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OCCUPATIONAL SAFETY AND HEALTH

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OFFICE OF COMPENSATION ANALYSIS AND SUPPORT

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ADVISORY BOARD ON RADIATION WORKER HEALTH

+ + + + +

ADVISORY BOARD WORKGROUP ON PROCEDURES

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TUESDAY,

OCTOBER 14, 2008

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The Advisory Board Workgroup convened in the Frankfort Room of the Cincinnati Airport Marriott, Cincinnati, Ohio at 10:00 a.m., Wanda Munn, Working Group Chair, presiding.

MEMBERS PRESENT:

WANDA MUNN, Chair
MARK GRIFFON
PAUL ZIEMER

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ALSO PRESENT:

NANCY ADAMS, NIOSH Contractor
BOB ANIGSTEIN, SC&A
KATHY BEHLING, SC&A
LIZ BRACKETT, ORAU
ZAIDA BURGOS, NIOSH
LARRY ELLIOTT, NIOSH
STUART HINNEFELD, NIOSH
LIZ HOMOKI-TITUS, HHS
EMILY HOWELL, HHS
TED KATZ, Designated Federal Official
STEVE MARSCHKE, SC&A
STEVE OSTROW, SC&A
SCOTT SIEBERT, ORAU
MATTHEW SMITH, ORAU
DAVE SUNDIN, OCAS
ELYSE THOMAS, ORAU

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

2 (10:03 a.m.)

3 MR. KATZ: Good morning. This is
4 the Procedures Working Group of the Advisory
5 Board on Radiation Worker Health. And we are
6 about to get started. Let's begin with
7 identifying who is attending, starting with
8 the Board members in the room. If you would
9 just start your names, please?

10 CHAIR MUNN: This is Wanda Munn,
11 Chair of this group.

12 MEMBER ZIEMER: Paul Ziemer, Board
13 member.

14 MR. KATZ: And do we have any
15 Advisory Board members attending by telephone?

16 MEMBER GRIFFON: Yes. This is Mark
17 Griffon.

18 MR. KATZ: Welcome, Mark.

19 MEMBER GRIFFON: Hi, Ted.

20 MR. KATZ: Okay. And I know Mike
21 Gibson is not able to attend today. Then
22 going to the NIOSH ORAU team, if you would

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1 identify yourselves, starting in the room?

2 MR. ELLIOTT: This is Larry
3 Elliott, Director of the Office of
4 Compensation Analysis and Support.

5 MR. HINNEFELD: Stu Hinnefeld,
6 Authentical Program Manager, same office.

7 MR. SIEBERT: Scott Siebert with
8 the ORAU team.

9 MS. THOMAS: Elyse Thomas with the
10 ORAU team.

11 MR. KATZ: And on the telephone?

12 MR. SMITH: Matthew Smith, ORAU
13 team.

14 MS. BRACKETT: Liz Brackett, ORAU
15 team.

16 MR. SUNDIN: This is Dave Sundin,
17 OCAS.

18 MR. KATZ: Okay. And now SC&A in
19 the room?

20 MR. MARSCHKE: Steve Marschke.

21 MR. KATZ: And on the telephone?

22 MR. OSTROW: Steve Ostrow.

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1 MS. BEHLING: Kathy Behling.

2 MR. ANIGSTEIN: Bob Anigstein.

3 MR. KATZ: Welcome, everybody. And
4 now going from that to other federal employees
5 in the room?

6 MS. HOWELL: Emily Howell, HHS.

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

9 MR. KATZ: And on the telephone?

10 MS. BURGOS: Zaida Burgos, NIOSH.

11 MR. KATZ: And I gather that's it?

12 And then for members of the public, any
13 attending or members of Congress or their
14 representatives?

15 (No response.)

16 MR. KATZ: Okay, then. And, just
17 to note, then, for people on the phone, I
18 don't think, actually, anyone on the phone
19 needs it, then if we don't have any others,
20 but please keep your phones on #6 or mute,
21 whichever, when you're not speaking. And if
22 you disconnect, please do not put us on hold.

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1 Actually hang up and call back in. Much
2 thanks and Wanda, it's all yours.

3 CHAIR MUNN: Thank you, Ted.

4 I think most of you have my e-mail
5 of the 12th, indicating what we are going to
6 be covering here, roughly. The only
7 time-certain activity that we have discussed
8 during our e-mail traffic over the last week
9 or so has been that first item under my "At
10 some juncture" group comments with respect to
11 OTIB-0066, we had indicated earlier that we
12 would be discussing that. In the interim, we
13 have realized that that document has not yet
14 been released from SC&A. They haven't quite
15 completed their review of it.

16 Therefore, as a result, what I have
17 indicated is that at 11:30 today, we will ask
18 some of the folks from SC&A who have been
19 involved with that to give us a status and
20 timeline and a very brief discussion of what
21 the pertinent points are with respect to their
22 findings.

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1 Other than that, we will not be
2 covering OTIB-0066. Nor will we be going out
3 of our way to try to maintain a strict
4 timeline here unless someone has other
5 concerns.

6 If we have a situation where
7 someone needs to make some presentation and
8 he's not going to be able to be with us
9 throughout the day, please make that known to
10 us so that we can arrange our schedule
11 accordingly.

12 We expect to do this in a fairly
13 unassuming manner today. We have all been at
14 this for a little while now. And this is our
15 second attempt to work almost entirely from
16 the electronic database, rather than from
17 written material. And we'll just play it by
18 ear and see how it goes. I hope it goes well.

19 I have asked that before we get
20 really started here, we take a look at our
21 procedures tracking system summary, which is
22 on the O drive and available for all of you

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1 who want to.

2 Rather than ask everybody to be
3 pulling that up and scurrying around, it would
4 be nice if we would just run through that very
5 quickly, orally.

6 Nancy, would you mind doing that
7 for us?

8 MS. ADAMS: No.

9 CHAIR MUNN: Just a quick reading
10 of what we are staring at here. And if there
11 are specific items as we go through this that
12 the Board members are feeling a need to have
13 some additional attention directed to them,
14 please let us know.

15 Nancy?

16 MS. ADAMS: So the first set of
17 findings of January 17th, 2005, there were 183
18 total findings for that package. Forty-four
19 of those are currently in abeyance.

20 There are none that are officially
21 as open. There are none in progress, 44 in
22 abeyance. Four that are addressed in

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1 findings. And four have been transferred.
2 And 131 are closed.

3 The June 8th, 2006 set of findings,
4 there are 112. Thirty-five are still open.
5 Four are in progress. Five are in abeyance.
6 Four are addressed in findings. Ten have been
7 transferred. And 54 of those 112 are closed.

8 The next set is July 30th, 2007.
9 That set contains 16 findings. Six of those
10 are in progress. One is in abeyance. One is
11 addressed in findings. Two are transferred.
12 And six are closed.

13 September 20th, 2007 we have 8
14 total findings. None are open. There is one
15 in progress, two in abeyance, five addressed
16 in findings. None of those have been
17 transferred, and none of those have yet been
18 closed.

19 And then October 29th, 2007, there
20 are 145 findings. All 145 of those are still
21 open. November 9th, 2007, there are 9 total
22 findings. All nine of those are still open.

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1 And then April 21st, 2008, there
2 were 13 findings. And 13 of those have been
3 transferred. So that gives us from all of
4 those 7 packages of findings, 486 total
5 findings, of which 191 have been closed, 189
6 are still open, 11 are in progress, 52 are in
7 abeyance, 14 are addressed in findings, and 29
8 of those have been transferred.

9 CHAIR MUNN: Since we now have a
10 group of initial findings from NIOSH on our
11 third set, those numbers will undoubtedly
12 change significantly after this particular
13 meeting.

14 Thank you, Nancy. I appreciate it.

15 MR. MARSCHKE: Yes. I believe
16 NIOSH gave us initial response to 32 of the
17 145 in that October 29th set.

18 CHAIR MUNN: Yes.

19 MR. MARSCHKE: And, actually, we
20 started looking them over and are ready to
21 make a recommendation on just about a handful
22 of them or so.

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1 CHAIR MUNN: Good.

2 MR. MARSCHKE: So the next time we
3 meet, we will have probably, at least for
4 those 32 and any additional ones that NIOSH
5 provides us from that group, some
6 recommendations to give the Board as to, you
7 know, what status changes we would recommend
8 be made.

9 CHAIR MUNN: We'll certainly change
10 the open numbers significantly.

11 Yes, Paul?

12 MEMBER ZIEMER: What is the date of
13 this thing? I think you're saying there are
14 132 in progress on that set. Does that --

15 MR. MARSCHKE: There are 32, not
16 132.

17 CHAIR MUNN: Thirty-two.

18 MEMBER ZIEMER: Oh, 32. Okay.
19 Whatever the number is. But that is as of
20 like today?

21 CHAIR MUNN: Yes.

22 MEMBER ZIEMER: What is the date on

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1 this?

2 MR. MARSCHKE: This is live today.

3 MEMBER ZIEMER: The other just
4 hasn't been entered?

5 MR. MARSCHKE: The other just
6 hasn't been entered in yet.

7 MR. HINNEFELD: Essentially, we
8 haven't moved them from open until we talk
9 about them in here.

10 MEMBER ZIEMER: Okay. Even though
11 you have put them --

12 MR. HINNEFELD: Even though we have
13 given a response back, it usually remains
14 open. And our response goes in the database.

15 MR. MARSCHKE: We don't make any
16 changes to the status box until --

17 MEMBER ZIEMER: Until it's
18 discussed.

19 MR. MARSCHKE: -- until it's
20 discussed, until the Board directs us to make
21 a change to the status box. So on our
22 recommendation, we don't change the status

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1 box. It's only when the Board gives us a
2 direction to change the status that we change
3 it from open to in progress or something like
4 that.

5 CHAIR MUNN: At our last meeting,
6 we did go through the entire group of findings
7 that we had and addressed the few that were
8 still outstanding and set one.

9 What is the preference of the group
10 today? It had been my thought that we would
11 start with the second set since, if memory
12 serves, there hasn't been a great deal of
13 activity going on in the first set of those
14 abeyance numbers that are there have not, to
15 my knowledge, changed significantly, but there
16 has been a considerable amount of work done on
17 the second and third sets.

18 My instinct would be to start with
19 the second set and go from there. But that's
20 up to the group. Does anyone else have a
21 preference for addressing these, the manner in
22 which we are going to address these, the

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1 order? Is starting with the second set all
2 right?

3 MEMBER ZIEMER: I am agreeable. I
4 would just ask the question and probably
5 should know this, but I don't. Are there any
6 procedures in the later sets that have an
7 urgency about them relative to ongoing
8 activities?

9 CHAIR MUNN: Well, there is always
10 --

11 MEMBER ZIEMER: I don't know if Stu
12 or Larry could answer.

13 MR. MARSCHKE: The metal tritides?

14 CHAIR MUNN: Yes. That's 66. And
15 the metal tritides are what we will be
16 discussing at 11:30.

17 MEMBER ZIEMER: But also on the
18 metal tritides, what is the interaction on the
19 Pinellas group? Isn't Phil Schofield's group
20 also looking at that issue?

21 MR. KATZ: I think Phil was
22 expecting that since this group is meeting

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1 first that it would deal with it and then they
2 would respond based on how this group --

3 MEMBER ZIEMER: So they -- you plan
4 to look at it?

5 MR. KATZ: So they plan to look at
6 it, but I think they're relying on -- since
7 this group is getting to it first from a
8 timeliness perspective, they're looking at
9 what results will come out of this group's
10 discussion.

11 CHAIR MUNN: However, that was what
12 I was talking about earlier when I said we do
13 not have SC&A's full set of responses. That's
14 not complete yet.

15 MEMBER ZIEMER: Right, on that one.

16 CHAIR MUNN: So we'll have only a
17 verbal report. We don't have anything from
18 which to make any decisions today. NIOSH
19 hasn't even had an opportunity to look at that
20 response.

21 MR. MARSCHKE: The report right now
22 is a draft version, and it's being

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1 declassified. It's going through the
2 declassification review.

3 CHAIR MUNN: Until we have an
4 opportunity for that initial technical
5 exchange to take place, there really isn't
6 much we can do except request a status from
7 SC&A, which is what we've done.

8 MR. MARSCHKE: While you mention
9 OTIB-0052, which is the construction worker
10 OTIB, that's the third one, the 730-16
11 findings. Should we get into that? I mean,
12 we can summarize that.

13 CHAIR MUNN: Please do.

14 MR. MARSCHKE: We had a
15 teleconference last Friday between myself --
16 Mark was on it -- and Jim Neton and several of
17 the other NIOSH individuals. And we think we
18 have come to an agreement as to the wording
19 that would be acceptable to all parties who
20 are involved that would satisfy the findings
21 and we would be able to move the six that are
22 in progress to probably in abeyance in short

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1 order.

2 It is my understanding that early
3 this week perhaps -- maybe it's already
4 occurred -- that the draft was going to go to
5 Jim Neton, the draft revisions to the wording
6 of the document was going to go to Jim Neton
7 for his review.

8 And then he would probably do
9 whatever he wants to do to it and then forward
10 it along to the working group and to SC&A.
11 And we would be in a position to, you know, as
12 I said before, we would move those six
13 findings from in-progress to in-abeyance.

14 CHAIR MUNN: Would you like to
15 review what those six findings were for us,
16 Steve? I know you sent them to me. I don't
17 know whether I forwarded them to the other
18 members of the working group, but it would be
19 helpful I think for us to review what those
20 six were since it's my understanding from what
21 you just said that we're close to a resolution
22 on those six.

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1 MEMBER GRIFFON: Wanda, this is
2 Mark.

3 CHAIR MUNN: Yes, Mark?

4 MEMBER GRIFFON: Hi. I just wanted
5 to say Steve is correct about the Friday call,
6 but I did forward you, Steve, some questions
7 that I had about OTIB-0052 in general.

8 We were focused on the three
9 questions that you have remaining, but I have
10 some other background questions, which may be
11 easily answered. So I didn't forward them to
12 the whole workgroup.

13 But I just wanted to say I agree
14 with sort of our focused discussion on Friday.

15 But I had some broader questions about the
16 OTIB itself. So maybe that will come up in
17 our deliberations of these six findings.

18 CHAIR MUNN: It would be very
19 helpful if we had a review of what those
20 issues were. And, Mark, if it's all right
21 with you, it would be helpful certainly for me
22 if I had some feel for what your broader

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1 questions with respect to other portions of
2 the OTIB were.

3 MEMBER GRIFFON: Okay. Yes. I
4 think some of them may overlap with what we
5 discussed on Friday. Again, it was more the
6 folks on the phone were much more familiar
7 with the OTIB than I was. Some of it I
8 thought was kind of background. It might be
9 easily answered by them. But I'll be happy to
10 include those in our discussion now.

11 If you want to let Steve start
12 maybe and I'll --

13 CHAIR MUNN: Yes. I would
14 appreciate that. I had expected personally to
15 try to be on that call but wasn't able to do
16 it. So I am feeling a little bit out of the
17 loop with respect to status here.

18 MR. MARSCHKE: We have, actually,
19 two things going on here now. There are six
20 findings that are currently in progress and
21 that we're discussing. And these are the six
22 here. It's shown on the screen, OTIB. It is

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1 finding 5, 9, 10, 11, 13, and 14. And we can
2 show the details.

3 NIOSH has provided us with a draft
4 proposed changes back on 8-22, which would
5 address all of those six open items. And this
6 is also available on the O drive as a related
7 link.

8 In the telecon on Friday, we did
9 not work issue by issue. We did not work
10 through these issue by issue. What we did was
11 we looked at the draft proposed changes, and
12 the only things that we talked about were the
13 areas where SC&A would like to see a little
14 clarification, a little bit more detail, or a
15 little different wording. And so those were
16 only three areas. And so that is what was the
17 topic of the discussion, was in three specific
18 areas on the proposed changes.

19 NIOSH had proposed a change to add
20 a sentence or a couple of sentences to the
21 effect that external doses to SRS pipefitters
22 who are unmonitored and unemployed or employed

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1 for a limited duration between '72 and '74 or
2 '90 and '98 may be underestimated slightly.
3 See OTIB-0020 for additional guidance while we
4 would have liked to have seen a little bit
5 more of a general statement than that about
6 the pipefitters.

7 We also thought that perhaps this
8 statement belonged more appropriately in
9 OTIB-0020 than in OTIB-0052 because OTIB-0052
10 my understanding is is primarily for the
11 individuals who are developing the site
12 profiles and not for the dose reconstructors.

13 In the back of the site profiles,
14 they have these tables of, I guess for lack of
15 a better word, default annual doses. They
16 have the coworker table. And now they're
17 going to have a second OTIB-0052 table for
18 construction workers.

19 So the person who is developing
20 that site profile and those tables, those are
21 the individuals who will be utilizing
22 OTIB-0052, not so much the dose reconstructors

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1 themselves.

2 So we don't see that putting a
3 statement to this effect in OTIB-0052 is going
4 to be really beneficial. We would much rather
5 see the statement in OTIB-0020.

6 What I have done is the paragraph
7 here that begins "Some workers are concerned"
8 was taken out of OTIB, an existing paragraph
9 out of OTIB-0020. And the italicized portions
10 are my changes to the OTIB-0020 paragraph to
11 implement our concern regarding the
12 pipefitters and being underestimated by
13 OTIB-0052.

14 There was some concern about the
15 exact wording. I think it was general
16 agreement that this was the way we were going
17 to go, but there was some concern that the
18 wording may be changed from what is shown here
19 presently. And that's one of the things that
20 Jim Neton and NIOSH are working on.

21 Mark, is that your recollection?

22 MEMBER GRIFFON: Yes. Yes, I think

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1 so. I am just noticing as I scan through the
2 database that several of the findings, as you
3 just said, several of the findings, in the
4 database itself we didn't really get into in
5 our conversation. It was those three focused
6 items.

7 MR. SMITH: This is Matt Smith for
8 the ORAU team.

9 I did edit and revise OTIB-0020 for
10 the past few months. And that's currently
11 into the review cycle at NIOSH right now based
12 on this finding.

13 MEMBER GRIFFON: Great. Good.

14 MEMBER ZIEMER: This is Ziemer.

15 It sounded like you're modifying
16 something based on a finding which has not yet
17 been accepted by the workgroup. Do I
18 understand this correctly or --

19 MR. SMITH: Well, I believe it was
20 an action that came up during the July time
21 frame. I remember this issue being discussed
22 back then. And the direction was given to

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1 include this language about pipefitters in
2 OTIB-0020 at that time.

3 MS. THOMAS: It was an action for
4 OTIB-0020.

5 MR. SMITH: That action was taken.

6 MR. MARSCHKE: Some of the --

7 MR. SMITH: I will go back to my
8 e-mail while we are on the phone here.

9 MEMBER ZIEMER: Okay. Well, I just
10 wanted to get some clarification on that.

11 And then, as a follow-up question,
12 I'll ask Ms. Munn, do we have that document
13 that we're seeing projected? I don't think I
14 have it.

15 MR. MARSCHKE: This one here?

16 MEMBER ZIEMER: What's the status
17 of it? Is it just a discussion piece as a
18 result of the phone call or is it an official
19 document?

20 CHAIR MUNN: It was a discussion
21 piece.

22 MR. MARSCHKE: We were going to

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1 have this phone call. And I thought it would
2 be a good idea before we had the phone call to
3 list a few topics that we wanted to touch on
4 during the phone call. So that's all this was
5 meant to be.

6 MEMBER ZIEMER: Okay.

7 MR. MARSCHKE: It was not an
8 official document in any sense of the word.

9 CHAIR MUNN: Our instruction from
10 our last meeting was that the agency and the
11 contractor would have a technical discussion
12 --

13 MEMBER ZIEMER: Right.

14 CHAIR MUNN: -- to try to resolve
15 the issues that we had with OTIB-0052. And
16 this was just these notes relative to --

17 MEMBER ZIEMER: So this is not a
18 final version of that wording?

19 CHAIR MUNN: No, no.

20 MR. MARSCHKE: No, it is not. It
21 is --

22 MEMBER ZIEMER: And that's why I

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1 asked the original question, then. Is it
2 being incorporated in this form in another
3 document or has that other wording been
4 approved anyway under OTIB-0020?

5 CHAIR MUNN: It's my understanding,
6 correct me if I am wrong, as a result of the
7 discussion that Jim Neton is in the process of
8 putting together wording now. Is that
9 correct?

10 MR. MARSCHKE: That's my
11 understanding.

12 CHAIR MUNN: That was my
13 understanding.

14 MR. MARSCHKE: That's my
15 understanding of what is going on at this
16 point as well. In August, NIOSH gave us their
17 proposed wording changes to OTIB-0052. And
18 what is italicized in number 1 was included in
19 that.

20 My understanding is that they were
21 probably going to delete that from their
22 proposed changes to OTIB-0052 and add

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1 something to OTIB-0020. That is what I walked
2 away from the teleconference with.

3 And whether or not it is going to
4 be some wording along the lines that are shown
5 on the screen but not necessarily that
6 wording, they're going to work on it.

7 Obviously they will run it, I guess
8 obviously they will run it, by us again. We
9 will have another chance to look at it and see
10 whether or not we agree with it or not.

11 CHAIR MUNN: So that we can
12 anticipate that will be an action item for us
13 at our next meeting. And Jim is not with us
14 this morning. Correct?

15 MR. HINNEFELD: No.

16 CHAIR MUNN: That will go on our
17 record as an item for next meeting.

18 MEMBER GRIFFON: Wanda, this is
19 Mark.

20 CHAIR MUNN: Yes, Mark?

21 MEMBER GRIFFON: Hi. I'm Mark
22 Griffon. I just had a question.

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1 When I look at the database, the
2 paper, Paul, that you were asking about, it
3 does show up as a reference link, but I also
4 noticed that this paper is linked to many of
5 the OTIB-0052 findings.

6 And, for instance, I am looking at
7 OTIB-0052-14. And the original finding is
8 related to the handling of missing dose. And
9 this particular paper had, you know, nothing
10 at all to do with the findings.

11 So I think at some point we want to
12 go back to each one of these original findings
13 and make sure because I don't think that this
14 handling the issues in this paper necessarily
15 closed all findings related to OTIB-0052.
16 Does that make any sense? I just want to
17 cross-check that with somebody.

18 There are several questions as I
19 look at it. There is handling of other
20 radionuclides. This thing only addresses
21 plutonium and uranium. There is a question of
22 neutron doses in here. There is a question of

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1 this handling of missing doses. Do they use
2 zeros, MDAs, et cetera?

3 And none of those three that I just
4 mentioned were addressed in this last white
5 paper, the SC&A issues. Maybe they are closed
6 out another way, but I think we need to make
7 sure we look back and look at the progress of
8 each because, like I said, this white paper
9 doesn't address -- it's linked to some
10 findings that it isn't even related to.

11 MR. MARSCHKE: Mark, can I clarify
12 that a little bit? The link that you see on
13 the O drive, the three topics of discussion is
14 not an SC&A document that is linked on the O
15 drive. It is the NIOSH-proposed changes that
16 are linked on the O drive.

17 MEMBER GRIFFON: Correct. I'm
18 sorry. Yes.

19 MR. MARSCHKE: And it shows up.
20 Because it's linked in so many different
21 areas, if you look at the paper itself, the
22 NIOSH paper itself, they identify which

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1 findings, like, say, 14. If you look at the
2 paragraph at the bottom of the first page of
3 the draft, they say basically that paragraph
4 was inserted in response to findings
5 OTIB-0052-13 and OTIB-0052-14. So that's the
6 reason why it's linked from OTIB-0052-14.

7 MEMBER GRIFFON: Thank you. I
8 thought this was your white paper. You're
9 right. I didn't look closely at the linked
10 document. So it is the ORAU initial response.

11 MR. MARSCHKE: That's correct.

12 MEMBER GRIFFON: All right. So it
13 may be appropriate in the linked section, but
14 I don't know if we ever discussed, I think we
15 did preliminarily discuss, this paper. But my
16 question maybe, then, is: the paper we
17 discussed in the Friday meeting, was that the
18 only finding that you have remaining issues
19 with?

20 MR. MARSCHKE: Yes.

21 MEMBER GRIFFON: Okay.

22 MR. MARSCHKE: Yes.

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1 MEMBER GRIFFON: I am not sure that
2 we as the workgroup have closed those other
3 items out. So maybe that's where we can
4 discuss that.

5 MEMBER ZIEMER: Mark, this is
6 Ziemer.

7 I think in the paper that we're
8 looking at here that Steve is showing us, it
9 probably doesn't have the "status" of a white
10 paper, yet. It's still in the discussion
11 stage, I think, as I understand it, between
12 SC&A and NIOSH. Is that correct, Steve?

13 MR. MARSCHKE: Both documents. I
14 mean, both documents, I don't know that they
15 have the status of -- neither of them have the
16 status of white paper.

17 In my mind, the first document, the
18 NIOSH document, is really just their proposed
19 revisions to the OTIB-0052. And the SC&A,
20 what we're calling the SC&A white paper, is
21 really just my talking my points for the
22 telecon. And so it's just I wouldn't give

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1 either of them status as white papers.

2 CHAIR MUNN: No. I don't think
3 they were ever intended as that. They were
4 intended as internal documents just outlining
5 discussion points so that all the parties
6 involved would be clear on what was going to
7 be covered in that particular telephone
8 conference.

9 MEMBER ZIEMER: Maybe the
10 terminology is not a good one. The NIOSH one
11 is on the database and the SC&A one is not yet
12 there.

13 MR. MARSCHKE: Yes. And I don't --

14 MEMBER ZIEMER: It may change a
15 little bit before you put it on, as I
16 understand it.

17 MR. MARSCHKE: I am not sure that
18 we will -- you know, unless the working group
19 wants us to put it on, I'm not sure that I
20 would say we should be putting that on because
21 to me that's like an interim document. When
22 NIOSH comes back and makes their second set of

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1 proposed changes to the OTIB, then we would
2 get that on some form or fashion.

