

22          **DR. MAURO:** Okay, I -- I misspoke then, I -- I  
23          thought that -- the nature -- the amount of  
24          granularity associated with the -- all of these  
25          procedures and their status and their evolution

1 is complex. We are at this meeting taking  
2 notes, making sure we try to capture what was  
3 discussed and what actions either SC&A/NIOSH  
4 need to take, and then we take those actions  
5 and load up the database. I guess the only  
6 point that I'd like to make is that, in the  
7 end, verification that we have accomplished and  
8 are faithful to that commitment really is a --  
9 something that I guess a -- it's the collective  
10 judgment of the folks sitting around the room  
11 but also ultimately the transcript is the gold  
12 standard upon which to make sure that this is  
13 happening. So I know that we did go back to  
14 the transcript for the previous one then to  
15 help make sure -- I just want to add in, that  
16 is a very valuable step in the process. For  
17 example, the question you just asked about --  
18 and Steve's response was to the best of his  
19 knowledge. In my opinion, ultimately  
20 confirmation that in fact we are fully faithful  
21 to the commitments made around the table has to  
22 go back to the original transcript to check off  
23 to make sure yes, we have done the things we  
24 have committed to do. So I mean that really is  
25 the place where, in the end, we can be sure we

1 did -- we did what we said we were going to do.

2 **MS. MUNN:** John, does SC&A have in -- in  
3 process already a procedure by which when a  
4 transcript is available and -- and we know we  
5 have so many transcripts that we have to deal  
6 with in the entire Board process that sometimes  
7 a considerable number of weeks passes before  
8 you actually have access to the transcript. Do  
9 you have a procedure in place for, at the time  
10 you receive transcripts, then checking it  
11 against the database which we have now  
12 developed?

13 **DR. MAURO:** No, we -- we don't have anything in  
14 writing, and really what I know I've done in  
15 the past, and others, is when we're a little  
16 concerned that perhaps do we have it right, is  
17 our understanding correct, we will very often  
18 give Ray a call and ask Ray, Ray, would you  
19 mind -- I've done this on two occasions -- Ray,  
20 is it possible to get a copy of the raw  
21 transcript -- 'cause it -- you know, in a rough  
22 form, and say Ray, I'd like to take a look at  
23 it because I'm really not quite sure, you know,  
24 what we've com-- committed to, there's a little  
25 -- you know, little ambiguity -- in addition to

1           talking to other members around the Board, so -  
2           - but there have been occasions where I draw  
3           upon the rough transcript, but this is really  
4           on a case-by-case basis when I'm uncomfortable  
5           and not quite sure exactly what we've committed  
6           to, that could happen.

7           **MS. MUNN:** Dr. Branche is our fount of all  
8           knowledge in that regard, and so --

9           **DR. MAURO:** But I -- I hear what you're saying,  
10          and I never even thought about having that  
11          proceduralized; namely, one of the steps that  
12          your contractor might want to factor into their  
13          protocol is when the transcripts come through  
14          to go back, read them and make sure that what  
15          we have been doing up to the point -- that  
16          point is in fact faithful to the commitments  
17          made in the transcript. And if there is any  
18          delta difference between what we have been  
19          doing, what's been accomplished, and what we  
20          committed to, that somehow is communicated back  
21          to the workgroup --

22          **MS. MUNN:** It would seem --

23          **DR. MAURO:** -- but we're not doing that right  
24          now.

25          **MS. MUNN:** It would seem a logical step in your

1 QA process, to me.

2 Any negative response to that?

3 (No response)

4 Any other comment with respect to where we are  
5 with this tracking system?

6 (No response)

7 Thank you, Steve and Kathy, all of you who have  
8 done such long, difficult work, not only  
9 setting this up but getting the database  
10 populated. I know this is -- has been a heroic  
11 task and it's expected to be very profitable  
12 for us in the long run in terms of -- of time  
13 management, so thank you very much.

14 **FIRST SET, REMAINING OPEN ITEMS**

15 The next item is the first set of remaining  
16 open items. Our roll-up that we just passed  
17 around, our -- our summary of all of our items,  
18 do you see that first finding date there?

19 Those are -- those are our set one items that  
20 we still have currently in process. It's my  
21 understanding that all of those items have now  
22 been rolled up into PROC-90 that we were  
23 discussing earlier so that essentially first  
24 set items now are PROC-0090.

25 We have 29 open items on that procedure, and if

1 we can take a moment and have either Stu or  
2 Steve give us a quick overview of what's been  
3 factored in here and, for those of you who want  
4 to follow, perhaps you may want to pull the  
5 data up on the O drive and take a look at it.  
6 I asked that I have a printout of those items  
7 and it's been provided to me. I'm sorry we  
8 don't have copies for everybody to pass around,  
9 but I don't think the outstanding items are  
10 really that pressing, just feel that it's  
11 necessary for us to be comfortable with what's  
12 transpired and know that we've done the right  
13 thing here.

14 Stu?

15 **MR. HINNEFELD:** Well, I -- I was trying to go  
16 back through these and reconstruct some strong  
17 talking points about, you know, what to talk  
18 about today and our response and what we've  
19 done. These -- these findings I find  
20 particularly difficult to work on because this  
21 was a very early product. And the statement of  
22 the finding in the report -- in the summary is  
23 -- is quite -- is -- is oftentimes different  
24 from the summary of the finding in the matrix.  
25 You know, the -- the matrix summary describes

1           the nature of the finding, but unlike most of  
2           the SC&A reports, which are -- that I find just  
3           really clear and able to understand the thought  
4           process, in this case the finding as summarized  
5           on the -- on the matrix, old times, now on the  
6           database, is a bit of a restatement or summary  
7           of a fairly long description of comments on the  
8           procedures. So this, to me, is a -- is a  
9           difficult one.

10          I think you'll -- you know, to understand the  
11          nature of the -- of the comment, as well as the  
12          nature of our response, it probably will  
13          require working from the original report,  
14          rather than the matrix or the database, to go  
15          through these in -- in detail and understand  
16          what this summary refers to and -- and how does  
17          this response then address that. So this, to  
18          me, I think will be a complicated task to work  
19          through. I think it would be very difficult to  
20          do in -- in a meeting, you know, where people  
21          aren't prepared coming into the meeting, so  
22          I'll just offer that up now. I'm trying to get  
23          my notes organized here, make sure I've got the  
24          -- the database printouts from -- from the --  
25          of these to -- to speak in a little bit more

1 detail.

2 **MS. MUNN:** I'm sure everyone here recognizes  
3 that there are very few things more difficult  
4 than taking a complicated set of findings and  
5 trying to summarize them accurately in as brief  
6 form as -- as necessary for the kind of  
7 electronic record we're trying to -- to get  
8 here. Perhaps one of the steps that we're  
9 missing so far is interaction between the  
10 agency and the contractor as these -- as the  
11 wording is being generated to make sure that --  
12 that there's agreement with respect to the  
13 capture of -- capture and weight of the  
14 specific item being addressed.

15 **MR. HINNEFELD:** Well, I mean -- yeah, I think  
16 in this case for this product, that's the case  
17 -- for this -- for these set of findings,  
18 actually.

19 **MS. MUNN:** Right.

20 **MR. HINNEFELD:** I don't think in general  
21 there's any particular problem at all. I think  
22 in general a report that we get, the other  
23 procedure review reports, the specific product  
24 reports, those are pretty well explained,  
25 pretty well described and the summary finding

1 is pretty -- you know, is kind of stated first  
2 time in the main report and then just -- just  
3 taken over into the -- the findings matrix.  
4 And so, you know, nowadays it's -- it's -- I  
5 think it works real well in terms of getting an  
6 understandable summary on the page and -- and  
7 being able to relate that summary to the -- the  
8 more depth -- in-depth information in the -- in  
9 the broad report. I just think that this  
10 particular product is -- it's a little more  
11 difficult to do that.

12 **MS. MUNN:** Can understand that. Paul?

13 **DR. ZIEMER:** Stu, if you could just clarify for  
14 me, are you talking about responding to what's  
15 in the database versus responding to the actual  
16 words in the report --

17 **MR. HINNEFELD:** Yes.

18 **DR. ZIEMER:** -- or --

19 **MR. HINNEFELD:** Yes.

20 **DR. ZIEMER:** Because I think you'd have to  
21 respond to what's in the report.

22 **MR. HINNEFELD:** Yes, I agree. And to  
23 understand our response --

24 **DR. ZIEMER:** You may have to go back to --

25 **MR. HINNEFELD:** -- you have to go back to --

1           **DR. ZIEMER:** -- the report --

2           **MR. HINNEFELD:** -- the original report to see  
3 why did this response --

4           **DR. ZIEMER:** Right.

5           **MR. HINNEFELD:** -- did we write this response  
6 for this summary finding.

7           **DR. ZIEMER:** Now are you having any trouble  
8 with the finding itself, or is it just the  
9 summary of the finding as it appears in the  
10 database?

11          **MR. HINNEFELD:** There are --

12          **DR. ZIEMER:** Or is --

13          **MR. HINNEFELD:** -- there are a few --

14          **DR. ZIEMER:** -- are the comments you're making  
15 about these findings look a little fuzzier than  
16 the findings for -- for example, a site profile  
17 or something like that?

18          **MR. HINNEFELD:** I am -- I am, as a general  
19 rule, less confident that the finding actually  
20 speaks -- or our response actually speaks to  
21 the nature of the finding in this -- on this  
22 case, on this -- this one set of findings than  
23 I am in pretty much any other arena, any of the  
24 DR reviews or any of the other procedure  
25 reviews. So I'm -- I'm less comfortable --

1           **DR. ZIEMER:** That has to do with the nature of  
2           the findings --

3           **MR. HINNEFELD:** That has to do --

4           **DR. ZIEMER:** -- and how they're developed or --

5           **MR. HINNEFELD:** How they're developed in the --  
6           in the broader report, and then how they are  
7           summarized --

8           **DR. ZIEMER:** Summarized.

9           **MR. HINNEFELD:** -- on the matrix, and so I'm a  
10          little less confident that I understand the  
11          exact nature of the findings.

12          **DR. ZIEMER:** So you -- you have to keep going  
13          back a step, you can't just take what's in the  
14          database. You go back to the finding summary,  
15          but then you may have to go back into the  
16          report and see how that was developed to -- to  
17          understand the full nature of what --

18          **MR. HINNEFELD:** Even then it's -- it's somewhat  
19          difficult. I mean I normally do that when I --  
20          when I'm trying to prepare responses for any of  
21          these findings I -- I look at the summary  
22          statement of the findings from the database,  
23          and I also look back to the -- the broader  
24          description in the report to make sure I  
25          understand -- okay, what -- did I really

1 understand what the finding is or what the  
2 comment is.

3 **DR. ZIEMER:** Is there something inherent in the  
4 nature of this kind of a review versus site  
5 profiles or versus an SEC petition review?

6 **MR. HINNEFELD:** I don't know. I think it may  
7 be --

8 **DR. ZIEMER:** I mean it's --

9 **MR. HINNEFELD:** -- you know, maybe John or  
10 somebody could speak to this --

11 **DR. ZIEMER:** Well, it -- it's one thing, for  
12 example, for SC&A to -- to raise an issue  
13 about, I don't know, a conversion factor from --  
14 -- going from film badge reading to an organ  
15 dose or something and that -- you can -- you  
16 can get a pretty good handle on that 'cause  
17 it's very specific. Is it the nature of -- of  
18 --

19 **MR. HINNEFELD:** Well, I -- I more -- I'm more --  
20 --

21 **DR. ZIEMER:** I'm trying to get a feel for what  
22 the issue is here and whether we can solve that  
23 issue, or if it's inherent in the nature of  
24 this particular kind of review.

25 **MR. HINNEFELD:** Okay, here's -- here's -- maybe

1 I can start with this. I'm looking at just the  
2 -- the finding detail that happens to be on the  
3 top of my stack here, and it lists -- this is  
4 PROC-90-24, and -- and also under the finding  
5 number it refers to page numbers within the  
6 report -- 199, 210 and 211. So whereas most of  
7 the report -- it will list a summary finding  
8 with just the number. You'll look to -- you  
9 know, fr-- in the matrix or in the database.  
10 You look to the longer -- the broader report,  
11 you find that exact finding number -- you know  
12 -- you know, listed very mu-- you know,  
13 language is pretty much the same as it is in  
14 the database. And then either immediately  
15 preceding or immediately after, I think it's  
16 preceding that finding statement is the  
17 discussion of the reviewer that led him to that  
18 finding. So you can do that very clearly and  
19 you get the nature and you understand the  
20 nature of the comment in that -- in that  
21 context.

22 In this report, or on -- it's not even all the  
23 first set. It's the PROC-90 findings. I had  
24 difficulty because I don't believe the findings  
25 are -- there's a summary statement of the

1 finding in the broad report that matches the  
2 summary statement in the database. I don't  
3 think there's in large part any summary  
4 findings statement. I mean there may be some,  
5 but they don't match up with the finding  
6 statements in the database. And so it refers  
7 you to, in this case, two passages -- this is  
8 actually not very complicated 'cause I think  
9 one of those is just the table where it -- you  
10 know, the -- there's a table where there's a  
11 check mark that this doesn't always or almost  
12 never satisfies this one particular review  
13 requirement -- criterion. And then you look at  
14 the other two -- 210 to 211, you read the 210  
15 to 211 pages, and I'm not sure that I picked  
16 out of that 210 to 211 pages what the reviewer  
17 and the summarizer thought was the important  
18 nugget of it in order to write the summary  
19 statement that they wrote.

20 **MR. MARSCHKE:** Stu --

21 **MR. HINNEFELD:** Yes.

22 **MR. MARSCHKE:** -- would it be helpful if we --  
23 if we -- we took a -- another shot at maybe  
24 summarizing the issues and -- because I -- you  
25 know, there's nothing that says we can't change

1           what's in the summary of the -- of the issue  
2           here.  If we went back and -- I think these are  
3           mostly Arjun's issues, or Arjun's review -- he  
4           reviewed these documents.  And if we, you know,  
5           took another look at those and -- and maybe  
6           made an attempt to -- to add more meat to the  
7           summary of -- of the issue so that it would  
8           give you a better indication of what we feel  
9           are the significant concerns?

10          **MR. HINNEFELD:**  I wa-- I was hoping you'd offer  
11          that, you know.  The -- something else I'd ask,  
12          though, during that is that you look at the  
13          response we wrote -- you know, we -- we wrote  
14          initial responses on these long ago, and I  
15          don't know that we as a Board have really ever  
16          discussed in a meeting those responses.  Do you  
17          remember, Arjun?

18          **DR. MAKHIJANI:**  I -- I believe we have --

19          **MR. HINNEFELD:**  Maybe we did and  
20          (unintelligible).

21          **DR. MAKHIJANI:**  -- we have done -- done it, but  
22          a couple of major issues have remained  
23          unresolved for quite a long time.  Why -- why  
24          don't I get together with you off-line, Stu --

25          **MR. HINNEFELD:**  Sure.

