

UNITED STATES DEPARTMENT OF LABOR

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ADVISORY BOARD ON TOXIC SUBSTANCES
AND WORKER HEALTH

+ + + + +

SUBCOMMITTEE ON THE SITE EXPOSURE
MATRICES (AREA #1)

+ + + + +

MEETING

+ + + + +

TUESDAY,
MARCH 21, 2017

+ + + + +

The Subcommittee met telephonically
at 1:00 p.m. Eastern Time, Laura S. Welch,
Chair, presiding.

MEMBERS

SCIENTIFIC COMMUNITY:

JOHN M. DEMENT

MEDICAL COMMUNITY:

LAURA S. WELCH, Chair
STEVEN MARKOWITZ

CLAIMANT COMMUNITY:

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DURONDA M. POPE
OTHER ADVISORY BOARD MEMBERS PRESENT:

FAYE VLIEGER

DESIGNATED FEDERAL OFFICIAL:

CARRIE RHOADS

A G E N D A

Discussion of draft recommendations for OHQ .. 10

Discussion of draft recommendations for a
presumption on COPD 37

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without a SEM 58

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recommend to DOL 64

Adjourn 78

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

2 1:03 p.m.

3 MS. RHOADS: Hello, everybody. My
4 name is Carrie Rhoads and I'd like to welcome
5 you to today's teleconference meeting of the
6 Department of Labor's Advisory Board on Toxic
7 Substances and Worker Health, the Subcommittee
8 on the Site Exposure Matrices, or SEM.

9 I'm the Board's Designated Federal
10 Officer, or DFO, for today's meeting. We do
11 appreciate the work of the Board Members in
12 preparing for this meeting. I'll introduce the
13 Board Members and take a quick roll call. Dr.
14 Laura Welch is the Chair of this group.

15 CHAIR WELCH: And I'm here.

16 MS. RHOADS: Great. And the Members
17 are: Dr. John Dement --

18 MEMBER DEMENT: I'm here.

19 MS. RHOADS: -- Mr. Garry Whitley,
20 who is not able to attend today's call, Mr.
21 Kirk Domina, who will be calling in a little

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1 later, Mr. Mark Griffon, who will also be
2 calling in, Ms. Duronda Pope --

3 MEMBER POPE: I'm here.

4 MS. RHOADS: -- and Dr. Steven
5 Markowitz.

6 MEMBER MARKOWITZ: Yes, I'm here.

7 MS. RHOADS: And Dr. Markowitz is
8 also the Chair of the Board. On the line as
9 well is Ms. Faye Vlieger, who is also a member
10 of the Board. We're --

11 MEMBER VLIEGER: I'm here.

12 MS. RHOADS: Great. We're scheduled
13 to meet from 1:00 to 3:00 p.m. Eastern Time
14 today. In the room with me is Melissa
15 Schroeder from SIDEM, our contractor. As far
16 as timing goes, I don't know if we'll need to
17 take a break today, that can be up to Dr.
18 Welch, depending on how the discussion is
19 going.

20 Copies of all the meeting materials
21 and any written public comments are or will be

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1 available on the Board's website, under the
2 heading meetings, and the listing there for
3 this Subcommittee meeting. The documents will
4 also be up on the WebEx screen so everyone can
5 follow along with the discussion.

6 The Board's website can be found at
7 [dol.gov/owcp/energy/regs/compliance/advisoryboa](http://dol.gov/owcp/energy/regs/compliance/advisoryboard.htm)
8 [rd.htm](http://dol.gov/owcp/energy/regs/compliance/advisoryboard.htm). If you haven't already visited the
9 Board's website, I encourage you to do so. If
10 you click on today's meeting date, you'll see a
11 page dedicated entirely to today's meeting.

12 The webpage contains publicly
13 available materials submitted to us in advance
14 and we'll publish any materials that are
15 provided to the Subcommittee. There, you can
16 also find today's agenda, as well as
17 instructions for participating remotely.

18 If you are participating remotely
19 and you're having a problem, please email us at
20 energyadvisoryboard@dol.gov. If you're joining
21 by WebEx, please note that this session is for

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1 viewing only will not be interactive. The
2 phones will also be muted for non-Advisory
3 Board Members.

4 Please note that we do not have a
5 scheduled public comment session today. The
6 call-in information has been posted on the
7 Advisory Board's website so the public may
8 listen in, but not participate in the
9 Subcommittee's discussion.

10 The Advisory Board voted at its
11 April 2016 meeting that Subcommittee meetings
12 should be open to the public, so we'll prepare
13 transcripts and minutes from today's meeting.
14 During the Board's discussions today, as we are
15 on a teleconference line, please speak clearly
16 enough for the transcriber to understand.

17 When you begin speaking, especially
18 at the start of the meeting, please state your
19 name so we can get an accurate record of the
20 discussion. Also, I'd like to ask our
21 transcriber to please let us know if you're

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1 having an issue with hearing anyone or with the
2 recording.

3 As DFO, I see that the minutes are
4 prepared and ensure they're certified by the
5 Chair. The minutes of today's meeting will be
6 available on the Board's website no later than
7 90 calendar days from today, but if they're
8 available sooner, they'll be public before the
9 90th day. Also, although formal minutes will
10 be prepared, we'll also be publishing verbatim
11 transcripts. Those transcripts should be
12 available on the Board's website within 30
13 days.

14 I'd like to remind the Advisory
15 Board Members that there are some materials
16 that have been provided to you in your capacity
17 as Special Government Employees and Members of
18 the Board which are not for public disclosure
19 and cannot be shared or discussed publicly,
20 including in this meeting. Please be aware of
21 this as we continue with the meeting today.

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1 These materials can be discussed in
2 a general way, which does not include using any
3 personally identifiable information, such as
4 names, addresses, specific facilities if a case
5 is being discussed, or doctors' names.

6 And with that, I convene this
7 meeting of the Advisory Board on Toxic
8 Substances and Worker Health, the SEM
9 Subcommittee, and I'm turning it over to Dr.
10 Welch, who is the Chair.

11 CHAIR WELCH: Thank you, Carrie. I
12 am talking on my phone on speaker. I just
13 wanted to ask the transcriber if he or she can
14 hear me.

15 COURT REPORTER: I can hear you.

16 CHAIR WELCH: Great, because a couple
17 of times, we've had some trouble with that.
18 Well, hello, everybody. Thanks for being on
19 the call. I had suggested four items for our
20 agenda today, which is continuing our work on
21 the Occupational Health Questionnaire and also

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1 on a presumption for COPD. And I think we'll
2 probably spend most of our time on those.

3 But there's one more, we have talked
4 in the past about an approach to exposure
5 assessment at sites where there is not a SEM
6 and I wanted to be sure that we have addressed
7 that as best we can with our previous
8 recommendations regarding exposure assessment
9 and the new recommendations for the OHQ.

10 And then, the fourth item is, Dr.
11 Markowitz had asked me and our Committee to
12 circle back and see if there were additional
13 recommendations in the Institute of Medicine
14 report that we should put forward again to the
15 Department of Labor.

16 We had focused initially on the
17 addition of other sources for causation
18 information beyond Haz-Map. And I did prepare
19 a summary of some of the other recommendations,
20 which I did not send to you, but I thought we
21 would have a general discussion of that.

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1 I sent out a document for you all to
2 review and that we'll go over now, so if for
3 any reason anybody doesn't have the draft OHQ
4 recommendations or the COPD, let me know and I
5 can forward it again. But it looks like
6 everyone who is on the call was on the email.
7 Any questions about the agenda before we move
8 on to the number one? Okay.

9 So, improving the OHQ. We had
10 talked at our last conference call and came to
11 the consensus that the revision, the draft
12 revision we have seen from Paragon, which is
13 the contractor for DOL, didn't seem to be an
14 improvement and we liked many of the things
15 that were -- many of the items that had been on
16 the previous questionnaire.

17 We identified that one of the
18 problems was that the building sites
19 questionnaire does have information about
20 tasks, which is very helpful in assessing
21 exposures, but that the -- it's been very hard

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1 to develop a list of tasks for production
2 workers.

3 So, one of the action items was, I
4 was going to talk to Mark Griffon to see if he
5 had any ideas about developing a list of tasks.
6 And then, I developed this draft that we have
7 to look at and I discussed it via email with
8 John Dement, to basically make sure we were
9 covering the parts of the OHQ that we had
10 talked about before.