3 We do have a problem with the
4 database in that it's only allowed one link
5 per finding. So there are several ways we can
6 get around that by putting the two documents
7 together or something like that, one after the
8 other.

9 But as it stands right now, we
10 would have to do something creative, I guess.

11 But that's --

12 CHAIR MUNN: As a cautionary word
13 from the Chair, there would be some concern, I
14 think, with assuming that any written
15 communication regarding these items is going
16 to be retained in its fullness in some way in
17 our database.

18 That would undoubtedly overload
19 what we're trying to do here and cause us
20 undue grief in trying to sort through
21 preliminary discussion items in order to get
22 to the final documents.

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1 It would in my view appear to be
2 unwise to consider documents of this sort to
3 be the kind of material that we want to insert
4 into the database given that there had been no
5 decisions made and no agreement reached with
6 NIOSH on the verbiage.

7 MR. MARSCHKE: I realize that, yes,
8 there was discussion at one of our meetings --
9 I don't know if it was at Redondo Beach or the
10 last time we were here -- about even putting
11 this current NIOSH-proposed changes, even
12 adding that to the database.

13 We finally decided that we should
14 add it to the database. We wanted to have
15 some kind of a record as to what the changes
16 were, but I don't think we want to have, as
17 Wanda says, every step and nut and bolt in
18 there.

19 MR. ELLIOTT: But it seems to me
20 that the entry of this document, the
21 NIOSH-developed document, that's labeled
22 "Draft" presumes that you're going to provide

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1 the response document. And that will have to
2 be added to the system here.

3 My question is one of procedure.
4 You know, it seems to me that we belabor and
5 we belabor and we belabor discussion here on
6 minor points, language, semantics, what have
7 you.

8 I am trying to find where we should
9 be with NIOSH decision-making. And where do
10 we find ourselves saying, "Here is a NIOSH
11 decision. What is the reaction of the working
12 group?"

13 If the working group chooses to say
14 to SC&A, "What is your advice?" or "What is
15 your review and comment on this?" that is your
16 prerogative.

17 Where does the board, where does
18 the working group -- I think this is very
19 pertinent to procedures because you can get so
20 mired down into the details here. Where does
21 the working group see NIOSH decision points
22 being? Should we revise OTIB-0052 based upon

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1 what we have seen from SC&A and the working
2 group's discussions and say, "Here is our
3 revision" and get your approval on that or
4 should we say, "Here is our reaction to this
5 issue that is brought up under this provision,
6 under this procedure"?

7 Should we take OTIB-0020 and make
8 the revisions to it and that's our decision
9 and we lay it on the table and you react to it
10 or do we, as we are doing here in my opinion,
11 continue to debate, continue to deliberate,
12 continue to go back and forth, even to that
13 point of suggestion on language?

14 So I just ask that as a question.
15 Where do you see the NIOSH decision points
16 occurring here?

17 CHAIR MUNN: And it's a crucial
18 question, one we have not come to full grips
19 with.

20 MR. MARSCHKE: Yes. And I think
21 also, particularly for OTIB-0052, SC&A is not
22 proposing any changes to the methodology that

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1 would result in any numerical changes to doses
2 that are reconstructed based upon the current
3 version of OTIB-0052.

4 What we are looking for is
5 clarification and explanation in the wording
6 that is in the document. So your point is
7 well-taken.

8 MR. ELLIOTT: You know, it bothers
9 me to hear that we have a review of a document
10 underway within our peer review process, that
11 it tends to something that was addressed under
12 OTIB-0020. That should be reflected in
13 OTIB-0052.

14 So I'm trying to find out, you
15 know. I hate to see that review process
16 proceed and then come out. And there will be
17 some other decision that the working group
18 feels is the appropriate decision. So that's
19 why I'm asking the question, #Where#s the
20 decision?#

21 Sorry to throw a wrench into the
22 works.

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1 CHAIR MUNN: No. That's not a
2 wrench, really and truly. It's the crux of
3 what we're trying to do here. And we are at a
4 juncture in our deliberations where we have
5 seen what can happen as a result of not having
6 tacked down that precise question.

7 This probably is as good a time as
8 any for us to try to reach a significant
9 milestone by putting that on the record if we
10 are far enough along in our own individual
11 thoughts to be able to see the end result from
12 both sides.

13 Does any other Board member have a
14 thought on that? Yes, Paul?

15 MEMBER ZIEMER: Well, this is
16 Ziemer.

17 This is just top of the head, but
18 it seems to me that we shouldn't be quibbling
19 with wording changes that won't have any
20 impact on the bottom line. I mean,
21 wordsmithing is not that critical.

22 If there is an issue that is

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1 important either to -- in fact, it may not
2 even be important for us to define where
3 something should be. And, you know, you need
4 to move this into OTIB something or other. If
5 that has no impact on how you are doing your
6 work, then I don't think we need to mess with
7 something like that.

8 Now, if we identify an issue that
9 impacts on the bottom line of dose
10 reconstruction in some way or impacts on the
11 procedures in a way that is significant, then
12 we need to deal with it.

13 I think Larry is right that we
14 don't want to be wordsmithing and saying,
15 "Well, this paragraph ought to go into this
16 document" and so on.

17 As long as if NIOSH knows, you
18 know, has clarified the issue and how they're
19 dealing with it, we're satisfied with how
20 they're dealing with it. And we've gotten
21 input from SC&A on the technical concerns.

22 MR. MARSCHKE: The first topic up

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1 here may have some impact on a dose
2 reconstruction if the construction worker were
3 a pipefitter or one of these -- fell into this
4 group where they received higher than average
5 doses.

6 So we think that this is a little
7 bit more than wordsmithing. This is kind of
8 raising a little flag to the dose
9 reconstructor, saying, you know, if the
10 claimant indicates that he was in the
11 construction trade and particularly if he was
12 a pipefitter, then you may want to take a
13 little harder look at him than if he was in
14 the construction trades as a painter or as a
15 carpenter because we found in a general rule
16 that the pipefitters receive a higher than
17 average dose. With some of these other labor
18 categories, we see lower than average doses.

19 So that's what the intent here was.

20 In the discussion on Friday, it was pointed
21 out that, well, how are we going to know that
22 this is the case for any particular claimant?

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1 And I think that's one of the
2 points that Mark brought up on Friday. You
3 know, the statement in 20 says verbally in the
4 CATI interview or in written correspondence,
5 that may or may not -- there may not be any
6 information in either of those that would
7 identify that and particularly if the claimant
8 was a survivor, as opposed to the worker
9 himself.

10 So this first one is a little bit
11 more than just wordsmithing.

12 MEMBER ZIEMER: But I think we just
13 heard that that is already being addressed.

14 MR. ELLIOTT: That's a valid point.
15 We need to react to that. We need to address
16 that. I'm happy to hear that being raised as
17 an issue so that we can adjust as appropriate.

18 CHAIR MUNN: However, there is
19 another issue involved in this type of
20 discussion. And that is a concern that we
21 have gone through on several occasions in this
22 body with respect to where issues are

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1 addressed. There is some question as to
2 whether or not it's a concern of a review body
3 like this one where an issue is addressed.

4 The question is whether the issue
5 is adequately addressed. And our interest,
6 for example, in 52 or 20 is a soft --

7 MR. ELLIOTT: I think you are
8 speaking of verification. You want a
9 verification step that NIOSH has said it's
10 going to address the comment X, Y, and Z in
11 such and such a document. Now, did they?

12 CHAIR MUNN: Did they?

13 MR. ELLIOTT: Yes.

14 CHAIR MUNN: And once it was done,
15 should this body have any word one way or
16 another in whether or not that the place where
17 it is addressed is a real consequence? You
18 know, we have from time to time had
19 discussions about whether it should go here or
20 whether it should go there. And there is some
21 question as to whether or not that is an
22 appropriate concern for us one way or the

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1 other.

2 If the issue is addressed and it is
3 addressed to the satisfaction of both the
4 agency and the contractor, then it should be
5 done, but your question still -- we talked
6 around it, but we still haven't directly
7 addressed the question.

8 MR. ELLIOTT: At some point in time
9 we have to come forward, NIOSH has to present
10 a decision. And that decision can be in the
11 form of a whole document revision or it can be
12 in the form of a "Here is our reaction and our
13 position on this deficiency as noted." And
14 that's all I'm asking.

15 We need to be clear on what we're
16 presenting, I think, because what I see in
17 this document doesn't tell me that that is our
18 final position on language or where we should
19 attend to that language.

20 And it doesn't, in my opinion
21 doesn't, say that okay, we have reacted to
22 that issue that Steve articulated a moment

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1 ago. So where does verification start on our
2 decision point that we make.

3 And I think you are interested in
4 who is going to make that verification? Is it
5 something that NIOSH has to point you to or is
6 it something that you as a working group want
7 to take the step and actually do or do you
8 want to ask your contractor for that support?

9 And it could be any of those
10 options, I believe.

11 MR. MARSCHKE: Yes. If I could
12 expand a little bit? When the action is a
13 revision to an OTIB or a revision to a
14 document, usually what we do is we take a look
15 at that revised document and see a focused
16 look at the revised document to see whether or
17 not that particular finding has been
18 addressed.

19 And then we give the Board the
20 thumbs up or the thumbs down that we agree
21 that it has been addressed appropriately. And
22 when we have gone through, I think you will

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1 see in a number of ones that we have been
2 working off on the second group, I think that
3 is exactly the case that has occurred.

4 NIOSH has gone back and made
5 revisions to documents. I think OTIB-0011 is
6 an example where they revised the documents.
7 We looked at the calculation packages that
8 they utilized. And we said, yes, we are in
9 agreement with the revisions that were made
10 and we recommend that the Board close these.
11 And I believe that the Board is now looking
12 themselves at the calculations on that
13 particular example. And will come to their
14 own decision.

15 But that has been the process. And
16 even when a finding gets transferred to
17 another document, such as the one that we have
18 been talking about, if we were given -- okay.

19 Say TIB-0020 has been revised and it now
20 incorporates the OTIB-0052, we interpret our
21 charter to be able to go into OTIB-0020 and
22 look to see whether or not, in effect, the

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1 change does satisfy the finding from
2 OTIB-0052.

3 From an OTIB-0052 perspective, we
4 would not look at other portions of OTIB-0020
5 because that would not be our charter under
6 OTIB-0052. It would be a very focused review
7 to see that the change that was indicated was
8 going to be made had, in fact, been made. And
9 that would be the extent of it.

10 I think we have done that. An
11 example doesn't pop to mind immediately, but I
12 think we have done that in the past as well.
13 And then we turn around and, again, give our
14 recommendation to the working group.

15 And so that is procedure that we
16 have been working under.

17 CHAIR MUNN: Mark, are you still
18 there?

19 MEMBER GRIFFON: Yes, I am still
20 here.

21 CHAIR MUNN: You are being very
22 silent on this administrative issue here,

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1 which is probably key to many of the things we
2 are going to be doing in the future. It would
3 be helpful for us to hear your position now if
4 you feel constrained to give it to us.

5 MEMBER GRIFFON: Yes. I mean, I
6 guess part of my frustration is that I think I
7 want to get answers to the findings, rather
8 than -- I'm not interested in small wording
9 changes either. I'm interested in the meat of
10 the issue.

11 And as I'm looking back at some of
12 the responses back and forth -- and maybe it's
13 because quite a bit of time has gone by and
14 I'm not looking at these summaries and the
15 database. Sometimes you lose the texture of
16 the conversation, but, you know, I'm still
17 hard-pressed to see whether the workgroup
18 closed on certain items.

19 One example I'm reading through is
20 the question of neutron dose and the other
21 radionuclides, two examples in there. They're
22 not handled. I guess I have questions on both

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1 of those, whether we closed it.

2 And I think sometimes we have been
3 at this, I think someone said we have been at
4 this a while, but I think a lot of our
5 dialogue lately is not focused on the findings
6 themselves. It has been on process stuff.

7 Here we have been going at this for
8 an hour. And I don't think we've talked about
9 a finding yet. So I guess that's my comment.

10 I would just assume, you know, maybe we're
11 not ready - - for OTIB-0052, maybe we're not
12 ready for a revised language yet.

13 Maybe we need to go back to each
14 one of these and just summarize where we're at
15 and make sure not only SC&A and NIOSH are in
16 agreement but the workgroup, that we have some
17 agreement on these findings and we can move
18 forward or close some and some end up in
19 abeyance.

20 I think we haven't, at least to my
21 satisfaction, we haven't, had that discussion
22 on some of these.

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1 CHAIR MUNN: No, we haven't had
2 that discussion, but the question that is
3 before us now is, how do we get out of this
4 loop? And what is going to be the final
5 portion of process?

6 Are we as a workgroup going to be
7 passing on each of these issues before NIOSH?

8 MR. ELLIOTT: May I propose
9 something?

10 CHAIR MUNN: Please do.

11 MR. ELLIOTT: In this particular
12 instance, I think you should back out this
13 document. I don't think this NIOSH document
14 should be in your tracking system yet.

15 I think what you should enter into
16 your tracking system is a document that says
17 there was this technical discussion with SC&A
18 and NIOSH and the outcome of that was.

19 CHAIR MUNN: Yes, with respect to
20 this particular piece of paper that we're
21 talking about here, I agree with you. The
22 technical discussion encompassed certain

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1 items. And NIOSH is preparing its position
2 now. That to me is the status of this
3 particular item.

4 Also, it still doesn't answer your
5 question of when is the item closed, what is
6 the process. And, Mark, I haven't heard your
7 position on that either.

8 Just a moment. Yes, Paul?

9 MEMBER ZIEMER: Well, I was going
10 to comment on that issue myself. And I think
11 I agree with Mark on this that the fact -- and
12 I think, Mark, if I express this correctly, I
13 think your concern and mine would be that we
14 should not assume that just because NIOSH and
15 SC&A have come to agreement, that the issue is
16 closed because the Board has the prerogative
17 of disagreeing with both of those entities.

18 So I think Mark has always been
19 concerned that there is an assumption that
20 closure is assumed simply because NIOSH and
21 SC&A have agreed on something, that ultimately
22 the Board has to also agree with that position

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1 or disagree so that, in fact, on each item to
2 close it, the workgroup has to agree that it's
3 closed and make that recommendation to the
4 Board. That's point one.

5 Point two, I think that it is
6 always a danger that either for the workgroup
7 or for our contractor to get into so much
8 detail that we're doing work that ultimately
9 should be NIOSH's work, -- I think Larry has
10 heard me say this many times -- there is a
11 tendency for us to want to do the NIOSH work.

12 If we identify a concern, we need to raise it
13 to NIOSH. It is their responsibility to
14 address it.

15 It is not our contractor's
16 responsibility. It is not the Board's
17 responsibility to make the correction or to do
18 the NIOSH work. Now, we may work hand in hand
19 because they need to understand the concern,
20 and we have the technical discussions back and
21 forth, but I think it's always a danger.

22 And we have this a little bit, I

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1 think, in my mind on Fernald right now where
2 we have SC&A doing a sampling procedure to
3 evaluate the data and I would question whether
4 that is what the contractor should do or
5 should we say, "NIOSH, here is a possible way
6 to evaluate the data. Do this or do something
7 similar to evaluate the data"? So I think we
8 always have that danger of getting into the
9 weeds too much, both the workgroup and the
10 contractor.

11 Those were my comments. Mark, did
12 I characterize your concerns right?

13 MEMBER GRIFFON: Yes, Paul. I
14 agree with you, especially on the first point.

15 I definitely agree with that. That is my
16 concern.

17 And I'm looking at OTIB-0052,
18 finding 14 on the missing dose question. And
19 when I look at the back and forth on the
20 responses, it may be that SC&A is satisfied
21 with NIOSH's response, but when I look at it,
22 even the final pdf document that gives another

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1 language change is fairly vague.

2 And I think that, you know, myself
3 as a workgroup member, I started on Friday
4 during that conference call and looked at it a
5 little more over the weekend. But when you
6 look at the spreadsheets, you have to sort of
7 go back to the data and convince yourself that
8 we agree with -- if SC&A is in agreement with
9 this and NIOSH, that we are willing to sign
10 off as well.

11 Maybe it's not for discussion now,
12 but I think we just need to step back and go
13 through each one of these and say, "Okay. We
14 also buy in" as workgroup members before we
15 finally close the items. That's all.

16 CHAIR MUNN: I'm trying to
17 formulate the words to express my concern.
18 And I'm having a hard time doing it because it
19 is involved with a larger question of what our
20 responsibilities as Board members actually
21 are, both in the larger sense and very
22 specifically in this body.

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1 The only reason we have these
2 findings to begin with is that our contractor
3 has reviewed NIOSH documentation and has
4 brought these findings to our attention as
5 being items of concern.

6 When we as an oversight group
7 received our charter, it was not a written
8 charter for this workgroup or subcommittee,
9 whichever we are, -- I'm not sure at this
10 juncture -- but we were charged with
11 overseeing the process of interchange between
12 NIOSH and SC&A with respect to how the
13 findings were resolved.

14 Expecting that individual workgroup
15 members would be actively involved in those
16 resolutions is asking a great deal. It seems
17 prudent for us, perhaps it would be wise for
18 those of us who are workgroup members on the
19 Board, to have an offline discussion to come
20 to some agreement about our responsibility and
21 present our thoughts to the Board itself to
22 clarify some of these issues.

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1 If we were charged with the
2 responsibility of seeing that the interchange
3 was appropriate and that the findings were
4 appropriately addressed, then when the agency
5 that has made the finding agrees that the
6 finding has been properly addressed and the
7 agency who produced the original document
8 accepts that finding, it is difficult to
9 understand how as a Board there should not be
10 an agreement from the subcommittee or working
11 group, whichever we are, that that mission has
12 been accomplished.

13 MR. ELLIOTT: Or has not been
14 accomplished.

15 CHAIR MUNN: Or has not been
16 accomplished, as the case may be.

17 MEMBER GRIFFON: So whenever SC&A
18 and NIOSH agree, the Board members have no
19 voice at all is what you're saying?

20 CHAIR MUNN: No, that's not what
21 I'm saying. What I'm saying is from a working
22 group point of view, there is no reason why we

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1 should not say at this juncture, this working
2 group's responsibility has been met if that
3 circumstance is, in fact, met.

4 As individual Board members, it
5 appears we already know. In any case in a
6 full Board meeting, all Board members may
7 address this, not simply working group
8 members. We have seen that already and will
9 continue to see it.

10 When there are individual concerns
11 and individual disagreements, that is an
12 entirely different thing than what the charge
13 of the workgroup is, it would appear.

14 MEMBER GRIFFON: But, Wanda, my
15 point is that always the place where we have
16 handled the more technical and sort of the
17 down in the weeds issues is on the workgroup
18 level. That is the whole notion of having
19 workgroups deal with it, instead of dealing
20 with it at the full Board level.

21 CHAIR MUNN: Right.

22 MEMBER GRIFFON: So when you have

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1 questions like, how was this misdose handled
2 in these databases, how did they merge all of
3 the data together and establish these ratios,
4 I mean, these kinds of discussions I think
5 make sense to having the workgroup.

6 And all I am saying is if you have
7 a NIOSH response to a finding and then an SC&A
8 rebuttal or whatever, at some point I thought
9 the workgroup members should have an
10 opportunity to ask clarifying questions.

11 I'm not saying that I'm going to go
12 to anywhere near the depth that SC&A has in
13 reviewing these or NIOSH has in responding to
14 the findings but just clarifying questions.

15 Let me make sure I understand why
16 you guys agree, that sort of questioning, and
17 then we close it out. That is what we have
18 done all along. I don't know why that is any
19 different, really.

20 CHAIR MUNN: No, I don't why
21 that's any different either. That's not what
22 I was hearing in our earlier --

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1 MEMBER GRIFFON: That's what I
2 intended.

3 CHAIR MUNN: Well, in any case, it
4 seems that we can discuss this at great length
5 and pontificate endlessly. We really don't
6 want to do that. At least that's not my
7 desire, and it's clearly not the desire of the
8 other people sitting around this table and
9 you, Mark.

10 Do any of the Board members have
11 any objection to our discussing offline Jim's
12 specific request with regard to our
13 determining what our process should be
14 appropriately and how we will address it or do
15 we want to continue to try to address it here
16 or do we think it is resolved? I don't feel
17 it's resolved, but what is your thought?

18 MEMBER ZIEMER: Wanda, I don't
19 think it's any different than any of the other
20 workgroups when we have our matrices. There
21 may be some differences in the level of
22 detail, but ultimately the workgroup has to

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1 come to -- a Board member can raise an issue
2 later certainly, but the workgroup has to come
3 to some agreement that the issue has been
4 closed.

5 And I think, as Mark said,
6 individual Board members may differ in their
7 level of comfort on many of these issues.
8 Some of it may depend on their background and
9 their perspective, but the workgroup members
10 need to be able to ask whatever questions they
11 have. How did SC&A reach its conclusions or
12 how did NIOSH reach its conclusions and
13 ultimately to reach a level of comfort that
14 that Board member can say, "Yes, I am in
15 agreement that this issue is closed."

16 CHAIR MUNN: That's our purpose.

17 MEMBER ZIEMER: And also to oversee
18 that process of resolving the issues and to be
19 able to assure the Board that yes, the parties
20 did get together and we did address these
21 issues and the questions raised by the
22 workgroup that have now been satisfactorily

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1 answered and here is why. Certainly any Board
2 member has the prerogative of going back and
3 asking other questions.

4 In fact, I would say that if a
5 Board member wished to add findings, you know,
6 here is something that I think that SC&A
7 overlooked but as I read through the NIOSH
8 document, whatever it may be, whether it is a
9 site profile or in this case a procedure, I
10 have this additional question that I would
11 like to be addressed, I think Board members
12 can even raise that. We're not locked into
13 only findings of SC&A as Board members.

14 And sometimes this comes up in the
15 framework of other questions that have been
16 raised anyway and sort of gets incorporated
17 into existing findings.

18 I think we have a path forward. I
19 think you have identified the concern of us
20 not -- I think in many cases many Board
21 members will be satisfied once the two issues
22 or the two parties have come to closure or

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1 what appears to be. Others may have
2 additional questions.

3 I think a lot of that depends on
4 individuals' backgrounds and their method of
5 processing the information and analyzing what
6 they have before them.

7 MR. MARSCHKE: Yes. If I can
8 expand a little bit? I don't think OTIB-0052
9 is a good place to be talking about this
10 because at this point we're not coming to the
11 Board with any recommendations for any status
12 changes to these particular findings at this
13 point in time.

14 I don't know if I am anticipating
15 where Wanda is going to go next. But if we
16 look at the second set of findings, there are
17 a number of 30-some odd open ones.

18 On those 30-some odd open ones, we
19 do have recommendations. But we have looked
20 at the NIOSH's responses and we made our
21 recommendations. In many cases, we recommend
22 that the finding be closed.

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1 If you remember, looking at the
2 status sheet, they are still open. We don't
3 close them. As I said before, we don't close
4 them on our recommendations. We bring it
5 before the working group. And the working
6 group gives us the direction to close.

7 They can look at the NIOSH response
8 for that particular finding. They can look at
9 -- one of the things we have been asked to do
10 is to go back and give a little bit more of a
11 reason why we agree with NIOSH or why we
12 disagree with NIOSH.

13 We have attempted to do that in
14 these 30-some odd open findings that are
15 associated with the second group. And there
16 now I think those are ripe for the working
17 group to take or to make status changes.

18 The OTIB-0052, these findings are
19 either in progress or they really are not
20 completely ripe at this point for the
21 workgroup to make a status change.

22 CHAIR MUNN: OTIB-0052 is pretty

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1 much a stand-alone document. It is a
2 different kind of animal than most of the
3 documents that we are dealing with.

4 And I think Steve is correct with
5 respect to its status. It is not ready for us
6 yet. It is out there. And we need to look at
7 it. But we don't have specifics before us,
8 either from SC&A or from NIOSH at this
9 juncture with respect to these items, correct?

10 MR. ELLIOTT: Yes, that's correct.

11 I think you're right. You do have a path
12 forward. My question that I raised earlier
13 does not imply you don't have a well-designed
14 path forward.

15 What I think we all need to agree
16 and expect here is that we are going to have a
17 clear and transparent record. That is what we
18 have all signed on for.

19 But in some instances, like this
20 example, I think learn from this example and
21 say, where there has been a technical
22 discussion, a technical meeting, and there's

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1 not a final product from that, we should not
2 see an entry into this database yet.

3 If we do and then it looks like
4 it's a NIOSH decision point that is triggering
5 that, then, you know, I want it to be a NIOSH
6 decision point. If it's not, then it
7 shouldn't be there.

8 Right now I am saying that is not
9 yet a NIOSH decision.

10 CHAIR MUNN: No. From my
11 perspective, the only notation that needs to
12 go is that --

13 MR. ELLIOTT: A technical meeting
14 was held.

15 CHAIR MUNN: -- a technical
16 teleconference was held. And we anticipate --

17 MR. ELLIOTT: I think you need to
18 ask yourselves as you go through these issues,
19 you know, "Do we have something like this or
20 are we dealing with something that is the
21 result of the process that you have
22 established here, the procedure you have

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1 established?"

2 I think what you also need to talk
3 about at some point in time is where we are
4 going to disagree, where SC&A and NIOSH just
5 absolutely have reached a stalemate and we are
6 no longer interested in further conversation
7 on the matter. That is going to come soon. I
8 can assure you it will be perhaps in this
9 meeting, if not your next meeting.

10 CHAIR MUNN: Yes, it will come
11 soon.

12 MR. ELLIOTT: Because I am driving
13 my folks to say we have reached the end of the
14 trail here and we need to put this to bed so
15 that we can move forward and finish up the
16 dose reconstructions that are affected.

17 CHAIR MUNN: And it's going to be a
18 long, frustrating discussion when that occurs,
19 I suspect. And I wouldn't be surprised to
20 have that occur this afternoon.

21 Very frankly, when I put OTIB-0052,
22 the teleconference, on our agenda, I had no

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1 expectation that this kind of discussion was
2 going to evolve from it. I simply wanted to
3 make sure that all of the parties involved
4 were aware of the fact that the teleconference
5 had taken place and that there were activities
6 going on with respect to the items that were
7 discussed there. That was the only intent.

