

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

Procedures

UNITED STATES OF AMERICA
DEPARTMENT OF HEALTH AND HUMAN SERVICES 1
CENTERS FOR DISEASE CONTROL AND PREVENTION

+ + + + +

NATIONAL INSTITUTE FOR OCCUPATIONAL
SAFETY AND HEALTH
ADVISORY BOARD ON RADIATION AND
WORKER HEALTH

+ + + + +

SUBCOMMITTEE ON PROCEDURES REVIEW

+ + + + +

TUESDAY, JUNE 9, 2009

+ + + + +

The meeting came to order, at 10:00 a.m., in the Zurich Room of the Cincinnati Airport Marriott Hotel, Hebron, Kentucky, Wanda Munn, Chair, presiding.

PRESENT:

WANDA I. MUNN, Chair
MARK GRIFFON, Member
PAUL L. ZIEMER, Member

THEODORE M. KATZ, Acting Designated Federal
Official

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IDENTIFIED PARTICIPANTS:

2

NANCY ADAMS, NIOSH Contractor*

ISAF AL-NABULSI, DOE*

ELIZABETH BRACKETT, ORAU*

STUART HINNEFELD, NIOSH

EMILY HOWELL, HHS*

STEVE MARSCHKE, SC&A

JOHN MAURO, SC&A

MICHAEL RAFKY, HHS*

MUTTY SHARFI, ORAU*

SCOTT SIEBERT, NIOSH

MATTHEW SMITH, ORAU*

ELYSE THOMAS, ORAU

*Participating via telephone

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Procedures

C-O-N-T-E-N-T-S

Welcome and administrative process	7 ³
Discussion of next Subcommittee report to the Secretary	11
Action Item - Draft report to Secretary	20
Review summary of procedure status	20
Action Item - Draft a letter	29
Format of proposed transfer letter to Work group	29
Action Item - Draft transfer letter	29
Action Item - Steve Marschke to continue his comparison	40
Examination of overall CATI material proposed revisions	45
Discussion of form	62
Action Item - Stu Hinnefeld Clean copy of forms and letter	77
Action Item - Stu Hinnefeld check with DOE security	82
OTIB 29	93
Action Item - NIOSH to incorporate the proper language into the procedure	99
Action Item - SC&A to set up technical call	106
Uranium compound solubility type	107

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Procedures

C-O-N-T-E-N-T-S

4

Action Item - find out if 2007 unreleased OTIB is available for Subcommittee for technical call	118
Address outstanding "new responses" 3rd Set - IG-00	120
Action Item - Wanda Munn transfer TIB to Mark Griffon's work group	198
Action Item - NIOSH to provide a new response	230
Action Item - Additional NIOSH response	243
Action Item - Additional NIOSH response	244
Action Item - John Mauro to follow up with Chick Phillips	253
Action Item - NIOSH to follow up on how OTIB is going to be used	273
Action Item - NIOSH	277
Action Item - NIOSH	280
Action Item - SC&A	285
Action Item - Make a separate item on the agenda	286 286
Action Item - Make a separate item on the agenda	287 291
Action Item - NIOSH review all of OTIB 51/ give status report	291

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Housekeeping and schedule

2955

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Procedures

1 P-R-O-C-E-E-D-I-N-G-S 6

2 10:02 a.m.

3 MR. KATZ: Good morning, and good
4 morning, everyone on the telephone.

5 This is the Advisory Board on
6 Radiation and Worker Health, the Procedures
7 Subcommittee.

8 We are just getting started here.

9 We will begin with roll call in the room,
10 Board members, beginning with the Chair,
11 please.

12 CHAIR MUNN: Wanda Munn, Chair of
13 the Procedures Subcommittee and member of the
14 work group.

15 MEMBER ZIEMER: I'm Paul Ziemer,
16 member of the Board and the work group.

17 MEMBER GRIFFON: Mark Griffon,
18 member of the Subcommittee. It's the
19 Subcommittee now.

20 MEMBER ZIEMER: I said, "work
21 group". It's Subcommittee, right.

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1 MR. KATZ: And do we have any
2 Board members by telephone?

3 (No response.)

4 Maybe Mike?

5 CHAIR MUNN: We were expecting
6 Mike.

7 MR. KATZ: Mike Gibson.

8 CHAIR MUNN: Not yet.

9 MR. KATZ: Okay, and no Bob
10 Presley? He's an alternate. Okay.

11 Then, in the room, the NIOSH ORAU
12 team.

13 MR. HINNEFELD: Stu Hinnefeld,
14 NIOSH.

15 MR. SEIBERT: Scott Seibert, ORAU
16 team.

17 MS. THOMAS: Elyse Thomas, ORAU
18 team.

19 MR. KATZ: On the telephone, any
20 NIOSH ORAU team?

21 MS. BRACKETT: Elizabeth Brackett,

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1 ORAU team. 8

2 MR. KATZ: Sorry, that's Elizabeth
3 Brackett, ORAU.

4 MR. SHARFI: Mutty Sharfi, ORAU
5 team.

6 MR. SMITH: Matthew Smith, ORAU
7 team.

8 MR. KATZ: Okay. Then, in the
9 room, SC&A.

10 John Mauro is en route, but
11 delayed.

12 MR. MARSCHKE: Steve Marschke.

13 MR. KATZ: And then, on the
14 telephone, do we have any SC&A staff?

15 (No response.)

16 Okay. Then there are no members
17 of the public in the room, but on the
18 telephone are there any members of the public
19 or others who would like to self-identify?

20 (No response.)

21 Then I've skipped a group, too,

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1 other federal employees, HHS or other
2 agencies. There are none in the room, but on
3 the line?

4 MS. HOWELL: Emily Howell, HHS.

5 MR. KATZ: Welcome, Emily.

6 MR. RAFKY: Mike Rafky, HHS.

7 MS. ADAMS: Nancy Adams, NIOSH,
8 contractor.

9 MR. KATZ: Welcome, Nancy.

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

12 MR. KATZ: Okay, then that's roll
13 call.

14 I will just remind everyone on the
15 telephone that, while you are not speaking,
16 please have your phones muted. If you don't
17 have a mute button, use *6, and then you can
18 use *6 again to take it off of mute.

19 It's all yours, Wanda.

20 CHAIR MUNN: I assume everyone has
21 a copy of the draft agenda that was sent out.

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1 If you have taken a look at that, have there¹⁰
2 been any additional items that you have
3 identified that you specifically want covered
4 in this meeting?

5 (No response.)

6 Anything that you feel is
7 extraneous to this meeting and should
8 immediately be delayed or deleted?

9 (No response.)

10 If not, then we will work from
11 that draft agenda, and begin with our first
12 item of discussion of the potential next
13 report to the Secretary on the activities of
14 this Subcommittee.

15 It has been over a year since we
16 submitted our one and only report to the
17 Secretary. To the best of my knowledge, there
18 is no feedback from that. Indeed, we did not
19 anticipate feedback. It was simply an
20 informational document that we sent to the
21 Committee for their information.

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1 We haven't made any attempt to
2 establish any periodicity for when we should
3 or should not be making these reports, but I
4 think that would really be helpful to me, if I
5 could get some feel from others as to how
6 often they feel this kind of report needs to
7 be made.

8 The work that we do is not
9 necessarily the same kind of work that is done
10 in, for example, the Dose Reconstruction
11 Subcommittee or some of the work groups which
12 might require more frequent information being
13 transmitted to the Secretary.

14 What we do is, although it is
15 technical in nature, it ends up being
16 administrative on the surface of it, and turns
17 out to be not very exciting in terms of
18 statistical information that can be reported.

19 So any thoughts that anyone has
20 with respect to how often we should be
21 considering such reports would be welcomed by

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1 the Chair. Does anyone have any thoughts? 12

2 Yes, Paul?

3 MEMBER ZIEMER: This is not
4 necessarily a thought on frequency, so much as
5 to ask the question: I believe the new
6 Secretary's staff was recently briefed by --
7 Ted, was it you and -- no?

8 MR. KATZ: By Dr. Branche.

9 MEMBER ZIEMER: Oh, by Dr.
10 Branche, about the program. This was the
11 Secretary's administrative staff, I believe.

12 MR. KATZ: That's correct.

13 MEMBER ZIEMER: Do we have any
14 feedback in terms of their expectations on
15 anything? It was more of an orientation, I
16 believe, but it seems to me that at some point
17 it would be good to make a report on this
18 Subcommittee to the new Secretary.

19 MR. KATZ: Yes. No feedback was
20 reported to me on an issue like this, although
21 it does make perfect sense to me that this is

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1 part of the evaluation of the scientific¹³
2 quality and validity of dose reconstruction.

3 So there needs to be a reporting.

4 MEMBER ZIEMER: Right. I think
5 the Chair is trying to hook up to the database
6 here for a moment.

7 MS. ADAMS: Ted?

8 MR. KATZ: Yes, Nancy?

9 MS. ADAMS: The feedback that I
10 had from the briefing was that they were very
11 -- the briefing was held with the Deputy
12 Secretary, Bill Corr, who actually worked at
13 HHS before. So he is very familiar with HHS
14 as a whole, but he was very interested in the
15 program, asked a lot of questions.

16 They were anticipating the
17 receipt, which Steve got yesterday, of the SEC
18 packages on Santa Susana and Standard Oil.
19 They appear to be very favorable, very
20 interested, and the briefing went very, very
21 well.

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1 MR. KATZ: But so, Nancy, was ¹⁴
2 there any discussion in that briefing about
3 what sort of reporting they would like from
4 the Board?

5 MS. ADAMS: No, not to my
6 knowledge. I don't think that that's --

7 MEMBER ZIEMER: Well, let me ask a
8 followup, Nancy. Were they aware of the other
9 reports, such as the Dose Reconstruction
10 reports or the previous report from the
11 Procedures Group?

12 MS. ADAMS: I do not believe so.
13 This was kind of a 101 in terms of a 30,000-
14 foot view of what they were going to receive
15 in terms of the SEC packages, and in light of
16 that, trying to go up to 30,000 feet and say:
17 this is kind of an overview of the program in
18 anticipation of having these documents arrive
19 that need the Secretary's signature very
20 quickly.

21 And the briefing only lasted an

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1 hour. So there really wasn't the in-depth¹⁵
2 discussion, to my knowledge, about the nuances
3 of the subcommittees and reporting from the
4 Board.

5 MR. KATZ: Thank you, Nancy.

6 CHAIR MUNN: My apologies, I'm
7 working here trying to get onto a screen that
8 I need. If you don't mind holding for just a
9 moment, I'm on the phone with ORAU to try to
10 get me there. For some reason, either my
11 typing or my screen is not agreeing.

12 (Pause.)

13 We're just giving that up for the
14 time being.

15 I'm sorry I didn't get the context
16 of what Nancy was saying. Can someone roughly
17 tell me?

18 MR. KATZ: Sure. So Nancy
19 explained that Dr. Branche, and I think Lew
20 Wade and several others were involved, briefed
21 the Deputy Secretary Bill Corr. Bill Corr had

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1 CHAIR MUNN: Well, the other¹⁷
2 question, of course, is with new staff all on
3 hand, whether it would be beneficial for them
4 to be receiving such a report.

5 MEMBER ZIEMER: I was looking at
6 the previous report. It was June of '08 when
7 we prepared that report. At that time, we had
8 finished or we were still dealing with the
9 first set of procedures. We had in the report
10 mentioned 153 findings, of which 99 resolved
11 and closed and 54 are still open and under
12 discussion.

13 CHAIR MUNN: We're much further
14 along than that.

15 MEMBER ZIEMER: We were very early
16 in the process then.

17 CHAIR MUNN: Yes.

18 MEMBER ZIEMER: It would seem to
19 me, maybe after we see where we are, but it
20 seems to me, once the first set is fully taken
21 care of, it would be an appropriate time. I

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1 don't know how close we are to that. There's₁₈
2 a few outstanding ones, right?

3 CHAIR MUNN: Well, yes, in the
4 first set, we are pretty well done.

5 MEMBER ZIEMER: Are we?

6 MR. MARSCHKE: I think the first
7 set we are pretty well done.

8 MEMBER ZIEMER: Does "pretty well"
9 mean completely or --

10 MR. MARSCHKE: They are all either
11 closed or in abeyance. Four of them have been
12 transferred, and four of them are addressed in
13 some other findings.

14 MEMBER ZIEMER: Okay. So we are
15 done with the first set?

16 MR. MARSCHKE: So we don't have
17 any open and we don't have any in progress.

18 CHAIR MUNN: The open and in
19 progress figures are the ones that are of most
20 concern, I think, in reporting.

21 MR. MARSCHKE: Yes.

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1 MEMBER ZIEMER: That would be
2 good.

3 MR. KATZ: I think, roughly,
4 having a goal of reporting at least annually
5 would be reasonable.

6 MEMBER ZIEMER: Yes, yes.

7 MR. MARSCHKE: Also, if you look
8 at the second one, we are not in real bad
9 shape on the second side also --

10 CHAIR MUNN: No.

11 MR. MARSCHKE: -- because we only
12 have one open and six in progress. Maybe if
13 we could focus on those seven before we send
14 out the report, maybe we could even do
15 something on those seven.

16 CHAIR MUNN: Very possible. Our
17 primary concern, what we have been dealing
18 with over the last three meetings primarily is
19 the third set.

20 MR. MARSCHKE: Is the third set,
21 right. So we've got all of 97 open ones

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1 still.

20

2 CHAIR MUNN: I think what I am
3 hearing from around the table is it would be a
4 good idea to begin to draft one with the
5 expectation of perhaps spending a portion of
6 our next upcoming meeting taking a look at a
7 first rough cut.

8 Is that a reasonable goal? Then
9 that will be my first listed action item, to
10 draft what we need.

11 All right. Our next item on the
12 agenda is the review of the summary of the
13 procedure status, which is up on the board. I
14 understand that Nancy and Steve have compared
15 their respective figures and agree. So that
16 we have confirmation that we are looking at
17 the same statistical anomalies or accuracies,
18 as the case may be.

19 So, Steve, would you like to take
20 us through that?

21 MR. MARSCHKE: Yes. Right now, I

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1 have the summary table that is generated by
2 the database. I generated this, I think it
3 was on Sunday or, actually, this was generated
4 on May 5th, May 1st.

5 But nothing has really changed
6 since our last get-together as far as the
7 database, the status database goes. We didn't
8 add any new issues, any new SC&A reports. No
9 new SC&A reports were issued that had issues
10 associated with them.

11 There has been a little back and
12 forth. Just before the last meeting, Stu sent
13 out some NIOSH second-round or third-round
14 responses to SC&A.

15 I have forwarded to the
16 Subcommittee, I guess yesterday or a couple of
17 days ago, the SC&A recommendations and
18 feedback on that third round. But neither of
19 the NIOSH second-round responses or the SC&A
20 responses have been incorporated into the
21 database at this time.

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1 In any respect, they would not²²
2 change the status of this because the status
3 only gets changed here by the Subcommittee.
4 So this table would not be changed at all by
5 that.

6 The other thing we do have, and I
7 did send around, I guess on Sunday, after two
8 tries, I managed to send around the bar
9 charts, but, again, they have not been changed
10 since May. You will see the chart is showing
11 May of '09 as opposed to June of '09, again,
12 because nothing has really been changed since
13 then, I don't think.

14 So I guess, in summary, where we
15 are is we have a total of 538 findings. A
16 hundred and fifty-four of them remain open,
17 which is 29 percent. Twenty-eight of them, or
18 5 percent, are in progress. Seventy-five are
19 in abeyance. That's 14 percent. Fifteen have
20 been addressed in another finding. Twenty-
21 nine have been transferred, either to another

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1 work group or to somewhere else, a generic²³
2 issue. Two hundred and thirty-seven of them
3 have been closed, or 44 percent. So, between
4 the in abeyance and the closed, we have 58
5 percent of the 538 issues have been
6 dispositioned.

7 CHAIR MUNN: I think that chart is
8 very helpful. I mean I think the bar chart is
9 very helpful. I don't know how the rest of
10 the Subcommittee looks at this, but that seems
11 to me to be an automatic attachment to any
12 information that we would send.

13 I don't know whether our numerical
14 statement of status is as easy to read in
15 terms of where we are as the graph, whether it
16 is just my personal preference for looking at
17 graphs, but --

18 MR. MARSCHKE: Well, one thing I
19 would recommend --

20 MEMBER GRIFFON: I think the
21 members have that personal preference, too.

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1 CHAIR MUNN: Yes. 24

2 MR. MARSCHKE: One thing I would
3 recommend is, if we do send this to anyone
4 outside the group here, we would change the
5 lefthand column to be more identifying what it
6 is we are talking about, like the first set or
7 two, you know, generic reviews --

8 MEMBER ZIEMER: How easy would it
9 be to make a bar chart that was based on set
10 one, set two, set three?

11 MR. MARSCHKE: Oh, that would be
12 easy enough.

13 MEMBER ZIEMER: That's really what
14 you are talking about doing with the number
15 chart, too.

16 MR. MARSCHKE: We could do that.
17 Yes, we can do that.

18 MEMBER ZIEMER: Pretty easily?

19 CHAIR MUNN: But if we do that,
20 then where are you going to put the
21 miscellaneous? The only reason this is not

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Procedures

1 clear is as to what is set one, set two, set ²⁵
2 three is.

3 MEMBER ZIEMER: Yes, that's true.
4 There's some other stuff in there.

5 CHAIR MUNN: It is because we have
6 had additional things that have come in in
7 between.

8 MEMBER ZIEMER: Right, right.

9 CHAIR MUNN: And if you limit it
10 only to set one, two, and three, then --

11 MEMBER ZIEMER: Yes, that is a
12 good point.

13 CHAIR MUNN: -- then you miss the
14 other --

15 MR. MARSCHKE: Well, we could take
16 this --

17 MEMBER GRIFFON: You could say
18 one, two, three, and miscellaneous additional,
19 whatever.

20 MEMBER ZIEMER: Well, I was
21 thinking of the analogy of when Larry does the

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Procedures

1 case review for us, he takes the first 5,000²⁶
2 You know, it is a different sort, but it
3 helps you say, okay, did I get rid of the
4 stuff I was working on earlier?

5 CHAIR MUNN: Yes, and, of course,
6 this does it by date.

7 MEMBER ZIEMER: Right. This shows
8 it pretty well here as well.

9 CHAIR MUNN: It would, I think,
10 very easy to in the preliminary text to this
11 just simply identify the specific dates, one,
12 two, and three --

13 MEMBER ZIEMER: Right.

14 CHAIR MUNN: -- and the other
15 intermediate proceedings that have come to us,
16 the procedures that have come to us in the
17 process of the other activities of the Board's
18 involvement.

19 MR. MARSCHKE: We could make a bar
20 chart. We could either turn each one of these
21 rows into a bar on a bar chart or we could use

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Procedures

1 four rows, you know, the set one, set two, set
2 three, miscellaneous, whichever way the
3 Subcommittee wants to go. It is just going to
4 be a very short -- we could probably do it
5 over lunchtime.

6 MEMBER GRIFFON: I propose the
7 Chair work with SC&A. I'm comfortable with
8 Wanda making that decision.

9 CHAIR MUNN: Yes, we'll do that.
10 I guess my preference with respect to the
11 numerical chart is to leave it as we have it
12 now because it is very clear in terms of date
13 which ones are the oldest and which ones just
14 sort of showed up by themselves. So it would
15 take very little verbiage to explain that.

16 Paul?

17 MEMBER ZIEMER: One item changed
18 from your May 1st report. You had 155 open
19 and now 154. Oh, we closed something, I
20 guess. The closed went down to 236 for some
21 reason. Or up, oh, it had gone up to 237,

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1 yes. So something closed, okay. 28

2 MR. MARSCHKE: Something must have
3 closed.

4 MEMBER ZIEMER: We closed
5 something in the meantime. I see.

6 MR. MARSCHKE: Yes.

7 MEMBER ZIEMER: Now it hasn't
8 really changed much. One item has changed
9 since May 1st, it appears.

10 CHAIR MUNN: The number of open
11 items has increased.

12 MEMBER ZIEMER: It was 155; now
13 it's 154.

14 MR. MARSCHKE: It was 155 on May
15 1st.

16 MEMBER ZIEMER: Yes. It was 155
17 on May 1st.

18 CHAIR MUNN: Oh, you're talking
19 about -- when you said, "the previous report",
20 my mind went back to the previous report to
21 the Secretary.

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Procedures

1 MEMBER ZIEMER: No, no, no, no. 29

2 CHAIR MUNN: All right.

3 MEMBER ZIEMER: Steve's report to
4 us.

5 CHAIR MUNN: Yes, that's true.

6 MEMBER ZIEMER: One item changed
7 since May, whatever.

8 CHAIR MUNN: Yes.

9 MEMBER ZIEMER: Something got
10 closed, yes.

11 CHAIR MUNN: As you pointed out,
12 we didn't do much that would have affected
13 this at our last meeting.

14 MEMBER ZIEMER: No.

15 CHAIR MUNN: All right, then,
16 again, I have the action to draft a letter,
17 and we will attempt to go from there.

18 Now, then, it had been my intent
19 to try to get a draft to you of the format
20 that I was going to use in officially
21 transferring responsibility for a site-

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1 specific procedure from this group to the work³⁰
2 group or, alternately, the letter also, which
3 would be an entirely different text, that
4 would be going to the full Board, suggesting
5 that we set up a work group for some site for
6 which we had a site-specific procedure but no
7 active work group.

8 I have not done that. Since I
9 haven't done that, there is no document for
10 you to approve or to consider.

11 If you have any strong feelings
12 with respect to what that format needs to look
13 like, let me know. It was my intent to have
14 it be fairly informal since it is an internal
15 Board communication and will not be going to
16 anyone other than Board members.

17 But if you have feelings about
18 specificity that needs to be involved with
19 these transfers, do let me know. Otherwise,
20 at our next meeting that draft will have been
21 before you for some time, and anyone who has

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Procedures

1 any feelings about it needs to let me know³¹
2 because I do want to go ahead and transfer --
3 there are a couple of things that need to be
4 transferred that we have already officially
5 here transferred to the other Subcommittee or
6 to --

7 MEMBER ZIEMER: It seems to me
8 that you can get some boilerplate that just
9 says that it is our policy to transfer the
10 work group items that they have specific
11 interest or responsibility in, and then here's
12 one, or however many, we are transferring, and
13 here's why.

14 CHAIR MUNN: Yes. Essentially,
15 that's what I had in mind.

16 MEMBER ZIEMER: Right. Then you
17 pretty well, once you have that, would pretty
18 well do them all the same, give them the
19 number and --

20 MEMBER GRIFFON: I mean very
21 informal, I would think, because the Board

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1 agreed on it at the last meeting, right? 32

2 MEMBER ZIEMER: Right.

3 MEMBER GRIFFON: So, yes.

4 CHAIR MUNN: Yes, they did.

5 MEMBER ZIEMER: And maybe you say,
6 if the work group believes that it should not
7 review this, please let us know, or something.

8 CHAIR MUNN: Yes.

9 MEMBER ZIEMER: Because they may
10 disagree and say, "We're not doing this." So
11 we have to give them that option, I suppose.

12 CHAIR MUNN: Okay, I will include
13 that.

14 MEMBER GRIFFON: The only other
15 thing I would say is you might want to say,
16 "Attached are the findings and the
17 deliberations conducted on the Subcommittee
18 regarding the site-specific procedure,"
19 because in some cases --

20 MEMBER ZIEMER: There's been a
21 discussion.

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Procedures

1 MEMBER GRIFFON: Yes, there's₃₃
2 been a fair amount of work that's done, and we
3 don't want to lose that.

4 CHAIR MUNN: That's true.

5 MEMBER GRIFFON: Just transfer
6 it, you know.

7 MEMBER ZIEMER: So you are talking
8 about copies of the transcript pages or --

9 MEMBER GRIFFON: No, I would say
10 just like those sheets that Steve forwarded
11 here. I mean there's a couple in here. Rocky
12 Flats is one that I think, if you just
13 forwarded those copies of the findings --

14 MEMBER ZIEMER: Oh, okay.

15 MEMBER GRIFFON: -- the NIOSH
16 response, SC&A's response --

17 MEMBER ZIEMER: Oh, yes, yes, yes.
18 Right, right.

19 MR. MARSCHKE: The matrix then.

20 CHAIR MUNN: The back and forth.

21 MEMBER GRIFFON: Yes, matrix, for

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1 lack of a better word, the matrix stuff, yes³⁴

2 CHAIR MUNN: But it is the
3 information that will come off the --

4 MEMBER ZIEMER: Right.

5 MEMBER GRIFFON: Right, because
6 we don't want to restart a discussion.

7 MEMBER ZIEMER: No, no.

8 CHAIR MUNN: No, no.

9 MEMBER GRIFFON: Please.

10 CHAIR MUNN: Yes, Steve?

11 MR. MARSCHKE: One of the other,
12 when we are talking about site-specific, one
13 of the other things that I was tasked to do at
14 the last meeting was to look at the site-
15 specific procedures which are common, and the
16 two sets of common site-specific procedures
17 are the internal coworker dose and the
18 external coworker dose.

19 If you look through the sets of
20 comments that were on those various common
21 procedures for different sites, and see if

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1 there is any commonality between the issues³³
2 what I put up on the screen here now is for
3 the set of external exposures. There were
4 five sites that had external exposure coworker
5 models that were reviewed. You can see across
6 the top which ones they were.

7 I have highlighted in yellow here
8 the only commonality that I could come up with
9 when I tried to look at these.

10 I haven't really finalized this
11 and completed this, and I apologize; I haven't
12 sent it to the Subcommittee. This is kind of
13 my working copy at this point, but this is
14 where I am.

15 You can see this is the similar
16 table for internal, internal sets of -- there
17 were six sites that had their internal dose
18 model procedures reviewed. We had, basically,
19 again, the yellows are kind of the same, and
20 the one with kind of -- I don't know what
21 color it is there -- red were the same;

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1 But this is, again, just to be
2 responsive to the second part of my task from
3 the last work group. This is where I am at
4 this point, and this is the information I
5 have. I will provide the Subcommittee with
6 this information when I get back.

7 CHAIR MUNN: Have you gotten
8 through all of them, Steve, or are you just
9 still slogging through them?

10 MR. MARSCHKE: When I look at this
11 list, this was all the common procedures.
12 Just by looking at the names, the internal
13 dosimetry ones and the external coworker
14 dosimetry ones seem to be the only ones that
15 really have any commonality across the sites.

16 All the other ones seem to be pretty much
17 site-specific.

18 So the short answer to your
19 question is, yes, this is as far as I've
20 gotten, but the longer answer is I don't think
21 there is any further to go, is the complete

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1 answer.

38

2 CHAIR MUNN: Okay.

3 MEMBER ZIEMER: Well, is the
4 concern here that it may look on the surface
5 to be site-specific, but there has been a
6 similar finding for another site, and that
7 they may or may not be addressed, because
8 there's different work groups involved, in a
9 similar manner?

10 CHAIR MUNN: That would be my
11 concern.

12 MR. MARSCHKE: I believe that was
13 the concern of the Subcommittee at the last
14 meeting, was: are there any overarching
15 concerns that we have with the internal
16 dosimetry models that go across all sites?

17 MEMBER ZIEMER: Okay, now your
18 responses, that is, your findings look the
19 same. We don't know whether NIOSH responses
20 look the same or are they more --

21 MEMBER GRIFFON: They all look

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Procedures

1 the same. It looks like mainly an internal³⁹
2 which is what I would expect, too, given what
3 we have heard.

4 MEMBER ZIEMER: Right, right.

5 MEMBER GRIFFON: I think most of
6 those are going to go back to the -- I'm going
7 to get the wrong TIB here, but the development
8 of the internal coworker model, there's a TIB
9 for developing those, right? I think that's
10 where we pick up these generic concerns more
11 than -- that would be my sense of it, that it
12 is going to overlap in those TIB 8, not TIB
13 8 --

14 MR. SEIBERT: It's 19.

15 MEMBER GRIFFON: Nineteen? TIB
16 19.

17 MEMBER ZIEMER: So, before we
18 assign anything out, we need to make sure it
19 is not this type of an issue? Is that --

20 CHAIR MUNN: I believe that is the
21 case.

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Procedures

1 MR. KATZ: I mean, in the⁴⁰
2 discussion, your concern was that the Board's
3 recommendations be consistent on consistent
4 matters.

5 MEMBER ZIEMER: Right, right.

6 MEMBER GRIFFON: I mean I guess
7 we should wait and see what Steve gives us as
8 a final product out of this. My guess is that
9 those common ones for the internal can be
10 handled by our Subcommittee on TIB 19
11 discussions because they are going to be
12 related to 50th percentile issues or those
13 kinds of issues.

14 CHAIR MUNN: Yes.

15 MEMBER GRIFFON: I mean I haven't
16 read them, but that is my guess from what I
17 remember.

18 MEMBER ZIEMER: But, meanwhile,
19 work groups may, in fact, be also addressing
20 those issues.

21 CHAIR MUNN: So it behooves us to

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Procedures

1 get this information in front of the whole⁴¹
2 Board, so that all of the work groups will
3 hear it.

4 MEMBER GRIFFON: Yes, yes, so we
5 all have the same set of facts.

6 CHAIR MUNN: And they are all
7 working from the same premise with regard to
8 how we develop these.

9 All right. Steve has an action to
10 continue his comparison.

11 MEMBER ZIEMER: Well, maybe it is
12 premature, but if we identify ones like this,
13 do we need to go back to the work groups and
14 make them aware that we are looking at those
15 procedures for their site?

16 CHAIR MUNN: Well, I think they
17 already know that.

18 MEMBER GRIFFON: It's hard to
19 answer.

20 MEMBER ZIEMER: Let's take Rocky,
21 for example.

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Procedures

1 MEMBER GRIFFON: Yes. 42

2 MEMBER ZIEMER: If we are looking
3 at this, how does that impact what the work
4 group is doing?

5 MEMBER GRIFFON: Yes, I mean we
6 don't want to come up with different
7 conclusions, I guess is one thing. But, I
8 mean, it's hard to respond to that without
9 knowing -- because I'm not sure what we
10 identified as consistent, sort of generic,
11 across-the-board findings.

12 But if it's 50th percentile, I can
13 see that there is sort of two levels of that.

14 Like it makes sense generally to do it, but
15 does it make sense for the data available at
16 Rocky? Or does it make sense for the data at
17 Y-12?

18 You know, every set of data is
19 different. So you might have some
20 circumstances where there's a site-specific
21 side of that that makes you say, well, wait a

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1 second, in this site we are not sure that all⁴³
2 the highest workers were monitored, and
3 therefore, we would --

4 MEMBER ZIEMER: But you could
5 still develop a general approach to how you
6 address that.

7 CHAIR MUNN: Yes, and --

8 MEMBER GRIFFON: But isn't that
9 site-specific, though, what I just described?

10 MEMBER ZIEMER: It becomes site-
11 specific.

12 MEMBER GRIFFON: Yes.

13 MEMBER ZIEMER: Here's an
14 overarching approach.

15 MEMBER GRIFFON: Yes.

16 MEMBER ZIEMER: Then you may have
17 to do some --

18 MEMBER GRIFFON: I mean, for
19 instance, that came up in the Rocky Flats SEC.
20 That came up. Because we said we weren't
21 convinced, and at the end of the day, Jim

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Procedures

1 Neton said, instead of using the whole⁴⁴
2 distribution, we're going to use the 95th for
3 internal dose, because of some of the concerns
4 about the data. I mean I am going by what I
5 remember.

