Centers for Disease Control
National Institute for Occupational Safety and Health
Advisory Board on Radiation and Worker Health
140th Meeting
Thursday, June 23, 2021

The meeting convened via teleconference at 10:30 a.m. Eastern Daylight Time, Henry Anderson, Chair, presiding.

Members Present:

Henry Anderson, Chair
Josie Beach, Member
Bradley P. Clawson, Member
R. William Field, Member
David Kotelchuck, Member
James E. Lockey, Member
Genevieve S. Roessler, Member
Loretta R. Valerio, Member
Paul L. Ziemer, Member
Rashaun Roberts, Designated Federal Official

Registered and/or Public Comment Participants:

Bob Barton, SC&A
Kathy Behling, SC&A
Ron Buchanan, SC&A
Grady Calhoun, NIOSH/ORAU
John Cardarelli, NIOSH/ORAU
Joshua Fester, for Petitioners
Joe Fitzgerald, SC&A
Rose Gogliotti, SC&A
Donna Hand
Lara Hughes, NIOSH/ORAU
Jeff Kotsch, DOL
Jenny Naylor, HHS OGC
Chuck Nelson, NIOSH/ORAU
Patricia Quinn, CPWR
Knut Ringen, CPWR
Lavon Rutherford, NIOSH/ORAU
Tim Taulbee, NIOSH/ORAU
Gary Vander Boegh

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Proceedings

(10:30 a.m.)

Roll Call/Welcome - Dr. Rashaun Roberts, DFO

Dr. Roberts: Okay. Very good. Well, I do have 10:30 a.m. Eastern and so it's time to officially open this meeting.

This is the 140th meeting of the Advisory Board on Radiation and Worker Health. I'm Rashaun Roberts. I'm the Designated Federal Official for the Board.

So, as usual, let me start with a few preliminaries for this meeting. The meeting agenda is posted on the NIOSH website, of course, for this program. It's under Schedule of Meetings for June 2021. You can all go to the website and access it.

Although the meeting today is primarily administrative, we do have an agenda item pertaining to the Board's recommendation for the addition of an SEC for Savannah River Site.

Documents related to this were provided to Board members and to other staff prior to this meeting for review.

So, since this is a telephonic meeting, I want to address our use of technology with me being the main problem right now, but in order for you to keep the meeting -- in order for us to keep the meeting moving forward without interruption, I would just ask each of you, including myself, to mute my phone unless, of course, you need to speak.

If you don't have a mute button, press *6 to mute. If you need to take yourself off mute, press *6 again. Also, because we're unable to see each other for the meeting, please identify yourself before your comments or questions.

So, with that, I'd like to formally start -- and I think I'm hearing someone speak. So, again, please make

sure that you're muted.

So, with that, I'd like to formally start and welcome everyone to this teleconference. The primary purpose of the meeting is to prepare for our August 18 to 19, 2021 Board meeting, which will again take place virtually although there are also other items on the agenda, as I mentioned.

Since one of the items of the agenda is the SRS SEC Petition 103, I'll note that none of the Board members have a conflict of interest where this site is concerned.

So, with that said, let me move into roll call now. I'll start with the Board members in alphabetical order and then move on to others. So, let's start with Anderson.

(Roll call.)

Dr. Roberts: Okay. Great. Well, thank you all very much and welcome again. Let's go ahead and move to the next item on the agenda. And, again, please periodically check your phone to ensure that you're on mute.

If you don't have a mute button, press *6 to mute. If you need to take yourself off, press *6 again. Okay. And with no further ado, let's go ahead and move into the next agenda item.

So, as you may know, a chairperson was recently appointed to the Board a few weeks ago. Dr. John Howard, the NIOSH director, announced that President Biden had designated Dr. Henry Anderson as chair of the Advisory Board, which was effective on June 2nd of this year.

And as Dr. Howard described, Dr. Anderson has been a member of the Board since about 2009 and he was previously a member of the Board between 2001 and 2006. He is an occupational physician with four decades of experience in preventative medicine, occupational and environmental health

and epidemiology, and has served as chair and a member for a host of different scientific and technical committees over the years.

So, Dr. Anderson, a big congratulations again and welcome to you and the floor is yours for any remarks you would like to make at this time.

ABRWH Chair Remarks - Dr. Henry Anderson, ABRWH Chair

Chair Anderson: Thanks a lot, Rashaun. I'd like to begin by thanking you. I would say over the last year, year and a half, the Board has gone through all sorts of different changes and impacts, and I think we've survived it in pretty good shape.

And I really want to give you a big applause/hand, and we'd have a cake if we were all together, to thank you for taking on both becoming the new DFO and, at the same time, acting chair. That was a challenging set of circumstances.

And I'd also like to thank SC&A for the help they've given the group. As you know, we're now down to, I think, 11 members. I think the maximum is more than twice that that would be allowed. So, we've had the loss of some members, some retirees, some deaths as well.

So, I'm pleased to be willing to take over and I just hope it doesn't turn out that I'm the last chair of the Board. So, I've had that happen a couple of times where I became chair and things fell apart with the group or the charter was ended, but I just want to thank everybody for hanging in there over the last year as it's been somewhat challenging at time.

And I would just like to point out anybody on the Board know how many Work Groups or subgroups we have?

Member Clawson: A lot.

Chair Anderson: A lot, right. Well, I'll tell you. So,

that was one of the first things since the second Rashaun and I have been going over all the kind of administrative things that we have and to think about what do we need to do to streamline and speed up what we're doing, but we actually have 35 groups of which -- good news is eight of them have been retired.

We actually have 27 that are still active and I think it's important while we've had -- we try to do reports of what's happening on each of them, I think we also need to take a look now that we have a bit of downtime because of cyber review, to look at those of you who are chairs.

If you don't remember, we can circulate the list to everybody to look at just exactly what's outstanding and how long has it been outstanding and is there something we can do, do we need to reprioritize the various activities we have.

Another thing I would just like to put in people's minds as we plan for August, is now that we've got notice from the administration that they're willing to move forward with appointments and things, we may want to take a look at who would we like or how many members would we like to have.

As I say, we're now down to 11 and there's probably some holes in what we -- in finding the expertise we need and the balance that we have across the Board.

So, discussion with NIOSH talked about it takes quite a while to get new members appointed and put out a notice to accept recommendations or have people put their names in the FRN notice put out.

So, I'd like the group to think about what do we feel would be the ideal number. I don't know if we want to go up to the max, but -- and then to think about what kind of skills and who do you know that we might want to encourage to become a member of the Board.

So, I don't want to quiz you on that today, but I would like to think if NIOSH is going to move forward, we ought to have some input into their decision as to how many new members they might want to add.

I'm sure you're all aware our group is aging and that's why we're at 11. And that might be a comfortable number right now, but there's a number of individuals who may, in the next year or so, want to retire and the replacement can take considerable time through the process.

So, just think about that. We do have some time to try to shore things up on what the various Work Groups are, what's outstanding to be done and can we get some of those closed out.

Many of them are just updating the information on the sites that has been decided to change, but has not yet been technically updated.

So, with that, I'm pleased to come on board and, Paul, I'm going to be calling on you as well for some thoughts and suggestions.

And, all of you, if you have issues that you want to raise with NIOSH, it's been a bit of a challenge. I know a lot of people felt they were sort of out there by themselves.

So, feel free to email me or give me a call. If you don't know my phone number, too bad. I'll give it to you now. It's xxx-xxx-xxxx. It's my old-style land line. My cell phone is xxx-xxx-xxxx.

So, if you have any thoughts or some issues you want to raise, please give me a call and let me know or let Rashaun know.

Member Beach: Henry, this is Josie.

Chair Anderson: Yeah.

Member Beach: Do you mind giving that to Rashaun and letting her send that email or your phone

number?

Chair Anderson: I will do that.

Dr. Roberts: Sure. Sure.

Member Beach: Thank you.

Dr. Roberts: Absolutely.

Special Exposure Cohort (SEC) Petition Status Update - Chuck Nelson, DCAS

Chair Anderson: Yeah. Yeah. So, that's where we're at right now and so, with that, let's move on to Special Exposure Cohort Petition Status Update. Chuck, I'll ask you to give us a quick update.

Mr. Nelson: Thank you, Dr. Anderson.

Dr. Roberts: I'm sorry to interrupt.

Mr. Nelson: No, go ahead.

Dr. Roberts: This is Rashaun. There was just one note of clarification I wanted to make about nominations for additional Board Members. There's a maximum of 20 that can be on the Board. So, just to clarify that.

Chair Anderson: Okay. Thanks.