1           **DR. MAKHIJANI:** Kathy DeMers and I worked on  
2 this. Why don't I get together with you off-  
3 line and we can just identify the findings with  
4 which you're having some trouble --

5           **MR. HINNEFELD:** Especially in the context of  
6 what we have done and what we have provided.

7           **DR. MAKHIJANI:** Yeah, we can do that.

8           **MR. HINNEFELD:** You know, we've provided some  
9 responses, we've -- I want everybody to make  
10 sure they got their revised acknowledgement  
11 packet because we do, in a lot of our  
12 responses, say that we think this revised  
13 acknowledgement packet does do a better job of  
14 explaining to the -- to the claimant what to  
15 expect, and that was the nature of some of the  
16 findings. It wasn't, you know, majority  
17 necessarily, but it was the nature of some of  
18 the findings. So I would like you to do that,  
19 if -- if you would and if the working group and  
20 -- feels that that's the appropriate task for  
21 SC&A to do.

22           **MS. MUNN:** It seems the most direct thing to  
23 do, and certainly would appear the sooner the  
24 better. These -- these technical exchanges  
25 between the two principals are always much more

1           productive than trying to work them out in a --  
2           a meeting setting, I believe, if that can be  
3           done. John, you have --

4           **DR. MAURO:** The only thing I'd like to add is  
5           what -- what I'm hearing is the process, there  
6           are places along the way where there is  
7           ambiguity, confusion that needs to be clarified  
8           so that we could work through the issue. In  
9           some cases it may simply be that in our report  
10          itself, the full report, there may be some  
11          ambiguity that, once we get into the process --  
12          NIOSH is not quite sure what the -- what's the  
13          problem. And then of course the logical step  
14          would be some discussion. And so I don't see  
15          there are -- and we'll work that out.

16          I am concerned, though, that -- with the  
17          archive. In effect, what's happening is  
18          there's clarifying discussion that takes place  
19          where there's an -- aha, oh, is that what you  
20          meant, and then we'll say oh, no, now I know  
21          what the issue is. I think it's important that  
22          that's captured. And what I would suggest is  
23          that when that happens, when those discussions  
24          happen, that some minutes be made regarding  
25          that clarification. It might be something on

1           our part where we have to clarify the point we  
2           made in our original report. But somehow that  
3           needs to be captured as part of the archive.  
4           And I would -- I would recommend that that go  
5           in the database, just like we put white papers  
6           in and -- and click so you can go to the white  
7           paper. This would be a form of that. So -- so  
8           when you do do that -- let's say you do have  
9           that conversation and the clarification is  
10          accomplished, that it -- it is memorialized so  
11          we don't lose it in the record.

12         **DR. MAKHIJANI:** What -- what --

13         **UNIDENTIFIED:** (Off microphone)

14         (Unintelligible)

15         **DR. MAURO:** It'll be. Okay.

16         **DR. MAKHIJANI:** What -- what we can do is just  
17         prepare a short memorandum about the findings  
18         at issue and discuss what the old finding was  
19         and put clearly what the new finding is,  
20         capture that in a summary, and I think that  
21         should -- that should take care of it. Right,  
22         Stu?

23         **MR. HINNEFELD:** I believe so, right.

24         **MS. MUNN:** It would, assuming that we will be  
25         able to, for example, sort by date those

1 findings so that -- that those of us who want  
2 to see what the resolution was can see how it's  
3 captured.

4 **MR. MARSCHKE:** What we -- yeah, but the -- the  
5 database will be able to handle that because  
6 what we have is we will make an entry now into  
7 the database for each one of these 29 issues,  
8 that we discussed them today, an action item  
9 was taken for each one that -- for Stu and  
10 Arjun to get together and clarify, and then we  
11 have basically -- we have space in here for  
12 SC&A follow-up or NIOSH follow-up. SC&A  
13 follow-up could be a clarification of the  
14 issue. There will be a date associated with  
15 that, so -- so that actually the database is a  
16 -- is -- is well-prepared to -- to handle this  
17 situation.

18 **MS. MUNN:** Excellent. And in addition to that,  
19 it would be enormously helpful for this body if  
20 the status of the results of such conferences  
21 were a standard report item for each of our  
22 meetings. When these things have occurred off-  
23 line, it's very helpful for us to know --  
24 especially if off-line conversations have  
25 resulted in a change to the database, it's

1 helpful for us to be statused on that at each  
2 meeting.

3 **MR. GRIFFON:** Wanda?

4 **MS. MUNN:** Yes.

5 **MR. GRIFFON:** Just -- just one thing on this --  
6 I think this is probably like the fifth time  
7 we've had this CATI procedure on the workgroup  
8 agenda, and --

9 **MS. MUNN:** It's the first time we've had it  
10 rolled up quite this nicely, I think.

11 **MR. GRIFFON:** Yeah, that's true. And this  
12 package is going to be helpful -- but it's also  
13 the fifth time we haven't discussed the meat of  
14 the issue, and I'm -- I just am a little  
15 concerned -- I'm glad -- it sounds like a  
16 decent path forward, but I think we really need  
17 to -- to get at the heart of the issue. This  
18 is, you know, a key part where the program  
19 meets the public, and we haven't been able to  
20 grapple with some fairly serious findings and I  
21 -- I think we need to start talking about the  
22 substance, so -- you know, so I'm happy you  
23 have a process but I really hope that at our  
24 next workgroup meeting we can be ready to talk  
25 about the meat of the findings.

1           **MS. MUNN:** That specifically is your major  
2 concern, Mark?

3           **MR. GRIFFON:** Oh, I -- I have several con-- I  
4 mean I have several concerns about the  
5 interview process on the phone, whether there's  
6 HPs available on the phone -- I mean all these  
7 findings have come up. I've also -- I think  
8 now there's a different CATI. I'm -- maybe --  
9 can someone help me with that? I'm not even  
10 sure if there's a different interview form.  
11 When we were -- early on in our Advisory Board  
12 we were -- we were basically told, you know,  
13 don't make comments regarding the -- the  
14 physical structure of the questionnaire --

15           **MS. MUNN:** CATI itself.

16           **MR. GRIFFON:** -- because that's going to have  
17 to go through OMG (sic) --

18           **MS. MUNN:** Uh-huh.

19           **MR. GRIFFON:** -- it's going to be a lengthy  
20 process, da, da, da, can't be changed.

21           **MS. MUNN:** Uh-huh.

22           **MR. GRIFFON:** Well, apparently it's been  
23 changed, so I don't know where thing-- you  
24 know, I think we -- we have several items we  
25 have to discuss on that.

1           **MR. HINNEFELD:** Well, I think the new CATI  
2 script -- the changes, as I understand it --  
3 some of those changes that were made -- first  
4 of all, the reason it was changed was because  
5 the OMB approval of the original script  
6 expired. You know, those are not permanent  
7 approvals. Those are for a set period of time,  
8 so we had to request a renewal of the OMB  
9 appro-- OMB -- approval by OMB in order to  
10 collect the information from a lot of people.  
11 That's why you need OMB approval, 'cause we're  
12 collecting information from a lot of people.  
13 But when we --

14           **MR. GRIFFON:** That might have been a nice place  
15 for the Advisory Board to weigh in --

16           **MR. HINNEFELD:** And we --

17           **MR. GRIFFON:** -- (unintelligible) that --

18           **MR. HINNEFELD:** -- we submitted --

19           **MR. GRIFFON:** -- (unintelligible).

20           **MR. HINNEFELD:** -- with our proposed our  
21 revisions, revisions that we felt addressed  
22 findings from these -- from these -- you know,  
23 these findings, some of these, so --

24           **MR. GRIFFON:** That's fine --

25           **MR. HINNEFELD:** -- we included that --

1           **MR. GRIFFON:** -- (unintelligible) the loop,  
2           Stu.

3           **MR. HINNEFELD:** Yeah.

4           **MR. GRIFFON:** That's all I'm saying, you know.

5           **MR. HINNEFELD:** Okay.

6           **MR. GRIFFON:** So... But I think we need to  
7           review those and look at those and see if --  
8           maybe they did respond to the findings. I'm  
9           happy if they did. But again, we weren't --  
10          you know, that kind of went on without us  
11          knowing about it, as far -- as far as I'm  
12          concerned, anyway. Maybe other people were  
13          aware.

14          **MR. HINNEFELD:** I think, with respect to  
15          changing the script, I said we -- we would  
16          prefer not to change the script, but it can be  
17          changed -- I believe is what we said -- because  
18          it would require, again, OMB approval. It will  
19          take a -- a while for that to happen. But we  
20          can change the script and we don't have to wait  
21          until the approval expires to do a change.

22          **DR. MAKHIJANI:** Could I ask for a  
23          clarification, Mark? If -- if the CATI has  
24          been changed and there's some confusion on that  
25          very -- on the findings in relation to the

1 review of the CATI that we did, are -- are you  
2 saying that we should -- we should look at the  
3 new CATI? I mean will it be -- it seems -- it  
4 might be cumbersome --

5 **MR. GRIFFON:** It just came to my attention --

6 **DR. MAKHIJANI:** -- (unintelligible) agree to  
7 read old findings and then review a new CATI  
8 and --

9 **MR. HINNEFELD:** I'll send you the new ones.

10 **MR. GRIFFON:** Yeah, that new CATI might be part  
11 of the response to the findings, is what I'm  
12 hearing, so I think we -- we certainly need to  
13 look at it when we're looking at the findings.

14 **DR. MAKHIJANI:** So this -- this may be a little  
15 bit larger task than -- than the cleanup of --  
16 you know, just clarification of an old finding  
17 relating to an old CATI, which is what I  
18 understood just a moment ago that we were going  
19 to do. If there's a -- if there's a new CATI  
20 that needs to be looked at, I -- I just have a  
21 question. Do you want it looked at as part of  
22 the same process, or do you want us to clean up  
23 the old findings and then deal with that  
24 separately? I'm not clear.

25 **MS. MUNN:** Well, from the chair's perspective,

1 first we need to get PROC-90 cleaned up so that  
2 everybody is happy and clear on exactly what  
3 the findings are and make sure that we have  
4 captured what the issues are correctly, and  
5 have correctly captured the weight of each of  
6 those issues. It would appear to muddy the  
7 waters if we attempted to begin review of the  
8 current existing documentation without having  
9 clarified what we felt was the problem with the  
10 preceding documentation. Does that make sense?

11 **DR. MAKHIJANI:** Fair enough, yeah.

12 **MR. GRIFFON:** Yeah, I suppose so.

13 **DR. MAKHIJANI:** That's good. We can do that.

14 **MR. GRIFFON:** I mean like I said, the process  
15 described sounds -- sounds reasonable. I'm  
16 just a little concerned -- you know, I -- I  
17 just found this out myself a few weeks ago.

18 **MS. MUNN:** For our next --

19 **MR. GRIFFON:** I was surprised that the CATI had  
20 been changed and I think it happened a while  
21 ago, so --

22 **MR. HINNEFELD:** I forget ex-- I forget now.

23 **MR. GRIFFON:** Yeah.

24 **MR. HINNEFELD:** I forget exactly.

25 **MS. MUNN:** Our next workgroup meeting will be a

1 full day meeting, and will give us considerably  
2 more opportunity to address these issues in  
3 depth if we feel that we want to include that  
4 on our agenda. It does sound like a reasonable  
5 thing to do, if we can work on the assumption  
6 that, for the most part, these fuzzy issues  
7 that exist now can be clarified in that period  
8 of time. Do the two of you think that's  
9 probable between now and July when this --

10 **MR. HINNEFELD:** Well, what part of July?

11 **MS. MUNN:** -- workgroup will meet again?

12 **DR. BRANCHE:** July -- The next procedures  
13 meeting is scheduled for July 21st at 9:30 a.m.  
14 Eastern time. An announcement has already been  
15 sent out about that, I believe.

16 **MS. MUNN:** Uh-huh.

17 **DR. MAKHIJANI:** Is it a phone meeting or --

18 **DR. BRANCHE:** No, it's a --

19 **MS. MUNN:** No, it's --

20 **DR. BRANCHE:** -- face-to-face meeting --

21 **MS. MUNN:** -- face-to-face in --

22 **DR. BRANCHE:** -- in Cincinnati.

23 **MS. MUNN:** -- Cincinnati. Uh-huh.

24 **DR. MAKHIJANI:** I think in terms of clarifying  
25 old issues and -- and creating a short

1 memorandum would clear up a few findings should  
2 -- it should be very possible to do that --

3 **MS. MUNN:** Good.

4 **DR. MAKHIJANI:** -- and send it to you in  
5 advance.

6 **MS. MUNN:** That would be helpful. Then we  
7 could have a more in-depth look at the new  
8 process as a part of our agenda.

9 **DR. BRANCHE:** Actually I stand corrected. I  
10 stand corrected. I think the announcement for  
11 the June -- July 21st meeting has not been sent  
12 out. I was going to clarify all of that with  
13 Zaida at the conclusion of this meeting. It's  
14 a Monday.

15 **MS. MUNN:** Yeah, it is a Monday. Is it a bad  
16 day for you?

17 **DR. MAKHIJANI:** Yeah, unfortunately it -- I  
18 can't be there on July 21st.

19 **MS. MUNN:** Hmm.

20 **DR. BRANCHE:** Ms. Munn, you scheduled this  
21 meeting before we concluded our last meeting --

22 **MS. MUNN:** Yes.

23 **DR. BRANCHE:** -- in Cincinnati.

24 **MS. MUNN:** Yes, we did. We looked at it at  
25 that time. We may need to look at it again as

1 a housecleaning procedure.

2 **DR. MAKHIJANI:** I could possibly participate by  
3 phone. I have to check in my calendar.

4 **MS. MUNN:** All right. We'll look at that at  
5 the end of our agenda here when we get to  
6 housekeeping and closure items.

7 Do we have any other material with respect to  
8 PROC-90 that we need to cover?

9 (No response)

10 Stu, do you want to say anything at all about  
11 the new packet?

12 **MR. HINNEFELD:** I guess I maybe should. The --  
13 this is the acknowledgement packet that goes to  
14 claimants today when we receive their claim  
15 from the Department of Labor.

16 **DR. BRANCHE:** I'm sorry, Stu, could you please  
17 clarify? You're meaning as of this day, but --

18 **MR. HINNEFELD:** Yes.

19 **DR. BRANCHE:** -- it started this --

20 **MR. HINNEFELD:** It started some time ago.

21 **DR. BRANCHE:** Okay, thank you.

