

This transcript of the Advisory Board on Radiation and Worker Health, Procedures Subcommittee, has been reviewed for concerns under the Privacy Act (5 U.S.C. § 552a) and personally identifiable information has been redacted as necessary. The transcript, however, has not been reviewed and certified by the Chair of the Procedures Subcommittee for accuracy at this time. The reader should be cautioned that this transcript is for information only and is subject to change 1

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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NATIONAL INSTITUTE FOR OCCUPATIONAL  
SAFETY AND HEALTH

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ADVISORY BOARD ON RADIATION AND  
WORKER HEALTH

+ + + + +

SUBCOMMITTEE ON PROCEDURES REVIEW

+ + + + +

MONDAY  
JULY 26, 2010

+ + + + +

The Subcommittee convened in the Frankfurt Room of the Cincinnati Airport Marriott, 2395 Progress Drive, Hebron, Kentucky, at 9:30 a.m., Wanda Munn, Chair, presiding.

PRESENT:

WANDA I. MUNN, Chair  
MICHAEL H. GIBSON, Member\*  
RICHARD LEMEN, Member  
PAUL L. ZIEMER, Member

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ALSO PRESENT:

TED KATZ, Designated Federal Official

NANCY ADAMS, NIOSH Contractor\*

HANS BEHLING, SC&A\*

STUART HINNEFELD, DCAS

EMILY HOWELL, HHS

STEPHEN MARSCHKE, SC&A

JOHN MAURO, SC&A

MUTTY SHARFI, ORAU Team\*

ELYSE THOMAS, ORAU Team\*

BRANT ULSH, DCAS

\*Participating via telephone

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

2 9:37 a.m.

3 MR. KATZ: Do you want me to begin  
4 roll call, or do you want to wait?

5 CHAIR MUNN: Please do. Please go  
6 ahead.

7 MR. KATZ: So good morning,  
8 everyone in the room and on the line.

9 This is the Advisory Board on  
10 Radiation and Worker Health, the Subcommittee  
11 on Procedures Review. We're just getting  
12 started.

13 We will begin, as usual, with roll  
14 call, beginning with Board members in the  
15 room.

16 CHAIR MUNN: This is Wanda Munn,  
17 Chair of this Subcommittee.

18 MEMBER ZIEMER: Paul Ziemer, Board  
19 member.

20 MEMBER LEMEN: Richard Lemen,  
21 Board member.

22 MR. KATZ: And Board members on

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1 the line?

2 MEMBER GIBSON: This is Mike  
3 Gibson, Board member.

4 MR. KATZ: Welcome, Mike.

5 CHAIR MUNN: Good morning, Mike.

6 MR. KATZ: Do we have Mark Griffon  
7 yet?

8 (No response.)

9 Okay. And, Bob Presley, are you  
10 with us?

11 (No response.)

12 Okay. No other Board members on  
13 the line.

14 NIOSH ORAU Team in the room?

15 MR. HINNEFELD: Stu Hinnefeld,  
16 Interim Director of DCAS.

17 DR. ULSH: Brant Ulsh with DCAS.

18 MS. THOMAS: Elyse Thomas, ORAU  
19 Team.

20 MR. KATZ: Okay. Is that it for  
21 the NIOSH ORAU Team?

22 MR. SHARFI: Mutty Sharfi, ORAU

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1 Team.

2 MR. KATZ: SC&A in the room?

3 MR. MARSCHKE: Steve Marschke,  
4 SC&A.

5 MR. KATZ: And SC&A on the line?

6 (No response.)

7 John Mauro, do we have you?

8 MR. MARSCHKE: John Mauro is in  
9 transit. His flight is delayed about an hour.

10 MR. KATZ: Oh, he's coming?

11 MR. MARSCHKE: He should be  
12 landing just about now.

13 MR. KATZ: Okay. Very good.

14 All right. Then, how about  
15 federal officials from HHS or other  
16 departments or contractors to feds in the  
17 room?

18 MS. HOWELL: Emily Howell, HHS.

19 MR. KATZ: And on the line?

20 (No response.)

21 Okay, and I probably should have  
22 introduced myself. I'm Ted Katz. I'm the

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1 Designated Federal Official for the Advisory  
2 Board.

3 And that's it for roll call. Oh,  
4 any members of the public on the line?

5 (No response.)

6 Okay. That does it for roll call.

7 The agenda is yours, Wanda.

8 CHAIR MUNN: Thank you, Ted.

9 You all, I trust, have the agenda  
10 that I sent out last week, along with what  
11 we've been calling the two-pager archive  
12 document, which we've been working on for the  
13 last month or so. That's our attempt to try  
14 to have a wrap-up document which we can place  
15 on our public website for people who are  
16 interested to get an overview of what we have  
17 done when we have looked at specific  
18 documents.

19 As a little bit of background, you  
20 probably recall SC&A was asked to put together  
21 a straw man for us to take a look at for this  
22 document. Yes, Steve?

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1 MR. MARSCHKE: Wanda, before we  
2 got too far down with the two-pagers, could I  
3 request that we just kind of maybe skip down  
4 to the next one? Because John Mauro I know is  
5 very interested in the two-pagers, and he's in  
6 transit at this point. He should be here, his  
7 flight got delayed about an hour, so he should  
8 be landing right about now.

9 CHAIR MUNN: I have no problem  
10 with that.

11 MR. MARSCHKE: So would it be  
12 possible to go to status of outstanding IT  
13 issues?

14 CHAIR MUNN: That's quite all  
15 right. As a matter of fact, one of the things  
16 I should have asked is whether anyone has  
17 anything to add to the agenda before we  
18 actually get underway.

19 Hello?

20 MEMBER LEMEN: No. I'm sorry.

21 CHAIR MUNN: No? Oh, Steve had  
22 earlier asked that we include the status on

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1 what's going on with RPRT-44 issues and has a  
2 document that he wants to discuss on that.  
3 And in the afternoon, where we had indicated  
4 that we would have a review of the PER-0012  
5 issues; PER-0009 probably we will be  
6 discussing that as well. But those are the  
7 only two additions that I have had suggested  
8 from anyone so far.

9 Does anyone else have anything  
10 else we should be looking at on the agenda?

11 MEMBER ZIEMER: I have none.

12 CHAIR MUNN: All right, fine.  
13 Then, let's just simply postpone the archive  
14 document until we are sure that John is here  
15 and has gotten settled, so that he can  
16 contribute to this discussion, which I hope  
17 will be our final discussion on this matter  
18 and that we can put to bed once and for all  
19 what we anticipate and what our process is  
20 going to be in the future.

21 That would move us to our next  
22 item on the agenda, which is the status report

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1 on outstanding issues that we have related to  
2 the new system. I still have some problems  
3 with it, and I don't know whether it's just  
4 because of my lack of expertise in  
5 manipulating it or not. But I'm assuming that  
6 others also have a little bit of a problem.

7 My real concern is where we are in  
8 terms of the discussions we have had  
9 previously relative to links that we're going  
10 to be able to establish. One of the reasons I  
11 am particularly concerned with this is the  
12 fact that I have been postponing making formal  
13 transfer from this document to Work Groups of  
14 several things that we have been working on,  
15 based primarily on the fact that we have  
16 indicated earlier we were going to, once this  
17 new SQL system was operating, we were going to  
18 try to identify exactly what kind of form we  
19 would use to transmit to the Working Groups  
20 for their response to us, in our efforts to  
21 keep this basic database up-to-date with what  
22 the Work Groups are doing as well.

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1                   We haven't tied that down, and I  
2                   don't think we probably can until we are  
3                   fairly sure that what we send them is going to  
4                   be usable when they send it back and that we  
5                   have these links together. If someone can  
6                   give us an update on where we are with the  
7                   potential links, and if we are to a point now  
8                   where we can begin to take a look at what that  
9                   transmittal form needs to look like, I would  
10                  certainly appreciate it.

11                  Do we have any input?

12                  MR. HINNEFELD: Not from me.  
13                  Brant, do you have any? I wasn't at the last  
14                  Procedures meeting. So I don't.

15                  DR. ULSH: I wasn't either.

16                  MR. HINNEFELD: Oh, that's right,  
17                  you weren't here. Dave was here and Elyse. I  
18                  don't know if Elyse has anything, but I  
19                  doubt she's been talking --

20                  CHAIR MUNN: Elyse?

21                  MS. THOMAS: Yes, Wanda, this is  
22                  Elyse.

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1 CHAIR MUNN: Yes.

2 MS. THOMAS: I know that the  
3 links, and I'm assuming you mean links to  
4 attached documents, I don't believe that's  
5 working. But I think NIOSH is still working  
6 on that, and they are also working with some  
7 of the ORAU Team IT people to get that  
8 working. But it's not functional yet.

9 CHAIR MUNN: How can we relay to  
10 them our very sincere and deep desire for some  
11 additional priority on that?

12 MR. HINNEFELD: You just did.

13 DR. ULSH: You just did.

14 CHAIR MUNN: All right. Very  
15 good.

16 MR. MARSCHKE: There's a couple of  
17 other -- I mean SC&A, we haven't used the new  
18 system a lot, but when we have tried to use  
19 it, we found a couple of things that we would  
20 suggest maybe need to be looked at.

21 One of them is we're not sure how  
22 it functions when you have to enter comments

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1 for a new document. Existing documents, okay,  
2 we know how to enter additional comments for  
3 existing documents, a new comment for an  
4 existing document. But when we were trying to  
5 enter comments for PERs, PER 9, PER 12, in  
6 preparation for this meeting, they were not in  
7 the database, and we had to contact Leroy  
8 Turner, and he was jumping through some hoops,  
9 I guess, last Friday trying to get those up  
10 and running. So that didn't work out too  
11 well.

12 CHAIR MUNN: Do we know if he was  
13 successful?

14 MR. MARSCHKE: We will when John  
15 gets here maybe.

16 CHAIR MUNN: All right.

17 MR. MARSCHKE: The other thing  
18 that I think Nicole Briggs, when she was  
19 trying to enter stuff for SC&A, and I think  
20 what we also found out was that it is  
21 difficult, or whenever you try to enter a  
22 previously-entered comment or description or

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1 response, or something like that, the system  
2 will automatically -- it won't update the  
3 existing comment. What it will do is it will  
4 enter it as a new comment.

5 You can see right here, this is a  
6 perfect example. What was it? I think it was  
7 70, TIB-70. When this comment was entered,  
8 there was probably a typo entered into it, and  
9 let's see if we can bring it up.

10 When Elyse entered this comment,  
11 at the end of a very long -- at 9:30 or 11:29,  
12 and then I think she probably went back and  
13 made some editorial changes to it, and went  
14 back a few seconds later and entered it again,  
15 because you see it's 11:29:27, and then she  
16 entered it at 11:29:34. So you have  
17 essentially the same comment repeating itself.

18 So instead of editing this comment, what  
19 happened was this became a new comment.

20 I know Nicole Briggs, when she was  
21 trying to enter the comments for PER 9, she  
22 also ran into the same thing. So she ended up

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1 with two, sometimes three duplicates.

2 MEMBER ZIEMER: Every time she  
3 edited it?

4 MR. MARSCHKE: Every time she  
5 edited, it thought it was a new comment. So  
6 that's basically something that has to be  
7 looked into.

8 CHAIR MUNN: So it doesn't have an  
9 edit function?

10 MR. MARSCHKE: It really doesn't  
11 have an edit function. You can edit an  
12 existing comment, but it saves it as a new --  
13 it doesn't save it as an existing. It gives  
14 it a new timestamp.

15 CHAIR MUNN: We don't want that.

16 MR. MARSCHKE: We don't want that.

17 We want the timestamp when it was --

18 CHAIR MUNN: Absolutely, yes.

19 MR. MARSCHKE: Yes. Once it's  
20 been a given a timestamp, that timestamp  
21 should stand.

22 CHAIR MUNN: Well, the edit

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1 function seems to be necessary from my  
2 viewpoint. It would appear to me that there  
3 may need to be some restriction on it.

4 For example, it may be that the  
5 individual who made the initial comment, the  
6 editing function might be limited to that  
7 individual.

8 MR. MARSCHKE: Right now, I think,  
9 Wanda, from talking, from getting it kind of  
10 second-hand from Leroy, I think the number of  
11 individuals who have write capabilities to  
12 this system is limited to maybe myself and  
13 Nicole at SC&A and maybe just Elyse at NIOSH.

14 MR. HINNEFELD: I think Elyse is  
15 the only one at ORAU. I think Brant and I  
16 probably can.

17 MR. MARSCHKE: You probably can,  
18 too. Because I remember at the last Board  
19 meeting or the last Subcommittee meeting I  
20 think you, Wanda, made it clear that you  
21 didn't want the Subcommittee to have that  
22 write capability.

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1 CHAIR MUNN: Absolutely, no. I  
2 really feel that would be a serious --

3 MR. MARSCHKE: I think we have had  
4 it so it is very limited as to who can  
5 actually do any editing on this at all.

6 CHAIR MUNN: Well, we need to make  
7 sure that the function is so configured that  
8 the same individuals who have write function  
9 have edit function as well. Apparently, the  
10 edit function just doesn't even exist, if your  
11 description is accurate, or else it isn't  
12 obvious how to access it. So we need help,  
13 one way or the other.

14 DR. ULSH: Okay. So, Wanda, I  
15 just want to make sure I've captured all the  
16 issues. I think I might have missed one that  
17 you mentioned.

18 The one that you mentioned that is  
19 the highest priority is the linking.

20 CHAIR MUNN: Yes.

21 DR. ULSH: In other words, getting  
22 the documents that are referenced in the

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1 comments, to have them linked in.

2 CHAIR MUNN: Yes.

3 DR. ULSH: You mentioned something  
4 about a transfer form?

5 CHAIR MUNN: Yes. Before this was  
6 your responsibility, Brant, we had long  
7 discussions about how to transfer, about the  
8 actual process of transferring the  
9 responsibility for one or more of our comment  
10 items to another Work Group or a Subcommittee.

11 We agreed on the format of the transmittal  
12 notice that would go to them, but a part of  
13 the transmittal notice was agreed should refer  
14 to an attached form, so that we could advise  
15 the receiving group how to report to us as  
16 they made progress on these items. Otherwise,  
17 we don't have a way to maintain our matrix up-  
18 to-date.

19 We didn't do anything at the time  
20 because we were still using the old format.  
21 We wanted to make sure that our new format was  
22 in place and that we were comfortable with it

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1 before we started sending forms to other  
2 people about how to fill in information.

3 DR. ULSH: Okay.

4 CHAIR MUNN: So we don't have a  
5 form put together yet that tells Work Groups  
6 and other Subcommittees how to populate that  
7 data to send it back to us.

8 DR. ULSH: So the thing that needs  
9 to happen, I guess, is this linking issue  
10 needs to be settled. And at that point, then  
11 this Subcommittee will come up with a  
12 transmittal form. Is that --

13 CHAIR MUNN: Someone needs to come  
14 up with a transmittal form. Whether we, as  
15 the Subcommittee, are knowledgeable enough  
16 about the internal workings of the database  
17 itself is another question. I kind of doubt  
18 we are. I suspect that the people who have  
19 access to it and who populate it normally are  
20 going to have to be the ones who will give us  
21 the form.

22 MR. HINNEFELD: How many meetings

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1 ago was this discussed in terms of the  
2 process? Rather than repeat the process here,  
3 if we can review the discussion of what the  
4 process was going to be --

5 CHAIR MUNN: Three or four  
6 meetings ago.

7 MR. HINNEFELD: So if we can find  
8 it in the transcript or reconstruct the  
9 process, that should instruct us then on it.

10 CHAIR MUNN: I think we first  
11 started talking about it a year ago.

12 MR. HINNEFELD: Okay.

13 CHAIR MUNN: Because it has taken  
14 us a long time, you know, to get this new  
15 format up and running. So I think it's been  
16 about a year since we first started talking  
17 about it. And as I said, I have several  
18 transfer items that I'm holding in abeyance  
19 simply because I don't have a form to send  
20 with them.

21 MR. HINNEFELD: And your  
22 discussion was about the receiving group, Work

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1 Group or whatever, reporting back to here  
2 about what was done?

3 CHAIR MUNN: Correct. Correct.

4 MR. HINNEFELD: So the intention  
5 is to continue to track the findings status  
6 after they are transferred --

7 CHAIR MUNN: Correct.

8 MR. HINNEFELD: -- in this  
9 database?

10 CHAIR MUNN: Correct.

11 MR. HINNEFELD: In the Procedures?

12 CHAIR MUNN: Yes. But in order to  
13 do that, we have people provide the Working  
14 Group with instructions on how to report back  
15 to us and under what circumstances.  
16 Otherwise, we are going to continue to  
17 maintain on this database a long list of items  
18 that simply say transferred.

19 MR. HINNEFELD: Okay.

20 CHAIR MUNN: As they're working  
21 through them, we would like to be advised that  
22 they are working through them. But how for

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1 them to advise us is important as well.

2 That's why we were discussing the form.

3 DR. ULSH: It seems to me this  
4 might be an interim measure until this system  
5 docket is adopted by all of the Working Groups  
6 and Subcommittees. Because once that happens,  
7 let's say something is transferred to Rocky  
8 Flats Working Group, they can go into DCTA and  
9 update the database, which could be accessed  
10 by us. But that hasn't happened because this  
11 is the only Subcommittee that is using this  
12 system right now.

13 CHAIR MUNN: Here again, we have  
14 the problem of who is going to be authorized  
15 to make these updates because we can't just  
16 simply have a Work Group or someone -- we have  
17 multiple Work Groups, as you know.

18 MR. HINNEFELD: Right.

19 CHAIR MUNN: And we will have to  
20 have a person in charge of the updates.

21 MR. KATZ: It seems to me, I mean  
22 if Procedures transfers an item to another

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1 Work Group, it is then that Work Group's  
2 responsibility. And if they want to have one  
3 or several members of the Work Group  
4 authorized to make the changes, that's really  
5 their decision for that Work Group as to how  
6 they want to handle the updating of the  
7 documentation, rather than the Procedures. It  
8 is no longer really your worry. When you've  
9 transferred it, it's their issue. If the  
10 Chair wants to handle that or if they want  
11 SC&A to do their updating, it seems like that  
12 is really just the issue of that Work Group  
13 because they own that issue. So I don't think  
14 Procedures really needs to worry about that so  
15 much.

16 CHAIR MUNN: Well, I think it is  
17 reasonable for us to have major concern with  
18 regard to the accessibility of the data  
19 because if we are not extremely rigid in how  
20 this database is accessed and how it's  
21 manipulated, then we all lose control.

22 MR. KATZ: Well, I mean, but a new

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1 Work Group that receives an issue, they are  
2 not going to be editing past actions of this  
3 Procedures. They are only, going forward,  
4 going to be adding to it their narrative, in  
5 effect, of how they have resolved that issue.

6 So, I mean, as long as it is set up in such a  
7 way that the author, whoever it is, the author  
8 of the new comment, the Work Group that is  
9 offering a new comment or resolution of a  
10 comment is clear, you have a complete history.

11 And they won't be messing with what the  
12 Procedures has accomplished, but they will be  
13 going forward from there.

14 And if you have transferred it,  
15 you are handing over sort of responsibility  
16 for that issue and you really have to do that.

17 Plainly, you can't have joint parenthood, or  
18 whatever you want to call it.

19 MEMBER ZIEMER: But that does  
20 raise an issue about the edit function and the  
21 ability of somebody to go back into the system  
22 to an earlier date and manipulate something.

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1 I mean, once it's handed over, the new group  
2 should not be able to go back into the  
3 previous --

4 MR. KATZ: Exactly. Right.

5 MEMBER ZIEMER: Someone who is  
6 authorized to edit for that group should not  
7 have the ability to go back and fiddle with  
8 what was done before the transfer. So there  
9 has to be some way to build that in.

10 And may I make an additional edit  
11 comment?

12 CHAIR MUNN: Sure.

13 MEMBER ZIEMER: One of the reasons  
14 it's doing what it's doing now, I think, is  
15 probably good, and that is that you don't lose  
16 what was there and have somebody edit in a  
17 manner which is inappropriate. It's one thing  
18 to add a semicolon or correct a misspelled  
19 word, but if somebody has the ability to go in  
20 and say, you know, that's not the right  
21 number, and it may not be the right number,  
22 but if it's what people were working with at

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1 some time, we may need a record of that, and  
2 you don't want to lose it.

3 So there's an important  
4 differential on what is that you can edit  
5 freely and at what point do you want to keep  
6 the old comment? Or does the edit function  
7 somehow explain why the edit was made, sort of  
8 like a correction sheet on a standard  
9 procedure where it explains what the  
10 corrections were, and then you have the new  
11 document?

12 MR. KATZ: It seems like if the  
13 author of a comment simply had a button, or  
14 whatever, a way of saying, final, I'm done  
15 with this comment, but until they're done with  
16 that comment, they can continue to edit it,  
17 that would work. Because, then, once they are  
18 final on what their comment is, it should  
19 stand like that until someone makes a  
20 correction, and then that should be done  
21 through a new comment. Right?

22 CHAIR MUNN: However, Ted, in your

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1 earlier comments, you indicated as long as we  
2 know who is making an entry. At this  
3 juncture, so far as I know, we have no way of  
4 identifying who has made that entry. Am I --

5 MR. MARSCHKE: Oh, no, actually,  
6 on the database, the way it's set up now, it  
7 does identify who --

8 CHAIR MUNN: Good. Good. Okay.  
9 You see, I'm not getting that.

10 MR. MARSCHKE: The last meeting I  
11 thought we were going to skip over this  
12 screen. We were going to change the -- Leroy  
13 I thought indicated we were going to change  
14 the way the system operated because, really,  
15 the Subcommittee really has nothing to -- no  
16 use for this screen. Let's put it that way.  
17 That would be another comment.

18 But if we go back to, again, using  
19 OTIB-70 as the example, if you go back and  
20 click on comment No. 2, finding No. 2 --

21 CHAIR MUNN: See, my screen  
22 doesn't look anything like that.

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1 MR. MARSCHKE: You see, basically,  
2 you get unidentified SC&A user. That's  
3 because it came over. It was pulled over from  
4 the old database, which really didn't identify  
5 it.

6 But now on the new database, when  
7 Elyse entered this information -- see, it's  
8 identified as Elyse Thomas. ORAU, the date,  
9 the subject, and the finding. So, that  
10 information does get -- the person who made  
11 the entry does get saved. The identity of the  
12 person who made the entry does get saved.

13 MS. THOMAS: This is Elyse, and I  
14 do apologize for that. It was just a learning  
15 curve error. That response got entered three  
16 times.

17 MR. MARSCHKE: The same thing  
18 happened when we were trying to do it, Elyse.  
19 So it's no apology necessary.

20 MR. KATZ: Elyse, it sounds like  
21 that is a technical problem, right? Elyse,  
22 every time you edit it, it creates it as a new

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1 comment. Is that correct?

2 MS. THOMAS: It actually wasn't an  
3 edit. I hit the "Add Response" button because  
4 I didn't see the response added when I  
5 initially entered it. It doesn't add in until  
6 after you hit the "Add Response" button. So  
7 it wasn't an edit type of thing.

8 MR. MARSCHKE: Oh, okay.

9 MS. THOMAS: It was just I didn't  
10 understand how the response got added.

11 MR. KATZ: So that's helpful.

12 MS. THOMAS: Now I do.

13 MR. KATZ: That's helpful, Elyse.  
14 So I wonder if SC&A was making the same  
15 mistake.

16 MR. MARSCHKE: I don't know. Is  
17 Nicole on the phone?

18 (No response.)

19 MR. KATZ: Okay. So, Elyse, have  
20 you done this the other way where you do it  
21 correctly and you can edit it in real time?

22 MS. THOMAS: Yes.

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1 MR. KATZ: And without it creating  
2 a new comment?

3 MS. THOMAS: I've entered  
4 correctly, but there is no edit function.  
5 Once it's entered, you can't go in and --

6 MR. KATZ: And edit?

7 MS. THOMAS: -- correct a  
8 misspelled word. I think there was one where  
9 I misspelled the word NIOSH, and I apologize  
10 about that, too.

11 So I think NIOSH is aware that  
12 they need to create an edit function for  
13 correcting typos, et cetera.

14 MR. KATZ: Okay. Thanks, Elyse.

15 CHAIR MUNN: Before we go any  
16 further, Stu tells me I'm not on the right  
17 screen, and I'm certainly not on the right  
18 screen.

19 MR. HINNEFELD: From your Citrix  
20 logon, you know your application there, look  
21 to see, do you see intranet?

22 CHAIR MUNN: This may be one

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1 explanation why I was having so much trouble  
2 last week.

3 MR. HINNEFELD: I don't know a  
4 better way to do this than to enter this  
5 entire long address, but it brings up the  
6 intranet page.

7 CHAIR MUNN: Okay.

8 MR. HINNEFELD: Okay. So, in your  
9 internet address bar, just erase what's up  
10 there on the http line. Erase what's there  
11 and enter this internet address here.

12 MR. KATZ: You can go off the  
13 record for this.

14 (Whereupon, the above-entitled  
15 matter went off the record at 10:04 a.m. and  
16 resumed at 10:08 a.m.)

17 MR. KATZ: On the record.

18 DR. ULSH: Okay. So to kind of  
19 summarize where we are, a number of issues  
20 have been brought up that we would like to  
21 fix. The most pressing is to get the linking  
22 issue fixed, so that we're able to link

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1 documents.

2 The mechanism for transfer of  
3 items to other groups or Subcommittees of the  
4 Board, I don't know where we are with that.  
5 There was some discussion between Ted and  
6 Wanda about maintaining tracking authority or  
7 not. Do we have a resolution on that?

8 CHAIR MUNN: No, we do not, and  
9 this is as good a time as any to do that.  
10 From my perspective, it is clearly in our  
11 purview to make that decision. Whether we are  
12 going to expect to maintain control of this or  
13 whether we are going to disseminate that  
14 control to the other Work Groups and  
15 Subcommittees is really the question on the  
16 table.

17 Has Mark happened to join us yet?

18 MR. KATZ: Mark? Mark, have you  
19 joined us?

20 (No response.)

21 CHAIR MUNN: No, apparently not.

22 I really would like to have Mark

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1 in on this discussion, if it at all possible,  
2 since his Subcommittee will be handling  
3 several of the things that we're discussing,  
4 but the Work Groups right now are the ones  
5 that we're looking at most closely.

6 The Work Groups are unaccustomed  
7 to dealing with this. This is unfamiliar  
8 territory to the Work Groups. We are all  
9 involved in other Work Groups ourselves, but  
10 the matrices that they have before them are so  
11 much smaller and so much easier to manipulate  
12 that, up to this point at any rate, they have  
13 been able to do that quite easily with paper  
14 matrices, and it hasn't really gotten out of  
15 hand.

16 So if we're suggesting that they  
17 are going to end up using this same database  
18 to maintain their matrices as well, then  
19 there's some concern in my mind about that  
20 simply because, for one thing, I don't believe  
21 that our matrix here incorporates all of the  
22 Work Groups and all of the matrices that are

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1 out there.

2 The question now becomes, so are  
3 they going to join this or are they going to  
4 use this same format but have their own matrix  
5 instead? That is the different issue.

6 DR. ULSH: Well, I don't think  
7 that issue has been entirely settled yet, but  
8 the idea was to roll out DCTA to this  
9 Subcommittee, work out all the kinks, like  
10 we're doing now, and then at that point, at  
11 least encourage the other subsets of the  
12 Advisory Board, the DR Subcommittee, for  
13 instance, and the various Working Groups to  
14 then migrate onto this system. So to take  
15 their existing matrices, go through the effort  
16 up front to enter all those into DCTA, and  
17 then begin tracking them through DCTA, that  
18 was the idea.

19 Now that is going to take some  
20 time, and there might even be some resistance.  
21 I don't know.

22 CHAIR MUNN: Well, there's

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1 resistance here, and the reason there's  
2 resistance here is very simple. This  
3 Subcommittee is charged with a specific list  
4 that we are looking at, and it does not  
5 incorporate all of the activities that are  
6 going on inside --

7 DR. MAURO: May I say something?  
8 I guess I never thought in terms that there  
9 would be a single matrix. I thought that the  
10 software as developed by NIOSH was a platform,  
11 a platform that could be used by any one of  
12 the Work Groups as they see fit and if they  
13 want to. Clearly, the platform has been  
14 adopted and is being used by this Procedures  
15 Subcommittee, and we're using it and we have  
16 our bumps and lumps, but we're cruising along  
17 and we're getting it done.

18 Now if all of a sudden Mark  
19 decides, like we met on Friday, that he would  
20 like to use something similar to this as a  
21 platform to track his, which it can get  
22 unwieldy even in his case --

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1 CHAIR MUNN: It is very unwieldy.

2 DR. MAURO: Yes, but that's his  
3 call and the Work Group's call. It has  
4 nothing to do with us. It's just a platform  
5 that they would use, and there would not be  
6 any linkage.

7 Now the next step is during Mark's  
8 meeting we all agreed that, gee, there were a  
9 couple of items there that he could transfer  
10 to the Procedures Subcommittee, which is a  
11 mechanical problem. Where Mark said yes and  
12 he would send it out, that has nothing to do  
13 with the linkage between what he is doing.

14 MR. MARSCHKE: You're assuming  
15 that you have two different, separate things.

16 DR. MAURO: I'm assuming it all --  
17 yes.

18 MR. MARSCHKE: But I don't hear  
19 that from NIOSH.

20 CHAIR MUNN: No, that's not what I  
21 was hearing, either.

22 DR. MAURO: You're saying that

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1 they have to be --

2 MR. MARSCHKE: They don't  
3 necessarily have to be, but they are being --

4 DR. MAURO: Now the day may come  
5 when you want to make this master, wholly-  
6 integrated system. But I don't know. That  
7 seems to be a leap.

8 CHAIR MUNN: That's an enormous  
9 leap for me.

10 DR. MAURO: Yes.

11 CHAIR MUNN: But one of the things  
12 that I am trying to clarify here in my  
13 conversation with Brant is it is one thing to  
14 have each Work Group have its own matrix, its  
15 electronic matrix, based on this platform.  
16 It's an entirely different thing to have them  
17 merged.

18 And if they have their own  
19 platform of this sort, then transferring  
20 things to them is a much simpler thing than  
21 the situation we have now.

22 I think Brant's earlier comment

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1 that what we're talking about here is a  
2 transitional thing right now, an interim  
3 thing, that will go away when the day comes  
4 that the decision is made that each Work Group  
5 will have this kind of matrix and this is what  
6 they're going to operate from. So far as I  
7 know, that decision has not been made, and it  
8 probably is a full Board decision to make, is  
9 it not? Is it one that we should suggest? We  
10 can always suggest it.

11 DR. ULSH: Well, it's an idea that  
12 NIOSH was going to suggest at some point. I  
13 mean, once we get this system fully  
14 operational. But, clearly, this is an issue  
15 for the full Board to talk about, to weigh in  
16 on. It affects the way the Board does its  
17 business. I would say, clearly, it is a Board  
18 decision.

19 So what is clear, though, is that  
20 this Subcommittee is leading the process, at  
21 least on this issue. And there will be a time  
22 -- it might be just a transition; it might be

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1 permanent, depending on what the Board decides  
2 -- there will be a time where we are going to  
3 be using this, and other entities of the Board  
4 that are not using this, we are going to have  
5 to transfer items to them. So we have to have  
6 an effective mechanism in place to be able to  
7 send items to them. Until that happy day  
8 comes, if it ever comes, when everyone is on  
9 the same thing.

10 CHAIR MUNN: Apparently, it's in  
11 abeyance right now. I'm holding several  
12 things that have not been officially  
13 transferred, even though verbally the members  
14 of the Work Group know that it's their  
15 responsibility, but there is no document  
16 anywhere; there's no record on here other than  
17 just transfer.

18 DR. ULSH: So I guess my question  
19 to you, Wanda, then, is I don't know if you  
20 want to cover this now, but what would you  
21 need to be able to make those transfers  
22 happen? What would you need from us or SC&A

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1 or whoever to be able to do those transfers?

2 CHAIR MUNN: Well, what I have  
3 been waiting for is something that perhaps  
4 isn't even necessary, and that's the format to  
5 ask them to respond to us. Perhaps all I need  
6 to do is just incorporate in the transfer  
7 letter one or two bullets of this is what we  
8 anticipate you will do as action occurs on  
9 these items.

10 MR. MARSCHKE: Wanda?

11 CHAIR MUNN: Yes, Steve.

12 MR. MARSCHKE: In the old system  
13 we were able to print out -- usually, we  
14 transfer procedures in total to the Work  
15 Groups and say that they are responsible, as I  
16 recall, for the finding, for resolution of the  
17 findings for such-and-such a procedure. In  
18 the old database we had the capability of  
19 printing out a summary sheet or a detailed  
20 sheet, actually, for a particular procedure.  
21 So we could print out all the back-and-forth  
22 findings and responses and SC&A responses and

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1 the Subcommittee meetings and anything. We  
2 could print all that out into a PDF file,  
3 which, then, you took and can attach to your  
4 transmittal letter and provide that.

5 CHAIR MUNN: Yes.

6 MR. MARSCHKE: And I don't see  
7 that capability in this new system.

8 CHAIR MUNN: I don't either.

9 MR. MARSCHKE: I'm showing here on  
10 the screen, again, it is the TIB -- I don't  
11 even know what because it doesn't show what  
12 TIB number it is, but I think it's TIB-70 --

13 CHAIR MUNN: It is.

14 MR. MARSCHKE: -- up here on the  
15 screen, and there's no button up there that I  
16 can press -- that I see that I can press that  
17 creates a PDF file that summarizes everything  
18 that is on the screen and everything that  
19 really is on the next layer down as well.

20 Basically, what we want to do is  
21 we really want, for each one of the findings,  
22 we want to print out all this information into

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1 one PDF file for this particular document,  
2 whatever document it happens to be. So, then,  
3 that's a handy tool to have. We find that not  
4 only for Wanda's transmittal letters, but from  
5 time to time somebody from SC&A will ask me,  
6 well, what is the status of TIB-70, and I will  
7 be able to go in, print out this PDF file, and  
8 send it to them and say this is the status of  
9 TIB-70. So that's, again, another feature we  
10 would like to see brought back, I guess.

11 DR. ULSH: Is that separate from  
12 the transfer thing that you're talking about  
13 or is that --

14 MR. MARSCHKE: I think it could be  
15 a way to perform the transfer. Once we get  
16 that PDF file, then Wanda can attach that to  
17 her transfer letter, send it over to the Work  
18 Group, and if the Work Group wants to respond  
19 back with a piece of paper, as opposed to  
20 electronically, that's fine, too, because then  
21 somebody, you know, Wanda can forward it to  
22 me, and I can cut and paste and put it into on

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1 such-and-such a date we received this  
2 response; the Subcommittee received this  
3 response from the Work Group, and then put it  
4 right in like that.

5 And I would assume that the  
6 Subcommittee would then take a vote and say  
7 that they agree with the Work Group's  
8 disposition of the finding, whatever it  
9 happens to be.

10 MEMBER ZIEMER: Well, if I could  
11 comment, I wasn't going to comment on that,  
12 but the last part I'm not sure we need to  
13 validate the Work Group's comments because we  
14 wouldn't be expert in what they're doing. But  
15 let me back up.

16 Let's take a specific example  
17 where we've gotten the transfer, and it's been  
18 initiated, and it's TBD-6000. It's the bottom  
19 of your screen list. Go back to the previous  
20 screen.

21 And if you click on that, then the  
22 screen comes up, and it tells -- yes, the very

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1 last one because that's the TBD-6000 matrix;  
2 the whole thing has been transferred to a Work  
3 Group.

4 If you click on that, you get the  
5 sheet, and then there's a Board review thing  
6 you can click on that comes up.

7 MR. MARSCHKE: Too many people  
8 were clicking on it.

9 MR. HINNEFELD: Yes, the more  
10 people that nose around on it, the slower it's  
11 going to run.

12 (Laughter.)

13 MEMBER ZIEMER: Yes, click --

14 MR. MARSCHKE: Click on Board  
15 review comments?

16 MEMBER ZIEMER: Yes, Board review,  
17 and it puts you into the sheet which gives the  
18 SC&A finding and NIOSH comments, and it tracks  
19 it on through.

20 MR. MARSCHKE: Yes, but how do you  
21 make a hard copy of this?

22 MEMBER ZIEMER: Well, I don't know

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1 about that part of it, but the point is that I  
2 think, in principle, now, if you had someone  
3 from that Work Group now authorized to input  
4 the succeeding information -- now how you get  
5 that back out in summary sheet I think is a  
6 mechanical problem.

7 But isn't this how we're talking  
8 about it? Once something is formally  
9 transferred, now somebody has to be authorized  
10 to work in that space there.

11 MR. KATZ: And I was just going to  
12 suggest there's two routes, and this is one of  
13 them.

14 MEMBER ZIEMER: Right.

15 MR. KATZ: For them to just  
16 continue on and add the narrative as it goes  
17 forward, once it's transferred.

18 MEMBER ZIEMER: Right.

19 MR. KATZ: So it can be done  
20 electronically like this.

21 MEMBER ZIEMER: You can track it  
22 through this system.

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1 MR. KATZ: And that's one way, and  
2 then the second thing that has been asked that  
3 Steve asked is that the alternate route would  
4 be to print out the dialog that was completed  
5 at the Procedures Subcommittee, send that  
6 printed-out narrative to a Work Group, when a  
7 Work Group doesn't want to deal in this, and  
8 let them deal with it, then, independently and  
9 report back at the end of their process.

