US Department of Health and Human Services
Centers for Disease Control
National Institute for Occupational Safety and Health
Advisory Board on Radiation and Worker Health
139th Meeting
Wednesday, April 14, 2021

The meeting convened at 1:00 p.m., Eastern Time, via Videoconference, Rashaun Roberts, presiding.

Members Present:

Henry Anderson, Member
Josie Beach, Member
Bradley P. Clawson, Member
R. William Field, Member
David Kotelchuck, Member
James E. Lockey, Member
David B. Richardson, Member
Genevieve S. Roessler, Member
Loretta R. Valerio, Member
Paul L. Ziemer, Member

Also Present:

Rashaun Roberts, Designated Federal Official
Nancy Adams, NIOSH Contractor
Bob Barton, SC&A
Kathy Behling, SC&A
Zaida Burgos, NIOSH Contractor
Grady Calhoun, DCAS
John Cardarelli, DCAS
Chris Crawford, DOL
Josh Fester, on Behalf of Petitioner
Joe Fitzgerald, SC&A
Rose Gogliotti, SC&A
Donna Hand
Greg Lewis, DOE
Jenny Naylor, HHS
Chuck Nelson, DCAS
Knut Ringen
Lavon Rutherford, DCAS
Tim Taulbee, DCAS

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Proceedings

(1:00 p.m.)

Welcome

Dr. Roberts: Good afternoon, everybody. I'm Rashaun Roberts. I'm the Designated Federal Official for the Advisory Board on Radiation and Worker Health, and I'd like to welcome you all to this Board meeting, and this is number 139.

Let me just get through a few preliminaries for the meeting.

Today is the first half day of this meeting, and tomorrow's session, like today, is scheduled to start promptly at 1:00 p.m. Eastern. All of the materials for both days -- the meeting agenda, the presentations, background documents, et cetera, have been posted on the NIOSH website under the schedule of meetings for April 2021.

If you will be participating both days by telephone only, you can go to the website to access all the materials, and you can follow along with the presentations.

And just as an FYI, all of the materials were provided to Board members and to other staff prior to this meeting. If you look at the agenda on the website, there is a Zoom link, which would enable you to hear and watch the presentations online through Zoom.

But if you're participating only by telephone or if you're using Zoom and for some reason using the telephone only, in addition to the Zoom, in order to have everything run smoothly, and so that everybody that is speaking can be understood, I do ask that each of you mute your phone, unless of course you need to speak. The mute button on Zoom is located in the lower left-hand corner of the

screen. On your telephone if you don't have a mute button, you can press *6 to mute, *6 to unmute.

And because we're unable to see you if you're on telephone only, please identify yourself before your comments or question.

I also want to mention that we have a public comment session scheduled for today that comes at the end of the day, and will occur between 5:15 to 6:15 p.m. Eastern Time.

I would encourage everyone looking to comment to be ready right at 5:15 p.m. Eastern Time because at that time we will go right into the public comment, and if we run through all the public comments at that time, we will conclude. We won't conclude before 5:15 p.m., but we can conclude at any point after that once everyone in the public who would like to comment has done so.

So again, please join at the beginning of the public comment session at 5:15 so that you can be assured that you will have your opportunity.

And also, so that you're aware, comments during the public comment session, speakers are generally limited to about five minutes, and I will remind you of all of these things later in the afternoon.

Before we move into roll call, we do need to address conflict of interest for the Board for today and tomorrow, and there appear to be no conflicts to address for today or tomorrow's agenda.

So with that said, let's go ahead and move into roll call now.

I'll start with the Board members in alphabetical order, starting with Anderson.

(Roll call.)

So let's go ahead and move further into the agenda.

Again, please periodically check either Zoom or your telephone to ensure that you're on mute throughout, unless you're of course speaking.

Again, the mute button is on the lower left-hand corner of your screen if you are on Zoom.

Press *6 to mute if you're participating by telephone, and *6 again to unmute, to take yourself off mute.

So with that, let's go ahead and move into the first agenda item, and let's have the NIOSH program update from Grady.

NIOSH Program Update

Mr. Calhoun: Okay, can everybody see that and hear me?

Dr. Roberts: Yep.

Dr. Taulbee: Yeah.

Mr. Calhoun: Okay, great, thank you so much. Alright, thanks, everybody. I'm glad to be here today.

I'm going to run through just the normal slides that I do.

As you can imagine, we have had some delays in what we're doing due to the COVID pandemic, so I'll start.

As far as contracts and staffing, we don't have any new contracts we need to put in place right now.

Those are well into their periods that have been established, so renewals aren't up for a while.

We are in the process of hiring a new health

physicist due to a retirement.

This is one of the things that kind of got us due to COVID.

The workshop townhall meetings and outreach, we don't have any new events such as these finalized at this point since the last December meeting.

Record requests of the Department of Energy. We have 160 outstanding. That doesn't mean that that's bad, that just means that we have made requests for records.

Only 16 of those have not been responded to in 60 days.

This is our normal case status report as of March 30, 2020. We have 53,281 cases referred to us from Department of Labor.

We've returned 51,540 of those to Department of Labor.

We still have 779 with us for dose reconstruction. Nine hundred and sixty two of those were administratively closed.

Of the cases that we submitted to the Department of Labor, 46,288 had dose reconstructions, 1,686 were pulled for some reason by Department of Labor, and 3,566 were pulled specifically for Special Exposure Cohort considerations.

Probability of Causation of the 46,288 cases: 12,534 are greater than 50 percent. That's about 27 percent of the cases, and the remainder were less than 50 percent Probability of Causation.

As mentioned before, we have 779 cases active in our queues for dose reconstruction. Two hundred sixty one of those are actually in the dose reconstruction process. One hundred seventy six of

those, we sent the initial draft of dose reconstruction report to the claimants, and they're in the process of reviewing those. And then the remainder of those 342, we are preparing for dose reconstruction by gathering the information to put them together. This is just a little slide for history. It just kind of shows back from September of 2003 where we've been. It doesn't go back any further than that because we didn't keep records back then of what was coming in.

So you can see the most notable thing is at the very end there on the far right is initial cases from Department of Labor have gone down, but that is also because of the COVID pandemic and the inability for some people not to get to the doctors and get records and referrals and verification of their illnesses to the Department of Labor for the Department of Labor to forward to us.

This is another one I started showing a couple meetings ago, and basically this is, we keep track of the age of the cases, and our goal is always to get the cases out of our queue to the claimants as soon as we can.

We had a bit of a spike in the cases that were six to nine months back at the end of last year, but those are going down steadily primarily just because of a renewed focus on working the older cases sooner.

And when I say older, I mean those that have been in our queue to work.

And that's basically the end of my presentation. Any questions?

(No audible response.)

Mr. Calhoun: Alright. Hearing none, I can call up the program for the Department of Labor here.

Dr. Roberts: You know what? Grady, you know what

I --

Mr. Calhoun: Yes?

Dr. Roberts: There was an oversight that I'd like to just circle back around to. I totally forgot to ask for attendance from SC&A. So, if we could circle back around and do that before?

Mr. Calhoun: Alright. Okay.

Dr. Roberts: Sorry about that, SC&A colleagues.

Mr. Barton: That's quite all right, Dr. Roberts. Just happy to be here.

(Roll call.)

Dr. Roberts: Okay, I do want to circle back around and see if Phil has joined us, Phil Schofield?

Member Ziemer: Rashaun, this is Ziemer. Could I raise one question with Grady before you move on?

Dr. Roberts: Sure. Absolutely. Go right ahead.

Member Ziemer: Yeah. Grady, I know you've done some new hiring, but what's the overall status of your staffing in the group there?

Mr. Calhoun: Good question. Actually, since we've had such the big turnover lately, we're only down by one.

So, we've managed to backfill all the positions that have left us through retirement, so we only have the one position left to fill at this point.

Member Ziemer: Does that include both professional and support staff?

Mr. Calhoun: Yes.

Dr. Roberts: Any other questions for Grady before we move on?

(No audible response.)

Dr. Roberts: Okay, well next step we have the DOL program update by Mr. Crawford.

DOL Program Update

Mr. Crawford: Hi, this is Chris Crawford.

And thanks to Grady for putting my slides up for me. He's always done that. Grady, we might as well start with the second slide. That's it.

In terms of compensation paid, we see that Part B compensation is now 7.2 billion, Part E compensation 5.4 billion, medical bills 6.7 billion, and total compensation plus medical bills paid 19.3 billion, and that's with 218,170 cases filed.

Next slide. Here we go.

We put out 1.68 billion on the dose reconstruction cases, having 15,774 payees.

Now, this is a new figure below us, and it's so small that I have to believe it's only recently added SEC cases -- have added 175 million, with 1343 payees.

We see that 54,138 cases were referred to NIOSH for dose reconstruction, of which 52,746 cases were returned to DOL from NIOSH.

Forty six thousand one hundred eighty two were the dose reconstruction, 6564 were withdrawn from NIOSH with no dose reconstruction. We also see that 1392 cases are currently at NIOSH, according to our figures -- Grady's was less -- and that 880 are initial or original referrals to NIOSH, and 512 are reworks or returns to NIOSH.

Our usual graphic, you see Part B cases with dose reconstruction and final decision. So these do not include SEC cases.

We have 36,634 cases with the dose reconstruction and a final decision. Final approval is 12,554, final denial is 24,080.

Now this is all cases, Part B cases filed, and the largest category, as you see under other, are beryllium sensitivity, chronic beryllium disease, chronic silicosis.

After that we have NIOSH referrals, and then we have 31 percent, I should say -- we have SEC cases referred to NIOSH 11 percent, and then we have SEC cases not referred to NIOSH 13 percent, and finally, seven percent are RECA cases.

Part B cases with a final decision, this does include SEC cases.

So we see cases with a Part B final decision are 107,821. Part B approvals 57,440. Part B denials 50,381.

So we now have 53 percent approvals, 47 percent denials with the SEC and the normal Part B DR cases.

Our top four work sites, old familiar ones, Nevada Test Site, Hanford, Savannah River Site, and the Y-12 Plant, and this is for the first quarter of 2021.

Now, Savannah will be discussed tomorrow I understand, and we see that Savannah so far has 20,604 cases, somewhat more than that in terms of claimants, for Parts B and E.

Now cases returned by NIOSH with a dose reconstruction, we have 6,272, and final decisions, we have 8,774.

Going on with Savannah River Site, Part B approvals are 3,752, Part E approvals 4,465, and total compensation and medical bills paid, 1.6 billion.

Member Lockey: Chris, this is Jim Lockey. Can I ask a question on this slide?

Mr. Crawford: Yes.

Member Lockey: What's the denominator for 3,752?

Mr. Crawford: I believe that's back on the first slide, which is 20,000-some cases. Now, part of those are maybe Part E only cases, so we can't tell from looking here what proportion of the Part B only cases have been approved.

As we saw in previous slides, it's usually about two-thirds denial, one-third approved in the first go-round outside of SEC.

Member Lockey: Okay, so if we went to the previous slide, there were 6,272 returned to NIOSH with dose reconstruction.

That would not be the denominator then, right?

Mr. Crawford: It might be. In other words, the implication with that, if it has a DR, I just can't answer definitively because of the possibility of SEC, and Part E cases are not as clear with the number on slide 10.

If these were all Part B with DRs, this would imply about a 50 percent approval rate, which seems a little high to me. Historically.

Member Lockey: Thank you.

Mr. Crawford: I wish I could do better. I'll try to get some detail on that.

Member Lockey: I'd appreciate it. Just it wasn't clear to me.

I couldn't tell what percentage was being approved and disapproved from dose reconstruction from your slides.

Mr. Crawford: Right. We don't usually give that information on the site-specific slides, which is one of the reasons you can't easily compute it, but I'll look into that for Savannah River.

To go on then with the outreach events, these are now virtual because of the COVID, of course.

Let's go on to 12. We have seen this many times. These are various members of the Joint Outreach Task Group. I assume the monthly conference calls are still going on.

Here we go. Now, we do have the virtual webinars. We had one April 21 on medical benefits coverage.

I don't know the number of participants here; it's not shown.

We have one coming up on policy directives on May 19, and that's what's on the schedule here.

Let's look at the next slide, Grady, to see if there's something else.

Well, we had one on the Final Adjudication Branch roles and responsibilities in March. I remember that.

We also had one on district office roles and responsibilities in February.

And finally, we had an establishing survivorship under Part B and Part E in January. And these are boilerplate slides that are the same in every presentation, so we won't continue.

Are there any questions up to this point, besides the one already asked?

Member Ziemer: Frank, Paul Ziemer here. What's been the participation level in the webinars?

Mr. Crawford: I'll have to find that out.

Our last meeting, we actually got numbers on that and I think they were pretty reasonable numbers, but I don't see them this time, so I'll see if they're available.

And I'll send something to Rashaun to post on those numbers.

Dr. Roberts: Okay. Any other questions?

Member Ziemer: Maybe in addition to the numbers, if it's possible, if we could have some idea of the nature of the participants.

Are they claimants or potential claimants, are they representatives of claimants, are they other staff people that have some interest in the program, or?

If that information's available, I'd be interested to know who's attending.

Member Anderson: How many are family members? Things like that.

Member Ziemer: Exactly. Yeah, what type of participation are we getting -- are you getting? It's your program.

Mr. Crawford: I'll ask for that information too, to the extent it's available.

I'm not sure how formal the sign-up process is, which would help identify who is who, but I'll find that out.

Member Anderson: And the other would be, are they repeaters?

Is there a group of them that sign on to listen and ask questions every time? How many are new participants?

Mr. Crawford: Will do.

Member Ziemer: Yeah and, you know, I might add, I think part of that analyzing who's attending might give us some idea or give you some idea the effectiveness -- are those accomplishing what we -- what you want them to accomplish, you know?

Mr. Crawford: Right. Of course. Alright, I have all that to do, and I will get back to you. This shouldn't take long. Within a few days, I hope.

Dr. Roberts: Okay, Chris, and so you will send me the responses, and I will disseminate that to the Board.

Mr. Crawford: Absolutely.

Dr. Roberts: Okay, great. Any other questions for Chris?

Mr. Calhoun: This is Grady Calhoun, and I looked real quick into NOCTS for Dr. Lockey, and roughly what we have put out is approximately 31 percent of the claims from Savannah River. Now, that's if they worked even one day at Savannah River, and possibly somebody else. Thirty-one percent of those are compensated and 69 percent are not.

Member Ziemer: Thanks, Grady; that's helpful.

Mr. Crawford: NOCTS can produce that information much more easily I think than we can, so that's great.

Dr. Roberts: Okay. Any other questions?

(No audible response.)

Dr. Roberts: Okay, well thank you, Chris. Next on the agenda is DOE, so Greg, welcome.

DOE Program Update

Mr. Lewis: Hi, thanks, Rashaun. And would Grady or somebody be able to do my slides? I've got the

presentation up on my iPad and I'm not able to take control and run through the slides while I'm doing the presentation.

Dr. Roberts: Grady, would you mind?

(No audible response.)

Mr. Lewis: And if not, I saw that my presentation is posted. The slides aren't actually all that --

Mr. Crawford: Can you see it there, Greg? Is that it?

Mr. Lewis: Yep, I sure can.

Mr. Crawford: Alright.

Mr. Lewis: I guess, okay, well, you might as well go ahead to the next slide.

And again, I'm Greg Lewis with the Department of Energy, the Office of Worker Screening and Compensation Support, and you know, we manage the Department's role in responding to the records requests from DOL and NIOSH, and supporting the EEOICPA program.

And it's going to be a short presentation, but I'll spend most of my time on our COVID-19 update.

During the last meeting, the update was more detailed because, quite honestly, we had much more significant impacts from the pandemic. You know, during the start of the pandemic back in the spring of last year, we were pretty much fully shut down, everyone was teleworking, and we were trying to figure out how and what we could provide virtually, what systems we could access remotely, and how we could respond to the records requests from DOL and NIOSH.

You know, we did that to the extent possible virtually, and then since then, restrictions have eased up, so for the most part, I believe we're

successfully responding particularly to the NIOSH requests.