22 **MR. HINNEFELD:** It started some -- I don't -- I  
23 don't have the exact date when it was adopted  
24 with me, but I could probably find out. It  
25 includes a letter which is somewhat similar to

1           the letter we sent earlier, I believe probably  
2           is more explanatory, a better letter than the  
3           letter we sent earlier. That's -- at least  
4           it's on the right side of my packet, and on the  
5           left are a number of brochures that provide  
6           information about EEOICPA program, there's --  
7           you know, FAQs, there's just a series of steps.  
8           There's a detailed steps in the dose  
9           reconstruction process so that claimants, we  
10          hope, will know what's -- what's happening  
11          next. There's a glossary of terms. So the  
12          kinds of information are much -- much of -- you  
13          know, a number of the findings -- I won't say  
14          most, or maybe not even much, but a number of  
15          the findings on the CATI procedure spoke to the  
16          fact that the process wasn't very well-  
17          explained to -- to the claimant. We felt like  
18          well, we don't really want to use the CATI to  
19          explain the process to the claimant, but that's  
20          a -- that's a valid point that we should -- we  
21          should do a better job of explaining to the  
22          claimant what's going to happen. And so that's  
23          why a packet of this nature was developed. So  
24          it's -- it's a -- it's bigger. I think we used  
25          to just send just an acknowledgement letter, so

1           there's more information provided at this point  
2           in -- in the process to address those. You can  
3           look through it and see what's there. I guess  
4           people might find out -- they feel like boy,  
5           there's something in here -- that should be in  
6           here that isn't. Chances are people will say  
7           well, boy, I think this may be too much and  
8           there's a lot of this that doesn't need to be.  
9           So I guess some feedback on that would be --  
10          would be welcomed, as well.

11          **MS. MUNN:** Could that be an item of our next  
12          meeting?

13          **MR. HINNEFELD:** Well, I would leave that not  
14          necessarily as a forced item, that we want  
15          somebody to give us feedback, but if someone  
16          has it, you know, I'd be willing to take it  
17          either at the next meeting or any other time.  
18          You know, the meeting -- our meeting time is --  
19          for this workgroup seems to be never -- we  
20          never seem to have enough time in this  
21          workgroup, and so it might be better not to  
22          provide that kind of information into, you  
23          know, a work-- into the workgroup setting, but  
24          just for peo-- you know, as individuals who are  
25          interested.

1           **MS. MUNN:** Workgroup members, do you need a  
2 reminder from me to do that? Can you take it  
3 on your own hook to respond to Stu's request?  
4 If you have feedback with respect to the packet  
5 here, will you please get it to Stu? That will  
6 save me one e-mail. Thank you very much.

7           **DR. MAURO:** Wanda, this is John. One of the  
8 discussions we had earlier today has to do with  
9 the re-review process. I'd like to just  
10 confirm, for all intents and purposes, the  
11 extent to which the material contained in this  
12 packet explicitly addresses some of the  
13 concerns that may have been contained in our  
14 previous review -- let's say of the  
15 communication CATI or communication -- I -- my  
16 perspective is well, this is part of following  
17 the finding --

18           **MR. GRIFFON:** Right.

19           **DR. MAURO:** -- so if it turns -- so to Arjun,  
20 in effect, part of the process is now that,  
21 with this document out, it's -- ought -- within  
22 the mandate of SC&A to review it from the  
23 perspective of the degree to which you feel it  
24 satisfies or -- the intent or concerns that  
25 were raised in one of your reviews. So what

1 I'm saying is one of the discussions we had a  
2 little earlier, I'm not sure if you were here  
3 at the very beginning. We talked about  
4 following the finding 'cause very often a  
5 finding may come out in a particular review  
6 that we have done a year ago, or more. And  
7 then that finding is -- begins to be processed  
8 and -- and addressed by NIOSH in various  
9 venues, such as this. It's my understanding  
10 that we have a standing authorization, as long  
11 as it's a continuation of the finding and its  
12 resolution, that our role would be to look at  
13 that material and stay on top of it and keep  
14 the working group apprised of the degree to  
15 which we feel that particular issue has been  
16 closed to SC&A's satisfaction.

17 **MS. MUNN:** That would be my interpretation of  
18 your charge, as well. From my perspective,  
19 that's simply following the finding to ground -  
20 -

21 **DR. MAURO:** Yes.

22 **MS. MUNN:** -- and -- and reaching its  
23 appropriate conclusion. If it -- if it evolves  
24 that our interpretation of that is incorrect,  
25 then I trust someone will notify us that we are

1 looking at it incorrectly, but till I hear to  
2 the contrary, my assumption is that you are  
3 correct.

4 **DR. MAKHIJANI:** Ms. -- Ms. Munn, the only --  
5 the only question I -- I would have -- I agree  
6 with what you both have said. The only  
7 question I have is NI-- NIOSH would need to  
8 alert us that this -- this is responding to  
9 some particular finding so we can rel-- relate  
10 it. If it's a general action that NIOSH has  
11 taken and they're simply sending out a new  
12 packet, we -- we have no way of -- of knowing  
13 that it's responding to a finding and tracking  
14 it because -- I mean we have to -- that's just  
15 a kind of a --

16 **MR. HINNEFELD:** I believe our initial response  
17 information in the database will -- would  
18 indicate whether we believe --

19 **DR. MAKHIJANI:** Oh, right, that --

20 **MR. HINNEFELD:** -- the acknowledgement packet  
21 addresses the finding.

22 **DR. MAKHIJANI:** -- that will then take care of  
23 it.

24 **MS. MUNN:** I would anticipate that it would  
25 appear in the database as a -- as a response to

1 an open item, yeah.

2 Very good, it is almost time for our break and  
3 in view of the fact that I would like to give  
4 Mark and Paul an extra five minutes to put  
5 their words together, let's take our break at  
6 this time. We'll come back at 10:15, at which  
7 time our first item will be to look at what  
8 Mark and Paul have done, revisit the  
9 transmittal letter, to see if we can get that  
10 out of the way before we undertake the next  
11 issue with respect to TBD-6000 and 6001 and  
12 Appendix BB.

13 **DR. BRANCHE:** For phone participants, we will  
14 mute the line and we will reopen when we  
15 reconvene. Thank you.

16 (Whereupon, a recess was taken from 9:55 a.m.  
17 to 10:15 a.m.)

18 **DR. BRANCHE:** Who's participating by phone,  
19 please let me know that you can hear me.

20 **UNIDENTIFIED:** I can hear you, Christine.

21 **DR. BRANCHE:** Thank you so much. This is the  
22 procedures workgroup meeting reconvening after  
23 a break. Thank you very much. I do remind all  
24 phone participants to please mute your lines.  
25 If you do not have a mute button, then please

1 use star-6 to mute your phones. It is critical  
2 that everyone participating by phone use a mute  
3 function. And please, if you must leave us  
4 temporarily, please do not put us on hold.  
5 Thank you so much.

6 Ms. Munn?

7 **MS. MUNN:** Thank you. Over the break Dr.  
8 Ziemer and Mark Griffon were working on wording  
9 for us to amplify what we have already been  
10 looking at with regard to a transmittal of  
11 SC&A's status report on the first set of  
12 findings.

13 Dr. Ziemer, Mark, do you have --

14 **MR. GRIFFON:** Paul's got it written --

15 **MS. MUNN:** -- words for us?

16 **DR. ZIEMER:** Yes, I do have words for the  
17 workgroup, and I'm sorry to tell you that I'll  
18 just have to read them into the record and then  
19 we can provide written copies later if -- if  
20 that's agreeable. And perhaps if the workgroup  
21 is able to get -- catch the sense of what we're  
22 saying -- it's not all that long. If they  
23 catch the sense of it and are willing to  
24 approve it, the chair might offer the  
25 opportunity for workgroup members to also do a

1           little word-smithing or editing later if -- if  
2           needed. But let me read the words and then you  
3           can make that decision.

4           **MS. MUNN:** Thank you.

5           **DR. BRANCHE:** Excuse me. Dr. Ziemer, when you  
6           do so are you also going to tell us where in  
7           the current document you think it ought to be  
8           placed, or are you leaving that for later  
9           discussion?

10          **DR. ZIEMER:** We would place this where Wanda  
11          suggested, which is the paragraph -- let me  
12          pull it up here.

13          **MS. MUNN:** Next to last paragraph  
14          (unintelligible) --

15          **DR. BRANCHE:** Okay, thank you, next to last  
16          paragraph.

17          **DR. ZIEMER:** Next to last paragraph --

18          **DR. BRANCHE:** That's helpful. Thank you, Paul.

19          **DR. ZIEMER:** It -- it's in the -- it would come  
20          at the end of that paragraph --

21          **DR. BRANCHE:** Okay, thank you.

22          **DR. ZIEMER:** -- or it would be a paragraph  
23          following that, perhaps would be better, but --  
24          as a separate paragraph. Here it is.  
25          Approximately two-thirds of the findings relate

1 to the clarity, completeness and consistency of  
2 the procedures for use in dose reconstruction.  
3 The other third deal with technical issues such  
4 as accuracy, claimant favorability and  
5 scientific quality. It should be noted that  
6 approximately 50 percent of the technical  
7 findings have been closed. Likewise,  
8 approximately 50 percent of the non-technical  
9 findings have been closed. Accordingly, the  
10 Board's review process is helping to assure  
11 that the procedures being used by NIOSH and its  
12 contractors not only are scientifically valid,  
13 but are also clear and efficient.

14 If I can comment, and Mark may wish to comment  
15 as well, but that -- that ends the -- the  
16 statement as we prepared it. Could I add some  
17 comments?

18 **MS. MUNN:** Please do.

19 **DR. ZIEMER:** The statement made in the body of  
20 the SC&A report we may wish to also include.  
21 It is the very last paragraph of the SC&A  
22 report, and it suggests that the review process  
23 will cause NIOSH -- hang on just a moment --  
24 will cause NIOSH or has caused NIOSH to do one  
25 of the following: One, modify a procedure to

1 correct an error, further provide  
2 clarification, or improve its logical sequence  
3 format; two, develop new guidance documents or  
4 eliminate redundant procedures; or three,  
5 revisit some adjudicated cases through the  
6 Program Evaluation Program.

7 So we may want to include that to pull that  
8 forward because that's how -- or that's the  
9 impact on the procedures. The statement Mark  
10 and I developed was to try to identify the  
11 extent to which the -- the findings were in the  
12 technical versus the non-technical range, and  
13 the extent to which those are closed. For  
14 example, if -- if all we did is closed the non-  
15 technical issues -- or the grammar's really  
16 great in these issues but we haven't addressed  
17 the science, then we would be very concerned.  
18 But what we're finding in our early count that  
19 pretty much half of all the types of findings  
20 are being closed, so it's not one or the other.  
21 Mark, you may wish to add to that, and we -- we  
22 -- because of some double counting in the -- in  
23 the original report, we don't have the exact  
24 numbers, but they're close to 50 percent.

25 **MS. MUNN:** Certainly the wording that's been

1 presented is well-received. What's the sense  
2 of this body with respect to the inclusion of  
3 the last paragraph of SC&A's report, as well as  
4 any comment with respect to the words that have  
5 been presented by Paul and Mark?

6 **MR. GRIFFON:** I -- I think that last paragraph  
7 would -- would be a good inclusion as well  
8 because I think it -- it speaks to the action  
9 of -- that resulted from the findings, so --  
10 and we -- and Paul and I discussed, in our  
11 brief meeting, that, you know, we may not be  
12 able to -- to refine that, but we can generally  
13 say here's three -- three -- you know, and I  
14 think SC&A stated the general outcomes from the  
15 findings. And I think that's the only way we  
16 can state it right now. We can't really say  
17 that, you know, certain PERs resulted from this  
18 or certain -- you know, but we can at least  
19 make that general statement that these are  
20 three actions that resulted from our review, so  
21 I -- I'm happy with adding that in if it's -- I  
22 don't think it gets too wordy at that point,  
23 but I think it might be a good addition.

24 **MS. MUNN:** It would be simple enough to  
25 indicate that the contractor's summary of their

1           -- of their report reads -- and include that  
2 paragraph. That would be simple enough.  
3 Any other thoughts, comments, complaints,  
4 additions, deletions?

5                                 (No response)

6           If not, we will make an effort to incorporate  
7 those words into what we have here and, at the  
8 very least -- if nothing else, we'll have them  
9 in hard copy to you prior to the time this  
10 issue comes to the floor for the full Board, at  
11 which time it's my intent to recommend that  
12 these words be accepted and that a letter be  
13 sent to the Secretary accompanying this report.  
14 Any additional comments or thoughts?

15                                 (No response)

16           I'll work with your words then, Paul. Thank  
17 you.

18           **APPENDIX BB TO TBD 6000/6001**

19           The next item on our agenda is one which I'm  
20 very pleased to see us addressing. As you  
21 know, we've been dealing at considerable length  
22 recently with Appendix BB to TBD 6001.

23           **DR. ANIGSTEIN:** 6000.

24           **MS. MUNN:** 6000, and we've had 6001 on our  
25 scope as well. These -- these TBDs are a

1 different animal than the other procedures that  
2 we have been addressing, and they are going to  
3 be extensive in terms of their scope. They're  
4 going to be extensive in terms of the Board's  
5 time. And they are going to be much more  
6 nearly in the purview of site profiles than  
7 they are in the realm of procedures that we  
8 have been dealing with here in the past.  
9 We want to hear a little bit about where we are  
10 here. And after we've talked about where we  
11 are with these procedures at this time, the  
12 chair has a recommendation that's been  
13 discussed off-line a little bit which I'd like  
14 to bring for your consideration with respect to  
15 these two documents and the additional  
16 documents that will proceed from them in the  
17 future. For the moment, to bring us up to  
18 speed on where we are -- Bob, are you going to  
19 do that for us, or John?

20 **DR. ANIGSTEIN:** Well --

21 **MS. MUNN:** Do you want to --

22 **DR. ANIGSTEIN:** -- I certainly can, but the  
23 really -- oh, sorry. So shall I proceed?

24 **MS. MUNN:** Yes, please.

25 **DR. ANIGSTEIN:** There really have been very

1           little new development since the workgroup  
2           meeting in May -- May 20th, I think it was --  
3           in Cincinnati where we made the extensive  
4           presentation of our review of Appendix BB.  
5           Since then we've gotten -- at that time we  
6           summarized the findings, there's 13 issues, and  
7           then -- in the report and in a summary -- and  
8           then we transferred those issues also into a  
9           matrix which Steve Marschke just mentioned has  
10          gone into the database. And shortly before --  
11          sometime last week I believe it was -- I -- we  
12          received a response from NIOSH to each of the  
13          issues in the matr-- or they filled in the --  
14          their box of the matrix. And I guess I would -  
15          - I -- I suppose Stu or -- Stu should -- do you  
16          want to summarize your response?

17          **MR. HINNEFELD:** Yeah, I -- I can summarize  
18          briefly.

19          **MS. MUNN:** That would be helpful. Thank you,  
20          Stu.

21          **MR. HINNEFELD:** We're not -- well, I sent the  
22          responses I believe to the workgroup and --

23          **MS. MUNN:** Yes.

24          **MR. HINNEFELD:** -- SC&A. We're not at a  
25          position yet to be able to speak definitively

1           about where we believe this will all turn out  
2           in -- you know, given the review information  
3           provided by SC&A and the information we've  
4           obtained about the film badge results from the  
5           people at General Steel.

6           A couple -- we know there are a couple of  
7           issues with the film badge dataset. One is  
8           that it does not cover the entire covered  
9           period. It starts fairly late in the covered  
10          period, covers the last two or three years of  
11          the covered period, and then continues on  
12          beyond that when the Betatron was still being  
13          used -- as we understand it, was very -- in  
14          very heavy use for the irradiation of steel  
15          products for a number of years after that while  
16          -- and we have those film badge results. And  
17          so there's a lot of the -- lot of the dose, as  
18          SC&A's pointed out, comes from activation of  
19          the Betatron itself, and some from activation  
20          of the irradiated objects. And then there's  
21          also the -- some dose from the leakage  
22          radiation during operation.