8 However, since it has led to our
9 discussion here, is there any objection from
10 anyone to our indicating that the
11 teleconference occurred, that the resolution
12 to the discussions are currently being worked
13 by both the agency and the contractor? Is
14 there any objection to that being listed as
15 our --

16 MR. ELLIOTT: That is true.

17 CHAIR MUNN: -- transparent
18 activity? That's what it was. But we have no
19 status of any of the individual items to
20 change or to impact at this time.

21 MR. MARSCHKE: If you look at the
22 current status, most of these issues,

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1 basically the status of that is what you just
2 described.

3 CHAIR MUNN: They are in progress.

4 MR. MARSCHKE: They are in
5 progress. And they will remain that way until
6 I guess we, NIOSH and SC&A, decide to come
7 before the workgroup with a recommended change
8 to that status.

9 CHAIR MUNN: May we agree that that
10 is what can close our discussion with respect
11 to this particular OTIB at this moment?

12 MR. ELLIOTT: No.

13 CHAIR MUNN: No?

14 MR. ELLIOTT: I would like for you
15 to either agree to take that document out of
16 the database or to re-label that document so
17 that it is noted as a discussion piece for a
18 technical meeting and that there will be a
19 follow-up complementary document added.

20 MEMBER ZIEMER: I think she was
21 recommending to take it out.

22 CHAIR MUNN: Yes, I was.

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1 MR. ELLIOTT: One way or the other,
2 whichever is the pleasure of the working
3 group, but this can't stand alone.

4 CHAIR MUNN: No, no. It is too
5 much data.

6 MR. ELLIOTT: I don't know how it
7 got added, but that is beside the point at
8 this juncture.

9 MS. HOWELL: And if I could just
10 ask a question for point of clarification? I
11 know we have had discussions before about who
12 has I guess the rights from an IT perspective
13 to add documents. But who is making kind of
14 more of the editorial call about documents
15 such as this being added? Because the
16 concerns that Larry raise are, I mean, there
17 is some legal concern there as well.

18 We need to be very clear about the
19 record that we are establishing. And
20 obviously we are clear on this item because we
21 are going to have a lovely transcript about
22 it.

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1 I just want to be clear about what
2 kind of things are being posted because we are
3 kind of, either post --

4 MR. ELLIOTT: What is the
5 expectation?

6 MS. HOWELL: -- every single thing
7 or post judiciously. And obviously that means
8 somebody somewhere is having to make
9 decisions. And I just want to know for my
10 own, you know, knowledge and my office's
11 knowledge, who is it that is making that
12 decision?

13 I would assume that that should be
14 a NIOSH decision point, but I need to know if
15 that is at the OCAS level, the OD level.

16 MR. ELLIOTT: Well, it could be the
17 decision of the working group to say technical
18 minutes or meeting notes or discussion
19 documents from a technical interaction or
20 technical meeting, you know, all ought to be
21 in there or selectively, those that are agreed
22 upon as the resolution from the discussion of

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1 the technical meeting ought to be in there.

2 It could be the working group that
3 drives that training. I don't care.

4 MS. HOWELL: Well, then we have to
5 be --

6 MR. ELLIOTT: If you leave it to
7 NIOSH, here is my preference. I'm going to
8 say we don't enter anything from a technical
9 meeting perspective unless it's an agreed-upon
10 position by both parties because we have a lot
11 of back and forth. You know, we can show
12 minutes and notes. And one set of notes is
13 somebody's perspective, and another set of
14 notes is another person's perspective.

15 MS. HOWELL: That is what I mean
16 when I say something about labeling because if
17 it is the workgroup's decision, then that
18 means that it is incumbent upon SC&A and ORAU
19 and NIOSH to clearly determine and to send up
20 through their chain of command what is a final
21 document, which version is this. This is
22 something that should be posted. This is

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1 something that should not be posted because it
2 is confusing to the people who are responsible
3 for this.

4 MR. MARSCHKE: This particular
5 document was posted because it was agreed upon
6 at the workgroup meeting. I don't think it
7 was at the August meeting, but I think it was
8 the workgroup meeting before that, when we had
9 discussion as to whether or not this should be
10 posted. Wanda I think was against posting it,
11 but she got --

12 CHAIR MUNN: Overridden.

13 MR. MARSCHKE: -- overridden --

14 CHAIR MUNN: Again.

15 MR. MARSCHKE: -- or outvoted,
16 whatever the word is. And we came with -- we
17 wanted to add the word "draft," which we did,
18 to the title and the date to the title and
19 some additional changes. But the posting of
20 this document, this particular document, was
21 the workgroup decision.

22 Other times you will see related

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1 links on some of the other ones. Sometimes I
2 use the related links. It's a --

3 MR. ELLIOTT: Could you highlight
4 and just put that up, just pull that up? I'm
5 sorry, Steve, to interrupt.

6 MR. MARSCHKE: Other times I use
7 the related links. The access database that
8 we're utilizing is very limited in what it
9 will accept as text. It will only accept
10 text.

11 It does not accept formatted text.

12 There are no superscripts. There are no
13 subscripts. There is no bold. There is no
14 underline. There is no indentation. And
15 particularly there are no equations, and there
16 are no figures.

17 Sometimes I get a response, either
18 from my own people at SC&A or from somebody at
19 NIOSH. And they will have figures and
20 equations and so on and so forth in their
21 document.

22 The only way I can get that

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1 information in to the database is to put it in
2 as a related link. And so that you will see
3 some of the related links are that type of
4 situation.

5 But, as I recall, this particular
6 one was -- you know, I gave you the history on
7 this.

8 MS. HOWELL: Well, if I could just
9 say one more thing? I guess I am concerned
10 that we're looking at this as something where
11 on each procedure, on each OTIB-0052 versus
12 OTIB-0020 versus all these other ones, that
13 we're looking at it as something where in each
14 case we can make a decision on this.

15 But I would prefer to see some
16 consistency about how we are posting these
17 things. And obviously I understand the
18 difference when you're talking about having to
19 post files because they won't show up in a
20 database otherwise, but these kinds of interim
21 documents lead -- I'm not sure that it is a
22 good idea to kind of say, "Well, in this case

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1 we're positing it. In that case we're not."
2 I think it would be preferable to have a more
3 uniform policy there.

4 MR. ELLIOTT: I don't disagree with
5 that at all. My problem with this particular
6 document is that I can't tell. It was
7 introduced evidently on August 22nd, but I
8 can't tell whether it was introduced and
9 approved by the working group, which now I
10 hear in Steve's report that it was at Redondo
11 Beach, which is --

12 CHAIR MUNN: This is prior to that.
13 This is prior to that.

14 MR. HINNEFELD: Putting it in.
15 This is like me writing the NIOSH initial
16 response. I write that. You know, that is
17 the amount of review that gets. It's NIOSH
18 initial response or the NIOSH follow-up. I
19 write it. And I send it over. That is how it
20 gets submitted. These kinds of things are
21 very much like that.

22 Now, in this particular one, we

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1 went a little bit different in that we
2 proposed, "Well, what if we change it like
3 this." You know, frequently what we'll say is
4 we'll revise the document to address this.
5 And then it's in abeyance until we issue the
6 revised document. That is what we do
7 frequently.

8 In this case, I think because of
9 the level of discussion that occurred to get
10 to this point to essentially understand the
11 nature of the finding, part of this is sort of
12 a discussion to make sure that both sides
13 understand the other side's position.

14 You know, there's a finding written
15 on one side. There's I guess a document
16 written on the other. You have some sort of
17 discussion in order to determine, okay. I
18 really want to make sure I understand what is
19 the basis for the finding or they want to
20 really understand what is the basis for why
21 you wrote this in the document.

22 So a part of this back and forth, a

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1 large part of the back and forth, is getting
2 to a common understanding of what it is. Now,
3 in this particular case, maybe we went a
4 little different in that we gave them actual
5 proposed revisions. Normally we don't
6 necessarily do that.

7 MR. MARSCHKE: In the main part of
8 the database here, you'll see this is where on
9 8-21 they presented their proposed changes.
10 And basically we reference it. And then we
11 have the workgroup directive, which basically
12 says SC&A should go back and read those
13 directives.

14 And it's not saying that this is a
15 final product. It's saying, just as Stu said,
16 this is our recommendation. And so you can't
17 look at the related link maybe by itself, but
18 if you look at it in the context of the
19 additional information here, it has some
20 caveats on that related link.

21 MS. HOWELL: Could we solve this by
22 having language such as what is in that box

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1 for directives or other language put in as a
2 header, footer, disclaimer on the actual
3 document? Because I am concerned about the
4 documents.

5 You know, it is a related link.
6 And somebody can print off that link. And you
7 don't have those caveats there that make it
8 clear to a non-workgroup member, a non-staff
9 person what it is that they're looking at.

10 And so if there was a way to be
11 more clear about that on the document itself,
12 that would make me more comfortable.

13 MR. MARSCHKE: Yes, we can do that.
14 That is certainly not a problem. I think
15 that was the intent. That was one of the
16 intents of putting the word "draft" in the
17 header, in the title, so that we -- and also I
18 think we put -- but, again --

19 MR. ELLIOTT: When does a draft
20 become final or is it expected that many of
21 these kinds of documents that are labeled
22 "draft" will never achieve a finality, a final

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1 version, of itself but will achieve some
2 finality in the revision that occurs. Do you
3 see where I am going with that?

4 You know, here is the problem we
5 face. We are constantly being scrutinized.
6 And the scrutiny is itemized. And the
7 itemized effort that you all go to gets played
8 out in the adjudication process at DOL.

9 DOL gets a complaint from a
10 claimant saying they reviewed OTIB-0052 and
11 they have identified these issues and I think
12 they are all relevant to my claim. So it gets
13 kicked back to NIOSH for rework. And we can't
14 rework it until we get it all resolved.

15 And so they put up draft, you know.

16 And so we have also got to explain here is a
17 draft document that may never have become a
18 final document in that sense.

19 So, you know, I would suggest that
20 draft has a meaning. And it may perhaps be
21 defined for this process. You might want to
22 look at other descriptors, like "work in

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1 progress" or "working document" or something.

2 I don't know.

3 CHAIR MUNN: "Unofficial document.#

4 MEMBER GRIFFON: This is mark
5 Griffon. Can I weigh in here?

6 CHAIR MUNN: Yes.

7 MEMBER GRIFFON: I am a little
8 afraid to, but can I add something?

9 CHAIR MUNN: Go right ahead.

10 MEMBER GRIFFON: The discussion we
11 had in L.A. was that this document is actually
12 a series of NIOSH responses. It covers
13 several different findings of TIB-0052. And
14 we even talked about should they extract each
15 one and put it in the NIOSH response box in
16 the database or should we just add it as a
17 .pdf document.

18 So even though it's a little
19 different, I agree because it is kind of draft
20 language, but it is really responses to each
21 individual finding. How is NIOSH going to
22 address a certain finding? And they're saying

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1 we propose to modify language as follows in
2 the TIB to address your finding.

3 Now, we could have separated out
4 each one of those things and put it in the
5 NIOSH response doc. So we said part of the
6 problem with that is that the text in many
7 cases was very long. And it wouldn't very
8 well fit in the database text box.

9 So it might be easier just to leave
10 it in one .pdf file. It's not really a draft
11 TIB. It's responses. That's how I would look
12 at it anyway, is responses to each individual
13 finding. But in this case, several of them
14 are all in one document.

15 We run across this a lot in the SEC
16 process, where we have response documents for
17 several of the findings, like we have a series
18 of the meetings and you get the March meeting
19 responses, actions, NIOSH actions from the
20 March workgroup meeting. And they don't just
21 address one finding. It's a series of them.

22 So I don't know that this is a real

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1 issue. It's just another response document in
2 my eyes.

3 CHAIR MUNN: The language, however
4 -- and Emily's concern with respect for
5 potential misunderstanding of what the
6 document is is understandable. I would like
7 to suggest that we take this specific issue of
8 this document that we have been discussing
9 under advisement for an hour or so. Over the
10 lunch hour, I would like for us to think in
11 terms of some wording that needs to be placed
12 on a document of this sort that will clearly
13 identify it as not being a final document and
14 as being more an internal record than anything
15 else.

16 Yes, Ted?

17 MR. KATZ: Why don't you just label
18 these working group discussion documents and
19 that be it? They're really part of an oral
20 discussion as these are written documents, but
21 they're part of a dialogue that's going on.

22 CHAIR MUNN: We may be. But I

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1 would like to close this discussion for more
2 reasons than one. One, most pressingly, it is
3 11:30. And we have asked the folks who were
4 going to status OTIB-0066 for us to be online
5 at this time.

6 So with no objection for anyone
7 here, let's do plan over the lunch hour to
8 have those of you who are most concerned about
9 this. And, Mark, if you want to be involved
10 in this, we will keep you online.

11 Those of us who are concerned about
12 the wording here, we'll have a little
13 discussion after we have gone off the formal
14 call at lunchtime about how to word this so
15 that it will meet the requirements of our
16 Legal Department. Is that okay with everyone?

17 (No response.)

18 CHAIR MUNN: All right. Then let's
19 see. Let's move on to a verbal report on the
20 status of where we are with OTIB-0066. Who do
21 we have on the line?

22 MR. OSTROW: Steve Ostrow.

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1 CHAIR MUNN: Hi, Steve. Are you
2 ready to tell us where we are?

3 MR. OSTROW: Sure. We have a draft
4 review. We did a technical review. And I
5 have one problem. Basically it's a good
6 procedure, we think.

7 Right now it is undergoing a review
8 with respect to two of the sites: the Mound
9 site and the Pinellas site, where they have
10 created the compound.

11 There are some comments related to
12 the Mound SEC that we're going to incorporate,
13 but right now it is being reviewed by the DOE
14 for complication issues.

15 DOE has had it for about two weeks.
16 And based on past experience, we expect them
17 to pass on it fairly soon, get it back to us
18 pretty soon, in which case we'll incorporate
19 it into the document and finalize it and send
20 it out.

21 Basically the comments with respect
22 to Mound, this is a classical problem.

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1 Recognizing that the OTIB is generally a
2 correct procedure followed by the ICRP
3 guidelines and all of that, the main
4 difficulty is actually implementing it,
5 deciding who was exposed to what because
6 looking at the record, there is a real
7 difficulty to say which -- you know, the
8 urinalysis data. There is a real difficulty I
9 think connecting the actual employees to what
10 they were exposed to, tritiated water, the
11 organically bound tritium, more stable level
12 tritides, what type, and what solubilities,
13 and so forth.

14 We think the main difficulty is in
15 actually acquiring the procedure to real
16 cases. That's basically a very short summary
17 of where we are.

18 I know you haven't actually seen
19 any of our comments, but we hope after we get
20 back from DOE if they have any classification
21 comments, then we can go ahead and issue it in
22 a couple of weeks, maybe about two weeks after

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1 we get DOE clearance.

2 CHAIR MUNN: So you are
3 anticipating that your document will be in the
4 hands of NIOSH?

5 MR. OSTROW: About two weeks after
6 DOE passes on it. And we expect DOE is going
7 to pass on it fairly soon. DOE has had it
8 about two weeks. And that is about
9 historically how long it takes them to look at
10 these things.

11 CHAIR MUNN: If that's been typical
12 for you, then you literally expect it
13 momentarily?

14 MR. OSTROW: Yes.

15 MR. KATZ: Steve, this is Ted. Is
16 it two weeks to allow for Privacy Act review
17 or what is the --

18 MR. OSTROW: Well, because we
19 haven't seen what the comments are from the
20 Mound people, the SC&A people working on
21 Mound. So whenever it is cleared by DOE,
22 we're going to have to incorporate it into our

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1 draft document and then circulate it for
2 internal review. So I'm just estimating about
3 two weeks to go before we get it out the door.

4 MR. KATZ: Thank you.

5 CHAIR MUNN: All right. That
6 process is a little foggy for the rest of us,
7 I guess, but the timeline is more important
8 than anything else for us.

9 I guess the question then becomes
10 for NIOSH whether you're going to have
11 adequate time if that timeline is pretty firm.

12 Is that going to give you adequate time to
13 address the document very thoroughly prior to
14 our next meeting in mid December, the concern
15 being whether we can actually address any of
16 this at our next meeting?

17 MR. HINNEFELD: Well, it's a little
18 difficult to say without knowing what the
19 findings are and how they are expressed and
20 where you have to go to find supporting
21 information for the position that the document
22 took or to elucidate the finding more. So

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1 it's a little hard to predict, but if we get
2 it in two weeks, that's going to be
3 essentially the end of October. And we try to
4 get things for discussion.

5 Are you talking about a Board
6 discussion or are you talking about a
7 workgroup discussion?

8 CHAIR MUNN: Talking about a
9 workgroup discussion.

10 MR. HINNEFELD: A workgroup in
11 Augusta?

12 CHAIR MUNN: Yes.

13 MR. HINNEFELD: To me it's right
14 now at the point that because it really
15 depends on receipt. That would require us to
16 get it done in about three weeks to get it to
17 you guys in time to read it before the
18 workgroup meeting. And so that is just a
19 point, but that is very difficult. In fact,
20 it is pretty difficult. I think it would be
21 unlikely.

22 CHAIR MUNN: Steve, how extensive

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1 are the findings? How many of them?

2 MR. OSTROW: Okay. Well, so far,
3 without any of the classification, we only
4 have one finding. And I don't think it's a
5 showstopper-type finding. NIOSH can probably
6 answer it pretty easily or we can go back and
7 forth with NIOSH. It's not going to be a big
8 thing.

9 I don't know the extent to what
10 it's going to be like from the Mound
11 SEC-related comments. That's something that
12 is undergoing DOE classification. I haven't
13 actually seen the comments.

14 MR. HINNEFELD: We could provide
15 what we have. We have done that in the past.

16 And we have responded with what we have at a
17 particular date, even if we didn't have a
18 response.

19 If one finding about the document,
20 you know, the general document, -- and, as
21 Steve described, it doesn't seem that
22 complicated -- I would think we could have a

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1 response for that. But the Mound is an
2 unknown on both sides at this --

3 MR. OSTROW: Yes. The technical
4 comments we just had on the document, at least
5 in my estimation, is something you can answer
6 in a day or two. And you can either agree or
7 disagree. We can go back and forth a little
8 bit. But I don't think it's a big thing.

9 MR. HINNEFELD: So that sounds like
10 that would be available for discussion, but it
11 sounds like neither one of us can venture a
12 guess about any Mound-specific items that come
13 out of it.

14 MR. OSTROW: Well, I haven't
15 actually seen them.

16 MR. HINNEFELD: Yes.

17 CHAIR MUNN: Well, we can use that
18 as a goal to work forward to dealing with
19 multiple unknowns. We'll just have to wait
20 and see. But it will be our hope that the
21 issues will not be of such magnitude that it
22 will prevent our addressing them in Augusta.

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1 If that turns out to be the case, then we will
2 have to settle for status.

3 Thank you very much, Steve, for
4 giving us that. Does anyone have any
5 questions for Steve?

6 MR. MARSCHKE: Can I just say --

7 MR. KATZ: This is Ted. Just one
8 question.

9 But you talked about its
10 significance for Mound, but Pinellas?

11 MR. OSTROW: We haven't had any
12 comments from our Pinellas reviewers on the
13 OTIB. So those people haven't weighed in on
14 this.

15 MR. KATZ: Okay.

16 MR. MARSCHKE: The one comment,
17 Steve, if, in fact, I can maybe just summarize
18 a little bit the comment that we have is
19 related to the handling of the organically
20 bound tritium. Is that --

21 MR. OSTROW: Yes.

22 MR. MARSCHKE: And we're pretty

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1 happy with the way the model that is for the
2 tritides, the tritium tritides, --

3 MR. OSTROW: Yes. Call them
4 metallic tritides.

5 MR. MARSCHKE: Metallic, yes.
6 That's right. So, I mean, that's --

7 CHAIR MUNN: All right. Any other
8 comments?

9 (No response.)

10 CHAIR MUNN: If not, thank you
11 again, Steve, for bringing us up to date with
12 where you are.

13 MR. OSTROW: My pleasure.

14 CHAIR MUNN: And we will look
15 forward to hearing from you in the interim and
16 possibly seeing you or at least being part of
17 this discussion again when we are in Augusta
18 in December.

19 MR. OSTROW: Okay. Very good.

20 CHAIR MUNN: Thank you so much.
21 And with that, rather than undertake what I
22 hope will be our next step, Ted?

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1 MR. KATZ: Yes. Just while you are
2 changing horses or about to close down for
3 lunch, whatever it is, just to let you know,
4 update you, this is still a working group.
5 And it will be a working group until we have
6 put through the papers to turn it into a
7 subcommittee.

8 The reason I have held off on doing
9 that is because I wanted the transcript from
10 the Board meeting to support me in doing that.

11 And we have just gotten the transcript.

12 So that will be sort of a next
13 order of business. I haven't started actually
14 pushing the paperwork through yet to translate
15 this into a subcommittee.

16 CHAIR MUNN: There is no rush from

17 --

18 MR. KATZ: I just wanted to let you
19 know the status. That's all.

20 CHAIR MUNN: Thank you. I
21 appreciate that.

22 MEMBER ZIEMER: We will work much

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1 more efficiently once we are a subcommittee.

2 (Laughter.)

3 CHAIR MUNN: I am sure. I am sure
4 all of these issues will clarify themselves
5 instantly. If it is all right with the
6 members that are sitting here and Mark, I
7 would like for us to go ahead and break for
8 lunch now.

9 A few of us should stay around if
10 we are concerned about the wording of
11 reference documents that are going to go into
12 the tracking base. Those of us who are
13 interested in that please stick around for a
14 little while. And we'll continue our
15 discussion on how to address that, see if we
16 can't clarify it.

17 When we return from lunch at one
18 o'clock, I would hope that we will be able to
19 begin with the second set that's amenable with
20 all concerned.

21 Any objection to that?

22 (No response.)

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1 CHAIR MUNN: Set two at one
2 o'clock. And we'll say goodbye to those of
3 you who are online with the exception of Mark.

4 If you want to stay and be a part of this
5 discussion about identification of non-white
6 papers?

7 MEMBER GRIFFON: I think I'll hang
8 up, too.

9 (Laughter.)

10 MEMBER GRIFFON: You guys have got
11 that covered.

12 CHAIR MUNN: We'll see you at one
13 o'clock hopefully.

14 (Whereupon, a luncheon recess was
15 taken at 11:44 a.m.)

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1 group members and staff discussed how to
2 alleviate confusion on the parts of both Board
3 member staff as well as outside stakeholders
4 about what it is in these documents that make
5 it onto the database as well as some that
6 perhaps do not, including white papers and
7 other items. Specifically the specific
8 example we were discussing before lunch was
9 OTIB-0052.

10 I prepared some draft language for
11 disclaimers to go on documents. I don't have
12 it available for the working group, printed
13 out copies yet, but I can certainly e-mail it
14 or make it available to you later. But I can
15 read what I have now into the record.

16 I would say that, in addition to
17 any language for disclaimer, I would also ask
18 or suggest for the working group to consider
19 directing SC&A and NIOSH to do a more thorough
20 job of titling the documents on the actual
21 document itself, not the title of the document
22 that you click on, but on the document itself

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1 a title that is explanatory and that also
2 includes perhaps some background information,
3 maybe below the title, that would state who
4 directed that the document be produced,
5 specifically if the working group asked that
6 they produce this document, for that to be
7 included, what meeting that was directed at
8 and what the document's kind of general
9 purpose is.

10 And I would leave it to you all to
11 discuss if you think that is a good idea and
12 if so, what kind of language you would want to
13 include. But I think that would help
14 alleviate these concerns about context that we
15 have had. And that is not really something
16 that needs to be in the disclaimer.

17 So this is the language that I
18 would suggest. What I did is I came up with
19 language where you would pick one of two
20 options depending on the type of document that
21 it was going for, whether it's a position
22 paper or a white paper.

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1 And there are certain fields in
2 this where whoever is preparing the document
3 will have to insert the appropriate
4 information. And I will read it aloud and
5 answer any questions.

6 "This document is a working
7 document prepared by." And here you would
8 insert the author, NIOSH, SC&A, et cetera,
9 "for use in discussions with the Advisory
10 Board on Radiation Worker Health or its
11 working groups or subcommittees. Draft
12 preliminary interim and white paper documents
13 are not final NIOSH or Advisory Board or their
14 technical support and review contractors'
15 positions unless specifically marked as such.

16 "This document," and then insert
17 one of the two following options. "This
18 document represents," insert the version:
19 Draft, preliminary, interim, final. There's a
20 version number, whatever it is appropriate
21 there, "positions taken on technical issues
22 by," and then insert the author or, where

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1 appropriate, the second option would be "This
2 document is a white paper on technical issues
3 by," insert author #and is prepared for merely
4 informational and discussion purposes. This
5 document does not represent any final position
6 of NIOSH, the Advisory Board, or their
7 technical support and review contractors."

8 And obviously it's a little
9 confusing. I was reading it without commas
10 and periods and other grammar. So I will get
11 it to the working group members in a printout
12 hopefully later this afternoon, but I am open
13 to comments or questions.

14 CHAIR MUNN: It would be helpful
15 obviously for us to have it in print form and
16 for us to think a little bit about how this
17 affects what we have produced internally to
18 look at.

19 Perhaps we can address this, not
20 later in this meeting, but it might be a good
21 idea for us to have an opportunity to comment
22 on it before we undertake a final decision on

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1 it. But it sounds very good to me. Certainly
2 a very short sentence or two with respect to
3 context below the heading sounds highly
4 appropriate and would be doubly explanatory, I
5 think, even for us, at a later stage.

6 Does anyone have any problem with
7 getting that out to us in written form and
8 having an opportunity to communicate with me
9 specific decisions or concerns you might have?

10 And I'll see to it. Please put Emily on copy
11 when you communicate with me. And we will as
12 an early item at our next meeting take action
13 on this if that is amenable with those
14 involved.

