NATIONAL INSTITUTE FOR
OCCUPATIONAL SAFETY AND HEALTH

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OFFICE OF COMPENSATION ANALYSIS AND SUPPORT

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ADVISORY BOARD ON RADIATION WORKER HEALTH

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ADVISORY BOARD WORKGROUP ON PROCEDURES

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TUESDAY,

OCTOBER 14, 2008

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

MEMBERS PRESENT:

WANDA MUNN, Chair
MARK GRIFFON
PAUL ZIEMER

ALSO PRESENT:

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

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

(10:03 a.m.)

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

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

MEMBER ZIEMER: Paul Ziemer, Board member.

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

MEMBER GRIFFON: Yes. This is Mark Griffon.

MR. KATZ: Welcome, Mark.

MEMBER GRIFFON: Hi, Ted.

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

identify yourselves, starting in the room?

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

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

MR. SIEBERT: Scott Siebert with the ORAU team.

MS. THOMAS: Elyse Thomas with the ORAU team.

MR. KATZ: And on the telephone?

MR. SMITH: Matthew Smith, ORAU team.

MS. BRACKETT: Liz Brackett, ORAU team.

MR. SUNDIN: This is Dave Sundin, OCAS.

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

MR. MARSCHKE: Steve Marschke.

MR. KATZ: And on the telephone?

MR. OSTROW: Steve Ostrow.

MS. BEHLING: Kathy Behling.

MR. ANIGSTEIN: Bob Anigstein.

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

MS. HOWELL: Emily Howell, HHS.

MS. ADAMS: Nancy Adams, contractor with NIOSH.

MR. KATZ: And on the telephone?

MS. BURGOS: Zaida Burgos, NIOSH.

MR. KATZ: And I gather that's it? And then for members of the public, any attending or members of Congress or their representatives?

(No response.)

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

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

CHAIR MUNN: Thank you, Ted.

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

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

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

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

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

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

who want to.

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

Nancy, would you mind doing that for us?

MS. ADAMS: No.

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

Nancy?

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

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

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

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

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

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

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

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

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

Thank you, Nancy. I appreciate it.

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

CHAIR MUNN: Yes.

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

CHAIR MUNN: Good.

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

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

Yes, Paul?

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

MR. MARSCHKE: There are 32, not 132.

CHAIR MUNN: Thirty-two.

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

CHAIR MUNN: Yes.

MEMBER ZIEMER: What is the date on

this?

MR. MARSCHKE: This is live today.

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

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

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

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

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

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

MEMBER ZIEMER: Until it's discussed.

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

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

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

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

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

order? Is starting with the second set all right?

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

CHAIR MUNN: Well, there is always --

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

MR. MARSCHKE: The metal tritides?

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

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

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

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

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

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

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

MEMBER ZIEMER: Right, on that one.

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

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

declassified. It's going through the declassification review.

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

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

CHAIR MUNN: Please do.

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

order.

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

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

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

MEMBER GRIFFON: Wanda, this is Mark.

CHAIR MUNN: Yes, Mark?

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

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

But I just wanted to say I agree with sort of our focused discussion on Friday. But I had some broader questions about the OTIB itself. So maybe that will come up in our deliberations of these six findings.

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

questions with respect to other portions of the OTIB were.

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

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

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

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

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

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

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

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

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

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

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

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

themselves.

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

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

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

Mark, is that your recollection?

MEMBER GRIFFON: Yes. Yes, I think

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

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

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

MEMBER GRIFFON: Great. Good.

MEMBER ZIEMER: This is Ziemer.

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

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

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

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

MR. SMITH: That action was taken.

MR. MARSCHKE: Some of the --

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

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

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

MR. MARSCHKE: This one here?

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

CHAIR MUNN: It was a discussion piece.

MR. MARSCHKE: We were going to

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

MEMBER ZIEMER: Okay.

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

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

MEMBER ZIEMER: Right.

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

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

CHAIR MUNN: No, no.

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

MEMBER ZIEMER: And that's why I

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

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

MR. MARSCHKE: That's my understanding.

CHAIR MUNN: That was my understanding.

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

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

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

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

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

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

MR. HINNEFELD: No.

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

MEMBER GRIFFON: Wanda, this is Mark.

CHAIR MUNN: Yes, Mark?

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

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

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

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

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

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

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

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

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

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

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

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

MR. MARSCHKE: That's correct.

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

MR. MARSCHKE: Yes.

MEMBER GRIFFON: Okay.

MR. MARSCHKE: Yes.

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

MEMBER ZIEMER: Mark, this is Ziemer.

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

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

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

either of them status as white papers.

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

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

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

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

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

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

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

But as it stands right now, we would have to do something creative, I guess. But that's --

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Sorry to throw a wrench into the works.

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

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

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

MEMBER ZIEMER: Well, this is Ziemer.

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

If there is an issue that is

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

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

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

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

MR. MARSCHKE: The first topic up

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

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

So that's what the intent here was. In the discussion on Friday, it was pointed out that, well, how are we going to know that this is the case for any particular claimant?

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

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

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

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

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

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

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

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

CHAIR MUNN: Did they?

MR. ELLIOTT: Yes.

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

other.

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

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

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

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

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

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

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

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

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

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

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

But that has been the process. And even when a finding gets transferred to another document, such as the one that we have been talking about, if we were given -- okay. Say TIB-0020 has been revised and it now incorporates the OTIB-0052, we interpret our charter to be able to go into OTIB-0020 and look to see whether or not, in effect, the

change does satisfy the finding from OTIB-0052.

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

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

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

CHAIR MUNN: Mark, are you still there?

MEMBER GRIFFON: Yes, I am still here.

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

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

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

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

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

of those, whether we closed it.

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

Here we have been going at this for an hour. And I don't think we've talked about a finding yet. So I guess that's my comment. I would just assume, you know, maybe we're not ready - - for OTIB-0052, maybe we're not ready for a revised language yet.

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

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

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

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

MR. ELLIOTT: May I propose something?

CHAIR MUNN: Please do.

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

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

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

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

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

Just a moment. Yes, Paul?

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

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

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

Point two, I think that it is always a danger that either for the workgroup or for our contractor to get into so much detail that we're doing work that ultimately should be NIOSH's work, -- I think Larry has heard me say this many times -- there is a tendency for us to want to do the NIOSH work. If we identify a concern, we need to raise it to NIOSH. It is their responsibility to address it.

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

And we have this a little bit, I

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

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

MEMBER GRIFFON: Yes, Paul. I agree with you, especially on the first point. I definitely agree with that. That is my concern.

And I'm looking at 0TIB-0052, finding 14 on the missing dose question. And when I look at the back and forth on the responses, it may be that SC&A is satisfied with NIOSH's response, but when I look at it, even the final pdf document that gives another

language change is fairly vague.

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

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

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

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

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

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

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

MR. ELLIOTT: Or has not been accomplished.

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

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

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

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

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

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

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

CHAIR MUNN: Right.

MEMBER GRIFFON: So when you have

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

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

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

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

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

MEMBER GRIFFON: That's what I intended.

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

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

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

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

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

CHAIR MUNN: That's our purpose.

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

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

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

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

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

what appears to be. Others may have additional questions.

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

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

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

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

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

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

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

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

CHAIR MUNN: OTIB-0052 is pretty

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

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

MR. ELLIOTT: Yes, that's correct. I think you're right. You do have a path forward. My question that I raised earlier does not imply you don't have a well-designed path forward.

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

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

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

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

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

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

MR. ELLIOTT: A technical meeting was held.

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

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

established?"

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

CHAIR MUNN: Yes, it will come soon.

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

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

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

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

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

MR. ELLIOTT: That is true.

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

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

basically the status of that is what you just described.

CHAIR MUNN: They are in progress.

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

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

MR. ELLIOTT: No.

CHAIR MUNN: No?

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

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

CHAIR MUNN: Yes, I was.

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

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

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

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

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

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

MR. ELLIOTT: What is the expectation?

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

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

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

the technical meeting ought to be in there.

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

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

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

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

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

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

CHAIR MUNN: Overridden.

MR. MARSCHKE: -- overridden --

CHAIR MUNN: Again.

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

Other times you will see related

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

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

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

It does not accept formatted text. There are no superscripts. There are no subscripts. There is no bold. There is no underline. There is no indentation. And particularly there are no equations, and there are no figures.

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

The only way I can get that

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

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

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

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

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

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

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

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

Now, in this particular one, we

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

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

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

So a part of this back and forth, a

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

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

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

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

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

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

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

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

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

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

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

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

And so they put up draft, you know. And so we have also got to explain here is a draft document that may never have become a final document in that sense.

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

progress" or "working document" or something. I don't know.

CHAIR MUNN: "Unofficial document.#

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

CHAIR MUNN: Yes.

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

CHAIR MUNN: Go right ahead.

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

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

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

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

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

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

So I don't know that this is a real

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

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

Yes, Ted?

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

CHAIR MUNN: We may be. But I

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

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

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

(No response.)

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

MR. OSTROW: Steve Ostrow.

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

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

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

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

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

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

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

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

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

we get DOE clearance.

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

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

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

MR. OSTROW: Yes.

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

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

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

MR. KATZ: Thank you.

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

I guess the question then becomes for NIOSH whether you're going to have adequate time if that timeline is pretty firm. Is that going to give you adequate time to address the document very thoroughly prior to our next meeting in mid December, the concern being whether we can actually address any of this at our next meeting?

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

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

Are you talking about a Board discussion or are you talking about a workgroup discussion?

CHAIR MUNN: Talking about a workgroup discussion.

MR. HINNEFELD: A workgroup in Augusta?

CHAIR MUNN: Yes.

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

CHAIR MUNN: Steve, how extensive

are the findings? How many of them?

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

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

MR. HINNEFELD: We could provide what we have. We have done that in the past. And we have responded with what we have at a particular date, even if we didn't have a response.

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

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

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

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

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

MR. HINNEFELD: Yes.

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

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

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

MR. MARSCHKE: Can I just say --

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

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

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

MR. KATZ: Okay.

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

MR. OSTROW: Yes.

MR. MARSCHKE: And we're pretty

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

MR. OSTROW: Yes. Call them metallic tritides.

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

CHAIR MUNN: All right. Any other comments?

(No response.)

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

MR. OSTROW: My pleasure.

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

MR. OSTROW: Okay. Very good.

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

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

The reason I have held off on doing that is because I wanted the transcript from the Board meeting to support me in doing that. And we have just gotten the transcript.

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

CHAIR MUNN: There is no rush from --

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

CHAIR MUNN: Thank you. I appreciate that.

MEMBER ZIEMER: We will work much

more efficiently once we are a subcommittee.

(Laughter.)

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

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

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

Any objection to that?

(No response.)

CHAIR MUNN: Set two at one o'clock. And we'll say goodbye to those of you who are online with the exception of Mark. If you want to stay and be a part of this discussion about identification of non-white papers?

