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NUCLEAR REGULATORY COMMISSION

Title: Advisory Committee on the

Medical Uses of Isotopes,

Fingerprinting Orders Teleconference

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1	UNITED STATES OF AMERICA
2	NUCLEAR REGULATORY COMMISSION
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4	ADVISORY COMMITTEE ON THE MEDICAL USES OF ISOTOPES
5	+ + + +
6	TELECONFERENCE
7	+ + + +
8	WEDNESDAY,
9	AUGUST 15, 2007
10	+ + + +
11	The meeting was convened in room T-08C1 of
12	Two White Flint North, 11545 Rockville Pike,
13	Rockville, Maryland, at 1:00 p.m., Leon S. Malmud,
14	M.D., ACMUI Chairman, presiding.
15	MEMBERS PRESENT:
16	LEON S. MALMUD, M.D., Chairman
17	DOUGLAS F. EGGLI, M.D.
18	RALPH P. LIETO
19	SUBIR NAG, M.D.
20	RICHARD J. VETTER, Ph.D.
21	JAMES S. WELSH, M.D.
22	DARRELL FISHER, Ph.D.
23	ORHAN SULEIMAN, Ph.D.
24	BRUCE THOMADSEN, Ph.D.
25	WILLIAM VAN DECKER, M.D.

1	NRC STAFF PRESENT:
2	CINDY FLANNERY
3	MOHAMMAD SABA
4	ASHLEY TULL
5	SANDRA WASTLER
6	DUANE WHITE
7	ANGELA McINTOSH
8	CARLEEN SANDERS
9	RONALD ZELAC, Ph.D.
10	ALSO PRESENT:
11	RICHARD MARTIN, ASTRO
12	LYNNE FAIROBENT, AAPM
13	MIKE PETERS, SNM
14	GLORIA ROMANELLI, ACR
15	DEBBIE GILLEY, FL/OAS/CRCPD
16	REPRESENTATIVES FROM ELI LILLEY & CO.
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1	P-R-O-C-E-E-D-I-N-G-S
2	1:05 p.m.
3	MS. WASTLER: Then I will go ahead as the
4	Designated Federal Officer, give our opening remarks
5	and then I'll turn it over to you, sir.
6	CHAIRMAN MALMUD: Thank you.
7	MS. WASTLER: As the Designated Federal
8	Officer for this meeting, I'm pleased to welcome you
9	to this teleconference public meeting.
10	My name is Sandra Wastler. I'm the Chief
11	of the Medical Safety and Events Assessment Branch.
12	And I've been designated as the Federal Officer for
13	this Advisory Committee in accordance with 10 CFR Part
14	7.11.
15	Present today as an alternate Designated
16	Federal Official is Cindy Flannery.
17	This is an announced meeting of the
18	Committee to discuss increased controls of
19	fingerprinting orders being held in accordance with
20	the rules and regulations of the Federal Advisory
21	Committee Act and the Nuclear Regulatory Commission.
22	The meeting was announced in the August
23	1st, 2007 edition of the Federal Register.
24	The function of the Committee is to advise
25	the Staff on issues and questions that arise under

medical use of byproduct material. The Committee
provides counsel to the Staff but does not determine
or direct the actual decisions of the Staff or the
Commission. The NRC solicits the views of the
Committee and values their opinion. NRC requests that
whenever possible we try to reach a consensus on
issues that we will be discussing today, but I also
recognize there may be minority or dissenting
opinions. If you have such an opinion, please allow it
to be read in the record.
As part of the preparation for this
meeting I've reviewed the agenda for the members and
employment interests based on the general nature of
the discussion that we're having today, and I have not
identified any items that would pose a conflict.
At this point I would like to introduce
the individuals participating in today's
teleconference. Dr. Leon Malmud, Mr. Ralph Lieto, Dr.
Subir Nag, Dr. Douglas Eggli, Dr. Orhan Suleiman, Dr.
James Welsh, Dr. Darrell Fisher, Dr. Richard Vetter
and Dr. Bruce Thomadsen.
Has anyone else joined?
MS. GILLEY: Yes. Debbie Gilley, State of
Florida.
MS. WASTLER: All right.

1	Dr. Williamson?
2	MS. TULL: Dr. Williamson will not be
3	participating.
4	MS. WASTLER: Okay. Sally Schwarz? Dr.
5	Van Decker?
6	MEMBER VAN DECKER: Yes, ma'am.
7	MS. WASTLER: All right.
8	Dr. Malmud, ACMUI Chairman, will conduct
9	today's meeting. Following a discussion of the topic,
10	the Chair at his option may entertain comments or
11	questions from members of the public who are
12	participating with us today.
13	I would remind the participants that this
14	meeting is being transcribed and ask that prior to
15	speaking each of you introduce yourself.
16	Thank you.
17	And, Dr. Malmud, I will turn the
18	discussion over to you, sir.
19	CHAIRMAN MALMUD: Dr. Malmud. Thank you.
20	The subject of today's conference call is
21	increased controls with regard to fingerprinting
22	orders. There is a briefing, and the two individuals
23	who will fill us in on this subject are Dr. Vetter and
24	Mr. Lieto.
25	I therefore am asking Dr. Vetter and Mr.