6 So it was the generic sort of
7 approach of the internal coworker model, but
8 because of site-specific data concerns, it was
9 modified.

10 Now if we looked at this and said,
11 you know, they are using the same sort of
12 distribution approach, annual, by year,
13 assigned dose, it all looks good as a generic,
14 I am saying that that comes out of the generic
15 TIB 19 anyway. So we could make our comments
16 on that sort of approach, you know, whether it
17 makes sense to do so long as data is adequate,
18 or whatever, you know, that sort of thing.

19 CHAIR MUNN: But in the work
20 groups where I have some other interest, in
21 every case that I can think of the work group

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Procedures

1 is aware of the fact that there is a procedure⁴⁵
2 which is a known site-specific procedure which
3 covers what is being done.

4 As a matter of fact, most of the
5 not set one, not set two, or not set three
6 items that show on our chart are items that
7 have been sent to us by work groups
8 specifically because they felt that they were
9 of importance not only to that work group, but
10 to others as well.

11 So it isn't as though the work
12 groups are operating blindly. They are
13 operating under the same available set of
14 procedures that we are aware of, of which we
15 are concerned with only a subset, not all of
16 it. But all of the procedures are known to
17 the work groups. So it isn't as though we are
18 doing one thing and they are oblivious to what
19 we are working with here.

20 I think all of the work groups
21 know what procedures are applicable to the

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1 sites they are dealing with and the entire⁴⁶
2 array of overarching procedures apply. They
3 know that. It doesn't seem to be too great a
4 problem.

5 MEMBER GRIFFON: No.

6 CHAIR MUNN: All right, we will
7 see what we can do after we have seen the
8 final results of Steve's comparison, which is
9 very helpful, Steve. Thank you very much.

10 Our next item on our list is the
11 examination of the CATI material and the
12 proposed revisions.

13 We just received from Stu what
14 NIOSH has to bring us with the employee CATI,
15 not the survivor CATI. If you would like to
16 go through that with us again, Stu, it would
17 be helpful.

18 I found, when I looked at it very
19 quickly -- we have not had it very long, but
20 as I looked through it, again, I was confused
21 about what the highlights meant and where you

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1 were going with that. I have one minor⁴⁷
2 editorial comment about the letter that
3 preceded it.

4 But if you want to take it and get
5 us started, I would appreciate it.

6 MR. HINNEFELD: Okay. The file
7 that I sent is a Word version of the .pdf file
8 that people saw last time that showed a series
9 of changes from the existing CATI
10 questionnaire form or, essentially, it is a
11 script.

12 Those were adopted largely in part
13 because of comments from this Subcommittee and
14 SC&A on the existing CATI.

15 CHAIR MUNN: So what we are
16 looking at in red is the correction, the
17 proposed correction resulting from our
18 comments?

19 MR. HINNEFELD: What you are
20 looking at in red -- it probably shows up as
21 red -- is the tracked changes edit.

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Procedures

1 MEMBER GRIFFON: Right, those are⁴⁸
2 the proposed corrections, right?

3 MR. HINNEFELD: Yes. The
4 highlights were what you saw in the last
5 meeting.

6 MEMBER ZIEMER: The yellow?

7 MR. HINNEFELD: Yes, the yellow
8 highlights, that was what the form looked like
9 at the May 1st meeting, when we had our
10 discussion May 1st.

11 The tracked changes, which do
12 appear red, are the edits that I am proposing
13 based on our conversation of May 1st and my
14 notes that I took from that meeting.

15 Now the reason that the survivor
16 form didn't get done was that I didn't have
17 that file. The file that was distributed on
18 May 1st, at the May 1st meeting, I only had as
19 .pdf. Since at least I'm not capable of
20 editing a .pdf, I had to make a Word file that
21 mimicked the .pdf file with the original

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1 markouts and yellow highlights, then in
2 tracked changes, make some proposed revisions
3 to that to accommodate it.

4 The revisions to survivor, based
5 on my notes, are largely the same as these
6 with the exception that there are some
7 questions in there where we ask the claimant
8 if they are willing to provide copies of
9 records, and if they say no, then we say, "If
10 not, why not?" The suggestion was, if they
11 say no, we should just say, "Okay, they said
12 no," and just take out that "If not, why not?"

13 So the changes to survivor will be
14 largely the same as these with just those
15 other questions stricken as well.

16 CHAIR MUNN: With regard to my
17 comment, editorial comment on the letter, in
18 the second paragraph, the last sentence, it is
19 just a repetitive phrase I think we could do
20 without.

21 "Even though some claimants may

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Procedures

1 not be able to answer all of the questions⁵⁰
2 "during the interview," or have limited
3 answers to the questions, any information
4 provided during the interview may be useful in
5 the dose reconstruction process."

6 It would be my suggestion that
7 that last "during the interview" be removed
8 because we said, "during the interview" just
9 above it. So that it would read:

10 "Even though some claimants may
11 not be able to answer all of the questions
12 during the interview, or have limited answers
13 to the questions, any information provided may
14 be useful in the dose reconstruction process."

15 MEMBER ZIEMER: Is that a new
16 document?

17 CHAIR MUNN: No, that's a part of
18 the -- that is the first page of the Word
19 document that Steve just sent with the --

20 MEMBER ZIEMER: Oh, I see. Mine
21 is in a different format. I guess that's --

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1 yes, I see. 51

2 CHAIR MUNN: Yes, see, and that's

3 in the last --

4 MEMBER ZIEMER: Right there.

5 CHAIR MUNN: -- sentence of the

6 second paragraph.

7 Do you see where that is, Stu?

8 MR. HINNEFELD: Yes, I've got it.

9 CHAIR MUNN: Does anybody object

10 to removing that, during the interview, that

11 second, during the interview?

12 MEMBER GRIFFON: Where is it?

13 I'm sorry, I was trying to --

14 CHAIR MUNN: The second paragraph,

15 the last sentence.

16 MEMBER ZIEMER: That's fine.

17 CHAIR MUNN: I'm suggesting we

18 remove the second, during the interview.

19 MEMBER GRIFFON: Yes, I guess

20 that's fine. Any information provided, right?

21 CHAIR MUNN: Yes, may be useful.

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Procedures

1 Because it's true, any information provided⁵²
2 anywhere, either during this interview or
3 anywhere else, may be useful.

4 MEMBER GRIFFON: Stu, I'm going
5 back to my comments, and the one I think --
6 yes, the first two were on the letter. One of
7 them was something I sent. I think I missed
8 that meeting, but I sent in comments, March
9 23rd, '09.

10 It says, In the first paragraph,
11 why was the last sentence deleted? This is
12 the sentence that reads, If we need additional
13 information that may only be available from
14 supervisors, coworkers, or others, the
15 interview is also an opportunity for you to
16 help us identify and locate these persons.

17 I don't even see that.

18 MR. HINNEFELD: That letter is not
19 part of this.

20 MEMBER GRIFFON: Oh, that's a
21 different letter? Okay.

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Procedures

1 MR. HINNEFELD: That is ^a 53
2 different letter.

3 MEMBER GRIFFON: All right. So
4 we're not discussing -- has that letter been
5 revised at all?

6 MR. HINNEFELD: I came to the last
7 meeting with some things there. I don't
8 remember what we did with that.

9 MEMBER GRIFFON: Okay. So this
10 whole text here that we are looking at, is
11 this the introduction to the form, right?

12 MR. HINNEFELD: Yes.

13 MEMBER GRIFFON: Okay. All
14 right, I'm sorry. So I'll save those comments
15 for the other.

16 CHAIR MUNN: Would you like to
17 review what we did at the last meeting with
18 regard to that letter?

19 MEMBER GRIFFON: The CATI letter
20 proposed revision, I see.

21 CHAIR MUNN: Yes. The last

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Procedures

1 meeting was just before Albuquerque, May 1st⁵⁴

2 I think.

3 MR. HINNEFELD: Yes, it was May
4 1st.

5 CHAIR MUNN: I think I had draft
6 notes on that, if you would like me to take a
7 break and go get them, so we can review what
8 was said during that meeting. Is there a
9 specific concern?

10 MEMBER GRIFFON: Well, I was just
11 trying to see if my two old comments were
12 addressed in any way. I just pulled up that
13 May 1st revision. So I'm trying to compare
14 those two. And it's not redlined, so I don't
15 know. It is not so easy to find.

16 I can't recall from the meeting.
17 It was a phone call meeting, wasn't it, or no?

18 CHAIR MUNN: No.

19 MEMBER ZIEMER: No.

20 CHAIR MUNN: No, it was here.

21 MEMBER ZIEMER: You're talking

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1 about the May 1st meeting? 55

2 CHAIR MUNN: Yes. It was here.

3 MR. HINNEFELD: I believe it
4 conflicted with another obligation you had, a
5 security briefing or something.

6 MEMBER GRIFFON: Was that the one
7 that conflicted?

8 MEMBER ZIEMER: You were on by
9 phone during the meeting on May 1st.

10 CHAIR MUNN: You were.

11 MEMBER GRIFFON: Oh, okay.

12 CHAIR MUNN: We spent over two
13 hours on the CATI. I can go pull those not-
14 yet-approved comments, if you --

15 MEMBER GRIFFON: Well, I can look
16 at this during the break, too.

17 MEMBER ZIEMER: Yes.

18 MEMBER GRIFFON: We can move on
19 with the form while we are on that discussion.
20 Then I can just look.

21 I only had two comments. I just

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1 wanted to see if they were in any way touched⁵⁶
2 on. That was my only --

3 MR. HINNEFELD: Yes, I haven't
4 addressed anything here in the letter for
5 today, but from when I came to the May 1st
6 meeting, this sentence was stricken from this
7 letter, and the form -- the coworker question
8 was completely removed. Based on the
9 conversation of May 1st, the coworker question
10 is now reinserted in the CATI form, but I
11 haven't picked this letter back up.

12 So it seemed logical, since we are
13 going to mention something about -- you know,
14 it's kind of soft-toned.

15 MEMBER GRIFFON: I know. I saw
16 that in the form.

17 MR. HINNEFELD: We don't really
18 know --

19 MEMBER GRIFFON: Right.

20 MR. HINNEFELD: -- that we're
21 going to call them, but in the event that we

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1 do, is there somebody whose name you think⁵⁷
2 might be --

3 MEMBER GRIFFON: But even this
4 sentence, the original sentence said, if we
5 need additional information --

6 MR. HINNEFELD: Yes.

7 MEMBER GRIFFON: -- that may be
8 available --

9 MR. HINNEFELD: And that sentence
10 may go just fine the way it was then.

11 MEMBER GRIFFON: It may be fine
12 to reinsert it.

13 MR. HINNEFELD: Yes.

14 MEMBER GRIFFON: That was my
15 question.

16 MR. HINNEFELD: I haven't picked
17 this letter back up, but it would be logical
18 for that sentence, or at least something very
19 similar to it, to be back in the letter since
20 the coworker question is back in the form.

21 MEMBER GRIFFON: Since the form

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1 has been modified.

58

2 MR. HINNEFELD: Yes.

3 MEMBER GRIFFON: My second
4 comment I think was addressed in your previous
5 response.

6 MR. HINNEFELD: Okay.

7 MEMBER GRIFFON: So I'm fine with
8 that.

9 CHAIR MUNN: In this particular
10 issue of the coworker and what the claimant
11 expected, any mention of that, was discussed
12 at extreme length. The consensus was that
13 they needed to be reassured that they didn't
14 have to go tracking down coworkers to try to
15 remember any of that because it was rare that
16 such information would be used in any case.
17 That was the focus of our discussion last
18 time, how much of this is really used; how
19 much of it is necessary.

20 MEMBER GRIFFON: Well, I think we
21 had that answer. I still disagree with that,

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1 but we had that answer before, because they're⁵⁹
2 not using it. I think there was a little
3 backlash on it, actually.

4 CHAIR MUNN: So, Mark, I guess I'm
5 still not clear as to whether or not you're
6 okay with what we have here, or do we need to
7 go through these item by item again and --

8 MEMBER GRIFFON: No, it is just
9 that one sentence on the letter, if Stu --

10 MR. HINNEFELD: Yes, and I haven't
11 picked that letter back up.

12 MEMBER GRIFFON: Yes.

13 MR. HINNEFELD: It certainly makes
14 sense to me that that sentence would go back
15 in --

16 MEMBER GRIFFON: Right.

17 MR. HINNEFELD: -- since the form
18 has been modified.

19 MEMBER GRIFFON: That is all I
20 was asking. If Stu is agreeing in theory that
21 it probably needs to be reinserted in some

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Procedures

1 form, anyway, then I'm fine with that in the ⁶⁰
2 letter.

3 CHAIR MUNN: Okay. So it is in
4 the letter, rather than the dialog. Are we
5 going to address, do we have any need to
6 address the letter here at all?

7 MEMBER GRIFFON: No.

8 CHAIR MUNN: We have the
9 wherewithal to do it.

10 MEMBER GRIFFON: No, no.

11 MEMBER ZIEMER: Can I read my
12 notes on that issue?

13 MEMBER GRIFFON: Okay.

14 MEMBER ZIEMER: Question about
15 asking about coworkers: Modify to make it
16 clear that the coworker not necessarily to be
17 contacted and will be contacted only in the
18 exceptional cases. Leave it in, but reword.
19 That is the statement.

20 MEMBER GRIFFON: And his form
21 reflects that, but the letter, Stu is now

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1 saying the letter will have that. 61

2 MEMBER ZIEMER: And you're talking
3 about this letter?

4 MEMBER GRIFFON: Yes.

5 MEMBER ZIEMER: The front end of
6 this?

7 MEMBER GRIFFON: No, no, no, the
8 other.

9 CHAIR MUNN: No.

10 MEMBER ZIEMER: The separate
11 letter?

12 MEMBER GRIFFON: The separate
13 letter.

14 CHAIR MUNN: That's just the
15 commentary for --

16 MR. HINNEFELD: I did not
17 distribute any facsimile of that letter at
18 this meeting.

19 MEMBER ZIEMER: Oh, okay. You
20 haven't modified the separate letter?

21 MR. HINNEFELD: Correct.

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Procedures

1 MEMBER ZIEMER: Right. 62

2 CHAIR MUNN: So we're not going to
3 see the letter today.

4 The question then becomes: do we
5 need to see the letter, if we're going to
6 bless all this? Or are we simply going to
7 work with Mark?

8 MEMBER ZIEMER: Well, we can look
9 at what Stu's presented us here, can't we?

10 CHAIR MUNN: Oh, yes.

11 MEMBER ZIEMER: As far as the
12 form?

13 CHAIR MUNN: Yes.

14 MEMBER GRIFFON: But it sounds
15 like he says he's going to modify it, based on
16 the --

17 MR. HINNEFELD: Yes, I can ship
18 this. I started to modify survivor, but I
19 expect you will want to see survivor again
20 even though it looks -- but I figure I can do
21 that and just send it to you. I don't think

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1 it will foster a lot of discussion. 63

2 MEMBER GRIFFON: Right.

3 MR. HINNEFELD: Because I think
4 it's very similar to --

5 MEMBER GRIFFON: I think the same
6 with the letter.

7 MR. HINNEFELD: Yes.

8 MEMBER GRIFFON: If that sentence
9 is added in some form, I'm fine with the
10 letter otherwise.

11 CHAIR MUNN: All right. So let's
12 take a moment to go through the form, if you
13 haven't had an opportunity to do it before.
14 Have we all been through this form or do we
15 need a few minutes to go through it?

16 MR. HINNEFELD: Would you like me
17 to walk through the changes, things that I put
18 in here?

19 MEMBER ZIEMER: Sure.

20 CHAIR MUNN: It would be helpful
21 if you did point out specific changes, I

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1 think.

64

2 MR. HINNEFELD: Okay. Question
3 No. 1 is the first, and it's just an
4 introductory comment that we've attempted to
5 discourage the claimant from feeling they are
6 obliged to research this information.

7 The idea is, see, they get this.
8 Now when the interviewer speaks to them, they
9 can reassure them when they speak to them, but
10 they get this form ahead of time. They may
11 get this form and feel like, I really need to
12 know this stuff. I need to go back to find
13 out if I can find some way to know what these
14 dates really were and all this stuff. We
15 reassure them that that's not what is the
16 intent. So that was that edit on No. 1.

17 I think then it goes to No. 8 or
18 subquestion No. 8.

19 MEMBER ZIEMER: Right, and what we
20 had asked was that you indicate that they
21 should provide the information, if known or as

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1 best they recall. 65

2 MR. HINNEFELD: Yes.

3 MEMBER ZIEMER: I think this
4 pretty well does that, from what you remember
5 or information readily available to you.

6 CHAIR MUNN: Yes. That's good
7 wording, I thought.

8 MR. HINNEFELD: One thing I don't
9 have an answer to yet is if there is a
10 security question about are we in dangerous
11 territory here, asking about what nuclides and
12 what buildings, and maybe having those paired
13 up. So I have not got an answer on that. I
14 don't know and I'm not a security-cleared
15 person. So I've not very much informally done
16 that.

17 Okay, the next comment here that's
18 done something about it, on question 8.7, and
19 this is about, the nature of the comment was
20 we asked about special work permits and
21 radiological work permits, but could there

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1 have been other documents, other types of
2 permits, other documents? So people wouldn't
3 be familiar with those things, but they would
4 be familiar with another one.

5 I don't know of any other names.
6 I suppose there are some I could hypothesize,
7 but I just put in a phrase that I thought
8 captured it. It performs the function of what
9 a radiation work permit does.

10 MEMBER ZIEMER: That's fine. It's
11 generic.

12 MR. HINNEFELD: It's general
13 enough I think.

14 MEMBER ZIEMER: Whatever they
15 called it.

16 MR. HINNEFELD: Yes.

17 MEMBER GRIFFON: Yes, you got to
18 the essence of it. I think a couple of these
19 anyway were responsive to my comments, and
20 that's fine for me.

21 CHAIR MUNN: Yes, I think it was.

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1 MR. HINNEFELD: Then the next⁶⁷
2 question that is revised is 9.2. This relates
3 to the comment, How often did you wear the
4 badge? Sometimes it wasn't a frequency thing.

5 You know, frequency doesn't really describe
6 what you want to know about their badge-
7 wearing activities.

8 And it was suggested that we at
9 least say, Under what situations did you wear
10 your badge? For instance, it might be
11 whenever I went to the process area or it
12 might be whenever I left my office or it might
13 be all the time, as opposed to saying, I wore
14 it once a week, which may not be very
15 informative to the persons.

16 Then the 9.2 table is modified
17 similarly, rather than ask the frequency as a
18 function of the time period when they wore the
19 badge, we asked the situation. From 1981 to
20 1992, I wore a badge all the time because it
21 was part of my security convention.

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Procedures

1 How often was your badge
2 exchanged? I would suggest that we put in
3 some examples, which I did, which are common
4 exchange frequencies; also, allowed that they
5 may not know and they don't have to find out.

6 MEMBER GRIFFON: That's fine. You
7 took out the, elect, in No. 17.

8 MR. HINNEFELD: I did take out
9 the, elect in No. 17.

10 CHAIR MUNN: When I saw the change
11 and read it again, I wondered whether the,
12 because you were approaching a radiation dose,
13 really covered everything we wanted to know
14 about it --

15 MEMBER ZIEMER: Or other reason.

16 CHAIR MUNN: Did you ever could
17 not turn in your --

18 MR. HINNEFELD: Yes, I saw that,
19 too, but I didn't make a note about it. So I
20 didn't make any change.

21 I could say a very simple thing,

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1 as Paul said, just cite, or other reason, at
2 the end of the sentence.

3 MEMBER GRIFFON: Yes. Did you
4 ever not turn in your dosimetry badge --

5 CHAIR MUNN: For any reason.

6 MEMBER GRIFFON: Yes, period.

7 MEMBER ZIEMER: Doesn't that sound
8 -- Did you ever not, doesn't that sound --

9 MR. HINNEFELD: I know, yes.

10 MEMBER ZIEMER: How about, Were
11 there occasions where you did not turn in your
12 film badge?

13 MR. HINNEFELD: Okay.

14 MEMBER ZIEMER: Or I'm just trying
15 to get -- ever not sounds weird.

16 MR. HINNEFELD: Yes.

17 CHAIR MUNN: I think that's
18 better.

19 MR. HINNEFELD: Were there
20 occasions --

21 MEMBER ZIEMER: Occasions where

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Procedures

1 you did not turn in your dosimeter badge
2 because you were approaching a dose limit or
3 for --

4 MEMBER GRIFFON: Or for other
5 reasons.

6 CHAIR MUNN: Or just when you
7 didn't turn in your badge, because that is
8 what we are really interested in, is it not?

9 MEMBER GRIFFON: Yes.

10 CHAIR MUNN: For whatever reason.

11 MR. HINNEFELD: Well, it's a
12 little different in application. If they
13 said, yes, when we were getting close to the
14 limit, we didn't want to get taken off the
15 overtime list and we took it off, that gives
16 you a way to identify people who did that
17 practice, because you look for exposure
18 records, you know, people who were at least
19 modestly exposed and would be approaching some
20 sort of control limit. So that would be a
21 reason to do that.

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Procedures

1 I would just say, or other reason⁷¹

2 at the end --

3 MEMBER GRIFFON: Yes.

4 MR. HINNEFELD: -- and let them
5 say whatever they want.

6 MEMBER ZIEMER: Or you could
7 include the reasons. If yes, how many times
8 did this occur and for what reasons?

9 MR. HINNEFELD: Well, remember,
10 this is an interview.

11 MEMBER ZIEMER: Yes, yes.

12 MR. HINNEFELD: It's not a
13 questionnaire. It's an interview.

14 MEMBER ZIEMER: Right.

15 MR. HINNEFELD: And so there's
16 going to be much free exchange.

17 CHAIR MUNN: Okay. How will
18 corrected No. 17 read now?

19 MR. HINNEFELD: What it reads
20 right now is, Were there occasions when you
21 did not turn in your dosimeter badge because

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1 you were approaching a radiation dose limit ~~or~~
2 other reasons?

3 CHAIR MUNN: That sounds better to
4 me. Does anyone have any problem with that?
5 Okay?

6 MEMBER GRIFFON: Yes.

7 CHAIR MUNN: Good. Yes, better, I
8 think. Thanks, Stu.

9 MR. HINNEFELD: And then I think
10 the next one is the re-addition of the
11 coworker question.

12 Oh, I'm sorry, in No. 19, there is
13 incident. "Were you involved in an incident",
14 which means any incidents. That was a note I
15 had.

16 MEMBER ZIEMER: Yes. It could have
17 been more than one.

18 MR. HINNEFELD: Yes.

19 MEMBER ZIEMER: Now we may have
20 discussed this before, but to some people an
21 incident involving exposure may be just I got

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1 exposed. In other words, an occasion where⁷₃
2 got exposed. Do they understand that the word
3 "incident" has certain implications?

4 MEMBER GRIFFON: I guess that's
5 where the back-and-forth would go on.

6 MR. HINNEFELD: Yes, I think
7 during the interview -- in fact, I mean, as a
8 matter of practice, I think we largely record
9 what they tell us there. You know, if they
10 say, "Yes, we used to", "whenever we dump a
11 drum", there was a dah, dah, dah. So I
12 believe it is important.

13 So I mean kind of record what they
14 say. You and I have one idea of what an
15 incident is, and a worker may not.

16 MEMBER ZIEMER: Yes. If they
17 mean, yes, I remember a week where I actually
18 got a reading on my badge --

19 MR. HINNEFELD: Yes, right, right.

20 MEMBER ZIEMER: Okay.

21 MEMBER GRIFFON: And it might

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1 vary by decade, quite frankly. The
2 discussions I have had are, in the fifties,
3 things would have been reportable incidents
4 that were just daily occurrences.

5 MEMBER ZIEMER: Right, right.

6 MR. HINNEFELD: Chip fires weren't
7 worrisome.

8 MEMBER GRIFFON: Right, right.

9 MR. HINNEFELD: That was the
10 attitude. They're going to catch fire.

11 MEMBER ZIEMER: Reportable
12 incidents in the nineties -- 10 atoms of
13 tritium --

14 CHAIR MUNN: Or a photographer's
15 flash has triggered a fire alarm, yes. Yes,
16 had that happen. Scared the photographers
17 half to death. The whole crew wanted to
18 insist on keeping their camera. I was telling
19 them they were going through the airlock
20 without their camera.

21 Well, what happened?

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1 Well, your flash triggered the
2 fire alarm.

3 I did that?

4 (Laughter.)

5 That's a big incident. It will
6 now be reported as one step closer to doom's
7 day.

8 (Laughter.)

9 MR. HINNEFELD: If you want to get
10 scared, have your galley alarms go off, and
11 it's not a drill. That's scary.

12 CHAIR MUNN: Yes, that's scary,
13 you're right.

14 MEMBER ZIEMER: This is an aside,
15 but on 19.11 my computer doesn't like the
16 word, chelation therapy.

17 CHAIR MUNN: It doesn't?

18 MEMBER ZIEMER: It thinks it
19 should be, cremation therapy.

20 (Laughter.)

21 MR. HINNEFELD: Well, I guess the

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1 therapy is a little extreme --

76

2 (Laughter.)

3 MEMBER GRIFFON: That wasn't used
4 very often, was it?

5 (Laughter.)

6 CHAIR MUNN: Even in the olden
7 days.

8 MEMBER ZIEMER: We're going to get
9 rid of it.

10 MEMBER GRIFFON: So I guess the
11 last one is the bottom, the coworker one,
12 right?

13 MR. HINNEFELD: The 22 is the
14 inserted, coworker inserted, as my notes
15 indicated, was discussed. Now I took notes
16 that kind of fit along these lines. I didn't
17 pay any attention to the change there. So
18 that is something to easily take care of.

19 MEMBER GRIFFON: And I assume you
20 would have, below that, a yes-or-no line or
21 something?

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Procedures

1 MEMBER ZIEMER: Yes. 77

2 MR. HINNEFELD: No, I mean they
3 can say --

4 CHAIR MUNN: They will have as
5 much space as they want.

6 MR. HINNEFELD: Yes. I mean, they
7 say, Can you relate to the bottom, yes or no,
8 or, here they are, here are their names. I
9 mean that would be a function for the
10 interviewer to say, okay, what would you like
11 to...?

12 MEMBER GRIFFON: Yes, yes, and
13 like you said, it's computer-driven.

14 MR. HINNEFELD: Yes.

15 MEMBER GRIFFON: But, in the
16 previous way, you had it yes/no, and then if
17 yes.

18 MR. HINNEFELD: Yes.

19 MEMBER GRIFFON: But you're not
20 pushing for --

21 MR. HINNEFELD: To me, you have a

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Procedures

1 field here where you can write in several
2 names and contact numbers or contact
3 information, and you just put them in. I mean
4 the previous one also asked, Can you name any
5 five, or, up to five --

6 MEMBER GRIFFON: Right. All
7 right. And here you're not limiting it.

8 MR. HINNEFELD: You know, whoever
9 you want to mention --

10 MEMBER GRIFFON: Either way.
11 Right, right.

12 MR. HINNEFELD: Whoever you want
13 to mention.

14 MEMBER ZIEMER: How about adding
15 the word, additional, Who might provide
16 additional information?, in the third line
17 there?

18 MEMBER GRIFFON: "Who might
19 provide additional information?" in the third
20 line?

21 MEMBER ZIEMER: Yes, so that they

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1 don't get the idea that we're not going to -79

2 MR. HINNEFELD: Not trying to
3 corroborate what you said here.

4 MEMBER ZIEMER: No. Either that
5 -- and we don't want them to feel like their
6 information is not useful, so we need somebody
7 else's.

8 MEMBER GRIFFON: Yes, I think
9 that's good.

10 CHAIR MUNN: A good suggestion.
11 I stopped when I got to the word,
12 readily. We all know what it means, but,
13 well --

14 MEMBER ZIEMER: The word what?

15 CHAIR MUNN: Readily provide. I
16 thought it was easily provided, but it's just
17 a semantics thing. It doesn't matter.

18 Everybody happy with that?

19 MEMBER ZIEMER: Yes.

20 CHAIR MUNN: All right, speak now
21 or this is probably going to be the final

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1 cleaned-up copy that we have a look at without⁸⁰
2 any reds, yellows, oranges, or other strange
3 colors on it.

4 Stu, will you be able to send us a
5 clean copy then, together with the cover
6 letter as it is now going to read, so that we
7 can --

8 MR. HINNEFELD: So you want it
9 cleaned up? All the editing out of it?

10 CHAIR MUNN: Oh, I think it would
11 be preferable, if that's what we're going to
12 present to the board is our suggestions.
13 Wouldn't everybody like to see a clean one? I
14 hope I'm not alone in that. Both the letter
15 and this material that we're looking at here.

16 And as long as we're looking at
17 clean material, since we don't have the
18 survivor's form in front of us, it would
19 probably be helpful for all of us to see the
20 same thing for the survivor's form.

21 MR. HINNEFELD: This form for the

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1 survivor in addition to the cleaned-up⁸¹
2 document?

3 CHAIR MUNN: Yes.

4 MEMBER GRIFFON: Yes. Both of
5 those would be good, yes.

6 CHAIR MUNN: Clean copies of both
7 of them, the full load, both the letter and
8 the cleaned-up form itself, because without
9 that, it's going to be difficult for us, I
10 think, to say to the board, our suggested
11 changes have been incorporated. This is our
12 suggestion.

13 MEMBER GRIFFON: The only other
14 question I had was -- Larry sort of addressed
15 this in the board meeting, but I did ask about
16 the security question, and you said you were
17 going to go back and talk to folks, remember,
18 about the extensive information in this and
19 whether it was a problem?

20 MR. HINNEFELD: Yes. Yes, I
21 haven't got to that comment yet. So I don't

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1 know.

82

2 MEMBER GRIFFON: I mean Larry
3 indicates to me that it is not a problem
4 since --

5 MEMBER ZIEMER: Well, they have
6 been using this, basically.

7 MEMBER GRIFFON: -- since they
8 can't query the data. Yes, I know. I know.

9 MEMBER ZIEMER: Yes. It's
10 changing, constant changing.

11 MEMBER GRIFFON: That might not
12 be an adequate answer for security folks who
13 have been using it for a while.

14 CHAIR MUNN: Yes.

15 MR. HINNEFELD: Yes. There's
16 always a danger that we're asking a question
17 that we don't want to know the answer, you
18 know. They may really throw a wrench into
19 this, because they had approved -- you know,
20 DOL long ago, or DOE long ago did the CATI
21 form and said it was okay way back when it was

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1 developed. But now things are different; the⁸³
2 thought process is different.

3 So, if need be, we can always
4 adjust the conversation so that it is clear
5 that you can -- well, we are going to ask what
6 you were exposed to, and we're going to ask
7 for what time period and for where you were
8 exposed to those things, or it's only asked in
9 a general sense maybe.