Mr. Nelson: Okay. Thanks, Dr. Anderson. Good morning, everyone. To start off, I wanted to provide an update on the status of the SEC 256. That's the Petition for the Pinellas Plant.

Our initial goal was to finalize and present the Evaluation Report at our upcoming August 2021 Advisory Board meeting; however, during our DCAS review of the Draft Evaluation Report we recognized that there was some additional work needed.

Then that, coupled with the Cybersecurity Modernization Initiative underway, this additional work has taken longer than we initially anticipated.

Later today on the agenda, Grady is going to provide an update on the Cybersecurity Modernization Initiative.

Anyways, as a result of these delays, the ER will not be complete in time for us to present it during the August Advisory Board meeting.

We do plan to have the ER delivered to the Advisory Board after the August meeting with intentions to present it in the December 2021 Advisory Board meeting. So, I did want to provide an update on that.

We do anticipate that SEC 250 Y-12 ER addendum will be ready and presented in the August Board meeting, unless there's some unforeseen delay. And at this time we're in the final approval stages of that, so I think that's going to be a go.

And the addendums covers the reserve period from the original SEC 250 to the time period of 1987 through 1994. So, that's that time period that we reserved and this addendum will cover that.

At this time, we do not have any new petitions currently under evaluation and expect the Work Group chairs will provide updates today, as needed, on current SEC petitions with the Advisory Board.

So, to recap, there will be one new Evaluation Report expected to be presented at the August meeting, which is the Y-12 addendum. Thank you. Are there any questions?

(Pause.)

Chair Anderson: Is anyone speaking that may be on mute?

(Pause.)

Savannah River Site SEC Petition 103 (Aiken, South Carolina; October 1972-2007) - Dr. Rashaun Roberts, DFO

Chair Anderson: Okay. Well, thanks, Chuck. That was pretty short and sweet. So, now let's move on to the Savannah River site SEC Petition 103 and I'd ask, Rashaun, everyone will remember the April meeting and we approved this, but we didn't have the letter finalized and there was other activities that needed to go on.

And I'd ask Rashaun to give us a thumbnail update as to what's happened since April that's brought us to where we are today.

Dr. Roberts: Okay. Thank you, Dr. Anderson. So, this item was added on the agenda today so that the Board can close out a few remaining pieces of business.

So, to recap, on April 15th, 2021, the Board discussed and voted 8 to 3 to recommend to the Secretary that an SRS SEC class be added.

As discussed at the April 15th Board meeting, the Class Definition voted on by the Board was subsequently provided to the Department of Labor, which raised no concerns about the ability to administer the Class; however, Ms. Naylor, with the Office of General Counsel, raised some issues with the Board's documentation, which were reviewed with the DFO and the SRS Chair in an administrative session.

These issues were largely addressed in the drafting of the Board's letter to the HHS Secretary, which contains the Class Definition that the Board voted upon in April, along with an overview of the technical basis and a supporting report, which expands upon the technical basis.

Well in advance of this meeting, all Board Members were provided for their review both with the Board's draft letter to the HHS Secretary and the supporting

report.

A typo in the draft letter was identified by a Board member, which was corrected and then redistributed to the Board yesterday.

So, that should bring everybody up to speed. So, I would now like to open up the floor to the Board for questions and discussion of the Board letter and report.

And I would like to start this discussion with having the Board talk about the explanation for the exclusionary clause contained in the Class Definition and I will turn it over to Brad for this.

Member Clawson: Okay. So, I guess I don't know where to go. I guess one of the things -- and I sent this to you earlier because I was trying to put in words of why we excluded the CTWs from this SEC.

And so, I wrote up a little thing and I hope that this is what you were looking for, Jenny, because while subcontractor construction trade workers, SCWs, and other CTWs at the Savannah River performed similar radiological work during the defined SEC class time period 1972 to 1990, the evidence is strongest that the SCTWs, as a class, lacked periodical assurance of participation in SRS bioassay program and were likely internally tasked with nonroutine and potentially higher exposed radiological jobs under work permits and would leave the site without a termination bioassay. In contrast, the CTW employees by the SRS prime contractor were more likely to be monitored under the SEC routine monitoring program with bioassay being performed on a predetermined schedule. Therefore, it was the conclusion of the SRS Work Group and the Advisory Board, based on the weight of evidence, that the bioassay monitoring for the SCTWs was less reliable than for the CTWs for the time period in question, which is 1972 to 1990.

Any questions?

Ms. Naylor: Mr. Clawson, this is Jenny Naylor. So, based on your explanation, my understanding is that this exclusionary clause in the Class Definition does not mean that dose reconstruction for the prime contractor construction trade worker cannot be done and so that NIOSH should continue to perform full dose reconstructions for the prime contractor construction trades worker; is that correct?

Member Clawson: Well, you know, at this time the dose reconstruction is considered by the Board to be feasible for the CTWs.

Is that what you were looking for?

Ms. Naylor: Great. Yeah. Yeah, exactly. Thank you.

Member Clawson: Okay.

Chair Anderson: Any other questions?

Member Kotelchuck: Dave Kotelchuck. Do we want to go over the letter now and any objection?

Chair Anderson: I'll read in the letter, yeah.

Member Kotelchuck: Okay. Fine. Then I'll --

Chair Anderson: If there's any questions for Brad or more things on the letter, just let us know now and we can do a quick edit if there's anything more that needs to be changed. If not, the letter, as you got it in the email, I'll now do the best I can to read it.

Any other questions?

Member Ziemer: Do you want questions before you read it?

Member Kotelchuck: Or after, right.

Member Ziemer: I mean, I have some questions on the letter. This is Ziemer.

Do you want possible corrections or questions first?

Member Clawson: Paul, this is Brad. I'd like you to tell us about all the dangling participles.

Member Ziemer: Yeah. I was working on that. I do have some -- two questions, though.

Chair Anderson: I would say if there's some things that are fairly easy to edit so that I can then read the final document in --

Member Ziemer: One of the --

Chair Anderson: -- if it's not, I can read it and we can go back. Either way it's --

Member Ziemer: One is a simple edit, but the other is in the fourth bullet. It says that the Advisory Board concluded there was a lack of workplace monitoring and source term data.

I don't recall us ever even discussing the lack of it. It was -- I thought the vote was basically on the, quote, insufficient information, including lack of job-specific bioassay monitoring data for subcontractor construction trade workers.

The added clause about "lack of workplace monitoring and source term data," I don't recall us having discussed that as an issue.

Can somebody clarify that for me?

Member Clawson: Well, Paul, this is Brad. Isn't that basically the same thing? The workplace monitoring is a job-specific bioassay, rad work permit and so forth. Maybe I misinterpreted what it is.

What are you thinking?

Member Ziemer: Well, I thought the first phrase captured what the issue was. There's a lot of -- we all agreed there was a host of monitoring and source term information.

The issue that I thought kind of -- and maybe Joe Fitzgerald can help on this. The issue that was sort

of the back-breaker for those that voted for this was the inability to link the monitoring data with job-specific bioassay.

Mr. Fitzgerald: Yeah, this is Joe Fitzgerald and maybe I can clarify that a little bit.

Can you hear me? There was some static before.

Member Ziemer: I can hear you, Joe.

Mr. Fitzgerald: Okay. Yes, Paul, you're absolutely correct. The primary concern was the one you stated, which was the ability to link the job-specific bioassays to permits and, you know, that whole issue.

The question of source term was raised as one of our five key findings that were put on the table in the ER discussion and it goes back to findings by DOE itself in its self-assessment, as well as self-assessments by the contractor, Westinghouse Savannah River, that historically going back into the earlier years the facility managers were responsible for characterizing the radiological source terms for their facilities and this is what would be reflected in the RWPs and the job-specific bioassays; however, that had become outdated as new operations came online and new source terms presented themselves.

And that was one of our issues and it was actually one of the issues that DOE raised in its Tiger Team review in 1990 that they concluded that there was only one facility they felt -- a Naval fields facility -- that was actually characterizing the source terms onsite in a way that would be accurate and representative.

And, of course, the concern there is if you're not properly characterizing radiologic source terms, both your permits and your job-specific bioassays would be not representing the actual exposures that the workers would be exposed to.

So, we thought that was a pretty fundamental

finding and one that was eventually corrected by Westinghouse by instituting a -- sort of a detailed source term analysis program, which they put in place in the mid-'90s.

So, that was the reason that phrase was added. That was one of the contributing reasons that we felt that subcontractors would have been at a particular disadvantage since they were, as we point out, intermittent and more likely to be on these RWPs. So, that was the source of that particular phrase.