We're having a bit tougher time with some of the DOL records requests for the DARs because the medical records and some of the other different types of records are more hard copy, and it's a little bit difficult.

But right now, there are 18 individuals with NIOSH requests that are over 60 days, and that's actually, you know, significantly more than we usually have, but all of those are because of COVID and the different challenges that we're facing.

They're spread between a number of different sites, and I have on here on my slide the Nevada National Security Site and the Y-12 National Security Complex are experiencing the greatest difficulties with COVID, and that is true, but actually with our NIOSH requests, I think there three for Y-12 that are over 60 days, and two for Nevada, because for the most part, we're able to get those radiological monitoring data remotely.

Either they're online, they're in databases, so it's not something that we're struggling to get during the pandemic, but just for reference, both Nevada and Y-12 do have a large number of outstanding requests for the DOL DARs, and that's for a few different reasons.

You know, obviously the maximum telework situation makes things more challenging to get hard copy records.

We are able to send in people, you know, in a more limited basis to physically pull records. You can go to the next slide, Grady. And the big issue with Y-12 is the federal record centers, which are I believe still closed, although they may have opened up.

Throughout the pandemic, they were closed. They

opened briefly, some of them closed again, some of them opened, so they've kind of been hit or miss as to whether they were open or closed, and then of course, since they've been closed, they have a large backlog of requests so it's been difficult to get records even when they are open.

So with Y-12 in particular, a huge percentage of the records that we use for Y-12 are at a federal records center, so we're struggling to get those.

And then for Nevada, because of their systems, their workers were not able to access the records remotely, even when there were electronic records and databases and things because of the security requirements and their set-up on site, they were not able to access them.

So, those records, they were down for about four to five months at the beginning, and then there's also been some staff turnover, so they're really struggling to catch up, but again, that's more for the Department of Labor DARs and not so much for the NIOSH request for radiological monitoring information.

And then I will just mention that classification reviews, because of the sensitivity of the information, it obviously cannot be done remotely or from home, it has to be done on site, so depending on, you know, how much sites have telework restrictions, that has been an issue.

Not so much for the individual records requests, but for the different research requests we get from DOL and NIOSH.

That's had some impact at certain sites. Next slide, please.

I'll probably skip right past this one, if you could, Grady, because these are sort of my boilerplate slides.

Just as a reminder for folks, what DOE does is essentially provide records. We do this in three ways.

For individual records request for claimants -- these are both from DOL and NIOSH --also for large-scale site characterization projects like the Site Exposure Matrix for DOL or the Special Exposure Cohorts and requests for NIOSH, SC&A, the Board, et cetera, and then our third role, which is much smaller but also important, is to do research on covered facilities.

And we're actually in the middle of recommending a few changes there, which I'll talk about probably next meeting because those are not final.

So if you could skip on to the next slide, Grady? And skip right past this one.

You know, again, we are continuing to support NIOSH, ORAU, SC&A, the Board, and the various larger-scale site characterization projects, the research projects.

Of course, because of the pandemic, it's been a little bit more challenging and we have not been able to support, you know, on-site actual data capture visits, but we still have been trying to provide what we can electronically.

We've been particularly active at Fermilab.

We've had a recent request for some historical records from DOE Legacy Management, as well as Los Alamos and K-25, the Oak Ridge GDP. So we have still been supporting those research requests as best as we can, and I think in many cases we have been able to provide what, you know, NIOSH or the Board needed, but there have been some challenges, particularly with respect to on-site visits, of course, and whenever it's deemed safe to do so, we'll be happy to start supporting those

again.

And if you'd go to the next slide, we are still doing document reviews. In fact, we've had quite a bit of document reviews recently.

DOE Headquarters in Washington is largely at a maximum telework profile right now. I'm at home, for those of you who aren't looking at the video -- but I'm clearly at home, and most DOE workers are at home, but some of the few workers that are actually on site are the classification reviewers, and they have been on site all but at the very beginning of the pandemic, and continuing to review the NIOSH reports and documents that they need.

Particularly gearing up for this Board meeting, there was a large volume of requests that came into our reviewers, and I believe we got those all back in the requested time frame, so we are certainly continuing to do the document reviews in spite of the challenges posed by the pandemic.

Next slide. I already mentioned facility research. You can go to the next slide. And I always mention for those workers or worker advocates or representatives that might be on the call, my office also manages the DOE Former Worker Medical Screening Program, which provides free medical screenings to all former workers from all DOE sites.

Not AWEs, but all DOE sites. We're able to typically provide those screens close to where the person lives.

We had suspended screenings due to the pandemic, but have restarted in most places.

We may have a backlog that we have to get through, but we're still offering these screenings, and I encourage all of you that are workers or interact with workers to mention this. This is something -- it certainly is not a requirement to

participate in the screening program to then file a compensation claim, but, you know, we do provide results letters that can help tie the condition to their work or to the exposures, and we certainly -- the biggest thing is we try to identify conditions early, when they're more treatable, and lead to a better medical outcome for the individual, so I encourage you all to look into that if you haven't already.

And next slide. Here's the links and more information on the Former Worker Program, and then next slide.

I believe that's the end of the presentation. Yep, are there any questions?

Member Clawson: Yeah, Greg. This is Brad. It looks like the COVID-19's taken a little toll on your appearance there.

Mr. Lewis: Well, I don't know if that's COVID-19 or a third child into the mix, but something's took a toll on something. I'll agree with that.

Member Clawson: I'd like to thank you for really helping us with our classification and everything else like that.

I really appreciate DOE's persistence in that, and also your personal work into it, too.

Just wanted to tell you we appreciated it.

Mr. Lewis: Well, and I'll mention, actually, Allen Hinners is the gentleman in classification who does the lion's share of the work, and he has been really phenomenal for us. So I will give all credit to him. He's been really great.

He's been in the office and pumping out a lot of reviews, so we appreciate his work, and I will mention, you know, that the Board has recognized that.

Member Clawson: I appreciate it, Greg.

Dr. Roberts: Any other questions?

Mr. Lewis: And I --

Dr. Roberts: I'm sorry, Greg. I cut you off. Were you going to say something?

Mr. Lewis: No, actually I was going to say, if there are any other questions, happy to answer them.

Dr. Roberts: Okay. I don't hear any, so thank you so much for your presentation.

Mr. Lewis: Thank you.

Procedures Review Finalization/Approval Process

Dr. Roberts: Next up on the agenda, we have an item for the Subcommittee on Procedures Review, an item on the finalization and approval process, and that will be presented by Josie.

Member Beach: Hi, Rashaun.

Actually, I'm going to do a very brief presentation -- or not a presentation, but just a little bit of information about our last Subcommittee meeting, and then Kathy, I believe, will be sharing the slides.

Is that correct, Kathy?

Ms. Behling: Yes, that's correct.

Member Beach: Okay. So I'll go ahead and just give a brief presentation and Kathy can load her slides, and then I'll be turning it over to Kathy to actually give the presentation that she put together.

So Kathy, if you can share those at any time, I'll just briefly talk about -- the last Subcommittee meeting we had was held on February 18.

It was two years before we had -- or prior to that,

we had our last meeting. We had a productive meeting.

We tasked SC&A to review four documents during that meeting, and we also tasked them with six subtask 4 reviews, which is the closeout of our process.

We sent those selection criteria to NIOSH and we expect to hear from NIOSH with those cases probably in the next several months. Additionally, we tasked at a little lower priority four other documents.

And I know this was all sent out in the executive format, so I wasn't going to go through and name each one of them. Those are available for the Board members.

In your installment 1 that Rashaun sent out, you'll find the presentation that Kathy just put on, and also a presentation handout which covers the procedures that we're going to be talking about in this slide presentation.

We've approved through the Subcommittee about 35 documents that you'll see in that presentation handout. Those are from early 2000 through 2019.

SC&A presented a method, a matrix method, to the Subcommittee at our last meeting. The Subcommittee approved and wanted to go forward with this process -- which Kathy will explain here in just a moment -- and for a possible closeout of those 35 procedures, and it will be up to the Board to look at this matrix idea and decide what their thought process is on it, and if it's something that will work for closing out some of the backlog on our procedures.

Okay, so with that, I'm going to turn it over to Kathy, and thank you, Kathy, for agreeing to do this presentation.

Ms. Behling: Okay. Bear with me, this is my first Zoom meeting, so I hope I'm hitting all the right buttons. Can you hear me?

Member Beach: Yes.

Ms. Behling: Okay. Very good.

And I hope I'm not going to repeat a lot of things here, but I do have some things in the presentation that Josie has already mentioned. Our discussion today will focus, as Josie mentioned, on the procedures and technical document review finalization and approval process.

And as Josie also mentioned, currently there are 35, I'll call them active technical guidance documents, and these were documents throughout the years that have been reviewed by SC&A, and that were discussed at various Subcommittee meetings, and findings and observations were resolved and closed by the Subcommittee.

Now, as Josie also mentioned, those 35 documents are listed, along with the findings and observations, the finding dates, and the date of the document reviews and when that was closed out by the Subcommittee.

That is listed in a handout that was provided to the Board.

Now, what's not included in that 35 active documents -- and throughout these years we've done a lot more of these than 35 -- but some of the documents have been canceled.

There are reviews that are completed, however, there are revisions in the works, and that these reviews may need an additional evaluation, and so they were not included in these 35 documents.

And also, documents that have been reviewed

where SC&A did not have any findings, they were not included.

Now, at the April 11, 2018 Subcommittee procedures review meeting, there was a discussion that was held regarding whether the Subcommittee was given the authorization to closeout these procedure reviews, or if it was the responsibility of the Board to approve the document reviews, and at that meeting, Ted indicated that this does require a full Board approval for all of these document reviews.

That discussion during that meeting also prompted changes to our Board Review System, our BRS system, and that system was updated to include columns for the Board once they review these documents. They can add new findings, and then ultimately, there was a column to indicate when all of those findings have been closed, and the document is closed out or finalized.

Now, the current approach to doing this full Board review in the past has been that a Subcommittee member or someone from SC&A makes a presentation to the Board.

During their presentation, we talk about the findings and the observations, the Subcommittee discussions that were held, and then the final resolution of issues that were raised during the document review.

So, in order to expedite, perhaps expedite the Board's review and closeout process, the Subcommittee is proposing an alternative approach to finalizing these document reviews.

And the idea is that we will, the Subcommittee will prepare an issues resolution matrix package, I'll call it, which is similar to those that are used by other Board workgroups, and so, most of you are familiar -- I think all of you are familiar with previous issues

resolution matrices.

This matrix package, we envision it to include a cover page that will provide summary information about the document that was reviewed, a description of all the findings and/or observations, and a chronology.

There'll be a table listing the chronology of discussions that were held at the Subcommittee meetings between NIOSH, SC&A, and the Subcommittee to resolve these issues, and finally, the summary of the final findings and observation resolution.

Now, I'm thinking that this matrix would only be used for less complicated documents, less complex documents, with maybe fewer findings and observations.

I actually took the time -- I evaluated 35 documents that are on that handout, and, based on my review of those documents, I concluded that, in addition to the two document reviews that we're going to be talking about today in our presentation, there are about 20 documents of that 35 that appear to be candidates for using this issue matrix approach, if it is accepted by the Board.

Okay. So, slide 5, it shows the matrix cover page, which is in example, one, of what we assume will be a cover page that is a brief summary of the document reviewed, as well as document revisions.

Now, this cover page will include all relevant information regarding the document.

In this particular case, it's a PROC. That is an administrative procedure, so there was not a lot of upfront information that I felt we needed to provide.

This first example is looking at our review of the ORAU PROC 22, and that is a supplemental request

for DOE information.

And the procedure actually outlines for the dose reconstructors methods for requesting additional information, when necessary, about the Energy employee from the Department of Energy sites.

Rev 1 was issued in March 2005, and -- I'm sorry, Rev 0 was issued in March 2005, and this document was revised in August of 2017.

Now, the matrix table that we're looking at, you can see that this document was reviewed back in 2006, and SC&A's first finding identified incorrect and inconsistent references to the title and procedure numbers for the Privacy Act procedure.

And as shown in column 3, at the August 24, 2007 Subcommittee on Procedures Review meeting, NIOSH agreed with the finding and indicated that they would correct this Privacy Act reference in their next revision to the document. And that change was made in Rev 1 of the document.

As I indicated in 2017, we went in and reviewed that revised procedure to ensure that the correction was made, and as a result of that, the Subcommittee found that NIOSH's actions were appropriate and they closed the finding at the November 20, 2017 meeting.

The second finding associated with PROC 22 is the procedure stated that information should be requested from NIOSH project tasks 2, 4, and 5, and it assumes that the reader is familiar with each of these project tasks without really providing any information on the task function or description.

Again, at the August 2007 meeting, NIOSH agreed with the finding and again stated that it would be revised in pursuit in a form of -- or a subsequent revision to that procedure. And Rev 1 of the procedure did remove all references to these project

tasks, since any of the NIOSH or ORAU groups can identify claims that need additional information.

And SC&A reviewed that change to the procedure, and the Subcommittee agreed to close this finding, again, at the November 20, 2017 meeting.

Okay. Our second example is a PER, a Program Evaluation Report. This is PER-081, which has to do with the Hooker Electrochemical facility.

The PER evaluated the effects and changes introduced by revision 3 of the Hooker TBD. Since SC&A had previously completed a full review of the Rev 3 of the Hooker TBD separately, this PER review only involved reviewing of selected dose reconstruction case files that were reworked due to the TBD changes.

This satisfies under SC&A's PER protocols what we consider subtask 4.

And I didn't put it in this slide, but it is something that I would include in a package that would be sent to the Board.

I didn't include all of the changes, you know, in the Hooker TBD just because we're dealing with PowerPoint and I wanted to keep it less detailed, but in this particular case, the TBD, there was an increase in production rate of uranium which resulted in an increase in the external doses.

There was also an SEC that was issued and some other minor changes, but all of the changes did increase some doses in both the operational and residual periods.

So, the cover page of anything that would be sent out would include more detail than what you're seeing on this particular slide. Okay.

And SC&A's review of PER-081 case files identified

two observations, and I'm showing you on this slide Observation 1, and this observation had to do with skin cancer dose conversion factors.

We questioned -- typically when we're dealing with skin cancers, we use OTIB-0017.

They offer a DCF of 1.000, which is more claimant-favorable than the DCFs that are identified in the external dose reconstruction implementation guide, IG-001.

And so, we questioned why that was done.

And at the February 2019 meeting, NIOSH explained that Hooker's external doses were based on MCNP model calculations, and therefore the IG-001 DCFs were appropriate.

Now, at other sites where the external doses are based on film badge data, which can include beta and very low-energy photons, you don't always know the mix, and so, NIOSH typically uses OTIB-0017 in those particular cases.

So, that was explained to the Subcommittee, and it clarified SC&A's concern, and the Subcommittee closed this observation.

And there was a second observation on this PER-081. Here, internal dose in the reworked case increased for the lymphatic tissue cancer, as we expected, but the doses for the skin cancers for this case decreased, and so we questioned why that was the case.

And NIOSH again indicated that the original dose reconstruction used overestimating assumptions, and specifically they used type S solubility for the lymphatic cancer, and they used type M solubility for the skin cancer.

But when they did the rework in behalf of this PER, they used best estimate assumptions, which resulted in using type S solubility for all of the cancers, and that's the reason that the skin cancer doses decreased just slightly in this particular case. That's why we made it an observation.

Again, at the November 2017 Subcommittee meeting, SC&A agreed with NIOSH's explanation and the Subcommittee closed this observation.

Okay. Now, the Subcommittee envisions that this alternative closeout process will include the following. We will put together this issues resolution matrix, which will consist of a cover page and a table with the details of the documents and the findings and the observations, and how they were closed out.

The other thing we will do is put into the BRS system all relevant documents: SC&A's review report, any White Papers, any technical discussions, whatever is relevant for this particular document process closeout.

That may be included and attached in the BRS system.

And then at a subsequent Board meeting, the Board members will have an opportunity to, you know, discuss the closure of the technical document included in the matrix.

You may request additional information or even open up additional findings, which will ultimately be closed and discussed by the Board. Okay.

