

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

convenes

WORKING GROUP

ADVISORY BOARD ON
RADIATION AND WORKER HEALTH

PROCEDURES REVIEW

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

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NATIONALLY CERTIFIED COURT REPORTERS
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TRANSCRIPT LEGEND

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

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

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

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

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

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P R O C E E D I N G S

JUNE 24, 2008

(8:30 a.m.)

OPENING REMARKS

DR. BRANCHE: Ray, are you ready?

THE COURT REPORTER: Yes, ma'am.

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

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

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

UNIDENTIFIED: I can hear you.

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

Ms. Munn, are you ready?

MS. MUNN: Yes, I am.

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

MS. MUNN: Wanda Munn, Board member and chair

1 of this workgroup.

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

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

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

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

7 (No response)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

18 (No response)

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

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

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

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

1 (No response)

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

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

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

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

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

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

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

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

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

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

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

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

22 (No response)

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

25 (No response)

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

3 (No response)

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

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

9 (No response)

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

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

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

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

3 **INTRODUCTION BY CHAIR**

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

10 (No response)

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

18 **RE-REVIEW OF MATERIALS PROCESS**

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

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

6 **DR. MAURO:** Absolutely.

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

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

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

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

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

17 Yes, Steve Marschke.

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

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

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

7 Yes, John?

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

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

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

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

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

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

25 **MS. MUNN:** Yes.

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

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

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

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

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

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

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

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

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

3 **MR. HINNEFELD:** No --

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

5 **MR. HINNEFELD:** Right.

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

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

10 **MR. GRIFFON:** Right.

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

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

15 **MR. HINNEFELD:** Right.

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

17 **MR. HINNEFELD:** Right.

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

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

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

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

22 **MS. MUNN:** Yes.

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

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

25 **MR. GRIFFON:** -- so...

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

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

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

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

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

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

24 **MR. GRIFFON:** I mean do other people feel that
25 --

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

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

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

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

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

1 the exact wording.

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

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

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

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

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

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

1 themselves.

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

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

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

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

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

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

13 **MR. GRIFFON:** Yeah.

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

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

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

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

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

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

9 **MR. GRIFFON:** Yeah.

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

1 today, after this --

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

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

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

6 **DR. ZIEMER:** I'm --

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

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

18 **MR. GRIFFON:** Yeah.

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

24 **MR. GRIFFON:** Right.

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

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

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

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

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

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

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

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

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

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

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

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

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

1 a facetious statement --

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

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

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

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

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

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

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

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

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

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

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

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

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

9 **MS. MUNN:** Correct.

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

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

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

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

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

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

17 **DR. ZIEMER:** Yeah.

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

20 **MR. PRESLEY:** Okay.

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

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

24 All right.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 8 final report --

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3 **TRACKING SYSTEM STATUS**

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

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

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

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

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

1 you need to get that close.

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

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

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

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

9 **MR. MARSCHKE:** Okay.

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

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

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

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

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

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

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

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

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

1 sheet.

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

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

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

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

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

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

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

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

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

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

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

1 flies.

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

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

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

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

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

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

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

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

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

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

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

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

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

1 later in -- in the meeting.

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

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

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

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

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

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

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

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

1 **MS. MUNN:** Maybe --

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

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

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

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

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

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

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

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

20 **DR. MAURO:** Ah, okay.

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

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

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

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

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

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

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

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

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

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

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

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

1 QA process, to me.

2 Any negative response to that?

3 (No response)

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

6 (No response)

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

14 **FIRST SET, REMAINING OPEN ITEMS**

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

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

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

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

14 Stu?

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

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

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

1 detail.

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

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

19 **MS. MUNN:** Right.

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

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

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

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

17 **MR. HINNEFELD:** Yes.

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

19 **MR. HINNEFELD:** Yes.

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

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

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

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

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

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

4 **DR. ZIEMER:** Right.

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

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

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

12 **DR. ZIEMER:** Or is --

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

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

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

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

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

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

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

8 **DR. ZIEMER:** Summarized.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

21 **MR. HINNEFELD:** Yes.

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

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

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

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

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

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

25 **MR. HINNEFELD:** Sure.