23          So the fact that we don't cover the entire  
24          covered period, we don't know that is a fatal  
25          flaw because the -- the issue is do we cover

1           perio-- heavy Betatron use, which is the source  
2           of the exposure, predominantly, and we -- we  
3           think we do.

4           In terms of coverage of the work force, that  
5           would be another thing to talk about, and the -  
6           - because as we understand it, the Betatron  
7           operators who I believe were the radiographers  
8           who -- at least the ones who worked for -- for  
9           General Steel, were the ones who were badged.  
10          You know, the rest of the population wasn't  
11          badged. And in the instance of the leakage  
12          radiation scenario, it -- the exposed people  
13          are more likely not radiographers. They would  
14          be people who have access to certain areas  
15          where the leakage radiation would be the most -  
16          - well, the highest and most intense.  
17          And then -- then trying to resolve what the --  
18          the dosimetry data says with the kind of model  
19          exposures is the other instance. I can tell  
20          you we have -- I don't know the numbers, I know  
21          many, many pages -- it was like a -- 14,000  
22          pages of -- oh, okay, 14,000 measurements --  
23          film badge measurements -- from the people.  
24          They were generally weekly reads. The number  
25          of people is a little hard to tell because you

1           have to see -- you know, because it changes  
2           over time. So we have that -- you know, quite  
3           a lot of number of badge reads, many of which  
4           are reported as below the detection level for  
5           the badge. So there's some issues to work  
6           with, and unfortunately we're not prepared  
7           really to say how we feel -- where we think --  
8           think all this takes us today.

9           So Dave Allen is on -- I think Dave Allen is on  
10          the phone. I don't know if there's anything  
11          more he wants to add or not.

12         **MS. MUNN:** Dave, are you there?

13         **MR. ALLEN:** I'm here, Wanda. I think Stu's got  
14          it covered.

15         **MS. MUNN:** Very good.

16         **MR. HINNEFELD:** Thanks, Dave.

17         **MS. MUNN:** We understand that, especially given  
18          the brevity of our meeting today, it would  
19          really be almost impossible for us to get into  
20          this in any great detail.

21         **MR. HINNEFELD:** No, I am -- I have one  
22          question. Do the workgroup members have access  
23          to our -- to the site research database? Can  
24          you go to O drive and see the site research  
25          database, 'cause I'm -- I'm never clear on

1           that.

2           **MR. GRIFFON:** Yeah, we do.

3           **MR. HINNEFELD:** Okay. And we can al-- we also  
4           have that review file, though -- document  
5           review file on the O drive -- right? -- that  
6           you guys -- one that has the various sites?  
7           (Whereupon, multiple participants responded to  
8           Mr. Hinnefeld's query.)

9           **MS. MUNN:** Yes.

10          **MR. HINNEFELD:** Yeah, that's -- that's what  
11          it's called on our side, yeah. But we can -- I  
12          mean we can -- these are -- this is Privacy Act  
13          information, but we can put Privacy Act  
14          information in those forms, and we can make  
15          those data sheets available for workgroup  
16          members who want to look at them. Or you know,  
17          be -- it would be probably easier to find it on  
18          the document review or there's a folder that  
19          call-- that says General Steel Industries, as  
20          opposed to, you know, searching the SRDB and  
21          finding it in SRDB, so we can make that  
22          available. I know -- I think Bob got access to  
23          those sheets fairly recently, if I'm not  
24          mistaken.

25          **DR. ANIGSTEIN:** Yes, but I -- I was able to

1 review them, actually --

2 **MR. HINNEFELD:** Okay, and I was wondering --

3 **DR. ANIGSTEIN:** -- I mean I made a preliminary  
4 review of those.

5 **MR. HINNEFELD:** Right, right. It'd be hard to  
6 do an in-depth one in a couple of days, but --

7 **DR. ANIGSTEIN:** Right.

8 **MR. HINNEFELD:** -- do you have any response or  
9 any kind of take --

10 **DR. ANIGSTEIN:** Yeah.

11 **MR. HINNEFELD:** -- on that?

12 **DR. ANIGSTEIN:** I have a couple of comments.

13 One is -- the period of interest, in other  
14 words, the contract period ended in -- I  
15 believe it was June 30th, 1966. The film badge  
16 records -- the -- the monitoring apparently  
17 started in November '63. However, the earliest  
18 record was early '64, January '64. So again,  
19 it's a minor -- minor -- minor omission there.  
20 For some reason the '63 records -- the end of  
21 '63 records were not included.

22 They started off with about a dozen workers at  
23 the very beginning. Then the record for the  
24 middle of the week that exactly spanned the  
25 termination period -- in other words, the June

1 30th, so the week that started end of June and  
2 went into beginning of July of '66 -- had 36  
3 workers on it. Now that's a small fraction.  
4 My understanding is there were -- the entire  
5 plant population numbered in the hundreds. So  
6 these were the -- I -- my understanding or I  
7 surmise from various information I got was that  
8 at one point the workers handling the iso--  
9 what they called isotopes, isotopes but it --  
10 which means the cobalt-60 sources were --  
11 primarily, I believe they were the only ones.  
12 There was an iridium-192 source but I think  
13 that was handled by this off-site St. Louis  
14 Testing who brought it in. So they had to  
15 receive licenses from the Atomic Energy  
16 Commission, and therefore one of the licensing  
17 conditions would be that they be monitored.  
18 And as a matter of fact, there was a release  
19 put out by General Steel -- a news -- a news  
20 release which John Ramspott was kind enough --  
21 he collected a lot of information and furnished  
22 to us -- which said the, you know, commonwealth  
23 -- remember what -- the title was "commonwealth  
24 workers are now -- passed their isotope tests"  
25 or something like that. Commonwealth was

1            simply the original name of that facility was  
2            the Commonwealth Steel Company -- foundry,  
3            which was then purchased by General Steel. So  
4            at that time they probably started the film --  
5            the AEC required they -- they be monitored.  
6            Now the AEC did not -- and of course its  
7            successor, the NRC -- did not have anything to  
8            do with Betatrons. Even though it's a  
9            radiation source, it's not part of the uranium  
10           fuel cycle and therefore does not fall un--  
11           does not fall under -- was not covered by the  
12           Atomic Energy Act. But I surmise that as long  
13           as they were badging people, they included the  
14           Betatron workers -- operators. But again, the  
15           concern we have was how do you account for the  
16           doses of some-- of a worker using the restroom  
17           which, according to our model, fell right into  
18           the Betatron beam -- into the fringe of the  
19           Betatron beam. Now unless they happened to be  
20           Betatron operators, they would not be -- they  
21           would not have been wearing badges. So that's  
22           one con-- one -- one concern about the -- the  
23           film badge program.  
24           The other issue which was raised off-line by a  
25           -- through an e-mail from an advisory to the

1 claimants' representatives, and it's a valid  
2 point, is the film badge, like any other  
3 radiation device, is calibrated -- I mean a  
4 gamma radiation device -- is calibrated against  
5 a gamma source with a particular energy or  
6 energy spectrum, and it's strictly valid within  
7 the limits of accuracy for that particular  
8 source. Now it will register other radiation,  
9 but the calibration factor would change. And I  
10 spoke just -- again, 'cause I only got this  
11 material on -- let's -- we -- we think we got  
12 it on Wednesday, it was to -- I don't have  
13 direct access to the O drive, I just, you know,  
14 go through our office. I got it on a CD on  
15 Thursday. I got on to examining it, and I  
16 spoke to -- in fact -- as a matter of fact, we  
17 have one contractor, SC&A, as an associate, a  
18 gentleman named Joseph Zlotnicki, who is a  
19 former vice president of Landauer and very  
20 technically knowledgeable about the film badges  
21 and the -- this whole issue. And I spoke to  
22 him, but it was Friday afternoon after working  
23 hours, so he said unfortunately he can't get  
24 hold of anyone at Landauer at that time. He  
25 said he thought that the film badges were

1 calibrated against -- at -- earlier years,  
2 either against cobalt-60 or radium-226. Then  
3 they were cali-- then they switched over to  
4 cesium-137, which has a lower energy range.  
5 However, he doesn't -- he knows sometime in the  
6 '60s, he doesn't know when that changeover  
7 happened. But he said that information can be  
8 obtained. And one thing that is possible --  
9 feasible to do, and we could certainly do that  
10 if the working group directed us to, would be  
11 to do a model -- to do -- and do a mod-- you  
12 know, a simulated exposure of the film badge to  
13 the Betatron -- scattered radiation of the --  
14 from the Betatron at various locations, and  
15 also to the source under which it was normally  
16 calibrated, and see how the response of the  
17 film badge would vary. That's something that  
18 we've done in the past, actually, so we have  
19 models in place to do -- not for this project,  
20 not for the -- for -- for -- not for General  
21 Steel. So it's a -- it's not a big effort, but  
22 a few days' work. So that would help  
23 understand how well the -- the film badge data  
24 responds to this particular -- corresponds to  
25 the actual exposures at this particular

1 location. Again, it does not address  
2 individuals like the worker maintaining the  
3 ventilators on the roof of the Betatron  
4 building. So that's about -- and also there  
5 was no monitoring of beta radiation. The film  
6 badges were only for -- I mean Landauer did  
7 (unintelligible) on the report form there is a  
8 column for beta dose, but that was not  
9 measured.

10 **MS. MUNN:** Thank you, Bob, that's very helpful.  
11 Yes, Paul?

12 **DR. ZIEMER:** Two comments. Number one, the  
13 experiment that you just described, in my mind,  
14 would be something that NIOSH would do if it's  
15 done. It's -- the contractor -- my usual  
16 caution is not to do the work of NIOSH.  
17 But number two, I used Landauer for many years  
18 at the University, probably 30 or 40 years, and  
19 I know that they have the capability, if the  
20 user supplied information about the nuclides  
21 being used, to correct their readings from say  
22 the cesium calibration to the nuclide of use.  
23 I mean they had correction factors. So it's --  
24 it seems to me it would be important for  
25 determination -- maybe it's been looked at

1 'cause didn't NIOSH go -- you --

2 **MR. HINNEFELD:** Yeah, we got this information  
3 from Landauer. We did not --

4 **DR. ZIEMER:** It would be -- just to find out  
5 whether or not they obtained that information  
6 from General Steel to determine whether or not  
7 a correction was actually made by Landauer,  
8 'cause they often did that as part of their  
9 service.

10 **MR. HINNEFELD:** We haven't asked that question,  
11 so -- we can find out.

12 **DR. ZIEMER:** Right. And -- and if they did,  
13 one might still need to validate whether they  
14 used the right correction factor, but it seems  
15 to me that question would be worth asking  
16 'cause we had used that service in some cases,  
17 particularly if you had -- if you had nuclides  
18 that you knew in advance were going to give you  
19 very different --

20 **DR. ANIGSTEIN:** Uh-huh, but it doesn't seem  
21 likely that they would have known what the  
22 energy or the scattered -- scattered radiation  
23 from the Betatron would be 'cause that would be  
24 a whole range of energies.

25 **DR. ZIEMER:** Well, yeah, but I mean that's what

1 health physicists do. That's -- I mean that's  
2 what you're proposing to do is figure that out,  
3 and that's what -- you know, to the extent one  
4 can model that. In principle, you can do it.  
5 Some things you can't do very well, but you --  
6 I had a friend who used to say anything worth  
7 doing is worth doing poorly, and you get the  
8 idea that, you know, some sort of correction --  
9 if the effort was made, we need to find out  
10 whether --

11 **MR. HINNEFELD:** Sure.

12 **DR. ZIEMER:** -- it was made or -- or done, you  
13 know.

14 **MS. MUNN:** Thank you for that discussion and  
15 update. We appreciate it and my action item  
16 that I've recorded is that NIOSH will be  
17 interacting with Landauer to see what kind of  
18 calibration took place with the badges.

19 **DR. ZIEMER:** Oh, and -- excuse me, could I ask  
20 one other thing? What year did Illinois become  
21 an agreement state? They were one of the  
22 earlier ones --

23 **MR. HINNEFELD:** Don't know.

24 **DR. ZIEMER:** -- because --

25 **MR. RAMSPOTT:** (Off microphone)

1 (Unintelligible)

2 **DR. ZIEMER:** Huh?

3 **MR. RAMSPOTT:** I don't believe they are.

4 **MR. HINNEFELD:** Yeah, they are now.

5 **MR. RAMSPOTT:** Are they?

6 **DR. ZIEMER:** Oh, yes, Illinois has one of the  
7 largest --

8 **MS. MUNN:** Definitely.

9 **DR. ZIEMER:** -- probably the premier state  
10 program --

11 **MS. MUNN:** Uh-huh.

12 **DR. ZIEMER:** -- in the country --

13 **MS. MUNN:** Yes.

14 **DR. ZIEMER:** -- over the years and I'm  
15 wondering what records they would have at the -  
16 - they're a cabinet-level agency in Illinois.

17 **MS. MUNN:** They are.

18 **DR. ANIGSTEIN:** The news release that I saw --  
19 copy -- said they were licensed by the AEC.

20 **DR. ZIEMER:** At that time. That's what I was  
21 trying to remember. There were a lot of states  
22 in transition in the '60s and '70s.

23 **MS. MUNN:** Uh-huh, but they now have to be  
24 licensed also by Illinois as well, yeah.

25 **DR. ZIEMER:** Well, the thing about the --

1 Illinois, the state agency had requirements for  
2 things other than by-product material,  
3 including medical X-rays.

4 **MS. MUNN:** Yeah, right.

5 **DR. ANIGSTEIN:** That's true.

6 **DR. MAURO:** Wanda --

7 **MS. MUNN:** And sources. Uh-huh?

8 **DR. MAURO:** I just wanted to mention, we -- we  
9 went directly to General Steel on Appendix BB.  
10 I don't know whether or not you wanted to speak  
11 to TBD 6000, 6001 with regard to the strategy  
12 for the -- dealing with those TBDs. And --

13 **MS. MUNN:** Yes, I do.

14 **DR. MAURO:** Okay.

15 **MS. MUNN:** That's why I touched on that before  
16 we began our update here.

17 **MR. HINNEFELD:** Oh -- oh, one comment. Bob,  
18 you said the covered period ended in June of  
19 '64? I think it goes into '66 at -- at General  
20 Steel.

21 **DR. ANIGSTEIN:** I'm sorry, what are --

22 **MR. HINNEFELD:** You -- when you were commenting  
23 about the film badge data started in early '64  
24 and the covered period --

25 **DR. ANIGSTEIN:** The film badge data started --

1 the first -- the earliest record I have was  
2 January '64 --

3 **MR. HINNEFELD:** Right.

4 **DR. ANIGSTEIN:** -- and then it continued, but I  
5 only looked at the one middle of July of -- of  
6 '66 because that's --

7 **MR. HINNEFELD:** '66, right.

8 **DR. ANIGSTEIN:** -- when the con-- that's when  
9 the covered period ended.

