U.S. DEPARTMENT OF LABOR

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ADVISORY BOARD ON TOXIC SUBSTANCES
AND WORKER HEALTH

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MEETING

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THURSDAY
APRIL 16, 2020

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The Board met telephonically at 11:00 a.m. Eastern Daylight Time, Steven Markowitz, Chair, presiding.

MEMBERS

SCIENTIFIC COMMUNITY

JOHN M. DEMENT
GEORGE FRIEDMAN-JIMENEZ
MAREK MIKULSKI
KENNETH Z. SILVER

MEDICAL COMMUNITY

MANIJEH BERENJI
ROSE GOLDMAN
STEVEN MARKOWITZ
CARRIE A. REDLICH

CLAIMANT COMMUNITY

KIRK D. DOMINA
RON MAHS
DURONDA M. POPE
CALIN TEBAY

DESIGNATED FEDERAL OFFICIAL

MICHAEL CHANCE

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

(11:03 a.m.)

MR. CHANCE: Good morning, everyone, and welcome to Day 2 of the teleconference meeting of the Department of Labor's Advisory Board on Toxic Substances and Worker Health. My name is Michael Chance. I'm the Board's Designated Federal Officer, or DFO.

As always, we appreciate the work of the Board in preparation for the forthcoming deliberation. We are scheduled to meet today from 11:00 a.m. until 2:00 p.m. Eastern Time. And the agenda may have moved around a little bit, but it is on display for everyone to see.

As you all are aware, this meeting is a completely virtual meeting in response to the COVID-19 pandemic. I am joined virtually by Carrie Rhoads from DOL and Kevin Bird. Kevin and Carrie will be available to members of the Board if you are encountering technical difficulties. Yesterday we had to go an extra line to accommodate additional people. Now we're using

two different lines, so hopefully we won't run into that problem today.

The timing, you know, just as yesterday, we had breaks throughout the day, and we can do that as time permits, but I think there are still several topics that need to be discussed.

Copies of all meeting materials and public comments are or will be available at the Board's website under the heading "Meetings." These documents will also be up on the WebEx screen so everyone can follow along with the discussion.

If you need to go to the website, go to dol.gov/owcp/energy/regs/compliance/advisoryboard.htm. If you haven't visited the website, I'd strongly encourage you to do so. There is a page dedicated entirely to this meeting. The webpage maintains publicly available materials submitted to us in advance. We will publish any materials that are provided to the site.

You should also find, as I said,

today's agenda. If you're having problems with any of this, or any technical assistance, please email our standard energyadvisoryboard@dol.gov.

If you're joining via WebEx, please note that this session is for viewing only and will not be interactive. Phones will also be muted for non-Advisory Board members. We did pretty good with that yesterday.

Please note that this is a new way of conducting these meetings, as I said, and so bear with us for any technological issues that might unfold. Again, I think yesterday went pretty good for the first time doing something like this.

About meeting transcripts, transcripts will be prepared for today. Minutes will be prepared for today's meeting. During Board discussion today, as you are on a teleconference line, please make sure to speak clearly and identify yourself when you begin to make remarks.

As the DFO, I see that the minutes are prepared and ensure that they're certified by the

Chair. Minutes of today's meeting will available on the Board's website no later than 90 calendar days from today, per FACA regulations. If we have it sooner, they will be made available before that time.

Also, although formal minutes will be prepared, we will also be publishing verbatim transcripts, which is why it's very important to speak clearly, which are obviously more detailed in nature. Those transcripts should be available on the Board's website within 30 days.

As yesterday, I won't go through the whole thing, but for all the Board members, you know that there are certain documents and personally identifiable information related to specific cases, facilities, doctors and that sort of thing. So we must be mindful, with members on the public on the line, that we have to be very careful with, you know, discussing that type of information.

So, thank you for bearing with me. I needed to get all of that into the record. And

with that, I convene this meeting, Day 2, and will turn it over to Dr. Markowitz.

CHAIR MARKOWITZ: Thank you. So, welcome back to Day 2. Things are improving in New York, 50 to 70 percent decrease in cases, hospitalizations, and deaths. So that's better, at least.

In place of introductions, I'd like to save a little time, if possible. Maybe we can go in reverse and ask the public to -- and Kevin, if you could open the mic and the lines and allow the public to introduce who's on the line.

MR. BIRD: Absolutely. Just give me one second.

(Simultaneous speaking.)

CHAIR MARKOWITZ: Sure. So, if there are members of the public who are on the line attending today's meeting, could you just briefly introduce yourselves by name?

(Simultaneous speaking.)

MS. CISCO: This is Jeanne Cisco from the Portsmouth Gaseous Diffusion Plant, Workers

Health Protection Program.

MS. FALLON: This is Amanda Fallon from the Office of the Ombudsman.

MS. HAND: This is Donna Hand --

MR. LEWIS: This is Greg Lewis -- go ahead. Sorry, Donna. Go ahead.

MS. HAND: That's all right. This is Donna Hand, worker advocate.

MR. LEWIS: And this is Greg Lewis from DOE.

MS. BARRIE: And this is Terrie Barrie with ANWAG.

MS. JARISON: This is Deb Jarison with EECAP.

MS. WHITTEN: This is Dianne Whitten, worker advocate.

MR. NELSON: Good morning. This is Malcolm Nelson, the Ombudsman for the Energy Program.

CHAIR MARKOWITZ: Okay, thank you. And who from Department of Labor's on the line?

MR. VANCE: Hey, this is John Vance.

Good morning, everyone.

CHAIR MARKOWITZ: Good morning. There are some new members of the public on the line today as opposed to yesterday. So, as a matter of courtesy, I think we probably should just do a very quick introduction of Board members.

Steven Markowitz. I'm an occupational medicine physician and epidemiologist from the City University of New York.

Calin?

MEMBER TEBAY: Calin Tebay, Hanford Workforce Engagement Center representative and site-wide beryllium health advocate.

CHAIR MARKOWITZ: Ken?

MEMBER SILVER: Ken Silver, associate professor of environmental health at East Tennessee State University College of Public Health.

CHAIR MARKOWITZ: Duronda?

MEMBER POPE: Duronda Pope, United Steelworkers Emergency Response Team, retired Rocky Flats worker.

CHAIR MARKOWITZ: Marek?

MEMBER MIKULSKI: Marek Mikulski, University of Iowa, Iowa City, occupational epidemiology.

CHAIR MARKOWITZ: Ron?

MEMBER MAHS: Ron Mahs, claimant representative, former Oak Ridge worker. I represent the national building trades.

CHAIR MARKOWITZ: Rose?

MEMBER GOLDMAN: Dr. Rose Goldman, environmental health physician at Cambridge Health Alliance, and also associate professor of medicine and environmental health at Harvard University.

CHAIR MARKOWITZ: George?

MEMBER FRIEDMAN-JIMENEZ: Dr. George Friedman-Jimenez. I'm an occupational medicine physician and epidemiologist, and director of the Bellevue NYU Occupational Environmental Medicine Clinic in New York City.

CHAIR MARKOWITZ: Kirk?

MEMBER DOMINA: Kirk Domina, claimant

representative for the Hanford Atomic Metal Trades Council in Richland, Washington.