11 And he gave me a preliminary okay
12 with the recommendations I've included here.
13 So, I thought we would just walk through them.
14 And then, if we agree on these, there are four
15 recommendations and I put in a rationale for
16 each one with the idea that this document could
17 then go to the whole Board for discussion and
18 approval.

19 So, the first one is the, as I just
20 mentioned, the current version of the OHQ has a
21 list of hazards, exposures, and materials. So,

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1 we're recommending that that list be maintained
2 on a future version of the OHQ and that it be
3 expanded by adding the list of hazards and
4 materials from BTMed.

5 The idea for that is that the more
6 information there is on specific hazards and
7 materials for the claims examiner, the IH, and
8 the medical consultant, the more they'll be
9 able to assess an individual's exposure, which
10 is clearly important for making a determination
11 about whether the disease was caused by those
12 exposures.

13 Anybody have any thoughts or
14 additions on this expansion of the current OHQ
15 by adding the BTMed hazards, exposures, and
16 materials? Okay. You're all so quiet, but
17 that's good. I mean, we'll be moving quickly.

18 Then, the next one is adding the
19 list of tasks. So, we're recommending adding
20 the list of tasks we have in BTMed, which is
21 clearly incomplete and really serves some of

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1 the production workers, if they're doing
2 similar tasks, but not all of them.

3 But after talking with Mark and
4 thinking over our prior conversations, we
5 really thought it was almost impossible to
6 develop a list of tasks for everyone. And so,
7 we are going to give a way for workers to
8 describe what they did without having to have a
9 list of tasks.

10 I think tasks are somewhat like job
11 titles, there are many different ways that
12 people describe the same bit of work, depending
13 on who is performing it, so that we didn't
14 really think we could come up with a list of
15 specific tasks. And then -- oh, yes. Under
16 the first one, the idea was that the workers
17 would describe the tasks associated with the
18 exposure.

19 So, if they mentioned they were
20 exposed to beryllium, then they would in free
21 text describe how they were exposed to each

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1 material, with an emphasis on describing the
2 tasks and that that would be a free text, but
3 readily available to anybody who reviewed the
4 questionnaire, as well as giving some
5 information on frequency of the exposure, so
6 that, rather than asking about a long list of
7 tasks, we're hoping that we will get the task
8 information by asking workers about their
9 exposures that they had and then, from that,
10 the task that entailed that exposure.

11 I think this is an area where you
12 all should really think about it and see if we
13 can think of any other way. I mean, this is
14 coming off of talking with Mark and talking
15 with John about what one could do as hygienist,
16 that there may be other things that people who
17 are more familiar with the facilities might be
18 able to come up with another way, an additional
19 thing we could add that might capture tasks.
20 So, I'm definitely looking for comments on
21 that.

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1 MEMBER MARKOWITZ: Laura, this is
2 Steven. So, the -- I see on the BTMed
3 questionnaire, you have the tasks and you ask
4 for each one the frequency. So, would the idea
5 with the non-construction tasks, that when a
6 person says, yes, I was exposed to methylene
7 chloride, and the interviewer asks, what did
8 you do with methylene chloride, and they write
9 down one or more tasks, that the interviewer
10 would also ask the frequency in the same way
11 that you have it on the BTMed questionnaire?

12 CHAIR WELCH: That's a good idea. I
13 was -- I had -- what I was thinking was they
14 would talk about the frequency of the exposure,
15 but I agree, it probably makes more sense to
16 talk about the frequency of the task, because
17 that is what we care about, is a task may have
18 methylene chloride, it may have other solvents,
19 and often, we're looking at the combined
20 exposure of the solvents. I can't quite
21 picture a flow for that, but --

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1 MEMBER MARKOWITZ: Right.

2 CHAIR WELCH: -- maybe there should
3 be a little box to the side that after you
4 identify exposure or identify a task, we ask --
5 the full text goes into the task and then we
6 ask frequency of that.

7 MEMBER MARKOWITZ: Right. Or the
8 frequency could describe that exposure, so that
9 whoever is interpreting the information would
10 have the frequency of exposure to that
11 particular agent, as well as have the tasks.

12 That might be better, because what's
13 going to happen is the same task -- with the
14 same task, if there are multiple exposures, the
15 person filling out the questionnaire is going
16 to say, see the above response to methylene
17 chloride, or whatever, and then we won't get
18 the frequency. But if you attach the frequency
19 to the exposure, then it ought to simplify it.

20 CHAIR WELCH: Well, that -- it's
21 easier to figure out how to do that if you're

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1 asking about exposure and then you attach
2 frequency for each exposure.

3 MEMBER MARKOWITZ: Right.

4 CHAIR WELCH: But if you think that's
5 sufficient, that's clearly -- the flow would be
6 easier.

7 MEMBER MARKOWITZ: Right. No, I
8 mean, still get the task, because you want some
9 sense of the intensity, right?

10 CHAIR WELCH: Right.

11 MEMBER MARKOWITZ: But you don't
12 sacrifice the frequency information for that.

13 CHAIR WELCH: Okay.

14 MEMBER DEMENT: Hi, this is John. I
15 agree with Steven's recommendation. I would be
16 more interested in how frequently they had that
17 exposure than trying to tag it all into each
18 task, which I think just adds a lot more
19 probably unnecessary time and detail that they
20 probably won't remember anyway.

21 CHAIR WELCH: Okay.

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1 MEMBER DEMENT: I think that's a
2 simplification that's workable.

3 CHAIR WELCH: Okay. And one of the
4 last recommendations is that this be tested and
5 tested again. So, if there's some confusion in
6 the flow of questions, we can fix that, someone
7 can fix that.

8 And so, the way it's described in
9 this document, under the first recommendation,
10 is that the worker will be asked to describe
11 how he or she was exposed to each material and
12 describe the task associated with that exposure
13 be captured within free text. The worker will
14 be also asked to rate the frequency of exposure
15 to each hazard. So, that, I think, is what you
16 all are recommending. So, I think we're good.

17 MEMBER DEMENT: All right.

18 CHAIR WELCH: Okay, good. Then,
19 number three is adding specific questions about
20 vapors, gases, dusts, and fumes to be able to
21 help with causation for COPD. And the study

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1 that's been used in population-based studies is
2 the question, it's simply, have you been
3 exposed to vapors, gases, dusts, and fumes?
4 And then it says, if the answer is yes, the
5 worker is asked to describe the tasks and
6 materials associated with exposure and add a
7 frequency.

8 I guess, what we're going to do is
9 the same thing as above, it would make sense to
10 have them describe the materials and then the
11 tasks and do a frequency of the materials.
12 This is one, I think it's going to take some
13 laying out to make it make sense, to get the
14 flow correctly.

15 I guess, my thought, just thinking
16 about it right now, would be, we could advance
17 this recommendation as it's written and there's
18 the next step of figuring out the question.

19 Do you think we need to specify
20 under where it says, if the answer is yes, the
21 worker is then asked to describe in detail the

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1 tasks and materials associated with exposure,
2 the frequency using the scale recommended?
3 Should we say, frequency of materials or leave
4 it as it is?

5 MEMBER MARKOWITZ: I'm sorry, this is
6 Steven. What do you -- leave it as is, what is
7 it now?

8 CHAIR WELCH: Well, in the -- when I
9 put in that the worker should describe the
10 frequency, it's not specified whether it's the
11 frequency of the task or the frequency of the
12 materials. Because we say, if they say yes to
13 vapors, gases, dusts, and fumes, they should
14 describe the tasks and materials and then the
15 frequency.

16 MEMBER MARKOWITZ: So, this is
17 Steven. So, if this question comes after the
18 hazard-by-hazard description of tasks and
19 frequency, then it might be unnecessary
20 actually to ask about, to re-ask about tasks.

21 If you were to ask, if there's a yes

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1 to the VGDF question and then a person is
2 asked, okay, what were those gases or dusts,
3 and they name the particular hazards, whoever
4 is using the information, the IH or CE, could
5 actually look back at the list of hazards,
6 because that's where the tasks are already
7 going to be, to get a sense of what was done
8 with that material.

9 The other thing is, of course, is
10 that -- it's interesting, in the literature,
11 the VGDF literature, there wasn't a whole lot
12 of detail, I don't think there was a whole lot
13 of detail captured about what the nature of
14 those vapors, gases, dusts, and fumes were, and
15 yet, that single question was highly
16 predictive.

17 So, I'm not sure we need a -- I
18 think if we went with, what were those dusts,
19 gases, vapors, or fumes, and what the frequency
20 was and then get into duration, that would
21 suffice.