15 Yes, Paul?

16 MEMBER ZIEMER: And I would like to
17 suggest that we go beyond that. I agree with
18 what you said. I think we are exactly on the
19 right track.

20 We may have some minor
21 wordsmithing, but I would like -- if we are
22 comfortable with it, I would like us to

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1 recommend to the Board that this be adopted
2 for use by all workgroups.

3 Then we can discuss it here on the
4 phone meeting if we need to. We might as well
5 add that. But, insofar as it is at its start
6 here, why, it could easily come as a
7 recommendation indicating that this workgroup
8 -- it still is -- is adopting this and that we
9 recommend it for the full Board.

10 CHAIR MUNN: If we can accomplish
11 that within the next week's time or so, it
12 would be very helpful for me. I am going to
13 be not very involved in what is going on the
14 last week in October and the first week in
15 November. I will be on the phone call but
16 won't be working very much during that time.

17 Yes, Ted?

18 MR. KATZ: The workgroup won't be
19 convening again before the Board meeting.

20 CHAIR MUNN: No.

21 MR. KATZ: So I guess you need to
22 decide at this point, at least in concept,

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1 that you're in agreement if you're going to
2 put it before the Board as a workgroup
3 recommendation.

4 CHAIR MUNN: The question would be
5 whether we can do that in the next week or
6 whether we need to plan on doing that at the
7 full Board meeting.

8 MEMBER ZIEMER: Well, we can do it
9 in the face-to-face meeting, too. Perhaps at
10 the phone meeting, which is in November,
11 perhaps we could indicate when we do the
12 reporting, introduce the concept and indicate,
13 that the counsel has developed some wording
14 for us and that we will make that available
15 for the full Board to act on at the December
16 meeting. How would that be?

17 CHAIR MUNN: It sounds reasonable
18 to me. Mark, are you on?

19 MEMBER GRIFFON: I am.

20 CHAIR MUNN: Do you have any
21 problem with that?

22 MEMBER GRIFFON: That sounds good

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1 to me, Wanda.

2 CHAIR MUNN: Okay. Then we'll
3 proceed in that fashion. Hopefully those of
4 us who have any comment will be able to get it
5 back to Emily and to me within the next week
6 or ten days.

7 And we will report on what we are
8 doing at the telephone meeting and provide the
9 written information for a full Board action at
10 Augusta.

11 Now, then, are we all set for the
12 second set of status reports and findings?
13 Are you ready, Steve?

14 MR. MARSCHKE: Yes.

15 CHAIR MUNN: All right. Let's
16 start at the top.

17 MR. MARSCHKE: The first one is
18 PR-5. And, actually, I don't know if it's
19 better to use -- I provided this printout of
20 the database to Wanda. And Wanda has provided
21 it to the participants. And this is a
22 printout of all of the open, not the

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1 in-abeyance and not the in-progress forms but
2 just the open ones from the second set, the
3 June 8th, 2006 set.

4 It's a little bit better formatted
5 than going back and using the database, per
6 se. You will see it has the finding up here,
7 the NIOSH initial response.

8 And down here there may or may not
9 be some discussion on the working group. This
10 one doesn't happen to have any. Down here we
11 have the SC&A follow-up action. And in this
12 case, we recommend that the issue be closed.
13 And so we go on.

14 I mean, the finding in this case
15 was "The references do not contain any
16 citations."

17 NIOSH comes back and says, "That is
18 true. The procedure was written by
19 individuals with extensive experience, and
20 there are no references."

21 And we basically say, "Well, if
22 there are no references, there are no

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1 references." So those are the issues. That
2 is our recommendation.

3 CHAIR MUNN: Any objection to that
4 recommendation?

5 MEMBER ZIEMER: I have none.

6 CHAIR MUNN: Mark?

7 MEMBER GRIFFON: No. That sounds
8 fine.

9 CHAIR MUNN: Let us take that
10 action.

11 MEMBER GRIFFON: The only question
12 I had on that one was it does say that it was
13 based on expert opinions. Were they listed?
14 I'm not intimately familiar with it, but were
15 they listed in the procedure who were the
16 experts from NIOSH or ORAU.

17 MR. HINNEFELD: I believe the
18 author is listed on the procedure.

19 MEMBER GRIFFON: Okay. It's the
20 author? It's not any other experts or
21 whatever?

22 MR. HINNEFELD: Well, there is an

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1 "Initiated by" and the record of revision. So
2 that would be it. It would be the person who
3 initiated it and the record of revision.

4 MEMBER GRIFFON: Okay. That's
5 fine.

6 CHAIR MUNN: It has now been marked
7 as closed.

8 MEMBER ZIEMER: I do have one other
9 question. Steve, do you recall, were there
10 particular cases where you felt that there
11 should have been a reference to back up
12 something or was this more general?

13 MR. MARSCHKE: I think it was just
14 more general. I think just from reading the
15 way the thing is written, I didn't do the
16 review. I think Steve Ostrow did this review.

17 But, reading the way that the issue is
18 stated, it says, "Section 3 does not have any
19 citations."

20 So there is probably an empty
21 section 3. And it was just begging the
22 question, if you have any empty section 3,

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1 shouldn't there be something in it?

2 MEMBER ZIEMER: Okay.

3 MR. MARSCHKE: So that's my --

4 CHAIR MUNN: Can we pull up the
5 original?

6 MR. MARSCHKE: In theory, we can.
7 Well, we can pull up what is currently on --

8 MR. HINNEFELD: This wouldn't be
9 ours. This wouldn't be an ORAU document.

10 MEMBER ZIEMER: Well, this is a
11 procedure on how to do assessments.

12 CHAIR MUNN: Yes. It is.

13 MR. HINNEFELD: Yes.

14 MEMBER ZIEMER: And if you have an
15 expert doing that, they can very easy write a
16 procedure on how you do that.

17 MR. HINNEFELD: That's what he did.

18 CHAIR MUNN: Yes. Right.

19 MEMBER ZIEMER: And it probably
20 doesn't have to say, "Yes. This comes from
21 DOE manual" something or NIOSH manual or
22 something. I think it's all right.

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1 CHAIR MUNN: One would not expect
2 that type of citation, no, in this sort of
3 document unless there were unusual
4 circumstances.

5 MR. MARSCHKE: PR-005 is "Conduct
6 of Assessments."

7 MR. HINNEFELD: It is in records
8 revision there is an "initiated by."

9 MEMBER ZIEMER: I think if the
10 person had said --

11 MR. HINNEFELD: That's it right
12 there. It says --

13 CHAIR MUNN: "Initiated by."

14 MR. HINNEFELD: Yes.

15 MEMBER ZIEMER: If he had made a
16 statement such as "This assessment procedure
17 is based on that used by the nuclear Navy, for
18 example," or something, then you would expect
19 him to cite a document. But unless he does
20 something like that --

21 MR. MARSCHKE: I think this is
22 probably what generated the question.

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1 Basically you have a "Reference" section and
2 it says, "None." So this is obviously what
3 was the reason for generating the question.

4 CHAIR MUNN: We've now marked that
5 item closed. Next item, Steve, item 2?

6 MR. MARSCHKE: Again it has to do
7 with PR-005. And we go back to this one. And
8 it basically does not mention having
9 qualifications or training. And basically the
10 response was, "Any staff, any member of the
11 staff, can complete assessments according to
12 this procedure."

13 So, again, no training is required.

14 SC&A recommended that it be closed.

15 MEMBER ZIEMER: Well, we discussed
16 this before. I think it's in what you mean by
17 "any staff." We're not pulling the janitor
18 out from the building to --

19 MR. HINNEFELD: In my notes from
20 the last meeting, I had a note that I was
21 supposed to write a revised response, revised
22 NIOSH initial response.

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1 MEMBER ZIEMER: And that was to
2 clarify that the staff who do this meet
3 certain minimum qualifications.

4 MR. HINNEFELD: Yes. I can read
5 you what I wrote. I think I had sent it to
6 you.

7 MEMBER ZIEMER: I know we discussed
8 this.

9 MR. HINNEFELD: I think I had sent
10 this to you.

11 CHAIR MUNN: Yes, I think you did.

12 MR. HINNEFELD: "There are no
13 specific qualifications or training
14 requirements for participating in an
15 assessment. OCAS team leaders assign
16 personnel to assess teams based on the
17 knowledge, skills, and abilities of the
18 individual." That's what I wrote, proposed.

19 MR. MARSCHKE: And we don't have
20 that in here. We need to. I need to find
21 out. You sent that in? I need to find --

22 MR. HINNEFELD: That was I think in

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1 the first. It's in a file that's action items
2 from September 4th procedures meeting. I
3 think it was in the e-mail message. I don't
4 think it's an attached file.

5 MR. MARSCHKE: That's probably why
6 I probably overlooked it.

7 CHAIR MUNN: Does anyone have beef
8 with Steve's words?

9 (No response.)

10 CHAIR MUNN: If not, can we
11 instruct Steve to include those words and to
12 close it?

13 MEMBER ZIEMER: Close the item.

14 CHAIR MUNN: Hearing no objection,
15 we will pause for a moment while Steve does
16 that live. This type of activity will be very
17 beneficial to us, I think. But it will slow
18 down even further our workgroup activities as
19 we are going through them. Ultimately I think
20 it's a time-saver.

21 MR. MARSCHKE: Steve doesn't type
22 that fast. Okay. I'll go on to the third

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1 one.

2 MEMBER ZIEMER: Hang on because
3 prior to this suggestion, you folks had
4 already recommended closure. I think when we
5 discussed this before, we actually had an
6 agreement. Did we go through this at the last
7 meeting? It seems to me we had an agreement
8 that Stu would do what he just described.

9 CHAIR MUNN: Stu would do what he
10 has done, but it hasn't been picked up and
11 incorporated in --

12 MEMBER ZIEMER: Okay. That was
13 your recommendation at the time. So this is
14 what it is.

15 CHAIR MUNN: Yes, it is. Reality
16 check.

17 Item 3 details.

18 MR. MARSCHKE: It's not clear
19 whether an assessment checklist is always
20 required or whether its use is discretionary
21 at the OCAS assessor and whether the assessor
22 has the freedom to create a unique checklist.

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1 The response was "The checklists
2 are optional. They are referred to in the
3 text as examples in terms such as 'may be
4 used' or 'included.'"

5 And then the SC&A follow-up was "As
6 noted by NIOSH, the checklists are optional.
7 And the assessor may develop his or her own
8 checklists as appropriate. SC&A recommends
9 this issue be closed."

10 CHAIR MUNN: As the recommendation
11 was made in a prior meeting and our concerns
12 seemed to have been addressed by the exchange.

13 Any opposition to closing this
14 item?

15 (No response.)

16 CHAIR MUNN: If not --

17 MEMBER ZIEMER: No opposition. I
18 am looking at my notes from August 21st. And
19 I show that we closed it.

20 MR. MARSCHKE: August 21st.

21 MEMBER ZIEMER: One, 3, and 4. And
22 2 was reworded.

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1 CHAIR MUNN: I think they were all
2 in the same boat. We had recommended closure.

3 MR. MARSCHKE: They may have been
4 --

5 CHAIR MUNN: They wanted a NIOSH
6 response.

7 MR. MARSCHKE: They could be. We
8 may be doing duplicate work here, Paul. I
9 apologize.

10 CHAIR MUNN: Yes. In any case, 3
11 is now closed. We go on to the next open
12 item, which is 4, PR-005.

13 MR. MARSCHKE: And, Paul, you said
14 that this one was also closed, 4?

15 MEMBER ZIEMER: In my notes. I
16 have it marked closed. Let me go back to the
17 minutes. I had made notes.

18 MR. MARSCHKE: Yes. I had it the
19 same. I had it. I guess basically I should
20 have gone through and looked at this. Okay.

21 CHAIR MUNN: It was closed but not
22 picked up on the --

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1 MR. MARSCHKE: It was closed on
2 August 21st, right. So that should be closed
3 as of August 21st.

4 MEMBER ZIEMER: Well, I should
5 point out that in the next subset of these is
6 the 007s. I show those as all being closed,
7 too.

8 MR. MARSCHKE: Yes. That's right.
9 I agree with you. I show PR-007 --

10 MEMBER ZIEMER: One through 9 as
11 being closed.

12 MR. MARSCHKE: Yes, 1 through 9 as
13 being closed. So I will take that as --

14 CHAIR MUNN: Action.

15 MR. MARSCHKE: -- an action item to
16 close those nine --

17 CHAIR MUNN: Those nine.

18 MR. MARSCHKE: -- following the
19 August 21st workgroup decision.

20 CHAIR MUNN: Correct, --

21 MR. MARSCHKE: Okay.

22 CHAIR MUNN: -- which cleans up

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1 PR-007 completely, correct? And it takes us
2 to TIB-0010.

3 MR. MARSCHKE: TIB-0010. TIB-0010.

4 We had received something on OTIB-0010, which
5 I had forwarded to Dr. Anigstein. And this
6 was OTIB-0010-05.

7 CHAIR MUNN: Five.

8 MR. MARSCHKE: And this is not in
9 the, this NIOSH follow-up action is not in
10 the, database as of yet. The initial reaction
11 from Bob was that he agrees with the approach,
12 I think. He understands the approach to be
13 that this question of the angle of incidence
14 is going to be addressed in TIB-0013.

15 And once it's addressed in
16 TIB-0013, the same approach will be applied to
17 TIB-0010. And he agrees with that approach.
18 And so he hasn't gotten to the point of
19 documenting that agreement at this point, but
20 that's a verbal --

21 MEMBER ZIEMER: That's verbal?

22 CHAIR MUNN: That's for

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1 TIB-0010-05, 06, and 09, isn't?

2 MR. MARSCHKE: Five, 06, and 09,
3 right. Well --

4 CHAIR MUNN: But that --

5 MR. HINNEFELD: Nine is just a
6 little different. Nine refers to the
7 comparison of risk data to whole badge data,
8 whole body data, in the TIB about glove boxes.
9 And the finding was that that is not really
10 supportive of what you say it is. The TIB is
11 not based on that data.

12 The OTIC is based on the
13 simulation, the computer simulation. This was
14 a ready set of data we had available. You
15 know, these measured values make us feel
16 better that we were sort of in the right
17 ballpark. And so we include them as an
18 appendix. We don't really form any because
19 there's not a reason why we came up with the
20 fact that we did.

21 We kind of included them as just a
22 comparison of readily available data, the kind

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1 that indicated we were in the right ballpark
2 with our simulation. I mean, the only action
3 would be to take the appendix out.

4 We can take it out. It doesn't
5 change the TIB at all. I would prefer just to
6 leave it alone because we kind of like the
7 measurements. They made us feel better, and
8 that's why we put them in, something a little
9 different.

10 MEMBER ZIEMER: Well, do we need to
11 clarify in the document why the measurements
12 are there, then?

13 MR. HINNEFELD: I thought we were
14 kind of straightforward on it. The
15 development of the correction factors for the
16 glove box is based on earlier work, you know,
17 work in the body of the TIB. And then this
18 kind of said, "Oh, by the way, there is this
19 data set we have" we compared with.

20 You know, it sort of approximates
21 the geometry we're talking about. And so it
22 seems like it kind of gives us the feel-good

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1 that we were in the right place.

2 It's certainly not a definitive
3 proof. I mean, it's not a competitive support
4 for arriving at the fact we arrived at, as Bob
5 pointed out and as Tom meant. So there's
6 nothing particularly wrong with this comment.

7 It's just that we felt like he was commenting
8 on sort of a superfluous part of the document.

9 You know, it's just sort of an
10 additional feel-good piece of information. It
11 wasn't really the basis for the correction
12 factor.

13 MR. ELLIOTT: Served as a proof of
14 principle for the Rocky Flats discussion on
15 this, right?

16 MR. HINNEFELD: Well, not so much.
17 I don't know. This data set that we're
18 talking about is risk, the whole body badge
19 readings. And what the TIB is about, how much
20 of the geometry correction factor do you apply
21 to a badge reading when the cancer is in the
22 lower abdomen?

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1 So that's a somewhat different
2 geometry than a risk to a hand or a risk
3 badge. So it's certainly not -- it wouldn't
4 be definitive proof that that would be a
5 factor that you could use. But it's, like I
6 said, a readily available set of data.

7 You know, we came up with this
8 factor of two using the simulation. We said,
9 "Well, does that pass the hoho test?" We had
10 this data set we had available. We said,
11 "Well, based on that, yes. It seems like the
12 ballpark."

13 I just feel like, you know, the
14 comment, we don't take any particular
15 objective comment defining. We feel it is
16 kind of a superfluous issue to the TIB itself
17 and the simulation it is based on.

18 MR. MARSCHKE: We can try and agree
19 with that, that basically the finding is true
20 but, really, no change is required.

21 MR. HINNEFELD: It's explained in
22 the NIOSH response and the follow-up response.

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1 And, really, not change is required to the
2 TIB. That's what we found.

3 MR. MARSCHKE: It's a little bit
4 the problem we have because we look at these
5 documents, these procedures and documents, in
6 a little bit different light than what they
7 were prepared to be looked at.

8 They're prepared to be used by dose
9 reconstructors and to be used as documents.
10 And then we're looking at them as scientific
11 documents, as opposed to implementation
12 documents.

13 And so sometimes we look at it
14 with, you know, a different pair of eyes. And
15 we're looking for information to support more
16 of a peer review than as a document that is
17 utilized by a dose reconstructor.

18 MEMBER ZIEMER: Well, maybe in the
19 matrix, the NIOSH follow-up would just
20 indicate that NIOSH explained why the table
21 was in there and then SC&A now understands
22 that it was an illustration or I don't know

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1 what word you would use, but, I mean, how do
2 you capture what you're just saying here?
3 That's all I'm saying here. In other words,
4 through the --

5 MR. MARSCHKE: I think you have the
6 right idea. We should capture it in the back
7 and forth of the working group, --

8 CHAIR MUNN: Yes.

9 MR. MARSCHKE: -- as opposed to
10 revising the --

11 MEMBER ZIEMER: No. I'm not asking
12 you to revise. I'm talking about what are you
13 showing here.

14 CHAIR MUNN: What goes in the --

15 MEMBER ZIEMER: What is the
16 resolution? The follow-up is that NIOSH
17 explained in the working group why the table
18 is there.

19 MR. HINNEFELD: I have a NIOSH
20 follow-up action is what I submitted, which
21 can be clipped and written. It can be clipped
22 directly into the --

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1 MEMBER ZIEMER: Which would be just
2 explain what you --

3 MR. HINNEFELD: That would be our
4 --

5 MR. MARSCHKE: Right there on the
6 bottom in the --

7 CHAIR MUNN: The bottom one, the
8 comparison of risk in whole body goes in the
9 --

10 MR. MARSCHKE: Yes.

11 CHAIR MUNN: It was only included
12 because it was an available set of data from
13 the situation.

14 MEMBER ZIEMER: Then if SC&A
15 accepts that, then you can recommend --

16 MR. MARSCHKE: I think we can --

17 MEMBER ZIEMER: You may want to --

18 MR. MARSCHKE: Again, talking to
19 Bob, I think he basically accepts that, but,
20 you know, he initially says, well, if that's
21 the case, he wants to delete it.

22 So I'll try and get him to move off

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1 from that position because we don't want to
2 cause the extra step. You know, it really is
3 not going to affect the dose reconstructions
4 or anything like that.

5 It's just, you know, revising it
6 for the sake of revision. I will try and
7 direct them in, you know, so that we agree
8 with the NIOSH follow-up and no revision
9 necessary.

10 CHAIR MUNN: Which would close this
11 at our next review?

12 MEMBER ZIEMER: If they do that.

13 CHAIR MUNN: Yes.

14 MR. MARSCHKE: If we do that.

15 MR. KATZ: Wanda, can I just ask a
16 question with respect to this?

17 CHAIR MUNN: Yes, please?

18 MR. KATZ: I mean, this seems like
19 an example when there was a discussion earlier
20 Larry was saying, you know, about bringing
21 conclusion to issues that are not really
22 earth-shaking or consequential when it seems

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1 like in a case like this the working group can
2 simply decide the issue is closed as far as it
3 is concerned and move on immediately.

4 This would no longer be an issue
5 for the working group. And tie up loose ends
6 and so on, but it doesn't even need to be on
7 the plate anymore, instead of even waiting for
8 another working group meeting.

9 MR. MARSCHKE: Very true, yes.

10 MR. KATZ: I mean, clear it from
11 the table if it's --

12 MEMBER ZIEMER: If we agree with
13 Stu's explanation, we don't necessarily have
14 to wait.

15 MR. MARSCHKE: That's right.

16 MEMBER GRIFFON: I agree with that.
17 I think it should be closed.

18 MEMBER ZIEMER: I will vote
19 closure, too.

20 CHAIR MUNN: Ah, yes. Now we have
21 a problem because we jumped ahead down to 9
22 before we started through in order with item

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1 number 1, which is still feeling its -- well,
2 stop. I don't want to go back there before
3 we're all agreed with where we are with 9.

4 As far as this working group is
5 concerned, 9 is closed. SC&A will look at
6 NIOSH response. And unless there is some
7 disagreement from SC&A, this item now is
8 complete. Is that correct? All right.

9 MEMBER GRIFFON: I don't even think
10 SC&A has to look at it any further, but I
11 guess they can, you know. So if we close it,
12 I think it's closed, right?

13 CHAIR MUNN: But that's been one of
14 our open questions, though, Mark. When we
15 close it, is it closed? That's what we were
16 discussing earlier.

17 MR. HINNEFELD: Well, with respect
18 to TIB-0010-01 --

19 CHAIR MUNN: Yes.

20 MR. HINNEFELD: -- I had a note
21 from the last meeting that we were to
22 determine what changes should be made to this

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1 TIB with result to the organs issue.

2 The organs issue is actually -02.
3 -01 had to do with sort of a the lack of
4 description in the TIB itself about source
5 size geometry and things like that. So it
6 wasn't completely transparent.

7 Our next response is yes, that's a
8 pretty good comment. We'll take care of that
9 in revision. So that was kind of number one,
10 we already figured it was in abeyance anyway
11 that we were going to come up with a revision
12 that is going to be a little more description
13 there of how the problem was set up, the
14 problem being the ATTILA simulation.

15 The comment on TIB-0010-02 had to
16 do with the specificity of the organs, do not
17 specify. And what the document says as it
18 exists today is that, talking about the factor
19 or the geometry that "This could result in an
20 underestimate of the reconstructed dosimeter
21 in this dose is to organs located in the lower
22 torso region of the body (stomach, liver,

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1 bladder, prostate, ovaries, testes, et
2 cetera.)"

3 So I read that, and I said, well,
4 some of the organs are specified, but I guess
5 the "et cetera" is what gave rise to the
6 comment. It's the "et cetera" in there. So
7 they're not exactly specified.

8 So my proposed revision here, since
9 we're revising to pick one anyway -- this
10 would be a simple wording change -- would be
11 "Dose reconstructions affected by this TIB are
12 those with cancer of the stomach, liver,
13 bladder, prostate, ovaries, testes, genitalia,
14 or other cancers that appear in the region of
15 those organs."

16 Now, the reason I said that is that
17 we don't want to be prescriptive about the
18 list because, sure enough, we're going to
19 leave out something that happens in there. By
20 describing those organs and the region of
21 those described by those organs, that's the
22 area we're talking about. That's where the

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1 geometry investment has to be made.

2 So we'll include that in our
3 revision that we're going to prepare anyway.
4 And that will be part. So this will be then
5 in abeyance, too, I think.

6 MR. MARSCHKE: Yes. And, again,
7 going back to August 21st, I think we did
8 agree that this one was going to be in
9 progress.

10 MR. HINNEFELD: Would it be in
11 progress or in abeyance?

12 MEMBER ZIEMER: You had listed in
13 abeyance. We put it back to in progress
14 because Stu is going to be doing what he just
15 described.

16 MR. HINNEFELD: Okay. Okay. So
17 now --

18 MEMBER ZIEMER: Now it can go -- I
19 think one can go into abeyance because that's
20 going to involve a revision, right?

21 CHAIR MUNN: Yes.

22 MR. HINNEFELD: Yes. One and 2

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1 both involve revisions.

2 MEMBER ZIEMER: And 2 would be
3 involving -- I mean, both would now go into
4 abeyance if we agreed to that.

5 CHAIR MUNN: The wording sounds
6 good. Any objection #

7 MEMBER ZIEMER: That proposed
8 wording would show up in your next revision.
9 Is that what you're saying?

10 MR. HINNEFELD: Yes, yes.

11 CHAIR MUNN: Yes. Any objection to
12 this?

13 MEMBER ZIEMER: And can you verify?
14 Was SC&A's objection to the "et cetera"?

15 MR. HINNEFELD: I cannot verify it.
16 I can verify that, yes. I cannot verify that
17 now. I will go back and check with --

18 MEMBER ZIEMER: You were objecting
19 to the other organs in the list.

20 MR. HINNEFELD: No. There is a
21 list of organs, but since it says "et cetera,"
22 it is not completely specified. So I assume

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1 that is what they meant when they said organs
2 aren't specified.

3 MEMBER ZIEMER: To me the test of
4 "et cetera" is does the average person know
5 the next thing on the list? If I say "One
6 through 5, 7, et cetera," you know that the
7 next thing is 9 and 11, right?

8 MR. HINNEFELD: Yes.

9 CHAIR MUNN: Maybe.

10 MEMBER ZIEMER: Well, most folks
11 know in the morning. So if you don't know
12 what the next item is, that's the Ziemer rule.
13 Don't use "et cetera."

14 MR. HINNEFELD: We will try to
15 adopt that, then.

16 MEMBER ZIEMER: If the average
17 person can't figure out the next item on the
18 list, then --

19 MR. HINNEFELD: "Et cetera" won't
20 work, yes.

21 MR. MARSCHKE: Now, okay. I mean,
22 one, are we changing to in abeyance?

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1 CHAIR MUNN: In abeyance, yes,
2 because it also relies on the change that is
3 going to occur as a result of 2.