Lieto which of you would like to kick off?

MEMBER VETTER: This is Dick Vetter.

I would like to make a few introductory comments and then turn it over to Ralph for any comments he would like to make.

Just a few comments about the background here to remind those who aren't directly connected with this issue.

In November of 2005 the NRC issued orders to medical licensees regarding radionuclides of concern. An example would be cesium-137 with an activity of greater than 27 curies. Blood irradiators typically contain several hundreds to several thousands of curies, so they would be included in this category.

In these orders the NRC required licensees to initiate a process to determine trustworthiness and reliability of all individuals who have unescorted access to these radioactive materials of concern. The process for determining trustworthy and reliability was based on verification of employment, education of the individual and personal references. And all licensees, to the best of my knowledge, have gone through this process and many of them have in fact had an increased controls inspection to determine whether

or not they meet the requirements of the Orders.

These Orders also indirectly required licensees to increase the security of many of the sources in order to limit access to only those individuals who had passed the trustworthy and reliability determination.

Subsequent to all of that, the Commission on March 12, 2007 instructed the NRC Staff to engage the Agreement States in the development of a plan to

on March 12, 2007 instructed the NRC Staff to engage the Agreement States in the development of a plan to require fingerprinting of licensees that have been identified as possessing radionuclides of concern, and therefore needed to implement increased controls.

The purpose of that requirement was to enhance the trustworthy and reliability determinations. So that was March 12th.

On June 5th the NRC issues Regulatory Information Summary 2007-14 in which they explained to licensees, or sort of gave licensees a heads up, that they should expect Orders that would require licensees to fingerprint everyone who was allowed unescorted access to radionucluides of concern. And these orders should be expected in the fall of 2007.

Ralph and I, because of our contacts within the radiation safety community, had heard a number of concerns expressed about this. A lot of confusion was expressed. So we requested an

opportunity to visit with NRC about this. And the NRC Staff arranged for Ralph Lieto and me to attend a meeting of the Working Group that is working with the agreement states to implement the Staff Requirements Memorandum (SRM), which is the Commission direction to NRC staff to require fingerprinting.

A meeting was held on July 31, 2007. And I believe the Committee received -- I believe Ashley Tull submitted a copy of the transcript and our meeting notes to the Committee on August 3rd. So you should have all received a transcript, had an opportunity to read it if you wanted, and received the notes from Ralph and me, which are basically a set of bullet points from our meeting.

I would say that the NRC staff was very open to our comments. However, it became clear during the meeting that the NRC Staff was simply following or implementing an order from the Commission, and therefore many of the concerns that we had perhaps the Staff could not react to because they're simply carrying out orders from the Commission.

But I would like to make just a couple of points, or underscore a couple of points, from our meeting, which come from feedback from licensees.

First of all, there's a lot of confusion

among licensees about how the fingerprinting might impact their current procedure for determining trustworthiness and reliability. And so we recommended that the NRC send out a communication of some sort as soon as possible to try to clarify some of these issues.

And the NRC has been holding meetings with various groups around the country in order to receive input. So they're well aware of many of these issues.

There are two points I'd like underscore in particular, and these are based on the feedback that Ralph Lieto and I have received. Ι would personally conclude that there's consensus among licensees that the cost of fingerprinting and FBI checks is simply not justified. Whether it is justified or not perhaps is another question, but many licensees do not feel it's justified.

you'll notice that our notes indicated direct t.hat. the cost alone for fingerprinting and then doing the FBI checks is going to be probably somewhere between \$50 and \$100 per person. Many of the larger academic medical centers have as many as 500, in fact I'm aware of one that has more than 500 personnel, who have unescorted access.

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So you multiply those out and you've got \$50,000 for a single academic medical center to implement this in direct costs alone. Indirect costs were if you consider each staff person would have to be taken away from the clinic or research lab for perhaps a half hour to go get the fingerprints, add that up and there's more than another \$10,000 or more in indirect costs, not counting the time for Radiation Safety and Human Resources staff to deal with this issue.

So this is a very, very expensive , nd I guess many licensees simply question whether or not it's justified.

The second issue I'd like to underscore, is that there's a very strong consensus among licensees that if fingerprinting is going to be required, that all of those individuals who have already been determined to be trustworthy and reliable should be grandfathered and that we shouldn't have to go back and essentially do an additional trustworthy and reliability determination.