10 **MR. HINNEFELD:** Right, right.

11 **DR. ANIGSTEIN:** And you actually don't have to  
12 necessarily look at every film badge record  
13 because the -- that particular one has a roll-  
14 up, so it gives you --

15 **MR. HINNEFELD:** Right, there's a cumulative  
16 total, I think on all the reports actually.

17 **DR. ANIGSTEIN:** For -- but of course some of  
18 the ind-- they're not always the same  
19 individuals, they don't --

20 **MR. HINNEFELD:** Correct.

21 **DR. ANIGSTEIN:** Some started later, some had  
22 left.

23 **MR. HINNEFELD:** Right.

24 **MS. MUNN:** As we can easily see from the  
25 discussion that just took place, my earlier

1           comments with respect to these two TBDs being  
2           more appropriately in the realm of site  
3           profiles than in the realm of procedures is I  
4           think borne out. The time commitment that's  
5           necessary for site profiles, and certainly for  
6           the kind of investigations that have taken  
7           place with Appendix BB, is significant. It has  
8           pretty nearly overwhelmed a great deal of what  
9           we have done here in the last few months, and  
10          made it necessary for us to move several items  
11          further back on our agenda than we would like  
12          to see them, perhaps prevented the closure of  
13          many others that are nearer to completion than  
14          this.

15          We've discussed the fact that -- as I  
16          mentioned, off-line, and some discussions have  
17          been held with respect to the fact that -- that  
18          these particular documents do not really fall  
19          under how the -- the -- the list of procedures  
20          that we normally deal with. It's been  
21          suggested and I believe, after considerable  
22          thought, that I agree that TBD 6000 and 6001  
23          and the appendices that are going to flow from  
24          them in coming months and years should be  
25          segregated from the work that this particular

1           workgroup is doing and be considered as  
2           separate items with the potential for a  
3           different workgroup to be looking at those  
4           specific documents.

5           I'd like to get some feedback from the  
6           workgroup members here as to their reaction to  
7           that. My first -- my knee-jerk reaction, when  
8           I first thought about it, was no, we can't do  
9           that because. These are fairly complex  
10          documents. The basic documents are not site  
11          documents, they're global documents. The  
12          appendices are going to be site documents.  
13          Those of us who sit on this particular working  
14          group are the ones who are most familiar with  
15          all of the documentation involved here, and it  
16          would take a little while for others to get up  
17          to speed. But after considering a possible  
18          division of labor here, it's difficult for me  
19          to see anything other than a beneficial effect  
20          of breaking this out for a separate group.  
21          Certainly open to any discussion about it. I'm  
22          sure we need to bring any recommendation that  
23          we have to the full Board. It's not a decision  
24          we can make here. But certainly it's our  
25          prerogative, and I think probably incumbent

1           upon us, to consider that.

2           Does anyone have any reaction, one way or the  
3           other?

4           **MR. GRIFFON:** No, I -- yeah, I -- I think it  
5           makes sense. I -- I -- I guess I was part of  
6           that off-line corresp-- I talked to Paul a  
7           little bit about this and -- I think it was  
8           after our last workgroup meeting, I -- I just -  
9           - I think it makes sense to probably have  
10          another group to focus on that. And then as  
11          individual sites are identifi-- that are in the  
12          appendices become priorities, that group can  
13          focus on them as priorities instead of them  
14          being lost in -- in a bigger procedures  
15          workgroup, you know, so I think it makes sense  
16          for that reason. And maybe there's a way to  
17          have a little bit of -- you know, a -- we can -  
18          - this would be a Board issue, but maybe we can  
19          have a little bit of -- one or two of the  
20          members from this group --

21          **MS. MUNN:** There may be some --

22          **MR. GRIFFON:** -- are also on that group so --

23          **MS. MUNN:** -- cross-fertilization, yeah.

24          **MR. GRIFFON:** -- there's a little bit of  
25          overlap so we don't lose all -- what we've

1           discussed so far, but you know, I think it does  
2           make sense overall.

3           **MS. MUNN:** Paul?

4           **DR. ZIEMER:** I'm in general agreement with  
5           that, keeping in mind that we have 12 Board  
6           members, so regardless of how we cut the cake,  
7           it's -- you know, several of the members of a  
8           separate workgroup would probably end up coming  
9           from this group. But it does allow for a  
10          little focus issue and the -- particularly  
11          Appendix BB, for example, and I don't know how  
12          many of the various appendices will have that  
13          particular complexity and -- and maybe if I  
14          might call it urgency. We -- we have felt a  
15          little bit of -- we've definitely felt pressure  
16          to come to closure on this in a timely way.  
17          And as Wanda's indicated, that forces other  
18          sort of issues that have been on the matrix to  
19          -- to take the back burner. So if we had a  
20          separate group doing, for example, Appendix BB,  
21          in a sense that also elevates it to a little  
22          higher status anyway and gives it some more  
23          visibility. I think the General Steel  
24          Industries is a good example of one that is  
25          more like a site profile. It's a complex one.

1           It has some urgency to complete and we could  
2           get more focus by having a separate workgroup.  
3           Now whether or not the main document, the TBD  
4           6000, which is sort of the overriding -- in  
5           your mind would remain here with this  
6           workgroup?

7           **MS. MUNN:** I have some question about that,  
8           simply because it's -- in my mind, falls in a  
9           global issue -- Dr. Branche?

10          **DR. BRANCHE:** Yeah, a couple of questions  
11          actually. If -- or something for you to  
12          consider 'cause from my thoughts stem three  
13          questions or a question with three parts. If  
14          the nature of the work in examining TBD 6000  
15          and 6001 is proce-- actually falls under the  
16          charter or the charge that this workgroup was  
17          given, and I know that Dr. Ziemer has asked the  
18          Board members who are workgroup chairs to  
19          provide statements, and that will be read  
20          during the Board meeting. If that is in fact -  
21          - if the work of that is in fact -- falls  
22          within the domain of procedures, then the  
23          question is should it be a sub-- that kind of  
24          focused attention -- you ought to consider it  
25          being a subset, a specific group of people as a

1 subset working from this workgroup.

2 Or, if you want to assign it to an existing  
3 workgroup, which one would you recommend to the  
4 Board that it be assigned to?

5 Or, does it need to be a brand-new workgroup?

6 **MS. MUNN:** And my perspective is that 6000 and  
7 6001 are global documents. They are complex-  
8 wide documents. They're not site-specific  
9 documents. That being the case, they are not  
10 procedures. The appendices that flow from them  
11 are clearly site-specific documents, there's no  
12 question about it. Again, not procedures,  
13 they're site-specific documents. That being  
14 the case, my perspective says these two  
15 procedures fall under a heading that we have  
16 called several things -- global issues,  
17 complex-wide issues -- and certainly, as a  
18 procedures workgroup, we have never had the  
19 responsibility for site-specific documents. So  
20 in my view, this particular set of issues needs  
21 to be in the hands of an entirely different  
22 workgroup.

23 **DR. BRANCHE:** New.

24 **MS. MUNN:** New. I would be delighted to hear  
25 from NIOSH with respect to their views on this.

1           **MR. HINNEFELD:** Well, I was just thinking that  
2           TBD 6000 and 6001 are similar to other  
3           documents that have been reviewed by this group  
4           that are OTIBs, Technical Information  
5           Bulletins. For instance, we have OTIB-4, which  
6           is a broadly-applied technique for AWE sites  
7           that did uranium. There is OTIB-2, which is a  
8           broadly-applied technique for overestimating  
9           internal doses based on hypothetical intake.  
10          So to me, TBD 6000 and 6001 are not  
11          particularly different from other documents  
12          that this group has reviewed because it  
13          describes a dose reconstruction technique.  
14          Even though it's not called a procedure, it  
15          describes a dose reconstruction technique that  
16          -- and in these cases they are broadly-  
17          applicable to a number of different sites.  
18          OTIB-52, the construction OTIB, would be  
19          another example of that kind of approach.  
20          So to me, whereas the appendices are site-  
21          specific and -- and seem to be different from  
22          what the -- this workgroup, you know, fre-- you  
23          know, normally looks at, TBD 6000 and 6001 are  
24          actually fairly similar to some other technical  
25          documents that this -- that this workgroup has

1 looked at.

2 **DR. BRANCHE:** So you're saying that you would  
3 not necessarily agree that it's something that  
4 should be taken out of the context of this  
5 group.

6 **MR. HINNEFELD:** Right, but I wouldn't have said  
7 anything if Wanda hadn't asked me.

8 **DR. BRANCHE:** I perceived that, also.

9 **DR. NETON:** I think -- well, not -- I'm not to  
10 take issue with what Stu just said, but I would  
11 point out that 6000 and 6001 are intended to be  
12 best estimate dose reconstructions, as opposed  
13 to the other ones that sort of use the  
14 efficiency process for overestimating to  
15 expedite claims. So to that extent, they --  
16 they would require some additional scrutiny  
17 because they truly would be considered best  
18 estimates by NIOSH.

19 **MR. ELLIOTT:** That shouldn't --

20 **DR. BRANCHE:** You need to come to the  
21 microphone.

22 **MR. ELLIOTT:** I'm sorry, that shouldn't -- with  
23 that said, that shouldn't preclude them from  
24 being resident in this --

25 **DR. NETON:** No, I --

1           **MR. ELLIOTT:** -- this procedures workgroup, and  
2           I think -- you know, it's the prerogative of  
3           this group as to whether or not they want the  
4           appendices farmed out to another workgroup. We  
5           don't have a concern in that regard.

6           **MS. MUNN:** But if we --

7           **MR. ELLIOTT:** The appendices are unique  
8           exposure situations at a given site, so they  
9           are site-relevant.

10          **MS. MUNN:** I don't have my list of workgroups  
11          in front of me. Have we yet established a  
12          workgroup for our global issues? We haven't,  
13          have we?

14          **DR. NETON:** No.

15          **DR. BRANCHE:** No.

16          **MR. PRESLEY:** No.

17          **MS. MUNN:** So that this would, in effect, be  
18          breaking new ground if we did decide to do  
19          this.

20          **MR. GRIFFON:** It's not a global --

21          **DR. NETON:** It's not -- I --

22          **MS. MUNN:** No? It's not --

23          **DR. NETON:** -- recommend being a global issue.

24          **DR. ZIEMER:** In my mind, I -- when I -- I  
25          talked with Wanda about this off-line. In my

1 mind, the TBDs themselves, as Stu described,  
2 were just general procedures, in quotes, and  
3 would remain with us. But for example,  
4 Appendix BB, I could see that as being a  
5 workgroup to -- to address because it is a  
6 site-specific case. It -- it, in essence,  
7 would become the General Steel's workgroup, for  
8 practical purposes. I mean it might still be  
9 called Appendix BB workgroup, but nonetheless  
10 it would be very much like our other  
11 workgroups. And I don't see another workgroup  
12 on our list where we would assign this to  
13 because --

14 **MS. MUNN:** No, I hadn't --

15 **DR. ZIEMER:** -- it's unique. I -- I think we  
16 would have to --

17 **MR. GRIFFON:** I -- I guess the other -- the --  
18 the only way I was looking at it wa-- I -- I  
19 can see either argument. I can certainly see  
20 leaving 6000 and 6001 in this workgroup and, as  
21 issues come up on certain appendices, certain  
22 sites, we -- we develop another workgroup or we  
23 farm it out to the other workgroup that exists,  
24 if there -- if one -- if one exists.  
25 I guess my thought was more to have 6000 and

1           6001 as a stand-alone workgroup because -- I  
2           see these as not really global issues, but as  
3           uranium facility site profile. I mean they're  
4           -- these are two different types of uranium  
5           facilities, and if you start farming out  
6           individual -- if we find, you know, General  
7           Steel and then we find a couple of others in  
8           appendices, we make all different workgroups to  
9           address those, I think if we establish a new  
10          workgroup there's going to be some  
11          similarities. That's why these are all grouped  
12          in the same TIBs to begin with. There's going  
13          to be some overlap. So I think it's useful to  
14          have the same course -- people looking at them.  
15          I think just to give them more priority,  
16          establishing a new workgroup would take them  
17          out of our longer list of all -- you know, all  
18          this work, so that was -- that was sort of the  
19          way I was thinking about it is that 6000, 6--  
20          it would be good to have maybe a consistent  
21          group of -- one workgroup. And then if  
22          something -- you know, if one of the appendices  
23          -- if one of the sites in the appendices ends  
24          up being an SEC, then I think we may even  
25          consider -- you know, you establish this total

1 separate group. But you know, I -- I would  
2 think that it -- it makes a lot of sense to  
3 have a separate workgroup for 6000 and 6001  
4 'cause part of what you have -- you're not only  
5 looking at the front end of the procedure, but  
6 you're also considering whether -- you know,  
7 how the appendix fits into the procedure. And  
8 -- and to do that, you sort of have to look at  
9 -- at each one of those site documents and say  
10 -- I mean one of the early questions in one --  
11 I think one of the reasons that -- that 6000  
12 and 6001 came about was that -- and Stu will  
13 correct me if I'm wrong, but I think there was  
14 an earlier Rev where there were some sites that  
15 were listed that I think you ended up saying  
16 no, they didn't belong in the uranium facility  
17 document. Was that -- that -- might have been  
18 a different TIB.

19 **MR. HINNEFELD:** Well, it might have happened on  
20 TIB-4, I don't recall -- I don't remember it  
21 specifically.

22 **MR. GRIFFON:** Yeah, so I mean I -- I guess the  
23 -- the -- another part of the review, as I see  
24 it, would be to look at the -- the sites within  
25 6000 and 6001 and see if it is it appropriate

1 to have them in -- in the TIB to begin with, do  
2 they fit in this mix of facilities addressed  
3 under these TIBs, and that gets into the  
4 individual site, so it gets -- you know, I see  
5 it as you can't -- I see it as a little hard to  
6 separate. I mean General Steel obviously, you  
7 know, at this point has -- has escalated into  
8 more of a thing we have to address separately,  
9 but are other ones going to, I don't -- I don't  
10 know, so I thought it would make sense just to  
11 separate them all.

12 **MS. MUNN:** That's -- will -- will each of the  
13 Board members please speak to this and see --  
14 let's get at least the -- the weight of opinion  
15 here with respect to whether 6000 and 6001  
16 needs to be a separate workgroup with  
17 (unintelligible) --

18 **DR. BRANCHE:** Or the -- or the appendices.

19 **MS. MUNN:** Well, the appendices would attach to  
20 them, that's the point. And -- or whether we  
21 need to keep 6000 and 6001 in our purview and  
22 suggest that any appendices have a separate  
23 workgroup.

24 **MR. PRESLEY:** I have no problem doing that,  
25 Wanda, is keeping the -- the procedures under

1           our auspice, and then split anything off, maybe  
2           in that appendices, that needs to be split off  
3           into a sub-- into the subcommittees.

4           **MS. MUNN:** So your -- your preference would be  
5           to split off 6000 and 6001 with their  
6           appendices? You would -- you would prefer to  
7           keep 6000 and 6001 in our purview, but have the  
8           appendices -- the site-specific appendices go  
9           to other workgroups.

