UNITED STATES OF AMERICA

CENTERS FOR DISEASE CONTROL AND PREVENTION

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NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH

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OFFICE OF COMPENSATION ANALYSIS AND SUPPORT

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WORK GROUP: PROCEDURES

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TUESDAY,
DECEMBER 9, 2008

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The Work Group convened at 9:30 a.m. Eastern Standard Time, in the Zurich Room of the Cincinnati Airport Marriott Hotel, Wanda I. Munn, Work Group Chair, presiding.

MEMBERS PRESENT:

WANDA I. MUNN, Chair
MICHAEL H. GIBSON*
MARK GRIFFON*
PAUL L. ZIEMER

ALSO PRESENT:

ISAF AL-NABULSI, DOE*
KATHY BEHLING, SC&A*
ELIZABETH BRACKETT, ORAU
LARRY ELLIOTT, OCAS
JOE GUIDO, ORAU*
LIZ HOMOKI-TITUS, HHS*
STUART HINNEFELD, OCAS
EMILY HOWELL, HHS
TED KATZ, Designated Federal Official
JEFF KOTSCH, DOL*
PAT KRAPS, ORAU*
ARJUN MAKHIJANI, SC&A*
JOHN MAURO, SC&A
STEVE OSTROW, SC&A*
MATT SMITH, ORAU*
SCOTT SIEBERT, ORAU
ELYSE THOMAS, ORAU

*Participating via telephone

T-A-B-L-E O-F C-O-N-T-E-N-T-S

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

9:35 a.m.

MR. KATZ: Good morning to the folks on the phone. This is Ted Katz. I'm the acting designated federal official for the Advisory Board on Radiation Worker Health, and this is the procedures working group and we're about to get started.

We're going to begin with roll call with board members in the room, please, starting with the chair.

CHAIR MUNN: Ms. Wanda Munn, board member and chair of Procedures Working Group.

MEMBER ZIEMER: Paul Ziemer, board member.

MR. KATZ: And then on the telephone?

MEMBER GRIFFON: Mark Griffon, board member.

MR. KATZ: Welcome, Mark.

MEMBER GRIFFON: Thanks.

MEMBER GIBSON: Mike Gibson, board

member.

MR. KATZ: Okay. Bob Presley, are you there? No, and then in the room, starting with the NIOSH ORAU Team.

MR. ELLIOTT: Larry Elliott, director of NIOSH's Office of Compensation Analysis and Support.

MR. HINNEFELD: Stu Hinnefeld, chemical program manager for OCAS.

MS. THOMAS: Elyse Thomas, ORAU Team.

MR. SIEBERT: Scott Siebert, ORAU Team.

MS. BRACKETT: Liz Brackett, ORAU Team.

MR. KATZ: Okay. And then NIOSH ORAU Team on the telephone?

MR. GUIDO: Joe Guido, ORAU Team.

MR. SMITH: Matthew Smith, ORAU Team.

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

DR. MAURO: John Mauro, SC&A.

MR. MARSCHKE: Steve Marschke, SC&A.

MR. KATZ: And on the telephone?

MR. OSTROW: Steve Ostrow, SC&A.

MR. KATZ: Welcome, Steve.

MS. BEHLING: Kathy Behling, SC&A.

MR. KATZ: Welcome, Kathy.

All right. And then other federal employees in the room?

MS. ADAMS: Nancy Adams.

MS. HOWELL: Emily Howell, HHS.

MR. KATZ: And on the telephone?

MS. HOMOKI-TITUS: Liz Homoki-Titus with HHS.

MR. KATZ: Welcome, Liz.

MR. KOTSCH: Jeff Kotsch with Labor.

MR. KATZ: Welcome, Jeff.

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

MR. KATZ: Any more?

Okay. And then any members of the public on the telephone or representatives of Congressional offices?

Okay. Thank you. Then just a note for everyone on the phone, please mute your phones when you're not speaking or use *6 if you don't have a mute button. And please do not put us on hold. Hang up and dial back in if you need to leave for a piece. Thank you very much.

And it's all yours, Wanda.

CHAIR MUNN: Thank you, Ted.

There are several administrative items that it would be wise for us to address before we undertake our procedures issues tracking process, which we're prepared to do all electronically this time, I trust. We've had quite a few additions to the matrix since our last meeting and we hope we'll be able to close out several items as we go through them. It's my expectation when we get to that point that we would be looking only at open or in-

abeyance material and will not be running through the entire database when we start that portion of our deliberations.

The first thing I'd like for us to address is the letter that I assume all of you have that has been proposed to the director of NIOSH on the issue of establishing this work group as a subcommittee. Our charter has lasted much longer and is obviously going to continue for some time, which is not the official description of a good work group. So this issue of whether or not to propose this group as a subcommittee has been around for several months. The draft letter is now in circulation.

Ted, do you have any additional information with regard to status?

MR. KATZ: Yes, the memo has gone forward for the NIOSH Director's signature and it will go up the pike from there. So that should occur. The next time we have a meeting, we should be a subcommittee.

CHAIR MUNN: Thank you. I appreciate that. All of us who are members of the work group and who support the work group need to be aware of the fact that this will change our modus of operation a little bit. Being a subcommittee requires more advanced notice, Federal Register notice and a significant period of time prior to -- I believe it's 30 days, isn't it --

MR. KATZ: That's correct.

CHAIR MUNN: -- prior to our actual meeting. So although we've had considerable flexibility to this point regarding when and how we call our meetings, we're not going to have quite that much latitude in the future. So please bear that in mind. As we reach these discussions, we'll be talking about our next meeting. That will probably become increasingly important for us to do well in advance effective, probably as Ted points out, with our next meeting.

That being said, is there anyone

who has any question or any outstanding misunderstandings with regard to this potential change in our status?

If not, then let's move on to the second item which we should address. I trust that most of the people in the room, if not everyone, has received the email that I sent on the eighth with respect to our concern with the new proposed CATI procedure that's in place before us.

Larry Elliott has asked to be able to present that information to us. And since I anticipate there will be a number of comments, you may want to pull that up on your screen if you have it available to you.

Larry?

MR. ELLIOTT: Thank you, Madam Chair. I appreciate the opportunity here to try to introduce to the working group this survey instrument, the computer-assisted interview has a questionnaire associated with it, actually two questionnaires. One used for

Energy employees to capture as best we can their experience in working in the facilities where they were, and another questionnaire that attempts to obtain any relevant information from a survivor that might be useful for dose reconstruction purposes.

What we have provided to the working group, and I believe also to the full Board, is a copy or copies of modified questionnaires based upon input that we have gained about these documents, these survey instruments. And this input has come from not only, of course, the Board and this work group, and the Sanford Cohen and Associates review of PROC-90, Procedure 90, but it also comes from claimants themselves talking to us about the process. And it comes from public meetings and inquiries and scrutiny that is given to the program and GAO reviews to just our own internal assessments.

And so the draft questionnaires that we have before you today reflect things

that we have heard, changes that we made based upon our consideration of all of that input. There are certain things that we didn't accept that were provided as comments or suggestions, of course, and certainly I'm sure you all want to examine that.

But I think there's a bigger question here in my mind right now, and I want to lay out a time line for you because there's been a question raised as to whether the Board has an opportunity to input into this process that we are engaged in right now with the Office of Management and Budget, and that is a renewal of the authority to use these instruments in this program. We have to go through this every so often. I believe this is the second time that we have sent up a request for renewal to use these instruments.

We are at the end of the current expiration date of the current instruments and this renewal package has to go into this process and we are actually late in getting it

in. So while it's in to OMB for review and comment, there will also be an opportunity for a public comment period on what we propose to use to replace the current instrument. So it's a 60-day window of opportunity for anybody in the public to submit a request to see the instruments. The instruments are not typically provided within a Federal Register notice. Okay? And at the end of that period of public comment and input opportunity, we would have to sit down and, you know, reflect upon all of that and modify the documents as we think appropriate.

MEMBER GRIFFON: Larry, I'm sorry to interrupt. Did you say this is the second time you've had to do renewal? Because I've been confused whether this is the third version of the questionnaire or is this the first revision of the questionnaire.

MR. ELLIOTT: I believe that this will be the third version.

MEMBER GRIFFON: Third version?

Okay. I've heard different information on that.

MR. ELLIOTT: We had original version. We submitted a renewal application and this is the second renewal application that we're going to submit. Now how many do we count there?

CHAIR MUNN: The real question, I think, is was the second one, is the current form that's being used today as we sit here the same as the original form?

MR. ELLIOTT: It's slightly modified in the second renewal, or in the first renewal. And the first renewal is slightly modified.

CHAIR MUNN: I didn't remember the --

MR. ELLIOTT: Very slightly. It is modified, and I can't point distinctly right now to where it was modified, but it was based upon a change that ORAU suggested to us and we agreed to make at that point in time.

CHAIR MUNN: I recall that we were aware that it was being renewed but it was my impression at the time that there was not a significant change, and that's essentially what you're saying now.

MR. ELLIOTT: Not significant.

MEMBER GRIFFON: Well, you have a different memory than me on that one, Wanda, because I don't recall being notified of that at all.

CHAIR MUNN: Well, I think we were told. It may even be in our minutes somewhere, but I don't mean this group's meeting. I mean, the board meeting. I'm fairly sure that there was some discussion of it at the board level the first time. But the change was insignificant, as I recall.

MR. ELLIOTT: I believe the transcript will show that the Board was notified of the renewal. I don't believe there was a lot of discussion about it at the time.

CHAIR MUNN: There was no --

MR. ELLIOTT: And it's the same process as I'm describing now.

But at any rate --

MEMBER GIBSON: Wanda, this is Mike. I believe I remember there was a renewal that I -- I don't believe I remember anything about any modification.

CHAIR MUNN: No, I didn't either, Mike. But as Larry's saying, it was so minor that we probably wouldn't have even noticed it.

MEMBER GIBSON: I guess minor, you know, is a matter of opinion. Nevertheless --

MR. ELLIOTT: Well, yes. Nevertheless, there was opportunity for public comment during that renewal application process as well.

So here you have two draft documents that could be provided -- could be provided -- in response to somebody wanting to

comment on this from the Federal Register notice.

We have been examining this and we're thinking that these are not perhaps the best current tools to be using to interview claimants with. We have heard that there's burden here, as claimants see it, that in fact the burden extends to points of frustration when they're asked about a long list of radionuclides that, particularly if you're a survivor, you have no idea. And then if you're even an Energy employee, you still may not be able to identify any that were on that list. And we should know at this point in time, by and large at every site where we have a lot of technical basis developed, the answer to these kinds of questions.

And so we're thinking that maybe the right survey instrument at this point in the program is not a lengthy questionnaire like you have in draft form before you. It may be nothing more than a short series of

questions that, one, confirms the information that we have at hand on the individual Energy employee, indicates to them that we have received -- if they are a DOE facility worker, that we have received this type of dose information. In other words, don't hold the interview until after you've got that back from DOE. And then, you know, a couple open-ended questions about things that they think might be relevant to their claim for us to know about.

And so, you know, I just throw that out there. These two survey instruments that you have before you are not cut in stone. Here's your opportunity as a working group, or as a board at your meeting in December, to advise us on your thoughts about the best approach to interview these claimants. I'll stop at that.

CHAIR MUNN: Thank you, Larry. That's very much appreciated and helps clarify several questions that certainly came to my

mind as I was reading through this. I know very few survivors who would be able to answer more than a half-dozen of these questions, if that. And these appear to be the kind of questions that, were I an interviewer, I would be asking very specific individuals, probably safety professionals and health physics people in the plants themselves.

Yes, Paul?

MEMBER ZIEMER: This is Ziemer speaking.

Larry, I think you've put your finger on the issue, and we've heard it over and over again in the public comment period. And that is that somehow this gives the claimant the impression that the burden is on them to furnish the information. Now I know that in the second paragraph on page 2 it's pointed out that this is an opportunity to provide additional information. But that is sufficiently vague, I think, that people are missing the point. And somehow if both the

introduction and, maybe the narration here, could emphasize that NIOSH already has a great deal of information about the site and the records on the site, and that it actually is not necessary for the person to provide all of this information for the claim to be processed, that we know a lot already: somehow to emphasize that if there's information that they know that would supplement that. And I know you've said that here, but people are not getting it.

CHAIR MUNN: It's not said in --

MEMBER ZIEMER: So it needs to come out in a much stronger way that all we're doing is supplementing a lot of information that we already have. And probably there could be some words, and I don't have any modifications to generate here today, but I would think perhaps in the 60-day process and at our board meeting, we're going to bump up against the 60 days, I think, but I think the Board should comment on that and maybe help

suggest some language that would bring that out. And that could be coupled with -- I think the questions are good ones.

CHAIR MUNN: Yes, they are.

MEMBER ZIEMER: -- because they cover the things that you want to stimulate in the people. But at the same time, in asking the questions, it appears that the burden is falling back. But if -- in every case, if we said we know a lot about the work practices at this site, but in case your, the claimant, may have been somehow different; do you know about this. This could be asked, I think, on everything. We know a lot about the jobs that were carried out and the nuclides used, but if there's other things that you know, and I think it has to be added in every question to sort of reinforce. We know a lot already. Is there something that we've missed that you know about so that we reemphasize that somehow the burden is not so much on them, but that there's supplement --

DR. MAURO: This is John Mauro. Or maybe -- those interviews with the actual worker as opposed to --

MEMBER ZIEMER: Yes. Yes, CATIs are with the claimants. The claimants are survivors often.

DR. MAURO: I'm looking at the form here.

MEMBER ZIEMER: Well, but how many hours per week did you work? Well, if it's --

DR. MAURO: I'm assuming this is -- yes.

MR. MARSCHKE: This is the claimant or the Energy employee.

DR. MAURO: Yes, the only reason why I'm reacting is because I think that what you're saying is to lay on the button when it comes to the worker, because he uniquely can offer much richer information in his personal experience. But the degree to which that tack will work well for survivors might be different.

MEMBER ZIEMER: Well, it's often less for survivors, though we've bumped into survivors that have gathered a lot of supplementary information, maybe from notebooks and records that they have at home. But I think the general principle is true in either case, trying to supplement it.

So to the extent to which we can sort of reemphasize that, I think the information you're trying to glean is the right information. If they know something we don't know, let's find it.

MR. ELLIOTT: The point I hear you making, Dr. Ziemer, is to reemphasize that we know a lot about what we know about and, can they provide anything in addition to that.

MEMBER ZIEMER: Right. Right.

MR. ELLIOTT: I also hear you say though that the list of questions you find to be appropriate --

MEMBER ZIEMER: Well, only in stimulating them to think about work times,

nuclides, locations, those kinds of incidents.

MR. ELLIOTT: Where do you see the balance in asking a long list of questions that will gain some information or any information versus, you know, maybe a sort of series of questions that are more open-ended, more broad? What is the burden? You know, where's the best place to say the burden is balanced?

MEMBER ZIEMER: Well, for example, on most of the sites we know either -- let's take medical X-rays for employment. We pretty much either know that or we're going to assign that. I'm not sure if we've ever run across anything that helps on that. And I would say if you find that there's things like that it sort of makes no difference, they don't need to be in here.

But I think things like incidents, sometimes we've run across cases, and they may not pan out, but they may say, you know, my husband's work clothes were confiscated in

some case, or something must have happened. I don't know.

DR. MAURO: If I might offer, in looking at the questionnaire, this is just a thought that came to me, for example, let's say we're talking about overtime or then how many work hours, do you think it would be more interactive and claimant-friendly to say, listen, right now based on the records we've reviewed for your case, it's our understanding that about 10 hours a week was the number, we're going to assume 10 hours a week because we think that's probably -- in other words, turn it around. Let them know what we plan to do. And I just wanted to make sure that you think that is the right approach to do, or do you think maybe it was even more than that? So all of a sudden that personalizes it.

MEMBER ZIEMER: Except that the CATIs occurring before the dose reconstructor --

DR. MAURO: That's right.

MEMBER ZIEMER: -- assigns that kind of information, I think.

DR. MAURO: Yes.

MEMBER ZIEMER: So and the CATI interviewer doesn't have access to the workbooks and the assumptions and so on. I think that's the case.

MR. ELLIOTT: That's the case. That's the case. You know, we've done 20,000 claims, but probably that represents 35,000 interviews.

MEMBER ZIEMER: Right.

MR. ELLIOTT: Using, you know, this long set of questions. And if were to ask, and I have asked the dose reconstructors, what do you actually need? You know, because they all look at these. They are required to look through these CATI reports. And I'm not sure what they're going to say to me. I haven't heard back yet, but, you know, I can anticipate that some of them are going to say, look, if there was an incident, I'd like to

know about that and what the year was. You know, leaving your badge, you know, on the wall, that might not be important. But, you know, in some cases if it's overtime, the way the model works there is that it accounts for overtime. So we don't necessarily need to know whether you had true PE because we don't factor that into our -- the use of that into our models. But why do we ask that? You know, it's a question that we pose, the burden that we place, and what purpose? You know, what benefit do we gain from pushing to ask that kind of question? That's what we're talking about here and welcome any thoughts that we have.

You know, I think you're right, I'm sorry about the 60-day window. The Federal Register notice will probably appear sometime maybe next week.

CHAIR MUNN: The first impression that one gets when reading through the preamble, even if I read this very carefully,

it comes across, even if I'm speaking those words very, very clearly, it still comes across as bureaucratic formulation of some kind. I know that there has to be some parameters placed on how the individual interacts with the claimant on the line. But we've heard repeatedly from claimants that they feel like they're taking a test, that this is going to be a pass or fail issue. And if they don't have information, that they are somehow failing and it's going to negatively affect the claim. If we've been told that for a number of years from a number of sites and we don't address that when we revise the CATI, then it seems that we are deliberately turning our backs on an area of information that we've gone out of our way and spent a great deal of effort in trying to cultivate.

It's very easy to be able to say it may not sound bureaucratic to the formulators of this language, so it's very easy to say, look, please understand up front

this is not a test. This is our effort to try to include any information we already asked. If you don't know the answers, it doesn't affect your claim in a negative way. We don't expect you to be able to answer all these things. That's not difficult to say. So if we incorporate that in this and, as Paul indicated, reemphasize that from time to time throughout the interview, that's one approach from this personal perspective that would be very helpful.

The second item is with respect to the questions themselves. Most of them can be lumped into categories and rather than asking those detailed questions in the categories, there's a train of thought somewhere that says if you don't ask -- the detailed question might stimulate some thought process. Conversely, it may drive people crazy, which it seems to based on the feedback that we get. Whereas maybe we're only getting feedback from the people that are annoyed by it. Maybe we

don't hear from the people who think that's okay. But it seems to me that a coverall question like the blow-by-blow question about the radionuclides, I know these people may have heard that term, but the fact that they may have heard that term doesn't necessarily mean that their claim is associated with it in some way. That doesn't assure that their survivor, the survivor's relative was actually working with that material. The fact that they may have talked about plutonium for example, that they worked with radioactive substances but they may not have been anywhere in a plutonium area.

So a generalized question, which if a positive result comes back, might trigger some more specific questions, may be a far better approach in moving down this line of large categories, which might affect then what we have in front of us now.

I'm going to be quiet now because I'd like the other board members on the line

to have an opportunity to comment.

Mike, do you have something you'd like to say about this?

MR. KATZ: Just a note before we continue. Someone on the phone is apparently having a hard time hearing.

People on the phone, can you hear me well right now?

MEMBER GIBSON: Ted, I can hear you well. This is Mike. I can hear you, but some of the speakers, John Mauro and et cetera, is a little bit --

MR. KATZ: Okay. So just let's everybody try to come up to the table and speak clearly?

CHAIR MUNN: Could you hear me all right, Mike?

MEMBER GIBSON: Yes, Wanda, I can hear you.

MR. KATZ: Okay. Thanks. Sorry.

DR. MAURO: Mike, this is John. I'm closer to the mic right now. Can you hear

me? Is this an improvement?

MEMBER GIBSON: Yes, that's an improvement.

DR. MAURO: Okay. Thank you.

MEMBER GIBSON: Thanks.

MR. ELLIOTT: Mike, this is Larry Elliott. Were you able to hear me earlier?

MEMBER GIBSON: Yes.

MR. ELLIOTT: Okay. Thank you.

MR. KATZ: Thanks.

CHAIR MUNN: Now, back to my other question, now that we're sure you can hear us. Do you have comments to make about our discussion here?

MEMBER GIBSON: Yes, I have a few comments and it kind of relates back to our work group meeting yesterday. I understand, you know, asking this whole question about the CATI and stuff, but a step deeper and it kind of gets into -- you know, it will come up I guess in the worker outreach work group, to the extent people give additional information

and comments, we heard yesterday from Stu that it's considered that very seldom is it really investigated because it's very time-intensive. So, you know, I'm kind of cut off this -- we're going through this process of, you know, iterations on this thing when the information provided by the claimant sometimes doesn't seem like it's investigated deep enough, in my opinion.

MR. HINNEFELD: This is Stu, and for the benefit of people who weren't here yesterday, Mike's talking about -- this is, the topic of discussion was when an employee or an interviewer of a claimant says this, I was involved in such-and-such an incident, do we go to the site and try to find out and investigate that incident? And I said, by and large we don't because by and large we expect a worker to encounter things that they would describe as and incident. And we expect our dose reconstruction to be sufficiently robust that those kinds of exposures, the kind we

would expect, would be covered by that dose reconstruction. The times when we do try to do additional investigation would be when the incident described causes us concern about whether our dose reconstruction was robust enough. Or for instance, if there was some collaborating piece of information we knew that seemed to indicate there was an incident at that time, this person could very well have been involved in that one and we maybe need to, you know, check and see have we really covered his dose okay.

So there are times like that, and those are not very many times, as Mike has said. What I did say was it's not that often when a claimant says in their CATI, I was involved in these incidents, it's not very often that we go back to the site and try to find some sort of document of record of the incident. Because, like I said, we are confident that our dose reconstruction addresses the kinds of things they describe.

So that's what I said.

CHAIR MUNN: And I'd like to comment for the record, just to make sure there's no misunderstanding, the meeting which is being discussed here was not a previous meeting of this group. This work group was not meeting yesterday. It was an entirely different work group. This was a tangential item, not one that was on the agenda of that preceding work group. It had nothing to do with the procedures.

Okay. Go ahead, Mike.

MEMBER GIBSON: And, Stu, you said that you don't go back to the site. You know, maybe I missed that. I thought you said something different, but anyway --

MR. HINNEFELD: Well, either way, Mike, you know, we usually don't investigate very far. You are right. And so if the person describes an incident and we feel like our dose reconstruction -- we expected that kind of -- at that place for people to be

involved in those kind of work conditions. And so our dose reconstruction is robust enough to address that kind of exposure, then we don't investigate. I don't mean we were limited. We just don't go back to the site. I mean then we say, okay, we're good and we don't necessarily investigate any further. That's what I meant. I think it's what you said.

MEMBER GIBSON: And I guess I just want to say that, you know, given the history of DOE, all incidents are not recorded and so the information -- you know, I don't fault NIOSH at all for the extent of efforts you put forward to gather evidence and do, you know, site profiles, this and that, but all incidents are not recorded. You know, that's been my swan song for a long time and I stand by it.

MR. HINNEFELD: That's a lot of the reason, Mike, why we don't spend a lot of time trying to go find information about

things like this.

MR. ELLIOTT: We don't disagree with you.

MR. HINNEFELD: We agree with you 100 percent. And that's exactly why we don't go try and investigate that. We try to write a dose reconstruction to start because we expect people will be exposed to those kinds of events at the various sites because, by this point we do know a fair amount about the various sites, and we expect those kind of exposures. We write a dose reconstruction that is robust enough to cover those. And just as you said, trying to find out more about it is often -- you know, we don't see a lot of chance for success there. And in fact, if you ask other people about that event, what will they tell you that will give us a better dose number? I mean, what are they going to be able to tell you that the person that you talked to already can't tell you in terms of some sort of a quantitative information about

that event?

MEMBER GIBSON: Well, you know, Stu, you know, I'm not trying to agitate you, but I'm just saying sometimes I believe that the NIOSH worst-case scenario for dose exposure is not what certain individuals could have got. You know, I know the program is not perfect, but I would just -- you know, I hate to think, and I do believe there are people that had exposures that are going to be denied that, should not be because of an incident or something that happened at the site that, you know, can't be documented.