10 MR. KATZ: I mean DOE was sort of
11 apprised of this because, when it came up in
12 front of the Board meeting, DOE was sitting
13 there for that discussion, and there was no
14 reaction from DOE, at least on the spot.

15 MEMBER GRIFFON: Although we
16 didn't ask them for a formal response.

17 MR. KATZ: No, we didn't put them
18 on the spot, no. Right.

19 MR. HINNEFELD: Okay, at least
20 they have been informed.

21 CHAIR MUNN: Well, we wouldn't --

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Procedures

1 MEMBER GRIFFON: DOE is on the⁸⁴
2 phone now, I believe, right?

3 MR. HINNEFELD: Yes, Isaf is, but
4 she wouldn't be speaking from a security
5 standpoint.

6 MEMBER GRIFFON: Right, right,
7 right, right. Yes.

8 CHAIR MUNN: It would be
9 unfortunate to be a headline. I would like
10 for us not to be. We've had enough security
11 issue headlines with the complex the last few
12 weeks.

13 So is there an action for someone
14 to formally check with DOE security about
15 this?

16 MEMBER GRIFFON: Yes, at least to
17 check internally first, right?

18 MR. HINNEFELD: Yes, I'm going to
19 check internally. I'll make sure I do that,
20 yes.

21 We've got people on our side who

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Procedures

1 have clearances who have a little⁸⁵
2 understanding of what is okay and what isn't.

3 So we at least get it here and then feel like
4 they may decide we know this is okay; we're
5 not going to --

6 MEMBER GRIFFON: I mean my
7 feeling is, if you check internally and they
8 say, we've talked to DOE about this;
9 everything's fine, then I don't think we need
10 to re-open it with DOE, if you don't have to,
11 you know.

12 MR. HINNEFELD: Yes, and there may
13 be other people in our office besides me.

14 CHAIR MUNN: Good. Anything else
15 with respect to the CATI?

16 MR. KATZ: So, Wanda, just for
17 agenda purposes for the Board meeting, so is
18 this something that procedures plans to report
19 out to the full board on in July?

20 CHAIR MUNN: It is my hope -- we
21 had indicated at the Albuquerque meeting that

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1 it was our intention to do that. I would like⁸⁶
2 to do so once we all have the materials from
3 Stu.

4 Then I don't think it will be
5 necessary for us to convene a teleconference
6 to do this, but I would like to have okay back
7 from all of the Subcommittee members. When
8 Stu sends us the material, if you would send
9 me your written confirmation, Yes, this is
10 okay with me, then I will put together the
11 report.

12 MR. KATZ: Then I'm just assuming
13 this will be relatively brief and could be
14 part of your Procedures Subcommittee report or
15 do you feel like you need a separate session
16 for this?

17 CHAIR MUNN: I don't think we'll
18 need a separate session. My preference would
19 be for NIOSH to present the information to the
20 full Board, that the Board have the same data
21 that we're looking at, because I know there

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1 are members of the Board who will want to see⁸⁷
2 it, or at least want to hear NIOSH's report. I
3 suspect it needs to be in hand, more than
4 likely.

5 Then I would like to make the
6 report from the subcommittee, that we have
7 worked with NIOSH extensively on this, and
8 this is the result of our deliberation with
9 them, and the subcommittee has approved it.

10 MR. KATZ: So I know this might be
11 a hard call for you to make, Stu, but do you
12 think this is something that Larry would cover
13 in his -- you know, he always make a
14 program --

15 MR. HINNEFELD: Well, we wouldn't
16 make it a separate agenda item.

17 MR. KATZ: Right. Well, that's
18 what I'm asking.

19 MR. HINNEFELD: If it's the desire
20 that NIOSH present to the full Board the
21 status of the CATI effort, then I would think

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1 that would go in a status update, if that's
2 the desire.

3 I don't know. I've always felt
4 like we were working here with the
5 subcommittee, and then the subcommittee would
6 report to the committee on --

7 MR. KATZ: But I think what might
8 work. I agree it doesn't really need a --
9 it's not even that conducive to a
10 presentation, but I think what you could do
11 is, if Larry were to send to the full board
12 the proposed revised CATI and materials in
13 advance of the Board meeting, and then if he
14 just were to touch upon it in his overview,
15 and he could make the point that Wanda will be
16 reporting out, that would probably do the job
17 without it requiring any heroic efforts.

18 CHAIR MUNN: Yes, I would not like
19 to impose any extraneous effort on them
20 because that is supposedly why we were doing
21 the work here, so they wouldn't have to do all

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1 that.

89

2 But, since the interest is high
3 among Board members, I think it behooves us to
4 get the final documents in their hands. Then
5 they can question us, if they like, after our
6 presentation, which will not be extensive,
7 either. We'll simply say that we've spent a
8 lot of time and effort on this, and NIOSH has
9 provided you with the result. We approve of
10 the result.

11 Any other thoughts?

12 (No response.)

13 All right, that's fine.

14 Are we ready to skip to our after-
15 lunch items and start working with the -- pick
16 up where we left off on OTIB 29 or not?

17 MR. MARSCHKE: Wanda, I would like
18 to request that we kind of wait for John Mauro
19 too, before we get involved with 29 because
20 that sounds like he has good input, and he
21 should be landing right about now.

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1 CHAIR MUNN: I think it would be ^a~~o~~
2 good idea. I need to get back with the ORAU
3 people, too.

4 MEMBER GRIFFON: I'm wondering, I
5 mean my question on 29, notwithstanding John's
6 feedback on this, but my note says, if I
7 looked at the database correctly, it says
8 there would be a technical call scheduled with
9 SC&A and NIOSH, and the subcommittee members
10 would be notified. Did that happen?

11 MR. MARSCHKE: I do not believe
12 that happened.

13 MR. HINNEFELD: I don't think that
14 happened, no.

15 MEMBER GRIFFON: So is it just
16 extended until we do that technical call?

17 MR. MARSCHKE: Well, what
18 happened, as I understand it -- and I'm just
19 kind of getting this second-hand or third-hand
20 -- was that there was another work group CATI
21 meeting, and similar issues came up. John

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1 Mauro and Jim Neton were both at that work
2 group.

3 So some steps have been taken,
4 have gone forward, toward resolving some of
5 these issues. And maybe I should just leave
6 it at that.

7 MEMBER GRIFFON: Well, again, a
8 technical sidebar, you know, that's why I
9 asked for us to be notified when this was
10 going to happen, because their technical
11 sidebar, to me, that doesn't count as
12 resolving this, you know.

13 CHAIR MUNN: No, it doesn't help
14 much.

15 MEMBER GRIFFON: Right.

16 CHAIR MUNN: And that's the same
17 status we had at the May meeting.

18 MEMBER GRIFFON: Yes, yes.

19 CHAIR MUNN: That they have talked
20 about this and were apparently in agreement on
21 some of the major points. But we don't know

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1 what their results of that discussion were. 92

2 MEMBER GRIFFON: Right, I don't
3 know what they said, no.

4 MR. MARSCHKE: I don't believe
5 anything has gone forward since the May
6 meeting. But, again, when John gets here, he
7 would be able to confirm that.

8 CHAIR MUNN: I don't think we even
9 got to it very thoroughly in the May meeting.

10 I think that's why my wording here was to
11 resume discussion on it. That was pretty much
12 where we left off, I believe.

13 I agree that that's the case. I
14 would very much like to have an opportunity to
15 have our screen up and on my own computer
16 before we start.

17 MEMBER GRIFFON: Do you want to
18 take a short comfort break and you can contact
19 IT?

20 CHAIR MUNN: If we could do that,
21 it would be most helpful. Let's take 15

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1 minutes, until 11:30. 93

2 MEMBER GRIFFON: Sounds good.

3 MR. KATZ: 11:35.

4 CHAIR MUNN: 11:35.

5 MR. KATZ: Okay, we're taking a
6 comfort break until 11:35.

7 (Whereupon, the above-entitled
8 matter went off the record at 11:20 a.m. and
9 resumed at 11:41 a.m.)

10 MR. KATZ: Okay, this is the
11 Procedures Subcommittee, the Advisory Board on
12 Radiation and Worker Health.

13 We're just coming back online, but
14 we're still awaiting John Mauro, whose plane
15 is tied up. So what we are going to do is
16 break for lunch now and then reconvene at
17 about 12:45.

18 So I thank everyone on the phone
19 for hanging in there, but we will be back
20 online around 12:45.

21 CHAIR MUNN: Thank you. MR.

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Procedures

1 KATZ: Thanks. 94
2 (Whereupon, the above-entitled
3 matter went off the record at 11:42 a.m. and
4 resumed at 12:55 p.m.)
5

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1 CHAIR MUNN: All right. Earlier⁹⁶
2 on our published agenda we were anticipating
3 discussion of OTIB 29. We have delayed that
4 until John could get with us because his
5 latest information is our starting point.

6 So, John, if you're ready to tell
7 us what's transpired with respect to item
8 three, finding three, of OTIB 29, and your
9 discussions in that regard, please, you have
10 the floor.

11 DR. MAURO: Thank you.

12 Yes, when we last met, the work
13 group asked Jim and I to have a technical
14 call. It turns out we never had the technical
15 call, but we addressed this very same issue in
16 another work group. It has to do with the
17 coworker model -- I believe I got this
18 right -- the coworker model for internal
19 dosimetry. Am I correct? Yes, as I recall.

20 Now the issue that we are dealing
21 with is the approach that is described in OTIB

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1 29 for the coworker model is, if you have
2 bioassay data, you collect it all. You create
3 a distribution with a geometric standard
4 deviation, and you use the full distribution
5 when you are trying to assign the dose or an
6 intake to a given worker that has not been
7 adequately bioassayed.

8 My position was, well, I don't
9 think it's necessarily claimant-favorable to
10 use the full distribution. I consider that to
11 be claimant-neutral.

12 And Jim said, well, not
13 necessarily; if there is reason to believe
14 that the worker really did not have a
15 significant potential for internal exposure,
16 or very little potential for internal
17 exposure, and there's good reason to believe
18 that, then you could use the full
19 distribution.

20 And he also explained that, if
21 there was virtually no potential for internal

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1 exposure, then you would just use the default⁹⁸
2 environmental exposure.

3 And he also agreed that, however,
4 we didn't really know -- and these are the
5 words now. This is not what the OTIB says.
6 Unfortunately, if Jim was here, he would
7 concur. He said, however, if there is reason
8 to believe the person could have been exposed
9 and possibly had fairly high levels of
10 exposure, or you don't know, then you would
11 assign some upper level, 84th percentile, 95th
12 percentile.

13 That explanation, we discussed
14 that, and we both agreed that that's a
15 reasonable way to do this.

16 But, unfortunately, OTIB 29
17 doesn't say that. OTIB 29 says, no, you
18 assign the full distribution as your generic
19 approach.

20 So my understanding is we both
21 agree that that language needs to work its way

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1 into OTIB 29, the kinds of thing I just
2 described.

3 If that is done -- and he agrees
4 in principle that is the right way to do this
5 -- it is just a matter of some language
6 changing to characterize it the way I just
7 did.

8 My understanding is NIOSH agrees
9 in principle with that strategy. That was, in
10 fact, the strategy that I was suggesting.

11 He says it was always his
12 intention to implement it that way. Whether
13 it was or not in any given case is another
14 matter. So I think we agree in principle that
15 that is the solution.

16 If Jim were here, you know, he
17 could concur that, yes, that was what we
18 discussed and he agrees that that is the
19 solution.

20 I don't know if anyone here has a
21 different take on it.

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Procedures

1 MR. HINNEFELD: Well, Jim has
100
2 discussed that in my presence, and that is --

3 DR. MAURO: Okay.

4 MEMBER GRIFFON: I actually think
5 this very well describes what I was talking
6 about earlier because I see, John, your
7 response there, your discussion with Jim is
8 actually TIB 19. I mean this is the generic
9 internal coworker model discussion.

10 DR. MAURO: Now that is for Y-12,
11 though, right?

12 MEMBER GRIFFON: This is for
13 Y-12.

14 DR. MAURO: Right, right.

15 MEMBER GRIFFON: So then I would
16 say for Y-12 there's some, in my opinion,
17 anyway, TIB 29, there should be some nuance.
18 There should be some, you know, we use this
19 for these people because -- we use this for --

20 DR. MAURO: We didn't get there.
21 We didn't get there.

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1 MEMBER GRIFFON: That's the site¹⁰¹
2 specific question.

3 DR. MAURO: Right. Now we didn't
4 get that point on Y-12. In other words, he
5 said that he believes he can make a case why
6 the people who were not monitored -- he might
7 be able to; I'm not sure.

8 MEMBER GRIFFON: Right, that's
9 the question.

10 DR. MAURO: Right.

11 MEMBER ZIEMER: That's where you
12 look at it and say, do we monitor the program
13 and all that, right, right.

14 DR. MAURO: But, in principle, I
15 think we're in agreement.

16 Now, of course, you are always
17 going to run into this problem, whether it is
18 Y-12 or anywhere, whether or not the way you
19 implement it at a particular site for a
20 particular person is a judgment call, and
21 there's no escaping that. It's always going

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1 to be a judgment call. 102

2 Right now, I'm not sure how hard
3 that judgment has been made on Y-12. I think,
4 in principle, he agrees, but I think he also
5 feels that, at least for some of the datasets
6 -- I'm not sure on Y-12, maybe they should --
7 maybe he feels that 50 percentile of the full
8 distribution makes sense, but, to me, that's a
9 case-by-case. You can't just universally --
10 because, right now, in OTIB 29, it's a
11 universal. That is, that is what they are
12 going to apply to all the Y-12 unmonitored
13 workers.

14 And my position is that should not
15 be your position. Your position should be you
16 will deal with them on a case-by-case basis
17 using the strategy we just described. That's
18 how I understand the effort.

19 CHAIR MUNN: So, essentially, what
20 we have is an action item that we need from
21 NIOSH with respect to incorporating the proper

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1 language into the procedure. 103

2 MR. HINNEFELD: Now what's the --

3 MEMBER GRIFFON: Well, what's the
4 proper language?

5 MR. HINNEFELD: Yes.

6 DR. MAURO: Jim agreed that that
7 language should make it into the -- when we
8 discussed it, Jim agreed that that language
9 should be in Y-12.

10 MR. HINNEFELD: There is the
11 generic language which would say that, for
12 employees who may be heavily exposed, you
13 know, higher than your average exposure, those
14 who are highly exposed, that you should use
15 full distribution. That is sort of a generic
16 statement.

17 DR. MAURO: Yes, but that's not in
18 Y-12 right now.

19 MR. HINNEFELD: It's not in there
20 now, no. No. So that statement could be put
21 in, but I think what Mark is saying is,

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1 shouldn't this be, since it is Y-12-specific, ¹⁰⁴
2 shouldn't there be a little more specificity?

3 Isn't that what you are saying?

4 MEMBER GRIFFON: That is what I
5 am asking, yes.

6 DR. MAURO: We didn't go there.
7 We didn't take it to that level.

8 MEMBER GRIFFON: But, see, not to
9 harp on process, but in our database it says
10 that there will be a technical call with
11 NIOSH, SC&A, and the Board will be notified
12 when this occurs. I know you had a sidebar;
13 that's fine.

14 DR. MAURO: Yes. This only came
15 up in the more generic --

16 MEMBER GRIFFON: Right. So I am
17 just saying I would like to have, if it is
18 specifically related to finding 29.3, you have
19 to address the Y-12 issue, not just the
20 generic issue, you know, and we haven't had
21 that dialog. I would like to be involved in

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1 that. That's why I was saying I never got an
2 email indicating there was a discussion. 105

3 DR. MAURO: No.

4 MEMBER GRIFFON: So I think we
5 still have to have that.

6 MR. MARSCHKE: We have kind of
7 taken that action item off the table, based on
8 Jim and John's --

9 MEMBER GRIFFON: Yes. I mean I
10 don't disagree. I think that's kind of been
11 my understanding all along, was how they have
12 used this. They might use the 84th through
13 95th, but there was a lot of information -- I
14 know this TIB doesn't say that, but in
15 principle --

16 DR. MAURO: No, he did agree that
17 that language needs to find its way into OTIB
18 29.

19 MEMBER GRIFFON: Yes. And maybe
20 further, though; that's what I -- you know, I
21 would like to weigh in on that.

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Procedures

1 MEMBER ZIEMER: What records do we¹⁰⁶
2 keep on the technical discussion, Ted? Is
3 there a summary? There is not a
4 transcription?

5 DR. MAURO: There's a transcript.
6 See, we didn't have the technical discussion.

7 MEMBER ZIEMER: No, no, I know,
8 but what I'm asking is -- we can't have an
9 unofficial sidebar and take action on that.

10 CHAIR MUNN: No.

11 MEMBER ZIEMER: If the technical
12 session or discussion needs to occur, won't
13 that generate something that is a summary of a
14 discussion?

15 MR. KATZ: Ordinarily, SC&A will
16 summarize these, right.

17 MEMBER ZIEMER: And from that, we
18 would have a basis for formalizing an action
19 or a recommendation in terms of this
20 particular procedure. Is that not correct?

21 CHAIR MUNN: Yes. Yes. We

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1 normally have a simple one-page report on
2 discussion that occurred and what was
3 addressed and what the resolution was, or if
4 there was not a resolution, that occurs also.

5 But, yes.

6 MEMBER ZIEMER: Because I think
7 we've sort of had the informal discussion
8 before even --

9 CHAIR MUNN: Yes, we did.

10 MEMBER ZIEMER: -- on this, too,
11 but we haven't seen, I think, in a formal way
12 what the words are that NIOSH is proposing.

13 And you have heard, and it appears
14 that SC&A agrees with that approach, at least
15 generically, but you haven't seen the words
16 officially yet either?

17 DR. MAURO: No, no.

18 MEMBER GRIFFON: So we need this
19 technical call to take place, I think.

20 CHAIR MUNN: Preferably, the
21 technical call --

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Procedures

1 MEMBER ZIEMER: Well, I think ^{to}₁₀₈
2 generate something.

3 MEMBER GRIFFON: Yes.

4 CHAIR MUNN: Well, if the
5 technical call takes place as it was
6 originally intended, then any Board members
7 who are interested in being a part of that
8 discussion and affecting the outcome can do
9 so.

10 DR. MAURO: As a matter of
11 standard protocol, I usually initiate it, and
12 I set a date that might be convenient for Jim,
13 and that didn't happen. There was a lot of
14 conflicts.

15 Then I immediately email all the
16 work group members -- in this case, the Y-12
17 -- oh, no, the Procedures Work Group, that is,
18 but maybe the Y-12 people want to -- well,
19 that's you, too, isn't it?

20 MEMBER GRIFFON: Well, that's a
21 question. That was my second question.

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Procedures

1 But, actually, we don't have¹⁰⁹ a
2 Y-12 work group anymore. That was one of
3 those odd things that it was all -- Y-12 and
4 Mallinckrodt I think were all part of the
5 original --

6 MEMBER ZIEMER: Early on, it was
7 the full Board.

8 MEMBER GRIFFON: No, it was the
9 original subcommittee or -- yes.

10 MR. KATZ: It was the Subcommittee
11 of the Whole or something.

12 MEMBER GRIFFON: Yes, because we
13 were dealing with all those at once, and then
14 we started breaking them out.

15 But, after the SEC, we kind of
16 disbanded the Y-12 thing, and there's no
17 longer a work group on that. So I don't know
18 if we want to keep that here or, you know --

19 CHAIR MUNN: It would be my
20 preference to keep it here. I think Mark's
21 voice with respect to Y-12 is certainly

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1 adequate to carry the information back ~~to~~¹¹⁰
2 wherever that needs to go.

3 So the action item will be to set
4 up that not-yet-done call.

5 MR. KATZ: Okay. So SC&A will
6 initiate that?

7 CHAIR MUNN: Yes.

8 All right, hopefully, that will
9 happen now, and we will have a resolution or a
10 report before us for our next meeting.

11 Agreed? No problems with that?

12 All right, on to our next
13 item -- yes, Steve?

14 MR. MARSCHKE: Well, I just want
15 to say, on OTIB 29, there was a second issue.

16 I don't know, maybe that's what you were
17 going onto.

18 CHAIR MUNN: Please.

19 MR. MARSCHKE: Which also was, the
20 action item on this issue was also to hold a
21 teleconference, which I don't believe has been

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1 held, either. 111

2 This issue has to do with
3 assigning the uranium compound solubility
4 type. At this point, back in the March
5 timeframe, or when we had our March meeting,
6 this was a second teleconference that was
7 basically specified to be held.

8 CHAIR MUNN: Which finding was
9 that? Was that three as well?

10 MR. MARSCHKE: That was OTIB 29,
11 finding five.

12 CHAIR MUNN: Five?

13 DR. MAURO: That actually had, I
14 believe, some exchange. I think there was an
15 exchange. If you would like, I could give you
16 a 30-second sound bite to see where it is.

17 CHAIR MUNN: Please do.

18 DR. MAURO: This has to do with
19 when the bioassays for people are taken. Very
20 often they are taken on a Monday. This was
21 our position. And they are taken on a Monday.

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Procedures

1 So the person is exposed Monday, Tuesday,¹¹²
2 Wednesday, Thursday, Friday. Then you skip
3 the weekend and you pull the bioassay on
4 Monday.

5 Joyce ran a series of
6 calculations, Joyce Lipsztein, to show what
7 happens if the person is chronically exposed,
8 whether it is M, S, or F of a given
9 radionuclide, and this, I guess, goes to Y-12
10 also, whether or not there might have been an
11 F; I don't know. But she did it, the
12 analysis.

13 Then she showed that, if you don't
14 take into consideration that there was this
15 two-day hiatus, you could be off by several-
16 fold.

17 CHAIR MUNN: We discussed this in
18 Albuquerque at considerable length.

19 DR. MAURO: Right. And to counter
20 that was, well, there's evidence, looking at
21 the Y-12 records, that the workers were not

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1 consistently sampled on a Monday. They were ¹¹³
2 sampled on Tuesday, Wednesday, Thursday,
3 Friday, all over the place.

4 CHAIR MUNN: Yes.

5 DR. MAURO: But then we looked at
6 it further, and, yes, and this is where we are
7 now. Yes, they were on Tuesday and Wednesday,
8 but there was a two-day period before that.
9 So, in other words, they were on some kind of
10 cycle where they still had the two days off.
11 I mean they may have had Monday and Tuesday
12 off and then went back to work on Wednesday.
13 So there were still a large number of people
14 where you had this two-day hiatus prior to the
15 collection of the bioassay sample.

16 And there were also occasions
17 where the bioassay sample was taken on a
18 Friday, and it was done, and everything would
19 be okay then. But there was enough examples
20 of people where they had the two-day hiatus.
21 Whether it was on a Monday or a Tuesday or

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1 Wednesday when it was taken, there still was ¹¹⁴
2 that two-day period that there was this break.

3 As a result, if you don't take
4 that into consideration, I think there was
5 maybe a factor of two or three effect,
6 depending on the chemical form of the
7 radionuclide. But I don't know if that much.

8 We have the numbers. There's a white paper
9 on this.

10 MEMBER GRIFFON: There's a white
11 paper on this?

12 DR. MAURO: I believe there is a
13 white paper. I saw the analysis. Now where
14 it, I think it's --

15 MEMBER GRIFFON: You mean, it's
16 been sent out? It's been sent out?

17 DR. MAURO: I've seen it, and I'm
18 trying to place it now.

19 CHAIR MUNN: I think it maybe was
20 internal.

21 DR. MAURO: It may actually be

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1 part of the review. When we reviewed this¹¹³
2 there may have been an attachment.

3 MEMBER ZIEMER: Is it in the
4 database?

5 DR. MAURO: There may be an
6 attachment to the full report.

7 MR. MARSCHKE: No, there's nothing
8 attached.

9 DR. MAURO: There's nothing there?

10 MR. MARSCHKE: There's nothing
11 attached in the database at this point.

12 DR. MAURO: Okay. The actual
13 report --

14 MR. MARSCHKE: Whether or not
15 there's supposed to be --

16 DR. MAURO: Not so much the
17 database, but the report itself, the full
18 report.

19 MR. MARSCHKE: Oh, the full
20 report --

21 DR. MAURO: See, when we commented

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1 on this, we were quantitative, and Joyce did
2 the analysis. So I think it is part of -- is
3 there any way to fully retrieve that?

4 MR. MARSCHKE: We have the report,
5 yes.

6 DR. MAURO: Maybe we can see, but
7 I think it's there, to show quantitatively
8 what the effect is. Then, of course, the
9 counter was, well, there really wasn't much of
10 a hiatus. But then our counter to that was,
11 yes, there was.

12 So that's where I think we are.

13 MS. BRACKETT: This is Liz
14 Brackett.

15 MR. KATZ: I'm sorry, Liz, start
16 over. I had the volume down.

17 MS. BRACKETT: I believe we were
18 the ones who did the quantitative values. We
19 have an OTIB that quantifies these values.
20 This came up for an earlier site, I think.

21 But the OTIB hasn't been issued,

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1 but it's a factor of 2.9 for type F, and it's ¹¹⁷
2 1.2 for type S. So there's very little
3 difference if it's insoluble.

4 DR. MAURO: You know, I think we
5 came to the same conclusion. We have our
6 numbers. Maybe we will see it here. But it
7 would be interesting to compare your new OTIB
8 to -- I'm pretty sure because I've seen it. I
9 remember reading it, and I remember the factor
10 of two stuck in my head.

11 MEMBER GRIFFON: What was type M,
12 Liz? That seems to be the most important.

13 MS. BRACKETT: Type M is 1.5.

14 MEMBER GRIFFON: One point five.

15 DR. MAURO: Well, but still, you
16 know, it's 1.5.

17 MEMBER GRIFFON: Right.

18 But that OTIB, do you have a
19 number on that, Liz? It hasn't been released
20 yet, you said?

21 MS. BRACKETT: It's OTIB 68.

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1 like the very fact that you have an OTIB like
2 that shows that we agree that this is an issue
3 that needs to be addressed.

4 MEMBER ZIEMER: We don't have the
5 OTIB yet.

6 MEMBER GRIFFON: And those are
7 close to Liz's numbers, actually, those
8 numbers, but it's a little different.

9 DR. MAURO: There they are. Here
10 they are: 3, 1.61, I mean that is pretty
11 good.

12 MEMBER GRIFFON: Right, right.

13 DR. MAURO: That's pretty good.
14 So it sounds like very much like three. In
15 principle, we agree and, more or less, sounds
16 quantitatively we're close. We will, of
17 course, have to take a closer look.

18 Then it becomes a matter of
19 implementation for any particular site.

20 MEMBER GRIFFON: Right, right.

21 DR. MAURO: You know, what do you

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Procedures

1 believe was the form? Was there a hiatus¹²⁰ or
2 not on a particular site?

3 CHAIR MUNN: So our status really
4 should be in process with reference to the
5 expected issuance of this OTIB, correct?

6 DR. MAURO: Yes.

7 MEMBER GRIFFON: And maybe you
8 can attach -- or is there any way -- is that
9 separated from your report, that it can be
10 attached to this?

11 DR. MAURO: I think it is integral
12 as part of the full report, which is available
13 to everyone.

14 MR. MARSCHKE: This is in the
15 October --

16 MEMBER GRIFFON: Okay. So it is
17 not a standalone piece of the report? It's
18 all wrapped into the report?

19 DR. MAURO: It's wrapped up
20 inside.

21 MEMBER ZIEMER: Now whose

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1 narration is this? SC&A? 121

2 MR. MARSCHKE: SC&A, yes.

3 DR. MAURO: There are the numbers.

4 MEMBER GRIFFON: They are pretty
5 close to what Liz just said, yes.

6 DR. MAURO: Yes.

7 MR. KATZ: So does it make sense
8 to cover this in the technical call even
9 though OCAS hasn't completed its review of the
10 ORAU material?

11 MR. HINNEFELD: I would say, yes,
12 I would think that I don't see any particular
13 issue with dealing with two issues with one
14 call. It is likely to be the same or many of
15 the same people, I would think, on the
16 discussion. One may have one Y-12-specific
17 information, so you need the Y-12s to follow
18 up with people, and the other one is general
19 internal dosimetry issue. It seems like for
20 the same people to me.

21 CHAIR MUNN: Do we have any feel

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1 at all for when the new OTIB is likely to
2 appear?

3 MR. HINNEFELD: I don't, sitting
4 here today. I will have to bring somebody back
5 at the office and see.

6 MEMBER GRIFFON: I mean there
7 must be some discussion on how to implement it
8 since it has been out since 2007.

9 MR. HINNEFELD: Well, if it's out,
10 I mean I'm really surprised at that --

11 MEMBER GRIFFON: Yes.

12 MR. HINNEFELD: -- that it was
13 written in 2007 and it's not issued yet
14 because I wasn't aware of a particular hold-up
15 on this. Some documents I'm aware of a hold-
16 up on, but this one is not on the list. So I
17 don't really have a story here today.

18 CHAIR MUNN: Well, my thinking is,
19 if we are going to include this in the
20 technical call, it would be very helpful for
21 those of us who are involved in the technical

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1 call to know what this OTIB says, whether ^{it}₁₂₃
2 has been released yet or not, but the
3 conclusions are part and parcel of being able
4 to understand the interaction. If we don't
5 know the details, then --

6 MR. HINNEFELD: I'll see what I
7 can find out.

8 CHAIR MUNN: Yes, it will be
9 helpful. Thank you, Stu.

10 MR. HINNEFELD: I would think that
11 it could be shared.

12 CHAIR MUNN: Yes.

13 MR. HINNEFELD: I mean this
14 technical writeup could be.

15 DR. MAURO: As you said, it would
16 be convenient if the OTIB was here and we
17 could review it, and it could be incorporated
18 into this technical call.

19 But let's say it's not. Let's
20 say, for some reason, it is going to be held
21 up for a few months. We could, in theory,

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Procedures

1 have the conference call anyway and discuss¹²⁴
2 the issue and agree or not agree in principle
3 with the resolution.

4 So I mean, either way, I think the
5 technical conference ought to go forward. How
6 much you want to delay it, if it turns out
7 that the OTIB is imminent, well, sure, that
8 would delay until the OTIB is issued.

9 MEMBER GRIFFON: That's fine.

10 CHAIR MUNN: Good. All right, we
11 will expect to hear that.

12 Now the next item on our agenda --
13 thank you for calling that outstanding item to
14 our attention; we appreciate that --
15 addressing the new responses, the information
16 that was just received.

17 Stu, do you want to start with
18 those, please?

19 MR. HINNEFELD: Which ones are we
20 going through? I'm still making my note from
21 the last one.

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Procedures

1 CHAIR MUNN: Oh, okay. Let's give
2 you a second to do that.

3 (Pause.)