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1 CHAIR WELCH: Okay.

2 MEMBER DEMENT: This is John. I
3 agree. Just a simple question in the
4 literature, without diving into detail, is very
5 predictive. It's been validated in population-
6 based studies.

7 CHAIR WELCH: I think that one reason
8 to get associated materials is that, then the
9 materials can, some of those materials can be
10 used to look into SEM.

11 So, if the worker's been exposed to
12 a mixture of agents and identifies a lot of
13 them, if the claims examiner feels they need to
14 find, they need to validate some of these
15 exposures, maybe even just a couple of the
16 mixtures in the SEM, then having the materials
17 will be helpful that way.

18 MEMBER DEMENT: No, I agree. I think
19 we should ask the follow-up questions, it's
20 just that, even on the frequency, we'd be sort
21 of happy to ask the same as we did with the

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1 materials and this is just a mixture, asking
2 the frequency of the exposure to VGDF rather
3 than looking at each component.

4 CHAIR WELCH: Okay.

5 MEMBER MARKOWITZ: This is Steven.
6 So, I notice you want to ask about the number
7 of years of exposure and I'm wondering whether
8 we should also ask simply the year of first
9 exposure. But just to -- we'll be talking, I
10 know, about the COPD presumption in a bit, but
11 I think that's part of the COPD presumption.
12 And if so, then we need it here.

13 CHAIR WELCH: Good idea, yes. So, do
14 you think we can ask, instead of asking about
15 materials here, ask them the frequency of
16 exposure? Or are we safer asking them to
17 repeat it again? Because it's very possible
18 that if you ask the worker what materials they
19 worked with, they won't really have thought
20 about a lot of materials.

21 MEMBER DEMENT: Yes, it would be my

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1 assumption they would not have list a lot of --
2 perhaps even list everything. But I think it's
3 okay to ask of you here. One of the things we
4 should -- it was going to be sort of the last
5 question in this whole series, are these
6 vapors, gases, dusts, and fumes covered in the
7 previous materials that you described or
8 listed?

9 CHAIR WELCH: Okay.

10 MEMBER DEMENT: I mean, it's possible
11 they may have already been covered, but it's
12 possible that they weren't. And I guess I'd be
13 interested more specifically in ones that
14 weren't already covered.

15 CHAIR WELCH: Okay. So, I could edit
16 this to say that, we could say, have you been
17 exposed to vapors, gases, dusts, and fumes, and
18 then, have you described all those exposures in
19 your answers above? If not, then describe the
20 tasks and materials that aren't already
21 covered. Because we are asking the frequency

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1 up above.

2 MEMBER DEMENT: Yes, that sounds
3 reasonable to me.

4 CHAIR WELCH: Okay.

5 MEMBER MARKOWITZ: The -- this is
6 Steven. I'm picturing this, anticipating what
7 we're going to talk about maybe a little bit
8 later with the COPD presumption, I mean, what
9 would be nice, it would be if the claims
10 examiner had a simple little algorithm based on
11 this series of questions, whereby they could
12 make a decision about COPD.

13 So, exposed to VGDF? Yes. How many
14 years? Ten years, whatever the respondent
15 says, but it's above the threshold. Frequency?
16 At least once a week. Positive response --
17 began at least 15 years ago? Positive response
18 to those four questions? Then the person gets
19 compensated for COPD. And I'm afraid if we
20 complicate it too much here, then we'll make
21 the use for -- to serve a presumption to be

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1 more challenging.

2 CHAIR WELCH: That's good. Yes. So,
3 then the notes I already made were that, rather
4 than asking about specific hazards, we ask
5 about year of first exposure to VGDF and
6 frequency.

7 And then, ask, in your answers
8 above, have you described all the tasks and
9 materials where you were exposed? And if not,
10 they can expand it. But we would already have
11 had, as the first two questions, the frequency
12 of that umbrella exposure and the year of first
13 exposure.

14 MEMBER MARKOWITZ: Right.

15 CHAIR WELCH: Okay. And I think
16 you're right, these may be -- if we could build
17 it into the computer system, it just says, yes,
18 yes, yes, okay, accept claim, you don't have to
19 think about it.

20 I don't know if we could get that,
21 but it's possible to do that if the decision

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1 tree is right and once the answers are put in,
2 the decision tree makes a recommendation. More
3 thoughts about this? I would --

4 MEMBER POPE: This is Duronda --

5 CHAIR WELCH: -- I will --

6 MEMBER POPE: Duronda Pope.

7 CHAIR WELCH: Yes?

8 MEMBER POPE: I'm just trying to
9 clarify. So, if a claimant says that they've
10 been exposed to gases, vapors, and dusts, and
11 then -- it just seems like that's the -- you're
12 being asked that question again, later on in
13 the questionnaire. Is that not true?

14 CHAIR WELCH: Well, up above, I mean,
15 we've got -- the way I was picturing it was
16 they would say, you'd say, what materials did
17 you work with in your job?

18 MEMBER POPE: Yes.

19 CHAIR WELCH: And then, for each one
20 of those, you'd say, you'd describe a task and
21 some information about the frequency of the

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1 exposure. Then, they'd come down to this
2 question, have you been exposed to vapors,
3 gases, dusts, and fumes?

4 And has the worker -- it would be,
5 it should be repeating information that the
6 worker has already given, but it's one place
7 where we get them to say, yes, I have been, so
8 that's every day for all the years I've worked
9 there. Because the claims examiner --
10 otherwise, we just tell the claims examiner,
11 these particular materials represent a vapor, a
12 gas, dust, and fumes.

13 MEMBER POPE: Okay. And then --

14 CHAIR WELCH: And then --

15 MEMBER POPE: And then, you're going
16 to ask them what's the first time that they
17 were exposed to it?

18 CHAIR WELCH: Yes. Because in the
19 presumption about COPD, we're recommending that
20 the worker should have been exposed at least 15
21 years prior to their claim, since it seems to

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1 take that long.

2 MEMBER POPE: Okay.

3 CHAIR WELCH: And then -- so, you'd
4 want to capture that there. I think it will be
5 redundant, which is a good reason not to make
6 it take too long.

7 But it does mean, if we want to go
8 back at some point and try to do some kind of
9 assessment of how well DOL implemented these
10 recommendations, well, we could look at that
11 question rather than having to look at the
12 whole work history and figure out what should
13 have been considered as vapors, gases, dusts,
14 and fumes.

15 MEMBER VLIEGER: This is Faye. I
16 just have a question about, the Department of
17 Labor has been assessing the intensity of the
18 exposure as a quantity of exposure versus
19 duration, is this going to lay that question to
20 rest because of the presumption by labor
21 category or task?

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1 CHAIR WELCH: Well, this is -- you
2 can't really ask the worker the intensity of
3 exposure, I don't think. I mean, DOL has made
4 some assumptions about intensity of exposure in
5 some of their post-95 memo and the effect of
6 presumption, but the industrial hygienist
7 should be able to understand intensity by
8 looking at the tasks. If there's a case where
9 an individual -- where knowing intensity is
10 important, then tasks is the best information
11 for that. Does that make sense?

12 MEMBER VLIEGER: Yes, it makes sense
13 to me. I was just wondering if we were going
14 to get away from them asking the intensity,
15 even if it is a presumption because they are
16 exposed by task or labor category. That was
17 the only hurdle I saw to this type of
18 questioning.

19 CHAIR WELCH: Well, so, what you do -
20 - so, if someone stepped in with the
21 presumption, like you could certainly have a

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1 presumption for job titles or a labor category
2 that wouldn't even require all the detail
3 you're going to get on the Occupational Health
4 Questionnaire. But it would be nice to have it
5 for the people for whom some exposure is not
6 presumed based on their job title.

7 MEMBER VLIEGER: Okay. I understand,
8 I just -- I was just being devil's advocate
9 there for a second.

10 CHAIR WELCH: Yes. Do you think
11 that's okay? I mean --

12 MEMBER VLIEGER: If the presumption
13 is that this particular task or this particular
14 labor category has -- meets the exposure level
15 from the studies, then, yes, I think it would
16 fly, as long as we're clear about that, that
17 this does not mean that they get asked about
18 intensity of exposure.

19 CHAIR WELCH: Yes. So, that wouldn't
20 necessarily be -- the reason that you'd want to
21 ask about intensity here would be if there was

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1 a presumption that we're relying on and we want
2 to make sure they collect any information we
3 would need that is invoked in the future
4 presumptions.