MR. HINNEFELD: Well, I don't suppose I can dissuade of you that. We are confident that our approach is actually very much the other way. You know, we worry about exactly what you described. We worry about someone being denied who in fact should not have been. We don't worry very about compensating people that we -- you know, we don't think very much about those, does this

person really deserves to be compensated or not. We don't think about that. What we worry about is, is someone not going to get compensated that should. And so we have the same concern you do. We try to operate the program in that fashion. I don't think I can dissuade you of your opinion because there's not much more I can do with that.

MR. ELLIOTT: This is Larry Elliott. If I could jump in here. I think there's a point that I need to make for clarification and it goes to an extent to what Mike has raised. If you look at our current draft questionnaire, you'll see that question 18 about,can you name coworkers or other witnesses, has been struck out. And in this draft questionnaire we would propose, and it's our opinion, that this question is not needed, that if we were in a situation reconstructing a dose for an individual claimant where we felt coworker intelligence might be necessary, we would go back to that claimant and ask for

coworkers to go track this down. The collection of this information on this question alone has only resulted in us going out less than a handful of times to coworkers. So we put these people through all of this burden to try to identify and give us a number, you know, an address or how we could locate these people and we really don't go take stuff down unless we absolutely need it.

So, Mike, I didn't want you to see this red-line strikeout and think that here's just another example where we don't welcome and accept, you know, worker input. It's just that we would go after that as necessary, given the circumstances of the claim.

CHAIR MUNN: Anything else, Mike?

MEMBER GIBSON: No, not right now.

CHAIR MUNN: All right. Mark, do you have something, maybe thoughts?

MEMBER GRIFFON: Yes, I guess one would be just to follow up on that coworker question. And Stu just said, I guess to

respond to Stu's response, you know, what would you expect when you call the coworker? You know, if you didn't find any documentation, what would you expect to find out that was going to shed any light? You know, I guess if you haven't tried calling them, you probably don't know. But, I mean, I would think if it was a supervisor or a rad tech, or something like that, you may find out something. You may find out that they had a special project that was going on that wasn't related to the normal radiation exposures and that may really shed some light on, you know, wow, we didn't know this guy was even exposed to polonium or protactinium, actinium, you know, something like that that you didn't even include in the dose reconstruction and you may have to reconsider, or may say we can't reconstruct dose. So, you know, just because there's not records there, I think sometimes these coworkers may shed some light on something like that. I don't know what your

experience has been. Obviously it's only been used a limited number of times, but you know, to say that we don't bother calling them because what could they tell us, I think that's -- I don't know, it's just a little shortsighted.

MR. HINNEFELD: I'm just looking, Mark. I think I have a pretty strong understanding of how many of these are going to be helpful. Of the coworker cases that we have, I don't know how many of those have been helpful. I only know of my one that I was involved in and the coworkers identified by the claimant could not remember the claimant. They did not remember. So that was not helpful.

And you're talking now about, how do we know if we haven't, but you're not really thinking about what does it take if we do? You know, what would it take, what it would do the program and what would it do to the progress of dose reconstruction and the

pace at which people get their answer if we in fact did this?

MEMBER GRIFFON: Oh, yes. I mean, yes, you have a balance here. We've talked about this from the beginning of the program, the balance of efficiency versus, you know, thoroughness and, you know, I understand that dilemma. That's a constant tension in the program. But, you know, if someone raises -- and I'm not saying necessarily that all the time they're going to write down the appropriate coworkers, so I'm going back and forth on Larry's notes that the coworker information was struck out of this current questionnaire. You know, a lot of times I think they might write down the colleagues that they worked with the most, but they may not be the ones that were the right ones to interview about a certain incident; you know? So I'm not saying that necessarily the people will write down the right coworkers to follow up with, and it is a judgment call, but I'm

saying that if you have somebody that noted incidents, I think the potential at some sites to overlook, you know, something in a non-routine area -- in other words, you know, you think for the most part the workers were exposed to plutonium, but it turns out that they bring up some incident they weren't sure what the exposure was, but they knew of an incident. You follow up with it and it was a more exotic material that they worked with for one campaign. Didn't know anything about it. Didn't know it happened on the site. All of a sudden it could be an important aspect of a DR. So, that's my point, I guess, on that.

CHAIR MUNN: It appears that we -- oh. Yes, Paul?

MEMBER ZIEMER: Well, let me insert a couple other ideas in here. I think one of the problems on this is what is considered to be an incident by a worker and what's considered to be an incident by either a dose reconstructor or even the health

physics staff at the time. I can think of many cases during the years I worked with Oak Ridge where we had contamination events where we might have taken the worker's shoes or their clothing, or whatever. And these were actually fairly routine situations where it would be very easy for a dose reconstructor to cover that in the process. If the worker said, you know, I had an incident where this occurred, it's very easily covered in the dose reconstruction process. That would be very different from, say, the Y-12 criticality incident or the SL-1 incident, or a blowout that was really a major event. It seems to me the dose reconstructor, at the point where he has the basic information that the worker identified, basically has to make the decision at that point as to whether or not the parameters of both the site profile and what he's working with in the reconstruction are sufficient to cover that kind of event. If not, I think they'd do what Larry described

and have to do a follow-up at which point they either identify and maybe go back to the worker to identify other individuals for collaboration or go back to the records and try to define ,is this something that we somehow have overlooked. Does it rise to a level of what either a practicing health physicist or the site people, or the dose reconstructor himself would describe as an incident that would be outside of what already is within the bounding of the dose reconstruction. And I think that doesn't necessarily, 100 percent assure that we've covered it, but it was within the framework of what's trying to be done here, you would have a high expectation that for the most part if the worker identifies something and the dose reconstructor at least looks at that, that you can either cover it by just the bounding or get supplemental information.

MEMBER GRIFFON: Paul, I don't disagree with your general statement there.

I guess, you know, really this comes into the sort of judgment of the DR or the person interviewing them on the phone.

MEMBER ZIEMER: Do you have all that you need to --

MEMBER GRIFFON: Because I agree there's -- I'm sorry.

DR. MAURO: Would you mind if I just interject just a thought?

CHAIR MUNN: As long as you do it loudly and clearly.

DR. MAURO: Philosophically, I guess this is more of a question to NIOSH. When you engage the claimant or their survivor, or the folks at ORAU that make these calls, do they think of themselves as an advocate or an agent operating on behalf of the claimant to try to get the best information and try to help that person through the process, similar to the way in which, let's say, good bedside manner from a physician might be where you're there with

that person working with them, keeping them informed and get into the process so that as he's moving through the process he feels that he has a person that's watching out for his interests, or is it really not -- because that's quite a burden to place on a person to have to carry that responsibility. Or it is really -- we did to make sure we got as much factual information as we can so that we could defend our dose reconstruction at the back end of the process to say that we did everything reasonable and came up with a good dose reconstruction?

They're related, but the first one is, I guess, in my opinion, the kind of thing, if that's a desirable objective, what I believe will greatly reduce the angst that we've experienced by a lot of the folks at these meetings. Whether or not that could be achieved, I don't know.

MR. HINNEFELD: Well, I'll offer this, and I think Pat Kraps might be on the

phone, so she might want to offer something after I do. She might just tell me I'm completely wrong.

I think that ORAU would probably not describe themselves as advocates to the claimant. I believe they would describe themselves as neutral information gatherers.

Okay. Now the manner in which they do that though can go a long way to how that interviewed person, how the claimant feels about the experience. And I know that they go to great lengths to make sure that the claimant, the person being interviewed, is satisfied with the interview and has had their say. And so I think they try to build a friendly or cordial relationship with the interviewee, but I think they would shy away from calling themselves an advocate.

Now, Pat, do you want to correct everything I just said? Pat, are you there?

Well, I thought she was on the phone, so I guess my words can stand there.

MS. KRAPS: Stu?

MR. HINNEFELD: Yes, there you are.

MS. KRAPS: All right. Sorry, I couldn't hit the mute button fast enough.

No, you pretty much hit it on the head.

MR. HINNEFELD: Okay. I was hoping you'd elaborate, but that's fine.

MS. KRAPS: No, we try to maintain a neutral balance, as you say, all the while trying to let the claimant know that we're here to work with them and we're here to try to help them as best we can in understanding the questions, and understanding the process.

MR. HINNEFELD: Okay. Thank you.

CHAIR MUNN: Pat, would it be feasible for there to be an individual that would be essentially the impact for your activities there, an individual who might be the first person to whom the claimant spoke and a person who would be able to develop what

John so aptly dubbed the bedside manner that would help to set the interviewed person at ease? We have heard so much about the feeling that they were taking a test. And if the proper language could be managed -- I understand it would be almost impossible and probably not even desirable to try to develop that particular kind of approach from the people who are taking the information routinely, but it might not be so impossible to have an individual in your staff who would be the first contact and pass them off to the person who could take the question. Would that be an unreasonable suggestion?

MR. HINNEFELD: Wanda, let me say something. That's a lot of phone calls for one person to make.

CHAIR MUNN: Oh, I know it is. I'm aware of that.

MR. HINNEFELD: I don't know. I think the person, the interviewer, is in a better position that has enough time to do

that. How do you do that and do that quickly, for one person?

MR. ELLIOTT: Pat, are you still on the line?

MS. KRAPS: Yes, I'm here.

MR. ELLIOTT: Yes, this is Larry Elliott, so jump on top of me if I'm speaking out of school here, saying something wrong. But, you know, I think you heard Dr. Ziemer earlier speak about our need to make sure that the interviewee understood the amount of information we're already dealing with and that, you know, recognizing the burden we're placing on them. We're not trying to frustrate them further. Do you see from that and from what you've heard Dr. Mauro mention any opportunity for modification or change to the way you currently conduct interviews?

MS. KRAPS: No. On a global scale, no. I mean, if you gave me a case-by-case, most certainly we'd take a look at that, but most certainly no. We approach every

interview with the neutrality, but still trying to be compassionate and warm and to emphasize to the claimant, it's okay if you don't know. I mean, we emphasize that first and foremost to let them know that, as Wanda's been saying, that they're not taking a test. But rather, what little bit of information they may have most certainly can be helpful during the dose reconstruction and that's what we try to impart during the interview. But I'm not sure if I really answered your question or not, Larry.

MR. HINNEFELD: If I could offer something here. SC&A's review of PROC-90, which is the CATI procedure where they came and observed interviews, CATI interviews, as a general rule they were complimentary about the demeanor and the style of the interviewer. And they said that on more than one occasion. You know, they had some objections about the form and some things like that they wrote in the report, but in general, they made

complimentary comments about the demeanor of the interviewers and their compassion for the claimant.

CHAIR MUNN: Paul.

MEMBER ZIEMER: So there are some other words that are used that we do not see here in writing. Is that correct?

MR. ELLIOTT: I believe there's been a script or two that have been used to bring people along in that conversation; hasn't there, Pat?

MS. KRAPS: I'm not aware of any change to the script, Larry. What we tell the claimant -- and it's more of an introduction before we actually even get into the questions.

MR. ELLIOTT: But what you're seeing here is the questions that are asked. You're not seeing the introduction, the scripted information that is presented in advance of going through the questions, or what's given -- there's probably a closing

here that you're not seeing. In some instances, you're not seeing questions that come up that, from asking one question, the answer could dictate we need to ask another and go off, you know, in that direction. We don't have to include those secondary questions to the survey instrument.

So what you're seeing here is only the burden of questions placed to the claimant.

MEMBER ZIEMER: Okay. But it sounds like the script has a different emphasis than the written -- this is a letter that's sent prior to the interview?

MR. ELLIOTT: Yes. Yes, this is a letter sent prior to the interview.

MEMBER ZIEMER: Well, I guess I would ask why doesn't the letter reflect what the scripts reflect?

CHAIR MUNN: And my question is --

MEMBER ZIEMER: If the script is compassionate and makes it clear, why doesn't

the letter?

CHAIR MUNN: And is the second page that we're seeing here, which is titled, EEOICPA Dose Reconstruction Telephone Interview, Claimant as Covered Employee, that is not the script? I had interpreted that as being --

MR. ELLIOTT: That is not the script that's used for the phone conversation. Elements of this information are found in that script at times, sure. I don't have the script --

CHAIR MUNN: Is either this work group or the full board ever going to be able to see the script? Because that's where I've perceived most of the concern of board members has been. What's in the script? You know, what are they saying to these people, are failing to say to these people, that leaves them with such feeling of, I think, angst was the properly used word.

MEMBER ZIEMER: And is the script

approved by OMB, or only this for form?

MR. HINNEFELD: No, no. No, the only thing you provide OMB is the information you're gathering from this group of people. That has to be approved by OMB.

MR. ELLIOTT: And let's be clear about the script. The script highlights things that the interviewer should make sure is said to the interviewee. You know, introduce what is about to happen. Be as kind and friendly as you can be. You know, it is not something that is read rote. It is not something that an interviewer reads from their screen to the interviewee. So, you know, I'm sure we can get you a copy of the current --

Pat, is there a current script, or is there just a current set of talking notes? Or where are you at in the -- what's the training document that I'm sure SC&A reviewed about this process? You know, there are those kind of things that you've already perhaps examined. That's another reason why the visit

was so desirable, I think, to SC&A that actually observed the conduct of these. So, but we'll try to get you whatever currently -- this, as a script or a set of talking notes that need to be used in this interview process.

CHAIR MUNN: The reason it's desirable for us to have some position and some talking points from this particular group is that there's no question this will be a major topic of discussion at the board meeting next week. We will either have 12 separate individuals with a number of the same concerns being expressed and with multiple opinions being expressed, or at the very least we can choose as a procedures group to present a position from this group. If we have any suggestions, I think, what the action of this group should or might be appropriately, then we need to have that on the table here today.

I would very much like to be able to bring a suggestion to the Board, but I have

a feeling that most board members who are concerned with this are going to want to see the talking points or the training data that would be available and I'm not sure how we can move from here to that point. Any suggestions would be welcomed.

MEMBER GRIFFON: Wanda?

CHAIR MUNN: Yes?

MEMBER GRIFFON: Can I speak to the actual questionnaire now?

CHAIR MUNN: Please.

MEMBER GRIFFON: I was off on a tangent earlier on the coworker stuff. But I mean, I think, you know, I am curious about the script. I think my bigger concern all along with the CATI interviews was not necessarily the script or the compassion that the interviewer had toward the interviewee, or those kind of things. I guess my concern a little more was the lack of information that the interviewer had regarding the interviewee's facility or work. And that has

also been stated several times to the Board, that, you know, the interviewee would say a certain production acronym or, you know, some shorthand slang that they had used at the site and the interviewer had no clue, and there was no follow-up to those kinds of questions, or no opportunity for a follow-on question in those cases because you've got someone who knows nothing about the site doing the interview and also you had no health physics backup in most of these interviews, it was my understanding. So that concern was brought up. I don't want to get into that anyway. But, you know, I am interested in the script, but I had a bigger concern on that part.

Getting back to the questionnaire itself, I actually think, looking through the EE version, the Energy Employee version, not the survivor version, I actually think the added depth is an improvement. To me, I think it's more consistent with some of the interview stuff I did for medical

surveillance, actually. So I think it's improved. I have some specific comments that maybe would be helpful for us to understand. In question 1, you talk about facility and then later you talk about building or location. And I think these terms are terms that are used differently at different sites, I think. So sometimes that can be a stumbling block. I know that like at Idaho, they talk about each -- like CPP was considered a facility, but at some of the sites, you know, it's laid out -- so I just wonder how you intended that, Larry, or if the interviewers are going to clarify that when they're doing the interview, because I think that might create a little confusion, I guess. So that would be one question I'd have.

The other one was on some of these when you say the job and then I think you -- it's not clear to me when you say building or location and their duties, whether they are going to be limited to like one duty in one

building or if this list can go on indefinitely. I mean, it seems to me that could be a pretty broad set of -- if people had different jobs over time, that could get pretty extensive.

And then I guess in some of the add-on questions, I think it's very interesting to find out whether these should have been sub-parts of your job question. In other words, for each job, if they had three or four different jobs, were they monitored during different jobs. Now that could get into making it too long, so I understand the concern there. But I think when you start to ask about -- the problem may be with the way it's set up now, is when you start to ask about monitoring, and then you say frequency, a lot of times what I found in our interview process is that they'll say, well, yes, you know, I was monitored for urinalysis on and off, depending on what job I had. And yes, sometimes it was monthly, sometimes it was

yearly; it depended on the job. So they just kind of give you a generic, you know, kind of yes and then you wonder if you're getting any useful additional information with that question, if you follow what I'm saying there.

And then the last question I'll throw out there, and this has been a fun one for me in the past, is was this questionnaire run by the DOE security people? Because you certainly don't want to make a classified document when you do this interview. I guess that's it for --

MR. ELLIOTT: Well, to your last question first. No, we don't have to run this by DOE. We know that this is a clean document already.

The other question I would answer is that what I would want everybody to understand is that this is the paper copy of a computer system open interview. And so in many of these cells, they're expandable on the computer. So if the guy has 14 different, you

know, employment histories that have to be collected, the on-screen form accommodates that collection. Another answer to your question, if the person being interviewed is hesitant in saying, you know, the frequency or is just off-handed about the frequency, I think the interviewer has the responsibility to pursue that a little bit and clarify it. Also remember that the interview, once it is completed, is prepared with the questions and the responses given as a paper copy that's given to the interviewee for review and edit. And if there are questions raised from that process, they go back and forth again. But I appreciate your comments, Mark.

MEMBER GRIFFON: Just a little devil's advocate on the security question, because we both deal with this; I've been through this myself a lot.

But what if someone worked at a certain facility, only worked in one building their whole career and so they put that

building down and then they check off a list of radionuclides, you're basically attributing radionuclides to a certain building. And I know that can be a no-no in some instances. So is that a problem?

MR. ELLIOTT: That is not a problem. That's all I'm going to say.

MEMBER GRIFFON: Okay. All right. Let's leave it there for the phone call, yes.

MR. ELLIOTT: And I'd just as soon we not go any further in that direction.

MEMBER GRIFFON: I agree. Okay. Just checking.

MR. ELLIOTT: Paul?

MEMBER ZIEMER: Larry, did you indicate that have or have not had feedback from the interviewers, or from the dose reconstructors, I guess is what I want to ask, as to what they actually use? For example, do they ever use the supervisor's name? And if not, you know, do you --

MR. ELLIOTT: I have asked, but

I've not got a collective answer yet.

MEMBER ZIEMER: Yes.

MR. ELLIOTT: I've had some individual responses, but, you know, I don't want to portray those as the consensus on looking.

MEMBER ZIEMER: And then in the interview process, are we correct in assuming that they don't pressure either the worker or the claimant, if it's not the worker, to give exact -- for example, if you were to ask me what my job title was when I worked at Oak Ridge, I'm not sure I could tell you exactly what it was. I know sort of generically, but they may have had a very specific job title. In fact, I'm not even sure I could tell you the exact date. I could maybe give you within the month. So they would accept the approximate starting date, approximate ending date?

MR. ELLIOTT: Accept the recollection of the individual.

MEMBER ZIEMER: Right. Right. So they make it clear that if you don't have that exact -- in fact, this says month and year. So that makes it a little fuzzier and that's probably better. Yes.

MR. ELLIOTT: Some of this information may also be pre-entered. You know, if we've already got information about the employment history from the case file, that could already be put in here and the interviewer would confirm that with the individual. All right?

MEMBER ZIEMER: Yes.

MR. ELLIOTT: And say are there any other -- and in some instances we've learned that the original claim submission with DOL didn't account for all employment.

MEMBER ZIEMER: Right.

MR. ELLIOTT: In our conversation or in what DOE sends us back many times as far a dose information shows that the individual had employment history beyond what was

captured in their claim form. So, you know, we can point to that as an advantage here of what we know, we try to confirm.

MEMBER ZIEMER: Right.

MR. ELLIOTT: You know, we want to make sure that we're dealing with the correct information and this an opportunity -- first opportunity with the claimant first hand to say here's the information that is critical for our use of dose reconstruction that we already have on you. All right? And I think, you know, going forward, we're going to change in our process where we weight the conduct of the interview -- we haven't done this yet, but this would only make sense to me, to weight the conduct of the interview for a DOE site employee once we -- and do it once we have the dose data. And then we can go through the dose data with them as well.

MEMBER ZIEMER: So then the interviewer would have ample information usually on the facility which would be, for

example, Los Alamos or Savannah River, and then they may drill down to what Mark maybe described as the facility within the facility, you know, or CP-5 and Argonne, or something like that and then buildings and location.

MR. ELLIOTT: It's my hope that when we move to a new technical support contract and finally see an award there, that our interview process will change in different ways. One way I think it should change is that we do this confirmation of information that we have with the person. Another way that we want to see it change is that, you know, we need to impart, as you say, the fact that we do have a lot of knowledge about the sites and say to them, oh, we see that you were there during this incident. Were you involved in that incident? You know, something like that. But we have an opportunity with the advent of this contractual relationship change to modify the process of doing this interview.

MEMBER ZIEMER: So for OMB, you need to identify the kinds of things you're asking, which is what you're doing here?

MR. ELLIOTT: For OMB, we're trying to establish the burden we're placing on the claimant.

MEMBER ZIEMER: Yes.

MR. ELLIOTT: And so that is viewed as the questions that are posed to the claimant that they would have to then provide answers to, or feel that they are being called upon to provide an answer to.

CHAIR MUNN: So what's the feeling with regard to this body's recommendation or comments to the Board tomorrow, or with regard to our suggestions to the larger team that's working with this new CATI form, what's the changes we'd like to see?

MR. ELLIOTT: While you're thinking on that, we're going to publish this Federal Register notice late. I think it's going to happen next week. It looks like

that's when it's going to be issued. Again, unless somebody writes in and says I want to see what you're talking about here, you know, that's the only way they would get a copy of this to provide comment on it. But, you know, I think we're in a position right now where we're going to say these are the two examples of what could be used and we may provide another example in a different formatted version seeking information that the health physicists say they need to pursue in this process. That's a possibility, too. And then if somebody wants to see what we're talking about, they would get all three examples and be able to comment on their use.

DR. MAURO: I just had an idea. Let's say I'm seeking to make that first call. Let's say I'm making that first call, and I understand that you won't have -- the folks from OCAS won't have that information, but let's say you approach the interview this way. You know, we're about to enter into a dose

reconstruction process where we're going to be gathering up certain information. Okay? Information that's going to be helpful to us in understanding the nature and extent of exposure, whether it's you or your husband, monitored experience. And say -- and use this form more towards -- not that we're asking them to give us that information, to let them know that this is the kind of information we're going to be pursuing. Now, this is our step one where, you know, we want to apprise you that we're entering this process and we'd like to leave this form with you with the idea toward -- to give some thought to it that you may have some records, some recollection that might help us. While you're doing that, we're going to be gathering this information. And because what I just heard you say before, there's going to be multiple calls. So it's not just this call and then later at the back end of the process here's result. Did I hear you just say that part of the new process is,

there might be intermediary steps along these lines, or did I misunderstand you?

MR. ELLIOTT: No, I don't know that I said that.

DR. MAURO: Oh, I'm sorry. Then I misunderstood.

MR. ELLIOTT: And what you're talking already happens, where we send out the copy of the questionnaire to the claimant.

DR. MAURO: Okay.

MR. ELLIOTT: They already have that.

DR. MAURO: Okay.

MR. ELLIOTT: This is what we're going to talk about, this is what we're going to work through together on the phone, this is the process. That already happens.

What I'm suggesting as a change in the future is as we're confirming what information we already know about the claimant, you know, we should be able to say our interviewers are going to have to be

trained to say, and I see that you were at that facility during a covered class period, but here's why you don't belong in the class. Here's why NIOSH has your dose reconstruction to do for you. You know, we need to get down to that level of information provision that I don't know that we've achieved in our current efforts in the process. But, you know, with 35 classes added and we're going to do, you know, a number of partial dose reconstructions, we're going to have to be geared up to say why NIOSH has your claim, knowing full well that there's a class at your site and for whatever reason we can tell you why you don't fit into the class, unfortunately.

CHAIR MUNN: That would be very helpful.

Paul?