Member Ziemer: Right. So, the source term part, thank you, is probably okay. I just -- the lack of -- they have such a large amount of workplace monitoring. To say that there was a lack of monitoring is, in my mind, kind of a separate issue.

I won't press it too far. I just want to say that I don't recall the Board determining that there was a lack of monitoring. There was a linkage issue, connecting.

That's -- okay. The other thing was the item on insufficient information. The Board finds there is sufficient information for occupational external dose and medical.

I think that should be a separate bullet just for consistency of how we've done this in the past. Don't put that in with the insufficient information bullet.

Do you see what I'm saying?

Chair Anderson: So, start a new bullet with --

Member Ziemer: Yeah, just that last sentence just make a different bullet out of that. That's how we've always done it in the past.

Chair Anderson: Okay.

Member Ziemer: The thing that you can do, make a bullet out of it. Don't put it in with the thing that

you can't do, is what I'm saying.

Chair Anderson: That's a new thought. So, that's good. Okay.

Member Ziemer: Yeah. Alright. Unless someone wants to make a motion on removing that one phrase, I just -- I'll leave the point unless other members are concerned about it.

And then let me ask a question before it's read. Are we going to take action on the letter as a vote?

Chair Anderson: Rashaun, I don't know --

Dr. Roberts: Dr. Ziemer, can you just expand on what you mean?

Member Ziemer: Well, we voted on an item last time, the Board did. The wording has been changed somewhat.

I'm willing to vote that I am okay with the wording, but I don't want that vote -- if we're voting on the letter, I don't want the vote to say that the letter is okay to imply that the votes have changed from the last time.

Do you understand what I'm saying?

Chair Anderson: Right. Right. Yeah.

Member Lockey: Henry, this is Jim Lockey.

Chair Anderson: Yeah.

Member Lockey: Let me ask Joe -- Joe, can I ask you a question? I'm remembering when we went through the source terms, that there were problems with the source term data.

What do you feel about the "lack of worker monitoring," that phrase? Should that remain in, in your opinion, or not?

Member Ziemer: Is Joe on mute? I'm not hearing him.

Mr. Fitzgerald: Oh, I'm sorry. I was on mute. Can you point out exactly which bullet? I know there's a number of bullets that cover --

Member Lockey: It's the fourth one.

Member Ziemer: The fourth bullet.

Member Lockey: The fourth bullet. It's the third sentence down from the top on the second page.

Your description of source term, I know we discussed source terms, I know you had problems with the source terms, but I sort of agree with Paul. I don't remember the lack of a workplace monitoring. It was more linking that to the subcontractors was the real issue here.

Mr. Fitzgerald: Perhaps that should say "assurance of workplace monitoring" rather than "monitoring" itself, because actually I think that was a key finding that there was a lack of assuring workplace monitoring for subcontractors.

Member Lockey: I think that was the point you were making, I think, also. That's a good -- I think that's a better way to word that.

Member Kotelchuck: I agree.

Chair Anderson: So, do we want to change that to --

Member Kotelchuck: "Assuring."

Chair Anderson: Instead of "lack."

Member Kotelchuck: Right, and assurance of workplace monitoring.

Member Ziemer: This is Ziemer. I would certainly be more comfortable with that. There was -- and monitoring is not the same as lack of source term data.

Member Kotelchuck: Right.

Member Ziemer: You can do all sorts of monitoring. They have a -- I mean, their bioassay database is as big as any we've seen, you know.

Chair Anderson: Okay. Anyone object to changing "lack" to "assurance"?

Member Clawson: This is Brad. No.

Chair Anderson: Okay. Anything else, Paul?

Dr. Roberts: So, can I just have something clarified? So, what, again, should that piece read?

Chair Anderson: It should say, "and assurance of workplace monitoring and source term data."

Dr. Roberts: Okay.

Member Lockey: Henry, Jim Lockey again.

Chair Anderson: Yeah.

Member Lockey: Do you remember, Henry, or, Paul, do you remember when the Board most of the time were -- and none of us are voting, but this time we were.

Do you remember how do we usually reflect that in the letter to the Secretary? Do we state that in this letter or not? I just don't recall.

Member Ziemer: This is Ziemer again. I've gone back prior to this meeting and looked at a large number of the letters.

I haven't looked at all of them. I have not found any letter where we have indicated what the vote was.

Member Lockey: Right.

Member Ziemer: So, we have had split votes before. The closest one, I think, was Bethlehem Steel where the vote was like -- I don't know the exact number, but it only differed by one between the pros and cons.

So, it was a very close vote, but I don't find any of the Board letters that give the vote.

And I have also looked at the reports that the Secretary made to Congress regarding Bethlehem Steel and the reflection of the Board's actual vote is not given in that report.

However, the Secretary does have that information because included in, you know, the last letter -- the last paragraph of our letter always includes the fact that the Board -- the NIOSH review is given and that will, I assume, will tell the Secretary that NIOSH can reconstruct dose.

And this is a little different because with Bethlehem Steel the Secretary report to Congress reflected this that NIOSH initially also said in Bethlehem Steel case that they could reconstruct dose.

And the minutes are there for the Secretary staff to look at and all the supporting data are there.

So, I'd have to assume that the Secretary will obtain the Board's recommendation, NIOSH's recommendation, which is not listed fairly because it's the Board's in this case and it wasn't initially for Bethlehem Steel.

Although, after we entered the surrogate criteria, there was a transition there, but, in any event, I think we present our recommendation and the Secretary has that as a recommendation, she'll have the recommendation of NIOSH, she'll have her own staff review and will make a determination.

Ms. Naylor: Dr. Ziemer, this is Jenny Naylor with HHS OGC. Sorry, I tried to jump in, but I didn't want to interrupt you.

So, you are correct that based on 42 CFR 83.15 the Secretary will receive recommendations from the director in my office as well as the recommendation from the Board.

And, as you noted, the recommendation of the Board actually includes transcripts and also related materials as the director of NIOSH's recommendation to the Secretary would indicate the deliberative process concerning the SEC as well as the vote taken by the Board.

And in that recommendation to the Secretary, it would delineate all this information that you have just discussed.

The Secretary does receive those information, but, that said, the Board letter is a Board product.

So, if the Board determines that it is appropriate to list the vote taken there and to include that in the letter to the Secretary, that's entirely the Board's discretion.

Member Roessler: This is Gen. I have a comment and a question. First of all, There's a little difficulty here. There's a lot of static, so I might have missed something, but I feel that -- I know the Secretary will get transcripts and a number of other documents and I realize that we probably don't want to put the discussion that the vote was not unanimous and point out that NIOSH has said that they could do dose reconstruction, two important things, I think.

We probably don't want to put it in the letter because that usually doesn't happen, but I was wondering, and we haven't talked about it yet, if that sort of thing really doesn't go -- should go into the attachment and then that way it would be more prominent and put better in front of the Secretary.

Member Ziemer: Gen, this is Ziemer again and I'll ask this as a general question, I don't recall us ever having an attachment to the letter and the letter itself makes no reference to Attachment A.

So, I'm not sure, you know, we talked about this letter, that there's something called "Attachment A" that's somehow associated with the letter. We've

never had something called an attachment to any of the previous letters, that I'm aware of.

Chair Anderson: I think in the past there was always up front NIOSH would summarize that. And in this case, they were not summarizing. The Board had to do it.

So, this added attachment was to kind of condense all the information to make the case in as condensed a form as possible. So, it really is -- it's a document we haven't -- it was always provided in the short order by NIOSH.

This is more expanded than, I think, any of the other justifications of that.

Member Ziemer: I have never seen something called an "Attachment" that went with the letter.

Jenny, can you clarify that for us?

Ms. Naylor: Yes, Dr. Ziemer. I think instead of calling it "Attachment A" we just see "Enclosure" because the Board letter does refer to a slew of documents that will be included as part of the Board letters to the Secretary and that's customary, actually.

In the past, we have included transcripts as relevant documents as part of the Board's -- as part of the total package to the Secretary.

In terms of this specific SEC Petition, DCAS has not concurred with the Advisory Board's conclusions that dose for the subcontractor construction trades worker cannot be completed. And because of -- because of that, the Advisory Board's recommendation included a finding of a dose that cannot be reconstructed as well as a health endangerment.

In the past where there are disagreements between the Board and DCAS, most of the time the two entities would be able to sort of come to a

conclusion and concurrence. And in those cases NIOSH ended up issuing a revision to the ER or stated on the record or in the directorate of NIOSH's recommendation to the Secretary.

So, there are some concurrence and that NIOSH will provide additional technical support to the Board's recommendations as well as NIOSH's concurrence.