I know the NRC considers this to be an enhancement of the current process. I don't think anyone would disagree that it is an enhancement, but the strong consensus is that it should not be a retroactive requirement. And I think that it is also

confusing to a lot of licensees about how they should 1 handle an individual who has already been determined 2 3 to be trustworthy and reliable, and now we're going to 4 require them to be fingerprinted. 5 Going forward may make a little bit more sense. 6 So after just underscoring those comments, I'd like to turn it over to Ralph to see if 7 8 he has any additional comments and then we'd open it 9 up to questions or turn it back to you, Dr. Malmud. 10 Thank you. CHAIRMAN MALMUD: This is Malmud. 11 Thank you, Dr. Vetter. 12 Mr. Lieto? 13 14 MEMBER LIETO: Thank you. 15 This is Ralph Lieto. And just probably two comments that I would like to make in addition to 16 17 what Dick has already said is that the cost that Dick identified regarding this order would be in addition 18 19 to the expenses that licensees have implemented with the increased orders to date, which in many cases is 20 on the order of high hundreds to tens of thousands of 21 dollars already. 22 The other point that I would like to make 23 24 that, as was pointed out to us, is that

Commission can affect regulation, if you will, by

1 three mechanisms. One is by Orders. One is by rulemaking. And the third is by license amendment. 2 They indicated that the increased controls 3 4 Orders must be or will be followed by a rulemaking 5 process where licensees would have input into maybe appropriateness of the Orders to certain classes or 6 7 categories of licenses and so forth. To me I think that's, you know, addressing the issue after the 8 horses have left the barn. Because these orders will 9 have been in effect probably for years before the 10 rulemaking process is done. And so during this whole 11 time period there will be, I think in many cases, an 12 outlay of money, time and other human resources that 13 14 probably were not justified and would have been in 15 place. And it'll determined that, you know, this license category or classification really didn't need 16 17 to go through all this. So I think those would just be the two 18 19 points that I would like to add to what Dr. Vetter has already said. 20 Thank you, Mr. Lieto. 21 CHAIRMAN MALMUD: Are there comments from others? 22 MEMBER NAG: Yes. This is Dr. Nag. 23 24 I have one thing I wanted to bring up. additional fingerprinting going to 25 the increase

1 security? For example, if the individuals have been 2 fingerprinted because of the driver's license or 3 because of employment, is that not enough? 4 all of that data is already on file. 5 secondly, having fingerprints themselves, does that add anything to the security? 6 7 CHAIRMAN MALMUD: Thank you, Dr. Naq. 8 Any further comments regarding Dr. Nag's 9 points in question? MEMBER VETTER: This is Dick Vetter. 10 Just to clarify, perhaps clarify. For the 11 fingerprinting that is going to be required by the 12 licensees will need to do fingerprints on 13 14 everyone who they wish to have unescorted access. 15 fingerprints need to be sent to the NRC, and the NRC will send them to the FBI. 16 So this is over and above any local 17 security issues. Some licensees I know will 18 19 fingerprint new employees and send it to the local police department or the state police department, but 20 FBI. 21 don't send them to the So the fingerprinting 22 Orders are over and above any 23 fingerprinting that's done at the state or local level. 24 This is Dr. Naq. 25 MEMBER NAG:

1	So my question is does a fingerprinting at
2	the FBI level add anything to a local fingerprinting
3	that has already been done, either for driver's
4	license or for employment? And most of the time most
5	hospitals and most states require fingerprinting for
6	these reasons.
7	MEMBER VETTER: Right. This is Dick
8	Vetter. Right. But the local fingerprinting would
9	basically determine whether or not the individual has
10	any issues with the local police or with the state
11	police. The FBI database is national and perhaps even
12	international.
13	So I guessed we could conclude that it
14	definitely is an enhancement over whatever the
15	hospitals do now.
16	MEMBER NAG: Dr. Nag.
17	And in that case can the fingerprints that
18	have already been done, can that be transmitted so
19	that instead of requiring the whole process all over
20	again, you use available data and just transmit it to
21	the FBI?
22	MEMBER VETTER: This is Dick Vetter.
23	We were informed that the NRC is looking
24	into that issue. Currently other Federal Government

branches require a new set of fingerprints. NRC

doesn't know yet whether they will be able to use any previous fingerprints. So at this time we simply don't know. At this time I guess we would have conclude that a new set of fingerprints would have to be taken.

MEMBER LIETO: This is Ralph Lieto.

The impression that I had was that even if you had submitted fingerprints for another purpose that, say, several years ago because I understand that in some university academic settings you have to be fingerprinted in order to handle certain toxic and hazardous chemicals, that this fingerprinting would still have to occur even if you had the fingerprinting before. So it will not recognize, if you will, a previous set that it was on there.

I would also like to mention is that it's still yet to be determined whether the fingerprinting will have to be repeated at some time period. So, for example, you go through the process for the Orders, but probably after the rulemaking process, individuals may have to have their fingerprints resubmitted a time period after the initial approval.

CHAIRMAN MALMUD: Malmud.

I think the issue for us probably should be limited to whether or not this is practical and

whether or not, most importantly, it improves security.