MEMBER ZIEMER: I have a suggestion on a path forward, if you'd like to hear it.

CHAIR MUNN: I certainly would.

MEMBER ZIEMER: It's a suggestion, kind of top-of-the-head, and I'd like to, you know, get others to sort of respond to it. I don't think that this work group will be ready today to make specific recommendations on any alterations. What I think we could do would be to recommend to the Board at its meeting next week that they charge this work group to gather input from all the board members and to develop any recommended changes in both the letters that are before us, as well as the interview, if we can get the script and have some idea of what that entails, and then to be prepared at the February meeting to recommend to the Board some specific changes, if needed, in the script and the letters. The meeting in February, I have looked at the dates and depending on when this comes out, will be very close to the 60 days and --

MR. ELLIOTT: Well, let me just say this: If you don't make the 60-day

window, big deal.

MEMBER ZIEMER: Yes.

MR. ELLIOTT: If the Board sends a consensus recommendation forward --

MEMBER ZIEMER: Right. It will be considered anyway.

MR. ELLIOTT: -- you know, it's going to be considered.

MEMBER ZIEMER: Right.

MR. ELLIOTT: Because the 60 days are up and then we're going to have whatever we have to consider and address.

MEMBER ZIEMER: Right.

MR. ELLIOTT: Why wouldn't we --

MEMBER ZIEMER: Right.

MR. ELLIOTT: -- even if we had to, wait a week or so.

MEMBER ZIEMER: Yes, right.

MR. ELLIOTT: Postpone it a month or so to finalize a new product for the Board.

MEMBER ZIEMER: Either way. Yes, either way. I think the Board should shoot

toward developing something for the February meeting, but if this work group, subcommittee, whichever it is, had the opportunity in the intervening time to come together and put together some specifics so that the Board could react to. Because we just now have this. We need input from other board members, I think, because this is an issue that's of concern to more than just this work group. Other board members need to react as well. And maybe we could develop a straw man consensus recommendation of some sort.

CHAIR MUNN: That timing would work well. It's my expectation to request that we consider a date for moving late in January for this body. And that would give adequate time for interested board members to be able to provide us with their comments and concerns, which could be factored into our presentation at that board meeting, if that sounds like --

MEMBER ZIEMER: But maybe Mark and

Mike and --

MEMBER GRIFFON: Yes, Paul, actually that sounds like a reasonable step forward to me, too. Because I have a lot of little line-by-line kind of comments for consideration. And that seems like the best way to do it, is gather them all, bring them back to the subcommittee and then come back together in February. Sounds like a good approach.

CHAIR MUNN: Larry?

MR. ELLIOTT: I'd make a suggestion for you to consider. It would be most helpful in this process to distinguish comments that you want to make about questions that are used in this process, from issues or questions you want to raise about the process in general. Because the questions specific to be used here in your comments on those are critical to us in dealing with OMB.

MEMBER ZIEMER: The OMB issue.

MR. ELLIOTT: OMB is not concerned

about the other part of the -- you know, aspects of the process, you know, but we certainly are and we want that input. And it would be helpful if we could -- you know, I know they intermingle in different ways and there's crossover, but if you can encourage board members to think of it that way. You know, what are your concerns and issues about the questions used or the concept of the questions versus, you know, the entire process itself. And we certainly welcome your thoughts.

DR. MAURO: Does that go toward the introductory text also, the first page of --

MR. ELLIOTT: Yes, what you have before you as far as the questions. This is what OMB would look at in their renewal and they're going to say there has to be some way to communicate to the person you're going to interact with. Well, here's a letter. The letter says. The letter also has an

attachment and the attachment has a foreword, you know, background and then this set of questions. All of that is the informational packet that was used to interact the first time. That is what OMB has to approve.

CHAIR MUNN: I will propose that I'll provide a report to the Board next week asking that they provide for us their questions and comments and that we segregate our concept of the questions themselves from the process that's undergone in getting there.

Yes, Ted?

MR. KATZ: Larry, if you'd have a shorter version, would that be ready at the time for the next board meeting, or is that still in development?

MR. ELLIOTT: We're hoping that it will. I mean, that's just a possibility going onto the table. I've asked for folks to think about that and to prepare something that we could look at.

CHAIR MUNN: So far we don't have

that?

MR. ELLIOTT: So far we don't have that and we'll try to get you whatever talking points or current script language is --

MR. HINNEFELD: It might just be like an introduction, you know, to the form. I'm not exactly sure what they do by way of introducing the interview.

MEMBER ZIEMER: But in any event, as long as we had it by the time the work group met so that becomes -- even if it's a modification of this --

CHAIR MUNN: Yes, and that would be over a month from now, so that should work well.

MEMBER ZIEMER: It will be nearly six weeks from now.

CHAIR MUNN: Well, it will be a month from the board meeting, when the report should --

MR. ELLIOTT: If we're going to

put another option on the table, we should have it completed.

CHAIR MUNN: Yes. Good.

All right. Any other comments on this?

MR. ELLIOTT: Here's another reason why we have to have it. If we're going to do it and we get a call under the Federal Register notice for whatever, you know, they want to review, it has to be in that package.

CHAIR MUNN: Right.

Any other comments with respect to this topic?

If not, in the interest of all our mental and physical health, let's take a 15-minute break. We will mute our telephone and we will be back at 11:15.

(Whereupon, the above-entitled matter went off the record at 10:58 a.m. and resumed at 11:17 a.m.)

MR. KATZ: This is Ted Katz, the acting designated federal official for the

Advisory Board on Radiation Worker Health. And we're starting up.

CHAIR MUNN: When we last met, we were aware of the fact that OTIB 0066, which is quite vital to our next steps, was in the hands of SC&A for their review, we were awaiting clearance. It has now been PA cleared. It was issued as of yesterday. It contains, by their description, three observations which are positive comments with respect to the OTIB and four findings, which are concerns involved with that document.

John Mauro is going to take --

MR. KATZ: One second. Someone on the speakerphone, are you trying to raise something on the speakerphone?

DR. OSTROW: Yes, this is Steve Ostrow. Can you hear me okay?

MR. KATZ: Yes, Steve.

DR. OSTROW: Okay. Thanks. Just a clarification. I got an email yesterday that the OTIB was just cleared by DOE. We

just received yesterday a cleared copy of it. So it's PA cleared and DOE cleared right now.

CHAIR MUNN: Thank you. We can proceed and discuss it with impunity. Thank you.

John?

DR. MAURO: Yes, I'd be glad to give an overview and I'm glad Steve was on the line. Steve was our task manager for leading this effort. And it turns out our commentaries are relatively brief, but I think important.

Technically, we find very favorably with the approach methods. We had, you know -- take a real close look at how the models and assumptions were developed. Everything came out favorably with regard to the metal tritides and how they were treated, but we did have one commentary regarding organically-bound tritium where we felt that the dose conversion factor that was employed might have been a little low. So all we would

say is you may want to take another look at that. Basically we compared the one you folks proposed to the ICRP recommendations and there seemed to be a little bit of a disparity. Nothing that I think is any -- you know, it's something that we have got to clear up. That is the only technical issue that is before us.

The more profound concern, something that we probably are not going to discuss here, has to do with implementation. Given that you have a site and you have lots of bioassay data, you know, urine samples where they look for tritium, the dilemma is going to be at each site which of those bioassay samples are you going to treat as that which you've measured or were unable to measure in urine was due to the intake of tritium, organically-bound tritium or one of the various forms of metal tritides that could range in properties ranging from, I guess, type S to type F, depending on the tritide.

We fell that this an

implementation issue that will have to be dealt with on a site-by-site basis. One of the first sites where this issue is going to have to be engaged is going to be Pinellas at the January 8th work group meeting. Now, I am told that depending on the strategy that NIOSH elects to implement, let's say at Pinellas, may or may not mean you're entering into classified information space. Okay? That is, apparently if you're trying to get to a high level of granularity in terms of identifying those -- let's say the data are out there where you could actually identify those activities, those time periods, those buildings and those people who may very well have handled a given type of metal tritide, that kind of information, as I understand it, may very well be classified. So therefore, once the work group meets, it may turn out that we'll have to relegate those discussions and the resolution of those issues, let's say as they apply to Pinellas, to a group of work

group participants who have the proper classification. And I think that all depends, and I will take my lead from Joe Fitzgerald on, you know, when a strategy is being adopted for a given site. And I'm not sure what DOE's interest might be. This is something I called Larry about. Once we enter into this part of the process, my understanding is the boundaries of what you could talk about and what you can't talk about aren't always very self-evident.

As a result, probably some preparatory work prior to the Pinellas meeting is in order perhaps with some involvement of DOE and that they're aware that we're about to engage this issue. And what can be discussed in an open work group setting and what can't probably needs to be clarified so that there's no confusion and no problems in this area. So I think that's in a nutshell where my understanding of where we are in OTIB-0066. Technically, bottom line, I think except for

that organically-bound tritium issue, which we can discuss in open session here, or as part of the Pinellas meeting, but the other implementation issues are the ones that are more sensitive.

CHAIR MUNN: Steve, do you have anything to add to that?

DR. OSTROW: No, I don't.

CHAIR MUNN: The concern the Chair has with respect to this particular procedure is that like 6000, 6001, it cuts across a number of sites and we will have more work groups than the Pinellas work group relying on what this OTIB is going to do. Because it is a cross-cutting procedure, it seems to be of significance for us to address it as completely as we can, as early as we can.

Do we know when Pinellas is meeting?

DR. MAURO: January 8th.

CHAIR MUNN: January 8th. Given that these three issues may require some

significant interaction between the contractor and NIOSH in order to develop responses, Stu, can you give us a feel as to whether or not it might be feasible for us to consider putting together a technical call on this perhaps first thing immediately after the new year begins?

MR. HINNEFELD: The technical call will be to talk about what?

CHAIR MUNN: About the issues that exist, there are four issues here. I don't know whether you've had an opportunity to read them. First issue is recommendation given to ORAU on OTIB-0066 to assess those due to intake of OBT is not claimant favorable. There's more with reference to the dose coefficient and to the computer code.

MEMBER ZIEMER: That's issue 3 in the --

MR. HINNEFELD: Which page are you on?

CHAIR MUNN: That's page 6 of the

report where they list the first two issues are observations and not comments.

MR. HINNEFELD: In support. Positive conclusions --

CHAIR MUNN: Starting with item number 3. Issue number 3 is where we need to look at resolutions that need to be at least probably underway. Pinellas should be aware of the fact that we're underway with it, and that it's there.

Issue 4 is the bounding techniques currently effectively developed and applied without handling information.

And issue 5 does not ensure that result of doses are based on adequate monitoring data.

Number 6, the procedure provides no guidance on how to distinguish between the intakes of SECs, elemental tritium, or tritiated water which occurs simultaneously.

So if it's not feasible for us to have a technical discussion of this between

the first of the new year and the Pinellas meeting, then we need to be able to in any case keep them informed as to where we are.

MR. HINNEFELD: I would suggest that of that --

MEMBER GRIFFON: Wanda, can I ask one thing?

CHAIR MUNN: Yes.

MEMBER GRIFFON: Why aren't we discussing these findings on this -- I mean, isn't that what this work group/subcommittee is for, to discuss these findings?

CHAIR MUNN: Yes, it is.

MEMBER GRIFFON: Why are deferring it to a technical call?

CHAIR MUNN: The only reason I'm suggesting that is that I felt it might expedite the resolution of some of these prior to the Pinellas meeting.

MEMBER GRIFFON: Okay. I mean, are we not ready to discuss it today? Is that what kind of the reason --

CHAIR MUNN: Well, we only received it last night.

MEMBER GRIFFON: Okay. Okay. Okay.

CHAIR MUNN: So NIOSH has had absolutely zero opportunity to formulate a response.

MEMBER GRIFFON: I didn't realize. I actually can't get access to the O-drive, so I don't have it at all right now.

CHAIR MUNN: Well, it was sent out by email. It's in your email.

MEMBER GRIFFON: Oh, okay. From you, Wanda, or from --

CHAIR MUNN: While you were on the airplane probably.

MEMBER GRIFFON: Okay. I'll look at the email. But I understand now. Okay. Thank you.

CHAIR MUNN: Okay.

DR. MAURO: Right now, at this moment, if you wish, we could talk about

organically-bound tritium and the way in which you reconstruct the doses. If you have a urine sample and you're assuming that urine sample reflects an intake that occurred from organically-bound tritium, our finding is that, well, I think you might be underestimating the dose. That has nothing to do with any clearance. In other words, it's just biokinetics as recommended by -- it's a model issue. We can talk about that right now, or we could talk about that in the technical call after NIOSH has a chance to look at it and see if they agree, but it's something that -- now, all the other issues, if you really look at them, they're all implementation issues. They all have to do with, okay, great. You've got some data, you've got a site. How are you going to determine who you're going to assign that model to and who you're not going to assign the model to? If it comes to implementation, site specific and depending -- and in fact, I

had a conversation with Larry on this and in theory there's a range of strategies that could be adopted for a given site. On the one extreme one could say, well, we know that over a given time period, perhaps in a given building, that at least some activity took place where they were handling some type of tritide. And this would be the most claimant favorable approach. All the bioassay data on urine analysis for tritium that we get back, we're going to assume -- make certain generic bounding assumptions. That would be at one extreme.

The other extreme is no, no, no, we can go into the records for that facility and we could do a lot better than that. You know, we got to identify the people that were doing X, Y and Z, what kind of compounds they worked with. And we do have bioassay data for them and we know -- so at that point, you're at a much higher level of resolution and actually could say with a degree of confidence

whose bioassay data reflect, you know, the intake from a given kind of tritide or organically-bound tritium? That would be the most precise way. But then again, that would be getting into a much higher level of resolution, which of course would depend on the availability of the site-specific data, all of which could only be determined on a case-by-case basis, some of which has to happen within behind I call the cone of silence.

CHAIR MUNN: Paul?

MEMBER ZIEMER: Well, let me just ask it in a generic way, Stu. If you had tritium urinalysis data and all you knew was that the worker handled all three types, organic-tritiated water and tritiated tritides, wouldn't you look at what you would get from all the three models and take worst case?

MR. HINNEFELD: Well, that's our standard approach.

MEMBER ZIEMER: Yes. Now if you knew the worker only handled say tritiated thymidine, then you would use the organic model and take that result. If you knew they handled only tritiated water, you would take that model. So you have some sort of standard approaches to how you would do this anyway.

MR. HINNEFELD: Yes. Now, you've kind of described it. If you only know that they worked with all three.

MEMBER ZIEMER: Right.

MR. HINNEFELD: And there's no more granularity to your --

MEMBER ZIEMER: Right.

MR. HINNEFELD: Then as a general rule we would use the one that --

MEMBER ZIEMER: Whatever one you gave you the worst.

MR. HINNEFELD: The highest dose of the entire building. As a general rule, that's what we'd do. I am pretty far removed from the work on this today and do not have a

security clearance, have not had any security briefings. I know enough about it to know that this is an interesting topic.

MEMBER ZIEMER: No, no. But aside from the security issue, I think that's a generic question, is how you use --

MR. HINNEFELD: Is how granularity can you become?

MEMBER ZIEMER: Yes.

MR. HINNEFELD: How granular can you become, becomes, I think, part of that issue, from my understanding.

You want to say something, Liz?

MS. BRACKETT: Yes, just a few points. This definitely does have to be looked at on a site-by-site basis, because urine sampling is generally not the preferred method for the metal tritides. And just a point before going on with this, it's really an issue primarily with respiratory tract as the organ. For most other organs, or for most other scenarios, the systemic organs, the dose

will be calculated the same way as a HTO. So there's not going to be a difference in dose. So really this is an issue for respiratory and GI tract. So it's somewhat limited.

But if you use urine sampling for that particular case, this gives you extremely large numbers for doses and somewhat unrealistic in most cases. So the preferred method is air monitoring. And so at the sites, I don't know how possible this at various sites, but we really need to have the people working on the site profiles look at whether air monitoring was done for the metal tritides to see if that could be used to assign the lung doses to people for this particular material.

MEMBER ZIEMER: Could I ask, Liz, let's suppose that the worker was working with titanium tritide, which would be common in accelerators for targets. Wouldn't the issue there then be airborne tritium, which would be fuse off, it wouldn't enter the body as a

tritide? Typically those targets outgas tritium. I mean, a tritide isn't a true compound. It's tritium absorbed or adsorbed in a metal matrix. So often, I think, the tritium just diffuses off and picks up some water in the air and you get tritium oxide or tritium gas, whichever it is. Probably the oxide if it's in the moist air. But now that would be different than a worker working with metal tritides in some kind of a different process.

MS. BRACKETT: Right, where the tritium was purposely put into that matrix --

MEMBER ZIEMER: Right. And they're somehow working with the matrix and --

DR. MAURO: Yes, you bring up a good point. In reading through the report, I didn't prepare it, I notice that there was the deliberate attachment of the tritium atom to a metal for very specific reasons that are

weapons-related. However, there's also, that came out of the discussion, tritium sometimes associates itself with metals during oxidation. Rust. And that's another question. Okay. Well, you know, is it possible to -- and then it becomes a different biokinetics. But my understanding though is that many of the deliberately bound tritiums to these exotic metals. I don't even know their names. What happens is when you inhale it, the tritium, the metal, a little particle with the tritium on it is dissolved and eventually the tritium leaves, becomes HTO and then is clear. But in the meantime, it's sitting in the lung for a much longer time as opposed to the normal tritium water, which has what, a 10-day half-life, biological half-life, is uniformly distributed. Now you've got this little tritium atom tied to this very, very fine particle sitting in the lung with a type S half-life. So all of a sudden the dose to the lung is going to be 10 --

well, I don't know, 1,000 times higher. I don't know what it would be. I'm not sure. So it does have a profound effect on the lung dose, and that's for sure.

But I notice that there is some uncertainty, you know, whether or not -- how quickly it dissolves. In other words, how quickly does the tritium come off the metal and become available to be excreted by the normal routes and it depends on which kind of tritide it is. And all that might be secret stuff, I'm not sure.

CHAIR MUNN: I hope not.

MS. BRACKETT: I don't think how long it's retained is secret to what material is present at what site.

DR. MAURO: That's what I'm referring to. At a given site, you know, is this material, is it material they made, when they made it and why --

MS. BRACKETT: I get the impression that at some sites that is an

issue. If it is then -- well, what we had tried to do when we talked to Lawrence Livermore when we were trying to find out if they had the metal tritides there, if it's possible in the absence of specific information, if we could find out what would be the most limiting, you know, if they could tell us if they had something that would be type-S material or strongly-retained and then we could use that assumption if we had to assume any metal tritides for a facility, you know, that's an option.

DR. MAURO: When I was thinking about it, this is all new to me, and I was thinking about it and I visualize inhaling the type S of plutonium as opposed to a type S tritide. Now plutonium has 5N to the alpha every time it disintegrates, while the tritium has a 16 keV beta. So in other words, to get the equivalent dose, you have to inhale 10,000 times more activity of tritium to have the equivalent dose.

MEMBER ZIEMER: Depends on how you calculate dose. the tritium beta is absorbed in a little tiny mass.

DR. MAURO: Yes.

MEMBER ZIEMER: And if you calculate the dose to that mass -- I've done this, it's tremendous. If you average that mass over the total mass in the lung, it's very different.

DR. MAURO: But that's also true with plutonium.

MEMBER ZIEMER: Which is what you should do for radiation protection purposes. But in that respect, sort of like alphas, you have hot spots.

DR. MAURO: It's probably even -- I mean, alpha's even worse in terms of localized energy depositions. But I think we average over the dose of the lung, right? I mean, you don't calculate the localized dose to this extreme.

MS. BRACKETT: No, right. It's

over the particular organ.

MEMBER ZIEMER: You average it over the organ.

DR. MAURO: Yes, because I know NCRP addressed this issue a long time ago and they said that's, you know, the -- that's okay. So the way you're proposing to do it, except for this organically-bound tritium constance, because that's the assumed clearance rate, I believe, that was assumed in your model, we had some minor -- I think, in fact there are two or three --

MS. BRACKETT: I think it said 1.4.

DR. MAURO: It was that small. It was that small. Okay, there you go.

So that's the only subject that I think we might be able to engage in this work group. All the others are very site-specific and might very well be classified.

MS. BRACKETT: I think you're right. This OTIB gives the mechanics of how

you deal with it but, you know, of how to actually assess the dose, but the information as to where that would be has to come from other sources.

DR. MAURO: The sites. Right.

CHAIR MUNN: And so we're back to my original question. Is it feasible? Is the proper thing to do in order to get the issues resolved as quickly as possible for us to consider a technical call or not? Is it possible -- I want to give NIOSH plenty of opportunity --

MEMBER ZIEMER: Doesn't NIOSH need to respond first and see if we need a technical call after that?

MR. HINNEFELD: Well, the thing about schedule, next week, probably the key people will be in Augusta. Week after that is Christmas.

CHAIR MUNN: Correct.

MR. HINNEFELD: And the week after that is week before Christmas and New Years

when those people are on vacation.

CHAIR MUNN: Exactly. Exactly.

MR. HINNEFELD: So I frankly don't see a lot of utility in a technical conference before the January Pinellas meeting. And in fact, isn't this the first meeting of the Pinellas work group?

MR. KATZ: Yes.

MR. HINNEFELD: So, I mean, are they going to be so far along that they need a resolution to these issues at their first meeting?

CHAIR MUNN: Probably not.

DR. MAURO: In fact, I would argue that a 1.4 factor in the dose conversion factors for organically-bound tritium is of marginal -- we will work that out. There's an answer to that some place, and it's either that we got it right -- but we're only talking about a factor of 1.4. The big ticket issue which certainly can be engaged by the sites is implementation. You know, whether or not that

issue is resolved now, later or whenever, it's almost of marginal significance. The more important thing is how you can implement this regulation. We'll figure out the 1.4 factors along the line. I'm not worried about that. I'm more concerned that when it goes to Pinellas, that everyone is prepared to deal with the issue and to know where the boundaries are regarding classified and non-classified. Depending on the strategy that's taken. And I think DOE is going to be very interested in exactly how they're going to deal with that.

CHAIR MUNN: I'm sure they will. So is the appropriate response then to request NIOSH to have responses to these four issues at our next January meeting so that we can have them on the matrix?

MEMBER ZIEMER: I think Stu's saying we couldn't by -- at our meeting? Our meeting?

CHAIR MUNN: No, our meeting.

MR. HINNEFELD: Yes, if there aren't a lot of findings, we might be able to do that.

CHAIR MUNN: Yes, there are four.

MEMBER ZIEMER: Well, two of them are just observations.

DR. MAURO: They're first of all, positive comments.

MEMBER ZIEMER: Yes, they're not really the findings.

CHAIR MUNN: No, but there are four findings. There are two observations and four findings.

MEMBER ZIEMER: And aren't the first two findings the observations?

CHAIR MUNN: First two are the observations. Then there's a total of six.

MEMBER ZIEMER: I see.

CHAIR MUNN: So is that a reasonable schedule and expectation?

MR. HINNEFELD: I think we can provide a response at some time in January.

CHAIR MUNN: Good.

MR. HINNEFELD: Since I don't personally have to do it, I can say that.

CHAIR MUNN: Our anticipation will be that we'll be meeting probably the last week in January, if that turns out to be all right with everybody when we get around that particular issue.

MR. HINNEFELD: That's right. We talked about dates yesterday, didn't we?

CHAIR MUNN: Yes, we did.

MR. HINNEFELD: Yes.

CHAIR MUNN: In passing.

Then any other comments, any other suggestion, any other question with respect to current status of OTIB-0066?

If not, then --

MR. KATZ: Someone on the line trying to speak?

DR. MAKHIJANI: Wanda?

CHAIR MUNN: Yes?

DR. MAKHIJANI: This is Arjun

Makhijani. I'm sorry I was not able to join at 9:30, but I joined about 10 minutes ago.

CHAIR MUNN: We're glad you were available for the discussion, Arjun. Do you have anything to add with respect to what you heard?

DR. MAKHIJANI: Not in regard to the tritides and so on. John had asked me to be on in regard to the questionnaire in case there were issues about that.

CHAIR MUNN: Are you talking about the CATI?

DR. MAKHIJANI: Yes.