And I also want to make mention, prior to 2018, we, Rhonda and Josie and myself made presentations to the Board, as you can see in this slide in various full Board meetings, but I didn't see anything in the transcripts that would indicate that there was a formal motion to actually close out

these reviews.

And so, if it's decided that we're going to go with this approach, or even if we don't go with this approach, we are going to need to go back and determine how to formally close out these previous presentations.

We did, at the April 11, 2018 meeting -- there was several presentations, but two of them, as you see on this list, OTIB-0017 and a NIOSH overarching guidance review, the Board had some questions, and NIOSH was going to follow up on those, so those have not been closed out either, and I don't know that we have set aside the time for NIOSH to be able to even respond to some of the questions that were asked at that particular meeting.

So, and I'll just interject this at this point, but my feeling is perhaps we could go in and do just a summary of the discussion. I could go into the transcripts to maybe a summary of the discussions that were held to close out these or to discuss these document reviews, and I could summarize any questions that were asked, if it seems as if the Board members were in agreement with the presentation, and then have some process in the future that we can formally close these and add that information to our BRS system.

Okay. Now for the quiz.

I think we have to engage, or we should engage in some discussion here regarding does the Board agree with this matrix approach for closing some of the technical documents, and is the matrix information that we provided to you today, is it adequate, do we need to add things, do we need to provide more information?

Also, as I just discussed, how do we handle closing those documents that were previously presented to

the Board?

And the other question I included here is for those documents that SC&A didn't have any findings, there was only one of those documents that I did give a presentation on, and that was the CLL, the chronic lymphocytic lymphoma procedure, just because of the complexity of that procedure, and there's still also some outstanding questions.

We closed that, but there's still some outstanding questions that Dr. Richardson had asked that need to be followed up on.

But does the Board also need to see, or have a list, or have some understanding of the documents that have been reviewed where there were no findings identified?

I don't know if that's necessary or not.

Those are the questions that we're posing, and I'll turn it over to the Board and Josie.

Member Clawson: Kathy and Josie, this is Brad.

Ms. Behling: Hi, Brad.

Member Clawson: I like the matrix of it so we can keep track of what has been and what the issues were with them. I find that helpful for me.

And as you were saying down in the bottom there, we do need to have access to be able to know which ones have been approved.

Even though there were no findings on them or anything else like that, I think that we still as a board need to address and make sure that we have a process in place to be able to see that these have been reviewed because there's been aspects that we've been going through with these, and we've never even reviewed the process, I guess I'd say.

That's my feelings on it, anyway.

Ms. Behling: I agree, but Josie, I'll --

Member Beach: Yeah, no. Thank you for that, Brad.

I also agree with that, and I don't know if it's a decision that we can take up in the full Board, or if it's something we should take back to our Subcommittee and decide a path forward on how to document those.

And I'll ask other Subcommittee members, if they have any input, to please jump in.

(Simultaneous speaking.)

Member Ziemer: Josie, this is Paul. I have a few ideas, and first I thank Kathy for the work she's done on this on behalf of the Subcommittee. It's been very helpful.

I think if I'm a Board member -- I'm on the Subcommittee, so I've been able to review all of these documents, as have the other Subcommittee members, and the matrices, and we've seen all the detail, but if I were a Board member who had not seen any of these and the findings and the resolution of findings, and someone comes to me with a list of 35 documents, plus another dozen that were identified -- so we have close to 50 documents here, and each of these has multiple findings, and there's a matrix for each of these findings -- it becomes too much to handle directly item by item in a Board meeting.

So, we would want the Board to be able to approve groups of documents, and the only way they can do that is if they have available all of the details if they want to see them.

Now, there's two parts to this.

One is, if you assign a group, say a Subcommittee, to do a task -- and I don't want the idea that this is rubber-stamping, but the Board places a certain amount of confidence in the Subcommittee for having looked at the details, and if the Board is comfortable that the Subcommittee has done their job, then they can approve a document based on their confidence in the work of the Subcommittee and knowing that the process has been carried out.

However, any particular Board member should have the opportunity to look at any of the documents and see all of the backup information. I like the idea of having a matrix, and if you had a chart, I don't know if this is -- well, it wasn't shown, but the presentation handout that listed all the documents, all of the Board got this in one of the handouts. This lists all of the 35 documents.

And if the Board had this electronically and had a link on each one where they could see the details on the matrix for every item, so ahead of a Board meeting, a Board member could say, well -- and I don't think any Board member's going to want to look at all 50 documents in the details that the Subcommittee has, but they might spot check and say, oh okay, I'm interested in seeing this item from Hooker Electrochemical, or this one from Blockson, or, you know, look at whatever ones they want, or all of them if they want, and that could be done with a general table like this presentation handout with added links for the Board members, but they would have to do that prior to the meeting so that at a meeting, we didn't have them going through the findings.

And Kathy did a couple examples, but we can't do that for 50 items in a Board meeting, or 50 issues --

(Simultaneous speaking.)

Member Beach: No. Paul, yeah, this is Josie.

Yeah, I agree with that, and I think we needed to determine how many items we would present at each of the Board meetings. Not, of course, all of them at one time.

And I guess that would be up to the Board's discretion, and the complexity of each one of the various procedures.

Member Ziemer: Yeah. But we have at least 35 right now that we have completed, and --

Member Beach: Correct.

Member Ziemer: And the --

Member Beach: And then --

Member Ziemer: And the --

Member Beach: And then several -- I don't know.

Kathy, were those on the list, the ones that you've given presentations for that we never officially closed out?

Were those part of that 35 list? I didn't fact check.

Member Ziemer: I don't think they were.

Ms. Behling: No, they were not.

Member Beach: Okay, that's kind of what I thought.

Member Ziemer: Yeah. But --

Member Beach: I have a couple of comments, but I thought --

Member Ziemer: But if you started with the 35, Josie, if you started with that, said okay, what else does the Board need to approve these 35?

Member Beach: Right.

(Simultaneous speaking.)

Member Beach: Yeah, and we only presented the two today, so we aren't even trying to present the 35. One of the things --

Member Ziemer: And I think that's for examples, right, of how the matrix would work?

Member Beach: Correct.

Member Ziemer: Yeah.

Member Beach: Correct. So, Kathy, I do have a question for you, and forgive me if you already talked about this.

You mentioned that there were 20 procedures within the 35 that would qualify for a matrix type inclusion for reporting.

Ms. Behling: Yes.

Member Beach: Can you give me the example of the ones that didn't qualify, in your mind, those 20, what the criteria of those other ones would be?

Ms. Behling: Yes. In fact, I wanted to point that out also.

There are some, in fact, the very first one on our list is Linde Ceramics, and there were only three findings, but it became a very complex issues resolution process, and so I feel that there are several on here.

Some just have, to me -- one of them is the computer assisted -- the CATI process, there are 29 findings, and I just think that lends itself more to having a discussion at a full Board -- a presentation, but the 20 that I previously picked out were maybe -- there's not a lot of administrative procedures on here.

They're more technical procedures, but some of them are straightforward, and in some cases, I picked out ones that had five or six findings, but the resolution was NIOSH said they were going to make changes to the procedure, and the change was made, and we verified that change, and everything went as planned.

And so, those are the types of things that I felt would serve for this matrix, but the more complex ones, let's say -- in fact, there's one for the fission and activation product.

We reviewed two or three written revisions of that OTIB-0054 and there was a total of 36 findings, and suggesting to me that that would be a little labor intensive for Board members to sit and have to pore through all of that.

It would be easier to make a presentation to resolve those, to bring that to the Board.

Member Beach: Okay. That makes sense.

So it sounds like we have three different avenues, but I don't want to get to that yet, and I want to keep this open for discussion, other Board members, comments?

Member Ziemer: This is Ziemer again, but let me sort of ask this question because the fission and activation one is a good example. That had 36 findings.

But the fact that it did, does that imply that it has to go to the Board?

It's no different than 18 procedures with two findings each.

It's got a lot of findings, but if the Subcommittee's done its job, and we provide the information about those were resolved, any Board member could look

at those and satisfy themselves that they have been handled.

Member Beach: Yeah.

Member Ziemer: And if a Board member had a question, then we could say if there's any that you have concerns about, we'll bring them to the Board.

Member Beach: Yeah, that's a good point, Paul. Thank you for bringing that up.

Ms. Behling: Okay.

Member Beach: I wonder --

Member Anderson: I -- yeah.

Member Beach: Oh, go ahead, Andy.

Member Anderson: Yeah, I would think as much as the workgroup can kind of whittle it down, I mean, their findings -- some of which are easily resolved because it's a clarity issue of well, what do you really mean there, and things like that -- and then it's fairly easy to agree to closing them out, or NIOSH improves the wording so it's more understandable.

I think it would be helpful to come back to the Board with some of the more consequential ones, or ones where there was some adjustments that need to be made.

Member Beach: Yes.

Member Anderson: Something like that, and then my second, probably the last question is, did the Work Group -- it goes back so far -- go through a priority setting process that the ones that were first looked at are the ones that are more consequential, more widely used, and therefore, we're sort of working our way down to some which need to be reviewed, but are perhaps a little less

consequential? And the --

Member Beach: You know --

Member Anderson: I mean, the CATI thing is a really important process that goes for absolutely every one of the cases, and I think that's important to be sure we've reviewed the effectiveness of those, as well as on an ongoing basis, actually, because the clientele does change over time.

Member Beach: Yeah, and for these, Andy, the Subcommittee has reviewed all the documents on that list, and additionally on the slides number 12.

Member Anderson: Okay.

Member Beach: Those have all been presented, we just didn't do the formal closeout, and Kathy has said she -- and we'll get to tasking later on those -- the 35 other, those have already been changed, and they date back to 2005, so these are moving forward.

We're trying to expedite, and not going quickly, but, so we can close them out formally and start moving down that task.

And just to Paul's point, if there is a document that has 35 findings, that may be the only one we bring to the Board's attention at a meeting because it will take more discussion. Maybe there's more questions associated with it.

If there's one that has, say, two observations, like for example, today, we may bring two or three of those to a Board meeting to close out.

So, we have some different avenues.

I think we're looking for, right now, does the Board agree with a matrix approach, and if they do not, then we need to go back to the formal presentation

and so many per meeting as we've done in the past.

And correct me, Kathy, if I've missed anything there.

Ms. Behling: No, I don't think you missed anything.

The only thing I do want to make mention of, just to remind some Board members and to inform maybe other Board members, back in 2005 and 2006 when we initially started this process, the Board would assign us, I think under code -- it was our Task 3 -- they would assign us a group of procedures.

And there was times they assigned us 25 procedures and they got reviewed all at once, and we put out one major document.

In fact, I was going to show you.

I'm doing this just because I'm thinking ahead that there have been a lot of documents reviewed, and then if there are revisions that come out, we try to capture those and then re-review it, and sometimes, as I showed today, the resolution for the finding or observation is that NIOSH is going to make a change to a procedure, and that takes some time, and we would need to go back and ensure that that gets done appropriately before we can close out.

So, that's why there's some length of time that goes on here -- and like I mentioned, I'm not extremely versed in -- I wanted to pull just for your information -- oh boy, let's see here.

Let's see if I can find it. Here. Our initial review process included tables that you're looking at.

Can you all see that, the Procedure?

Member Beach: No.

Member Ziemer: No.

Member Beach: No, we can't.

Ms. Behling: Okay, wait, let me see here.

Let me stop and let me go here, and let me see if I can share now. Okay. No, that's not it either.

Member Anderson: There we are.

Ms. Behling: That's a presentation handout, correct? Is that what we're --

Member Beach: Yes, that is correct. Alright, hold on. Let me see if I can find this.

Ms. Behling: Yeah, well --

Member Ziemer: That was the one I was referring to earlier.

Member Beach: Okay, yes.

Ms. Behling: Oh boy, let's see here. Okay. This is it. Now, do you see --

Member Beach: Yes.

Ms. Behling: Table 2.1-1?

Member Beach: Yes.

Ms. Behling: Yeah, I'm just --

(Simultaneous speaking.)

Ms. Behling: I'm just taking the opportunity since I have, you know, an audience here to just show you this was our old checklist. And so, if we do go this route with this matrix and attaching things to the BRS system, we're going to have to cut out -- this was our review of OTIB-0010, and we had a check, like for our dose reconstruction reviews, at that time.

If it got a rating of 5, you didn't assign a finding to

it, but once we developed the BRS system and we wanted to put this checklist information into that BRS, anything that was less than a 5 typically got a discussion further, and we made it a finding in the BRS system.

So, I just wanted to point this out to you that if we do this and you see an attachment that looks like this, this comes from -- and there's always, you know, comments associated with it, and back years ago, Steve Marschke took all this and put it into the BRS system as a finding or observation -- so I just wanted to make you aware of that if you see something along these lines. But there have been a lot of procedures that have been reviewed over the years, and as I said, what isn't included are those that have been canceled along the way or there were no findings, but if we do this, you may see some documentation that looks like this, and I didn't want anybody to question what this is all about.

Member Anderson: That's good, and I just want to go back to square one, and I do like the matrix. I think that really helps.

It's easier for a quick review.

Now, as it's written, you may have a question about it, but I think it really helps.

Member Beach: Kathy, is it possible to put your slides back up?

Ms. Behling: Yes, I'll give it a try.

Member Beach: Okay. And so, if you go back to the last slide, and we go through the summary discussions, I would like to get the Board's input on each one of the bullet points. Some of, you know, the intricate details, we're going to have to meet in the Subcommittee and make decisions, but overall, first bullet, does the Board agree with the matrix

approach for closing out the approved technical documents?

And so, Rashaun, you might have to help us.

Do we need a vote on this, or if we have general agreement, is that okay?

Dr. Roberts: Yeah, we probably want to do a motion, and then do a quick vote for it.

Member Beach: Okay. So, on that first bullet, agreement?

(Chorus of aye.)

Member Beach: Okay, so I'm assuming I'm making the motion then?

Dr. Roberts: Right.

Member Beach: And then, any seconds?

Member Roessler: Second.

Member Valerio: I'll second. And Josie, this is Loretta.

Member Beach: Hi, Loretta. Thank you. So then, that is open for discussion.

Member Kotelchuck: I was going to say -- it's David Kotelchuck -- it makes sense, so I certainly agree with that switch.

Member Beach: Okay, thank you.

Member Kotelchuck: Going forward.

Member Beach: Other Board members?

Member Lockey: It's Jim Lockey --(Simultaneous speaking.)

Member Anderson: Does anybody disagree?

Member Beach: Yeah, I guess that's a good question. Does anybody disagree and have questions or comments?

(No audible response.)

Member Beach: Alright, Rashaun, can you hold the vote then? Is that an aye or a roll call?

Dr. Roberts: So, all in favor?

(Chorus of aye.)

Dr. Roberts: Okay. All opposed?

(No audible response.)

Dr. Roberts: Okay. So it sounds like the matrix approach it is.

Member Beach: Okay, great. Thank you everyone. And the second bullet, you got two matrix examples.

Did anybody see anything or have any objection to that, or do you need more information?

(No audible response.)

Member Beach: Moving forward, of course, we can change as we go, or we can add as we move through this at the next Board meeting.

Ms. Behling: And as I said, there will be documentation.

I plan on attaching any relevant documentation to the BRS so that if there are questions after you review the matrix, you can dig deep into that information that will be available.

Member Beach: Okay. And then, Henry, you did bring up a point about higher priority procedures.

That is something we can take into account when

we have our next Subcommittee meeting and discuss which ones will maybe go forward on closing out, if that seems reasonable to the Board.

Okay. Hearing no comments, the next is how do we handle closures of those documents previously presented?

I proposed that we do task SC&A to pull up the transcripts on when those were actually presented, review questions that were asked, and then we'll have to work with NIOSH to get resolutions to those questions, and then re-present those, I would say, in a bundle based on their complexity, either half of them or all of them.

And that's open for discussion, also.

Member Lockey: Josie, do you know how many there are?

Member Beach: It's on slide number 12 --

(Simultaneous speaking.)

Member Ziemer: I believe there were 12 on the slide. There are 12 there.

Member Beach: Yeah, so slide 12 shows those.

Now remember, those have been presented, we just didn't formally close them out, which we need to do.