5 I wouldn't try to put in some kind
6 of assessment of intensity in a presumption.
7 But there is -- the idea of intensity is built
8 into labor category or task.

9 MEMBER VLIEGER: Yes. The workers
10 don't have the information anyway, so we have
11 to do something to get around that.

12 CHAIR WELCH: Right. And intensity
13 is a little bit like pain, one person's ten is
14 somebody else's five.

15 MEMBER VLIEGER: Exactly.

16 MEMBER MARKOWITZ: This is Steven.
17 Are those --

18 CHAIR WELCH: Okay.

19 MEMBER MARKOWITZ: -- for the person
20 responding, yes, I was exposed to vapors,
21 dusts, gases, and fumes, that means that it was

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1 enough to smell or enough to see or whatever,
2 which implies a certain intensity.

3 CHAIR WELCH: Okay. So, the fourth
4 one is that we -- pointing out that any new
5 questionnaire has to be tested. And I would --
6 I don't think, at the time of our last call, I
7 had read this new -- what's it called --
8 Bulletin, this Bulletin 16-03, in which they
9 covered the direct disease link work process,
10 which links medical conditions to specific
11 tasks.

12 And the question would be, as we're
13 developing the questionnaire that collects
14 information, more information on materials and
15 tasks, we would then be petitioned to support
16 the process that they've described.

17 That -- 16-03 sounds great, I have
18 no idea how they're going to implement it.
19 Because prior to our recommending it, they
20 actually asked about tasks, there's no
21 information on task in the SEM or in the

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1 Occupational Health Questionnaire.

2 So, just a small point. But since
3 that Bulletin is going to be a way for a lot of
4 people to have their claims accepted, I think
5 it's important that we make sure over time and
6 bring it back to the Board an assessment of how
7 well our revised OHQ is capturing the
8 information needed for that direct disease link
9 process to work.

10 MEMBER VLIEGER: This is Faye. I
11 don't know if any of you have tooled around the
12 SEM site or not, but the links to -- it's hard
13 to find labor categories, particularly under
14 construction. You have to burrow down quite
15 deeply now to find them.

16 And they're not consistent. An
17 asbestos worker is listed a bunch of different
18 ways and each one has different exposures once
19 you finally get through the construction worker
20 layer.

21 And so, I'm not sure how this direct

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1 disease link work process stuff is going to
2 work when they have so many different answers
3 for somebody depending on how they responded to
4 the OHQ.

5 CHAIR WELCH: Now, that's bad.

6 MEMBER VLIEGER: Yes, it is. And did
7 I hear that we have a contractor listening in
8 on the call today? Is that the contractor for
9 the SEM?

10 MS. RHOADS: No, no, it's the
11 contractor for the Board for logistics.

12 MEMBER VLIEGER: I might ask Dr.
13 Markowitz, because the SEM is kind of the basis
14 for all of this discussion on exposures, could
15 we have someone at the Board meeting give us a
16 demonstration of the SEM and what's going on
17 with it?

18 MEMBER MARKOWITZ: Sure. Carrie, if
19 you could just make a note of that? I know DOL
20 will be there, so we can certainly do -- do you
21 also mean, Faye, to ask for how this new

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1 Bulletin is applied given the SEM?

2 MEMBER VLIEGER: Yes, because I'm
3 having a hard time finding these direct link
4 processes that they have listed. Until we
5 started reconstructing the SEM a while ago, it
6 was relatively easy by sight to find a labor
7 category, but then they took the link disease
8 process links out. I don't know if that was
9 because they quit using Haz-Map or because Haz-
10 Map was found to not be the most reliable place
11 to have those links, I don't know.

12 But even on the site, it says they
13 took these disease links out, so I don't know
14 if they're talking in Bulletin 16-03 about the
15 public SEM or the SEM that only the claims
16 examiners and DOL people have access to, which
17 we call the private SEM.

18 So, just, this is all kind of
19 confusing to me when they're saying, these link
20 processes are there, but you can't find them
21 very easily, if at all, on the public SEM.

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1 MEMBER MARKOWITZ: So, Faye, if you
2 could just write out your request to make sure
3 we get it right.

4 MEMBER VLIEGER: No problem.

5 MEMBER MARKOWITZ: Okay, thanks.

6 MEMBER POPE: Well, this is Duronda -
7 -

8 MEMBER MARKOWITZ: And --

9 MEMBER POPE: Go ahead.

10 MEMBER MARKOWITZ: No, go ahead,
11 please.

12 MEMBER POPE: I think I agree with
13 Faye in the respect that, not only asbestos
14 workers, but RCTs, radiological technicians,
15 radiation monitors, they were in all areas and
16 exposed to many, many, many things, and so, to
17 try to connect them to say that their
18 particular task is connected to some type of
19 disease, I would think would be very difficult,
20 being that they were exposed to many, many
21 different things at the sites.

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1 MEMBER VLIEGER: I would agree. They
2 didn't even monitor for many of the things.
3 Even as IH and radiation techs, they didn't
4 monitor for everything that was out there, so
5 for them to know how to report it would be
6 difficult.

7 But I think if we just say, these
8 people are presumed to have been exposed to all
9 of these things, then that's it. A certain
10 amount of time, I guess, if we can find that in
11 studies to prove the duration required. But
12 the workers don't know how to answer those
13 questions.

14 MEMBER POPE: I agree.

15 CHAIR WELCH: I didn't realize that
16 the SEM had been changed in response to that
17 new Bulletin, so it would be great to have an
18 understanding of what they're doing with it.
19 Okay.

20 Well, I need to rewrite some of the
21 text under the VGDF, which I will distribute

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1 around to everybody relatively soon. And then,
2 either you can take a look and see if you think
3 there's enough, this is enough to send to the
4 overall Board, once I've done that. Is that
5 okay?

6 MEMBER MARKOWITZ: Okay.

7 CHAIR WELCH: Okay. So, let's turn
8 to the COPD. So, there already is a COPD
9 presumption and it is -- I don't know how to
10 describe it, but it's not up to the current
11 evidence, let's put it that way. But I thought
12 it might be helpful to frame this presumption
13 as making revisions to the current presumption.

14 So, we are recommending or I'm
15 recommending that a whole range of specific
16 agents be considered presumed to cause COPD.
17 And that's within the first paragraph, under A,
18 Covered Exposures.

19 And then, number B is that the labor
20 categories that they had listed in the
21 attachment to the prior, to the current

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1 presumption, that those are definitely exposed
2 to VGDF, but it's not an inclusive, completely
3 inclusive list.

4 And that, if the worker reports
5 exposure to VGDF on their Occupational Health
6 Questionnaire, he would be presumed to be
7 exposed and it would also be presumed that
8 exposure would aggregate and contribute to a
9 cause. So, either your exposure is determined
10 because you are in one of the labor categories
11 or because you put the exposure on the OHQ.
12 Any comments on those two?

13 MEMBER MARKOWITZ: Yes, this is
14 Steven. So, in your presumption for COPD item
15 A, so there the query is about specific
16 exposures or some specific tasks, right?

17 And those specific items, it's
18 envisioned that they would be asked on the OHQ.
19 In other words, the CE can draw a response or
20 look for the answers to whether the person had
21 these specific exposures by going through the

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1 OHQ and identifying them.

2 CHAIR WELCH: That is a very good
3 point. We were going to have a list of
4 materials, so we'll make sure that those are
5 included.

6 MEMBER MARKOWITZ: So, just to follow
7 that line of thinking, so there's going to be
8 some redundancy, because this list in A is
9 going to be covered in the OHQ in the section
10 on hazards and associated tasks. So, it's
11 going to require some finesse.

12 But it raises the question that, do
13 we need item A? What is -- and this is a
14 little bit of a devil's advocate question, do
15 we need item A? Or if a person responds
16 positive to VGDF and with all the time
17 parameters, what's gained by also asking the CE
18 to look at the specifics on item A?

19 CHAIR WELCH: Well, I would worry
20 that a worker might know that they were exposed
21 to welding, but they might not call that a

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1 dust. They might not really know what vapors,
2 gases, dusts, and fumes means and how broad it
3 is.

4 MEMBER MARKOWITZ: Right.

5 CHAIR WELCH: That would be my
6 concern.

7 MEMBER MARKOWITZ: I mean, I kind of
8 agree with that, actually. It's a bit of a
9 safety net, because --

10 CHAIR WELCH: Yes.

11 MEMBER MARKOWITZ: -- we don't know,
12 in any studies of VGDF, we don't really know
13 whether it's going to miss some people. But I
14 thought I'd ask the question.