And in this case because DCAS has not concurred with the Advisory Board's findings and the reason for adding a class, there is not a technical support document that clearly and succinctly summarizes the Board's position with respect to the dose that cannot be reconstructed and the health endangerment findings.

Member Ziemer: Right.

Ms. Naylor: And that's why we encourage the Board to provide an enclosure that succinctly summarized over years of work and deliberation of the Board.

Member Ziemer: Yeah, I understand the rationale there. The last paragraph is pretty much boilerplate. It always has this wording.

Since Attachment A is, quote/unquote, apparently a new thing that has not been part of the package before and it's not identified in the letter, I was a little puzzled by identifying it as "Attachment A" and it's not one of the documents listed in the letter.

Member Kotelchuck: If I may say -- Dave Kotelchuck -- doesn't it say "and related materials"?

I don't think -- that's a related material. I don't know that it has to be specifically cited as an attachment.

Member Ziemer: Yeah, you're probably right. I don't know. Are the other things identified in some sequence, Attachment A, B, C, D?

I'm just trying to figure out where it goes in the --

Chair Anderson: There's only an A. I mean, one option would be to not make it an Attachment A and just say --

Member Ziemer: Yes. That's what I'm getting at.

Chair Anderson: Then we could do summary of findings of the Advisory Board. I mean, this really was done because Jenny said we needed something like this and --

Member Ziemer: I got you.

Chair Anderson: -- you can't have four years' worth of meetings. I mean, it's all going to be there, but this we tried to condense it as much as possible.

Member Ziemer: Got you. Okay. So, if you just left out the word "Attachment A," it would just be -- and just saw "summary of findings" or something.

Chair Anderson: Got you. Okay.

Member Ziemer: Yeah. Okay.

Member Roessler: This is --

Member Ziemer: Sorry to be picky, but it's kind of a new thing that we need this.

Member Roessler: This is Gen. I have a question on this attachment. Are we going to discuss it separately from the letter? Because I do have some questions and comments on the -- what we now call the "Attachment."

Chair Anderson: Well, that's why we --

Member Roessler: Yeah.

Chair Anderson: -- those comments in advance. We're not going to read the attachment into the record. It's been circulated and it's a public document.

I think we can probably revise that, if everybody agrees, but this really was done just to provide a

summary.

Member Roessler: Then I guess you probably -- I guess that I really am not totally supportive of the attachment.

I think probably other Board Members aren't either because it doesn't seem to me like a balanced summary.

It doesn't indicate anywhere that some Board members disagreed with the decision and other Board -- and the vote, it was not unanimous.

It doesn't indicate anywhere that NIOSH had concluded they could do the dose reconstruction. I just think that report should be a little more balanced.

Member Clawson: Well, wait a minute, Gen. This is Brad. We just got done with Ziemer saying that, oh, no, we don't -- we never put the votes into this, we never do any of that stuff.

You've got to understand we're into different territory here, too, because when we had Stu and Jim when we'd come to a vote on this, they would then work with us to be able to go through this. We're not getting that now.

So, we're going to have to do this a little bit on our own because what -- if we'd really like to get into what we'd really like to say, Gen, there's a lot more that I would like to say into it, but this is the most general stuff that we have. We also don't want to slam one side or the other either.

Member Roessler: Well, I know we disagree on that, but I don't feel that the summary is balanced and that's really about all I can say about it.

Member Clawson: Yeah.

Member Kotelchuck: Gen, I feel -- Dave. I feel that -- I've been on the losing side of votes in the past. And while I would feel much better if people noted

that in the letter, we've never done that and I just -- I respect that the Secretary always gets a review of what happened and the vote and that vote is there for the record and it's permanent.

Member Roessler: Yes, I agree with the letter, Dave. I think the letter follows the usual format.

It's really just this so-called attachment that I would like to see some editing on or some additions to.

Member Kotelchuck: Um-hmm.

Member Lockey: This is Jim Lockey. We never have given an attachment before and I'm not sure why we need it this time.

Is it really needed?

Chair Anderson: Well, Jenny, you were the one that said we got to have something like this because it isn't otherwise in the document. So, that's why --

Ms. Naylor: That's correct.

Chair Anderson: -- it's in the summary, yeah.

Ms. Naylor: That's correct.

Member Lockey: Who said that? Henry?

Chair Anderson: Yeah. I mean, we needed -- legally we need to have this because it isn't being done by NIOSH so that this is what we need to have in order to lay out the case that the Board voted on.

We've never had -- I mean, the other way is sometimes you do these things and we would have a minority report. We've never had a minority report.

Member Lockey: Right.

Chair Anderson: The vote is what it is and the letter really is the key part of this. And this attachment, if we take off saying it's "Attachment A" and just having "findings," it goes along with all of the other

documents that will be provided.

Member Clawson: This is Brad. I just want to make sure this is a package -- this is a package responding to the basis of the Board's majority vote. This is what we were told that we needed to be able to provide by legal counsel.

Yeah, we haven't had this in the past, this is a new thing and -- but it is what it is.

Member Lockey: Brad, I understand that and I think then we have to do it if legal counsel says we have to do it, but then I think the attachment should then -- there should be a paragraph saying that, you know, the Board voted whatever it was, I forget what the -- 9 to 3. There should be a statement in there this was not a unanimous vote. There was another minority view.

I don't want to state what the minority view was, but if somebody would read this, you wouldn't get that impression. Okay. And for transparency, I think it's important to say that.

Dr. Roberts: The vote was 8 to 3, to clarify.

Member Ziemer: This is Ziemer again. I think -- in this case, I think what we probably need to realize; number one, it's not our job to defend NIOSH's viewpoint on this. As we state in our summary that we -- that NIOSH didn't agree with this, they'll make their own case for it.

So, I'm personally quite okay with not trying to reflect their view. They will reflect their own view.

Number two, I do think the deliberations and the concerns of those who might have voted negatively are reflected in the record.

This attachment is designed to provide an expanded basis for the letter. And, again, I'm thinking -- I'm trying to understand from a legal point of view, Jenny. I think this has to be the basis of why the

majority of the Board members voted for the SEC and, I think, therefore, does not necessarily need to reflect a minority report, you know.

The record itself shows what that was and, Gen, you know, I understand the idea of wanting to have a balanced view, but this document is not intended to do that, I don't think. It's intended to support the vote of the letter.

(Simultaneous speaking.)

Member Ziemer: So, I'm personally satisfied just to have it state what the majority of the folks feel if there's a basis for their report of what's in the letter. That's what it is.

It's the ultimate recommendation of the Board and that's the rationale for that.

Member Roessler: Well, thank you, Paul, for that comment. It helps clarify things for me.

Member Kotelchuck: Um-hmm. Good.

Member Roessler: Thank you.

Chair Anderson: I think that's the intent of it and it was crafted with that in mind, not to, you know, lay out all of, as I say, four years' worth of committee meetings. And there was a lot of discussion before the vote as well.

So, the problem is the Secretary's office isn't going to -- I doubt that they will read through all of the transcripts of everything that's done. So, this lays out what the majority opinion was.

It could be made into a longer document even further expanding that, but this is what Jenny and Brad and Rashaun worked out and it -- I think it adequately supports the Board's letter and Jenny felt that way as well from a legal standpoint.

Any other comments people have?

Member Kotelchuck: Yes. Dave. Just a small thing. There's still, on the letter, the fourth bullet, there's a typo in our name. It's the Advisory Board on Radiation and Worker Health, just to formally be correct, and I'd like us to add it.

And also, on the sixth line I should -- that should be "reprocessing and/or research activities" because the line was to estimate with sufficient accuracy all potential internal doses. They're not the individual ones, but the totality. That's why "and/or research activities."

Chair Anderson: Okay. Anyone object to that?

(Pause.)

Member Beach: No.

Chair Anderson: Okay. That's a really long sentence, too.

(Laughter.)

Chair Anderson: I was waiting for somebody to say -- reading it, I'll have to take two breaths to get through it.

(Laughter.)

Chair Anderson: Any other comments people have before we lay this to rest here?

(Pause.)

Chair Anderson: Okay. Are we ready to have me read the letter?

Member Kotelchuck: Yes.

Chair Anderson: Then, hearing no objection -- anyone on mute? So, let me read the letter here.