4 MR. MARSCHKE: And then 2 we have
5 -- and this one we also change to in abeyance.

6 CHAIR MUNN: Correct.

7 MR. MARSCHKE: Okay. The wording,
8 under the NIOSH SC&A discussion, "NIOSH
9 provided an extended list of lower torso
10 organs." And then I just said, "See
11 transcript for a list of organs."

12 And then basically the working
13 group direction is to change to in abeyance.

14 CHAIR MUNN: Correct.

15 MR. MARSCHKE: Okay?

16 CHAIR MUNN: And it is gratifying
17 to see that happen as you look at your own
18 screen. At least it is for me.

19 MR. MARSCHKE: Oh, so you can see
20 what I'm typing?

21 CHAIR MUNN: I can just see it
22 change to "in abeyance," yes.

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1 MR. MARSCHKE: Magic.

2 CHAIR MUNN: Excellent. Magic. Is
3 correct. That's wonderful.

4 Number 3?

5 MEMBER ZIEMER: We left that. It
6 was in progress before, I think.

7 MR. MARSCHKE: Right. And I think
8 my notes say, "Working group, the direction
9 was SC&A and NIOSH to discuss an attempt to
10 reach a decision."

11 CHAIR MUNN: SC&A had recommended
12 last time that we change this to in progress.

13 MR. MARSCHKE: I think that is what
14 we were supposed to have changed it to.

15 MEMBER ZIEMER: You showed it in
16 progress, last time.

17 MR. MARSCHKE: I did or --

18 MEMBER ZIEMER: On the 21st of
19 August, you showed it in progress.

20 CHAIR MUNN: It doesn't show in
21 progress right now.

22 MEMBER ZIEMER: Oh, it doesn't?

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1 CHAIR MUNN: No. It shows it's
2 open.

3 MR. MARSCHKE: Well, one of the
4 problems was, I think the problem was, I have
5 these notes from August 21st. And I didn't
6 trust myself. Doing it here online with
7 everybody --

8 CHAIR MUNN: Watching.

9 MR. MARSCHKE: -- watching and
10 agreeing in real time I think is going to be
11 very helpful. And one of the reasons I did
12 send the list out was just to see if we needed
13 to make changes to what the status is on it
14 that I had not made.

15 CHAIR MUNN: The only way we can
16 cover each item, though, so far as I can see
17 is to do what we're doing right now, go
18 through them one at a time.

19 MR. MARSCHKE: Okay. Now, 4 --

20 MEMBER ZIEMER: Did anything happen
21 on 3?

22 CHAIR MUNN: Yes. It was changed

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1 from open to in progress.

2 MR. MARSCHKE: Yes, but does
3 anything happened between now --

4 MR. HINNEFELD: There has not been
5 any discussion between us in this --

6 MEMBER ZIEMER: Since last meeting.

7 MR. HINNEFELD: I would say that
8 it's not typically our approach that every
9 item we put in this reconstruction has to be a
10 worst case value, that if we have a
11 distribution of values that we think reflect
12 the situation and possibilities of the
13 situation that we're facing, that we enter the
14 distribution, which is what this, I believe
15 that's what this OTIB called for, is entering
16 not just a single value but a distribution
17 value.

18 The comment here is that the
19 correction factors don't represent the worst
20 case assumption. In further discussion down
21 below, it would concur if the distribution
22 only for OTIB listed in the 95th percentile

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1 correction factor and recommended issues in
2 dose reconstruction.

3 I think this is just a matter -- I
4 don't know that we're going to come to
5 agreement on this because our view is that if
6 we have a value that we believe is a good
7 value for a particular quantity, as defined by
8 a distribution, we'll apply the distribution,
9 rather than always in every case using the
10 95th percentile. I don't think we're tied to
11 using the 95th percentile.

12 CHAIR MUNN: Hold on just a moment.
13 We are on item 4. No. We're on item 3.

14 MR. HINNEFELD: We are on 3.

15 CHAIR MUNN: All right. That's
16 why. I am looking at the wrong thing. Ah.
17 There. All right. So the question now is,
18 how do we incorporate NIOSH's follow-up into
19 this? It goes on to an action item for --

20 MR. HINNEFELD: I can provide that
21 written.

22 MR. MARSCHKE: What you just said

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1 is basically what is said in the initial
2 response, isn't it?

3 MEMBER ZIEMER: Yes. It's already
4 there.

5 CHAIR MUNN: Right. It's already
6 there.

7 MR. MARSCHKE: So the question is,
8 I guess the question comes back down, to the
9 SC&A response. Does the workgroup agree with
10 NIOSH that the distribution can be used in a
11 dose reconstruction or do they feel that they
12 always have to recommend use of the 95th
13 percentile?

14 CHAIR MUNN: I think if you ask 10
15 technical people, you will get 14 different
16 answers to that.

17 MEMBER ZIEMER: Well, are these,
18 first of all, dosimetry, all box users?

19 MR. HINNEFELD: This is computer
20 simulation.

21 MEMBER ZIEMER: A Computer
22 simulation on the --

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1 MR. HINNEFELD: Of the geometries.
2 We used ATTILA when we did the OTIB itself.
3 That is based on ATTILA run. Subsequently
4 it#s submit to MCNP run to pretty much confirm
5 the bank. There's another piece of
6 information here. I haven't forwarded it yet.

7 I mean, there's also the aspect
8 that we didn't even consider the fact that in
9 many cases a glove box had a steel wall that
10 the ports were in, a viewing port that the
11 person left viewing the badge probably was
12 exposed to.

13 We have another paper that I didn't
14 submit that even argues the fact that the
15 badge reading could be considerably higher
16 than the lower torso reading based on the
17 construction of the glove.

18 So to say that -- you know, we have
19 taken a situation which we believe is broadly
20 representative and friendly by not placing any
21 additional shielding between the lower torso
22 and the person in front of the badge.

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1 We believe that is a
2 claimant-favorable position, and we developed
3 the distribution of the value. And from that
4 and given the fact that there is clearly a
5 situation we can describe when, in fact, the
6 multiplier comes to badge would be less than
7 one, instead of greater than one, we don't see
8 any particular reason to try to use the 95th
9 percentile of the distribution, of the table
10 distribution that we generated.

11 So that's the position we've taken
12 on it.

13 CHAIR MUNN: Which is a sound
14 scientific principle. The question now
15 becomes, what is the workgroup's view?

16 MEMBER ZIEMER: So Bob's
17 recommendation was the 95th percentile of the
18 correction factor?

19 MR. HINNEFELD: Yes.

20 MEMBER ZIEMER: You're taking a
21 correction factor, a mean correction factor,

22 --

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1 MR. HINNEFELD: Yes.

2 MEMBER ZIEMER: -- in generating a
3 dose distribution?

4 MR. HINNEFELD: Yes. The bottle
5 generates the distribution. That's the point.

6 MEMBER ZIEMER: And you're doing
7 the 95th --

8 MR. HINNEFELD: No. We're using
9 the entire distribution.

10 MEMBER ZIEMER: No, using the entire
11 distribution and generating --

12 MR. HINNEFELD: Adjusting the doses
13 accordingly.

14 MEMBER ZIEMER: Right, right.

15 MR. HINNEFELD: A combination of
16 the distribution.

17 MEMBER ZIEMER: Eventually once a
18 dose distribution gets assigned on the POC
19 distribution is --

20 MR. HINNEFELD: Yes, yes.
21 Distribution goes -- whatever the resulting
22 dose value is, whatever its distribution is,

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1 fitting the ones that are a success, it goes
2 into IREP as the appropriate distribution.

3 MEMBER ZIEMER: Right. And the
4 SC&A approach --

5 MR. HINNEFELD: The SC&A approach
6 is --

7 MEMBER ZIEMER: -- would be to take
8 --

9 MR. HINNEFELD: -- the 95th
10 percentile of the distribution we generated,
11 applied at a constant.

12 MEMBER ZIEMER: Right. But it
13 generates a new distribution ultimately or
14 does it give you a --

15 MR. HINNEFELD: I believe it says
16 to pick a point value, the 95th percentile off
17 the distribution we generated. I believe
18 that's what the finding is, use the 95th
19 percentile off the distribution, the
20 distribution that we generated, --

21 MEMBER ZIEMER: Yes, yes.

22 MR. HINNEFELD: -- apply that as a

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1 constant, as opposed to our position, which is
2 to apply the distribution in its entirety.

3 MEMBER ZIEMER: Right.

4 CHAIR MUNN: Mark, are you still
5 there?

6 MEMBER GRIFFON: I am still here.
7 Yes. I am just looking.

8 CHAIR MUNN: Do you have any --

9 MEMBER GRIFFON: I looked up the
10 TIB to see what the distribution was. So I'm
11 looking at the TIB right now.

12 CHAIR MUNN: I would like to get
13 Mark's take on this before we go any further.

14 Stu certainly makes a compelling argument
15 with respect to the fact that the actual
16 exposure can go either way depending upon
17 construction of the glove box.

18 MEMBER GRIFFON: Do I understand
19 you right, Stu, that the distribution actually
20 can go below one but you're truncating it?

21 MR. HINNEFELD: No, no.

22 MEMBER GRIFFON: No?

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1 MR. HINNEFELD: No. It would go
2 below one, if the construction of the glove
3 box were such that it would have a steel wall
4 up to include like the glove ports and such
5 like that but the viewing port, which would
6 probably be also the badge exposed area, would
7 be the viewing, would be through the viewing
8 port. And that's the situation when the
9 correction factor may actually be below one.

10 That situation is not considered by
11 the TIB. The TIB views essentially a uniform
12 front face of the glove box so that the
13 adjustment is strictly geometry. And it's
14 always caused it, always greater than one.

15 MEMBER GRIFFON: Okay.

16 CHAIR MUNN: It certainly appears
17 to be --

18 MEMBER ZIEMER: What do we have
19 that's in the regs as to either of these
20 situations?

21 MR. HINNEFELD: Well, on coworker
22 distributions, the coworker external

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1 distribution, here, this will help you out a
2 lot.

3 MEMBER ZIEMER: Yes.

4 MR. HINNEFELD: For external
5 distribution, we will typically use a
6 percentile value as I believe we use a
7 constant value, the 95th percentile, that the
8 person that -- we feel that they were likely
9 heavily exposed but we don't have mocking
10 information, we use the 95th percentile of the
11 calculation. And if they were lightly exposed
12 --

13 MEMBER ZIEMER: But that's of the

14 --

15 MR. HINNEFELD: Of the coworker
16 distribution. And that is a dose value.

17 MEMBER ZIEMER: Of the dose value.

18 MR. HINNEFELD: For an internal
19 coworker model, we do the distribution of the
20 total of the distribution as assigned, not the
21 95th percentile or 50th percentile, but
22 distribution that is assigned.

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1 Let's see. Dose conversion factors
2 are applied as a distribution. It's been so
3 long since I've been in touch with
4 construction.

5 MEMBER ZIEMER: I'm trying to get a
6 feel for what the effect of using a point
7 value correction factor, regardless of where
8 you select it.

9 MR. HINNEFELD: Well, if you use a
10 point value factor --

11 MEMBER ZIEMER: That's what he's
12 suggesting here. You get a distribution of
13 the correction factors and pick the 95th
14 percentile, right?

15 MR. HINNEFELD: Yes.

16 MEMBER ZIEMER: But whatever
17 percentile you pick --

18 MR. HINNEFELD: I mean, the outcome
19 --

20 MEMBER ZIEMER: -- it's a point
21 value.

22 MR. HINNEFELD: The outcome in my

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1 mind is going to be relatively important on
2 which value you pick.

3 MEMBER ZIEMER: Yes, yes. I'm
4 going to see what the effect is because you
5 still end up with some kind of a distribution.

6 MR. HINNEFELD: Presumably you would
7 still have a distribution. And -- because if
8 it's a measured value should be considered
9 log-normal and the VCF is just triangular. So
10 you have that combination of uncertainties to
11 make.

12 So you will have that distribution
13 if you use a point value of the correction.
14 If you use a distribution for the glove box
15 factor, use a distribution for that, then
16 presumably it will be somewhat broader
17 uncertainty in the ultimate dose value.

18 The central tendency of that value
19 if you use a 95th percentile of the glove box
20 distribution. The central tendency of what
21 you entered on IREP will be larger than if you
22 used the distribution of the glove box.

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1 That's all I can visualize. I
2 can't guess how anything else would be
3 effected by that.

4 MR. MARSCHKE: Would it be helpful
5 if we tried to get back to --

6 MR. HINNEFELD: No offense, but I
7 don't think so.

8 MR. MARSCHKE: Understood.

9 MR. HINNEFELD: I mean, this to me
10 is a policy decision. Are we obliged to do
11 95th percentiles in a situation where it might
12 be raised as beneficial to be used?

13 Heretofore, what we have said is
14 that the distribution is sufficiently
15 favorable, especially when you set the problem
16 up sufficiently favorably, that the
17 distribution is sufficient and should be used
18 in dose reconstruction.

19 And I believe -- I'll go back and
20 confirm with everybody back in OCAS when we
21 have got some time to think about it, but I
22 believe we're going to stand by that.

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1 MEMBER ZIEMER: I agree that it's a
2 policy decision. I mean, you can argue which
3 is more favorable. And I don't think it's
4 obvious necessarily that SC&A is more or less
5 -- intuitively it seems like it wouldn't be,
6 but I don't think it's necessarily obvious.

7 MR. MARSCHKE: The claimant
8 favorability is the selection when there are
9 two equally plausible descriptions. You're
10 claimant-favorable when there are two equally
11 plausible descriptions.

12 In this case, the distribution is
13 the more plausible description of the variety
14 of cases that these people were exposed to.
15 And, therefore, it's not the situation where
16 you automatically choose most
17 claimant-favorable because that is your
18 deciding point if it's two equally plausible
19 descriptions, explanations.

20 CHAIR MUNN: The more cogent
21 question is, is this the best scientific
22 approach? Is this the best science to use for

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1 dose construction?

2 MEMBER ZIEMER: That is still a
3 policy decision because --

4 CHAIR MUNN: I know it is.

5 MEMBER ZIEMER: -- some people
6 would argue that the best science is to get
7 the number closest to the true dose value.
8 The true dose value is not necessarily the
9 most claimant-favorable value.

10 I mean, we're doing bonding, and
11 we're doing 95th percentile. It's probably
12 not closest to the true value in any case.

13 CHAIR MUNN: No.

14 MEMBER ZIEMER: Almost by
15 definition, of the 95th percentile.

16 MR. ELLIOTT: We would also say
17 that we think what we have here is an approach
18 that gives us a sufficiently accurate dose
19 reconstruction for a specific claimant. It
20 goes back to dose accuracy, but we don't have
21 to be very precise to be sufficiently accurate
22 in many cases.

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1 MEMBER ZIEMER: For making a
2 compensation --

3 CHAIR MUNN: And so the policy
4 issue then becomes whose to make?

5 MEMBER ZIEMER: NIOSH's.

6 MR. ELLIOTT: If you disagree with
7 the policy, if we take that as a policy, you
8 can recommend to the Secretary. They'll pass
9 it down to us with his direction however he or
10 she so chooses to deliver the message to us.

11 MS. HOWELL: And the issue wasn't
12 for us to be the most claimant-favorable.
13 It's just to be claimant-favorable. It is a
14 distinction.

15 CHAIR MUNN: Mark, do you want to
16 weigh in on this?

17 MEMBER GRIFFON: I guess the only
18 other science that I was looking at was that
19 this is a model to calculate the correction
20 factor, as opposed to any measured data. I
21 guess it strikes me as the distribution is
22 pretty tight. So I'm looking at the right

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1 graph. It looks like a GSD of 1.3.

2 I would expect -- I'm just
3 wondering, in real world, is that realistic?
4 I guess that would be the only argument to err
5 on the 95th would be that this isn't real
6 field measurement data. It's a model.

7 And do we expect that this could
8 vary a little more in this field and,
9 therefore, could be more claimant favorable to
10 take the 95th, as opposed to the full
11 distribution? But I'm wavering between the
12 sides right now, actually.

13 Any comments on that, though? Can
14 someone help me out with that?

15 MR. HINNEFELD: Well, although I
16 can only repeat myself, I believe we have
17 established what we would consider aa a
18 claimant-favorable setup of the problem. We
19 have ignored the possibility of a steel
20 construction to the glove box. And many of
21 the glove boxes in the complex were. We have
22 ignored that completely. And we have set the

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1 problem up favorably.

2 Based on that, we then run the
3 simulation after setting the problem up that
4 way. And we have arrived at a distribution we
5 believe is the best favorable approach that we
6 can take. And so that is what we intend to
7 do.

8 MR. ELLIOTT: That's our policy
9 position.

10 CHAIR MUNN: I have no problem with
11 the policy position as it stands.

12 MR. OSTROW: Another point to bring
13 up on the technical front is that this
14 correction factor is assuming that the badge,
15 again, is being worn on the lapel. It could
16 well be that the badge was actually worn at
17 the midpoint of the torso. So that adds even
18 more to the favorability cushion as being part
19 of this model.

20 We don't try to make a
21 determination. In other words, we don't throw
22 out or not use this correction factor based on

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1 where we think the badge might have been or
2 might not have been.

3 But if you think about -- and Dr.
4 Ziemer can certainly add to this -- the
5 development over the years of placement of the
6 badge, especially when we've entered the
7 albedo era, if a badge were, in fact, worn at
8 the midpoint of the torso, then this model is
9 adding even more favorability.

10 That's all I have.

11 CHAIR MUNN: Paul?

12 MEMBER ZIEMER: Well, I have
13 already said I think it is a policy decision.

14 From a technical point of view, I think you
15 could argue for either one.

16 But NIOSH has I think met their
17 legal obligation as far as having a
18 claimant-favorable approach. It's not
19 required that it be the most favorable
20 approach. We can keep going and going on
21 that. I mean, if it says the 95th percentile,
22 let's use the 99th. You can always find

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1 something that is more favorable.

2 I think this policy that Stu has
3 articulated is in keeping with the ways in
4 which NIOSH uses those distributions in other
5 cases as well. So, from that point of view, I
6 think there's a consistency there.

7 I mean, we have had these debates,
8 too, at SC&A. And, again, I think it's
9 entirely appropriate to raise the question and
10 say #Have you thought about this? Is this a
11 better way to do it?#

12 And this is not an issue of
13 technically right or technically wrong. I
14 think NIOSH has the authority in an issue like
15 this to proceed on the basis of their policy.

16 If the Board felt the policy drawn,
17 as Larry said, policy changes are not just
18 little workgroup items. They are more the
19 better bound of the Board in a sense that
20 would require us to go to the secretary and
21 say, "NIOSH is not -- the policy is screwed
22 up, and they need to change it.# The

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1 secretary would have to take the role there.

2 I don't think we're at that point
3 with events, personally.

4 CHAIR MUNN: May we close out this
5 item by indicating that the workgroup is of
6 the opinion that this is a NIOSH policy
7 decision and that it has been handled
8 appropriately and close the issue? Is that
9 amenable?

10 MEMBER ZIEMER: I would agree with
11 that. Mark needs to weigh in.

12 CHAIR MUNN: Mark?

13 MEMBER GRIFFON: Yes, I am
14 agreeable to that.

15 CHAIR MUNN: All right. Very good.
16 So done. Steve is typing as we go.

17 MR. MARSCHKE: Okay. The workgroup
18 directive is close the issue. The workgroup
19 is of the opinion that this is a NIOSH policy
20 decision and has been handled appropriately.

21 CHAIR MUNN: Thank you. Closed.

22 MR. MARSCHKE: And we will go up

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1 here, and we will close it.

2 CHAIR MUNN: Very good. Item 4?

3 MR. MARSCHKE: Needlessly complex.
4 I think on the August 21st when we went
5 through this, --

6 CHAIR MUNN: We did?

7 MR. MARSCHKE: -- I think our
8 recommendation was to close it.

9 CHAIR MUNN: The recommendation of
10 --

11 MEMBER ZIEMER: Which one is that?
12 Yes, item 4 is closed, August meeting.

13 MR. MARSCHKE: Okay. Is that still
14 the group's recommendation?

15 CHAIR MUNN: It is.

16 MR. MARSCHKE: Okay. Item 5 was we
17 talked about item 5 a little earlier.

18 CHAIR MUNN: Very briefly, yes. I
19 don't think we came to conclusion on it, did
20 we? That is one that NIOSH has given us a
21 follow-up response to.

22 MR. MARSCHKE: Yes. And let's see.

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1 NIOSH has basically agreed that they are
2 going to address this incidence, angle of
3 incidence issue in both OTIB-0013 and 0010.

4 MR. HINNEFELD: Well, 0013 first.

5 MR. MARSCHKE: 0013 first.

6 MR. HINNEFELD: And then our work#s
7 address there will effect how these two turn
8 out. That#s both for 5 and 6.

9 MR. MARSCHKE: So we should
10 basically change this to in abeyance?

11 CHAIR MUNN: In abeyance.

12 MR. MARSCHKE: In abeyance, I
13 think, because we have agreed upon an
14 approach.

15 CHAIR MUNN: Yes. And you can
16 incorporate the NIOSH follow-up.

17 MEMBER ZIEMER: This is what?

18 CHAIR MUNN: Five and 6.

19 MEMBER ZIEMER: Oh, 5 and 6.

20 MR. HINNEFELD: Should we make this
21 maybe in progress, instead of in abeyance?
22 What we said is we would address the issue of

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1 the angular dependence.

2 The finding description here, the
3 subsequent, not the initial finding but the
4 subsequent and special finding, harks back to,
5 well, in OTIB-0013 we point out there is this
6 angular dependence issue that this will be a
7 part of.

8 What we said is #Okay, well, let's
9 deal with the angle of incidence there at that
10 point in time.# And so that is all we have
11 said, is that we are going to deal with angle
12 of incidence. Angular dependence in
13 OTIB-0013, and then that will inform us on
14 what happens here.

15 So we have not really promised to
16 change anything, yet. So I think we --

17 MR. ELLIOTT: We are still in
18 discussion on it.

19 MR. HINNEFELD: Because when I look
20 for in abeyance on the list, I am looking for
21 where did we promise to change and haven't
22 changed it yet, you know, to try to get those

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1 up to date. So these I think maybe should be
2 in progress.

3 CHAIR MUNN: You are correct. I
4 think progress would be better on both 5 and
5 6.

6 MR. KATZ: Six as well we're going
7 to go with?

8 CHAIR MUNN: Correct. But, Steve,
9 on the database, that's fine for our moment,
10 but after we leave here, please make yourself
11 a note to incorporate a summary of what
12 NIOSH's response was.

13 MR. MARSCHKE: I was going to
14 incorporate, take this right off and cut and
15 paste them in it.

16 CHAIR MUNN: Good. Excellent.
17 Thank you.

18 MR. MARSCHKE: Actually, we can do
19 that right now. Which one are we on? And
20 what is the date on that? October 10th.

21 CHAIR MUNN: October 10th, yes.

22 MR. MARSCHKE: And then on the next

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1 setup, we have --

2 CHAIR MUNN: Seven should be easy.

3 That's one which was recommended by SC&A
4 closed at our last meeting and just simply has
5 not been stamped with our approval, I think.

6 MR. MARSCHKE: Okay.

7 CHAIR MUNN: Bob concurred with the
8 NIOSH response and recommended that the issue
9 be closed. So it's just a matter of closing
10 the issue at our discretion.

11 MR. MARSCHKE: Okay.

12 CHAIR MUNN: Number 8?

13 MR. MARSCHKE: Number 8.

14 CHAIR MUNN: Is a very similar
15 situation. We have concurred with NIOSH
16 response that the weight of presentation of
17 the confirming MCNPX calculations with the
18 revised TBA.

19 MR. MARSCHKE: With the revised
20 TBA. And we wanted to change that. We want
21 to delete "in the revised TBA."

22 CHAIR MUNN: Recommended that the

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1 issue status be changed to in abeyance.

2 MR. MARSCHKE: My notes indicate
3 that from August 21st that NIOSH indicated
4 that the MCNP calculations may not appear in
5 the revised TIB. And so they wanted to delete
6 this portion of the SC&A response, which was
7 they were basically saying that we would -- I
8 don't know -- just that in the revised TIB, we
9 wanted to delete that or the --

10 CHAIR MUNN: How about a
11 presentation --

12 MR. MARSCHKE: Well, it doesn't
13 really matter. I think that, as I recall --

14 CHAIR MUNN: I don't remember the
15 discussion.

16 MR. MARSCHKE: The discussion was
17 it really doesn't matter. We just want to
18 review the MCNP runs. It doesn't really
19 matter where they are presented, you know,
20 what vehicle is used to present it.

21 So I think the August 21st
22 recommendation was to get rid of this portion

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1 here, which said, "in the revised TIB" but
2 await the presentation of confirming the MCNP
3 calculations, however NIOSH wants to divide
4 those calculations for review is fine. It
5 doesn't have to be done inside a --

6 MR. ELLIOTT: Did we commit to that
7 or did the working group direct that to happen
8 or is this just an expectation SC&A is placing
9 on the table?

10 MR. MARSCHKE: Right now this is an
11 expectation that SC&A is placing on the table
12 in the SC&A follow-up.

13 MR. ELLIOTT: I would ask so what?
14 Why do we need to go there?

15 MR. MARSCHKE: Again, according to
16 my notes, I do have working group, "NIOSH to
17 provide MCNPX comparison." Now, again, I
18 don't 100 percent trust my notes. And that's
19 why none of these changes are really in the
20 database. I want to get somebody to
21 double-check them.

22 And the proof of the pudding will

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1 be in the transcript when we get the
2 transcript, if we already have the transcript,
3 from the August 21st meeting to find out
4 exactly what it says there.

5 MR. ELLIOTT: Now, I admit that we
6 say in our response that we ran the MCNPX
7 models and obtained similar results.

8 I wasn't at the 21st meeting. So I
9 can't say that I recall or know of our
10 commitments made there, but it just seems to
11 me that we conclude our statement here that
12 it's a matter of preference.

13 So is it the working group's
14 prerogative here that you're exercising that
15 you want us to provide, those MCNPX runs for
16 analysis?