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

(Laughter.)

MEMBER GRIFFON: You guys have got that covered.

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

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

A-F-T-E-R-N-O-O-N S-E-S-S-I-O-N

(1:07 p.m.)

MR. KATZ: Hello. This is Ted Katz with the Procedures Working Group of the Advisory Board on Radiation Worker Health. And we are about to get going again. Is that right, Wanda?

CHAIR MUNN: That's correct. We are going to start with the second set of open and in-abeyance or in-progress issues that would be dated June of 2006.

Yes?

MS. HOWELL: Do you want to discuss the disclaimer language now or wait until later?

CHAIR MUNN: Since we left Emily hanging with disclaimer language in our discussion, perhaps before we undertake, it would be a good idea for us to hear what you have come up with, Emily.

MS. HOWELL: Okay. After we left the call before lunch, some of the working

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Does anyone have any problem with getting that out to us in written form and having an opportunity to communicate with me specific decisions or concerns you might have? And I'll see to it. Please put Emily on copy when you communicate with me. And we will as an early item at our next meeting take action on this if that is amenable with those involved.

Yes, Paul?

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

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

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

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

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

Yes, Ted?

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

CHAIR MUNN: No.

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

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

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

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

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

MEMBER GRIFFON: I am.

CHAIR MUNN: Do you have any problem with that?

MEMBER GRIFFON: That sounds good

to me, Wanda.

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

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

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

MR. MARSCHKE: Yes.

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

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

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

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

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

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

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

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

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

CHAIR MUNN: Any objection to that recommendation?

MEMBER ZIEMER: I have none.

CHAIR MUNN: Mark?

MEMBER GRIFFON: No. That sounds fine.

CHAIR MUNN: Let us take that action.

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

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

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

MR. HINNEFELD: Well, there is an

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

MEMBER GRIFFON: Okay. That's fine.

CHAIR MUNN: It has now been marked as closed.

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

MR. MARSCHKE: I think it was just more general. I think just from reading the way the thing is written, I didn't do the review. I think Steve Ostrow did this review. But, reading the way that the issue is stated, it says, "Section 3 does not have any citations."

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

shouldn't there be something in it?

MEMBER ZIEMER: Okay.

MR. MARSCHKE: So that's my --

CHAIR MUNN: Can we pull up the original?

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

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

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

CHAIR MUNN: Yes. It is.

MR. HINNEFELD: Yes.

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

MR. HINNEFELD: That's what he did.

CHAIR MUNN: Yes. Right.

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

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

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

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

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

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

CHAIR MUNN: "Initiated by."

MR. HINNEFELD: Yes.

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

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

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

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

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

So, again, no training is required. SC&A recommended that it be closed.

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

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

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

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

MEMBER ZIEMER: I know we discussed this.

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

CHAIR MUNN: Yes, I think you did.

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

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

MR. HINNEFELD: That was I think in

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

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

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

(No response.)

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

MEMBER ZIEMER: Close the item.

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

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

one.

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

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

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

CHAIR MUNN: Yes, it is. Reality check.

Item 3 details.

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

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

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

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

Any opposition to closing this item?

(No response.)

CHAIR MUNN: If not --

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

MR. MARSCHKE: August 21st.

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

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

MR. MARSCHKE: They may have been --

CHAIR MUNN: They wanted a NIOSH response.

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

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

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

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

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

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

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

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

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

MEMBER ZIEMER: One through 9 as being closed.

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

CHAIR MUNN: Action.

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

CHAIR MUNN: Those nine.

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

CHAIR MUNN: Correct, --

MR. MARSCHKE: Okay.

CHAIR MUNN: -- which cleans up

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

MR. MARSCHKE: TIB-0010. TIB-0010. We had received something on OTIB-0010, which I had forwarded to Dr. Anigstein. And this was OTIB-0010-05.

CHAIR MUNN: Five.

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

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

MEMBER ZIEMER: That's verbal?

CHAIR MUNN: That's for

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

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

CHAIR MUNN: But that --

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

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

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

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

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

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

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

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

that we were in the right place.

It's certainly not a definitive proof. I mean, it's not a competitive support for arriving at the fact we arrived at, as Bob pointed out and as Tom meant. So there's nothing particularly wrong with this comment. It's just that we felt like he was commenting on sort of a superfluous part of the document.

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

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

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

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

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

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

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

MR. HINNEFELD: It#s explained in the NIOSH response and the follow-up response.

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

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

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

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

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

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

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

CHAIR MUNN: Yes.

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

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

CHAIR MUNN: What goes in the --

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

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

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

MR. HINNEFELD: That would be our --

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

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

MR. MARSCHKE: Yes.

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

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

MR. MARSCHKE: I think we can --

MEMBER ZIEMER: You may want to --

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

So I'll try and get him to move off

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

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

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

MEMBER ZIEMER: If they do that.

CHAIR MUNN: Yes.

MR. MARSCHKE: If we do that.

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

CHAIR MUNN: Yes, please?

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

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

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

MR. MARSCHKE: Very true, yes.

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

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

MR. MARSCHKE: That's right.

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

MEMBER ZIEMER: I will vote closure, too.

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

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

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

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

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

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

CHAIR MUNN: Yes.

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

TIB with result to the organs issue.

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

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

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

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

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

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

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

geometry investment has to be made.

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

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

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

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

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

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

CHAIR MUNN: Yes.

MR. HINNEFELD: Yes. One and 2

both involve revisions.

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

CHAIR MUNN: The wording sounds good. Any objection #

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

MR. HINNEFELD: Yes, yes.

CHAIR MUNN: Yes. Any objection to this?

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

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

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

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

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

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

MR. HINNEFELD: Yes.

CHAIR MUNN: Maybe.

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

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

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

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

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

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

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

CHAIR MUNN: Correct.

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

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

CHAIR MUNN: Correct.

MR. MARSCHKE: Okay?

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

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

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

MR. MARSCHKE: Magic.

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

Number 3?

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

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

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

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

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

MR. MARSCHKE: I did or --

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

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

MEMBER ZIEMER: Oh, it doesn't?

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

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

CHAIR MUNN: Watching.

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

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

MR. MARSCHKE: Okay. Now, 4 --

MEMBER ZIEMER: Did anything happen on 3?

CHAIR MUNN: Yes. It was changed

from open to in progress.

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

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

MEMBER ZIEMER: Since last meeting.

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

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

correction factor and recommended issues in dose reconstruction.

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

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

MR. HINNEFELD: We are on 3.

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

MR. HINNEFELD: I can provide that written.

MR. MARSCHKE: What you just said

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

MEMBER ZIEMER: Yes. It's already there.

CHAIR MUNN: Right. It's already there.

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

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

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

MR. HINNEFELD: This is computer simulation.

MEMBER ZIEMER: A Computer simulation on the --

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

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

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

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

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

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

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

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

MR. HINNEFELD: Yes.

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

MR. HINNEFELD: Yes.

MEMBER ZIEMER: -- in generating a dose distribution?

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

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

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

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

MR. HINNEFELD: Adjusting the doses accordingly.

MEMBER ZIEMER: Right, right.

MR. HINNEFELD: A combination of the distribution.

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

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

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

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

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

MEMBER ZIEMER: -- would be to take --

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

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

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

MEMBER ZIEMER: Yes, yes.

MR. HINNEFELD: -- apply that as a

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

MEMBER ZIEMER: Right.

CHAIR MUNN: Mark, are you still there?

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

CHAIR MUNN: Do you have any --

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

CHAIR MUNN: I would like to get Mark's take on this before we go any further. Stu certainly makes a compelling argument with respect to the fact that the actual exposure can go either way depending upon construction of the glove box.

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

MR. HINNEFELD: No, no.

MEMBER GRIFFON: No?

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

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

MEMBER GRIFFON: Okay.

CHAIR MUNN: It certainly appears to be --

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

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

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

MEMBER ZIEMER: Yes.

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

MEMBER ZIEMER: But that's of the --

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

MEMBER ZIEMER: Of the dose value.

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

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

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

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

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

MR. HINNEFELD: Yes.

MEMBER ZIEMER: But whatever percentile you pick --

MR. HINNEFELD: I mean, the outcome --

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

MR. HINNEFELD: The outcome in my

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

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

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

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

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

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

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

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

MR. MARSCHKE: Understood.

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

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

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

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

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

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

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

dose construction?

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

CHAIR MUNN: I know it is.

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

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

CHAIR MUNN: No.

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

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

MEMBER ZIEMER: For making a compensation --

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

MEMBER ZIEMER: NIOSH's.

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

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

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

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

graph. It looks like a GSD of 1.3.

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

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

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

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

problem up favorably.

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

MR. ELLIOTT: That's our policy position.

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

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

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

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

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

That's all I have.

CHAIR MUNN: Paul?

MEMBER ZIEMER: Well, I have already said I think it is a policy decision. From a technical point of view, I think you could argue for either one.

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

something that is more favorable.

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

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

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

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

secretary would have to take the role there.

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

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

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

CHAIR MUNN: Mark?

MEMBER GRIFFON: Yes, I am agreeable to that.

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

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

CHAIR MUNN: Thank you. Closed.

MR. MARSCHKE: And we will go up

here, and we will close it.

CHAIR MUNN: Very good. Item 4?

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

CHAIR MUNN: We did?

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

CHAIR MUNN: The recommendation of --

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

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

CHAIR MUNN: It is.

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

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

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

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

MR. HINNEFELD: Well, 0013 first.

MR. MARSCHKE: 0013 first.

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

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

CHAIR MUNN: In abeyance.

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

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

MEMBER ZIEMER: This is what?

CHAIR MUNN: Five and 6.

MEMBER ZIEMER: Oh, 5 and 6.

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

the angular dependence.

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

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

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

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

MR. HINNEFELD: Because when I look for in abeyance on the list, I am looking for where did we promise to change and haven#t changed it yet, you know, to try to get those

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

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

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

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

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

CHAIR MUNN: Good. Excellent. Thank you.

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

CHAIR MUNN: October 10th, yes.

MR. MARSCHKE: And then on the next

setup, we have --

CHAIR MUNN: Seven should be easy. That's one which was recommended by SC&A closed at our last meeting and just simply has not been stamped with our approval, I think.

MR. MARSCHKE: Okay.

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

MR. MARSCHKE: Okay.

CHAIR MUNN: Number 8?

MR. MARSCHKE: Number 8.

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

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

CHAIR MUNN: Recommended that the

issue status be changed to in abeyance.

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

CHAIR MUNN: How about a presentation --

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

CHAIR MUNN: I don't remember the discussion.

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

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

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

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

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

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

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

And the proof of the pudding will

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

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

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

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

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

MR. ELLIOTT: Sure, sure.

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

benefit of that yet.

MR. ELLIOTT: Sure.

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

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

MR. ELLIOTT: I am not trying to be argumentative here. I just want a sense of clear direction as to what we are going to do here.