15 CHAIR WELCH: Okay. Well, I mean, I
16 think that there's a potential downside to
17 having a specific list in that the claims
18 examiner may feel like, well, if they didn't
19 answer something on that list, then they
20 weren't really exposed. And if these agents
21 are part of other agents that are in the OHQ

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1 and not singled out as representing the
2 spectrum of VGDF, I think we will avoid that to
3 some degree.

4 A lot of the studies also -- we said
5 that this question is predictive, which it is,
6 but a lot of the studies that have looked at
7 occupational exposures to VGDF have done it
8 based on job title. So, they've looked at
9 case-controlled studies with COPD and then
10 assessing based on the worker's reports,
11 primarily their tasks and materials, tasks and
12 jobs.

13 MEMBER MARKOWITZ: Right. And --
14 this is Steven again. The other thing is that
15 there may be some sceptics about the VGDF
16 approach and, for instance, if claimants are
17 prompted to answer yes to the VGDF question
18 without providing any further detail, then the
19 compensation process strikes me as a little bit
20 vulnerable to unfriendly forces, so that having
21 some greater evidence beyond VGDF of that

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1 exposure listed in A would be very useful. It
2 would give a lot more confidence.

3 CHAIR WELCH: Good, okay.

4 MEMBER DEMENT: This is John. Just a
5 comment also on how some of these studies have
6 been done, because I think you can go at it
7 both ways. Lots of studies have simply asked
8 about the general question of vapors, gases,
9 dusts, and fumes and really haven't gone into a
10 lot of detail, but even that question in itself
11 has been supportive of a relationship with
12 COPD.

13 Most of the studies that we've done
14 with VGDF, we approach it from the other end.
15 We ask specific questions about a whole list of
16 materials and tasks and then generated our
17 index to VGDF exposures based on those
18 individuals summed together.

19 And that, in itself, is also
20 predictive of exposure. So, I think we're good
21 coming at it from both ends. It just, in my

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1 view, provides greater support, as Steven has
2 said, for what we're trying to do with COPD.

3 CHAIR WELCH: Good, okay. So, the
4 next item is, it should be presumed that
5 reported exposures to toxic substances -- and
6 maybe it should say VGDF -- will cause or
7 contribute to or aggravate COPD at any period
8 of employment are contributory.

9 Just pointing out that there's no
10 reason to assume that these exposures have been
11 eliminated just because it's the year 2016.
12 And I don't think we're going to have a problem
13 with that.

14 Now, the next one is the five year
15 requirement and the duration of employment in
16 the covered DOE facility of at least five years
17 with reported exposures to VGDF. I spent some
18 time looking for exposure data that was --
19 looking at studies that would allow us to come
20 up with this number, it was certainly in our
21 study of BTMed workers.

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1 And looking at exposures in the
2 groups, populations that were exposed to VGDF,
3 not necessarily asbestos or silica, there was
4 very little information on duration of
5 employment, but a lot of the population had
6 more than five years of exposure to be
7 considered exposed.

8 And then, if we look at specific
9 agents, like silica or coal dust, it also
10 supports the idea that five years' exposure is
11 a reasonable requirement for causation and
12 presumption. So, floor is open to comment on
13 the five years.

14 MEMBER MARKOWITZ: This is Steven
15 again. So, what I -- where I get hung up is
16 not on causation, but on aggregation of
17 contribution. And just thinking about
18 contribution, most blue collar workers stay
19 blue collar throughout their careers. So,
20 they're quite likely to have exposures at non-
21 DOE sites that would involve -- if they had it

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1 at DOE, VGDF exposure, they're likely to have
2 it outside.

3 And I realize either by policy or
4 perhaps, I think it's probably a DOL policy
5 that the claims examiner don't look, inquire
6 about non-DOE jobs. And that, I think,
7 probably works to the claimant's benefit much
8 of the time.

9 But it's a little problematic here,
10 because it's easy to imagine someone who was
11 there at a DOE site for three years, more than
12 three years, but then spent, before or after,
13 spent 20 years exposed to VGDF and you might
14 say, well, the DOE contribution was minor, but
15 the standard is contribute.

16 So, you also have another situation
17 where the person develops COPD and within short
18 order, with or without DOE exposure, but within
19 a relatively brief exposure, could easily have
20 an exacerbation due to VGDF exposure at DOE.
21 So, there are a -- those are a couple of

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1 scenarios that this doesn't quite accommodate.
2 Although I don't have any ready solutions, I
3 thought I'd raise them.

4 MEMBER DEMENT: I agree with you on
5 both accounts -- this is John -- on both
6 accounts, Steven. I -- a lot of our
7 construction workers are in and out of DOE
8 sites, many of them come to DOE sites having
9 been in construction for many years.

10 And it's impossible to separate off,
11 if you're looking at the risk of COPD, it would
12 be impossible to separate off those
13 contributions in the studies that we've done.
14 And all we can really say is that all of those
15 exposures likely contributed to the risk of
16 COPD.

17 But I don't know how to get around
18 it, except to be very specific in our
19 presumptive language that this is not one of
20 exclusion of individuals who develop COPD or
21 aggravated their current COPD by lesser

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1 duration of exposure. I don't have a solution
2 for it either, that's all I'm saying.

3 CHAIR WELCH: In the next paragraph,
4 we do say, for the 15 years since first
5 exposure, DOL should consider their earliest
6 date of exposure, considering employment prior
7 to work at DOE if necessary.

8 Can we recommend that DOL, for this
9 particular condition, assess exposure outside
10 of -- prior to DOE work? I mean, could we put
11 that in here and then, see what comments we get
12 back from the Department of Labor people?

13 MEMBER VLIENER: This is Faye. On
14 the current OHQ, they do ask about your other
15 DOE employment. There's a section on the
16 current OHQ for it. However, they don't do an
17 in-depth questionnaire of exposures.

18 CHAIR WELCH: How about work outside
19 of DOE, though? They don't ask about that at
20 all, do they?

21 MEMBER VLIENER: They ask about what

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1 your employment was on the questionnaire and
2 what those exposures were.

3 CHAIR WELCH: Okay.

4 MEMBER MARKOWITZ: Well, and we can -
5 - this is Steven. We can ask DOL how firm
6 their policy is about not looking at non-DOE
7 employment. I mean, I can imagine it would be
8 problematic and work against claimants in many
9 instances. But what if we could float your
10 idea, Laura, what about just applied to this
11 condition, since this condition is different
12 from many?

13 So, we can ask about that and if we
14 get a firm answer, we can try to devise or we
15 could either disagree and recommend otherwise
16 or we could try to devise something that might
17 begin to address this. For instance, lowering
18 the five years to two years or some shorter
19 period, which -- it depends on what kind of
20 error you want to make, basically.

21 CHAIR WELCH: If we knew that 90

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1 percent of the people who work on the DOE
2 facilities had done similar work before or
3 after, then you could presume if they had two
4 years at DOE, they had five years altogether.
5 And we don't know the answer to that. I mean -
6 - but we don't know it for everybody else.

7 MEMBER MARKOWITZ: Right. Or maybe -
8 - this is Steven. It may be just that for
9 people with shorter exposure, they won't meet
10 the presumption, it goes to the industrial
11 hygienist and at that point, they could then
12 inquire about non-DOE exposures and decide
13 about contributions.

14 CHAIR WELCH: But I think we do have
15 to be sure that the OHQ is asking that.

16 MEMBER POPE: So, is that -- this is
17 Duronda. Is that -- if that claim -- if the CE
18 looks at that claimant's form and sees that it
19 is under the five years, does it stop there, it
20 does not go to the IH or the CMC?

21 CHAIR WELCH: No, it would go on.

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1 And I think we, somewhere in here, yes, when we
2 go to, closer to the bottom, on the bottom of
3 Page 2, claims examiner should not deny claims
4 for COPD if the worker has fewer than five
5 years of exposure or if the period of two weeks
6 -- or until diagnosis is less than 2 years.
7 Claims that do not meet the requirements set
8 forth here, but do have reported exposure to
9 VGDF should be sent for IH or CMC review.

10 MEMBER POPE: Okay. I didn't read
11 that far, thank you.

12 CHAIR WELCH: That's all right. A
13 lot of words on there.

14 MEMBER DEMENT: I think it might be
15 helpful as we draft this language to capture
16 some of this discussion in our recommendation
17 for presumption. That is, a worker could have
18 exposure prior to DOE or after DOE, that we
19 wouldn't preclude that the DOE exposure in and
20 of itself would not contribute to, aggravate
21 exposure -- COPD just in and of itself.