Member Ziemer: And the Subcommittee I believe had closed them all.

Wasn't that your recollection? Kathy, can you confirm that?

Ms. Behling: Yes, that is correct.

Member Ziemer: Yeah.

Ms. Behling: Yes, definitely.

Member Ziemer: Yeah.

Member Beach: But like Kathy said, there may have been some follow up, at least on one of them. So --

Member Lockey: So Josie, do you think SC&A needs to review them all, or specific ones?

Member Beach: I think it needs to be reviewed if there's any follow up, and I think, Kathy, you've already done that on all of these, or just the one that showed that there was some NIOSH follow up we are waiting for?

Ms. Behling: There are actually three from the April 2018 meeting. Because as I said, I also presented that CLL --

Member Beach: Correct.

Ms. Behling: Document, and you closed that -- the Board closed that because we were formally closing these at that meeting.

And we attempted to close OTIB-0017 and the overarching 9, but the Board members had questions that NIOSH was going to follow up on, and we never got NIOSH's follow up.

I don't know that we ever set up a meeting or an agenda to do that at some point, so but I think --

(Simultaneous speaking.)

Member Beach: Yeah. I don't think --

Ms. Behling: Right.

But these previous ones, in order for recollection purposes, I mean, we are going back to 2013 here for some of the original presentations, and I just thought it would be useful for the Board to have.

I could put together a very brief summary.

This is what OTIB-0052 is about, this is what we explained, this number of findings, this is the discussion held afterwards.

Maybe no one had any questions, everybody agreed, type of thing, but I think it probably would be useful for the Board just to refamiliarize yourself.

Member Lockey: That'd be helpful.

Member Clawson: Kathy, this is Brad. I agree with you on that, I just want to make sure that, as Josie said, that we review the transcripts because, you know, you already said we're clear back into 2013.

Just make sure that we address what the concerns were because we have Board members that have left since then, and they may have been the ones that had the concerns and issues, and we want to make sure that they were addressed.

Ms. Behling: Okay, very good.

Member Clawson: My personal feeling.

Ms. Behling: Yes, will do.

Member Ziemer: Related to that, this might've been an occasion where you'll have to look and see whether the Chair actually asked for a motion versus taking the position that if no one objects, they are approved.

And so, I think when you say review, you're going to review the minutes, right, of the meetings?

Ms. Behling: Yes. And Paul, you're absolutely correct.

In the meetings previous to 2018, I didn't go through all of these transcripts, but I did not see where there was any motion to say we're going to close this out, and that's what concerned me about these previous presentations.

In the April 2018 Board meeting, you attempted to file a motion to close these out, and we decided because of the conversations that were going on between Board members and NIOSH, that there needed a follow up, and so those were not closed out.

Member Ziemer: Yeah. Well, I think April 2018, probably the Chair was Jim Melius still.

Member Kotelchuck: Yes.

Member Ziemer: I don't -- Jim --

(Simultaneous speaking.)

Member Kotelchuck: Yes, correct. You're correct.

(Simultaneous speaking.)

Member Ziemer: In 2019, so.

Ms. Behling: Okay. I thought I saw on the transcripts that you were trying to file a motion. I could be --

Member Ziemer: Oh, I may have been trying to make a motion, yeah.

Member Beach: As a Subcommittee member, yes.

Member Ziemer: Yeah, right.

Member Beach: Yeah.

Member Ziemer: Right.

Ms. Behling: Okay. But I can certainly go back to summarize all of these.

(Simultaneous speaking.)

Member Ziemer: Yeah. Just to confirm, if it was presented to the Board for action, why didn't we have action on any of these?

Member Beach: Good question.

Member Ziemer: Or was it just presented for information?

So yeah, it'll be good to have some clarity from what the minutes really said. Thanks.

Member Beach: Okay, yeah, and I think we're trying to formalize and close out items such as these also on the BRS as we go through it, trying to formally show where we closed and took the vote.

So, we're going to clean up some of this stuff, as well.

Rashaun, is there a tasking?

Can we formally task SC&A to go back and look at those, and present at the next Board meeting on these previous procedures that haven't been formally closed? Is that ---

Dr. Roberts: Yes. I think that's a tasking that can be made.

Member Beach: Okay, so we formally have tasked that at this meeting. And it'll come up at our Subcommittee.

We don't have a Subcommittee meeting scheduled, but we will before the next Board meeting. Okay, and so the last --

Dr. Roberts: Okay --

(Simultaneous speaking.)

Member Beach: Oh, go ahead.

Dr. Roberts: I'm sorry, I'll make a note of that then, okay, that we need to set up another Subcommittee meeting for Procedures.

Member Beach: Okay. And this would be the main topic, I would assume, because this will take some discussion.

And then the last bullet, does the Board need to be provided with an overview of documents reviewed by the Subcommittee with no findings identified?

And Brad mentioned that yes, we need to show what we have reviewed, and I agree with that.

Is there a proposed method that we do that?

I know it's in the BRS, and it shows no findings, and you can look at it in the BRS.

What are some other ideas of how you would like to see that?

Member Clawson: Kathy, you know, well, I guess what I'm kind of looking at is, all these other ones have a matrix set up with them because there was the issues, and so forth like that.

What I'm kind of looking at is if I had a question on one of these, I could go back to that procedure and the review, and if there was just a matrix sheet or whatever else that said that there was no findings with this, on this such and such a date, so we went with it, that was kind of what I was looking at.

I just want something that I can go back and pinpoint that even if there wasn't any findings to this, that this was reviewed and that it was accepted by the Board, and go on, and I'm wondering if the matrix system could do something like that?

You know, if there's no findings, okay, but that it was reviewed on this date, it was brought before the Board, it was accepted, and go on.

Ms. Behling: Okay. --

(Simultaneous speaking.)

Member Clawson: -- be accepted by us.

Ms. Behling: Yes. I agree with that approach.

I could modify that matrix table to provide you with that.

And the reason that I really agree with you that we need to have this type of list is because one of the things that is difficult -- and it's just because -- I'm not being critical, I'm simply going to state, the BRS system is set up to identify findings -- and this is a discussion that I think Josie and I have talked about, and that we will probably have at the next Subcommittee meeting -- when SC&A reviews a document and there are no findings, we put in a finding of no findings because we don't have any other avenue of doing that right now.

It would be nice if the BRS system had something that would say, reviewed on this date, but no findings.

So, a lot of times you can go into the BRS system, and I can pull out a report, and that report is going to tell me something that I may misinterpret because I'm going to say oh, there was a finding here, and when I go into the BRS and specifically look at what was that finding -- because quite honestly, your handout list of 35 documents, that started out as 45 documents based on my review -- the report that I pulled off of the BRS system, and then when I went in individual by individual, I said this isn't a finding, this is just a statement that we reviewed it and there are no findings.

So, I do absolutely agree you need a separate document saying, these were reviewed, this is when they were reviewed, and it was presented to the Subcommittee, and we did not have any findings.

Member Clawson: And that's what I'm looking for.

Let me ask you something else, too, with this matrix system like this because sometimes we may review this document and everything's good on it, but as we go through the process we find an issue, and NIOSH has to revise this document.

I want to be able to also see when it was revised, what portion was revised, and why. Would we be able to do that with the matrix?

Member Beach: Yeah. That will definitely be part of that, while we're at it.

Ms. Behling: Yes.

Member Clawson: Okay, that's what I'm looking for.

Ms. Behling: Okay.

Member Beach: Can I circle back to your first question?

And Kathy, for you -- and as well as the other Board members -- the presentation handout that you sent out, is that something that can be updated at each meeting, and could we put reports of documents that we've reviewed, the finding date, or the date it was reviewed, at least, and have that added on to that presentation handout?

Ms. Behling: And you're talking about the presentation handout that I've provided today?

Member Beach: Yes.

Ms. Behling: Make a living document and add to it? Yes.

Member Beach: It seems to me that would be a great place to have those documents, all of them.

I mean, this could be 45 documents, and ten of

them were no findings, and that's the conclusion, but at least the Board would have that in hand.

Ms. Behling: Okay. That can be done.

Member Beach: And any other comments or agreement, disagreement with that? This --

Member Ziemer: I agree with that, Josie, and let me also add I don't recall -- and maybe you do -- whether or not the Subcommittee ever actually approved the ones that had no findings.

It seems like the documentation needs another column, and any additional findings, but aside from that, I agree with Brad.

I think the Board needs to in a sense approve the documents, whether or not there were findings, number one.

Member Beach: Agreed. And the Board may not --

Member Ziemer: And number two -- yeah, number two --

Member Beach: Yeah, the Board may not agree there's no findings.

Member Ziemer: Right, number --

Member Beach: So, good point, yes, that's an excellent --

Member Ziemer: And number two, a document is not necessarily approved simply because SC&A has no findings.

Subcommittee members might have issues that they raise separately from SC&A, and I don't recall if we have or haven't, but ask NIOSH to go back and clarify one thing or another, or consider something in that procedure.

So, whether or not it's an SC&A finding, at some point, we need to finalize it with both the Subcommittee action and the full Board approval.

Member Beach: Yes. I agree with you wholeheartedly, and we may need to modify this document, and again, it's a good question when we get our Subcommittee together next to review that, as well.

So good comment, thank you. Other comments?

Member Valerio: This is Loretta. I have a question.

Member Beach: Go ahead, yeah.

Member Valerio: Would the matrix identify when the Subcommittee recommended or voted on closure of a finding, and then also document the date that the full Board would also, you know, be in agreement that it was in a position for closure?

Member Beach: Yeah, good question.

If you look back at the slide presentation, there were two matrix -- and I'm on page 10, the Hooker -- it shows the observation date, and then it shows the NIOSH response date, and then the observation resolution date.

So, if there's more dates that need to be added, does that cover it, Loretta, or?

Ms. Behling: Excuse me, this is Kathy.

Member Beach: Oh, go ahead, Kathy.

Ms. Behling: Just want to add something. And I briefly mentioned this early on in the presentation, Loretta.

Because of discussions that we had at the 2018 Board meeting -- and that, you know, that was, yeah, a Board meeting -- the BRS was updated, was

modified after that, that we can now -- it will show you if there were any findings that were added by the full Board review, when those findings were closed, and the date of closure.

So that is currently part of our BRS system, that just got added to the system. We can pull a report on that now back in like 2018.

Member Valerio: Okay. Okay, that helps.

Ms. Behling: Okay.

Member Valerio: Okay. If I have another question, I'll let you know. Thank you.

Member Beach: Thanks, Loretta. Any other comments? We still have plenty of time. Any other items to be discussed on this?

Member Kotelchuck: So, Dave Kotelchuck.

Member Beach: Yep, hi.

Member Kotelchuck: So the last two items are really going back to the Subcommittee for reporting back, right?

Member Beach: Correct.

Member Kotelchuck: But we've approved the first two, which is fine, and the other two, so that's fine. I think we made real progress, and I ---

Member Ziemer: I think the answer to the last one was a yes, wasn't it, or a go back? I think we already heard the answer to that, didn't we?

Member Beach: Yes, correct. I think we answered all of them, so I'm just wanting any last comments, questions.

I haven't heard anything from NIOSH, if there's any concerns or questions or comments.

Member Kotelchuck: Dave again. I mean, I do appreciate that you're bringing this up and we're regularizing the process.

I mean, I didn't say that in the beginning, but as a Board member, I think we're following through on what we are supposed to be doing, and functioning like a Board, an Advisory Board, so I'm very glad you brought it up.

I know it's a lot of work, but it's good work.

Member Anderson: And it allows us to track these procedures and activities very easily, and I think the matrix will really help that as well.

So, you know, you're looking at here going back to 2005, well, that's a long time ago, so being able to quickly pull these things out to answer questions, I think that'll really give us a much stronger structure.

Ms. Behling: And this is Kathy again. And I also envision that once the matrix is provided to you, there's been discussions, everyone is in agreement, that matrix package will also be attached to the BRS?

Member Anderson: Yeah.

Member Beach: Good. Yeah, I was going to mention that, if you pull up the BRS, we work really hard to try to put any documents in the appropriate spots on the BRS.

NIOSH has been doing a good job, and SC&A.

Any time we come up to an item in the BRS that isn't formally closed or doesn't have really good information, we are trying to research.

I know Kathy spends a lot of time looking at transcripts to make sure we capture exactly what

was said and done, and that in ten years from now, you can go back to those items and understand what and why we did things, so we are definitely moving forward in that direction.

Alright, Kathy, good work. Thank you. Any other comments before I turn this back over to Rashaun?

I think we have the tasking, and Rashaun will send out information for a Subcommittee meeting.

And then at that point, we'll decide what to bring to the next Board meeting.

(No audible response.)

Ms. Behling: Thank you.

Member Beach: Yeah, thanks. Rashaun, it's back to you.

Dr. Roberts: Okay, thank you. Very good discussion.

So, we are a little bit early in the agenda, but next up we've got a presentation from Dave Kotelchuck from the Subcommittee on Dose Reconstruction Reviews, an update. Dave?

Subcommittee on Dose Reconstruction Reviews Update

Member Kotelchuck: Good. Okay, thank you. And Rose is going to help me with the slides.

I mean, basically today what I'm going to do is an update on the Dose Reconstruction Review Subcommittee, and I thought I would talk about two topics.

One is updating our blind reviews process -- and there we are -- and the second topic is talking about tracking on professional judgment.

You'll remember that Mark Griffon released a report

now a few years ago.

If we go back a few years ago and suggested that we look at professional judgment more closely, and perhaps that will allow us to give some recommendations or some advice to our dose reconstructors so that we can be more consistent in our decisions that relate to professional judgment.

So, let's go to the first slide, and let's see, even the title slide -- because I really want to -- I'd like people to spend a moment and look at the names of all the people who are working on our committee.

It is an active committee. Folks are committed and all of them put in a lot of work on it, and we are finally, for example, up to date in terms of being able to do our dose reconstruction reviews.

When I came in, we were still trying to catch up all the time.

Also, in addition to the Board members, I'd like to also give credit to Rose Gogliotti for her work as the SC&A liaison to our Subcommittee.

A lot of the work that I'm going to be presenting today she has helped out on and helped us design.

So, next slide. Now, on the blind reviews, blind cases, so far we've done 44 blinds.

That is cases that are dose reconstructed by NIOSH, and then the SC&A is doing a totally independent review of that.

Now, the 44 blinds, I just wanted to give you a notion of how many, and we are doing it in each facility.

As you see, there are 28 facilities listed. If you do the arithmetic, you'll also see that we have 63 cases that are covered.

And of course, that's due to the fact that some people worked in several different facilities.

And the number of the blinds, the largest numbers are at Oak Ridge and Hanford, as you might expect, and some of the others, as we go down, are facilities that have fewer claimants.

So, now let's go to the next slide.

The years employed in the blinds cases of the 44 who -- of blinds, you'll see that basically we have a flat distribution between ten and 40 years, which is fine, and then fewer less than ten years, of course, and only four with more than 40 years due to retirements and deaths.

Okay. Let's go to the next one. Gender of the blinds cases.

Of the 44 cases reviewed, 11, 25 percent, were female, but the percentage of female claimants, as of our secretary support in 2019, was only 13 percent.

So, you might ask why there's such a discrepancy, and the answer is, I think our first 11 or 12 cases after -- blinds cases that we reviewed -- we suddenly realized they were all men, and so at that point, I and the rest of the folks said look, we want a representative sample.

And there aren't any women in this sample.

So, we started making sure that we were selecting women as well as men for our blind cases, and of course what happened was we've been paying attention to it and we've overshot, so from now on we will be, you know, reviewing, and there will be men and women, but perhaps we will not pay attention -- let's make sure that we do this right.

And so, that was an overshooting in a correction of

our initial cases.

Okay, the next one. Now, I have the Sets 24, 26, and 28, blinds groups of six blinds. By the way, there are only five blinds in this slide, and that's because I tried to put it all on one slide initially, and so I couldn't quite fit everything in, so I dropped an early slide.

But as you see, you remember that NIOSH has already done the dose reconstruction for all of these cases long before SC&A reviewed them.

Let me see.