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

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

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

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

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

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

4 **DR. MAURO:** The only thing I'd like to add is
5 what -- what I'm hearing is the process, there
6 are places along the way where there is
7 ambiguity, confusion that needs to be clarified
8 so that we could work through the issue. In
9 some cases it may simply be that in our report
10 itself, the full report, there may be some
11 ambiguity that, once we get into the process --
12 NIOSH is not quite sure what the -- what's the
13 problem. And then of course the logical step
14 would be some discussion. And so I don't see
15 there are -- and we'll work that out.
16 I am concerned, though, that -- with the
17 archive. In effect, what's happening is
18 there's clarifying discussion that takes place
19 where there's an -- aha, oh, is that what you
20 meant, and then we'll say oh, no, now I know
21 what the issue is. I think it's important that
22 that's captured. And what I would suggest is
23 that when that happens, when those discussions
24 happen, that some minutes be made regarding
25 that clarification. It might be something on

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

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

13 **UNIDENTIFIED:** (Off microphone)

14 (Unintelligible)

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

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

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

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

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

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

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

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

3 **MR. GRIFFON:** Wanda?

4 **MS. MUNN:** Yes.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3 **MR. HINNEFELD:** Yeah.

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

5 **MR. HINNEFELD:** Okay.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

23 **MR. GRIFFON:** Yeah.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3 **MS. MUNN:** Good.

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

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

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

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

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

19 **MS. MUNN:** Hmm.

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

22 **MS. MUNN:** Yes.

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

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

1 a housecleaning procedure.

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

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

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

9 (No response)

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

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

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

18 **MR. HINNEFELD:** Yes.

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

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

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

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

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

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

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

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

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

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

18 **MR. GRIFFON:** Right.

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

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

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

21 **DR. MAURO:** Yes.

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

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

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

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

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

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

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

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

1 an open item, yeah.

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

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

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

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

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

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

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

6 Ms. Munn?

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

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

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

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

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

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

4 **MS. MUNN:** Thank you.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

23 **MS. MUNN:** Yes.

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

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

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

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

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

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

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

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

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

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

15 **MS. MUNN:** Very good.

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

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

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

1 that.

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

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

9 **MS. MUNN:** Yes.

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

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

1 review them, actually --

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

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

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

7 **DR. ANIGSTEIN:** Right.

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

10 **DR. ANIGSTEIN:** Yeah.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

11 **MR. HINNEFELD:** Sure.

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

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

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

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

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

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

1 (Unintelligible)

2 **DR. ZIEMER:** Huh?

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

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

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

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

8 **MS. MUNN:** Definitely.

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

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

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

13 **MS. MUNN:** Yes.

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

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

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

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

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

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

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

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

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

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

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

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

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

14 **DR. MAURO:** Okay.

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

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

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

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

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

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

3 **MR. HINNEFELD:** Right.

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

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

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

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

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

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

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

20 **MR. HINNEFELD:** Correct.

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

23 **MR. HINNEFELD:** Right.

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

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

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

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

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

1 upon us, to consider that.

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

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

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

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

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

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

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

3 **MS. MUNN:** Paul?

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

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

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

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

1 subset working from this workgroup.

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

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

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

23 **DR. BRANCHE:** New.

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

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

1 looked at.

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

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

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

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

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

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

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

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

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

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

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

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

14 **DR. NETON:** No.

15 **DR. BRANCHE:** No.

16 **MR. PRESLEY:** No.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

14 **MR. PRESLEY:** No.

15 **DR. BRANCHE:** Okay.

16 **MR. PRESLEY:** No.

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

18 **MR. PRESLEY:** Right.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 know.

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

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

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

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

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

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

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

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

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

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

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

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

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

15 **MR. GRIFFON:** No.

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

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

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

5 **MR. ELLIOTT:** Refining.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

13 Yes, Christine?

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

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

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

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

16 **DR. ZIEMER:** Yeah.

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

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

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

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

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

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

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

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

3 **MS. MUNN:** Not really.

4 **DR. ANIGSTEIN:** Okay.

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

18 **OTIB-52**

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

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

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

3 **MS. MUNN:** Right.

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

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

1 meeting?

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

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

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

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

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

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

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

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

9 **UNIDENTIFIED:** Oh, okay.

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

13 **UNIDENTIFIED:** I think --

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

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

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

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

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

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

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

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

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

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

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

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

11 Yes, Stu?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

23 **DR. ZIEMER:** So --

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

1 **DR. ZIEMER:** Well --

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

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

4 (unintelligible) --

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

11 **MS. MUNN:** Right.