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1 I mean, what I'm saying is, just try
2 to capture some of this discussion so that
3 we're clear that it should be okay to consider
4 other exposures outside of DOE in the full,
5 final decision.

6 CHAIR WELCH: Okay.

7 MEMBER DEMENT: I don't know exactly
8 how to capture that more clearly.

9 MEMBER VLIEGER: This is Faye. Part
10 of the problem when we refer it out to a CMC,
11 when DOL refers it out to a CMC, they lump the
12 cause, contribute, and aggravate into one part
13 of the -- and they don't say, please opine
14 independently on contributory, aggravating, or
15 causation.

16 So, the CMC just parrots back that
17 statement and never talks about contributing or
18 aggravating. And so, many times when they
19 should have done that, we get a no answer from
20 the CMC, because they really are only look at,
21 did it cause?

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1 So, I think, and if we're going to
2 look at other work outside DOE and considering
3 the DOE exposure to be aggravating or
4 contributory, then we need to ensure that
5 that's how the question is asked of the CMC and
6 not just give them the clause that -- even
7 though they're answering it, they're not really
8 answering it.

9 CHAIR WELCH: Yes, I agree with you
10 on that. I would expand it a little bit in
11 that, I think that the CMCs don't understand
12 the framework of the compensation program, that
13 in the rest of their life it's unlikely they've
14 been presented with a compensation program that
15 would accept a claim that it was aggravated by
16 or contributed to, a worker who's had 20 years
17 of exposure, of which one year is at DOE, the
18 CMCs are probably used to saying that that
19 wasn't contributory.

20 MEMBER VLIEGER: I would say that
21 they're also not, the CEs are not required to

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1 provide that education in their referrals,
2 because it is presumed that the CMCs have read
3 the documents in the program, which it's a lot
4 to expect. And this is demonstrated many times
5 when they're asked about beryllium disease
6 according to this program.

7 So, it's not just one incident or
8 one disease where this is happening, but it is
9 that the CMCs aren't given that little primer
10 in their referral that says, by the way, this
11 is what the program standard is. And so,
12 unless we're going to fix that, I don't know
13 how we can add the contributory and aggravated
14 part.

15 CHAIR WELCH: Actually, that's a
16 really good idea for the Committee that's
17 looking at the CMCs, is that there could be a
18 primer, there could be a eight page brochure,
19 nicely done, that goes with each claim that
20 says -- and that we don't presume that this
21 particular CMC has done a case before or

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1 understands the law.

2 And it can't be looking at 100
3 different bulletins and circulars and trying to
4 -- you see how long we spent trying to
5 understand some of the nuances. It might be a
6 really good idea.

7 MEMBER VLIEGER: Dr. Markowitz, would
8 you like an email?

9 MEMBER MARKOWITZ: Yes, I would like
10 another email, Faye, yes.

11 MEMBER VLIEGER: Okay.

12 MEMBER MARKOWITZ: This is Steven.
13 On time since first exposure, can I make a
14 comment on that? Are we there yet or --

15 CHAIR WELCH: Yes, please.

16 MEMBER MARKOWITZ: So, here actually,
17 we're really in the problem of causation versus
18 aggravation, because COPD is, for the non-
19 medical people on the phone, usually causes
20 most trouble when a person has an exacerbation
21 of the COPD, which can be provoked by cold or

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1 exposures at work.

2 And so, it's easy to envision
3 someone who did not work at DOE in their
4 earlier career, moved to DOE, developed COPD,
5 doesn't have 15 years since first exposure, but
6 is exposed to dust and has an exacerbation.
7 Which apparently is what I'm having right now.
8 But, anyway. And it would clearly meet the
9 aggravation standard.

10 So, it may be that we need to modify
11 this time since first exposure, just to
12 acknowledge that there are certain instances in
13 which COPD could be recognized as aggravated
14 with shorter time periods from first exposure.

15 CHAIR WELCH: The other option is to
16 take it out. I mean, if we're looking at a
17 five year exposure requirement, maybe we could
18 get away without having a time since first
19 exposure.

20 MEMBER DEMENT: This is John. I
21 think that's probably the least supported piece

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1 of this right now, is this time since first
2 exposure. Can't you imagine somebody who had
3 an intense exposure to vapors, gases, dusts,
4 and fumes and developed COPD much quicker than
5 15 years?

6 MEMBER VLIENER: Right, and also --
7 yes. I think it's too hard to explain and I
8 agree, I think we should take it out.

9 MEMBER POPE: I agree.

10 CHAIR WELCH: Steven, what do you
11 think?

12 MEMBER MARKOWITZ: Yes. I mean,
13 simpler is better. Especially --

14 CHAIR WELCH: Okay.

15 MEMBER MARKOWITZ: -- in a CE-driven
16 process.

17 CHAIR WELCH: Okay.

18 MEMBER MARKOWITZ: I'm just -- so,
19 what we're left with is a VGDF or other
20 exposures, with duration.

21 CHAIR WELCH: Right.

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1 MEMBER POPE: Yes. And so many
2 individuals have had other work and to look at
3 time since first exposure, you would definitely
4 have to assess that in other work and that's
5 making it too complicated.

6 CHAIR WELCH: Okay. So, then, the
7 alternative presumption here is, I'm trying to
8 be pretty straightforward, any claimant with a
9 physician's diagnosis of COPD who worked in any
10 covered facility either in the labor categories
11 in Attachment A or who reported exposure to
12 VGDF on the OHQ for a period in which the
13 aggregate totals at least five years -- and
14 then take out the 15 years of time since first
15 exposure -- is presumed to have sufficient
16 exposure to toxic agents to aggravate,
17 contribute to, or cause COPD. And when we want
18 to -- additionally, they shouldn't deny claims
19 if they have fewer than five years, those
20 should be sent for IH and CMC review.

21 I think that follows pretty well

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1 from the points above. And I'm going to edit
2 it to take out the time since first exposure
3 from all of them. Okay. And you all will get
4 to see this one more time before I present it
5 at our April meeting.

6 MEMBER MARKOWITZ: This is Steven. I
7 have a -- I think this write-up is wonderful
8 and I thank you for all the work, actually.
9 But I have one suggestion on the rationale,
10 which is specifically for the non-medical
11 audiences, to explain that COPD, we really are
12 in the heart of this cause, contribute, or
13 aggravate issue, and that this is kind of the
14 poster child condition in which we need to, and
15 the players in the claims process need to
16 recognize that this is a condition that really
17 can be aggravated or contributed, rather than
18 thinking predominately about cause, which is
19 what I think most people are doing when they
20 hear cause, contribute, or aggravate.

21 CHAIR WELCH: Yes, you're totally

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1 right. And it's one in a way where it's, well,
2 at least for me, it's easier to understand,
3 because you can see it as a chronic
4 inflammatory condition and how other exposures
5 add on and can be contributory.

6 I can add some of that. I actually
7 have some of the sort of biology of it in
8 another paper, in our Collegium Ramazzini
9 statement. So, I'll try to come up with
10 something. I think it's a good point, I really
11 do. I know it's more work for me.

12 MEMBER MARKOWITZ: Not a whole lot.

13 CHAIR WELCH: No, yes, not a whole
14 lot. Because the -- there's one statement in
15 here that a dust-response relationship has been
16 seen, which is showing that additional
17 exposures contribute. Yes, I'll work on that.
18 And then, Steven, I'll send it to you and you
19 can -- so you can wordsmith it before we put it
20 in the final document. Okay.

21 I think we can probably get through

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1 the other two without taking a break and be
2 done by 3:00. Is there anybody who wants to
3 take a break now? Okay.

4 So, the next question was whether --
5 really what I really was asking was, if we have
6 really improved the OHQ, is there anything else
7 we can do about sites that don't have a SEM?
8 And that's probably for Faye and Duronda.

9 Are there things that, on sites
10 without a SEM -- it seems that we're relying on
11 the worker's occupational history and we have
12 to have the claims examiners and the industrial
13 hygienist accept that as prohibitive, because
14 there isn't anything else.

15 MEMBER VLIEGER: The only thing that
16 they could do is, in some of the labor
17 categories that are actually a crossover to
18 other sites or that have a link to other sites,
19 to use those sister sites for exposures, or at
20 least to start looking at the sister sites that
21 they list for them.