CHAIR MUNN: Let me take as my action to review the transcript to identify what our previous discussion said. Then I will communicate with you and the other members of the working group with regard to what that said and ask what our next step is.

MEMBER GRIFFON: Wanda, can I just ask one clarification?

CHAIR MUNN: Yes.

MEMBER GRIFFON: I think you're proposing to use ATTILA and the MCNP runs. You know, SC&A questioned the use of ATTILA. I mean, I have no problem if you get similar results. I just want to understand similar a little better. You know, I mean, what is the magnitude of the difference?

That was probably gone over before. I just can't remember.

CHAIR MUNN: No. The only thing I am proposing, Mark, is that I take a look at the transcript and see what we said the last time we --

MEMBER GRIFFON: Yes. It wasn't really a question to you, Wanda. It was just a technical question or probably something we already went over. But does anybody recall that? Is it a five percent difference? I don't understand what "similar" means.

MR. HINNEFELD: Yes. Mark, this is Steve. Off the top of my head, I don't remember offhand.

MEMBER GRIFFON: Yes. Okay. When we look back, maybe we can answer that question if that's okay.

MR. HINNEFELD: Okay.

MEMBER GRIFFON: But I have no problem in general. If it's a different model, it doesn't matter to me. The software they use, if they're far off, I think we have a different issue.

CHAIR MUNN: I will pass it along to all of you what I find out on the transcript.

MEMBER GRIFFON: Thank you.

CHAIR MUNN: All right. We have now come back to number 9, which we were discussing earlier. Is there any additional discussion or clarification that needs to be made from what we were discussing an hour ago on number 9?

(No response.)

CHAIR MUNN: If not, do you know where we are, Steve, with number 9?

MR. MARSCHKE: Basically what I wrote in here is "SC&A would review the NIOSH follow-up, but this issue is, nonetheless, closed."

CHAIR MUNN: Very good. Any problem with that resolution that we discussed earlier?

(No response.)

CHAIR MUNN: If not, then I declare it legally a time for a break.

MR. ELLIOTT: Legally.

CHAIR MUNN: Yes. We will take a 15-minute break and be back with our next item, which will be OTIB-0012, item 1.

MR. KATZ: I am going to leave the line open but just put it on mute here so you don't have to listen to us.

CHAIR MUNN: Fifteen minutes.

(Whereupon, the foregoing matter went off the record at 2:31 p.m. and resumed at 2:44 p.m.)

MR. KATZ: This is the Procedures

Working Group. We're coming back online.

CHAIR MUNN: We have I think one that will take no time at all, OTIB-0012-01.

MR. HINNEFELD: We have nothing more on that. The next action on that is ours to do. It has to do with DCS.

MR. MARSCHKE: OTIB-0012-01.

MR. HINNEFELD: OTIB-0012-01.

CHAIR MUNN: Monte Carlo methods for dose uncertainty.

MR. HINNEFELD: There was subsequent discussion on this. Actually, it may appear in the database under another one. I forget how we're going to track it, but the original findings on this Monte Carlo, we put the respite in after our initial responses on at least one of the findings.

This is Bob Anigstein. He said he took issue with how the correction factors, the dose correction factors, from ID-01 were developed, the basis for trying to get a distribution the way they are drawn.

So we decided to track that here under OTIB-0012. And I thought we were tracking it under OTIB-0012-01, but it might be somewhere else.

CHAIR MUNN: The database doesn't show any recent action or discussion at all. At least mine doesn't. Am I incorrect?

MR. MARSCHKE: No. You are totally correct. There is only one issue ever written on 12. And that was that one about SC&A's crystal ball calculation supports the OTIB.

I look for -- wait a minute. Maybe it's different dates. Could it be on different dates? No. There is only one OTIB-0012 issue.

CHAIR MUNN: It is not clear what has transpired here to me. Since the initial finding was that SC&A's crystal ball calculations support the OTIB, then no response was required.

Then the next thing that I see is that after that it was decided if the

statistics were correct, if properly implemented, that the passage was worded inappropriately to reflect how these statistics should be used. SC&A presented their findings associated with OTIB-0012 in a white paper.

MR. MARSCHKE: Yes.

CHAIR MUNN: That was after the -- was it before or after the technical call? They did a --

MR. MARSCHKE: I believe it was before the technical call.

CHAIR MUNN: They did a white paper, then, on the technical call. And there is no indication here of any further discussion or action or what is in progress.

MR. MARSCHKE: I don't know if they did a technical call, but the workgroup directed that there be a technical call. Whether or not that actually took place, there is no indication in the database.

MR. HINNEFELD: Which date are we

talking about here that that occurred? Was that on 8-21, the 8-21 meeting?

MR. MARSCHKE: The November 7th, 2007 meeting. It was a workgroup directive, SC&A and NIOSH should have a technical conference call on this issue and report back to the workgroup on December 11th, 2007.

Then we have basically a workgroup meeting December 11th, 2007. We have nothing.

CHAIR MUNN: In view of the fact that this has been a long time, in view of the fact that OTIB-0012 is rather important to what we do here, may I suggest that this be a NIOSH action to check what our status is and why this is still an outstanding issue? Is that fair, NIOSH actions?

MR. HINNEFELD: Yes. I will reconstruct the history of it for you, but I'm pretty sure the white paper includes the critique of the dose conversion factors 91 and that was delivered at some point during the discussion of TIB-0012.

And so we said, well, we'll address that. We'll put together a paper that we#ll evaluate. We will decide what we're going to do about it or address it in some fashion. And that took a long time for us to do that. Our primary player on that is, of course, very good. He#s one of our better people.

CHAIR MUNN: Right. Let's just ask for an update and status clarification of where we are in Savannah at our December meeting. Okay?

MR. KATZ: Augusta.

CHAIR MUNN: Augusta? Sorry. Close enough.

MR. KATZ: Yes.

CHAIR MUNN: In there somewhere. Item 0017-03, individual monitoring for beta particles.

MR. MARSCHKE: Can we ask about the white paper that is mentioned here? SC&A submitted a white paper discussing OTIB-0012 findings. Do we want, well, does the

workgroup want, SC&A to get a copy of that white paper and include it here as a related link with the appropriate caveats that we had discussed earlier this afternoon.

CHAIR MUNN: Let's wait until we have NIOSH's report on what the full status is and where we are with that. That appears to me to be an appropriate time for us to make that recommendation.

We have what appears to be one of those items where we do not have any immediate expectation of agreement between the commenter and NIOSH. Am I correct in the way I am reading this?

MR. ELLIOTT: I can't read the thing. Can someone --

MR. MARSCHKE: I have to get the right one here. I think it's here.

CHAIR MUNN: This is 0017-03.

MR. MARSCHKE: It is not in here.

CHAIR MUNN: 0017-03.

MR. MARSCHKE: Wait a minute.

Maybe I can find it someplace else. Too many things open. Let me see if I can find it, 0017. Okay. This is the original e-mail I got back from John Hunt, who did the review of the NIOSH follow-up response, which may be a little easier to read here.

His recommendation is to close this issue because he doesn't think that we're going to be able to get much improvement, "In my opinion, could not be improved on much further."

So he thinks that, although the OTIB may be a little weak technically, it is as good as you're going to get. He did provide some additional insights in here. And, again, that e-mail is what you see here in this little box.

Now, again, this comes back to what we talked about earlier this afternoon, this related link. As I said, John Hunt when he gave me his comments he also included this additional bit of information, if you will,

insight. I'm not sure what the correct term is to call this, or evaluation, interpretation of dosimetry data.

I didn't know where else to put this. So I put this as a related link. But, again, based upon the discussion we have had earlier today, particularly this afternoon, we will probably have to at least change the headings and footers, titles, so on and so forth, on this.

CHAIR MUNN: Well, it appears to be a position paper with respect to this finding, correct?

MR. MARSCHKE: Yes. I'm not sure that it's SC&A position paper. John Hunt has looked at it. And, as you say, he has a tremendous amount of work that has gone into it.

CHAIR MUNN: Technical interpretation.

MR. MARSCHKE: Yes, technical interpretation by this individual. And this

is the official, as official as we get. This is what we put in here.

And at this point, the SC&A recommendation is that we can close this issue because OTIB-0017 is as good as you're going to get it.

CHAIR MUNN: Okay, I didn#t get that. And so that is not in contradiction to the last NIOSH comments.

Does the workgroup have any strong feelings that would contradict this recommendation to close? If not, then the workgroup -- yes?

MEMBER ZIEMER: I agree with that. I in this case would question the status of this paper in the thing. I don't think it appears to be an official SC&A paper either.

MR. MARSCHKE: I don't either.

CHAIR MUNN: No. It's just an individual assessment.

MEMBER ZIEMER: And it seems to me it could be a working document of the

workgroup and even referred to in our minutes or our transcript, but unless SC&A issues it as a work product, it's not clear to me why we ought to put it in the database. That is all I'm saying.

Maybe SC&A would -- in other words, it is an individual's opinion. I assume that you called him in to --

MR. MARSCHKE: He is the one that did the initial review --

MEMBER ZIEMER: Right.

MR. MARSCHKE: -- of OTIB-0017. I did not want to lose that information.

MEMBER ZIEMER: Right.

MR. MARSCHKE: And this was the best place that I could think to put it. Initially I tried to put it all into the SC&A follow-up. And it got very --

CHAIR MUNN: It was just too much?

MR. MARSCHKE: Too much, exactly.

CHAIR MUNN: Yes.

MR. MARSCHKE: So then in order not

to lose this information, I put it here as a related link. Now, I am open to ideas as to a better way to handle this.

MEMBER ZIEMER: Or maybe with Emily's wording, we just appropriately label this and leave it in there. I mean, I am not objecting to it being per se, but I think we need to have a consistency about both what we put in and how it's identified.

Particularly if it's an SC&A official position or it's just a discussion document, you might identify it in some way like that even.

MR. MARSCHKE: Yes. I hadn't thought of, like Larry pointed out this morning, people getting into this and getting the Freedom of Information Act and getting this and misinterpreting it or doing whatever they can do to it.

MEMBER ZIEMER: Right.

MR. MARSCHKE: So no, I hadn't thought of it from that point of view. My

only goal was to not lose this bit of information. There has to be a better way to do this than what is here.

CHAIR MUNN: There is going to be a fine line there. And we will probably approach it time after time to try to make that decision. Trying to balance clarity of the decision-making process against openness and transparency is going to be difficult for more than one occasion. This may be one of those.

Certainly any technical person going back and trying to trap this would want to try to see the expert opinion that led to the statement that we have here on the follow-up.

So this may be a good opportunity for us all to take this under advisement and look at this in a concerted individual manner, weigh the issues, and have this as a separate action item for us to address at our next procedures meeting, at which time hopefully we

will have discussed already the kinds of classifications we want and the additional --

MEMBER ZIEMER: Wanda, I was going to suggest -- and this comes from SC&A -- that the burden be on them to identify what kind of a document they think it is. You said a draft discussion document. is it an SC&A white paper or what is it?