CHAIR MUNN: We discussed that earlier. That was our second item of business.

DR. MAKHIJANI: Okay.

CHAIR MUNN: And so you've missed that particular discussion.

MEMBER ZIEMER: John will fill you in.

DR. MAURO: Yes, Arjun, if you can

hear me, I took notes and I will brief you on what transpired.

DR. MAKHIJANI: Okay. Fine. I'm sorry I was not able to be on when it was on the agenda.

CHAIR MUNN: That's quite all right. You're welcome at any time.

DR. MAKHIJANI: Okay. Thanks.

CHAIR MUNN: In view of the fact that we don't want to get too far into our matrix yet, it seems that the next item of business for us should be what's up on the screen right now, to take a look at our current status with the tracking system. Nancy, are you prepared to go through that for those of us who can't quite see it, please?

MEMBER GRIFFON: Wanda?

CHAIR MUNN: Yes.

MEMBER GRIFFON: Can I interrupt just for a second? If there's someone in the meeting or on the phone that can help me, I can't access the O drive. It says unable to

access. Your account's been locked out.

MR. HINNEFELD: I'll see what I can do.

MEMBER GRIFFON: All right. Thanks. I want to follow the database and I can't log on right now.

CHAIR MUNN: In the meantime, hopefully Nancy will read the procedures issues tracking system data so that you can get an idea of what the overall circumstances are right now.

MS. ADAMS: Thanks to Steve's update on Friday, the latest data is that there are between all of the findings dates submitted there are a total of 497 findings. A hundred-and-sixty are still open, 16 are in-progress, 63 are in abeyance, 14 are labeled "addressed in findings," 29 have been transferred and 215 have been closed. So we've got 43 percent of all the findings that have been closed and 32 percent that are still open, and 25 percent, I guess, then that are

somewhere in between.

DR. MAURO: I'd like to point out, in abeyance means that we've sort of technically agreed on the solution. It just hadn't been yet implemented in the particular document. So I like to think in terms of the "in abeyance" of all intents pending closure. That is, just waiting until they're formally adopted. Then they could be swung over to the closed side. So, you know, in a way, that means over 50 percent. You know, I've been thinking in terms of we're about halfway home in terms of getting all this taken care of.

CHAIR MUNN: Yes, it appears so. A hundred-and-thirty-one plus forty-four.

MR. MARSCHKE: The one new row, the bottom row is OTIB-0070 issues that were raised for OTIB-0070 in the report that SC&A had sent out. There were I think a total of 14 issues or findings raised in that report. I've only added 11 of them to the database. Three of them were conditional findings and

the way they were conditional was that really they were phrased such that in another document we had this finding and it's not been resolved yet and therefore we're kind of repeating the same finding that was made in some other document. Because it was not a new issue, I did not add it to the database. Now, I guess the work group could instruct me to go in and add those to the database, but my feeling is that if we added the three new findings we would then add them as either addressed -- probably under the addressed in finding column. We would just put them immediately right into that column. So, I mean, it was my call not to add them, but again, it's really the work group's decision if we want to add those three conditional OTIB-0070 findings or not.

CHAIR MUNN: I had a different take on it at the time that I looked at the findings. I had assumed that we would just incorporate them into the database as soon as

possible. What's the feeling of other members of the group with respect to how we address OTIB-0070 here?

Don't all speak at once.

DR. MAURO: I just have a suggestion. Really there are three procedure reviews that I don't think have made it into the -- did I hear you say you did recently add an OTIB-0070?

MR. MARSCHKE: OTIB-0070 is the bottom line there.

DR. MAURO: Okay. So that's in. And the one you didn't add in was?

MR. MARSCHKE: OTIB-0066 is not in.

DR. MAURO: Okay. So 66 isn't in.

CHAIR MUNN: Yes, I wouldn't expect that.

DR. MAURO: And you will be seeing our review of OCAS IG-004, which has to do with -- we have that done. I'm reviewing it as we speak. That will be delivered before

the end of the contract. So there are a few more open items. As you correctly point out, perhaps they'll more appropriately fall in one of the other categories. But I don't think it changes the ultimate big picture. In other words, even though we're going to add in a few more sorted accorded to those categories from the most recent set of reviews -- well, three of them, it's not going to change the overall sense that, yes, we're about half way home.

MEMBER ZIEMER: What's OTIB-0070?

DR. MAURO: That's the residual radioactivity model. You know, how do you go about reconstructing doses after operations stop and now you're no longer under AEC contract, but you do have residual radioactivity in the workplace and we want to not have that.

MEMBER ZIEMER: What were you asking about that, Wanda? What we should do with it?

CHAIR MUNN: Well, I was asking,

since it's not incorporated in our matrix yet, Steve was suggesting that a couple of them be approached, rather than all as open items, that some be incorporated in the other heading. And I was just asking which you felt was most appropriate.

MR. MARSCHKE: This is an example of what I was talking about, findings 5 and 6 were identified as conditional findings. Basically it says that in review of the title TBD-5001, certain findings were found. And then at this time you both cited findings which have not been completed, the sixth resolution purpose, and are therefore considered as conditional findings herein. So I didn't, you know, reenter those under OTIB-0070 because they already should be some place under TBD-6001.

CHAIR MUNN: They're in 6001.

DR. MAURO: But bear in mind TBD-6001 is being dealt in under test 1 as part of this profile review. So, I mean, the

boundaries sometimes get a little fuzzy and I'm not too troubled by it, as long as we keep track of it. So that issue that's raised here, is being addressed, but it's being addressed as part of your work group on the TBD-6001.

CHAIR MUNN: So we don't have it here and therefore not truly incorporated elsewhere in our matrix.

MR. MARSCHKE: It's not included on these 11 that were added before OTIB, these 11.

DR. MAURO: Well, you see, I would say they be transferred. You see, I would say that, yes, we're not dealing with them here. They're being dealt with on this profile --

MR. MARSCHKE: Yes, but that was one way to do it.

DR. MAURO: Yes.

MR. MARSCHKE: Put them in and immediately transfer them out. So, I mean, there's options and, you know, we'll do

whatever the work group instructs us. If they want to put them in, we'll put them in. It's not a big deal.

DR. MAURO: As an archival document, given that OTIB-0070 is in fact a procedure that is appropriately designated as under our procedure reviews, I envision a year from now, two years from now, five years from now some of you would ask the question, you know, how does this resolve? There should be a paper trail that starts with --

MR. MARSCHKE: Okay. I will add the --

DR. MAURO: And that's my suggestion.

CHAIR MUNN: Yes, and that would have been my suggestion as well. I was just waiting for feedback from any other our board members.

Mark, do you have any objection? Do you have a different take on how to address this?

MEMBER ZIEMER: I mean, appendix BB was handled that way. It showed up here and then we transferred it.

DR. MAURO: Yes, right. But appendix BB is a little different than that.

MEMBER ZIEMER: It's a little different than the OTIB, right.

DR. MAURO: It is a site profile review.

MEMBER ZIEMER: Yes.

DR. MAURO: So we don't feel it needs to have a -- oh, it does?

MEMBER ZIEMER: Well, it showed here initially.

DR. MAURO: Oh, they're still here? Okay.

MR. MARSCHKE: Four-twenty-one is basically the 11 issues -- the 13 issues on 421 and they would be immediately transfer out.

DR. MAURO: Oh, okay. So you did keep them in? All right.

MEMBER ZIEMER: They were here to start with, because the other committee didn't even exist.

DR. MAURO: That wasn't formulated yet. All right.

MEMBER ZIEMER: No.

DR. MAURO: Okay.

MEMBER ZIEMER: There wasn't another place to transfer them at that time.

MR. MARSCHKE: So I will take an action item to add those three conditional OTIB-0070 findings.

CHAIR MUNN: Please.

MR. MARSCHKE: And just have all 14 of them that were in the SC&A document and transfer them out or identify them as being resolved elsewhere, or being addressed elsewhere.

CHAIR MUNN: Thanks. That's helpful.

MEMBER GRIFFON: Wanda, I think you're asking me. I think I'm in agreement.

I was focused on trying to get on the O drive, but you could you just describe what the path forward is now for the findings that's on the --

CHAIR MUNN: Yes, Steve just described that, but I'll ask to describe it again.

MR. MARSCHKE: Right now, Mark, I've added 11 issues to the database and there are 14 issues that SC&A made for OTIB-0070. I've added 11 of them to the database. The remaining three that I did not add to the database are what SC&A called conditional issues, because they were really restating issues that had already been formulated for other documents. And the path forward is to add those three conditional issues as OTIB-0070 issues and indicate that they were either transferred to another document or -- I guess that was the approach taken, to indicate that they were transferred to some other document.

MEMBER GRIFFON: Okay. Thank you.

Yes, that seems fine, too.

CHAIR MUNN: Any other comments with respect to the overall tracking system report?

Otherwise, we can do one of two things. We can undertake to start on our full database of the open and in-progress items, or we can break and go to lunch. I guess what I'd like to do is discuss, before we go to lunch, what my purpose would be for sorting these as we're going to look at them. My memory is we didn't quite get through the third set of procedures that we were going through one at a time. My suggestion would be that we filter first by finding date, which will get us into the appropriate set that we need to look at; second by the procedure number, which will put them in appropriate order; and third, pull up only open in-progress issues because we know that abeyance is -- perhaps we better include abeyance -- open, in abeyance and in-progress and that

will eliminate a great deal of the other not particularly active and not necessary data from the base.

Is that agreeable with all? Mark, are you up yet?

MEMBER GRIFFON: Yes, that's fine. Yes, I still don't have access.

CHAIR MUNN: Well, okay.

MEMBER GRIFFON: But hopefully during lunch I'll get it.

CHAIR MUNN: Yes, I sent an email to John Gibson to find out what was going on.

MEMBER GRIFFON: Okay. All right. Thanks.

CHAIR MUNN: All right. And other thoughts about that one way or the other? Yes, Paul?

MEMBER ZIEMER: Well, just want to ask, will that be the complete afternoon, or do we have any other items after that?

CHAIR MUNN: That's the only thing I have on my agenda, but I suspect that it

will take the afternoon.

MEMBER ZIEMER: Yes, I just wondered if there were any other items after that.

CHAIR MUNN: No. We want to try to make sure we incorporate any recently received responses from NIOSH. I assume that Steve has them loaded already.

MR. MARSCHKE: The most recent received -- I don't think we've received any more responses from NIOSH since the last meeting.

MEMBER ZIEMER: I thought we had a couple from Stu.

CHAIR MUNN: Yes, we had a couple from Stu.

MEMBER ZIEMER; This past week, right?

CHAIR MUNN: Yes, there you go.

MR. MARSCHKE: Well, these were from Stu that sent out on October 6th, and basically the last meeting we discussed a

handful of these and SC&A had only responded to NIOSH's responses on a handful of them and which we discussed at the last meeting. Now SC&A has responses or made recommendations on all the NIOSH initial responses. And we do have recommendations for all those. Now there may be another document that Stu sent out that I'm not aware of.

MEMBER ZIEMER: I got two. One is dated December 5th and when was -- let me check it here.

MR. HINNEFELD: December 5th I believe might be theirs.

CHAIR MUNN: Yes.

MR. HINNEFELD: I believe December 5th was theirs. It was their add- back on something I had sent out earlier. I believe that's the same --

MEMBER ZIEMER: Yes, okay. That did come from SC&A. I was just looking at the title of it. Right.

MR. HINNEFELD: Yes.

MEMBER ZIEMER: That was SC&A's response to the -- that's it right there, yes.

MR. MARSCHKE: And it was contained in two documents.

MEMBER ZIEMER: Yes.

MR. MARSCHKE: So there's one for OCAS and one for --

MEMBER ZIEMER: Yes. Right. Okay. That's what I was thinking.

CHAIR MUNN: So they're loaded already?

MR. MARSCHKE: They are loaded and we can discuss them. Again, it's not a comprehensive walk-through of all the third set of issues at this point.

CHAIR MUNN: No.

MR. MARSCHKE: So it's just the ones that we have gotten feedback from NIOSH on.

CHAIR MUNN: That's fine. That's fine. Just wanted to make sure we didn't overlook this late-breaking information.

Any other thoughts about how we shall approach this as we return from lunch?

MR. KATZ: Do you want to try to button down our date for the next meeting now instead of leaving that for later?

CHAIR MUNN: That might be a good idea. Let's see what everybody's calendar looks like. The subcommittee met yesterday and had established their next meeting the last week of January. They requested and we identified Thursday, January 29th for their meeting. I had suggested that this group take Wednesday, January 28th, as their next face-to-face meeting.

Is there anyone who has so much grief with Wednesday the 28th that you can't revise your calendars?

MEMBER GRIFFON: Wanda, I can do it. I probably have to do it on the phone, and I may miss like one hour that day, but it's okay other than that.

CHAIR MUNN: All right.

MEMBER GRIFFON: That's part of the reason why I picked that Thursday that week. But I understand you want to --

CHAIR MUNN: So that you could avoid Wednesday?

MEMBER GRIFFON: Yes.

CHAIR MUNN: Well, you understand why I want Wednesday.

MEMBER GRIFFON: Oh, yes. Certainly I do. But I can do that, I just might miss like an hour.

CHAIR MUNN: Very good. All right. Hearing no objection, the subcommittee or work group, whichever we will be at that time, will meet on January 28th at -- my preference is always 10:00.

MR. KATZ: Nine-thirty.

CHAIR MUNN: Ted's is always 9:30. What's the preference of the other --

MEMBER ZIEMER: Nine-thirty.

CHAIR MUNN: Nine-thirty will do?

MEMBER GRIFFON: Actually 10:00

would be better. That would make me less of the hour. It's okay. If you want to go with 9:30, that's fine. I probably won't be on until like 10:30.

CHAIR MUNN: Well, if it's more likely that you will be here --

MEMBER GRIFFON: Well, I just would miss less if you started a little --

MR. KATZ: Okay. If that works for you, Mark, then that's fine.

MEMBER GRIFFON: But I, you know, go with what you want to go with.

MR. KATZ: Start at 10:00.

CHAIR MUNN: Ten o'clock, Wednesday the 28th. Procedures. Same station. Thank you. That helps.

Any other comment for the good of the order before we have lunch?

MR. HINNEFELD: I did send one message with some procedure information. It was in the last couple weeks. I'll get the date eventually. It related to OTIB-0018, and

I recall it pretty clearly because I sent it to the dose reconstruct subcommittee first and had to tell them, oh, wait a minute, I made a mistake; this is actually a procedure response, thanks to my one contractor employee who watches out for me. And so I did send something. It's the additional information for OTIB-0018, from OTIB-0018. In other words, to say what do you know about the air monitoring program and what they did and so on. So I did submit that.

CHAIR MUNN: Yes.

MR. HINNEFELD: So that was the one thing I did submit. And I thought I copied you on it, Steve.

MR. MARSCHKE: Monday the 1st.

MR. HINNEFELD: It was Monday the 1st?

MR. MARSCHKE: I think I did see that, Stu, but it was a response to a question of the Board --

MR. HINNEFELD: Right, it is

not --

MR. MARSCHKE: It wasn't really a response to any particular issue.

MR. HINNEFELD: It was additional information to the Board.

MEMBER ZIEMER: Yes, it's a response to findings.

MR. HINNEFELD: It doesn't speak directly to the finding, but it provides additional information that the Board had asked us to provide in response to a particular finding. I think it's 18-5, if I'm not --

CHAIR MUNN: It was 18-5.

MEMBER ZIEMER: Yes, 18-5.

MR. MARSCHKE: Steve on that? Oh, you have it up there? You have my email up, or just --

MEMBER ZIEMER: You want me to put this on the --

MR. MARSCHKE: Am I on -- no. Well, yes, okay. We can do it at the break

just to make sure that I have it.

MEMBER ZIEMER: Yes, okay. I can copy you on this, if you want. Yes, it looks like --

MR. MARSCHKE: If I wasn't on before.

MEMBER ZIEMER: It's dated December 1st.

CHAIR MUNN: Yes, it is.

MR. MARSCHKE: Like Stu says, I might have it on my email and I just wasn't sharp enough to realize that I needed to load it into the database.

MEMBER ZIEMER: It looks like I got it on December 8th.

MR. MARSCHKE: December 8th was today.

CHAIR MUNN: No, I had on --

MEMBER ZIEMER: Oh, I know why that's showing up. I loaded it on here this morning. So, that's right. Yes, it shows the

latest date.

MR. HINNEFELD: You're on the -- unless it didn't get to you.

MR. MARSCHKE: I will take a look at it and when we break or when I get back to my desk.

CHAIR MUNN: Well, I got it twice.

MR. HINNEFELD: That's because you're the procedures subcommittee and this work group. That's why you got it twice.

CHAIR MUNN: All right. Thank you, all. We're going to sign off for one full hour and five minutes. We will be at 1:10.

MR. KATZ: Thank you, everyone on the phone.

(Whereupon, the above-entitled matter went off the record at 12:07 p.m. and resumed at 1:10 p.m.)

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

1:14 p.m.

MR. KATZ: Good afternoon. This is the procedures review working group of the Advisory Board on Radiation Worker Health and we're restarting after a lunch break. And I'd just like to check too for participants on the phone.

Mark, are you back with us?

MEMBER GRIFFON: Yes, I'm on, Ted.

MR. KATZ: And do we have any other board members? Mike Gibson?

MEMBER GIBSON: Yes, I'm here.

MR. KATZ: Oh, hi, Mike.

And Bob Presley, maybe?

Okay. And then, Wanda, it's all yours.

CHAIR MUNN: Have you been able to get back on line, Mark?

MEMBER GRIFFON: No.

CHAIR MUNN: No?

MEMBER GRIFFON: Didn't get on the

O drive yet.

CHAIR MUNN: No luck, huh?

MEMBER GRIFFON: No.

CHAIR MUNN: We've done the best we can from here.

MEMBER GRIFFON: Okay. I know. Yes. Hoping it will happen soon.

CHAIR MUNN: Well perhaps in order to stall that just a little bit more, we have a question to pose for you in any case. You had some communications with Steve Marschke about OTIB-0052 and you had some questions that you posed and he responded to them. I believe has placed some information on the database as a result. Was his response adequate for you and do you have more questions with respect to OTIB-0052? We thought we'd address that first thing.

MEMBER GRIFFON: You're going help me out. OTIB-0052. Where can I find these responses other than the O drive? I was planning on just pulling everything up on the

O drive.

MR. MARSCHKE: They were emailed to you. Basically, Mark, back on October 14th you sent -- that's about the time of the last time we got together. And you sent me an email with four questions that you had regarding OTIB-0052. And then I guess on the 16th I sent you back some responses.

MEMBER GRIFFON: This would have been October --

MR. MARSCHKE: October 16th.

MEMBER GRIFFON: And OTIB-0052 is what?

MR. MARSCHKE: OTIB-0052 is dose to construction workers.

MEMBER GRIFFON: Oh, yes. Okay.

MR. MARSCHKE: And the questions you asked were, you know, how do they treat missing dose for external-internal? In the second one, did they use internal data itself or start with annual averages? Did they calculate geometric standard deviation or use

an assigned value? And again, the fourth one had something to do with the TIB mentions 1955 as the only year that construction trade workers greater than all monitored workers.

MEMBER GRIFFON: Well, since I can't quickly find those, can you go through one-by-one my question, your response, that kind of thing? Is that all right, Wanda?

MR. MARSCHKE: We can give it a shot. I'm looking at the first response. I have a number of equations in it which probably won't be able to go through over the phone. Your first question was, how did they treat missing dose? In parentheses, for external, for internal. Did they include zeros or use MDAs or somewhere in between? And my response was, when external missing dose was included, it was included as one-half the MDA as specified in the site profiles. And I said, I believe this was done correctly. In particular, ORAU OTIB-0058 was used to assign the missing dose providing flats.

And then I went into the problem that I have is the missing dose was not included in all the sites analyzed. Therefore the ratio of construction trade worker dose to all worker does was not developed on the same date for all sites. And then I give, you know, some examples where basically if you include the missing dose, if you calculate the ratio of all construction work dose to all workers including the missing dose increases that ratio by a factor of about 30 percent. And that was my response to the first question.

DR. MAURO: Steve, along those lines, if I recall the last time -- ORAU OTIB-0052 in our review, the basic approach was to multiply the operational exposures for each category of worker by 1.4. Is that the fundamental concept that's used for the construction? The construction worker OTIB basically says, listen, you've got lots of data for operational, but and I know this was

-- well, Savannah River anyway -- you've got a certain amount of data for operational personnel, but you may not have an adequate or complete data set for construction workers, or different trades. And NIOSH came up with OTIB-0052 as a method to go from, well, how do we take advantage of the fact that we do have some limited data. What they ended up doing, as I understand it, is take the operations data, you know, at a given facility and multiply that by 1.4; that number just sticks in my mind, to account for, to make sure that when you run your coworker model for the construction workers, let's say at Savannah River, that you are making sure that your claimant favorable.

Now, what I just read here is that well, because different sites did it a little differently, is the 1.4 still pretty good? I guess that's the question.

MR. MARSCHKE: The question is, yes, how do you calculate the 1.4? The 1.4 is

calculated -- it's the ratio of the construction worker dose to the all- monitored workers.

DR. MAURO: All-monitored?

MR. MARSCHKE: And if you include missing dose in that ratio, both in the numerator and the denominator, you get slightly different numbers. You know, you can get a number which varies by about up to 30 percent. So the 1.4 could be 30 percent higher, you know, so instead of 1.4, it could be 30 percent higher than 1.4. So that's really the point we were trying to make with this. How was the 1.4 arrived at? The final table here was we looked at some Rocky Flats data which was presented in OTIB-0052, table 5.2., and it was presented with the missing dose. If you present it without the missing dose, this table shows what the increase would be if you did this ratio without the missing dose and, you know, it would go up from 1.4 to 1.5. So in some cases, you know, 1.4. to 1.5.

It would go from 2.2. to 2.4 on bases. It's not a big thing. It's just, you know, this point that we pointed out.

Mark's second question was, did they use individual data itself or start with annual averages/summary data? And then in parentheses he states, "I know from the rems report years they only had dose category data, but how about other years?" My response was, the approach taken depends upon the site being analyzed. For SRS and Rocky Flats, NIOSH looked at the individual dose records. But for Hanford they used rems, dose reports, et cetera. In short, NIOSH used the data in whatever format was available to them.

The third question that Mark asked was, did they calculate a GSD or geometric standard deviation or use an assigned value to derive the 95th value? And then in parentheses, external/internal may have treated these differently. And then my

response was for external doses, NIOSH used Excel's percentile function to determine the 50 percentile and the 95th percentile doses for most sites. Because of it's various sources of data, the Hanford discussion does not talk about percentages. For internal exposures, NIOSH used the GSD approach.

The fourth question that Mark asked was the TBD mentions that 1955 was the only year other than post-1990 that had construction trade worker greater than all monitored workers, and then in parentheses, 20 percent higher. In the internal paragraph of section 5, in parentheses, page 5 -- or page 9 of 35, they say based on this observation, seven sites were examined individually to determine if at any time the external or internal dose to construction trade workers exceeded the dose to all monitored workers, close quote. And the Mark continues: But I don't see any explanation for this 1955 oddity. And my response was, I believe you

are correct in that no explanation is provided as to the spike in construction trade workers to all monitored worker dose ratio in 1955. However, examining the site-specific penetrating dose figures in OTIB-0052 shows that this peak must be do to something happening at Oak Ridge National Laboratory as the table below indicates. And the table below indicates it's a table that identifies all the various figures from OTIB-0052 for the various sites and it shows that only Oak Ridge -- when you look at the site data, only Oak Ridge has the construction trade worker value greater than the all monitored workers.

And then my final -- I'm not too concerned with this because: (1) it is only one year, so it would have to be a minimal effect on any integrated construction trade worker dose; and (2) the 1.2 factor discussed is less than the OTIB-0052 multiplier of 1.4.

And then I added a fifth question, what about neutron doses? And I say

basically, Mark, you didn't ask about neutron in your email, but you did mention them during Tuesday's work group meeting. I wanted to point out that during the August 29th, 2007, work group meeting the last OTIB-0052 item that was discussed was how the neutron dose should be handled. And that was discussed on pages 225 through 228 of the transcript. Specifically, NIOSH stated that the 1.4 factor would be applied to the neutron dose as well as the gamma dose. And then we have Mr. Chew, we have a brief excerpt from the transcript.