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

14 **MS. MUNN:** Right.

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

17 **MS. MUNN:** Yeah.

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

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

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

21 **MS. MUNN:** What?

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

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

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

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

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

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

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

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

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

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

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

1 discussion --

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

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

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

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

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

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

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

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

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

7 **OTIBS 8, 10, 23**

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

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

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

4 **DR. MAURO:** Yes.

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

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

18 **DR. MAURO:** Yeah, I believe -- and Steve,
19 correct me if I'm wrong -- that procedure was
20 turned over to the original reviewers. They
21 reviewed the revised procedure and concurred
22 that all of the -- the agreements that were
23 made during the discussion have in fact been
24 made. So in other words, this is one of those
25 cases where we're im-- we've implemented our

1 re-review. We took it upon ourselves to --

2 **MS. MUNN:** Yes.

3 **DR. MAURO:** -- re-review it to see if in fact
4 your revised procedure does in fact close out
5 or deal with the issue that was originally
6 raised, and the answer is our reviewer said
7 yes, looks fine to us. So as far as we're
8 concerned, we're prepared to recommend closeout
9 of those issues related to those procedures.

10 **MS. MUNN:** Is there any objection to the
11 closeout of those issues?

12 **MR. PRESLEY:** Can you state those issues again,
13 please?

14 **MR. HINNEFELD:** All of them?

15 **MR. PRESLEY:** No, just these three that we're
16 going to close out.

17 **MR. HINNEFELD:** Oh, well, they're all the
18 findings associated with OTIB-8, OTIB-10 and
19 OTIB-23.

20 **MR. PRESLEY:** And it's recommended that -- by
21 SC&A that they be closed?

22 **MS. MUNN:** Yes, it is. Does anyone have any
23 objection to closing those items that were
24 listed by Stu and re-reviewed by SC&A?

25 (No response)

1 Will you please see that the database reflects
2 those items are closed? Thank you.

3 **HOUSEKEEPING ITEMS**

4 Now we're down to housekeeping items. We had a
5 problem apparently with -- I know we --

6 **DR. BRANCHE:** The 23rd -- or the 21st?

7 **MS. MUNN:** -- the 21st and that problem was
8 that --

9 **DR. BRANCHE:** Arjun Makhijani --

10 **MS. MUNN:** -- Arjun did not believe he could be
11 available --

12 **DR. BRANCHE:** In person, but can you -- you
13 said that you thought there was a --

14 **DR. MAKHIJANI:** I could do it by -- I could do
15 it by phone.

16 **MS. MUNN:** My memory was that we struggled a
17 bit in order to -- there were conflicts --

18 **MR. PRESLEY:** Right.

19 **MS. MUNN:** -- for a number of people --

20 **DR. BRANCHE:** I have a considerable number of
21 conflicts for changing the date, to be honest
22 with you.

23 **MR. PRESLEY:** I do, too.

24 **MS. MUNN:** Yeah.

25 **MR. GRIFFON:** What is the date again? I'm

1 sorry.

2 **DR. BRANCHE:** The date on -- the date on the
3 record is July 21st, 9:30 to 3:00 or 4:00,
4 something like that.

5 **MS. MUNN:** I have 5:00.

6 **DR. BRANCHE:** 5:00?

7 **MS. MUNN:** That'll be a full day, yeah. 9:30
8 to 5:00 o'clock Monday July 21st, Cincinnati,
9 face-to-face. Dr. Makhijani -- 9:30 -- Dr.
10 Makhijani can be available by phone?

11 **DR. MAKHIJANI:** Yes, I can do it by phone.

12 **MS. MUNN:** All right.

13 **DR. MAKHIJANI:** I'll be on the west coast so
14 I'll be in your position there, starting --

15 **MS. MUNN:** Good.

16 **DR. MAKHIJANI:** -- at 6:30 in the morning.

17 **MS. MUNN:** Good, I am so pleased that I can
18 speak to you at 6:30. That's -- that's such a
19 delightful thing to have to do.

20 **DR. BRANCHE:** But then you'll have the rest of
21 the day --

22 **MS. MUNN:** Yeah, that is the rest of the day.

23 **DR. BRANCHE:** -- available to him at the
24 conclusion of the meeting.