CHAIR MARKOWITZ: John?

MEMBER DEMENT: John Dement, professor emeritus, Duke University Medical Center and the Division of Occupational and Environmental Medicine.

CHAIR MARKOWITZ: Mani?

MEMBER BERENJI: Yes. Mani Berenji, occupational medicine physician, assistant professor at Boston University Medical Center.

CHAIR MARKOWITZ: And Carrie Redlich.

MEMBER REDLICH: Dr. Carrie Redlich. I'm an occupational medicine and pulmonary physician, and I'm a professor of medicine at Yale School of Medicine and director of the Yale Occupational and Environmental Medicine Program.

CHAIR MARKOWITZ: Okay, thank you. Carrie Rhoads is on the phone, as well. So, Kevin, is the public muted at this point?

MR. BIRD: Yes.

CHAIR MARKOWITZ: Okay. So, all

right, we're showing on the screen, if you could just move it up a little bit, a revised agenda for today. Same timeframe. I moved a couple of things from yesterday into today and I moved some timeframes. We're a little bit behind schedule, I think, but we will catch up. So these timeframes are approximate.

Can you move it up, Kevin, so people can see the entire day? And we will -- it doesn't include a break, but we will take a break at the appropriate time.

So, let's continue the discussion of the occupational health questionnaire. And I just wanted to say one thing. I looked back at the history of our discussion of this. This is exactly the third year anniversary of our recommendation to the Department of Labor that the occupational health questionnaire be improved in certain ways.

And we have been going and forth on the improvements during that three-year period of time, which is a long time. So, I really think

that we need to give our final comment and then let them move forward with piloting the questionnaire. So I just wanted to preface our discussion with that.

I think, getting a sense of the discussion yesterday, one was there seemed to be a sentiment by many people that it would behoove the process for the Department of Labor to send out either this questionnaire or a simplified version of this questionnaire, a worksheet, to claimants, so that they have the opportunity to gather their thoughts, even write down some of their memories about their occupational history prior to coming to the interview.

And then, secondly, there was, I think, a general consensus to add an additional question which would permit the claimants to add whatever history they want to with regard to exposures that was not necessarily covered by the structured questionnaire.

There was also some discussion back and forth about adding something about personal

protective equipment above and beyond what the questionnaire says at present. Although, frankly, we had previously recommended that PPE questions be removed from the questionnaire because we didn't think it was time that was well spent and there wasn't much learned from it.

So, I open it up for some further discussion, with the idea that we will come to a conclusion about this.

So, George, you want to discuss this question that appears on the screen now?

MEMBER FRIEDMAN-JIMENEZ: I'm not seeing the screen. It's the question I sent you this morning?

CHAIR MARKOWITZ: Yes, yes.

MEMBER FRIEDMAN-JIMENEZ: Okay.

CHAIR MARKOWITZ: I can read it, if that helps.

MEMBER FRIEDMAN-JIMENEZ: I can read it. I got it.

CHAIR MARKOWITZ: Okay.

MEMBER FRIEDMAN-JIMENEZ: The question

is, at the very end, it reads like, did we miss anything? For example, are you concerned about any exposures to toxic substances that were not adequately described in your responses in this questionnaire? Please describe your concern. For example, what types of substances these were, even if you don't know the technical name, when the exposures happened, what kind of PPE you used at the time, and whether you think these exposures are related to health problems for which you are applying for compensation.

CHAIR MARKOWITZ: Okay. Thank you. So, comments? First on this formulation of an additional question, open-ended question towards the end. Is this good? Should we recommend this language?

MEMBER DEMENT: This is John Dement. I like the idea of adding an open-ended question at the end. I think this probably does a pretty good job of trying to stimulate that recall. So I'm in favor of it.

CHAIR MARKOWITZ: Okay, other

comments?

(No audible response.)

CHAIR MARKOWITZ: Okay. I'm not sure if there are some people who are trying to speak who aren't able to speak. It's a little hard to figure out, but now let's go -- can we just return to the PPE discussion for a moment? Because there was some sentiment in favor of adding increased questioning about PPE, perhaps as an indicator of exposure rather than protection, and then there was some sentiment opposed to it.

MEMBER DEMENT: This is John again. I guess I'm not in great favor of adding a whole lot with regard to PPE in sort of the instructions and category of exposure, but you could add something in, to the extent that any PPE was used, to provide that. But I'd rather use the time talking about exposure than PPE.

CHAIR MARKOWITZ: Okay. Any other comments on the occupational health questionnaire?

MEMBER GOLDMAN: This is Rose. I'm in favor of that final question that George added.

CHAIR MARKOWITZ: So, Kevin, I don't know whether we need to -- okay, what we see on the screen, is this a Word document that you can amend?

MR. BIRD: Yes. Let me -- here. Let me change it so that we can --

CHAIR MARKOWITZ: Okay. What I want to do is just formulate a recommendation that we can vote on. And it will essentially say that the Board -- but I guess I should wait for Kevin, then we can have any discussion.

MR. BIRD: Let me just turn this back on. Okay. Can you see the document now?

CHAIR MARKOWITZ: Yes. I can see it.

MR. BIRD: Okay, great.

CHAIR MARKOWITZ: Okay, so you can get rid of the first line that, I propose.

MR. BIRD: Okay.

CHAIR MARKOWITZ: Or rather, before that, actually. You can leave it. You can leave

it. Just start off saying that the Board recommends pilot testing of the OHQ -- we can spell it out later -- in its most recent version provided to the Board, with the following comment. A colon.

So, and then you can take the Item 1, and you can cut and paste the proposed general open-ended question, and then put it as Item 1.

Okay, so it'd be right before "a proposed general." It says adding a general open-ended question. You need to just say adding and take out proposed.

Okay. And then we can go to Item 2. Item 2 is sending claimants, prior to the OHQ interview, either a copy of the OHQ or a simplified version or worksheet that the claimant could use to gather the occupational information prior to the interview.

MR. BIRD: I do say prior to the interview earlier. Do you want me to change that?

CHAIR MARKOWITZ: Oh, yes. No, that's

fine. It's fine. To gather their occupational information. Okay. All right.

So, first, before we vote on the official proposal, is there any language here that anybody immediately wants to change? Okay. So, we need a proposal to discuss and adopt this recommendation.

MEMBER DEMENT: This is John again. I would propose that these be added, what we discussed.

CHAIR MARKOWITZ: Okay. Is there a second?

MEMBER SILVER: Second. Silver.

CHAIR MARKOWITZ: Okay, thank you.

Okay, so it's open for discussion. Okay, so if there's no discussion, I we need to go ahead with the vote.

Yes, go ahead.

MEMBER SILVER: Yesterday, John had the notion that there might be memory triggers that listed various processes. And I wonder if we need to explicitly recommend this be part of

what is sent to the workers in advance, under Number 2, incorporated into the worksheet, perhaps.

MEMBER FRIEDMAN-JIMENEZ: This is George Friedman-Jimenez. I agree that memory triggers are important. I think, pretty niche question, are these two questions at the end of the questionnaire largely used as a questionnaire to jog people's memories? I think that there's so many different exposures that I couldn't think of specific memory triggers that would be brief enough to include in the questionnaire. Do you have any recommendations for sort of overarching, you know, memory triggers?