So, Dear Mr. Secretary. The Advisory Board on Radiation and Worker Health, the Board, has evaluated SEC Petition 00103 concerning workers at the Savannah River Site, SRS, in Aiken, South

Carolina, under the statutory requirements established by the Energy Employees Occupational Illness Compensation Program Act of 2000, EEOICPA, and incorporated into 42 CFR Section 83.13. The Board respectively recommends that SEC status be accorded to all construction trade employees, Department of Energy subcontractors, excluding employees, the following prime contractors who worked at the Savannah River Site in Aiken, South Carolina, during the specified time periods, E.I. du Pont de Nemours and Company, October 1, 1972, through March 31, 1989, and Westinghouse Savannah River Company, April 1, 1989, through December 31, 1990, worked at the Savannah River Site from October 1, 1972, through December 31, 1990, for a number of workdays aggregating at least 250 workdays occurring either solely under the employment or in combination of workdays within the parameters established for one or more employees included in the Special Exposure Cohort. This recommendation (audio interference).

THE COURT REPORTER: This is the court reporter. I'm sorry to interrupt. I would ask anyone not the Chair to mute their microphone at this time.

Chair Anderson: Okay. Hopefully I'm not being the scratchy one here.

This recommendation is based on the following factors: Individuals working at the SRS during the time period in question worked on nuclear weapons production and related operations, subcontractor construction trades workers conducted a broad range of work activities supporting research, fuel handling, transuranic material processing and separation, decontamination and decommissioning and reactor outages. They may have worked in high contamination and high airborne radioactivity areas and may have been utilized for short-term, high-exposure work tasks. Subcontractor construction trades workers may have been transient and not have worked for long periods at SRS and also may have been intermittently tasks with nonroutine

radiological jobs on their work permits and, thus, were not likely enrolled in the routine, including termination bioassay monitoring programs. The Advisory Board on Radiation and Worker Health, ABRWH, finds there to be insufficient information, including a lack of job-specific radiobioassay monitoring data, for subcontractor construction workers and assurance of workplace monitoring and source term data to enable NIOSH to estimate, with sufficient accuracy, all potential internal doses and/or -- internal doses from radionuclides associated with fuel handling, reactor operations, fuel reprocessing and/or research activities to which the proposed class may have been exposed during the time period in question. The ABRWH also finds there to be sufficient information to reconstruct occupational external dose as well as medical dose for SRS contractor construction trades workers. The ABRWH determined that health may have been in danger for subcontractor construction trades workers exposed to radiation at the SRS during the time period in question. Based on these considerations and the discussions held at the April 15th and June 23rd, 2021 Board meetings, the Board recommends that this class be added to the SEC. Enclosed are documents from the Board meetings where the SEC class was discussed. The documents include copies of the petition, the Board's deliberation, NIOSH's review thereof and related materials. If any of these items are unavailable at this time, they will follow shortly. Sincerely, Henry A. Anderson, III, M.D., Chair, Advisory Board on Radiation and Worker Health.

And that's it. Did the court reporter get that?

THE COURT REPORTER: Yes, sir. Thank you.

Chair Anderson: Okay. Okay. So, with that, I think that's all we have for closing out the SEC Petition 103 for October '72 to 2007.

And let's now move to Grady and the Cybersecurity Initiative update.

Mr. Calhoun: Alright. Hello, everybody. Can you hear me okay?

Chair Anderson: Yes.

Cybersecurity Modernization Initiative Update - Grady Calhoun, DCAS

Mr. Calhoun: Okay. Good. Thank you. Okay. I wanted to update you all on this pause, as we're calling it.

First and foremost I want everybody to know that there was no breach of any kind of data that we have.

This is not just something involving DCAS, this is something involving all of NIOSH. I think you've all heard of the solar winds event that happened, I guess, several months ago now and I guess our ODIT group is continually looking at particular vulnerabilities of all of the divisions within NIOSH.

And so, they took a look and they decided that we needed to do some modernization and they looked in -- really, they're looking really hard at DCAS as well as World Trade Center. Everybody, of course, in NIOSH, but these two divisions are two of the divisions that deal a lot more with outwardly facing-type systems and deal with members of the public and have a huge stash of PII in our system.

So, that's basically what caused this. So, as you all know, you know, we were pretty much shut down completely right away and there were some questions, well, why didn't you give any warning.

Well, the reason was is that if we were to put out, hey, we found some vulnerabilities and we're going to shut down in 60 days, that that could have caused somebody to, you know, a hacker or whatever you want to call them, to start looking at us right away in that case. So, that's why that was done in the manner that it was done.

So, basically where we are now, we are working very closely with ODIT, DOL and DOE on this issue and I'll go over a few of the things that we're trying to do.

Like anything, it's going to be a phased-in approach to try to get some increased capability to get back online.

We've got a few different main phases, but it's really kind of an iterative process where we're making improvements as we can even within these goals that we've established.

So, as we stand right now when the pause was imposed, there were a few hundred cases that our contractor ORAU had already had completed. They were in their system, they had received the documentation from both DOL and DOE and they could maintain dose reconstruction production within their system over there.

So, those are a subset of cases that should be a little bit easier for us to do, but keep in mind this is a very, very manual process at this time, you know.

We had a system that would generate documentation, it would document where it was in the system and now that has become a manual and, therefore, a very much more time-intensive process.

So, what we're doing right now is we've got -- and forgive me for not being a cyber guy, but we're referring to it as a "bubble" that is a secure space.

And we're in the process of moving some of our dose reconstruction tools into that space and providing access to the people, which would be ORAU and DCAS primarily, to review and approve dose reconstructions.

So, our primary focus right now is -- I don't know if you're aware of it, but we've got claims that we call "terminal expedited claims." And what that means is

that the cases come to DOL and the claimant, not necessarily the Energy employee, but the claimant is listed as "terminal," meaning that they're probably not going to live much longer.

And so, once DOL has made that determination, then we kind of put those to the top of the list and try to complete those as quickly as we can.

Our next priority is cases that have already been completed by ORAU, but not yet approved by DCAS.

As you know, all cases produced by ORAU need to be approved by a DCAS health physicist. And so, we're focusing on the claims that have been completed by ORAU that are greater than 50 percent, meaning a compensable claim -- 50 percent or greater, I should say, and we're focusing on those because we want to get those out first.

And then the next ones that we'll do are those completed by ORAU that are less than 50 percent.

We anticipate having a little bit better system, but not much better, in about two weeks. That is the commitment date that we have received from ODIT. That would be July 6th is the proposed goal date.

It's still going to be a very manual, but -- and limited scope process, but this is when we anticipate having the tools that we need inside that bubble so that we can continue to do some of the data reviews that we have.

Phase II, which we think is going to be the goal that ODIT has given us, is November of this year. And they plan on improving the virtual workspace and also having some additional, I guess, reinstitution of our QC -- our automated QC, quality control, mechanisms that we had in place for so long.

Right now, we're doing all that manually and therefore work is much slower, but hopefully that will increase to some significant degree in November.

And, as I said earlier, I do anticipate that even between Phase I and II that there's always going to be some additional improvements that we make along the way. Any way we can find to get something done for the claimants, we will, because, of course, that's our main focus.

And finally, I guess, the -- you know, to get back to completely where we are, NOCTS is -- those of you who know NOCTS, it won't exist as we know it anymore, but I'm told that something, you know, that does everything that NOCTS does will be instituted.

And that isn't going to happen until April of 2022, but, as I said, I think we're going to be increasing production that whole time, but it's going to be a slow go.

We have meetings frequently with Dr. Howard and our ODIT and he's very sensitive to this and he's very committed to getting this program back to where it was.

It took us 20 years to get to where we were and it was a very smooth machine as far as producing dose reconstructions and that's certainly where we intend to be again.

Some of the other things that are going on behind the scenes are that -- when Department of -- Department of Labor can still receive applications for the program.

And so, what they are doing is they are compiling those lists of claimants with the personally identified information, as well as employers, and they're forwarding that to Department of Energy.

And so, even though we can't get all of that information at this point, Department of Energy can continue to collect that information so that when the valve is turned back on, there won't be a delay from Department of Labor, Department of Energy, and then we'll get inundated with all this information,

which is great, because we just don't want to hold up Department of Energy or Department of Labor in that regard.

So, they're moving still at pretty much the same pace and right now we're just the holdup as far as getting dose reconstructions completed and sent to them.

So, that's where we stand right now. I wish that it would be faster probably more than anybody out there does. So, that's where we are and one of the questions is going to be when will the SRDB, the Site Research Database, become available to others.

It's not available to me. So, it's not going to be available for some time yet. They're working on that, too. It will be available to SC&A and the Board at the same moment it is available to us.

It is not there yet. I would imagine that's going to be somewhere longer maybe in the Phase II time, November, unless we can find some other way to make access to that a little earlier.

So, that's all I've got and I'm sure there's questions. So, feel free to ask away.

Chair Anderson: Grady, are any claims being processed now?

Mr. Calhoun: Is this Dr. Anderson?