10 I think you could give Work Groups  
11 either path to take. If they don't want to  
12 fool with this database, they could do it  
13 their own way with their own matrix and at the  
14 end report back. And if they are willing to  
15 go into and use this, then you have it all in  
16 line, this narrative.

17 MEMBER ZIEMER: Either way,  
18 somebody has to be able to input the  
19 information.

20 MR. KATZ: Right.

21 CHAIR MUNN: Well, I would suggest  
22 that the latter might be the better pathway

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1 simply because if the Work Group itself  
2 manipulates this database and does not in some  
3 way notify us that that's been done, then we  
4 still are unaware of what's transpired, unless  
5 we're checking.

6 DR. MAURO: I'm going to give my  
7 opinion. We've got to keep control of the  
8 Subcommittee's tracking system. It's ours.  
9 It's yours.

10 CHAIR MUNN: That's my feeling as  
11 well.

12 DR. MAURO: Now we have control.  
13 The degree to which we accept something that  
14 might come in from Dose Reconstruction, they  
15 hand off the baton to us, and we have it, then  
16 we take it and we run with it. Or the degree  
17 to which we let one go, we let it go, and it's  
18 gone.

19 But I don't think that anybody  
20 from another Work Group or a Subcommittee  
21 should be fooling around in our sand pile  
22 because it is too many people, too many things

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1 going on, and you lose control. I like the  
2 idea there's a limited number of people within  
3 this Work Group that have access to this  
4 particular material. This is, when all is  
5 said and done, our posterity.

6 MEMBER GIBSON: Wanda, this is  
7 Mike. Can I make a comment?

8 CHAIR MUNN: Please do.

9 MEMBER GIBSON: It's just my  
10 opinion, but there's been so much effort put  
11 into this database and it seems like it's  
12 finally coming to life and it's going to be a  
13 valuable tool. I don't believe this  
14 Subcommittee should have proprietary rights.  
15 This should be something that is used by all  
16 of our Board member colleagues and all the  
17 Subcommittees and Work Groups.

18 You know, Ted was saying earlier  
19 that if the Subcommittees or other Work Groups  
20 make a change, it's from this date forward.  
21 It's from things that have been transferred to  
22 them or whatever. So I don't see the damage.

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1 I don't see the damage of someone  
2 manipulating or going back into an historic  
3 record.

4 I think there's been a lot of  
5 money and time put into this, and I think it  
6 is a valuable tool that should be shared and  
7 used with all of our colleagues, not try to  
8 take proprietary control of this thing.

9 CHAIR MUNN: It's certainly  
10 available for view and for use to all of our  
11 colleagues. What has been the proposal toward  
12 which I am leaning is that the platform, that  
13 the method be available to everybody. No one  
14 is arguing that, I think.

15 The question is access to this  
16 particular responsibility that has been given  
17 to Procedures, and how we are going to control  
18 and make sure that we know what's going on  
19 inside the items, only these items that we are  
20 looking at that are ours. That is a key  
21 function, I think.

22 No one has any objection to, and

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1 as a matter of fact, I think from what Ted has  
2 said, I gather that it is preferred, the  
3 platform, this type of electronic database  
4 should be and will be available to any Work  
5 Group and any Subcommittee that wants to use  
6 it.

7 But once the work of that  
8 Subcommittee and that group is done, then  
9 their response to the items that were  
10 transferred to them then needs to come back  
11 here for this database alone so that we can  
12 assure ourselves that we have done the job  
13 that has been assigned to this specific  
14 Subcommittee, not to others.

15 I guess one of the concerns that I  
16 have, for example, is right now in our IG-004,  
17 I believe we have closed all but two of those  
18 items, and those two, item 3 and item 7, out  
19 of IG-004 have been transferred to the  
20 Surrogate Work Group, which is a logical place  
21 for them to reside.

22 But what we are debating here now

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1 is how the Surrogate Work Group will respond  
2 to us, how we will ask them to respond to us  
3 when they have completed their addressing of  
4 those items.

5 MEMBER GIBSON: I guess all I am  
6 saying is it still seems like, unless I am  
7 wrong, this Subcommittee is for reviewing  
8 procedures. I know we need a logical process  
9 and structured process to go through, but if  
10 there are, you know, just the examples you  
11 just mentioned that have been transferred to  
12 another Work Group, ownership of resolving  
13 those issues belongs to that Work Group.

14 CHAIR MUNN: But you see, Mike, we  
15 don't review all procedures.

16 MEMBER GIBSON: Correct.

17 CHAIR MUNN: The procedures that  
18 we review are those that have specifically  
19 been assigned to us to pursue. And the Work  
20 Group will have many other procedures that do  
21 not have any responsibility at all through our  
22 Procedures Subcommittee. That's where the

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1 confusion might possibly lie. If we were  
2 trying to utilize only one master database,  
3 then this Committee, this Subcommittee could  
4 not keep track very well of what's ours and  
5 what isn't ours. We don't want to be taking  
6 on the responsibility for other people's  
7 procedures when they haven't been assigned to  
8 us.

9 MEMBER GIBSON: Well, let me just  
10 leave it at this. It's just my opinion.

11 It seems that this database has  
12 come far enough that it has probably got legs  
13 under it now. We can start branching it out  
14 to the other groups and everything else, and  
15 it just seems like -- and, again, this is my  
16 opinion -- the more the Subcommittee tries to  
17 control that database, it creates all these  
18 problems that, well, how are they going to  
19 report to us? Well, how is this going to  
20 happen? Well, how is this going to happen?  
21 Instead of just floating it out there and  
22 let's put it in use and use it. You know, I

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1 mean it's a constantly revolving process of  
2 solving problems by trying to control this  
3 database, in my opinion, but that's just my  
4 two cents.

5 CHAIR MUNN: Well, we appreciate  
6 it.

7 Steve?

8 MR. MARSCHKE: Wanda, I just  
9 wanted to point out that the database does  
10 have this summary table which it does track  
11 the number of findings that have been  
12 transferred. Now if you were to look in here  
13 -- and you spoke about IG-004 got two  
14 transfers.

15 CHAIR MUNN: Yes.

16 MR. MARSCHKE: If the Work Group  
17 that they were transferred to were to all of a  
18 sudden close those, it would show up when you  
19 did this. So then there would be a way in  
20 here to identify, if you knew that you had  
21 transferred to, and then all of a sudden this  
22 number went to zero, you would know that the

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1 Work Group had done some work on this.

2 It's not maybe perfect, but there  
3 is at least something in the database that  
4 would help you identify when issues have been  
5 closed by other Work Groups, if they were to  
6 utilize this database.

7 CHAIR MUNN: That would require  
8 one more step of oversight on our part in  
9 terms of reviewing this particular status  
10 report, this sheet --

11 MR. MARSCHKE: Yes.

12 CHAIR MUNN: -- every time. That  
13 might not be a bad idea.

14 DR. ULSH: Well, you might have  
15 just, from an outside observer's point of  
16 view, Mike alluded to it, and the issue that  
17 you're struggling with, Wanda, is once you  
18 transfer an item to another Work Group, are  
19 the responsibilities of this Subcommittee  
20 finished? Or do we have a further  
21 responsibility to monitor what they do with  
22 it? If you're comfortable saying to that

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1 other Work Group, this is yours now, and  
2 either they continue it on or they close it,  
3 do we, does this Subcommittee need to track  
4 it?

5 I'm not going to offer an opinion.  
6 That's for you guys to decide.

7 CHAIR MUNN: Yes, yes. I think it  
8 was the general feeling of all involved that  
9 we would not track what they were doing, but  
10 when they were done with it, we wanted to be  
11 notified, and that's when we incorporate it  
12 into the database.

13 DR. MAURO: That's a decision that  
14 the Board would make in terms of does the  
15 Board want the Procedures Subcommittee to sort  
16 of be the librarian for all the Subcommittees?

17 In other words, it is almost like provide a  
18 service.

19 What I'm thinking of is right now,  
20 for example, Mike has PER-0012, the outreach,  
21 and it's completely his. He's been running it  
22 at his meetings; they have issues; they are

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1 going to close it. And now he could run that  
2 as he sees fit --

3 CHAIR MUNN: Absolutely.

4 DR. MAURO: -- which means whether  
5 a handwritten matrix, a list of issues --

6 CHAIR MUNN: Yes, that's right.

7 DR. MAURO: -- on a piece of paper  
8 or, in theory, he could try to access this  
9 platform, not the data that is in this  
10 particular -- but the platform is out there  
11 for him to say, "I'll start using this."  
12 Okay?

13 And it will all look like this. I  
14 mean it will be tracking it.

15 CHAIR MUNN: It would be his.

16 DR. MAURO: Now the question then  
17 becomes at what point -- so I think that that  
18 is always available to any Work Group and any  
19 Subcommittee to go ahead and use the platform  
20 when they want to and how they want to. In  
21 fact, they could even ask for a different  
22 format. They could probably go to some of you

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1 or go to Leroy and say, listen --

2 MR. HINNEFELD: Leroy might say  
3 no.

4 MR. KATZ: That will multiply our  
5 problems.

6 (Laughter.)

7 DR. MAURO: Okay, but I'm saying,  
8 listen, we're letting this take over. This is  
9 just a little thing. It's like I like to  
10 write with a pen instead of a pencil. So I  
11 think we're giving too much -- you know, I  
12 think it's a convenience to us right now, and  
13 it is serving us. And we're having some of  
14 our problems, but it's serving us.

15 Now the degree to which another  
16 Work Group or Subcommittee decides it wants to  
17 have something to serve it like this, great.  
18 Now the thing that I can't imagine is that if  
19 everyone and every Subcommittee is loading its  
20 data and they can go into any place here and  
21 change things, I think that that is a leap  
22 that is too big. I think that -- let each

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1 Subcommittee and each Work Group play with  
2 this thing, use it, make the transition from  
3 handwritten matrices like right now Mark is  
4 using. Mark is using his matrix --

5 CHAIR MUNN: It's working.

6 DR. MAURO: It's working. It's  
7 big. We get through the day.

8 Now whether or not he wants to  
9 adopt this and use something like that from  
10 his platform, from a platform, you know,  
11 great, that's his call.

12 Now but the real next step is this  
13 full integration where we would go into his  
14 and he would come into ours to keep this  
15 machine going, as if now it's one single,  
16 fully integrated system. I think that we're  
17 not there yet.

18 CHAIR MUNN: No, I don't think so  
19 either.

20 MR. HINNEFELD: Well, I don't know  
21 the intimate details, but I do know that this  
22 system has the capability of limiting access

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1 to certain people. Say, for instance, this  
2 Subcommittee decides Elyse and Steve are the  
3 ones that are going to have access. Now  
4 transfer it over to, I don't know, the DR  
5 Subcommittee. And let's say Mark and that  
6 Subcommittee decide Mark and Doug Farver and  
7 me want to have access to that. That can be  
8 set up that way. So it might address the  
9 concern that you are expressing now.

10 DR. MAURO: Right now in the left  
11 hand column we have each of the procedures  
12 that are captured and being processed, and we  
13 continue adding to it. All of a sudden, you  
14 are saying we would have what? Let's say it's  
15 the Mound Work Group. All of a sudden, there  
16 would be Mound issue number 1, Mound issue  
17 number 2 along the lefthand column? And that  
18 would be somehow in here?

19 CHAIR MUNN: No.

20 DR. MAURO: I think that would be  
21 chaos.

22 CHAIR MUNN: No. Time out. It

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1 would be chaos, and I don't think anyone has  
2 seriously suggested that we pursue that.

3 The platform needs to be available  
4 to everybody. I don't know whether our IT  
5 folks are ready to make that step or not. I  
6 would like to know if they are. But if they  
7 are, then I would like to recommend that to  
8 the Board.

9 If someone can get to me  
10 information from IT as to whether or not they  
11 are willing and ready to offer this platform  
12 to all of the Work Groups, then that is  
13 something I would like to do at the next Board  
14 meeting, is let all of the Work Groups know  
15 that that is the case.

16 If not, then what I propose to do  
17 at this juncture is to simply, in absence of a  
18 forum and in absence of surety of our format,  
19 I'm just simply going to write transfer  
20 letters and ask them, as they close these  
21 items, each individual item, to please give us  
22 a written or electronically written notice

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1 that that has been closed and how and a brief  
2 description.

3 It seems to me the simplest and  
4 most direct way to address what we have right  
5 now, and that will be our interim. If we  
6 decide to do something different later, then  
7 we can decide to do something later.

8 DR. ULSH: Okay. I'm going to  
9 take another shot at asking about linking docs  
10 is the highest priority?

11 Transfer mechanism, it sounds like  
12 you've just described an alternative pathway,  
13 and that's not something that we necessarily  
14 have to address inside of DCTA.

15 CHAIR MUNN: No.

16 DR. ULSH: Okay.

17 CHAIR MUNN: But I do want to hear  
18 from IT as to whether or not this platform is  
19 ready for us to offer to the other Work  
20 Groups. We don't want to offer something that  
21 isn't available to them, and they need to have  
22 a person in charge, a contact --

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1 DR. ULSH: Okay.

2 CHAIR MUNN: -- in order to do  
3 that.

4 DR. ULSH: The third item is how  
5 to enter comments for new documents, and  
6 that's one that you expressed, Steve.

7 MR. MARSCHKE: Yes.

8 DR. ULSH: The fourth item, I'm  
9 not sure if this is still in play now. Edits  
10 on existing comments. Was it that we were  
11 hitting the wrong button or is that an issue?

12 MR. MARSCHKE: I think it's still  
13 an issue.

14 DR. ULSH: Okay.

15 CHAIR MUNN: Yes.

16 DR. ULSH: The next item, I have  
17 written down skip intro screen or some screen,  
18 Steve, that you described.

19 MR. MARSCHKE: Yes, basically,  
20 when you click on this screen or click on a  
21 document, you come to this interim screen,  
22 which really we want to go directly to the

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1 Board review comments. We don't want to go to  
2 this document here. And that was discussed at  
3 the previous meeting.

4 DR. ULSH: Okay.

5 MR. MARSCHKE: And so, basically,  
6 you can get rid of this. I don't know what  
7 screen you call it. The document details  
8 screen.

9 DR. ULSH: The document details  
10 screen, all right.

11 MR. MARSCHKE: And go directly to  
12 the Board review comments.

13 CHAIR MUNN: Well, now wait. Hold  
14 on. Hold on.

15 Just before you do that, there is  
16 one item on there that would be very valuable  
17 to me, and that is the view document.

18 MR. MARSCHKE: That may be  
19 available on the next screen as well. View  
20 document details.

21 MEMBER ZIEMER: Yes, that's the  
22 same link.

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1 MR. MARSCHKE: The same link.

2 CHAIR MUNN: Is it? Does it pull  
3 up the original document?

4 MR. MARSCHKE: Well, let's click  
5 on it and find what it does. It goes back to  
6 this details screen.

7 CHAIR MUNN: Now hold on.

8 MR. HINNEFELD: Now if you click  
9 on the title of the document -- I just did  
10 that -- let's see what happens.

11 MR. MARSCHKE: Yes, it goes to a  
12 PDF.

13 CHAIR MUNN: Now that is very  
14 helpful for me. I don't know whether it is  
15 for others.

16 MR. HINNEFELD: Yes. If you click  
17 on the title of the document right there on  
18 that page, click on the title of the document  
19 right there where Steve is, it will bring up  
20 the document.

21 MR. MARSCHKE: I click on that.

22 CHAIR MUNN: Okay.

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1 DR. MAURO: That's a great  
2 feature.

3 MR. MARSCHKE: And now it's  
4 bringing up the document in a --

5 MR. HINNEFELD: PDF.

6 MR. MARSCHKE: -- PDF file in a  
7 separate window.

8 CHAIR MUNN: Okay.

9 MEMBER ZIEMER: I just want to  
10 clarify in my mind the issue of who can enter  
11 things into the database. There's only three  
12 kinds of entries. There's NIOSH comments;  
13 there's SC&A comments; and there's Work Group  
14 or Board comments, right?

15 DR. MAURO: And there's loading  
16 new material from new procedures.

17 MEMBER ZIEMER: Yes. Yes, I  
18 understand that. I understand that.

19 But, for example, if NIOSH  
20 develops comments on some issue, you have a  
21 person -- I mean you will develop those  
22 outside this in your group. You don't sit

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1 down with this database, work on comments.  
2 Then you have somebody like Elyse or somebody  
3 that will load them, right?

4 MR. HINNEFELD: Correct.

5 MEMBER ZIEMER: Into the right  
6 place, regardless of whether it's a Work Group  
7 or this Subcommittee? If SC&A develops  
8 comments, you know, on whatever, for TBD-6000  
9 or for any of these procedures, then there can  
10 be a person designated to load those. I mean  
11 we don't need a Work Group person for all  
12 these different or we don't need different  
13 people to do those two things, right?

14 MR. HINNEFELD: Right.

15 MEMBER ZIEMER: The only other  
16 thing that happens in real time, I think, is  
17 if we're sitting here at the meeting and the  
18 Work Group makes a decision that we accept  
19 these comments, and it seems to me it would be  
20 worth considering to have an authorized person  
21 on the Work Group that could enter into the  
22 database live. And the only thing they could

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1 enter would be, for example, if there were a  
2 TBD-6000 person, and it may be an SC&A person.

3 I don't think it has to be a Board member.  
4 But we sit here and we say, "Okay, Steve enter  
5 this." Right?

6 CHAIR MUNN: And he does.

7 MEMBER ZIEMER: And he does.

8 CHAIR MUNN: Magic.

9 MEMBER ZIEMER: And as Brant said,  
10 you don't want every person -- or I guess you  
11 didn't, John -- you don't want everybody in  
12 there being able to manipulate things. And  
13 the only thing that they could manipulate at  
14 that point would be the Board or Work Group  
15 comments. They could enter those.

16 That's something we could at least  
17 think about, to have the ability, if the Work  
18 Group wanted it, the ability to enter it.  
19 Otherwise, they've got to make up a piece of  
20 paper and a document and submit it, which may  
21 be all right as an alternative, and submit it  
22 and say, okay, either the NIOSH person or the

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1 SC&A person -- it would probably be SC&A  
2 because they're the Board's contractor --  
3 please enter this into the system.

4 MR. HINNEFELD: Just from the  
5 default design, and I worked with TST on this,  
6 it had the Chairman of the Work Group or the  
7 Subcommittee as that person, as being  
8 authorized to write for the Board to the  
9 database.

10 MEMBER ZIEMER: For that  
11 particular subset?

12 MR. HINNEFELD: Yes. Now the way  
13 this is structured, if I'm not mistaken, the  
14 way this is structured is that one Work --  
15 well, no, more than one Work Group can have  
16 responsibility for a procedure. You know, any  
17 time you have a procedure in here that is  
18 completed and it is into the Board's arena,  
19 there is something that links that. It is  
20 logically linked to the Work Group or  
21 Subcommittee or Work Groups or Subcommittees  
22 that have responsibility for it.

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1                   So the authorizations to write are  
2                   linked to the Work Group or Subcommittee. So  
3                   if there is a procedure that is assigned to  
4                   this Subcommittee, the defaults that we define  
5                   -- and we set them, and we put in what SC&A  
6                   tells us to put in, and we put in what we put  
7                   in, and our default was the Chairman has the  
8                   right to write comments related to the  
9                   procedure that is linked to the responsibility  
10                  of that Subcommittee or Work Group. So that  
11                  is how those are done.

12                  So the default design had the  
13                  Chairman -- gave the Chairman the ability.  
14                  The Chairman can designate, can say, if it's  
15                  Wanda, take it away. They can say, "I want  
16                  somebody else to do it." "Wanda, I don't want  
17                  to do it. I want Dick to do it."

18                  Just let us know, and we will set  
19                  the authorization. So that can be taken care  
20                  of.

21                  MEMBER ZIEMER:       They can't get  
22                  into other parts of the system?

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1 MR. HINNEFELD: No, they can only  
2 write to the procedures stuff or for their  
3 Subcommittee or Work Group, but I'm pretty  
4 sure I said there might be more than one Work  
5 Group or Subcommittee that has responsibility  
6 for the same document. So you've got to have  
7 multiple to one, many-to-one.

8 DR. MAURO: Now let's talk about  
9 right now we're sitting around here. We want  
10 to get into, for example, PER-0009.

11 MR. HINNEFELD: Okay.

12 DR. MAURO: We're going to talk  
13 about that, PER-0012, later this afternoon.  
14 Okay? Well, I know it's going to happen. Now  
15 I was hoping -- this is a perfect example; all  
16 of this was triggered this week. What I was  
17 hoping we could do is SC&A has completed its  
18 report, delivered; it's got its findings.  
19 Okay? Uses the title and everything. And it  
20 says, you know -- and also with PER-0012 -- so  
21 you know what would be really good, if we  
22 could load that. There's no page for that

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1 here. It's not here. It might be now. I  
2 don't know.

3 But I said it would be good to  
4 load it, and I emailed you, and I said, "Ted,  
5 should we load it?" This has nothing to do  
6 with the dialogue that occurs around the  
7 table. Just get it in the system, the title,  
8 and what normally would be loaded, along with  
9 the title, the date, and everything, the  
10 document that we reviewed, is here's SC&A's  
11 findings. It's there. Because this is what  
12 we wrote. It's not anything new. It's in the  
13 report. And we just go, right, bam, it's in  
14 there.

15 So that when we sit down at the  
16 table, we can say, okay, let's talk about PER-  
17 0009. Boom, up comes PER-0009 on the screen,  
18 and you can see issue number 1. And right  
19 around the table, what I know is going to  
20 happen is we had two issues, and here they  
21 are, boom, boom. Well, I'm going to tell you  
22 what's going to happen. We're going to close

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1 both of those issues today, and I want Steve  
2 to be able to say we talked about it; everyone  
3 agreed this is the reason why, and you cite  
4 why everyone around the Subcommittee agreed  
5 it's reasonable to close it for this reason.  
6 You vote and say, yes, that's closed.

7 MR. MARSCHKE: That's doable.

8 DR. MAURO: And it's all doable?

9 MR. MARSCHKE: That's the plan.  
10 That's the plan the way things were set up. I  
11 think we just stumbled a little bit on getting  
12 the PER document in. I think Nicole was  
13 getting the SC&A findings in and getting the  
14 initial responses and so on and so forth. I  
15 think it is just, basically, this is more of  
16 a learning curve issue than it is a technical  
17 issue from the point of view of programming or  
18 whatnot.

19 But back to what Stu was talking  
20 about a little bit, back at the last meeting,  
21 part of the part that was off-record I think  
22 Leroy had indicated, because Wanda wanted to

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1 delegate her responsibility to myself, Leroy  
2 had indicated that I could have kind of like  
3 dual citizenship. When I'm sitting here at  
4 the Board meetings, I could be identified as a  
5 member of the Subcommittee, and as I'm sitting  
6 at my home office, I could be identified as an  
7 SC&A employee.

8 And the other thing, while we have  
9 this screen up here, the other thing that I  
10 would like to see is I would like to see this  
11 basically disappear and just have the status  
12 and not have the change status, except for on  
13 those people who are authorized to actually  
14 perform the change.

15 And also, I don't know. Maybe  
16 this already does occur because I probably do  
17 have write status, but this "Add Response" key  
18 should also only appear when the individual  
19 has write capabilities.

20 MEMBER ZIEMER: Otherwise, it's  
21 dead or doesn't show up --

22 MR. MARSCHKE: Otherwise, it just

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1 basically doesn't show up or it's a shaded  
2 color or something like that.

3 MEMBER ZIEMER: Right. You can't  
4 click on it unless you're authorized.

5 MR. MARSCHKE: Yes, exactly. So  
6 that, basically, nobody can have change status  
7 capability except for -- or this is very  
8 limited, and this is a little bit more  
9 unlimited, but it still is only limited to the  
10 people who can write. This may be a subset of  
11 the people who can write.

12 CHAIR MUNN: Right. All right.

13 DR. ULSH: I see what seems to be  
14 general agreement.

15 CHAIR MUNN: Yes, I think so.

16 DR. ULSH: So I'm going to write  
17 that down.

18 CHAIR MUNN: Yes. I think that's  
19 okay. At least this time around, that is  
20 okay.

21 MS. HOWELL: Can I make a general  
22 statement? If it is something where the full

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1 Board and various Work Groups and  
2 Subcommittees start using this system, I think  
3 right now it is set up this way, I'm not  
4 really sure, but just make sure that you can  
5 still go in and view documents solely by the  
6 group because we've got to be careful about,  
7 under FACA and everything, maintaining,  
8 especially for the Subcommittees, a clear set  
9 of what was only theirs because that's a  
10 record. And I just don't want it to become  
11 this muddied record where you're pulling  
12 multiple things, but it looked like that was  
13 okay.

14 There was a screen earlier where  
15 you indicated that you might have everything.

16 I can understand the need for that, as long  
17 as there's still a screen that's everything  
18 just for Procedures, everything just for the  
19 Dose Reconstruction group, et cetera.

20 CHAIR MUNN: Yes, and that's why  
21 it's so important for us to make sure that we  
22 do maintain this database as a segregate from

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1 the others, simply because we have to keep  
2 track of what has been assigned to us. And  
3 PER-0009 and 0012 are fine because they have  
4 been assigned to us, but others that have not  
5 been specifically covered by SC&A and assigned  
6 to us for review, we really should not have on  
7 this.

8 MR. MARSCHKE: Can I have one  
9 more, just on the documents thing? I am a  
10 little bit confused as to how this system  
11 works because if you go through this screen  
12 here, which basically supposedly lists all the  
13 documents that this Subcommittee has access  
14 to, you can see here we have TBD, PRs, TIBs,  
15 OTIBs, PROCs, more OTIBs. But we don't have  
16 any PERs.

17 But if you go and you look at,  
18 click on this SC&A findings status report  
19 button, and you can also see that there's 91  
20 documents here, if you click on the SC&A  
21 findings status report button and you look at  
22 the document list, we have, you can see we

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1 have PER-0003, PER-0004, PER-0007, 0006. We  
2 have a slightly different list of documents  
3 that come out under this status report table  
4 than we do from the original table. And I  
5 don't understand how that happens.

6 CHAIR MUNN: No, that's a little  
7 strange. On the old table, when we added  
8 something to it, we added them down at the  
9 bottom, by date down at the bottom as a new  
10 set --

11 MR. MARSCHKE: The old table used  
12 to look like this.

13 CHAIR MUNN: Yes, so that we had  
14 the date showing us that we had new  
15 assignments as of that date.

16 MR. MARSCHKE: Again, at the  
17 previous meeting we talked to Leroy about  
18 this, and he was going to look into whether or  
19 not we could make a summary table like this.  
20 I would say in addition to this summary table  
21 that is already there.

22 CHAIR MUNN: Yes, I agree. I

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1 agree because the other one is very useful in  
2 terms of our record of when we received items  
3 for coverage.

4 MR. MARSCHKE: It is kind of the  
5 way this Subcommittee has been operating.

6 CHAIR MUNN: Yes.

7 MR. MARSCHKE: We have been kind  
8 of working off these.

9 CHAIR MUNN: And that's very  
10 helpful. But, to date, so far as we know,  
11 Leroy hasn't done that. I guess that's  
12 something we need to make sure happens because  
13 we need to have assignment dates as of our  
14 previous meeting or the last Board meeting,  
15 whichever, so that the PERs that were assigned  
16 at that time show up under our finding date  
17 and the total number of findings.

18 DR. MAURO: There was a question  
19 that was asked earlier that I'm not sure if I  
20 heard the answer. Once we transfer something  
21 over, for example, PER-0012, that went over to  
22 -- for some reason, we had it --

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1 CHAIR MUNN: Yes.

2 DR. MAURO: -- and it went over  
3 to --

4 CHAIR MUNN: It went over to  
5 Worker Outreach.

6 DR. MAURO: -- Worker Outreach.  
7 Do we just erase it from here?

8 CHAIR MUNN: No.

9 DR. MAURO: No, we don't? So  
10 we're going to provide a service to them?

11 CHAIR MUNN: No. We will continue  
12 to hold this as transferred. It shows on our  
13 list as transferred.

14 DR. MAURO: And it stops there,  
15 though? Do we do anything after that?

16 CHAIR MUNN: It stops until they  
17 give us the information. That's what I was  
18 concerned about earlier.

19 DR. MAURO: Okay. Okay.

20 CHAIR MUNN: Until they feed back  
21 to us the information, the action they have  
22 taken, and then it's closed.

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1 DR. MAURO: Okay.

2 CHAIR MUNN: Then we incorporate  
3 it.

4 DR. MAURO: Right. Now in closing  
5 that record, there's certainly going to be  
6 paperwork at the Outreach Work Group meeting  
7 that tracks, in whatever form they decide to  
8 use --

9 CHAIR MUNN: Yes.

10 DR. MAURO: -- how they got to  
11 close that issue 1, issue 2, issue 3.

12 CHAIR MUNN: Correct.

13 DR. MAURO: And there's a history  
14 there.

15 CHAIR MUNN: Correct.

16 DR. MAURO: Now is that history  
17 captured in our system? Or is the only thing  
18 we capture the fact that on this date we have  
19 closed all issues related to PER-0012?

20 CHAIR MUNN: It was my perception  
21 that the only thing that would be captured is  
22 their response to us, how they close it.

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1 MR. MARSCHKE: I think I'm not  
2 sure --

3 MR. KATZ: The substance, too.

4 DR. MAURO: Both? I know both.

5 MR. KATZ: That is closed --

6 DR. MAURO: As if we did it?

7 MR. KATZ: And then on the basis  
8 it was closed.

9 DR. MAURO: In other words, it  
10 will be a complete record, almost as if we did  
11 it ourselves.

12 CHAIR MUNN: Yes, very much.

13 DR. MAURO: And that's fine.

14 MEMBER GIBSON: Wanda, this is  
15 Mike. Can I make a comment?

16 CHAIR MUNN: Yes, Mike.

17 MEMBER GIBSON: Based on what I  
18 just heard here, you know, getting back to the  
19 Worker Outreach Work Group, for example, that  
20 John was just mentioning, if we just say an  
21 issue is closed and then I would report it  
22 back to you and the database would show it's

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1 closed, that seems incomplete to me. I mean,  
2 you know, everything else in this database,  
3 looking at it from a Procedures Review  
4 Subcommittee, we have tried to include the  
5 complete history. So, then, if you transfer  
6 something and I just say it's closed, or my  
7 Work Group says it's closed, it looks like the  
8 database would be incomplete.

9 CHAIR MUNN: No, we want your  
10 basis for it. That will be included in my  
11 instructions, Mike. We want the basis for it.  
12 We want you to give, essentially, the same  
13 kind of response that we have in this  
14 Subcommittee's database. Tell us what you did  
15 and why it's closed.

16 MR. MARSCHKE: Mike, this is  
17 Steve.

18 My understanding of the way this  
19 would work is you, as the Outreach Work Group,  
20 would respond to Wanda's transmittal letter  
21 with saying that it has been closed and maybe  
22 attach a reason why you closed it. And it

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1 could be a PDF file of any size that you  
2 wanted or a document of any size that you  
3 wanted. When we get the linking capabilities  
4 up and running off this system, what we would  
5 do is, we would identify that the file, the  
6 issue has been closed, and we would include  
7 the whole response PDF file or Word file, or  
8 whatever you provided us to document that that  
9 had been closed, would be inserted into the  
10 database.

11 MEMBER GIBSON: Well, again, it  
12 seems like a more complicated process than it  
13 needs to be, if that's the way we're going to  
14 do it. Whereas, if this tool, this database,  
15 could be used and shared by every Work Group  
16 of the Advisory Board, that me, as Chairman of  
17 that Work Group, would just enter that in the  
18 database. It wouldn't be messing with  
19 anything in the past. So it would just be  
20 here's what we've done and here's why, and it  
21 would be over and done with, rather than  
22 creating a file, sending it electronically to

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1 Wanda, let this Work Group or this  
2 Subcommittee look at it, and then enter it  
3 into the database. It just seems a more  
4 growing, complicated process rather than just  
5 using this database as an asset.

6 CHAIR MUNN: Well, we can't do  
7 anything in any case until we have assurance  
8 from our IT folks that this platform is  
9 available. I have asked that that be done as  
10 soon as possible for me because I don't want  
11 to write the transfer letters and then write  
12 additional instructions afterwards.

13 So once we know for sure that it's  
14 going to be okay and we know who the contact  
15 person is, then I want to make sure that the  
16 Work Groups are notified of that.

17 MEMBER ZIEMER: Wanda, I think I  
18 was thinking along the same lines as Mike when  
19 I said that it seemed to make sense to be able  
20 to enter the Work Group findings in real time.

21 I think, Mike, that's what you're  
22 suggesting rather than create a set of

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1 documents and then have to have them re-  
2 entered, right?

3 MEMBER GIBSON: Right. That's  
4 what I was saying, Paul.

5 MEMBER ZIEMER: Yes, and that  
6 certainly makes sense to me. And I think the  
7 only issue, then, would be who's authorized to  
8 do it and the extent to which the system is  
9 restricted. It sounds like that's pretty  
10 straightforward to do. So the capability will  
11 be there.

12 But we will have to, as Wanda  
13 said, have to confirm that it's doable and  
14 that it's accessible and can actually do that.

15 CHAIR MUNN: Yes, we'll see what  
16 we can do.

17 MEMBER ZIEMER: And I notice here,  
18 just in looking at this status report, and  
19 looking at the first one, because I have the  
20 responsibility for that, TBD-6000, see, we  
21 have got this stuff and we've done things on  
22 these 13 issues, but there's no feedback right

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1 now.

2 CHAIR MUNN: Right, but --

3 MEMBER ZIEMER: And we need to be  
4 able to get into the system because we have  
5 responses on all of these. We have NIOSH  
6 responses and we have our matrix in which  
7 those things have been entered. That all  
8 needs to be put into this system, I think.

9 MR. KATZ: Yes. And to get to  
10 Emily's point, I don't think anything is  
11 messed with really with transfers, either,  
12 because it will be indicated that it's a  
13 transfer.

14 MEMBER ZIEMER: Right.

15 MR. KATZ: So you'll still have  
16 those that aren't transferred and those that  
17 are, and you know that those aren't  
18 transferred and belong to the Subcommittee,  
19 and those that are --

20 MS. HOWELL: Right, but I guess my  
21 concern is at one point Steve was saying that,  
22 once the other groups started messing with it,

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1 it would disappear from that transferred  
2 column.

3 MR. MARSCHKE: Why? I mean if  
4 Paul's Work Group decides to take his 13 or  
5 some of his 13 and they've been transferred to  
6 his Work Group, and put them over to "in  
7 progress," the system would have to know that  
8 they're in different status in different Work  
9 Groups.

10 MS. HOWELL: I mean, couldn't you  
11 have this screen for each --

12 MR. MARSCHKE: Are you going to  
13 have different statuses in different Work  
14 Groups, or are you going to have one status  
15 across the board for all Work Groups?

16 MEMBER ZIEMER: Well, I suppose  
17 you could have a sort on here that pulled out  
18 the transferred items, like the first one, and  
19 then gave their status separately. But, in  
20 any event, suppose -- well, it's pretty clear.  
21 Thirteen findings, they've all been  
22 transferred. Then, if they're in progress, if

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1 they're closed, it ought to show up here.

2 CHAIR MUNN: Well, no. No, no.

3 DR. MAURO: The transfer, you have  
4 to know it's been -- we're not doing it.

5 MEMBER ZIEMER: Yes.

6 CHAIR MUNN: No.

7 MEMBER ZIEMER: It may need a  
8 subset of the transfer, yes.

9 CHAIR MUNN: That really is going  
10 to muddy the water, if we do that. No, from  
11 this Subcommittee's point of view, they're  
12 transferred. They're that other  
13 organization's problem. They will work those  
14 issues, and if they close any of those issues  
15 and respond to us that they are closed and how  
16 they are closed, then we can close them in  
17 ours, too.

18 But whatever status they are in  
19 that other organization is what status they  
20 are in that other organization. From our  
21 point of view, they have been transferred.

22 MR. MARSCHKE: So you have to have

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1 status, it has got to be linked to Work Group.

2 CHAIR MUNN: The Work Group that  
3 has the responsibility for it may report to us  
4 at any time what they have, how they have  
5 proceeded and whether or not they have closed  
6 something.

7 MR. MARSCHKE: I'm just saying, if  
8 they are using this database -- I mean, you  
9 want to keep this transferred status always  
10 for this Subcommittee --

11 CHAIR MUNN: Yes.

12 MR. MARSCHKE: -- regardless of  
13 what the Work Group does. So there has to be  
14 two; there has to be one set of statuses for  
15 this Subcommittee and a second set of statuses  
16 for the Work Group.

17 CHAIR MUNN: And that is just  
18 confusing as the dickens. If you want to have  
19 a different table for the Work Group, that's  
20 fine.

21 MR. MARSCHKE: Exactly.

22 CHAIR MUNN: Wait, wait, wait.

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1 MR. MARSCHKE: No, I mean the  
2 table, I'm just thinking about how you would  
3 program it. Right now, I'm sure they don't  
4 have it programmed for dual statuses.