MEMBER SILVER: Not the questionnaire, but in something that is sent to the worker ahead of the interview, incorporated into the worksheet, in Item Number 2.

MEMBER DEMENT: This is John again. We've tried a number of things in BTMed to send to workers to help as memory triggers. At one time we sent some of the site maps that had the

buildings and some information about it. We're not currently doing that. We're largely using the occupational history questionnaire, which does include, for our workers, at least, some pretty common tasks that construction and related workers do. And that's pretty much what we're using. And we're using former workers to do the interviews and they can often help workers remember sites and tasks in the past.

But my comment would be, and sort of what goes through to finish it, if you -- for example, if I take metal and metal exposures, I don't think it would hurt to have a paragraph in the information material, under metals, that, for example, would describe some things that workers might do to expose them to metals. Welding is an obvious one, and that's going to be pretty easy, but some of the other tasks, such as applying, or scraping, or welding on some of these protective coatings that have various metals, chromium and cadmium, in them, those are sources of exposure.

So, you know, I think it would be

helpful to enhance that a bit in the information material that goes to them, at least describing briefly some of the tasks that might be associated with some of these exposures.

Solvents, you could talk about solvents in degreasing and part cleaning.

I think those are useful, at least for the construction worker side, maybe not so much for the production, but perhaps it is.

MEMBER GOLDMAN: This is Rose Goldman. I thought we were going to add, actually, welding as part of the questionnaire. But we discussed that yesterday, to add a question on welding.

MEMBER DEMENT: Well, we're not -- I think the discussion was in the area of metals to include, in that red description, if you recall it, welding or metals as just part of that little introduction.

CHAIR MARKOWITZ: So what if, in this recommendation, Item 3, right there it says worksheet, we were to add something like, "together with," and I'm not sure what the proper

term is, orienting materials or whatever kind of similar phrase that we use that would cause the Department to send some useful information?

MEMBER DEMENT: I would say to include some brief descriptions of work tasks that might be associated with these exposures. As examples. I mean, they're not inclusive, but they're examples.

CHAIR MARKOWITZ: So, how about together with brief examples of work tasks and processes?

MEMBER DEMENT: Yes. I guess we should add in there "common work tasks and processes," because, you know, we obviously cannot cover --

CHAIR MARKOWITZ: And so, Ken, does that cover what you were getting at?

MEMBER SILVER: Yes. Thank you very much.

CHAIR MARKOWITZ: And people who actually work with these questionnaires on the Board, is this helpful or are there some other

prompts that we need to include?

MEMBER DOMINA: Hey, this is Kirk. Yeah, I like that wording. I think that helps.

MEMBER POPE: This is Duronda. I think it helps, too. I know that we can't possibly think of everything, but it does point us in the right direction.

CHAIR MARKOWITZ: Great. Okay. Thank you. I know it is intended to trigger things, I mean, rather than cover the entire world.

MEMBER MIKULSKI: And this is Marek. I wonder if we should not add the timeline. Things may have changed over the years in processes and timeline.

CHAIR MARKOWITZ: Yeah. This is Steven. Once we start getting more specific, it kind of opens the door to many other things. A major important point of this is to not overwhelm the claimant but just begin the process of recalling and describing what happened. So I'm not very comfortable with starting to get a little more detail. But if other people want to,

you know, include additional language here, that's fine.

MEMBER DEMENT: This is John again. I agree with you, Steven. I think this just needs to be pretty broad sweep general guidance with some examples of common things that are there. And that will have to -- the timeline of when it was done will have to be sort of ferreted out as the case is reviewed by the hygienist.

CHAIR MARKOWITZ: Any other comments on it?

MEMBER POPE: I agree. This is Duronda. I agree, because I think when you get into timelines, I think that's more in-depth into the claimant's case. You'll find out that information as you continue to collect information from that claimant, as far as the timeline. But if I think it is added here, that might be too early in the process of developing the case.

CHAIR MARKOWITZ: Okay. Okay, thank you. So are there any closing comments on this?

Otherwise we'll take a vote. Okay. We'll take a vote. I'm not going to read the recommendation in front of us. So, Carrie, do you want to take a roll call vote?

MS. RHOADS: Mike, do you want to do it or you want me to do it?

MR. CHANCE: I can do it. I'll take this and you can take the next one. How about that?

MS. RHOADS: Okay.

MR. CHANCE: Okay. We'll work as a team. Okay. If everybody's ready.

Dr. Berenji?

MEMBER BERENJI: Yes.

MR. CHANCE: Dr. Dement?

MEMBER DEMENT: Yes.

MR. CHANCE: Mr. Domina?

MEMBER DOMINA: Yes.

MR. CHANCE: Okay. Dr. Friedman-Jimenez?

MEMBER FRIEDMAN-JIMENEZ: Yes.

MR. CHANCE: Dr. Goldman?

MEMBER GOLDMAN: Yes.

MR. CHANCE: Ron Mahs?

MEMBER MAHS: Yes.

MR. CHANCE: Dr. Markowitz?

CHAIR MARKOWITZ: Yes.

MR. CHANCE: Dr. Mikulski?

MEMBER MIKULSKI: Yes.

MR. CHANCE: Ms. Pope?

MEMBER POPE: Yes.

MR. CHANCE: Dr. Redlich?

MEMBER REDLICH: Yes.

MR. CHANCE: Dr. Silver?

MEMBER SILVER: Yes.

MR. CHANCE: Mr. Tebay?

MEMBER TEBAY: Yes.

MR. CHANCE: All right. Looks like that carries unanimously.

CHAIR MARKOWITZ: Okay. Thank you.

Kevin, we're going to move on to the next topic. Kevin, can you bring up the file that's entitled "DOL_Response Advisory Board"?

So, as he does that, I can give you

the history. So, we made a recommendation, I'm not sure the exact -- yeah, I think this was in November, actually. Sounds like it. Or in any case, it was maybe January, but that certainly some job titles should be considered within the SEM, you know, within the sites where those people work as having many or most of the exposure to toxic substances within the job sites, within that particular DOE site.

And DOL responded to us March 26th, and I want to scroll down. You've all seen this, but I just want to focus on it as I'm going to point to the discussion.

If you could scroll down. The first couple of paragraphs is just acknowledging the recommendation and also summarizing what we recommended.

And could you scroll down, Kevin?

MR. BIRD: Onto Page 2? Or the bottom of Page 1?

CHAIR MARKOWITZ: Oh, I'm sorry. Oh, do I control that?

MR. BIRD: Yes. I believe when I'm on the page, you control whatever you view on that.

CHAIR MARKOWITZ: Okay, perfect. Okay. Okay, great. Thanks. Yes, I just noticed. Okay.

So, the third paragraph, there's a couple of important -- this is really the core of the response. First, it says it's the core of each toxic substance and job category that was identified in the SEM based on specific data established at a specific job site depending what's at a given DOE site, and has specific toxic substances named with those job categories or at the site.

And it goes on, quote, "As such, the Department does not make broad determinations across DOE facilities about toxic substances or job categories." Then it goes on and says, "The Department relies on objective data to support each and every piece of information that is entered in to the SEM."