With regard to the way the Government handles the receipt of the fingerprints, I don't think that we're competent to answer the question. previous experience, which sounds very much similar to yours, is that I have been fingerprinted on numerous occasions by the hospital, in terms of dealing with children, by the Federal Government for the Department of Defense twice, and for the Federal Government by the NRC once and by the Air Force. So that when this [fingerprinting] happens, it's as if it had never happened before. What they do with the data is beyond me, and it sounds as if what we learned after 9/11 is that there's not good coordination at certain levels. If I may, I would restrict But that isn't our issue. our discussion to how this will impact on the practice professionals of physicians and other handling radioactive material. Does anyone feel that this interferes with our ability to provide patient care? And if so, in what way does it interfere?

MEMBER NAG: This is Dr. Nag.

I feel that if the cost issue can be addressed, that it does not really hamper patient care. I mean, it requires the time, it requires some

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1 delay. Just like when you come up, you're on the staff, you cannot handle your patient until all your 2 3 credentials are verified. So the only hampering I can 4 see is that there may be a little delay in the start 5 of the time when the individual can participate in patient care, to that one. And certainly the costs 6 7 associated with it. 8 CHAIRMAN MALMUD: Thank you. 9 This is Malmud. Thank you, Dr. Nag. 10 Any other comments regarding this as a negative factor on delivering patient care or in 11 pursuing science? I take the silence to mean that 12 there is none. 13 14 Therefore, I would --MEMBER LIETO: Dr. Malmud, this is Ralph 15 Lieto. 16 17 CHAIRMAN MALMUD: Yes, Ralph. MEMBER LIETO: One thing, and maybe the 18 19 Committee may wish to generate a position on this, is it is not clear or been decided when the results come 20 back I quess the bar, if you will, of determining 21 whether an individual has problems or not, whether 22 that will be allowed to be set by the licensee or 23 whether the NRC will establish a set of criteria or 24

thresholds, if you will, that have to be met in order

for that person to have unescorted access.

CHAIRMAN MALMUD: This is Malmud.

I agree that that has not yet been set.

I would also observe that when it is set, it will not be under our control and we will have to respond to it by indicating that it is either not an obstruction to the provision of medical care, or that it is, and deal with it at that point.

For example, in doing fingerprint searches for clearance or for other issues, it's not uncommon to discover that someone has some kind of a police record; therefore, that has to be dealt with on an individual basis. And that would have to do with the hospital's standards, the employer's standards as well as Government standards. I don't think that we can deal with that issue.

We all recognize that this is a bit more intrusive than we had ever anticipated, but terrorism is more intrusive than we had ever anticipated.

Once again, I'll come back to my initial concern, if I may, on behalf of the Committee, and ask, "Does this interfere in any practical way with the provision of quality health care or the pursuit of science for anyone who is wishing to make a comment today?"

MEMBER NAG: Yes. Dr. Nag.

Similar to the airlines when they instituted the separate policy of screening people and so on, and we ended with a few individuals who because of either similarity in name or similarity in passport and so on being restricted to traveling because there was some similarity with known terrorists, I hope we won't have similar problems here.

CHAIRMAN MALMUD: This is Malmud.

I agree with your concern, Dr. Nag. However, this is a concern with regard to terrorist activity or potential terrorist activity, and there's no way that that kind of information can be collected without some degree of intrusiveness. In the same way clearing one for dealing with pediatrics in a children's hospital may be intrusive, and one may discover in someone's record an arrest for marijuana possession at age 17. I mean, these things can happen. They're embarrassing, and they can be addressed. We all find them intrusive; however, this is the world we live in right now.

MEMBER NAG: Again, Dr. Nag.

Even if the fingerprinting goes on, I would highly recommend that everyone who has been approved be grandfathered for more than one reason.

1	One of the first reason being that if you had to
2	refingerprint everybody, the entire system will be
3	swamped and nothing would go through. So at the very
4	least, the ones who are now entrusted should be
5	grandfathered.
6	MEMBER VETTER: Dr. Malmud, could I
7	MEMBER NAG: And I would like to make that
8	as a motion.
9	CHAIRMAN MALMUD: Dr. Nag has made that as
10	a motion. And I heard Dr. Vetter wishing to make a
11	comment.
12	Since you've presented a motion, Dr. Nag,
13	I think we have to look for a second for your motion
14	first and then we can hear from Dr. Vetter.
15	MEMBER VETTER: This is Dick Vetter.
16	I would second the motion and then speak
17	to it.
18	CHAIRMAN MALMUD: Dr. Vetter, please go
19	ahead.
20	MEMBER VETTER: Okay. So the motion was
21	to grandfather, thereby exempting from fingerprinting
22	all those who had already passed the T&R
23	determination.
24	I wanted to just point out one thing with
25	regard to Dr. Nag's last comment about flooding the