4 MR. HINNEFELD: Okay, so what are
5 we going to go through?

6 CHAIR MUNN: We're going to go to
7 the documents that you just sent out with your
8 new comments.

9 MR. HINNEFELD: The only thing I
10 just sent out was the poll, right?

11 MR. MARSCHKE: Do you mean the one
12 that I sent?

13 CHAIR MUNN: Oh, I'm sorry. I'm
14 sorry. Steve's, yes, update, correct.

15 MEMBER GRIFFON: I mean this
16 document starts out with TIB 32, right? Am I
17 looking at the right stuff?

18 MR. MARSCHKE: Yes, it starts out
19 with 32-1, which just happens to be the one,
20 back in March, when we were working through
21 the third set, that happened to be the issue

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Procedures

1 that we left off our review back in March. We ¹²⁶
2 had, at least according to my notes, we had
3 completed our review of OTIB 30-2, and the
4 next one to do was OTIB 32-1, which just
5 happens to be the first one on this document.

6 What this document is, we got
7 maybe it's a third round of responses from
8 NIOSH, or it is at least maybe the second
9 round. I guess it is the second round of
10 responses from NIOSH.

11 This second round is documented in
12 this file that I sent out, I guess it was on
13 Sunday or Monday.

14 MEMBER GRIFFON: Can I ask a
15 question that may or may not expedite this
16 process of these new findings or new -- I
17 don't know whether we want to call them "new"
18 -- discussion?

19 TIB 32 is Savannah River.

20 MR. MARSCHKE: Yes.

21 MEMBER GRIFFON: Is that not going

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1 to my Savannah River Work Group? 127

2 CHAIR MUNN: It probably will.

3 MEMBER GRIFFON: Or are we going
4 to overlap? Are we going to have the
5 discussion here and then send it over, and
6 then continue it there, or --

7 CHAIR MUNN: I would like to see
8 where we are with it here and then make the
9 decision about it.

10 MEMBER GRIFFON: The decision
11 depends on, doesn't the decision just depend
12 on whether it is existing work?

13 CHAIR MUNN: Site-specific --

14 MEMBER GRIFFON: Oh, okay,
15 whether it's site-specific?

16 CHAIR MUNN: Yes.

17 MEMBER GRIFFON: Oh, so we don't
18 really have to discuss the NIOSH response or
19 SC&A response. We have to look at the
20 finding, right? It doesn't have anything to
21 do with the responses, does it? I'm asking, I

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1 guess. 128

2 MR. MARSCHKE: Actually, this was
3 one, I think if you read it, the document
4 lacks clarity and repeatedly refers to
5 material methods described in documents. This
6 was one of the ones that we kind of discussed
7 this morning, which is a common theme across
8 sites.

9 This is, again, one of the
10 external coworker dosimetry models.

11 MEMBER GRIFFON: So this is more
12 of a generic piece then?

13 MR. MARSCHKE: This particular one
14 happens to be more of a generic one. And the
15 essence of the argument or the disagreement, I
16 think, again, it is just, how much
17 documentation is enough? We look at the
18 document and we say it needs more reference
19 material and it needs to have more references,
20 and so on and so forth, in it. NIOSH is
21 looking at it and says, well, it's got enough

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1 reference material in it. 129

2 So, at this point, we have kind of
3 reached kind of an impasse, and we have
4 stopped making forward progress.

5 DR. MAURO: Could I add a little
6 bit to this? This issue has come up in many
7 other circumstances, if it is the one I think
8 it is, where an OTIB is out and it gives some
9 guidance. Then another series comes out later
10 which qualifies it.

11 One of our findings very often is,
12 well, we just read this other OTIB or reviewed
13 it, and we know that there is a lot of new
14 material out there that qualifies that, and
15 our critique was, well, don't you think this
16 OTIB should make reference to these new
17 qualifiers?

18 And NIOSH's position was that,
19 well, there's so much coming out all the time.

20 Then our concern was, well, how do you make
21 sure that the dose reconstructor is aware?

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1 Because when he is looking at this one, ¹³⁰the
2 older OTIB, it is not there. It says, oh, go
3 see OTIB 17 when it comes to this. So it is,
4 we'll say, non-penetrating, or whatever it is.

5 Doesn't that result in confusion
6 and perhaps inconsistency, if the person is
7 following that older OTIB and doesn't factor
8 in that there's this other stuff out there
9 that could change things?

10 The answer was, no, we don't do
11 that, not necessarily; we may not always do
12 that.

13 And that is, go back and edit an
14 older OTIB to make sure all the qualifiers are
15 in the new material that might be out there.

16 And the reason is everyone is
17 trained. It is a continuous training process.

18 So you can't look at the OTIB as if it's
19 bounded. You have to look at the OTIB --
20 people have been trained in that OTIB, and all
21 the subsequent OTIBs that might play on it,

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1 and that was the position they took. 131

2 The way we walked away is we
3 accepted that. I mean SC&A said, okay, we
4 understand how burdensome it would be to
5 continually go back to every -- there are
6 over, I don't know, 150 OTIBs -- go back to
7 every OTIB that was before, and you don't want
8 to get rid of the old OTIB because it still
9 has value, but you want to realize that it's
10 now qualified with new OTIBs and stuff that is
11 out there that play on that.

12 So our position was, well, that
13 sounds fairly reasonable, as long as the
14 training program is there, so that we maintain
15 a level playing field and everybody
16 understands that there is more to the story.
17 And we left it at that.

18 Now I think that is not a judgment
19 for SC&A to make. All we could say is that
20 sounds reasonable, but the work group has to
21 believe that that is okay, too.

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1 So that goes to this. I think¹³²
2 that is what is going on here in this one,
3 right? That is, there are other OTIBs and
4 procedures that perhaps qualify this here, and
5 the Savannah River, and that should be
6 referenced?

7 MEMBER GRIFFON: It seems to be
8 part of it, anyway.

9 DR. MAURO: It is part of it, yes.

10 MEMBER GRIFFON: Yes.

11 DR. MAURO: Anyway, so I don't
12 know whether that particular overarching
13 issue, that is, training suffices, you don't
14 have to go back and edit all the old OTIBs,
15 because the training is out there to make sure
16 that everyone is doing it the correct way.

17 CHAIR MUNN: Well, that is pretty
18 key, actually.

19 DR. MAURO: Yes, it is.

20 CHAIR MUNN: If this body is not
21 really and truly comfortable with that, then I

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1 can't imagine the full Board would be fully¹³³
2 comfortable with it, either.

3 Just reading the words to the
4 NIOSH's response and the SC&A response, there
5 would appear to be an impasse with respect to
6 the value judgment of the two organizations,
7 or at least the two individuals, concerned
8 here.

9 That second sentence of the second
10 paragraph of NIOSH's response from April says
11 they "don't develop procedures or other
12 technical documents with the intent of meeting
13 criteria and the Board's procedure review
14 objectives contained in table 3, 11-1."

15 I can understand that that's a
16 reasonable statement, but --

17 DR. MAURO: Yes, but I was
18 troubled by that statement because it doesn't
19 go to the heart of the issue.

20 CHAIR MUNN: No, and --

21 MR. HINNEFELD: Well, that

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1 statement was put in there because the finding¹³⁴
2 cites the checklist and the criteria. The
3 checklist is drawn from the review criteria,
4 and it cites, based on this review criteria,
5 we are making this comment.

6 CHAIR MUNN: Right.

7 MR. HINNEFELD: And, okay, yes,
8 given that set of review criteria and that
9 checklist, most of us would make that comment,
10 I suppose. But, like I said, the procedures
11 do not intend to not receive a comment. The
12 procedures are intended to guide the dose
13 reconstructor, or whatever.

14 DR. MAURO: Oh, I don't disagree.

15 I think that that statement needs to be said,
16 but then I think it needs to go on and say,
17 notwithstanding that, still the question
18 becomes this fundamental strategy that is
19 described. Is that something that everyone
20 agrees is reasonable?

21 MR. HINNEFELD: Yes, I think we

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1 put it in reverse order. I think we put our ¹³⁵
2 actual argument first, and then we just threw
3 that statement in as an aside.

4 The actual argument here being
5 that the body of documents used in dose
6 reconstruction have to be treated in total,
7 and this particular issue was noted as
8 particularly difficult to, when you issue a
9 refinement, that you don't cancel the old
10 document; we have now an enhancing document.
11 To go back to those old ones and provide those
12 is like painting the Golden Gate Bridge or
13 something; you just never get done.

14 DR. MAURO: Yes.

15 MR. HINNEFELD: So our position on
16 this you described really well, is that the
17 body of knowledge has to be there for the dose
18 reconstructor to do it. It's all these
19 documents, and we just can't go back and clean
20 up the older ones.

21 DR. MAURO: If we go back to the

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Procedures

1 record, I think you will find SC&A, SC&A now
2 found that acceptable and reasonable, because
3 I like the Golden Gate Bridge analogy. But it
4 is really not our call. We can just let you
5 know that we think that that's not
6 unreasonable, because we are familiar with it.

7 In other words, we know the vast
8 body of material that is out there. It is all
9 known. And I can't even imagine the
10 bureaucracy that would be created to go back
11 and continuously scan and review, edit. It
12 would be an overwhelming --

13 MR. HINNEFELD: And to find the
14 ones that are affected and do the editing --

15 CHAIR MUNN: But the training is
16 continual.

17 DR. MAURO: The training is the
18 solution.

19 CHAIR MUNN: It is the painting of
20 the Golden Gate Bridge; it never ends.

21 MR. HINNEFELD: Well, we can

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1 expect that, though. 137

2 CHAIR MUNN: Yes, and the only
3 problem here is that the SC&A reviewer says:
4 "Still not able to recommend the issue be
5 closed since there are review criteria that
6 have not been met."

7 Now are those criteria, all those,
8 is that statement referring back to the review
9 objectives that NIOSH mentioned or these other
10 criteria? We don't know what you're --

11 MR. HINNEFELD: Well, the review
12 criteria coming out of the procedures that you
13 have developed are reviewing documents, and
14 that the Board or the Subcommittee -- I forget
15 which -- endorsed, and meets what you guys
16 wrote in the procedures.

17 CHAIR MUNN: Yes.

18 MR. HINNEFELD: So that's where
19 those criteria come from.

20 CHAIR MUNN: Yes, yes.

21 DR. MAURO: Yes, and I think that,

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1 in a way, what you are saying is, well, maybe
2 that criteria really isn't the best criteria.

3 MR. HINNEFELD: Well, I mean from
4 our view. I mean the way things have evolved.

5 DR. MAURO: At least with respect
6 to this issue.

7 MR. HINNEFELD: And with respect
8 to this, and the way the program has evolved,
9 and the way the technical documentation has
10 continually evolved over time, and it kind of
11 gives rise to all these plethora of documents.

12 So, yes --

13 MEMBER GRIFFON: I'm not sure we
14 have this level of detail, but do you know
15 which criteria were not met?

16 MR. HINNEFELD: It's in the
17 report.

18 DR. MAURO: Yes.

19 MR. HINNEFELD: I know because it
20 cites it pretty clearly in the report.

21 MEMBER GRIFFON: Right.

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Procedures

1 MR. HINNEFELD: It has to be with
139
2 clarity and completeness, I think, mainly.

3 MEMBER GRIFFON: Okay.

4 MR. HINNEFELD: Because what the
5 finding is --

6 MEMBER GRIFFON: Because we
7 understand that, then we might be willing for
8 this one to weigh-in on it. It's
9 understandable that Doug is being thorough,
10 and that is fine, but for this it may not be
11 -- we may understand NIOSH is trying to deal
12 with this thing.

13 CHAIR MUNN: So do we have access
14 to the words in the report?

15 MR. MARSCHKE: What issue is this
16 we're talking about?

17 MR. HINNEFELD: 32-1.

18 MR. MARSCHKE: 32-1, the first
19 one?

20 CHAIR MUNN: 32-1.

21 MR. MARSCHKE: It says, "Review

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Procedures

1 objectives 1.1, 1.3, and 1.5" where they talk¹⁴⁰
2 about lack of clarity, and 1.3 -- 1.1 and 1.3
3 and 1.5 are these:

4 "Is the procedure written in a
5 style that is clear and unambiguous." "Is the
6 procedure complete in terms of required data?"

7 "Is the procedure sufficiently prescriptive
8 in order to minimize the need for subjective
9 decisions and data interpretation?"

10 So those are the three that we are
11 saying --

12 CHAIR MUNN: Are not met properly.

13 MEMBER GRIFFON: So in this 1.3,
14 you say, the comment is it refers to TIB 20
15 and 52. It seems to me that does reference
16 it --

17 MR. MARSCHKE: Let's see what they
18 say in the review comments.

19 MEMBER GRIFFON: Okay.

20 MR. MARSCHKE: "The document
21 refers... and repeatedly refers to material

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1 methods described in a document." 141

2 DR. MAURO: Oh, it actually does
3 refer to it, then.

4 MEMBER GRIFFON: Yes.

5 DR. MAURO: So wait a minute. I
6 think I may have mischaracterized this. I was
7 thinking of -- it does refer to it? Well,
8 I've got to say, if it refers to it, I don't
9 know much more you can do.

10 MEMBER GRIFFON: Well, that's why
11 I want to understand why it's there then.

12 MR. SMITH: This is Matt Smith
13 with the ORAU team.

14 CHAIR MUNN: Oh, yes, Matt?

15 MR. SMITH: When you look at the
16 initial response paragraph -- that will be
17 right on the first page of the latest document
18 -- we do call that out, that all the
19 supporting OTIBs, things like OTIB 17 and 20
20 and 52, are all cited within OTIB 32.

21 DR. MAURO: I've got to apologize.

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1 I mischaracterized it. Because we have run ¹⁴²
2 across situations where we were aware of other
3 more recent OTIBs that were not cited, but
4 that is not the case here.

5 MEMBER GRIFFON: No, no, no, but,
6 see, in your own table --

7 MR. SMITH: In this case, I think
8 the reviewer was wondering why the reader was
9 being sent to these other documents.

10 MEMBER GRIFFON: Okay.

11 MR. SMITH: I think some of the
12 comment was based on the repeated references
13 to other documents and whether or not maybe
14 some of that material could be included in
15 this OTIB. From the discussion earlier just
16 now, you can see why it is best to keep these
17 things in their place, so that when each of
18 these things is updated, we don't have to go
19 and redo each external coworker TIB. If a
20 change is made to shallow dose or to OTIB 5,
21 which Scott could tell you about offline, we

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1 don't have to do it in each and every¹⁴³
2 document. We have these references that keep
3 everything in its place.

4 DR. MAURO: I remember when we
5 wrote this criteria of working through folks,
6 it was that we felt procedures should be
7 contained, and you don't have to go on a long
8 chase down to a lot of others.

9 But the reality is that does not
10 happen. You can't do it. You can't capture
11 all these other procedures in this.

12 CHAIR MUNN: No.

13 DR. MAURO: So I mean it is
14 desirable. If you can write a procedure that
15 is self-contained, great. But sometimes it is
16 just not practical.

17 And in this case, the very
18 reference, OTIB 17, which we know what that is
19 -- it's the non-penetrating -- I have to say
20 my reaction is the fact that they even have
21 that cross-referenced to other documents is a

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1 favorable thing. 144

2 CHAIR MUNN: Well, it seems so to
3 me. The ability to produce standalone
4 documents in a program like this seems to be
5 an unrealistic goal at this time in our
6 history.

7 DR. MAURO: If you can, great.

8 CHAIR MUNN: It's wonderful if we
9 can do it.

10 DR. MAURO: But I don't know if it
11 is feasible.

12 CHAIR MUNN: But, historically, we
13 have not found that reasonable to do.

14 MR. MARSCHKE: So what you are
15 saying, Wanda, is we should modify our table,
16 our criteria table, our objectives table here,
17 to what Lisa suggested, 1.3, tone it down
18 somewhat, and it's infeasible to have the
19 procedures all self-contained?

20 CHAIR MUNN: Well, the statement
21 in parentheses in 1.3 seems to be unrealistic

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1 from our past experience. It doesn't¹⁴⁵
2 reference other sources that are needed for
3 additional data.

4 We now know that there are in many
5 cases situations where reference to other
6 documents is absolutely crucial to completion
7 of the data representation that goes to the
8 dose reconstructor. So, that being the case,
9 we appear to have been too proscriptive in
10 that statement there.

11 "Is the procedure complete in
12 terms of required data?" If it references
13 other material that has to be used, then it
14 would appear to be complete.

15 For us to say, then, it cross-
16 references other material, then that is --

17 MEMBER GRIFFON: I'm not sure the
18 criteria is that bad. I just think we have to
19 be more practical in understanding the use of
20 its implications on all the procedures. I
21 mean, like John said, it is not practical in

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1 all cases. 146

2 DR. MAURO: Yes, I mean it's a
3 nice thing to do if you can do it.

4 MEMBER GRIFFON: Right.

5 DR. MAURO: And maybe it's like it
6 would be an intent, but certainly there are
7 circumstances where it is just not possible.
8 That's a judgment call.

9 MEMBER GRIFFON: Having said
10 that, it would be nice to hear from Doug since
11 he was following this thing through, Doug
12 Farver, it seems to me. I am just wondering
13 if we are missing something else that he was
14 concerned about in this. Otherwise, I see
15 NIOSH's point here.

16 MR. KATZ: We can just add "when
17 appropriate" to the back end of that
18 statement --

19 MEMBER GRIFFON: Yes.

20 MR. KATZ: -- since there's, I
21 guess, circumstances when we wouldn't want

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1 to -- 147

2 DR. MAURO: Lisa goes over that.
3 Of course, then there is the other tier when
4 it is not referenced. That is, reference to
5 OTIB 17 is not there. That could be okay
6 also, as long as the training program is in
7 place, but that is a judgment. When I started
8 this, that is where I was coming at this.

9 So I think that is still something
10 we need to talk about or that the work group
11 needs to talk about. So both these matters.

12 CHAIR MUNN: Well, it certainly
13 presents a dilemma for me, the correct
14 parenthetical expression there. It seems at
15 odds with what practice has necessarily been
16 in recent years.

17 Is that not antithetical to what
18 we're doing there?

19 MEMBER GRIFFON: I don't know. I
20 thought in this case they did reference other
21 sources.

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Procedures

1 CHAIR MUNN: They did. 148

2 MEMBER GRIFFON: So, yes.

3 CHAIR MUNN: They did, but
4 references --

5 MEMBER ZIEMER: Yes, but their
6 criteria are to not do that.

7 CHAIR MUNN: The criteria says
8 that it doesn't reference it. See the
9 parenthetical --

10 MEMBER ZIEMER: Let it be complete
11 in and of itself.

12 MEMBER GRIFFON: Does not
13 reference other sources.

14 DR. MAURO: I remember when we
15 wrote this, and this goes back a long --

16 MEMBER GRIFFON: Well, I read
17 that differently. I thought it meant complete
18 or -- yes, okay, I see what you are saying
19 now.

20 CHAIR MUNN: See, if it said --

21 MEMBER GRIFFON: I read it as

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Procedures

1 like it was a deficiency if it didn't either¹⁴⁹
2 have all the data or reference all the data.
3 That is kind of the way I read it, but it's
4 not that.

5 MR. MARSCHKE: I think that is
6 what Doug is basically taking a literal --

7 MEMBER GRIFFON: A literal read
8 of that, yes.

9 MR. MARSCHKE: -- reading of this,
10 and he says he can't check it; he can't sign
11 off on it --

12 MEMBER GRIFFON: As meeting that
13 criteria, right.

14 MR. MARSCHKE: -- because it does
15 have these references in it. So he is being
16 very literal here.

17 MEMBER GRIFFON: I see what
18 you're saying, yes.

19 MEMBER ZIEMER: He is saying it
20 doesn't meet that criteria.

21 MR. MARSCHKE: It doesn't meet the

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1 criteria which is in the parentheses here. 150

2 DR. MAURO: You would have to fix
3 it the way we described, but we have to use
4 judgment.

5 CHAIR MUNN: But the question is,
6 is the criteria correct? I'm saying that it
7 appears to me to be, with the exception of
8 that parenthetical expression.

9 MEMBER GRIFFON: Yes, okay. Now
10 I'm clear.

11 DR. MAURO: Now we are on target.

12 MR. MARSCHKE: And I think that is
13 why we were asking the Subcommittee here to
14 modify the criteria or remove that question in
15 parentheses or modify what's in the
16 parentheses. Then we would be happy with it.

17 MEMBER GRIFFON: Yes, I think you
18 can just remove it.

19 MEMBER ZIEMER: Did you originally
20 propose these criteria and we approved them?

21 CHAIR MUNN: Yes, we did.

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Procedures

1 DR. MAURO: And at the time, ~~it~~^{it}
2 seemed to be a good idea.

3 (Laughter.)

4 CHAIR MUNN: We were really aiming
5 for stand-only procedures.

6 MEMBER ZIEMER: So I think the
7 question, then, is, is the procedure complete
8 in terms of requiring data; what do we mean by
9 complete now, in light of what the discussion
10 is?

11 It either appropriately references
12 other things or contains the information
13 needed.

14 DR. MAURO: That's the right -- I
15 think this has to be --

16 MEMBER GRIFFON: Are adequate in
17 terms of --

18 DR. MAURO: Yes, and take out this
19 other. See, we were imposing a constraint
20 that was unreasonable, in light of today. At
21 the time, maybe it wasn't so unreasonable, but

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Procedures

1 now, in looking back, my goodness, we don't¹⁵²
2 expect every OTIB that possibly could bear on
3 this, not only to not reference it; we would
4 say, no, no, we don't want you to reference
5 it; we want you to put this stuff in there.

6 MEMBER ZIEMER: Right.

7 DR. MAURO: And I don't think
8 that's reasonable any longer.

9 CHAIR MUNN: Can we fix it by
10 simply suggesting that we change that to read:
11 "Is the procedure complete in terms of
12 required data or necessary references?"

13 DR. MAURO: Bingo. It's as simple
14 as that.

15 MEMBER ZIEMER: Necessary or
16 appropriate?

17 CHAIR MUNN: Any heartburn with
18 that suggestion?

19 MEMBER GRIFFON: No, I mean not
20 -- no. We are editing the criteria now?

21 CHAIR MUNN: We are editing the

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1 criteria. 153

2 MEMBER GRIFFON: I'm still going
3 back to the -- you know, before I close out,
4 it seems like we are leaning toward this
5 finding should be closed, but --

6 DR. MAURO: In this case, yes.

7 MEMBER GRIFFON: But I'm not sure
8 I understand 1.5, either. You know, maybe
9 that one needs to be -- replay that, too.
10 Maybe it's a little -- prescriptiveness may
11 not be, again, not hearing from Doug or
12 looking at --

13 MR. SMITH: This is Matt Smith
14 again.

15 On that 1.5, I think the reviewer
16 was asking for a separate table listing organs
17 whose doses are calculated with only gamma
18 data. Again, here we would be using OTIB 5 --

19 MEMBER GRIFFON: Okay.

20 MR. SMITH: -- as a reference.
21 OTIB 5 would be the document that, in effect,

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1 lets the dose reconstructor know, do they need¹⁵⁴
2 to worry about gamma or do they also need to
3 worry about things that are called non-
4 penetrating?

5 I think what the reviewer wanted
6 is kind of a listing, but what we do is use
7 OTIB 5 as the vehicle to do that listing.

8 CHAIR MUNN: So you think they are
9 asking for some specific definition in 1.5?

10 MR. SMITH: Yes. What I'm reading
11 is on page 142 of the very original review
12 document from -- I can't even tell you offhand
13 -- October 29th, 2007.

14 CHAIR MUNN: Yes, we have it on
15 the screen.

16 MR. SMITH: Okay. So I am right
17 at the top of page 142. There's a paragraph
18 there that says, "These statements require" --
19 and it's referring to the statements on the
20 top of that page and also page 141 -- "require
21 the dose reconstructor to use professional

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1 judgment to determine which coworker values¹⁵⁵ to
2 use, based on the organ of interest."

3 What we are kind of saying in the
4 response is, yes, that is true, and we found
5 the training that instructs the DR staff to go
6 use OTIB 5 to make those choices.

7 In other words, we don't have an
8 appendix to this particular coworker OTIB that
9 breaks it down.

10 MEMBER GRIFFON: Right. Or these
11 DR guidelines --

12 DR. MAURO: That's where it comes
13 now.

14 (Laughter.)

15 MR. SEIBERT: No, it's not.

16 MEMBER GRIFFON: They're still on
17 another topic.

18 MR. SEIBERT: And it ties in,
19 also, OTIB 17, dealing with shallow/non-
20 penetrating doses.

21 MEMBER GRIFFON: Right.

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Procedures

1 DR. MAURO: We're in this gray ¹⁵⁸
2 area where how prescriptive do you get and how
3 much do you tie up, or do you want to leave a
4 little bit of -- I mean, I have to say I come
5 down on the side I like to leave people a
6 little bit of flexibility to use their
7 professional judgment and try not to be too
8 prescriptive.

9 CHAIR MUNN: Well, you have to.

10 DR. MAURO: Where that line is is
11 hard to find.

12 CHAIR MUNN: Each case requires
13 some degree of judgment.

14 MEMBER GRIFFON: I think on the
15 procedures side of this I'm fine. On the
16 show-all-your-work side of it, that's the DR
17 side, that --

18 DR. MAURO: See, that's what
19 disturbs me.

20 MEMBER GRIFFON: Yes. Right.

21 DR. MAURO: I think when a person

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1 does make a judgment -- 157

2 MEMBER GRIFFON: Right.

3 DR. MAURO: -- he has to explain
4 why --

5 MEMBER GRIFFON: He has to show
6 where --

7 DR. MAURO: -- show why he came to
8 that conclusion, yes.

9 MEMBER GRIFFON: So for this side
10 of it, I think I'm fine, yes.

11 DR. MAURO: This side, it should
12 be okay.

13 MEMBER GRIFFON: Yes. I agree
14 with that.

15 Thanks for the explanation, too,
16 Matt.

17 CHAIR MUNN: Yes, thank you, Matt.

18 MEMBER GRIFFON: I'm okay with
19 it.

20 CHAIR MUNN: So you're okay with
21 recommending the change to the 1.3, leaving

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1 1.5 as is? 158

2 MEMBER GRIFFON: Yes, and then to
3 close this finding, was really why I was doing
4 it.

5 CHAIR MUNN: Yes. Do you want us
6 to get feedback from the group?

7 MEMBER GRIFFON: I don't think we
8 need -- I mean unless you think we --

9 DR. MAURO: No, I think --

10 MEMBER GRIFFON: You're
11 comfortable characterizing Doug's concern,
12 then, right? I think we covered it.

13 DR. MAURO: Yes.

14 MEMBER GRIFFON: Yes. So as long
15 as John is comfortable with that, I think
16 we're okay. That is my feeling.

17 I mean Doug is basically saying at
18 this point SC&A is bringing it back to us.

19 CHAIR MUNN: Right.

20 MEMBER GRIFFON: So as long as
21 we're not missing something in that, I think

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Procedures

1 we're okay, yes. 159

2 CHAIR MUNN: These are the
3 resolutions that we propose: specifically,
4 1.3 be revised.

5 DR. MAURO: We're okay.

6 MEMBER GRIFFON: Yes.

7 DR. MAURO: See, here what we are
8 doing is we're just being very attentive to
9 our own procedures, which we have an
10 obligation to do that.

11 But at some point --

12 MEMBER GRIFFON: That's fine.

13 CHAIR MUNN: We will remove the
14 parenthetical expression and insert --

15 MR. MARSCHKE: Or necessary
16 reference.

17 CHAIR MUNN: Or necessary
18 reference.

19 MR. MARSCHKE: We've got that
20 written down.

21 MEMBER GRIFFON: Okay, that's

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1 fine. 160

2 MR. MARSCHKE: Do you want a
3 revision to the -- this table comes out of a
4 procedure.

5 DR. MAURO: Oh, yes, we have to
6 revise --

7 MR. MARSCHKE: Do we want to
8 revise that procedure before the next
9 Subcommittee?

10 DR. MAURO: Quite frankly, let's
11 talk about the quickest --

12 MEMBER GRIFFON: We might want to
13 relook at the whole document.

14 DR. MAURO: Yes, because it has
15 been a long time since we looked at this
16 procedure. When we do that, we will give it a
17 full read, and we will bring it --

18 MEMBER ZIEMER: Of the objectives?

19 DR. MAURO: Yes, the whole
20 procedure. In other words, this procedure has
21 been in place for a very long time.

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Procedures

1 MEMBER GRIFFON: Since the
2 beginning, yes.

3 DR. MAURO: Yes, and it's not a
4 bad idea for us to take a quick look at it and
5 see, is there anything here that we should
6 talk a little bit about, in light of
7 everything we have learned, and we will bring
8 that back to the work group. I think that is
9 an easy enough thing to do.

10 CHAIR MUNN: You reviewed 32?

11 MEMBER GRIFFON: No.

12 DR. MAURO: The procedure that we
13 used to review procedures.

14 CHAIR MUNN: Oh, okay.

15 DR. MAURO: The SC&A procedure.
16 We just found one area that needs a little
17 fixing. I'm just saying that, when we do
18 that, we might as well take a look at it.

19 MEMBER GRIFFON: We might as well
20 look at the whole thing then.

21 DR. MAURO: I mean just see if

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Procedures

1 there is anything there that we want to bring
162
2 to your attention.

3 MEMBER ZIEMER: Does that
4 procedure have a procedure number?

5 (Laughter.)

6 DR. MAURO: We probably have it
7 right in the instructions. Go back to the
8 beginning. It's the guide in the introduction
9 that we follow -- we have a date there, too.

10 MR. MARSCHKE: Right there,
11 basically, right at the top of --

12 MEMBER ZIEMER: Formal review
13 protocol, there it is.

14 DR. MAURO: Protocol for review
15 procedures in areas --

16 MR. MARSCHKE: April 2004.

17 DR. MAURO: Yes, I told you --

18 MR. MARSCHKE: It's about time.

19 MEMBER ZIEMER: Every five years.

20 MEMBER GRIFFON: Yes, every five
21 years it should be done.

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Procedures

1 DR. MAURO: It's amazing it held
163
2 up this long.

3 (Laughter.)

4 CHAIR MUNN: As you wish.

5 MEMBER ZIEMER: What are we doing
6 with 1.5?

7 CHAIR MUNN: With 1.5 --

8 MEMBER GRIFFON: Well, let them
9 look at that. I mean I don't necessarily
10 think 1.5 needs to be changed, but if they're
11 going to look at the whole thing, yes, because
12 it says as prescriptive as needed. You know,
13 it doesn't say --

14 CHAIR MUNN: And we did not
15 recommend a change. We only recommended a
16 change in 1.3, and we reviewed the original
17 procedure.

18 Good. Next finding -- oh, are we
19 going to postpone closing this finding until a
20 review is done? We can close this finding,
21 can we not? Let's do close this finding.

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Procedures

1 MEMBER ZIEMER: Which one is it?¹⁶⁴

2 MEMBER GRIFFON: Thirty-two.

3 MEMBER ZIEMER: 32-1?

4 CHAIR MUNN: 32-1, yes.

5 MR. HINNEFELD: There's 32 marked
6 as the same thing.

7 MEMBER ZIEMER: And Doug was only
8 keeping it open because of that issue.

9 CHAIR MUNN: Yes.

10 MEMBER ZIEMER: Or wanted to keep
11 it open.

12 MR. MARSCHKE: We're going to
13 close it.

14 CHAIR MUNN: Correct.

15 MR. MARSCHKE: Revise. I guess
16 this is a Board procedure, or was it an SC&A
17 procedure or --

18 CHAIR MUNN: An SC&A procedure.

19 DR. MAURO: I don't know how to
20 represent it because the Board approved it.

21 CHAIR MUNN: Yes.

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Procedures

1 MEMBER ZIEMER: Right, but it ^{is}₁₆₅
2 your procedure.

3 DR. MAURO: We do the Board's
4 work.

5 MR. MARSCHKE: Thirty-two dash two
6 is the same type of thing. I think it was
7 more along the lines of, again, objective 1.5,
8 where specific guidance wasn't given; it
9 relies on professional judgment, so on and so
10 forth.