And then it goes on, Page 2, where --

MEMBER GOLDMAN: Can you scroll down? Sorry. Can you scroll down, because it's not visible.

(Simultaneous speaking.)

MR. BIRD: So, in WebEx, you're able to control where you view on the page. I can bring you to the page, but you have to scroll down on your own in WebEx.

CHAIR MARKOWITZ: Oh. Rose, can you scroll down?

MEMBER GOLDMAN: Okay. I see it. I see it. Yes. Thanks.

CHAIR MARKOWITZ: Okay, great. So, Kevin, if you could just -- we're going to come back to this page, but if you'd just go to Page 2 for a moment.

And then it says, basically, that the Department's ratification on an individual basis based on individual claimant information. And it requests that if we have any data or objective evidence to support our recommendation, they'd be happy to receive that evidence.

So, that's fine. Let's go back to the previous page. So, and if you scroll down to the last paragraph, a couple of points. It appears that the Department thinks that we are -- well, we were recommending that for a certain few job titles that their exposures be standardized across the entire complex, meaning that a firefighter at Portsmouth, the thought was we were recommending that a firefighter at Portsmouth and a firefighter at Los Alamos be listed in the SEM as having the same exposures.

And, just to clarify, we were not recommending that. We were recommending that the firefighter at Portsmouth be considered as having a very broad set of exposures at Portsmouth. And likewise, that the firefighter at Los Alamos would be attributed many or most of the toxic substance exposures, or potentially, I think what it's about, potentially, at Los Alamos.

We were never recommending that, across the entire complex, that certain job titles be specific in having a standard set of

exposures. So, I wanted to clarify that.

Interestingly, if you see the unhighlighted sentence, "the Department does not make broad determinations across DOE facilities about toxic substances and job categories," I don't actually think that's entirely true.

For construction, within the SEM, if you go by site you can also look at a listing for "construction - all sites," and you can go to any number of job categories within the "construction - all sites," say plumber construction, laborer construction or the like, and you will see a set of toxic substances, potentially, with potential exposure, that is standardized across the complex.

Unless, of course, I misinterpret the SEM, but it would appear that, for construction job titles, that there is a broad determination across facilities with regard to their potential exposures to toxic substances. So, there, I think, you know, we could ask the Department for some clarification about that.

But moving on to a second point, the issue of the SEM is based on specific data, objective data, that supports the list of all potential exposures for a job category.

So now I'd like to move to a different file, Kevin, which is entitled -- it's the Excel spreadsheet, DOL SEM site-wide job titles.

And so I decided that it was a good idea to try and look at data. The Board doesn't have access to original data from DOE sites. So, we don't have objective data from the site unless it's publicly available. We don't have the data that was used to input into the SEM, for instance.

So, I said, okay, fine, what kind of data do we actually have? And so I looked at certain of these job titles that was part of our recommendation. At different sites, these are data from the SEM. And if you could just make it bigger, there's a couple more sites listed in this spreadsheet. I don't know. I don't think I can see -- well, I can't control it. Okay. I

don't want to lose the top, though. Okay, let's start towards the top. Okay.

So what I did was simply take firefighters, security guards, health physics technicians, and some aliases, because different sites use different job titles, but they are fairly close across the sites. And then I looked at the number of agents listed in the SEM for those job titles at those sites.

And there's an interesting pattern. Basically, you can see, for firefighters, Y-12 there was 11 agents, ORNL 13, Hanford 2091, Savannah River 26, Los Alamos 28, Portsmouth 24, Paducah 18.

So they -- oh, wait, actually -- so, especially for firefighters, there's a lot of similarity in the number of agents, like, given the heterogeneity of the sites, with the exception of Hanford. You know, Hanford's clearly an outlier here, right? So that's interesting. You'll see that Hanford is an outlier in another job title, which we will get

to.

For security guards, you had Y-12 13 agents, ORNL 9, Hanford 12, Savannah River 19, Los Alamos 23, Portsmouth 61, and Paducah 29. So, largely, similar numbers, Portsmouth is highest. We'll come back to that, because I want to compare the gaseous diffusion plants.

But when you get to health physics technicians -- and here, for some of the sites I had to combine, actually, health physicists with the technicians, but it didn't appear to make much of a difference.

There is substantial variation. Y-12, there are five agents listed in connection with that job title, whereas across the street in ORNL there are 86. So they don't entirely look alike, but some sites are different. Hanford, you see 2,000-plus, Savannah River 152 agents, and Los Alamos 38, Paducah 18, and Oak Ridge 36. So, generally -- well there we see, besides this large gray box, yes, we see Hanford is an outlier, and we see some significant variation

otherwise.

If we look at Savannah River, 152 agents, which I did, most of those agents are not radiologic. They are asbestos and beryllium, and all of the other sort of garden variety chemicals that we see in the SEM. They're not -- so, a fair amount of this variation is not due to the radiologics, which you'd expect to see, right, with the health physics technicians definition.

So, if you scroll a level down, and I want to look and now just compare the gaseous diffusion plants, which we have three. We have Portsmouth, Paducah, and Oak Ridge K-25. So, by way of background, they all did the same thing. K-25, in addition, had a pilot centrifuge operation, but most effort at all three places wasspent on gaseous diffusion.

And this is actually the -- I run the Former Worker Medical Screening Program at these sites, for the production workers, not the detection workers.

And Portsmouth and Paducah did very

similar things, although they enriched uranium to different degrees. And we see, for instance, among firefighters, a very similar number of agents: 24, 18 and 25.

And security guards, some variation, Oak Ridge/K-25 10 agents, and when I get to Portsmouth it's 51 agents. And then for the health physics technician, in Portsmouth there was just four, and when you move over to Oak Ridge and it was 36. So, some variation there as well.

Kevin, if you could put up another file, which is called -- it's a Word file. No, it's called "SEM List of Toxic Substances for Guards."

MR. BIRD: I'm pulling it up now.

CHAIR MARKOWITZ: Yes, that's it. So, then what I did was, if you look at guards for one job title -- okay, if you can make it smaller so we can compare them.

So, what I did was, for the three gaseous diffusion plants, picked the job title,

or the comparable job title at the various sites that was closest, and looked at the particular agents or toxic substances listed in the SEM. And so it was somewhat similar to K-25.

And so I took those ten, which are clearly related to use of guns, for the most part, and I put those in red so we can see where they appear at the other gaseous diffusion plants. And so in Paducah we had 29 agents.

And, Kevin, I don't know if you can make this smaller so we can see the full list of 29. Either that or if you could just scroll down some.

And then on the right, in Portsmouth, there's 61 agents listed for security guards.

And so the bottom line is that those agents listed in red for K-25, they appear in Paducah and Portsmouth. They are consistent. And obviously in Paducah and Portsmouth you have additional agents. And I would point out, for instance, in Portsmouth, you see benzene, you see -- okay, well, that's the whole thing, but it's a

little hard to read.

Can you just make it a little bit larger? A little bit more. Okay, that's good.

So, Portsmouth, the largest number, you see benzene, you see beryllium, you see asbestos, you see arsenic, hydrofluoric acid, some of the main hazards, actually, that existed for Portsmouth, particularly for our production workforce.