MR. CHEW: You apply the 1.4 to the total.

DR. MAKHIJANI: Including all sources?

MR. SHARFI: The deep dose and the neutron dose, not the shallow dose.

And so that's what we had.

CHAIR MUNN: You still with us, Mark? Mark?

MEMBER GRIFFON: I'm here.

CHAIR MUNN: Oh, okay. I was hoping we weren't reading to an empty mic.

MEMBER GRIFFON: Yes, I finally found those comments from the -- I mean, this database is great when it works, but when you have no access, it really threw me for a loop because I was planning on pulling everything up on the database as we were going.

CHAIR MUNN: Yes.

MEMBER GRIFFON: So I found those comments and especially the responses.

CHAIR MUNN: We may have to get to the point where we have backup equipment available for those of us whose electronics fail us when we need it.

MEMBER GRIFFON: Right, right.

MR. MARSCHKE: This exchange has not been captured in the database at this point.

CHAIR MUNN: I understand.

MR. MARSCHKE: I don't --

MEMBER GRIFFON: Yes, so it wasn't

on the database anyway.

MR. MARSCHKE: Yes. I didn't know how I would do that.

MEMBER ZIEMER: Well, this is like a sidebar conversation and I think Mark has raised some --

MEMBER GRIFFON: Yes, that was kind of -- as I was wondering, I was wondering why Steve was answering -- but I actually --

MEMBER ZIEMER: Well, no, I don't object to it, Mark. I think the questions are important ones and it would be probably helpful since they were raised that they become part of the subcommittee's deliberations. But we don't have either the questions or the answers, so I'm suggesting maybe --

MEMBER GRIFFON: Yes, it should be shared.

MEMBER ZIEMER: -- that Steve share that whole thing and we have it, because I don't think it would be quite proper for one

member of the Board -- I'm not picking on you, Mark, but one member of the subcommittee to develop separate solutions or, you know --

CHAIR MUNN: Well, this communication was sent to all of us.

MEMBER GRIFFON: Right.

MEMBER ZIEMER: Do we have it?

MR. MARSCHKE: It was sent to everybody.

MEMBER ZIEMER: Maybe I have it and didn't need it.

MR. MARSCHKE: It was sent -- again, it's two months old, so, you know, and people -- but it was sent. I did send it to Stu, Jim, John and members of the work group.

MEMBER ZIEMER: So I must have it somewhere, huh?

MR. MARSCHKE: Paul, Wanda, Mike were on the CC and Mark was there. So it was --

MEMBER GRIFFON: It was out and we did it right after the meeting when it was

fresh in my mind.

MEMBER ZIEMER: Okay. Well, I apologize. I'm going to look and see. I must have it here then somewhere.

MR. MARSCHKE: Well, there's no problem in re-sending it. We can redo that, you know?

MEMBER GRIFFON: So I have it.

MEMBER ZIEMER: The attachment is called response to Mark.

MR. MARSCHKE: Response to Mark.

MEMBER GRIFFON: But now that you brought it up on the subcommittee call here, or subcommittee meeting, maybe it should become part of the database. Then everyone would be able to hold up, you know -- yes, I'm in between things now. I try to use the database more so I'm not relying on the email response as much and now I'm now trying to patchwork things together.

Anyway, I mean, I saw your responses, Steve, and I'm not sure I'm ready

to say yay or nay on them. And I know it's been two months, but we, you know, have done several different things.

CHAIR MUNN: Shall we identify this as an item of business for our next agenda?

MEMBER GRIFFON: Definitely, yes.

CHAIR MUNN: And then the question becomes whether you accept these answers as being appropriate and if so, how should they be incorporated into the database?

MEMBER GRIFFON: Yes, and I would also offer that as I was listening to those responses, Wanda, I was thinking and then I noticed that, you know, it was probably my own doing. And I think what happened in the meeting was you asked if there were any other questions and if I had some specific follow-ups to share them or forward them. And I forwarded them to Steve for reasons that elude me right now, because I think all those questions that were raised are more

appropriately addressed in NIOSH.

CHAIR MUNN: Well, I think they may have been --

MEMBER GRIFFON: I mean, they're not really what the auditor thinks. They were questions based on how NIOSH put this thing together.

CHAIR MUNN: I don't have the transcript in front of me and I'm not going to bother to pull it up.

MEMBER GRIFFON: Okay. Yes.

CHAIR MUNN: But I believe what transpired was the question was asked and I think Steve was responding in light of answers that had already been made to specific findings from OTIB-0052. And I think he's just repeating findings that are already of record to clarify things.

MEMBER GRIFFON: Right. Right. It might have been just clarifications or extensions on findings that were there.

CHAIR MUNN: So what I'm guess

what I'm saying is, I think that his answers are probably more likely categorized as a brief summary of what's already been responded to in the NIOSH database itself, although I haven't checked the database to assure that's the case. If that's not the case, then we need to probably have a discussion about how to incorporate them.

MR. MARSCHKE: Yes, that would be -- I would like to have that -- because the questions do not identify a specific OTIB-0052 issue, or they're not associated with a specific issue, or they haven't been identified as being such.

CHAIR MUNN: Well, these are generalized.

MR. MARSCHKE: These are kind of generalized questions and I'm not sure how I would get them -- at this point in time, I'm not sure how I would go and insert them into the database.

CHAIR MUNN: We haven't

encountered this specific situation before of always been working with a database.

DR. MAURO: Yes, and structurally the way this would be handled is for that previous meeting there would be a section, okay, we had a meeting on this date. And then there would be a part underneath that that tries to capture what was discussed. In other words, that's what we try to do, is write underneath and say, okay, here -- and sometimes we're pretty lengthy, in summary form, you know, we don't want to repeat what's in the transcript, but try to capture the essence of the discussion. And I believe the way in which it would work is that there be a row underneath summarizing what was discussed at the meeting. Now one of the items would be perhaps -- would then load up into the database is certain questions being raised by Mark and then in response to those questions. Certainly those questions I guess could have been answered either by SC&A or by NIOSH,

perhaps more appropriately by NIOSH, but I think they were posed to you.

MR. MARSCHKE: They were posed to me. That's why I answered them.

DR. MAURO: And then Steve answered. So as far as the way I, I guess, envision the database is, yes, this would be loaded in underneath follow-up activities that took place as a result of a dialogue that took place during that work group meeting.

MR. MARSCHKE: The flaw in that, John --

DR. MAURO: Yes.

MR. MARSCHKE: -- is that if you look here, this is an example --

DR. MAURO: Yes.

MR. MARSCHKE: -- nothing to do with OTIB-0052, but just an example of the way the database is set up. The whole discussion on the work group meetings is a subset underneath a finding number. So you have to associate that discussion with some kind of a

finding number.

DR. MAURO: Good point.

MR. MARSCHKE: You just can't go in there and just stick it in.

CHAIR MUNN: And that's our dilemma here.

DR. MAURO: That is a dilemma.

CHAIR MUNN: Mark is asking generalized questions that have to do with the procedure in itself, not with identifiable items of findings.

MR. MARSCHKE: That's the dilemma of putting into -- I mean, there's probably something we can do to work around it, but you know, one thing is to go through and try to identify an issue for each one of these four questions. Right now everything really has been more or less read into the transcript for this meeting, so from that point of view it's on the record, you know. I don't know.

CHAIR MUNN: Well, it's very difficult unless we do not have anything in

our current process that will suit this situation well. If we want to consider the possibility of adding yet one more significant item to the format that we've already established, and I hesitate to do that, frankly, because I think it's cumbersome, but if we're going to include this kind of dialogue that takes place between work group meetings and not have them become a part of anything other than the written transcript, not be a database item, then we need to identify some way to see that that's a path way that we want to go.

DR. MAURO: I got a question. Can issues be added?

MR. MARSCHKE: Issues can be added if we want to add. There's nothing wrong with adding new issues.

DR. MAURO: I mean, right now this construct is that everything was triggered, is triggered by SC&A's issues. I mean, we write a report, put it into a procedure, OTIB-0052,

we submit our report and in that report there are ten issues, or numbered one through ten. Now what we're saying here is, wait a minute, hold on, issues can emerge, new issues over and above those that have been identified by SC&A by working those.

MR. MARSCHKE: Sure.

DR. MAURO: Absolutely. So let's put them in, those issues and track them just as if they we were issues raised by SC&A. I see no problem. And as long as mechanistically it can be done.

MEMBER ZIEMER: No, we're not limited to SC&A's --

DR. MAURO: Of course not.

MEMBER ZIEMER: -- issues and --

DR. MAURO: No. Yes.

MEMBER ZIEMER: In fact it probably is good that there are some issues that board members identify.

DR. MAURO: Yes. Absolutely.

CHAIR MUNN: I would suspect that

might be a wise idea from time-to-time. I would suggest that if we are going to do such a thing, it would be wise for us to put some different identifier other than the simple finding number, the procedure number and finding number. I would suggest that we identify them in some other way other than just by number.

MR. MARSCHKE: We could put a prefix on the number, you know, with WG OTIB-0052, or something like that, to identify that it was a work group-initiated -- because the format of the finding number is not a fixed format. So we can put anything in there we would want.

CHAIR MUNN: I would suggest that rather than putting an identifier before the procedure name, that we put it before the number of the finding.

MR. MARSCHKE: That's fine.

CHAIR MUNN: For example, we have here OTIB-0052; I'm currently looking at No.

9, and from 59, we go to -- I'm trying to get to where I can see how many procedures we actually have, how many findings we actually have here. I think I saw four still in our open list, did I not? Now I can't find where I was. I see 09, I see 05, I see -- so there's 5, 9, 10, 11, 12, 13, 14 still in our open list. So if we are going to add findings here, I would suggest that we can check on the original table and make sure 15 was the last one, but whatever the next number would be, I would suggest that we call it OTIB-0052-work group whatever the next number is.

MEMBER GRIFFON: Wanda?

CHAIR MUNN: Yes?

MEMBER GRIFFON: Could I just say I think that these questions -- I think Steve characterized them correctly on my part. They were background questions about the TIB and I appreciate, you know, if we may want in some cases to add work group findings, that's fine. But I don't think this is -- you know, the

emails that I sent out, I don't think are really issues or findings yet. I think it was more exploratory on my part just of how the TIB was constructed. And I think it was handled fine. I just think maybe we need to -- you know, I wasn't -- you know, and I know this was sent out a long time ago, but when I'm looking at agenda, I was thinking, okay, we got the CATI thing and then we're going to go through the third set of cases, and we're going to do them numerically from the database. So it lost my sort of radar in terms of -- but if it's something like this, maybe we can just have it separately on the agenda that, you know, ongoing TIB-52 background discussion and, you know, some things you're doing with standard-sort of email correspondence from the contractor or from NIOSH. I don't think this really needs to necessarily be added to the database.

CHAIR MUNN: Well, I appreciate that.

MEMBER GRIFFON: I don't see it as any new findings or issues yet. I mean, it may, if I don't -- you know, if I'm not satisfied with answers or whatever, then maybe it evolves into an issue or finding, but my take on it was really that it was more almost, you know, explain to me how you're doing this and how you account for this, and, you know, if all the explanations are fine, then that's good. That's just a background discussion.

CHAIR MUNN: I have a tendency to agree with you, Mark, and I appreciate your taking that position. I guess the real question then becomes in situations like this I would think it might be incumbent upon the originator of the question to respond saying, okay, that's what I needed to know, or saying, I don't feel this is covered adequately. I would like to request an additional finding. If we can reach some general agreement among the members of the work board as to how to approach this type of situation, it might be

helpful.

Steve has something to say.

MR. MARSCHKE: I just wanted to kind of apologize to Mark for kind of blindsiding him on this, but I wanted to take advantage of this opportunity to make sure that these questions did not fall through the cracks. And that's why I asked Wanda to bring it up. At lunch time I made the request of her and she graciously did bring it up. And so, you know, again, it's just something I knew was out there and didn't want it to just disappear into the ether.

CHAIR MUNN: Well, at least it has generated a good discussion with respect to how to approach it if it does occur again, and it very well may. Even in this instance it may. But with your assurance, Mark, that in your opinion none of the responses to your questions have risen to your concept of an additional finding, then we'll just leave this as it is now and move on with the expectation

that if you do identify what you feel is a large enough issue to qualify as a finding, that you will submit that to the work group in written form so that we can incorporate it as we have just discussed in the procedures tracking database.

MEMBER GRIFFON: That's fine. And, Wanda, I guess that's fine as a protocol going forward. I would just also offer that, you know, the questions I generated were to really, you know, get that dialogue going on the background and how this was created so if other members look at these questions and, you know, have follow-up add-on input, I would encourage that as well.

CHAIR MUNN: That's fine.

MEMBER GRIFFON: Yes.

CHAIR MUNN: Would you like us to continue going through the outstanding issues? Hold on just a moment. Yes, Stu?

MR. HINNEFELD: This is Stu Hinnefeld. I just want to make sure now, are

we going to talk about the use at the next work group meeting? I mean, we said that long ago, that if things weren't going to be -- we will have a more in-depth discussion. Mark can prepare; we can prepare, the TIB can be read?

CHAIR MUNN: Yes.

MR. HINNEFELD: Okay. That's the note I have, so --

DR. MAURO: Yes, I was going to say, you know, this response is our understanding of how in fact NIOSH intends to deal with these issues. It's important that you folks say, yes, I think you got it right.

MR. HINNEFELD: The right people have to get engaged.

DR. MAURO: Yes.

MR. HINNEFELD: I know Jim got this, but I haven't talked to him about it. And also it just can be a --

CHAIR MUNN: So are we all agreed that OTIB-0052 and any additional response

that's necessary will be an item of business in our January meeting? Agreed?

MEMBER GRIFFON: Yes. Yes.

CHAIR MUNN: Okay.

MR. HINNEFELD: Okay. And, Mark, this is Stu. Have you tried logging on the O drive in about the last 20 minutes?

MEMBER GRIFFON: Not while we were just talking, so I'll try again. Before I do, Wanda, though, just the one thing, it will be on the January meeting. I agree that's fine. Can you make sure that we're prompted in the agenda item on that one?

CHAIR MUNN: Yes.

MEMBER GRIFFON: Steve, you didn't have to apologize. You sent these responses out a long time ago. I just lost sight of them, but I won't for January.

CHAIR MUNN: Very good.

MEMBER GRIFFON: Okay.

CHAIR MUNN: We will have an agenda for January.

MEMBER GRIFFON: Thank you.

CHAIR MUNN: And we will not continue with OTIB-0052. We will start with the third set, once I get the database back up on my screen again.

Steve, do you have those third set --

MR. MARSCHKE: Yes.

CHAIR MUNN: -- starting with --

MEMBER GRIFFON: Stu, I am back on. Thank you for following up on that.

MR. MARSCHKE: Okay. You're welcome.

CHAIR MUNN: Good. Thanks.

MEMBER GRIFFON: I am on the O drive. Thank you.

CHAIR MUNN: Very good. So the third set, if memory serves, begins with OCAS IG-01.

MR. MARSCHKE: What's the finding date?

CHAIR MUNN: The finding date is

10/20/2007.

MR. MARSCHKE: Of what? Is that the matrix that you're looking at?

CHAIR MUNN: If you're sorting by date, you should be at 10/29/07. And the first item that's shown on mine as open is ID01.

MR. MARSCHKE: IDO1, we have not received an initial response from NIOSH yet.

CHAIR MUNN: All right.

MR. MARSCHKE: The first one we've received is PER-03.

CHAIR MUNN: Alright, PER-03, finding 37? No, page 37. 301?

MR. MARSCHKE: Yes, finding 301. And basically we got the document title is misleading, does not deal solely with injection component, but also speculates the probability of foundation including the updated occupational X-ray data. While there were revisions to the occupational medical dose between rev. 0 and rev. 1, there were

decreases in doses. These were decreases in doses. Because of that, they were not expected in the outcome of any previously completed non-compensatory claims. So a PER would not be required in that case. The change in approach at one-fifth PER was the addition of the dose from injection, which did increase the dose slightly. Consequently, the PER was initiated to address the addition of injection dose only. Any time claims are reworked, they are completed in accordance with all current guidelines. Consequently the revised occupational medical bills were included in the reworked claims.

And SC&A's response was SC&A agrees with the NIOSH response that the PER-03 only needs to address the change that resulted in the dose increase. It's title was appropriate and recommends the status of this issue be changed to closed.

CHAIR MUNN: Comments? Concerns?

Hearing none, we will change this

status to closed.

Next issue, PER-03-02. It appears to me that we have the same response from SC&A.

MR. MARSCHKE: The same response. SC&A agrees with the NIOSH response that the intake parameters utilized in PER-03 are on the high side of estimates and recommends the status of this issue be closed.

CHAIR MUNN: This has to do with specific intake parameters on the low-sided estimates.

Any comments or concerns? Otherwise, it's closed.

The next item is PER-03-03. This one is a recommendation be held in abeyance. SC&A agrees with NIOSH that the IREP user's guide should be referenced on page 14. Recommends the status of this issue be changed to in abeyance until that reference is added.

Is that amenable with the group?

Status is changed to in abeyance.

Next issue is 04. We have no response.

MR. MARSCHKE: Yes. No response is provided. Yes. Okay.

CHAIR MUNN: With respect to absorption types.

Next, we move from that PER to the next PER-04, item 1, with regard to application of photo-chirography at Pinellas. We have a response from SC&A. Agrees with the NIOSH response and a reason given. Recommends it be changed to in abeyance until NIOSH completes a revision or deletion of PER-08.

Any comments or questions?

Status changes to in abeyance.

Next item is PER --

MR. HINNEFELD: Let me make sure I'm straight here. Oh, okay. Procedure 8. Okay.

CHAIR MUNN: Okay, Stu?

MR. HINNEFELD: Yes.

CHAIR MUNN: All right.

MR. HINNEFELD: I guess. I'm just catching up.

CHAIR MUNN: Oh, this is it. Thank you. I'm busy with other things and --

PER-06, item 1. Response from SC&A. Agrees with the NIOSH response that this PER does not include all the required information for determining if a claim required rework. Recommends the status of the issue be changed to closed.

Discussion or comment?

The issue is closed.

MEMBER GRIFFON: Yes, hold on. It's closed? Okay. Forget it.

CHAIR MUNN: Oh.

MEMBER GRIFFON: You're running through like three ahead of me, so --

CHAIR MUNN: Oh, okay.

MEMBER GRIFFON: PER-06 --

CHAIR MUNN: 01.

MEMBER GRIFFON: -- item 1, I mean, why -- because it doesn't clarify. Can

you restate? I'm trying to open up the details.

CHAIR MUNN: Yes, the issue is the structure of the PER does not strictly follow guidance provided in PER-08. That is, PER-04 has a single evaluation section rather than separate issue and POC evaluations in the summary section is missing. NIOSH stated it agrees that PER-06 does not include the specific sections described in 08, but it does include all the required information for determining if claims required rework. The PER process has changed significantly since that time due to discussions with NIOSH and DOL about how to effectively manage it. And consequently, PER-08 will either be revised or canceled until such time as the activity resumes and the PER process is clarified.

And SC&A is saying that agree with that and that they recommend that the --

MEMBER GRIFFON: Okay. That's

fine. I guess I heard it all then.

CHAIR MUNN: Okay?

MEMBER GRIFFON: Yes.

CHAIR MUNN: So I didn't want to get ahead of you, Mark.

MEMBER GRIFFON: That's all right. That's all right. The database takes a little to load it up, you know?

CHAIR MUNN: Yes, I'm sorry about that.

MEMBER GRIFFON: Okay. That's fine.

CHAIR MUNN: Didn't mean to run off and leave you.

MEMBER GRIFFON: I've got your order now, so I think I'm up to speed. Thank you.

CHAIR MUNN: We're okay with closed.

The next issue on the database is PER-07. I show no response from NIOSH.

MR. MARSCHKE: Jump down to PER --

PER-07 is not -- we didn't get a response to PER-07.

CHAIR MUNN: PER-07 we had no response.

MR. MARSCHKE: It's not on the list, because we didn't -- yes.

CHAIR MUNN: We have no response. We go up to PER-08.

MR. MARSCHKE: PER-08, and basically we handled PR-08 -- was handled back on October 4th and they had been given the status of in abeyance on October 4th.

CHAIR MUNN: No new data there.

MR. MARSCHKE: Yes, so there was nothing new sent then.

CHAIR MUNN: Is that true of all of 08, isn't it?

MR. MARSCHKE: Yes, there was two 08 issues and both of them were put in abeyance on October 14th.

CHAIR MUNN: The next procedure listed is TIB-13 and the first finding shows

no response.

MR. MARSCHKE: The next one we have a response.

MEMBER ZIEMER: What about 08-02?

MR. MARSCHKE: Same thing. Basically 08-02 was also put in abeyance on October 14th.

The next one we have a response for, Wanda, is OTIB-006, issue three. And that one was put in abeyance also on October 14th. I'm sorry.

CHAIR MUNN: I have 04. I have in abeyance, but I don't -- oh, we just changed the status with no statement about it. Okay. So 04 then has new status from SC&A. Agrees and accepts the NIOSH response as being adequate. IT should be classified as -- oh, yes. Not IT. Sorry. It should be classed as in abeyance until such time as NIOSH completes the revision as indicated in the NIOSH response.

Any concerns or comments with

changing to status to in abeyance?

MEMBER GRIFFON: Yes, Wanda, I lost you again. I thought we were on OTIB-006. I just heard --

CHAIR MUNN: OTIB-006, we're looking at rev 4.

MEMBER GRIFFON: Oh, okay.

CHAIR MUNN: I mean, issue 4. Pardon me.

MEMBER GRIFFON: I'm sorry, OTIB-006, rev 3? Is that the one? 10/29/07. Is that the one you're looking at?

CHAIR MUNN: Oh-three we changed to in abeyance at a meeting in October.

MEMBER GRIFFON: Yes.

CHAIR MUNN: And 04, at this meeting --

MEMBER GRIFFON: Oh, I see. Yes. Finding 04. I got you now.

CHAIR MUNN: Yes. SC&A is accepting the NIOSH response and that means it goes to in abeyance.

MEMBER GRIFFON: Okay.

MR. MARSCHKE: If the work group agrees.

MEMBER GRIFFON: Can someone help me view the details of the finding again for something that -- I'm out of the page. It looks different to me.

MR. HINNEFLED: Are you on the -- oh, the details of the finding from the write-up originally?

MEMBER GRIFFON: Yes. Like if I'm on the summary page and I want to view details.

MR. HINNEFELD: If you're at the summary page --

MEMBER GRIFFON: -- the button to view details.

MR. HINNEFELD: Yes, highlight the finding you're interested in and there's a tab at the top left of the screen. There are three tabs actually. Summary details and procedures.

MEMBER GRIFFON: Oh, it's -- you know what, I think it's the set up of my screen.

MR. HINNEFELD: That screen thing that happens sometimes.

MEMBER GRIFFON: Yes. I can't even see those tabs.

CHAIR MUNN: You have to work with the bar on the far right on my system.

MEMBER GRIFFON: Steve, when you open this thing, there's no way to avoid this cumbersome little automatic thing that comes up, is there? Can I go right to the table?

MR. MARSCHKE: Not that I know of, Mark.

MEMBER GRIFFON: Oh, okay.

MR. MARSCHKE: I had that experience initially. I haven't had it for awhile.

CHAIR MUNN: Well, you just have to get it in the right spot on your screen.

MEMBER GRIFFON: Yes.

CHAIR MUNN: Yes, Paul?

MEMBER ZIEMER: I'd like to ask SC&A a question on this and other findings as far as your internal procedure is concerned. When you say, for example, SC&A agrees and accepts them and you put in parentheses Harry -- I forget his name, that means Harry did the evaluation for you, but you have institutionally as an entity accepted that by the issuing of the report?

DR. MAURO: Yes, what basically --

MEMBER ZIEMER: You're not saying, well Harry --

DR. MAURO: Harry --

MEMBER ZIEMER: -- maybe these are the only two bad.

DR. MAURO: No.

MEMBER ZIEMER: No, on your behalf or whatever.