Chair Anderson: Yes.

Mr. Calhoun: Yes. Yes, they are, as a matter of fact. We're getting five, six, ten out a week, you know. Something like that. And those are going back to DOL.

It's just a slow process, but, yes, they are. They are getting done. We're used to processing 50 a week.

Chair Anderson: Yeah, I know. That's why I was just -- it hasn't --

Mr. Calhoun: Yes. Yes. But I think that with every phase that we approach it's going to go a little bit faster, but right now we just have to make sure that everything is done right and that a lot of the QC that was built into the program is having to be done manually now. So, it just takes a lot longer time.

And we're dealing not completely with paper, but a lot of it is almost like dealing with paper, you know. It's back like the old days.

Chair Anderson: I hope your handwriting is better than mine.

Mr. Calhoun: It is not. Luckily, I've been just, you know, the other people are much better at that and we can still type some things, which is good.

So, we don't have to write especially in cursive or anything like that because -- I'm not worried about us. I'm worried about some of the people, you know, who may not be able to read that anymore.

Chair Anderson: Yeah. And another question is, as I said earlier on, we have a lot of these subgroups and looking at them, many of them, what remains to be done is updating and changing the Site Profile information.

And I assume that wouldn't be impacted by this?

Mr. Calhoun: It is not impacted as long as we don't have to dig too far into the Site Research Database.

So, many of the SECs that are already in process and the Technical Basis Documents that are -- and at this point most of them are basically revisions. We're not developing a whole lot of new ones anymore.

We are actually looking at even sending paper copies in and having them distributed out to the reviewer.

So, that is still progressing, you know. We can email some stuff as long as it does not contain any PII

and isn't too large to go over an email account, but the TBD processing, as well as the SEC processing, shouldn't be -- shouldn't be as impacted as some of the dose reconstruction processes.

Now, the other applications that I think all of us kind of take for granted that are getting affected are things like the BRS, the Board Review System. That's not up and functioning right now.

We've actually done some transmission of basically Excel spreadsheet with all the PII redacted to try to answer some of those things especially for the Dose Reconstruction Subcommittee, but I know that that last meeting was cancelled as well.

Chair Anderson: Right.

Mr. Calhoun: Yes.

Chair Anderson: So, I'm just trying to see, I mean, are there some of these that have been on the back burner for quite some time? Are we able to do some catchup on some of these or is everybody just busy just not producing --

Mr. Calhoun: No, actually -- actually there are -- there has been some action as far as looking at some of the older TBDs that are out there, but for the most part we're just -- as you can imagine, there's a flurry of activity just trying to get up and running.

And, you know, the ORAU Team is actually, you know, doing some of the dose -- they're continuing to do the dose reconstructions on their side, but I know that there is also some Technical Basis Documents that are flowing back and forth between ORAU and ourselves to try to get those approved and just at least continuing to move, let's say.

Chair Anderson: Yeah. Other questions people have?

Member Kotelchuck: Dave Kotelchuck. I do hope

that the RRSC, I was hoping to schedule a meeting in late September to replace the one that we had to cancel, but, suffice it to say, the most important thing is handling the documents for the individuals and will, you know, by NIOSH.

Mr. Calhoun: Yeah.

Member Kotelchuck: And as long as that's being done -- or as soon as that can be done, that's the most important thing.

We'll get to ours if we have to -- our meetings if we have to have back-to-back meetings for a couple of days. We've done that before.

We'll speed things up as soon as -- for review as soon as materials come out. I hope they might finish some things before November, but we'll see.

Mr. Calhoun: Yeah, I hope so, too, Dr. Kotelchuck. And, you know, like I said, there's nobody that wants to get this up and running quicker than I do.

Member Kotelchuck: Oh, boy. Sure.

Mr. Calhoun: It's a challenge.

Member Kotelchuck: Sure.

Mr. Calhoun: It kind of was a bit of a surprise, but, you know, it was, you know, you look at all the other things that are going on right now with the pipeline hack and the meatpacking hack and --

Member Kotelchuck: Yeah.

Mr. Calhoun: -- you know, all of these other things. It kind of just adds fuel to our ODIT's position that, man, we better make sure that we're safe.

Member Kotelchuck: Absolutely. Absolutely. And I must say even though I was shocked when I realized that things were cut off for us, I recognized pretty much immediately that that's -- if you're going to fix a cybersecurity, that's what you have to

do.

You can't give an early announcement and tell people you're getting off. You're asking for trouble that way.

Mr. Calhoun: Yes.

Member Kotelchuck: Sorry about that and for all of us, yeah.

Mr. Calhoun: Yeah.

Member Clawson: Grady, this is Brad. Of these TBDs and stuff that we've been working on, I've got several of them out there, Nevada Test Site, Pantex, a lot of these coming up that should be finished.

When they are, are you going to be able to get them somehow so that we can do a review on them?

Mr. Calhoun: Yeah. Well, yeah. I mean, once we approve -- just like our current processes once we approve a Technical Basis Document, we -- and that's what you're talking about, right, the Technical Basis Documents for the site?

Member Clawson: Yes.

Mr. Calhoun: Yeah. We'll post them to the website as we always have. It hasn't really affected our website. It's just NOCTS and our Site Research Database.

So, as our documents are approved, we'll be able to post those to the website just like we always have.

Member Clawson: Okay. Thank you.

Chair Anderson: Other comments?

(Pause.)

Chair Anderson: Well, thank you, Grady. That's encouraging to hear. It's too bad it's dragging on so

long, but we'll look forward to seeing a streamlined cybersecurity secure program before too long.

Mr. Calhoun: Oh, yeah. And I certainly intend to keep everybody updated, you know, whenever.

And, Dr. Anderson, you know, just feel free to always call me and just let me know. And if there's any significant changes, either good or bad, I'll let you know.

Chair Anderson: Well, it's good to know about it going on. It's a challenge of -- when you try to go onsite and reach documents that aren't available, you don't know is it you, is it your computer, whatever.

Mr. Calhoun: Right.

Chair Anderson: The other thing just for the Board members, we need to keep track of, I know, a number of individuals. Their ID cards are due to expire.

And so, we are going to have to work out with NIOSH how do we get people to a facility where they can get that updated.

Mr. Calhoun: Yeah. Those two things are actually not related, but, yeah, I know that there's some things that are running out and the mechanisms for getting your cards updated are pretty much the same, but I -- I know they are very inconvenient for somebody who may not be located near a federal facility.

Chair Anderson: Yeah.

Member Clawson: Hey, Grady.

Chair Anderson: If that's happening with some of you, be sure that Rashaun and I know about it so we can help you wend our way through the system.

Member Clawson: Hey, Grady, this is Brad. So, with this security upgrade at this time, are we going to

have to have any changes to our computers or does it look like it's just in-house?

Mr. Calhoun: As far as I know, no. The only thing that could happen is that there may be some difference in your credentialing, but I have not heard that yet.

I think that because you guys -- and when I say "credentialing," is you know how with your smart cards and everything you can pretty much access everything we have? That's going to make things easier for everybody who is actually credentialed already.

There may be a different way to access it, but I don't think that that's going to be the long pole in the tent.

I think once we get this bubble firmly established, there will just be a system that we'll have to tell you, hey, you might have to access this a different way now than we have in the past, but I don't see that as being the long pole.

And of course we'll, you know, as soon as we get access, we're going to get you guys access that need it, too. So, I promise you that.

Member Clawson: Okay. I was just wondering because I've been dealing with that battle with some security stuff on my computer that I've been working with Spokane on.

I just was wondering if maybe this was part of it. So, I'll --

Mr. Calhoun: So, site-specific stuff, you got some issues there, too?

Member Clawson: Well, I've got it with my computer because it -- my computer is not updating the --

Mr. Calhoun: Oh, okay.

Member Clawson: -- for the computer from this one and they can't get it to -- they can't get it to accept them for some reason.

Mr. Calhoun: Okay.

Member Clawson: So, I was just wondering if that was part of the problem, but --

Mr. Calhoun: I don't think it is. But if you continue to have problems, you know, let me know and I'll try to ask our people, you know. I'll just be a go-between because that's not -- I'm no IT specialist, but, yeah.

Member Clawson: Yeah, I'm working with Cisco on this and they're just having an issue with it.

And so, I was -- I -- and, you know, they're not going to come out and say, well, it's because of this or that or whatever.

Mr. Calhoun: Right. Right.

Member Clawson: I think actually one of the biggest things is they said if I could get to a plug-in and actually tie into the service, it would probably take care of it.

Mr. Calhoun: Yeah.

Member Clawson: Okay. Thanks.