So, just to summarize from the spreadsheet, there is a clear outlier at Hanford. There is some variation in other job titles among the other sites, and even if you narrow down the type of facility, as I did here in the gaseous diffusion plants, you see considerable variation in the toxic substances listed.

So, I open the floor for comment.

MEMBER DEMENT: This is John. I think you've shown that, at least from my perspective, that unless the K-25 security guards never go into the plant, that they're never considered exposures. Plant process information at K-25, it

shows the inconsistency, in any event, across sites, that determines how this determination was made, at least in my view. I can imagine it being that greatly different.to here

CHAIR MARKOWITZ: Other comments?

MEMBER SILVER: Yeah, this is Ken. I do remember, in 2005, 2006, when DOL realized that they had to implement Part E, they went around to different DOE sites and asked the site experts and workers to submit information documenting exposures. And if memory serves, K-25 was already in rubble by then.

So this kind of populous grass-roots process of submitting information for the SEM may not have been very robust at K-25. I mean, that's not helpful for our purposes going forward, but that could explain why.

CHAIR MARKOWITZ: This is Steven. You know, we started our former worker medical screening in 1997. That's when we did our needs assessment at K-25. And I don't recall as to what records were still available, but there were

-- workers were interviewed. There were plenty of workers still available. And we did those interviews, to a certain extent. Those were scripted by Mark Griffon as part of our needs assessment.

And so, I kind of agree with you, perhaps on the records side. I think on the, you know, memory side, I think there were resources. I don't know quite how that SEM work was done in 2005, 2006.

MEMBER SILVER: Not very systematically.

MEMBER DOMINA: Hey, this is Kirk. Yes, and as I look at this, and even like the health physics tech for Hanford, because if you remember, it wasn't but a few years ago that job title didn't even show up in the SEM. And I was complaining about it.

But then if you look at the same thing between Idaho Falls or INL and Hanford, the discrepancy on the chemicals is like it is on the other slide show, and a hundred and some compared

to the 2,000 and some for Hanford now.

And I don't know how active some of these sites are on providing documentation to input into it, but it seems to me that some of them, it's kind of just fallen by the wayside because yes, the security guards were everywhere, you know, just like firemen.

And I think it's an injustice that it doesn't be looked at on the sites, for this, each site globally, because those guys are everywhere, and gals.

CHAIR MARKOWITZ: Actually, Kevin, can you bring back the full spreadsheet just so people can look at that as we discuss this some more? Other comments?

So here's a question. What -- what does the Board want to do as a next step on this? Really, evaluation of the SEM is one of the original four mandated tasks of the Board. And so we're, you know, well within our mission, our charter, to look further.

What do -- we could ask for the

objective data that went into the construction of the toxic substance profiles for certain sites and job titles, so that we have a better understanding of this. What do you all think?

MEMBER POPE: This is Duronda. I think that that's a good start, Steven, Dr. Markowitz. I think it, if we broadened that, at least we'll get a better idea of what are we looking at.

CHAIR MARKOWITZ: You mean, a better understanding of how they actually put together this picture of jobs and exposures.

MEMBER POPE: Right. Right.

CHAIR MARKOWITZ: I think it would also be useful to -- since, you know, the program and the industrial hygiene personnel have worked with SEM for 15 years, they clearly have some understanding of why there's this kind of variation. And so in addition to asking for data we could also ask them for their understanding of where this kind of variation comes from.

MEMBER GOLDMAN: This is Rose Goldman

again. I seem to recall also from perhaps the other meeting, something about that, I want to say, firefighters or some workers would go to different plants, like maybe in a time of need or -- so that would be one question I have.

If somebody is predominantly, let's say, at Paducah, but then as a firefighter, or even a security guard, there might be some times that they might go and travel to another location as well, if that's a factor here.

CHAIR MARKOWITZ: Well, you know, Mr. Vance, how is the -- in the claims evaluation process, if a worker is at multiple sites, doesn't the claims examiner look at the SEM for that job title for multiple sites?

MR. VANCE: Well, yes, absolutely. So, you know, they would basically do their steps in evaluating the information that was collected during the initiation of the claim.

So they would look at, you know, our records that we -- that's the records that we get from the Department of Energy that we might have

employment history on. We might get some industrial hygiene records. We might get medical records.

We would look at that information. We would look at site exposure matrices, doing filtered searches based on each facility. And then they would begin assembling the data about the exposures that they are, they're pulling out and extracting from that research.

Same thing with the occupational history questionnaire. And so, what I think is really important to understand is that the SEM is providing a generalized, you know, profile of the information we have that is based on specific documentation.

Whereas when they start looking at the customization of the exposure profile with regard to what Kirk was talking about, like let's say you had a security guard, the profile that we have in the site exposure matrices is going to identify the toxins that we know, based on documentation specific to that site, that that

security guard may have encountered as a part of their labor.

When we start looking at the individual characteristics of where that security guard may have been going based on the occupational history questionnaire, or other information, that's the kind of thing that may end up having to be profiled by the industrial hygienist, so that's where we have to sort of customize the exposure information based on what we get during our review process. If that helps, at all.

CHAIR MARKOWITZ: Sure. Thank you. That's good.

MEMBER DOMINA: Hey, this is Kirk.

CHAIR MARKOWITZ: Yes.

MEMBER DOMINA: One of the things, too, like with -- you know, I'd point out is between Hanford and Savannah River, we have, we had the same type of reactors, we had the same type of tank farms, but yet there's a huge discrepancy, like on any one of these chemicals

for any group of the workers that are listed here, which is -- it's kind of hard to figure out why that is, unless Savannah River just hasn't been providing input for X amount of years or whatever. I don't know.

And maybe Mr. Lewis can talk about that, or Mr. Vance, because of, like I spoke about earlier how it wasn't but a few years ago in our meetings when I brought up about not having health physicists for Hanford listed, when they were always the first ones in and the last ones out on any job, because rad was a major concern, and chemicals were not even thought about until you got into mostly the '90s.

MR. VANCE: This is John, and I don't know whether Greg's on the phone or not, but everybody has to remember that all of the information that's in the site exposure matrices was derived from some sort of documentation. So we probably have a lot more documentation with regard to Hanford relating to firemen or security personnel, versus other sites.

So that's where you see a lot of that differential is just the information that we have available that feeds into the data that's in the site exposure matrices.

MR. LEWIS: And this is Greg. I'm on. I don't know if people can hear me. Is the line open?

CHAIR MARKOWITZ: Yes, we can hear you, Greg.

MR. LEWIS: Oh, okay. Yes, I mean, I would agree with John. I could, you know, probably get a better answer with a more specific question, but I do know that the site exposure matrix team has worked with, extensively with both Hanford and Savannah River. They've gotten quite a bit of information from both.

But having said that, you know, all DOE sites have slightly different ways of keeping records, both now and, you know, capturing that information in the past. And they may also have had different workers doing somewhat different, you know, tasks or again, the logging that are

capturing it in a different way.

So, even though they may have had very similar operations, the records may be different. Or, you know, the actual chemicals used or exposures could be somewhat different, depending on -- particularly with job categories, not so much with operations.

But, so that's about all I can add, to be honest. But there are tremendous variations between sites.