5 CHAIR MUNN: No, I'm sure not.

6 DR. MAURO: Listen, I'm going to  
7 put Paul's hat on. Okay? Paul now knows  
8 there's a table here, and he knows that he has  
9 TBD-6000 and --

10 MEMBER ZIEMER: And we have some  
11 closed items.

12 DR. MAURO: And you're working the  
13 problem. You're working the problem.

14 MEMBER ZIEMER: Yes.

15 DR. MAURO: Now as far as I'm  
16 concerned, if you want that knowledge and  
17 information and history that has been  
18 developed under your Work Group somehow to be  
19 captured here because it's convenient, and  
20 you'd like it be accessible by anyone who  
21 wants to look at it on the whole Board, great.  
22 Or you may decide, no, I don't want to do it

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1 that way; I'm going to keep my own. Then you  
2 do it that way.

3 It's sort of like -- it's almost  
4 like this Subcommittee, because it happens to  
5 have this tool, and it might be useful for  
6 other people as a place for keeping track of  
7 information, great. But I could see Mark  
8 saying, "Listen, I don't want to do that." I  
9 know Mark likes his tracking system, and he  
10 doesn't quite trust this one yet. And I  
11 respect that.

12 CHAIR MUNN: Yes.

13 DR. MAURO: And he may never -- I  
14 mean, to me --

15 MR. MARSCHKE: This is a document-  
16 driven database.

17 DR. MAURO: Right.

18 MR. MARSCHKE: The document is the  
19 primary driver in here. It's not the issues.  
20 So, basically, everything is linked to the  
21 document --

22 DR. MAURO: Right.

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1 MR. MARSCHKE: -- as I understand  
2 the way this database is set up. So that  
3 means the document has got to have two sets of  
4 statuses associated with it.

5 DR. MAURO: Yes, but we don't have  
6 to be the keeper of Paul's --

7 MR. MARSCHKE: You don't  
8 necessarily have to be the keeper of it,  
9 but --

10 DR. MAURO: If Paul wants to keep  
11 the records himself and have his own, and  
12 report back to the full Board, I mean --

13 CHAIR MUNN: It's an option.

14 DR. MAURO: -- this is an option.

15 CHAIR MUNN: It's an option.

16 DR. MAURO: It's an option, yes.

17 CHAIR MUNN: And I will  
18 incorporate that in my letter, my transfer  
19 letter.

20 And in the meantime, the big thing  
21 that I'm looking for is a heart-to-heart with  
22 IT about what they can do in terms of the

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1 platform and the other Work Groups and  
2 Subcommittees.

3 DR. MAURO: You know, the only  
4 thing, I really like the idea that once you  
5 close issues and you've resolved them, you'd  
6 like it to get into this historical record-  
7 tracking system, get it in here because you  
8 think it's good for the program. We still  
9 have it on the table. Well, then, of course,  
10 Paul can do one of two things, the paper  
11 approach or, Paul, you go right in there and  
12 have someone go in and load it. I mean that's  
13 the issue there.

14 MEMBER ZIEMER: Okay, but let me  
15 complicate your system. So in those 13  
16 findings, there are some issues which are  
17 generic.

18 DR. MAURO: And they go someplace  
19 else.

20 MEMBER ZIEMER: And they have  
21 been, in a sense, retransferred. So it can  
22 get a little messy. But it would be useful to

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1 be able to look at this and say, you know,  
2 those 13 findings have been transferred, and  
3 seven of them are closed, and so on. But how  
4 do we distinguish that, whether or not I'm in  
5 this system or not? My preference would be  
6 that we would work in this system. This is  
7 personal preference, and if it's Mike's Work  
8 Group, work in this system. And as you closed  
9 your items, it would automatically show up  
10 here as a closed item.

11 MR. MARSCHKE: I think that's  
12 better.

13 MEMBER ZIEMER: Do you know what  
14 I'm saying?

15 MR. MARSCHKE: I like that piece.

16 MEMBER ZIEMER: Or if we said it's  
17 in abeyance, it would show up automatically  
18 because it would be in the system. Now how we  
19 would distinguish that between what this  
20 Subcommittee actually did versus what the Work  
21 Group did? I think we need to think about  
22 that a little bit.

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1 MR. MARSCHKE: I'll go back to  
2 that screen.

3 DR. ULSH: Battelle 6000. We had  
4 started out here.

5 MEMBER ZIEMER: Right.

6 DR. ULSH: And then, at some  
7 point --

8 MEMBER ZIEMER: Well, actually,  
9 I'm not sure it did start out here, but --

10 MR. MARSCHKE: It started here. I  
11 think it started here before there was a Work  
12 Group.

13 MEMBER ZIEMER: Oh, yes, that's  
14 right.

15 DR. ULSH: So it started here, and  
16 then at some point this Subcommittee  
17 transferred it to Paul's Working group.

18 MEMBER ZIEMER: Right.

19 DR. ULSH: And at that point, it  
20 becomes his issue.

21 MEMBER ZIEMER: Right.

22 DR. ULSH: So Paul said there are

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1 13 findings, and since it's his committee's  
2 responsibility, when they close an issue, he  
3 can go into this, if his Subcommittee or  
4 Working Group decides to use this system, he  
5 can go in and say closed. And that will show  
6 here as closed.

7 Alternatively, let's say another  
8 document, it started out here, and it went to  
9 one of the Subcommittees or Working Groups  
10 that Mark Griffon chairs. He doesn't like  
11 this system, prefers his own. Well, then, he  
12 can't change anything. He's going to have to  
13 report back to Wanda, as we talked about, and  
14 say, "Hey, Wanda, we've closed this. Here's  
15 why. Can you go into the system and mark it  
16 changed?"

17 Now that's going to be, obviously,  
18 an incentive for all of your Working Groups to  
19 actually adopt this system.

20 But as Steve said, this is a  
21 document-driven process. I mean either the  
22 document resides here or has been transferred

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1 to somewhere else. And when Paul's Working  
2 Group goes in and closes it, what you're going  
3 to see when you pull this document up is the  
4 history. Up until here, here's the actions of  
5 the Procedures Subcommittee. Boom, it got  
6 transferred to Paul's Working Group. Here's  
7 what they did, and, finally, it's closed. And  
8 it will show that that committee closed it.  
9 So that record is there.

10 I think that might address your  
11 concern, Emily.

12 DR. MAURO: I think that I would  
13 like to add a little bit to that. I agree  
14 it's document-driven, but the way in which  
15 documents got here, they found themselves  
16 here, it was sort of a little arbitrary. You  
17 know, we've got some Y-12 documents here.  
18 We've got TBD-6000. We've got some Savannah  
19 Rivers. And the reality is I know why they're  
20 there. They got there; there's a history to  
21 that. So it wasn't by design. It just so  
22 happened this is where the home that they

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1 found themselves.

2 MR. MARSCHKE: No.

3 DR. MAURO: Yes, they did. I  
4 remember how. I was there from the beginning,  
5 and they found their way in here. But then as  
6 we moved through, Mark pointed out, he said,  
7 "Listen. Wait a minute. Hold the presses.  
8 Why are you guys reviewing the Y-12 procedure  
9 on coworker models? We reviewed that." And  
10 he's right. Oh, it wasn't Y-12. It was Rocky  
11 Flats.

12 But wait, wait, wait. So you're  
13 saying -- no, this is not a document -- this  
14 was originally conceived, I'm sorry,  
15 originally conceived as a convenient tool to  
16 help the Procedures Work Group work through  
17 the issues resolution on over 500 issues for  
18 about 100 procedures. That was the  
19 responsibility of this group.

20 Then, along the way, it dawned on  
21 us, boy, we've got a bunch of documents in our  
22 system that we shouldn't have. They really

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1 belong to somebody else.

2 Now our next phase -- well, wait a  
3 minute. The very fact that we allowed the  
4 process to mature to where it is, we've got a  
5 great tool.

6 And I see Steve nodding his head  
7 that now this could serve many people, have  
8 many masters. In other words, we happen to  
9 have a tool that maybe turns out it could  
10 become more than just the Procedures  
11 Subcommittee's vehicle for tracking its own  
12 issues. Maybe it could be used as a tool that  
13 could track documents, not only the documents  
14 that are originally in there, but maybe we  
15 could even start adding in documents that come  
16 from completely different Work Groups.

17 MR. MARSCHKE: John, John --

18 DR. MAURO: Tell me where I'm  
19 wrong on that.

20 MR. MARSCHKE: You're wrong  
21 because you're talking about the previous  
22 database. You're talking about the database

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1 that used to exist in Access.

2 This database is totally document-  
3 driven. All the documents that NIOSH produces  
4 is in this database in one form or another.

5 DR. MAURO: Do we want that?  
6 That's great, but --

7 MR. MARSCHKE: And they've been  
8 assigned, these documents, these 91 documents,  
9 if you go back to the original screen here,  
10 these 91 documents, at the last meeting Leroy  
11 showed us how to assign documents to this  
12 particular Subcommittee or Work Group. So 91  
13 of the entire inventory of documents have been  
14 assigned to this Work Group.

15 Then when Brant and I say this is  
16 a document-driven database, that's what we're  
17 meaning when we're saying the database itself  
18 is document-driven.

19 DR. MAURO: Okay.

20 MR. MARSCHKE: In the Access  
21 database, it was issue-driven or finding-  
22 driven, and the findings were the key things

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1 that were put in. In this document, it's  
2 document-driven. Each document has a type, a  
3 status of the document, who it's been assigned  
4 to, who is its primary author, and a whole  
5 bunch of other information.

6 If you go to this screen, which  
7 we're talking about getting rid of, there's a  
8 whole bunch of information in here which  
9 identifies what's going on with that document,  
10 who the document is, who the review manager  
11 is, who the administration manager is.

12 So that's what we're saying. When  
13 it's a document-driven database, that's what  
14 we're saying.

15 DR. MAURO: So a tool was  
16 developed by NIOSH in the transition that is  
17 much, much more powerful than, I guess, was  
18 ever intended.

19 MR. MARSCHKE: Much, much more  
20 powerful than the Access database.

21 MR. HINNEFELD: It was an existing  
22 application that we had.

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1 DR. MAURO: Okay. We're in this  
2 funny place. We have a tool that, in theory,  
3 could be the universal fix for tracking all  
4 issues on every Work Group everywhere in an  
5 integrated fashion, which is wonderful, which  
6 I think was Lew Wade's dream four years ago.  
7 And we're moving in that direction. This work  
8 product that you folks put out is taking many  
9 steps in that direction.

10 I will sit silently now because  
11 we're in a new realm now that I never thought  
12 about.

13 CHAIR MUNN: And if that is our  
14 intent, to actually have every procedure that  
15 exists in this database, whether or not it's  
16 assigned to anyone, then it seems to me that  
17 even contemplating the removal of this  
18 particular page would be a mistake because  
19 this particular page then becomes crucial to  
20 understanding where the action is on any  
21 document.

22 MR. MARSCHKE: I agree with you,

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1 Wanda. I think we should be able to maintain  
2 the capability of pulling up this page. I  
3 don't know if we want to be able to force  
4 everybody to every time they want to look at  
5 the responses to go through this page.

6 MEMBER ZIEMER: To go through that  
7 step.

8 CHAIR MUNN: If that's the only  
9 extraneous step anybody has to take, then --

10 MR. MARSCHKE: But when you're  
11 putting in some three dozen worth, when you do  
12 that stuff all afternoon, it's --

13 CHAIR MUNN: Well, I think we have  
14 a fair grasp of where I'm going to go between  
15 now and the time we meet next. We all know  
16 this is not going to happen in one or two  
17 meetings. This is going a long way.

18 MR. KATZ: But just one  
19 clarification that might be helpful.

20 CHAIR MUNN: Yes.

21 MR. HINNEFELD: I wanted to ask  
22 one thing that's going to help me explain this

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1 to the TST folks some things. I want to make  
2 sure that I'm clear on the status and Work  
3 Group-specific status because here's what I'm  
4 thinking.

5 We ran that report. We have had a  
6 report up there of finding status by  
7 procedure, and on TBD-6000 there were 13  
8 transfers. So when we look up there, we see  
9 13 transfers. We don't have to worry about  
10 it.

11 CHAIR MUNN: Okay.

12 MR. HINNEFELD: If the TBD-6000  
13 Work Group, then, starts using this database  
14 and says, okay, well, first of all, in order  
15 to track them for us, we want to call them  
16 imported. Isn't that what we decided was the  
17 status for something that you receive from  
18 some other entity?

19 CHAIR MUNN: Right. Yes, that's  
20 why we did the --

21 MR. HINNEFELD: Okay. So for us  
22 they're starting to import it. Then when we

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1 talk about them the first time, they're going  
2 to be in progress. Now if that is the status  
3 for that finding, then when we meet again and  
4 we open up this report, we're going to see  
5 we've got five findings in progress for  
6 TBD-6000; we'd better go see what we have to  
7 do on those findings.

8 So, to me, it sounds as if we  
9 need, like Steve was commenting earlier, a  
10 Work Group-specific status for each finding.  
11 So when a Work Group, when they get the  
12 responsibility for something, the status for  
13 that Work Group goes along with that  
14 assignment. Okay? Is everybody in agreement  
15 on that? Because I don't see another way to  
16 do it.

17 Then you would have to pick, when  
18 you log in, you have to pick for you and me,  
19 or for me and Brant, who can write to several  
20 of these, we've got to pick who are we today.

21 Am I the administrator for the Subcommittee  
22 for Dose Reconstruction or Subcommittee for

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1 Procedures or for Rocky Flats.

2 MR. MARSCHKE: And then Paul threw  
3 in the extra curve in that he's transferring  
4 some of the 13, he's retransferring some of  
5 them to another Work Group.

6 MR. HINNEFELD: Yes. Well, that's  
7 okay, though. I mean once you've got the  
8 capability, then you make that assignment in  
9 the database, and when you make that  
10 assignment, it says, okay, what's the status  
11 of this new date in this new Work Group.

12 I mean, to me, that's done at  
13 assignment, you know, opening up that, but  
14 I'll let the TST guys figure out how they're  
15 going to do that.

16 CHAIR MUNN: Our whole  
17 conversation here has been about control. Who  
18 has control of what? And we all want control.  
19 There's no question about it. Everybody  
20 wants control.

21 I think we're going to have to  
22 make some administrative decisions about who

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1 has control and how we're going to deal with  
2 it. For the time being, as I said, I'm going  
3 to do this interim thing. We can change it as  
4 we go along. If the concept of control  
5 develops in such a way that we decide it's  
6 going to be diffuse and everybody has control  
7 of everything, then so be it. But for the  
8 time being, this Chair does not want to lose  
9 control of what this specific group has the  
10 responsibility for.

11 So that's the way I'm going to  
12 write the transfer letters after I have talked  
13 to the IT people. But until I talk to the IT  
14 people, nothing more is going to happen.

15 I think we've beaten it to death.  
16 We're all ready for a break, I'm quite sure.  
17 Let's take 15.

18 MEMBER LEMEN: Can I say one last  
19 thing before?

20 CHAIR MUNN: Yes, please do.

21 MEMBER LEMEN: Because I haven't  
22 spoken on it. I've listened for three

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1 meetings now.

2           It seems to me like we've got a  
3 hydra with a multiple number of legs that we  
4 don't know how to get a hold of. It seems to  
5 me that maybe the next step would be for you  
6 to write your letter, bring it back after  
7 you've talked to the IT people to this Board,  
8 and let us review it at our next meeting.

9           Then all of us could think of how  
10 we might simplify this. Because it seems to  
11 me that it is so complicated at the present  
12 time, that we're going in so many different  
13 directions, I'm not sure any of us really know  
14 what we're doing on this right now.

15           And I would like to see you take  
16 the next step, do what you just proposed, and  
17 then table this until the next meeting after  
18 you talk to the IT person. Bring your letter  
19 of transfer back and see if we can get a  
20 better handle on this.

21           Does that make sense to anybody?

22           CHAIR MUNN: I'm fine with that.

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1                   MEMBER GIBSON:     Can I make one  
2 more comment before break also?

3                   CHAIR MUNN:     Yes.

4                   MEMBER GIBSON:     You know, I agree  
5 with Dick. It seems to be more complicated  
6 than maybe it needs to be.

7                   But I was talking about giving my  
8 opinion about Work Groups having accessibility  
9 to this database and stuff, I didn't mean in  
10 any way that -- here's the way I just see  
11 things in my mind. They would have  
12 accessibility to the database, have all the  
13 historical documents and everything else.  
14 They couldn't change the past. And as it  
15 lists on your screen, certain procedures or  
16 certain issues have been transferred, and they  
17 stay that way, and no one messes with that.

18                  If I have internal Work Group  
19 meetings, you know, say Worker Outreach,  
20 whatever, our internal deliberations and our  
21 interim thoughts, and this and that, none of  
22 that touches the database until the issue is

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1 closed. That's the only time that the system  
2 will be breached, so to speak, from  
3 Procedures' control of the group. It is just  
4 to be used as an asset and not something to be  
5 meddled with in the interim.

6 Am I seeing this wrong? Or does  
7 that make sense?

8 DR. ULSH: Mike, this is Brant.

9 If you think about individual  
10 findings, there are a number of things that  
11 happen before an item is closed. So say, for  
12 instance, you have a document that NIOSH  
13 writes. SC&A reviews it and comes up with a  
14 couple of findings. Let's just make it two  
15 findings for now.

16 Well, then NIOSH responds to that  
17 finding, and then SC&A responds to that, and  
18 there's a number of iterations. So each of  
19 those iterations is captured in the database,  
20 until eventually, hopefully, we come to  
21 agreement and the Working Group says, okay,  
22 good enough; it's closed now.

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1                   So all that interim history has to  
2                   be captured in there, too.

3                   MEMBER GIBSON: I guess that's my  
4                   question. Or maybe it's my lack of  
5                   understanding.

6                   Yes, all that needs to be  
7                   captured, and that's what I wanted; that's  
8                   what I mentioned earlier today. But when does  
9                   all that go in? Does it go in when a Work  
10                  Group says closed? Boom, it's entered in the  
11                  system. To me, it doesn't seem like all of  
12                  that history has to be updated periodically.  
13                  It can just stay in the Subcommittee and the  
14                  Work Group's level until the issue is closed,  
15                  and then the history is one big lump to be put  
16                  into the system.

17                  MR. MARSCHKE: Well, that's kind  
18                  of what I was alluding to when I said, you  
19                  know, when your Work Group closes out an  
20                  issue, you could tell Wanda that it's been  
21                  closed and provide her with the reasons why  
22                  it's been closed, and those reasons would then

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1 be entered into the database however you want  
2 to enter them, as a PDF file attachment or  
3 directly into the database. But you give  
4 Wanda a reason, and then it would just be  
5 simply entered into the database as closed and  
6 this is the reason why. It could have the  
7 whole history associated with it, with the  
8 discussions that took place in your Work  
9 Group.

10 MEMBER GIBSON: And I understand  
11 that, Steve, but I'm just saying, you know,  
12 whether it's going into my personal computer  
13 and generating that history and emailing it to  
14 Wanda, and Wanda gives it to IT people and  
15 they put it into the system, or whether it  
16 just happens below the radar, it just seems  
17 like a simpler way to do things.

18 DR. MAURO: This is John.

19 One point. An archive is needed.

20 I don't care whether we're talking about the  
21 Procedures or the DR or the PR, the Outreach,  
22 an archive is essential for all the work all

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1 the Work Groups and Subcommittees do. That's  
2 a given.

3 Now the real question we're asking  
4 is right now this Procedures Subcommittee has  
5 matured with regard to the archiving process,  
6 to a point where we're probably out in front  
7 of the rest of the Subcommittees and the other  
8 Work Groups because we've invested a lot of  
9 time in here.

10 So in effect, we are almost like  
11 or we have developed a way to archive. But  
12 that doesn't mean that everybody else has to  
13 archive also; in some respect because that  
14 record is needed. The only question we're  
15 asking now is are we at a point in the process  
16 where it's time to seriously consider how  
17 we're going to transition and take advantage  
18 of this sophisticated archiving method that  
19 we're currently using for the Procedures  
20 Subcommittee and extend it to the entire  
21 program?

22 It sounds like, Mike, you're ready

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1 to extend it into your outreach program right  
2 away. Mark is thinking about it. And we  
3 really haven't even spoken to any of the other  
4 Work Groups on the site-specific one.

5 But we are at a transition right  
6 now. I think that's where we are.

7 Wanda, you're concerned that in  
8 the transition you don't want anybody to break  
9 the archiving that we're trying to do.

10 CHAIR MUNN: Exactly.

11 DR. MAURO: So we have to be  
12 careful not to, in the process of  
13 transitioning, to making this archive  
14 universal, we don't damage the work that's  
15 being done on the Subcommittee for Procedures.

16 I think that's where the essence is.

17 So this becomes Board-wide  
18 because, all of a sudden, this archive and its  
19 tool is something that is being offered up to  
20 the entire Board.

21 CHAIR MUNN: Let's come back in 15  
22 minutes.

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1 MR. KATZ: So it's almost quarter  
2 of.

3 CHAIR MUNN: Twenty 'til 12:00, 20  
4 'til.

5 MR. KATZ: I'm just putting the  
6 phone on mute, folks.

7 (Whereupon, the above-entitled  
8 matter went off the record at 11:26 a.m. and  
9 resumed at 11:46 a.m.)

10 CHAIR MUNN: Let's get back  
11 online.

12 The first thing, I want Stu to  
13 make that recommendation so that we can move  
14 forward from that. Then we are going to take  
15 up the archive documents.

16 MR. KATZ: Okay. Brant?

17 CHAIR MUNN: Brant's here. He's  
18 in here.

19 MR. KATZ: Okay. We're back  
20 online.

21 Do I have you, Mike, on the line?

22 MEMBER GIBSON: Yes, I'm here,

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1 Ted.

2 MR. KATZ: Great.

3 And how about Mark? Have you  
4 joined us?

5 (No response.)

6 Okay.

7 CHAIR MUNN: We have so many  
8 details here that we simply cannot work out in  
9 a meeting this size, and it is going to keep  
10 us away from our agenda if we keep beating on  
11 it.

12 So I think Stu has a  
13 recommendation I think we should certainly  
14 approve and move forward.

15 Stu?

16 MR. HINNEFELD: Well, yes, I would  
17 like to suggest that, rather than try to  
18 thrash this out in a Subcommittee meeting,  
19 that we get Steve and Brant and me, and  
20 probably somebody from ORAU, probably Elyse,  
21 and our TST folks together in Cincinnati,  
22 since Steve is the only one that has to travel

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1 to Cincinnati, and sort out the kinds of  
2 things we're dealing with here and how this  
3 will be designed.

4 Because I suspect there's going to  
5 be some redesign they are going to have to do  
6 here in order to do everything you want to do,  
7 and just have that as a separate conversation.

8 Then we will come back to the Subcommittee  
9 and say we intend to accomplish all these  
10 things, and this is what it is going to mean  
11 in terms of our utilization of the database.

12 CHAIR MUNN: Does anyone have any  
13 heartburn with that?

14 MEMBER ZIEMER: Sounds good.

15 CHAIR MUNN: If not, we are  
16 instructing those individuals to go forward  
17 and do exactly that thing. We will have it as  
18 a primary agenda item at our next meeting,  
19 whenever that is. And we'll look forward to  
20 hearing from you at that time.

21 Now let's move to our discussion  
22 and proposed approval of the two-page archive

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1 formatting content. I think everybody's  
2 familiar with the history of this particular  
3 item and don't want to belabor it, just thank  
4 SC&A for giving us this straw man to start  
5 with.

6 Thanks especially to Dick and to  
7 Paul and, ultimately, to John for helping us  
8 come to the point where we have a draft that  
9 we believe is going to work.

10 The concept that is being proposed  
11 here is that we establish a new public access  
12 page on OCAS -- DCAS's web page, which gives  
13 summaries of what we have done here.

14 The first, we have two documents  
15 that we have produced, one of which is the  
16 introduction. When a person goes to these  
17 summary pages to see what's transpired with  
18 these documents, they will see the  
19 introduction page. Since the introduction  
20 page is almost entirely boilerplate, there  
21 isn't going to be much change in what that  
22 says.

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1                   We have proposed wording for the  
2                   introduction that essentially talks about the  
3                   Act and about the technical reviews that are  
4                   performed as a result of it, and then list the  
5                   completed NIOSH radiation procedure reviews.

6                   The one that we opted for as our  
7                   straw man was a short and simple one, OTIB-3,  
8                   Savannah River Site Tritium Dose Assessment.

9                   MR. MARSCHKE: I don't know that I  
10                  have it, Wanda. I apologize.

11                 CHAIR MUNN: Do you not have it?

12                 MR. MARSCHKE: I don't think I  
13                  have it.

14                 CHAIR MUNN: Let me send it to  
15                  you.

16                 MR. MARSCHKE: Oh, wait a minute.  
17                  Maybe this is -- but I don't know if it's the  
18                  version that was done in May.

19                 CHAIR MUNN: Yes, keep going.  
20                  Introduction. There you go.

21                 MR. KATZ: But this isn't current,  
22                  I think.

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1 MR. MARSCHKE: Is this current?

2 Or is this the version that we did in May?

3 CHAIR MUNN: I believe that's the  
4 version that you did to begin with.

5 MEMBER ZIEMER: We have a draft of  
6 just the introduction that Wanda distributed  
7 last week.

8 DR. ULSH: On 7/21, Wanda sent it.

9 MR. MARSCHKE: I don't know. If  
10 she sent it to my non-CDC email --

11 CHAIR MUNN: Yes, I did.

12 MR. MARSCHKE: And I don't have  
13 access to those.

14 CHAIR MUNN: Oh, I'm sorry about  
15 that.

16 DR. ULSH: I can forward this, if  
17 you tell me where to forward it to, Steve.

18 MR. MARSCHKE: It should be,  
19 basically --

20 MR. HINNEFELD: It's going to CDC.

21 MR. MARSCHKE: Just Steve Marschke  
22 at CDC or Marschke at CDC.

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1 DR. ULSH: I got it.

2 CHAIR MUNN: Thank you very much,  
3 Brant.

4 There are two files. One is the  
5 intro, and one is OTIB-3 itself. I have  
6 distributed this to the entire Subcommittee  
7 with the expectation that anyone who had any  
8 grief of any kind would get back to me. I  
9 have heard not a word.

10 MEMBER LEMEN: Because it's such a  
11 work of art that Paul and I --

12 CHAIR MUNN: It is such a work of  
13 art, I don't see how anyone can possibly take  
14 any exception to anything except my spelling.

15 MEMBER ZIEMER: Yes, there was a  
16 spelling issue.

17 CHAIR MUNN: Yes, which even  
18 WordPerfect pointed out to me, I mean Word  
19 pointed out to me, and you see how long I've  
20 been around. That's been changed.

21 If we have no problem today with  
22 that document, then it is my expectation that

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1 that document will go forward to the Board at  
2 its next meeting.

3 MEMBER ZIEMER: That's the intro  
4 page that you're talking about?

5 CHAIR MUNN: That's the intro  
6 page, yes, the first thing people will see  
7 when they pull this site up from our public  
8 domain.

9 MEMBER LEMEN: The spelling error  
10 you had was radiation?

11 CHAIR MUNN: Radiation, yes.

12 MR. MARSCHKE: There was another  
13 one below -- it needed spacing. The only  
14 reason I know that is because Word pointed it  
15 out to me.

16 CHAIR MUNN: Yes. If I had only  
17 looked at the red marks, I would understand  
18 what it was saying.

19 All right. With no objection, we  
20 will propose that it be presented to the Board  
21 at Idaho Falls.

22 The next item that we have, then,

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1 would be the document itself. I think I'm  
2 having a hard time getting out of this  
3 document. It doesn't want me to go.

4 MEMBER LEMEN: That's probably  
5 because you made the changes and it wants you  
6 to stay with some of those.

7 CHAIR MUNN: Probably so.  
8 Probably so.

9 MEMBER LEMEN: Just say no and it  
10 will let you out.

11 CHAIR MUNN: Yes. Okay. Strange,  
12 but true.

13 And then the final archive  
14 procedure document, which we have presented  
15 here primarily as a template for SC&A to  
16 follow in their continuing projects with  
17 these, indicating the level of language, the  
18 depth of explanation, and the information on  
19 distribution of the findings.

20 I've had no feedback with respect  
21 to that. I'm assuming that it's all right  
22 with everyone here and on the phone. And

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1       barring any comment to the contrary, that  
2       document also will be presented to the Board  
3       --

4                   MEMBER LEMEN:     I would just want  
5       one small thing --

6                   CHAIR MUNN:     Yes.

7                   MEMBER LEMEN:     -- that at least  
8       mine picked up. I think we should probably  
9       put at the second full paragraph at the bottom  
10      where it says, "However, dose is estimated at  
11      only." Do you see that?

12                   MEMBER ZIEMER:    What page is that?

13                   CHAIR MUNN:     It's the first page.

14                   MEMBER LEMEN:     The first page,  
15      right down where it says, "However, dose."  
16      Either put an "s" on exposures or change  
17      "were" to "was", just to make it grammatically  
18      correct.

19                   CHAIR MUNN:     "S" on exposures.

20                   MEMBER LEMEN:     Just put an "s" on  
21      "exposures," and that will make it  
22      grammatically correct.

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1 CHAIR MUNN: Yes. Thank you.

2 The fourth paragraph, the last  
3 line, "s" on "exposures," exposures plural  
4 rather than exposure singular.

5 Any other comment?

6 It's the fourth one. You will  
7 have it on your second page, "exposures." It  
8 says, "exposure." In the very last line over  
9 here, that last full line, "doses as  
10 exposures."

11 MEMBER ZIEMER: Oh, okay, I'm in  
12 the wrong paragraph.

13 CHAIR MUNN: Yes.

14 MEMBER ZIEMER: Okay, I've got  
15 you.

16 CHAIR MUNN: There it is.

17 MEMBER LEMEN: You need to put a  
18 space in there, too, whoever's got control of  
19 that cursor.

20 CHAIR MUNN: Yes.

21 MEMBER LEMEN: Oh, it's already  
22 there.

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1 MR. MARSCHKE: It's got it.

2 MEMBER LEMEN: The cursor was  
3 covering up the space.

4 CHAIR MUNN: All right. That's  
5 what's going to the Board. I will actually  
6 send it out to the full Board electronically  
7 tomorrow, so that they will have an  
8 opportunity to review it before we get there.

9 MEMBER ZIEMER: Can I make a  
10 comment?

11 CHAIR MUNN: Oh, yes, please do.

12 MEMBER ZIEMER: Just in general,  
13 and I think SC&A has probably identified how  
14 this was changed, but I just wanted to  
15 emphasize for the record, one of the things  
16 that the three of us tried to do, Dick and  
17 Wanda and me, was to get rid of as many  
18 acronyms as we could. You probably noticed  
19 that. So it is pretty much acronym-free,  
20 except for the actual identity of the  
21 documents, which we didn't even like that, but  
22 that's the name of the document, so it's got

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1 to be there. So that was sort of one of the  
2 principles on these shortening things, get rid  
3 of acronyms, if possible. And I had some non-  
4 technical people read the original version,  
5 and that was one of the things that was  
6 confusing.

7 The other thing was that we did  
8 add some explanation, which is really not part  
9 of the original document, but it's a little  
10 tutorial, what are we talking about here? So,  
11 to the extent to which some simple  
12 explanations need to be added that aren't  
13 really part of the document, I mean the --

14 DR. MAURO: I understand.

15 MEMBER ZIEMER: -- that's helpful  
16 in explaining some of those concepts. So  
17 those were sort of two of the principles.  
18 Maybe there was another. Dick was able to  
19 help us with simplifying further. I don't  
20 remember, I guess maybe expanding on an  
21 explanation.

22 CHAIR MUNN: That was kind of

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1 crucial, and we made certain, notice we didn't  
2 lose the numerical technical identifiers, but  
3 we always put it behind the title. The non-  
4 technical folks reading it will want to know  
5 what the title of this document is. We think  
6 of it as OTIB-3; they will think of it, and  
7 should think of it, as the Savannah River Site  
8 Tritium Dose Assessment.

9 All right. Thank you all very  
10 much.

11 Next --

12 DR. MAURO: I'm sorry, Wanda,  
13 before we proceed, I guess my question is  
14 this. Is it your plan to discuss this draft  
15 with the full Board, and then during the full  
16 Board meeting is it the plan to authorize SC&A  
17 to do a few more of these?

18 CHAIR MUNN: Yes. As a matter of  
19 fact, I think we have already talked about  
20 what you have on your plate ready to go. I  
21 don't expect to talk about it a great deal on  
22 the Board. They will already have had the

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1 document and my letter of explanation, which I  
2 think will make clear why we have done some of  
3 the things we have done, essentially what Paul  
4 said.

5 DR. MAURO: There are about 50. I  
6 believe it went up to, on the summary sheet,  
7 there are about 50 that have been closed.

8 CHAIR MUNN: That's good.

9 DR. MAURO: Yes, and are there any  
10 of those you want to authorize SC&A to do?  
11 You may want to prioritize. In other words,  
12 Michael was picking DR reviews. How did you  
13 want us to do it?

14 CHAIR MUNN: Yes. Well, as the  
15 Board wants to proceed, that's fine with me.  
16 We're ready for you to go out and fill in the  
17 second page with titles, if that's what the  
18 Board wants to do.

19 MEMBER ZIEMER: I'm trying to  
20 recall whether or not, in principle, this has  
21 already been tasked. Can you help us on that,  
22 Ted?

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1 I think the issue was, what is it  
2 going to look like? I think I'm fairly  
3 confident that the Board will be comfortable  
4 with this. They might fiddle with it a little  
5 bit, but this seems to be the approach.

6 Is there any reason why SC&A  
7 shouldn't start? We may need to wait several  
8 weeks until some --

9 MR. KATZ: I think it might be  
10 useful to present this, give the Board a  
11 chance to say there are certain things they  
12 would like that are not done with this. But,  
13 otherwise, in terms of actually tasking them  
14 to produce the rest of the reports, the Board  
15 doesn't need to do that. I mean that can be  
16 done. It's sort of --

17 MEMBER ZIEMER: I'm just thinking  
18 they can get underway.

19 MR. KATZ: Yes.

20 MEMBER ZIEMER: You certainly know  
21 what it's going to look like. And once the  
22 Board meets, if there's additional tweaking --

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1 you're not going to do 50 of them in the next  
2 two weeks anyway.

3 DR. MAURO: No. But, I mean, I  
4 guess there was some discussion at one time  
5 and the thought was, yes, we will knock off 50  
6 over the next few months. Or do you want us  
7 to start now and do a few, pick the ones you  
8 would like us to do first, or just let it rip?

9 MR. KATZ: I mean I think it  
10 wouldn't be a bad idea to do five or ten and  
11 take a look at those, and see if they're on  
12 track before you unload a huge number and  
13 people start reading them and saying, "Hey, we  
14 would like these to match up with what was  
15 accomplished with Savannah River Site  
16 document, or whatever.

17 So it seems to me sensible to have  
18 a reasonable number as a starter group, just  
19 to make certain everybody's happy with the  
20 nature of the summaries.

21 DR. MAURO: That being the case,  
22 do you want to authorize SC&A now to go

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1 identify five that we think would serve that  
2 purpose and start work on it?

3 MR. KATZ: I think that would be  
4 fine.

5 DR. MAURO: To be tasked to do it?

6 CHAIR MUNN: Why not?

7 DR. MAURO: We'll pick the five.  
8 We will circulate it to the Work Group,  
9 "Here's the five we picked," and start work,  
10 and just start work.

11 CHAIR MUNN: Fine.

12 DR. MAURO: So you know what we're  
13 doing.

14 CHAIR MUNN: Fine. Yes. Great.

15 DR. MAURO: Thank you. Thank you.

16 CHAIR MUNN: Thank you.

17 MR. MARSCHKE: Will that be done  
18 by --

19 DR. MAURO: No, we have to see how  
20 much time.

21 MEMBER ZIEMER: Well, but the  
22 first two pages of each of them are already

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1 done.

2 (Laughter.)

3 DR. MAURO: Exactly.

4 MEMBER ZIEMER: No billing --

5 (Laughter.)

6 DR. MAURO: Okay.

7 MEMBER ZIEMER: Well, wait a  
8 minute. They've got to add a line at the  
9 bottom of each one of them.

10 CHAIR MUNN: I hope this is going  
11 to be a very brief item, report on whether  
12 TIB-14 is going to be canceled.

13 Elyse, are you with us?

14 MS. THOMAS: Yes, and it is a very  
15 short item. TIB-14 was canceled, and I did  
16 enter that as a latest NIOSH follow-up comment  
17 in the database.

18 CHAIR MUNN: Good. So it shows on  
19 our screen, right?

20 MS. THOMAS: Right. And when I  
21 get edit capability, I'll correct my typo  
22 there.

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1 CHAIR MUNN: All right. Thank  
2 you, ma'am.

3 Do we want to wait a minute and  
4 actually see that or not? I think we can  
5 assume that it's okay.

6 MR. MARSCHKE: Which one are we  
7 looking at?

8 CHAIR MUNN: TIB-14.

9 DR. ULSH: It's OCAS TIB-14.

10 CHAIR MUNN: I always forget  
11 there's a difference.

12 DR. MAURO: I hate to do this to  
13 you, but could we step one back now?

14 MEMBER ZIEMER: What is going to  
15 happen in it?

16 CHAIR MUNN: It's been canceled.  
17 We're going to look at it to see what it says.

18 DR. MAURO: This is more for Stu.

19 CHAIR MUNN: Yes, John.

20 DR. MAURO: When Stu is working  
21 with Steve and the rest of them, and Leroy, on  
22 this thing, is there going to be a click where

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1 someone could go and say let's go take a look  
2 at the two-pager? What we haven't been doing  
3 is linking the two-pager to the status report.