In terms of the categories that Emily comes up with, whatever our appropriate disclaimer in, then perhaps leave it. I think we can still close the item. I was just concerned how this --

CHAIR MUNN: I think we can, too, yes.

MEMBER ZIEMER: -- is identified in the system. And we will need to follow. It seems to me the burden is on SC&A to tell us what this is, categorize it for us.

CHAIR MUNN: I agree with one caveat. And that caveat is I think it is incumbent on the workgroup to make some

decisions about what categories are likely to be most useable for us and most accurate for us.

MEMBER ZIEMER: And then we can select one of those.

CHAIR MUNN: Right, right.

MR. MARSCHKE: Yes. At this point if I had to categorize it, I would basically categorize it as supplemental information. And I don't know if that means anything, but -- so the workgroup directive is to close this issue?

CHAIR MUNN: Yes, with an outstanding action item regarding proper handling of related links. Okay. We are all on the same page with that one? This one will be closed.

And we are going to OTIB-0017-12, which is in abeyance we have here. Is it supposed to be closed? John Hunt agrees. Will revise. And the revision has not yet been complete, correct, OTIB-0017?

MR. HINNEFELD: Not as far as I know. I haven't been able to go check.

CHAIR MUNN: So in abeyance is correct at this juncture.

On to OTIB-0018. The first item open is 5. At a meeting earlier this year, it was recommended that this be closed.

MR. MARSCHKE: Was it? Which one?

CHAIR MUNN: Eighteen-05.

MEMBER ZIEMER: You had it marked closed. And I had crossed it out. It sounded like we kept it open for some reason.

MR. MARSCHKE: Yes. I don't have that 18. I go from 18-01 to 18-06. That's why I didn't make any of these changes as per my notes.

CHAIR MUNN: Well, you related blank here. It says, "Referenced documents, second set: link OTIB-0005, response pdf."

MR. HINNEFELD: It seems like this was the one where we were supposed to provide evidence that the sites that were covered by

OTIB-0018 did, in fact, have good error sampling programs and that they took appropriate action based on control levels. I thought that is where this one was.

MEMBER GRIFFON: I know I had concerns with this one. So I might have taken it out of the closed position. I don't know.

MR. HINNEFELD: I think Mike Gibson raised that as well, in addition to Mark.

CHAIR MUNN: And that would have been because? What was your concern, Mark?

MEMBER GRIFFON: Several. The question on the definition, there is something called rigorous error sampling program. I'm not sure exactly what that means.

And then I wanted to understand how they came up with a list of sites. I have some questions about -- it says that they're going to use the worst case radionuclide, but the listing doesn't include all radionuclides at some of the sites that were in the list.

For example, the Mound has a few.

And I admit that these are not the main production radionuclides, but things like actinium and protactinium are not on the list.

And then I had a question of is there any change in the -- and this may be outlined in the TIB, and I might have missed it. But over time, the MPC values were to change. So when they assign 10 percent of the MPC, do they vary with the time period or how does that work?

CHAIR MUNN: So do we have your concerns in a format that can be responded to?

MEMBER GRIFFON: Just in this format that I give.

MR. HINNEFELD: We had the robust error sampling issue and the take appropriate actions. In other words, part of the error sampling program is that appropriate actions are taken at action levels.

MEMBER GRIFFON: Right.

MR. HINNEFELD: You also said a concern about the --

MEMBER GRIFFON: How did you come up with the list of sites?

MR. HINNEFELD: Well, I think that kind of was going to feed into a number one.

MEMBER GRIFFON: Okay.

MR. HINNEFELD: The sites that are covered on here are the ones we felt had error- sampling programs sufficient that you could put some confidence in and that they would take actions if there were a bad airborne situation, --

MEMBER GRIFFON: I agree.

MR. HINNEFELD: -- chronically bad, chronically bad airborne situation. So I think that's kind of all part and parcel of this same --

MEMBER GRIFFON: I agree.

MR. HINNEFELD: -- issue, that one and 1 and 2. You said not sure that the worst radionuclides were covered in every case.

CHAIR MUNN: Well, no. I think he said all nuclides were covered.

MEMBER GRIFFON: The worst case. That was correct. I'm not sure that -- in the listing of radionuclides, it suggests that by procedure, you say that you're going to use the worst case radionuclides depending on the organ, et cetera. But then you look at the list of radionuclides and that doesn't encompass some of the worst ones for some of the sites. I think now might be the example where that came and protactinium.

MR. HINNEFELD: Now, you had I thought you said one more other thing, too.

MEMBER GRIFFON: And then the question of whether -- and this may be in the TIB and I might have missed it, but I just wanted clarification on whether when you assign ten percent of the MPC or DAC, do you vary that with time periods because the MPCs change during different time periods over the course of the life of these sites?

MR. HINNEFELD: Okay. Well, I know we are working on 1 and 2, we will get 3 and 4

going, too.

MEMBER GRIFFON: All right.

CHAIR MUNN: So we need to have some comment in here about workgroup directives, I guess.

MR. MARSCHKE: I only got two of Mark's questions, but I guess Stu has got the other.

MR. HINNEFELD: I can send you -- I can send Steve some language to put in a workgroup directive. And this would be for today's meeting, I guess.

CHAIR MUNN: It would be most helpful.

MEMBER GRIFFON: I wasn't necessarily trying to make these into action items if they could be answered, you know, if someone is on the phone who can answer them now.

MR. HINNEFELD: Well, I am not prepared.

MEMBER GRIFFON: Okay.

MR. HINNEFELD: We have --

MEMBER GRIFFON: Liz is on there, I think, right? Yes.

MS. BRACKETT: And I can actually answer a few of those questions.

MR. HINNEFELD: Okay. Well, Liz, what have you got?

MS. BRACKETT: Actinium-227, I noticed that it's not listed in OTIB-0018, but it is, in fact, in the tools. So that's apparently an oversight on our part in documenting what we actually did.

So because there is instruction that directs the dose reconstructor to use actinium-227, specifically Fernald, Los Alamos, and ORNL. So we need to get that documented. I don't know if that will completely address your concern, but it is included for some of the facilities.

MEMBER GRIFFON: Okay. I didn't look at the tool. I was looking at the written procedures.

MS. BRACKETT: Right. And you are right. I mean, it should be in there.

MEMBER GRIFFON: Yes.

MS. BRACKETT: I thought that it was, but --

MEMBER GRIFFON: And protactinium? I don't know if that would be, you know, the limiting radionuclide in any cases, but is that on your --

MS. BRACKETT: That one is not included. We will have to look to see if that would be more limiting than actinium.

MEMBER GRIFFON: It may not be but yes, just curious. And, just for clarification, if you had an unmonitored worker, it didn't matter necessarily where they were working --

MS. BRACKETT: Right.

MEMBER GRIFFON: At Mound, for instance, you would use actinium if it was a limiting case?

MS. BRACKETT: Yes. That would be

added into the list of nuclides. And if it came up to be the most limiting, then that's what would be assigned.

MEMBER GRIFFON: All right.

MS. BRACKETT: And the changing of MPCs and DACs, I haven't gone back over OTIB. That should be documented. It does account for the fact that it changed over time.

The ten percent is only used in modern days. It's 50 percent up until like 1989. And there are -- maybe if you want to look at OTIB-0018 again and see if it's not clear, but it does list different --

MEMBER GRIFFON: I checked that. I saw listed time period differences, but then I thought I saw something that contradicted that. But I will double-check that. That one I'm not sure on.

MS. BRACKETT: Okay. Like I said, I haven't gone back and looked at it in detail because you're right. The actinium is missing from that. So maybe it's not clear as to what

MPCs we're using. But it does vary over time.

MEMBER GRIFFON: Okay.

MS. BRACKETT: I think those are the only two I can --

MEMBER GRIFFON: And the only other question, back to everyone in the workgroup, the general question I had was OTIB-0018 is only used for non-compensable cases. Is that correct?

MS. BRACKETT: Yes.

MEMBER GRIFFON: But that hasn't always been the case, has it?

MS. BRACKETT: There was a brief time when it was used for compensable cases, but that and OTIB-0033 would kind of go hand in hand.

MEMBER GRIFFON: The only concern I would have there is do you know how many cases were compensated using the TIB-0018 approach?

MS. BRACKETT: I personally don't. I don't know if anybody else on the conference --

MR. HINNEFELD: I don't have it broken down, but there were, I believe, 104 cases that, arguably, during that period that were compensated that had they not been done during that period might not have been. I believe 104 was the number total, but those weren't all OTIB-0018.

MEMBER GRIFFON: That might be sort of a separate issue, you know, apart from our findings on OTIB-0018 because this kind of gets into that equity issue. If I filed a claim and, by the luck of the draw, I got my claim done with OTIB-0018, during that time period I might have gotten compensated, you know.

MR. HINNEFELD: Well, this has been out there for two years.

MEMBER GRIFFON: Yes. I'm just saying if it's 105 claimed, that's quite a few people that got compensated that might not have been compensated otherwise.

MR. ELLIOTT: Were all 104

compensated?

MR. HINNEFELD: I believe that's the number.

MR. ELLIOTT: Was it all 104 that were effected by that?

MR. HINNEFELD: Well, that's true. There were 104 done in techniques that would not normally have been used within to be compensated. Some of those likely would have been compensated.

MEMBER GRIFFON: Should have been compensated, okay.

MR. HINNEFELD: Yes. Some of those likely would have been compensated anyway. That was where the 104 came from.

MEMBER GRIFFON: That is kind of a separate issue, but I just wanted clarification on that. And that's all I had on that one.

CHAIR MUNN: Okay. So Steve has all of his issues.

MR. HINNEFELD: Liz answered the

last two?

MEMBER GRIFFON: Well, Liz answered, partially answered the one. And, really, she said that there were modifications for time periods. So I won't leave that as an action. I'll check that on my own. And if I see any discrepancies there, I'll raise them. But let me review that further because it's probably addressed properly.

MR. HINNEFELD: Okay. And so then that leaves us with the "What does it mean to have a robust error-sampling program?" and "Did the sites do what they should have done?# And #How do we know the sites did what they should have done if they had like control for an action level?"

And that kind of is related to what sites, how do we decide what sites recover? So those things kind of all link in together.

MEMBER GRIFFON: Yes and still the protactinium question.

CHAIR MUNN: Yes.

MR. HINNEFELD: Okay. Liz, are you doing protactinium?

MS. BRACKETT: Sure.

MR. HINNEFELD: Thanks.

MEMBER GRIFFON: Thank you.

CHAIR MUNN: That's great. All right. So I have that as an action item for now with Stu in the lead.

18-06, Mark.

MR. MARSCHKE: Well, 5 is in progress, I guess. It's not open anymore. It's not open.