10          **MR. PRESLEY:** Yes, if --

11          **DR. BRANCHE:** Wait a minute, I heard -- you  
12          said subcommittees. Did you mean subcommittees  
13          of this workgroup?

14          **MR. PRESLEY:** No.

15          **DR. BRANCHE:** Okay.

16          **MR. PRESLEY:** No.

17          **DR. BRANCHE:** Okay. Just different workgroups.

18          **MR. PRESLEY:** Right.

19          **DR. BRANCHE:** I just wanted to make sure. I'm  
20          sorry, Wanda, I didn't mean to interrupt you.

21          **MS. MUNN:** No, that's quite all right. Mike?

22          **MR. GIBSON:** This is the first I've heard about  
23          it. I wasn't part of the -- the off-line  
24          discussions but it, at face value, seems to  
25          make sense to split it out. As to how we do

1           it, I'm not really convinced either way at this  
2           time. There's been some good id-- ideas tossed  
3           around the table. But I do think we probably  
4           ought to split it out.

5           **MS. MUNN:** Do we have agreement that, at least  
6           with respect to Appendix BBB -- BBB -- only --  
7           only BB and General Steel -- we do need to be  
8           requesting a separate workgroup to deal with  
9           that. Is -- do -- are we all on that same  
10          page? So the issue boils down to whether to  
11          keep or to recommend a different group --

12          **DR. BRANCHE:** Looks like Larry wants to address  
13          you.

14          **MS. MUNN:** -- for 6000 and 6001. Mr. Elliott.

15          **MR. ELLIOTT:** Yeah, I'd like to just -- for the  
16          record and for the working group's  
17          consideration -- note that TBD 6000 has 15  
18          appendices that are complete right now.

19          **MS. MUNN:** Uh-huh.

20          **MR. ELLIOTT:** One of -- one other appendices is  
21          in development, so you'd have a total of 16, as  
22          we understand it. TBD 6000 is for site profi--  
23          is site profiles for Atomic Weapons Employers  
24          that worked with uranium and thorium metals.  
25          Then TBD 6000 (sic) is for AWEs that refined

1 uranium and thorium, so that's the difference  
2 between the two, and it only has six  
3 appendices, all of which are complete.

4 **MS. MUNN:** Yes, ma'am?

5 **DR. BRANCHE:** Mark Griffon, when you called  
6 upon him after you first raised this issue,  
7 talked about the fact that act-- in his mind,  
8 if I understood you correctly -- actually there  
9 was something to do with uranium workers, and I  
10 wonder if something to consider in your  
11 recommendation to the Board for this -- this  
12 breaking out or division of labor, is it  
13 reasonable to entertain that rather than a  
14 workgroup for each of the appendices, which  
15 sounds like an explosive amount of work for an  
16 already taxed Board, might there be a grouping  
17 to consider rather than each appendic--  
18 appendix having its own workgroup. Is there  
19 some other kind of grouping along the lines of  
20 what I --

21 **MR. GRIFFON:** Well, I --

22 **DR. BRANCHE:** -- I think I heard you say.

23 **MR. GRIFFON:** -- you could do -- you could do -  
24 - you could do 6000 and 6001 or you could do  
25 one for 6000 and one for 6001, 'cause like

1 Larry just defined, they're -- I mean a lot of  
2 -- I think there is -- that's why they're  
3 grouped together, these sites were -- were  
4 viewed as all fitting into that role of uranium  
5 refining or uranium processing and, you know,  
6 so they do have similar -- they have  
7 similarities in what they did at these sites.  
8 And I think -- but I think part of the review  
9 gets into the individual appendices, and that's  
10 where you might -- it might bog us down as a  
11 procedures group, is my feeling, so to separate  
12 them out and to -- you know, you know you're  
13 going to be talking mainly about two -- two  
14 sort of sets of processes at these -- you know,  
15 we -- and we've discussed a lot of these  
16 already at a couple of the other sites we've  
17 done, the -- certainly the uranium machining  
18 type of stuff and the ura-- you know, so we --  
19 so we -- we have a sense and a little  
20 background on this, but -- so I think we're  
21 going to see some similar issues, but we might  
22 have some site-specific questions that arise.  
23 And -- and the depth of review into each  
24 appendix I think is going to -- you know, could  
25 -- could necessitate a separate group, you

1 know.

2 **DR. BRANCHE:** Wanda, one more thing -- and I  
3 don't mean to be thick --

4 **MS. MUNN:** No, that's quite all right. I feel  
5 thicker than you right now.

6 **DR. BRANCHE:** -- but -- and why -- why is the  
7 notion of whatever arrangement that's being  
8 sought, why is the idea of these being subsets  
9 of this workgroup a -- why does that appear to  
10 be off the table, given the fairly generic  
11 nature of the way procedures cuts across?

12 **MS. MUNN:** From my perspective, it's a simple  
13 issue of amount of work that can be completed  
14 by any given group. It's very clear to me that  
15 procedures is one of those working groups that  
16 is overloaded. We have an enormous amount of  
17 material to cover in extreme detail. And we,  
18 as has been mentioned before, are often under  
19 outside pressure to not follow our anticipated  
20 agenda in meeting our requirements. As Mike  
21 pointed out during our last meeting, we have  
22 spent so much time in the last few months of  
23 this group on process rather than on activity  
24 that we -- we all I think feel as though we're  
25 dragging our weight in concrete. When we have

1 placed before us a site-specific off-shoot of  
2 our work -- and that's what Appendix BB is,  
3 it's an off-shoot of our work -- that develops  
4 a magnitude of effort that literally cuts  
5 across everything else that we do, then we have  
6 to do one of several things. We have to either  
7 decide to meet more often, which is very  
8 difficult for all of the people involved. Or  
9 we have to decide whether we are meeting our  
10 charter correctly in what we're doing. My  
11 position is that site-specific work of this  
12 kind was not the original charter of the  
13 procedures workgroup because it is not a  
14 procedure per se. It's not how we do business.  
15 It's a site-specific activity that needs to be  
16 defined clearly.

17 **MR. GRIFFON:** Well, I -- oh, Paul has...

18 **DR. BRANCHE:** Paul has his hand up.

19 **MS. MUNN:** Yes, Paul.

20 **DR. ZIEMER:** Let me add to that. I think part  
21 of the concern, if we followed the idea of a  
22 subset of this group, is that that still keeps  
23 our hand in the -- in the wash and -- and  
24 whatever a subgroup did would have to come up  
25 through us again, so bureaucratically we don't

1 gain that much because we would still have  
2 stuff out there that we're responsible for. I  
3 think having a separate group sort of allows  
4 this group to, in a sense, devoid itself of  
5 that issue and -- and the other group then,  
6 whoever takes it over, can report directly to  
7 the Board. So bureaucratically it seems to  
8 perhaps make some sense.

9 The other comment I have is, as I've thought  
10 about and I -- Mark's suggestion about having a  
11 uranium group to cover these -- these two TIB -  
12 - TBDs. It seems to me that in every appendix  
13 case that work has to be done in the framework  
14 of the main TBD anyway. So as I think about it  
15 -- still top of the head, I'm a little bit like  
16 Mike saying well, okay, I'm sort of evaluating  
17 this as we go -- I think it sort of makes sense  
18 to have a group that would look at those two  
19 TBDs and their appendices, because all of the -  
20 - all of the appendix work is not going to come  
21 to the front simultaneously. It may not all be  
22 in exact sequence. But we have, for example, a  
23 priority right now, it's -- it's Appendix BB.  
24 That can be taken care of. Other ones will  
25 rise to some level of importance as we go

1 along. But if this group has the background on  
2 the two starting points, 6000 and 6001, as a  
3 framework and then can handle the site-specific  
4 cases as they came along, it seems to me that  
5 would work. It may be that if we went that  
6 direction, after we got into it, a workgroup on  
7 TBD 6000 and 6001 might find itself in the  
8 situation you are, Wanda, saying no, we've got  
9 too much to do; we need help. But I -- I'm  
10 sort of convinced that maybe that would be a --  
11 a decent starting point.

12 We -- we don't -- certainly in my mind we don't  
13 want a workgroup on every one of these  
14 appendices --

15 **MR. GRIFFON:** No.

16 **DR. ZIEMER:** -- like Larry talked about, and I  
17 didn't anticipate that all of them would rise  
18 to the level of importance that General Steel  
19 has, both because of its uniqueness and  
20 complexity, as well as the urgency of -- of  
21 coming to closure.

22 **MR. PRESLEY:** This is Bob again. I don't -- I  
23 don't mean to have a working group for each  
24 individual site profile that's mentioned in  
25 this thing. I can see two, or one, side

1 working group, whether it reports back to this  
2 one or where it reports back to the Board. But  
3 Larry brought up two specific entities in this,  
4 one being material and the other being --

5 **MR. ELLIOTT:** Refining.

6 **MR. PRESLEY:** That could be where the split is.  
7 Or you could have one that takes care of both  
8 of them. Whoe-- whatever, if we have another  
9 working group, this is going to be a tremendous  
10 task. It's not going to be something --  
11 there's going to be a lot of similarity, but it  
12 is not going to be easy to go through all these  
13 sites, I don't think.

14 **DR. MAURO:** If I may, I realize this -- the --  
15 the working group is working this, but there is  
16 a perspective on this that I feel I need to  
17 bring to the table.

18 TBD-6000 and 6001 is a resource to be used as a  
19 surrogate. So in effect, what we have is  
20 sitting here a surrogate protocol that can be  
21 drawn upon by a dose reconstructor and only has  
22 standing once it's applied. So if I -- for  
23 example, I reviewed TBD 6000 and 6001, and one  
24 of the things that happens is you say well, the  
25 default values that are laid out here as

1 generic to be applied universally to all  
2 uranium metal facilities -- or on the other  
3 hand, to processing facilities -- may very well  
4 serve the purpose very well, depending on the  
5 particular case or particular site you're  
6 dealing with. So a judgment regarding TBD 6000  
7 can only be done within the context of how it's  
8 being applied to a particular case or  
9 particular site.

10 Perfect example is when we reviewed GSI. One  
11 of the areas -- by and large, GSI stands alone,  
12 except there are certain exposure scenarios  
13 that are not addressed in TBD 6000, they  
14 relegated to 600-- I'm sorry, are not addressed  
15 in Appendix BB, but they're relegated to TBD  
16 6000. So it's almost like portions are brought  
17 in when needed.

18 Then the question becomes a surrogate question,  
19 because what's happening is okay, for -- and  
20 I'll tell you what it is, it's the residual  
21 uranium radioactivity. There is a little bit  
22 of residual uranium radioactivity associated --

23 **DR. ANIGSTEIN:** And the airborne.

24 **DR. MAURO:** And the air-- right, so what  
25 happens then is they -- oh, let's take

1            advantage of TBD 6000 because it's there and  
2            it's a realistic treatment to be used. The  
3            question then is does that work for that site,  
4            because there will be times when one could ask  
5            the question well, it certainly is plausible  
6            and reasonably bounding to use TBD 6000 to this  
7            particular site. But there may be other sites  
8            that we -- that we've come across --

9            **MR. GRIFFON:** I think that's the question for  
10           this other work--

11           **DR. BRANCHE:** Speak into the mike.

12           **DR. MAURO:** Yeah, and -- but the -- see, that's  
13           -- so what I'm getting at is that it's an  
14           inter-- we -- we -- what we effectively have  
15           here is a tool that can be evaluated on its own  
16           merits. For example, the day come when a  
17           working group would decide let's look at TBD  
18           6000 and how comprehensive it is and address  
19           generically the broad range of types of AWE  
20           activities that took place. Does it capture  
21           the high end, the low end, the distribution of  
22           the kinds of things that happened at metal-  
23           working facilities. And we do -- we have our  
24           review. Our review's on the table and we have  
25           something to say about that, all of which I

1 think enriches the process. But in the end,  
2 the rubber meets the road when you try to use  
3 it for a particular site, and whether or not it  
4 has -- it -- it is being -- in that context, it  
5 has direct applicability.

6 That doesn't really change anything that we've  
7 been talking about, but I think it's important  
8 to keep in mind that this is a surrogate tool  
9 that is -- that is to be used. And I would  
10 argue that when it's used, we have our four  
11 surrogate criteria and we would put it to that  
12 test at that time. So it adds another  
13 dimension to this discussion.

14 **DR. ANIGSTEIN:** I'd like --

15 **MS. MUNN:** Your point's --

16 **DR. ANIGSTEIN:** -- to add --

17 **MS. MUNN:** -- well taken, John. Yes, Bob,  
18 quickly. Uh-huh, yes.

19 **DR. ANIGSTEIN:** I'd just like to add a footnote  
20 to --

21 **DR. BRANCHE:** Bob you need to come closer to  
22 the microphone, please.

23 **DR. ANIGSTEIN:** -- and that is in -- I don't  
24 have it in front of me, but in TBD 6000 there  
25 is not just one but several, for instance,

1 metal faci-- metal machining, metal handling  
2 scenarios taken from a study -- again, I can't  
3 -- I can't (unintelligible) it right now.

4 **DR. MAURO:** (Off microphone) Harris and  
5 (unintelligible).

6 **DR. ANIGSTEIN:** Pardon me?

7 **DR. MAURO:** Harris (unintelligible) --

8 **DR. ANIGSTEIN:** No, no, it was a different one  
9 there. And the authors of Appendix BB selected  
10 one of those, a slug production scenario, as  
11 best characterizing or being limiting for the  
12 airborne uranium dust concentrations from the  
13 handling of uranium metal at GSI. But there  
14 were others in Append-- in TBD 6000 that could  
15 be used for other sites. So it's not a single  
16 default value but a number of sugges-- of  
17 recommended -- and then from those you can  
18 either pick the 95th percentile or median. And  
19 again, this is one actually where we did not  
20 disagree. Our finding -- our observation was  
21 that that was a -- an appropriate limiting  
22 scenario for the airborne dust during the  
23 handling of uranium metal. I mean that's just  
24 an observation. But I think John's point --  
25 you know, this -- is that -- if I could restate

1 (unintelligible) my word -- is that from our  
2 perspective as reviewers it would be best if we  
3 had the same -- we reported to the same  
4 workgroup for -- so we can go back and forth  
5 and say -- for GSI or for another GSI-like site  
6 if we were reviewing, to go back and forth to  
7 the -- to the mother document, the parent  
8 document, the TBD 6000 or 6001, rather than  
9 have them separated -- would make it a little  
10 more cumbersome.

11 **MS. MUNN:** Thank you for all of your comments.  
12 That's most helpful.

13 Yes, Christine?

14 **DR. BRANCHE:** One last thing to consider as you  
15 formulate your recommendation to the Board on  
16 this. Wanda, you talked about -- actually  
17 several people talked about, if it remains  
18 here, having to meet more often, the division  
19 of labor. And so I wonder how many of the  
20 people who are currently on the procedures  
21 workgroup would end up on this -- if there's  
22 one or two committees -- and that's just  
23 something to bear in mind. And the calendar is  
24 as the calendar is. There are already quite a  
25 number of workgroups that meet, usually clumped

1           together. And so there -- I'm just -- I'm just  
2           -- want you to consider from a -- a logistical  
3           perspective that a lot might not be saved  
4           necessarily.