4 I know I'm going back to before, but it seems  
5 to me it's a natural.

6 CHAIR MUNN: It is a natural.  
7 When it's done, if there's a two-pager, we  
8 should be able to pull it up. I'm delighted  
9 with being able to pull up the original  
10 document. So, somebody please give a gold  
11 star to whoever did that. It's wonderful.

12 MR. MARSCHKE: There were three  
13 issues associated with OCAS TIB- --

14 CHAIR MUNN: Fourteen.

15 MR. MARSCHKE: -- 14, Rocky Flats  
16 Internal Dose Coworker Extension. Is that the  
17 right one?

18 MS. THOMAS: Yes.

19 MR. MARSCHKE: And they are  
20 currently shown in the database as being open.  
21 I see the entry that you made. NIOSH  
22 canceled this document on 6/3/2010. I guess

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1 the question, do we want to, as a  
2 Subcommittee, do we want to add a response  
3 saying that, as of July 26th, we've done  
4 something to this, closed this issue?

5 CHAIR MUNN: Yes. If it has been  
6 canceled, then the issues -- the reason it has  
7 been canceled, of course, did the closure  
8 statements tell us why it's been canceled?

9 DR. ULSH: It has been canceled.  
10 It's the extension of the Rocky Flats Coworker  
11 Model, and that's been incorporated into the  
12 TBD now. So the TIB has been canceled.

13 CHAIR MUNN: And as long as the  
14 statement says why it's canceled --

15 MS. THOMAS: Yes, that statement  
16 is found in the NIOSH initial response.

17 CHAIR MUNN: Okay. In a case like  
18 that, then we can cancel it, and we can show  
19 it as closed.

20 MR. MARSCHKE: Wait a minute.  
21 NIOSH recommended -- NIOSH proposed that the  
22 status of this finding be designated in

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1 abeyance. "NIOSH will instruct the OCAS to  
2 incorporate OCAS TIB-14 into the Rocky Flats  
3 Internal Dose TBD. However, we note that this  
4 comment is not specific and, therefore, very  
5 difficult to address. What does SC&A review  
6 as required but absent" -- okay, they were  
7 asking for a specific on this specific  
8 finding.

9 DR. ULSH: We recommend it in  
10 abeyance because it had not yet been  
11 incorporated into the TBD.

12 MR. MARSCHKE: Yes.

13 DR. ULSH: That has now happened.

14 MR. MARSCHKE: So the question  
15 is --

16 CHAIR MUNN: In Elyse's final  
17 statement there, it seems that it needs to  
18 say, "All issues have been incorporated into  
19 the TBD."

20 MR. MARSCHKE: Does the  
21 Subcommittee want SC&A to go back and look at  
22 the TBD and see whether or not we agree that

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1 the findings have been addressed in the TBD?

2 CHAIR MUNN: That's been inherent  
3 in our instructions in the past, and I would  
4 expect that to happen.

5 DR. MAURO: What I don't know  
6 about is have the issues been resolved. At  
7 the Rocky interactions, whatever that issue  
8 was, has it been discussed and agreed amongst  
9 the Rocky? Because, in effect, what we have  
10 is something that has been transferred. In  
11 other words, it has been transferred from here  
12 to the Rocky Site Profile. And it turns out  
13 the Rocky Site Profile has been revised to  
14 accommodate this issue. The question is it's  
15 in abeyance if really it hasn't been -- it's  
16 been loaded, but if we never got to the  
17 point -- see, things become in abeyance once  
18 we agree in concept, in principle, with the  
19 solution.

20 CHAIR MUNN: That's correct.

21 DR. MAURO: And everybody is happy  
22 with the solution. The only thing we're

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1 waiting on is for it to show up in a new  
2 procedure.

3 CHAIR MUNN: Exactly.

4 DR. MAURO: Now I don't know right  
5 now, if it's in here, whether or not we are in  
6 agreement with that particular issue.

7 MR. MARSCHKE: Well, again, if you  
8 look at the screen --

9 DR. MAURO: Yes.

10 MR. MARSCHKE: -- we've got,  
11 again, I think this is the second issue. And  
12 Elyse gave more information or more  
13 information was provided here, and it says,  
14 basically, the TBD currently states, and then  
15 they indicate what it says relative to the  
16 issue. So, therefore, for this one, NIOSH  
17 proposes that the finding be closed.

18 MS. THOMAS: Yes, this is Elyse  
19 again.

20 The findings were incorporated  
21 into the TBD in 2007, and I'm getting that  
22 information from Mutty, who's on the line. So

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1 he may be able to elaborate on that a little  
2 bit.

3 And maybe I should have been more  
4 specific in my statement and added that. So  
5 that may be something that I can do, if that  
6 would please everyone.

7 CHAIR MUNN: Yes, I think it's a  
8 necessary statement.

9 MR. MARSCHKE: The first and third  
10 issue, if I'm reading it right, NIOSH was  
11 recommending the status be changed to in  
12 abeyance.

13 CHAIR MUNN: In abeyance, as John  
14 says, means everything has been agreed to, but  
15 it hasn't been incorporated in the document.

16 MS. THOMAS: My understanding is  
17 it has been incorporated into the document,  
18 the new document.

19 DR. ULSH: Right, the date that  
20 you're looking at there is 6/18/2010. On  
21 7/22, Elyse typed in, "We canceled that  
22 document."

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1 MS. THOMAS: Yes, the date on the  
2 initial response is a little bit artificial.  
3 Those responses I think were provided; we just  
4 couldn't enter them into the database. They  
5 were provided at an earlier date, but I was  
6 only able to enter them -- that date is a  
7 little bit deceiving for the initial response.

8 MR. MARSCHKE: Well, I'm looking  
9 at the third response and the finding was SC&A  
10 finds the TBD or TIB to be incomplete because  
11 it doesn't address in vitu counting results --  
12 in vivo.

13 And the question is has the TBD --  
14 does it now address the counting results?

15 DR. ULSH: The answer is, yes, it  
16 does, but if you guys want to go verify that,  
17 then that's at the Subcommittee's pleasure.

18 MEMBER ZIEMER: What's the  
19 involvement of the Rocky Flats Work Group on  
20 this? None?

21 MR. HINNEFELD: On these  
22 particular findings?

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1 MEMBER ZIEMER: Right.

2 MR. HINNEFELD: It has direct,  
3 that Work Group opined on the Site Profile and  
4 the revised Site Profile.

5 DR. ULSH: The Rocky Flats Working  
6 Group has been inactive since conclusion of  
7 the SEC process.

8 MR. HINNEFELD: So there has been,  
9 then, no determination that we did, in fact,  
10 appropriately incorporate this information  
11 from the TIB into the Site Profile?

12 DR. ULSH: Right. It has not been  
13 reviewed by the Advisory Board or by SC&A.

14 MR. HINNEFELD: Okay.

15 CHAIR MUNN: Yes, the  
16 incorporation should not certainly be  
17 worked -- the SEC group worked with the TBD  
18 heavily at the time that it was operating.

19 MR. HINNEFELD: Yes. We're kind  
20 of stumbling onto another topic here.  
21 Sometimes the completion of an SEC at a site  
22 kind of stopped the activity of the site,

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1 when, in fact, there were some issues that  
2 maybe the Site Profile -- that question might  
3 be completely irrelevant to these particular  
4 findings, but there are sometimes still Site  
5 Profile issues remaining after the SEC  
6 discussion is completed. I don't know what  
7 the status is here.

8 DR. ULSH: Well, in the case of  
9 Rocky Flats, there were some issues like that,  
10 Stu, that came out of the SEC process but were  
11 determined to be TBD issues --

12 MR. HINNEFELD: Right.

13 DR. ULSH: -- and so, therefore,  
14 off the SEC table. These particular findings  
15 did not come out of that process, I don't  
16 think. I think they came out of SC&A's review  
17 under the auspices of this Subcommittee, I  
18 think.

19 MEMBER ZIEMER: Well, what will be  
20 the status of this if it's incorporated into  
21 ORAUT-TKBS-0011S -- or 00115, I guess that is?  
22 Is that under review?

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1 DR. ULSH: Well, I don't think  
2 that -- I mean it may have been --

3 MEMBER ZIEMER: Is that considered  
4 a procedure, though?

5 DR. MAURO: That is a Site  
6 Profile.

7 MEMBER ZIEMER: So that's the  
8 new --

9 DR. MAURO: Well, see, it was --

10 MEMBER ZIEMER: All right.

11 DR. MAURO: This is a perfect  
12 example.

13 MEMBER ZIEMER: That, though, in  
14 principle -- I'm not talking about this  
15 particular one -- but, in principle, if it  
16 gets incorporated into a new procedure or a  
17 revised Site Profile, in principle, that  
18 eventually is subject to review?

19 MR. KATZ: Yes.

20 MEMBER ZIEMER: So, then, the  
21 question is, do you hold this until it's  
22 confirmed that it's been incorporated? Is

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1 that the question that --

2 DR. MAURO: I think it's deeper  
3 than that.

4 MEMBER ZIEMER: Well, I mean you  
5 weren't giving your opinion on that, but that  
6 was the question that was sort of raised, I  
7 guess.

8 MR. MARSCHKE: The way we have  
9 been doing this previously is if something has  
10 been addressed, if a finding was addressed in  
11 a TBD or a new procedure, the Subcommittee has  
12 given us the leeway, if you will, to review  
13 that TBD or procedure to the extent, to find  
14 out whether or not it does, in fact, address  
15 that issue.

16 MEMBER ZIEMER: Without going into  
17 the full document?

18 MR. MARSCHKE: Without going into  
19 the full document. It's been a very focused  
20 review of the document. So, I mean, from the  
21 point of view or in this example we would go  
22 to TBD Chapter 5 and look to see whether or

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1 not it does, in fact, address these three  
2 issues, and then come back with our  
3 recommendation to the Subcommittee, saying,  
4 yes, even though TIB-14 has been canceled, the  
5 issues still live on beyond TIB-14, but they  
6 have been addressed in the TBD or they have  
7 not been addressed to our satisfaction to the  
8 TBD.

9 So I think that's the way the  
10 Subcommittee --

11 MEMBER ZIEMER: How would it show  
12 up in here? Would it show up as, for example,  
13 if you confirmed that it had been addressed,  
14 it would show up here as closed?

15 MR. MARSCHKE: Well, what we show  
16 up is we would provide the latest status. At  
17 the next meeting, we would provide a status of  
18 saying SC&A has reviewed the TBD and agrees  
19 with NIOSH that this issue should be closed.  
20 Then, at the next meeting, we would add a  
21 response in saying the Subcommittee has  
22 instructed that this issue be closed, and then

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1 we could change this to closed.

2 DR. MAURO: Does that mean right  
3 now it's in process?

4 MR. MARSCHKE: Right now, we  
5 thought we should change this to "in process."

6 MEMBER ZIEMER: Even though, in  
7 principle, the procedure doesn't exist, but  
8 you've got to close the loop? I mean the  
9 procedure is still going to be in the  
10 document, even though it is no longer in use.

11 Canceling a document doesn't take it out?

12 DR. MAURO: It doesn't take the  
13 issue away.

14 MEMBER ZIEMER: Is that correct?

15 DR. MAURO: That's what I assumed  
16 because you're going to lose that.

17 CHAIR MUNN: That's correct.

18 MR. MARSCHKE: So add a response  
19 saying --

20 MEMBER ZIEMER: Is that a TBD?

21 CHAIR MUNN: To ensure  
22 incorporation, yes.

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1 MEMBER ZIEMER: Yes, I think you  
2 should answer this question that was asked,  
3 which TBD you're talking about.

4 DR. MAURO: Specifically with  
5 regard to this issue.

6 MEMBER ZIEMER: Yes.

7 DR. MAURO: I think it was 5, you  
8 said?

9 MR. MARSCHKE: I'm just looking at  
10 it.

11 MR. HINNEFELD: It's over there.

12 DR. MAURO: Yes, I like the idea  
13 of keeping it narrow to the issue at hand.

14 CHAIR MUNN: That's because  
15 regardless of whether or not this is a  
16 procedure-driven document, we are finding-  
17 driven.

18 DR. MAURO: Right.

19 MEMBER ZIEMER: Yes.

20 CHAIR MUNN: And while we're doing  
21 this, the question arises, the other comment  
22 up until now, since we didn't know who was

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1 doing anything, it indicates unspecified SC&A  
2 user. At some earlier point in our  
3 discussion, before our break, it was indicated  
4 to me that we will now know who has made these  
5 comments. So how are we going to know that  
6 now?

7 MR. KATZ: Well, the comment, it's  
8 identified. This is just historically they're  
9 unidentified.

10 CHAIR MUNN: I understand that,  
11 but I wanted to know what it was going to look  
12 like.

13 MR. MARSCHKE: Well, we'll see in  
14 a minute.

15 CHAIR MUNN: Let's see.

16 MR. MARSCHKE: And you see,  
17 basically, Wanda.

18 CHAIR MUNN: Excellent. Yes, and  
19 there's Elyse's --

20 MR. MARSCHKE: On this particular  
21 date.

22 CHAIR MUNN: Good.

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1 MR. MARSCHKE: Now, again --

2 CHAIR MUNN: Excellent.

3 MR. MARSCHKE: -- Leroy had  
4 indicated that, when I do this and change the  
5 status under your direction here at the  
6 meetings, that I can be identified as, you  
7 know --

8 CHAIR MUNN: The Committee?

9 MR. MARSCHKE: -- the Committee.

10 CHAIR MUNN: Yes. Yes.

11 MEMBER ZIEMER: Now if you were  
12 going to change, if you could edit what you  
13 just put in, which looks like you're going to  
14 review that document to confirm that the  
15 status is in progress, in other words, this  
16 should have probably a separate set as the  
17 status of this item is changed. Anyway, if  
18 you try to edit that now, you're going to get  
19 an extra item. Is that what happens?

20 MR. MARSCHKE: Why don't you try  
21 that, Paul, if you want to?

22 MR. KATZ: We already know that.

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1 MR. HINNEFELD: I think we already  
2 know it will make a new --

3 MEMBER ZIEMER: Well, I think we  
4 have the same notes. It sounds like you're  
5 going to review that document and see whether  
6 the --

7 DR. MAURO: So that's where the  
8 limitation is. If you want to fix it, if you  
9 want to shine it up, now you can't.

10 MEMBER ZIEMER: Yes.

11 MR. KATZ: Right. So we've  
12 captured that functional comment.

13 MR. MARSCHKE: And now we want to  
14 make this --

15 MEMBER ZIEMER: And the other --

16 MR. MARSCHKE: Now not to be a  
17 nitpicker, but do we want -- there is a lot of  
18 chronological work.

19 CHAIR MUNN: Yes.

20 MEMBER ZIEMER: What?

21 CHAIR MUNN: We want chronological  
22 work.

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1 MR. MARSCHKE: Yes, the latest  
2 SC&A followup is before the latest NIOSH.  
3 Without a date, maybe the thing to do is put a  
4 date associated in there or something. I  
5 don't know.

6 Actually, this latest SC&A  
7 followup is not an SC&A follow-up. It's a  
8 Subcommittee follow-up.

9 CHAIR MUNN: Yes. That's all  
10 right.

11 DR. ULSH: We can add a response  
12 to that. So it would show up as a new line.

13 MR. HINNEFELD: That's how he put  
14 it in.

15 MEMBER ZIEMER: Well, that is the  
16 latest SC&A follow-up, even though it occurred  
17 after the latest NIOSH followup.

18 MR. MARSCHKE: Yes, it is.

19 MEMBER ZIEMER: They're both date-  
20 stamped, right?

21 MR. MARSCHKE: They're date-  
22 stamped when you get to the lower level.

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1 MEMBER ZIEMER: Yes.

2 MEMBER LEMEN: Since we're going  
3 to be revising this and making changes, can we  
4 just move on to the next item and quit playing  
5 with this? Because we're wasting a lot of  
6 time.

7 CHAIR MUNN: Yes, we are, but we  
8 wanted to get this one right because I wanted  
9 to see how that was going to look when it was  
10 done. And now that we've seen it, and we know  
11 that it's properly identified here, and  
12 probably by date as well, then we can move on.

13 We are going to start our review  
14 of the carryover items that we had from the  
15 previous meeting.

16 MS. THOMAS: Wanda, this is Elyse.

17 CHAIR MUNN: Yes, Elyse.

18 MS. THOMAS: Excuse me for  
19 interrupting, but I have just one question.

20 CHAIR MUNN: Yes.

21 MS. THOMAS: Does the Subcommittee  
22 or NIOSH want me to go ahead and edit that

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1 response once we get the edit capability, just  
2 to elaborate and say that the findings were  
3 incorporated into the Site Profile, and  
4 therefore, NIOSH canceled OCAS TIB-14?  
5 Because I'm going to keep a list of the little  
6 typos and things that I need to correct.

7 CHAIR MUNN: Yes, please, do make  
8 that addition.

9 MS. THOMAS: Okay.

10 CHAIR MUNN: Thank you.

11 MS. THOMAS: Yes.

12 CHAIR MUNN: PR-012 status and  
13 complete coverage of PROC-97. That's an SC&A  
14 item.

15 MR. MARSCHKE: I've put together a  
16 little handout here, which, basically, SC&A  
17 produced a report back in April or March.  
18 Kathy DeMers was the primary author of it.  
19 Really PR-012 supersedes PROC-97, as I  
20 understand it.

21 We did a review of PR-012 in  
22 April, March/April, of this year, which had

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1 been submitted or provided to the Subcommittee  
2 back in April 10th, I think it was provided.

3 This one page that I'm handing out  
4 is basically the five findings and five  
5 observations that were pulled out of that SC&A  
6 report on PR-012. And at the bottom of the  
7 sheet are the nine findings that were  
8 associated with PROC-97.

9 And the Subcommittee can see that  
10 this is from attachment 6 of the SC&A report.

11 And in attachment 6, SC&A recommended that we  
12 close eight of the nine items. And I put in  
13 here, also, we could also say that, because  
14 they've been addressed in either the  
15 observations or findings that were made on  
16 PR-012 -- somewhere here I have -- this is the  
17 SC&A, no, this is -- I'm sorry, this is 44.

18 This is the PR-012 report that  
19 SC&A put together. And if you go back to  
20 attachment 6, you can see on attachment 6, you  
21 can see what we did is we did an evaluation or  
22 Kathy did the evaluation of PROC-94 findings

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1 and disposition recommendations.

2 And what she has done is she has  
3 identified each one of the PROC-97 findings,  
4 what the finding was. She put her recommended  
5 action and why she's making that recommended  
6 action. Most of them were because SC&A  
7 recommends this finding be closed since it is  
8 duplicating under finding 4 or another finding  
9 of the OCAS-PR-012 Procedure Review.

10 The only exception to that --  
11 well, there are two exceptions to that. One  
12 of them was finding 5, which SC&A simply  
13 recommends that this finding be closed because  
14 PR-012, in our opinion, had provisions for  
15 OCAS and ORAU health physicists. So we just  
16 basically had that finding should be closed  
17 outright.

18 And PR-004 or finding 4 on  
19 PROC-97, SC&A recommends that review of the  
20 site-specific profiles where no worker  
21 outreach was conducted be reevaluated to  
22 determine whether the Site Profile would

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1 benefit from additional information-gathering  
2 meeting.

3 This finding does not seem to have  
4 been -- a comparable finding was not made in  
5 the PR-012 review.

6 CHAIR MUNN: So that's a no  
7 finding essentially.

8 MR. MARSCHKE: So that finding did  
9 not come from PROC-97. It did not have a  
10 counterpart in the PR-012 review.

11 CHAIR MUNN: Yes, it didn't  
12 translate.

13 DR. MAURO: The genesis of some of  
14 this at the previous meeting, I'm not sure if  
15 it was here or at the outreach meeting, was to  
16 make sure in the transition, in going from  
17 PROC-97 to PR-012, that nothing of substance  
18 was lost.

19 That was the question. And the  
20 answer is we don't think so because this  
21 attachment to PR-012 explicitly does that. It  
22 is a way to map what we originally -- our

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1 concerns.

2 So the answer is this is almost  
3 like Mike saying, you know, the reality is our  
4 PR-012 does, in fact, subsume all the concerns  
5 we originally had with PROC-97.

6 CHAIR MUNN: With this exception?

7 DR. MAURO: But it captures the  
8 fact that there are issues that were raised in  
9 PROC-97 that have not been addressed or  
10 resolved or even brought up as a subject in  
11 PR-012, and I guess this is one of those.

12 MR. MARSCHKE: This is, well, this  
13 is the only one that --

14 DR. MAURO: This is the only one.

15 MR. MARSCHKE: -- hasn't been  
16 identified.

17 DR. MAURO: Yes. So there's two  
18 levels here. One level is to make sure  
19 there's assurance that when we leave PROC-97  
20 and move on to PR-012, as being the  
21 replacement for PROC-97, that we're not losing  
22 anything in the transition. And the answer is

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1 I don't think we're losing anything in the  
2 transition because all the issues that were  
3 originally of concern, and perhaps some new  
4 issues, are captured in our review of PR-012.

5 So you see the two different --  
6 the distinction?

7 CHAIR MUNN: Yes.

8 DR. MAURO: There were no holes.  
9 In other words, there are no holes. PR-012 is  
10 complete, and it didn't leave anything -- we  
11 didn't lose anything in the transition in  
12 leaving behind PROC-97 and moving on through  
13 PR-012.

14 CHAIR MUNN: Now PR-012 is not on  
15 my list of document titles that I'm looking  
16 at. Am I looking at the wrong list of  
17 document titles?

18 MEMBER ZIEMER: It doesn't show up  
19 in mine, either.

20 DR. MAURO: It's not loaded, you  
21 mean?

22 CHAIR MUNN: Yes.

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1 MR. MARSCHKE: It's not part of  
2 this Subcommittee's -- it's the Outreach --  
3 this review was done for the Outreach  
4 Subcommittee, not part of the Procedures  
5 Subcommittee.

6 CHAIR MUNN: Okay. All we need to  
7 do is make sure that our explanation for  
8 closure is adequate to point people to PR-012.

9 MEMBER ZIEMER: That was assigned  
10 to them originally. It was not transferred,  
11 is that right?

12 CHAIR MUNN: That is correct, it  
13 was not.

14 MR. KATZ: PR-012 was not  
15 transferred, that is correct. They took it up  
16 and tasked SC&A with providing that review.

17 DR. MAURO: And so somehow it was  
18 having a home here. I mean that's --

19 CHAIR MUNN: Well, because --

20 MR. KATZ: PR-012 does not have a  
21 home here.

22 DR. MAURO: So we're not --

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1 CHAIR MUNN: No. No, we don't  
2 have to --

3 DR. MAURO: Oh, I see what you're  
4 saying about it.

5 CHAIR MUNN: What we're looking at  
6 is PROC-97.

7 DR. MAURO: I got it.

8 CHAIR MUNN: And we want to make  
9 sure that PROC-97 is properly called by  
10 PR-012.

11 DR. MAURO: Got it.

12 CHAIR MUNN: So in PROC-97 we need  
13 to indicate that the comparison has been made  
14 carefully of outstanding items from PROC-019,  
15 and we have been assured that all items have  
16 been captured and some additional items are  
17 taken into consideration in the review of  
18 PR-012.

19 DR. MAURO: Just to avoid  
20 confusion, it should be 97, not 19.

21 MR. KATZ: PROC-97.

22 CHAIR MUNN: Yes, it should be

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1 PROC-97.

2 MEMBER ZIEMER: Where, on the top  
3 there?

4 CHAIR MUNN: No, at the bottom.

5 MEMBER ZIEMER: Okay.

6 MR. MARSCHKE: Yes, I put that in  
7 to make sure.

8 MEMBER LEMEN: Where are you  
9 talking about?

10 CHAIR MUNN: Down at the bottom  
11 here where it says, "Recommended status  
12 change."

13 MEMBER LEMEN: Yes, that's what I  
14 thought.

15 CHAIR MUNN: PROC-97.

16 MEMBER LEMEN: Yes.

17 CHAIR MUNN: And we will not say  
18 19.

19 DR. ULSH: So is the Subcommittee  
20 adopting what SC&A proposes in this table down  
21 below then? This is just one item left over?

22 CHAIR MUNN: That would be my

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1 recommendation. Does NIOSH have any problem  
2 with that?

3 DR. ULSH: We never mind you  
4 closing that.

5 (Laughter.)

6 CHAIR MUNN: Are we good with  
7 that?

8 (No response.)

9 If so, then --

10 MEMBER ZIEMER: Where? Oh,  
11 PROC-97.

12 CHAIR MUNN: PROC-97, we had nine  
13 outstanding items, as shown down here.

14 MEMBER ZIEMER: Right.

15 MEMBER LEMEN: All we have open is  
16 PROC-97-04.

17 CHAIR MUNN: Yes.

18 MR. MARSCHKE: Right now, all nine  
19 of them are open.

20 MEMBER LEMEN: Well, you're  
21 recommending that we close them?

22 MR. MARSCHKE: We're recommending

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1 that we close them, yes. But we don't --

2 MEMBER LEMEN: So if we close  
3 them, only one will be open, and that will be  
4 04?

5 MR. MARSCHKE: That's correct. Or  
6 if you follow these recommendations.

7 MEMBER LEMEN: Right. I thought  
8 Wanda had asked for that question to adopt  
9 that.

10 CHAIR MUNN: Yes.

11 MEMBER LEMEN: I will second it.

12 CHAIR MUNN: Yes.

13 MEMBER ZIEMER: Let me make sure I  
14 understand, though. We're closing them even  
15 though in the other document they're not --  
16 they're not necessarily closed in the other  
17 document?

18 MR. KATZ: That's correct.

19 CHAIR MUNN: No. No. They are  
20 covered by the other document.

21 MR. MARSCHKE: You have another  
22 option. As I have indicated down here on the

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1 thing, the Subcommittee has another option.  
2 As opposed to going with closed, we can say  
3 addressed in PR-012, observations 1 and 2, or  
4 addressed in PR-012.

5 MEMBER ZIEMER: Well, I guess I'm  
6 really asking the question -- Mike's Work  
7 Group has not closed the items?

8 MR. KATZ: Correct.

9 CHAIR MUNN: No.

10 MR. KATZ: Correct.

11 DR. ULSH: They're reviewing it  
12 under PR-012.

13 MEMBER ZIEMER: I understand that,  
14 and that's not part of our bailiwick. I'm  
15 trying to make sure I understand, when we say  
16 that they're closed, what does that really  
17 mean? We've not closed them, and Mike hasn't  
18 closed them.

19 DR. MAURO: What is closed is the  
20 concern that PROC-97 is totally subsumed.  
21 See, that was the issue. In other words, the  
22 only concern this Subcommittee had was that

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1 everything, when we did have PROC-97 and it  
2 was within the purview of this Subcommittee,  
3 we were about to let go of that, and let go  
4 because we were transferring out. We just  
5 wanted assurance that no issues that were in  
6 PROC-97 are lost, and the answer that -- and  
7 that was the question that was posed to us,  
8 and the answer is, no, all issues that were in  
9 PROC-97 are captured and being dealt with in  
10 PR-012. That's all we really can say.

11 Everything else from here on in is  
12 really a dialogue that should be help in  
13 PR-97, in the Outreach. See what I'm getting  
14 at?

15 MEMBER ZIEMER: For example, in  
16 finding 3, the majority of the expected  
17 documentation is not available in the OGS for  
18 systems conducted within the effective period.

19 DR. MAURO: Right.

20 MEMBER ZIEMER: Okay. Now what  
21 did you confirm? That was issue 3, right?

22 DR. MAURO: Yes.

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1                   MEMBER ZIEMER: Okay. Now all you  
2 confirmed is that -- you have confirmed that  
3 they actually have addressed that in --

4                   MR. MARSCHKE: No, no, no. No,  
5 you're getting confused here, Paul. So the  
6 issues at the top of the page --

7                   MEMBER ZIEMER: Right.

8                   MR. MARSCHKE: -- are the issues  
9 that were submitted to Mike's Work Group on  
10 PR-012.

11                  MEMBER ZIEMER: Yes, they don't  
12 match up, then, with --

13                  MR. MARSCHKE: They don't. Well,  
14 what they do match up, if you look here,  
15 PROC-97, issue 1 is addressed in PR-012,  
16 observations 1 and 2. So observations 1 and 2  
17 really cover the same ground as PROC-1.

18                  CHAIR MUNN: One.

19                  DR. MAURO: Ninety-seven, number  
20 1.

21                  MR. MARSCHKE: PROC-97, number 1.

22                  MEMBER ZIEMER: Oh, I got you. I

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1 got you.

2 CHAIR MUNN: So whoever --

3 MEMBER ZIEMER: Well, it was  
4 covered.

5 CHAIR MUNN: But that's addressed  
6 in that finding. So as far as this  
7 Subcommittee's purpose, the finding is no  
8 longer of interest because it is addressed in  
9 finding or observation whatever numbered as  
10 here for PR-012.

11 MEMBER LEMEN: Why don't we just  
12 say that?

13 MR. MARSCHKE: We don't have to --

14 CHAIR MUNN: We have that.

15 MR. MARSCHKE: We don't have to  
16 close the issue.

17 MEMBER ZIEMER: It's addressed.  
18 My concern was we don't know if it's properly  
19 addressed.

20 DR. MAURO: Right. That's  
21 correct.

22 MEMBER ZIEMER: So I was asking

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1 what we mean by closure at this point.

2 MR. MARSCHKE: Paul, we don't  
3 necessarily have to change it to closed. We  
4 can change it to addressed in another finding.

5 DR. MAURO: Someplace else.

6 MR. MARSCHKE: Addressed in  
7 finding PR-012-1 and 2.

8 CHAIR MUNN: That's my  
9 recommendation, actually, that we do that.

10 MEMBER ZIEMER: That way --

11 CHAIR MUNN: Yes.

12 MEMBER ZIEMER: -- it doesn't show  
13 as closed in --

14 CHAIR MUNN: Correct.

15 MR. MARSCHKE: It doesn't show.  
16 Now the problem with using the "addressed in"  
17 status is, basically, now we have to remember  
18 to go back, and when PR finding 5 is closed by  
19 the Outreach Subcommittee or Work Group, then  
20 we go back and we close the appropriate --

21 MEMBER ZIEMER: Yes, but, see,  
22 then we're getting the same problem we had

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1 with the other. Number one, we haven't  
2 transferred it. It's not ours to start with.

3 CHAIR MUNN: Right.

4 MR. MARSCHKE: Well, otherwise, it  
5 would carry over; we would carry along a whole  
6 bunch of findings which are "addressed in,"  
7 have the "addressed in" status.

8 MEMBER ZIEMER: Yes, but in other  
9 ones where this has occurred, the group that  
10 it's addressed in is within our purview.

11 DR. MAURO: Yes, this is a unique  
12 situation.

13 MEMBER ZIEMER: This is unique.

14 DR. MAURO: Yes. In theory, one  
15 could argue that our only obligation is to  
16 make sure, when we have control or  
17 responsibility of PROC-97, that all the issues  
18 that were there now have a home and they're  
19 being take care of. In theory, you could  
20 actually withdraw PROC-97 because we've  
21 fulfilled our obligations.

22 CHAIR MUNN: That's item 4.

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1 DR. MAURO: Well, the PROC doesn't  
2 exist anymore. I don't know. This is really  
3 structurally how you like to manage these  
4 things, but really PROC-97 doesn't exist  
5 anymore. We have documented evidence here  
6 with this piece of paper that all the issues  
7 that were originally in PROC-97 are now under  
8 control and have been identified and are being  
9 dealt with in PR-012. Is that the end of it  
10 for us? Because it's not one of ours.

11 MR. MARSCHKE: We can't  
12 necessarily say that. With issue number 4,  
13 Kathy doesn't say that.

14 DR. ULSH: Could you, for all of  
15 the issues, mark closed except for issue  
16 number 4, which would be transferred to Mike's  
17 Working Group to take up under their review of  
18 PR-012?

19 MR. MARSCHKE: Yes, Mike might  
20 want to take a look at what was PROC-97, issue  
21 number 4, and see whether or not he feels it's  
22 still an important issue or not.

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1                   MEMBER    ZIEMER:            I    guess    we  
2    probably    should    use    the    --    what    was    the  
3    category?

4                   DR.    MAURO:            Yes,    it    was    that  
5    transferred   to   --

6                   MEMBER    ZIEMER:            Not    transferred.  
7    It's    "addressed   in."

8                   DR.    MAURO:            Addressed    in.  
9    Addressed   in.

10                  MEMBER    ZIEMER:            And    we'll    just  
11    have    to    understand,   when    we    go    back    at    some  
12    later    date,   the    documentation   will    show    that  
13    we    don't    have    to    close    it.    I    mean,  
14    technically,   Mike's    under    no    obligation   to  
15    tell    us    that    this    is    closed   since   it    didn't  
16    get    transferred.

17                  DR.    MAURO:            We    haven't   transferred  
18    this,   right.

19                  MEMBER    ZIEMER:            Right.

20                  MR.    MARSCHKE:            I'm    just    thinking,  
21    I    know    when    the    Subcommittee   puts    together  
22    their   report   or   letters   to   the   Secretary,   they

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1 have these lists, and you're never going to  
2 get this one out of "addressed in finding."  
3 You're never going to get this issue over to  
4 the closed bin. So it's going to be hanging  
5 out there unless you make the effort to go  
6 back it down.

7 CHAIR MUNN: Unless we go back and  
8 look at it when we close the "in progress"  
9 file for item 4.

10 MR. KATZ: So, for historic, let  
11 me understand for history here. This  
12 Subcommittee never really substantively took  
13 up any of those findings, is that correct, for  
14 PROC-97?

15 DR. MAURO: Right. No. Right.

16 MR. KATZ: They were never taken  
17 up? Okay.

18 DR. MAURO: Because of PR-012.

19 MR. KATZ: Well, I understand. I  
20 understand.

21 DR. MAURO: Right.

22 MR. KATZ: So, I mean, in terms of

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1 these statistics, it almost would be cleaner  
2 if you just withdrew the findings.

3 DR. MAURO: That's my  
4 recommendation.

5 MR. KATZ: And then you don't have  
6 to close them. You withdraw the findings  
7 because, in effect, the findings end up in a  
8 different document that's going to be covered  
9 elsewhere.

10 DR. MAURO: And they're in good  
11 hands.

12 MR. KATZ: Right. I mean, then,  
13 withdraw the findings. You don't need to  
14 close them. You don't need to leave them in  
15 this sort of netherworld, which might not ever  
16 get cleaned up.

17 MEMBER ZIEMER: Well,  
18 historically, the findings exist.

19 CHAIR MUNN: And also, the  
20 findings --

21 DR. MAURO: They're being dealt  
22 with. They are being dealt with by the

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1 Outreach Work Group.

2 CHAIR MUNN: Is finding 4 --

3 MEMBER ZIEMER: Well, we did the  
4 review. You've got the findings. They're  
5 there.

6 DR. MAURO: Right, and we've also  
7 confirmed that they are now being dealt  
8 with --

9 MEMBER ZIEMER: Yes.

10 DR. MAURO: -- by another. So,  
11 really, doesn't that relieve this Subcommittee  
12 of any obligation?

13 MEMBER ZIEMER: I think so.

14 DR. MAURO: That is how I see it,  
15 right.

16 CHAIR MUNN: Finding 4 says,  
17 rating 4, "The procedure does not explicitly  
18 require worker outreach meetings for all sites  
19 where Site Profiles are being prepared, but it  
20 refers to ORAU plan 0010, which has such a  
21 specification."

22 Now one could argue that that

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1 reference is adequate for our purposes. The  
2 finding seems to be more, actually, an  
3 observation than a finding.

4 MEMBER ZIEMER: Yes. It just says  
5 it doesn't explicitly refer to it, but --

6 CHAIR MUNN: No, it doesn't  
7 explicitly declare it, and why should it?

8 MEMBER ZIEMER: Since there is  
9 such a requirement in the other. Do you see  
10 what -- you don't have it before you there,  
11 but pull up the fourth finding.

12 I mean, are you arguing that here  
13 it refers to that other 0010, which requires  
14 that? Is SC&A arguing that, nonetheless, you  
15 need to state it in this procedure? Since the  
16 requirement is already there -- talking about  
17 the very first finding there. "The procedure  
18 does not explicitly require worker outreach  
19 meetings for all sites." But it refers to the  
20 name of the document which does have such a  
21 specification.

22 DR. MAURO: So that was an issue

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1 under --

2 MEMBER ZIEMER: That was a  
3 finding.

4 DR. MAURO: That was a finding  
5 under PROC-97.

6 CHAIR MUNN: Ninety-seven.

7 MEMBER ZIEMER: Yes.

8 DR. MAURO: Now did we lose that  
9 somewhere along the way?

10 MEMBER ZIEMER: Yes, because --

11 MR. MARSCHKE: The question is if  
12 you've got a valid issue. I think that's more  
13 the question.

14 CHAIR MUNN: Yes, the question --

15 MR. MARSCHKE: Because, basically,  
16 plan 0010 really addresses the fact or really  
17 requires you to have that fact. So, does  
18 PROC-97, or in this case now PR-012, have to  
19 repeat what's already in plan 0010?