CHAIR MUNN: That's right. It's in progress.

MR. MARSCHKE: So it will be in progress.

CHAIR MUNN: Actually, there is action being asked. So it is in abeyance, correct?

MR. HINNEFELD: No. We haven't promised what --

CHAIR MUNN: Well, I thought you

just did --

MR. HINNEFELD: Yes, we did. We did promise that we were going to revise it. Well, see, there are several parts of it. But it's promised that we would revise OTIB-0018 in order to include the information that's in the tool.

So that you can put it in abeyance if you want. There is something that is --

MEMBER ZIEMER: There are in-progress parts, though.

MR. HINNEFELD: There are in-progress parts.

MEMBER ZIEMER: Yes. I think in progress is a lower --

MR. HINNEFELD: See, my problem with putting them in abeyance is that to me that means we're all agreed we're just going to publish a revision and we're going to be done. And there is more work to be done on this.

MEMBER ZIEMER: Right.

MR. MARSCHKE: Eighteen-six?

CHAIR MUNN: Eighteen-six.

MR. MARSCHKE: I think we had actioned my notes from August 21st to indicate this one should be in abeyance.

CHAIR MUNN: The reason for that is a revised OTIB is in works. Any problem with changing status to in abeyance?

(No response.)

CHAIR MUNN: If not, so ordered.

MR. ELLIOTT: So have we had this revision in process for over a year now?

MR. HINNEFELD: Well, we might have. Wait a minute. Okay, interesting. Good.

CHAIR MUNN: Very good. Finished with 18. Go on to 19, item 1, bioassay data, co-worker essay data, internal DOS assignments: NIOSH "will provide the working group with suggested revisions to the OTIB that address the issue."

MR. HINNEFELD: Well, I've sent our

position on 0019-1.

MR. MARSCHKE: This is what we received from --

MR. HINNEFELD: Yes.

MR. MARSCHKE: -- NIOSH on October 1st this year.

CHAIR MUNN: Okay.

MR. MARSCHKE: And it's in the NIOSH follow-up box down here, but because there is the table, I've also included it because I can't get all of this information that's included on these backup statements.

CHAIR MUNN: Okay. So, actually, the ball is in the SC&A court right now, correct?

MR. MARSCHKE: No. Let's see. If we look at the box next to it on the 10-10, we got a response from Harry that basically agrees with the NIOSH position or the analysis that NIOSH has done. And SC&A has come down and recommended that this issue be closed.

So our recommendation is, we agree

with NIOSH in the results of their analysis and you can close this issue. Let's see if I have Harry's --

CHAIR MUNN: This is another one of those where we will have to identify the reference document.

MR. MARSCHKE: Well, the related link document, Wanda, is --

CHAIR MUNN: It's just 0019-1, right?

MR. MARSCHKE: Yes. It's just a follow-up response. I put it here so that we can get this table. It would have been virtually impossible for me to get this table into that little box.

CHAIR MUNN: Right.

MR. MARSCHKE: This is all part of the NIOSH follow-up. So I don't know how this falls into what we talked about.

MR. HINNEFELD: This is our response.

MR. MARSCHKE: This is your

response.

MR. HINNEFELD: NIOSH personnel action or follow-up action.

MR. MARSCHKE: It's no more, no less.

MR. HINNEFELD: We can put the disclaimer on it and resubmit it.

CHAIR MUNN: Yes, right. Well, the key here is that the issue is closed. But the only thing we have to do as a workgroup is to make sure that the graphics that are necessary, that are in the charts that are necessary for clarification at a later date, are appropriate and properly carry the proper wording when we finish. So that's just --

MR. MARSCHKE: So basically I should put in here for the 2008 that the workgroup direction is close this issue.

CHAIR MUNN: Any objection to that?

MEMBER ZIEMER: No objection, but NIOSH needs to label the table in accordance with the new scheme, or not the table but the

document.

CHAIR MUNN: The document, yes. A better grasp of wording that we're going to use. Item 0024-1, open, apparently never been addressed other than it's going to be a revision.

MEMBER ZIEMER: My notes from the 21st of August indicate that 1 through 7 are all in abeyance.

CHAIR MUNN: And we haven't populated the database yet.

MEMBER ZIEMER: Does that --

MR. MARSCHKE: My notes are missing on 0024. Whether or not --

CHAIR MUNN: I'll take that again as one of my action items, since I'm going to be looking at the transcript anyhow.

MS. THOMAS: It has never been discussed in workgroup, but all of our responses state that we#ll include SC&A's recommendation or finding, address those findings and revisions. So that may be why it

is in abeyance.

CHAIR MUNN: Say that again.

MS. THOMAS: I said we've never discussed OTIB-0024 in any technical way at a workgroup meeting, but all of the NIOSH responses state that the OTIB will be revised to address SC&A's findings. So that may be why all of the statuses are in abeyance.

CHAIR MUNN: Are all in abeyance. Would that be in accordance with your notes, Paul?

MEMBER ZIEMER: Well, the chart that was given to us in the August meeting says that Bob Anigstein concurs with NIOSH's proposed solution. And the revised OTIB submitted shows them all as --

CHAIR MUNN: In abeyance.

MEMBER ZIEMER: Maybe it's recommended that they be in abeyance.

CHAIR MUNN: That was the recommendation --

MEMBER ZIEMER: I guess --

CHAIR MUNN: -- that we didn't --

MEMBER ZIEMER: I don't know if we specifically accepted that or not.

MR. MARSCHKE: That's the missing point.

CHAIR MUNN: That is the point.

MS. THOMAS: We never discussed it, because I forget who provided the responses. We have never had to have them on the phone line. So I know we haven't discussed it.

MR. MARSCHKE: Yes. I believe that Dr. Anigstein basically read the responses and said, "Well, it looks like they're going to redo OTIB-0024 using modern computer code."

And that was basically our concern seven times over, I guess. And so if they're committed to redoing it, then we'll wait and see what develops. We agree with that approach.

CHAIR MUNN: All right. For the moment, do we have any problem with my checking the transcript to make sure that

there wasn't any concern other than that it should be in abeyance? For the moment shall we leave it open or in abeyance?

MR. HINNEFELD: Well, to me this fits the definition of in abeyance.

CHAIR MUNN: It does to me, too.

MR. HINNEFELD: We said we have no complaint with the finding. We're going to rewrite the document.

CHAIR MUNN: I agree.

MR. HINNEFELD: So we promise to deliver --

CHAIR MUNN: So did Bob.

MEMBER ZIEMER: I would accept that as placing it in abeyance.

CHAIR MUNN: Any problem, Mark? Are you still --

MEMBER GRIFFON: I am sorry. No. I'm all set on that one.

CHAIR MUNN: Okay. So we'll just change status to #in abeyance.# And I'll double-check to make sure that the transcript

doesn't tell us anything to the contrary.

MR. MARSCHKE: And as for all seven of the --

CHAIR MUNN: Correct.

MR. MARSCHKE: OTIB-0024?

CHAIR MUNN: Yes, items 1 through 7, OTIB-0024, which brings us to OTIB-0028, item 2.

MR. MARSCHKE: Wait a minute. I've got seven to plug in here, if you please. I guess we can go on. I guess I can catch up a little later.

CHAIR MUNN: We have SC&A's revision to review, found that it had resolved their issue, recommends the finding be closed. The issue was resolved to the satisfaction of the working group.

Anyone have any problem with closing this item?

(No response.)

CHAIR MUNN: OTIB-0028.

MR. MARSCHKE: Wait a minute. Wait

a minute. I'm still on 0024.

CHAIR MUNN: Okay.

MR. MARSCHKE: I've got one more to do.

(Pause.)

MR. MARSCHKE: Are you watching me to make sure I#m doing this right? Okay. I'm up to 0028-02 now.

CHAIR MUNN: Two, closed.

MR. MARSCHKE: Okay.

MR. MARSCHKE: 0028-03, identical category. Any objection from anyone?

(No response.)

MR. MARSCHKE: The action item from the 21st, August 21st, was to review the -- and we did review the revision. So --

CHAIR MUNN: Reviewed, recommended closed. Workgroup was satisfied with the resolution. It is closed.

Item 0033-01.

MR. MARSCHKE: This was one my notes from August 21st indicate that Mike said

to hold this issue for Mark, that Mark might be interested in this.

CHAIR MUNN: I believe so. Remember? Are you there, Mark?

MEMBER GRIFFON: Yes. I just had to catch up to get to that item. I will be in a second.

CHAIR MUNN: Okay.

(Pause.)

MEMBER GRIFFON: Yes. 0033-01. And I'm trying to remember, actually, now. I mean, reading the finding, I kind of remember that there are exposure categories and the question of the judgment on how to assign the coworker, which I guess it's whether you use the 50th or the 95th percentile values. Is that --

CHAIR MUNN: Well, there was no outstanding question with the people who were at the workgroup meeting at the time.

MR. HINNEFELD: I believe that's what it was, though, Mark. You have to

choose. What basis do you use to decide which percentile? I believe that was the discussion.

MR. SIEBERT: Thirty-three ties into those at 18. It's not co-worker.

CHAIR MUNN: Yes, yes.

MR. HINNEFELD: Oh. So it's not based on co-worker? It's based on the standard?

MR. SIEBERT: The overestimating 18.

MEMBER GRIFFON: Yes. It ties in with 18, right? Yes.

CHAIR MUNN: Yes. Mike was just hesitant to take a position on it without your looking at it.

MEMBER GRIFFON: This ties in. Can I just get a clarification? I mean, this ties into OTIB-0018, but it's used for best estimate cases? Is that accurate?

MS. BRACKETT: OTIB-0033 is also on the overestimate.

MEMBER GRIFFON: So the title, though, confuses me again.

MS. BRACKETT: Yes, that#s because that's the way it was initially written --

MEMBER GRIFFON: Oh, okay.

MS. BRACKETT: -- at the time we were talking about where it was.

MEMBER GRIFFON: I think, at the very least, for the public it would be good to change that.

Did I lose my connection?

CHAIR MUNN: No. You are still there. You just thunder-struck us.

We're looking at the article on the screen of the tool user instructions for OTIB-0018 and 33. The tool was developed --

MS. THOMAS: Yes. I was just going to say, it might help him remember what his issue was.

CHAIR MUNN: Go ahead and read.

MS. THOMAS: Okay. It is in the link in the database under finding

OTIB-0018-05.

CHAIR MUNN: You remember there was that blue link when we were looking at OTIB-0018? There was a link to the applicability and tool user instructions.

MR. MARSCHKE: I am not sure that Mark had a problem with this. I just think that Mike wanted to give Mark the opportunity --

CHAIR MUNN: That is correct.

MR. MARSCHKE: -- to voice his concern if he had some.

CHAIR MUNN: That is correct. He knew that Mark had been very closely associated with both 18 and 33 and wanted to make sure that we did not just mark one off without Mark's being aware of the fact that we were doing it. He did not express any personal knowledge of any problem.