5           **DR. ZIEMER:** Well, I've already pointed that  
6           out. We have a very finite group of Board  
7           members available. I would hope that several  
8           from this workgroup would at least volunteer to  
9           be -- participate in such a group. But it  
10          would have a separate identity, it could meet  
11          separate, focus separately, and address those  
12          issues --

13          **MR. GRIFFON:** And I -- And I think breaking it  
14          off, we would gain efficiency 'cause you end up  
15          -- I think we'd end up having more focus on --

16          **DR. ZIEMER:** Yeah.

17          **MR. GRIFFON:** -- a limited number of findings  
18          that way and a limited scope of discussion,  
19          whereas, you know, we're very broad here in the  
20          procedures work-- workgroup, so I think we --  
21          we -- you know, you -- you have so many things  
22          to look at before a mee-- I think it would  
23          allow better focus and better efficiency.  
24          The other thing which we haven't really  
25          mentioned is it would allow possibly more

1           efficient and better access to the public if  
2           those sites referenced in TIB 6000 and 6001 are  
3           the main interest of -- of the public. They  
4           don't have to sort of wait on the entire  
5           procedures workgroup, phone call or whatever,  
6           for their agenda item to come up. They can  
7           dial in to, you know, a separate group and --  
8           and -- and we can -- and I think that's part of  
9           what's bogging our group down maybe is that  
10          when you have all those site-specific issue  
11          coming into the bigger doc-- the 6000 and 6001,  
12          you have to be responsive and -- and you know,  
13          that -- that gets into the site-specific  
14          responses to members of the public or  
15          representatives and, you know, I -- I think it  
16          would be more efficient and -- and I think we'd  
17          gain efficiency if we had -- you know, I agree,  
18          breaking 6000 and 6001 -- I mean that's --  
19          that's my sense of it, just makes sense 'cause  
20          there -- there's a lot of overlap and I think  
21          if we have the same group discussing those  
22          technical issues we'll -- we'll start to gain  
23          efficiency ourselves, you know. We'll -- we'll  
24          have to look at each individual site, but we'll  
25          -- we'll have -- we'll gain knowledge ourselves

1 on -- on the processes, so...

2 **DR. BRANCHE:** Ms. Munn, I know I -- I know I  
3 realize that in my questions I sounded as if I  
4 were resistant to the idea, but I -- I actually  
5 have benefited, and I hope other people, too,  
6 have benefited -- obviously there was some  
7 separate conversation most of us weren't privy  
8 to how you arrived at the decision, but I'm --  
9 I think through the questions we have a much,  
10 much richer understanding of the support that  
11 underlies why this proposal's going forward.  
12 So I feel like I have a better education now,  
13 so thank you.

14 **MS. MUNN:** Well, thank all of you. And we  
15 could discuss this easily another hour and a  
16 half. Unfortunately we're burning daylight  
17 here and we really have to move on. So Bob,  
18 unless something is really crucial --

19 **DR. ANIGSTEIN:** Yeah, just quick -- quick  
20 observation which has not been mentioned. On  
21 June 17th I believe there was a *Federal*  
22 *Register* notice qualifying General Steel  
23 Industries as an SEC -- or rather qualifying  
24 the SEC petition for General Steel Industries.

25 **MS. MUNN:** Uh-huh.

1           **DR. ANIGSTEIN:** I don't know that that changes  
2 your perspective on this.

3           **MS. MUNN:** Not really.

4           **DR. ANIGSTEIN:** Okay.

5           **MS. MUNN:** But unless I hear violent objection  
6 to the contrary, it is my expectation that  
7 during our -- our large Board meeting I am  
8 going to make the recommendation that TBD 6000  
9 and 6001, and all of the site-specific  
10 documents that derive from those, be set aside  
11 into a separate workgroup for the specific  
12 purpose of focusing more attention and more  
13 time-efficient action on the required segments  
14 of -- of those particular sites.  
15 Hearing no real argument against that, that's  
16 what I will put together -- in better language,  
17 I hope -- and move forward quickly.

18           **OTIB-52**

19           The next item that we have on our agenda is  
20 OTIB-52. We have 16 open items. NIOSH and  
21 SC&A, either of you, do you want to give us an  
22 update and any action items that you feel are  
23 crucial for us next time?

24           **MR. MARSCHKE:** We changed -- as I mentioned  
25 earlier, we changed the 16 open items to 16

1 items in progress, as a -- just a point of  
2 clarification.

3 **MS. MUNN:** Right.

4 **MR. MARSCHKE:** Duri-- since last time we met I  
5 have gone through -- myself and SC&A have gone  
6 through the NIOSH initial responses to those 16  
7 items, and we have come up with a  
8 recommendation that we are prepared to make to  
9 the Board as to some changes to the statuses --  
10 states of these 16 in-progress issues, and  
11 we've identified six issues which we think can  
12 be out and out closed. We've identified a  
13 single other issue which we think -- we agree  
14 with NI-- we think could be put into -- in  
15 abeyance, which is essentially closed. There's  
16 another two which we think should be  
17 transferred; one which we feel is -- is  
18 addressed in another issue, so again that one  
19 is also effectively closed. And then there are  
20 six that we feel we would like to see remain in  
21 progress. We would like to either see a little  
22 bit more inf-- information from NIOSH in  
23 response to those -- some cases we disagreed  
24 with the -- the response that NIOSH provided.  
25 I have a -- I don't have a -- handouts for

1           everybody. I just brought two handouts, one --  
2           one for -- one for Wanda and I guess this --  
3           this second here which I can give to Stu and  
4           Jim, which -- but all this information is now  
5           in -- in -- in the database and it's available  
6           off the O drive so if you wanted to get your  
7           own copies, they're available on the O drive.  
8           And I don't know if -- Wanda, if you want us to  
9           walk through all these in -- in detail, which  
10          ones we -- which we feel are closed and which  
11          ones we feel are -- we need more information  
12          on. I don't know how you want to handle it.  
13          **MS. MUNN:** It would be my preference that we  
14          very quickly -- if it's all right with you  
15          folks -- go through the items that you've  
16          identified as being closed in your minds.  
17          **DR. NETON:** Could I just make a comment first,  
18          though?  
19          **MS. MUNN:** Please do.  
20          **DR. NETON:** I'm a little confused because I  
21          know we had a meeting last August, I think you  
22          said it was, that discussed these, and -- and  
23          did you base your observations solely on the  
24          NIOSH responses in the matrix or did you go  
25          back and review the transcripts of that

1 meeting?

2 **MR. MARSCHKE:** I did go back and review the  
3 transcript.

4 **DR. NETON:** Because I'm -- I'm a little  
5 confused in the sense that I walked away from  
6 that meeting thinking that all -- we were in  
7 agreement on all issues. I even specifically  
8 rose and asked the question, are we in  
9 agreement, are we done here; and I believe the  
10 response was yes. So I'm a little confused  
11 that these things have resurfaces as -- as open  
12 issues at this point, and I would like the  
13 opportunity to go back and review the  
14 transcripts ourselves and -- and see where my -  
15 - my memory has failed me because I really  
16 believe that we -- we had a very vigorous, good  
17 discussion with Mel Chew and Associates and  
18 myself, and I thought that we were in  
19 agreement, and I specifically asked at the end  
20 of the meeting, are there any issues that NIOSH  
21 has action on, and I think the answer was no.  
22 So I'm -- I'm a little confused as to how we  
23 now have six findings.

24 **MR. MARSCHKE:** Well, I -- I think at that  
25 meeting I -- we had not really gone over in

1 detail and reviewed the initial NIOSH  
2 responses, and that was probably our fault at -  
3 - at that time.

4 **DR. NETON:** Well, but I think we -- we sort of  
5 took the approach of a more overarching  
6 discussion of all these issues, and my -- my  
7 thought was that these things were -- you know,  
8 we had a consensus between SC&A and NIOSH that  
9 there were -- there were no issues remaining.  
10 So I'm -- I'd like to go back -- I mean this is  
11 news to me. I just heard about this last week  
12 sometime, and I would like to, you know, review  
13 the transcripts ourselves and -- you know, it  
14 may be that this is the case, but it certainly  
15 is not my recollection, and of course my  
16 memory's not what it used to be, so I'd like  
17 the opportunity to at least do that.

18 **DR. MAKHIJANI:** Yeah, I -- I don't have the  
19 same recollection as Jim, but you know, it was  
20 a long time ago and I think a review of the  
21 transcript would be useful. But regardless of  
22 the review of the transcript, I think Steve has  
23 gone over the transcript in terms of substance  
24 and our findings and NIOSH's written comments.  
25 I think what we've given you is the status of

1 the substantive issues, as we see it, so --

2 **DR. NETON:** Right, but somehow I came away from  
3 that meeting with a very different view, and  
4 maybe it's in the context of reading the  
5 transcripts, I don't know. I'm not saying  
6 you're wrong. I just feel that we should be  
7 afforded the opportunity -- before we move  
8 forward and start reviewing issues again --

9 **UNIDENTIFIED:** Oh, okay.

10 **DR. NETON:** -- that I would like to be able to  
11 go back and look and -- and will -- certainly  
12 will take what you have to offer here --

13 **UNIDENTIFIED:** I think --

14 **DR. NETON:** -- and then -- and then go back and  
15 look at it 'cause I -- I think at this point  
16 I'm certainly not prepared to go over these  
17 findings 'cause I -- I actually considered them  
18 to be closed. I really did.

19 **DR. MAURO:** Am I -- am I correct in  
20 understanding -- so what we have is --

21 **DR. BRANCHE:** Please speak into the microphone.

22 **DR. MAURO:** -- six out of -- excuse me, I'm  
23 sorry. What I just heard is six out of 16 are  
24 the -- at some degree of con-- point of  
25 contention. Namely it was your perspective

1           that all were closed and I guess, Steve, your  
2           perspective is there are six of them that seem  
3           to be place that you would consider still be  
4           open -- call open -- in progress --

5           **DR. NETON:** In progress.

6           **DR. MAURO:** -- and require some additional  
7           discussion. I mean that's -- is that --

8           **DR. NETON:** Yeah, that's where we're at.

9           **DR. MAKHIJANI:** Well -- well, John, there are  
10          more than six because the way Steve wrote them  
11          up there were -- there were more than six open  
12          issues, except somehow -- I guess in terms of  
13          the procedures of the workgroup there are some  
14          that were bumped to another -- to TIB-20.

15          **DR. NETON:** Yeah, that --

16          **MS. MUNN:** That's -- that's correct. Let me  
17          run down these since -- since everyone does not  
18          have this in front of them. The open items --  
19          what we originally had as open items are not  
20          currently open items, and what SC&A sees as --  
21          as recommended is six in progress, one in  
22          abeyance, one addressed in -- two transferred,  
23          six closed, for a total of 16. And that's -- I  
24          -- I also -- it's been some time since I  
25          reviewed that transcript and I was a little

1 surprised that the numbers were this large as  
2 well, because I had thought that we had more of  
3 them closed out. But perhaps it's a question  
4 of terminology, and NIOSH should certainly have  
5 an opportunity to review that transcript to see  
6 what we said when we said it before, and to  
7 work with -- with SC&A to see if -- if their  
8 current recommendation is in fact in concert  
9 with what we said in our August meeting and  
10 what is in the transcript.

11 Yes, Stu?

12 **MR. HINNEFELD:** Will the workgroup agree to  
13 close the issues that SC&A believes should be  
14 closed?

15 **MS. MUNN:** I see no --

16 **MR. HINNEFELD:** And change those statuses?

17 **MS. MUNN:** I see no reason why we should have  
18 any conflict with that. Does anyone -- if SC&A  
19 says they're closed --

20 **MR. GRIFFON:** Well, I mean did -- did we -- I --  
21 -- I don't recall if we as a workgroup discussed  
22 those items and closed them.

23 **MS. MUNN:** Yes, we did.

24 **MR. GRIFFON:** If we did, then I think yeah --

25 **MS. MUNN:** We did, yeah.

1           **MR. GRIFFON:** Then I think we already agreed to  
2           it, yeah.

3           **MS. MUNN:** Uh-huh, yes. And I think the  
4           transcript will bear that out. We -- we had --

5           **MR. GRIFFON:** If that's the case, then --

6           **MS. MUNN:** -- considerable discussion on that.

7           **MR. HINNEFELD:** So -- so then from this meeting  
8           then, those statuses can be changed to closed.

9           **MS. MUNN:** That's my understanding, yes. We  
10          have had that discussion previously. Unless --

11          **DR. MAURO:** Could I get a clarification --

12          **MS. MUNN:** -- unless someone finds --

13          **DR. MAURO:** -- just a clarification --

14          **MS. MUNN:** Unless someone finds a conflict with  
15          that in the transcript at the time they're re-  
16          reviewing it.

17          **DR. MAURO:** Process. What I heard was that at  
18          the last meeting it was agreed and we were  
19          directed by the workgroup to close certain  
20          items, or was it that certain items were placed  
21          in abeyance until SC&A had an opportunity to  
22          review it and then make a recommendation to the  
23          workgroup regarding closure?

24          **MR. MARSCHKE:** As I recall the meeting of -- of  
25          August of last year, I gave a -- and I think

1           this is in the transcript -- I gave a general  
2           overview of -- of our review of PROC-- of OTIB-  
3           52, and then Mel Chew gave NIOSH's response.  
4           I don't think we went issue by issue to the --  
5           through the 16 issues that are -- are listed  
6           here. It was more -- you know, this is  
7           generally what we found and this is basically,  
8           you know, generally what the responses were.  
9           Go ahead, Paul.

10          **DR. ZIEMER:** We clearly need to go back to the  
11          transcripts, but if I could read from my  
12          personal notes for that meeting, under OTIB-52,  
13          number of points of discussion, then the last  
14          item -- I shall point out to the chairman, and  
15          it's circled -- all issues resolved.

16          **DR. NETON:** That was my recollection.

17          **MS. MUNN:** Uh-huh.

18          **DR. ZIEMER:** So certainly I heard that.

19          **DR. BRANCHE:** I have to confess, I heard it,  
20          too.

21          **MR. MARSCHKE:** Okay, then I -- I --

22          **MS. MUNN:** The question is, is --

23          **DR. ZIEMER:** So --

24          **MS. MUNN:** -- resolved -- that meaning that  
25          it's --

1           **DR. ZIEMER:** Well --

2           **MS. MUNN:** -- taken care of or does it mean --

3           **MR. GRIFFON:** So I guess we let

4           (unintelligible) --

5           **MS. MUNN:** -- closed, that's --

6           **DR. ZIEMER:** -- I don't know, but I'm just  
7           saying we heard different things.

8           **MS. MUNN:** Yes. Uh-huh.