17 CHAIR MUNN: Larry, would you do me
18 the good favor of allowing me to look at the
19 transcript --

20 MR. ELLIOTT: Sure, sure.

21 CHAIR MUNN: -- of what we did at
22 our last meeting? Because I haven't had the

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1 benefit of that yet.

2 MR. ELLIOTT: Sure.

3 MEMBER ZIEMER: But in answer to
4 that question, I don't need to see the runs.
5 If you tell me you run them and get similar
6 results, I don't feel like I need to see them.

7 CHAIR MUNN: No, no. I don't feel
8 like it either, but I hesitate to make any
9 bold statements without notes of my own.

10 MR. ELLIOTT: I am not trying to be
11 argumentative here. I just want a sense of
12 clear direction as to what we are going to do
13 here.

14 CHAIR MUNN: Let me take as my
15 action to review the transcript to identify
16 what our previous discussion said. Then I
17 will communicate with you and the other
18 members of the working group with regard to
19 what that said and ask what our next step is.

20 MEMBER GRIFFON: Wanda, can I just
21 ask one clarification?

22 CHAIR MUNN: Yes.

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1 MEMBER GRIFFON: I think you're
2 proposing to use ATTILA and the MCNP runs.
3 You know, SC&A questioned the use of ATTILA.
4 I mean, I have no problem if you get similar
5 results. I just want to understand similar a
6 little better. You know, I mean, what is the
7 magnitude of the difference?

8 That was probably gone over before.
9 I just can't remember.

10 CHAIR MUNN: No. The only thing I
11 am proposing, Mark, is that I take a look at
12 the transcript and see what we said the last
13 time we --

14 MEMBER GRIFFON: Yes. It wasn't
15 really a question to you, Wanda. It was just
16 a technical question or probably something we
17 already went over. But does anybody recall
18 that? Is it a five percent difference? I
19 don't understand what "similar" means.

20 MR. HINNEFELD: Yes. Mark, this is
21 Steve. Off the top of my head, I don't
22 remember offhand.

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1 MEMBER GRIFFON: Yes. Okay. When
2 we look back, maybe we can answer that
3 question if that's okay.

4 MR. HINNEFELD: Okay.

5 MEMBER GRIFFON: But I have no
6 problem in general. If it's a different
7 model, it doesn't matter to me. The software
8 they use, if they're far off, I think we have
9 a different issue.

10 CHAIR MUNN: I will pass it along
11 to all of you what I find out on the
12 transcript.

13 MEMBER GRIFFON: Thank you.

14 CHAIR MUNN: All right. We have
15 now come back to number 9, which we were
16 discussing earlier. Is there any additional
17 discussion or clarification that needs to be
18 made from what we were discussing an hour ago
19 on number 9?

20 (No response.)

21 CHAIR MUNN: If not, do you know
22 where we are, Steve, with number 9?

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1 MR. MARSCHKE: Basically what I
2 wrote in here is "SC&A would review the NIOSH
3 follow-up, but this issue is, nonetheless,
4 closed."

5 CHAIR MUNN: Very good. Any
6 problem with that resolution that we discussed
7 earlier?

8 (No response.)

9 CHAIR MUNN: If not, then I declare
10 it legally a time for a break.

11 MR. ELLIOTT: Legally.

12 CHAIR MUNN: Yes. We will take a
13 15-minute break and be back with our next
14 item, which will be OTIB-0012, item 1.

15 MR. KATZ: I am going to leave the
16 line open but just put it on mute here so you
17 don't have to listen to us.

18 CHAIR MUNN: Fifteen minutes.

19 (Whereupon, the foregoing matter
20 went off the record at 2:31 p.m. and resumed
21 at 2:44 p.m.)

22 MR. KATZ: This is the Procedures

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1 Working Group. We're coming back online.

2 CHAIR MUNN: We have I think one
3 that will take no time at all, OTIB-0012-01.

4 MR. HINNEFELD: We have nothing
5 more on that. The next action on that is ours
6 to do. It has to do with DCS.

7 MR. MARSCHKE: OTIB-0012-01.

8 MR. HINNEFELD: OTIB-0012-01.

9 CHAIR MUNN: Monte Carlo methods
10 for dose uncertainty.

11 MR. HINNEFELD: There was
12 subsequent discussion on this. Actually, it
13 may appear in the database under another one.

14 I forget how we're going to track it, but the
15 original findings on this Monte Carlo, we put
16 the respite in after our initial responses on
17 at least one of the findings.

18 This is Bob Anigstein. He said he
19 took issue with how the correction factors,
20 the dose correction factors, from ID-01 were
21 developed, the basis for trying to get a
22 distribution the way they are drawn.

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1 So we decided to track that here
2 under OTIB-0012. And I thought we were
3 tracking it under OTIB-0012-01, but it might
4 be somewhere else.

5 CHAIR MUNN: The database doesn't
6 show any recent action or discussion at all.
7 At least mine doesn't. Am I incorrect?

8 MR. MARSCHKE: No. You are totally
9 correct. There is only one issue ever written
10 on 12. And that was that one about SC&A's
11 crystal ball calculation supports the OTIB.

12 I look for -- wait a minute. Maybe
13 it's different dates. Could it be on
14 different dates? No. There is only one
15 OTIB-0012 issue.

16 CHAIR MUNN: It is not clear what
17 has transpired here to me. Since the initial
18 finding was that SC&A's crystal ball
19 calculations support the OTIB, then no
20 response was required.

21 Then the next thing that I see is
22 that after that it was decided if the

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1 statistics were correct, if properly
2 implemented, that the passage was worded
3 inappropriately to reflect how these
4 statistics should be used. SC&A presented
5 their findings associated with OTIB-0012 in a
6 white paper.

7 MR. MARSCHKE: Yes.

8 CHAIR MUNN: That was after the --
9 was it before or after the technical call?
10 They did a --

11 MR. MARSCHKE: I believe it was
12 before the technical call.

13 CHAIR MUNN: They did a white
14 paper, then, on the technical call. And there
15 is no indication here of any further
16 discussion or action or what is in progress.

17 MR. MARSCHKE: I don't know if they
18 did a technical call, but the workgroup
19 directed that there be a technical call.
20 Whether or not that actually took place, there
21 is no indication in the database.

22 MR. HINNEFELD: Which date are we

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1 talking about here that that occurred? Was
2 that on 8-21, the 8-21 meeting?

3 MR. MARSCHKE: The November 7th,
4 2007 meeting. It was a workgroup directive,
5 SC&A and NIOSH should have a technical
6 conference call on this issue and report back
7 to the workgroup on December 11th, 2007.

8 Then we have basically a workgroup
9 meeting December 11th, 2007. We have nothing.

10 CHAIR MUNN: In view of the fact
11 that this has been a long time, in view of the
12 fact that OTIB-0012 is rather important to
13 what we do here, may I suggest that this be a
14 NIOSH action to check what our status is and
15 why this is still an outstanding issue? Is
16 that fair, NIOSH actions?

17 MR. HINNEFELD: Yes. I will
18 reconstruct the history of it for you, but I'm
19 pretty sure the white paper includes the
20 critique of the dose conversion factors 91 and
21 that was delivered at some point during the
22 discussion of TIB-0012.

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1 And so we said, well, we'll address
2 that. We'll put together a paper that we'll
3 evaluate. We will decide what we're going to
4 do about it or address it in some fashion.
5 And that took a long time for us to do that.
6 Our primary player on that is, of course, very
7 good. He's one of our better people.

8 CHAIR MUNN: Right. Let's just ask
9 for an update and status clarification of
10 where we are in Savannah at our December
11 meeting. Okay?

12 MR. KATZ: Augusta.

13 CHAIR MUNN: Augusta? Sorry.
14 Close enough.

15 MR. KATZ: Yes.

16 CHAIR MUNN: In there somewhere.
17 Item 0017-03, individual monitoring for beta
18 particles.

19 MR. MARSCHKE: Can we ask about the
20 white paper that is mentioned here? SC&A
21 submitted a white paper discussing OTIB-0012
22 findings. Do we want, well, does the

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1 workgroup want, SC&A to get a copy of that
2 white paper and include it here as a related
3 link with the appropriate caveats that we had
4 discussed earlier this afternoon.

5 CHAIR MUNN: Let's wait until we
6 have NIOSH's report on what the full status is
7 and where we are with that. That appears to
8 me to be an appropriate time for us to make
9 that recommendation.

10 We have what appears to be one of
11 those items where we do not have any immediate
12 expectation of agreement between the commenter
13 and NIOSH. Am I correct in the way I am
14 reading this?

15 MR. ELLIOTT: I can't read the
16 thing. Can someone --

17 MR. MARSCHKE: I have to get the
18 right one here. I think it's here.

19 CHAIR MUNN: This is 0017-03.

20 MR. MARSCHKE: It is not in here.

21 CHAIR MUNN: 0017-03.

22 MR. MARSCHKE: Wait a minute.

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1 Maybe I can find it someplace else. Too many
2 things open. Let me see if I can find it,
3 0017. Okay. This is the original e-mail I
4 got back from John Hunt, who did the review of
5 the NIOSH follow-up response, which may be a
6 little easier to read here.

7 His recommendation is to close this
8 issue because he doesn't think that we're
9 going to be able to get much improvement, "In
10 my opinion, could not be improved on much
11 further."

12 So he thinks that, although the
13 OTIB may be a little weak technically, it is
14 as good as you're going to get. He did
15 provide some additional insights in here.
16 And, again, that e-mail is what you see here
17 in this little box.

18 Now, again, this comes back to what
19 we talked about earlier this afternoon, this
20 related link. As I said, John Hunt when he
21 gave me his comments he also included this
22 additional bit of information, if you will,

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1 insight. I'm not sure what the correct term
2 is to call this, or evaluation, interpretation
3 of dosimetry data.

4 I didn't know where else to put
5 this. So I put this as a related link. But,
6 again, based upon the discussion we have had
7 earlier today, particularly this afternoon, we
8 will probably have to at least change the
9 headings and footers, titles, so on and so
10 forth, on this.

11 CHAIR MUNN: Well, it appears to be
12 a position paper with respect to this finding,
13 correct?

14 MR. MARSCHKE: Yes. I'm not sure
15 that it's SC&A position paper. John Hunt has
16 looked at it. And, as you say, he has a
17 tremendous amount of work that has gone into
18 it.

19 CHAIR MUNN: Technical
20 interpretation.

21 MR. MARSCHKE: Yes, technical
22 interpretation by this individual. And this

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1 is the official, as official as we get. This
2 is what we put in here.

3 And at this point, the SC&A
4 recommendation is that we can close this issue
5 because OTIB-0017 is as good as you're going
6 to get it.

7 CHAIR MUNN: Okay, I didn't get
8 that. And so that is not in contradiction to
9 the last NIOSH comments.

10 Does the workgroup have any strong
11 feelings that would contradict this
12 recommendation to close? If not, then the
13 workgroup -- yes?

14 MEMBER ZIEMER: I agree with that.
15 I in this case would question the status of
16 this paper in the thing. I don't think it
17 appears to be an official SC&A paper either.

18 MR. MARSCHKE: I don't either.

19 CHAIR MUNN: No. It's just an
20 individual assessment.

21 MEMBER ZIEMER: And it seems to me
22 it could be a working document of the

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1 workgroup and even referred to in our minutes
2 or our transcript, but unless SC&A issues it
3 as a work product, it's not clear to me why we
4 ought to put it in the database. That is all
5 I'm saying.

6 Maybe SC&A would -- in other words,
7 it is an individual's opinion. I assume that
8 you called him in to --

9 MR. MARSCHKE: He is the one that
10 did the initial review --

11 MEMBER ZIEMER: Right.

12 MR. MARSCHKE: -- of OTIB-0017. I
13 did not want to lose that information.

14 MEMBER ZIEMER: Right.

15 MR. MARSCHKE: And this was the
16 best place that I could think to put it.
17 Initially I tried to put it all into the SC&A
18 follow-up. And it got very --

19 CHAIR MUNN: It was just too much?

20 MR. MARSCHKE: Too much, exactly.

21 CHAIR MUNN: Yes.

22 MR. MARSCHKE: So then in order not

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1 to lose this information, I put it here as a
2 related link. Now, I am open to ideas as to a
3 better way to handle this.

4 MEMBER ZIEMER: Or maybe with
5 Emily's wording, we just appropriately label
6 this and leave it in there. I mean, I am not
7 objecting to it being per se, but I think we
8 need to have a consistency about both what we
9 put in and how it's identified.

10 Particularly if it's an SC&A
11 official position or it's just a discussion
12 document, you might identify it in some way
13 like that even.

14 MR. MARSCHKE: Yes. I hadn't
15 thought of, like Larry pointed out this
16 morning, people getting into this and getting
17 the Freedom of Information Act and getting
18 this and misinterpreting it or doing whatever
19 they can do to it.

20 MEMBER ZIEMER: Right.

21 MR. MARSCHKE: So no, I hadn't
22 thought of it from that point of view. My

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1 only goal was to not lose this bit of
2 information. There has to be a better way to
3 do this than what is here.

4 CHAIR MUNN: There is going to be a
5 fine line there. And we will probably
6 approach it time after time to try to make
7 that decision. Trying to balance clarity of
8 the decision-making process against openness
9 and transparency is going to be difficult for
10 more than one occasion. This may be one of
11 those.

12 Certainly any technical person
13 going back and trying to trap this would want
14 to try to see the expert opinion that led to
15 the statement that we have here on the
16 follow-up.

17 So this may be a good opportunity
18 for us all to take this under advisement and
19 look at this in a concerted individual manner,
20 weigh the issues, and have this as a separate
21 action item for us to address at our next
22 procedures meeting, at which time hopefully we

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1 will have discussed already the kinds of
2 classifications we want and the additional --

3 MEMBER ZIEMER: Wanda, I was going
4 to suggest -- and this comes from SC&A -- that
5 the burden be on them to identify what kind of
6 a document they think it is. You said a draft
7 discussion document. is it an SC&A white
8 paper or what is it?

9 In terms of the categories that
10 Emily comes up with, whatever our appropriate
11 disclaimer in, then perhaps leave it. I think
12 we can still close the item. I was just
13 concerned how this --

14 CHAIR MUNN: I think we can, too,
15 yes.

16 MEMBER ZIEMER: -- is identified in
17 the system. And we will need to follow. It
18 seems to me the burden is on SC&A to tell us
19 what this is, categorize it for us.

20 CHAIR MUNN: I agree with one
21 caveat. And that caveat is I think it is
22 incumbent on the workgroup to make some

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1 decisions about what categories are likely to
2 be most useable for us and most accurate for
3 us.

4 MEMBER ZIEMER: And then we can
5 select one of those.

6 CHAIR MUNN: Right, right.

7 MR. MARSCHKE: Yes. At this point
8 if I had to categorize it, I would basically
9 categorize it as supplemental information.
10 And I don't know if that means anything, but
11 -- so the workgroup directive is to close this
12 issue?

13 CHAIR MUNN: Yes, with an
14 outstanding action item regarding proper
15 handling of related links. Okay. We are all
16 on the same page with that one? This one will
17 be closed.

18 And we are going to OTIB-0017-12,
19 which is in abeyance we have here. Is it
20 supposed to be closed? John Hunt agrees.
21 Will revise. And the revision has not yet
22 been complete, correct, OTIB-0017?

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1 MR. HINNEFELD: Not as far as I
2 know. I haven't been able to go check.

3 CHAIR MUNN: So in abeyance is
4 correct at this juncture.

5 On to OTIB-0018. The first item
6 open is 5. At a meeting earlier this year, it
7 was recommended that this be closed.

8 MR. MARSCHKE: Was it? Which one?

9 CHAIR MUNN: Eighteen-05.

10 MEMBER ZIEMER: You had it marked
11 closed. And I had crossed it out. It sounded
12 like we kept it open for some reason.

13 MR. MARSCHKE: Yes. I don't have
14 that 18. I go from 18-01 to 18-06. That's
15 why I didn't make any of these changes as per
16 my notes.

17 CHAIR MUNN: Well, you related
18 blank here. It says, "Referenced documents,
19 second set: link OTIB-0005, response pdf."

20 MR. HINNEFELD: It seems like this
21 was the one where we were supposed to provide
22 evidence that the sites that were covered by

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1 OTIB-0018 did, in fact, have good error
2 sampling programs and that they took
3 appropriate action based on control levels. I
4 thought that is where this one was.

5 MEMBER GRIFFON: I know I had
6 concerns with this one. So I might have taken
7 it out of the closed position. I don't know.

8 MR. HINNEFELD: I think Mike Gibson
9 raised that as well, in addition to Mark.

10 CHAIR MUNN: And that would have
11 been because? What was your concern, Mark?

12 MEMBER GRIFFON: Several. The
13 question on the definition, there is something
14 called rigorous error sampling program. I'm
15 not sure exactly what that means.

16 And then I wanted to understand how
17 they came up with a list of sites. I have
18 some questions about -- it says that they're
19 going to use the worst case radionuclide, but
20 the listing doesn't include all radionuclides
21 at some of the sites that were in the list.

22 For example, the Mound has a few.

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1 And I admit that these are not the main
2 production radionuclides, but things like
3 actinium and protactinium are not on the list.

4 And then I had a question of is
5 there any change in the -- and this may be
6 outlined in the TIB, and I might have missed
7 it. But over time, the MPC values were to
8 change. So when they assign 10 percent of the
9 MPC, do they vary with the time period or how
10 does that work?

11 CHAIR MUNN: So do we have your
12 concerns in a format that can be responded to?

13 MEMBER GRIFFON: Just in this
14 format that I give.

15 MR. HINNEFELD: We had the robust
16 error sampling issue and the take appropriate
17 actions. In other words, part of the error
18 sampling program is that appropriate actions
19 are taken at action levels.

20 MEMBER GRIFFON: Right.

21 MR. HINNEFELD: You also said a
22 concern about the --

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1 MEMBER GRIFFON: How did you come
2 up with the list of sites?

3 MR. HINNEFELD: Well, I think that
4 kind of was going to feed into a number one.

5 MEMBER GRIFFON: Okay.

6 MR. HINNEFELD: The sites that are
7 covered on here are the ones we felt had
8 error- sampling programs sufficient that you
9 could put some confidence in and that they
10 would take actions if there were a bad
11 airborne situation, --

12 MEMBER GRIFFON: I agree.

13 MR. HINNEFELD: -- chronically bad,
14 chronically bad airborne situation. So I
15 think that's kind of all part and parcel of
16 this same --

17 MEMBER GRIFFON: I agree.

18 MR. HINNEFELD: -- issue, that one
19 and 1 and 2. You said not sure that the worst
20 radionuclides were covered in every case.

21 CHAIR MUNN: Well, no. I think he
22 said all nuclides were covered.

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1 MEMBER GRIFFON: The worst case.
2 That was correct. I'm not sure that -- in the
3 listing of radionuclides, it suggests that by
4 procedure, you say that you're going to use
5 the worst case radionuclides depending on the
6 organ, et cetera. But then you look at the
7 list of radionuclides and that doesn't
8 encompass some of the worst ones for some of
9 the sites. I think now might be the example
10 where that came and protactinium.

11 MR. HINNEFELD: Now, you had I
12 thought you said one more other thing, too.

13 MEMBER GRIFFON: And then the
14 question of whether -- and this may be in the
15 TIB and I might have missed it, but I just
16 wanted clarification on whether when you
17 assign ten percent of the MPC or DAC, do you
18 vary that with time periods because the MPCs
19 change during different time periods over the
20 course of the life of these sites?

21 MR. HINNEFELD: Okay. Well, I know
22 we are working on 1 and 2, we will get 3 and 4

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1 going, too.

2 MEMBER GRIFFON: All right.

3 CHAIR MUNN: So we need to have
4 some comment in here about workgroup
5 directives, I guess.

6 MR. MARSCHKE: I only got two of
7 Mark's questions, but I guess Stu has got the
8 other.

9 MR. HINNEFELD: I can send you -- I
10 can send Steve some language to put in a
11 workgroup directive. And this would be for
12 today's meeting, I guess.

13 CHAIR MUNN: It would be most
14 helpful.

15 MEMBER GRIFFON: I wasn't
16 necessarily trying to make these into action
17 items if they could be answered, you know, if
18 someone is on the phone who can answer them
19 now.

20 MR. HINNEFELD: Well, I am not
21 prepared.

22 MEMBER GRIFFON: Okay.

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1 MR. HINNEFELD: We have --

2 MEMBER GRIFFON: Liz is on there, I
3 think, right? Yes.

4 MS. BRACKETT: And I can actually
5 answer a few of those questions.

6 MR. HINNEFELD: Okay. Well, Liz,
7 what have you got?

8 MS. BRACKETT: Actinium-227, I
9 noticed that it's not listed in OTIB-0018, but
10 it is, in fact, in the tools. So that's
11 apparently an oversight on our part in
12 documenting what we actually did.

13 So because there is instruction
14 that directs the dose reconstructor to use
15 actinium-227, specifically Fernald, Los
16 Alamos, and ORNL. So we need to get that
17 documented. I don't know if that will
18 completely address your concern, but it is
19 included for some of the facilities.

20 MEMBER GRIFFON: Okay. I didn't
21 look at the tool. I was looking at the
22 written procedures.

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1 MS. BRACKETT: Right. And you are
2 right. I mean, it should be in there.

3 MEMBER GRIFFON: Yes.

4 MS. BRACKETT: I thought that it
5 was, but --

6 MEMBER GRIFFON: And protactinium?
7 I don't know if that would be, you know, the
8 limiting radionuclide in any cases, but is
9 that on your --

10 MS. BRACKETT: That one is not
11 included. We will have to look to see if that
12 would be more limiting than actinium.

13 MEMBER GRIFFON: It may not be but
14 yes, just curious. And, just for
15 clarification, if you had an unmonitored
16 worker, it didn't matter necessarily where
17 they were working --

18 MS. BRACKETT: Right.

19 MEMBER GRIFFON: At Mound, for
20 instance, you would use actinium if it was a
21 limiting case?

22 MS. BRACKETT: Yes. That would be

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1 added into the list of nuclides. And if it
2 came up to be the most limiting, then that's
3 what would be assigned.

4 MEMBER GRIFFON: All right.

5 MS. BRACKETT: And the changing of
6 MPCs and DACs, I haven't gone back over OTIB.

7 That should be documented. It does account
8 for the fact that it changed over time.

9 The ten percent is only used in
10 modern days. It's 50 percent up until like
11 1989. And there are -- maybe if you want to
12 look at OTIB-0018 again and see if it's not
13 clear, but it does list different --

14 MEMBER GRIFFON: I checked that. I
15 saw listed time period differences, but then I
16 thought I saw something that contradicted
17 that. But I will double-check that. That one
18 I'm not sure on.

19 MS. BRACKETT: Okay. Like I said,
20 I haven't gone back and looked at it in detail
21 because you're right. The actinium is missing
22 from that. So maybe it's not clear as to what

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1 MPCs we're using. But it does vary over time.

2 MEMBER GRIFFON: Okay.

3 MS. BRACKETT: I think those are
4 the only two I can --

5 MEMBER GRIFFON: And the only other
6 question, back to everyone in the workgroup,
7 the general question I had was OTIB-0018 is
8 only used for non-compensable cases. Is that
9 correct?

10 MS. BRACKETT: Yes.

11 MEMBER GRIFFON: But that hasn't
12 always been the case, has it?

13 MS. BRACKETT: There was a brief
14 time when it was used for compensable cases,
15 but that and OTIB-0033 would kind of go hand
16 in hand.

17 MEMBER GRIFFON: The only concern I
18 would have there is do you know how many cases
19 were compensated using the TIB-0018 approach?

20 MS. BRACKETT: I personally don't.
21 I don't know if anybody else on the
22 conference --

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1 MR. HINNEFELD: I don't have it
2 broken down, but there were, I believe, 104
3 cases that, arguably, during that period that
4 were compensated that had they not been done
5 during that period might not have been. I
6 believe 104 was the number total, but those
7 weren't all OTIB-0018.

8 MEMBER GRIFFON: That might be sort
9 of a separate issue, you know, apart from our
10 findings on OTIB-0018 because this kind of
11 gets into that equity issue. If I filed a
12 claim and, by the luck of the draw, I got my
13 claim done with OTIB-0018, during that time
14 period I might have gotten compensated, you
15 know.

16 MR. HINNEFELD: Well, this has been
17 out there for two years.

18 MEMBER GRIFFON: Yes. I'm just
19 saying if it's 105 claimed, that's quite a few
20 people that got compensated that might not
21 have been compensated otherwise.

22 MR. ELLIOTT: Were all 104

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1 compensated?

2 MR. HINNEFELD: I believe that's
3 the number.

4 MR. ELLIOTT: Was it all 104 that
5 were effected by that?

6 MR. HINNEFELD: Well, that's true.
7 There were 104 done in techniques that would
8 not normally have been used within to be
9 compensated. Some of those likely would have
10 been compensated.

11 MEMBER GRIFFON: Should have been
12 compensated, okay.

13 MR. HINNEFELD: Yes. Some of those
14 likely would have been compensated anyway.
15 That was where the 104 came from.

16 MEMBER GRIFFON: That is kind of a
17 separate issue, but I just wanted
18 clarification on that. And that's all I had
19 on that one.

20 CHAIR MUNN: Okay. So Steve has
21 all of his issues.

22 MR. HINNEFELD: Liz answered the

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1 last two?

2 MEMBER GRIFFON: Well, Liz
3 answered, partially answered the one. And,
4 really, she said that there were modifications
5 for time periods. So I won't leave that as an
6 action. I'll check that on my own. And if I
7 see any discrepancies there, I'll raise them.
8 But let me review that further because it's
9 probably addressed properly.

10 MR. HINNEFELD: Okay. And so then
11 that leaves us with the "What does it mean to
12 have a robust error-sampling program?" and
13 "Did the sites do what they should have done?#
14 And #How do we know the sites did what they
15 should have done if they had like control for
16 an action level?"

17 And that kind of is related to what
18 sites, how do we decide what sites recover?
19 So those things kind of all link in together.