He was just leaving it open for you, Mark.

MEMBER GRIFFON: Yes. And I do

remember looking back at this, but I must admit I forgot. I was focused on the document that Steve sent around, the PDF document, which is several of the ones we have been covering today, but it didn't have all of the -- I must have missed my review of this one.

So I'm wondering. So this is suggesting that for an OTIB for this approach, you would not use the same value for different work categories. Is that correct?

MS. BRACKETT: Yes, that's correct.

MEMBER GRIFFON: And, Liz, basically it's separated into individuals that would very unlikely be anywhere near production operations, like administrative-type job titles versus individuals that could have been closer to production areas? Is that --

MS. BRACKETT: Yes. It is also supposed to help give some guidance on when environmentalists could be assigned to people, as opposed to assigning something more than

that, several different categories.

MEMBER GRIFFON: Why would you even give environmentalists an --

MS. BRACKETT: Sorry. I'm confused. That's OTIB-0014. Sorry. Sorry about that. I think there#s only two categories in OTIB-0033. So they're 50 percent or 100 percent basically of OTIB-0018, except when you get to the recent years. There is a ten percent category then, after the implementation of 0054-84.11, I think.

MEMBER GRIFFON: And why would you even do 50 percent? Fifty percent or 100 percent? You mean you would assign 100 percent of the MPC in some cases?

MS. BRACKETT: Yes. And some, it's 50 percent. OTIB-0018 is extremely claimant-favorable. It gives some very, very large intake because it is not just strictly the MPC. It's using the most conservative nuclide, which in many cases you wouldn't find comprising 100 percent of the air in an area.

Actually, the tool is difficult to explain, because it doesn't strictly pick a nuclide. It's on an annual basis. It picks the nuclide that would give the largest intake.

And, even retroactively, if you get to the years following the cessation of intake and you look back and say that, "Okay. If it had been an intake of actinium, rather than plutonium, in those years, that would give the largest dose in this year. Then that's what substituted them." I think a diagram would help.

MEMBER GRIFFON: Yes, yes. And I would take exception with one thing you said, Liz, that this is a claimant-favorable approach. I would say it is an efficient approach, maybe, but not claimant-favorable because these are all for non-compensable claims, right?

So I don't think you're doing anybody any favors. You're just assigning a

big dose.

MS. BRACKETT: That's true, but it is intended to be larger than what you would have expected the person to have been exposed to.

MEMBER GRIFFON: I know. That's efficient, but, really, it just creates more confusion than claimant favorability because people wonder why the administrative person that was never monitored got a high dose and they got nothing, you know.

Notwithstanding that comment, I think if I can -- Wanda, I'm just not ready to respond to OTIB-0033 on the fly. And since OTIB-0018 is kind of tied with this, I promise that I will have an answer one way or the other next meeting on this final OTIB-0033 finding.

CHAIR MUNN: Okay. I am putting it on our agenda for Savannah, Augusta, Atlanta, wherever we are --

MEMBER GRIFFON: I appreciate that.

CHAIR MUNN: -- in December.

MR. MARSCHKE: In the interim, do we change the status to #in progress?#

MEMBER GRIFFON: In progress.

CHAIR MUNN: In the interim, we change it to #in progress.#

MEMBER GRIFFON: Sorry about that. I was focused on the items in Steve's PDF document that he sent around and not all of the documents. Sorry.

CHAIR MUNN: Okay. I will probably put that up front on the agenda early on, rather than taking it in order, because that is a big one. We need to address that, get ourselves in the right spot.

PROC-0022-01. In abeyance. No action has been taken?

MS. THOMAS: It has been started. It is being revised.

CHAIR MUNN: Okay. #In abeyance# is appropriate. Then under "Workgroup Directives," from sometime back, it says, "The

issue was resolved to the workgroup's satisfaction." But apparently it isn't.

MR. MARSCHKE: That is why it is in abeyance, because we have come through -- a meeting of the minds just hasn't been reissued, revised.

CHAIR MUNN: We'll go on to issue 2. Same revision. All right. No additional action necessary there. PROC-0060, item 1.

MEMBER ZIEMER: I have a note that we closed that at our last meeting.

MR. MARSCHKE: I think the -- yes. I think the concern was we just said close it, and we did not necessarily give you a reason. I think we add a little bit to the follow-up here. But I agree it should be closed.

CHAIR MUNN: All right. That one goes. Sixty-one, item 1.

MEMBER ZIEMER: Well, we closed that as well, according to my notes.

CHAIR MUNN: Yes, I believe so.

MEMBER ZIEMER: And 0061-02.

CHAIR MUNN: Yes. So we can do that now, which takes us to 4.

MEMBER ZIEMER: What about 3?

CHAIR MUNN: Three was closed earlier, wasn't it?

MR. MARSCHKE: Three was in progress. That's right.

CHAIR MUNN: Not showing up. Didn't we say 4?

MEMBER ZIEMER: I show 03, they recommended closure last time and we put it into the "in progress" category.

CHAIR MUNN: Oh, I thought closed, it was closed, 03. I don't know why we got that. Is that another one that I need to check the transcript for? I think it's closed, in any case. Does anyone have 03?

MR. MARSCHKE: I am trying to bring it up.

CHAIR MUNN: I filtered for openness.

MR. MARSCHKE: We had it all. I had 3 was closed. And I had 3 closed, and I had 4 or the database had 3 closed.

CHAIR MUNN: Yes. I had 3 closed also.

MR. MARSCHKE: So basically, what was the -- I had on the 9-4-2008, change the status to #closed# for PROC-0061.

MEMBER ZIEMER: What happened on 9-4? That was --

MR. MARSCHKE: That was the Redondo Beach meeting.

CHAIR MUNN: Yes.

MS. THOMAS: Harry had provided an SC&A additional response that went something like "This provision clarified for the dose reconstructor what to do" -- maximum best estimate and minimizing. So I think that was the basis for closure of 3.

MEMBER ZIEMER: Okay. That happened after the August meeting.

MR. MARSCHKE: Yes, yes. Harry

provided data at 9, September 1st. And then at the 9, September 4th, based upon that change, we closed it.

CHAIR MUNN: Yes. I think #closed# is correct for it, which leaves us with item 4.

MS. THOMAS: Item 4, Harry had provided some follow-up. And we have yet to respond to that.

MR. MARSCHKE: Well, again, on the September 4 -- yes. Okay. "You" being NIOSH.

MS. THOMAS: Yes.

MR. MARSCHKE: Yes. He gave up the study. And at the Redondo Beach, we changed the status to #in progress.#

CHAIR MUNN: In progress. Correct.

MR. MARSCHKE: So that is for those, we had three closed and one in progress --

CHAIR MUNN: Yes.

MR. MARSCHKE: -- for PROC-0061. Now to go back.

CHAIR MUNN: Oh, yes.

MR. MARSCHKE: So what we have is, I guess I have an action item to change all of these PR-0007s to closed. That's my action item. We talked about that this morning.

CHAIR MUNN: Oh, yes.

MR. MARSCHKE: That is an action item. We had closed on the August 21st. And I just haven't brought the database up to it. And we have 10 is also. These are the only open items we have under the second set.

CHAIR MUNN: Correct. And the next thing that comes up is OTIB-0052, which we already know about. We have talked about that, covered it well.

And then our next items are PROC-0092-01. I don't know whether anything has changed on that, PROC-0092-01, 4, 5, 17. You know, we lumped them all in one big group with respect to the closeout activities.

The last information I have for all of those items in PROC-0092 is #SC&A to

provide comments and NIOSH as to need to be changed or recommended change.# That's an O item.

Do I interpret that correctly as we have an SC&A action item outstanding?

MR. HINNEFELD: I thought the action item on this was a revised procedure?

CHAIR MUNN: Is it?

MEMBER ZIEMER: What does that say right there? Procedure will be --

MR. MARSCHKE: Procedure will be #changes.#

CHAIR MUNN: And what date was that?

MR. MARSCHKE: This was back on 12-11-2007.

CHAIR MUNN: I don't know why I don't have that coming up for me.

MR. MARSCHKE: PROC-0002?

CHAIR MUNN: Yes. The last thing I am seeing is a workgroup meeting on 11-7-2007. So I don't know why I'm not --

MR. MARSCHKE: Did you hit that little button on the bottom to go to page 2?

CHAIR MUNN: There it is. Okay. So we are in progress or are we in abeyance?

MR. HINNEFELD: We are in abeyance, I believe.

CHAIR MUNN: I believe so, too. It looks to me if I am reading that 12-11-2007 correctly, that entry correctly, it looks to me as though both NIOSH and SC&A have outstanding action items there.

Should we revisit the issue and come back to NIOSH with suggestions of personalizing --

MR. MARSCHKE: Which number are you looking at, PROC-0092 dash--

CHAIR MUNN: Well, 25, 17, 19, 30, 35 were all grouped together, right?

MR. HINNEFELD: No. Those are page numbers. It's just 0092-02.

MR. MARSCHKE: Okay. I see it. Basically you say SC&A should review the issue

and come.

MEMBER GRIFFON: Wouldn't that be #in progress# by definition, not #in abeyance,# if there are still actions on both parts?

MEMBER ZIEMER: Well, that was a year ago. What happened after that?

MEMBER GRIFFON: That's a good question.

CHAIR MUNN: Discussion should continue perhaps at the next workgroup meeting. No discussion occurred, apparently.

MR. MARSCHKE: SC&A has an action item.

CHAIR MUNN: And appropriate wording with legal counsel. It looks like a NIOSH action. So we have action for both.

MR. ELLIOTT: There has been no discussion on this since November of 2007.

CHAIR MUNN: Yes, since forever.

MR. ELLIOTT: We discussed this a couple of times.

CHAIR MUNN: Yes.

MEMBER GRIFFON: But, Larry, we really haven't. We just keep pushing the ball down the road, you know. That's the problem. We don't have anything to discuss. We keep waiting for language.

CHAIR MUNN: So I don't have it on the action item list. That was 02. And 03 is very much the same thing, same timing. I'm going to say action items for both the agency and the contractor for PROC-0092-02 and 03.

MR. MARSCHKE: What was the wording?

CHAIR MUNN: I just said I'm placing an action item for a December meeting.

MR. MARSCHKE: Basically it's --

CHAIR MUNN: For both NIOSH and SC&A.

MR. ELLIOTT: But what word is that? I'm lost. What is the action item?

MR. HINNEFELD: Our only action is to revise the procedure.

MR. ELLIOTT: Revise the procedure.

MR. HINNEFELD: As far as I know, that is our only action.

CHAIR MUNN: Well, there was an action. One comment there was checking with legal counsel to --

MR. HINNEFELD: That's part of the wording.

CHAIR MUNN: Yes.

MR. HINNEFELD: That has to be done in order to accomplish what needs to be accomplished.

CHAIR MUNN: Right.