20 DR. MAURO: But that's the purview  
21 of PR-012 now. I mean, in other words, they  
22 have it.

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1 MR. MARSCHKE: So I think what  
2 Paul is saying, can't we just --

3 MEMBER ZIEMER: Why don't we close  
4 this?

5 MR. MARSCHKE: -- close this  
6 issue?

7 MEMBER ZIEMER: Why should this  
8 remain in progress? What is the correction  
9 that needs to be done on this?

10 CHAIR MUNN: None.

11 MEMBER ZIEMER: I see none.

12 CHAIR MUNN: None.

13 MR. MARSCHKE: I mean that's the  
14 purview of the Subcommittee. The Subcommittee  
15 can close it, if they want.

16 MEMBER ZIEMER: If 0010 already  
17 requires that, and this one is not going to be  
18 in effect anyway --

19 CHAIR MUNN: Then why not close it  
20 and close it now?

21 MEMBER ZIEMER: -- why not close  
22 it?

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1 DR. MAURO: Close it here.

2 CHAIR MUNN: Yes, let's close it  
3 here for now, unless we have some objection.  
4 Close it.

5 MEMBER ZIEMER: Double-check with  
6 Mike. Mike, is that your understanding, that  
7 these are required on all sites, worker  
8 outreach?

9 MEMBER GIBSON: Say that again,  
10 Paul?

11 MEMBER ZIEMER: Well, it refers to  
12 ORAU plan 001-10, which requires worker  
13 outreach meetings at all sites. Therefore, is  
14 it necessary that that same requirement be  
15 repeated in 0012? Or another way of saying it  
16 is, why can't we just close this here as a  
17 finding in 0097, since, actually, we know that  
18 it's taken care of in 0010?

19 MEMBER GIBSON: None, at least my  
20 opinion, and I'm only the Chair of the Work  
21 Group; I don't speak for the Work Group.

22 MEMBER ZIEMER: No, but I'm asking

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1 you, is it your understanding that that  
2 requirement is in place anyway, right?

3 MEMBER GIBSON: To be honest, I  
4 haven't fully vetted the new procedure, and I  
5 don't know that it's covered. I think we need  
6 to do that in our next Work Group meeting.  
7 But I guess if the findings from 12 are  
8 covered in 97, then, yes, they could be  
9 closed.

10 DR. MAURO: But interesting. If  
11 there was no PR-012, right, and there was only  
12 PROC-97, and we were in the process of closing  
13 issues, we would probably close this issue,  
14 right?

15 CHAIR MUNN: It would be my  
16 preference.

17 DR. MAURO: So now what we really  
18 have here is that we could close it here, but  
19 that doesn't mean that Mike would necessarily  
20 close it when he hits PR-012. He may want  
21 more information. He may want to look at  
22 PR-0010 to see how, in fact, it does

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1 accomplish that.

2 CHAIR MUNN: That's quite true.

3 DR. MAURO: So you're not going to  
4 lose anything by closing it here.

5 CHAIR MUNN: Our charge here is to  
6 address these issues in this body. As far as  
7 I'm concerned, this does not rise to the level  
8 of a finding, especially given the  
9 circumstances.

10 MEMBER ZIEMER: I agree.

11 CHAIR MUNN: Any objection to  
12 closing this?

13 MEMBER GIBSON: But, Wanda, this  
14 is Mike.

15 I want to be cautious here. I  
16 don't want to -- again, I'm not trying to be  
17 territorial, but I don't want to handcuff the  
18 responsibilities of the individual Work Groups  
19 by being on this Subcommittee, if you know  
20 what I'm saying.

21 CHAIR MUNN: Yes, I do know what  
22 you're saying.

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1                   MEMBER GIBSON:     Okay.     I don't  
2     want to preclude the fact that if my Work  
3     Group comes back with a concern that I have  
4     somehow agreed on this Subcommittee, I don't  
5     want to be found in conflict.

6                   CHAIR MUNN:     No.     The issue here  
7     is that there was a concern that a now defunct  
8     procedure, PROC-97, had not specifically  
9     required worker outreach meetings for all  
10    sites.     However, it does refer to plan 0010,  
11    which does have such a specification.

12                   And what I was saying was, to me,  
13    that does not rise to the level of a finding,  
14    especially in view of the fact there's already  
15    a document out there, plan 0010, which does  
16    have that specification, and the Work Group is  
17    working under that specification.     Therefore,  
18    the defunct PROC-97 should not be continuing  
19    to hold that as an open item.     And we should  
20    not be saying that's in progress because it's  
21    not really in progress, not really a finding,  
22    and in any case, the document is no longer

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1 used. The document that does specify it is  
2 being used, and the Work Group is operating  
3 with that document available to it.

4 MR. HINNEFELD: If the concern is  
5 losing track of this issue, then you can just  
6 transfer it to the Worker Outreach. I mean,  
7 if you're worried about losing track of this  
8 issue, because, to be honest with you, I don't  
9 have a lot of confidence in plan 0010. I mean  
10 PROC-07 and plan 0010 were both ORAU  
11 documents. The plan is this is how we're  
12 going to accomplish something. ORAU doesn't  
13 do that anymore.

14 MEMBER ZIEMER: No.

15 MR. HINNEFELD: ORAU doesn't do  
16 that anymore; APL now does the outreach. So I  
17 don't have a lot of confidence in plan 0010.

18 If you're worried about losing, if  
19 you feel like this is an issue and you are  
20 worried about losing this issue, I would say  
21 be done with it. Transfer it to Worker  
22 Outreach.

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1 MEMBER GIBSON: This is Mike.

2 I am somewhat comfortable with  
3 that. You know, again, I don't want a  
4 position taken in my capacity in one  
5 Subcommittee or Work Group to come in conflict  
6 with what a Work Group that I chair which may  
7 have a different opinion. So I don't --

8 DR. MAURO: I agree. I think this  
9 Subcommittee has fulfilled its obligations  
10 with regard to PROC-07 by assuring itself that  
11 all of the issues that were originally raised  
12 in PROC-97 are now under the purview of the  
13 outreach program. And once we've given  
14 ourselves that assurance, we could withdraw.  
15 I mean that's what we said originally. And  
16 now related to each issue now in PROC-97, we  
17 switch roles. We know that every one of the  
18 issues are captured. It is just the easiest  
19 way to go.

20 MEMBER ZIEMER: Well, apparently,  
21 12 doesn't address this issue.

22 DR. MAURO: No.

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1                   MEMBER ZIEMER:     Ten, which Stu  
2     just talked about, on this particular issue,  
3     some lack of confidence that even 0010 may not  
4     be in operation. So perhaps transferring that  
5     one item, the fourth item down, John, perhaps  
6     that one item, if we did transfer it, Mike  
7     will make sure to follow it up.

8                   MR. MARSCHKE:     Read what Kathy  
9     wrote regarding PROC-97, four. She didn't  
10    say, she didn't make -- on the other one, she  
11    makes a specific recommendation. "SC&A  
12    recommends this finding be closed since it is  
13    covered in PR-012."

14                  DR. MAURO:     Yes.

15                  MR. MARSCHKE:     She makes no such  
16    recommendation --

17                  DR. MAURO:     So this was missed  
18    then? It was here, a finding in PROC-97,  
19    that's not --

20                  MR. MARSCHKE:     Exactly.

21                  MEMBER ZIEMER:     Yes, it's not in  
22    12.

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1 MR. MARSCHKE: Exactly.

2 DR. MAURO: My apologies.

3 MEMBER ZIEMER: Mike was  
4 suggesting that they perhaps should take a  
5 look at this. Stu has suggested that maybe  
6 0010 is not in operation anyway. I'm happy if  
7 we just transfer it --

8 CHAIR MUNN: Right.

9 MEMBER ZIEMER: -- if that's  
10 agreeable. They probably do need to look at  
11 that issue. Does all worksites mean even the  
12 tiny, little ones where -- I don't know what  
13 it means.

14 CHAIR MUNN: All right.

15 MEMBER GIBSON: Wanda, if I could  
16 just comment again. I guess the point I want  
17 to get across is I am not advocating for this  
18 point in particular. I am just saying, even  
19 though I chair Worker Outreach and there is  
20 this one issue, just in general, as a  
21 philosophy, as a Chair of a Work Group, I  
22 don't speak for the Work Group, just like I

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1 can't speak for the Board. You know, it is  
2 our individual Work Groups that we chair; it  
3 is still a majority. So, you know, we have to  
4 let them speak. We have to let the  
5 deliberation go on and then make a decision.

6 CHAIR MUNN: Mike, PR-012 is  
7 something you already have. And I will just,  
8 in my transmission to you, I will indicate  
9 what's been discussed here and will transfer  
10 PROC-97, item 4, to you in that same letter.  
11 Okay?

12 MEMBER GIBSON: Yes, that's fine.

13 CHAIR MUNN: Fine.

14 DR. ULSH: For the rest of them,  
15 for the "addressed in" findings --

16 CHAIR MUNN: Several of them will  
17 be "addressed in" findings.

18 DR. ULSH: And how do we move  
19 those to the closed column? I mean, what do  
20 we need to do to make those go to the closed  
21 column?

22 CHAIR MUNN: I don't know if we

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1 ever will until -- we certainly won't do it  
2 until after Outreach has done whatever they  
3 want to do.

4 MEMBER ZIEMER: Maybe this is  
5 unique, I guess.

6 CHAIR MUNN: Yes, yes.

7 DR. ULSH: Now the question  
8 becomes, PROC-97, issue number 5 recommends  
9 closure for --

10 CHAIR MUNN: Yes, but we've  
11 already done that.

12 MR. MARSCHKE: Yes. I just want  
13 to be -- it has provisions to address the --  
14 oh, PROC-12 addresses the concerns. I just  
15 want to get some information.

16 MEMBER ZIEMER: That was closed  
17 previously, right?

18 CHAIR MUNN: Yes, it was.

19 MEMBER ZIEMER: Yes.

20 CHAIR MUNN: Folks, it's one  
21 o'clock. We're all going to die of starvation  
22 if we don't go get lunch.

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1 Let's reconvene at 2:00.

2 Is there anything on our new list  
3 down there that we specifically want to be  
4 involved with?

5 MEMBER LEMEN: Other than the  
6 listing, no. I mean I don't have any issues.

7 CHAIR MUNN: Okay, okay. I just  
8 want to make sure, if you had something that  
9 was near and dear to your heart, we would move  
10 it up.

11 MR. MARSCHKE: Now what happened  
12 here? Shoot.

13 MR. HINNEFELD: Are we adjourned  
14 until 2:00?

15 CHAIR MUNN: We are adjourned  
16 until 2:00.

17 MR. KATZ: Okay. Everyone on the  
18 phone, two o'clock.

19 (Whereupon, the above-entitled  
20 matter went off the record at 1:03 p.m. and  
21 resumed at 2:03 p.m.)

22

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1

2

3

A-F-T-E-R-N-O-O-N S-E-S-S-I-O-N

4

1:59 p.m.

5

CHAIR MUNN: Before we get started

6

on the agenda itself, I need to ask --

7

MR. KATZ: So are we going on the

8

record now?

9

CHAIR MUNN: Yes, I think we're

10

going on the record now.

11

MR. KATZ: Okay. I hope we

12

weren't on the record before. Thank you.

13

CHAIR MUNN: Yes, yes, I'm

14

concerned because Dick is going to have to

15

leave in a half-hour, and I want to make sure,

16

if anyone has anything on our agenda today

17

that they want to make sure Dick is here to be

18

a part of the discussion, please speak now.

19

Otherwise, we're just going to go down the

20

list of what we have.

21

We should take up under our second

22

carryover item check the completion of

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1 responses loaded into the database and  
2 paragraphs numbered properly for TIB-13. That  
3 is a NIOSH action.

4 DR. ULSH: I believe that Elyse  
5 has loaded the NIOSH responses into DCTA.

6 Elyse, do you have anything  
7 further to add on that?

8 MS. THOMAS: Well, if I can give  
9 just a little bit of history, those responses  
10 go back or date back to October. And if  
11 everyone remembers, we were still kind of  
12 passing things around electronically in  
13 October.

14 In the electronic Word documents,  
15 some of the findings were out of order from  
16 what they were in the old Access database. So  
17 that's what that note is referring to.

18 Now all the responses are properly  
19 sequenced with the findings that they go with  
20 in the DCTA database. So everything should be  
21 very clear for 13.

22 MR. MARSCHKE: Is this TIB-13 or

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1 OTIB-13?

2 DR. ULSH: This is OCAS TIB-13.

3 CHAIR MUNN: It certainly takes a  
4 long time to get to and printing out our  
5 database. I doubt if there's any way we could  
6 shortcut that.

7 DR. MAURO: Wanda, while you're  
8 tracking that, there are two working technical  
9 issues related to PER-009 and 012 that I think  
10 Dr. Lemen may be very interested in listening  
11 in on. I think they are issues that can be  
12 resolved, but they are of, I think, a great  
13 scientific interest that you may want to  
14 discuss.

15 CHAIR MUNN: Since I had you  
16 scheduled --

17 DR. MAURO: I know I'm scheduled  
18 for later.

19 CHAIR MUNN: It sounds like a good  
20 time for us to go ahead and have you address  
21 that, John.

22 DR. MAURO: And if Hans and Kathy

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1 are not on the line, because I know they're on  
2 vacation, I told them that they may want to be  
3 available at 3:30 to participate. But in  
4 light of your not being able to join us, I  
5 think I'm going to take a liberty and give you  
6 the 30-second soundbite to what I consider to  
7 be foreign issues.

8 PER-009 deals with the thoracic  
9 lymphoma. In effect, we were asked to review  
10 it. Hans Behling did the work and submitted a  
11 report.

12 The report everyone has. But  
13 there were two findings which I think are  
14 resolvable for reasons that will become  
15 apparent as we discuss them, but they're  
16 important. I think the Work Group and the  
17 Board should be familiar with them.

18 The first has to do with -- by the  
19 way, the process by which the cases were  
20 selected, in other words, when you go through  
21 a PER, what you're basically doing, you've got  
22 to go back and retrieve -- because you're

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1 changing the way in which you're doing your  
2 dose reconstruction, in this case originally  
3 the way in which it was dealt with, when a  
4 person had a lymphatic cancer, they would use  
5 the colon as a surrogate, which turned out to  
6 have certain problems. NIOSH was very aware  
7 that there were problems and went ahead and  
8 issued a PER to say, no, we've got to do a  
9 better job because you're not necessarily  
10 giving the benefit of the doubt by making that  
11 surrogate assumption.

12 So they went back and selected,  
13 came up with a new model that we reviewed.  
14 Basically, the way it works now is that doses  
15 are calculated through the lymphatic cancer  
16 through the lymph nodes that are a concern.  
17 Of course, there are different groupings of  
18 lymph nodes throughout the body that would be  
19 of concern.

20 The issue that came up is that  
21 when NIOSH is handed a new case of lymphatic  
22 cancer it gives an ICD code number, and NIOSH

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1 will then proceed to calculate the dose to  
2 that lymph node using the best available  
3 information for whatever those regions are,  
4 whatever region in the body they might be.  
5 And all that is fine.

6 But we came up with -- Hans came  
7 up with a finding and said, listen, we have a  
8 problem. In the '60s especially, when the ICD  
9 code was assigned, there was a great deal of  
10 uncertainty regarding really what was the cell  
11 line that caused that lymphatic cancer. What  
12 tissue in the body is really the problem? And  
13 they didn't know.

14 Now they could do that now.  
15 Apparently, there are ways in which under  
16 today's technology there's immunological tests  
17 that they could run that could determine the  
18 cell line that was responsible for that  
19 particular lymphatic cancer. Hans's position  
20 was at the time they didn't know a way to do  
21 that.

22 Now our commentary on that was if

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1 you are in a situation where you're really not  
2 sure what cell line it is, you probably should  
3 assume, unless you have evidence to the  
4 contrary, that it was the worst cell line, the  
5 worst cell line from the point of view of what  
6 -- for example, thoracic lymphoma, if you  
7 inhale uranium or plutonium, and the person  
8 came down with lymphoma in the lymph nodes,  
9 the worst thing you could assume would give  
10 the highest dose would be if you assume it's a  
11 thoracic lymphoma because the radionuclides  
12 would be cleared and the first depositors that  
13 they are, you get the highest dose.

14 So our position was -- and it  
15 really doesn't go toward NIOSH, it really goes  
16 toward the problem on what ICD code that  
17 cancer was assigned to -- our position was  
18 perhaps, given the uncertainty and the  
19 original diagnosis, which goes back a ways,  
20 you're in a tough spot. You might be  
21 reconstructing the dose to a thoracic, not  
22 thoracic, to a lymphatic tissue which is not

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1 the worst lymphatic tissue to assume, if you  
2 don't know. Maybe you should assume that,  
3 when you don't know for sure, assume the  
4 worst, which would be the thoracic  
5 involvement, especially if it was inhaled  
6 radionuclide.

7 Now we discussed this back in  
8 April of 2008. You, of course, were not  
9 there, but it's a medical problem, question.  
10 There was quite a discussion around the table  
11 regarding it.

12 And I think the outcome, and we  
13 haven't loaded it up on the system -- we're  
14 hoping to. I don't know; it might be loaded  
15 in now, but I think the position is that we  
16 think this is a scientific issue that brings  
17 into question, are we being as claimant-  
18 favorable as we should be in terms of  
19 reconstructing the doses? The people that do  
20 have lymphatic cancer, certainly the way in  
21 which we check all the calculations are fine.

22 Given this cancer, this lymphatic tissue, we

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1 checked everything is done correctly.

2 The real question is is the ICD  
3 code appropriately assigned? Now we don't  
4 know to what extent Labor researches that  
5 problem or do they just accept the ICD code  
6 that was assigned back in the 1960s, the '70s,  
7 whatever the date was for that particular  
8 person.

9 MEMBER LEMEN: You don't know what  
10 edition of the ICD?

11 DR. MAURO: I can't speak to it.  
12 Hans might be able to speak to it. I feel bad  
13 about -- I know Hans was eager to talk about  
14 it. This was his baby, so to speak. But, at  
15 the same time, I know how interested you would  
16 be in this. So I'm bringing it up early.

17 Now I think that the general  
18 consensus was this is certainly an important  
19 question to discuss, but perhaps it's not  
20 NIOSH's burden. This is really something with  
21 the assignment of the --

22 MEMBER LEMEN: Well, according to

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1 that -- and I don't know for sure, but the  
2 Department of Labor assigns the ICD code?

3 DR. MAURO: Yes, I believe so.

4 MEMBER ZIEMER: Yes. They have to  
5 establish --

6 MEMBER LEMEN: Have they  
7 established any new ICD codes since this all  
8 went into effect?

9 DR. MAURO: I can't speak to that.

10 DR. ULSH: Well, okay, I can  
11 provide a little -- I don't want to interrupt.

12 DR. MAURO: Please. Well, I'm  
13 done. I'm done.

14 DR. ULSH: To give you a little  
15 bit of background, to answer your question  
16 directly, the version of ICD that we use in  
17 this program is ICD-9. Of course, over the  
18 years that has evolved. So there's no -- in  
19 fact, I would guarantee you that the codes  
20 that were assigned back in the 1940s or '50s  
21 are not ICD-9.

22 MEMBER LEMEN: So the code he's

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1 talking about could be ICD-9 or it could be  
2 ICD-7 or --

3 DR. ULSH: No. All the code, when  
4 it comes to us, we get an ICD-9 reference.

5 MEMBER LEMEN: Okay.

6 DR. ULSH: So I think that DOL  
7 uses medical coders --

8 MEMBER LEMEN: Okay.

9 DR. ULSH: -- to put whatever the  
10 diagnosis is in terms of an ICD-9.

11 MEMBER LEMEN: Well, they are  
12 probably just -- yes, there's a nosology, a  
13 format to do that.

14 DR. ULSH: Yes. To give a little  
15 more background, to build on what John said,  
16 we became aware of this issue loosely. There  
17 are two different bins that you can put  
18 lymphomas in. There's a lot of ways to slice  
19 and dice this.

20 But the two bins are Hodgkin's  
21 lymphoma and non-Hodgkin's lymphoma. That's  
22 one way to look at it.

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1                   The difference here is for  
2                   Hodgkin's lymphoma, and we arrived at our  
3                   position put out in -- what is it? What is  
4                   the document that we put out that you guys  
5                   reviewed? Is it 12 something, TIB-12 or  
6                   something?

7                   DR. MAURO: I can't speak to that.

8                   DR. ULSH: Whatever document it  
9                   is, it's the assignment of target organs for  
10                  lymphoma. We had it reviewed by a  
11                  hematologist, a Board-certified hematologist,  
12                  and made sure that what we were doing would  
13                  pass muster that way. We also had it reviewed  
14                  by, I think, Keith Eckerman down at ORNL, a  
15                  pretty knowledgeable health physics type and  
16                  an internal dosimetrist.

17                  So, anyway, back to the categories  
18                  of lymphoma. One of the main differences  
19                  between the Hodgkin's and the non-Hodgkin's is  
20                  that Hodgkin's tends to be very localized, and  
21                  it spreads from the lymph node in which it  
22                  occurs to adjacent lymph nodes. For a

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1 Hodgkin's lymphoma, we treated the target  
2 organ as being the organ where you actually  
3 observe the tumor.

4 Now if you go over now to non-  
5 Hodgkin's lymphoma, it's not localized. It's  
6 more systemic. And you remember the problem  
7 that John was just describing. What do you  
8 assume for a target organ?

9 And it's been a long time since I  
10 have looked at this document, but I think for  
11 non-Hodgkin's lymphoma, what we have proposed  
12 is either the extra-thoracic or the thoracic  
13 lymph nodes because, for the reasons that John  
14 specified, that gives you the highest organ  
15 dose. So the claimant-favorable, very  
16 claimant-favorable way to go.

17 So that's just a little further  
18 background on where we are. Then I think when  
19 SC&A reviewed this document, you still had  
20 some concerns --

21 DR. MAURO: There were some issues  
22 that there was still residual. But

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1 notwithstanding that they are, but they still  
2 go toward the designation by the Department  
3 of Labor. So it's almost a matter of now -- I  
4 am sure if Hans was available, he could go  
5 into greater detail.

6 DR. BEHLING: John, I just joined  
7 you.

8 DR. MAURO: Thanks, Hans. Yes,  
9 Hans, Dr. Lemen has to leave at 2:30, and I  
10 felt that this issue was so important that I  
11 didn't want him to leave without being alerted  
12 to it. So I gave a very brief introduction to  
13 it that you may or may not have heard, and  
14 Brant has picked it up a little bit to expand  
15 upon it, and certainly did a better job than I  
16 did.

17 But there are some residual issues  
18 that I know you are concerned with that may go  
19 more toward the Department of Labor than to  
20 NIOSH, but I think that would be appreciated.

21 DR. BEHLING: Yes, exactly. I  
22 should have tried to call in earlier, knowing

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1 that you are rarely ever precisely on schedule  
2 time-wise.

3 But as you may have already said,  
4 the issue, really, is one of dealing with old  
5 cases that were assessed 20, 30, even 40 years  
6 ago by pathologists who may not have had the  
7 tools that they have today to identify the  
8 cell line of origin.

9 And, of course, while that is no  
10 longer perhaps the problem it used to be, the  
11 fact is, can we, at this point in time, go  
12 back and rectify past limitations and do the  
13 claimant justice? That's really -- of course,  
14 as Brant had mentioned in our previous  
15 discussion, this is not something that the  
16 NIOSH people have the right to even look at or  
17 it's not part of their charter. So at this  
18 point, it may be a whole new issue.

19 MEMBER LEMEN: I don't know if you  
20 remember. I don't think you were there, Hans,  
21 when we had our first orientation here in  
22 Cincinnati.

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1 MR. HINNEFELD: He would not have  
2 been.

3 MEMBER LEMEN: He would not have  
4 been. But Dave Richardson and I talked about  
5 this a little bit. And if you've got any more  
6 in writing you want, I would like to talk to  
7 Dave about it because he and I were interested  
8 in this issue at that time.

9 DR. MAURO: Hans, your review in  
10 PER-009 goes into this quite a bit, doesn't  
11 it?

12 DR. BEHLING: Yes, and as I said,  
13 it's not necessary what today's limitations  
14 are, but what were the limitations decades  
15 ago. And it goes, obviously, mostly toward  
16 non-Hodgkin's lymphoma, and even with  
17 Hodgkin's sometimes what you really have a  
18 problem with is when you try to establish the  
19 particular cell line of origin when you're  
20 beyond the first stage.

21 Because what happens with  
22 lingering cancer cell lines is that they

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1 become very heterogeneous in terms of  
2 morphology, which is one of the principal  
3 bases for making the diagnostic years ago,  
4 before many of the other serological and  
5 immunological tests that are available now did  
6 not exist.

7 And so, when you deal with a stage  
8 2, 3, or 4 cancer you sometimes have a very  
9 serious problem, not to mention the fact that  
10 in the old days, too, the consumer was not  
11 necessarily, obviously, geared towards the  
12 issue of what may come down the pike years  
13 later in terms of the compensation program.

14 So biopsies were often done that  
15 were not necessarily the site of origin of the  
16 cancer. So you have multiple problems that  
17 you may face in trying to retrospectively go  
18 back and identify cell lines of origin of  
19 cancers that were diagnosed decades ago.

20 MEMBER LEMEN: About all I could  
21 say right now is that I need to look into it a  
22 little bit further, but I was aware that there

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1 was a problem. I will go back and review PER-  
2 009 and then we can talk about it some more.

3 MR. MARSCHKE: The other thing you  
4 may want to look at, Dr. Lemen, is the minutes  
5 of meetings from the April 2nd, 2008 meeting  
6 of this Subcommittee, or I guess it was a Work  
7 Group at that time. Because I think virtually  
8 the whole meeting was devoted to PER-009.

9 DR. BEHLING: Yes. In fact, I  
10 have the transcript with me and I did read  
11 through it. Yes, it was discussed at length  
12 at that time.

13 MEMBER LEMEN: So get the  
14 transcript of the April 2nd --

15 DR. MAURO: And that's online, and  
16 that's available.

17 MEMBER LEMEN: Through the CDC  
18 internet or can I get it over --

19 MR. HINNEFELD: It's on our public  
20 website.

21 MEMBER LEMEN: Okay.

22 MR. HINNEFELD: Yes, our public

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1 website.

2 CHAIR MUNN: So go to 2008, click  
3 on April, and it will come up.

4 MEMBER LEMEN: Okay.

5 DR. MAURO: Now I'll tell you  
6 we'll keep it moving because we only have  
7 about 10 more minutes, in fact. You want to  
8 hear a little bit about the smoking aspect of  
9 this problem.

10 MEMBER LEMEN: Right.

11 DR. MAURO: Hans, give us a  
12 rundown on the discussion we had regarding  
13 this, which, again, is something that I don't  
14 think is going to be an issue that we're going  
15 to end up tracking, but it's an important  
16 issue that might be a fundamental scientific  
17 issue that needs to be discussed at a higher  
18 level.

19 DR. BEHLING: Yes, maybe this is  
20 not something that, again, can be resolved  
21 because I think we did discuss it earlier.  
22 And what I brought up was the fact that, when

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1 you have a person who is a smoker, what you  
2 really have is probably an enhanced removal by  
3 macrophages that will then transport the  
4 material from the deep lung into the regional  
5 lymph nodes because of the fact that the  
6 material isn't removed by the other  
7 conventional methods, namely the mucociliary  
8 escalator. And it's been shown that the  
9 number of macrophages in the deep lung are  
10 much higher among smokers than they are among  
11 nonsmokers, meaning that we do have evidence  
12 of an enhanced removal mechanism of  
13 particulate matter that will then be  
14 transferred to the regional lymph nodes,  
15 meaning that the smoker is going to be at  
16 higher risk.

17 While that was discussed earlier,  
18 it was also concluded that perhaps this is  
19 something that is too difficult of an issue.  
20 There are no existing models. If I recall,  
21 that was the reason for not wanting to perhaps  
22 even go into that issue beyond where it is

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1 today, and simply realize it cannot be  
2 resolved.

3 MEMBER LEMEN: You're aware that,  
4 on that issue, the epidemiology says the radon  
5 daughters, they have found that there is a  
6 specific synergism between smoking and the  
7 elevation of lung cancer, which could be  
8 connected to this whole same type of issue.

9 DR. BEHLING: Sure.

10 MEMBER LEMEN: But it says up here  
11 on the board where I'm reading that SC&A and  
12 NIOSH were to bring it to the attention of the  
13 NIOSH research arm. Was that ever done?

14 MR. HINNEFELD: I'll have to check  
15 with Jim Neton. I don't know, sitting here  
16 today.

17 MEMBER LEMEN: I just wondered  
18 what they had said, if anything.

19 DR. MAURO: And there's a great  
20 discussion in that same transcript --

21 MEMBER LEMEN: Yes, I see that. I  
22 think if I read April 2nd, I'll be very aware

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1 of what's going on.

2 The radon daughter issue may be  
3 something that's related to that, could be  
4 related.

5 DR. MAURO: I wanted you to hear  
6 that.

7 MEMBER LEMEN: Thank you.

8 DR. MAURO: To bring very quick  
9 closure, there was this other PER-0012 which  
10 was high-fired plutonium. A long history,  
11 started really with Rocky Flats, and NIOSH  
12 came up with a fix with biokinetics. The  
13 problem is, you may have heard this before,  
14 but it is not in the system. We've got to get  
15 this in the system.

16 The bottom line on that is, Hans,  
17 I'll give the real quick one because it's  
18 getting toward that point.

19 If it's high-fired plutonium, it's  
20 not going to be biokinetically the way classic  
21 type S is. It's going to move more slowly.  
22 It's going to have longer residence time.

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1 Therefore, per unit of intake, it's going to  
2 go to a much higher dose than S. It's going  
3 to be whatever you measure in the urine. You  
4 may not even see it in the urine. It may not  
5 get there.

6 And this was an issue that came  
7 up. It was addressed at great length at the  
8 meeting with Rocky. NIOSH issued OTIB-49. We  
9 had the best people we have. We had Joyce  
10 Lipzstein and others review the data and the  
11 solution, which we won't go into here. But  
12 SC&A fully concurs that that technique, that  
13 approach, as it is laid out in OTIB-49, solved  
14 the problem. That technique was, in fact,  
15 what was adopted and is used in PER-0012.

16 The way in which you identify the  
17 cases, which I believe anyone who had more  
18 than a PoC of 19 was automatically going to be  
19 reviewed. In other words, was denied. Anyone  
20 that was denied that had a PoC greater than 19  
21 will be reassessed to see if there is a  
22 reversal. And we agree with that.

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1                   And once you reassess it, the  
2                   technique you're going to reassess it by,  
3                   namely, OTIB-49, is the correct method. So as  
4                   far as our recommendation to this Work Group,  
5                   it is that that issue be -- I mean there  
6                   aren't any issues. We have no issues. We  
7                   agree with it in its entirety.

8                   The only thing we haven't done is,  
9                   of course, check into cases. That is really a  
10                  separate matter, actually doing some cases  
11                  that will be assigned by the Dose  
12                  Reconstruction Work Group.

13                  Hans, do you think I fairly  
14                  characterized the state of affairs?

15                  DR. BEHLING: Yes. It's basically  
16                  one where we have concluded that we're in full  
17                  agreement with what was done. That, of  
18                  course, was almost done prior to the review of  
19                  PER-0012, because the essential focus there  
20                  was OTIB-49.

21                  We concur with everything. I  
22                  looked over that in the context with the

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1 review of PER-0012. And the only thing that  
2 we really felt an issue was how to select the  
3 cases and which types to collect because PER-  
4 0012 really has multiple ways in which the  
5 dose reconstruction will take place, and it's  
6 driven by how was the original dose  
7 reconstruction done. Was it based on original  
8 data involving urinalysis, lung counts, fecal  
9 samples, and air samples? Based on those four  
10 different methods, there are 10 potential  
11 permutations by which a revised dose  
12 reconstruction may be performed.

13 So if one were to say we need to  
14 -- and that's, of course, assuming that there  
15 are any claims currently that were done by  
16 means of fecal analysis, which may not. But  
17 as an upper limit, 10 permutations are  
18 potentially available for reevaluation if  
19 there are cases that reflect those different  
20 methods. And then I talked about that in  
21 Section 5 of our review of PER-0012.

22 MEMBER LEMEN: Okay.

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1 CHAIR MUNN: We have --

2 MEMBER LEMEN: How do you want to  
3 leave that? Bring it up at the next meeting?

4 CHAIR MUNN: Well, I suppose we  
5 can.

6 MEMBER LEMEN: Or do you need  
7 something quicker?

8 DR. MAURO: Well, with regard to  
9 both items, in other words, with regard to  
10 PER-009, there were two issues, both of which  
11 I think are beyond -- both of great interest,  
12 I believe, to the full Board. But, I mean, I  
13 don't know if it is something that is an  
14 issue. These two issues on PER, they need to  
15 be closed; I don't know what you want to  
16 designate them.

17 I think everyone agrees that they  
18 are issues of importance. In one case, it's  
19 really a Department of Labor concern, and the  
20 other one, dealing with the smoking, is more  
21 of an overarching scientific issue that's  
22 beyond what ICRP is capable of dealing with

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1 today, which is a scientific issue that may  
2 warrant attention.

3 So regarding PER-009, really, it's  
4 up to the Work Group on what you want to deal  
5 with that. With regard to PER-012, I think  
6 there are no issues. The only thing that is  
7 left to do is for the DR Subcommittee to pick  
8 a combination of cases so that we can review  
9 to see that, in fact, all these different,  
10 whether they're based on inhalation, based on  
11 bioassay, based on fecal sample, these are  
12 different ways in which you have to implement  
13 PER-009.

14 So you want a case that represents  
15 each of those different issues, matters. So  
16 all our recommendation is, when the time comes  
17 that the DR Subcommittee is going to engage  
18 this question, that they take a look at Hans's  
19 recommendations regarding the different kinds  
20 of cases you would want to select as being  
21 representative of each of the different  
22 categories so that we get a cross-section.

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1 Then we would review the case and say, yes, to  
2 the degree to which each case was, in fact,  
3 implemented properly.

4 CHAIR MUNN: PER-009?

5 DR. MAURO: That would be PER-012.

6 On PER-009, I don't know if there's very much  
7 for us to do even case-wise because the  
8 issues, you know, we could check to see that  
9 cases could be picked for PER-009, and we  
10 could, of course, check to see that they had  
11 implemented their procedure the way they said  
12 they would. Of course, that's what we're  
13 supposed to do.

14 MEMBER LEMEN: You would pick,  
15 check --

16 DR. MAURO: No, these are picked  
17 by --

18 MR. MARSCHKE: The Dose  
19 Reconstruction Subcommittee.

20 DR. MAURO: -- the DR  
21 Subcommittee.

22 Yes, so I guess we would still

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1 have to do that.

2 CHAIR MUNN: Yes.

3 DR. MAURO: But as far as issues,  
4 see, there are --

5 MR. MARSCHKE: Well, there's no  
6 issues.

7 DR. MAURO: There are no issues.

8 MR. MARSCHKE: Technical issues,  
9 there are no technical issues with this Board  
10 through this Subcommittee to review and to act  
11 on, on either of these.

12 CHAIR MUNN: Now my question would  
13 be has there been any interaction at all with  
14 the Department of Labor relative to the code.

15 DR. ULSH: No, not that I'm aware  
16 of.

17 CHAIR MUNN: Okay.

18 MR. HINNEFELD: Relative to --

19 DR. ULSH: The ICD codes.

20 CHAIR MUNN: The ICD codes.

21 MR. HINNEFELD: Not that I'm aware  
22 of, no.

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1 CHAIR MUNN: Is it your position  
2 that such an interaction needs to occur?

3 DR. MAURO: Our recommendation to  
4 the Work Group is that we do believe there are  
5 some residual issues regarding the cell line  
6 that is selected for dose reconstruction, the  
7 way in which it is being done. So we still  
8 have some concerns, you know, that go beyond  
9 NIOSH.

10 DR. ULSH: I don't think we're in  
11 complete agreement.

12 DR. MAURO: And we may not be. So  
13 we may have to have more discussion on that.

14 DR. ULSH: Well, there are two  
15 questions. One, is this something that the  
16 Board should take up or is it beyond our  
17 purview? And if the answer is yes, it is  
18 something we should take up, you have to be  
19 aware that I don't think NIOSH and SC&A are in  
20 complete accord on the technical issue.

21 CHAIR MUNN: I understand. I  
22 understand.

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1 DR. ULSH: There's a few questions  
2 there.

3 MR. HINNEFELD: I think, I guess  
4 from our perspective, that the cell line, as I  
5 recall, Brant, really doesn't strictly enter  
6 into our determination. Is that true?

7 DR. ULSH: That is true. I think  
8 where we differ is -- well, since Hans is on  
9 the line, he can speak to SC&A's position if I  
10 don't get it right. But it's our position  
11 that the ability to differentiate between  
12 Hodgkin's and non-Hodgkin's lymphoma has  
13 existed for, well, not centuries, but  
14 certainly decades, all the way back to the  
15 early part of this century.

16 I don't think that SC&A is in  
17 agreement with that position. So that's kind  
18 of where the disagreement --

19 DR. MAURO: So there might be more  
20 to talk about.

21 DR. ULSH: If we decide that that  
22 is something that we should be talking about,

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1 then, yes, there would be.