25 **MS. MUNN:** I call your attention to the fact

1 that our next scheduled full Board meeting is
2 the first week in September, immediately
3 following Labor Day. And the reason I call
4 that to your attention is that it's highly
5 probable that we will, after the Board call --
6 the -- the teleconference --

7 **DR. BRANCHE:** On the 5th of August.

8 **MS. MUNN:** -- on the 5th of August, it's highly
9 probable that this group will need to meet
10 prior to that full Board meeting in September.
11 Whether we can do that by telephone or whether
12 we can -- have -- whether it will be face-to-
13 face depends largely on what falls out of the
14 July 21 meeting. But it would behoove us to
15 try to choose a date when we would at least be
16 available for a telephone call.

17 **DR. BRANCHE:** Ms. Munn, if I can -- actually
18 I've just gotten some information from Zaida
19 about CDC's bookkeeping, essentially.

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

21 **DR. BRANCHE:** And I would recommend that we
22 schedule a face-to-face meeting and then
23 determine later that it's going to be by phone.
24 It'll be easier to undo a face-to-face meeting
25 and make it a -- a meeting by phone than to try

1 to do the reverse because we'd have to get the
2 travel inform-- apparently the book-- the
3 logistical issue is we need to get every
4 request for travel in and through the
5 bookkeeping system by the 29th of August.

6 **MS. MUNN:** Oh, well, all right.

7 **DR. BRANCHE:** So any requests for -- by -- and
8 I'll say this during the Board meeting, but any
9 requests by workgroup chairs for meetings will
10 have to be done -- your requests and the travel
11 requests have to be done before the 29th of
12 August, even if you want to -- if not, you'll
13 have to wait until the turn of the fiscal year,
14 which is October 1.

15 **MS. MUNN:** Let us then, for the sake of
16 expedience and to maintain our good graces with
17 the federal government, choose a date in
18 August. It is much easier to either change it
19 or cancel it than it is to try to beg
20 forgiveness later. August is a difficult
21 month, I know that. My preference personally
22 would be something like the 14th/15th in --

23 **DR. BRANCHE:** That's a tough --

24 **MS. MUNN:** -- mid-August.

25 **DR. BRANCHE:** -- week for me. I've already got

1 some obligations. The week of the 18th and the
2 week of the 25th are --

3 **MR. PRESLEY:** The 18th I'm good.

4 **MS. MUNN:** The 18th you're good, or busy? Did
5 you say good or busy?

6 **MR. PRESLEY:** I'm good on the 18th.

7 **DR. BRANCHE:** I'm good on the 18th.

8 **MS. MUNN:** That's a good week for me as well.

9 **MR. GRIFFON:** That -- that week's okay for me.
10 The 18th is not good, but the -- that week is -
11 -

12 **DR. BRANCHE:** With the exception of the 18th?

13 **MR. GRIFFON:** Yeah, with the exception of the
14 18th.

15 **MS. MUNN:** How about something like the 21st, a
16 Thursday that week?

17 **DR. ZIEMER:** Okay.

18 **DR. BRANCHE:** I can do that.

19 **MS. MUNN:** August 21.

20 **DR. BRANCHE:** Speak now.

21 **MS. MUNN:** We will momentarily -- we will
22 schedule it temporarily as --

23 **DR. BRANCHE:** 9:30.

24 **MS. MUNN:** -- 9:30 (unintelligible) --

25 **DR. BRANCHE:** In Cincinnati.

1 progress items and see for yourself. If
2 something jumps out at you as being extremely
3 important that we have been pushing in the
4 background, please do let me know. I'll make
5 every effort to get it on the agenda.
6 Anything else for the good of the order?

7 (No response)

8 If not, this meeting is adjourned. Thank all
9 of you on the phone.

10 (Whereupon, the meeting was adjourned at 11:50
11 a.m.)

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CERTIFICATE OF COURT REPORTER**STATE OF GEORGIA****COUNTY OF FULTON**

I, Steven Ray Green, Certified Merit Court Reporter, do hereby certify that I reported the above and foregoing on the day of June 24, 2008; and it is a true and accurate transcript of the testimony captioned herein.

I further certify that I am neither kin nor counsel to any of the parties herein, nor have any interest in the cause named herein.

WITNESS my hand and official seal this the 8th day of Aug., 2008.

STEVEN RAY GREEN, CCR, CVR-CM, PNSC
CERTIFIED MERIT COURT REPORTER
CERTIFICATE NUMBER: A-2102