MR. HINNEFELD: We've done some of this discussion. We have not come to resolution. The issue, I don't think you were involved in that. I am not 100 percent sure.

MS. HOWELL: The wording on the --

MR. HINNEFELD: This is closeout interview. And the key defining that gave rise to this was in one of the interviews, description of closeout interviews that was

viewed by the technical support contractor, it became apparent that the claimant believed that their case was going to be compensable when, in fact, it wasn't.

It was because of the use of the claimant-favorable term quite a bit during the closeout and things like that. And so it's really apparent that this person hung up believing that their claimant is compensable when it#s not.

And so the question becomes, what is it that we're allowed to say? Because we don't make that decision.

MS. HOWELL: Right.

MR. HINNEFELD: So, in reality, we don't know for sure --

MS. HOWELL: And do you really --

MR. HINNEFELD: So what is it we're allowed to say in that context, since we don't make that decision anyway?

MS. HOWELL: Okay.

MR. HINNEFELD: So we had a little

exchange about it. And I've probably got other things to do and didn't think about it, but the procedure itself is supposed to be being revised by ORAU. And I haven't had the status on it lately.

I'm thinking this is one that's in review, in their internal review process. That could be wrong.

MS. THOMAS: I think that's correct.

CHAIR MUNN: Okay. Next, everything else that I am showing on my filter is set 3 and after, and they're all shown as open. So unless we have some initial responses that I am overlooking -- do we have initial responses to more of the third set that haven't been touched upon?

MR. MARSCHKE: What is the date of the third set, Wanda? Do you have it handy?

CHAIR MUNN: 10-29-07.

MEMBER ZIEMER: We have something called "NIOSH Initial Responses to the Third

Set."

CHAIR MUNN: Yes.

MR. HINNEFELD: Yes. You have two things like that. One is some responses to some findings on OCAS documents. And the other file is some responses to findings on ORAU documents.

MR. MARSCHKE: From SC&A's point of view, I think there was a total of 32 of these initial responses, 8 from the OCAS and 24 from the ORAU. And we just started going through these. I can't recall if I put the initial responses onto the database or not.

CHAIR MUNN: I don't think it's been. Let me see the --

MEMBER ZIEMER: Stu's memo was just in the last couple of days.

CHAIR MUNN: Yes, it was. I don't think any of us have had an opportunity to --

MR. MARSCHKE: If you look at the database, yes, we do have some initial responses from NIOSH for those 32 findings

that they did. They did make it into the database. Let's put it that way.

SC&A had a couple of responses. I'm not sure where I could go to get them. We did respond to -- this is hot off the press. This is not in the database. I can send this file when I get back tomorrow.

For OTIB-0013, we have responses from Ron Buchanan, 0013-01, 02, 03, 04, OTIB-0021-03, OTIB-0050. And in general, Ron agrees with the NIOSH initial responses. And he says -- I don't know if you want to walk through this, Wanda.

CHAIR MUNN: Well, it's questionable whether we're up to it.

MR. MARSCHKE: Yes.

CHAIR MUNN: And there's also the fact that you haven't had an opportunity to change the status in the database. So they're all still showing as #open.#

MR. MARSCHKE: Well, they would be open until the workgroup tells us to change

them.

CHAIR MUNN: Right. So if we want to start with 0013 -- you did say 0013, right?

MR. MARSCHKE: Yes, I did say OTIB-0013. Let me see if I can get that up here.

CHAIR MUNN: There it is.

MR. MARSCHKE: There it is right here.

CHAIR MUNN: Okay.

MR. MARSCHKE: And this one is not in there. Make a liar out of me. No. This is OTIBs. I'm sorry. OTIB-0013.

CHAIR MUNN: Did I understand you correctly, Steve? We now have NIOSH responses here, but there are only two of them that SC&A has actually had an opportunity to --

MR. MARSCHKE: There is only a handful of them that SC&A has had an opportunity to evaluate and make a recommendation as to status change.

CHAIR MUNN: What is the desire of

the group? It would be my inclination to look specifically at those that we now have a NIOSH initial response and an SC&A reaction to, since it probably wouldn't be of a great deal of value for us to look at the NIOSH response without an SC&A reaction.

What is your desire? Do you want to look at all of the initial responses here or do you want to just address the ones that SC&A has a response to?

MEMBER ZIEMER: Well, we are going to run out of time.

CHAIR MUNN: Yes.

MEMBER ZIEMER: So we want to do something, there are a number of them that we can probably clear out the decks pretty fast. We want to at least do a little bit of it.

MEMBER GRIFFON: Do we have the SC&A responses?

CHAIR MUNN: To only a few.

MEMBER ZIEMER: No, we don't have any of the SC&A responses.

MR. MARSCHKE: What would happen, Mark, is I would have to take the SC&A -- I'm the only one who has the SC&A responses. It came in, I think yesterday, from Ron Buchanan. And so I didn't get time to distribute it to even Wanda.

What I would do is I would take the SC&A recommendation or responses and drop it into the O drive. And if you are on the O drive, then you should be able to pick it up.

MEMBER ZIEMER: Well, I was only referring to those where you have indicated that you agree with the NIOSH responses are the easiest to handle. I don't know how long the Chair wishes to keep going, but I think we will soon run out of steam here.

CHAIR MUNN: Yes. We will run out of steam, which is why I had suggested that we address only the items that SC&A may have some response reaction to already.

All right. I guess --

MEMBER ZIEMER: Well, there is

somewhere NIOSH indicated that they agreed with the finding. I mean, OTIB-0006-03, NIOSH initial response, "NIOSH agrees with the finding and is prepared to revise the document." That's pretty easy to handle.

CHAIR MUNN: Yes, it is.

MEMBER ZIEMER: We can put it in abeyance right away. Other ones are more complex. And I think we'd have to study both the NIOSH response and the SC&A response to the response. That's a little hard to do on the fly.

CHAIR MUNN: Well, yes, it is. But, you see, when we are looking at something like the item that you mentioned, 0006-03, the only real action that we can accomplish right now is to change it from, change the status from #open# to --

MEMBER ZIEMER: Right, right.

CHAIR MUNN: -- #in abeyance.#

MEMBER ZIEMER: In abeyance. That's why I said I'm looking for easy things

to do.

CHAIR MUNN: Yes.

MR. MARSCHKE: Picking the low fruit.

CHAIR MUNN: There is an item, let's not walk away from it. 0006-03. Agreed? The group agrees this status should be in abeyance.

MEMBER GRIFFON: Wanda, I am even a little fuzzy on it. At this hour, I hate to bring this notion up, but when you said that NIOSH agrees and is going to revise the OTIB, and then we're moving in abeyance-- this is the age-old problem I have had with some of this stuff, that I don't understand what that means.

Are they going to revise it exactly as SC&A requested or --

CHAIR MUNN: No.

MEMBER GRIFFON: You know, we don't know how they're addressing it. So isn't that in progress until we see how they have

addressed it or --

CHAIR MUNN: No. In abeyance means there is a direct action that is outstanding for NIOSH to provide a revision. And until they provide a revision, then SC&A can't respond to it in one way or another.

Once SC&A responds to it, then we have findings, additional findings, that put it back in the in-process action for this group to address.

But in abeyance specifically says there is another document coming, and we can't go further until it gets here. That's what #in abeyance# means.

MEMBER GRIFFON: Okay. That's fine.

MS. THOMAS: And this finding was kind of a generic one about organization and prioritizing and the structure of the OTIB.

CHAIR MUNN: It's in abeyance. Yes. Very good. All right. Then do we have any others of similar nature? Is that true of

the other OTIB-0006 items as well? No. That was one I was looking at earlier. That's a different kettle of fish. We can't do that one summarily.

MR. MARSCHKE: There are some easy ones, actually. There is one, PR-008, issues 01 and 02. PR-008 is going to be canceled or revised. And so, really, PR-008-01 and 02 will also go into abeyance until the document is either canceled or revised.

MR. HINNEFELD: That's the procedure on how to prepare PRs.

CHAIR MUNN: PR-008. There it is.

MR. MARSCHKE: PR-008-01. Basically NIOSH agrees with your response. And the PRA process has changed significantly.

CHAIR MUNN: #PR-008 will either be revised or canceled until such time as PR activity resumes and the PR process is clarified."

MR. MARSCHKE: "And the SC&A response is not shown, but we agree with that

approach. And we would recommend putting this in abeyance.

CHAIR MUNN: Any problems with putting that one in abeyance?

(No response.)

CHAIR MUNN: It sounds appropriate. Let's do it.

MEMBER ZIEMER: Another one that we might do quickly is OTIB-0050-02.

CHAIR MUNN: Well, before we leave PR-008, number 2 --

MR. MARSCHKE: PR-008?

CHAIR MUNN: PR-008-02.

MR. MARSCHKE: That would be the same thing.

CHAIR MUNN: It says essentially the same thing, doesn't it?

MR. MARSCHKE: I would think so.

CHAIR MUNN: "NIOSH expects the finding will be rendered moot because of the impending calculation or revision." So that would be another #in abeyance.#

And now what were you referencing, Paul?

MEMBER ZIEMER: It's on their other list. It's OTIB-0050-02. The response is that OTIB-0050 has been canceled and its guidance incorporated into the site profile, where a revision is not needed.

MR. MARSCHKE: Which one are you on, Paul?

CHAIR MUNN: 0050-02, OTIB-0050-02.

MEMBER ZIEMER: It's on page 14 of the other document.

MR. MARSCHKE: Basically Ron Buchanan responded to 0050-02, agrees with the NIOSH response that this guidance appropriated into the revised site profile, OTIB-050 deleted, and this is no longer an issue, and recommends the status be changed to #in abeyance.# I don't know why he wants to change to in abeyance.

CHAIR MUNN: Well, would that not apply, then, to all of the OTIB-0050 issues?

MR. MARSCHKE: Unless they get transferred to some other --

CHAIR MUNN: Well, one, item 01, for example, says, "Modification definition is needed, since OTIB has been canceled and this guidance incorporated in the site profile."

And, again, in the second paragraph --

MR. MARSCHKE: That would apply to 01 as well. 02, I guess --

CHAIR MUNN: Three.

MR. MARSCHKE: Is there a 3?

MR. HINNEFELD: I don't think we got a response.

CHAIR MUNN: We don't have anything from --

MR. HINNEFELD: We didn't get an initial response from NIOSH on 03.

CHAIR MUNN: Three and 04.

MR. HINNEFELD: Well, we got one on 04, but we didn't get one on 03.

CHAIR MUNN: Nothing on 03.

MEMBER ZIEMER: That really takes care of 04 in the same way, though, doesn't it?

CHAIR MUNN: It does take care of 04 as I see it, but that still leaves us with the question of why no response for 03.

MR. MARSCHKE: So basically we are basically going to close off all the OTIB-0050 issues because the OTIB has been deleted, due to the fact that the OTIB has been deleted. Is that what is going here?