11 So if we are willing to kind of
12 loosen up the interpretation of 1.5, maybe we
13 should reflect that in the procedure, give
14 some guidance as to how to use the objectives.

15 DR. MAURO: Yes. I think that,
16 unfortunately, it is a continuum -- there's a
17 time when you have to be a little bit more
18 prescriptive. Otherwise, two different dose
19 reconstructors will come to two different
20 places, and there will be inconsistency. So I
21 think we have to get some words in there.

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1 I don't want to let go completely, ¹⁶⁶

2 You have to give guidance to that, so that
3 people make them in a consistent way. But at
4 the same time, this is one of those yin/yang
5 kind of things. You've got to strike a
6 balance.

7 I think that we have to put some
8 words there. In this particular instance or
9 this particular issue, I can't say whether
10 this is a place where they really needed more
11 guidance or not. Do you see what I am saying?

12 So I see the statement, but I'm
13 not quite sure, as applied to this particular
14 problem --

15 MEMBER GRIFFON: Right.

16 DR. MAURO: Do you understand?

17 MEMBER GRIFFON: Yes. No. 1, I
18 think it was obvious that we can close it.
19 No. 2, I'm not so sure.

20 CHAIR MUNN: So is SC&A going to
21 bring us another recommendation after the

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1 review in terms of 1.5? 167

2 MR. MARSCHKE: Do you want to go
3 back to --

4 DR. MAURO: I want to see how is
5 it going to be realized. It has something to
6 do with implementation of IG 001 and 6. Okay,
7 what does it say?

8 MR. MARSCHKE: "The document does
9 not give specific guidance on how to use
10 coworker external dosimetry data. It is
11 unclear if the document is favorable or
12 unfavorable to the claimant."

13 The response to the OTIB 32-1
14 would also apply here, the one that we have
15 talked about.

16 DR. MAURO: Right.

17 MR. MARSCHKE: OTIB 20 would be
18 the prime reference.

19 DR. MAURO: So greater specificity
20 is provided in other OTIBs. That is what is
21 being said here.

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1 MEMBER ZIEMER: Well, this is sort
2 of the standalone issue here again, but it is
3 somewhat different. The other one specified
4 other references. This one doesn't specify,
5 or does it?

6 CHAIR MUNN: Well, yes.

7 DR. MAURO: Does this lead you to
8 the -- because the response said --

9 MR. MARSCHKE: It says, basically,
10 "The dose reconstruction process does involve
11 professional guidance regarding the use of
12 several information sources as well as
13 professional peer review."

14 Again, Doug is being very literal
15 in his interpretation of 1.5.

16 DR. MAURO: The onus may be on us
17 at this point. I'll tell you why. It sounds
18 like they have answered the question. The
19 question now we have to ask ourselves in this
20 particular application -- we're saying,
21 listen, there are a suite of other documents

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Procedures

1 out there that everyone is trained on, and¹⁶⁹ if
2 you look at those, does this issue go away?
3 That is, if you say, listen, we recognize that
4 the DR, the dose reconstructor, not only has
5 this procedure that he is following, but he
6 also has these others.

7 MEMBER ZIEMER: But he has to make
8 a judgment on which ones to use --

9 DR. MAURO: Exactly.

10 MEMBER ZIEMER: -- if we're not
11 prescribing it.

12 DR. MAURO: Then the real question
13 becomes, are we leaving too much to judgment
14 or not?

15 MEMBER GRIFFON: I mean it is
16 this procedure alone with, though, the
17 workbook, too, I imagine, right? Is that part
18 of this?

19 MR. SEIBERT: Maybe I am missing
20 something. I don't think the decision is what
21 procedures the dose reconstructor is going to

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1 use. I thought this had more to do with the ¹⁷⁰
2 selection of 50th percentile versus 95th
3 percentile because that is where the
4 professional judgment occurs on this.

5 MR. MARSCHKE: That is a good
6 point. Yes, the use of a professional
7 judgment --

8 MR. SEIBERT: Right.

9 MR. MARSCHKE: And then one
10 example of when you use professional judgment
11 is --

12 MR. SEIBERT: Right, which seems,
13 if I look at the back of the original
14 discussion in the report, it was talking about
15 using the 50th percentile. That was kind of
16 the way I read that, in which case the dose
17 reconstructor goes back to OTIB 20, to the
18 discussion as to whether you use 50th
19 percentile or 95th.

20 MEMBER GRIFFON: And 20 has the
21 job classifications? Is that what 20 has?

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1 MR. SEIBERT: Twenty has the
2 discussion of being intermittently exposed or
3 likely to be exposed.

4 MEMBER GRIFFON: But that's a
5 generic? That is not a Savannah River.

6 MR. SEIBERT: Correct.

7 MEMBER GRIFFON: Right. I mean
8 I'm not ready to just close out this quickly.
9 I think maybe turn it back to you to look
10 into it a little more, is my thought anyway on
11 it. Because I am wondering, if you go to
12 Savannah River's specific document here, and
13 you're referencing -- well, I don't know.
14 Maybe that is a question, Scott, to reference
15 those other documents. Is that TIB 20
16 sufficient? Does TIB 20 do it adequately for
17 Savannah River?

18 MR. SMITH: There's actually
19 information on TIB 20 to add. Recently, that
20 document was revised as well, based on
21 comments that were, if you remember, kind of

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1 started with OTIB 52, the construction worker¹⁷²
2 OTIB.

3 Some questions came up regarding
4 how to classify folks like pipefitters. So
5 that updated language actually is in OTIB 20
6 now. I think that all stemmed from
7 discussions regarding Savannah River. It does
8 apply, obviously, to other sites as well.

9 MEMBER GRIFFON: That is kind of
10 what I was getting at, Matt. Yes, Savannah
11 River has a very unique, I think, construction
12 workforce. They did a lot more than most,
13 quote/unquote, "construction" workers. I
14 think they were much more involved in
15 maintenance on the production side, my
16 understanding is, anyway.

17 DR. MAURO: There's no doubt.

18 MEMBER GRIFFON: Yes.

19 DR. MAURO: We're in the middle of
20 the SEC petition on the construction workers.

21 MEMBER GRIFFON: Right, right.

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Procedures

1 DR. MAURO: How we come down on ¹⁷³
2 this is going to be very important, you know.

3 MEMBER GRIFFON: Yes. I mean, I
4 guess that should be considered. I guess you
5 need to maybe consider that further.

6 DR. MAURO: Yes, it seems to me
7 that we have an interesting situation. One,
8 there's a generic aspect to this, whereby
9 you're saying, listen, the fundamental
10 philosophy and the judgments that are -- is
11 there sufficient guidance in the collection of
12 OTIBs on a generic basis? That is, listen,
13 it's specificity. When you take into
14 consideration the full suite of OTIBs that are
15 out there in a general sense, is that about as
16 far as you really can go without going too far
17 on imposing constraints on the judgment of the
18 dose --

19 MEMBER GRIFFON: Without its
20 being case-by-case.

21 DR. MAURO: Yes. Then the second

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1 half is, okay, as applied to Savannah River,¹⁷⁴
2 how do we come out on it? Because that
3 becomes a very specific issue, very relevant
4 to the SEC petition. So there are two sides
5 to this thing.

6 MEMBER GRIFFON: Yes.

7 CHAIR MUNN: So what do we need to
8 do here?

9 DR. MAURO: I can make a
10 suggestion. We could look at this again. It
11 all comes back to SC&A. From a generic point
12 of view, do we think the collection of OTIBs
13 together provide for a level of specificity on
14 a generic basis that seems to be reasonable,
15 or do we think that more guidance is needed,
16 and why? That's pretty straightforward, and I
17 think we could take care of that.

18 As you apply this within the
19 context of Savannah River now, is there
20 anything about it that really is something
21 that has to be engaged by the Savannah River

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1 Work Group and the SEC? Because this plays
2 on, okay, let's say it turns out we come back
3 and say, on a generic basis, it seems
4 reasonable. Now let's take a look at how it
5 is applied on Savannah River, and that becomes
6 a very specific issue on Savannah River that
7 it plays out in the SEC petition review we're
8 doing right now.

9 So I don't think we could go, I
10 mean I don't think this Subcommittee could go
11 there.

12 MEMBER GRIFFON: I think that
13 part goes to the work group.

14 DR. MAURO: Yes, right.

15 CHAIR MUNN: Yes, yes.

16 MEMBER GRIFFON: But I'm not sure
17 how you split up the generic part.

18 CHAIR MUNN: I don't know how you
19 do that, either.

20 MEMBER GRIFFON: Because to me, I
21 can see your point, John, but it is a site-

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1 specific TIB, you know. 176

2 DR. MAURO: Yes, it is a site-
3 specific TIB, yes.

4 MEMBER GRIFFON: And I'm not sure
5 that the whole thing just shouldn't go to the
6 work group, yes.

7 MR. MARSCHKE: Shall I call it in
8 progress or --

9 DR. MAURO: In progress and
10 transferred to the group, transferred --

11 MR. MARSCHKE: Transferred to the
12 work group or something like that?

13 MEMBER GRIFFON: That would be my
14 recommendation for this one because I think
15 the generic aspects of it, to me, you know,
16 seem to be okay. It is this testing those
17 generic aspects with regard to Savannah River,
18 that would be my question. Is the guidance in
19 TIB 20 going to work relative to Savannah
20 River?

21 So I don't know if there is any

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Procedures

1 further review, you know, from a generic
2 sense. I don't know, John. That is my
3 feeling, is that I would tend to take this
4 one --

5 DR. MAURO: Just move it out.

6 MEMBER ZIEMER: But this finding
7 is still a generic finding, though, isn't it?

8 MR. MARSCHKE: Well, the document
9 itself is a --

10 MEMBER ZIEMER: But it sort of
11 doesn't matter what site this is the way it is
12 written.

13 DR. MAURO: That aspect of it,
14 yes, that's right.

15 MEMBER ZIEMER: The finding itself
16 has to do with the fact that -- let's see how
17 it's worded here.

18 "The DR process involves
19 professional judgment. OTIB documents are not
20 designed to stand alone as a one-stop source,"
21 and so on.

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Procedures

1 MEMBER GRIFFON: That is the
2 NIOSH response, isn't it?

3 MEMBER ZIEMER: Yes. And Doug is
4 saying, yes, but the review criteria have not
5 been met. See, I think that's generic.

6 DR. MAURO: I understand, yes.

7 MEMBER ZIEMER: It doesn't matter
8 what site it is, what he is talking about
9 here.

10 DR. MAURO: So what we are really
11 saying is here we have a site-specific OTIB
12 that can be looked at from -- inherent in it
13 is certain generic issues that apply
14 universally.

15 MEMBER ZIEMER: It doesn't tell
16 you what documents to go to for something.

17 DR. MAURO: But then there is the
18 implementation side.

19 MR. MARSCHKE: Well, you know, I
20 don't know.

21 MEMBER ZIEMER: I don't think it

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Procedures

1 has to do with how you apply it as to what you
2 say or where you say you are going to go or
3 how you're going to decide what documents to
4 use. What is the issue as far as the way Doug
5 raised it? Because he is saying this one
6 isn't standalone like it is supposed to be.
7 All right, we can solve that part the way we
8 solved the other one.

9 DR. MAURO: Then there is the next
10 layer down.

11 MEMBER ZIEMER: But then what's
12 the next layer? Does it now become site-
13 specific because then you have to talk about
14 what those specific documents are?

15 MR. MARSCHKE: Paul, I think what
16 he is taking exception to is, if you look at
17 objective 1.5, where it says, "Is the
18 procedure sufficiently prescriptive?" he is
19 saying that -- I think he is maybe kind of
20 ignoring the word "sufficiently," but he is
21 just saying, "Is the procedure prescriptive?"

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1 And he is basically saying there is a lot¹⁸⁰ of
2 use of engineering judgment in the way it is
3 used.

4 MEMBER ZIEMER: Yes.

5 DR. MAURO: And remember, it is a
6 four; it is not a one. In other words, we
7 assigned it as a four, which means marginally
8 deficient. I mean, remember -- so is it --

9 CHAIR MUNN: Yes, this isn't a
10 biggy.

11 DR. MAURO: It's not a biggy.

12 CHAIR MUNN: This is a small one.

13 MEMBER ZIEMER: It does not give
14 specific guidance on how to use coworker data.

15 So that is sort of a site-specific issue, but
16 again, does it need to refer to that generic
17 document, which we talked about earlier, which
18 then has to be applied?

19 I mean I am thinking we can solve
20 the issue Doug raises here in our context in
21 terms of how it is structured. He is talking

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1 about how the document is structured relative¹⁸¹
2 to these criteria.

3 CHAIR MUNN: Right.

4 MEMBER ZIEMER: I mean, does it
5 matter that it is Savannah River or any
6 other --

7 DR. MAURO: Yes, I see three
8 tiers.

9 MEMBER ZIEMER: Yes.

10 DR. MAURO: I mean the opening
11 tier I think we resolved. That is, you don't
12 really have to capture the information in
13 these OTIBs and put it in here.

14 MEMBER ZIEMER: Right. That part,
15 I mean we discussed that.

16 DR. MAURO: Then you tier down to
17 the next one. Okay, you don't have to capture
18 it, and not only that, you don't even have to
19 reference -- in other words, going to the next
20 tier -- you don't even have to really
21 reference everything. It would be nice if you

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1 do.

182

2 MEMBER ZIEMER: Yes.

3 DR. MAURO: But if you don't, we
4 can't hold you accountable.

5 MEMBER ZIEMER: Right.

6 DR. MAURO: This is a judgment
7 that you still may want to make. But let's,
8 for the time being, just say, okay, let's say
9 the Subcommittee agrees, well, you don't
10 really have to capture every OTIB in this OTIB
11 and make all these cross-references. It's
12 just too much to ask. Let's just say you come
13 to that.

14 The next tier. Okay, then there
15 is a collection, whether it is specified or
16 not or referenced or not. Does it
17 collectively give the level of
18 prescriptiveness that is needed on a generic
19 basis? Or does it leave too much to the
20 judgment? That's the question now. That is
21 the next tier down, and we haven't answered

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1 that. 183

2 MEMBER GRIFFON: Yes, that is the
3 one --

4 DR. MAURO: That is the one you
5 have concern about.

6 MEMBER GRIFFON: Yes.

7 DR. MAURO: And it is the last
8 tier, which brings you to Savannah River.

9 MEMBER ZIEMER: But the finding
10 itself says the document does not give
11 specific guidance on how to use the coworker
12 model.

13 MR. MARSCHKE: Yes, the finding
14 itself I don't think is really SRS-specific.
15 I think it is more of to help us with the
16 guidance. You could say, if you reference
17 back to TIB -- I don't know. I could read it,
18 I guess I could --

19 MEMBER ZIEMER: Well, I mean you
20 could have that finding for any site.

21 MEMBER GRIFFON: Oh, yes. Yes.

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1 CHAIR MUNN: Well, and know if the ¹⁸⁴
2 original finding apparently is based on a
3 perceived lack of clarity as to whether or not
4 the document is favorable or unfavorable to
5 the claimant.

6 MEMBER ZIEMER: Well, yes, and you
7 can't answer that if you can't answer the
8 prior question about how you use the coworker
9 model. But that's sort of the earlier
10 question we discussed this morning.

11 I'm just wondering if the -- let's
12 see. Well, NIOSH's response is, well, it's
13 not designed to do this, but then what? Is
14 there more to be said, either by NIOSH or --

15 DR. MAURO: Let me pose a
16 question. Since this is an OTIB I think
17 specifically to Savannah River, now the very
18 fact that when we look at it, we realize,
19 well, there are aspects to this that really
20 have a generic application that is universal,
21 now, as the Subcommittee, do you want to

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1 excise and take that on? 185

2 In other words, though we realize
3 there is a generic aspect to this, it really
4 is for Savannah River? Do you want to do
5 that? I mean maybe that is really --

6 MEMBER GRIFFON: That is what
7 Steve was just discussing in the morning.

8 DR. MAURO: Oh, you did talk about
9 that?

10 MEMBER GRIFFON: A little bit,
11 yes.

12 DR. MAURO: How far do you want to
13 go in addressing the generic aspect of a site-
14 specific OTIB? If you want to do that, then
15 you will do it. If not, you say, listen, no,
16 no, no; why are we taking this added burden
17 on? Let Savannah River play it out.

18 I mean I don't know. This is a
19 tough call.

20 CHAIR MUNN: It is a tough call.
21 In this specific instance, it is difficult to

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1 see why we would not attempt to address the
186
2 third-tier issue here.

3 MEMBER ZIEMER: Well, maybe in
4 connection with this, as you are reviewing
5 your review procedures, we will take another
6 look at that 1.5. Is it 1.5?

7 CHAIR MUNN: Yes, 1.5.

8 MEMBER ZIEMER: That is the one he
9 is citing here, right?

10 MR. MARSCHKE: That is the one I
11 think he is using, yes.

12 CHAIR MUNN: Yes.

13 MR. MARSCHKE: Yes, 1.5. It is
14 about being prescriptive and you know, kind
15 of the use of the professional judgment as
16 evolved over time as well. I mean, as I've
17 been participating in it anyhow, it has become
18 -- NIOSH has explained to us that every time
19 we use professional judgment, it gets multiple
20 reviews by the higher and higher and higher
21 levels of individuals. It is just not

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Procedures

1 somebody off here, you know, a wildcard doing
187
2 professional judgment.

3 CHAIR MUNN: No, there is a lot of
4 peer screening involved.

5 MEMBER ZIEMER: Well, maybe after
6 you review your procedures, this will also now
7 look a little different. The finding might
8 change. We might be able to address the
9 finding part, and then move it on to Savannah
10 River for the next tier, whatever.

11 I feel like you do, uneasy in
12 closing it, because I think you're going to
13 end up --

14 DR. MAURO: We're going to have to
15 do it anyway. When we review our procedure,
16 this is going to come into play. We are going
17 to have to engage this issue and make our
18 recommendations.

19 MEMBER GRIFFON: I mean, is it
20 prescriptive enough? I guess my sense would
21 be this is prescriptive enough if TIB 20 works

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Procedures

1 for Savannah River. But that question, I
2 think, is answered in the Savannah River Work
3 Group. Do you know what I mean, that
4 analysis? That is looking at that and saying
5 -- because TIB 20, it is kind of an odd
6 circumstance where you have a site-specific
7 TIB referencing back to a generic one on how
8 to make your assumptions. You know you're
9 making assumptions from a generic TIB for a
10 site-specific TIB.

11 But the Savannah River Work Group
12 can test that to say, okay, you know, the
13 level of prescriptiveness in TIB 20, it works
14 for Savannah River or it doesn't work and
15 here's the concerns we have. I think that can
16 be better dealt with on that, because we are
17 going to be doing that little detail in that
18 work group.

19 DR. MAURO: If you fast-forward on
20 this, let's say we were to, as part of our
21 generic re-review of our original 2004

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Procedures

1 procedure, we look at it with this new
189
2 understanding of the richness of the question
3 having to do with this, what we were talking
4 about, I can tell you what is going to come
5 out.

6 At the end, it is going to come
7 out, if the training program and the QA
8 process is robust, you could live with a
9 certain degree of ambiguity, ambiguity that we
10 could identify. When we do this thing, when
11 we write our report, this is what it is going
12 to say, you know.

13 Unfortunately, it is not going to
14 close anything. It is just going to point out
15 that, listen, no, this level of ambiguity, we
16 could actually identify with examples why
17 there's a certain amount of judgment that has
18 to be made here, and you could see that that
19 judgment could vary.

20 MEMBER GRIFFON: And the
21 documentation --

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Procedures

1 DR. MAURO: Yes, and the
2 documentation, so as long as the documentation
3 explains the rationale, and as long as we know
4 behind that rationale was a peer review
5 process and a training program that ensures
6 that that rationale is being applied in a
7 consistent way across the board, then it is
8 okay.

9 I mean, so it is almost like I
10 could almost tell you what our report is going
11 to look like.

12 CHAIR MUNN: Yes. Well, we've all
13 been through this same trial by fire, and we
14 recognize that's the logical outcome of any
15 review at this time incorporating the
16 experience we have had.

17 DR. MAURO: I think there is value
18 to us putting that on paper because it doesn't
19 exist on paper right now, not within the
20 context of a procedure. So our procedure
21 would be enriched by having some language that

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1 talks about this. So that when we perform our ¹⁹¹
2 review, we are aware of this.

3 But I mean, when we're done, we're
4 not going to resolve this. A judgment has got
5 to made by the Subcommittee whether that
6 strategy, mainly, the dealing with lack of
7 explicit direction, is dealt with based on
8 training and QA. That has to be something
9 that is a judgment call.

10 CHAIR MUNN: And there are always
11 going to be variations of agreement with the
12 statement made in 1.5. There are always going
13 to be individuals --

14 DR. MAURO: Right, sure.

15 CHAIR MUNN: -- who feel that a
16 procedure is or is not sufficiently
17 prescriptive for whatever reason.

18 DR. MAURO: Now I would argue that
19 all these workbooks and whatever machinery
20 stands behind this is an attempt by NIOSH to
21 become very systematic.

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1 CHAIR MUNN: Yes. 192

2 DR. MAURO: And that would be an
3 argument why everything is okay, as long as
4 all that machinery is in place.

5 CHAIR MUNN: Well, I believe your
6 original assessment personally was correct,
7 that this is a four or down there somewhere.

8 DR. MAURO: Yes.

9 CHAIR MUNN: Then the issue is
10 really a question of, how prescriptive is
11 prescriptive enough for whom?

12 It appears that the logical way to
13 proceed is to hold this in abeyance until we
14 have seen the SC&A review and recommendation
15 with respect to that particular item.

16 MR. MARSCHKE: In progress.

17 DR. MAURO: In progress, right.

18 CHAIR MUNN: Yes, yes. I'm sorry,
19 I am very fond of the word "abeyance,"
20 obviously.

21 (Laughter.)

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1 MEMBER GRIFFON: So this is not
193
2 in progress and transferred or?

3 CHAIR MUNN: This is in progress
4 until --

5 DR. MAURO: And transferred.

6 MEMBER GRIFFON: Yes, and
7 transferred. You only get one choice.

8 DR. MAURO: They should get
9 simple. They should be getting more -- these
10 got more complicated, but it is true, it is
11 both.

12 MEMBER GRIFFON: Yes. That's
13 what I'm struggling with, how to handle this,
14 you know.

15 CHAIR MUNN: Well, there is
16 nothing to prevent the work group from
17 reviewing what is going on here now --

18 MEMBER GRIFFON: Yes.

19 CHAIR MUNN: -- before it is
20 officially transferred.

21 MEMBER GRIFFON: Other than we

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1 don't want to be redundant with our work. 194
2 mean we have some of the same people on both
3 work groups, I think, anyway, but --

4 DR. MAURO: We had this
5 conversation at the last Subcommittee meeting.

6 I got my wrists slapped a little before
7 because I do see this Subcommittee -- I know
8 that Paul corrected me, but I still say that
9 we could see how we're steering things. That
10 is, there's an overflow that, when we make
11 some judgments about the generic approach, it
12 can't help but flow over to all the other work
13 groups.

14 CHAIR MUNN: Yes.

15 DR. MAURO: And it can't help that
16 we have -- the degree to which, as a
17 Subcommittee, we have an obligation to
18 communicate this to all the other work groups
19 that, listen, we did engage in an aspect of
20 this that has implications for everybody, and
21 right now, I guess we have not built in the

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1 machinery to communicate this. This might be
2 important.

3 CHAIR MUNN: We might. It might
4 be important, but hopefully, not today.

5 (Laughter.)

6 MEMBER GRIFFON: So we're leaving
7 this as in progress for now?

8 CHAIR MUNN: We're leaving it in
9 progress because we want to see the review,
10 but I believe, unless I hear to the contrary
11 from one of the members here, I think it is
12 unlikely that we, as a Subcommittee, are going
13 to take any further action on this action
14 item, which is why I'm saying I can see no
15 reason why your work group shouldn't continue.

16 MEMBER GRIFFON: To start.

17 CHAIR MUNN: Yes, take it where it
18 is and begin to work with it because we are
19 not going to take any further action that will
20 deviate from the work group's action.

21 MEMBER GRIFFON: Two down.

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1 (Laughter.) 196

2 CHAIR MUNN: That's true.

3 MR. MARSCHKE: Well, I think if we
4 look at -- I think the other ones, the
5 remaining ones may become easier.

6 MEMBER GRIFFON: Famous last
7 words.

8 (Laughter.)

9 CHAIR MUNN: We've heard that
10 before.

11 MR. MARSCHKE: I mean we are
12 recommending some be in abeyance and some
13 being closed. So usually, when we are in
14 agreement with what NIOSH is saying, usually
15 we go quicker.

16 CHAIR MUNN: That's true.

17 MEMBER GRIFFON: Yes, the next
18 one does look easy because NIOSH said they are
19 going to revise the document.

20 MR. MARSCHKE: Yes, the next one
21 on this list is 34-3. NIOSH said they were

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1 going to revise the document, and we recommend
2 that the status be changed to in abeyance
3 until we get the revised document back.

4 CHAIR MUNN: Any objection?

5 (No response.)

6 If not, in abeyance.

7 MEMBER ZIEMER: You like that one,
8 right?

9 CHAIR MUNN: Yes, I do. That was
10 easy for me. It just flows off the tongue.

11 MEMBER GRIFFON: That's in
12 abeyance? Yes, I guess it is in abeyance
13 because you're making --

14 MR. HINNEFELD: Yes, but that
15 could change though.

16 MEMBER GRIFFON: Got you.

17 MR. MARSCHKE: 35-2, actually,
18 this is the one I believe we have come back
19 and actually we want to -- the first go-round,
20 we agreed with NIOSH on the technical grounds.
21 However, we had a couple of concerns.

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1 This time, go-round, we would like
2 to withdraw our concerns and just basically
3 agree with NIOSH. Based upon since we agree
4 with NIOSH, then we would recommend that this
5 issue be closed.

6 You can see we were a little
7 confused by the NIOSH initial response,
8 whether it was chronic or acute. Now that we
9 have that cleared up, we are in agreement with
10 NIOSH, and we would recommend this issue go
11 away.

12 CHAIR MUNN: Any objections?

13 (No response.)

14 If not --

15 MEMBER GRIFFON: I'm wondering
16 how any of these -- I agree to close this
17 item, but then I'm thinking of the -- but I
18 guess we wait for TIB 68 and see if it has any
19 implications. Because I think K-25 has the
20 same Monday morning sampling question, but TIB
21 68 is not out yet.

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Procedures

1 MR. HINNEFELD: Well, yes. I mean
199
2 we have to have that discussion.

3 MEMBER GRIFFON: Right, right,
4 right.

5 MR. HINNEFELD: Like I said, I'm
6 not sure what is going on with 68, but
7 certainly the technical discussion should be
8 available.

9 MEMBER GRIFFON: Yes. I agree
10 with that at this point.

11 CHAIR MUNN: 35-02 is closed.

12 MR. MARSCHKE: Now we get into a
13 whole series of OTIB-58, which are the Rocky
14 Flats OTIB.

15 MEMBER GRIFFON: Yes, I really
16 think these should be transferred.

17 MR. MARSCHKE: Do you want to --

18 MEMBER GRIFFON: Because we have
19 spent a lot of time today on the external
20 data.

21 MR. MARSCHKE: Just in summary of

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1 the OTIB 58 ones, most of them Ron ^{is} ~~200~~
2 recommending that they be closed.

3 If you just look at the summary
4 that I emailed on Monday, I guess, 58-01 was a
5 three-part issue or concern. I guess
6 previously we had stated that we would
7 recommend that it be closed. This go-round,
8 Ron is recommending that the second portion of
9 it be closed. I'm not sure what the second
10 part --

11 MR. SEIBERT: It's the N-P ratio
12 discussion.

13 MR. MARSCHKE: Oh, the N-P? Okay.
14 We're recommending that that be closed and
15 satisfied with the work.

16 The third portion of this issue,
17 it would still remain in progress.

18 MEMBER GRIFFON: I think those
19 comments were kind of irrelevant to the
20 question of transfer. The question, again,
21 would be, going back to the finding and

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1 saying, is it a generic one or is it a -- like ²⁰¹
2 the N-P ratio stuff is very site-specific. So
3 I would say that stuff should be transferred.

4 The other items may not. I haven't looked at
5 them closely enough.

6 DR. MAURO: Well, that is a good
7 point. So you are saying that, when Ron
8 recommended closure, it is the N-P ratio as
9 applied and used at Rocky?

10 MEMBER GRIFFON: At Rocky Flats.

11 DR. MAURO: And it is not a
12 finding for us to be closing out a Rocky
13 issue?

14 MEMBER GRIFFON: I think we need
15 to transfer that to the work group, especially
16 since we have this pending database out there
17 that we are still looking at relevant to the
18 whole --

19 DR. MAURO: Yes.

20 MEMBER GRIFFON: And the DRP --

21 DR. MAURO: Yes, but Ron is the

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1 one at SC&A that is looking at this -- 202

2 MEMBER GRIFFON: Yes, I agree.

3 DR. MAURO: -- whether it is here
4 relevant or --

5 MEMBER ZIEMER: Either way.

6 DR. MAURO: Either way, it's --

7 MEMBER GRIFFON: I don't think he
8 has even looked at the Rутtenberg data at all.

9 DR. MAURO: I think that is right.

10 It is all new.

11 MEMBER GRIFFON: I mean all that
12 stuff is new.

13 DR. MAURO: That's all new.

14 MEMBER GRIFFON: Right. So you
15 know, I think this would be a little -- I
16 think this is a site-specific issue. I am not
17 saying all these findings are.

18 MEMBER ZIEMER: Right, but I
19 think, either way, it would be premature to
20 close it then anyway.

21 MEMBER GRIFFON: Right.

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Procedures

1 MEMBER ZIEMER: But certainly²⁰³
2 that first one looks very site-specific.
3 Maybe they all are.

4 CHAIR MUNN: Well, the procedure
5 itself is.

6 MEMBER ZIEMER: Well, yes, but I
7 mean --

8 MEMBER GRIFFON: Like the last
9 one, now let's look at the findings and see.
10 If there are some that are just sort of a
11 generic thing, I would say they should stay
12 here, or maybe we can close them out. But if
13 they are specific, I would say it is better to
14 transfer them.

15 CHAIR MUNN: Let's see if we can
16 close some, simply because if we can close
17 them here, in light of their generic quality,
18 then that just minimizes the amount of
19 material that the work group has to deal with
20 when we transfer it.

21 So if we will take a few minutes

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1 to look those over and see if you feel that
204
2 any of them are generic enough for us to
3 appropriately close, we will do that.