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1 I mean, it's kind of a fallacy to
2 think that every site was doing things 100
3 percent different than any other site. So, if
4 you had a nuclear process operator or a
5 chemical operator, any of the other sites that
6 they could draw from for the base exposure
7 information, I think that that should be used.
8 I don't think they do that now, because they
9 don't have any direction to do that.

10 MEMBER POPE: I agree with Faye.
11 There's not a lot that we can do without the
12 SEM, but having those things that she mentioned
13 in place, I think will help the process a
14 little bit further.

15 MEMBER VLIEGER: And I have to tell
16 you, the sites that don't have a SEM, the
17 reason they don't have a SEM is because no one
18 has taken DOL to task on it. Pardon me, I'm
19 having one of those exacerbation moments, hang
20 on.

21 It takes about 40 hours of work to

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1 go to the DOE site record depository and look
2 at characterization documents for the site and
3 they all have them, it's just a matter of
4 finding them and then turning them over to the
5 SEM contractor.

6 When I was prepping to collect some
7 errors on the Hanford SEM, I also looked at
8 papers that were published in regards to new
9 ways on how to handle waste for Hanford and the
10 waste that they list in those documents means
11 they were on the site and, therefore, they
12 should be on the SEM.

13 So, there's a lot of corollary work
14 that's already been done, but it takes somebody
15 to actually go to that library and start
16 pulling things out. So, it's not that there
17 weren't laboratory tests done, it's that
18 nobody's taken them out of the context of the
19 DOE library.

20 CHAIR WELCH: And you think that's
21 because the SEM sites have fewer workers, so

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1 they think it's not worth the trouble?

2 MEMBER VLIEGER: I believe that to be
3 the case, yes.

4 CHAIR WELCH: I was wondering
5 whether, if the claims examiner receives a
6 claim from an individual who doesn't have -- is
7 from a site without a SEM, if -- I'm trying to
8 think where this can happen.

9 Like, someone within DOL identifies
10 that they don't have a SEM for this individual
11 and then expands the Occupational History
12 Questionnaire by looking at what we know about
13 the person's labor category at other sites and
14 says, oh, well, if you had been working at
15 Rocky Flats, you would have done this, this,
16 and this, did you do that at this plant?

17 And maybe that's, the only person
18 who would do that would be the industrial
19 hygienist when the case ends up at the
20 industrial hygienist. It would be nice to do
21 it before, but it may require -- it's probably

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1 not something that the interviewer at the
2 resource centers could do.

3 Can we recommend that the DOL sends
4 the industrial hygienist information from other
5 sites on the labor categories? If a worker is
6 a -- has a labor category, but no SEM, that as
7 part of their statement of accepted facts, they
8 send to the hygienist information on that labor
9 category from other sites?

10 MEMBER VLIEGER: I think it would be
11 reasonable. They do it in radiation dose
12 reconstruction. They look at the radiation
13 dose from a co-worker or from comparable data,
14 even if a worker doesn't have dose records
15 themselves, then they pull it from comparable
16 work or comparable data. So, I don't think
17 it's a stretch to do it with chemicals.

18 CHAIR WELCH: Do we want to recommend
19 that from our group? I don't think there's any
20 way we can explore it further, I mean, we don't
21 know the answers of how representative it is --

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1 MEMBER VLIEGER: I think it's a
2 start, to do something other than what they're
3 currently doing.

4 CHAIR WELCH: Okay. I'll write up
5 the recommendation and we can -- you guys can
6 see if it makes sense.

7 MEMBER MARKOWITZ: This is Steven. I
8 guess, if we recommend that, we should also
9 recommend kind of a pilot period during which
10 the industrial hygienists review those cases,
11 look at those cases as well and they can take a
12 look at whether that is a useful exercise or
13 not, going to the SEM.

14 I mean, the whole thrust of our
15 activities is to move away from the SEM, either
16 through a better OHQ, through direct worker
17 interviews by workers, through presumptions and
18 here we are saying, rely on a faulty SEM. But
19 it is better than nothing, so, yes.

20 CHAIR WELCH: Okay. That's a good
21 idea, though, to evaluate it. Okay. So, then

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1 for people without a SEM, they'll have the OHQ
2 and they'll have information from other sites
3 on the same labor category. Great, okay.

4 I'll move on to the last point,
5 unless anybody's got any other comments on
6 sites without SEMs. Which was, are there
7 additional recommendations from the IOM?

8 One reason I didn't send it to our
9 Subcommittee was, when I went back through the
10 executive summary of the IOM report and pulled
11 out their recommendations, I thought that these
12 are really -- they're not so much exposure
13 assessment questions, as much as big Board
14 questions, because it really -- the IOM report
15 fell into three different big categories.

16 Supplemental information for the
17 health effect information imported from the
18 Haz-Map, and we've already made a
19 recommendation about that, pulling in
20 information from the table that the IOM report
21 had provided, ATSDR, EPA, IARC, other ones.

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1 So, I think we have addressed that one
2 recommendation.

3 The second one was to improve the
4 structure and function of the SEM and doing a
5 quality control review of the SEM. That's all
6 internal to DOL and I didn't think we could add
7 anything, because those people at DOL
8 understand the structure and function of the
9 SEM better than we do.

10 I think that they, in DOL's report
11 to us about how they responded to the IOM
12 report, they have taken action on some of these
13 items. And I think, if we follow Faye's
14 suggestion that we have them do a demonstration
15 about how they adapted the SEM for this direct
16 disease link process, we may be able to get an
17 idea how they're doing on quality control
18 review.

19 The third one, the third big
20 recommendation was the use of an external
21 advisory panel to review the health effect

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1 information in SEM. And in the IOM report,
2 they actually imply that our Advisory Board
3 should be that.

4 I think at our first Board meeting,
5 we decided it was a much bigger project than we
6 could take on, which is why I kind of pondered
7 this one with Steven to decide how we should
8 approach it.

9 The IOM divided it into things that
10 could be done right away and ongoing support to
11 the DOL on putting in new links in SEMs and
12 then assessing new occupations and ongoing
13 support on exposure and causation.

14 So, I didn't think that we needed a
15 discussion about the structure and function of
16 the SEM or how to get them to do an external
17 advisory panel within our Committee, I think
18 that should be a big Committee discussion, but,
19 Steven, if you think we need to talk about it,
20 let me know.

21 MEMBER MARKOWITZ: Are you talking

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1 about further discussion of IOM recommendation
2 number 3?

3 CHAIR WELCH: Yes.

4 MEMBER MARKOWITZ: Yes. So, this
5 recommendation really kind of gets at, I think,
6 the capacity of DOL to exercise some science,
7 some very informed kind of decision making
8 about the SEM. And otherwise, because it also
9 applies to their decision making outside of the
10 SEM, when the issues go to the National Office
11 for determination.

12 And so, the -- my own feeling so
13 far, and we're still getting into this, that
14 they need enhancement of their scientific
15 capacity to deal with issues and
16 multidisciplinary. And it's not a -- at a
17 central level, not just at the IH and the CMC
18 level.

19 And that could be kind of in-house,
20 but it could also be contracted out. But if
21 you could imagine a highly qualified unit or

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1 effort, looking at some of these things with
2 this IOM recommendation number three, the
3 process would get a lot better.

4 CHAIR WELCH: Yes. Yes, I mean, they
5 recommend -- they point out that there's really
6 been no peer review of Haz-Map and the existing
7 causal link system could be tweaked, that's
8 currently based on Haz-Map, and that could be
9 either explained or defined or evaluated.

10 I guess, the Board could recommend
11 that this be addressed with addition of
12 internal staff or an external advisory panel,
13 but if there's an external panel, there would
14 really need to be a contract for ongoing work.

15 I think that our Committee, is
16 really structured -- well, the process isn't
17 structured to do this kind of work and it also
18 could be quite a bit of work and we would need
19 staff support.

20 I thought it's probably better to
21 have, if it were possible, to have an outside

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1 committee that does the work, rather than
2 internal, just because if it's internal, it can
3 rely on one person's ideas or knowledge, not
4 likely to have a big internal committee.

5 From outside, you could have a small
6 amount of more people's time and who are more
7 likely to have quality control within that
8 committee. I also don't think that -- it's
9 just my -- I accidentally printed --

10 But I don't really know, I don't
11 really know how to -- maybe it is related to
12 the SEM and maybe we should address it in our
13 next conference call, about how we -- I mean,
14 because it is -- but it's a big question,
15 because an external advisory panel to review
16 the health effects information in SEM, but it's
17 really establishing the criteria for causation
18 and making sure that the right information is
19 available to the claims examiner on causation.