Let's just say in general on the blinds, they've first been done by NIOSH, those that are official, and the ones that have been reported back, and then we're looking at them later through SC&A.

What we're then checking is basically that our dose reconstructions are precise, if you will, rather than accurate, and that distinction between precision and accuracy, we don't know what accurate is.

That is, we don't know what, quote, the truth is or what the actual dose reconstruction, so we are looking at both of those and we're trying to look for consistency, and to see that the instructions that we are giving to the dose reconstructors are sufficiently consistent so that the results are similar.

Now, in the early blinds, we normally of course choose blinds where we've done best estimate dose reconstructions, so we go between 45 and 52 percent POCs.

In the early days before Set 24, we had a full breadth of POCs.

And we had really a consistent agreement, or put it this way, there was consistency in the recommendation.

There was consistency in the decision on the claimant.

As we've gone farther along, we've started choosing, if you will, more complex situations where the person worked in many different facilities, the numbers are quite close to 50 percent, the point at which the decision would change, and so, not surprisingly, we have occasionally now results where the NIOSH and SC&A results are different, and number 28, that is exactly what happened.

We reviewed both of the dose reconstructions, and they were done in our judgment professionally and correctly, but they were professional judgments that were involved, and allowance for slightly different decisions. And so, in that case, in the first case, there was a difference in the overall decision. Then, the rest of them, as you can see, are really quite close. And let's go to the next slide.

And again, we have really quite good consistency and some fairly complex cases.

In this case, by the way, you will notice that 34 and 35, the decision would be different depending on which SC&A and NIOSH -- and again, both dose reconstructions were reviewed and done properly.

So, and of course, the only one of these is -- a 35 is one in which NIOSH decided that this was not compensable, and the SC&A said that their dose reconstruction would have made this compensable.

That is one that, if you will, you would say was not claimant-favorable, or put it this way, there was a difference in the decision.

Okay, 28. And again, really quite good agreement here.

The 43 and 44, as we went over this, the Subcommittee worked on these recently.

There is quite a discrepancy, of course, in the POCs, both making the same decision that these were not compensable cases.

Even though there was a large difference in the POC values, there was no reason to say that the ones that were done by SC&A, which were much lower, were.

They were not done incorrectly, they were done correctly.

Okay, well, so, that's where we are with our 44 cases, and now let's go on to the next one with professional judgment.

We've just started going ahead and trying to do tracking on professional judgments. What we're doing is starting out with the blinds because we're already reviewing the blinds, we don't have to go back and review them fresh.

We're doing them now, and so Rose is setting aside the places where there is professional judgment being used, and she helped us put together an Excel file.

Basically, we have, as you see here, broad topic, the column, and we have probably rows -- what I think eight blinds now that we've started reviewing -- eight or ten, and the broad topic, the professional judgment, the entries include, you know, shallow dose, medical dose, bioassay.

These are the broad areas, and then we're narrowing down in the Excel file for the more specific topic related to professional judgment.

And now we'll go to the last one. And I've taken out all the personal information. Obviously it is there for the review and when we do it, but removing the personal information, basically we have a broad topic, a specific topic, documents that relate to it,

and then additional information.

So, we had issues on the shallow, looking at them.

So, these are not all of them that we have, we just took a small group of them so that we could, if you will, put this on a slide, with large enough type that we could read it.

So, basically, we had modeling choices, a shallow dose, modeling choices because there were difference in judgments about the areas usually covered by the clothing.

I believe there were issues of the sleeves, where people wear sleeveless or with sleeves.

And in ambient exposure, we discussed employment hours and working hours per year when the employee reported no overtime, so there was a question about that as to how many hours she report.

There were issues on the next one about unmonitored short periods where the employee was not monitored, and then the question is, what did we do, you know, how did we handle the exposure in that period?

So this was kind of the model that we have, and if people have thoughts about this in terms of if this is -- if you will show this to the Board, this is what we've done -- and the Subcommittee, what we're trying to track, what we are tracking.

And then as we develop a database from the blinds that we go over, at some point, we may want to consider looking at that as we do cases going forward, that we're reviewing in the Subcommittee.

But for the moment, we're just looking at our blinds and developing the database.

Okay. I'd appreciate if there are questions or comments from the Board.

Also, particularly on the way that we're doing professional judgment tracking, and if there are any suggestions people have of ways to present this, modifying this a bit to perhaps clarify or improve it.

So, with that, I think I'm finished, and we are open to questions, either on the blinds or the professional judgment.

Any questions or comments?

Member Anderson: Just a question on the professional judgment issues.

Member Kotelchuck: Yeah?

Member Anderson: Do you have any assessment of what a difference it makes?

I mean, you can have some professional judgment where it is a professional judgment, but it isn't do they have two heads or one head?

Member Kotelchuck: Right. Actually, we are not tracking that.

The blinds basically ask, you know, what impacts the different ways of reviewing?

I mean, a lot of the differences in the blinds are in fact professional judgments.

Member Anderson: Okay, well that was my next question, was to say, does that explain some of those?

Member Kotelchuck: Yes.

Member Anderson: And therefore, the greater differences in some are because there was an area of professional judgment where it could make, you

know, one percent its difference?

Member Kotelchuck: Well, I --

Member Anderson: That's not a lot of exposure.

Member Kotelchuck: Well, that's a good question, and we haven't tried so far to sort of compare the blinds and the professional judgments and see how much they're entering in.

I would say we've just looked at the dose reconstruction itself. I think that's a good point.

I mean, some of these may well be quite important, and other ones not very important, and we have in the past talked about findings and, if you will, that were consequential or not.

I think that's something that we need to look at.

I'm not quite sure how to do it, but I think it's important to think about the impact of those, whether it's, you know, high impact, moderate, low impact, the difference.

That's a good point.

Member Anderson: And employment hours would be one of those that would be important, if somebody's worked 25 years versus just enough time to qualify.

Member Kotelchuck: Right. Or working hours per year.

There are often differences at the beginning and at the end of the person's employment, right?

Member Anderson: Yes.

Member Kotelchuck: When exactly did they start? And, you know, you try to follow the record of the employment record.

No, I think that's good, and I think that's something we need to look at and think more about. Well taken. Other?

(No audible response.)

Member Kotelchuck: Jim?

(No audible response.)

Member Kotelchuck: Okay. Alright. So, we're moving right along in the Subcommittee. But if there's no further questions or comments, again, I know we started early, and we're ending early as well, so --

Member Clawson: Hey, Dave?

Member Kotelchuck: Yes?

Member Clawson: This is Brad. One of the things is, is if you remember, when we first started modeling this, this is kind of evolving as we go through the process.

This is just kind of our rough beginning of where we're at. We may find professional judgments and other things a little bit different.

This tracking and so forth like that is to help us understand where it's coming in at, and so forth.

And this will evolve over time. I just want to make sure the people are aware of that.

Member Kotelchuck: Oh, yes.

(Simultaneous speaking.)

Member Clawson: -- bit more.

Member Kotelchuck: Absolutely. Really, we didn't start doing blinds consistently until six or seven years ago, and now we're doing them regularly, and

once we get the database on this and start seeing patterns develop, patterns where there are professional judgments, and the differences are consequential than -- well, I think we'll be able to move further.

But it may take a few years now.

Member Clawson: It will, and that's why I'm saying that this is a ever-growing thing, and I appreciate Rose's input into this, and she's done a great job, and I really appreciate being able to see what she really looks like. So.

Member Kotelchuck: Yes.

Member Clawson: But, I just want to make sure that everybody understands this is growing, this is trying to help us understand where this is being used at, and as Henry already said -- and also what some of the impact on this is at.

Member Kotelchuck: Yeah.

Member Clawson: It's something that comes up quite often.

Member Kotelchuck: Yeah.

Member Anderson: I mean, I would just add like, the shirts, that's sort of a thing one could then establish in a given area or whatever, a percentage of short sleeve versus not.

I mean, you're not going to have people not wearing shirts at all, and things like that.

So I think one thing would be to look at, well, there may be professional judgment being used.

When you look at a lot of cases, you can then come to, well, we can reduce the professional judgment and say in these areas when the temperature is above X, Y, Z or whatever, then we're going to

assume that the workers are wearing this kinds of clothing, or --

Member Kotelchuck: Oh yes.

Member Anderson: Again, it's are they wearing protective clothing or not? That makes a big difference, too.

Member Kotelchuck: Yeah. Well, I mean, if we're talking more broadly, there are so many areas in so many different facilities where we really don't have full records.

The professional judgment also is trying to compensate in the long-term for the fact that we really often don't have the kind of records we really would like to have. And --

Member Anderson: I mean, if you want to go against what the true measure is, versus is there a consistency?

And when there's missing information, like you discussed a little bit on some of the blind cases, it turned out to be claimant-favorable, as opposed to is it randomly favorable on some, and others not?

Member Kotelchuck: Right.

Member Anderson: I'd like to see some consistency, and not use -- as the absolute measure of accuracy is not what we're after. We're after consistency of approach.

Member Kotelchuck: Right.

And I mean, given the state of the records and the decisions that dose reconstructors have to make, I have been consistently impressed how close the POCs are for the blind reviews, and the fact that the decisions are consistent among different dose reconstructors.

Member Lockey:ER LOCKEY: David, Jim Lockey. If I recall correctly, I think one of the biggest areas was employment hours, whether you consider weekends --

Member Kotelchuck: Yes.

Member Lockey: -- I don't know employment duration over a year was calculated, and that could make a big difference in the dose reconstructions.

Member Kotelchuck: Yeah.

Member Lockey: That's an area, Henry, where we found discrepancy as to how judgment was used in regard to the actual number of hours per year a person worked.

Member Anderson: Yeah.

I mean, and it's the same thing on the records, that if you're going to add extra hours, that there's a document in their employment record of overtime when it pays because sometimes they'll work overtime, but it doesn't necessarily get recorded.

Member Kotelchuck: That's right.

Member Anderson: That becomes the systematic, you know, professional judgment. I could say, well, there's some indication this happened.

Member Kotelchuck: Yeah. Well, the hours are really something that can have a pretty dramatic difference over many years of work.

Member Lockey: David, Jim Lockey again. I don't remember when on those last two cases where SC&A had a POC that was ---

Member Kotelchuck: Yes.

Member Lockey: -- different from NIOSH.

Rose, did you go back and list them as observations or findings, or how was that handled? Do you remember?

Ms. Gogliotti: Well, you're talking about these ones that I have up, 43 and 44?

Member Lockey: Yes.

Ms. Gogliotti: We don't typically have findings or observations with a blind case. I can tell you 43, the difference there was the difference of an employment location.

NIOSH had selected one area, and the SC&A reviewer had selected another, and that was the main difference in that case, and that's how big of an impact. 44 is a little bit different. This case, we still haven't officially concluded the discussions. NIOSH inadvertently had included six additional cancers.

Member Lockey: That's right, I remember that, yeah.

(Simultaneous speaking.)

Member Kotelchuck: Oh, yeah. Right. Yeah.

Member Lockey: Right. And we haven't figured out --

(Simultaneous speaking.)

Member Kotelchuck: And yes, I remember that. I remember that.

(Simultaneous speaking.)

Member Lockey: Thanks for bringing this up today, Rose. It's hard to remember everything.

Member Kotelchuck: Yeah.

Member Kotelchuck: Indeed. Indeed.

Member Ziemer: Dave, I have a comment and a question.

Member Kotelchuck: Sure.

Member Ziemer: And my comment -- basically I'm agreeing. I think there's remarkable consistency between the SC&A and the NIOSH values.

And in fact, if we weren't doing what I've always objected to in calculating to four significant figures when at best it's two, 39 is 50 and 50, and 40 is 51 and 51, and 41 is 49 and 49, except for those last two, and the other chart was the same, you got basically the same results by both, in SC&A and NIOSH.

So I think that's great.

Member Kotelchuck: Absolutely.

Member Ziemer: My question is -- and it doesn't have to do with what you showed here today, but just looking down the road, what are your thoughts on when we -- should next be reporting to the Secretary on the scientific validity of dose reconstructions?

Member Kotelchuck: There are technical decisions and political decisions.

Member Ziemer: Yes. We got to give the new Secretary time to get broken in.

Member Kotelchuck: Oh. Well --

(Simultaneous speaking.)

Member Ziemer: I wonder down the road if we have any sort of long-term plans on when we should be preparing for the next official report?

Member Kotelchuck: Well, I continue to await the appointment of a new Chairperson for our Advisory Board.

And I've always -- I've happened to have written the reports at the direction of the Chair, and so I would say when the next Chair comes in and decides, I really don't have a judgment on that, other than our last one was turned in in 2019, so I suspect we will be doing one in the next year or so.

But again, I really do hope that the administration appoints someone to be Chair.

Member Ziemer: No, and I don't think there's a big rush. I think there was a bigger gap between 2019 and the previous one, so I think we're in good shape.

Member Kotelchuck: Yeah. Good.

Member Anderson: I would just have this -- not that I'm proposing you do this, but it's very useful the way we have. We've had a totally outside group, SC&A, do that, and then we compare it to the NIOSH.

I would also be interested, is what kind of consistency is there between NIOSH staff who are doing this on a regular basis?

Does NIOSH ever do any blinds where multiple staff individuals review the same record start to finish?

Now, I don't want to -- not that I'm doing that at the exclusion, and well, we're not going to process some very rapidly, but I think the consistency within the program is almost as important from a -- that it's not a matter of which of the reviewers you get, NIOSH reviewers you get makes a difference, that some of them are more claimant-favorable than others.

I think that would be somewhat problematic. But if they're all consistent, then the fairness to individuals going through the system, they're all getting it pretty much the same.

Member Kotelchuck: And I know that NIOSH and ORAU do do internal consistency checks, and maybe somebody from ORAU or NIOSH would like to speak to that?

Because they --

(Simultaneous speaking.)

Mr. Calhoun: Yeah, this is Grady.

Member Kotelchuck: Yeah?

Mr. Calhoun: We actually add a level, another level of peer review on any of the best estimates that are 45 to 52 percent.

And that's one thing that should be mentioned here, is we're looking at the claims which are close to only one percent of the total number of claims that fall into that Probability of Causation range, and actually, the Subcommittee has reviewed virtually every one of those to this point.

Sometimes we have to go beyond that range to try to get additional cases for them to review.

So these are the cases where the smallest mistake could result in a change in compensation decision, and that's only happened once.

Now, I'm checking into that one that showed up here, Dr. Kotelchuck, number 35, because I don't recall that happening that way, that there was actually a true mistake that we ended up at a non-comp decision.

I think that you ultimately agreed that we are correct on that.

Member Kotelchuck: Oh.

Mr. Calhoun: But anyway, we've got to think about that when we're looking at these cases, that these are the ones that are most susceptible to a flip in compensation with a smallest deviation from procedure.

Member Kotelchuck: Absolutely, and I'm so glad that you raised that, that this is a very small slice of the cases that are reviewed in the first place, and we are challenging ourselves by trying to go up right to the area in which the compensation decision, if you will, can vary with small things.

And I'd like to -- If I gave the impression that there was -- if we'll go back to that one, Rose, set 26, I believe -- excuse me, 24.

Member Richardson: Okay. Before we do that -- this is David Richardson.

Member Kotelchuck: Sure.

Member Richardson: Grady, how long have you been doing like a second round of -- or a greater round of peer review on those that are in the range 45 to 52, or whatever the range was that you described?

Mr. Calhoun: I don't recall when it was actually started. It's been several years.

Member Kotelchuck: It's more than five years, I'll assure that, because that was a question that we asked from the Subcommittee years ago, and I was very pleased to find out that NIOSH does its own internal reviews of those.

And then we go over them.

(Simultaneous speaking.)

Member Richardson: Yeah, well -- Dave, I

remember that we've discussed that issue, I'm just thinking about our sampling strategy. That is, you know, we think that we're targeting in on those that have the greatest possibility of being flipped.

Member Kotelchuck: Right.

Member Richardson: But if those are the ones which are under the greatest level of scrutiny, then kind of randomly distributed errors around, you know, in those that are outside that bounds, you know, could have more errors than the ones we're finding because the ones that we are targeting as assessing are the ones that have already gone under double scrutiny behind NIOSH, and then we go and say do those look good?