4 MEMBER GRIFFON: The first one
5 looks, like Paul said, site-specific to me.

6 MR. MARSCHKE: This is OTIB 58-1.
7 There are three parts to this.

8 MEMBER ZIEMER: It looks like all
9 of them require fairly detailed consideration
10 of the actual Rocky data. I don't know that
11 -- I'm certainly not prepared to recommend
12 closure on these. I don't think this work
13 group wants to do what the Rocky Group has
14 been doing for months.

15 CHAIR MUNN: Mark wants it back.

16 (Laughter.)

17 MEMBER GRIFFON: I'm not sure I
18 want it, but we have to deal with it. Because
19 of the Ruttenberg, I got an email just two
20 days ago asking, where does our analysis stand
21 with the Ruttenberg data? So this will bring

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1 that to the fore again. 205

2 And Ron will be in that work
3 group.

4 DR. MAURO: He will.

5 MEMBER GRIFFON: So we are not
6 going to lose this.

7 MR. MARSCHKE: He will bring the
8 file with him when he comes --

9 MEMBER GRIFFON: Yes, yes.

10 MR. MARSCHKE: -- with all his
11 fine-toothed, and so on and so forth, and back
12 and forth.

13 MEMBER GRIFFON: Yes, it is not
14 like we are going to restart the process.

15 MR. MARSCHKE: So for the purposes
16 of this work group, do all the 58 procedures
17 become transferred?

18 CHAIR MUNN: That is my opinion,
19 yes.

20 MEMBER ZIEMER: I agree, yes.

21 CHAIR MUNN: I believe they all

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1 become transferred. Since the Chair is here ²⁰⁶
2 and has now personal knowledge of what we have
3 looked at here --

4 MEMBER GRIFFON: I don't need the
5 letter.

6 CHAIR MUNN: You don't need a
7 letter. Just take a copy of these.

8 MEMBER ZIEMER: Well, for the
9 record --

10 CHAIR MUNN: No, I'm being
11 facetious. I'm giving the Chair a bad time.
12 That's all.

13 MEMBER ZIEMER: I think you should
14 have a letter for each of the items explaining
15 why you're transferring them.

16 (Laughter.)

17 MEMBER GRIFFON: Paul's giving the
18 other Chair a hard time.

19 CHAIR MUNN: Perhaps I'll find a
20 way, I should be able to find a way to somehow
21 do something less than codify each step.

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1 All right, that's my action, to
2 transfer.

3 DR. MAURO: That's great, we just
4 knocked off eight. We're 70 percent complete
5 right now on this.

6 (Laughter.)

7 MR. SEIBERT: Mark, are you going
8 to lie down on that?

9 (Laughter.)

10 MEMBER GRIFFON: Yes, I'm sure
11 worried about that one.

12 (Laughter.)

13 MEMBER ZIEMER: Let's see what's
14 here in 06.

15 CHAIR MUNN: You will feel better
16 at the next meeting.

17 MEMBER GRIFFON: Yes, I know. I
18 know.

19 MEMBER ZIEMER: What's 58-06?

20 CHAIR MUNN: 58-06?

21 MR. MARSCHKE: Monitor -- 58-06?

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Procedures

1 MEMBER ZIEMER: It's not on your
2 sheet here.

3 MR. MARSCHKE: Oh, basically, Ron
4 -- I think we had already recommended it be
5 closed.

6 CHAIR MUNN: I think we closed it
7 out.

8 MR. MARSCHKE: I might have talked
9 too fast here. I might have gone too fast.

10 MEMBER GRIFFON: And 58-02 I
11 think was closed out, too. A couple of them
12 were closed.

13 MR. MARSCHKE: I just went through
14 and transferred everything.

15 MEMBER GRIFFON: Oh.

16 MR. MARSCHKE: I don't think it
17 was closed, actually, because if it would have
18 been closed, something would have been written
19 in the work group directives thing. So I
20 don't think it was closed. I will check into
21 that and make sure.

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1 I mean, how does the Rocky Flats
2 Work Group leader want to receive that? It is
3 just all transferred or --

4 MEMBER GRIFFON: I was assuming
5 just the ones that were still, you know --

6 MR. MARSCHKE: Just the ones that
7 were still open?

8 MEMBER GRIFFON: Something that
9 was closed here, I was privy to the
10 conversation.

11 MR. MARSCHKE: Okay, I will
12 double-check. I think I have a way to double-
13 check and make sure that I don't screw up
14 anything.

15 MEMBER GRIFFON: Yes.

16 CHAIR MUNN: Well, what I had
17 suggested earlier was that we not expect the
18 work group to redo what we have already done
19 here, since we only agreed two meetings ago
20 that we would do this transfer process.

21 MR. MARSCHKE: This would be an

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1 area where the fact that NIOSH has a different²¹⁰
2 database than what we are using will come in
3 handy. I can ask Nancy to give me the status.

4 MR. HINNEFELD: Yes, I can --

5 MR. MARSCHKE: Give me the history
6 of it as it was this morning.

7 MR. HINNEFELD: I can have it for
8 you in a minute.

9 CHAIR MUNN: So our next item, are
10 we ready to go to the next item or are we
11 still making notes?

12 Our next item is OTIB 60.

13 DR. MAURO: One second. We are
14 just trying to clean up the -- Steve is
15 loading up the last one. We are almost there.

16 CHAIR MUNN: That is fine.

17 DR. MAURO: Okay, we are there.

18 MR. MARSCHKE: There are 10 OTIB
19 58 issues, and right now I have them all
20 indicated as being transferred, but we can
21 check with NIOSH. Stu is checking to see if

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1 that is correct. They may have been closed²¹¹
2 previously.

3 The only other one that is in this
4 email was OTIB 60-7.

5 (Pause.)

6 MEMBER GRIFFON: Can someone -- I
7 just want to understand. Doug accepted this
8 explanation juxtaposed to the IMBA statements.

9 Can someone just clarify that with me? I
10 mean it seems to me that the IMBA authors were
11 indicating that a lot of less-than-LOD values
12 would not necessarily affect their ability to
13 estimate intakes or to give a reasonable
14 estimate of an intake.

15 I'm sort of summarizing what is
16 stated here, but do you see where I'm going?
17 And you are saying that it would likely
18 underestimate.

19 I tend to sort of accept we would
20 like the underestimate explanation, but I am
21 trying to understand. I was reading through

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1 response/counter-response, and I am not sure I
2 got to -- the last NIOSH response was supposed
3 to explain that. I'm not sure that I got that
4 explanation out of it, but Doug seems to have
5 accepted. So can someone explain that to me?

6 MS. BRACKETT: Mark, this is Liz
7 Brackett.

8 MEMBER GRIFFON: Yes.

9 MS. BRACKETT: I'm the author of
10 the OTIB. It is not the IMBA authors make
11 this statement. This was our interpretation
12 of what it is actually doing.

13 MEMBER GRIFFON: Oh, but the
14 quotes, I mean Doug references these quotes.
15 I assume they are from the IMBA manual or
16 something, right?

17 MS. BRACKETT: No -- well, okay,
18 yes, you're right, those two are.

19 MEMBER GRIFFON: Yes. So then
20 you say that it is actually underestimating,
21 but Doug was saying they are taking a

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1 different position. I'm not sure they are²¹³
2 but I just wanted you to explain it further.

3 MS. BRACKETT: Well, what mine
4 meant, it is not that it is underestimating in
5 absolute terms, but it is underestimating
6 relative to what we would apply on this
7 process.

8 MEMBER GRIFFON: Okay.

9 MS. BRACKETT: I was just trying
10 to make a distinction. You know, IMBA was not
11 written for this project. It was written to
12 do --

13 MEMBER GRIFFON: That sentence
14 you said right there just explained it to me.
15 All right.

16 MR. SEIBERT: So stop.

17 MS. BRACKETT: Okay.

18 (Laughter.)

19 MEMBER GRIFFON: Right. Yes, so
20 stop, yes.

21 CHAIR MUNN: No more. No more.

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Procedures

1 MEMBER GRIFFON: Yes. No, ^I~~214~~

2 didn't see that. Okay, that's fine. Then I'm
3 okay to close it.

4 MR. HINNEFELD: Steve, just for
5 your information, I am showing that 58 is
6 open, and I suspect that --

7 MEMBER ZIEMER: Yes, that's what
8 mine shows.

9 MR. HINNEFELD: I suspect they
10 weren't all included because we didn't write
11 an additional update for the May 1st meeting
12 or for whenever we sent those things. We just
13 wrote selected ones. Those were the ones,
14 then, that got interpreted. So I suspect that
15 is why they weren't all on there, but I show
16 them all open.

17 MEMBER ZIEMER: We would try to
18 transfer them all.

19 MR. MARSCHKE: Transfer them all?
20 I didn't know the complete history of them,
21 what the complete history --

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Procedures

1 MEMBER ZIEMER: I suppose if the
2 work group finds that they are so simple that
3 even this group could handle them, you
4 could --

5 (Laughter.)

6 MEMBER GRIFFON: Transfer them
7 back over here.

8 CHAIR MUNN: Thanks a lot.

9 MR. MARSCHKE: So this one is now
10 being closed.

11 MEMBER GRIFFON: Is that
12 agreeable? I just said that, but is everybody
13 in agreement with that? TIB 60, that is the
14 one we are looking at. I agree that what I
15 have seen is complete and that we should close
16 it.

17 MEMBER ZIEMER: What was the
18 original issue here? Can someone brief me? I
19 haven't found it.

20 MR. MARSCHKE: Way back, the
21 original issue, as it is stated, I guess, in

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1 the database -- 216

2 MEMBER ZIEMER: What the original
3 finding was here -- oh, that it wasn't
4 obtainable. No, that's not it. I'm looking
5 at --

6 MR. SEIBERT: Unfortunately, this
7 writeup that Steve sent does not have the
8 original --

9 MS. BRACKETT: I think the
10 original issue with OTIB 60 was that we make a
11 statement that says IMBA would underestimate.

12 I don't have the OTIB in front of me, but I
13 guess it didn't give any specific details.
14 Doug's comment was, well, if there's a mistake
15 or a problem with IMBA, then you should do
16 something about it.

17 So we have been going back and
18 forth just trying to explain that we weren't
19 trying to say that there was a problem with
20 IMBA. It is just the way that we apply things
21 in this project. It is just different than

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Procedures

1 how you would do operational internal²¹⁷
2 dosimetry and what we do on this project to be
3 claimant-favorable.

4 So it was just a matter of the
5 wording in the document, I think.

6 MEMBER ZIEMER: Thank you. So he
7 thought IMBA was not working properly or
8 something?

9 MS. BRACKETT: Right, because of a
10 statement that we had put in OTIB 60.

11 MEMBER ZIEMER: Okay, yes.

12 CHAIR MUNN: All right. We were
13 discussing at our last meeting IG 04, but I
14 did not make a note to myself as to where we
15 were with IG-004.

16 MEMBER GRIFFON: With Surrogate
17 Data now. I don't know if the work group, the
18 Surrogate Data Work Group has this or we both
19 have it.

20 MR. KATZ: Surrogate Data hasn't
21 taken it up.

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Procedures

1 MEMBER GRIFFON: Hasn't taken ~~it~~^{it} ₂₁₈

2 up?

3 MR. KATZ: And it was presented
4 here, basically, is what's been done here.

5 MEMBER GRIFFON: Right.

6 MR. KATZ: It's just presented.
7 There wasn't really an examination.

8 CHAIR MUNN: We have a total of 30
9 findings here.

10 MEMBER ZIEMER: Was that the May
11 meeting?

12 CHAIR MUNN: I believe the May
13 meeting was when we started --

14 MR. KATZ: The last meeting.

15 CHAIR MUNN: But we didn't really
16 get anywhere with it.

17 MEMBER ZIEMER: Okay. That was
18 where you had a legal interpretation of those
19 findings.

20 MR. KATZ: Right. We discussed
21 the first couple of findings.

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Procedures

1 MEMBER ZIEMER: And does that
2 remove the first finding?

3 MR. KATZ: Yes.

4 MR. MARSCHKE: We have it shown as
5 being closed at this point.

6 CHAIR MUNN: We showed the first
7 one as being closed.

8 MEMBER ZIEMER: That's because of
9 the legal issue.

10 MR. KATZ: Right.

11 MEMBER ZIEMER: My note says the
12 remaining items were looked at and summarized
13 with no attempt to resolve since NIOSH had not
14 yet responded.

15 CHAIR MUNN: Yes. So the question
16 is whether NIOSH has anything to bring to the
17 table with IG-004 at this time.

18 MR. HINNEFELD: Not today.

19 CHAIR MUNN: Okay. Can we request
20 that for the next meeting?

21 MR. HINNEFELD: Well, you can.

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Procedures

1 (Laughter.) 220

2 Recognize, as always, our
3 activities here compete with all our other
4 activities --

5 MEMBER ZIEMER: Right.

6 MR. HINNEFELD: -- in terms of
7 manpower and resources, and we get to things
8 as we can get to them. Sometimes we don't
9 make as much progress as we would prefer.

10 So it will be on the list. If you
11 would like IG-004 to take prominence, we can
12 arrange for that to take prominence with
13 everything that has to be done.

14 CHAIR MUNN: Well, it is one of
15 those things that is receiving very close
16 scrutiny right now.

17 MEMBER GRIFFON: Is the Surrogate
18 Data Group meeting next week or something?

19 CHAIR MUNN: Yes.

20 MEMBER GRIFFON: Or coming soon
21 or something like that?

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Procedures

1 CHAIR MUNN: Yes. 221

2 MR. KATZ: No.

3 DR. MAURO: Next week is the
4 outreach meeting.

5 MR. KATZ: There is not a
6 scheduled meeting for the Surrogate Data.

7 DR. MAURO: I mean this goes to
8 the heart of surrogate data, along with the
9 Surrogate Data Work Group's recommended -- and
10 so, I mean, it is very hard for us to move
11 forward on this, the Subcommittee, given this
12 set of stage --

13 CHAIR MUNN: Given where we are.

14 DR. MAURO: Yes.

15 MEMBER ZIEMER: Well, yes,
16 Surrogate Data had a phone meeting a few weeks
17 ago.

18 MR. KATZ: To talk about Texas
19 City.

20 MEMBER ZIEMER: And that was
21 focused on Texas City and not on the criteria,

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1 for example. 222

2 CHAIR MUNN: It is, I would say,
3 the preference certainly of this member of the
4 Subcommittee that we give some added attention
5 and priority to IG-004. Do others feel
6 differently about that? I do feel that it is
7 receiving enough attention from all
8 directions. At this point, it would be
9 helpful for us to move forward with the basic
10 document.

11 MEMBER ZIEMER: What is the title
12 of that one?

13 CHAIR MUNN: The title of IG-004?

14 MEMBER ZIEMER: That is the
15 surrogate data.

16 CHAIR MUNN: "The use of data from
17 other facilities and the completion of dose
18 reconstructions under the Energy Employees'
19 Occupational Illness Compensation Program
20 Act."

21 All right.

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1 MEMBER ZIEMER: Well, yes, I think²²³
2 that is becoming important for a couple of
3 sites.

4 DR. MAURO: Blockson and Texas
5 City.

6 MEMBER ZIEMER: Yes.

7 CHAIR MUNN: And we've had
8 Blockson's final decision on the table now for
9 a year. So it would be nice for us to get
10 moving.

11 MR. KATZ: I've got Wednesday --

12 DR. MAURO: Yet, but we're not
13 engaged in that.

14 MR. KATZ: Right, no, I know. I'm
15 not saying SC&A --

16 MEMBER GRIFFON: Blockson,
17 actually, I'm not sure it's on the table for
18 Blockson anymore.

19 DR. MAURO: Well, the modeling
20 part, yes. You know, I'm having a little
21 trouble parsing the modeling.

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1 MEMBER ZIEMER: Right. 224

2 CHAIR MUNN: I can understand why.

3 We all do. At least some of us do.

4 So, without objection, I will
5 request that NIOSH please provide some
6 additional level of --

7 MEMBER ZIEMER: Let's see, we have
8 the findings and no responses yet.

9 CHAIR MUNN: Correct.

10 MEMBER ZIEMER: Okay, yes.

11 DR. MAURO: Except for the first
12 one there. Our finding is legal.

13 MEMBER ZIEMER: Is what?

14 DR. MAURO: A legal
15 interpretation.

16 MEMBER ZIEMER: Oh, yes. Yes,
17 yes. Yes, that one is closed. So there's six
18 other items, is that right?

19 CHAIR MUNN: Yes, that's correct,
20 at least from my list that I have here, which
21 is very difficult to operate because it gives

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1 me no task, but it's all right. I don't know
2 why I don't have tasks.

3 MR. MARSCHKE: Basically, one of
4 them is an agreement, and it was an
5 observation as opposed to a finding. So we
6 should be able to close that one.

7 MEMBER ZIEMER: Which one?

8 MR. MARSCHKE: 4-5.

9 MEMBER ZIEMER: Oh, 5. So why is
10 that in there?

11 MR. MARSCHKE: Well, at one point,
12 I was told to put all the bolded items in the
13 database.

14 MEMBER ZIEMER: Oh, okay.

15 MR. MARSCHKE: So I just basically
16 put all the -- I did identify it as an
17 observation in the rating section, as opposed
18 to a finding.

19 MEMBER ZIEMER: Yes.

20 CHAIR MUNN: So we still have five
21 that we need to deal with.

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Procedures

1 MR. KATZ: Well, the working
2 group --

3 CHAIR MUNN: I don't mean item No.
4 5. I mean the total number of five findings.

5 DR. MAURO: You know, we here may
6 agree, but I think the Surrogate Data Work
7 Group probably is going to revisit this across
8 the board.

9 CHAIR MUNN: Oh, I'm sure, yes.
10 Thank you.

11 And in any case, the responses
12 from NIOSH are key.

13 DR. MAURO: Yes, oh, without a
14 doubt.

15 CHAIR MUNN: Regardless of where
16 it goes, it needs that.

17 So we've gone through that
18 material. Is it your desire to continue right
19 now with beginning where we left off with the
20 third set of data, the third set of findings,
21 or do we need a break?

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Procedures

1 MEMBER GRIFFON: Can we take ²²⁷a
2 short break?

3 CHAIR MUNN: Let's take a break.
4 Be back at 3:00.

5 MR. KATZ: Okay, folks on the
6 phone, so there's a short break until 3:00.

7 (Whereupon, the above-entitled
8 matter went off the record at 2:50 p.m. and
9 resumed at 3:10 p.m.)

10 MR. KATZ: Okay, we are back
11 online.

12 This is the Subcommittee on
13 Procedures of the Advisory Board on Radiation
14 and Worker Health.

15 I just want to check in on
16 possibly Board members on the phone.

17 Mike, are you with us? Mike
18 Gibson?

19 (No response.)

20 Okay. Wanda?

21 CHAIR MUNN: We are picking up

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1 with outstanding issues on set three for which²²⁸
2 we have responses, in order to find the ones
3 -- what I am working from is additional
4 responses to selected findings from the third
5 set of procedures for the May 1st meeting,
6 which were supplied by NIOSH and which we did
7 not have an opportunity to get through in our
8 May meeting.

9 I don't have a record of whether
10 we even started them. I didn't remember our
11 having had an opportunity to start them.

12 Does anyone know whether we did or
13 did not get to OTIB 32-01 that we just went
14 through?

15 MR. HINNEFELD: See, I submitted
16 those for May 1st.

17 CHAIR MUNN: Yes, but we didn't
18 get an opportunity to cover them.

19 MR. HINNEFELD: Not on May 1st,
20 but we did just a couple of minutes ago.

21 CHAIR MUNN: Yes, yes, but that

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1 was the -- 229

2 MR. MARSCHKE: We did not because
3 we transferred all the 58s. So everything
4 that Stu sent for an add-on to May 1st, we've
5 gone through because SC&A just responded to
6 those.

7 What we have to do is you have to
8 go back to the -- NIOSH gave their responses
9 in January, January 20th, and SC&A gave our
10 recommendations on March 9th.

11 DR. MAURO: But we didn't get to
12 it in May.

13 MR. MARSCHKE: We didn't, I don't
14 think in May -- we got as far as OTIB 32. We
15 worked our way through OTIB 30, I believe it
16 was in March, and in May I don't think we got
17 any ways. I don't think we did anything on
18 the third set in May.

19 CHAIR MUNN: I don't believe we
20 did, either. I think we completed our meeting
21 without undertaking them.

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1 So the logical place to begin²³⁰

2 then, probably is your March 19th --

3 MR. MARSCHKE: March 9th.

4 CHAIR MUNN: March 9th? I have a
5 March 19th.

6 MR. MARSCHKE: It could be March
7 19th. That could be the email. I'm just
8 looking at the date on the document. So maybe
9 the email, if you're looking at the email, it
10 could be March 19th.

11 MEMBER GRIFFON: What's the name
12 of the document?

13 CHAIR MUNN: "Selected Issues for
14 the Third Set, SC&A Recommendation."

15 MEMBER GRIFFON: Yes, that's the
16 one I'm looking at.

17 CHAIR MUNN: All right. March
18 19th.

19 MR. MARSCHKE: Okay, that's the
20 right one.

21 CHAIR MUNN: That would have

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1 started with OTIB 2-14? 231

2 MR. MARSCHKE: We were at page 15
3 of that document and we're at OTIB 34-1. I
4 believe that --

5 CHAIR MUNN: That sounds about
6 right.

7 MR. MARSCHKE: I think that is
8 where we are at because the ones that are
9 before that are OTIB 32, which we have just
10 dispositioned. Now I think we're on OTIB
11 34-1.

12 CHAIR MUNN: All right. OTIB 34-1
13 is dosimetry coworker data. We have NIOSH's
14 initial response and the SC&A recommendation.

15 That's yours, Steve. It shows recommending
16 the issue be closed.

17 MEMBER GRIFFON: Which one are we
18 on, 34-1?

19 CHAIR MUNN: 34-1, yes.

20 MR. MARSCHKE: I think this is
21 very similar to the 32-1.

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1 CHAIR MUNN: It is. It is still²³²
2 dancing around the same issue we just spent a
3 great deal of time discussing.

4 MEMBER GRIFFON: Yes, I think
5 we're okay to close this.

6 CHAIR MUNN: Closing it is okay?
7 Let's do it.

8 34-2.

9 MEMBER GRIFFON: We don't have a
10 response for 34-2.

11 CHAIR MUNN: No response.

12 34-3.

13 MEMBER GRIFFON: We just
14 discussed that one. It's in abeyance, right?
15 No, actually, he is rewriting that procedure.

16 CHAIR MUNN: Yes.

17 34-4, no response.

18 35-1. NIOSH response. They made
19 a recommendation. "Suggest that we change to
20 in progress." "Do not agree with the
21 rationale."

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1 MEMBER GRIFFON: This is one that
2 looks very site-specific, but I think since
3 it's K-25, we probably need to keep it here.

4 CHAIR MUNN: I think so.

5 MEMBER GRIFFON: Yes.

6 DR. MAURO: Yes, there's no --

7 MEMBER GRIFFON: Right, no work
8 group.

9 CHAIR MUNN: Yes.

10 It appears this is going to
11 require some communication between NIOSH and
12 SC&A.

13 MR. SEIBERT: Isn't this the issue
14 of percentile for internal coworker to be
15 assigned, which is what SC&A said they had
16 talked to Jim about, and there's going to be
17 further discussions?

18 CHAIR MUNN: Not quite the same.

19 MEMBER GRIFFON: Yes, I think
20 it's a little different.

21 CHAIR MUNN: It's not quite the

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1 same. 234

2 MEMBER GRIFFON: Yes, go ahead.

3 CHAIR MUNN: The NIOSH response
4 here takes the position that, even though,
5 yes, they are discussing the variation around
6 the median, but it's not the goal to assign
7 the largest possible dose to an individual.
8 It's to assign the most likely dose.

9 They're checking the dose
10 reconstruction. They estimate 70 to 80
11 percent of the claimant files contain bioassay
12 data, a very large percentage. Strong
13 evidence that they needed to be monitored, as
14 likely the individuals had no monitoring on
15 the top. It is unlikely that they were
16 monitoring the top 15 to 20 percent in terms
17 of in data.

18 The SC&A response is they don't
19 agree with the argument or the rationale. It
20 doesn't matter how many claimants had bioassay
21 data. The important issue is they were

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1 included in the data bank and don't have²³⁵
2 monitoring data of any type. To assume they
3 have a lesser dose and monitored has not been
4 proven.

5 So there's a difference of opinion
6 as to how to approach it.

7 DR. MAURO: This is the same issue
8 that we're engaged on the coworker model for
9 Fernald. Mainly, when you have a site that
10 has lots of bioassay data, and there's a small
11 percentage that doesn't, an argument could be
12 made that the people that don't have bioassay
13 data are likely people that really didn't need
14 to have bioassay data, and that's how you list
15 them.

16 We don't accept that. We think
17 that if you're going to take that position,
18 and on that basis you could assign the 50
19 percent of the full distribution and be
20 claimant-favorable, if that were true and
21 evidence could be provided that the people who

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1 are not bioassayed, by the nature of their²³⁶
2 job, where they work, when they work, or
3 whatever, whatever you do, you could say
4 there's good reason to believe that assigning
5 the full distribution of the 50 percentile is
6 claimant-favorable to that worker; we would
7 agree.

8 But we don't feel that you could
9 just make that sweeping statement without
10 having a technical basis for that particular
11 site. Right now, on Fernald, NIOSH is
12 actually going through a sampling of all the
13 workers that were in bioassay and demonstrate
14 that it is reasonable for Fernald to apply the
15 median or the full distribution in the
16 coworker model.

17 This is exactly the same thing, I
18 believe. The heuristic is, well, there's lots
19 of data. Those who weren't monitored or
20 bioassayed probably were not really --

21 MEMBER GRIFFON: Exposed, right?

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1 DR. MAURO: Right. And we think²³⁷
2 that that's reasonable if you can make your
3 case, but you have to do more than just say
4 intuitively, it's, you know -- and so this is
5 a generic issue.

6 CHAIR MUNN: Yes, it is; I can
7 see.

8 DR. MAURO: Generic in terms of
9 when you do that at a real site, you have an
10 obligation to do a little bit more than just
11 make that sweeping generalization. You have
12 to say why we believe we are in a position to
13 make that, that we can say.

14 I would assume to say they would
15 be better off saying, no, no, we won't apply
16 it universally; we will deal with it on a
17 case-by-case basis, and add the criteria for
18 when you think that you should apply, you
19 know, in this particular site. You know, you
20 don't just automatically assign the median or
21 the full distribution.

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Procedures

1 CHAIR MUNN: But, if I'm hearing²³⁸
2 you correctly, you're looking for some kind of
3 commitment from NIOSH that it is reasonable
4 for them to that, and that they would
5 anticipate doing it for K-25 and Fernald
6 and --

7 DR. MAURO: As well as every --
8 yes, we have found the role in Y-12; we found
9 the role in Fernald, all of which in principle
10 there's an agreement. It seems to me this is
11 exactly the same thing.

12 CHAIR MUNN: It would appear to be
13 the same thing.

14 DR. MAURO: Yes.

15 CHAIR MUNN: My question is, for
16 our purposes here, how do we record that this
17 is an ongoing discussion, and are we, as the
18 Procedures Subcommittee, going to be involved
19 in that ongoing discussion? Is there a
20 technical call that needs to be made? That is
21 the bottom line.

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1 MR. HINNEFELD: Well, I think ~~the~~²³⁹
2 initial action here would be for NIOSH to
3 write something. So we either provide -- I
4 mean we can -- about what the situation is in
5 K-25 and the monitorings of K-25, and why we
6 feel it is okay, or whether this is what we
7 propose to write to illustrate that, under
8 these conditions, it is okay, and that if you
9 don't have those conditions, then do a
10 different --

11 DR. MAURO: Right, those are
12 options. Yes, you'll want to do that.

13 MR. HINNEFELD: You know, some
14 things like that. But it seems like we just
15 have an action to provide a new response here.

16 CHAIR MUNN: Okay, action NIOSH,
17 respond to OTIB 35-1.

18 35-2. We deal with uranium uptake
19 at absorption rates --

20 MR. MARSCHKE: Oh, wait a minute.
21 This should be changed to in progress now

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Procedures

1 because we are talking about that. So ~~we~~^{we}
2 should change this to in progress. 240

3 CHAIR MUNN: Yes.

4 MR. MARSCHKE: What do we
5 recommend?

6 CHAIR MUNN: We recommend that it
7 be in progress and that until -- you say you
8 agree with the NIOSH answer on technical
9 grounds.

10 MR. MARSCHKE: This is one where
11 we resolved this one earlier today.

12 CHAIR MUNN: Yes, but it's
13 confusing. Excretion rates along with other
14 organs --

15 MR. MARSCHKE: Yes. This was a
16 wee bit confused by the NIOSH response about
17 the acute versus the chronic intake.

18 CHAIR MUNN: Yes.

19 MR. MARSCHKE: And we withdrew our
20 concerns in the first go-round, and in this
21 one we did close earlier this afternoon.

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Procedures

1 CHAIR MUNN: So this is not the ²⁴¹
2 identical one. What was the other procedure
3 that we were working with when we closed the
4 same --

5 MR. MARSCHKE: It was the same
6 procedure. We were working with a document
7 that Stu sent around the 1st of May.

8 CHAIR MUNN: Right.

9 MEMBER GRIFFON: It was 35-2.
10 Some of these overlap, yes.

11 CHAIR MUNN: It was 35 --

12 MR. MARSCHKE: It was 35-2.

13 CHAIR MUNN: I still have 38 in my
14 head. Sorry. Sorry.

15 MEMBER GRIFFON: It was
16 overlapped in what --

17 MR. MARSCHKE: It was the same
18 document.

19 CHAIR MUNN: I said the wrong
20 number. So that one is closed. Closed and
21 closed. Twice now we have closed it.

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Procedures

1 MR. MARSCHKE: And it should stay ²⁴²
2 closed.

3 CHAIR MUNN: 35-3. So it's
4 closed. Any objection? It's closed.

5 37-1, a different site, many of
6 the same questions. Recommended closed. Any
7 objection? For the same reason as many
8 others.

9 MEMBER GRIFFON: Right. Where
10 are we, 37-1, you say?

11 CHAIR MUNN: 37-1.

12 MEMBER GRIFFON: Oh, this is the
13 same as the other -1s. Yes, yes, yes.

14 CHAIR MUNN: The same information,
15 different site.

16 MEMBER GRIFFON: Okay. Yes.

17 CHAIR MUNN: Thirty-seven is under
18 development by NIOSH.

19 38-01. That's why I had 38 in my
20 mind. We've already closed that.

21 02.

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Procedures

1 MEMBER GRIFFON: Wait. We closed ²⁴³

2 38-01? This is Rocky Flats internal?

3 CHAIR MUNN: Yes.

4 MR. MARSCHKE: No, we didn't close

5 38-01. We were talking about 58, not 38.

6 MEMBER GRIFFON: Fifty-eight we

7 were talking about. This is 38 now. This is

8 Rocky Flats.

9 MR. SEIBERT: Yes, it is internal

10 versus external.

11 MEMBER GRIFFON: Right, internal

12 versus external.