Mr. Calhoun: Alrighty.

Mr. Barton: Dr. Anderson, this is Bob Barton. Would it be appropriate or allowable if I could ask a question here?

Chair Anderson: Sure. Sure. Go ahead.

Mr. Barton: Okay. Thank you. Grady, you had mentioned this, I guess, sort of concept of sort of a safety bubble and specifically mentioned that it might allow access back to a lot of the DR tools that you all use and of course we all use when we do our

audits. You had mentioned that it would primarily be available to DCAS and ORAU.

Is that something that would be -- the safety bubble be available to SC&A and the Advisory Board or would that really be restricted to ORAU and DCAS?

Mr. Calhoun: I did not ask that question, but I'll -- let me ask that question and I'll get back to you on that, Bob. I did not ask that question.

Mr. Barton: Okay.

Mr. Calhoun: I'll find out and then I'll respond to Rashaun.

Does that work?

Mr. Barton: That's great. Thank you.

Chair Anderson: Other questions?

(Pause.)

Chair Anderson: Well, thanks a lot, Grady, and we'll look forward to updates on this and we'll wish you well and keep your blood pressure down.

Mr. Calhoun: Yeah, the blood pressure is the least of my problems, you know. I don't want to make anybody too jealous, but right now I'm sitting in canalfront in Cape Coral, Florida, you know, just like Brad was doing, you know, last time when he was on vacation. So, blood pressure isn't a problem at this moment.

Chair Anderson: So, you're not in a physical bubble, huh?

Mr. Calhoun: I am not. I am not. No. No, sir.

Updates from Work Groups and Subcommittees - WG/SC Chairs

Chair Anderson: Okay. So, let's move on next to Work Group/Subcommittee updates.

Are there many of those? Anybody want to -- you want me to run through the list so you know --

Member Clawson: Actually, Henry, a lot of this stuff hasn't changed and with this security change --

Chair Anderson: Right.

Member Clawson: -- we're kind of in limbo, I'd say, on most of mine. So, that's -- I don't know what we'd give as an update.

Chair Anderson: Yeah, I don't think there's many.

Member Beach: Yeah. Henry, this is Josie. I was trying to think through my stuff and nothing's changed since the last time I gave updates. So --

Chair Anderson: Right.

Member Ziemer: Henry, this is Paul. I notice that none of our Work Groups have met since our last Board meeting.

Chair Anderson: That's right.

Member Ziemer: So, I doubt if there would be any updates. I certainly have none.

Member Kotelchuck: Same.

Member Beach: Henry, I was going to say it would be handy to have that list sent around. I know we get updates from SC&A every work -- every meeting on where our Work Groups are, but it might be a nice refresher just to go through the 27 that we have out in, you know, who's all on the list because I notice the list hasn't been updated and some of us have been added to Work Groups and it's not reflected in the database right now.

Chair Anderson: Hey, Rashaun, can we -- is it okay to email that out to folks?

Dr. Roberts: Yes, I think so. And there have been some updates over several months and so that

should be reflected in the copy that I distribute.

Plans for the August 2021 Board Meeting - All Members

Chair Anderson: Okay. So, let's now go to planning for the August meeting. Rashaun, you want to --

Dr. Roberts: Yes.

Chair Anderson: I know we've had some traffic speaking about agenda, but go ahead.

Dr. Roberts: Yes. So, thank you, Dr. Anderson. So, we are scheduled, to refresh your memory, to meet over two days on Wednesday, August 18th, and Thursday, August 19th.

The agenda, in general, is fairly thin largely because of what people are noting, many of the Work Groups haven't been meeting, but currently we have the usual.

So, there would be a 15-minute time frame scheduled for a NIOSH program update, 15 minutes for the DOL program update and 15 minutes for the DOE program update and I'm assuming that that timing is okay for everybody -- actually, let me correct myself.

I scheduled a little bit of extra into your program update, Grady, and I made it 45 minutes to include an update on the cyber issues.

Will that be okay with you?

Mr. Calhoun: Yeah, that would be okay. I don't know if I'll fill up 45 minutes, but I certainly don't plan on exceeding it.

Dr. Roberts: Okay. Great. We could -- it sounds like there's a -- the report for Y-12 will be ready to be presented, if I understood clearly earlier. And so, I did not have anything on that prior to now.

How much time would there need to be for that

update or that presentation on the Y-12 addendum?

Mr. Nelson: This is Chuck. LaVon can correct me because he has more experience with this, but I would assume that it should take maybe 90 minutes, at most.

Does that sound correct, LaVon?

Mr. Rutherford: Yeah, at most. I mean, a lot of times we can get through the presentation in 20, 25 minutes or so and then there will be some discussions and then an opportunity for the petitioners to speak.

So, I wouldn't expect -- honestly wouldn't expect more than an hour, but you could schedule an hour and a half.

Dr. Roberts: Okay. An hour and a half. Okay. Excellent. I do have a tentative slot for about an hour for the Oak Ridge National Laboratory update.

That may be too much. We haven't met yet. That meeting is on the 30th, but that's a tentative amount of time. So, an hour. So, I don't know if Gen or other people can speak to that allocation of time.

(Pause.)

Dr. Roberts: So, again, an hour for ORNL X-10 update. Does that seem -- and I know it's difficult because we haven't yet met, but does that seem fairly reasonable?

Dr. Taulbee: This is Tim Taulbee with NIOSH. That does sound reasonable to me because it, like you said, the Work Group hasn't met yet and so that's a good time slot for -- at this -- based upon the knowledge at this time.

Dr. Roberts: Okay. Great. Thank you, Tim. Okay. Then of course there's an hour for public comment on the first day.

There is -- let's see -- 15 minutes scheduled for an SEC Petition status update and, Chuck, you're the person designated for that.

Does that sound reasonable?

Mr. Nelson: Yes, that sounds reasonable. Thank you.

Dr. Roberts: Okay. And then I have about an hour and a half for the Board work session, which, you know, we would be talking about -- primarily about the agenda for December.

Chair Anderson: So, you think we don't need a second day?

Dr. Roberts: Yeah. Actually, with Y-12 at -- if we're going to do 90 minutes there, then I would say let's keep the second day.

Chair Anderson: Okay.

Dr. Roberts: Okay. Okay. Are there any other items that should be on the agenda?

(Pause.)

Dr. Roberts: Okay.

Mr. Barton: Well, Rashaun, this is Bob Barton. I'll just -- I'll throw this out there, you know, one of the sites that has had recent discussions and I know the action items were primarily in SC&A's court, but that was for Metals and Controls.

And based on where we are at now and we have two reports that are essentially in the end stages on our end, there may be enough time to have the Work Group meet between now and the August Board meeting to discuss a lot of those issues about the methodology for the Metals and Controls SEC.

I just want to throw that out there as one possibility that we may be able to squeeze in, we may not.

Obviously there's no Work Group scheduled as yet, but I can report that those reports -- the reports from SC&A's side on that, which were tasked earlier in the year, are in the end stages.

And so, we have to go through editing, but I don't envision they'd even need DOE review because there's no new references or anything of that nature.

So, we may be able to get those out fairly quickly in the next, you know, two to three weeks hopefully and that would leave some time, at least, for a Work Group meeting ahead of the August meeting.

I don't know if that's something that wants to be considered. Josie, I guess I'd pass it off to you if that's something you'd want to try to squeeze in before that Board meeting, if we can, but I think we can make some progress on that even given the limitations with the Cybersecurity Initiative. So, I just wanted to throw that out there.

Member Beach: Yeah, thanks for that, Bob. I guess my only concern is not being able to get on to the SRDB for further research.

I know you said that there's no new material, but we tend to go back and look at material constantly during our meeting.

So, I guess I'm going to ask Dave and Henry and Loretta what your thoughts are on that not being able to access the SRDB moving forward.

Chair Anderson: That's a problem.

Member Kotelchuck: Yeah, it is. It is a problem. I mean, I have a lot of documents, you know, in my CDC computer saved, but I don't know what will be raised and there may be issues that are raised that I will want to look back at the SRDB.

Chair Anderson: Well, if the SC&A documents are near final -- as soon as they're final, then we can

maybe see if there's some discussion that we could begin or how much is going to be needed.

I'm not sure we will be able to get something in order to take to the Board, but it might be worth --

Mr. Rutherford: This is LaVon Rutherford. I'd like to also add that the interview that we conducted with Dr. Taulbee still has to be -- we have to get it through ADC review, which it's there now, and then it has to go to Dr. Taulbee to make sure that everything is in there appropriately. And then we need to get that finalized and get it to the Board -- or to the Work Group --

Chair Anderson: Um-hmm.