Member Kotelchuck: Well, that's ---

Member Richardson: Does that make sense?

Member Kotelchuck: Yes, I understand what you're saying, but it runs into different problem --

(Simultaneous speaking.)

Member Richardson: It's like if you came into my house and looked for dirt, and, you know, you didn't look under the chairs because, you know, I just vacuum around the places that you're going to --

(Simultaneous speaking.)

Member Kotelchuck: Right, right. But at the minute we go -- when we start to go, for example, to compensation decisions for POCs greater than 50, we find that the actual reviews, the reconstructions, people stop at a certain point, and instead of completing the dose reconstruction, they just stop because the person's made 50 percent, they're going to be compensated.

Whether it's 53 or 57, it doesn't matter. Similarly,

for under-estimates, right, or for actually -- for below for the smaller POCs, the overestimates, we have the same thing, people stop.

So people -- there's -- people don't stop at the same point for issues -- for numbers that are less than 45 and over 52.

It is possible that we look at them, but we would have to then do a new review in which we set a standard and said you have to go through, for these cases that are not compensated, you have to go through the whole thing, otherwise you don't have a basis for comparison.

Member Richardson: Okay, thanks.

Member Clawson: Dave? Let me --

Member Kotelchuck: Yeah?

Member Clawson: Remind me of something about this.

Here a few years ago, as a Board, we had a certain amount of dose reconstructions we were to review, and we have never come close to that.

Now, five to six years ago, we started going through this information too, and come to find out that we were supposed to do blinds, so we started doing more blinds.

If I remember right, we kind of backed off on the amount of dose reconstructions we were reviewing because we were so far behind.

Member Kotelchuck: Yes.

Member Clawson: So I'm wondering if now because we have caught up and we've got to this point, that we need to take a look at trying to accomplish the requirement that was originally set on us, which I believe was two percent?

Member Kotelchuck: Yes.

Member Clawson: We were never able to do this because we were so far behind, we had so many other different things, but I think maybe now is the time that we start to look at trying to accomplish what our charter had set forth for us.

Member Kotelchuck: Well, you're right that the earliest decision -- and I must say, I don't remember right now whether it was two or three percent --

Ms. Gogliotti: Two and a half.

Member Kotelchuck: Two and a half? Okay.

But it was obvious that in the early days, we didn't have all our procedures set up, so it took longer. And I would say I would be open, in a non-pandemic year, to considering whether we might want to try to increase. We set one percent as the goal.

After the first report, we had hit one percent. The Board had approved one percent, and we have stuck with that.

We could do that. I mean, I still don't know --

Member Clawson: Dave, what I'm trying to say is we have been, you know, as an Advisory Board, we were given this, but we were not able to do it.

Now that we've got our procedures in place, now that we've got a better program going together, now that we're actually even doing blind reviews, which is even showing better, I think that it would take care of what Dave Richardson also said, too, because right now, we have funneled our inspection right to a very narrow window.

Where I think now we need to start opening up this

window a little bit, and just taking periodic shots at different areas, and try to at least meet that 2.5 percent.

You know, even if we had two, I think would be fabulous, because if you look back ten to 12 years, when we were going through dose reconstructions and stuff, everything, we still had procedures out there, we still had all of these things.

Member Kotelchuck: That's right.

Member Clawson: We got a lot of Q&A issues that NIOSH have to address and that ORAU have to address, and also ourselves.

I think that this is a time that we need to start looking at increasing these somewhat.

I know that the pandemic era is a bad -- but it's going to be over. We're not going to be able to just turn a switch and all of a sudden start increasing these.

We're going to have to start going into this, and I see this as taking a couple, two to three years to get everything in motion, and feeling out these other areas to see where we can make the best decisions in the criteria to look for.

Member Kotelchuck: Well, I'm open. I will agree with you, I mean, a little bit.

This has been a very difficult year all around for all of us, and not the least of which is meeting by Zoom, if I may say so.

I do not -- I miss the discussions that Board members have had, and Board and staff people have had in our earlier meetings.

You do find it's, I must say, not unlike schools, kids learn a lot more in a classroom than they do

watching their television screens, but I agree with you that we are at a point where I think we can consider moving ahead and trying to increase the percentages.

I think, though, that also involves a discussion by Rashaun with SC&A as a whole because the question is they're being compensated for what they do. They're not sitting on their hands, I know that, and they're working hard, and therefore, you know, we may need more resources to do that, or we may not, but I would say I'm open to that exploration as one Board member.

Member Clawson: Well, and this is why I'm saying, Dave, this time, because like I said, this does not turn a switch on, and all of a sudden we're going to do X amount more, because this also comes into SC&A, this also comes into NIOSH, ORAU.

Member Kotelchuck: That's right.

Member Clawson: It comes into everybody in this process, but I think that we really ought to be looking at trying to accomplish what the charter set forth for us at this time.

Now, we have not been able to do this because of a lot of things, but I think that we're getting to the point that we ought to be looking --

(Simultaneous speaking.)

Member Kotelchuck: Okay.

Member Clawson: Okay?

Member Kotelchuck: Duly noted. Duly noted.

Member Clawson: Because I think Rose needs a lot more to do, she looks too --

(Laughter.)

Member Anderson: Well, I think, I mean, part of the issue, what is the purpose, I mean what are we trying to accomplish?

I mean, I remember in the very, very first years, I don't know but I think the charter said we're supposed to review cases.

I didn't -- I thought we were the ones that made the decision on the percentage point that we wanted review to give us confidence in the ability to identify a certain percentage of systematic errors kind of a thing, so we had a lot more kind of statistical discussions and reviews very early on.

And then I think when that -- really applying that equally to random selection of any case, it then became more, and we got way behind, that, well, we ought to target this, so now we've really been targeting, which got away from the overall adequacy of all of the reviews.

So it may be that we've had enough experience that we don't need to do more, but I think it's worth discussing.

I mean, if it says in the charter that's what we got to do, then we should do that, but I'm not sure. We don't want to just make work. I mean, there's --

Member Kotelchuck: Right.

Member Beach: Yeah, Dave, this is Josie.

I was going to suggest right before Andy did that we maybe have this as an agenda item and discuss it within the Subcommittee also moving forward.

Member Kotelchuck: I think that's an excellent idea.

Member Lockey: David, we probably should go back and look at the charter and see if it specifies a percentage, or that. I think --

Member Kotelchuck: Yeah.

Member Lockey: I don't remember if that was a charter statement or what we decided to do internally.

Member Kotelchuck: Right. I wasn't here, of course in the charter -- but I always thought that we set our own standard.

(Simultaneous speaking.)

Member Kotelchuck: But let's discuss it. Let's discuss it in the Subcommittee.

Member Beach: I bet Rose knows.

(Simultaneous speaking.)

Ms. Gogliotti: I believe that was a Board criteria that you set yourself.

Member Kotelchuck: Right.

Ms. Gogliotti: You did form the methods workgroup thing to evaluate any changes you wanted to make in dose reconstruction procedures.

Maybe that would be a good place to bring that up. It's been several years since we've met.

Member Kotelchuck: It has been. I've always considered that as we're developing professional judgment data, that I would go back to the Method Subcommittee to talk about then if we wanted to change procedures or methods.

Yeah. But I agree that we should talk about it in the Subcommittee.

Oh, I know. I wanted to say to Brad, if we decide to increase -- if we want to consider increasing the percentage of cases that we review, the burden is on SC&A and the Subcommittee because NIOSH

doesn't have any more work to do than it's doing now, which is plenty, right?

That is, the impact of reviewing goes to the Dose Reconstruction Committee and its consultant -- and our consultant.

Member Clawson: And that's true, but when we discuss them, we're going to have to have NIOSH and ORAU there to be able to go through each one of these.

That's what I was looking at. It's going to be all of us. The majority of it is going to fall on SC&A.

I agree with that, and the Subcommittee on Dose Reconstruction, but overall, it's going to take all of us because we would have more meetings, and so then, NIOSH would have to set up, same with ORAU, to be able to discuss these findings, evaluate them, and this also puts a little burden on them because sometimes when we bring these forth to them, they have to go in and evaluate what we found.

Member Kotelchuck: That's true.

Member Clawson: So this is why I say this is not a turnkey thing. This is --I think that we ought to be ramping up because really, one percent is -- I question if we're really doing a good evaluation of it.

But when we originally came up with that percentage, we had a lot of problems to overcome because we were still evaluating procedures, we were still, you know, but look at what we found because of these reviews.

We have changed a lot of procedures. We have a lot of OTIBs that we now work with. We have work books, we have been able to clean up these work books, and everything else like this. I believe that the Board and the Subcommittee on Dose

Reconstruction, NIOSH, everybody, I think we're all doing great, good. I'm just saying that I think we need to look at maybe increasing a little bit, maybe like in the real world where we just randomly check ten or 15, just to see where we're at.

Member Kotelchuck: Okay.

Member Clawson: You've got to understand my background, too. I come from the Quality Assurance departments.

Member Kotelchuck: Okay.

Member Clawson: This is what I'm kind of looking at, but we have not been able to catch up with what we have been doing.

Member Kotelchuck: Okay. Although --

Member Clawson: And now we have, and I think in the future, we can bring this before the Board, we can bring this before everybody because I think really it would affect all groups, mainly SC&A and the dose reconstruction group, but that we look at this, and --

Member Kotelchuck: Okay.

Member Clawson: -- proceed forward.

Member Kotelchuck: I'm going to say when we get to the Subcommittee, however, that the one percent that we're reviewing, we try very hard to make sure that is a representative sample for the one percent.

We're not -- unlike the blinds, where we're trying to push right around the compensation dividing line, we worry about making sure that we have the right percentage of small facilities, that we have gender and age and facility representation.

So I agree with you, but I also think we try, our one

percent is a pretty representative one percent, as best we can --

Member Clawson: Dave, I'm not saying that we haven't. We are trying to give the best bang for our buck out of all of this. And we always have. I'm just saying I think that we need to --

Member Kotelchuck: Okay.

Member Clawson: We need to do more. Okay?

Member Kotelchuck: Good, good.

Member Lockey: And. David, Jim Lockey. You know, I was thinking back about the female, and I think one of the reasons we also focused on that is we wanted to look at breast and ovarian cancers, you know, and they were --

Member Kotelchuck: Well, that'-- and that will -- that's definitely an issue.

Member Lockey: Yeah, because it's not that often that we had them, and there weren't that many female, and so we wanted to make sure that they were being done correctly also.

Member Kotelchuck: Yeah. Yes. Yeah, good point. Okay.

Mr. Calhoun: And this is Grady. I want to just shoot one more point in here.

Member Kotelchuck: Sure.

Mr. Calhoun: This chart here, I think that this is basically a pre-discussion chart, so this is what SC&A came with, and this is what NIOSH came up with before we had our discussion. I've had time to look at two of these real quickly, and I know that in site 28 and site 35, we came to the decision that NIOSH was -- we did ours correctly.

So most concerned about number 35 because this looks like we sent out a non-comp case when it was really comp. But there were some employment issues on this and some neutron dose issues, and you agreed that we were correct on that, I believe.

Member Kotelchuck: Yes.

Mr. Calhoun: So I just don't want this to be in the record that we sent something out as non-comp when you believed it was comp.

Member Kotelchuck: And I actually started saying a while ago, as we went into other issues, that in no way did the Subcommittee think that this was an incorrect determination, and that that is not the -- there was one once, of all the cases that we've reviewed, the one percent of cases, where the issue of a change in compensation came up, and this is not one of them.

Both of these were professionally done, and for the record, we are not examining that an error was made.

Since we function in a claimant-favorable environment, the fact that in 34, NIOSH compensated and SC&A would not have, doesn't -- you know, that's not an error.

If there was a close decision, the claimant-favorable decision was made. But --

Member Clawson: Dave?

Member Kotelchuck: Yes?

Member Clawson: I'd like to also say, you know, being on this Work Group for as many years as I have, I've been very, very amazed at how close we've came, especially with the blinds.

Member Kotelchuck: Yes.

Member Clawson: I think that SC&A, ORAU, NIOSH, all of us working together, I think that we've made this a much better program. I think that we've made things more transparent to the people and the better understandings of it. And you know, always looking at a set of numbers, it's very difficult. I understand what you're saying, Grady, but in no way, shape, or form would I ever say that you guys sent out, you know, something wrong like that. I think we've only had one case.

Member Kotelchuck: That's right.

Member Clawson: That we had an issue with, and --

(Simultaneous speaking.)

Member Beach: Well, and I might add that for the sake of a presentation, maybe having an explanation as to why those numbers vary.

I know we do that when we do the Secretary report, but maybe just even like for today's presentation, have that added information so that we understand what that was, and nobody's going back and saying they think or that might have, or thought there was agreement.

Let's just add that in the future so we know what the difference was and why, maybe, just a bullet point.

Member Kotelchuck: Good. Yes.

Ms. Gogliotti: And we do do summary charts that we can provide the full Board, if you'd like.

Member Kotelchuck: Yeah.

Member Beach: I think it's important to NIOSH to have that, and the information here when we're presenting for the record.

Member Kotelchuck: Right.

The only time that, in all the reviews that we've done, and certainly while I've been here -- or actually, truthfully since I've seen the record of all that has been done, there was only one case that would have been changed, and that was a -- came because information came in on the record that -- and so the record changed after a decision was made to compensate. And so, and our policy is, of course, if there is -- if we were to, if you will, accidentally compensate, then we're not asking the people for the money back, just that that was a policy that was made long ago, that if it was our error.

And that is the only time, and even that was only an error because information came in later that corrected the -- that would have changed the decision, had the decision not been made previously.

Anyhow. We're actually I think moving into our break period, so, Rashaun, let me give it back to you.

Dr. Roberts: Okay, thank you, Dave. Great discussion.

And I did want to note that the Subcommittee for Dose Reconstruction Reviews does have a meeting. I believe it's scheduled for June 16, so that's already something that's on the books.

At any rate, I'm wondering if we can go ahead and take a comfort break? And when we resume, we're scheduled to start the Board work session.

I'm wondering if we could cut into that session a little bit by about 15 minutes. I don't think that session's going to run the whole hour and 15 minutes, with the idea of taking a break now and resuming at about 4:15.

If that's okay?

Member Beach: Sounds great.

Member Kotelchuck: Great. Thank you.

Dr. Roberts: Okay. That way we get a little bit of a longer break.

Member Kotelchuck: Good.

Dr. Roberts: Okay? Alright, so 4:15 we will resume.

Member Kotelchuck: Thank you.

Dr. Roberts: Thank you.

Break

(Whereupon, the above-entitled matter went off the record at 3:47 p.m. and resumed at 4:18 p.m.)

Dr. Roberts: We do have a quorum, and this is the Board Work session so I think we can go ahead and proceed if that's okay with everybody?

Member Kotelchuck: Sure.

Dr. Roberts: Okay. Well, thanks so much. First of all, I wanted to go over our calendar of meetings that we have scheduled and just make sure that everybody's on the same page with what has already been scheduled and to talk a little bit about a couple of meetings that should be scheduled in the year 2022.

So as far as full Board meetings, I have a teleconference of the full Board on the calendar for June 23rd, which I think we had all agreed was an okay time to be able to do that. And if anything has changed for anyone, please let me know, otherwise I assume that that's an okay date.

Then we have what would technically be a face-to-face Board meeting August 18th and 19th, which I should advise you will need to be done virtually

again. Basically there are travel restrictions in place for this rest of this fiscal year which ends at the end of September.

And so, you know, even though people are getting vaccines and the picture may be looking a lot better with regard to COVID, we will not be able to do that in person. So we would need to do that either on Skype or Zoom. But, again, August 18th through 19th.

Then there is a teleconference on the books for October 20th, is the date that I have. And, again, that's just a teleconference where we will be planning for the December Board meeting.

And then I'm anticipating that for our December 8th and 9th meeting, that we probably will be able to do that in person. That does still remain to be seen, but right now I am not anticipating that we will have the travel restrictions that we have in place for this fiscal year in place then and we should be able to do that meeting face-to-face.