CHAIR MARKOWITZ: Okay. Thank you.

So, question for the Board, what's the next step here, do you think?

MEMBER DEMENT: Hi, this is John. You know, clearly we don't have access to the raw data that went into making the site exposure matrix. I guess it would be interesting to, at least to ask for some -- ask for the why, you know, why the large differences, at least across the gaseous diffusion plants for the job category that you have shown us.

We've got to understand how that, you

know, why there should be such a wide variation, and if it's purely because of lack of information, then that's one thing, but to include the material, the possible exposure, and what plants the other -- this level of inconsistency, I think, deserves a little bit more.

CHAIR MARKOWITZ: All right, so that would mean, I think, asking for the, some of the underlying documents that were used to construct the profiles.

MEMBER DEMENT: At least some discussions about -- I don't know exactly how, you know, how we're going to get access to some of that information. But I'd like to try to understand the process better. And I think the one that you started with the security guards at, you know, the three gaseous diffusion plants, which, you'd think they'd be somewhat similar, is probably a good example to take a look at.

CHAIR MARKOWITZ: Well I think getting a further explanation of the process, I think

it's going to be very useful and also fairly general, and may not ultimately answer those, our questions about the variation.

I wonder whether, as a limited step, we should request the underlying documentation for say the guards across the three gaseous diffusion plants, or perhaps one or two other comparisons across these sites that we're looking at, not so that we're overwhelmed with documentation, but so that we have a better understanding of how it works and where the variation might be coming from.

MEMBER DEMENT: I agree, Steven. I think that's certainly one of the areas that the Board was specifically charged to take a look at, was the SEM and how it was constructed. And specifically, I think underlying documentation for at least a limited example would be worthy of taking a look at.

CHAIR MARKOWITZ: Okay, other thoughts? So this is, this amounts to a request for data. And I'm not sure that we need to agree

at the meeting exactly on the language for that request. But there is a verbatim transcript of this meeting, and to summarize, it appears that the Board would request data or the underlying documentation with regards to the SEM, in relation to selected job titles and selected Department of Energy sites, with the goal of understanding better both how the SEM profile for that job at those sites was constructed, and also beginning to understand the variation that occurs across job titles and across sites.

In addition, the Board would appreciate to hear from the Department about its view on how, I guess, the variation occurs. Does that properly summarize what we think we want?

MEMBER SILVER: Is there a particular SEM administrator?

CHAIR MARKOWITZ: I think it's a question for Mr. Vance.

MR. VANCE: Yes. So, if the Board would make a request, what we would do is work with our SEM contractor to identify records, and

then we'd have to actually work with the Department of Energy to make sure that we have the okay to release that underlying data.

So we would go through that exercise of evaluating the request and what we could do to fulfill that request.

MEMBER SILVER: While that's in progress, is there someone at DOL who is seen as the person who administers the SEM, who could come and talk to us, and explain what documents they rely on? And if they're on an agenda of our next meeting, maybe we'll have some of the documents by then, but that person could provide us, you know, with at least some of the dimensions of the problem.

MR. VANCE: Yes. I think any request that would be made would be considered, and the Department of Labor would formulate the best way to respond, whether that be allowing a person to participate or discuss that with the Board, or provide some sort of written feedback.

CHAIR MARKOWITZ: Okay, thank you.

So, are there any other comments on this topic? Okay. So, let's move on. The next topic on the agenda is the assessment of the CMC and the industrial hygiene performance. This is task number four of the Board, in its original charter.

And just to, you know, kick off this discussion, the aim here is to explore different ways in which we think the current assessments might be revised, with the goal of coming up, if necessary, with a recommendation for a modified method of assessing the quality, consistency and objectivity -- those are the key words, quality, objectivity and consistency of the IH and CMC. And those three terms are used in our charter.

So let me just kick it off and say that so, what have we learned about the current evaluation process?

The CMCs are employed by a contractor, and there are certain performance standards within that contract. In addition, the medical director of OWCP, at least for EEOICP reviews, I

think, 50 claims every quarter, I think it is, and submits a quarterly report to the Department, which isfurther reviewed by the Department.

And problems with the CMC reports are then -- there is feedback between the Department and the contractor, you know, expectations, improvements.

And then on the industrial hygiene side, that has a contractor, the contract contains certain performance standards. When the industrial hygienists of the contractor submit an evaluation, that's reviewed by the federal industrial hygienists for quality and consistency. And then a final, final industrial hygiene report is issued.

It is -- so, you see there's some difference between the methods of evaluation, in the case of -- on the medical side, there's a potential person who is taking a periodic look at these, the medical director, a quarterly look at a sample of the claims, whereas on the industrial hygiene side, the Department is looking at each

individual claim as they arise, and not taking a step back and taking a sort of a broader sample of IH reports and looking at them.

So, let me open the floor up for discussion.

MEMBER DEMENT: This is John again. With regard to the IH process, I mean, I understand that the actual detailed review of the case, the determinations are done by a contract industrial hygienist. And then it's passed up through the chain, through the DOL industrial hygienist.

I mean, I don't recall how many DOL industrial hygienists there are, but I think maybe one or two, but I may be wrong. So there are two there, and so my question on the industrial hygiene side, I can't imagine that the DOL industrial hygienists are going into depth with regards to the actual determinations of exposures by the contract industrial hygienists.

I think it's at best a high-level review, and not an in-depth of what actually is

getting done. So I don't actually consider the DOL IH review to be what I'll call peer review, or in-depth review. If it is, then they're overworked and we don't -- I just, I can't imagine why we would need a contract if they can, in fact, do that level of detailed review.

So, I think there needs to be a different process for the industrial hygiene review. Maybe -- you know, maybe it is, you take a sample like the CMC reviews take and really do an in-depth review of what actually went into the determination, what the determination was and was it a fair and accurate determination.

So I don't -- you know, again, I don't consider the DOL review to be a peer review of the IH process itself.

CHAIR MARKOWITZ: Other comments? If there are other comments on industrial hygiene, now would be a good time.

Or other comments in general. Let me -- I had the information that we covered previously, just to remind you.

So we -- and I think, Dr. Redlich, you looked, not recently, but I guess previously, at the medical director's quarterly reports. I don't know, Carrie, whether you want to give a summary of that? If not, I'd be happy to, but I talk enough.

MEMBER REDLICH: Well I just last night looked at the last three quarters of reports, and they summarize -- they each one reviewed, I think, about 50 cases. And I think a selection of cases were picked to -- that addressed different issues, such as causation, or impairment, or need for home care.

Of those that were selected as, I guess of those -- so approximately 50 each quarter times three, so it's about 150. And from those, I think it was about 25 that were noted to be sub-optimal, or could have been better, in terms of the review of the, basically the CMC, or the second opinion.

I think all but one of those addressed issues related to impairment or need for home

care. So only one out of the 50 noted a possible issue with causation. So I think that is different than our assessment of reviewing cases.

And I did also review the form that's used, and it does look at a number of appropriate issues in terms of, you know, the quality of the report, the accuracy of the information. I think it -- it doesn't get at some of the issues that we have raised, that I don't need to repeat, but that have led to concerns about the final adjudication as far as causation.

But Dr. Markowitz, you may want to add to that.