13 MR. MARSCHKE: The question is, do

14 we want to transfer all these?

15 MEMBER GRIFFON: I don't know

16 necessarily. Don't get hasty with this.

17 (Laughter.)

18 Fifty-eight is really the

19 remaining issue, you know. The external is

20 more the remaining issue. Internal I think

21 we --

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Procedures

1 MEMBER ZIEMER: This is the citing²⁴⁴
2 of documents.

3 MEMBER GRIFFON: Right, and 38-01
4 I think is that same one.

5 MEMBER ZIEMER: This is kind of
6 a --

7 MEMBER GRIFFON: Right. So I
8 think it's okay.

9 MEMBER ZIEMER: It's the same as
10 the one we referred to earlier.

11 MEMBER GRIFFON: Yes.

12 MR. MARSCHKE: Okay.

13 MEMBER ZIEMER: And did we
14 actually close that or is that subject to your
15 changing your criteria?

16 MR. HINNEFELD: I think we closed
17 it.

18 MEMBER ZIEMER: We did close it?

19 DR. MAURO: We closed it, yes.

20 MEMBER ZIEMER: Yes. Then you're
21 still going to go back --

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Procedures

1 DR. MAURO: I mean I think that's²⁴⁵
2 the one where I indicated that I accept the
3 premise that you can, and as long as you're
4 happy with that --

5 MEMBER ZIEMER: Right, and you're
6 going to go back and change your criteria.

7 CHAIR MUNN: And everything else
8 is transferred.

9 MEMBER GRIFFON: I'm looking at
10 No. 2. What is that?

11 MR. MARSCHKE: So No. 1 is closed
12 out?

13 CHAIR MUNN: Yes, No. 1 is closed.
14 No. 2 is recommended it be closed.
15 Ninety-fifth percentile is going to be used.
16 It's closed, right?

17 MEMBER GRIFFON: Yes, because
18 that's what I was saying; we decided to bump
19 it up to the 9th. So I think that goes away.

20 MR. MARSCHKE: That one is closed.

21 MEMBER GRIFFON: Yes.

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Procedures

1 CHAIR MUNN: Thirty-eight 246

2 closed, right, Mark?

3 MEMBER GRIFFON: This is 03?

4 CHAIR MUNN: 38-03?

5 MEMBER GRIFFON: Yes.

6 CHAIR MUNN: Yeshum. 38-04.

7 MEMBER GRIFFON: That was still
8 waiting NIOSH response. We don't have a NIOSH
9 response on that one yet.

10 CHAIR MUNN: Closed?

11 MEMBER GRIFFON: No, that's still
12 awaiting NIOSH's response.

13 MEMBER ZIEMER: But it's still
14 open.

15 MEMBER GRIFFON: Yes.

16 CHAIR MUNN: 38-05. That's what I
17 was looking at, but 38-04 is not -- I was
18 looking at 3-05 when I said --

19 MEMBER ZIEMER: 38-04 is still --

20 CHAIR MUNN: Yes, it says it's
21 under development.

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1 38-05, though, is closed. 247

2 MEMBER GRIFFON: 38-05 is the one
3 they recommend closing.

4 CHAIR MUNN: Yes, that's correct.

5 That's what it was.

6 Then we skip to 38-07.

7 MR. MARSCHKE: We're closing 5?

8 MEMBER GRIFFON: I guess we're
9 closing 5. I just wanted to look at that a
10 little.

11 CHAIR MUNN: Yes, unless Mark has
12 some objection. NIOSH has responded. SC&A
13 recommends closed.

14 MEMBER GRIFFON: John, do you
15 know what that means? "SC&A or Joyce followed
16 issue 38 to the Rocky Flats site profile."
17 What does that mean?

18 MR. MARSCHKE: OTIB 38 was
19 withdrawn, I believe it was withdrawn, and the
20 information is --

21 MR. SEIBERT: Right, those

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Procedures

1 internal coworker studies went into the second²⁴⁸
2 profile.

3 MR. MARSCHKE: That's all that
4 first phrase is trying to say. There is no
5 more OTIB 38.

6 MEMBER GRIFFON: Oh, I see, and
7 Appendix D lists the number of excluded
8 results and the reason for excluding them.
9 Okay, then I'm fine.

10 CHAIR MUNN: 38-07, the same
11 rationale for closing.

12 MR. MARSCHKE: Seven?

13 MEMBER GRIFFON: Again, they've
14 moved to the 95th.

15 CHAIR MUNN: 38-08, similar
16 rationale. Super S is addressed.

17 MEMBER GRIFFON: That's fine.

18 CHAIR MUNN: Closed. 38-08.

19 The next one is 43-01.

20 (Pause.)

21 In progress? Awaiting NIOSH

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1 response. 249

2 (Pause.)

3 There are 232s in the thorium.
4 They assume so. It's assumed the 230s in
5 thorium are 238 uranium. It needs to say so.

6 MEMBER GRIFFON: John, can you
7 explain that a little more?

8 DR. MAURO: I'm trying to catch
9 up. Yes, this is the --

10 MEMBER ZIEMER: It sounds like
11 they have agreed that they are taking it into
12 consideration, but it's not explicitly said.

13 MEMBER GRIFFON: Yes, that's what
14 it sounds like.

15 MEMBER ZIEMER: So they just say
16 it's in equilibrium with the daughters.

17 CHAIR MUNN: With the daughters.

18 MEMBER ZIEMER: I'm not sure why
19 they have to explicitly say it.

20 MEMBER GRIFFON: I know. That's
21 what I'm wondering.

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1 CHAIR MUNN: The same issue with
232.

3 MEMBER ZIEMER: And the table also
4 says that it covers 230.

5 MEMBER GRIFFON: Yes, but where
6 doesn't it say it? I guess the text?

7 MEMBER ZIEMER: The text. It
8 sounds like it's saying --

9 MEMBER GRIFFON: I mean it seems
10 a little nit-picky at best, the issue.

11 MEMBER ZIEMER: NIOSH assumes it's
12 in equilibrium and they say that. They should
13 say that, even though it is stated in the
14 table that it's in equilibrium.

15 CHAIR MUNN: But if the table says
16 it --

17 DR. MAURO: The table is not
18 indicating --

19 MEMBER GRIFFON: Yes, I think
20 that's a little --

21 MEMBER ZIEMER: A little picky.

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Procedures

1 MR. MARSCHKE: Okay, so that one's²⁵¹
2 closed.

3 MEMBER GRIFFON: I would say
4 closed, I mean if that's the only basis of
5 that document --

6 DR. MAURO: That's what it
7 appears. I just read it. I just read that,
8 and it seems like that's what it is.

9 MEMBER GRIFFON: Yes, yes.

10 CHAIR MUNN: Recommend closed.

11 MEMBER GRIFFON: Sometimes when
12 you look at the summaries, you're not --

13 DR. MAURO: Too quickly.

14 MEMBER GRIFFON: Yes. But I
15 think it's okay.

16 MEMBER ZIEMER: So you would say
17 here, because it will have the NIOSH response
18 and then it will have the SC&A, you will say
19 that the Subcommittee believes that the NIOSH
20 response is sufficient?

21 MEMBER GRIFFON: Well, yes,

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1 right. 252

2 CHAIR MUNN: Yes.

3 MEMBER GRIFFON: I wonder if we
4 want to say anything, go on the record saying,
5 you know, after further consideration, we --

6 MEMBER ZIEMER: Well, the other
7 stuff is in there, right?

8 MEMBER GRIFFON: Yes, but it's,
9 basically Chick Phillips is saying not to --

10 MEMBER ZIEMER: Yes, I know, but
11 that's part of the record.

12 MEMBER GRIFFON: But John is here
13 on the record today saying --

14 DR. MAURO: Yes. I mean, right
15 now, I'm just looking at this. I didn't talk
16 to Chick about this.

17 MEMBER GRIFFON: Right, right.

18 DR. MAURO: But certainly what's
19 here is pretty straightforward.

20 MEMBER GRIFFON: Yes. All right.

21 MEMBER ZIEMER: I mean the 230 is

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1 taken care of. 253

2 DR. MAURO: Yes, technically, it
3 is.

4 MEMBER ZIEMER: Yes.

5 CHAIR MUNN: It is our assessment
6 that the table's mention of the equilibrium is
7 adequate in this.

8 MR. MARSCHKE: What I wrote was,
9 well, I wrote down, "The Subcommittee believes
10 the NIOSH response is sufficient" --

11 CHAIR MUNN: Can't hear you.

12 MR. MARSCHKE: "The Subcommittee
13 believes that the NIOSH response is sufficient
14 since the thorium-230 is addressed in the
15 table. Therefore, the issue is closed."

16 CHAIR MUNN: Great. Thanks,
17 Steve.

18 The next item is OTIB 43-02.

19 MEMBER GRIFFON: This one seems
20 like a little more substantial disagreement.

21 CHAIR MUNN: It does appear to be

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1 more substantial. It looks as though ^{it}~~it~~ 254
2 requires additional response from NIOSH.

3 Would you agree, Stu?

4 MR. HINNEFELD: Yes, I believe so.

5 CHAIR MUNN: Okay.

6 MEMBER ZIEMER: Which one is it?

7 CHAIR MUNN: This is 43-02. NIOSH
8 response, SC&A recommendation. Additional
9 response required.

10 Next, 43-03.

11 MEMBER GRIFFON: This finding
12 sounds familiar.

13 CHAIR MUNN: Yes.

14 It looks like we need another
15 response from NIOSH, 02 and 03.

16 And 43-04. SC&A is recommending
17 that the status be changed to addressed.
18 43-01.

19 MR. MARSCHKE: Essentially,
20 closes.

21 CHAIR MUNN: Yes, closed.

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Procedures

1 MR. MARSCHKE: Or the Subcommittee²⁵⁵

2 could --

3 MEMBER GRIFFON: It seems to be a
4 little more on the finding in this one,
5 though. They are talking about thorium
6 partition, along with the uranium.

7 CHAIR MUNN: In 04?

8 MEMBER GRIFFON: It seems like a
9 little more than just a documentation thing.
10 Do you know what I'm saying? Yes, 04, 43-04.

11 CHAIR MUNN: Yes, and that --

12 MEMBER ZIEMER: But Chick agrees
13 that it was addressed.

14 MEMBER GRIFFON: No, he says he's
15 recommending that it was addressed in 43-01,
16 but he's recommending to keep 43 --

17 MEMBER ZIEMER: Oh, I gotcha. I
18 gotcha.

19 MEMBER GRIFFON: You know, so
20 yes.

21 CHAIR MUNN: We have said not, and

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1 you're saying -- 256

2 MEMBER GRIFFON: I'm saying it
3 might be more -- it seems more, at least
4 there's more there. It's not just a matter of
5 it wasn't documented.

6 DR. MAURO: I can't tell.

7 MEMBER GRIFFON: Yes, I can't
8 tell. I'm a little reluctant to say this is
9 also closed, yes.

10 DR. MAURO: Now, apparently, he's
11 talking about some other stream.

12 MEMBER GRIFFON: Yes.

13 DR. MAURO: Now maybe the thorium
14 is going to show up over here, too.

15 MEMBER GRIFFON: Right.

16 MEMBER ZIEMER: Well, it's always
17 going to grow back in, isn't it?

18 MR. HINNEFELD: Well, not in any
19 reasonable amount, no.

20 DR. MAURO: And this attempts to
21 be the obvious --

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Procedures

1 MR. HINNEFELD: It's got a really²⁵⁷
2 low count. It will grow back in.

3 CHAIR MUNN: Well, this is the
4 same issue we always get into with the wet or
5 dry process, isn't it?

6 DR. MAURO: I think in the first
7 one it was simply a matter that the table
8 said --

9 MEMBER GRIFFON: Yes, I think the
10 first one was --

11 DR. MAURO: Now I think maybe this
12 is one --

13 MEMBER GRIFFON: This there's
14 more technical, yes.

15 DR. MAURO: Yes, there's another
16 stream, apparently.

17 MEMBER GRIFFON: Right.

18 DR. MAURO: But did the thorium
19 carry over with the uranium or stay behind?

20 MEMBER ZIEMER: Well, it's not
21 clear to me whether NIOSH is assuming that it

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1 always does partition with it. Does it? 258

2 MR. HINNEFELD: Well, from just
3 reading these answers and responses, it sounds
4 like we assume that it moves similar to the
5 uranium.

6 DR. MAURO: Which is we did on
7 Blockson.

8 MR. HINNEFELD: Because it's in
9 equilibrium. So it starts in equilibrium, and
10 so it's in equilibrium. So it would move
11 similar to uranium. And it would only matter,
12 if it partitions differently, it would only
13 matter if the waste stream, the non-uranium
14 stream, is then dried and handled in some
15 fashion. That's the only time that it would
16 matter, if it partitioned differently.

17 DR. MAURO: Well, we looked at
18 this issue on, does the thorium follow the
19 uranium or not --

20 CHAIR MUNN: Yes.

21 DR. MAURO: -- in agonizing

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1 detail --

259

2 CHAIR MUNN: Extensively.

3 DR. MAURO: -- for a year.

4 CHAIR MUNN: Extensively.

5 DR. MAURO: We had everybody in
6 the country looking at it.

7 CHAIR MUNN: Yes, they really did.
8 They really did. And I didn't hear anybody
9 speaking up about there being any dry process.

10 DR. MAURO: Right. Well, at least
11 in Blockson. At least in Blockson, we said
12 all our chemists agree that the best way to
13 model this is it follows the uranium. That's
14 at Blockson.

15 CHAIR MUNN: Yes.

16 DR. MAURO: But whether there is
17 something different going on here, I can't
18 say.

19 CHAIR MUNN: Yes. Regardless of
20 process, the thorium followed the uranium,
21 yes.

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1 So where does that leave us, aside²⁶⁰

2 from disconnected to --

3 DR. MAURO: I mean all I can say
4 is that, if this a different process, then
5 maybe the --

6 MEMBER GRIFFON: But, I mean,
7 read the finding. Read the second sentence of
8 the finding.

9 "The OTIB seems to have overlooked
10 the possibility that the thorium also
11 partitions the phosphoric acid treated along
12 with the uranium."

13 MEMBER ZIEMER: But NIOSH's
14 response is that they are going to assume that
15 it is in equilibrium. I am saying our
16 response is the same as 01, which is that it
17 partitions with it then.

18 MEMBER GRIFFON: I'm seeing a
19 little disagreement. That's all. I'm not
20 judging it one way or the other here, but it
21 seems like he's --

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1 MEMBER ZIEMER: I mean, at first²⁶¹

2 I thought that he was saying --

3 MEMBER GRIFFON: Yes.

4 MEMBER ZIEMER: -- that it is left
5 behind.

6 MEMBER GRIFFON: Right.

7 MEMBER ZIEMER: But that's not as
8 claimant-favorable then. I mean the most
9 claimant-favorable would be to assume that it
10 is there.

11 MEMBER GRIFFON: Right.

12 CHAIR MUNN: Yes.

13 DR. MAURO: Which we did. In
14 other words, when we looked at the thorium at
15 Blockson, where could it go, first of all, the
16 chemistry was such, we believe it goes with
17 the uranium.

18 MEMBER GRIFFON: Right.

19 DR. MAURO: Not only that, but
20 that's the worst thing you could assume
21 because then it is concentrated in this final

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1 product. 262

2 CHAIR MUNN: It's the worst-case
3 scenario.

4 DR. MAURO: And the dust load
5 becomes enormous compared to going someplace
6 else.

7 CHAIR MUNN: Yes.

8 MEMBER GRIFFON: I'm not
9 disagreeing with any of that. I'm just saying
10 that Chick is saying that the OTIB seems to
11 overlook this, and then NIOSH responds they
12 will be assuming equilibrium throughout.
13 Somebody is wrong there, you know.

14 DR. MAURO: I mean I don't know.

15 MEMBER GRIFFON: That's what I'm
16 wondering.

17 DR. MAURO: That's a good
18 question.

19 MEMBER GRIFFON: I don't want to
20 just close it up until maybe we hear from
21 Chick like why --

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Procedures

1 MEMBER ZIEMER: Well, I think
2 Chick's saying the same thing. He didn't
3 state it explicitly, but that's the case. It
4 is the same as in the first one, is it not?

5 DR. MAURO: Yes.

6 MEMBER GRIFFON: Maybe. Yes, all
7 right. At first, I thought it was just the
8 documentation thing. This made me think maybe
9 it is a little more than that. Maybe it is
10 just a documentation --

11 DR. MAURO: If it's ambiguous, for
12 example, I don't know, but if it's ambiguous
13 in the procedure, in the OTIB, as to what
14 assumption you should use with the way the
15 uranium goes --

16 MEMBER GRIFFON: Or where the
17 thorium goes, yes.

18 DR. MAURO: Oh, I'm sorry, the
19 thorium goes -- well, that could be a
20 deficiency that could be easily corrected, if
21 it is ambiguous, and the right assumption is

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1 always assume it follows the uranium and is in²⁶⁴
2 equilibrium with uranium.

3 MEMBER GRIFFON: Right.

4 DR. MAURO: Yes, maybe that's what
5 Chick's concern is. He didn't say.

6 MEMBER GRIFFON: Yes, yes, yes.

7 DR. MAURO: I don't know. But,
8 either way, it's certainly resolvable.

9 MEMBER GRIFFON: Yes, yes. I am
10 just a little more hesitant. So maybe we can
11 have Chick look into this --

12 DR. MAURO: Yes, Chick --

13 MEMBER GRIFFON: -- or you follow
14 up with him.

15 DR. MAURO: Yes, let me check with
16 Chick.

17 MEMBER GRIFFON: If it's just a
18 document thing, then I think we're okay. But
19 if it's, you know --

20 MEMBER ZIEMER: Again, if they're
21 saying we're using the figures on this table,

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1 and the table already says it -- 265

2 MEMBER GRIFFON: Right, then I'm
3 okay.

4 MR. MARSCHKE: 43-04. This one
5 will be in progress.

6 MEMBER GRIFFON: Yes.

7 MR. MARSCHKE: Until we get back
8 with the additional information.

9 MEMBER GRIFFON: Yes.

10 CHAIR MUNN: Yes.

11 43-05.

12 MEMBER GRIFFON: No sidebars,
13 guys. John?

14 DR. MAURO: I'm sorry. Oh, I'm
15 sorry.

16 MEMBER GRIFFON: You can't do the
17 sidebars.

18 DR. MAURO: I'm sorry. We were
19 just trying to decide who was going to follow
20 that.

21 MEMBER GRIFFON: I know.

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Procedures

1 CHAIR MUNN: Who's going to be ^{on}₂₆₆

2 first then.

3 MEMBER GRIFFON: I think he was
4 trying to capture all that. CHAIR MUNN:

5 From my point of view, it's SC&A's.

6 Then for finding five.

7 MR. MARSCHKE: Finding five, we
8 recommended this be closed.

9 CHAIR MUNN: Closed. Any
10 objection?

11 MEMBER ZIEMER: SC&A agreed with
12 the NIOSH response? Is that --

13 CHAIR MUNN: Yes, recommend that
14 it be closed.

15 MEMBER ZIEMER: Is "NISH" the same
16 as NIOSH?

17 MR. MARSCHKE: "NISH" is the same
18 as NIOSH.

19 MEMBER ZIEMER: It's an acronym
20 for NIOSH.

21 (Laughter.)

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1 MEMBER GRIFFON: I understand
2 that qualifies, but NIOSH needs to give the
3 Blockson experience.

4 CHAIR MUNN: I don't think it's
5 possible to do that.

6 MEMBER GRIFFON: Is that like a
7 ban, the Blockson experience --

8 CHAIR MUNN: It's impossible to
9 forget.

10 MEMBER GRIFFON: Yes. Well, what
11 does that mean? Help me out. Or is it with
12 caution or --

13 CHAIR MUNN: They were talking
14 about --

15 MEMBER GRIFFON: Does that keep
16 the door cracked open? What is it? I don't
17 understand.

18 CHAIR MUNN: Talking about the
19 experience they had with respect to
20 identifying radon exposure, where, what
21 extraction occurs, what happens with the feed

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1 material.

268

2 MEMBER GRIFFON: I guess I'm not
3 clear. John, can you, more seriously, can you
4 tell me how you conclude that it's bounding if
5 you are questioning the source documents in
6 the first couple of findings, and the
7 application for different time periods, and
8 all that? It sounds like a familiar
9 discussion, doesn't it?

10 DR. MAURO: It sure does.

11 (Laughter.)

12 MEMBER GRIFFON: Let the record
13 show that she's lifting a weapon, a mouse.

14 (Laughter.)

15 MR. HINNEFELD: Did the Blockson
16 experience relate to the fact that originally
17 Blockson was considered just the building 55
18 and a very limited part of the plant and a
19 limited chemical process? If we had to
20 reconstruct, and that was later amended to
21 entire the Blockson site, and the various

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1 things

269

2 Because it almost sounds like this
3 discussion is talking about the exposures from
4 the specific step in the process, you know,
5 like taking uranium out of phosphoric acid is
6 responsible. Yes, phosphoric acid is feed
7 material and you are going to drop uranium in,
8 which is only one small step in the process to
9 turning phosphate rock into its various
10 products, one of which sometimes is uranium.

11 So it might be something like
12 that. It sounds like maybe this TIB strictly
13 relates to that aspect of the activity, and
14 that it may not be sufficient for all the
15 exposures at the site.

16 I'm just speculating.

17 DR. MAURO: Well, the only thing
18 I'm trying to figure out, see, when you came
19 up with your approach for Blockson originally,
20 for the radon levels in the building, you went
21 to the surrogate data in Florida.

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Procedures

1 MR. HINNEFELD: Yes. 270

2 DR. MAURO: And I'm just trying to
3 remember whether that was it. In other words,
4 I think that .036 working on the 03, what is
5 that in joules per liter? Multiply by 100 and
6 divide by 12, is that what it is? I'm trying
7 to get -- if it's a 2.33 picacurie per liter
8 number, what is that?

9 MEMBER GRIFFON: Yes. I'm pretty
10 sure this is the number, yes.

11 DR. MAURO: All right. Okay, now
12 I got it.

13 We found that number not to be
14 very applicable to Blockson because it was
15 Florida, open building, and Blockson was a
16 fully different setting, a closed building.
17 So, on a surrogate basis, a surrogate data
18 basis, that particular number didn't work well
19 for Blockson. So we ended up going with the
20 models.

21 Now the question becomes, does

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1 that number work well in general? I guess ~~all~~²⁷¹
2 we are saying is, yes, it can if you have a
3 comparable situation, as exists in Florida.
4 But then the little note to this is, but bear
5 in mind what happened at Blockson.

6 MEMBER GRIFFON: That's the
7 Blockson?

8 DR. MAURO: That's the Blockson.
9 So, therefore, that's the issue.

10 MEMBER ZIEMER: And the finding is
11 that you haven't shown that this is bounding.
12 NIOSH has said that they didn't intend it to
13 be a bounding value. They intended it to be a
14 -- in other words, the NIOSH response, it's --

15 MEMBER GRIFFON: .112, .112 is
16 the bounding.

17 CHAIR MUNN: Maximizing.

18 MEMBER ZIEMER: And see, the
19 original finding was that it's not apparent
20 why it's bounding. And NIOSH is saying, well,
21 it isn't because it isn't intended to be

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1 bounding. 272

2 CHAIR MUNN: And it only addresses
3 workers involved in the uranium extraction
4 from phosphate materials processed, which
5 assumes phosphoric acid.

6 MEMBER ZIEMER: The best
7 estimate --

8 DR. MAURO: I know we recommend
9 closing, and I've got to say I'm a little
10 troubled right now I guess by us recommending
11 closure, only because there's so many
12 assumptions inherent in using the 2.2, 2.3
13 picacurie-per-liter number that comes out of
14 Florida, to the extent that it is going to be
15 very difficult to find an application except
16 in Florida, where that number might work.

17 So I think that, the best I can
18 tell, because I didn't revisit this in getting
19 ready for this meeting, but from what I'm
20 reading here, I see that we recommend closing,
21 but I'm troubled by that recommendation

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Procedures

1 because I know how weak the 2.33 number is. 273

2 CHAIR MUNN: But NIOSH's response
3 specifically says, "Radon exposures to workers
4 at specific facilities that produce phosphoric
5 acid or dealt with raw ore will be addressed
6 in the site-specific TBD."

7 So they have clearly said every
8 site is going to have to be approached with
9 the knowledge that it is in some way different
10 from what has gone before. They indicate that
11 here.

12 DR. MAURO: Well, I understand
13 what you're saying, but then do you really
14 need this guideline? In other words --

15 MEMBER GRIFFON: I'm with John
16 now.

17 DR. MAURO: Yes, to me, I would
18 have been more comfortable saying we're not
19 going to use it; we're not going to recommend
20 to our dose reconstructor using the .036
21 working number. We are going to recommend

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1 that they review all the data that ^{is}~~274~~
2 available from the FER FER, all the data that
3 is available from Idaho, to determine, if you
4 don't have site-specific data, and determine
5 which surrogate data makes the most sense for
6 that particular application.

7 This almost gives you a default
8 out. I could see the dose reconstructor
9 saying, "Well, listen, I really don't know
10 what to do here. I'm going to go with the
11 .036."

12 I think it is going to be rare
13 that that .036 is going to work anywhere
14 except in Florida.

15 CHAIR MUNN: Even though NIOSH has
16 said that any exposure at specific facilities
17 that produce phosphoric acid or dealt with raw
18 ore have to be addressed in a site-specific
19 TBD?

20 MEMBER ZIEMER: This is for cases
21 where they are not dealing with raw ore. Is

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1 the raw ore that they are talking about here ²⁷⁵
2 phosphate ore?

3 MR. HINNEFELD: Phosphate ore.
4 Phosphate ore.

5 DR. MAURO: And I'm saying, unless
6 it's phosphate rock in Florida, where they're
7 crushing and dissolving the phosphate rock in
8 an open area in Florida, you really can't use
9 that number.

10 So the question becomes, under
11 what circumstances that number ever really is
12 going to be useful. I would say you're going
13 to be hard-pressed to find one.

14 MEMBER GRIFFON: I don't know
15 when this is even used really. And I think
16 Jim Neton is waiting for us. If you resolve
17 Blockson, I think you are going to see more of
18 those type of models going forward.

19 MEMBER ZIEMER: It assumes
20 phosphoric acid as the feed material? See,
21 OTIB 0034, do we have that? Can we see access

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1 to a copy of that? 276

2 CHAIR MUNN: Forty-three.

3 MR. HINNEFELD: I'm looking at it.

4 MEMBER ZIEMER: Oh, okay. What
5 does it say that it is intended for?

6 MR. HINNEFELD: Well, in the
7 purpose, the paragraph says, "This TIB
8 characterizes occupational radiation exposure
9 from the extraction of uranium during non-
10 monazite phosphate processing at atomic
11 weapons employer facilities. Exposure models
12 and associated data have been acquired and/or
13 extrapolated from existing published
14 scientific research and federal studies."

15 It's got a background here. Let's
16 see.

17 MEMBER ZIEMER: Let's see, what
18 was the material at Blockson? Non-monazite?

19 MR. HINNEFELD: Raw.

20 DR. MAURO: Ore concentrate
21 shipped, blocks shipped from Florida to

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1 Blockson. 277

2 MEMBER ZIEMER: Oh, so it was non-
3 monazite?

4 MR. HINNEFELD: I believe that's
5 true.

6 DR. MAURO: Isn't monazite the
7 material that has a lot of thorium in it? So
8 that's the reason for the exception?

9 (Pause.)

10 I think this is what I thought --

11 MEMBER ZIEMER: Where is the 036?

12 DR. MAURO: That's working --

13 MEMBER ZIEMER: There it is, and
14 the .112. So there's the best estimate and
15 the maximizing. Those are out of ICRP?

16 DR. MAURO: No, what we're looking
17 at, there's data, but in the end that data,
18 those numbers we're looking at come from
19 measurements made in Florida, and they
20 represent high-end numbers for Florida.
21 They're working over monazite.

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1 MEMBER ZIEMER: Right. 278

2 DR. MAURO: But we know that the
3 nature of the operations in Florida, higher
4 than a lot of these other marine sites, but
5 there was no walls. It was open. So an
6 ambient concentration was close to background,
7 nothing.

8 Then the question becomes, can you
9 apply it? You know, can you apply that to
10 other AW facilities? Certainly not at
11 Blockson, and the modeling approach at
12 Blockson, in our opinion, is a better way to
13 come at the problem, and you come up with
14 numbers that are 10 times higher.

15 So that being the case, if it is
16 really the rare situation where those numbers
17 would apply, and I think it is -- it is only
18 when you have a Florida kind of situation
19 where you might want to use that as a
20 surrogate, where it would work -- I question
21 whether that should be in this, whether that

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1 should be the guidance you want to offer your
2 dose reconstructors.

3 MEMBER ZIEMER: What does it say
4 they should do with this? Because NIOSH's
5 response says that, "Exposures for workers at
6 specific facilities that produce phosphoric
7 acid or dealt with rare ore will be addressed
8 in a site-specific TBD."

9 So when do they apply this?

10 DR. MAURO: In my opinion, never,
11 unless you're dealing with -- I mean I don't
12 know if you're going to find any AW facilities
13 that have those characteristics that are like
14 the way that data was obtained.

15 MEMBER ZIEMER: Well, let's see
16 what it says.

17 MEMBER GRIFFON: I mean, have
18 they used it so far, Stu, to your knowledge?
19 I mean it might have been used in some early
20 Blockson cases.

21 MEMBER ZIEMER: Go back again.

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Procedures

1 MEMBER GRIFFON: There isn't^a₂₈₀
2 whole lot since that profile though.

3 MEMBER ZIEMER: The very
4 beginning, the first paragraph, right there.

5 "Characterizes the strength of the uranium
6 during non-monazite phosphate processing at
7 AWE facilities."

8 "May be used to assist...."

9 (Pause.)

10 I guess, from my point of view, it
11 seems to me we need to understand how NIOSH
12 will actually use that, this particular
13 document, particularly if you're going to have
14 -- I mean, is this just sort of a benchmark
15 and you say, okay, to what degree is some
16 other facility like that?

17 DR. MAURO: If it said that, I
18 would be a lot more comfortable.

19 MEMBER ZIEMER: Or, you know, if
20 it's like that, and we don't have anything
21 else, these are reasonable numbers? Or if the

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1 ventilation is very different, then you can ²⁸¹
2 use this as kind of a comparison to see where
3 you are. It would make sense. I don't know
4 how they're using it.