1 system. Mr. Lieto and I did ask about that. And the implementation group assured us that they were capable 2 3 of handling tens of thousands of these in a short 4 period of time. So that's the only thing we can say 5 in that regard. Obviously, there would be a lot of work to 6 7 be done, but they feel that they are capable, that the 8 system is capable of handling that. 9 MEMBER NAG: Yes. The same as what went 10 on with the passports for this summer that they would be very capable and everyone would need a passport to 11 go to Canada, and now that has been postponed. 12 This is Dick Vetter again. 13 MEMBER VETTER: 14 We can only relay what we were told. 15 And then one other comment I'd like to 16 make relative to your question, Dr. Malmud, about whether or not this would affect clinical care or 17 I mean, who knows whether it would or not. 18 19 It would really depend on each individual licensee situation. And we could use a couple of hypotheticals. 20 If for instance a clinic had a Gamma Knife 21 and they had several authorized users, and one of 22 those authorized users had a DUI or whatever the case 23 24 be, and the hospital decided that that

individual did not pass the T&R determination, then

1 that person could still practice medicine but someone else would have to actually operate the Gamma Knife or 2 he would have to be escorted by someone who had 3 4 already passed the T&R. 5 The case where it would impact clinical care would be a small hospital that had only one 6 7 authorized user, and in that case, if there was no one 8 to escort that authorized user, then they simply could 9 not practice medicine. They would have to find 10 someone who passed the T&R determination to escort the clinician to operate the Gamma Knife. But those are 11 simply hypothetical. I mean, who really knows? 12 13 CHAIRMAN MALMUD: Right. 14 MEMBER FISHER: This is Darrell Fisher 15 with two comments on the current discussion. 16 CHAIRMAN MALMUD: Please, Dr. Fisher. 17 MEMBER FISHER: First of all, it appears that the Energy Policy Act of 2005 has no provision 18 19 for grandfathering, and Congress has basically enacted a law that requires to be fingerprinted any individual 20 who is permitted unescorted access to either a 21 utilization facility or radioactive material. 22 My second comment is that there is a 23 24 caveat in the Energy Policy Act under Radioactive Material that I think is important for this Committee 25

to consider. And that's that the Commission determines which radioactive materials and which levels of radioactive material or which properties of such material poses a significant risk to the public health and safety or to security as to warrant fingerprinting and background checks. So it appears that we have an opportunity to make recommendations to the Commission in making that determination as to what is of such significance. It does not require, at least in my reading, fingerprinting of all persons with access. Only persons with access to materials or property of such significance to the public health as to warrant fingerprinting and background checks.

MEMBER VETTER: This is Dick Vetter.

I agree with Dr. Fisher's interpretation on the second point. In fact, Mr. Lieto and I did actually discuss that with the implementation group. The implementation group said they were not in a position to recommend to the Commission. In fact, the way it works is the other way around. However, we could as a Committee recommend that they back off on Category 2 sources.

Initially fingerprinting was required for Category 1 sources but not category 2. Category 2 includes the blood bank irradiators and so forth.

1	I was not aware that grandfathering was
2	not addressed in the Act.
3	CHAIRMAN MALMUD: Malmud.
4	Thank you, Dr. Vetter.
5	Is someone wishing to make a motion?
6	MEMBER NAG: We have a motion on the table
7	that has been discussion, but has not been voted upon.
8	CHAIRMAN MALMUD: Right. All in favor of
9	the motion?
10	ALL: Aye.
11	CHAIRMAN MALMUD: Any opposed.
12	MEMBER SULEIMAN: Nay. This is Orhan.
13	CHAIRMAN MALMUD: All right. One
14	opposition. Any others?
15	MEMBER SULEIMAN: Could I qualify what the
16	motion was? Was that
17	CHAIRMAN MALMUD: The motion was for
18	grandfathering those who have already been
19	fingerprinted, was it not?
20	MEMBER VETTER: No. The motion was to
21	grandfather all of those for whom licensees had
22	determined that they were trustworthy and reliable and
23	had already been granted unescorted access.
24	CHAIRMAN MALMUD: Without fingerprinting
25	at all?
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1	MEMBER VETTER: Correct.
2	MEMBER SULEIMAN: That's correct. That's
3	why I voted no.
4	CHAIRMAN MALMUD: May I cast a vote as
5	well?
6	MEMBER SULEIMAN: I'm sure you really
7	aren't supposed to, but
8	CHAIRMAN MALMUD: Then I won't.
9	MEMBER SULEIMAN: If you want to offer an
10	opinion, you're always welcome.
11	CHAIRMAN MALMUD: I would suggest that it
12	would be very difficult to separate out the two
13	issues. And we're better off with uniform
14	fingerprinting.
15	MEMBER NAG: We separate the issues.
16	MEMBER FISHER: This is Fisher.
17	And I would agree with Dr. Malmud that I
18	don't find any provision in the Act to allow
19	grandfathering of such individuals.
20	MEMBER NAG: This is Dr. Nag.
21	May I be allowed to withdraw my motion
22	then?
23	PARTICIPANT: No. You voted on it.
24	MEMBER NAG: Okay.
25	CHAIRMAN MALMUD: Having voted on it, if