MEMBER ZIEMER: Are they closed during abeyance?

MR. MARSCHKE: Yes. That's --

MR. HINNEFELD: Well, here in a minute I will tell you how --

CHAIR MUNN: And if it has already been --

MR. MARSCHKE: If it has already been canceled, we have got nothing to do.

CHAIR MUNN: And if the incorporation into the site profile has, in

fact, occurred, then it's done.

MR. MARSCHKE: Well, the question is, the way it was incorporated into the site profile, is the comment still germane now through the site profile? Does it get transferred? Does the comment get closed or get transferred to the site profile?

CHAIR MUNN: Now, the question arises as to whether #in abeyance# applies to SC&A as it does to NIOSH? If we say, "in abeyance" here, and the action item is yours to review the site profile to assure that your concerns have now been addressed, then that would seem appropriate since we have said earlier that when we have an issue like this that is transferred somewhere else, that that thread will be followed through to assure.

It seems appropriate that in abeyance in this case would apply to SC&A's verifying that their concerns have now been addressed in the site profile. #In abeyance# seems to be the appropriate --

MR. HINNEFELD: I would call it #in progress# myself, because #in abeyance# to me is a specific situation where there is agreement on the resolution and you are waiting for resolution to occur.

In this case, there is still discussion about the technical quality of now the site profile, this issue as to the site profile. This sounds like #in progress.#

CHAIR MUNN: In progress, with the workgroup instruction that SC&A will verify that the finding is properly addressed in the site profile.

MEMBER ZIEMER: So that would be true for 01, 02, and 04. Is that correct?

CHAIR MUNN: Yes. It would probably end up being true for 03, too.

MR. HINNEFELD: I could send you 03. I can tell you now what it delivers because I had questions about what it meant.

CHAIR MUNN: Okay.

MR. HINNEFELD: And so since it

would be relevant, I'll send that over to Steve. I'll send it to the workgroup. It won't be for inclusion in the database.

CHAIR MUNN: No.

MR. HINNEFELD: It will be for, you know, if it's informative or not on their work on the site profile.

CHAIR MUNN: That's fine, or we can leave it open, whichever.

MR. HINNEFELD: I mean, I'll send it. I've got it. I just didn't send it to the workgroup because I had questions about what it meant.

CHAIR MUNN: Okay.

MR. HINNEFELD: So 01 is going to be changed to --

CHAIR MUNN: One, 02, and 04. As much as I would like for us to continue doing what we're doing here, I think we're all drooping pretty badly.

And there is one item that I wanted to make sure that we did discuss. I mentioned

it in my most recent e-mail message to you. It's the item that said we wanted to discuss prioritizing what we do here.

We have tried to get away a little bit from a process that we fell into early in the game where we were addressing things that were pressing on us most currently, and tried to move to a situation where we covered all of those things that we have been missing out on because we keep running out of time.

The question is going to I think be more obvious to us as time goes on, that although going through these items in a regulated process manner, as we have done here today, will get us far, especially as long as Steve can continue to do these things live and we can update the O drive literally while we're sitting here. That is very beneficial.

Nevertheless, that doesn't change the fact that we do have outstanding items which continue to pressure us. It would be helpful if we had a feeling from everyone on

the Board and from the agencies as to whether or not the course we're on right now seems to be a legitimate one, or whether we need to prioritize the work that we do in a different manner.

If anyone else has any feelings about that, this would be an excellent time to tell me about it. Otherwise we are likely to pretty much continue the process we're on right now, with my providing you as much of an action item list-- as I have a long one today, more than usual-- with pressing items being addressed as they come before us.

MR. HINNEFELD: The only document that I have that may have any particular priority, at least that comes to mind, is the recent review of residual contamination of OTIB and which one is -- 0070, OTIB-0070? I am not 100 percent the document is done. You have to review, but I think it might be done. And the findings aren't enumerated in a database.

CHAIR MUNN: No, but there has been a great deal of conversation about --

MR. HINNEFELD: That document has formed the basis of a number of residual radioactivity periods, and the discussion or debate about the appropriateness of those approaches sort of waiting for that discussion, appropriateness of discussion because those approaches kind of lean on 0007.

So the ones that are out there, that to me is the one where there are some dealings that I know of, really where there is some emphasis in trying to get the resolution through.

And then you talk about tritides. I suppose that would be relevant. And, all of a sudden, we're going to have a tritide.

CHAIR MUNN: I think we will continue to have 0066 and 0052 before us very clearly until we work them through to an appropriate end.

MR. HINNEFELD: Fifty-two is not

stopping. We are continuing to use 0052. In fact, well, for that matter, we are continuing to use the approaches that base their base on 0072.

MR. KATZ: My perspective is, just as we did start today with OTIB-0066, for example, where you have ones that either OCAS realizes our priority, for some reason, or I think it wouldn't be a bad idea also to poll the other working groups since they, in effect, rely on this working group for some progress, occasionally poll them for their priority items. I think it would always be good to have up front the priority items and then work through on a regular basis on everything else, but obviously if there are matters that one workgroup or another are more important to be dealt with in a timely basis first, then we would want to do that for a workgroup. You want to have those up front.

MEMBER ZIEMER: I think it's helpful to focus and identify, too, what they

seek down the road as being critical. And there's no reason we can't jump on those things as soon as they are available. And then in the absence of that, we continue down the list, it seems to me.

CHAIR MUNN: Mark? Have you left us? Have you left us?

MR. KATZ: Mark?

CHAIR MUNN: It sounds like Mark has had all he can take. Anyone else have any observations, thoughts, comments?

MR. HINNEFELD: Well, just in terms of closure activity, some of these things we have interviewed are pretty administrative. I mean, they are reviews of old PER documents, which are essentially history.

You know, they're in the bank. And there's pretty much nothing that is going to change on those anyway.

CHAIR MUNN: Yes.

MR. HINNEFELD: I would maybe suggest a pretty quick look at some of those.

It might be appropriate to just look at the responses. I think we have got some responses on some of the PERs in the database now.

I think if you can take a quick look at them, you're going to be able to see there is not a lot to discuss there, because these are essentially done deals. And they are not guiding any current or future activities.

They describe something that was done in the past. So they might be some quick, easy closures, too, but I don't mean to imply that all of those are hyper or just kind of effortless. And you can kind of clean it up without a lot of effort.

MEMBER GRIFFON: Wanda, did you just call on me?

CHAIR MUNN: Oh, yes, I did.

MEMBER GRIFFON: I'm sorry. I did hear. I stepped away from the phone for a second. I did hear OTIB-0070, too. I think that's also on the agenda for discussion

during one of the other workgroups. So it might be that we're going to work that with the Dow stuff. I saw a note from Jim Melius about convening that workgroup soon.

MR. HINNEFELD: Okay. Well, certainly Dow is one of the sites that it affects.

MEMBER GRIFFON: Right, right.

CHAIR MUNN: Well, if we don't have any further comment, then, it sounds to me as though we have a fairly good idea of how to proceed. And we'll continue pretty much as we did today, with one or two different changes along the way as the need arises, and perhaps a little effort to take a look at a PER or two.

Any other thoughts for the good of the order?

MR. HINNEFELD: You keep talking about a meeting in Atlanta or Augusta for the next Board meeting.

CHAIR MUNN: Yes, that's true.

MR. HINNEFELD: We're all over the place. Sometimes we're in Savannah. Sometimes we're in Atlanta. But the next Board meeting --

CHAIR MUNN: I like to move you around Georgia.

MR. KATZ: Do we need to set a date for that?

MR. HINNEFELD: I am kind of curious about that. We've got a really full agenda. I mean, that Board meeting might be three full days.

CHAIR MUNN: Yes, it is going to be three full days. I'm fairly sure.

MR. HINNEFELD: And so if we're going to do this, are you talking about do it in the evening or are you talking about doing it Monday afternoon or what?

CHAIR MUNN: Well, I was thinking in terms of Monday afternoon, actually, because it is on the East Coast. I think almost everybody here is going to have an easy

time getting there. I'll be doing my usual weekend travel anyway.

Mark, are you assuming a subcommittee meeting on Tuesday?

MEMBER GRIFFON: No. I just e-mailed Ted today that I would like to get a subcommittee, actually, for November and not have it attached to the Advisory Board, because I feel like in the past, it has been too much. And it almost ends up being more of a summary than a full working meeting. So I would rather separate it from those full Board meetings.

MR. KATZ: So, Mark, in November we have perhaps three working group meetings that are going to be shooting for November or the very beginning of December. So you might want to think about November or the first week of December as well.

MEMBER GRIFFON: Sure. I know the calendar is filling up on everybody quickly, too. I will look at my calendar and get out

some potential dates for that. But I am not looking to link it to the full Board meeting because I just think it gets too busy and too much to do, too much prep also.

CHAIR MUNN: Okay. Then for your information, I won't be in person at your subcommittee meeting, but I will try to get in on the phone.

MR. KATZ: So, Wanda, are you tentatively looking at the --

CHAIR MUNN: I am tentatively looking at the afternoon of the 15th.

MR. KATZ: The 15th?

CHAIR MUNN: Yes. Is the afternoon of the 15th doable for you, Mark?

MEMBER GRIFFON: Yes. It makes for a long week, but yes, that's fine. Yes.

CHAIR MUNN: Yes, it does make for a long week. But the options are not good, for me certainly. And we'll all be spending the whole week before that involved in Board activities anyway.

So if that's all right with everybody sitting here, we'll just plan on roughly 1:00 p.m.

MR. KATZ: I don't know what time people want. Maybe 1:30. I don't know what people's flights will be.

MR. HINNEFELD: I think our travel is pretty good.

MR. KATZ: Is it?

MR. HINNEFELD: Well, we'll go to Atlanta and probably over. Of course, it's still a two-hour drive.

MR. KATZ: Yes.

MR. HINNEFELD: Or we could fly to Columbia.

MR. KATZ: But you would be flying in the morning on that Monday. So you might want to make it 1:30 or something, and give people more breathing room.

MR. HINNEFELD: Yes. I haven't looked at the flights. I don't know.

MEMBER ZIEMER: You can't fly into

Augusta.

MR. HINNEFELD: You can, but there's not much traffic. There are flights into Augusta.

MEMBER ZIEMER: Not a lot of options.

MR. HINNEFELD: But there are not many options. Apparently they get canceled pretty frequently.

CHAIR MUNN: 1:30, then, 1:30 until 5:30 --

MR. KATZ: Sure.

CHAIR MUNN: -- or possibly 6:00 if we are awake and functioning.

MR. KATZ: Okay. Sounds good.

CHAIR MUNN: Then we will see you in the sunny South on the 15th if the creeks don't rise.

MR. KATZ: Are we adjourned?

CHAIR MUNN: We are now officially adjourned.

(Whereupon, the foregoing matter

was concluded at 4:36 p.m.)