Mr. Rutherford: -- if they want to take that into consideration as well.

Member Beach: Yeah, I was going to ask about that. So, thank you, LaVon, for that update.

And I would love to look at the documents when they're ready, but I don't want to rush this. There's a lot of work that went on.

The last meeting, we only got maybe a third through all the slide presentation. So, I'm going to say that we're probably not going to be ready for August even if we do manage to have a Work Group meeting ahead of the August Board meeting, Rashaun. So, I don't think we should put that into consideration.

Dr. Roberts: Okay.

Member Beach: But once the SC&A documents are available, I think, and the Taulbee report, then we definitely should move on to schedule a Work Group.

Dr. Roberts: Sure. Thank you.

Anything else?

Ms. K. Behling: This is Kathy Behling from SC&A.

Can I also ask a question?

Chair Anderson: Sure.

Ms. K. Behling: Okay. And this, probably Josie will be able to help me with this. At the last Board meeting we did give a presentation on this procedures review finalization and approval process. And I was under the impression that we had included that there have been presentations to the Advisory Board four about ten procedures.

And during those presentations from Wanda and Josie, we didn't actually have a formal closeout of process. We didn't all -- the Board didn't vote to say, yes, we will close this document out.

And during that presentation, I believe I was tasked with summarizing those ten procedures and I'm in the process of doing that and I do have access because I can access transcripts and such.

I should be able to put that data together to be able to present that information to the Board to say, can we now formally close out at least some of these ten documents.

Is that something you still want to include on the agenda in August?

Member Beach: I would -- this is Josie. I would say absolutely. Thank you for that reminder.

Rashaun, I guess that's back to you.

Dr. Roberts: Okay. And how much time are we wanting on the agenda for that?

Ms. K. Behling: At this point, I would suggest at least an hour. At least.

Dr. Roberts: Okay. Yeah, because, as I remember, there was a backlog on those documents.

So, it may make sense to go ahead and add this as an agenda item. So, I've got you down for an hour and I'll take a look at where to try to fit that in.

Ms. K. Behling: Yeah, because, as I said, there's -- I'm looking at ten documents. And the very first one that I looked at I realized there was quite a bit of discussion among the Advisory Board members. And so, it's going to take a little bit of explanation and discussion to resolve these.

Dr. Roberts: Okay. Thank you.

Anything else?

Chair Anderson: And, Rashaun, are we going to be able to do these via video conferencing, the meeting?

Dr. Roberts: Yes.

Chair Anderson: Zoom or one of them?

Dr. Roberts: Yes, Zoom.

Chair Anderson: Got you.

Member Clawson: Hey, that being said, Rashaun -- this is Brad -- when are they saying we're going to be able to meet in person again?

Dr. Roberts: Well, the travel restrictions from HHS are still in place and where I had thought that we might be able to have a face-to-face in December, that now is uncertain because the restrictions still have not been removed.

So, we may be --

Member Clawson: Okay.

Dr. Roberts: -- looking at 2022.

Member Clawson: Okay. That being said, I'd just -- if you keep us apprised of that so that we can kind of figure our schedule, too, a little bit out.

Dr. Roberts: Sure. So, for now, Zoom is our friend. So, that's what we'll be doing for August at least, Zoom.

Chair Anderson: And is the start time for the video or conference calls 10:30 Eastern, does that work for everybody?

Dr. Roberts: Actually, Dr. Anderson, I'll have to kind of take a look at these new items that have been proposed today and that we can talk about that.

Chair Anderson: Okay.

Dr. Roberts: Okay.

Member Clawson: I guess I want to talk to Henry and Rashaun on this with the Board. You know, you were talking earlier, Henry, about that people are getting ready to retire and so forth like that.

If you look at the way that the Board was set up with workers, medical, health physicists, so forth like that, it would be beneficial to us to know if any of the Board members are looking at, in the next year to year and a half, of retiring or whatever so that we can kind of backfill that position with that area of expertise be it medical, be it health physicists or whatever else like that, you know.

It always seemed like if we had 12 people, that it worked fairly good that we had four of each one of these groups being represented.

And, you know, if somebody is thinking of retiring or whatever else like that so we can kind of focus on getting that person replaced with the same area of expertise. Just a thought.

Chair Anderson: And I would say retire from the Board, not -- I mean, we've had people retire from their day job and --

Member Clawson: Yeah. I just retired.

Chair Anderson: Right.

Member Clawson: You know, I'm just saying to be able to try to keep the Board at the mix that it was supposed to kind of be at because you know, as well as I do, any of us do, that for somebody to come into this blind -- and, Rashaun, you can voice in on this -- this is astronomical. There is an awful lot of information to be able to glean through and to be able to understand how this Board works so that if somebody was going to retire from the Board and say it was a health physicist or whatever, if we could bring another one in to kind of get them installed into the process as we come along, I think that it would be very beneficial.

Chair Anderson: Well, the one that's not allowed to retire is Paul. And if Paul retires, your files you have to put into an archive somewhere.

Member Ziemer: I don't know if thinking about -- I don't think -- I'm thinking about retirement. I've been thinking -- from the Board, I've been thinking about it for about five years.

Chair Anderson: Right.

Member Clawson: Well, and, Paul, this is no disrespect or anything else, but, see, this is exactly what I'm saying.

If we were to be able to bring somebody in to be able to support you and to be able to start learning the process, I think that this would be very, very beneficial.

We've got people in all areas of this that very possibly could retire from the Board whenever.

And I just -- to be able to make it flow better for them, you know, this is an important process of the knowledge that we've gleaned over the years of how this works, what we need to be able to do, where we're at on things.

So, I just -- I'm just throwing this out there because losing certain key people like yourself is detrimental

to the Board and to the petitioners.

Member Ziemer: Yeah, and I agree, Brad. The practice of sort of bringing people aboard and having time for them to really come in is very important.

Unfortunately, new Board members have not been appointed for years. I mean, can you even think of any in the last few years? Probably not.

Yeah, in fact, our numbers have been going down steadily. So, we do need some more appointments.

I'm really pleased that we have a chair now. We went, what, two, three years without a chair.

Member Clawson: Right. And I'm just looking now because I remember when Richardson and Fields and all of them came in, I still remember the look in their eyes of, oh, my God, what have I gotten myself into, you know. There's a lot of knowledge and a lot of background there.

So, if in any way possible if we could kind of be looking into the future and be able to get these people that are looking at retiring because I've heard you mention this before and stuff like that, I would like to be able to have it filled back with that type of a person, but also to have a gentle hand to be able to guide them along and help them understand the process.

Member Ziemer: Yeah. Thank you.

Chair Anderson: Well, I just want everyone to -- if we want to add, how many would we add?

And, you know, then we can share that with NIOSH as they move forward with an FRN, but we can talk about that. I think there will be time in August in a Board discussion time, but it's good to get started here and think about it.

Mr. Calhoun: Yeah, this is Grady and I think that's a great idea, Brad. I think that's a great way forward

and, you know, looking at who we may lose and we should actually look at who we've lost, too, you know.

We have lost a handful of people. So, I think it's a great idea.

Member Clawson: Yeah. I just think that we ought to be proactive on this and looking into the future because this is not something that we snap our fingers and all of a sudden everything is all working good.

I remember coming into this and wondering where I was at for a very long time, and I appreciate everybody that's given me the helping hands over the years to be able to help us better understand this stuff, because this is -- this is very difficult to be able to just come into and be able to understand the processes and so forth.

And I think you're right, Grady. We've lost some good people in this in the last little while that we hadn't planned on and we need to refill their area of expertise.

Chair Anderson: Okay. Any other comments or questions that people want to make?

(Pause.)

Chair Anderson: Do you have anything else to add?

(Pause.)

Chair Anderson: If anyone is talking, they're on mute. Maybe that's what --

(Simultaneous speaking.)

Member Clawson: Maybe we need to put a criteria on there, too, to be able to know how to do this mute button and stuff.

Meeting Adjourned

Chair Anderson: Well, that's why I like to have the video because you can -- it's easier to signal somebody with a hand signal that they're going through a long discourse, and then it is not there.

So, if there's nothing else, I'll accept a motion to adjourn.

Member Clawson: I move to adjourn the meeting.

Member Beach: I'll second that.

Chair Anderson: Okay. And I'm --

Member Ziemer: Do we vote on that?

Chair Anderson: No, it's unanimous, right? All in favor of adjourning -- okay.

Member Clawson: All in favor, hang up.

Chair Anderson: Okay. We'll keep in touch. Thanks a lot, everybody.

(Whereupon, the above-entitled matter went off the record at 12:27 p.m.)