1	you wish to withdraw it, what's the procedure? Does
2	it require another vote to void it?
3	MEMBER NAG: No, that's fine. We can
4	leave it as it is that, you know, so many voted for
5	and so many voted against. That's fine.
6	CHAIRMAN MALMUD: All right.
7	Any other discussion of that topic, which
8	is the fingerprinting orders for increased controls?
9	If not, then I believe the business of this meeting is
LO	completed. Am I correct.
L1	MEMBER LIETO: This is Ralph Lieto.
L2	I was kind of getting the impression that
L3	there was going to be a motion made on what Dr. Fisher
L4	had stated, or am I getting the wrong impression?
L5	CHAIRMAN MALMUD: Malmud.
L6	We would ask Dr. Fisher if he wishes to
L7	make a motion?
L8	MEMBER FISHER: Well, I hadn't really
L9	thought in terms of a motion, but I could suggest one
20	on the fly.
21	I believe that the Committee should
22	consider recommendations to the Commission to help
23	them determine which radioactive materials and
24	properties are of such significance to public health
25	and safety that they should require fingerprinting and

1	background checks. That this is probably the most
2	difficult area for the Commission to consider. They're
3	going to have to consider: Which levels; which
4	materials; which types of property if stolen, diverted
5	or otherwise intended to public terrorism would
6	require security and fingerprinting and background
7	checks.
8	I'm not sure that the Commission intends
9	to do this for all radioactive materials, properties
10	or radioactive sources.
11	CHAIRMAN MALMUD: Malmud.
12	So would your motion be that the ACMUI
13	would like to offer its services in participating in
14	establishing the levels at which fingerprinting would
15	be necessary?
16	MEMBER FISHER: I think we should offer
17	our contributions in terms of helping the Commission
18	make these determinations.
19	CHAIRMAN MALMUD: Is there a second to
20	that motion?
21	MEMBER NAG: I second the motion and offer
22	an additional comment that I feel that it is the
23	ACMUI's responsibility to make that determination.
24	And I would suggest having a small either subcommittee
25	or task force of people who are knowledgeable about

1	this to make an initial recommendation to the ACMUI
2	group, and that be voted upon and then transmitted to
3	the Commission.
4	CHAIRMAN MALMUD: That's in addition to
5	the memo?
6	MEMBER NAG: Yes.
7	CHAIRMAN MALMUD: An addendum to the
8	recommendation?
9	MEMBER NAG: Right.
10	CHAIRMAN MALMUD: Is that acceptable to
11	the individual who made the motion?
12	MEMBER FISHER: This is Fisher. That is,
13	certainly.
14	CHAIRMAN MALMUD: All right. So there is
15	a motion with Dr. Nag's amendment.
16	MEMBER SULEIMAN: This is Orhan.
17	Can you please read or clarify what the
18	exact motion with the amendment is?
19	MEMBER NAG: Dr. Fisher, you made the
20	original motion. Would you do repeat it, or do you
21	want me to do that?
22	MEMBER FISHER: Let me take a stab at it.
23	This is Fisher.
24	I move that the Committee agree to assist
25	the Nuclear Regulatory Commission determine those

1 levels and types of material under Part 35 that could be of such significance to public health and safety to 2 3 warrant fingerprinting and background checks. CHAIRMAN MALMUD: That is the motion. And 4 5 it has been seconded. All in favor? SULEIMAN: Could we have 6 MEMBER 7 discussion? 8 MEMBER NAG: Yes. 9 Please. Was that Dr. CHAIRMAN MALMUD: Suleiman? 10 MEMBER SULEIMAN: Yes, it was. 11 Please, Dr. Suleiman. CHAIRMAN MALMUD: 12 I really think that NRC 13 MEMBER SULEIMAN: 14 has enough staff to deliberate and consider the facts 15 I think -- I'm trying to check now, but it doesn't really matter. I think this is a trend that 16 17 we just may not be able to alter in any significant And I think the NRC knows what materials are 18 19 considered security risk and they're getting orders from above in terms of the Energy Policy Act and the 20 other Homeland Security statutes. And I think they 21 know perfectly well what they can or can't do. 22 I think they need to hear our concerns, 23 24 but I don't think we can -- I mean, you can go on the record, but I think it's just going to be additional 25

1 effort that's not going to result in any significant change. 2 3 MEMBER NAG: This is Dr. Naq. 4 Can I ask the NRC Staff whether they feel 5 that input of the ACMUI will be helpful or not? MS. WASTLER: Dr. Nag, this is Sandra 6 7 Wastler. 8 Ι can't speak for the Commission, 9 obviously, so can't tell you whether any Ι 10 recommendation that ACMUI might put together, how it will influence the Commission. But if you don't 11 express your opinion, there won't be any influence. 12 So, I mean, as an advisor to us if you 13 14 believe that you have, as a Committee, recommendations 15 or concerns that you want to put forward, I think as we've said on other occasions, you have the ability to 16 17 put that in a letter to the Commission or, for example, Dr. Malmud and maybe some of the other 18 19 members, one or two, could come to Headquarters and deliver the message in person. I mean, you always have 20 those options. 21 But, you know, I can't tell you that what 22 you say or what comments that you have, whether it 23 24 will influence or not. This is Dr. Naq. 25 MEMBER NAG:

That was not what I was saying. What I was saying was there are two different issues. to express the concerns of the ACMUI, which is what we are doing in this meeting. But the second one was the suggestion of Dr. Fisher that we, meaning the ACMUI, into which of these radioactive materials required the degree or extra degree of concern that is required. And my question was that do you think the NRC officials I'm not talking about the --Commissioners, but the NRC officials would be able to do that on their own or would they prefer some assistance from us. CHAIRMAN MALMUD: This is Malmud.

We are the Advisory Committee. And the NRC recognizes that we are available for our advice if it is desired. So we can simply make a statement that we are available should the NRC wish our advice. It stands on it's own. That's the purpose of this Committee. And if they wish to use our advice, they will.

MEMBER NAG: Okay.

CHAIRMAN MALMUD: So all we can say is that we are here and that we're available. Would that be acceptable to everyone? I mean, that's our role. We advise. We don't make the regulations.

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MEMBER SULEIMAN: This is Orhan.

Again, I think basically, you know if the Committee is really upset with it, then the Committee should say so. What I'm telling you is that voicing your concern is fine, but I don't think it's going to make any practical difference on the eventual outcome. Because it's a trend that you're seeing. And I would have qualms about -- well, we already passed on the earlier motion, but if you've got somebody who is of questionable character that's slipped through the system exempting them from fingerprinting, you know would run counter to the whole intent of this thing.

So it's an issue that all of society is

going to have to deal with. And so if the Committee I think is sufficiently distressed, they should so convey it.

CHAIRMAN MALMUD: This is Malmud.

I didn't detect distress on the part of the Committee. I detected a willingness to assist if necessary in establishing guidelines for the NRC. And that's what we're here for.

Did I misinterpret the degree of distress?

MEMBER FISHER: This is Fisher with a quick comment.

I think the impacts on the health care

1 system will be, perhaps, overreaction and the high 2 cost of compliance. What we're suggesting here is not individuals 3 exclusion of certain 4 fingerprinting, but rather helping the Commission 5 determine what materials are of such significance as to require this level of security. And it would mean 6 7 that perhaps we came up with a two tiered system. 8 Number one, high risk materials; number two low risk 9 And based on our experience and the materials. facilities that we have made recommendations as to 10 which materials and property both for the first and 11 second tier. 12 13 CHAIRMAN MALMUD: Thank you. 14 This is Malmud. 15 I would just observe that it's probably 16 more expensive to establish a two tiered system than 17 to simply go ahead with the recommendation that they But I'm not privy to the expenses of either. 18 19 All I would say is from my administrative experience in the past a two tiered system is more expensive. 20 MEMBER VETTER: This is Dick Vetter. 21 Actually, we already have a tiered system. 22 Category 1 where they do require fingerprints. Very 23

large sources, reactor, research reactors and so forth

they do require fingerprinting.

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The Commission has

1 determined that they wish to lower the bar to catch Category sources, which includes blood bank 2 2 3 irradiators. 4 So the current requirement for medical 5 licensees who have blood irradiators is that they have to go through the T&R process as currently defined, as 6 7 they currently have been ordered to do. So we have 8 been given a heads up that the bar is edging to be 9 lowered now to capture Category 2 sources. 10 MEMBER NAG: And this is Dr. Nag. Yes, basically I would like to support Dr. 11 Fisher's statement. His statement that what we are 12 proposing is that we are offering our help to 13 14 determine which of the isotopes are the ones that are 15 of the higher risk. That's, you know, all that we are 16 suggesting on this current motion. CHAIRMAN MALMUD: This is Malmud. 17 I understand what you are all discussing. 18 19 I also understand how much chaos can be created with a short half life gamma emitting radionuclide if 20 discharged in a public arena. 21 MEMBER NAG: 22 Yes. CHAIRMAN MALMUD: I mean, when we've had 23 24 issues of urine contamination in the hospital, the reaction has been of such a magnitude within the 25