2 DR. MAURO: I just wanted Dr.  
3 Lemen to hear that.

4 MEMBER LEMEN: I want to look at  
5 it --

6 DR. MAURO: Thank you.

7 MEMBER LEMEN: -- from my  
8 perspective.

9 CHAIR MUNN: We will see how  
10 much --

11 MEMBER LEMEN: Thank you. Sorry I  
12 have to leave.

13 CHAIR MUNN: No, it's quite all  
14 right.

15 We'll see how much discussion  
16 needs to take place. I wonder if it needs to  
17 take place in this group or whether there  
18 needs to be technical discussion that goes on  
19 before we do. It may be wise for us to make  
20 sure that we have a clear understanding in  
21 this group of what the differences in position  
22 are before we start.

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1 DR. MAURO: I mean we could engage  
2 in that right now, or if you wanted to save  
3 that for a conference call --

4 MR. KATZ: We could do it on the  
5 record. I don't know why --

6 DR. MAURO: Do you want to do it  
7 right now? We can do it.

8 Hans? We didn't really explore.

9 CHAIR MUNN: Right.

10 DR. MAURO: What is the place  
11 where we disagree?

12 Quite frankly, I'm not in a  
13 position to clearly articulate that. Hans is  
14 in a much better position to do that.

15 CHAIR MUNN: Are we in a position  
16 to discuss it?

17 DR. BEHLING: Well, if I can just  
18 very, very briefly summarize the issue,  
19 pathology is, obviously, a dynamic science,  
20 like all sciences. In days past, the  
21 pathologists who may have been tasked with  
22 identifying a cancer cell line was very

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1 limited in years past or certainly a lot more  
2 limited than they are today. And the  
3 pathologist in days past was principally  
4 limited to optical inspection of a tissue  
5 sample, a biopsy sample, through a light  
6 microscope. And of course, there are  
7 limitations to that procedure.

8 Today much of that is, first of  
9 all, maybe the optical examination of a slide  
10 that contains a tissue biopsy sample is  
11 something that's still being done, but is  
12 clearly not the only way by which the final  
13 diagnosis is made. There are immunological  
14 examinations, serological tests, and plenty of  
15 other tests.

16 Certainly this is not my area of  
17 expertise, either, but I'm aware of the fact  
18 that the science has certainly mushroomed,  
19 especially in the nineties, immunologically  
20 speaking.

21 I was involved up until the early  
22 eighties as an immunologist. That was my

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1 former life. Obviously, there's a tremendous  
2 expansion in ability to identify cell lines  
3 today that didn't exist in the sixties,  
4 seventies, or eighties, or even maybe up to  
5 the nineties.

6 So when you have a case that was  
7 diagnosed, let's say, in the 1970s, and you're  
8 at this point trying to determine what was the  
9 cell line, you may or may not be in a position  
10 to make that determination with any high  
11 degree of accuracy. Again, this is something  
12 that may or may not be solvable.

13 CHAIR MUNN: It sounds to the  
14 uninitiated as if there's some wishful  
15 thinking with regard to applying current  
16 knowledge to past medical practices and past  
17 identifiers that we probably can't change.

18 DR. BEHLING: No.

19 DR. MAURO: Okay, Hans, go ahead.

20 DR. BEHLING: About the only thing  
21 we can do is to, in instances where there is  
22 some measure of doubt, is to default to a

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1 claimant-favorable assumption that would give  
2 the benefit of the doubt to a claimant.

3 CHAIR MUNN: Well, I think the  
4 question being as it is, it seems to me that  
5 it would be only fair for us to give NIOSH an  
6 opportunity to think about what we have  
7 discussed here and for us to have this  
8 discussion at our next meeting, when it might  
9 be easier for all concerned to better identify  
10 where the differences of opinion are. Is that  
11 reasonable or do we need to go ahead with it?

12 DR. ULSH: In fact, we've had this  
13 discussion. John, when you referred to, I  
14 think, the 2008 transcript, I thought you  
15 referred to it as a meeting of this  
16 Subcommittee, but are you talking about that  
17 conference call that we had with you all? Or  
18 is that something different?

19 DR. MAURO: There were two. One  
20 was a face-to-face, and then there was a  
21 conference call.

22 DR. ULSH: Okay.

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1 DR. MAURO: I don't know the exact  
2 dates. We picked it up and read that stuff.

3 But you know what I have to say?  
4 You were beginning to explain before why you  
5 feel that the way in which you approached the  
6 problem does, in fact, do the thing that Hans  
7 just said. You select the cancer that does  
8 give the benefit of the doubt. I mean, if  
9 that's done, then maybe you are already doing  
10 what we are recommending.

11 DR. ULSH: Okay. Well, it's not  
12 quite that simple.

13 DR. MAURO: Well, okay. I'm sure.

14 DR. ULSH: What I would encourage  
15 the Subcommittee to do, if you have an  
16 interest in this topic, is to examine where we  
17 are. So take a look at the starting document,  
18 which was a TIB. It was an OTIB that was  
19 written that assigns the target organs for  
20 lymphoma, for lymphatic cancer. But,  
21 unfortunately, I cannot remember which number  
22 that was. Start there. Look at SC&A's review

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1 of that document. That will tell you where  
2 they're coming from, and I think that there's  
3 probably some minutes available from that  
4 conference call that we had, right?

5 CHAIR MUNN: The conference call  
6 is the April 2nd reference. It was about PER-  
7 009.

8 DR. MAURO: Wasn't there a  
9 meeting, a face-to-face also?

10 MR. MARSCHKE: This is the Work  
11 Group meeting that was -- it was this Work  
12 Group, Procedures Review.

13 I don't think so, because I  
14 remember sitting in this --

15 DR. MAURO: Sitting down, right.

16 MR. MARSCHKE: -- sitting here and  
17 listening to this.

18 DR. MAURO: So it was a conference  
19 call. I think it was later in the month there  
20 was a conference call.

21 CHAIR MUNN: April 2nd was the  
22 conference call.

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1 MR. MARSCHKE: Then we had --

2 DR. MAURO: April 2nd you had the  
3 conference call?

4 MR. MARSCHKE: It indicates that  
5 it was -- oh, no, it was held telephonically.  
6 I'm sorry.

7 CHAIR MUNN: And Brant was the  
8 principal.

9 DR. ULSH: Okay. Well, I must  
10 have been there then.

11 (Laughter.)

12 MR. HINNEFELD: Brant, excuse me.  
13 Which, the TIB about target organs? Was that  
14 ours or ORAU's?

15 DR. ULSH: I believe it is ORAU's.

16 So I guess what I would recommend  
17 is we've already had extensive discussions  
18 along these lines. If this is something that  
19 you're interested in, I would recommend  
20 reviewing these source documents to see what  
21 it is that we've already discussed.

22 Now, John, I mean just to kind of

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1 quickly summarize what our current position  
2 is, Hans was mentioning the different  
3 immunological procedures that are available  
4 now. You can immunologically stain cell  
5 surface markers and determine cell lines. And  
6 of course, you couldn't do that decades ago.

7 But our position is that that's  
8 not the way you differentiate between  
9 Hodgkin's and non-Hodgkin's lymphoma. Even  
10 though they're both called lymphoma, they're  
11 very, very different in terms of their origin.

12 Again, just like Hans, I'm not a  
13 pathologist, either. So we referred the  
14 matter to a Board-certified hematologist and  
15 got his opinion on it.

16 I guess there's morphological  
17 differences. There's just a lot of  
18 differences between Hodgkin's and non-  
19 Hodgkin's lymphoma. For a Hodgkin's lymphoma,  
20 we treat it as if it is the site of  
21 occurrence. Wherever you find whatever lymph  
22 node that tumor occurs in, that is the site of

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1 origin for that tumor.

2 That's very different from the way  
3 that we treat a non-Hodgkin's lymphoma, which  
4 is more systematic. It could have started in  
5 the lung, and you wind up finding it in the  
6 inguinal lymph nodes or the pelvic lymph  
7 nodes, anywhere, because it is moving. It  
8 travels around. So you can't make the  
9 assumption that the site where you find the  
10 tumor is where it actually started.

11 CHAIR MUNN: Yes, you said that  
12 right here.

13 DR. MAURO: So for non-Hodgkin's  
14 lymphoma, where you don't know where the home  
15 organ is, you assume the worst.

16 DR. ULSH: We assume the worst.

17 DR. MAURO: So then for the  
18 Hodgkin's lymphoma, that's at play here; is  
19 that where we are?

20 DR. ULSH: It's Hodgkin's  
21 lymphoma, and I think there might be a couple  
22 of minor cats-and-dogs types that fall under

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1 this, too, some kind of a sarcoma or  
2 something. It's been too long. I can't  
3 remember, but I think there are a few other  
4 minor --

5 CHAIR MUNN: Lymphosarcoma he  
6 mentioned.

7 DR. ULSH: Yes, lymphosarcoma.

8 DR. BEHLING: Yes, there are  
9 others besides those two. I'm not really  
10 focusing on the ability to differentiate  
11 Hodgkin's from non-Hodgkin's, but even with  
12 Hodgkin's, when you have a stage 2, 3, or 4  
13 cancer, oftentimes, as it was acknowledged,  
14 tissue biopsies were not necessarily always  
15 identified from the primary cancer lesion.

16 It was oftentimes the case where a  
17 metastasized lymphoma would be accessed by the  
18 most accessible lymph node, and there you  
19 still don't always know what is the actual  
20 primary location for origin of even a  
21 Hodgkin's cancer because it isn't completely  
22 known if at times when the biopsy was done,

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1 because of accessibility, if it had  
2 metastasized.

3 MR. HINNEFELD: So I think now  
4 that kind of disappeared there, Hans. Were  
5 you saying that the diagnosis depended upon  
6 accessibility sometimes?

7 DR. BEHLING: Well, you know, when  
8 you do tissue biopsy, and you will have said  
9 more than one lymph node has been affected,  
10 the cancer has gone from stage 1 through 2 or  
11 3, you may have the tissue biopsy that  
12 reflects the location that is not the primary  
13 -- it does not reflect the primary cancer. So  
14 when you say for Hodgkin's lymphoma we always  
15 take or assume the cancer started where you  
16 made the diagnosis, but, of course, for a  
17 metastasized cancer, that, obviously, has been  
18 obscured.

19 MR. HINNEFELD: Okay.

20 DR. MAURO: I'm going to add one  
21 item. It's coming back to me.

22 We got into a very heated debate

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1 on this because we said that you can't trust  
2 your pathologists that do this because they're  
3 guessing. I mean I'm going to put it right on  
4 the table. We went right after the experts,  
5 current experts, that are making the ICD code  
6 designation that you're using for your dose  
7 reconstruction, and I remember this. I  
8 remember there is a great deal of judgment  
9 that is subject to considerable uncertainty --  
10 Hans, correct me if I'm wrong, because this is  
11 all coming back to me now like a wave -- where  
12 we don't believe that you are giving the  
13 benefit of the doubt.

14 We understand that a judgment is  
15 made somewhere along the line. But a person  
16 who is familiar with how that judgment is made  
17 will realize that if you are really interested  
18 in giving the benefit of the doubt, given the  
19 nature of the doubts associated with this kind  
20 of judgment, that you may not necessarily be  
21 calculating the dose to the issue of the  
22 concern that is going to give the highest PoC

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1 to the claimant that is within the intent of  
2 the law.

3 That's where I think it got pretty  
4 rough at that point during the conversation.  
5 In effect, we were saying that we don't think  
6 it really can be done, not to the level of  
7 assurance that at least the intent of claimant  
8 favorability. I think that's where we left  
9 this one off.

10 DR. BEHLING: Just to add to that,  
11 I believe I had quoted in my writeup  
12 statements made in a pathology textbook that I  
13 used myself. It is, obviously, out of date,  
14 but exactly the point.

15 In that particular textbook --  
16 it's Cecil, and for those who may have access  
17 to it, it's Section 7, lymphoreticular  
18 neoplasms, was the title of that subsection  
19 dealing with cancers. I took direct quotes  
20 from the people who authored that particular  
21 section of the textbook.

22 And they raised question after

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1 question about the ability to identify the  
2 specific cell lines, especially for those  
3 cancers that are classified as non-Hodgkin's  
4 lymphoma.

5 And over the years, the  
6 nomenclatures changed; the techniques  
7 available for making diagnosis changed. And  
8 there's little doubt in my mind that  
9 pathologists in those days, in the sixties,  
10 seventies, or even eighties, faced a very  
11 difficult task in making sure that they  
12 understood what type of cancer they're dealing  
13 with.

14 DR. ULSH: All right. So this is  
15 getting a bit one-sided because that position  
16 is getting on the record, and I'm not  
17 responding.

18 CHAIR MUNN: Yes.

19 DR. ULSH: I would strongly  
20 encourage you, because I know Hans wrote that  
21 report, and we wrote a response to it -- these  
22 were very technical matters. I would

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1 encourage you to pick up that record and  
2 review it in detail. If you want to have  
3 further discussions, then we should schedule  
4 it and prepare and do that.

5 CHAIR MUNN: This is quite true.  
6 As I'm scanning through this April 2nd  
7 teleconference document, I'm seeing that we  
8 are raising the very same issues that we cover  
9 again. Obviously, we have gone over this  
10 before. If we are going to go over it again,  
11 Brant has an excellent suggestion. Let's read  
12 what we've said before, what we have done  
13 before, the conclusions we have reached  
14 before.

15 Then if there is something  
16 different other than what we have covered in  
17 the past, let's take that up. But for the  
18 time being, especially as you pointed out, Dr.  
19 Lemen has real interest in this as well, and  
20 obviously, he not having had access to any of  
21 this previous information will want to go  
22 through it.

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1 I suggest -- could I request that  
2 both of you, both SC&A and NIOSH, provide the  
3 appropriate reference, other than this one?  
4 We know that this teleconference exists. But  
5 your reviews?

6 DR. ULSH: Yes, sure.

7 CHAIR MUNN: How can we access  
8 your reviews to take a look at that?

9 Prior to that time, it would not  
10 seem to be fruitful for us to continue on this  
11 topic at this moment. Do I hear any real  
12 concern with our postponing further discussion  
13 of this?

14 If not, then I'll ask both SC&A  
15 and NIOSH to give us those references by  
16 electronic means, if you would, by email. We  
17 will list this particular item as one of our  
18 items of discussion for our next meeting.

19 DR. MAURO: One of the questions I  
20 don't know about, were we able to load this  
21 information onto the system?

22 MR. MARSCHKE: We will get that by

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1 the next meeting.

2 DR. MAURO: We will have it by the  
3 next meeting? Okay. So we have got to load  
4 up the tracking system with this as best we  
5 can?

6 CHAIR MUNN: Yes.

7 MR. HINNEFELD: Our seminal  
8 document for these target organs is in OCAS  
9 TIB-12.

10 CHAIR MUNN: TIB-12.

11 MR. HINNEFELD: OCAS TIB-12.

12 DR. ULSH: And that will be as  
13 well.

14 CHAIR MUNN: Yes.

15 DR. ULSH: You can access it, but  
16 we'll provide it to you anyway.

17 CHAIR MUNN: Yes. All right,  
18 thank you, I think, for that discussion.

19 (Laughter.)

20 I'm not too sure.

21 Now we were beginning TIB-13, were  
22 we not --

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1 DR. ULSH: Yes.

2 CHAIR MUNN: -- prior to that?

3 And we were checking for  
4 completion of responses into the database. Do  
5 we have what we need in our permanent record  
6 now?

7 DR. ULSH: Elyse, do you want to  
8 pick up where you left off?

9 MS. THOMAS: Okay. I think I  
10 mentioned before that, back in October, when  
11 we didn't have an operational database to use,  
12 we were sending out responses electronically.

13 In the Word document that contained these  
14 responses, the findings and responses got a  
15 little bit out of order. So that's been  
16 corrected, and all of the responses that are  
17 in the database match the findings that they  
18 belong to. So everything should be fine for  
19 OCAS TIB-13 in the database.

20 CHAIR MUNN: I'm still waiting for  
21 my database to reload for the third time since  
22 this session. Can we tell from what Steve has

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1 up on the screen whether we seem to be okay?

2 MR. HINNEFELD: I don't think  
3 that's the right one.

4 MR. MARSCHKE: But that seems to  
5 be --

6 CHAIR MUNN: TIB-13? Is that  
7 where we are?

8 MEMBER ZIEMER: I think so.

9 DR. ULSH: That's what I've got.

10 MR. HINNEFELD: Okay.

11 MEMBER ZIEMER: What was the issue  
12 on this one? The numbers weren't matching up  
13 --

14 CHAIR MUNN: Yes, they were  
15 improperly -- the finding didn't match the  
16 response, and the responses were all out of  
17 order, as I recall. Can we tell from what you  
18 have up?

19 MR. MARSCHKE: No, but I can't do  
20 anything. It's got the hourglass.

21 DR. MAURO: Are you locked out?

22 MR. MARSCHKE: I seem to be locked

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1 out.

2 MEMBER ZIEMER: We seem to be  
3 okay.

4 CHAIR MUNN: Do you have that  
5 reasonably well, Paul?

6 One thing our rapid internet tools  
7 do for us is give us long pauses in between  
8 comments while our equipment boots.

9 MEMBER ZIEMER: Were you talking  
10 about the numbers? I'm just spot-checking  
11 them here. But SC&A finding 02, NIOSH  
12 response 02, and so on --

13 CHAIR MUNN: Yes. Yes.

14 MEMBER ZIEMER: All that I'm  
15 looking at are lined up.

16 MS. THOMAS: Yes, they should be  
17 lined up in the database. I can give you an  
18 example. For finding TIB-13-05, the NIOSH  
19 response says, "Will be added on update. See  
20 also response to finding 03." That's the  
21 correct reference.

22 On the electronic Word document

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1 that was sent out to Subcommittee members in  
2 October, the response was the same, but it  
3 said, "See also response to," and I think it  
4 said finding 04, for example. So it didn't  
5 point to the right or the correct response  
6 that we wanted it to point to. But those have  
7 all been corrected. So what you see in the  
8 database should be what NIOSH means to say.

9 CHAIR MUNN: All right.

10 MR. MARSCHKE: And you said  
11 finding 05 was your example?

12 CHAIR MUNN: Yes, it was her  
13 example.

14 MEMBER ZIEMER: I only see four  
15 findings there.

16 CHAIR MUNN: Incorrect use of  
17 scaling factor terminology.

18 MEMBER ZIEMER: Mine doesn't show  
19 a response. Incorrect scaling factors? Does  
20 yours, Steve?

21 MR. MARSCHKE: I don't know.

22 MS. THOMAS: Are you looking at

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1 OCAS TIB-13?

2 MR. MARSCHKE: OCAS TIB-13.

3 MEMBER ZIEMER: Y-12 dose?

4 MS. THOMAS: It's called Special  
5 External Dose Reconstruction Consideration for  
6 Mallinckrodt Workers.

7 MEMBER ZIEMER: Okay.

8 MR. MARSCHKE: That's the one I've  
9 been looking at.

10 CHAIR MUNN: Oh, all right.

11 MS. THOMAS: Yes, ORAU Team  
12 OTIB-13 is, I think, a Y-12 document.

13 CHAIR MUNN: Yes, it is.

14 MR. MARSCHKE: It has six issues.

15 MS. THOMAS: Right. And I was  
16 just giving an example of the numbering  
17 problems that have been corrected.

18 MR. MARSCHKE: Okay. "See also  
19 response for finding 03."

20 MS. THOMAS: Right. That's  
21 correct. I think in the Word version that  
22 went out in October it said, "See response to

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1 finding 04," but it didn't match. The  
2 response didn't match the finding.

3 MR. MARSCHKE: Okay.

4 MS. THOMAS: And it does now.

5 CHAIR MUNN: All right. Can we  
6 accept that that's fine and that that can now  
7 be a closed item for us?

8 MR. HINNEFELD: Well, wait a  
9 minute. I think the data that has been added  
10 was our initial response to the finding, and  
11 then SC&A I don't believe had seen those until  
12 today, right? So normally when we give an  
13 initial response to the finding, SC&A says,  
14 well, did that answer the finding or not? I  
15 think the status, though, goes from open to  
16 "in progress," since it's now been in  
17 discussion here.

18 DR. MAURO: It is in progress  
19 then.

20 MR. HINNEFELD: Yes, in progress.

21 DR. MAURO: It is in progress now.

22 MEMBER ZIEMER: It was just a

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1 matter of getting --

2 DR. MAURO: Shifting them.

3 MEMBER ZIEMER: -- shifting them  
4 to make sure that they matched up.

5 MR. HINNEFELD: Does anything I  
6 say there sound wrong?

7 CHAIR MUNN: I don't think so.

8 DR. MAURO: So you want me to  
9 change these to in progress?

10 CHAIR MUNN: Change them to in  
11 progress, and the ball's in SC&A's court.

12 MR. MARSCHKE: All six of them?

13 MR. HINNEFELD: I think we  
14 provided a response to all six, didn't we?

15 CHAIR MUNN: I believe so.

16 MR. MARSCHKE: Oh, I see. Issue  
17 number 1 says, basically, it will be modified  
18 -- it looked like in abeyance. Right now, the  
19 paragraphs are not numbered sequentially.  
20 This will be modified in an update. So this  
21 should be in abeyance.

22 DR. MAURO: We can't do this real-

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1 time right now?

2 CHAIR MUNN: In abeyance? I  
3 thought it was done.

4 MR. MARSCHKE: They will be done.  
5 It will be modified.

6 MR. HINNEFELD: We promised to do  
7 some.

8 MR. MARSCHKE: And basically, the  
9 same is true with number 2. It says, "The  
10 sections will be reordered with an update."  
11 So that looks, again, like something that  
12 was --

13 MEMBER ZIEMER: Agreed to.

14 MR. MARSCHKE: -- agreed to.

15 CHAIR MUNN: Oh, dear.

16 MEMBER ZIEMER: The last one or  
17 the fifth one also is in that category, will  
18 be added on update.

19 MR. MARSCHKE: Wait a minute.  
20 Wait a minute. I'm not there, Paul.

21 MEMBER ZIEMER: Yes, I'm trying to  
22 stay ahead of you, which is hard to do.

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1 (Laughter.)

2 MR. MARSCHKE: You said the fifth  
3 one?

4 MEMBER ZIEMER: Right there, will  
5 be added on update.

6 MR. MARSCHKE: "See response to  
7 number 3." Well, what does number 3 say?

8 MEMBER ZIEMER: There's more to it  
9 than that.

10 CHAIR MUNN: Number 3 is the  
11 Attila thing.

12 MR. MARSCHKE: "More discussion  
13 can be added to avoid any confusion on the  
14 part of the reader as well as the dimensions."  
15 That's just on the bottom line.

16 CHAIR MUNN: "More discussion can  
17 be added" doesn't need to be in. Is this an  
18 issue that can be resolved here today?

19 DR. ULSH: I don't think so.

20 CHAIR MUNN: We've been over this  
21 business with Attila.

22 DR. ULSH: Well, it refers you

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1 back to comment number 3, which is our  
2 discussion of Attila.

3 CHAIR MUNN: Right.

4 MEMBER ZIEMER: There's two parts  
5 to it. One is to put numbers in, and that's  
6 easily done. You still have to do the Attila  
7 calculation.

8 DR. MAURO: Yes.

9 DR. ULSH: It should probably be  
10 in progress. Probably 3 and 5 should be in  
11 progress.

12 MR. MARSCHKE: I think 4 as well.

13 DR. ULSH: Four? Oh, yes. I'm  
14 not adding -- because this takes so long to  
15 update, Wanda, I haven't added any verbal --  
16 I've made the changes that you have identified  
17 or that are being identified, but I haven't  
18 added the verbiage. I don't know if you want  
19 to slow the meeting down while I add the  
20 verbiage or if you wanted me to add the  
21 verbiage or any verbiage to explain that we  
22 have, basically, to explain that the

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1 Subcommittee has --

2 CHAIR MUNN: I would recommend at  
3 this moment we change the status, if you will  
4 make the note to add verbiage and let us know  
5 what verbiage you have added. Originally, it  
6 was our hope that we could do this all here.

7 DR. ULSH: Yes.

8 CHAIR MUNN: But right now, we're  
9 way behind the curve. If we are successful in  
10 getting the items changed with respect to  
11 their status, then if you will commit to  
12 advising us what the verbiage is, as you  
13 change it later --

14 MR. MARSCHKE: Yes, I will try to  
15 get in as soon as I get home.

16 Now just so we're all on the same  
17 page, I guess, 1 is in abeyance; 2 is in  
18 abeyance; 3 was in progress.

19 CHAIR MUNN: Yes, that's what we  
20 said, 3 and 4.

21 MR. MARSCHKE: Four was -- okay,  
22 yes, 5 I guess was also in progress. And 4

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1 and 6 I guess are the ones that -- let's see.

2 CHAIR MUNN: Didn't we say that  
3 4 -- 4 is the one that says, "Is the broader  
4 issue not affecting just Mallinckrodt, but  
5 should be addressed as an overarching issue?"

6 DR. ULSH: But, regardless, that's  
7 our response.

8 CHAIR MUNN: Yes. We still need a  
9 response from SC&A on that.

10 DR. ULSH: Exactly. Exactly.

11 MR. MARSCHKE: So, basically, this  
12 is an in progress?

13 CHAIR MUNN: Basically, it's in  
14 progress as well.

15 MR. MARSCHKE: That was 4.

16 CHAIR MUNN: That was 4.

17 MR. MARSCHKE: We know that we  
18 need issue numbers on this screen.

19 CHAIR MUNN: You have to count  
20 down the blocks. That's all you can do.

21 MR. MARSCHKE: And then the last  
22 one is 6. "Does not represent a

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1 scientifically-valid or claimant-favorable  
2 approach to resolving the correction factor  
3 for organs in the lower torso."

4 DR. ULSH: Our response refers you  
5 back to number 4, which is in progress.

6 MR. MARSCHKE: Right. So, then, I  
7 guess it would be the same.

8 CHAIR MUNN: It must be. Or if it  
9 actually is a restatement of finding 4, then  
10 it ought to be -- should it not be covered in  
11 -- doesn't that --

12 MR. MARSCHKE: Four is "The  
13 procedure underestimates the maximum  
14 correction factor to be applied to the bad  
15 readings. Therefore, the procedure does not  
16 provide adequate guidance for defining the  
17 claimant-favorable assumptions."

18 And 6 says, "The TBD does not  
19 represent a scientifically-valid or claimant-  
20 favorable approach to developing a correction  
21 factor for organs in the lower torso."

22 DR. ULSH: So it's a subset of

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1 number 4.

2 CHAIR MUNN: Yes, sort of.

3 Probably in the same status then.

4 DR. MAURO: Do we know what the  
5 heart of the technical issue is here? You  
6 guys ran Attila and we ran MCNP and came up  
7 with the differences? Is that what happened  
8 here?

9 MR. MARSCHKE: I think so.

10 DR. MAURO: A factor of five  
11 difference seems to be pretty big.

12 CHAIR MUNN: It is pretty big.

13 MR. KATZ: So who has an action on  
14 4 and 6?

15 CHAIR MUNN: SC&A. They have  
16 responses --

17 MR. MARSCHKE: I think SC&A. We  
18 have the initial responses from NIOSH. So  
19 it's in our court to get through and --

20 MR. KATZ: I thought so. I just  
21 wanted that to be clear who's up at bat.

22 CHAIR MUNN: Right.

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1                   Moving on to the next item, given  
2                   the understanding that Steve is going to let  
3                   us know what verbiage has been placed in the  
4                   items that we just covered, 49-01, I'm  
5                   assuming, without looking at it, that this is  
6                   part and parcel of the discussion that we just  
7                   had with respect to the lymphomas and the  
8                   PERs. It's all wrapped up in the same issue,  
9                   is it not? No?

10                   DR. ULSH: Well, OTIB-49 is Super  
11                   S.

12                   CHAIR MUNN: Yes.

13                   DR. MAURO: There were no issues  
14                   on that. This was on Super S?

15                   CHAIR MUNN: Let's see what Elyse  
16                   has to say.

17                   DR. MAURO: Yes, let's see what  
18                   we've got here.

19                   MS. THOMAS: OTIB-49-01, I think  
20                   NIOSH owed the Subcommittee kind of a  
21                   restatement of our initial response. I know  
22                   Stu wrote an email to Steve back in last fall,

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1 and I'm kind of looking at that right now,  
2 where it says, "OTIB-49-01A is a fairly  
3 extensive discussion of how OTIB-49 doesn't  
4 clearly describe what to do in a situation  
5 where the EE, exposed to two or multiple  
6 discrete acute intakes or two or multiple  
7 discrete chronic intakes, separated by a time  
8 at no exposure, with bioassay data only at the  
9 end of the intake."

10 I know OTIB-0049 is in the process  
11 of a revision. It's in internal review right  
12 now.

13 So I see maybe two options. One  
14 is to go ahead and try to have another  
15 response to this particular item for the next  
16 meeting. We don't have it now. Or if you  
17 want to wait and review the revision when it  
18 comes out, you know, that might be another  
19 option that the Subcommittee wants.

20 CHAIR MUNN: My, that is a long  
21 response.

22 DR. ULSH: Yes, it's a long

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1 comment.

2 MR. MARSCHKE: I think that, as  
3 Elyse said, I think that Stu issued an email  
4 last fall that came after this response. This  
5 response, yes, this was early last year. This  
6 was provided in March.

7 I'm trying to make heads or tails  
8 of this issue, I think.

9 MR. HINNEFELD: Well, yes, I mean  
10 this one has got kind of a long and storied  
11 history, and it's difficult to follow. But  
12 the issue that Joyce raised had to do with how  
13 do you use OTIB-49 in this circumstance.

14 DR. MAURO: Special circumstance.

15 MR. HINNEFELD: And I think that  
16 the circumstance she describes would not, it  
17 doesn't get incorporated into a dose  
18 reconstruction. She's describing a situation  
19 of two acute intakes where you have acute  
20 intake period, a bioassay at the end of that.  
21 A period of no exposure. Acute intake,  
22 bioassay at the end of that. Then how exactly

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1 do you do this TIB-49 adjustment? Because the  
2 adjustment depends upon the time since intake,  
3 and which factor do you use because you have  
4 these two intakes?

5 My view is I don't think we  
6 encounter and consider it that way. I mean,  
7 first of all, it's very possible that someone  
8 could have two acute intakes, but we don't, as  
9 a general rule, assume that there's no end of  
10 the exposure in between. We generally expose  
11 with respect to there is some chronic intake  
12 in between. So you, in fact, have sort of a  
13 long chronic intake with these superimposed  
14 acutes, and the arithmetic problem that she is  
15 talking about kind of disappears and you have  
16 an application or you have a way to do  
17 OTIB-49.

18 That's how I recall this. Now  
19 it's been a long time since I wrote this.

20 And she describes some other  
21 situation. I think it's a period of chronic,  
22 nothing, a period of chronic. So it was

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1 essentially the same question. But I don't  
2 know what she described. I don't know that we  
3 do dose reconstructions in the way she  
4 envisions.

5 DR. MAURO: And that is correct.  
6 That scenario that she describes --

7 MR. HINNEFELD: Yes, the way she  
8 envisions it --

9 DR. MAURO: -- we don't model  
10 that.

11 MR. HINNEFELD: I don't think we  
12 do that. I can't think of a situation where  
13 we would do that unless someone, for instance,  
14 left employment.

15 DR. MAURO: Now there is a window  
16 in between where she's postulating there is no  
17 exposure, but you're saying that we don't do  
18 that.

19 MR. HINNEFELD: Right.

20 DR. MAURO: We postulate there's  
21 some chronic in between. Now, for some  
22 reason, when you do that, OTIB-49, how is the

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1 problem --

2 MR. HINNEFELD: My recollection,  
3 when I went through this, was that the problem  
4 that she described kind of went away. It is a  
5 problem of the arithmetic and the application  
6 of this correction thing.

7 DR. MAURO: And this is something  
8 you wrote to us?

9 MR. HINNEFELD: Yes. I can try to  
10 reconstruct what I put out there.

11 DR. MAURO: Or just send it to us.

12 MR. HINNEFELD: I think I still  
13 have it on my computer someplace.

14 MR. MARSCHKE: Maybe I still have  
15 it.

16 DR. MAURO: Well, the ball should  
17 be in our court. Let's go see if we can track  
18 down this thing.

19 MR. HINNEFELD: Yes, and maybe get  
20 some feedback from ORAU, in fact, that what I  
21 said was, in fact, true. We may need to get  
22 some additional input from them about the

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1 nature of our findings.

2 I'm confident that the nature of  
3 our finding was what do you do about this  
4 split exposure with nothing in between case?  
5 How do you apply this correction factor? So  
6 if I understood what she was saying, that's  
7 what it was.

8 So I think we probably need to  
9 pursue this with ORAU a little bit. We're  
10 going to talk Friday on something else. We  
11 can throw this in.

12 DR. ULSH: So is the ball in our  
13 court then?

14 MR. HINNEFELD: Well, let me take  
15 a look at our most recent stuff.

16 DR. MAURO: Yes, we'll certainly  
17 follow up, retrieve what you sent us already.  
18 It sounds like you folks may want to  
19 supplement that.

20 MR. HINNEFELD: Yes. And I need  
21 to make sure we get with ORAU and make sure  
22 that what I said was correct.

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1 CHAIR MUNN: And please do. While  
2 you're looking at 01, look at 02 as well.  
3 Both of them are very closely --

4 MR. HINNEFELD: Yes, and that's  
5 part of the confusion on this. Things that  
6 were originally mentioned on one finding end  
7 up in the other finding, in the discussion of  
8 the other finding.

9 CHAIR MUNN: Exactly.

10 MR. HINNEFELD: And so there's  
11 some interlacing parts. Part of the fairly  
12 long email I wrote was an attempt to sort of  
13 unlace them and get back to either one finding  
14 or two separate and distinct findings, rather  
15 than having them bleed into each other.  
16 Because of the discussion of one finding bled  
17 into the other at some point.

18 CHAIR MUNN: Okay. So I'm going  
19 to propose the action that NIOSH is going to  
20 look at both 01 and 02 to better clarify the  
21 exact issues, right?

22 MR. HINNEFELD: Well, and SC&A has

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1 got to look at that, too, what they've already  
2 received.

3 DR. MAURO: Yes, we've got to  
4 catch up to you.

5 And if there are some -- we will  
6 get to a point, I guess, at SC&A where we say,  
7 okay, we understand it. We bring Joyce in.  
8 Internally, we have our story straight. At  
9 that point, I guess we may say okay or maybe  
10 we need a technical discussion. I don't know.

11 CHAIR MUNN: The Subcommittee  
12 would be very pleased if after both the agency  
13 and the contractor had an opportunity to  
14 refresh their memory on these two items, if  
15 they could, in fact, talk to each other a  
16 little bit about this before we have our next  
17 meeting. It would be most helpful to us.

18 MEMBER ZIEMER: Joyce has just  
19 raised a very --

20 DR. MAURO: Special.

21 MEMBER ZIEMER: -- special case.

22 I don't think you want to get into a mode of

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1 saying how you're going to do every special  
2 case.

3 CHAIR MUNN: No.

4 MEMBER ZIEMER: Because then  
5 somebody says, "Okay, what about the case  
6 where you have a third one?"

7 CHAIR MUNN: Yes, let's not be  
8 laborious.

9 MEMBER ZIEMER: You've got to  
10 think in more general terms. You have two  
11 data points, right? I mean that's what you've  
12 got. Then you have to have some assumptions  
13 about it.

14 Do you know when the intake  
15 occurred or do you have to go back to the  
16 previous or what? So all you have is two data  
17 points?

18 MR. HINNEFELD: That's exactly  
19 right. What she was describing --

20 MEMBER ZIEMER: You don't  
21 necessarily know --

22 MR. HINNEFELD: -- is not

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1 something that we can deduce from what we get.

2 MEMBER ZIEMER: Right. So it  
3 seems to me you have to direct it toward the  
4 general, how do you use this information. I  
5 mean, if you knew there were two discrete  
6 things -- number one, I can't imagine that you  
7 would only have two data points. You're going  
8 to be tracking it. But if you did that, you  
9 could still do something with that.

10 MR. HINNEFELD: I'd have to go  
11 back and refresh my memory. I'm almost  
12 positive it was, what do you do in this case  
13 where you have two exposures some period  
14 apart?

15 MEMBER ZIEMER: Yes.

16 MR. HINNEFELD: How do you treat  
17 49?

18 MR. MARSCHKE: Yes, this is a  
19 summary of 49 that we had, I don't know, this  
20 was back, printed out last November.

21 CHAIR MUNN: Yes.

22 MR. MARSCHKE: And it is more or

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1 less a formatted version of what's in the  
2 database now. It's a little better formatted.

3 But it's still, I think, and if I remember  
4 what your email was, Stu, I think you were  
5 trying to make some heads or tails of all this  
6 verbiage, this forced allocated is verbiage  
7 here.

8 MEMBER ZIEMER: What is that  
9 you're showing there?

10 CHAIR MUNN: That is this White --

11 MEMBER ZIEMER: That's the White  
12 Paper?

13 CHAIR MUNN: The full length of  
14 the response, the original response.

15 DR. MAURO: So we have that.  
16 That's the response you're referring to that's  
17 below the blue part?

18 MR. MARSCHKE: This whole thing is  
19 basically the whole history of OTIB-49-01.

20 MEMBER ZIEMER: Do we have this?

21 MR. MARSCHKE: You may have. This  
22 was in my folder from back at a meeting that

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1 took place last November. So this is history.