You know, we will though probably need to have, if it looks clear, that we can meet in person, we probably need to have a conversation, a fuller conversation about where sometime in August to -- so that Zaida can start planning to do something face-to-face for December and we can start getting arrangements done as soon as the new fiscal year starts.

So are there any questions about that, and are these dates consistent with what you guys have on your calendar so far?

Member Clawson: Rashaun, this is Brad. What was the last teleconference? Was that in October?

Dr. Roberts: Yes. October 20th is what I have.

Member Beach: And I was going to say it's

consistent with what I have.

Dr. Roberts: Okay, great. Because sometimes I've gotten a couple of dates mixed up so that's good to know.

Okay. Any other questions?

Alright. Now I believe that technically speaking we do need to plan out these teleconferences and meetings about a year in advance. So that would mean that we need to identify a date for a teleconference in February of 2022.

So let's see. If you open up your calendars, at this juncture I think the calendar is pretty much wide open on this end.

So I'm thinking, you know, we could schedule it for any time. Early February might be a possibility. I know we like Wednesdays and Thursdays.

Member Beach: Rashaun, I'm not available the first two weeks of February.

Dr. Roberts: Okay, great, then --

(Simultaneous speaking.)

Dr. Roberts: Okay. Anyone else? Okay. Well, then that would put us in the third week of February, and if we're going for a Tuesday, Wednesday, Thursday, you know, one of those days, it would be the 15th, 16th, or 17th. And, again, this is just a teleconference.

Member Beach: I'm good for the 16th.

Dr. Roberts: The 16th?

Member Beach: Yeah.

Dr. Roberts: Okay. Does anyone have an issue with the 16th?

Member Anderson: In the morning?

Member Beach: In all likelihood probably. We've been doing 11:00 --

Member Anderson: Yeah, okay.

Dr. Roberts: -- a.m. Does that work for people?

Member Beach: Yes.

Member Kotelchuck: Yes.

Member Anderson: Yes.

Dr. Roberts: Okay. Let me just quickly, if I can get back to my notes, make a note of that. Okay. So we're looking at April 16, 20 --

Member Beach: February 16.

Dr. Roberts: Oh, sorry. Yes. February 16th, 2022, 11:00 a.m. Eastern. Okay. So we'll put that on the books.

And the next face-to-face meeting that would occur in 2022, actually it would be our first face-to-face, would be in April. So there are -- are there any dates that we need to rule out for that?

Member Anderson: First week is bad for me.

Dr. Roberts: First week of April?

Member Anderson: The week of the 4th.

Dr. Roberts: Okay. Any other weeks not particularly good for people?

Member Beach: Easter week is the 18th so that might be a consideration to avoid.

Member Kotelchuck: Yeah.

Dr. Roberts: Okay.

Member Kotelchuck: Which means the 15th is Good Friday.

Member Beach: So maybe the last week of the month? The 26th, 27th, or 27th, 28th?

Dr. Roberts: 27th or 28th? Okay.

Member Anderson: Yeah.

Dr. Roberts: That's good from my standpoint, 27th and 28th. And presumably we would be traveling at that point as well.

So does anyone have any issues with tentatively setting that up for April 27th and the 28th?

Member Beach: None here.

Participant: I'm fine.

Dr. Roberts: Okay. Okay, great. Well, it sounds like we've got our dates set. So with that done, I wanted to go ahead and move into the Work Group reports and see if anyone in particular wanted to kick us off on that?

Member Beach: I'll kick us off with Metals and Control. I know we're going to hear a report later on that.

So our last meeting was held in March. We had a last minute scheduling conflict, so the meeting was cut short and we were unable to complete our agenda items.

However, we asked, or excuse me, the Work Group decided the best path moving forward was to task SC&A to review NIOSH's six primary exposure pathway scenarios and the proposed Mound data dust loading exposure model.

So NIOSH has prepared, or excuse me, anyway the dust model that they have proposed.

The next Work Group meeting is not determined at this point. It looks like we're looking at I think it was late May or early June. Sometime in June. We need to get SC&A's reports out in time for the Work Group to review.

So anyway, we do have some -- we're not decided on our SEC issues at this point, and that's where we're at.

Dr. Roberts: Okay. I just wanted to get some clarity there. I know there have been some email exchanges about when to time that part two of the M&C meeting, and I thought that the projection was July in order to get a report from SC&A, is that correct?

Member Beach: Yeah, I think you're actually correct. I know we have a reenactment of an interview that has not been scheduled yet, and I don't think we've even heard from all of the Work Group members on that.

But I believe we've decided to go forward with that Mound data re-interview. So, yeah, I think you're absolutely right, July is more likely.

Dr. Roberts: Okay. Excellent. Okay, great.

Who would like to go next?

Member Kotelchuck: One second.

Dr. Roberts: Dave, did you say something? Dave K?

Member Kotelchuck: Oh, no, No. I'm just putting things in. I'm putting the schedule in. Sorry.

Dr. Roberts: Okay. Great, great.

Well, while people gather their thoughts, I actually did want to ask about how people found the new format for the SC&A Board coordination report and just get some feedback from you guys about, you

know, whether the new format was helpful or not.

You remember they did an executive summary this time around so that the, you know, things are not as dense.

Member Beach: Yeah, I definitely appreciated the new format. It was straight. I mean, you didn't have to weed through a lot of stuff but if you wanted clarification the other report was available to go back and look at.

So I'm very -- found it very favorable.

Dr. Roberts: Okay. Anybody else?

Member Kotelchuck: I agree. It was useful.

Dr. Roberts: Okay. Did anyone find it not particularly useful?

Well, hearing none, it sounds like perhaps we should keep this format for future meetings, if that's agreeable to people?

Member Kotelchuck: Yes.

Dr. Roberts: Okay.

Member Beach: I guess I have one question on that. So the executive summary gets the most up-to-date happenings and at the same time, it's filtering over into the long more cumbersome document, is that correct? I think Bob did that one.

Mr. Barton: Yes. Hi, Josie. That was really the intent. The Board coordination document had gotten to be about 60 pages or so, and there was a lot of information that is very full. It shows the entire history of discussions for the various sites.

What we were trying to do is, like you said, just condense it down into the, you know, recent developments, essentially, the work that is currently

active and ongoing, while also giving some sort of a snapshot of the other sites in a very brief manner, and as you also said, and we it would continue to keep the full document so that if there are questions that arise you can go to the longer version of the document.

And the executive summary was really intended for those Board members who may not necessarily be active in that Work Group and but still need to know what's going on, what's happening so that when we get to these meetings discussions are just more productive.

So really, they're companion documents. The executive summary's intended to really highlight what's happening with these various sites and discussions, sort of in the current frame, you know, between the last Board meeting and the current one. And then the fuller document again will be the updated per usual, so.

Member Beach: Okay. And then I guess one last question. So the executive summary, you wouldn't necessarily keep carrying things forward if let's say and Metals and Control didn't have a meeting, then you would just, you wouldn't simply add more stuff to that executive document, it would be just current events basically in a like a three, four month time frame so that that document doesn't become cumbersome also?

Mr. Barton: Right. Yes, I don't want to reinvent the wheel there.

Member Beach: Okay.

Mr. Barton: But it would be a, you know, even if there wasn't a meeting but if there was an exchange of White Papers or any sort of I guess call it movement between the past Advisory Board meeting and what we're discussing today, that

would be the subject of the -- in the executive summary, and then the full Board review document would really reflect everything.

Member Beach: Okay.

Mr. Barton: Just --

(Simultaneous speaking.)

Member Beach: I guess that was my concern is that that executive summary didn't just keep growing also so sounds like it won't.

Mr. Barton: No, I don't --

Member Beach: Okay.

Mr. Barton: -- intend it being so, no.

Member Beach: Thanks.

Dr. Roberts: Great. Any other comments or questions about the SC&A Board coordination report?

Okay. Well, thank you very much for the feedback, and many thanks to Bob and his team at SC&A for proposing that new format. It does seem like it's a better tool for people. So appreciate the suggestion and the change.

So let's go back to the Work Group reports, and I see that Dr. Ziemer, Paul, has rejoined us and just kind of asking people to volunteer to speak out on behalf of their Work Groups or Subcommittees and give the group an update. So whomever would like to go next? Josie did it for M&C.

Member Kotelchuck: And I basically gave the DRR SC report.

Dr. Roberts: Right.

Member Kotelchuck: And we're meeting on the 16th as you noted.

Dr. Roberts: Excellent.

Member Kotelchuck: On the 16th of June, of course.

Dr. Roberts: Correct.

So, Paul, would you like to go at this point? I know you've had a few sites that you were going to cover.

Member Ziemer: Right. I can, let me start with TBD-6000. First of all, I'll just mention that on the NIOSH side they've had a staff change on this one in terms of the support staff.

Previously, Megan Lobaugh was our NIOSH support person, and I just learned within the last day that we have a new support person, Angelica, and I don't know if I've pronounced Angelica's name correctly. Her last name I think is Gheen. It's G-H-E-E-N.

Angelica, are you on the line today?

I don't know if she's on the line, but in any event, she's the new support person for Megan. Actually, this --

Mr. Nelson: Dr. Ziemer --

Member Ziemer: Yes, that's for Berkeley, Lawrence Berkeley.

Mr. Nelson: Thank you.

Member Ziemer: Yeah. I get my --

Mr. Nelson: Also the pronunciation of her last name is Gheen, Gheen.

Member Ziemer: Say it again?

Mr. Nelson: Gheen, G-H-E-E-N, Gheen.

Member Ziemer: Okay. It was the first time I had seen it, so I wasn't sure exactly how to pronounce it. G-H-E-E-N.

So she'll be assuming the lead role on Lawrence Berkeley, and so let me report on that first. And I'm just going to read to you a quick update that she provided to me actually yesterday and that was this.

NIOSH is moving forward with additional data requests and continuing interviews to develop robust responses to the SC&A issues on the TBD, as well as the SC&A issues on the NIOSH White Paper called Methods to Assess Internal Dose using Gross Alpha, Beta, and Gamma Bioassay and Air Sampling at the Lawrence Berkeley National Lab. Progress is expected to continue as more data is collected, and we will be sure to update you accordingly.

So we're basically sitting tight until we get the update from Angelica on Berkeley and, Lawrence Berkeley, and determine when to -- our next Work Group meeting.

Shall I go ahead with TBD-6000 as well? I'll do that as long as I've got the mic here.

So TBD-6000 just met this past month, and our focus was on Superior Steel. And there was one issue left in the SEC issues matrix for Superior Steel. That was Issue 1, and it had to do, well, let me tell you first, all the other issues had been closed and we had Issue 1 still remaining.

And the issue, Issue 1 had to do initially with the use of billing rates to establish work times for rolling uranium slab. Originally, NIOSH had proposed using billing rates from other institutions that were doing similar things and using billing rates from others in what you might call surrogate billing rates. They use those billing rates and the amount of uranium that was being rolled at Superior to establish working

times for the Superior Steel workforce.

Well, one of the issues that arose was do we really use surrogate billing rates to establish worker times. That's kind of a new concept.

In the meantime, NIOSH went back and they found that they actually had billing rates or were able to find actual billing rates for Superior Steel. But Superior, we had billing rates and those were dollars per pound of uranium slabs that were rolled. There were some source terms.

We actually had the total amount of uranium rolled in terms of pounds, and we had numbers of slabs although we didn't always know the weight of each slab.

In any event, the -- NIOSH was able to come up with a proposed method using the actual billing rate, the -- assuming ten hours per day of rolling which is very claimant favorable, using the smallest slab weights which gives you the most number of slabs used, and calculating what you would consider to be a claimant favorable bounding number of work hours.

And this was, this varied from year to year that the total amounts on the contracts that were paid and so on, but they developed what appeared to be a plausible upper bound for rolling.

And this was then reviewed by SC&A, and SC&A agreed with the approach. This was reviewed by our Work Group this past, just a few weeks ago.

And based on the recommendation, NIOSH, the review by SC&A agreeing to the recommendation, the Work Group closed the final issue on Superior Steel.

So that's what I have to report to you today, that all the issues were closed and as a result of all issues

being closed, it was already agreed that dose can be reconstructed at Superior Steel, and so we have completed our work on that site.

Dr. Roberts: Great. Any questions for Paul?

Thank you for that very thorough report. Would anyone else, any of the other Chairs like to provide an update on your Work Group or Subcommittee at this point?

Member Anderson: Yes, Rashaun, I can. I don't know if you want to say anything about charging SC&A, but tomorrow there's going to be some discussion on the SRS and there's a number of procedures and coworker issues related to the use of NACS database as well as the bootstrap or more broader, the need to utilize uncertainty analysis in decision making that looked, that have been used or have been proposed to be used in the SRS analysis.

But during those discussions I believe NIOSH mentioned that they're thinking of adopting these for a broader use at multiple sites, and they really have not been reviewed at this point.

So maybe after tomorrow, but, Rashaun, we had talked briefly about do we need -- does our -- those fall into the broader SEC issues, then would go to the SEC Work Group.

And then is this something that we want to charge or put a charge question to SC&A to begin analyzing and put together a report for us if in fact NIOSH is intending to utilize these approaches at other sites as well to kind of get ahead of the curve on not having things like happened with SRS just pop up as proposals but they really have not been vetted fully by SC&A or the committee.

So anything else, Rashaun, if I jumped the gun on our brief discussions?

Dr. Roberts: Yes. I think you had recommended also consulting Josie and Brad on that question as well.

Member Anderson: Yes.

Dr. Roberts: Which I will also do.

Member Anderson: Well, it may come, the discussion may come up tomorrow.

Dr. Roberts: Yes, yes.

Member Anderson: Because really it's coming out of both the SRS analyses that have been done and proposed as well as Metals and Control.

So those two and then really the question to those groups would be is this something that the SEC committee should look into in greater depth.

Dr. Roberts: Thanks for getting that on the radar.

Any additional reports?

Member Kotelchuck: Dave K., on the Ames Work Group, we get, they had an extended -- its SEC in December of 2017. And people were, I guess Tom Tomes was developing material for updating their Site Profile.

I haven't heard from him, but I wonder given the couple of years that have passed, has, is there an updated Site Profile because obviously we would meet when that's done or when the new information is in.

Mr. Rutherford: Dr. Kotelchuck, I can address that.

Member Kotelchuck: Thank you.

Mr. Rutherford: Yes, actually we are still under development with -- we are still under development with that.

We had went back to the site for additional data. We did get some of that data, and we still have a number of questions that need to be addressed for that period so the Site Profile has not been updated yet.

As soon as we have a good date, I will make sure that I get you that date.

Member Kotelchuck: Right. And absolutely and as soon as we get a date we'll meet, you know, we'll plan a meeting. Okay. Good, thank you.

Dr. Roberts: Thank you.

Anyone else care to report out?

Mr. Barton: This is Bob. On the Y-12 front for Dr. Field, we have finalized the interviews that took place in the fall with former workers regarding to that SEC, and NIOSH is continuing to develop their responses.

I'm not sure if Laura, Dr. Hughes, Laura Hughes was able to join us as the emails were kind of flying during this. But I believe they're still developing responses so that work is ongoing.

Mr. Rutherford: I can address that, Bob.

Mr. Barton: Thanks, LaVon.

Mr. Rutherford: Yes. We actually, the responses have been developed, and we have went through internal review once. They're going to go back. We have some additional work to do on those, but we are moving forward with those.

We do expect it by the end of I think May. It's in that Work Group coordination document which I for some reason don't have in front of me.

But I believe it says it's roughly the end of May that we're looking at getting that response paper out. So

once the response paper is out, shortly thereafter when we'll get the addendum as well done.

Member Field: Thanks, Bob and LaVon. This is Bill. Yes, I just talked to Laura. She was trying to call in.

Mr. Barton: Oh.

Member Field: But for some reason there's no one on the line that she called into so she was having problems.

Mr. Rutherford: Okay.

Dr. Roberts: Well, thanks for that report on Y-12.

Member Beach: I have a question. My other work sites, there's nothing new to report, but I have a question on Oak Ridge. Is there anything in the works for Oak Ridge at this time?

Member Roessler: Hi, this is Gen. I have not heard anything, and I haven't gotten anything from Laura on this. She sent it to my CDC address, and I haven't gotten it.