1	hospital itself that I would predict that should this
2	happen on the streets of Philadelphia, the response
3	would be disproportionate to anything that you or I as
4	physicians would be concerned about but, nevertheless,
5	would have achieved its purpose of disrupting the
6	public's ordinary behavior.
7	So I just think it's difficult. I
8	recognize all of our motives and respect them all. I'm
9	just trying to be practical. And if, as Dr. Vetter
10	points out correctly, there already is a two tiered
11	system, I wouldn't propose a three tiered system. I
12	would just propose that we offer our services if they
13	are needed in establishing the lower level, but
14	maintain a two tiered system rather than a three. But
15	that's one man's opinion.
16	We have passed a motion. Is there another
17	motion that anyone wishes to propose?
18	MEMBER FISHER: No, we haven't voted on
19	this one.
20	PARTICIPANT: You have a motion on the
21	table.
22	CHAIRMAN MALMUD: All right. And the
23	motion, can we repeat the motion briefly?
24	MEMBER FISHER: The motion is to offer our
25	assistance to the Commission.
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1	CHAIRMAN MALMUD: Is there a second to the
2	motion?
3	MEMBER FISHER: No, that was already made
4	and seconded.
5	CHAIRMAN MALMUD: Thank you.
6	All in favor?
7	ALL: Aye.
8	CHAIRMAN MALMUD: Is there anyone opposed?
9	It carries unanimously.
10	MEMBER VETTER: Dr. Malmud, this is Dick
11	Vetter?
12	CHAIRMAN MALMUD: Yes.
13	MEMBER VETTER: I would propose that you
14	and if you want assistance from me or others of the
15	Committee, write a letter to the Commission indicating
16	what are the concerns that were expressed in these
17	motions, including offering our assistance?
18	CHAIRMAN MALMUD: Thank you, Dr. Vetter.
19	Would you draft such a letter?
20	MEMBER VETTER: I'd be happy to.
21	CHAIRMAN MALMUD: Thank you. Your skill
22	set is better than mine in this area with respect to
23	the technology, and I would be happy to co-sign with
24	you.
25	Any other business for this meeting?

1	MS. WASTLER: Dr. Malmud, this is Sandra
2	Wastler.
3	CHAIRMAN MALMUD: Yes.
4	MS. WASTLER: It was pointed out to me
5	that while I introduced the Committee members and the
6	members of the public, in my introduction I had
7	neglected to introduce those of the NRC that were on
8	the line. And for the record we should do that before
9	you close the meeting.
10	CHAIRMAN MALMUD: Please do. We have I
11	think 150 seconds in which to do it.
12	MS. WASTLER: All right. If we could just
13	go around the table here. This is Sandra Wastler.
14	MS. FLANNERY: Cindy Flannery.
15	MS. McINTOSH: Angela McIntosh.
16	MR. ZALAC: Ronald Zelac.
17	MR. SABA: Mohammad Saba.
18	MR. WHITE: Duane White.
19	MS. SANDERS: Carleen Sanders.
20	MS. WASTLER: And our Oklahoma contingent?
21	MS. TULL: Ashley Tull.
22	MS. WASTLER: That was all for the NRC,
23	Dr. Malmud.
24	CHAIRMAN MALMUD: Thank you.
25	Does that conclude the business of the

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1	meeting?
2	MS. WASTLER: I believe it does.
3	CHAIRMAN MALMUD: I believe it does. If
4	so, I will adjourn the meeting.
5	MEMBER NAG: And I believe we have another
6	meeting tomorrow, right?
7	CHAIRMAN MALMUD: That is correct.
8	MEMBER LIETO: Can I ask a question
9	quickly?
10	CHAIRMAN MALMUD: Who is asking?
11	MEMBER LIETO: I'm sorry. This is Ralph
12	Lieto.
13	CHAIRMAN MALMUD: Yes, Ralph?
14	MEMBER LIETO: Regarding tomorrow, has NRC
15	staff received input from any other participants
16	outside the Committee that govern stakeholders.
17	MS. WASTLER: Ashley has a list, yes. I
18	believe we have. I don't have a list personally, but
19	I know Ashley has been called, and several people are
20	going to be involved. Yes.
21	MS. TULL: Mr. Lieto, did you just want a
22	list of the people that wanted to be involved or their
23	specific concerns?
24	MEMBER LIETO: Well, initially my question
25	was who would be participating in terms of stakeholder

1	involvement?
2	MS. TULL: Okay. I have a list that I can
3	send to you. We have about 40 participants right now.
4	MEMBER LIETO: Okay.
5	MS. TULL: And I can send that list out to
6	the entire Committee, which is my plan. I'll also send
7	a list of everyone that participated today.
8	As far as specific concerns, I haven't
9	received anything else, and we were just going to go
10	on what we discussed at the last meeting as an
11	outline.
12	CHAIRMAN MALMUD: Thank you.
13	MEMBER NAG: And again this is Dr. Nag.
14	About tomorrow's meeting, I know we did
15	get an agenda about tomorrow's meeting. Was there any
16	other notes or anything further to the agenda, or that
17	one page is the only thing?
18	MS. TULL: The one page pretty much
19	outlines it. The only additional background
20	information will be the meeting summary that I had
21	sent. I'm not sure which date. But there's the
22	meeting summary from the June meeting.
23	This is Ashley Tull, I'm sorry.
24	That outlines any issues as well.
25	MEMBER NAG: Okay. It may be a good idea

1	to resend that to the Committee members.
2	MS. TULL: Sure.
3	CHAIRMAN MALMUD: Thank you.
4	Thank you all.
5	(Whereupon, at 1:57 p.m. the
6	teleconference was concluded.)
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