20 MEMBER GRIFFON: Yes and still the
21 protactinium question.

22 CHAIR MUNN: Yes.

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1 MR. HINNEFELD: Okay. Liz, are you
2 doing protactinium?

3 MS. BRACKETT: Sure.

4 MR. HINNEFELD: Thanks.

5 MEMBER GRIFFON: Thank you.

6 CHAIR MUNN: That's great. All
7 right. So I have that as an action item for
8 now with Stu in the lead.

9 18-06, Mark.

10 MR. MARSCHKE: Well, 5 is in
11 progress, I guess. It's not open anymore.
12 It's not open.

13 CHAIR MUNN: That's right. It's in
14 progress.

15 MR. MARSCHKE: So it will be in
16 progress.

17 CHAIR MUNN: Actually, there is
18 action being asked. So it is in abeyance,
19 correct?

20 MR. HINNEFELD: No. We haven't
21 promised what --

22 CHAIR MUNN: Well, I thought you

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1 just did --

2 MR. HINNEFELD: Yes, we did. We
3 did promise that we were going to revise it.
4 Well, see, there are several parts of it. But
5 it's promised that we would revise OTIB-0018
6 in order to include the information that's in
7 the tool.

8 So that you can put it in abeyance
9 if you want. There is something that is --

10 MEMBER ZIEMER: There are
11 in-progress parts, though.

12 MR. HINNEFELD: There are
13 in-progress parts.

14 MEMBER ZIEMER: Yes. I think in
15 progress is a lower --

16 MR. HINNEFELD: See, my problem
17 with putting them in abeyance is that to me
18 that means we're all agreed we're just going
19 to publish a revision and we're going to be
20 done. And there is more work to be done on
21 this.

22 MEMBER ZIEMER: Right.

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1 MR. MARSCHKE: Eighteen-six?

2 CHAIR MUNN: Eighteen-six.

3 MR. MARSCHKE: I think we had
4 actioned my notes from August 21st to indicate
5 this one should be in abeyance.

6 CHAIR MUNN: The reason for that is
7 a revised OTIB is in works. Any problem with
8 changing status to in abeyance?

9 (No response.)

10 CHAIR MUNN: If not, so ordered.

11 MR. ELLIOTT: So have we had this
12 revision in process for over a year now?

13 MR. HINNEFELD: Well, we might
14 have. Wait a minute. Okay, interesting.
15 Good.

16 CHAIR MUNN: Very good. Finished
17 with 18. Go on to 19, item 1, bioassay data,
18 co-worker essay data, internal DOS
19 assignments: NIOSH "will provide the working
20 group with suggested revisions to the OTIB
21 that address the issue."

22 MR. HINNEFELD: Well, I've sent our

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1 position on 0019-1.

2 MR. MARSCHKE: This is what we
3 received from --

4 MR. HINNEFELD: Yes.

5 MR. MARSCHKE: -- NIOSH on October
6 1st this year.

7 CHAIR MUNN: Okay.

8 MR. MARSCHKE: And it's in the
9 NIOSH follow-up box down here, but because
10 there is the table, I've also included it
11 because I can't get all of this information
12 that's included on these backup statements.

13 CHAIR MUNN: Okay. So, actually,
14 the ball is in the SC&A court right now,
15 correct?

16 MR. MARSCHKE: No. Let's see. If
17 we look at the box next to it on the 10-10, we
18 got a response from Harry that basically
19 agrees with the NIOSH position or the analysis
20 that NIOSH has done. And SC&A has come down
21 and recommended that this issue be closed.

22 So our recommendation is, we agree

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1 with NIOSH in the results of their analysis
2 and you can close this issue. Let's see if I
3 have Harry's --

4 CHAIR MUNN: This is another one of
5 those where we will have to identify the
6 reference document.

7 MR. MARSCHKE: Well, the related
8 link document, Wanda, is --

9 CHAIR MUNN: It's just 0019-1,
10 right?

11 MR. MARSCHKE: Yes. It's just a
12 follow-up response. I put it here so that we
13 can get this table. It would have been
14 virtually impossible for me to get this table
15 into that little box.

16 CHAIR MUNN: Right.

17 MR. MARSCHKE: This is all part of
18 the NIOSH follow-up. So I don't know how this
19 falls into what we talked about.

20 MR. HINNEFELD: This is our
21 response.

22 MR. MARSCHKE: This is your

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1 response.

2 MR. HINNEFELD: NIOSH personnel
3 action or follow-up action.

4 MR. MARSCHKE: It's no more, no
5 less.

6 MR. HINNEFELD: We can put the
7 disclaimer on it and resubmit it.

8 CHAIR MUNN: Yes, right. Well, the
9 key here is that the issue is closed. But the
10 only thing we have to do as a workgroup is to
11 make sure that the graphics that are
12 necessary, that are in the charts that are
13 necessary for clarification at a later date,
14 are appropriate and properly carry the proper
15 wording when we finish. So that's just --

16 MR. MARSCHKE: So basically I
17 should put in here for the 2008 that the
18 workgroup direction is close this issue.

19 CHAIR MUNN: Any objection to that?

20 MEMBER ZIEMER: No objection, but
21 NIOSH needs to label the table in accordance
22 with the new scheme, or not the table but the

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1 document.

2 CHAIR MUNN: The document, yes. A
3 better grasp of wording that we're going to
4 use. Item 0024-1, open, apparently never been
5 addressed other than it's going to be a
6 revision.

7 MEMBER ZIEMER: My notes from the
8 21st of August indicate that 1 through 7 are
9 all in abeyance.

10 CHAIR MUNN: And we haven't
11 populated the database yet.

12 MEMBER ZIEMER: Does that --

13 MR. MARSCHKE: My notes are missing
14 on 0024. Whether or not --

15 CHAIR MUNN: I'll take that again
16 as one of my action items, since I'm going to
17 be looking at the transcript anyhow.

18 MS. THOMAS: It has never been
19 discussed in workgroup, but all of our
20 responses state that we'll include SC&A's
21 recommendation or finding, address those
22 findings and revisions. So that may be why it

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1 is in abeyance.

2 CHAIR MUNN: Say that again.

3 MS. THOMAS: I said we've never
4 discussed OTIB-0024 in any technical way at a
5 workgroup meeting, but all of the NIOSH
6 responses state that the OTIB will be revised
7 to address SC&A's findings. So that may be
8 why all of the statuses are in abeyance.

9 CHAIR MUNN: Are all in abeyance.
10 Would that be in accordance with your notes,
11 Paul?

12 MEMBER ZIEMER: Well, the chart
13 that was given to us in the August meeting
14 says that Bob Anigstein concurs with NIOSH's
15 proposed solution. And the revised OTIB
16 submitted shows them all as --

17 CHAIR MUNN: In abeyance.

18 MEMBER ZIEMER: Maybe it's
19 recommended that they be in abeyance.

20 CHAIR MUNN: That was the
21 recommendation --

22 MEMBER ZIEMER: I guess --

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1 CHAIR MUNN: -- that we didn't --

2 MEMBER ZIEMER: I don't know if we
3 specifically accepted that or not.

4 MR. MARSCHKE: That's the missing
5 point.

6 CHAIR MUNN: That is the point.

7 MS. THOMAS: We never discussed it,
8 because I forget who provided the responses.
9 We have never had to have them on the phone
10 line. So I know we haven't discussed it.

11 MR. MARSCHKE: Yes. I believe that
12 Dr. Anigstein basically read the responses and
13 said, "Well, it looks like they're going to
14 redo OTIB-0024 using modern computer code."

15 And that was basically our concern
16 seven times over, I guess. And so if they're
17 committed to redoing it, then we'll wait and
18 see what develops. We agree with that
19 approach.

20 CHAIR MUNN: All right. For the
21 moment, do we have any problem with my
22 checking the transcript to make sure that

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1 there wasn't any concern other than that it
2 should be in abeyance? For the moment shall
3 we leave it open or in abeyance?

4 MR. HINNEFELD: Well, to me this
5 fits the definition of in abeyance.

6 CHAIR MUNN: It does to me, too.

7 MR. HINNEFELD: We said we have no
8 complaint with the finding. We're going to
9 rewrite the document.

10 CHAIR MUNN: I agree.

11 MR. HINNEFELD: So we promise to
12 deliver --

13 CHAIR MUNN: So did Bob.

14 MEMBER ZIEMER: I would accept that
15 as placing it in abeyance.

16 CHAIR MUNN: Any problem, Mark?
17 Are you still --

18 MEMBER GRIFFON: I am sorry. No.
19 I'm all set on that one.

20 CHAIR MUNN: Okay. So we'll just
21 change status to #in abeyance.# And I'll
22 double-check to make sure that the transcript

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1 doesn't tell us anything to the contrary.

2 MR. MARSCHKE: And as for all seven
3 of the --

4 CHAIR MUNN: Correct.

5 MR. MARSCHKE: OTIB-0024?

6 CHAIR MUNN: Yes, items 1 through
7 7, OTIB-0024, which brings us to OTIB-0028,
8 item 2.

9 MR. MARSCHKE: Wait a minute. I've
10 got seven to plug in here, if you please. I
11 guess we can go on. I guess I can catch up a
12 little later.

13 CHAIR MUNN: We have SC&A's
14 revision to review, found that it had resolved
15 their issue, recommends the finding be closed.

16 The issue was resolved to the satisfaction of
17 the working group.

18 Anyone have any problem with
19 closing this item?

20 (No response.)

21 CHAIR MUNN: OTIB-0028.

22 MR. MARSCHKE: Wait a minute. Wait

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1 a minute. I'm still on 0024.

2 CHAIR MUNN: Okay.

3 MR. MARSCHKE: I've got one more to
4 do.

5 (Pause.)

6 MR. MARSCHKE: Are you watching me
7 to make sure I'm doing this right? Okay. I'm
8 up to 0028-02 now.

9 CHAIR MUNN: Two, closed.

10 MR. MARSCHKE: Okay.

11 MR. MARSCHKE: 0028-03, identical
12 category. Any objection from anyone?

13 (No response.)

14 MR. MARSCHKE: The action item from
15 the 21st, August 21st, was to review the --
16 and we did review the revision. So --

17 CHAIR MUNN: Reviewed, recommended
18 closed. Workgroup was satisfied with the
19 resolution. It is closed.

20 Item 0033-01.

21 MR. MARSCHKE: This was one my
22 notes from August 21st indicate that Mike said

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1 to hold this issue for Mark, that Mark might
2 be interested in this.

3 CHAIR MUNN: I believe so.
4 Remember? Are you there, Mark?

5 MEMBER GRIFFON: Yes. I just had
6 to catch up to get to that item. I will be in
7 a second.

8 CHAIR MUNN: Okay.

9 (Pause.)

10 MEMBER GRIFFON: Yes. 0033-01.
11 And I'm trying to remember, actually, now. I
12 mean, reading the finding, I kind of remember
13 that there are exposure categories and the
14 question of the judgment on how to assign the
15 coworker, which I guess it's whether you use
16 the 50th or the 95th percentile values. Is
17 that --

18 CHAIR MUNN: Well, there was no
19 outstanding question with the people who were
20 at the workgroup meeting at the time.

21 MR. HINNEFELD: I believe that's
22 what it was, though, Mark. You have to

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1 choose. What basis do you use to decide which
2 percentile? I believe that was the
3 discussion.

4 MR. SIEBERT: Thirty-three ties
5 into those at 18. It's not co-worker.

6 CHAIR MUNN: Yes, yes.

7 MR. HINNEFELD: Oh. So it's not
8 based on co-worker? It's based on the
9 standard?

10 MR. SIEBERT: The overestimating
11 18.

12 MEMBER GRIFFON: Yes. It ties in
13 with 18, right? Yes.

14 CHAIR MUNN: Yes. Mike was just
15 hesitant to take a position on it without your
16 looking at it.

17 MEMBER GRIFFON: This ties in. Can
18 I just get a clarification? I mean, this ties
19 into OTIB-0018, but it's used for best
20 estimate cases? Is that accurate?

21 MS. BRACKETT: OTIB-0033 is also on
22 the overestimate.

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1 MEMBER GRIFFON: So the title,
2 though, confuses me again.

3 MS. BRACKETT: Yes, that#s because
4 that's the way it was initially written --

5 MEMBER GRIFFON: Oh, okay.

6 MS. BRACKETT: -- at the time we
7 were talking about where it was.

8 MEMBER GRIFFON: I think, at the
9 very least, for the public it would be good to
10 change that.

11 Did I lose my connection?

12 CHAIR MUNN: No. You are still
13 there. You just thunder-struck us.

14 We're looking at the article on the
15 screen of the tool user instructions for
16 OTIB-0018 and 33. The tool was developed --

17 MS. THOMAS: Yes. I was just going
18 to say, it might help him remember what his
19 issue was.

20 CHAIR MUNN: Go ahead and read.

21 MS. THOMAS: Okay. It is in the
22 link in the database under finding

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1 OTIB-0018-05.

2 CHAIR MUNN: You remember there was
3 that blue link when we were looking at
4 OTIB-0018? There was a link to the
5 applicability and tool user instructions.

6 MR. MARSCHKE: I am not sure that
7 Mark had a problem with this. I just think
8 that Mike wanted to give Mark the opportunity
9 --

10 CHAIR MUNN: That is correct.

11 MR. MARSCHKE: -- to voice his
12 concern if he had some.

13 CHAIR MUNN: That is correct. He
14 knew that Mark had been very closely
15 associated with both 18 and 33 and wanted to
16 make sure that we did not just mark one off
17 without Mark's being aware of the fact that we
18 were doing it. He did not express any
19 personal knowledge of any problem.

20 He was just leaving it open for
21 you, Mark.

22 MEMBER GRIFFON: Yes. And I do

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1 remember looking back at this, but I must
2 admit I forgot. I was focused on the document
3 that Steve sent around, the PDF document,
4 which is several of the ones we have been
5 covering today, but it didn't have all of the
6 -- I must have missed my review of this one.

7 So I'm wondering. So this is
8 suggesting that for an OTIB for this approach,
9 you would not use the same value for different
10 work categories. Is that correct?

11 MS. BRACKETT: Yes, that's correct.

12 MEMBER GRIFFON: And, Liz,
13 basically it's separated into individuals that
14 would very unlikely be anywhere near
15 production operations, like
16 administrative-type job titles versus
17 individuals that could have been closer to
18 production areas? Is that --

19 MS. BRACKETT: Yes. It is also
20 supposed to help give some guidance on when
21 environmentalists could be assigned to people,
22 as opposed to assigning something more than

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1 that, several different categories.

2 MEMBER GRIFFON: Why would you even
3 give environmentalists an --

4 MS. BRACKETT: Sorry. I'm
5 confused. That's OTIB-0014. Sorry. Sorry
6 about that. I think there's only two
7 categories in OTIB-0033. So they're 50
8 percent or 100 percent basically of OTIB-0018,
9 except when you get to the recent years.
10 There is a ten percent category then, after
11 the implementation of 0054-84.11, I think.

12 MEMBER GRIFFON: And why would you
13 even do 50 percent? Fifty percent or 100
14 percent? You mean you would assign 100
15 percent of the MPC in some cases?

16 MS. BRACKETT: Yes. And some, it's
17 50 percent. OTIB-0018 is extremely
18 claimant-favorable. It gives some very, very
19 large intake because it is not just strictly
20 the MPC. It's using the most conservative
21 nuclide, which in many cases you wouldn't find
22 comprising 100 percent of the air in an area.

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1 Actually, the tool is difficult to
2 explain, because it doesn't strictly pick a
3 nuclide. It's on an annual basis. It picks
4 the nuclide that would give the largest
5 intake.

6 And, even retroactively, if you get
7 to the years following the cessation of intake
8 and you look back and say that, "Okay. If it
9 had been an intake of actinium, rather than
10 plutonium, in those years, that would give the
11 largest dose in this year. Then that's what
12 substituted them." I think a diagram would
13 help.

14 MEMBER GRIFFON: Yes, yes. And I
15 would take exception with one thing you said,
16 Liz, that this is a claimant-favorable
17 approach. I would say it is an efficient
18 approach, maybe, but not claimant-favorable
19 because these are all for non-compensable
20 claims, right?

21 So I don't think you're doing
22 anybody any favors. You're just assigning a

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1 big dose.

2 MS. BRACKETT: That's true, but it
3 is intended to be larger than what you would
4 have expected the person to have been exposed
5 to.

6 MEMBER GRIFFON: I know. That's
7 efficient, but, really, it just creates more
8 confusion than claimant favorability because
9 people wonder why the administrative person
10 that was never monitored got a high dose and
11 they got nothing, you know.

12 Notwithstanding that comment, I
13 think if I can -- Wanda, I'm just not ready to
14 respond to OTIB-0033 on the fly. And since
15 OTIB-0018 is kind of tied with this, I promise
16 that I will have an answer one way or the
17 other next meeting on this final OTIB-0033
18 finding.

19 CHAIR MUNN: Okay. I am putting it
20 on our agenda for Savannah, Augusta, Atlanta,
21 wherever we are --

22 MEMBER GRIFFON: I appreciate that.

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1 CHAIR MUNN: -- in December.

2 MR. MARSCHKE: In the interim, do
3 we change the status to #in progress?#

4 MEMBER GRIFFON: In progress.

5 CHAIR MUNN: In the interim, we
6 change it to #in progress.#

7 MEMBER GRIFFON: Sorry about that.

8 I was focused on the items in Steve's PDF
9 document that he sent around and not all of
10 the documents. Sorry.

11 CHAIR MUNN: Okay. I will probably
12 put that up front on the agenda early on,
13 rather than taking it in order, because that
14 is a big one. We need to address that, get
15 ourselves in the right spot.

16 PROC-0022-01. In abeyance. No
17 action has been taken?

18 MS. THOMAS: It has been started.
19 It is being revised.

20 CHAIR MUNN: Okay. #In abeyance#
21 is appropriate. Then under "Workgroup
22 Directives," from sometime back, it says, "The

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1 issue was resolved to the workgroup's
2 satisfaction." But apparently it isn't.

3 MR. MARSCHKE: That is why it is in
4 abeyance, because we have come through -- a
5 meeting of the minds just hasn't been
6 reissued, revised.

7 CHAIR MUNN: We'll go on to issue
8 2. Same revision. All right. No additional
9 action necessary there. PROC-0060, item 1.

10 MEMBER ZIEMER: I have a note that
11 we closed that at our last meeting.

12 MR. MARSCHKE: I think the -- yes.
13 I think the concern was we just said close
14 it, and we did not necessarily give you a
15 reason. I think we add a little bit to the
16 follow-up here. But I agree it should be
17 closed.

18 CHAIR MUNN: All right. That one
19 goes. Sixty-one, item 1.

20 MEMBER ZIEMER: Well, we closed
21 that as well, according to my notes.

22 CHAIR MUNN: Yes, I believe so.

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1 MEMBER ZIEMER: And 0061-02.

2 CHAIR MUNN: Yes. So we can do
3 that now, which takes us to 4.

4 MEMBER ZIEMER: What about 3?

5 CHAIR MUNN: Three was closed
6 earlier, wasn't it?

7 MR. MARSCHKE: Three was in
8 progress. That's right.

9 CHAIR MUNN: Not showing up.
10 Didn't we say 4?

11 MEMBER ZIEMER: I show 03, they
12 recommended closure last time and we put it
13 into the "in progress" category.

14 CHAIR MUNN: Oh, I thought closed,
15 it was closed, 03. I don't know why we got
16 that. Is that another one that I need to
17 check the transcript for? I think it's
18 closed, in any case. Does anyone have 03?

19 MR. MARSCHKE: I am trying to bring
20 it up.

21 CHAIR MUNN: I filtered for
22 openness.

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1 MR. MARSCHKE: We had it all. I
2 had 3 was closed. And I had 3 closed, and I
3 had 4 or the database had 3 closed.

4 CHAIR MUNN: Yes. I had 3 closed
5 also.

6 MR. MARSCHKE: So basically, what
7 was the -- I had on the 9-4-2008, change the
8 status to #closed# for PROC-0061.

9 MEMBER ZIEMER: What happened on
10 9-4? That was --

11 MR. MARSCHKE: That was the Redondo
12 Beach meeting.

13 CHAIR MUNN: Yes.

14 MS. THOMAS: Harry had provided an
15 SC&A additional response that went something
16 like "This provision clarified for the dose
17 reconstructor what to do" -- maximum best
18 estimate and minimizing. So I think that was
19 the basis for closure of 3.

20 MEMBER ZIEMER: Okay. That
21 happened after the August meeting.

22 MR. MARSCHKE: Yes, yes. Harry

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1 provided data at 9, September 1st. And then
2 at the 9, September 4th, based upon that
3 change, we closed it.

4 CHAIR MUNN: Yes. I think #closed#
5 is correct for it, which leaves us with item
6 4.

7 MS. THOMAS: Item 4, Harry had
8 provided some follow-up. And we have yet to
9 respond to that.

10 MR. MARSCHKE: Well, again, on the
11 September 4 -- yes. Okay. "You" being NIOSH.

12 MS. THOMAS: Yes.

13 MR. MARSCHKE: Yes. He gave up the
14 study. And at the Redondo Beach, we changed
15 the status to #in progress.#

16 CHAIR MUNN: In progress. Correct.

17 MR. MARSCHKE: So that is for
18 those, we had three closed and one in progress
19 --

20 CHAIR MUNN: Yes.

21 MR. MARSCHKE: -- for PROC-0061.

22 Now to go back.

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1 CHAIR MUNN: Oh, yes.

2 MR. MARSCHKE: So what we have is,
3 I guess I have an action item to change all of
4 these PR-0007s to closed. That's my action
5 item. We talked about that this morning.

6 CHAIR MUNN: Oh, yes.

7 MR. MARSCHKE: That is an action
8 item. We had closed on the August 21st. And
9 I just haven't brought the database up to it.
10 And we have 10 is also. These are the only
11 open items we have under the second set.

12 CHAIR MUNN: Correct. And the next
13 thing that comes up is OTIB-0052, which we
14 already know about. We have talked about
15 that, covered it well.

16 And then our next items are
17 PROC-0092-01. I don't know whether anything
18 has changed on that, PROC-0092-01, 4, 5, 17.
19 You know, we lumped them all in one big group
20 with respect to the closeout activities.

21 The last information I have for all
22 of those items in PROC-0092 is #SC&A to

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1 provide comments and NIOSH as to need to be
2 changed or recommended change.# That's an O
3 item.

4 Do I interpret that correctly as we
5 have an SC&A action item outstanding?

6 MR. HINNEFELD: I thought the
7 action item on this was a revised procedure?

8 CHAIR MUNN: Is it?

9 MEMBER ZIEMER: What does that say
10 right there? Procedure will be --

11 MR. MARSCHKE: Procedure will be
12 #changes.#

13 CHAIR MUNN: And what date was
14 that?

15 MR. MARSCHKE: This was back on
16 12-11-2007.

17 CHAIR MUNN: I don't know why I
18 don't have that coming up for me.

19 MR. MARSCHKE: PROC-0002?

20 CHAIR MUNN: Yes. The last thing I
21 am seeing is a workgroup meeting on 11-7-2007.

22 So I don't know why I'm not --

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1 MR. MARSCHKE: Did you hit that
2 little button on the bottom to go to page 2?

3 CHAIR MUNN: There it is. Okay.
4 So we are in progress or are we in abeyance?

5 MR. HINNEFELD: We are in abeyance,
6 I believe.

7 CHAIR MUNN: I believe so, too. It
8 looks to me if I am reading that 12-11-2007
9 correctly, that entry correctly, it looks to
10 me as though both NIOSH and SC&A have
11 outstanding action items there.

12 Should we revisit the issue and
13 come back to NIOSH with suggestions of
14 personalizing --

15 MR. MARSCHKE: Which number are you
16 looking at, PROC-0092 dash--

17 CHAIR MUNN: Well, 25, 17, 19, 30,
18 35 were all grouped together, right?

19 MR. HINNEFELD: No. Those are page
20 numbers. It's just 0092-02.

21 MR. MARSCHKE: Okay. I see it.
22 Basically you say SC&A should review the issue

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1 and come.

2 MEMBER GRIFFON: Wouldn't that be
3 #in progress# by definition, not #in
4 abeyance,# if there are still actions on both
5 parts?

6 MEMBER ZIEMER: Well, that was a
7 year ago. What happened after that?

8 MEMBER GRIFFON: That's a good
9 question.

10 CHAIR MUNN: Discussion should
11 continue perhaps at the next workgroup
12 meeting. No discussion occurred, apparently.

13 MR. MARSCHKE: SC&A has an action
14 item.

15 CHAIR MUNN: And appropriate
16 wording with legal counsel. It looks like a
17 NIOSH action. So we have action for both.

18 MR. ELLIOTT: There has been no
19 discussion on this since November of 2007.

20 CHAIR MUNN: Yes, since forever.

21 MR. ELLIOTT: We discussed this a
22 couple of times.

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1 CHAIR MUNN: Yes.

2 MEMBER GRIFFON: But, Larry, we
3 really haven't. We just keep pushing the ball
4 down the road, you know. That's the problem.
5 We don't have anything to discuss. We keep
6 waiting for language.

7 CHAIR MUNN: So I don't have it on
8 the action item list. That was 02. And 03 is
9 very much the same thing, same timing. I'm
10 going to say action items for both the agency
11 and the contractor for PROC-0092-02 and 03.

12 MR. MARSCHKE: What was the
13 wording?

14 CHAIR MUNN: I just said I'm
15 placing an action item for a December meeting.

16 MR. MARSCHKE: Basically it's --

17 CHAIR MUNN: For both NIOSH and
18 SC&A.

19 MR. ELLIOTT: But what word is
20 that? I'm lost. What is the action item?

21 MR. HINNEFELD: Our only action is
22 to revise the procedure.

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1 MR. ELLIOTT: Revise the procedure.