DR. MAURO: Yes. Yes, since Harry initiated the comment, of course that comment

eventually made it into the report. Okay?

MEMBER ZIEMER: Right. Right. So you're just identifying --

DR. MAURO: So basically SC&A -- now, it's an SC&A comment. Similarly now, when there's a response to that, the same process goes forward. It goes back to Harry.

MEMBER ZIEMER: You're giving attribution here, which is good.

DR. MAURO: Yes, we're giving -- yes, we want to know that Harry is the author of the --

MEMBER ZIEMER: Yes, he's on all my -- John and mine.

DR. MAURO: Yes, we go back to the expert, you know?

MEMBER ZIEMER: You're trying to share the blame, I know. Well, I just wanted to clarify this that this still is an SC&A position.

DR. MAURO: Yes, the same process. Absolutely, this is SC&A's position.

CHAIR MUNN: This is known as distributed by --

MEMBER ZIEMER: Yes.

MR. MARSCHKE: Well, also there's a question of, you know, if a question comes up, I want to be able to quickly know who to go to to respond to that question. So, it's quite --

MEMBER ZIEMER: No, I think it's appropriate. It's sort of analogous to NIOSH does attribution on their documents now, who prepared what and so on. So if there were an issue on even conflict of interest, you want to make sure whoever did this doesn't have a conflict.

DR. MAURO: Yes, this is SC&A's work product.

MEMBER ZIEMER: Yes.

CHAIR MUNN: And it was an outgrowth of some discussions we had --

MEMBER ZIEMER: Yes. No, everything's good. Just wanted to make sure

that --

CHAIR MUNN: Are you okay yet, Mark? Mark, have you gotten well yet?

MEMBER GRIFFON: No, I'm trying to do a work-around here.

CHAIR MUNN: Okay.

MEMBER GRIFFON: I'll deal with it.

CHAIR MUNN: But you're okay with our going with in abeyance on --

MEMBER GRIFFON: Yes.

CHAIR MUNN: -- OTIB-006-04?

MEMBER GRIFFON: Yes.

CHAIR MUNN: All right. The next item that comes up as open is OTIB-0013, finding 1. And we have a response from SC&A that says they agree that the data is better described in the revised OTIB-0013 and incorporated into OTIB-0044. And this is no longer an issue. Recommends the status be changed to in abeyance.

Any comment or concern?

DR. MAURO: Any reason why this isn't closed since the issue has been resolved in OTIB-0044? Because I mean, usually in abeyance means that eventually this issue will be fixed in a future OTIB, or a revision to an OTIB. In this case it looks like that we've accepted OTIB-0044 as a solution.

MR. MARSCHKE: Basically, if you see right here, I think what it is is the effect of OTIB-0013 should be modified to better describe the data shown in figure 1. So there is action items identified in here. It changes to OTIB-0013, which NIOSH has indicated they should be made.

DR. MAURO: Oh, there is an action to be taken?

MR. MARSCHKE: So there is some action to be taken.

DR. MAURO: Okay. Yes, I misunderstood.

CHAIR MUNN: The next item is OTIB-0013, item 2. Response from SC&A saying

they agree. If information is better described in the revised OTIB-0013, then this is no longer an issue and suggests in abeyance.

Comments or questions?

If not, then finding 2 goes to in abeyance.

MEMBER ZIEMER: Well, is it already described, or if it's described, the previous item was that if it's described better in 13 and then incorporated. Is this similar to that, or is this already described? It also has been described in 0013? You understand what I'm asking?

MR. MARSCHKE: I understand what you're saying.

MEMBER ZIEMER: The previous one, you said if it's -- you worded it slightly different. You said --

MR. MARSCHKE: If the data is better described in the revised 13 and incorporated in OTIB-0044, then there's no

longer an issue.

MEMBER ZIEMER: But the "if" is there as if it is yet to be done or has to be examined.

MR. MARSCHKE: We were talking about the text of OTIB-0013 should be modified on the previous one. Now on this one we're talking about --

CHAIR MUNN: The same --

MR. MARSCHKE: This needs to be clearly stated in the revised text of OTIB-0013. And then that's item 1, which NIOSH says -- and then item 1 what we -- SC&A agrees that if the information is better described in revised 0013, then there's no longer an issue.

MEMBER ZIEMER: When you say if it is, are you saying that it is yet to be described in 0013, or revised, or somebody has to go back and make that determination as to whether or not it is? That's what I'm asking.

CHAIR MUNN: Well, my question is, has OTIB-0013 been revised?

MR. MARSCHKE: I'm checking right now.

MEMBER ZIEMER: I don't think it has been.

MR. MARSCHKE: I don't think it has.

MEMBER ZIEMER: From the --

CHAIR MUNN: We're working with OTIB-0013 here.

MR. MARSCHKE: Basically it says needs to be clearly stated the revised text of OTIB-0013. So I don't think it has been -- 0013 has not been revised.

MEMBER ZIEMER: So this is like the previous one?

MR. MARSCHKE: Like the previous one.

MEMBER ZIEMER: Yes, it will need to be revised in 0013.

MR. MARSCHKE: That's correct.

MEMBER ZIEMER: That's where it will be done?

MR. MARSCHKE: Yes. How can we better --

CHAIR MUNN: Well, it's the same procedure. It's just a new revision necessary.

MEMBER ZIEMER: Right.

MR. MARSCHKE: How can we better state this in -- do we get rid of this "if" --

CHAIR MUNN: "When?"

MR. MARSCHKE: -- and put --

MEMBER ZIEMER: "Provided that." I don't know. I hate "provided by committee."

MR. MARSCHKE: No.

MEMBER ZIEMER: I understand what you meant, you know?

MR. MARSCHKE: Yes, I thought it could be interpreted as if it's better there, let's go see if it is.

MEMBER ZIEMER: Yes.

MR. MARSCHKE: As opposed to it needs to be.

MEMBER ZIEMER: Yes, the "when" might do it, or once it's --

MR. HINNEFELD: Yes, "once it's" --

MEMBER ZIEMER: What did you say in the previous one?

CHAIR MUNN: Agrees that "once" instead of "if." "Once the information is better described" in revised -- there's no longer --

Okay? Can we move on? Are you okay, Steve?

MR. MARSCHKE: Well, just a point. There were two sub-issues, I guess, if you will, under this issue 2. And one of the sub-issues we had closed and the other one we basically said is in abeyance, and so obviously we're going with the, if you will, the higher tier and this occurs several times in our responses. And so we always go with the least closed of the sub-issues, I guess.

DR. MAURO: Yes, otherwise you

would falsely lead a person to think this issue has been closed when at least a sub-part of it wasn't. So, no, I think that's the way to do that. So you're saying this number two up there, the second item, that --

MR. MARSCHKE: Yes, number two, we basically -- we agree that --

DR. MAURO: We agree with that?

MR. MARSCHKE: But again, the work group should look at it and make sure that they agree with --

MEMBER ZIEMER: Agree that that part of it's closed.

DR. MAURO: Oh, that hasn't happened yet? Oh, okay.

MR. MARSCHKE: That that part of it is closed.

DR. MAURO: Oh, okay.

MR. MARSCHKE: And so, I mean --

DR. MAURO: I think the record has to do that.

CHAIR MUNN: Do we want to be more specific then and say when the two matters are better described and revised?

MEMBER ZIEMER: No, the second matter is separate, right?

MR. MARSCHKE: The second matter basically an incorrect LOD value was used when the worker's dose equals zero. The laboratory minimum LOD of 40 millirem should at least be used in this analysis.

And basically the NIOSH response was the LOD for the measured dose values from 56 to 65 used in the regression analysis for estimated un-monitored dose prior to the third quarter of 1956 was 30 millirem and the LOD for all other measured dose values after the third quarter of 1956 through 1980 was also 30 millirem. See table 3-3 of OTIB-0044.

And our response to that was SC&A pointed out this smaller LOD value discrepancy during the review of the OTIB, however it would not significantly impact the results of

dose assessments because for most the LOD value is listed as 30 millirem. SC&A recommends that this portion of the issue be considered closed.

MEMBER ZIEMER: Well, if it was 30 for multiplications, where is the discrepancy anyway? Am I missing something here? Seems like 30 is close to 30, in all cases.

MR. MARSCHKE: Well, I think --

MEMBER ZIEMER: Did they use some other values in certain --

MR. MARSCHKE: If you look up on the top, we basically said the laboratory minimum LOD is 40.

MEMBER ZIEMER: Yes.

MR. MARSCHKE: So 30 is pretty close to 40.

MEMBER ZIEMER: Yes, but they're saying they used 30 anyway.

MR. MARSCHKE: But 40 should be used.

MEMBER ZIEMER: Well, you're

saying it -- oh, I see.

MR. MARSCHKE: Forty should have been used, and they used 30 and we're saying it wasn't for many years and it wasn't for -- over very many years and it wasn't for, you know --

MEMBER ZIEMER: So for a given person to make a few tens of millirems different?

MR. MARSCHKE: In that sense, yes. Basically it's a low number, but --

MEMBER ZIEMER: Yes.

MR. MARSCHKE: -- I mean, again, that's --

MEMBER ZIEMER: I'm okay on that.

CHAIR MUNN: So are we happy with the language of the follow-up comment? And we're finished with --

MEMBER ZIEMER: I didn't hear, are Mark and Mike okay on that?

CHAIR MUNN: I'm hoping that if Mark or Mike either have anything to say,

they'll be fast on the draw with their comments.

MEMBER GRIFFON: Where are you on findings, TIB-0013 findings? Two, is that it?

CHAIR MUNN: 0013-02, yes.

MEMBER GRIFFON: 02. Yes.

MEMBER ZIEMER: That's where they used the 30 minimum LOD.

MEMBER GRIFFON: I think we're okay on this one, but, you know, I guess I was concerned that, you know, if these -- I was looking at -- well, I think it would come up on the next one. If the recommended changes are made, SC&A is okay with theirs and then they're recommending in abeyance. And I have the same question that Paul had. You know, what if they aren't made to our satisfaction? You know, in abeyance, I guess, gives us the -- it's open enough to -- I mean, John stated yesterday and I think you stated, Wanda, that in abeyance by definition means that the work group is okay with the change. It's that the

TIB hasn't been revised yet.

CHAIR MUNN: We're waiting for the change to occur.

MEMBER ZIEMER: It's not closed though, Mark.

MEMBER GRIFFON: That's different than saying, you know, NIOSH -- if we have a case where NIOSH says we agree to change the TIB. If we agree, we'll modify the TIB. That's different than saying we agree we'll modify the TIB as follows, you know? Because then we agree with the technical content without a modification. If you just say oh, yes, we're going to change the TIB, how do I know it's going to meet the need outlined in the finding?

MEMBER ZIEMER: I don't think we do.

MEMBER GRIFFON: Right.

MEMBER ZIEMER: That's why it's in abeyance. Otherwise, you could close it if they --

MEMBER GRIFFON: Okay. So --

MEMBER ZIEMER: If they agree to change it by a certain date in a certain way, I think we could close it.

MEMBER GRIFFON: So then what happens with the in abeyance one? Why aren't they --

CHAIR MUNN: We go back and revisit them the next time we go through this third set.

MEMBER GRIFFON: Okay.

CHAIR MUNN: And we request --

MEMBER GRIFFON: If you look at the revised TIB or whatever?

CHAIR MUNN: We request of NIOSH that if they have not addressed these findings, they please do so.

MEMBER ZIEMER: It's still open, Mark.

MEMBER GRIFFON: Okay. So it's not open, but it's --

MEMBER ZIEMER: Well, it's open in the sense that it's not been resolved.

MEMBER GRIFFON: Yes.

MR. HINNEFELD: Yes, my understanding of what will happen here is that we provide the revised document to the working group.

MEMBER ZIEMER: Maybe next month or next year, or next decade.

MR. HINNEFELD: Some of these things may have already been done and I'm just not up to date.

MEMBER ZIEMER: Or yesterday.

MR. HINNEFELD: I got to tell you though --

MEMBER GRIFFON: Okay. That's fine. That's what I wanted to understand.

MR. HINNEFELD: Providing a document to add a reference, you know, a document that's on the shelf that we're not using anymore to add a reference. That's going to be a pretty little priority change,

pretty little priority work activity. Maybe they'll just let me do that, since I don't do anything else important.

CHAIR MUNN: Now, now.

MR. HINNEFELD: But yes, I think we'll -- some of these I think -- I think PRA, for instance, has been canceled already, but I can't say for sure. So I'll find out for sure and let the working group know.

MR. MARSCHKE: The way it's worked in the past, Mark, is, you know, when NIOSH reissues a document and they state that the reissuing has addressed these issues, then SC&A -- or the work group usually tasks SC&A to go and look very specifically at that reissuing to make sure that that does in fact address the issues that were open against that document. And it's a very limited review of the reissuing of the document, focusing only on those issues that were open.

CHAIR MUNN: Identified.

MR. MARSCHKE: Identified.

MEMBER GRIFFON: Yes, got it. I'm okay with that. Thank you.

CHAIR MUNN: All right. The next item that's open and with comment is OTIB-0013, finding 3. The response from SC&A agrees that the conditions and recommendations that NIOSH presented are better described in the revised TIB than OTIB and they recommend in abeyance.

MR. MARSCHKE: Again, we should change the "if" to "once."

MEMBER ZIEMER: Yes, that says "are" better described. It implies they've already been changed. No, "if." Yes, "once."

MR. MARSCHKE: Once the -- if the conditions are better -- once the conditions are better described.

MEMBER ZIEMER: Same thing.

CHAIR MUNN: You just want to add a "when." The "once" is appropriate.

Any comments or objections? Otherwise, finding 3 goes to in abeyance.

Finding 4 for the same OTIB has a response from SC&A pointing out that this small formula discontinuity during its review of the OTIB would not significantly impact the results of those assessments because it would not be applied to below-average exposed workers. SC&A recommends issue be considered closed.

Any objection?

Hearing none, finding 4 is closed.

Finding 5 has no response, nor does OTIB-0015.

OTIB-0021, finding 1 has no response. Finding 2 has no response. Finding 3 has a response to the NIOSH recommendation. SC&A agrees with the response. If the DR staff is aware of the correct procedures, then this is not an issue and recommends the status of this issue be changed to closed.

MEMBER GRIFFON: Wanda, I'm sorry, you're on TIB-0015 or did you go past that?

CHAIR MUNN: No, there's no NIOSH

response for TIB-0015.

MEMBER GRIFFON: Okay.

CHAIR MUNN: We've moved on to TIB-0021 and there was no response to findings 1 or 2. We're on finding 3. NIOSH had said in October that they were aware that the DR staff knows what the TIB documents are that are available. They've been instructed to use OTIB-0017 for situations involving low energy beta. Questions can be directed to DR staff or the other supervisors of the technical staff. And SC&A is saying they agree. As long as the DR staff is up to speed, they recommend this issue be closed.

No objection? Finding 3 is closed.

No response to finding 4.

MEMBER ZIEMER: Just a question there before we go on. The dose reconstructors are instructed on this issue outside of OTIB-0021. SC&A is saying they're not given guidance in the document as to where

to go, I think is what you're saying. And NIOSH is saying yes, they have that guidance. It's just they know what they're supposed to do based on what their training or -- is it outside this document? Am I understanding this one correctly?

MR. HINNEFELD: Yes, there is direction outside. It's either the documents or the interview the external coworker.

MEMBER ZIEMER: Right.

MR. HINNEFELD: Okay. The finding relates to a footnote to a table that says that the LOD values for low-energy beta are not reliable, I guess, as they're presented in that table.

MEMBER ZIEMER: Right.

MR. HINNEFELD: So that would essentially say, well -- and then the note goes on to state that you should consult the site profile to determine if your person may have been exposed to low-energy --

MEMBER ZIEMER: Right. And then

once having done that and if they were, then if the dose reconstructor knows, we go to the other --

MR. HINNEFELD: Then we go the other site. Well, this person was exposed to low-energy protons and if he didn't know any better, or she didn't know any better, the person exposed to low-energy protons, and says I shouldn't use the low-energy LOD, proton LODs here --

MEMBER ZIEMER: Right.

MR. HINNEFELD: -- they're more reliable, and so what do I do? And if they don't know, they ask their supervisor. The supervisor says OTIB-0017 tells us what to do.

MEMBER ZIEMER: And if they do know, then they'll --

MR. HINNEFELD: If they knew, then they would go to OTIB-0017.

MEMBER ZIEMER: Yes. Is there any reason why you wouldn't go ahead and put that information in here?

MR. HINNEFELD: Well, it becomes kind of complicated when you start to inter-link documents and footnotes of documents.

MEMBER ZIEMER: Yes.

DR. MAURO: Yes, we discussed this once before in one of our commentaries. You know, this whole -- but because of the unfolding nature of what all has been added, the expectation to go back and let's say modify --

MEMBER ZIEMER: Right, we keep putting in footnotes.

DR. MAURO: As long as there's an active training program where people keep be apprised of these new developments, then what else can we do?

MEMBER ZIEMER: No, I'm good on that. I just wanted to clarify. Thanks.

CHAIR MUNN: So we're on OTIB-0026, finding 1, which is the next one that I see with a NIOSH response and an SC&A follow-up. SC&A agrees with the NIOSH response, and

I guess that's supposed to be "rationale" rather than "rational" provided.

MR. HINNEFELD: Yes, we're rarely rational.

CHAIR MUNN: Yes, right. So seems the extensive peer review process should catch any unwanted professional judgments. SC&A recommends the status of this finding be changed to closed. This is the external coworker -- K-25.

MEMBER GRIFFON: Yes, I have a comment on this one.

CHAIR MUNN: Okay.

MEMBER GRIFFON: This is basically saying this is relying on professional judgment on what the full distribution versus the 95th, or that sort of determination. Is that what this is about?

MR. HINNEFELD: Well, I don't recall.

MEMBER GRIFFON: Basically, if I am understanding this right, you're saying

that we're going to look at job titles, etcetera and make our judgment and that's where were stand. Is that what this is about? I'm just trying to -- I mean, I'm reading these summary things. Sometimes I'm missing the entire point.

MR. HINNEFELD: I am trying to find out. I got to find the finding here.

CHAIR MUNN: Well, but in addition to a professional judgment, they specifically called out OTIB-0020.

MEMBER GRIFFON: Which is currently under review, right? Yes. Is OTIB-0020 the general approach document? I'm trying to remember.

MR. HINNEFELD: Yes, it is.

MEMBER ZIEMER: This finding deals with how the dose constructor is categorizing the worker in terms of the types of things --

MR. HINNEFELD: I'm trying to find the --

MEMBER GRIFFON: That's what I

think, Paul. And this has been an area of concern of mine.

MR. HINNEFELD: Oh, I think maybe what it is -- I'm getting close here, but I think what it is, is that there are a few options provided to a dose reconstructor, one of which is the person was not likely exposed and therefore would receive essentially environmental -- if they weren't monitored, because they wouldn't expect to be monitored, it would be --

MEMBER ZIEMER: And based on either a job description or a building location.

MR. HINNEFELD: That would be the professional judgment part. And then at other times if the person would have been intermittently exposed, if the materials -- the control -- company within their inventory and things like that, then they might get 50 percent of the monitored population. And then if someone was a regular worker who you would

expect to have been monitored and for some reason they don't have their exposure record, then they would receive 95th percentile. That about where we're at? That's probably the evolution of this finding.

MR. MARSCHKE: I think you're right, too. But, you know, you pick the 50th percentile, the 95th percentile or the environmental.

MR. HINNEFELD: And so the finding relies on professional judgment and, yes, it does.

MEMBER GRIFFON: And this was specifically for one site or --

MR. HINNEFELD: Yes, the document that is being reviewed is specifically K-25.

MEMBER GRIFFON: Right.

MR. HINNEFELD: Yes.

MEMBER GRIFFON: I mean, it just relies on job title information, or a combination of job and building, or what?

MR. HINNEFELD: Probably job title

and CATI. I'm looking around the room at people who actually do this.

MR. SIEBERT: I'm looking at 20 real quick here.

MR. HINNEFELD: Okay.

MEMBER GRIFFON: I guess I just -- you know, and this usually is for the environmental versus the 50th probably because the higher end people would have been monitored. They would have a record, but you don't --

MR. HINNEFELD: By and large, yes. Now I think in K-25 there was some maybe not 100 percent monitoring --

MEMBER GRIFFON: But I guess even on the lower end like -- you know, the concern I would have is the job title over time or not -- you know, always descriptive, but I mean, so does the DR -- I mean, is there any template for K-25 to guide them a little more specifically? Is that in this document?

MR. SIEBERT: K-25 is not my site.

But generically speaking, it is whatever information that we have, which would tend to be the job titles, the CATI, any monitoring records we may have gotten. It doesn't necessarily mean the person wasn't monitored at all. They may have been un-monitored for part of the time.

MEMBER GRIFFON: For a period, right.

MR. SIEBERT: So any of the information that we have we take into account.

MEMBER GRIFFON: Okay. My feeling on this is -- well, I don't know. I don't see the details of what was outlined, but I see he's recommending to close it based on professional judgment. I mean, maybe SC&A can answer this for me. In OTIB-0026, does NIOSH indicate that they're going to use -- what do they indicate they're going to use? I don't have it open right now, TIB-0026.

MR. SIEBERT: For that determination?

MEMBER GRIFFON: Yes.

MR. SIEBERT: Let me flip through quick. I'm guessing just like all the rest of the OTIBs, it refers back to the fact that you make that determination form OTIB-0020.

MEMBER GRIFFON: And OTIB-0020 is still open, in our review anyway. And OTIB-0020 is based on job title. I mean, if it's deferring back to 0020, then it isn't site-specific guidance with regard to the selection of -- you know, it's site-specific with regard to the coworker model, but it's not site-specific with regard to the placement of the individual within that either 50th or environmental, or in that category, I guess, in that exposure category. That's a generic assessment, right, based on TIB-0020?

MR. SIEBERT: Yes.

MR. HINNEFELD: Yes, it's kind of generic. I think we --

MEMBER GRIFFON: Well, how do we close this one if we haven't closed TIB-0020,

I guess is sort of my --

MR. HINNEFELD: Well, I think no matter where we look, I think we have difficulty coming up with a comprehensive list of job titles, really anywhere.

MEMBER GRIFFON: Right.

MR. HINNEFELD: But especially over a long period of time because they change.

MEMBER GRIFFON: Yes.

MR. HINNEFELD: And so if we've got a list of job titles, you know, we're not really very confident we can have a comprehensive list.

MEMBER GRIFFON: Well, no, I'll give you a specific example for K-25. I mean, I've seen some that will indicate -- you know, and the individuals that sort of worked up through the ranks, chemical operator and then they're foremen and then they're supervisor and that last category is where things get a little vague, because sometimes the supervisor

is very much on the floor, but sometimes they're like off in an administrative office, you know? And they may retain that same title and be very different exposure profiles, if you understand what I'm saying.

MR. HINNEFELD: Yes.

MEMBER GRIFFON: So that's kind of -- you know, and I think for the -- you know, professional judgment, that's sort of a -- it's more than just professional judgment. I think it's, you know, understanding of the site itself and, you know, maybe for those certain ones it might even involve a little investigation to say, you know, this guy, you know, what was his work history, what buildings were they in, were they likely to -- you know, more than just looking at a title and saying oh, yes, that's definitely a person that was likely to get a little higher exposure, and oh, that's clearly an office worker, you know, and, you know, we'll put that in the environmental category. So I

guess that's what I was trying to understand.

MEMBER ZIEMER: But I think, Mark, what you just described is exactly what a professional judgment person has to do.

MEMBER GRIFFON: Right, right. But I don't know if that's outlined in this document.

MEMBER ZIEMER: Yes.

MEMBER GRIFFON: Yes.

MR. HINNEFELD: It almost becomes a question of application and --

MEMBER GRIFFON: Yes. Yes.

MR. HINNEFELD: -- you know, to inform ourselves about this, it would be necessary to look at some examples.

MEMBER GRIFFON: Look at the DRs, yes. Okay.

MR. HINNEFELD: You know, I really despair. I understand your discomfort with, you know, having a previously filed decision essentially deciding these things.

MEMBER GRIFFON: Yes.

MR. HINNEFELD: It's a pretty significant decision. And so but to really -- I think we could only get some level of comfort if we looked at, you know, maybe examples of application of this.