9           **DR. NETON:** And in a sense, I -- you know, I  
10          considered them resolved, and in fact, you  
11          know, since nothing came back on the matrix  
12          since that time until a week ago, that just  
13          sort of confirmed it in my mind that this was  
14          all water under the bridge and -- and we're  
15          done. And I specifically remember standing up  
16          -- not standing up, but making a statement --  
17          'cause -- 'cause we didn't go point by point, I  
18          agree with that. But I said now -- but we had  
19          some very vigorous discussions and I thought we  
20          made a lot of good points, and I said now is it  
21          clear, are we in agreement that these issues  
22          are resolved -- or something to that effect --  
23          and I remember John Mauro I think saying yes,  
24          this is it, we're done. We're done here, as  
25          John likes to say, relatively recently. That's

1 my recollection. Now maybe it's wishful  
2 thinking on my part, I don't know. But again,  
3 we just need to go back and look at the  
4 transcripts.

5 **MS. MUNN:** My action item is NIOSH will review  
6 the transcripts and will interact with SC&A  
7 regarding any lack of agreement on anything  
8 that might still be open. It will be an action  
9 item for our July meeting. Agreed?

10 **MR. HINNEFELD:** I hate to be a pest about this,  
11 but on the six items that SC&A recommended be  
12 closed, are tho-- will that status be changed  
13 to closed as a result of this meeting, or is  
14 there some transcript review that has to occur,  
15 looking for conflicting information, before we  
16 decide to close those?

17 **MS. MUNN:** I can't see any reason why. We said  
18 they were closed the last time we met --

19 **MR. HINNEFELD:** So they can be closed because  
20 of this meeting.

21 **MS. MUNN:** -- SC&A says they're closed --

22 **DR. NETON:** (Off microphone) (Unintelligible)  
23 the other ones essentially closed.

24 **MS. MUNN:** -- they're closed.

25 **MR. HINNEFELD:** Or transferred, yeah. Yeah,

1 and -- and the transfer of -- the transfer  
2 recommendations for -- like this is addressed  
3 in a different finding and things like that,  
4 can those statuses be changed as well?

5 **MS. MUNN:** As long as -- I -- I thought that we  
6 had agreed, when we transferred, once the  
7 trans-- that we left it in transfer state  
8 unless the transfer did actually occur.

9 **MR. HINNEFELD:** Okay. Well, I guess maybe I  
10 was thinking about "addressed in" --

11 **MS. MUNN:** Right.

12 **MR. HINNEFELD:** -- you know, like there's  
13 certain --

14 **MS. MUNN:** Right.

15 **MR. HINNEFELD:** -- number one is addressed in  
16 number 16, for instance.

17 **MS. MUNN:** Yeah.

18 **MR. HINNEFELD:** So that status can be changed.

19 **MS. MUNN:** Yeah, it's also -- yeah.

20 **MR. GRIFFON:** Ye-- ye--

21 **MS. MUNN:** What?

22 **MR. GRIFFON:** All I was going to say is I think  
23 I'd appreciate -- I mean I -- I understand that  
24 Paul -- notwithstanding Paul's note and  
25 everything, I think I wou-- I -- I don't think

1 I was at -- I think I attended by phone at this  
2 last workgroup, but I think we do need to make  
3 sure we go through each one and we're all in  
4 agreement, ev-- even if we mistakenly said  
5 everything's closed or if SC&A -- you know --  
6 well, Jim, I don't know, I just want to make  
7 sure we get it right. If we --

8 **DR. NETON:** Well, I do, I --

9 **MR. GRIFFON:** -- if we're going to close it on  
10 -- on an administrative mistake, by us or by  
11 SC&A or --

12 **DR. NETON:** I'm not saying it's a mistake --

13 **MR. GRIFFON:** -- whatever, I think that's a  
14 mistake overall program, you know, we want to  
15 make sure --

16 **DR. NETON:** -- we want to review the  
17 transcripts and see what was said and -- and  
18 the context --

19 **MR. GRIFFON:** -- 'cause I think you -- I think  
20 this --

21 **DR. NETON:** -- in which it was said.

22 **MR. GRIFFON:** -- I think part of the problem  
23 was it was a general discussion of the entire  
24 (unintelligible) --

25 **DR. NETON:** Right, but -- but that general

1 discussion --

2 **MR. GRIFFON:** -- rather than going point by  
3 point.

4 **DR. NETON:** That general discussion got into  
5 such overarching issues, I think, that it made  
6 it clear that some of these what I consider  
7 minor, more minor type issues, were subsumed by  
8 this general discussion that we had, and I  
9 think Mel presented a very convincing argument  
10 that our approach was bounding, and that's my  
11 impression. But again, we need to go back --

12 **MR. GRIFFON:** Well, I -- just -- just so this  
13 doesn't come up when we come back to the next  
14 meeting, I just want to go on the record as  
15 saying I want a chance to review each  
16 individual item and -- as a workgroup member.  
17 SC&A may have made this statement that  
18 everything's fine, resolved. I would like the  
19 opportunity to review each individual item.  
20 I'm not saying I disagree with it, but I'm just  
21 saying I -- that's all I'm saying.

22 **MS. MUNN:** Yeah, good, please feel free to  
23 review the transcript item by item if --

24 **MR. GRIFFON:** Well, I don't want to review the  
25 transcript. I want to review the findings.

1 That's what we're here for --

2 **MS. MUNN:** Yeah. Well, the findings are --

3 **MR. GRIFFON:** -- is to review findings.

4 **MS. MUNN:** -- each called out and available on  
5 the O drive. We will address that issue at our  
6 next meeting in July.

7 **OTIBS 8, 10, 23**

8 Earlier this -- last week Stu sent us a number  
9 of items, OTIB-8, 10, 23 -- or the reports.  
10 Would you like to go through those quickly for  
11 us, Stu, to see if anyone has any question  
12 about them?

13 **MR. HINNEFELD:** Those were items that -- well,  
14 OTIB-8 and 10 are the infamous overestimating  
15 techniques for film badge -- for interpreting  
16 film badge data and TLD data. They've been --  
17 they were commented on in a procedure review.  
18 They've been the subject of a number of  
19 findings in dose reconstruction reviews. I  
20 believe we came to agreement on the kinds of  
21 modifications that should be made to address  
22 the findings. We made those modifications.  
23 It's my understanding SC&A has re-reviewed  
24 those, agrees that the findings that were --  
25 that the -- the revisions that were made

1 addressed the findings. And so as far as I  
2 know, SC&A agrees that those findings can be  
3 closed.

4 **DR. MAURO:** Yes.

5 **MR. MARSCHKE:** Yes, that is --

6 **MR. HINNEFELD:** Okay. So on the OTIB-23 was --  
7 we submitted corrective actions saying we would  
8 revise the procedure to address certain aspec--  
9 you know, just to address the findings. That  
10 procedure was revised, and I submitted that. I  
11 was tol-- I had -- I was told to advise the  
12 workgroup when that was done. It was done a  
13 month or two ago, and so I -- I submitted that  
14 revised procedure to the workgroup and to SC&A,  
15 and I don't know what their -- I don't remember  
16 what their interpreta-- or what their response  
17 to that was.

18 **DR. MAURO:** Yeah, I believe -- and Steve,  
19 correct me if I'm wrong -- that procedure was  
20 turned over to the original reviewers. They  
21 reviewed the revised procedure and concurred  
22 that all of the -- the agreements that were  
23 made during the discussion have in fact been  
24 made. So in other words, this is one of those  
25 cases where we're im-- we've implemented our

1 re-review. We took it upon ourselves to --

2 **MS. MUNN:** Yes.

3 **DR. MAURO:** -- re-review it to see if in fact  
4 your revised procedure does in fact close out  
5 or deal with the issue that was originally  
6 raised, and the answer is our reviewer said  
7 yes, looks fine to us. So as far as we're  
8 concerned, we're prepared to recommend closeout  
9 of those issues related to those procedures.

10 **MS. MUNN:** Is there any objection to the  
11 closeout of those issues?

12 **MR. PRESLEY:** Can you state those issues again,  
13 please?

14 **MR. HINNEFELD:** All of them?

15 **MR. PRESLEY:** No, just these three that we're  
16 going to close out.

17 **MR. HINNEFELD:** Oh, well, they're all the  
18 findings associated with OTIB-8, OTIB-10 and  
19 OTIB-23.

20 **MR. PRESLEY:** And it's recommended that -- by  
21 SC&A that they be closed?

22 **MS. MUNN:** Yes, it is. Does anyone have any  
23 objection to closing those items that were  
24 listed by Stu and re-reviewed by SC&A?

25 (No response)

1 Will you please see that the database reflects  
2 those items are closed? Thank you.

3 **HOUSEKEEPING ITEMS**

4 Now we're down to housekeeping items. We had a  
5 problem apparently with -- I know we --

6 **DR. BRANCHE:** The 23rd -- or the 21st?

7 **MS. MUNN:** -- the 21st and that problem was  
8 that --

9 **DR. BRANCHE:** Arjun Makhijani --

10 **MS. MUNN:** -- Arjun did not believe he could be  
11 available --

12 **DR. BRANCHE:** In person, but can you -- you  
13 said that you thought there was a --

14 **DR. MAKHIJANI:** I could do it by -- I could do  
15 it by phone.

16 **MS. MUNN:** My memory was that we struggled a  
17 bit in order to -- there were conflicts --

18 **MR. PRESLEY:** Right.

19 **MS. MUNN:** -- for a number of people --

20 **DR. BRANCHE:** I have a considerable number of  
21 conflicts for changing the date, to be honest  
22 with you.

23 **MR. PRESLEY:** I do, too.

24 **MS. MUNN:** Yeah.

25 **MR. GRIFFON:** What is the date again? I'm

1           sorry.

2           **DR. BRANCHE:** The date on -- the date on the  
3           record is July 21st, 9:30 to 3:00 or 4:00,  
4           something like that.

5           **MS. MUNN:** I have 5:00.

6           **DR. BRANCHE:** 5:00?

7           **MS. MUNN:** That'll be a full day, yeah. 9:30  
8           to 5:00 o'clock Monday July 21st, Cincinnati,  
9           face-to-face. Dr. Makhijani -- 9:30 -- Dr.  
10          Makhijani can be available by phone?

11          **DR. MAKHIJANI:** Yes, I can do it by phone.

12          **MS. MUNN:** All right.

13          **DR. MAKHIJANI:** I'll be on the west coast so  
14          I'll be in your position there, starting --

15          **MS. MUNN:** Good.

16          **DR. MAKHIJANI:** -- at 6:30 in the morning.

17          **MS. MUNN:** Good, I am so pleased that I can  
18          speak to you at 6:30. That's -- that's such a  
19          delightful thing to have to do.

20          **DR. BRANCHE:** But then you'll have the rest of  
21          the day --

22          **MS. MUNN:** Yeah, that is the rest of the day.

23          **DR. BRANCHE:** -- available to him at the  
24          conclusion of the meeting.

25          **MS. MUNN:** I call your attention to the fact

1           that our next scheduled full Board meeting is  
2           the first week in September, immediately  
3           following Labor Day. And the reason I call  
4           that to your attention is that it's highly  
5           probable that we will, after the Board call --  
6           the -- the teleconference --

7           **DR. BRANCHE:** On the 5th of August.

8           **MS. MUNN:** -- on the 5th of August, it's highly  
9           probable that this group will need to meet  
10          prior to that full Board meeting in September.  
11          Whether we can do that by telephone or whether  
12          we can -- have -- whether it will be face-to-  
13          face depends largely on what falls out of the  
14          July 21 meeting. But it would behoove us to  
15          try to choose a date when we would at least be  
16          available for a telephone call.

17          **DR. BRANCHE:** Ms. Munn, if I can -- actually  
18          I've just gotten some information from Zaida  
19          about CDC's bookkeeping, essentially.

20          **MS. MUNN:** Uh-huh.

21          **DR. BRANCHE:** And I would recommend that we  
22          schedule a face-to-face meeting and then  
23          determine later that it's going to be by phone.  
24          It'll be easier to undo a face-to-face meeting  
25          and make it a -- a meeting by phone than to try

1 to do the reverse because we'd have to get the  
2 travel inform-- apparently the book-- the  
3 logistical issue is we need to get every  
4 request for travel in and through the  
5 bookkeeping system by the 29th of August.

6 **MS. MUNN:** Oh, well, all right.

7 **DR. BRANCHE:** So any requests for -- by -- and  
8 I'll say this during the Board meeting, but any  
9 requests by workgroup chairs for meetings will  
10 have to be done -- your requests and the travel  
11 requests have to be done before the 29th of  
12 August, even if you want to -- if not, you'll  
13 have to wait until the turn of the fiscal year,  
14 which is October 1.

15 **MS. MUNN:** Let us then, for the sake of  
16 expedience and to maintain our good graces with  
17 the federal government, choose a date in  
18 August. It is much easier to either change it  
19 or cancel it than it is to try to beg  
20 forgiveness later. August is a difficult  
21 month, I know that. My preference personally  
22 would be something like the 14th/15th in --

23 **DR. BRANCHE:** That's a tough --

24 **MS. MUNN:** -- mid-August.

25 **DR. BRANCHE:** -- week for me. I've already got

1           some obligations. The week of the 18th and the  
2           week of the 25th are --

3           **MR. PRESLEY:** The 18th I'm good.

4           **MS. MUNN:** The 18th you're good, or busy? Did  
5           you say good or busy?

6           **MR. PRESLEY:** I'm good on the 18th.

7           **DR. BRANCHE:** I'm good on the 18th.

8           **MS. MUNN:** That's a good week for me as well.

9           **MR. GRIFFON:** That -- that week's okay for me.  
10          The 18th is not good, but the -- that week is -  
11          -

12          **DR. BRANCHE:** With the exception of the 18th?

13          **MR. GRIFFON:** Yeah, with the exception of the  
14          18th.

15          **MS. MUNN:** How about something like the 21st, a  
16          Thursday that week?

17          **DR. ZIEMER:** Okay.

18          **DR. BRANCHE:** I can do that.

19          **MS. MUNN:** August 21.

20          **DR. BRANCHE:** Speak now.

21          **MS. MUNN:** We will momentarily -- we will  
22          schedule it temporarily as --

23          **DR. BRANCHE:** 9:30.

24          **MS. MUNN:** -- 9:30 (unintelligible) --

25          **DR. BRANCHE:** In Cincinnati.



1 progress items and see for yourself. If  
2 something jumps out at you as being extremely  
3 important that we have been pushing in the  
4 background, please do let me know. I'll make  
5 every effort to get it on the agenda.  
6 Anything else for the good of the order?

7 (No response)

8 If not, this meeting is adjourned. Thank all  
9 of you on the phone.

10 (Whereupon, the meeting was adjourned at 11:50  
11 a.m.)

12

13

14

15

1

**CERTIFICATE OF COURT REPORTER****STATE OF GEORGIA****COUNTY OF FULTON**

I, Steven Ray Green, Certified Merit Court Reporter, do hereby certify that I reported the above and foregoing on the day of June 24, 2008; and it is a true and accurate transcript of the testimony captioned herein.

I further certify that I am neither kin nor counsel to any of the parties herein, nor have any interest in the cause named herein.

WITNESS my hand and official seal this the 8th day of Aug., 2008.

---

**STEVEN RAY GREEN, CCR, CVR-CM, PNSC****CERTIFIED MERIT COURT REPORTER****CERTIFICATE NUMBER: A-2102**