20 I don't think you can build it all
21 into the SEM, because the SEM is too, it's not

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1 even too complicated, but it's too awkward. I
2 mean, every, it seems like every time people
3 who are advocating for the workers go into the
4 SEM, you find things that are missing or that
5 say give you different tasks for the same job
6 title, depending on how you approach it.

7 There's so much that needs fixing,
8 it just doesn't seem like we should spend a lot
9 of time loading more information into the SEM,
10 but they do need more help on causation.

11 MEMBER MARKOWITZ: This is Steven. I
12 just -- we can use the example COPD as sort of
13 a little bit of a window into some of the
14 issues. The bulletin addressing COPD is, I
15 think was entirely restricted to asbestos.

16 CHAIR WELCH: Yes.

17 MEMBER MARKOWITZ: And then, there
18 was some language early, I think developed
19 early on that was pretty nonspecific, not all
20 that -- not providing all that much guidance.
21 And Laura and John spent some time, they had a

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1 head start because they knew the issue, worked
2 with the issue, but regardless, spent some time
3 assembling the relevant science and summarizing
4 it.

5 That needs to be done on a regular
6 basis, not by special outside committee, but
7 internalized into the DOL compensation program.
8 It would make their lives enormously simpler
9 and would be, we hope, fair to the claimants.

10 And it's not that, I don't know how
11 complicated that particular task was, but it
12 wasn't impossibly complicated. And we're going
13 to do the same for asbestos and we'll do the
14 same for hearing loss and solvents.

15 And so, they need the capacity to do
16 that on an ongoing basis. I think, my concern
17 is that, and it's not really a criticism, but
18 that they've -- this has not been an emphasis
19 in the past and I don't know how to change,
20 what we can do to kind of change that. And so,
21 that there may be -- the Radiation Advisory

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1 Board has a contractor that they work with paid
2 by DOL that does those, checks on those
3 reconstructions.

4 And it may be that a parallel
5 effort, where there is an outside contractor
6 who is working up these issues, but that we
7 place some role, at least for the whatever next
8 period of time, in helping to guide that
9 process, so that we don't -- we don't have the
10 time or capacity to do that ourselves, but we
11 can be helpful in steering it. So, that might
12 be an idea.

13 CHAIR WELCH: Yes. There was a list
14 of 17 items that DOL asked us about, a number
15 of them related to causation, and those would
16 be places to chart, then you could have a
17 contractor develop the background materials.

18 MEMBER MARKOWITZ: And the National
19 Toxicology Program, when they look at an agent,
20 they spend a long time identifying what agent
21 to look at and getting a lot of input from

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1 various sources, but ultimately they use a
2 contractor to kind of work up the issue,
3 according to their recipe.

4 But -- and the contractor drafts the
5 document and it goes back to NTP and they have
6 scientists who modify it and then present it to
7 external boards. But this is -- there's a
8 precedent for this, in fact, for a very related
9 issue.

10 CHAIR WELCH: I think when we
11 discussed this recommendation before, we did,
12 the Board, and I don't know, I don't think we
13 made a specific recommendation about it, but
14 when we discussed the IOM report, there was a
15 sense that, that's what we would like is that
16 the Board could be of assistance, but there
17 would have to be contractor support.

18 And now we've given a good example,
19 how NTP does it, and that's also how the
20 Institute of Medicine does it for their
21 committees, they provide the materials and they

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1 don't have to -- well, they do write a report
2 based on the meeting, but they do the
3 background research and provide all the
4 materials.

5 MEMBER MARKOWITZ: So, should we
6 recommend this and also recommend that our
7 Advisory Board play a role in helping to
8 formulate and initiate and kick off this
9 process?

10 MEMBER VLIEGER: This is Faye. I
11 would like to see it happen.

12 MEMBER POPE: I agree.

13 CHAIR WELCH: I think it's
14 reasonable. I think they need it. Steven, do
15 you want me to write something or -- I think
16 you have, I really do think you have a better
17 grasp than I do, but I can write something and
18 you can edit it or you could write it yourself.

19 MEMBER MARKOWITZ: I'll write it, I
20 mean, it's not going to be a big rationale, but
21 I will draft something and send it to you

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1 initially and then, you can --

2 CHAIR WELCH: Okay.

3 MEMBER MARKOWITZ: -- modify it and
4 circulate it.

5 CHAIR WELCH: Great. I feel like,
6 I'm very happy with what our Committee has been
7 doing, I feel like we're making a lot of
8 progress. And if we can get our
9 recommendations implemented, it's going to make
10 a big difference. So, that's great. Any last
11 thoughts on anything we've discussed before we
12 end the call?

13 MEMBER VLIEGER: This is Faye. We
14 made recommendations from the IOM report at the
15 October meeting and I was just wondering, have
16 we heard anything back from the Department of
17 Labor on the implementation of those
18 recommendations?

19 MEMBER MARKOWITZ: Well, the only --
20 this is Steven. The only action that's been
21 taken, definitive action, was rescinding that

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1 one bulletin or circular. The others, I'm
2 told, I think some of them have made it to the
3 Secretary's Office, but not much is moving
4 there. They're at various stages.

5 There's nothing official. We will
6 get, both Rachel and Gary Steinberg will be at
7 the meeting in Washington, so we'll get a
8 firsthand report then. And there may be
9 additional progress between now and then, but
10 that's all I know.

11 MEMBER VLIEGER: Okay, thank you.

12 MEMBER MARKOWITZ: This is Steven.
13 So, I agree that this Committee has done
14 fantastic work. So, this means we can't
15 dissolve this Committee, just because it has
16 taken on major issues successfully.

17 CHAIR WELCH: Now that we've finished
18 everything that has to do with the SEM, you're
19 going to give us other things to do?

20 MEMBER MARKOWITZ: Yes, sure. To be
21 discussed.

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1 CHAIR WELCH: All right. Well, do
2 you have anybody, not that I'm volunteering to
3 do it now, but is there anybody writing a
4 presumption on hearing loss? Is anybody fixing
5 that presumption?

6 MEMBER MARKOWITZ: Yes, I don't have
7 a volunteer yet and it would be extremely
8 helpful to boil that down. We have the SOAFs
9 memo, you presented your PowerPoint, Rosie has
10 the work that she's done, although I haven't
11 seen anything in writing, but that may not be
12 remembering everything.

13 But, yes, and we discussed in the
14 presumptions committee call last week, right,
15 certain aspects of that, but it hasn't been
16 formulated into a recommendation or a
17 rationale. So, Laura, not to burden you, but
18 if you had some time, that would be great. I'm
19 going to be working on, first, the asbestos
20 one. And if we had three to present, finished
21 ones, that would be great.

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1 CHAIR WELCH: Well, I mean, if I
2 write one up, it would be -- I don't think our
3 Committee would have time to review it, but I
4 think we've talked about it enough that maybe
5 that would be okay. We could write one up and
6 have the whole Board discuss it, because we
7 don't have time for another call prior to the
8 April meeting.

9 MEMBER MARKOWITZ: Right. Yes, I
10 agree with that. But you can circulate it --

11 CHAIR WELCH: Yes.

12 MEMBER MARKOWITZ: -- and people can
13 look at it.

14 CHAIR WELCH: Yes, okay.

15 MEMBER MARKOWITZ: But we've
16 discussed it repeatedly and more than probably
17 some other issues, people seem to be primed and
18 involved with this issue.

19 CHAIR WELCH: Okay. I will do that.
20 Or I'll try. I have a feeling that I've
21 essentially written it before, I think there's

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1 a couple of things, bit of information I'm
2 missing, like not too much, but what's the
3 right amount, that kind of question.

4 MEMBER MARKOWITZ: Well, if you need
5 some help digging up articles or any support
6 work, I'd be glad to supply it, so just let me
7 know.

8 CHAIR WELCH: Okay, great. I'll work
9 on that. Okay, guys, thank you very much.

10 MEMBER MARKOWITZ: Thank you.

11 CHAIR WELCH: And I'll see you all
12 next month.

13 MEMBER VLIENER: Okay, thanks. Bye,
14 guys.

15 MEMBER POPE: Thank you.

16 MS. RHOADS: Thanks, everybody.

17 MEMBER POPE: Bye-bye.

18 MEMBER MARKOWITZ: Bye.

19 (Whereupon, the above-entitled
20 matter went off the record at 2:36 p.m.)
21

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