CHAIR MARKOWITZ: Well, I had looked at, you know, a lot of them for maybe six quarters of the medical director report and found the same thing, that there were substantial issues. Somewhere around 15 to 20 percent of the claims reviewed bore questions, some major, some minor, on -- you know, relating to impairment or some other issues.

And when I looked there was I think

one or two actually which raised questions about causation. And so I got the impression that, for whatever reason, causation wasn't really either the focus, or adequately assessed. Because when we looked at claims -- and those were respiratory disease claims -- and we looked at a fair number of claims, not in such a standardized way that we could necessarily aggregate the data, but definitely we could aggregate our impression, somewhat, which is that there were many CMC reports that were outstanding, that were excellent, that we would agree with their process and decisions.

But there were a minority that were problematic, and obviously problematic, actually. It wasn't sort of a nuanced difference, in our opinion. I noticed that that review sheet that you mentioned, it doesn't ask whether you agree with the CMC decision or not, which is something that we do take a look at. But I --

MEMBER REDLICH: I think it also didn't ask whether we agreed with the exposure

conclusions.

CHAIR MARKOWITZ: Right. Right. Basically, the questions that were looked at were the medical information, the quality and the review of the medical information. The questions came from the claims examiner and the like.

Other board member comments?

MEMBER FRIEDMAN-JIMENEZ: This is George Friedman-Jimenez. I have a recommendation that I would like to propose, and I'd like to discuss the rationale for that. It will take, I would guess, around five minutes. Can I present this idea?

CHAIR MARKOWITZ: Sure.

MEMBER FRIEDMAN-JIMENEZ: Okay. I suggest that the Advisory Board consider recommending that the EEOICP set up a review committee that would do performance assessment process in an ongoing way.

And my rationale is that, as Carrie was saying, the current assessment of CMC and IH performance seems focused more on impairment

ratings and levels of disability, and care need, than on the accuracy of determination of work-related causation.

Maybe a reason for this is that there's no gold standard for determining work-related causation. We have reviewed, members of the Board have reviewed a large number, samples of cases, and concluded that the determination of causation is often reasonably well done, but I think we had a consensus that there were too many cases in which we had concerns.

And the kinds of concerns that we had tended to be around individual level of exposure assessments, errors due to ambiguities in diagnostic terminology, missing exposure or medical information, difficulties in using the SEM, and really the overall process of determining work-related causation at the individual level.

In many cases, the determination comes down to a judgment process that includes some subjective and interpretive elements, as well as

some what is often called objective evidence, although there's some controversy about that.

The judgment component generally is a necessary part of the process. And for this reason I think there's often a perception by claimants and the general public, and sometimes this may be true, that the clinician's causation judgments may be influenced by a variety of factors that might lead to under-diagnosis of work-related causation, meaning incorrectly classifying work-related illness as not being work-related.

In addition, there's concern by others that contractors, maybe in efforts to be claimant-friendly, may be leading to over-diagnosis of work-related causation. And since these judgments, these determinations end up being judgment calls, often by the CMC and/or the IH, there's no quantitative method or algorithm that we can develop that would adequately assess this dimension of the performance of the CMC and the IH.

So I think there's a need for performance assessment. But I don't think it can be done by a formulaic or algorithmic approach. So I propose that there be a committee to do these performance assessments on an ongoing basis. Determining work-related causation is fundamentally an interdisciplinary process. I think it makes sense to have a multi-disciplinary committee rather than a single position, like the medical director, doing these performance assessments.

The committee would ideally have representation from occupational medicine, industrial hygiene, exposure assessment, epidemiology, toxicology and biomedical research. And the cases could include either or both randomly sampled case with different diagnoses, even groups of diagnoses.

So we would review, or the committee would review a number of cases, as we did of asthma, or a number of cases of COPD, et cetera, and also specific individual disputed cases.

And given that the judgment component of these determinations is unavoidable, and to avoid perception of one-sidedness of the committee, there would need to be some kind of an approval process by representatives from labor, from government, academia, of the committee members that participate in the process.

This would be a labor-intensive process. This is not a simple or -- a simple thing that we could do within the time availability of the members of the Advisory Board.

I think the committee members would need to be paid for their work. It would need to be a periodic process that was done on an ongoing basis. And it should be separate from but overseen by this Advisory Board.

So that's my proposal, that we have, we establish a committee that would do these performance assessments, because no single person knows all of this stuff in a way that, you know, as Steven and others have discussed before, that

we could assess impairment and care needs as well as causation and determination of exposure and all of these factors. So, I think a committee would make sense.

So that's my proposal, and I open it to discussion.

CHAIR MARKOWITZ: So, this is Steven. So to summarize, a multi-disciplinary peer review periodic assessment of the quality of the CMC and industrial hygiene evaluations within the claims process.

MEMBER FRIEDMAN-JIMENEZ: Yeah, pretty much, which would have two components, and we can talk about whether they're both needed. One would be group assessments, you know, of groups of particular disease diagnoses, and one would be individual disputed cases.

CHAIR MARKOWITZ: Well, yes that's a -- I take it from, if I'm learning from the Department, a crucial distinction is that the latter gets into individual claims and adjudication of individual claims where the

former really is about performance of the program, and program elements. So we don't -- you know, I don't know that we need to get into that level of detail.

So, what do people think?

MEMBER POPE: This is Duronda Pope. I think it's a great idea. It enables us to get an idea of what's happening with the cases in somewhat detail, as much as we can. It gives us a broader idea of what's happening with those cases, and give us some insight of how the SEM and those other -- what's the word I'm trying to say? How those other components work within the program.

CHAIR MARKOWITZ: So, by independent, I take it that you mean independent of the current contractor and independent of the current the federal personnel. Is that right?

MEMBER FRIEDMAN-JIMENEZ: Yes. And, you know, I think the second component could probably be done by the medical director. But the first component would give the Advisory Board

real information on identifying what may be the limitations or the weak link in the process, specifically of causation determination but also the other components as well.

CHAIR MARKOWITZ: And more important to the Department.

MEMBER FRIEDMAN-JIMENEZ: Yes.

CHAIR MARKOWITZ: Other comments?

MEMBER MAHS: This is Ron. I agree with what he's got there, because it always bothered me why the IH doesn't have to show where he made the determination on the level of exposure. He may have never been in the plant, he doesn't know what the claimant worked in, in the 70s or 80s or 90s. How can he make that determination that the exposure level was too low?

MEMBER REDLICH: This Dr. Redlich. I guess I feel that, you know, we've been at this for several years. And I think we have a pretty good idea -- you know, as Dr. Markowitz said, a number of the cases are properly adjudicated. No

system is going to be completely perfect.

I mean, I think we have an idea of at least where some of the -- and we've, you know, we've looked at quite a bit of data in terms of, you know, where the greatest number of cases are, and what some of the issues are.

So, I've gotten hesitant about yet another resource committee. And I'm wondering, you know, maybe -- there is a review process in place. And you know, maybe if we met with the medical director and could, you know, directly discuss with him some of our findings and conclusions, and thoughts about how to improve the process and the oversight.

So, and I think that, you know, we have -- I think things -- we have made recommendations that have been implemented. Even my -- I did check that the pneumoconiosis is linked to pulmonary fibrosis and interstitial lung disease, which is appreciated.