But maybe Tim is on. Maybe he can, or LaVon can comment.

Member Beach: And, Gen, the reason I asked is that the write-up, and I don't remember if it was OCAS's write-up or SC&A's. It said that they were waiting for the Work Group to do something, and anyway, that's why I asked, so.

Mr. Rutherford: If you, I'll go ahead and address this. This is LaVon. In the Work Group coordination spreadsheet that we provided, there's a March 2021 update, and it indicates NIOSH is receiving new response document from SC&A responding to the NIOSH White Paper responding to the issues related to Report 90.

Several issues remained open at this time. NIOSH is

working on a path forward on revising Report 90.

And what she's asking is she would like to have the Work Group meet to weigh in on some of these issues.

Member Roessler: Okay, I missed that.

Mr. Rutherford: Yes.

Member Roessler: So we'll get on that.

Mr. Rutherford: Okay.

Dr. Roberts: Great. Anything else? Okay. In one of our previous meetings there was a presentation. I believe NIOSH made a presentation on the Reduction Pilot Plant.

And there was some discussion, you know, about whether or not it was necessary to add a Working Group on the Reduction Pilot Plant.

Some materials related to that were circulated for this meeting. So I do want to just check in and see what people's perspectives are at this point with adding a Work Group on RPP?

Mr. Rutherford: Rashaun, this is LaVon again. That's typically what would happen after we've done it. We've presented an Evaluation Report, SC&A's reviewed that report. We are actually preparing responses right now to SC&A's review.

So it's typically that when we'd have a Work Group that would be formed that we could bring those, bring that to them.

Dr. Roberts: Right. And I think there, but there was some question and I can't remember the entire conversation.

Mr. Rutherford: Was the question on maybe TBD-6000 taking it on or?

Dr. Roberts: Yes, that perhaps an existing Work Group could take it on versus establishing a new Work Group.

Member Beach: I was going to say, TBD-6000 or 6001 if it fell, I think that was our discussion if it fell within one of those.

And correct me if I'm not wrong, I think we're completed all our work for TBD-6000, is that correct, Paul?

Dr. Roberts: Paul, you're on mute.

Member Ziemer: Yes. As far as I know that is correct.

Mr. Barton: Yes, this is Bob, I believe --

(Simultaneous speaking.)

Member Ziemer: Actually I thought we'd assigned it to 6001 last time but I'm not sure.

Dr. Roberts: 6000 --

Mr. Barton: I think it was URAWE Work Group that was discussed back in August when NIOSH presented the original ER Report. And SC&A has delivered its review of that and, you know, I personally don't think there's a need to have a full Work Group formed over this.

I believe, we don't even, there were no findings associated with the review. There were a couple of observations that really could be classified as really more TBD type issues. And I think the discussion back in August was that it might be handled, sorry, Dr. Anderson, I think it was going to be handled by your Work Group, possibly.

Member Anderson: That's okay.

Mr. Barton: Yes, but, you know, there's really not --

Member Ziemer: That was my recollection too.

Member Anderson: Yes. That's why I was keeping my head down here. But we got, we have another document.

Member Ziemer: I think it will be fairly straightforward as Bob said.

Member Anderson: We have another report.

Member Ziemer: It has to be handled in any event.

Member Anderson: Yes. I think we have another report due back from NIOSH before too long for our group, so we could potentially have a meeting that would discuss both of these.

Dr. Roberts: And that would be, I'm sorry, would that be the SEC Issues Work Group that would take this on?

Member Anderson: No, it would be the URAWE.

Dr. Roberts: Okay.

Member Anderson: Yes.

Member Kotelchuck:ER KOTELCHUCK: Are we at trivia at this point? That is, have we finished the Work Group reports?

Dr. Roberts: I think so. Did you have something additional to --

Member Kotelchuck: Well, it is a small, it is a trivial matter for correcting the record.

I happened to be looking the last few days about the transcript of our November Board meeting last year, and the transcript had the days as Thursday the -- November 17th, and Friday the 20th. So that's got me scratching my head a little bit.

There's an error on the date of the 1117 transcript. It's Tuesday not Thursday. Since it's on the record and it's our transcript, we might as well get it straight.

Dr. Roberts: Okay.

Member Kotelchuck: As I say, it is trivial.

Dr. Roberts: Great. Thank you. But thanks for pointing that out.

Member Kotelchuck: Sure.

Dr. Roberts: Okay. Anything else on Work Groups or Subcommittees?

Okay. Well, I don't hear anything else. The only other thing, I did want to circle back around to the Pinellas Work Group.

And currently, and I may have mentioned this in our last meeting, currently the membership for that group, it's reestablished with Phil as the Chair, Josie, Brad, and Andy are on that Working Group and Bob Barton for SC&A and Lobaugh for DCAS.

So I just wanted to touch base about that and to see if we need to set up a Work Group meeting for that.

Member Beach: Did we assign SC&A to review that report that came out or, I'm not sure where we are with it. I know we got a --

(Simultaneous speaking.)

Member Beach: -- we got a presentation.

Mr. Rutherford: We haven't completed that. The Pinellas Evaluation Report has not been completed yet.

Member Beach: Okay.

Mr. Rutherford: It is actually scheduled to be completed I believe in July if I, June, or --

Mr. Nelson: Late June.

Mr. Rutherford: Late June, okay, yes. Thanks, Chuck.

And so we wouldn't, once it's completed in late June and we can get that to SC&A and the Work Group to look at, so I don't think we can schedule anything at this point.

Dr. Roberts: Okay. Okay, great. Thanks for that.

Dr. Taulbee: This is Tim. If I could chime in here. Our normal process is that once we complete the Evaluation Report, then we present it to the full Board. At that point then it's passed to SC&A and the Work Group.

So preparing the Work Group's great, you know, from that standpoint, but we are a little bit premature here.

Member Beach: Right. I was going to say the same thing, Tim, thanks.

Dr. Roberts: Okay. Okay. So it sounds like it may be some time before it actually goes to the Work Group. Okay.

I think that's all I had on the Work Group front if no one has anything else. I can quickly just sort of talk about the public comments that were received in December.

So most of the comments that were made in the December 8th and 9th meeting last year, really a lot of the comments pertained to a specific SEC petition.

There were a couple of comments that pertained that were more generic in nature regarding SEC

petitions or their consideration by DCAS, the Board, NIOSH, or HHS.

And then there was one comment that was really more relevant to DOE and DOL and kind of fell within their jurisdiction. But I just wanted to kind of provide that quick overview of those comments.

So we are a little bit early. The public comment session does not start until 5:15. So we do have to start at that time. So if there isn't anything else for the Board work session, we could take another quick break and come back a few minutes before 5:15 so that we are, we start the 5:15 public comment session right on time. Okay. Will that work?

Member Anderson: Do you know how many people have signed up?

Dr. Roberts: Actually, no. There were some comments that were just -- that I disseminated to you all from Ms. Barrie.

Member Anderson: Yes.

Dr. Roberts: I also have a letter that I just received minutes ago that I'm going to read into the record.

And there may be an SRS petitioner that makes a comment. So those are all that I know about.

Member Anderson: Okay. Thank you.

Dr. Roberts: Okay.

Member Kotelchuck: Back at 5:15, right?

Dr. Roberts: Yes, maybe a couple of minutes before that so that we can get started right at 5:15.

(Whereupon, the above-entitled matter went off the record at 4:59 p.m. and resumed at 5:14 p.m.)

Dr. Roberts: Okay. It's about 5:14. As I did mention earlier and I assume everyone received the letter that we received from Terrie Barrie that was circulated in advance of this meeting.

There was also an exhibit from the SRS petitioner that I circulated today, and I have received it today and forwarded on to you all.

And as I mentioned as well, I received a letter from Representative Joe Wilson's office, and I will be, I have been asked to read that letter into the record.

So after folks are given an opportunity to make their public comment I will do that last, okay.

So I do have 5:15 Eastern Standard Time, so I would like to open it up to any member of the public who would like to make comments to the Board now.

And typically the comments during the public comment session are limited to five minutes. But with that, let me open the floor to anyone who would like to address the Board.

Mr. Fester: Yes, this is Josh Fester, attorney for the petitioner. Can you hear me?

Dr. Roberts: Yes. I can hear you. Welcome.

Mr. Fester: Okay. I wanted to thank you all for your work on this and Rashaun for circulating our exhibits.

[identifying information redacted] and I intend on presenting tomorrow and reserving any comment for then. So that being said, I'll leave it to other commenters.

Dr. Roberts: Great. Great, and we look forward to hearing from you tomorrow.

Any other members of the public who would like to

address the Board at this time?

Mr. Ringen: Yes, my name is Knut Ringen.

Dr. Roberts: Okay.

Mr. Ringen: And I didn't sign up ahead of time. I didn't know how you could do that on your website. Didn't give instructions.

Dr. Roberts: That's quite all right.

Mr. Ringen: Okay. Many of you know me. Most of you know me, I think. But I'm talking on behalf of the Building Trades and Construction Trades Council in Augusta, Georgia, that represents workers on the Savannah River Site.

And I've been involved in this petition from the beginning, and the petitioners that I worked with from the beginning are unfortunately no longer alive so they cannot represent themselves and that's really why I'm talking.

We've asked for a long time for a timely resolution of the Savannah River Site SEC petition. The act that you operate under specifies that the objective of this program is to provide timely, uniform, and adequate compensation.

It's up to the Board to resolve these SEC petitions that come in, not NIOSH. NIOSH has 180 days from the filing of a petition to submit its recommendation to the Board.

The way that NIOSH has handled this SRS petition is that its recommendation has been for further research, and the Board has gone along with that time and again.

It's as though both Board members and NIOSH thinks it's interesting to pursue academic questions or even academic exercise questions which are

interesting but are really not intended under the act. This act is supposed to provide an administrative program to provide compensation to workers who are entitled to it.

The Board, by going along with NIOSH in delaying, and delaying, and delaying a decision on this petition, are largely responsible for the delay in the decision that has -- in the delay of any decision that should have been made on the petition for now several years during which many, many petitioners have died.

Neither them nor their survivors are no longer eligible for compensation which they might have been had the Board acted in a responsible manner, but it hasn't.

Now we hope tomorrow you will finally have the backbone to make a decision one way or the other on this petition so that workers do not have to sit and wait and wonder what is going to happen to their claims or their fate.

No matter how this comes out, it's not going to be equitable. It's not going to be uniform to anything else that NIOSH has done in the past, and it really is way beyond what the act intended.

In one form or another, a number of workers are going to be denied compensation which they otherwise would be entitled to under an SEC petition if the kind of coworker wxtrapolation model is used as NIOSH has proposed, because that model which is now relying on a bootstrap statistical method which is entirely appropriate for the purpose of setting confidence limits or standard areas over samples in populations, but it's entirely inappropriate to use to extrapolate to individuals about their exposures.

So no matter how you do this, that extrapolation

model isn't going to work. And you can spend -- the way that the act intended it is to work, and you can spend however many more years to try to figure that out, but you're never going to be able to do this in such a way that you can reliably extrapolate to the experience of one individual worker.

So instead of continuing that, I would hope tomorrow this Board will make a decision on this SEC petition and get it over with and not delay yet again.

SC&A has said it does not think -- that it thinks it's too many questions about the NIOSH extrapolation model that can be used reliably.

We agree, but it's up to you as the Board to decide if that's the case, and it's time to decide that. Thank you very much.

Dr. Roberts: Thank you very much. We appreciate it.

Anyone else from the public who would like to speak at this time?

Okay. What I'll do now is I will read the correspondence that I received today from the representative's office, and then I'll circle back around to see if anyone wants to offer a comment after that.

So this is a letter from Representative Joe Wilson's office of the 2nd District of South Carolina. It is addressed to me, and it is dated today, April 14th, 2021.

And the letter reads: Dear Dr. Roberts, as you are aware, the purpose of the Energy Employees Occupational Illness Compensation Program, in parentheses, EEOICP, is to provide for timely, uniform, and adequate compensation of covered employees and, where applicable, survivors of such

employees suffering from illnesses incurred by such employees in the performance of duty for the Department of Energy and certain of its contractors and subcontractors.

In November 2007, Petition 103 was filed to the National Institute for Occupational Safety and Health to include subcontract construction workers that work at the Savannah River Site, in parentheses, SRS, to be included in the Special Exposure Cohort, in parentheses, SEC.

Since the petition was filed, the original petitioner has passed away, the original authorized representative has passed away, many of the claimants have passed away, and almost 15 years later a decision has yet to be made on inclusion of this Class in the SEC.

The lack of timeliness from the Advisory Board on Radiation and Worker Health has thwarted congressional intent and negatively impacted claimants.

I request you give whole and fair consideration to the claimants' petition and urge the Board to make a timely decision on Petition 103 in accordance with all applicable laws, rules, and regulations. Sincerely, Joe Wilson, member of Congress.

Okay. So that has now been read into the record as requested. And let me circle around a final time to see if there are any other members of the public who would like to comment at this time.

Ms. Hand:. HAND: This is Donna Hand.

Dr. Roberts: Hi. Welcome.

Ms. Hand: Can you hear me?

Dr. Roberts: Yes. Can you hear me?

Ms. Hand?

Okay. I can no longer hear you if you can hear me.

Ms. Hand: Can you hear me?

Dr. Roberts: Yes, I can hear you now.

Ms. Hand: Okay. I was asking the Board how they're going to accomplish their statutory duty.

Their statutory duty is to technically review the guideline which is 42 CFR 81, and that is to determine the upper 99 percent confidence level and everything and the guidelines shall incorporate the methods.

And the methods is 42 CFR 82 and that says in there that it's a regulations method for writing up reasonable estimates, not best estimates, but reasonable estimates, and this is our statutory duty.

Then when it comes to the SEC, they are responsible for recommending the SEC and determining the SEC.

And we have a disconnect because even though whenever the petition is received then you have 180 days for a full evaluation. And that's what it says in 42 CFR 83.10. It says the petition will receive a full evaluation by NIOSH, the Board, and HHS.

So why are we waiting for the Pinellas Plant Subcommittee, Work Group until NIOSH is to do their evaluation? Can't SC&A do their evaluation along with the Work Group and NIOSH all at the same time?

You know, it's -- the petition is there. And I would like to have whenever a petition is -- qualifies, I would like to have the NIOSH determine or they tell to the public on what issue it qualified for.

You know, was it because of an incident, did it

qualify because of a report, you know, what made that issue qualify.

Because we have filed a lot of petitions for Pinellas Plant, and they didn't qualify when that same information that was before is now in that petition that qualified. In fact, the other petitions that did not qualify had more information than the ones that did qualify.

So will they be considered as well? You know, so again, that -- you're creating, you're going by policy and procedures. Policy and procedures are not binding, and that is federal court case law, you know, U.S. Supreme Court case law.

You have to go by your statutory and regulations. So within the framework or the four corners of the law, everything, that's what the Board has to go by, and the congressional intent is being restrictive, and this -- and you're undermining the congressional intent, that being timeliness.

And it is not only the scientific validity but the quality of these dose reconstructions that must be done and the scientific validity and the quality of the SEC petition.

And it is up to the discretion of the dose reconstruction director which is Grady Calhoun right now. If that information is not there in a timely manner he can certainly say, well, we can't do the dose reconstruction.

And, you know, after two years for, you know, Savannah River, you don't have that information, after how many years with Rocky Flats you don't have that information, don't you think that, you know, that's not a very timely manner according to the congressional intent. So an SEC should be given and everything because you are undermining the congressional intent of the actual statute. Thank

you.

Dr. Roberts: Thank you, Ms. Hand. Appreciate your comments.

Okay. Any other members of the public who would like to speak at this time?

Okay. I don't hear anyone speaking at this time.

I do want to remind everyone that we have the second and final session of this Board meeting tomorrow starting at 1:00 p.m. Eastern Standard Time.

Adjourn

And if you've consulted the agenda for tomorrow, much of the agenda largely is devoted to the Savannah River Site SEC petition.

So looking forward to seeing you and speaking with you then. Have a good night.

(Whereupon, the above-entitled matter went off the record at 5:30 p.m.)