2 This was a document which, I don't know if it  
3 was provided to you back at that time or not.

4 It wasn't provided to you recently.

5 CHAIR MUNN: I believe it may have  
6 been. It looks familiar to me.

7 MR. MARSCHKE: But we have  
8 additional responses from NIOSH, and we have  
9 additional recommendations from SC&A, and the  
10 additional recommendation from SC&A, what  
11 Joyce has is three workers' examples here,  
12 acute exposure in neither one and then  
13 these --

14 CHAIR MUNN: But, in any case,  
15 it's a technical issue that you folks have to  
16 work out. Everybody has to get back up to  
17 speed on it.

18 DR. MAURO: Do we have the last  
19 word?

20 MR. MARSCHKE: We have the last  
21 word at this point. At this point, we had the  
22 last official word that's in the record.

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1 CHAIR MUNN: Which is why I think  
2 I was carrying it as NIOSH response due.

3 DR. ULSH: But that doesn't  
4 reflect the email that you sent out.

5 CHAIR MUNN: No, it doesn't  
6 reflect the letter.

7 DR. MAURO: This doesn't capture  
8 maybe the last thing you sent.

9 MR. MARSCHKE: No, the last thing  
10 that -- yes.

11 CHAIR MUNN: Yes.

12 DR. MAURO: Now if you folks, for  
13 any reason, want to supplement that, that's  
14 great. Otherwise, we'll work --

15 MR. MARSCHKE: Well, wait a  
16 minute.

17 DR. MAURO: No, there's more.

18 MR. MARSCHKE: No, but I mean what  
19 you're saying is we'll look at what -- I don't  
20 know that Stu really addressed this  
21 particular --

22 DR. MAURO: Oh, okay.

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1 MR. MARSCHKE: We'll have to look  
2 to see what was in the email. I thought I  
3 might have the email.

4 CHAIR MUNN: Everybody has to know  
5 where we are.

6 MR. MARSCHKE: I thought I might  
7 have the email as I sit here, but I don't seem  
8 to.

9 CHAIR MUNN: Well, let's all get  
10 on a level playing field. And until we do  
11 that, we --

12 DR. MAURO: When all is said and  
13 done, OTIB-49 presents a fundamental approach  
14 based on the data that you looked at from  
15 autopsy data, I guess it was, and came up with  
16 some adjustment factors to deal with that  
17 problem. And Joyce actually shows up with  
18 certain concerns, that there are certain  
19 scenarios that one could postulate that  
20 perhaps that strategy that you are using won't  
21 necessarily give you a claimant-favorable  
22 approach, although she's not clear on exactly

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1 how you would deal with that strategy.

2 MR. HINNEFELD: How do you deal  
3 with that strategy in a split exposure  
4 situation --

5 DR. MAURO: Right.

6 MR. HINNEFELD: -- she responds to  
7 that.

8 DR. MAURO: Okay. Then we owe  
9 you a response to their concern. Well, you  
10 gave us an answer saying, no, we do this.

11 MR. HINNEFELD: I don't know  
12 that --

13 DR. MAURO: We don't know, but --

14 MR. HINNEFELD: I don't know if I  
15 said that or not. I think that's what I still  
16 needed to run down and maybe didn't.

17 CHAIR MUNN: Well, we'll see.  
18 We'll continue to carry it.

19 Now the next one causes a dilemma  
20 for me, OTIB-54, response due. Unfortunately,  
21 on my list of document titles, I do not see  
22 OTIB-54.

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1 DR. ULSH: I've got it.

2 CHAIR MUNN: Do you? It's on your  
3 list of document titles?

4 MS. THOMAS: Yes, NIOSH has not  
5 yet provided responses to OTIB-54, and we hope  
6 to do that soon, you know, very soon. That  
7 may be, if not the next meeting, maybe the  
8 following meeting.

9 CHAIR MUNN: All right. And in  
10 the interim, I guess, can we identify why we  
11 don't have 54 on our list?

12 DR. ULSH: I've got it. "Fission  
13 and activation product assignment for internal  
14 dose-related gross beta and gross gamma  
15 analysis."

16 CHAIR MUNN: There, it's out.  
17 Okay. Why is that up there? Now that's  
18 interesting. It's not in numerical order, is  
19 it? Well, I guess it depends on -- all right,  
20 I'll learn to use it sooner or later, folks.  
21 Don't worry. The bottom line is it's still  
22 due. It's a carryover.

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1 PROC-0042 scaling factor finding  
2 status change, NIOSH.

3 MS. THOMAS: Again, this is Elyse.

4 I think they are referring to  
5 finding 06. There was an initial response or  
6 an initial finding. It was discussed at the  
7 November Work Group meeting, last November.  
8 And there was an issue about a negative  
9 scaling factor.

10 And during the meeting, Matt Smith  
11 spoke and said that they don't use a negative  
12 number. They only scale upward with the  
13 scaling factor. So the direction from the  
14 Work Group or for the Subcommittee was for  
15 NIOSH to put a statement to that effect in  
16 writing as a follow-up response.

17 CHAIR MUNN: Yes.

18 MS. THOMAS: So that has been  
19 done.

20 CHAIR MUNN: Okay. Then does that  
21 or does that not close the item? In my mind,  
22 it does. Can we close finding 06? Any

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1 objection?

2 MR. MARSCHKE: Wait a minute. It  
3 says, though, the last words of the NIOSH  
4 response that I'm reading says, "The procedure  
5 will be revised to incorporate this guidance."

6 CHAIR MUNN: Yes.

7 MR. MARSCHKE: So that's an in  
8 abeyance.

9 CHAIR MUNN: That's in abeyance.  
10 But I thought Elyse said it had been done.

11 MR. MARSCHKE: Well, it says in  
12 the response that was put in 10 days ago --

13 MS. THOMAS: The response was  
14 added to the database, and it reflects, that  
15 statement reflects our current practice, but  
16 the procedure has not been revised to  
17 incorporate this.

18 CHAIR MUNN: So it's in abeyance?

19 MS. THOMAS: Yes.

20 CHAIR MUNN: Yes.

21 TIB-18, is it ready for closure?

22 MS. THOMAS: Actually, this is

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1 OCAS TIB-10.

2 CHAIR MUNN: OCAS TIB-10. Yes,  
3 I'm sorry. Yes, you're right.

4 MS. THOMAS: And that's finding 8,  
5 not 18.

6 CHAIR MUNN: Oh, it is 8?

7 MS. THOMAS: Yes.

8 CHAIR MUNN: I am glad it's not  
9 18.

10 MS. THOMAS: Yes, OCAS TIB-10,  
11 finding 8.

12 And this is where NIOSH owes the  
13 Subcommittee some MCNP calculations that they  
14 originally did in Attila.

15 MR. MARSCHKE: This was --

16 DR. MAURO: Which issue?

17 MS. THOMAS: OCAS TIB-10, finding  
18 8.

19 MR. MARSCHKE: One, two, three,  
20 four, five --

21 DR. MAURO: You lost track. Put  
22 numbers on these.

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1 DR. ULSH: Yes.

2 MS. THOMAS: Yes.

3 DR. ULSH: We definitely need  
4 that.

5 CHAIR MUNN: That's a request,  
6 please, for IT.

7 MR. MARSCHKE: Don't get rid of  
8 the closed ones. When you count them and some  
9 of them are missing --

10 CHAIR MUNN: That's true. You see  
11 what it is when you pull it up, but you  
12 shouldn't have to pull it up.

13 MR. MARSCHKE: Eight.

14 MEMBER ZIEMER: It doesn't even  
15 show 8.

16 MR. MARSCHKE: That's because you  
17 have the closed ones that have been edited  
18 out.

19 MEMBER ZIEMER: Oh, I see. All  
20 except closed. Okay, just put all. Got it.

21 MR. MARSCHKE: I guess this one  
22 was NIOSH did some runs using Attila, and SC&A

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1 did some runs using MCNP. NIOSH, I guess we  
2 agreed -- we concurred with the NIOSH  
3 responses, but somehow we got on the record  
4 that we're awaiting presentation of the  
5 confirming MCNP runs or calculations that  
6 NIOSH did. So, really, it's just that's what  
7 this was all about.

8 MR. HINNEFELD: Even though we  
9 both ran it running different software  
10 packages, we both got the same number.

11 MEMBER ZIEMER: Scroll down and  
12 read to the bottom box.

13 DR. ULSH: I see, on October 14th,  
14 2008, "WM," who I assume is Wanda Munn, "will  
15 consult the August 21st meeting transcript to  
16 see what, if any, action was made."

17 CHAIR MUNN: I see that.

18 MR. MARSCHKE: Yes, if you go to  
19 August 21st, there is a statement in there  
20 that I think Stu actually made saying that we  
21 will provide -- that NIOSH would provide the  
22 MCNP runs. But it's really crossing the Ts

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1 and dotting the Is at this point. Because  
2 like you've said, we seem to have made runs  
3 and concurred with what NIOSH had done.

4 DR. MAURO: Well, see, I've read  
5 at the top, what we're looking at right now.  
6 Bob says SC&A --

7 MR. MARSCHKE: Whoops, I'm sorry.

8 DR. MAURO: It sounds like he  
9 looked at it and he felt pretty good about it,  
10 but he wants to await presentation of the  
11 confirming MCNP calculation. And then SC&A  
12 recommends in abeyance, unfortunately. So in  
13 concept, Bob seems to think things look pretty  
14 good. In other words, whether or not you want  
15 to put it in abeyance --

16 MR. MARSCHKE: It is in abeyance.  
17 No, it's not in abeyance.

18 DR. MAURO: -- or in progress, but  
19 it sounds like in principle Bob thinks that  
20 everything is okay. He ran MCNP. You folks  
21 ran Attila. But then you gave us --

22 MR. MARSCHKE: I'm not sure that

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1 he -- he didn't say that he ran it.

2 DR. MAURO: What?

3 MR. MARSCHKE: I don't know --  
4 backtrack now.

5 CHAIR MUNN: So --

6 DR. ULSH: It sounds like we owe  
7 some MCNPX runs. Is that where we are?

8 DR. MAURO: You say you did. You  
9 ran --

10 MR. MARSCHKE: The runs have been  
11 made.

12 DR. ULSH: Yes, but we've just got  
13 to provide them to you.

14 MR. MARSCHKE: Yes.

15 CHAIR MUNN: MCNP runs to SC&A.  
16 Okay. So the action is NIOSH to get MCNP runs  
17 to SC&A.

18 DR. ULSH: So we leave it in  
19 progress then.

20 CHAIR MUNN: We'll leave it in  
21 progress. The action is NIOSH.

22 OTIB-29-02.

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1 MS. THOMAS: I think this is the  
2 one where there was an equation in the NIOSH  
3 initial response, an equation for calculating  
4 Eu excretion by electrodeposition, and there  
5 was a factor of eight in the equation. We  
6 didn't really have documentation of what was  
7 rolled up into that factor of eight. We found  
8 that historical documentation, and the  
9 response was revised to include that  
10 explanation.

11 DR. MAURO: It was a units thing.  
12 We didn't know what the units that made up  
13 the --

14 MS. THOMAS: Right.

15 DR. MAURO: I remember that, yes.

16 MS. THOMAS: Yes.

17 MEMBER ZIEMER: But I thought we  
18 had confirmed that at the last meeting, what  
19 the units were.

20 DR. MAURO: Yes, that's why I  
21 remember it, yes.

22 MEMBER ZIEMER: Was it a matter of

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1 incorporating it into the document?

2 CHAIR MUNN: I think it may have  
3 been.

4 DR. ULSH: No, I think, Elyse,  
5 wasn't this the one where we provided the  
6 spreadsheet to support it?

7 MS. THOMAS: No.

8 DR. MAURO: It was even simpler.

9 DR. ULSH: Oh, maybe I am  
10 mistaken.

11 MS. THOMAS: It may be just a  
12 simple matter that it was not, this  
13 explanation, we talked about it, but it was  
14 not added to the database at that time, at the  
15 last meeting. The response was provided in  
16 hard copy, and now it's added to the database.

17 It may just be that simple.

18 DR. MAURO: I remember seeing that  
19 email where the units, there were three  
20 numbers that were multiplied together to get  
21 the eight, and the units were provided. When  
22 I looked at it, it seemed to make sense.

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1 MS. THOMAS: Yes.

2 CHAIR MUNN: Are we going to be  
3 able to close this?

4 DR. MAURO: Since I looked at it,  
5 and I remember looking at it and saying, oh,  
6 okay, that looks right, you know. Usually,  
7 I'm not the person to make those  
8 recommendations. It's the person who  
9 originally raised the issue would. But I just  
10 happened to remember that, for some reason.

11 I would say this could be closed.

12 CHAIR MUNN: It's stating, it says  
13 this is --

14 MR. MARSCHKE: Is that the 8 you  
15 are talking about?

16 DR. MAURO: Yes, and they gave the  
17 units. Yes, right.

18 MR. MARSCHKE: Oh, this is the  
19 explanation that Elyse added to it --

20 DR. MAURO: Yes, yes.

21 MR. MARSCHKE: -- on the 16th.

22 DR. MAURO: Yes.

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1 CHAIR MUNN: Yes. Again I say, is  
2 there any reason why we should not close this?

3 If not, let's do close it.

4 MEMBER ZIEMER: Is it in the  
5 document now or what? Were they supposed to  
6 add something to that?

7 MS. THOMAS: It's not yet in the  
8 document, but it will be added when that  
9 document is revised.

10 MR. MARSCHKE: So it's in  
11 abeyance.

12 CHAIR MUNN: It is in abeyance.

13 Before we start OTIB-21, five  
14 minutes, please.

15 (Whereupon, the above-entitled  
16 matter went off the record at 3:35 p.m. and  
17 resumed at 3:45 p.m.)

18 CHAIR MUNN: We're ready to go on  
19 to OTIB-70.

20 MR. KATZ: Mike, are you on the  
21 line?

22 MEMBER GIBSON: Yes, I'm here,

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1 Ted.

2 MR. KATZ: Great. Thanks.

3 CHAIR MUNN: We're going to take  
4 up with OTIB-70 because there's been quite a  
5 bit of action going on with respect to that  
6 lately. We had it on our list assigned to  
7 NIOSH, but both NIOSH and SC&A, I think,  
8 probably have information on it. Who wants to  
9 take the lead?

10 MEMBER ZIEMER: It seems like we  
11 have the NIOSH responses.

12 CHAIR MUNN: Yes, we do.

13 MEMBER ZIEMER: Then SC&A hasn't  
14 had an opportunity to respond.

15 CHAIR MUNN: We have a long list  
16 of items there.

17 MR. MARSCHKE: Yes. Back on the  
18 14th, we received the NIOSH responses on the  
19 14th.

20 MEMBER ZIEMER: Yes, those are  
21 pretty new.

22 MR. MARSCHKE: Hans was the one

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1 who basically did the review on 70, and Hans  
2 has -- I forwarded the NIOSH responses to  
3 Hans, and he is evaluating them at this point  
4 in time.

5 Just going and just clicking on  
6 some of these, John and I have been just  
7 clicking on some of the findings and looking  
8 at the SC&A findings and the NIOSH initial  
9 responses. And I can see, basically, we're  
10 probably going to get a number of in progress  
11 recommendations where we may not be in total  
12 agreement with the NIOSH response.

13 So I don't know if NIOSH -- if any  
14 of these responses came back from NIOSH and  
15 said, you know, we're going to incorporate  
16 that. If any of those came back, I'm not that  
17 familiar with the documents to know that. But  
18 if there are any like that, then we could,  
19 obviously, change those statuses to in  
20 abeyance or something along those lines. But  
21 other than that, right now we don't have the  
22 follow-up SC&A recommendations to the NIOSH

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1 responses, initial responses.

2 CHAIR MUNN: Well, I'm pleased to  
3 see that this long list of I suppose about 15  
4 or we originally had 15 items.

5 MR. MARSCHKE: I think there were  
6 15, yes.

7 CHAIR MUNN: And I'm glad to see  
8 at least they've been peopled into the  
9 database, but the question is where that gets  
10 us with respect to the -- certainly the  
11 finding status needs to change from open.

12 Shall we go through them one at a  
13 time or is NIOSH aware of any that we can --  
14 are either of you aware of anything that we  
15 can't close? Or do we need to go through them  
16 one at a time?

17 MR. MARSCHKE: I'm not aware of  
18 anything that -- to be honest with you, Wanda,  
19 I haven't reviewed the NIOSH responses --

20 CHAIR MUNN: Okay.

21 MR. MARSCHKE: -- other than just  
22 clicking on a few of them here now with John.

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1 CHAIR MUNN: All right. So we  
2 really don't know whether Hans has had an  
3 opportunity to do something?

4 DR. MAURO: I would just like to  
5 say, though, OTIB-70, the reason we focused in  
6 on it, the answer is it's an extremely  
7 important OTIB, but it has effects on  
8 hundreds, well, I don't know how many, I can't  
9 even tell you how many Site Profiles and how  
10 many dose reconstructions.

11 The most important point is when  
12 NIOSH is doing a dose reconstruction for the  
13 residual period and there are very little  
14 data, NIOSH has come up with a number of  
15 strategies for dealing with the residual  
16 period, as to how we're going to reconstruct  
17 doses if we have very limited air sampling  
18 data and bioassay data for the residual  
19 period. We run into this all the time on the  
20 AWE facilities.

21 At least one of the multiple  
22 approaches and strategies that are identified

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1 in OTIB-70 is being used right now in many,  
2 many situations, and it's going to come up in  
3 spades on Linde, where a fundamental approach  
4 of taking data, air sampling data, that was  
5 collected at the very end of, let's say, the  
6 operations period or a D&D period, just before  
7 the residual period begins, represents an  
8 upper bound on the dust-loadings that might be  
9 in the air at the very beginning of the  
10 residual period, a very conservative  
11 assumption.

12 Then, usually, 30 years later,  
13 there is a FUSRAP program that was  
14 implemented, and you have got some dust-  
15 loadings there. So you have got dust-  
16 loadings, let's say, in 1953.

17 CHAIR MUNN: And you have two data  
18 points?

19 DR. MAURO: And they drill on it,  
20 exponential length, and we like that. And  
21 every time we see it, we approve it; we  
22 recommend, yes, this is the way to combat the

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1 problem.

2                   However, when those data,  
3 especially the initial data, are not there or  
4 in some cases elected not to use certain data,  
5 there are other strategies that NIOSH has  
6 adopted other than the one I just described  
7 where most of our findings lie.

8                   We do have a problem with, for  
9 example, one of the approaches is 1 percent  
10 per day is the rate at which dust-loadings  
11 decline once activity stops. There's plenty  
12 of evidence that that's not a good number.  
13 Now I see they have taken a position, just now  
14 looking at it.

15                   So what I'm getting at, I guess in  
16 the big picture there are aspects of this OTIB  
17 that are very important and that are being  
18 used and that we fully agree with, but there  
19 are other aspects of this OTIB that they come  
20 at a residual period problem in a way that we  
21 don't agree with.

22                   Interestingly enough, most of the

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1 time they use the approach that we do agree  
2 with. And I guess that's about all we can say  
3 about that right now. And we owe you a  
4 response to each one of these items now.

5 MEMBER ZIEMER: Well this OTIB  
6 goes back a couple of years, more than two  
7 years. I think your initial review is at  
8 least roughly two years old.

9 DR. MAURO: Yes.

10 MEMBER ZIEMER: So we need to jump  
11 on these findings, and we have the responses  
12 now. I think those are just a week old. So  
13 we can't expect you to have responded to them  
14 yet anyway.

15 But the fact that this is a pretty  
16 broad document, and there's quite a number of  
17 these, I think we need to jump on these as  
18 quickly as we can in terms of the NIOSH -- or  
19 the SC&A responses. It seems to me this is a  
20 pretty high-priority document.

21 MR. KATZ: Yes, and I guess I  
22 would just ask, then, I'm just trying to

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1 figure out how this works because now SC&A is  
2 going to respond to the findings. Then, of  
3 course, DCAS needs time to respond to that.

4 Are we going to be in the same  
5 situation where DCAS --

6 MEMBER ZIEMER: Well, we always  
7 had that, but right now we have a two-year gap  
8 between the findings and the response.

9 MR. KATZ: Yes, right.

10 DR. MAURO: We'll make it short.  
11 We'll be back --

12 MEMBER ZIEMER: So, yes,  
13 obviously, we've got to have --

14 MR. KATZ: What I was just going  
15 to suggest is that we need to get, more or  
16 less, a time certain when we will have SC&A  
17 responses so that we can schedule  
18 appropriately.

19 MEMBER ZIEMER: You've assigned  
20 it, and you're underway on it.

21 DR. MAURO: Yes, I will make a  
22 commitment now. We will have a draft

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1 response, White Paper response to this, within  
2 a month.

3 MEMBER ZIEMER: Yes.

4 MR. KATZ: So then we can schedule  
5 it at the next Subcommittee meeting.

6 CHAIR MUNN: Yes. This will be  
7 fine. If we start looking six weeks out, then  
8 we can be sure that we can at least begin to  
9 address OTIB-70.

10 Elyse or anyone on the NIOSH team,  
11 rather than have us go through each one of  
12 these outstanding items that we have here, is  
13 there any one of those that you feel may have  
14 been adequately responded to in such a way  
15 that SC&A would not be involved in getting a  
16 response back to us?

17 DR. ULSH: You're talking about  
18 OTIB-70?

19 CHAIR MUNN: OTIB-70, yes,  
20 correct.

21 DR. MAURO: Do you agree with any  
22 of it?

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1 (Laughter.)

2 DR. ULSH: I don't know. Elyse  
3 loaded them up.

4 Mutty, are you out there?

5 MR. SHARFI: Yes, I'm on.

6 DR. ULSH: Okay. Are there any  
7 where we just said, "Yes, you're right," and  
8 we're done?

9 MR. SHARFI: I don't think there  
10 is. I think four of them that we wanted to  
11 point out that may need to be transferred. I  
12 mean all OTIB-70 did was regurgitate like  
13 Battelle 6000 and then they had comments on  
14 how Battelle 6000 gets used. So we didn't  
15 really think -- their OTIB-70 comments are  
16 probably more Battelle 6000 comments or 6001  
17 comments.

18 So I didn't know if -- and four of  
19 them, I think we responded to that they would  
20 probably need to be addressed per those OTIBs  
21 or from those TBDs.

22 DR. MAURO: That's good.

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1 CHAIR MUNN: Oh, yes.

2 DR. MAURO: Let's see if we can  
3 move them.

4 CHAIR MUNN: That's good. Shall  
5 we attempt to look at those today? I can see  
6 them here.

7 MR. SHARFI: They're the last  
8 four, I think.

9 CHAIR MUNN: They're -- looks like  
10 the last four.

11 MR. SHARFI: I think one's 6000,  
12 two is 6001, and one is OCAS-TIB-6, which is  
13 the ingestion TIB.

14 CHAIR MUNN: So I'm looking right  
15 now at 70-12. It says, "Response to SC&A  
16 concerns on -- 6000 methodology is pending  
17 resolution with comments specific to that  
18 document."

19 MR. KATZ: I'm sorry, there's some  
20 background noise on someone's phone on the  
21 line that's making it hard to hear.

22 CHAIR MUNN: This item is tracked

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1 as issue 4 in the TBD-6000 issues matrix. So  
2 that's one that appears to be covered in 6000,  
3 issue 4.

4 DR. ULSH: Well, if you accept  
5 that that is the case, then it seems like it  
6 would be handled the same way we handled the  
7 earlier situation, where we marked them as  
8 addressed in or --

9 DR. MAURO: Transferred to.

10 MEMBER ZIEMER: This would be a  
11 transfer in this case.

12 DR. MAURO: But it's leaving  
13 Procedures.

14 CHAIR MUNN: Rather than addressed  
15 in? Why not addressed in?

16 DR. MAURO: Yes, addressed in is  
17 usually --

18 MEMBER ZIEMER: The addressed in,  
19 it's within your system. Right?

20 DR. MAURO: Right.

21 CHAIR MUNN: Do we need to check  
22 that this is, in fact, the case?

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1 MR. MARSCHKE: I think we even  
2 stated that in our finding.

3 DR. MAURO: Yes.

4 MR. MARSCHKE: Use of Battelle  
5 TBD-6000.

6 CHAIR MUNN: Yes. So it's  
7 generally agreed?

8 MR. MARSCHKE: As I recall, yes,  
9 these were duplicates. When we did the review  
10 of OTIB-70, we did duplicate a number of the  
11 findings that we had in TBD-6000 or 6001.

12 CHAIR MUNN: Okay. So good.

13 MEMBER ZIEMER: Actually, I'm not  
14 even sure this is a transfer. It already is  
15 there in 6000.

16 DR. MAURO: That's true. That's  
17 true.

18 MEMBER ZIEMER: It's not like  
19 we're saying here's an issue that they should  
20 take.

21 DR. ULSH: I think it's just like  
22 the previous situation.

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1 MR. MARSCHKE: I think it's like  
2 more the addressed in.

3 DR. MAURO: Yes, that's true.

4 MEMBER ZIEMER: Yes, I think you  
5 were right, Brant. We're not transferring it.  
6 It's already there. It's the same thing, and  
7 it's already there.

8 CHAIR MUNN: That's what I was  
9 trying to say earlier.

10 DR. MAURO: Yes. I misunderstood  
11 that.

12 MEMBER ZIEMER: Yes, I'm sorry. I  
13 misunderstood that.

14 DR. ULSH: So it should be  
15 addressed in.

16 CHAIR MUNN: Okay, can we identify  
17 it as addressed in?

18 MR. MARSCHKE: Well, wait a  
19 minute.

20 DR. MAURO: That's fine. That's  
21 fine, as it is.

22 CHAIR MUNN: TBD-6004 -- 6000-04.

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1 MR. MARSCHKE: Issue 4. So what  
2 do we want? We want to add a response that --

3 MEMBER ZIEMER: Basically, the  
4 Subcommittee agrees that this is being  
5 addressed by the TBD-6000 Work Group -- or  
6 6001.

7 CHAIR MUNN: Now the next one --  
8 (Laughter.)

9 I'm ready to go.

10 MR. KATZ: So which finding number  
11 was that?

12 DR. ULSH: Four. No, no. On  
13 OTIB-70, it was number 12.

14 MR. KATZ: Twelve, okay. That's  
15 what it -- thank you.

16 CHAIR MUNN: And the next one is  
17 issue number 13 under OTIB-70. It essentially  
18 says the same thing, except it's TBD-6001.  
19 And NIOSH agrees. So even without Henry's  
20 consent, we'll transfer --

21 (Simultaneous speaking.)

22 MR. MARSCHKE: Again, it's being

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1 addressed in.

2 CHAIR MUNN: Okay, being  
3 addressed, right.

4 MR. MARSCHKE: It's not a  
5 transfer. I'm not done with this one yet. We  
6 do a slow database.

7 MR. HINNEFELD: -- wake up this  
8 database.

9 MR. MARSCHKE: Sometimes I get  
10 them confused.

11 This would be 6001?

12 MR. HINNEFELD: I don't know the  
13 numbers.

14 CHAIR MUNN: It's 6001-01, finding  
15 1.

16 DR. MAURO: Finding 1? Okay.

17 CHAIR MUNN: Yes.

18 DR. MAURO: Could we -- I guess we  
19 -- because there was an issue, but it was  
20 resolved. It might have been number 1.

21 MR. MARSCHKE: Which one?

22 DR. MAURO: One in TBD-6001, what

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1 that is --

2 MR. MARSCHKE: We have no way of  
3 finding it?

4 DR. MAURO: We can't find that.

5 CHAIR MUNN: Finding 1.

6 DR. MAURO: Finding 1.

7 CHAIR MUNN: Yes.

8 MR. MARSCHKE: We have no way of  
9 finding that from --

10 DR. MAURO: From here. If it  
11 turns up --

12 CHAIR MUNN: And the next item is  
13 TBD-0070-14. It's also a TBD-6001.

14 DR. MAURO: Oh, this is the  
15 ingestion model.

16 CHAIR MUNN: Finding 5. It's  
17 exactly like the preceding one except it's  
18 issue 5, finding 5.

19 MEMBER ZIEMER: One thing we need  
20 to double-check, and I don't remember, is when  
21 we went through the TBD-6000 matrix, you would  
22 have also identified that it was in this one.

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1 DR. MAURO: We didn't send it  
2 here.

3 MEMBER ZIEMER: No, but we didn't  
4 put it --

5 DR. MAURO: We might have done  
6 that.

7 MEMBER ZIEMER: -- put it in as  
8 being covered by, so each one --

9 DR. MAURO: We might have done  
10 that. I wouldn't be surprised.

11 MEMBER ZIEMER: I'm going to see  
12 if I can find the matrix. We might have  
13 already said it's being covered, so we aren't.

14 DR. MAURO: I know; we could be  
15 doing that. Any way to check that?

16 MR. MARSCHKE: No.

17 DR. MAURO: We can't?

18 MR. MARSCHKE: TBD-6000 and 6005  
19 are not being tracked in this database at this  
20 point in time.

21 MEMBER ZIEMER: No, but I think I  
22 can find the matrix.

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1 DR. MAURO: You could find it?

2 Yes. Okay, great.

3 MR. MARSCHKE: Paul has the hard

4 copy.

5 DR. MAURO: Yes, that would be

6 fine.

7 MEMBER ZIEMER: Was that the 6000

8 matrix or the --

9 CHAIR MUNN: Yes, it is, yes.

10 DR. MAURO: Yes.

11 CHAIR MUNN: Item 4.

12 DR. MAURO: I bet we could do

13 that. Both on 6000 and 6001, we pointed to

14 OTIB-70. I bet you we could --

15 CHAIR MUNN: It's been kicked

16 around an awful lot.

17 DR. MAURO: See, OTIB-70 is such a

18 universally-important one.

19 CHAIR MUNN: Yes, it is.

20 DR. MAURO: So you could see why

21 you would point to it.

22 CHAIR MUNN: Sure.

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1 DR. MAURO: And then it would  
2 point you back.

3 MR. KATZ: We have issue 12, 13,  
4 14. Is there a fourth one?

5 CHAIR MUNN: Yes, there is.  
6 Number 15, and this is a little different  
7 because this is talking about OTIB-9.

8 DR. ULSH: That was OCAS TIB-9.

9 CHAIR MUNN: Which has not been  
10 formally finalized, and it is a conditional  
11 issue. But the response that we have from  
12 NIOSH is that, response to SC&A concerns on  
13 the application of OTIB-9 is pending  
14 resolution of comments specific to that  
15 document. So that's not quite the same thing.  
16 That probably is still in progress.  
17 Something is going on with OTIB-9.

18 DR. MAURO: Yes, I know just what  
19 this issue is. This is squarely in OTIB-9.  
20 OTIB-9 is the other universal on ingestion.

21 CHAIR MUNN: Yes.

22 DR. MAURO: And there is a nuance

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1 here that's being dealt with.

2 CHAIR MUNN: We'll have to wait  
3 until OTIB-9 --

4 MR. MARSCHKE: So, basically, you  
5 would want to say -- is this addressed in  
6 OTIB-9 or is this --

7 CHAIR MUNN: No. I think we would  
8 leave this one in progress.

9 MR. MARSCHKE: In progress?

10 CHAIR MUNN: Yes.

11 MEMBER ZIEMER: Okay, I've checked  
12 back on the matrix. Let me make sure it's the  
13 right one.

14 It's issue 4 of the other matrix?

15 CHAIR MUNN: Right.

16 DR. MAURO: In this one.

17 MR. MARSCHKE: TBD-6000?

18 MR. KATZ: Yes, issue 4.

19 MR. MARSCHKE: Issue 4?

20 MEMBER ZIEMER: Issue 4 is the  
21 issue of comparing the Adley report and the  
22 Simonds Saw data and validating that. And we

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1 did do that.

2 DR. MAURO: And it's closed.

3 MEMBER ZIEMER: Yes.

4 DR. MAURO: And we closed it here.

5 MEMBER ZIEMER: Because there was  
6 a White Paper generated by --

7 DR. MAURO: That's the one.

8 MEMBER ZIEMER: -- NIOSH on that.

9 It had to do with the geometric standard  
10 deviation of five. So it was handled by  
11 the --

12 DR. MAURO: It was handled and  
13 closed. We didn't close it here?

14 MR. KATZ: Not here. We closed it  
15 there.

16 MEMBER ZIEMER: No, no. I'm not  
17 looking at the actual matrix now, but that was  
18 the issue, and it doesn't look like it was  
19 transferred.

20 DR. MAURO: We didn't transfer it?  
21 So you could point to it, and it would be  
22 fine.

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1 CHAIR MUNN: Yes.

2 MEMBER ZIEMER: Yes.

3 DR. MAURO: Okay.

4 CHAIR MUNN: We're almost there.

5 DR. MAURO: Did we actually close  
6 it?

7 MEMBER ZIEMER: This isn't the  
8 latest version. At this point, NIOSH was  
9 reviewing the Adley report and the Simonds Saw  
10 data, and they were generating a White Paper.  
11 That goes back a year. So there's been  
12 something since then. I have to get a newer  
13 version here.

14 But it wasn't one of these where  
15 we said --

16 DR. MAURO: It crossed over, yes.

17 MEMBER ZIEMER: Yes.

18 DR. MAURO: We're not doing this.

19 MEMBER ZIEMER: I think we're  
20 good.

21 DR. MAURO: The pointer is good.

22 CHAIR MUNN: One of the things I'm

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1 noting, also, with our new database here that  
2 we had with the old one, but isn't showing up  
3 here, is the immediate change on the screen  
4 when Steve updates the database.

5 MR. MARSCHKE: Which one?

6 CHAIR MUNN: Well, mine didn't  
7 change any of the last three.

8 MR. HINNEFELD: You probably need  
9 to refresh your screen.

10 MR. MARSCHKE: You need to refresh  
11 your screen.

12 MR. HINNEFELD: Like change to a  
13 different screen and then go back to that  
14 screen.

15 CHAIR MUNN: Oh, for goodness  
16 sakes.

17 MEMBER ZIEMER: While you're doing  
18 that, if I could make another comment?

19 CHAIR MUNN: Please.

20 MEMBER ZIEMER: We did transfer  
21 from TBD-6000 matrix issue 6, which was a  
22 TIB-70 issue. So what is number 6?

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1 DR. ULSH: Is that TBD-6000?

2 MR. MARSCHKE: That I can find.

3 That one I can find.

4 MEMBER ZIEMER: It's the  
5 underestimate of resuspension factors.

6 DR. MAURO: Universal.

7 MEMBER ZIEMER: Yes. That one was  
8 transferred.

9 DR. MAURO: And we put it here  
10 because that's another one of those  
11 overarching ones, which is one of your  
12 scientific overarching ones. It has to be  
13 still here.

14 But we reference OTIB-70 as being  
15 the place where it's going to be dealt with.

16 MEMBER ZIEMER: Right, right. Now  
17 this is referred to as a transfer. If it was  
18 already here, it really shouldn't have been  
19 transferred, right? It's one of these that's  
20 addressed in; it should have been. Is it  
21 already here?

22 DR. MAURO: We are getting there.

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1 I am sure there is a 10 to the minus 6 issue  
2 here. There's no doubt in my mind.

3 (Laughter.)

4 CHAIR MUNN: It's got to be. Now  
5 I've refreshed my screen, and I have the new  
6 information on it. What I am also seeing is,  
7 under finding status of all of those early  
8 issues, they still show open.

9 MR. MARSCHKE: Yes, I haven't  
10 changed them. I haven't changed them yet.

11 Here's the resuspension factor one  
12 that John -- right there, the one that is  
13 highlighted. So that looks like the one that  
14 was brought over from TBD-6000.

15 DR. MAURO: Here, yes.

16 MR. MARSCHKE: So I just wanted to  
17 make sure with the Subcommittee that, of the  
18 15 issues we have, three of them changed to  
19 addressed in and the remaining 12 are in  
20 progress.

21 CHAIR MUNN: I believe they have  
22 to be since they've all been, the issues have

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1 been identified, and they've been responded to  
2 once. So they're all in progress.

3 MR. MARSCHKE: Okay.

4 CHAIR MUNN: And I don't see 15.

5 MR. MARSCHKE: I will take the  
6 same liberty, Wanda, as with the other ones  
7 where I'll add the verbiage --

8 CHAIR MUNN: Yes, please.

9 MR. MARSCHKE: -- later, to speed  
10 things along.

11 CHAIR MUNN: Right.

12 DR. MAURO: Does the verbiage go  
13 in that section called Add Response? Is that  
14 where that goes?

15 MR. MARSCHKE: Yes. I have to  
16 click that Add Response, and then what it will  
17 do is it will show up here as the latest SC&A  
18 followup because we don't have any column  
19 there for the Subcommittee entries.

20 CHAIR MUNN: Right.

21 MEMBER ZIEMER: And actually, it  
22 should be a Subcommittee action.

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1 MR. MARSCHKE: I will prefix  
2 everything to say, "The Subcommittee has."

3 MEMBER ZIEMER: But when you guys  
4 all meet with the IT people --

5 MR. MARSCHKE: Yes, that will be  
6 another --

7 MEMBER ZIEMER: -- raise that  
8 issue.

9 MR. MARSCHKE: Again, I'm assuming  
10 I will continue to perform that function for  
11 the Subcommittee.

12 CHAIR MUNN: I would hope so.

13 MR. MARSCHKE: The program will  
14 recognize me as being a Subcommittee  
15 transcriber.

16 MEMBER ZIEMER: And it will show  
17 that it's not an SC&A comment. It's a Work  
18 Group comment or a Subcommittee comment.