2 MR. HINNEFELD: As far as I know,
3 that is our only action.

4 CHAIR MUNN: Well, there was an
5 action. One comment there was checking with
6 legal counsel to --

7 MR. HINNEFELD: That's part of the
8 wording.

9 CHAIR MUNN: Yes.

10 MR. HINNEFELD: That has to be done
11 in order to accomplish what needs to be
12 accomplished.

13 CHAIR MUNN: Right.

14 MR. HINNEFELD: We've done some of
15 this discussion. We have not come to
16 resolution. The issue, I don't think you were
17 involved in that. I am not 100 percent sure.

18 MS. HOWELL: The wording on the --

19 MR. HINNEFELD: This is closeout
20 interview. And the key defining that gave
21 rise to this was in one of the interviews,
22 description of closeout interviews that was

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1 viewed by the technical support contractor, it
2 became apparent that the claimant believed
3 that their case was going to be compensable
4 when, in fact, it wasn't.

5 It was because of the use of the
6 claimant-favorable term quite a bit during the
7 closeout and things like that. And so it's
8 really apparent that this person hung up
9 believing that their claimant is compensable
10 when it's not.

11 And so the question becomes, what
12 is it that we're allowed to say? Because we
13 don't make that decision.

14 MS. HOWELL: Right.

15 MR. HINNEFELD: So, in reality, we
16 don't know for sure --

17 MS. HOWELL: And do you really --

18 MR. HINNEFELD: So what is it we're
19 allowed to say in that context, since we don't
20 make that decision anyway?

21 MS. HOWELL: Okay.

22 MR. HINNEFELD: So we had a little

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1 exchange about it. And I've probably got
2 other things to do and didn't think about it,
3 but the procedure itself is supposed to be
4 being revised by ORAU. And I haven't had the
5 status on it lately.

6 I'm thinking this is one that's in
7 review, in their internal review process.
8 That could be wrong.

9 MS. THOMAS: I think that's
10 correct.

11 CHAIR MUNN: Okay. Next,
12 everything else that I am showing on my filter
13 is set 3 and after, and they're all shown as
14 open. So unless we have some initial
15 responses that I am overlooking -- do we have
16 initial responses to more of the third set
17 that haven't been touched upon?

18 MR. MARSCHKE: What is the date of
19 the third set, Wanda? Do you have it handy?

20 CHAIR MUNN: 10-29-07.

21 MEMBER ZIEMER: We have something
22 called "NIOSH Initial Responses to the Third

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1 Set."

2 CHAIR MUNN: Yes.

3 MR. HINNEFELD: Yes. You have two
4 things like that. One is some responses to
5 some findings on OCAS documents. And the
6 other file is some responses to findings on
7 ORAU documents.

8 MR. MARSCHKE: From SC&A's point of
9 view, I think there was a total of 32 of these
10 initial responses, 8 from the OCAS and 24 from
11 the ORAU. And we just started going through
12 these. I can't recall if I put the initial
13 responses onto the database or not.

14 CHAIR MUNN: I don't think it's
15 been. Let me see the --

16 MEMBER ZIEMER: Stu's memo was just
17 in the last couple of days.

18 CHAIR MUNN: Yes, it was. I don't
19 think any of us have had an opportunity to --

20 MR. MARSCHKE: If you look at the
21 database, yes, we do have some initial
22 responses from NIOSH for those 32 findings

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1 that they did. They did make it into the
2 database. Let's put it that way.

3 SC&A had a couple of responses.
4 I'm not sure where I could go to get them. We
5 did respond to -- this is hot off the press.
6 This is not in the database. I can send this
7 file when I get back tomorrow.

8 For OTIB-0013, we have responses
9 from Ron Buchanan, 0013-01, 02, 03, 04,
10 OTIB-0021-03, OTIB-0050. And in general, Ron
11 agrees with the NIOSH initial responses. And
12 he says -- I don't know if you want to walk
13 through this, Wanda.

14 CHAIR MUNN: Well, it's
15 questionable whether we're up to it.

16 MR. MARSCHKE: Yes.

17 CHAIR MUNN: And there's also the
18 fact that you haven't had an opportunity to
19 change the status in the database. So they're
20 all still showing as #open.#

21 MR. MARSCHKE: Well, they would be
22 open until the workgroup tells us to change

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1 them.

2 CHAIR MUNN: Right. So if we want
3 to start with 0013 -- you did say 0013, right?

4 MR. MARSCHKE: Yes, I did say
5 OTIB-0013. Let me see if I can get that up
6 here.

7 CHAIR MUNN: There it is.

8 MR. MARSCHKE: There it is right
9 here.

10 CHAIR MUNN: Okay.

11 MR. MARSCHKE: And this one is not
12 in there. Make a liar out of me. No. This
13 is OTIBs. I'm sorry. OTIB-0013.

14 CHAIR MUNN: Did I understand you
15 correctly, Steve? We now have NIOSH responses
16 here, but there are only two of them that SC&A
17 has actually had an opportunity to --

18 MR. MARSCHKE: There is only a
19 handful of them that SC&A has had an
20 opportunity to evaluate and make a
21 recommendation as to status change.

22 CHAIR MUNN: What is the desire of

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1 the group? It would be my inclination to look
2 specifically at those that we now have a NIOSH
3 initial response and an SC&A reaction to,
4 since it probably wouldn't be of a great deal
5 of value for us to look at the NIOSH response
6 without an SC&A reaction.

7 What is your desire? Do you want
8 to look at all of the initial responses here
9 or do you want to just address the ones that
10 SC&A has a response to?

11 MEMBER ZIEMER: Well, we are going
12 to run out of time.

13 CHAIR MUNN: Yes.

14 MEMBER ZIEMER: So we want to do
15 something, there are a number of them that we
16 can probably clear out the decks pretty fast.
17 We want to at least do a little bit of it.

18 MEMBER GRIFFON: Do we have the
19 SC&A responses?

20 CHAIR MUNN: To only a few.

21 MEMBER ZIEMER: No, we don't have
22 any of the SC&A responses.

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1 MR. MARSCHKE: What would happen,
2 Mark, is I would have to take the SC&A -- I'm
3 the only one who has the SC&A responses. It
4 came in, I think yesterday, from Ron Buchanan.

5 And so I didn't get time to distribute it to
6 even Wanda.

7 What I would do is I would take the
8 SC&A recommendation or responses and drop it
9 into the O drive. And if you are on the O
10 drive, then you should be able to pick it up.

11 MEMBER ZIEMER: Well, I was only
12 referring to those where you have indicated
13 that you agree with the NIOSH responses are
14 the easiest to handle. I don't know how long
15 the Chair wishes to keep going, but I think we
16 will soon run out of steam here.

17 CHAIR MUNN: Yes. We will run out
18 of steam, which is why I had suggested that we
19 address only the items that SC&A may have some
20 response reaction to already.

21 All right. I guess --

22 MEMBER ZIEMER: Well, there is

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1 somewhere NIOSH indicated that they agreed
2 with the finding. I mean, OTIB-0006-03, NIOSH
3 initial response, "NIOSH agrees with the
4 finding and is prepared to revise the
5 document." That's pretty easy to handle.

6 CHAIR MUNN: Yes, it is.

7 MEMBER ZIEMER: We can put it in
8 abeyance right away. Other ones are more
9 complex. And I think we'd have to study both
10 the NIOSH response and the SC&A response to
11 the response. That's a little hard to do on
12 the fly.

13 CHAIR MUNN: Well, yes, it is.
14 But, you see, when we are looking at something
15 like the item that you mentioned, 0006-03, the
16 only real action that we can accomplish right
17 now is to change it from, change the status
18 from #open# to --

19 MEMBER ZIEMER: Right, right.

20 CHAIR MUNN: -- #in abeyance.#

21 MEMBER ZIEMER: In abeyance.

22 That's why I said I'm looking for easy things

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1 to do.

2 CHAIR MUNN: Yes.

3 MR. MARSCHKE: Picking the low
4 fruit.

5 CHAIR MUNN: There is an item,
6 let's not walk away from it. 0006-03. Agreed?
7 The group agrees this status should be in
8 abeyance.

9 MEMBER GRIFFON: Wanda, I am even a
10 little fuzzy on it. At this hour, I hate to
11 bring this notion up, but when you said that
12 NIOSH agrees and is going to revise the OTIB,
13 and then we're moving in abeyance-- this is
14 the age-old problem I have had with some of
15 this stuff, that I don't understand what that
16 means.

17 Are they going to revise it exactly
18 as SC&A requested or --

19 CHAIR MUNN: No.

20 MEMBER GRIFFON: You know, we don't
21 know how they're addressing it. So isn't that
22 in progress until we see how they have

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1 addressed it or --

2 CHAIR MUNN: No. In abeyance means
3 there is a direct action that is outstanding
4 for NIOSH to provide a revision. And until
5 they provide a revision, then SC&A can't
6 respond to it in one way or another.

7 Once SC&A responds to it, then we
8 have findings, additional findings, that put
9 it back in the in-process action for this
10 group to address.

11 But in abeyance specifically says
12 there is another document coming, and we can't
13 go further until it gets here. That's what
14 #in abeyance# means.

15 MEMBER GRIFFON: Okay. That's
16 fine.

17 MS. THOMAS: And this finding was
18 kind of a generic one about organization and
19 prioritizing and the structure of the OTIB.

20 CHAIR MUNN: It's in abeyance.
21 Yes. Very good. All right. Then do we have
22 any others of similar nature? Is that true of

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1 the other OTIB-0006 items as well? No. That
2 was one I was looking at earlier. That's a
3 different kettle of fish. We can't do that
4 one summarily.

5 MR. MARSCHKE: There are some easy
6 ones, actually. There is one, PR-008, issues
7 01 and 02. PR-008 is going to be canceled or
8 revised. And so, really, PR-008-01 and 02
9 will also go into abeyance until the document
10 is either canceled or revised.

11 MR. HINNEFELD: That's the
12 procedure on how to prepare PRs.

13 CHAIR MUNN: PR-008. There it is.

14 MR. MARSCHKE: PR-008-01.
15 Basically NIOSH agrees with your response.
16 And the PRA process has changed significantly.

17 CHAIR MUNN: #PR-008 will either be
18 revised or canceled until such time as PR
19 activity resumes and the PR process is
20 clarified."

21 MR. MARSCHKE: "And the SC&A
22 response is not shown, but we agree with that

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1 approach. And we would recommend putting this
2 in abeyance.

3 CHAIR MUNN: Any problems with
4 putting that one in abeyance?

5 (No response.)

6 CHAIR MUNN: It sounds appropriate.
7 Let's do it.

8 MEMBER ZIEMER: Another one that we
9 might do quickly is OTIB-0050-02.

10 CHAIR MUNN: Well, before we leave
11 PR-008, number 2 --

12 MR. MARSCHKE: PR-008?

13 CHAIR MUNN: PR-008-02.

14 MR. MARSCHKE: That would be the
15 same thing.

16 CHAIR MUNN: It says essentially
17 the same thing, doesn't it?

18 MR. MARSCHKE: I would think so.

19 CHAIR MUNN: "NIOSH expects the
20 finding will be rendered moot because of the
21 impending calculation or revision." So that
22 would be another #in abeyance.#

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1 And now what were you referencing,
2 Paul?

3 MEMBER ZIEMER: It's on their other
4 list. It's OTIB-0050-02. The response is
5 that OTIB-0050 has been canceled and its
6 guidance incorporated into the site profile,
7 where a revision is not needed.

8 MR. MARSCHKE: Which one are you
9 on, Paul?

10 CHAIR MUNN: 0050-02, OTIB-0050-02.

11 MEMBER ZIEMER: It's on page 14 of
12 the other document.

13 MR. MARSCHKE: Basically Ron
14 Buchanan responded to 0050-02, agrees with the
15 NIOSH response that this guidance appropriated
16 into the revised site profile, OTIB-050
17 deleted, and this is no longer an issue, and
18 recommends the status be changed to #in
19 abeyance.# I don't know why he wants to
20 change to in abeyance.

21 CHAIR MUNN: Well, would that not
22 apply, then, to all of the OTIB-0050 issues?

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1 MR. MARSCHKE: Unless they get
2 transferred to some other --

3 CHAIR MUNN: Well, one, item 01,
4 for example, says, "Modification definition is
5 needed, since OTIB has been canceled and this
6 guidance incorporated in the site profile."

7 And, again, in the second paragraph
8 --

9 MR. MARSCHKE: That would apply to
10 01 as well. 02, I guess --

11 CHAIR MUNN: Three.

12 MR. MARSCHKE: Is there a 3?

13 MR. HINNEFELD: I don't think we
14 got a response.

15 CHAIR MUNN: We don't have anything
16 from --

17 MR. HINNEFELD: We didn't get an
18 initial response from NIOSH on 03.

19 CHAIR MUNN: Three and 04.

20 MR. HINNEFELD: Well, we got one on
21 04, but we didn't get one on 03.

22 CHAIR MUNN: Nothing on 03.

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1 MEMBER ZIEMER: That really takes
2 care of 04 in the same way, though, doesn't
3 it?

4 CHAIR MUNN: It does take care of
5 04 as I see it, but that still leaves us with
6 the question of why no response for 03.

7 MR. MARSCHKE: So basically we are
8 basically going to close off all the OTIB-0050
9 issues because the OTIB has been deleted, due
10 to the fact that the OTIB has been deleted.
11 Is that what is going here?

12 MEMBER ZIEMER: Are they closed
13 during abeyance?

14 MR. MARSCHKE: Yes. That's --

15 MR. HINNEFELD: Well, here in a
16 minute I will tell you how --

17 CHAIR MUNN: And if it has already
18 been --

19 MR. MARSCHKE: If it has already
20 been canceled, we have got nothing to do.

21 CHAIR MUNN: And if the
22 incorporation into the site profile has, in

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1 fact, occurred, then it's done.

2 MR. MARSCHKE: Well, the question
3 is, the way it was incorporated into the site
4 profile, is the comment still germane now
5 through the site profile? Does it get
6 transferred? Does the comment get closed or
7 get transferred to the site profile?

8 CHAIR MUNN: Now, the question
9 arises as to whether #in abeyance# applies to
10 SC&A as it does to NIOSH? If we say, "in
11 abeyance" here, and the action item is yours
12 to review the site profile to assure that your
13 concerns have now been addressed, then that
14 would seem appropriate since we have said
15 earlier that when we have an issue like this
16 that is transferred somewhere else, that that
17 thread will be followed through to assure.

18 It seems appropriate that in
19 abeyance in this case would apply to SC&A's
20 verifying that their concerns have now been
21 addressed in the site profile. #In abeyance#
22 seems to be the appropriate --

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1 MR. HINNEFELD: I would call it #in
2 progress# myself, because #in abeyance# to me
3 is a specific situation where there is
4 agreement on the resolution and you are
5 waiting for resolution to occur.

6 In this case, there is still
7 discussion about the technical quality of now
8 the site profile, this issue as to the site
9 profile. This sounds like #in progress.#

10 CHAIR MUNN: In progress, with the
11 workgroup instruction that SC&A will verify
12 that the finding is properly addressed in the
13 site profile.

14 MEMBER ZIEMER: So that would be
15 true for 01, 02, and 04. Is that correct?

16 CHAIR MUNN: Yes. It would
17 probably end up being true for 03, too.

18 MR. HINNEFELD: I could send you
19 03. I can tell you now what it delivers
20 because I had questions about what it meant.

21 CHAIR MUNN: Okay.

22 MR. HINNEFELD: And so since it

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1 would be relevant, I'll send that over to
2 Steve. I'll send it to the workgroup. It
3 won't be for inclusion in the database.

4 CHAIR MUNN: No.

5 MR. HINNEFELD: It will be for, you
6 know, if it's informative or not on their work
7 on the site profile.

8 CHAIR MUNN: That's fine, or we can
9 leave it open, whichever.

10 MR. HINNEFELD: I mean, I'll send
11 it. I've got it. I just didn't send it to
12 the workgroup because I had questions about
13 what it meant.

14 CHAIR MUNN: Okay.

15 MR. HINNEFELD: So 01 is going to
16 be changed to --

17 CHAIR MUNN: One, 02, and 04. As
18 much as I would like for us to continue doing
19 what we're doing here, I think we're all
20 drooping pretty badly.

21 And there is one item that I wanted
22 to make sure that we did discuss. I mentioned

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1 it in my most recent e-mail message to you.
2 It's the item that said we wanted to discuss
3 prioritizing what we do here.

4 We have tried to get away a little
5 bit from a process that we fell into early in
6 the game where we were addressing things that
7 were pressing on us most currently, and tried
8 to move to a situation where we covered all of
9 those things that we have been missing out on
10 because we keep running out of time.

11 The question is going to I think be
12 more obvious to us as time goes on, that
13 although going through these items in a
14 regulated process manner, as we have done here
15 today, will get us far, especially as long as
16 Steve can continue to do these things live and
17 we can update the O drive literally while
18 we're sitting here. That is very beneficial.

19 Nevertheless, that doesn't change
20 the fact that we do have outstanding items
21 which continue to pressure us. It would be
22 helpful if we had a feeling from everyone on

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1 the Board and from the agencies as to whether
2 or not the course we're on right now seems to
3 be a legitimate one, or whether we need to
4 prioritize the work that we do in a different
5 manner.

6 If anyone else has any feelings
7 about that, this would be an excellent time to
8 tell me about it. Otherwise we are likely to
9 pretty much continue the process we're on
10 right now, with my providing you as much of an
11 action item list-- as I have a long one today,
12 more than usual-- with pressing items being
13 addressed as they come before us.

14 MR. HINNEFELD: The only document
15 that I have that may have any particular
16 priority, at least that comes to mind, is the
17 recent review of residual contamination of
18 OTIB and which one is -- 0070, OTIB-0070? I
19 am not 100 percent the document is done. You
20 have to review, but I think it might be done.

21 And the findings aren't enumerated in a
22 database.

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1 CHAIR MUNN: No, but there has been
2 a great deal of conversation about --

3 MR. HINNEFELD: That document has
4 formed the basis of a number of residual
5 radioactivity periods, and the discussion or
6 debate about the appropriateness of those
7 approaches sort of waiting for that
8 discussion, appropriateness of discussion
9 because those approaches kind of lean on 0007.

10 So the ones that are out there,
11 that to me is the one where there are some
12 dealings that I know of, really where there is
13 some emphasis in trying to get the resolution
14 through.

15 And then you talk about tritides.
16 I suppose that would be relevant. And, all of
17 a sudden, we're going to have a tritide.

18 CHAIR MUNN: I think we will
19 continue to have 0066 and 0052 before us very
20 clearly until we work them through to an
21 appropriate end.

22 MR. HINNEFELD: Fifty-two is not

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1 stopping. We are continuing to use 0052. In
2 fact, well, for that matter, we are continuing
3 to use the approaches that base their base on
4 0072.

5 MR. KATZ: My perspective is, just
6 as we did start today with OTIB-0066, for
7 example, where you have ones that either OCAS
8 realizes our priority, for some reason, or I
9 think it wouldn't be a bad idea also to poll
10 the other working groups since they, in
11 effect, rely on this working group for some
12 progress, occasionally poll them for their
13 priority items. I think it would always be
14 good to have up front the priority items and
15 then work through on a regular basis on
16 everything else, but obviously if there are
17 matters that one workgroup or another are more
18 important to be dealt with in a timely basis
19 first, then we would want to do that for a
20 workgroup. You want to have those up front.

21 MEMBER ZIEMER: I think it's
22 helpful to focus and identify, too, what they

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1 seek down the road as being critical. And
2 there's no reason we can't jump on those
3 things as soon as they are available. And
4 then in the absence of that, we continue down
5 the list, it seems to me.

6 CHAIR MUNN: Mark? Have you left
7 us? Have you left us?

8 MR. KATZ: Mark?

9 CHAIR MUNN: It sounds like Mark
10 has had all he can take. Anyone else have any
11 observations, thoughts, comments?

12 MR. HINNEFELD: Well, just in terms
13 of closure activity, some of these things we
14 have interviewed are pretty administrative. I
15 mean, they are reviews of old PER documents,
16 which are essentially history.

17 You know, they're in the bank. And
18 there's pretty much nothing that is going to
19 change on those anyway.

20 CHAIR MUNN: Yes.

21 MR. HINNEFELD: I would maybe
22 suggest a pretty quick look at some of those.

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1 It might be appropriate to just look at the
2 responses. I think we have got some responses
3 on some of the PERs in the database now.

4 I think if you can take a quick
5 look at them, you're going to be able to see
6 there is not a lot to discuss there, because
7 these are essentially done deals. And they
8 are not guiding any current or future
9 activities.

10 They describe something that was
11 done in the past. So they might be some
12 quick, easy closures, too, but I don't mean to
13 imply that all of those are hyper or just kind
14 of effortless. And you can kind of clean it
15 up without a lot of effort.

16 MEMBER GRIFFON: Wanda, did you
17 just call on me?

18 CHAIR MUNN: Oh, yes, I did.

19 MEMBER GRIFFON: I'm sorry. I did
20 hear. I stepped away from the phone for a
21 second. I did hear OTIB-0070, too. I think
22 that's also on the agenda for discussion

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1 during one of the other workgroups. So it
2 might be that we're going to work that with
3 the Dow stuff. I saw a note from Jim Melius
4 about convening that workgroup soon.

5 MR. HINNEFELD: Okay. Well,
6 certainly Dow is one of the sites that it
7 affects.

8 MEMBER GRIFFON: Right, right.

9 CHAIR MUNN: Well, if we don't have
10 any further comment, then, it sounds to me as
11 though we have a fairly good idea of how to
12 proceed. And we'll continue pretty much as we
13 did today, with one or two different changes
14 along the way as the need arises, and perhaps
15 a little effort to take a look at a PER or
16 two.

17 Any other thoughts for the good of
18 the order?

19 MR. HINNEFELD: You keep talking
20 about a meeting in Atlanta or Augusta for the
21 next Board meeting.

22 CHAIR MUNN: Yes, that's true.

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1 MR. HINNEFELD: We're all over the
2 place. Sometimes we're in Savannah.
3 Sometimes we're in Atlanta. But the next
4 Board meeting --

5 CHAIR MUNN: I like to move you
6 around Georgia.

7 MR. KATZ: Do we need to set a date
8 for that?

9 MR. HINNEFELD: I am kind of
10 curious about that. We've got a really full
11 agenda. I mean, that Board meeting might be
12 three full days.

13 CHAIR MUNN: Yes, it is going to be
14 three full days. I'm fairly sure.

15 MR. HINNEFELD: And so if we're
16 going to do this, are you talking about do it
17 in the evening or are you talking about doing
18 it Monday afternoon or what?

19 CHAIR MUNN: Well, I was thinking
20 in terms of Monday afternoon, actually,
21 because it is on the East Coast. I think
22 almost everybody here is going to have an easy

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1 time getting there. I'll be doing my usual
2 weekend travel anyway.

3 Mark, are you assuming a
4 subcommittee meeting on Tuesday?

5 MEMBER GRIFFON: No. I just
6 e-mailed Ted today that I would like to get a
7 subcommittee, actually, for November and not
8 have it attached to the Advisory Board,
9 because I feel like in the past, it has been
10 too much. And it almost ends up being more of
11 a summary than a full working meeting. So I
12 would rather separate it from those full Board
13 meetings.

14 MR. KATZ: So, Mark, in November we
15 have perhaps three working group meetings that
16 are going to be shooting for November or the
17 very beginning of December. So you might want
18 to think about November or the first week of
19 December as well.

20 MEMBER GRIFFON: Sure. I know the
21 calendar is filling up on everybody quickly,
22 too. I will look at my calendar and get out

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1 some potential dates for that. But I am not
2 looking to link it to the full Board meeting
3 because I just think it gets too busy and too
4 much to do, too much prep also.

5 CHAIR MUNN: Okay. Then for your
6 information, I won't be in person at your
7 subcommittee meeting, but I will try to get in
8 on the phone.

9 MR. KATZ: So, Wanda, are you
10 tentatively looking at the --

11 CHAIR MUNN: I am tentatively
12 looking at the afternoon of the 15th.

13 MR. KATZ: The 15th?

14 CHAIR MUNN: Yes. Is the afternoon
15 of the 15th doable for you, Mark?

16 MEMBER GRIFFON: Yes. It makes for
17 a long week, but yes, that's fine. Yes.

18 CHAIR MUNN: Yes, it does make for
19 a long week. But the options are not good,
20 for me certainly. And we'll all be spending
21 the whole week before that involved in Board
22 activities anyway.

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1 So if that's all right with
2 everybody sitting here, we'll just plan on
3 roughly 1:00 p.m.

4 MR. KATZ: I don't know what time
5 people want. Maybe 1:30. I don't know what
6 people's flights will be.

7 MR. HINNEFELD: I think our travel
8 is pretty good.

9 MR. KATZ: Is it?

10 MR. HINNEFELD: Well, we'll go to
11 Atlanta and probably over. Of course, it's
12 still a two-hour drive.

13 MR. KATZ: Yes.

14 MR. HINNEFELD: Or we could fly to
15 Columbia.

16 MR. KATZ: But you would be flying
17 in the morning on that Monday. So you might
18 want to make it 1:30 or something, and give
19 people more breathing room.

20 MR. HINNEFELD: Yes. I haven't
21 looked at the flights. I don't know.

22 MEMBER ZIEMER: You can't fly into

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1 Augusta.

2 MR. HINNEFELD: You can, but
3 there's not much traffic. There are flights
4 into Augusta.

5 MEMBER ZIEMER: Not a lot of
6 options.

7 MR. HINNEFELD: But there are not
8 many options. Apparently they get canceled
9 pretty frequently.

10 CHAIR MUNN: 1:30, then, 1:30 until
11 5:30 --

12 MR. KATZ: Sure.

13 CHAIR MUNN: -- or possibly 6:00 if
14 we are awake and functioning.

15 MR. KATZ: Okay. Sounds good.

16 CHAIR MUNN: Then we will see you
17 in the sunny South on the 15th if the creeks
18 don't rise.

19 MR. KATZ: Are we adjourned?

20 CHAIR MUNN: We are now officially
21 adjourned.

22 (Whereupon, the foregoing matter

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1 was concluded at 4:36 p.m.)

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