5 DR. MAURO: At a minimum. At a
6 minimum, I would do that. Quite frankly, I
7 would discard --

8 MEMBER ZIEMER: Because the
9 document itself is not very clear on how to
10 apply it.

11 DR. MAURO: Right, and in my
12 opinion, there are very rare circumstances
13 where there AW facilities, unless they happen
14 to be in Florida, that that would work; that
15 those numbers would apply. We don't come
16 across that. Well, phosphate --

17 MEMBER ZIEMER: Well, what's on
18 the list? I guess we could check that.

19 MR. HINNEFELD: Gardinier, I
20 believe, in Florida.

21 DR. MAURO: So you have a couple

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1 in Florida? 282

2 MR. HINNEFELD: I think there are
3 two or three in Florida?

4 MEMBER ZIEMER: I mean, if there
5 are some Florida facilities for which there's
6 data lacking, then this --

7 MR. HINNEFELD: I believe there
8 are two or three in the phosphate --

9 MEMBER GRIFFON: The ones maybe
10 that were in the study, right?

11 MR. KATZ: It looks like they had
12 some sites that weren't Florida sites that
13 they used, too, not just Florida.

14 CHAIR MUNN: Any open-air
15 facility.

16 DR. MAURO: We looked at the data,
17 and it was all FER FER, most of which was
18 Florida.

19 MR. HINNEFELD: Yes, Florida and
20 it's used for phosphate something.

21 DR. MAURO: A lot of institute

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Procedures

1 of -- 283

2 CHAIR MUNN: But any open-air
3 facility in Florida or otherwise. You know,
4 there --

5 MEMBER ZIEMER: I just wonder,
6 which ones are on the official list? I know
7 there are some.

8 MR. HINNEFELD: There are a
9 handful of phosphate uranium plants on the
10 list. If I recall, a couple or three of them
11 might in Florida. It would make sense, but I
12 can't remember right now. It's been so long
13 since I looked at it now. But I think there
14 may have been --

15 DR. MAURO: With that qualifier, I
16 mean if there was just in a sense in here that
17 these data would apply primarily from
18 experience at Florida phosphate processing
19 plants, and would seem to apply. However,
20 other --

21 MR. HINNEFELD: I'm completely

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1 unfamiliar with what this thing is doing
2 actually, whether it is going to be used or
3 anything. So I just am not familiar with it.

4 I think I should --

5 MEMBER ZIEMER: I think if we
6 could get some clarity on that, we could
7 probably -- Chick is recommending closing
8 this. So he must have been satisfied with it.

9 MR. HINNEFELD: Some aspect or
10 something.

11 MEMBER GRIFFON: But this guy J.
12 Mauro was, too, and he's changing his mind.

13 (Laughter.)

14 MEMBER ZIEMER: It's the peer
15 pressure.

16 MEMBER GRIFFON: Yes.

17 (Laughter.)

18 CHAIR MUNN: So who has the
19 action, and to do what?

20 MEMBER GRIFFON: Maybe NIOSH
21 should follow on the applicability, how it is

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1 going to be used. 285

2 MEMBER ZIEMER: Stu, maybe we
3 could just get some clarity. I mean,
4 obviously, it wasn't used directly for
5 Blockson.

6 DR. MAURO: Well, it was
7 originally.

8 MEMBER ZIEMER: Originally, but as
9 soon as you're able to show that it's very
10 different, then --

11 MR. HINNEFELD: I believe there is
12 a Blockson site profile.

13 MEMBER ZIEMER: Yes.

14 CHAIR MUNN: Yes, there is, but
15 it's all been changed in that profile.

16 MR. HINNEFELD: Yes.

17 DR. MAURO: I mean it is certainly
18 useful background information, but you have to
19 understand the context and whether it would be
20 useful.

21 MEMBER ZIEMER: Well, and it would

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1 be a logical starting point, particularly if²⁸⁶
2 it was specifically that kind of an operation.

3 DR. MAURO: I only ask because we
4 just went through the Blockson experience.

5 MEMBER ZIEMER: Yes, sure.

6 MEMBER GRIFFON: Now I know what
7 the Blockson experience is.

8 CHAIR MUNN: As if you didn't know
9 to begin with.

10 MEMBER GRIFFON: Not completely
11 for the Blockson.

12 CHAIR MUNN: Right.

13 MEMBER GRIFFON: I just thought
14 it was a band.

15 CHAIR MUNN: Sure. Three Dog
16 Blockson.

17 MEMBER GRIFFON: Yes.

18 (Laughter.)

19 CHAIR MUNN: 43-06.

20 MEMBER GRIFFON: We're not done
21 with 43 yet, are we?

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Procedures

1 CHAIR MUNN: No. No way. 287

2 MR. MARSCHKE: It looks like NIOSH
3 agreed with --

4 DR. MAURO: With Chick.

5 CHAIR MUNN: Yes.

6 MR. MARSCHKE: And they agreed to
7 make the change?

8 DR. MAURO: That's in abeyance.

9 CHAIR MUNN: You can say that.

10 DR. MAURO: You say that.

11 CHAIR MUNN: Yes.

12 DR. MAURO: I don't say that; you
13 say that.

14 (Laughter.)

15 CHAIR MUNN: It is appropriate
16 when you're in abeyance.

17 MEMBER ZIEMER: Yes. So NIOSH's
18 response is that it should be that, right? It
19 should be 82?

20 CHAIR MUNN: Yes, and they're
21 going to change it.

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1 MR. MARSCHKE: Well, they didn't²⁸⁸
2 say they were going to change it. They didn't
3 say that.

4 (Laughter.)

5 DR. MAURO: We would agree with
6 that; we're not changing it.

7 MEMBER ZIEMER: He says, based on
8 the assumption that NIOSH will change the --

9 MR. MARSCHKE: That's why it
10 basically is in abeyance.

11 CHAIR MUNN: That's why it says in
12 abeyance, because if they agree, then --

13 MEMBER GRIFFON: Have they
14 agreed, though?

15 CHAIR MUNN: -- that the TBD
16 should be 8.2, instead of 1.1, then surely
17 they're not going to agree and leave the
18 disconnect there.

19 MR. HINNEFELD: I believe we would
20 not do that.

21 CHAIR MUNN: I believe you would

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Procedures

1 not also. It would never occur to me you
2 would.

3 MR. HINNEFELD: I'm just going to
4 cancel this thing because I don't know when we
5 would use it.

6 CHAIR MUNN: That being the case,
7 it's in abeyance. Action is NIOSH.

8 New OTIB 47-01.

9 (Pause.)

10 Awaiting action by NIOSH, in
11 abeyance, correct?

12 MR. HINNEFELD: Only if we're
13 saying we're going to change.

14 CHAIR MUNN: It says ORAU,
15 PRT-0033. It should be PRT-0032. But that
16 says that NIOSH is correct, but SC&A needs to
17 make a change.

18 MR. HINNEFELD: No, it's just a
19 citation.

20 MEMBER ZIEMER: What is this
21 again?

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1 MR. HINNEFELD: Yes, we never made
2 any response to the finding here.

3 CHAIR MUNN: No. Oh, yes, you got
4 a response.

5 MR. HINNEFELD: Yes, we made a
6 response, but it didn't respond to any type of
7 a finding.

8 CHAIR MUNN: No, you don't need to
9 do anything. I'm sorry.

10 MR. HINNEFELD: It just says we
11 cited the wrong reference.

12 CHAIR MUNN: No.

13 MR. HINNEFELD: But we didn't say
14 that --

15 CHAIR MUNN: No, no, no. The SC&A
16 finding needs to be changed.

17 MR. HINNEFELD: Well, I mean we
18 established we know what they meant. They
19 agreed what they meant, 32. I don't know that
20 we need to go back and change the finding,
21 unless you want to, but I'm still puzzled

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1 about why we didn't respond to the finding. 291

2 MEMBER GRIFFON: Yes.

3 MR. HINNEFELD: See, because the
4 finding is essentially that you don't have
5 enough discussion of why some recovery of
6 certain dose records is not going to affect
7 doses.

8 MEMBER GRIFFON: Right, right.

9 MR. HINNEFELD: Apparently, that's
10 what the finding says, that the records --

11 MEMBER GRIFFON: You were just
12 clarifying the reference here, yes.

13 MR. HINNEFELD: -- were never
14 recovered, and you're not going to recover
15 them, and this document says that it's not
16 going to affect dose reconstruction. They
17 don't really explain why not recovering those
18 records isn't going to affect dose
19 reconstruction.

20 Shouldn't you explain that a
21 little better? You're not saying it will or

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1 won't; just you're just saying you're not
2 going to do this. And we didn't say anything
3 about that. It should be cited --

4 MEMBER GRIFFON: That should
5 still be open or in progress.

6 DR. MAURO: Who's got the action
7 on this one?

8 MR. HINNEFELD: Well, we do, I
9 think.

10 MEMBER GRIFFON: Is it open or in
11 progress?

12 MR. HINNEFELD: Well, I would put
13 it in progress.

14 MEMBER GRIFFON: It was initially
15 a start, but it wasn't very responsive --

16 MR. HINNEFELD: Well, we started
17 discussion. That's what counted here.
18 There's not a lot of difference really.

19 MEMBER GRIFFON: Yes.

20 CHAIR MUNN: Finding two. That's
21 data.

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1 (Pause.) 293

2 This is a very thorough response.

3 It is going to take a while to absorb again.

4 (Pause.)

5 MEMBER ZIEMER: This is a pretty
6 complex one.

7 MEMBER GRIFFON: Yes.

8 CHAIR MUNN: Yes.

9 MEMBER ZIEMER: The first item, it
10 says that the OTB says that there are 240 IDs
11 or badges; SC&A says there are 229. NIOSH
12 comes back and says there's 233. Now we've
13 got three different numbers.

14 DR. MAURO: That's not going to
15 change the essence.

16 MEMBER ZIEMER: But how critical
17 is that?

18 DR. MAURO: It's zero.

19 MEMBER ZIEMER: Some of it --

20 MEMBER GRIFFON: Well, they
21 recommend putting that one in abeyance, right?

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Procedures

1 MR. MARSCHKE: Well, the first²⁹⁴
2 part, he's recommending putting it in
3 abeyance.

4 DR. MAURO: But that's the
5 difference. It's a non-issue.

6 MEMBER ZIEMER: Are you counting
7 badges, individual numbers, or individual
8 people who might --

9 DR. MAURO: Changes.

10 MEMBER ZIEMER: Well, it says 233
11 distinct individuals.

12 DR. MAURO: Oh. The number is
13 zero.

14 MEMBER ZIEMER: What year was
15 this? Do we know?

16 MR. MARSCHKE: That's '48 and '49.

17 MEMBER ZIEMER: Forty-eight and
18 '49, numbers were reused because you didn't
19 have to keep lifetime records in those days.
20 I mean it wasn't mandated. Many places reused
21 numbers.

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1 CHAIR MUNN: Are we going to need
2 to, because of the extensive recommendations
3 from SC&A, are we going to need to break this
4 down into --

5 DR. MAURO: Too bad there wasn't a
6 Y-12 Work Group on this, right?

7 (Laughter.)

8 CHAIR MUNN: My word, do we need a
9 separate issue here?

10 MEMBER GRIFFON: Well, can
11 someone summarize the -- the zero issue seems
12 to be the more important issue, right? No. 2?

13 CHAIR MUNN: Well, that's the one,
14 SC&A recommends --

15 DR. MAURO: Yes, normally, we
16 would be prepared. We're not prepared to
17 explain why Bob came to the conclusion. We
18 didn't do our homework at this point down the
19 road.

20 We were talking about getting Bob
21 on the line, but I think we would be putting

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1 him in a difficult position -- 296

2 CHAIR MUNN: Yes.

3 DR. MAURO: -- since he hasn't
4 seen this in quite some time.

5 MEMBER GRIFFON: So we may ask
6 maybe that you could prepare to discuss this
7 at the next -- I mean I hate to like try to
8 sift through this live.

9 CHAIR MUNN: Yes.

10 MEMBER GRIFFON: Especially at
11 this time of day.

12 CHAIR MUNN: I don't think we
13 should force that on anyone.

14 MEMBER GRIFFON: It seems like
15 something I want to print out and kind of look
16 at the numbers a little bit.

17 MR. MARSCHKE: I mean, if you look
18 at Bob's recommendations at the end, I mean
19 recommends accepting what the NIOSH responses
20 are. I mean he recommends, for the second
21 part of it, he recommends that the issue be

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1 closed. And for the third part of it, ²⁹⁷ he
2 recommends that it be in abeyance.

3 MEMBER GRIFFON: Yes.

4 MR. MARSCHKE: So he has gone
5 through all the material that NIOSH provided,
6 and those are his recommendations.

7 MEMBER GRIFFON: Yes, all we want
8 is an explanation.

9 MR. MARSCHKE: We need a little
10 bit more explanation as to why we agree with
11 NIOSH or -- we can get that for the next go-
12 round.

13 CHAIR MUNN: Yes, if it's
14 agreeable --

15 MEMBER GRIFFON: I don't think
16 you need any more than you've got here; just
17 maybe to explain --

18 MEMBER ZIEMER: I think we need a
19 little more time to look at this.

20 MEMBER GRIFFON: Yes, yes.

21 CHAIR MUNN: We'll break this out

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Procedures

1 as a separate action item, agenda item ~~for~~²⁹⁸
2 next year. Next year? Don't I wish? Next
3 month.

4 (Laughter.)

5 The 47-02 will be a separate item
6 on the agenda for the next meeting.

7 Hopefully, both SC&A and NIOSH
8 will have an opportunity in the meantime to
9 get up-to-speed on it.

10 Now here's this OTIB 49-01 that we
11 had in a different --

12 MEMBER GRIFFON: A different
13 format here.

14 CHAIR MUNN: -- format.

15 MEMBER GRIFFON: This is a Super S
16 site.

17 CHAIR MUNN: This is another one
18 that falls in the same category, in my mind,
19 as the preceding one.

20 MEMBER GRIFFON: Yes.

21 CHAIR MUNN: OTIB 49 is going to

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1 require some thought -- 299

2 MEMBER GRIFFON: Yes.

3 CHAIR MUNN: -- and rereading
4 before we really address it. It's just
5 there's too much material here.

6 MEMBER GRIFFON: And early in the
7 agenda.

8 CHAIR MUNN: Yes, early in the
9 agenda.

10 (Laughter.)

11 So 49-01, again, separate issue on
12 the agenda next time.

13 51-01.

14 (Pause.)

15 SC&A is asking for a revision to
16 not contain a reference to RPR 333, but to
17 develop a new term. Respond independent of
18 SC&A.

19 MR. MARSCHKE: I think that
20 NIOSH's response is basically saying that the
21 CEF should be deleted. All discussion

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1 relating to the CEFs should be deleted. 300

2 CHAIR MUNN: Stu, do you know
3 whether there is any activity going on with
4 respect to pursuing such a change?

5 MR. HINNEFELD: I do not know.

6 CHAIR MUNN: This recommendation
7 is in accord with --

8 MR. HINNEFELD: Well, I am not
9 aware that that has been amended.

10 CHAIR MUNN: It looks as though it
11 is a recommendation that is in NIOSH's ball
12 park for next time. The recommendation was to
13 put it in abeyance. It sounds like it ought
14 to be in progress, shouldn't it?

15 MR. HINNEFELD: Well, I mean, if
16 we said that --

17 CHAIR MUNN: If you agree you're
18 going to do it --

19 MR. HINNEFELD: We said we're
20 going to remove CEF from the Y-12 document.

21 CHAIR MUNN: But you haven't said

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1 that yet. 301

2 MEMBER ZIEMER: Well, it says it
3 here.

4 MR. HINNEFELD: In this it kind of
5 says that --

6 MEMBER ZIEMER: NIOSH's response
7 says that they are going to remove it.

8 MR. MARSCHKE: The OTIB should be
9 revised and all discussion relating to CEF
10 should be deleted.

11 MEMBER ZIEMER: But does it pop
12 into the -- does this become part of X-10
13 then?

14 MR. HINNEFELD: Yes. It becomes
15 part of that. I think, in fact, it's in X-10.
16 Part of the response says that the X-10 does
17 describe this already.

18 MEMBER ZIEMER: So it's in there.
19 If we leave it there, it's --

20 MR. HINNEFELD: Then the question
21 becomes whether that NTA film, yes, the

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Procedures

1 fraction of NTA film is. I don't know. 30~~2~~

2 don't know. I mean you can't just ignore it.

3 Do you film -- I mean the NTA film, to an
4 extent, by taking it out of Y-12 -- you know,
5 you've got make sure you've got it covered in
6 X-10.

7 I don't know. I'm a little long
8 absent from the text here to really have this
9 stuff straight in my mind.

10 CHAIR MUNN: So shall we just list
11 it on our agenda for next time as status,
12 requesting status from NIOSH?

13 MR. HINNEFELD: Yes.

14 MS. THOMAS: We can try to have
15 the author of the response on the call next
16 time, too.

17 CHAIR MUNN: Okay.

18 MR. HINNEFELD: Well, it would be
19 nice if we could get something together next
20 time, you know, just decide where we're going
21 and what's going on with this, and just

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Procedures

1 provide kind of an update on what's going on ~~on~~ 303
2 what we're trying to do.

3 CHAIR MUNN: All right. Next is
4 51-03.

5 (Pause.)

6 Very much in the same category as
7 -- there's no point in looking at one finding
8 for that OTIB and not looking at all of them.

9 It would be my suggestion that we
10 put all of the OTIB 51 responses in the
11 category of NIOSH please review and give us a
12 status next time. Okay?

13 MEMBER ZIEMER: That includes,
14 then, 03 and 04?

15 CHAIR MUNN: It includes 03 and
16 04.

17 That brings us down to 58-01.

18 MEMBER GRIFFON: And we just dealt
19 with 58.

20 MR. SEIBERT: You dealt with it.

21 MEMBER GRIFFON: So we might get

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1 to the bottom of the ninth then. 304

2 MR. MARSCHKE: Fifty-eight was
3 also transferred.

4 CHAIR MUNN: Fifty-eight goes to
5 Mark.

6 MEMBER GRIFFON: So 60-07, we just
7 dealt with, too. We closed it, didn't we? I
8 think so.

9 MR. SEIBERT: Yes, it's the IMBA.

10 MEMBER GRIFFON: Yes, 60-07 was
11 closed.

12 CHAIR MUNN: So 60-07 is closed.
13 We did it, right?

14 So OTIB 60-07 --

15 MR. MARSCHKE: We did it this
16 morning.

17 MEMBER GRIFFON: Closed.

18 CHAIR MUNN: -- is already closed.

19 MEMBER ZIEMER: In the 58 series,
20 01 to 06 was transferred previously; 07 was
21 closed?

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Procedures

1 CHAIR MUNN: I thought we were
2 just going to transfer them all.

3 MEMBER GRIFFON: That's what I
4 thought.

5 CHAIR MUNN: Everything goes.

6 MR. MARSCHKE: Because they were
7 all open before.

8 MEMBER ZIEMER: So 01 to 09 then?

9 MEMBER GRIFFON: I thought there
10 was 10 of them.

11 MR. MARSCHKE: One through 10.

12 MEMBER ZIEMER: Oh, yes.

13 MR. HINNEFELD: Apparently, Ron
14 has done some of --

15 MEMBER ZIEMER: Right, yes.

16 MR. HINNEFELD: He's getting close
17 on that.

18 MR. MARSCHKE: Yes, according to
19 Ron, most of these, most of the 10 of them
20 could be all closed.

21 CHAIR MUNN: It's after 4:30. We

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1 have another eight pages to go. Do you want
2 to keep crawling on or do you want to reserve
3 these for next time and look at our calendars?

4 MR. KATZ: Steve would like to
5 work until eight o'clock.

6 (Laughter.)

7 MEMBER GRIFFON: Well, I don't
8 think the time is there because some of the
9 last ones are not going to be quick.

10 CHAIR MUNN: They're not going to
11 be easy?

12 MEMBER GRIFFON: It doesn't look
13 like it.

14 CHAIR MUNN: I don't think so.

15 PROC 6-07.

16 MEMBER GRIFFON: Forty-two looks
17 like it's --

18 MR. HINNEFELD: Essentially, 6-07
19 is pretty simple.

20 MEMBER GRIFFON: Yes, that looks
21 simple. We can do that one.

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Procedures

1 MEMBER ZIEMER: Which one? 307

2 CHAIR MUNN: Six, PROC 6-07. It's
3 recommended to take it into abeyance since
4 NIOSH says it's going to be revised. So, yes,
5 let's do change that status to in abeyance.

6 Any problem with that?

7 MEMBER GRIFFON: PROC 42 is the
8 one I was looking at. It looks a little
9 more --

10 CHAIR MUNN: Well, yes, let's
11 start next time.

12 MEMBER GRIFFON: Yes. Stop there,
13 yes.

14 CHAIR MUNN: Start next time with
15 PROC 42.

16 And in the meantime, all of those
17 items that this list said were under
18 discussion by NIOSH are all going to magically
19 appear sometime between now and then.

20 All right. Calendars.

21 MR. KATZ: Calendars.

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1 (Pause.) 308

2 Do you need to have a sense from
3 OCAS as to when certain things will be
4 delivered to SC&A before you can --

5 CHAIR MUNN: It would be nice if
6 we had any idea what was in the pipeline that
7 would likely affect us one way or the other,
8 but I don't know whether anyone is prepared to
9 offer any of that up for consideration. If
10 you are, this would be a good time to do it.

11 MR. HINNEFELD: I can't provide
12 any answers today, not today.

13 CHAIR MUNN: John?

14 DR. MAURO: I wrote down 11 action
15 items for SC&A, which we'll get to work on,
16 Steve and I. I don't think any of these are
17 too burdensome. So I don't think we're going
18 to be a critical path. It's really a matter
19 of clarification of ones we really weren't
20 ready to talk about today.

21 So you could set a date. I mean,

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1 as far as I'm concerned, I think that a month³⁰⁹
2 from a now, we should be able to engage these
3 things over the next month.

4 CHAIR MUNN: Okay.

5 MR. KATZ: So do you think you
6 have a full slate for a meeting, assuming that
7 OCAS can't provide more responses in the next
8 month?

9 CHAIR MUNN: I think probably so.

10 We're going to have a draft letter to the
11 Secretary, and I still need to draft the
12 format for the transfer document that we are
13 going to make into a boilerplate.

14 And we want to see the clean CATI
15 material.

16 And we have a significant number
17 of action items.

18 MR. KATZ: Well, the clean CATI,
19 you guys are done with your deliberations on
20 it.

21 CHAIR MUNN: Pretty much, yes.

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Procedures

1 Yes. 310

2 MR. KATZ: You just want to look
3 at that. So that won't take any time.

4 CHAIR MUNN: It's not going to
5 take much time, no.

6 But just remember action items
7 that are listed: expecting new responses;
8 postponing 47-02 and 39-01, all of those 49s,
9 all the 51s.

10 Yes, yes, I think we have a full
11 day's worth.

12 MR. KATZ: If we're looking in
13 July, the week of July 13th is really the only
14 good candidate, I mean almost for me.

15 CHAIR MUNN: The best week for
16 me --

17 MR. HINNEFELD: That's the Health
18 Physics Society meeting, I see here, until
19 Friday.

20 MR. KATZ: Oh, okay.

21 MR. HINNEFELD: Well, I'm really

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1 not thrilled with that. 311

2 MR. KATZ: Well, the following
3 week --

4 CHAIR MUNN: Is the week before --

5 MR. KATZ: -- is a week before the
6 Board meeting.

7 CHAIR MUNN: Yes.

8 MR. KATZ: And I'm at a NIOSH lead
9 team meeting for a chunk of that week.

10 CHAIR MUNN: Yes, that's not good.

11 Is anybody available -- is the
12 tailend -- is the 9th or 10th --

13 MR. KATZ: I'm on leave. I sent
14 an email out to the Board, I think.

15 MEMBER ZIEMER: The 9th and 10th
16 of what?

17 CHAIR MUNN: July.

18 MEMBER ZIEMER: I'm out that whole
19 week.

20 MR. KATZ: I'm completely out that
21 week.

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Procedures

1 MR. HINNEFELD: And that's ~~only~~³¹²
2 four weeks away.

3 MR. KATZ: Yes.

4 MR. HINNEFELD: That doesn't give
5 us much time to get anything ready.

6 MR. KATZ: Anyway, I'm not here
7 then.

8 CHAIR MUNN: So the tailend of the
9 week of the 13th, following the Health Physics
10 meeting, is bad for people, right?

11 MEMBER ZIEMER: Yes. Well, that
12 meeting goes through Thursday.

13 CHAIR MUNN: Yes.

14 MR. HINNEFELD: If you want to do
15 a Friday meeting, I could do that Friday.
16 Friday meetings are just --

17 MEMBER ZIEMER: I can't do it
18 Friday.

19 MR. HINNEFELD: Is there any need
20 to do it before the next Board?

21 MR. KATZ: It's not essential

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1 before the next Board meeting. You guys ~~are~~^{are}
2 just going to email about the CATI.

3 CHAIR MUNN: Yes.

4 MR. KATZ: The Board meeting is
5 the 27th, 28th, and 29th.

6 And we'll probably start late
7 morning on the 27th.

8 CHAIR MUNN: Well, that puts me
9 into the latter part of the second week of
10 August.

11 Are all Friday meetings out for
12 you or just that Friday?

13 MEMBER ZIEMER: No, no, that would
14 be out just for that -- I mean that's my
15 travel time.

16 CHAIR MUNN: Yes, I understand.

17 Would Friday, August the 14th, be
18 a good day?

19 MEMBER GRIFFON: Not for me.

20 CHAIR MUNN: Not for you?

21 The 13th?

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Procedures

1 MR. KATZ: That's okay with me. 314

2 CHAIR MUNN: The 13th is doable?

3 MR. KATZ: How's the 13th for you,
4 Stu?

5 MR. HINNEFELD: I can do it. I
6 don't much like Thursday, but I can do it.

7 (Laughter.)

8 MEMBER ZIEMER: Well, Mondays
9 through Fridays are generally bad.

10 (Laughter.)

11 MR. HINNEFELD: Yes, Mondays
12 through Fridays are generally bad.

13 (Laughter.)

14 Saturdays and Sundays are worse.

15 CHAIR MUNN: Stu, I hate to point
16 out to you that you have lived one-seventh of
17 your life on Thursdays. So this may be
18 something to consider.

19 MR. HINNEFELD: Well, that's okay.
20 I understand. I'm just complaining.

21 CHAIR MUNN: The 13th is okay?

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1 MR. HINNEFELD: I suppose. 315

2 (Laughter.)

3 We can't do it the 12th?

4 CHAIR MUNN: No, it looks like the
5 12th is going to have to be a travel day for
6 me.

7 MR. MARSCHKE: That's August 13th?

8 CHAIR MUNN: August 13th, a
9 Thursday.

10 MR. KATZ: Did you say 9:30 or 10
11 o'clock?

12 CHAIR MUNN: Ten o'clock.

13 MR. KATZ: Ten o'clock.

14 CHAIR MUNN: Cincinnati Airport
15 Marriott.

16 MR. MARSCHKE: This is the old
17 one. If you want to see the progress we made
18 today, this is where we were when we started
19 this morning.

20 CHAIR MUNN: Yes.

21 MR. MARSCHKE: We had 29 percent

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1 of them were open. When we ended up, we had ³¹⁶
2 22 percent of them open.

3 CHAIR MUNN: Very good. Yipee.

4 MR. KATZ: Of course, that
5 includes some transferred ones.

6 (Laughter.)

7 I don't think you're going to
8 impress the Secretary, telling the Secretary
9 that you've transferred --

10 MR. SEIBERT: We moved it around.

11 MR. KATZ: -- items from one work
12 group to another.

13 CHAIR MUNN: I still claim the
14 victor's advantage in this, right.

15 Is there any other concern,
16 activity, request that we need to address
17 before we adjourn?

18 (No response.)

19 If not, then we will be in
20 contact, I hope, fairly heavily by email
21 through the month of July. I am going to try

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1 very hard not to let these things all pile up³¹⁷
2 at the last few minutes, and get as much of
3 them done prior to the Covington meeting as we
4 can.

5 And you will be hearing from me.
6 I will verify our date for the next meeting.

7 What's your feeling, since we're
8 having so much trouble with this meeting? Do
9 you think it is worthwhile establishing a
10 second one out or do you want to just stay
11 with just one at a time?

12 MEMBER ZIEMER: We're having so
13 much trouble in terms of finding a date?

14 CHAIR MUNN: Yes. Right. And it
15 seems to just snowball. It gets worse and
16 worse. The longer we wait to establish a
17 date, the more likely it is somebody takes
18 that date and rolls it into something else.
19 There's another meeting. There's another
20 something.

21 MR. KATZ: It's awfully far out.

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1 I'm happy with whatever you want to do. ^{If}₁₈

2 you want to put it --

3 CHAIR MUNN: Well, I was only
4 considering the September meeting. Maybe we
5 can choose another Thursday for the benefit of
6 Stu.

7 (Laughter.)

8 MR. HINNEFELD: Well, actually,
9 Thursdays are better in September.

10 (Laughter.)

11 MEMBER GRIFFON: It's a seasonal
12 thing, right?

13 MR. HINNEFELD: It's golf season.

14 (Laughter.)

15 MEMBER GRIFFON: That's what I was
16 saying; it's a seasonal thing.

17 CHAIR MUNN: The 10th would be a
18 couple of days after, but we have the telecon
19 that week anyway. That would be a couple of
20 days afterward.

21 MR. KATZ: So when are you looking

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1 in September? 319

2 CHAIR MUNN: I'm looking in

3 September.

4 MR. HINNEFELD: What did we just

5 set in August?

6 MEMBER GRIFFON: Yes, August 13th.

7 MR. HINNEFELD: You're talking

8 about a month later.

9 CHAIR MUNN: August the 13th.

10 MR. HINNEFELD: That's a lot of

11 time.

12 MR. KATZ: So it would have to be

13 the very end of September, I think.

14 MEMBER ZIEMER: I won't be

15 available.

16 CHAIR MUNN: The end of September?

17 MEMBER ZIEMER: I can call in from

18 somewhere.

19 CHAIR MUNN: Timbuktu. Timbuktu.

20 MR. KATZ: Well, our Board meeting

21 in October begins on the 20th.

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1 CHAIR MUNN: The 20th. 320

2 MR. KATZ: So you have two weeks-
3 plus in October, two weeks.

4 MEMBER GRIFFON: Yes, I would say
5 mid-October or early October would be a good
6 time, if you wanted to set a date. Because I
7 think September is too early, given the way we
8 make progress, you know.

9 MR. KATZ: So the week of October
10 4th is a possibility?

11 CHAIR MUNN: Yes, that's a
12 possibility, I guess, in which case, will you
13 be back October 6th? Tuesday, October 6th?
14 Tentative.

15 MR. KATZ: Okay, tentative, yes.
16 I'm not sure.

17 CHAIR MUNN: You're not?

18 MR. KATZ: It seems okay right
19 now, but I have most of my calendar on my
20 other computer.

21 MR. SEIBERT: Do we need to

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1 confirm this one later? 321

2 CHAIR MUNN: Yes, yes.

3 MR. SEIBERT: Or can I actually
4 put it in? Okay.

5 CHAIR MUNN: Yes. Well, no, let's
6 put it on the calendar. Let's go ahead and
7 say, yes, we'll do the 6th.

8 MR. KATZ: Okay, October 6th.

9 CHAIR MUNN: It's two weeks ahead
10 of Brookhaven.

11 MR. KATZ: Yes, that's good
12 timing.

13 CHAIR MUNN: Yes.

14 All right. Unless there's
15 anything else, we are officially adjourned.

16 Safe travels home, for those of
17 you who are going home.

18 (Whereupon, the above-entitled
19 matter was adjourned at 4:50 p.m.)

20

21

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

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