MEMBER GRIFFON: Yes, or it's just a matter -- I guess I'm looking it at as just some checks and balances built into the system to assure that if a DR person who's doing these cases, you know, has, you know, any doubt, then they have -- you know, then they go to whatever for more information.

MR. MARSCHKE: Mark, the checks and balances I think is what SC&A is, you know, kind of stressing is that, you know, the extensive peer review process of both ORAU and OCAS, I guess, you know, if you look at the last sentence here that they peer review the DRs' professional judgment in these cases.

MR. HINNEFELD: Yes, this has been the subject. Now, it's been a long time since I've been directly involved in a review --

MEMBER GRIFFON: So these are all peer reviews is what you're saying?

MR. HINNEFELD: Yes. Yes, that's the basis of SC&A's recommendation here, is that we have a peer review on the contractor side and then there's HP on OCAS' side that --

MEMBER GRIFFON: And you've agreed to put that into --

MR. HINNEFELD: Agree with that judgment, essentially.

MEMBER GRIFFON: Okay. Yes. All right. Thanks, Steve. I missed that in reading and that is a check and balance, so that's good.

MR. HINNEFELD: And it's been a while since I've been involved in those reconstruction reviews, but when I was, this was not an infrequent subject of debate and comment about are you sure about the selection you've made? What evidence have -- because those reconstructions in that report doesn't necessarily explain the evidence for choosing

a group. What evidence is there for choosing the grouping that you did on coworker --

MEMBER GRIFFON: That's good for me. Then I'm okay with the SC&A recommendation.

CHAIR MUNN: Well, the other item that should be noted too is that OTIB -- to which we've referred several times already was, I believe, released yesterday. Of course it hasn't had time to be loaded or have anyone's comments added to it, but I believe it's out. So if anyone's interested in tying that knot, I think you have the document available to you.

Barring any other comment, we'll accept SC&A's recommendation then and item 1 is closed.

The next issue is item 2. It has similar recommendations. This one had talked about K-25 and again refers to OTIB-0020. The SC&A recommendation is that finding number 2 be closed.

Any problem with that?

MEMBER GRIFFON: Yes, not necessarily a problem. Can someone explain to me with a little more detail, the data is only available from 1980 on? Is that what I'm reading in the first part for the coworker model and your --

CHAIR MUNN: It says few of the dosimeters issued at K-25 were processed prior to 1980. Few, not no.

MEMBER GRIFFON: Okay.

CHAIR MUNN: And that's the entire data --

MEMBER GRIFFON: Few sounds less than -- you know, anyway. I guess I'm asking NIOSH what -- or SC&A why they are accepting of this. I mean, I think -- and this coworker model is going to be applied all the way back to 1955 -- well, K-25 for the -- you know.

CHAIR MUNN: Matt Smith, are you still on the line?

MR. SIEBERT: Matt had to bow out.

He wasn't on this afternoon.

CHAIR MUNN: Okay.

MEMBER GRIFFON: So maybe SC&A can tell me why this is reasonable.

MR. MARSCHKE: I can't.

DR. MAURO: I can't.

MR. MARSCHKE: We'd have to get back to you on that, Mark.

MEMBER GRIFFON: All right.

CHAIR MUNN: All right. Who has --

MEMBER GRIFFON: I guess I just want a little more information before I am willing to sign off on this one.

CHAIR MUNN: Who has the personal action to get back to Mark?

DR. MAURO: SC&A.

MEMBER GRIFFON: Isn't the whole work group interested? It's not just me.

MEMBER ZIEMER: That's right. Get back to all of us. It appears that they just used the most highly-exposed subset?

MR. HINNEFELD: I think what the situation was here is that K-25 only processed the bad -- of what who they thought would be the more highly-exposed. They didn't -- you know, everybody was just --

MEMBER ZIEMER: But the others wore badges in case something went wrong?

MR. MARSCHKE: In case something went wrong.

MEMBER ZIEMER: Yes.

MR. MARSCHKE: And so routinely the people who they thought would be the most highly-exposed, would be, you know, mainly the ones who were processed. And so there is that issue. You know, you're taking what you think to be a biased sampling, you know, high-biased sampling, but it's based on, you know, the site's belief at the time. And based on that -- and now, I am not very familiar with the maximum probability technique that's described here, or the -- is that's what it's called?

Maximum probability? Maximum likelihood. I'm not very familiar with that. That is a statistical construct that I don't know much about. So apparently OTIB-0020 explains it somewhat and provides some supporting description of why it appears to us that the data set is favorable, the data set we do have available is favorable.

CHAIR MUNN: We all may feel a little better when we've had an opportunity to take a look at the new OTIB-0020. But in any case, I have an action for SC&A to send the work group a better explanation of finding 2.

MEMBER ZIEMER: Or NIOSH.

MR. HINNEFELD: We'll look at it, too.

MEMBER ZIEMER: Yes, what the initial response actually means.

MEMBER GRIFFON: Stu, also, is the K-25 model, the coworker model itself, is that posted on the O drive anywhere where we can find it?

MR. HINNEFELD: Well, OTIB-0026 is.

MEMBER GRIFFON: Twenty-six is on there?

MR. HINNEFELD: Yes. As far as to the extent that it explains completely what was on, it's on there.

MEMBER GRIFFON: Okay. And that probably has the annual -- I assume it's annual -- I'll look closer at that.

MR. HINNEFELD: Sometimes I guess they refrain on -- sometimes they, I think, have a cycled data.

MEMBER GRIFFON: Right. Okay. Thank you.

CHAIR MUNN: In any case, since we have now at least looked at this and discussed it, the open status is no longer applicable. It seems to be in this case it needs to be in-process.

Is that satisfactory with all?

We will continue with 0026 and to

finding 3, where we have a response from SC&A to NIOSH's initial response saying that they agree with the response and commitment for necessary future changes and recommend this particular issue be closed.

Any comment? If there is no discussion --

MEMBER ZIEMER: Is this on 03?

CHAIR MUNN: This is 03.

MR. MARSCHKE: Oh, I forgot to put that -- that one didn't make into the -- oh, I'm sorry, Paul.

MEMBER ZIEMER: I'm looking at the version that is set out and then the recommendation part is blank.

MR. MARSCHKE: Yes, I forgot to put that in. I'm sorry. You have to read it off from the screen, if you can, or you can look at my screen.

CHAIR MUNN: Barring any comment to the contrary, we'll mark this closed.

Since we now have a bare patch

between 0026 and the next response that we have, I suggest we take a 10-minute break.

MEMBER GRIFFON: Thank you.

CHAIR MUNN: You are most welcome. Glad to be of service.

When we return, we will be taking up -- I believe, OTIB-0049 is the next comment that we have to address.

Please, we'll mute the phone line for 10 minutes approximately. We'll be at five minutes to 3:00.

(Whereupon, the above-entitled matter went off the record at 2:44 p.m. and resumed at 2:57 p.m.)

CHAIR MUNN: One very brief item before we go to OTIB-0049 findings. Steve, Marcy called to our attention the fact that, in an earlier meeting, we had discussed TIB-0010, issue 8, and had said that we were going to anticipate some feedback on that item at our next meeting, and we have not had that. So just as a heads up, OTIB-0010, issue 8

will, in fact, be on the agenda for January, with the expectation that we'll have some sort of follow-up at that time.

That being said, do you have anything to say about that, Steve?

MR. MARSCHKE: Did you say O -- it's TIB-0010.

CHAIR MUNN: Pardon me. TIB-0010. No, I did say OTIB-0010. Sorry. TIB-0010.

MR. MARSCHKE: TIB-0010.

CHAIR MUNN: TIB-0010, issue 8.

MR. MARSCHKE: Issue 8.

MR. HINNEFELD: And that's our action, right?

CHAIR MUNN: Yes.

MR. HINNEFELD: Provided the MCNP runs it, or similar to --

CHAIR MUNN: I believe that's correct. NIOSH action.

We'll begin with OTIB finding 2 of OTIB-0049. The NIOSH response and SC&A follow-up says they reviewed the initial

response, as well as other OTIB-0049, rev 1 PC, and have comments. As stated above, the coworker issue was solved in the newer version of OTIB-0049 rev 1, PC-1 2008. The problem of clarification on how to apply the correction factors for systemic doses calculated from your analysis were not solved, even in the newer version of the TIB. There are no examples or instructions geared to single intakes or independent chronic intakes with a time gap between them. Based on the above, SC&A recommends the status of the issue be changed to in-progress. I read that to be requesting further action from NIOSH, and for our status to go to in-progress.

Is there any question or comment with regard to this secondary finding?

MR. HINNEFELD: No.

MEMBER GRIFFON: Wanda, you read that whole SC&A follow-up into the record?

CHAIR MUNN: Yes, I did.

MEMBER GRIFFON: Okay.

Because --

MR. HINNEFELD: You read -02. We didn't read the -01 yet.

MEMBER GRIFFON: -01? Yes, I was going to -- it's a lengthier paragraph that I'm looking at, or six or seven paragraphs. And I was going to ask, maybe Steve or someone from the database part can help me here, is there any way to expand like the SC&A follow-up box where the response is written? In this case, it's about six pages long, and I can only see a line at a time, or two lines at a time. Is there any way to blow up that field to be able to look at it?

MR. MARSCHKE: No, Mark.

MEMBER GRIFFON: No? That's it? That's what we work with?

MR. MARSCHKE: And that's short of printing it out --

MEMBER GRIFFON: No, I know. I know.

MR. MARSCHKE: -- the PDF, and

print it that way, but, you know, with the interactive screen, the answer is, no.

MEMBER GRIFFON: Okay.

MR. MARSCHKE: I mean, that's an enhancement we could make to the database, but again, we're not --

MEMBER GRIFFON: No, I don't --

MR. MARSCHKE: -- we're a database.

CHAIR MUNN: Well, wouldn't it be simpler for those of us who would like to see that to just copy it and --

MEMBER GRIFFON: Copy and paste into a document.

CHAIR MUNN: -- and paste it into a document?

MR. MARSCHKE: Yes, I mean, if you look at the --

MEMBER GRIFFON: Actually in this case you have to copy, paste, download, and then print.

MEMBER ZIEMER: No, Steve --

MEMBER GRIFFON: No big deal.

MEMBER ZIEMER: Steve sent all of these items as a separate Word document.

CHAIR MUNN: He did.

MR. MARSCHKE: Probably around the 5th or the 6th. Last few days.

CHAIR MUNN: Last week, yes. The end of last week.

MEMBER ZIEMER: So it's all on one page there.

MEMBER GRIFFON: Okay, okay. I see it. You're looking at that, too. Thank you.

MR. MARSCHKE: Yes, actually, for what we're doing here, that's probably easier.

MEMBER GRIFFON: Okay. Yes.

CHAIR MUNN: All right. So you called me back to number one. I was very cleverly trying to get by that one.

And is there a problem with the recommendations? Obviously, there are other details to be addressed yet.

MEMBER ZIEMER: So what happens during that, there's some additional trainings that have been pointed out like issuing attachment A that doesn't exist, or something. Is NIOSH to do something with it?

CHAIR MUNN: Yes. Yes.

MEMBER ZIEMER: Okay.

MR. HINNEFELD: See, this is their reaction to --

MEMBER ZIEMER: To yours?

MR. HINNEFELD: -- what we wrote back in October.

MEMBER ZIEMER: Right.

MR. HINNEFELD: I guess we responded back in October. We gave our initial response.

MEMBER ZIEMER: Right. And then they have a --

MR. HINNEFELD: And they just recently have prepared their reaction to our response.

MEMBER ZIEMER: Right. Right.

MR. HINNEFELD: And so we have to take that into account.

MEMBER ZIEMER: That's what I was asking, yes.

MR. HINNEFELD: Yes.

MR. MARSCHKE: They asked us to elaborate on what our findings were.

MR. HINNEFELD: Yes, on a couple of these things we just asked for -- we'll need a little more -- you know, we'll need a little more elaboration on what you're saying here.

MR. MARSCHKE: It was very general. Our issue was very generally stated when it went up to them.

CHAIR MUNN: So finding 1 goes to in-progress.

And item 2, which I have already read in its entirety, is recommended to go to in-progress.

Any problem with that? If not, finding 2 goes to in-progress.

Finding 3, SC&A agrees with the NIOSH response that this guidance incorporated into the revised site profile on OTIB-0050, deleted. Then this is no longer an issue, and recommends that the status be changed --

MR. MARSCHKE: That's OTIB-0050?

MR. HINNEFELD: 0050-01.

MR. MARSCHKE: 0050-01.

CHAIR MUNN: Yes, I'm sorry. I'm just moving right on down, out of one and into another. It's a recommendation.

MR. MARSCHKE: That's the one that's already been -- this one has already been changed to in-progress. This one is already changed.

CHAIR MUNN: But the current recommendation is in abeyance.

MR. HINNEFELD: The latest one, yes.

MR. MARSCHKE: That was our -- I think the last time we met, the Board changed it to --

MEMBER ZIEMER: To in-progress.

MR. MARSCHKE: -- to in-progress.

CHAIR MUNN: It was our change.

MR. MARSCHKE: That's right. This was already done last month.

CHAIR MUNN: Right. Our change.

MR. MARSCHKE: Basically, you gave us something to do. SC&A to review the site profile to ensure that this issue has been addressed.

CHAIR MUNN: Yes.

MR. MARSCHKE: And I do not think that SC&A has done that at this point. But that's an action item.

CHAIR MUNN: At least not in action item 2.

Action item 3 of OTIB-0050 is an agreement with a response. The issue is no longer applicable. SC&A recommends closed on finding 3.

Comments or questions?

MEMBER ZIEMER: What happened to

No. 2?

MR. MARSCHKE: No. 2 is basically the same type of thing, same thing as No. 1.

CHAIR MUNN: Except that No. 2 we asked to be placed in a different category. We asked that it go into in-progress. There's work yet to be done.

MEMBER ZIEMER: Same as 01.

MR. MARSCHKE: Same for both 01 and 02.

MEMBER ZIEMER: And it remains in-progress then.

CHAIR MUNN: Correct. So No. 3 has been recommended to be closed.

Hearing no objection, finding No. 3 of OTIB-0050 is closed.

The next issue is already in-progress, and has been so since last month.

MR. MARSCHKE: Yes, it's the same thing as 1 and 2. SC&A is to review the site profile to ensure this issue has been addressed.

CHAIR MUNN: Correct. The next open items that we see are OTIB-0060, everything in between not having any response from NIOSH as yet.

MEMBER ZIEMER: 0060-01. NIOSH agreed to make a change, so it goes into abeyance, right?

CHAIR MUNN: Here it is. NIOSH's response from October was reference to the -- documentation will be added, and SC&A concurs, and recommends change to in abeyance.

Any concern with that?

MEMBER ZIEMER: No.

CHAIR MUNN: If not, so ordered. Doesn't that sound official?

The next item, OTIB-0060-02. We have a response from NIOSH, and now an SC&A response that says, the procedure review criteria stated -- is the procedure sufficiently prescriptive in order to minimize the need for subjective decisions and data interpretation? Does the procedure support a

descriptive approach to dose reconstruction? NIOSH -- well, you can all read that for yourselves. The final recommendation is that the issue be changed to in-progress. That appears to be appropriate under the circumstances.

Any comment, or any need for discussion?

MS. BRACKETT: I have a question.

CHAIR MUNN: Yes, Liz?

MS. BRACKETT: Regarding the SC&A finding where it says -- it's the second sentence. It says, terms such as better fit, removal fit, et cetera would benefit by some type of quantification guidance. For example, intake quantity plus or minus 10 percent defines a satisfactory fit. Well, I don't understand. Plus or minus 10 percent of what? If we knew what the actual intake was, then we wouldn't be doing the dose assessment. So relative to what? I'd be happy to put something like that in, if I understood what

that was referring to.

DR. MAURO: When you run into -- you have data, bioassay data, and you try to estimate intake, you're trying to get the best fit you could, what the intake pattern will be that will give you the bioassay data. I guess our concern is that there's a degree of judgment of when do you reach the point where you think that the intake scenario that you've selected represents a reasonable fit to the data, the bioassay data that you are observing.

MS. BRACKETT: Right.

DR. MAURO: And I think this goes toward, I guess, that judgment. You know, where do you stop?

MS. BRACKETT: Well, what's plus or minus 10 percent --

DR. MAURO: And I agree with you. I don't think -- I think that -- well, I'd like to get that -- is this Joyce? I'm not sure --

MR. MARSCHKE: I think it was Doug.

MS. BRACKETT: It mentions Doug in there --

DR. MAURO: I think we all need a little clarification, because I think I know the thrust of the concern is that, you know, when you're trying to find that best fit, and at some point you stop to say, I think we're there. And I guess, and I think the thrust of this is, how do you know when you're there?

MS. BRACKETT: Right. Yes. It's always fun to -- and really, a so-called best fit is not needed for every case. It's only when you're close to 50 percent that you actually need to do a so-called best fit. Otherwise, you try to under or overestimate and just, you know, do something that's quick, but relevant to the particular case.

CHAIR MUNN: So we have an action item. SC&A is going to clarify their original finding to the satisfaction of NIOSH so that

they know -- so that either the wording of the original finding will be revised, or NIOSH will understand precisely what the concern might be.

MS. BRACKETT: I mean, I pretty much understand the general issue. It's just this particular recommendation, it would be helpful to have a clarification on.

CHAIR MUNN: Understand.

MEMBER ZIEMER: May I?

CHAIR MUNN: Yes.

MEMBER ZIEMER: Aside from that issue, NIOSH's statement is basically, yes, some additional guidance would be beneficial, but you're only saying that sort of in a very general way. You're not committing yourself to any additional guidance, I don't think. You're just sort of saying, yes, more guidance is always good, or something. So if we didn't have this 10 percent issue, I'm not sure what else is needed. I mean, the 10 percent issue --

MR. HINNEFELD: Well, see, we do say that it's currently under revision to provide the details, but without being really specific about what that means.

MS. BRACKETT: Well, I am in the process -- I'm the author of this OTIB, and I'm in the process of revising it. And, you know, it was written initially with as much detail as I could put in in the time that I had, and I have been trying to add in more detail, and just in a lot of different areas. So that's why it's not specific, because as issues come up with dose reconstructors, I make a note, or I go in and add something to try and, to put more guidance in there.

MR. HINNEFELD: But we still have the fundamental problem of trying to decide --

MS. BRACKETT: What's the best fit.

MR. HINNEFELD: -- what's good enough.

MS. BRACKETT: Right.

MR. HINNEFELD: You know, what's best --

MEMBER ZIEMER: But you already have really big geometric standard of deviation on the distribution.

MR. HINNEFELD: On the dose.

MEMBER ZIEMER: On the dose.

MR. HINNEFELD: Right.

MS. BRACKETT: Right, and that is to account for some of this variation that you get when you do the fit.

MEMBER ZIEMER: Right, and I'm not sure what the 10 percent would mean, either.

DR. MAURO: I know that it's almost -- when I look at --

MS. BRACKETT: Yes.

DR. MAURO: -- yes to, you know, this picture you've got of 25 bioassay samples spread out everywhere. They're all over the place. But what do I do? You know, it's -- sometimes suggestions are made, but I don't think you're going to get away from it, and I

don't think we could be all that quantitative about, how do you do that?

MS. BRACKETT: Right.

MEMBER GRIFFON: I can hardly hear John, but I think he just hit on something. I heard the word professional judgment, again, and I think -- I mean, this might be another opportunity in TIB-0060 where you indicate for best estimate cases that you're going to have additional checks and balances. You know, more peer review, because I think you're right that you can't -- I mean, how prescriptive can you be with this kind of thing? But, you know, if you get down to best estimate, because, for the bounding cases, you're probably not going to need as much, but for the best estimates, you might want that as sort of the peer review to kick in at a higher level, or whatever. I don't know what the QA level is for these cases, but that might be another way to address this.

MS. BRACKETT: That's a good

point. There's nothing procedural. Some cases do get elevated, depending how the dose reconstructor feels about it, you know, how much difficulty they have had or -- but yes, that's one option. I'll make a note of that.

CHAIR MUNN: So the item on our tracking list changes to in-process. Action, SC&A. Correct?

Next issue, item 3. SC&A accepts the NIOSH response, recommends the status of this issue be closed.

MEMBER GRIFFON: Wanda, I have a question on No. 3.

CHAIR MUNN: Yes?

MEMBER GRIFFON: And mainly, you know, in the NIOSH response, they offer comments that they submitted to the ICRP committee.

CHAIR MUNN: Yes.

MEMBER GRIFFON: I would like to take them up on their offer, because I'm curious, and it's not obvious to me how these

parameters would affect calculations of intake, anyway, but I guess I am interested in that, in looking at those responses before I sign off on this one. I don't know, maybe SC&A did look at those responses that NIOSH sent to the ICRP committee, but I'd be interested in --

MS. BRACKETT: Okay. It wasn't specifically NIOSH that sent them. Tom LaBone had sent these comments, you know, not as a representative of --

MEMBER GRIFFON: A copy of comments that have been -- not NIOSH's comments. I see. Okay.

MS. BRACKETT: No, this was comments that he had made when the draft ICRP came out.

MEMBER GRIFFON: Well, nonetheless, they're cited in NIOSH's response.

MS. BRACKETT: Right. But I just wanted to clarify, that's all.

CHAIR MUNN: But you are asking that we provide them?

MEMBER GRIFFON: They could be provided, and then --

CHAIR MUNN: Okay. Liz, can you send those to me, and I'll --

MEMBER GRIFFON: I would recommend that the in-progress employee at least look at those.

MS. BRACKETT: I would also offer, I found out recently that the draft document that was cited here, the ICRP, it apparently has been rescinded as being too prescriptive. This particular issue was cited where the ICRP document was making a specific recommendation to use this particular fitting method, and the ICRP is not going to issue this document now because it's too prescriptive, and they don't want to be that prescriptive.

MEMBER GRIFFON: Can you include that correspondence, too, Liz? That would be interesting.

MS. BRACKETT: That was just a statement that was made at IRPA --

MEMBER GRIFFON: Okay. Okay.

MS. BRACKETT: -- Last month. And I couldn't find anything on the ICRP website that actually stated that.

MEMBER GRIFFON: Okay.

CHAIR MUNN: So action, NIOSH to send the ICRP comments to the Board, to the work group members? Bearing in mind that ICRP -- they're not accepting of it, are they? Therefore, rather than change this issue to closed, it will have to be in-process.

Next issue is finding No. 4. SC&A responds, they concur, and recommend the status of the issue be changed to in abeyance, awaiting the OTIB revision.

Any objection to in abeyance for finding 4? If not, that change will occur.

Finding 5. Concurs with NIOSH response, provided OTIB-0060 is revised to include the information given to the dose

reconstructors in training. Request it be changed to in abeyance.

Any problem? It will change to in abeyance.

The next issue is finding No. 6. The NIOSH response is the same as their response to -03, and that's accepted by SC&A in recommending that this issue be closed.

MEMBER GRIFFON: This was the same issue we just discussed?

CHAIR MUNN: Individual bioassay results.

DR. MAURO: It was changed it to in-progress.

MR. MARSCHKE: We changed it to in-progress.

DR. MAURO: Yes, even though we recommend that it be closed --

MR. MARSCHKE: The Board changed it to in-progress.

DR. MAURO: -- the Board can use its judgment.

MEMBER GRIFFON: Pending that --

MR. MARSCHKE: So this one was also in-progress as per Board -- is this basically addressed in --

CHAIR MUNN: I think this is addressed in -03.

MEMBER GRIFFON: And 03 is in-progress.

CHAIR MUNN: Yes, 03 is in-progress, so there's no reason why this one should also remain open, correct?

MEMBER GRIFFON: They're almost the same issue. I don't know what --

CHAIR MUNN: Very nearly. So we can close this one and cover it in -03, correct?

MEMBER ZIEMER: Well I don't think it closed with this one, does it?

MR. HINNEFELD: No, it says -- it's addressed, and it's another of the finding statuses.

MEMBER ZIEMER: Addressed in

finding --

MR. HINNEFELD: Is that okay with the work group?

CHAIR MUNN: That's fine with me.

The next issue is finding 7. Take a minute to read the NIOSH response and the SC&A follow-up. I believe that's another one of those for which we have hard copies, if you want to look at it.