19 CHAIR MUNN: Is there anything  
20 else we need to do with OTIB-70? Are we okay  
21 with that?

22 MR. KATZ: It looks like we're

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1 good.

2 CHAIR MUNN: If that's the case,  
3 then let's go back and see if we can pick up  
4 at OTIB-21. Response to SC&A calculation  
5 differences and sources, and response to the  
6 documentation question, items 02 and 04 under  
7 OTIB-21. NIOSH action.

8 MS. THOMAS: Yes, this is Elyse.  
9 And on OTIB-21, let's see, 02, we were to add  
10 an explanation for some of the calculation  
11 differences. I've added that to the database,  
12 and then I've got Keith McCartney on the line  
13 -- or Matt Smith, who can answer any questions  
14 about that.

15 CHAIR MUNN: Okay. Give us an  
16 opportunity to read them here.

17 We sure do get negative numbers on  
18 these. Do we need to give SC&A an opportunity  
19 to digest that?

20 DR. MAURO: I'm not looking. Any  
21 way you could just sort of give me the  
22 summation?

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1 MR. MARSCHKE: I'm stuck on 70  
2 still.

3 DR. MAURO: Yes. Yes, while we're  
4 waiting for this to catch up, maybe you  
5 could --

6 CHAIR MUNN: I'll just read you  
7 all the comments.

8 DR. MAURO: Okay.

9 CHAIR MUNN: The comment finding  
10 says, "NIOSH has checked the values in  
11 question and confirmed their accuracy to the  
12 99th percentile 1950 value, the greater  
13 quantity of the coworker value excluding  
14 zeroes, 1.4, when compared to the value  
15 including zeroes, 1.4 plus missed dose.  
16 Original excluding zeroes value: 2.980, 1.4  
17 equals 4.172; original including zeroes value:  
18 2333 times 1.4 plus 52 times 30 over 2 equals  
19 4.046.

20 "The same is true for the 1955  
21 99th percentile value, original excluding  
22 zeroes value: 4.632 times 1.4 equals 6.485;

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1 original including zeroes value: 3906 times  
2 1.4 plus 52 times 30 over 2 equals 5469.

3 "Again, no language in the OTIB  
4 could be clarified to help explain this  
5 process. For historical context, please note  
6 that this OTIB was produced before the general  
7 OTIB, OTIB-20, covering external coworker data  
8 analysis. So the methods in OTIB-21 are  
9 unique to that document.

10 "Also, with respect to OTIB-20, we  
11 would not use the 99th percentile values for  
12 an upper bound, but we would use the 95th  
13 percentile values."

14 MEMBER ZIEMER: I have a  
15 suggestion for SC&A. When you train your  
16 workers on that, the new summary process, put  
17 that in laymen's terms.

18 (Laughter.)

19 DR. MAURO: That's a good chance.

20 (Laughter.)

21 Ron Buchanan has got to look at  
22 this. I can't look at this. Sometimes I

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1 could, but not this one.

2 CHAIR MUNN: Okay, that's easy  
3 enough. Response to you from SC&A.

4 DR. ULSH: So in progress?

5 CHAIR MUNN: In progress.

6 MR. MARSCHKE: It was in progress.

7 CHAIR MUNN: Yes, no change.

8 MR. KATZ: No change.

9 CHAIR MUNN: And now item 4.

10 MS. THOMAS: Okay. Can you hear  
11 me?

12 CHAIR MUNN: Yes, we can.

13 MR. KATZ: Yes, yes.

14 MS. THOMAS: Okay. On item number  
15 4, again, I think we're at additional  
16 explanation. It was a response, a brief  
17 response, added to the SC&A request for better  
18 documentation.

19 Now there is also another document  
20 that, again, I will add to the response when  
21 the linking function is working. But, in the  
22 meantime, again, Keith can address any

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1 technical questions about that particular  
2 item.

3 CHAIR MUNN: Attached references  
4 and examples? Okay.

5 Do we have any idea when that  
6 linking function is going to --

7 MR. MARSCHKE: Actually, I think  
8 if you go back and look at the email that was  
9 sent -- oh, no, that was the wrong one.

10 DR. ULSH: 7/9, July 9th, I think.

11 MR. MARSCHKE: July 9th? I don't  
12 have any. I thought the odds and ends email,  
13 was it in the odds and ends email? July 19th?

14 DR. ULSH: Oh, you know what?  
15 That might be right.

16 MS. THOMAS: Yes, I think it was  
17 attached to that.

18 MR. MARSCHKE: OTIB-21-04, here it  
19 is.

20 DR. ULSH: Yes.

21 DR. MAURO: Is this for a specific  
22 facility? It looks like this is.

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1 CHAIR MUNN: What did you ask,  
2 John?

3 DR. MAURO: Well, we're looking at  
4 an OTIB-21.

5 MR. MARSCHKE: That's 10. This is  
6 10.

7 DR. MAURO: Yes. So this is a  
8 special circumstance.

9 CHAIR MUNN: Yes.

10 DR. MAURO: And the person who  
11 looked at it originally has to look at it.  
12 It's got to be in progress.

13 CHAIR MUNN: Yes. Okay. In  
14 progress, response due from SC&A.

15 All right, the next item,  
16 OTIB-51-01, be sure the link is complete and  
17 item closed.

18 MS. THOMAS: Now we are back to  
19 the linking issue on that. I am keeping track  
20 of all the links that we come across, so that  
21 once that's functional, I'll be able to get  
22 the database corrected.

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1 CHAIR MUNN: All right. All  
2 right, so that's a carryover.

3 OTIB-47-02.

4 MS. THOMAS: That is also a  
5 linking issue. There's an Excel file that is  
6 along with the NIOSH response.

7 CHAIR MUNN: Carryover for  
8 linking.

9 MS. THOMAS: And if I could jump  
10 down to OTIB-19?

11 CHAIR MUNN: Yes.

12 MS. THOMAS: That is also a  
13 linking issue. So you can lump all three of  
14 those together as linking issues. And, again,  
15 I'm tracking those.

16 CHAIR MUNN: Okay. All right.  
17 Did we miss anything in the list of  
18 carryovers? I don't believe so.

19 MR. KATZ: Did we get 29-02? I  
20 might have missed it.

21 CHAIR MUNN: Did we get 29-02?  
22 It's in abeyance, yes? So we've gotten that.

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1 All right. John wanted to give us  
2 an update on RPRT --

3 DR. MAURO: Forty-four.

4 CHAIR MUNN: -- 44 issues. Yes?

5 MR. MARSCHKE: Last time we had a  
6 meeting, we had handed out to the Subcommittee  
7 members Joyce's preliminary findings on the  
8 review of Report 44. It was just a very rough  
9 draft.

10 Subsequent to that, the SRS Work  
11 Group also asked us to take a look at Report  
12 44. So in addition to having Joyce look at  
13 it, we've also had Harry look at it from the  
14 probabilistic point of view.

15 So Harry has been looking at it in  
16 conjunction with Joyce, both from a generic  
17 point of view for this Subcommittee and also  
18 from the point of view for the SRS Work Group.

19 Right now we're in the process or Harry is in  
20 the final stages of putting together a report.

21 He has some concerns and findings, both  
22 generic type findings, which would probably be

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1 more appropriate for this Work Group to  
2 address, and other findings which would be  
3 tailored specifically for SRS.

4 What 44 does, the reason why SRS  
5 is being brought up in 44 is 44 uses SRS as  
6 examples to demonstrate the methodology that  
7 is being developed in there. So that's why  
8 we're getting the SRS Work Group involved,  
9 then, from that point of view.

10 So where SC&A is in our review of  
11 Report 44 is we have completed looking at it  
12 both from a generic point of view and from an  
13 SRS-specific point of view, and we are in the  
14 process of putting together a report going  
15 through internal reviews and so on and so  
16 forth. Then we should have one ready shortly.

17 One question that we did want to  
18 ask the Subcommittee was because we are  
19 addressing two levels of issues here, kind of  
20 generic issues and SRS-specific issues, should  
21 there be one report or two reports? One  
22 report for this Committee and a second report

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1 for the SRS Work Group or, basically, a single  
2 report kind of with the issues identified as  
3 to who we think is the appropriate body to  
4 address that?

5 Is that clear?

6 CHAIR MUNN: Yes, Paul?

7 MEMBER ZIEMER: What is the title  
8 of that report?

9 DR. MAURO: It has to do with the  
10 low limits of detection and how to deal with  
11 the database. You're building a coworker  
12 model, right, and you have to deal with the  
13 database where you have a whole lot of  
14 undetects.

15 MEMBER ZIEMER: But is it specific  
16 to SRS?

17 DR. MAURO: No.

18 MR. MARSCHKE: No, it's not  
19 specific to SRS. SRS comes into play in that  
20 they use a lot of the data from SRS as  
21 examples. The title of the report is up on  
22 the screen. It's analysis of bioassay data

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1 with a significant fraction of less-than  
2 results.

3 So if you have all your bioassay  
4 data and everything -- and there's two cases  
5 that they look at. One is where all of your  
6 sample results are less-than values, and then  
7 the second case is you have a portion which  
8 are above and a significant fraction which are  
9 below or less-than values.

10 And you can see, if you just  
11 basically scroll through here, application --  
12 the reason why SRS comes into play is because  
13 this Section 4, where they have to apply the  
14 methodology to SRS --

15 MEMBER ZIEMER: But that was just  
16 sort of a show-them-how-to-do-it sort of  
17 thing.

18 MR. MARSCHKE: I believe so, yes.

19 MEMBER ZIEMER: I mean they could  
20 have picked out another site.

21 MR. MARSCHKE: They could have  
22 picked out another --

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1                   MEMBER ZIEMER: Let's see how this  
2 works at SRS. This is not our list here, is  
3 it?

4                   CHAIR MUNN: No, it's not our  
5 list.

6                   DR. MAURO: Well, the SRS  
7 review --

8                   MEMBER ZIEMER: No, this report.

9                   MR. MARSCHKE: This report was  
10 given to us as a --

11                  DR. MAURO: Standalone review.

12                  MR. MARSCHKE: -- as a standalone  
13 review. I forget which meeting it was. I  
14 think it was in March of this year.

15                  MEMBER ZIEMER: But it's not on  
16 this list.

17                  MR. MARSCHKE: It's not on this  
18 list, no.

19                  DR. MAURO: No, we haven't loaded  
20 it yet.

21                  MR. MARSCHKE: We haven't loaded  
22 it because we haven't given you our feedback,

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1 our findings yet.

2 DR. MAURO: Normally, we deliver a  
3 report. At the time we deliver the report, we  
4 load the data.

5 MEMBER ZIEMER: I've got you.

6 CHAIR MUNN: And I am looking  
7 forward to the two-pager on this one, too.

8 DR. MAURO: Yes, it's going to be  
9 beautiful, Harry and Joyce.

10 (Laughter.)

11 MEMBER ZIEMER: But this is a  
12 Procedures report?

13 MR. KATZ: Yes. Yes, and several  
14 meetings ago, you signed up to get this review  
15 on Report 44.

16 CHAIR MUNN: Yes, we did, yes.

17 MR. MARSCHKE: That was a  
18 question. Do we want to have two reports, a  
19 single report? Because Mark has asked us to  
20 look at it as the Chairman of the --

21 CHAIR MUNN: DR?

22 MR. MARSCHKE: -- SRS Work Group.

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1 He also asked us to look at it.

2 MEMBER ZIEMER: Can I offer an  
3 opinion on that?

4 MR. MARSCHKE: Sure.

5 MEMBER ZIEMER: I think you're  
6 reviewing this report, and so you should have  
7 a set of results. It also seems to me that we  
8 need to look at those results and determine  
9 whether or not they should be sent over.  
10 Because if they are simply using the general  
11 procedures and plugging them into something,  
12 that's one thing. If there's something  
13 specific about Savannah River, and I don't  
14 think we know this yet, you'll be able to  
15 identify.

16 I mean the fact that they are  
17 using Savannah River data -- what if they had  
18 said, "Well, here's a set of data? We're  
19 trying it out. We're not even going to tell  
20 you where it's from. We're just going to see  
21 how it works."

22 I think at this point, until we

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1 know that there's something unique -- you  
2 know, would you use it different at Savannah  
3 River than you would at Hanford?

4 DR. MAURO: I have to say the  
5 question was supposed to be we should write  
6 this report as if we weren't reviewing  
7 Savannah River.

8 MEMBER ZIEMER: Yes.

9 CHAIR MUNN: Yes.

10 DR. MAURO: It just so happens,  
11 coincidentally, we are reviewing Savannah  
12 River. And whatever we find out here is going  
13 to be very useful to the Savannah River folks.

14 MEMBER ZIEMER: Right.

15 DR. MAURO: So this should be a  
16 standalone report, as if we weren't reviewing  
17 Savannah River. We should not be putting  
18 material in here uniquely because we know we  
19 also have Savannah River is interested in it.  
20 That's separate.

21 MEMBER ZIEMER: Right.

22 DR. MAURO: So I say we review

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1 this as we review any other procedures.

2 MEMBER ZIEMER: Yes.

3 DR. MAURO: And the fact that they  
4 have that as an example, we would do with that  
5 data what we would do even if Savannah River  
6 was not on the table.

7 MEMBER ZIEMER: Yes, and I could  
8 imagine you saying, you know, with all the  
9 procedures, we don't have any finding on  
10 there. Really great. But when you apply  
11 them, you didn't apply them right --

12 DR. MAURO: Right.

13 MEMBER ZIEMER: -- or we like all  
14 the procedures or we don't like the  
15 procedures, but if they were okay, they were  
16 applied correctly.

17 DR. MAURO: See the interesting  
18 problem is that let's say we get -- and I  
19 haven't looked at it, but let's say we're  
20 working our way through this, and they base  
21 their fundamental strategy and the statistical  
22 approach to dealing with less-than -- from

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1 data that exists in the Savannah River  
2 database. Okay? And we have a problem with  
3 that database; let's say that's what it turns  
4 out. Something we now might know because  
5 we're reviewing Savannah River, but we would  
6 not have known --

7 MEMBER ZIEMER: Yes.

8 DR. MAURO: So that's the only  
9 place we would run into a little bit of  
10 trouble.

11 But I tell you the truth, if it  
12 turns out that during the process we happen to  
13 know that because we happen to be reviewing  
14 the Savannah River database right now, it's  
15 going in here.

16 MEMBER ZIEMER: Yes. But, on the  
17 other hand, you can still be in a position of  
18 saying the methodology is fine, and if the  
19 database were good, to just use a general word  
20 good --

21 DR. MAURO: Yes.

22 MEMBER ZIEMER: -- then you're

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1 fine.

2 DR. MAURO: Yes.

3 MEMBER ZIEMER: Now if you have an  
4 issue with the database, that's a separate  
5 question --

6 DR. MAURO: Yes.

7 MEMBER ZIEMER: -- as opposed to  
8 the methodology, in my mind. I guess the  
9 bottom line for me is I think there should be  
10 one report, and if we feel like --

11 DR. MAURO: I agree.

12 MEMBER ZIEMER: -- some transfers  
13 need to be done, we do it at that point when  
14 we see what it looks like.

15 MR. MARSCHKE: That, in fact, was  
16 the way that we have been, that is the path  
17 that we have been going down.

18 CHAIR MUNN: There hasn't been  
19 anything said here to tell me to believe that  
20 we need two reports. No, one report  
21 definitely.

22 Is there any disagreement to that?

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1 Mike?

2 MEMBER GIBSON: Nope, not at all.

3 CHAIR MUNN: All right, one  
4 report. That's it.

5 MEMBER ZIEMER: Good.

6 CHAIR MUNN: All right.

7 MR. MARSCHKE: Well, there's a  
8 section here of comments specific to SRS.

9 CHAIR MUNN: Yes.

10 MR. MARSCHKE: Just skimming  
11 through here.

12 CHAIR MUNN: That's it?

13 MR. MARSCHKE: That's all I have.

14 Okay?

15 CHAIR MUNN: Good. All right.

16 I have only one other item before  
17 we go to our calendar to see what we ought to  
18 be doing next. That has to do with how we  
19 need to be taking our next steps.

20 We have a large number of open  
21 items on our database that we have not  
22 addressed at all. We also have, looking at

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1 our statistical bar graph, there are a  
2 significant number of items in there that are  
3 addressed in items.

4 Given the restrictions that are  
5 inherent in having a limited number of people  
6 with a limited number of hours in our world,  
7 it might be very wise for us to give some  
8 thought to exactly which of these items we  
9 feel, which of these types of items we feel  
10 should be addressed first by the agency and  
11 our contractors.

12 Or, in a better sense, since we  
13 need to move forward beyond the specific  
14 documents that we have been working on, what's  
15 the most effective and efficient path for us  
16 to follow in order to try to close as many of  
17 these outstanding items as we can?

18 I would be more than willing to  
19 hear from anybody about their view and any  
20 recommendations on how we should proceed.

21 I hate to consider giving NIOSH  
22 instructions to begin to deal with the open

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1 items and the Chair says a blanket matter.  
2 Because so many of the open items have to do  
3 with either old or no longer functioning  
4 procedures, I hate to have them be spending  
5 much time on that.

6 MR. MARSCHKE: Wanda?

7 CHAIR MUNN: Yes?

8 MR. MARSCHKE: Just scrolling  
9 through here, it looks like OTIB-54 has 26 of  
10 the 62 open items are associated with OTIB-54.

11 I notice OTIB-54 is one of the things that we  
12 have on our carryover item list. So if NIOSH  
13 basically gives their initial responses to  
14 OTIB-54, then if you're looking to move items  
15 off from the open item list, that would go a  
16 long ways to accomplishing that.

17 CHAIR MUNN: And we certainly are,  
18 at least it's my desire for us to move as many  
19 as we can off the list.

20 MEMBER ZIEMER: Between that and  
21 OTIB-70, we've got a bulk of it.

22 DR. MAURO: We've got a nice

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1 chunk.

2 MEMBER ZIEMER: Well, yes.

3 MR. MARSCHKE: If you just want to  
4 look at this screen here, on the bottom of  
5 this screen, and compare it to the handout  
6 that I gave you this morning, the columns here  
7 are -- this is the total number of 541 total  
8 issues, 267 closed, 62 open, 90 in abeyance,  
9 43 transferred, 25 addressed in, and 54 in  
10 progress, and no imported issues.

11 This is the current status. If  
12 you compare that to what we had this morning,  
13 you will see the progress that we made today.

14 I think we did make some progress today.

15 CHAIR MUNN: We did, indeed. Yes,  
16 we did.

17 DR. MAURO: So the question,  
18 Wanda, is of these items that are open, is  
19 there any way to approach them yet? We ought  
20 to prioritize. Let's go after the ones that  
21 are going to give us the most bang for our  
22 buck.

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1 CHAIR MUNN: Well, I don't want to  
2 do that without some input from NIOSH. That's  
3 my concern. I know how constrained we are in  
4 terms of personnel.

5 MR. HINNEFELD: I mean, do you  
6 want to shoot at open or do you want to shoot  
7 at in progress? Because I'm concerned that  
8 54, I suspect a number of those findings are  
9 going to be in progress for a while.

10 DR. MAURO: Yes.

11 CHAIR MUNN: Yes.

12 MR. HINNEFELD: Because 54 is  
13 fairly difficult, and it is not as intuitive  
14 as some things. So there's going to be, I  
15 think, some fairly lengthy discussions on the  
16 54 findings.

17 So if you just want to make sure  
18 that, look, we're doing something, then if we  
19 get those responses in and we bring them up,  
20 that gets them out of open at least and in  
21 progress.

22 One thing that I don't know that

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1 we have done is to look for any of the open  
2 findings that we gave initial responses.  
3 Where the initial responses were loaded, we  
4 have been talking about it. I don't know if  
5 there are any like that or not. We can go  
6 look for that. That would accomplish us  
7 getting those -- talking about those  
8 accomplishes the same thing; it gets them out  
9 of open and into in progress.

10 CHAIR MUNN: Yes.

11 MR. HINNEFELD: And other than  
12 that, other than those two suggestions, I  
13 don't really see a lot. I mean we can start  
14 looking for in progress ones. I mean the  
15 problem is anything you decide to focus on,  
16 any avenue you take to focus on it, you end up  
17 just chugging through this kind of population.

18 CHAIR MUNN: Exactly.

19 MR. HINNEFELD: So if the  
20 objective is to get things out, just get them  
21 out of the category of open, yes, we can take  
22 a shot at trying to make sure we get

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1 everything out there that we haven't submitted  
2 an initial response on. We get initial  
3 responses and do that at the expense of  
4 additional followup on items that are  
5 currently in progress.

6 MR. MARSCHKE: Well, again,  
7 looking at this, the procedure with the  
8 biggest number of in progress is 70. Those  
9 are all, basically, SC&A's --

10 DR. MAURO: So we've got that.

11 MR. MARSCHKE: -- action items.

12 DR. MAURO: And we are going to  
13 have that cleared next month.

14 MR. MARSCHKE: And the next one,  
15 just looking here on this particular screen,  
16 and then we go back to my old friend, OTIB-52.  
17 It's got six issues in progress, and that's  
18 the construction worker thing.

19 MR. HINNEFELD: Really? I thought  
20 we were done with that.

21 MR. MARSCHKE: Jim Neton did, too.  
22 What I think happened there was we had

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1 received, we have some proposed responses from  
2 NIOSH, but I don't know that they were ever  
3 -- you know, we never made it, I don't think,  
4 to the in abeyance level.

5 MR. HINNEFELD: Okay

6 MR. MARSCHKE: So there are in the  
7 OTIB-52, maybe that's time to revisit OTIB-52  
8 in the not-too-distant future.

9 CHAIR MUNN: If we could take Stu  
10 up on his suggestion that, as a first step,  
11 perhaps they can run through the open items to  
12 see things that they actually have responses  
13 for but have not submitted, that might be our  
14 best start for our upcoming meeting.

15 MR. KATZ: Stu, was that specific  
16 to OTIB-54 or more broad?

17 MR. HINNEFELD: It was more broad  
18 than that.

19 CHAIR MUNN: More broad than that.

20 MR. HINNEFELD: In fact, also,  
21 what I've suggested is I'm not 100 percent  
22 sure there aren't some in the database now

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1 where we have submitted, you know, where we've  
2 put initial responses in, but we've just never  
3 talked about them here. So it still shows as  
4 open --

5 CHAIR MUNN: Yes, yes.

6 MR. HINNEFELD: -- instead of in  
7 progress. That's what we want to look for as  
8 well.

9 MR. KATZ: Okay.

10 CHAIR MUNN: Yes.

11 DR. ULSH: Yes. I mean we might  
12 be able to compile a list to give to the  
13 Working Group.

14 DR. MAURO: Okay. So Steve is  
15 saying that doesn't exist.

16 (Laughter.)

17 MR. MARSCHKE: No, no, I'm not  
18 saying that doesn't exist. You didn't listen  
19 to Stu's comment.

20 DR. MAURO: His response --

21 MR. HINNEFELD: It's been loaded,  
22 but it hasn't been talked about at the

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1 meeting.

2 DR. MAURO: Oh.

3 MR. HINNEFELD: Yes, see, the  
4 status doesn't change until we talk about them  
5 here. So I'm saying there could be -- I don't  
6 know if there are or not -- there could be  
7 some where we entered the initial response; we  
8 just have never talked about it in here so the  
9 status never changed.

10 DR. MAURO: So they should be  
11 converted to in progress, but right now --

12 CHAIR MUNN: Right.

13 DR. MAURO: -- they're reading as  
14 if they're open.

15 CHAIR MUNN: Right.

16 MR. HINNEFELD: I'm saying there  
17 could be some like that. I don't know for  
18 sure.

19 CHAIR MUNN: Right. But, as a  
20 first step, if NIOSH will take a better look  
21 at that, and that will be on our action item  
22 list for next time, that would be helpful.

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1 MR. KATZ: And then, with OTIB-52,  
2 these six or eight, do we know whose action is  
3 related? Because it doesn't help knowing that  
4 they're in progress but not knowing whose  
5 dance step it is.

6 MR. MARSCHKE: The OTIB-52 is  
7 quite an old document.

8 CHAIR MUNN: Yes, it's been around  
9 for a while.

10 MR. MARSCHKE: So I don't have it  
11 off the top of my head.

12 CHAIR MUNN: Well, if we look at  
13 the list that we have in front of us, we have,  
14 it looks as though -- and some of them we're  
15 waiting for links.

16 MR. MARSCHKE: Yes, some of them,  
17 basically, actually, if we go back to the old  
18 database, we can probably see those links.

19 CHAIR MUNN: We probably can. And  
20 NIOSH has presented their proposed changes.  
21 They had a whole list, apparently, and they  
22 are to be linked and currently aren't.

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1 SC&A and NIOSH agreed this issue  
2 is better resolved in OTIB-20. There are a  
3 couple of those that were transferred.

4 They're conservative. It looks  
5 like there might be one or two that SC&A might  
6 need to respond to. But you are right, it may  
7 be easier to see on the old database than on  
8 this one.

9 MR. MARSCHKE: Yes. We had an  
10 opportunity, actually, to go back and revisit  
11 52 recently. I know NIOSH made a number of  
12 proposed changes, modifications both to  
13 OTIB-52 and to one of the other OTIBs, but I  
14 don't know whether or not we ever really  
15 discussed those proposed changes as a  
16 Subcommittee.

17 MEMBER ZIEMER: It doesn't look  
18 like it from the matrix here.

19 MR. MARSCHKE: No.

20 CHAIR MUNN: If you would take a  
21 look at that, we will list that as another  
22 thing that SC&A is going to do.

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1                   MEMBER ZIEMER:     It looks like a  
2                   number of those are ready to be closed out,  
3                   though.     Maybe SC&A has to respond to those  
4                   proposals.

5                   CHAIR MUNN:     Yes.     Well, let's  
6                   have SC&A take a look at that.     And before  
7                   anybody goes away here, let's take a quick  
8                   look at our calendars to see when --

9                   MR. KATZ:     So can we just say for  
10                  the time being then that SC&A will review the  
11                  OTIB-52     in     progress     items     and     prepare  
12                  responses for any for which SC&A is tasked at  
13                  this point?

14                  CHAIR MUNN:     Yes.     Yes.

15                  MR. KATZ:     That way we'll know  
16                  that will be ready for discussion at the next  
17                  meeting.

18                  CHAIR MUNN:     That was the intent.

19                  DR. MAURO:     And the other one was  
20                  NIOSH would look at all the open items --

21                  CHAIR MUNN:     Yes, NIOSH is going  
22                  to look at --

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1 DR. MAURO: -- open items that are  
2 designated as open, but, in fact, they have  
3 delivered a response.

4 CHAIR MUNN: But they may have  
5 some responses, yes.

6 MR. KATZ: Right, right.

7 CHAIR MUNN: That is the theory,  
8 yes. Very quickly before Brant gets out of  
9 here --

10 DR. ULSH: You caught me.

11 CHAIR MUNN: The next meeting -- I  
12 did. I saw you putting things away.

13 Clearly, as we discussed earlier,  
14 we will need at least six weeks, at the very  
15 least. Mid-September?

16 MEMBER ZIEMER: I would like to  
17 get an idea of the total picture. I've got  
18 two committees, Work Groups, that I need to  
19 schedule. I don't know what the other ones  
20 are doing. And do we know when you are  
21 available even, Ted, at this point?

22 MS. HOWELL: Don't we have a

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1 travel restriction starting Friday?

2 MR. KATZ: Well, what we are going  
3 to have to do is we're going to have to have a  
4 bunch of dummy dates because we have a  
5 limitation. August 13th, everyone's travel  
6 has to be in by August 13th for the rest of  
7 the fiscal year.

8 What we're probably going to do is  
9 put in some dummy trips for all the Board  
10 members that can then be changed once they are  
11 in the system to allow for scheduling after  
12 the fact because there's no way to do all that  
13 scheduling now.

14 CHAIR MUNN: Can we suggest that  
15 we might just as well for this group?

16 MR. KATZ: Yes, you can amend it.  
17 You can amend the travel orders.

18 MS. HOWELL: Right.

19 MR. KATZ: So you just put in the  
20 travel order, but you don't know -- and change  
21 the date. It is going to be a lot of peck  
22 work, but there's no way around that problem.

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1 CHAIR MUNN: And every  
2 Subcommittee and Work Group is going to have  
3 the same thing. I don't see any reason why we  
4 shouldn't just pick our date and go for it.  
5 As far as I'm concerned, September 15 looks  
6 fine.

7 Does anybody have a problem with  
8 September 15?

9 MEMBER ZIEMER: I'm out.

10 CHAIR MUNN: You're out? What  
11 about the rest of that week?

12 MEMBER ZIEMER: I'm out.

13 CHAIR MUNN: That whole week  
14 you're out?

15 MEMBER ZIEMER: In September, I  
16 have two days where I will be home.

17 CHAIR MUNN: Well, that's not  
18 going to work.

19 MEMBER ZIEMER: September 1st and  
20 2nd, except for a couple of weekends.

21 MR. KATZ: It looks like we're  
22 talking about October.

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1 CHAIR MUNN: It looks like it will  
2 have to be October. The conference call, the  
3 Board conference call is scheduled on the 7th,  
4 and I'm going to be gone until the 5th. So,  
5 how are we looking for the middle of October  
6 then? Something like the 12th or 13th of  
7 October?

8 MR. KATZ: That does look fine  
9 with me.

10 MS. HOWELL: The 11th is a  
11 problem.

12 MR. KATZ: The 11th is no good,  
13 right. So the 13th is better than the 12th.

14 CHAIR MUNN: That's a holiday. So  
15 let's say the 13th.

16 MR. KATZ: October 13th.

17 CHAIR MUNN: All right.

18 MR. KATZ: Okay.

19 CHAIR MUNN: All right.

20 MR. KATZ: Does that work for  
21 everyone here?

22 Mike, does that work for you?

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1 (No response.)

2 CHAIR MUNN: I think he gave up on  
3 us. You can't blame him.

4 MR. KATZ: Okay.

5 CHAIR MUNN: Very good. Our next  
6 Procedures meeting will be October the 13th at  
7 9:30 in this hotel, in Cincinnati.

8 MR. KATZ: 9:30.

9 CHAIR MUNN: Is there any other  
10 specific that we need to address before we  
11 adjourn?

12 MR. KATZ: Let's start before  
13 9:30. Would you like to start before 9:30?

14 CHAIR MUNN: It always depends on  
15 when I can get here the night before. If it  
16 happens to be one of those times when I can't  
17 get here before 11 o'clock, no. Sometimes I  
18 encounter that; I can't get a flight.

19 MR. KATZ: Well, this is the  
20 second time we've lost Dick in the afternoon  
21 because he has some other place to go. That's  
22 why I'm thinking an earlier start might be

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1 good, but --

2 CHAIR MUNN: Well, originally,  
3 there were two reasons that I like to start at  
4 9:30. One is originally we had people who  
5 wanted to fly in the same day.

6 MR. KATZ: Right.

7 CHAIR MUNN: And if we had lost  
8 all of those people, if they've all gone away,  
9 then certainly a half-hour earlier isn't going  
10 to hurt anybody.

11 MR. KATZ: Okay. So why don't we  
12 say a nine o'clock start?

13 CHAIR MUNN: Nine o'clock will be  
14 fine.

15 DR. MAURO: Before we close, we  
16 keep track of percent -- I think we're about  
17 80 percent complete. What I mean by that is  
18 out of the 500-or-so issues, 80 percent have  
19 either been closed, transferred, or placed in  
20 abeyance. So we're in the home stretch.

21 Now we started a conversation on  
22 certain things that we could do to set

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1 priorities to see what we have, what we need  
2 to do. Any chance that we could have NIOSH  
3 and SC&A put together what I call the home  
4 stretch? In other words, let's lay out  
5 specific things that we have to do, like, of  
6 course, we have to finish up, we have to  
7 respond to OTIB-70 issues. There's 12 issues.

8 But why not just make a run at it?

9 Let's look at where we are on that sheet, and  
10 between NIOSH, make a plan that we would bring  
11 to you at the next meeting that says, besides  
12 the action items that we have to take care,  
13 that we have already agreed to, this is how we  
14 are going to bring this baby home.

15 In other words, we think here's  
16 the order in which we need to start to move  
17 out. Here are the ones that are currently  
18 open and they are high priority, and they have  
19 a lot of items and they are important. Here  
20 are the ones that may be current or of less  
21 importance.

22 See, before it was too big, but

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1 it's not that big anymore. I think that if we  
2 could work together, we could probably come up  
3 with a master plan that we could offer up to  
4 the Work Group as a way to get this thing  
5 done.

6 Because, I mean, when you're on  
7 the 10-yard line, you know, you've got to  
8 punch the thing through.

9 MR. KATZ: This is a long 10-yard  
10 line.

11 (Laughter.)

12 I've heard this home stretch thing  
13 now for quite a while.

14 DR. MAURO: Well, but we've been  
15 stuck between 75 and 80 for a year.

16 MR. KATZ: But, I mean, we haven't  
17 assigned OTIB-54 yet. DCAS isn't -- so, right  
18 now, they are closing out their what's the  
19 open issues. We didn't do anything with OTIB-  
20 45, which is a bunch right there.

21 DR. MAURO: Right.

22 MR. KATZ: So I don't know that we

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1 need to do any more elaborate planning since  
2 we haven't even assigned OTIB-54 to wrap up.

3 DR. MAURO: Well, we haven't  
4 gotten responses.

5 MR. KATZ: No. I mean, first,  
6 they've got to locate what might be open that  
7 are already in progress.

8 DR. MAURO: Yes.

9 MR. KATZ: But they are going to  
10 do that, and then it seems the next step would  
11 be to get OTIB-54 assigned, once we know what  
12 our landscape looks like at the next meeting.

13 MEMBER ZIEMER: Are you sort of  
14 talking about, if you took Steve's chart --

15 DR. MAURO: Yes.

16 MEMBER ZIEMER: -- and then you  
17 annotate at the end, for example, because you  
18 show the open items, you know, responses  
19 needed from SC&A on five items, and responses  
20 from NIOSH on two, or something like that, so  
21 you had some idea of what's left?

22 DR. MAURO: Yes. Yes, but, also,

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1 there is a list of procedures that are open  
2 where we have not gotten any response.  
3 Knowing which ones they are --

4 MR. MARSCHKE: OTIB-52, I mean you  
5 can see that right now.

6 DR. MAURO: Right, and whether or  
7 not they're important. And we all agree,  
8 listen, after 54, we have basically said we  
9 know 54 is hot; let's get on that one.

10 CHAIR MUNN: Right.

11 DR. MAURO: Maybe we can hit a  
12 couple more like that.

13 MEMBER ZIEMER: Well, I'm just  
14 saying, is this something that Steve could  
15 simply annotate on the chart --

16 DR. MAURO: Yes.

17 MEMBER ZIEMER: -- without going  
18 into a big planning effort. So if you looked  
19 at the chart and you said, okay, there's five  
20 open items on 007; why are they open?

21 DR. MAURO: Right.

22 MEMBER ZIEMER: Are we waiting for

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1 something to happen?

2 DR. MAURO: Yes.

3 MEMBER ZIEMER: You know, who owes  
4 what?

5 DR. MAURO: Yes, what is the  
6 action on that, right, all of the ones that  
7 are open.

8 MEMBER ZIEMER: That would be  
9 pretty easy to do.

10 DR. MAURO: What is the action on  
11 what's open?

12 MEMBER ZIEMER: Wouldn't that be  
13 pretty easy to do?

14 MR. MARSCHKE: If they're shown as  
15 open, I think most of them we are waiting on  
16 NIOSH initial responses.

17 MEMBER ZIEMER: Oh, because the  
18 fact that they're open --

19 MR. MARSCHKE: The fact that  
20 they're open.

21 MEMBER ZIEMER: -- you've posted  
22 something?

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1 MR. MARSCHKE: Effectively, yes.

2 MEMBER ZIEMER: And nothing has  
3 happened?

4 MR. MARSCHKE: And nothing has  
5 happened.

6 MEMBER ZIEMER: Okay. So that  
7 takes care of the open process.

8 MR. MARSCHKE: That's why Stu  
9 is --

10 DR. MAURO: What you say is good,  
11 is only in progress. In other words, who has  
12 got the action on these that are in progress?

13 MEMBER ZIEMER: Yes, what are we  
14 waiting for?

15 DR. MAURO: Yes, what are we  
16 waiting for? Are we waiting on SC&A or  
17 waiting on NIOSH? So, I mean, that would  
18 be --

19 CHAIR MUNN: John, what you are  
20 proposing is precisely the kind of thing I had  
21 in mind when I raised the question earlier. I  
22 would see that as being a very valid goal for

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1 us to approach at our next meeting.

2 I want NIOSH to do this, run  
3 through it first, and want you to take a look  
4 at 52 and see where we are with that. And  
5 with those two items on our plate for next  
6 time, it would be my hope that we would follow  
7 through with your suggestion at our next  
8 meeting and have that horizon ahead of us, a  
9 planning meeting to plan.

10 If nobody has any objection, we  
11 are adjourned. We will see you in October.  
12 All right.

13 (Whereupon, at 4:58 p.m., the  
14 proceedings in the above-entitled matter were  
15 adjourned.)

16  
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