MR. MARSCHKE: This has a PDF file associated with it.

CHAIR MUNN: Yes. If we want to go to look at that, the recommendation is to change status to in-progress. A lot of work to do on TIB-0060.

Any objection to in-progress? If not, it will be changed.

Next open issue by my record is in procedures. PROC-86, is that correct, Steve, from your record? PROC-86, finding 1. You may want to read NIOSH's response, and note that SC&A concurs, recommends in abeyance.

Any problem or question?

MEMBER GRIFFON: Can I ask a very simple question? Since I'm not up to speed on PROC-86, what are complex internal dose claims? I mean, how does someone identify -- when they get a case, how does someone identify a complex internal dose claim?

You know it when you see it? Is that it?

MR. HINNEFELD: We're trying to get up to speed on this, Mark.

MEMBER GRIFFON: This really applies to the review and summary of records, right?

DR. MAURO: It sounds like there's some kind of revision.

MEMBER GRIFFON: I mean, it looks like you're making a distinction between the case preparation and the dose reconstructor. So this person's taking the raw data, and putting their --

MR. HINNEFELD: There is, but --

MEMBER GRIFFON: -- spreadsheet, right.

MR. SIEBERT: But what this is is the data for these three people, that they're group is doing an initial --

MEMBER GRIFFON: Triage.

MR. SIEBERT: -- screening - yes, exactly - triage of it, and that was created to help efficiency early on in the project. So it is a very different process. The dose reconstructor may or may not use the information given by this. I would actually have to go back, and we'd have to go check with the people who prepared this to see if they're still conducting --

MR. HINNEFELD: I don't believe they are in this procedure.

MEMBER GRIFFON: Is this an arcane procedure? Is this really --

MR. SIEBERT: Yes.

MR. HINNEFELD: This procedure apparently has been canceled. It's not on my

--

MEMBER GRIFFON: Been canceled?

MR. HINNEFELD: -- list of current procedures. Let me check and verify that.

MR. SIEBERT: That's why --

MEMBER GRIFFON: But it was used on some cases, or in the beginning? Right, right.

MR. SIEBERT: Yes, and it was --

MR. HINNEFELD: Apparently.

MR. SIEBERT: -- it was never something that was required to be used by the dose reconstructor. It was basically to ease them while they were working on other cases so that -- another individual was doing this type of screening so that it would save them a little time on the general process, but they weren't required to use anything from it.

MR. HINNEFELD: Okay. I'm going to withdraw my statement that it was canceled, because it's not in the historical revisions, either, and so it could be that my set only

includes the dose reconstruction procedures, rather than the entire set.

MR. SIEBERT: Which one is it? - 86?

MR. HINNEFELD: -86.

CHAIR MUNN: -86. PROC-86.

MR. SIEBERT: No, that's still out there.

MR. HINNEFELD: I think my set is just dose reconstruction procedures, so I don't have it.

MR. SIEBERT: And it still could be used. We have to check with Rick to see how frequently it's still used.

DR. MAURO: So if you help me out a bit, is this where you have lots and lots of bioassay data, and as a convenience for the dose reconstructor, someone prepares a file? I mean, what is this? You know, it depends -- all the input?

MS. BRACKETT: There is a group that does that. They enter the data into a

spreadsheet so that the dose reconstructor doesn't have to spend time doing that.

DR. MAURO: Doesn't have to do it?

MR. SIEBERT: Now let me take a look.

MEMBER GRIFFON: Liz or Scott, they also go through, like to see if they were involved in any incidents, or things like that. I mean, is there some -- or do they just enter all the data in a spreadsheet, and --

MS. BRACKETT: They enter everything they see. They don't do any judgment at all.

MEMBER GRIFFON: Okay. Okay. All right. That's important, then. Okay.

MS. BRACKETT: Right. The dose reconstructor then has to do that.

MEMBER GRIFFON: Okay.

MEMBER ZIEMER: But is this multiple inputs, or it could be multiple inputs, like inhalation plus a wound, or --

MS. BRACKETT: Well, it's all the bioassay data that's on file. Everything.

MEMBER GRIFFON: Given Liz's clarification, I think I'm okay with in abeyance. But the case preparers do no -- they just look for everything.

MR. SIEBERT: Correct.

MS. BRACKETT: Correct, they do no interpretation at all.

CHAIR MUNN: With that, any -- no, go ahead.

DR. MAURO: Well, but nevertheless, I see that there's some type of provision being -- anyway, you have a protocol for people to load data into the database. It sounds like that's -- there are some revisions being made to that protocol, which is a mechanical process, actually. Of course, you have to load the data correctly, but it sounds like there are some revisions being made. That's why this is recommended in abeyance. I'm just trying to understand conceptually

what the concern we had was originally. In other words, if this is a mechanical process of taking data from one location, and loading it up into a spreadsheet for the convenience of the dose reconstructor, I'm not too sure if I understand what the issue is. I'm trying to --

MR. HINNEFELD: It appears that the issue relates to wounds. If there's evidence of a wound, that these people, as they prepare the case, should specifically make note of that. And as far as I know, the procedure is silent. Is that what the issue is here? Well, I'm going to leave with one final observation. Maybe it's more than that. I'm at the end of the finding; I'm sorry.

DR. MAURO: So right now, you're saying that the guidance might be a little ambiguous through the person that's going to be loading the data and making the distinction between whether the bioassay data that we're looking is as a result of a wound, as opposed

to, let's say, inhalation or ingestion. It's ambiguous right now.

MR. HINNEFELD: Well, part of it is that the title is misleading, because it talks about dose reconstruction determining the most efficient approach to process things found by EEs, and this says very little about efficiency. That's one thing. So it says the title is misleading. Yes, it seems to be just that, and then the observation that -- it gives examples of what is and what is not to be considered an incident, and should or shouldn't be entered into a spreadsheet. It says it would be prudent to include any mention of medical or operations report related to a wound. Documenting the wound information would help the dose reconstructor determine --

MS. BRACKETT: Well, I mean, this procedure doesn't relieve the dose reconstructor of any review that they would do.

MR. HINNEFELD: Of any obligation like that, right.

MS. BRACKETT: This is just for their convenience, to have an electronic spreadsheet of data instead of them, you know, wasting their time keying in data, and possibly mis-keying something. It's not meant to cover everything that might be in somebody's file.

MR. SIEBERT: Right, the dose reconstructor still -- it's still incumbent on them to always check all the information that they have. This is just kind of guidance of -- here's things you might -- you can get an overview of where you might want to go.

MS. BRACKETT: Right, but this is data entry clerks using this procedure. It's not a health physicist.

CHAIR MUNN: So the status goes to in-progress. And I have an action item for NIOSH to check whether PROC-86-01 is still active.

MR. HINNEFELD: Oh, it is. It is still active. It is still active.

CHAIR MUNN: Okay. And is it likely to be revised? That's the real question.

MR. HINNEFELD: Well, you know, in a global sense, almost everything we do gets revised at some point.

CHAIR MUNN: Well, I mean, are there --

MR. HINNEFELD: I don't know --

CHAIR MUNN: Do I need to qualify that?

MR. HINNEFELD: I don't know that there's a current action revisor, and I don't know that this response that we wrote, the initial response, should be interpreted as a promise to revise it promptly. It says that we'll collect this feedback, and consider it when we do revise it, which is not -- so it's different than a promise that we will revise it because of this feedback. So there's not

really a specific promise to revise it here. So I guess I don't know where you want to go with that. I mean, it could be in abeyance, it could be in-progress.

DR. MAURO: Well, I mean the point is basically is that the committee -- you know, that the fact that the person is just mechanically, faithfully loading up a database. The fact that that database is an outcome of wounds, or an incident, or whatever, is really not that person's responsibility. It's up to the dose reconstructor. Now that he has a database in front of him as a convenience, then he goes into this person's -- you know, reconstructs this person's dose, taking into consideration everything that's in the record available regarding that person. I guess, in looking at this, if that's the case, then, you know, maybe there's no issue here.

MR. HINNEFELD: I think what I would like to do is take a shot at a NIOSH

follow-up comment following on Doug's comments down here to kind of lay some of the things that we've said here, and maybe get a different kind of outcome, because the way this proceeded was that -- you know, Doug's conclusion was that, well, we say we're going to revise PROC-86. And he says, okay, well, if they take care of this in revision, then it should be in abeyance. So that's what I'm trying to respond to, here. So I'd like to, rather than go that way, I'd like to include some additional comments that Liz and Scott have provided, and along with making sure that -- finding out whether, in fact, there is an active effort to revise this, and wrapping that all up in a NIOSH follow-up comment here, if that's okay.

CHAIR MUNN: So maybe just change our action item to NIOSH, or revise the response?

MR. HINNEFELD: Yes.

CHAIR MUNN: For PROC-86.

DR. MAURO: Which makes this in-progress?

CHAIR MUNN: Makes this in-progress.

The next item is PROC-94, item 1. The NIOSH was made in October. Take a moment to read it. It's fairly lengthy.

SC&A concurs that no response was required. Recommends the item be closed.

Any objection?

MR. HINNEFELD: Well, that's just for the first item?

DR. MAURO: Yes, there's a couple different pages here.

CHAIR MUNN: This is going to be tricky. How do we close item 1?

MR. HINNEFELD: I don't think you close anything until you close them all.

CHAIR MUNN: I wouldn't think so.

MR. MARSCHKE: I guess the question is -- the way we need to do is we need to put something in here in the work

group directives, and basically there are seven sub-issues. And if the work group agrees with the SC&A recommendations for all seven, then we can say that, and then the overall status of this issue would be in abeyance. And if the work group agrees that some of them should be closed, we will identify which of the sub-issues the work group wants closed, and which ones be made in abeyance.

CHAIR MUNN: I think that's appropriate. That's why we have the space on the form to do that.

MR. MARSCHKE: Yes.

CHAIR MUNN: Any objection to making that addition to the work group directive, and placing this entire first finding in abeyance? That's good?

MR. MARSCHKE: I guess so. I mean it's --

CHAIR MUNN: Work directives will include the minutiae, and the status will

change to in abeyance.

MEMBER ZIEMER: Where are the first two indicators being findings if they're -- under SC&A findings.

MR. MARSCHKE: Kind of like when you were talking this morning about OTIB-0066, and where we basically gave, I guess, positive findings as opposed to negative findings. I think, again this is from Dr. Ostrow, and so maybe he's doing the same type of thing here where he's, you know, giving a positive finding.

MEMBER ZIEMER: Okay.

MR. MARSCHKE: I think that's the last one, Wanda.

CHAIR MUNN: Are we okay with that? Are we still thinking about it? Hearing no negative concerns one way or another, I do believe that that's the last of set three, is it not? Am I missing something?

MEMBER ZIEMER: That's it.

CHAIR MUNN: There's nothing new

in PROC-95 which I show as the last of the open set three issues. Correct?

MEMBER ZIEMER: Yes.

CHAIR MUNN: Do we have any responses to anything past set three that we need to address, or other outstanding procedures which have been inserted into our process by reason of their imminent need that we need to touch on before we close?

MR. HINNEFELD: Well, we have the additional response on OTIB-0018, which I submitted, which I sent out on December the 1st.

CHAIR MUNN: That's correct.

MR. HINNEFELD: So that's not very much lead time. I don't know if anybody, you know, wants to discuss that yet or not, but it's something that, you know, we were asked to provide.

CHAIR MUNN: Yes.

MR. HINNEFELD: And this is like additional discussion on 0018-05, so this is

our contribution to it.

CHAIR MUNN: That's good. Let's do it. OTIB-0018.

MEMBER GRIFFON: Stu, I was just reading through that, and one of the items you indicated -- I don't know if I'm getting ahead of Wanda here, but --

CHAIR MUNN: No, go ahead.

MEMBER GRIFFON: Okay. In one of the items you indicated you -- I think it's NIOSH additional responses 1125-08, No. 1, you indicated that you had sort of a conference call process where you went through the different sites to see if it was the author's sense that -- the TBD authors, I guess, primarily were on the call, and if it was the author's sense that they had a, quote, robust air sampling program for those sites. And you know, yes or not kind of, and then that's how the list was generated. And I don't know if -- I mean, my feeling is I would rather have a little more backup for that than

just a -- you know, a call took place. I don't know about how others feel in the work group, but if something -- if the authors could put a memo forward or something like that that says here's how -- you know, for K -- for whatever site, given that we have X, Y, Z, and da-da-da, over the different time frames, we feel this is the robust air sampling program, you know, was in place. But I mean, I'm not looking for -- I think it probably is something that they can -- given that they authored the TBD, they can use their existing reference file, some sort of brief, and I stress brief, response as to why they feel it satisfies the definition of robust air sampling program.

MR. HINNEFELD: I can find out.

MEMBER GRIFFON: That's my opinion. I don't know how others feel.

MR. HINNEFELD: Eighteen would be MPCs, or dose reconstruction. And there's a certain list that extensively has air

monitoring programs of a nature that if people were, you know, chronically going to be exposed to MPC, that would have been found and prevented. That's kind of the basis for getting them to use MPCs.

DR. MAURO: And that was the denial until 0033 came in, which allowed you to use it for --

MR. HINNEFELD: For a fraction of it. Yes, a fraction.

DR. MAURO: Yes. All right. I got to say, that's like, there are a number of procedures that go to the surrogate data issue. In a way, in effect, that procedure goes to, well, we know what the regulations were, or we have a pretty good idea that a given site were following the orders that were in place. So in effect, it's --

MEMBER GIBSON: Excuse me, Wanda?

CHAIR MUNN: Yes.

MEMBER GIBSON: Was there an answer to Mark's question? I'm having a hard

time hearing.

MR. HINNEFELD: Mike, this is Stu. I'm sorry, I'm kind of behind my laptop here. What I said to Mark's question was that I will try to find out if we can provide -- if the site profile authors can provide a little more backup to their opinion that, yes, this one should be including, you know, this site should be included, or that one shouldn't. Or actually I don't know if anybody ever said that one shouldn't, but they identified sites that they thought should be included. And so, I'll try to find out if we can provide anything more like that. That's all I can say today.

MEMBER GIBSON: Okay. I just didn't hear the answer. Thanks.

MR. HINNEFELD: Yes.

CHAIR MUNN: And John was saying something, but he was saying it so softly.

DR. MAURO: I'm sorry. I was just sort of thinking about the surrogate issue.

In other words, there are a lot of places where generic concepts are being applied to deal with the fact that maybe there's a limitation of data. Up until now, we've mainly been looking into using data from another site to apply to a given site, when you're, you know, missing, or there are deficiencies in data. In a way, I see this procedure as being of that nature. That is, the idea being that, if you feel a degree of confidence that it had a good health physics oversight program at a facility for a given time period, the use of the regulations, the MPCs, as being a way of assigning exposures, and I read through 0018, and there's no doubt that, if you had a good coverage, there weren't any incidents of note, and you were to assign the MPCs, especially I think you were assigning the MPCs in a way that were off the charts, conservatively. And whether you just picked Strontium-90, you went ahead and found those radionuclides, and some kind of workbook, a sophisticated workbook,

that would just assign off-the-chart exposures for the purpose of denial. Then you layer in this other OTIB, which is 0033, which is what -- but now you could assign fractions, 0.5, 0.1 of an MPC.

What I'm getting at, and I see it important to put this I guess on the table, is that that goes toward a generic approach to dealing with the fact that you may now have site-specific data, or have inadequate data. And it's a way to fill that gap. So I think that that, along with the other surrogate data -- you know, we look at a number of sites where surrogate data would be used, but here we have a procedure where, in effect, it's a way to get around the fact that you're lacking site-specific data, or it's insufficient. And I think it's -- whether or not it's addressed here in the way in which we just discussed, where you'll be providing additional information on these judgments, but also it's something that I'm sure will be a matter that

perhaps should be on the table for the surrogate data worker, whether or not they would like to engage that issue from that perspective.

MEMBER GRIFFON: John, I tend to agree with you. You know, it's kind of a work-around, and that's all the more reason for the -- you know, my inquiry into the definition of how -- or how you derive or determine whether a facility has a robust -- you know, I mean, I think it is, you know, probably very generous if in fact it -- you know, it meets that definition.

The other thing I think you have to look at is, is it a plausible -- and, you know, I think this is just a way to, you know, avoid the fact that you don't have records at all for these individuals, and throw a high number at the situation, because you know it's going to be a denied claim. So you know, I guess there's a couple things going on in this.

DR. MAURO: I'm less concerned with the use of it for denial, especially if there's no incidents, than I am with the OTIB-0033, which is a way to tweak the results of that. It could also have been used for granting.

MEMBER GRIFFON: But remember, this is a dose reconstruction program. So you know, you have to -- you know, peaking on the side of this, and we've talked about this at length for over five years, you know, that this -- lurking in the sideline is the SEC regulation, and the fact that it's not -- we're not just looking at, you know, a POC determination here. We're looking at dose determination. So those two things we use together. I think we have to keep that in mind. You know, if you do this kind of thing, obviously what ends up falling out is a lot of the obvious cancers that are very low radio-toxic, radio-toxicity, not very radiogenic, end up falling off the bottom, and so you

throw a high dose no matter -- they're never going to be compensable, and they're gone, you know? Is that consistent with a dose reconstruction program? I don't know. I'm thinking out loud here, but that's -- I think that's also something to consider.

MR. HINNEFELD: Well, I think, Mark, we -- you know, OTIB-0018 was a fairly early development, and for a lot of these sites, I would think we'd have coworker data.

MEMBER GRIFFON: No, you're going to have coworker data, right? Yes. Yes.

MR. HINNEFELD: But the dose reconstructors are looking at you with a puzzled look on their face, so maybe not.

MEMBER GRIFFON: But I think it's widely used.

MR. HINNEFELD: That would be a preferred approach, if it's available.

MS. BRACKETT: But oftentimes, OTIB-0018 is easier. It's more efficient, so the dose reconstructors still tend towards

that --

DR. MAURO: And denied.

MS. BRACKETT: Yes.

MR. HINNEFELD: I mean, there could be a comparison of coworker data that --

MS. BRACKETT: You'd have to run every scenario possible, because OTIB-0018 changes depending on the organ and the time -- the length of employment. Because it's based on -- it's a changing nuclide that gives you the largest dose.

MR. HINNEFELD: Okay.

MS. BRACKETT: And once exposure stops, the nuclide that gives you the largest dose changes.

MR. HINNEFELD: Okay.

MS. BRACKETT: It's very complicated the way OTIB-0018 works.

MR. HINNEFELD: Okay. Okay.

DR. MAURO: Now I would say, if we looked at that carefully, and I agree with you, every effort was made to make sure that

the radionuclide that was selected for a particular case gives you the limiting MPC exposure, by far. In terms of the limiting dose to the organ of concern, and the exposure scenario.

MS. BRACKETT: On an annual basis.

DR. MAURO: Yes, on an annual basis. It's quite fabulous and amazing. I mean, when I looked at it, I was quite overwhelmed. But at the same time, when you do that, you certainly create scenarios which are bounding, certainly not plausible, but for the purpose of denial, acceptable. It's when you move into the realm of, is there any way we could use this particular tool in combination with, let's say OTIB-0033, it starts to allow you to ratchet that down to a 0.5 of an MPC, 0.1 of an MPC, and thereby avoiding the fact that you're not using site-specific data anymore, and then grant. I think that might raise some questions regarding an SEC. That's where I'm coming

from.

MS. BRACKETT: OTIB-0033 is not used to grant. It can only be used for denials.

DR. MAURO: I misunderstood.

MR. SIEBERT: It was during the time frame that -- it caused problems for us --

MS. BRACKETT: Yes. And --

DR. MAURO: That's behind us now?

MS. BRACKETT: Yes, and it is a problem because the title does imply that you can use it, and that's because it was written at that time. And it is on -- I believe it's on our list of action items to change the title of that OTIB and --

DR. MAURO: Then I have absolutely no concerns with it.

CHAIR MUNN: Any other comment with respect to 0018-05? So where do we stand?

MR. HINNEFELD: Well, I'm going to

see if we can provide any additional information from the site profile authors about support for their opinions.

CHAIR MUNN: All right. Any other comments with respect to OTIB-0018-05? And any other outstanding material that's been generated since our last meeting that should be addressed before we adjourn?

MR. HINNEFELD: Do you have an idea of how we're going to go on the next meeting? Anything you want us to try to focus on getting responses back from? Because I know there are still some third set procedures that we haven't provided initial responses on.

CHAIR MUNN: That's true.

MR. HINNEFELD: There's a review of the worker outreach program. What else is out there that -- I was going to look at our list of cases, and see what all the various products are. I mean, clearly we can go ahead and, you know, try to get some more responses on the third set, some more of those initial

responses, and try to get those out. Then I just wondered if there's anything else that we need to try to focus on.

CHAIR MUNN: I will try to get the action item list from this meeting out in a prompt manner. And it would, from an administrative perspective, be very helpful to get as many initial responses to that that are outstanding in, and there's one, two, and three out there. If that can be done, that's helpful.

I hesitate to undertake much effort on the fourth step until we have gotten a little further along with this third group. The older they get, the more difficult it is for us to come to a conclusion.

So at this juncture, I do not anticipate going any further into our list than we can count, with the exception of outstanding pressing issues that arise as we go along the normal course of events.

Yes, Steve?

MR. MARSCHKE: I was just going to point out, Wanda, we started off this morning with a snapshot of -- or at lunch time, we started out with a snapshot of the summary table where we began today, and after working through the initial responses, this is kind of where we're ending the day, I guess. If you look at the 1029 row up there, we started out the day with 139 open issues, and we're ending the day with 113 open issues. We started today with three in-progress, and we ended up with 10 in-progress. We had three in abeyance, and we now have 13 in abeyance. We now have one addressed in another finding, and we have now -- before we had no closed issues, and now we have eight closed issues. So that's the progress we've made this afternoon.

CHAIR MUNN: That's helpful. And it is certainly a mood adjustor. Thank you, Steve.

DR. MAURO: Steve, I noticed that we have them grouped by date, and some of

these, like the first one here, certainly this one and this one, may represent these very large documents that have maybe 30 or more procedures that were reviewed. And some of them, my guess is, that's just one procedure.

MR. MARSCHKE: They're all just one.

DR. MAURO: This is just one?

MR. MARSCHKE: I mean, all the other ones are -- except for those three, all the other ones are single.

DR. MAURO: And the reason I mentioned that is that the ones that are by themselves are the ones that were considered of special concern, like OTIB-0052.

CHAIR MUNN: That's correct.

DR. MAURO: And the extent to which this kind of summary table could capture that would be helpful.

MR. MARSCHKE: Well, Wanda asked to implement that a number of months ago, and basically, because the SQL database was coming

down the road any day now, we've kind of frozen work on this database, and we have not been updating anything. But Wanda has asked for a descriptor back in the summer sometime, and this was quite a while ago, a text descriptor, which describes what each one of those finding dates is all about. And we did not incorporate that, because again, we froze the database in anticipation of moving away from this particular database. I mean, if you want, we can start, you know, making changes to it, and making enhancements to it. There was a couple of questions that -- I mean, this is one. Mark basically had another one. Is there someway that we can press a button, and, you know, get more text on the screen.

DR. MAURO: Blow up the whole thing.

MR. MARSCHKE: Blow up the SC&A response so that it -- you know, so you have -- you're not reading two lines at a time. So I mean, there are some enhancements that could

be made to the database, but at this point, it's frozen.

CHAIR MUNN: And I hesitate to recommend that, John, for a number of reasons, not the least of which is, those of us who use this on a regular basis are well aware that we have three sets of procedures up there, and we identify them by date. We know that anything else is either a single or one or two procedures that were of special interest for some activity that was ongoing for the full Board.

And knowing that, and as Steve has already said, understanding that some changes are coming with respect to how we handle the continued case, I hesitate to make an interim change. I think most of us are relatively comfortable with this, are we not? Am I speaking out of turn?

Mike? Mark? Have I spoken incorrectly?

MEMBER GRIFFON: No, Wanda, that's

fine.

CHAIR MUNN: All right. Anything else for the good of the order? If not, I will see you first next week, and then in this setting again in January.

(Whereupon, the above-entitled matter was concluded at 4:02 p.m.)