So I mean, I think that there has been progress in a number of the, you know, issues we

had noted. So I'd be a little hesitant to add another body to review what is a quite complicated process.

MEMBER POPE: This is Duronda. Is there a current oversight committee that reviews and gives the findings within the program, within Department of Labor?

MR. VANCE: Was that question directed to me? I wasn't sure.

MEMBER POPE: Oh.

CHAIR MARKOWITZ: Yes. I'm sorry. Is that for Mr. Vance?

MEMBER POPE: I believe so.

MR. VANCE: Yes.

MEMBER POPE: Yes.

MR. VANCE: Yes, okay. I'm sorry. Yes, I would say that we don't have any kind of -- if you're asking about some sort of independent oversight committee, the answer is no.

I mean, you know, Ms. Pond talked yesterday about the fact that we have our annual

accountability review process and we also have our internal quality assurance process which has started looking at the overall quality of the cases and the sufficiency of the decisions that are coming out of the process.

MEMBER POPE: Okay. Thank you.

CHAIR MARKOWITZ: Other comments?

MEMBER SILVER: This is Ken Silver. My sentiments are closer to Dr. Redlich's. I want to tip my hat towards George for thinking through something that's comprehensive.

I'm a pretty empirical, practical person, and we first asked for more resources to do things better almost four years ago, and rather than elaborate a Christmas wish list, I'd like to stay focused on a contractor to support the Board's various analyses so that the Board's brain power is used more efficiently.

And the contractor would, you know, organize the case files for us and keep things up so that the volunteer board members can do what they do best, and not spend as much time

shuffling paper and hunting for things in case files.

So, one step at a time, and I'd much rather stick with our first resource request.

CHAIR MARKOWITZ: This is Steven. So, I don't think a recommendation of an independent peer review process necessarily involves the Board at all. I mean, it could be that this is a recommendation for the Department, and the Department could consider that, whether they want to, you know, involve the Board in this, but this -- that would be an entirely new function.

Recommending an independent peer review process, they would try to figure out through contractors and whatever consultant arrangements to get independent input into their system.

And so it's clear the Board would like to know the results of that assessment, but it's not necessary that the Board itself do that, if that addresses your concerns, Ken.

MEMBER SILVER: I just think that

we're introducing competition over resources for, you know, between this fine new idea, and an idea we had four years ago and, you know, maybe coming off as ivory tower types seeking perfection, when we just heard from Dr. Redlich that it's probably good enough.

MEMBER REDLICH: So I would say that I do not disagree with the suggestion of an independent group to evaluate it. I think that one of the problems is the -- I think we're very good tools. We have the breadth of expertise that is needed for this. And I think there is a relatively limited number of people out there that would have that expertise.

And I think, you know, a number of the recommendations we've made have been implemented. I think one thing -- there's one thing about making a recommendation is that any such recommendation is -- getting that fully implemented throughout a system can be challenging.

I just am dealing with something way

simpler, putting face masks on people at my hospital, which still has not happened, universally. So, I feel it would be helpful for potentially a group like us that's already familiar and has made I think some good recommendations, ones that have been implemented, to see if those have had an impact.

You know, I think we -- they probably have, just from looking at some of the data. But you know, specific things related to COPD or asthma or, you know, some of the other conditions.

So, I would -- I think there could still be value in a group like us that has, you know, I think identified specific fixable things, and also sort of now seeing -- and I think with, you know, with any recommendation, it takes time to have it fully implemented.

So I would say I'm not opposed to the suggestion of that independent review group, which would probably be very good. I was just, in terms of resources and who -- that group will

be as good as the people on it. So that's sort of my hesitancy.

CHAIR MARKOWITZ: Yes, this is Steven. I don't think that resources should be a primary concern of ours. I mean, our charter is to provide advice to the Department about certain aspects of the program. And how to improve -- certain improvements, how to improve that program.

And what the resources are, where they come from, did they arrive, et cetera, is kind of separate from what we should be considering. It's not that I'm unaware of the resource issue, I don't mean to suggest that. It's just that we don't really know where resources go in this program, and we don't know what monies are spent for what. And we don't know, potentially, what's available.

And so, I think we should focus on what we know best, which is, you know, how to look at the program and make recommendations on certain parts of it.

I'm also -- if I believed that a sit-down discussion with current personnel in the Department would correct these issues, then I'd be all for it. And I'm not opposed to that kind of sit-down.

But I think what we've seen is systematic issues, you know, the lack of a periodic assessment of the industrial hygiene process, the, as far as I can tell, neglect of the issue of causation in the medical assessment of the CMC.

And so, I'm skeptical that sit-downs are going to change that. And I'm skeptical that it's going to avoid the need, ultimate need for kind of an independent periodic review.

MEMBER REDLICH: Just for one point of clarification, of those 150, or about the 50 a quarter that were reviewed, I think a number were selected for review as far as causation. But of the ones that were identified as being lacking, there was only one that was related to causation.

So I think they were looking at

causation, I think it, those may have just been ones that, where there were no issues as far as causation, or it could be that the approach that they're using to review the CMC process is potentially missing some causation issues. And it's hard to know which of those options it is.

CHAIR MARKOWITZ: Right, sure.

MEMBER REDLICH: I'm just saying, I think there was an attempt to look at some causation cases. The end result is somewhat different than our experience.

CHAIR MARKOWITZ: So, we have a couple of choices, besides taking a break for ten minutes. One choice is to try to come to a conclusion about this and formulate a recommendation at this meeting.

Another choice is to think about it some more, likely have to have a small group toss around these issues a little bit further in May, and then come back at the end of June when we have our next telephonic meeting to try to formulate a recommendation that the majority

agree with.

So, why don't we take a 10-minute break, and then come back and then make a decision about that choice. Is that all right?

MEMBER FRIEDMAN-JIMENEZ: Sounds good.

CHAIR MARKOWITZ: Kevin, what time do you have, Kevin?

MR. BIRD: I have 12:43 Eastern.

CHAIR MARKOWITZ: Okay. So we'll reconvene at five of one, in ten minutes. We can just stay on the line, right?

MR. BIRD: Absolutely.

CHAIR MARKOWITZ: Okay.

(Whereupon, the above-entitled matter went off the record at 12:43 p.m. and resumed at 12:59 p.m.)

CHAIR MARKOWITZ: Okay, this is Steven. So, my feeling about this issue on the IH and CMC performance is that this is one of the core tasks of the Board, and we have been looking into the issue for a couple of years, I would say. And we'd do best by having additional

discussion by a smaller group, in the next few weeks, and then returning for a formal look at a recommendation at the meeting at the end of June.

It's just too important an issue, and I think we need to have a fuller, maybe more relaxed discussion by a subset, and then see if we can arrive at a consensus. What do people think about that?

MEMBER FRIEDMAN-JIMENEZ: This is George. I agree. Yes, that's a good idea.

MEMBER REDLICH: This is Carrie. I also agree.

MEMBER GOLDMAN: Rose. I agree.

CHAIR MARKOWITZ: Okay.

MEMBER DEMENT: This is John. I agree as well.

MEMBER BERENJI: This is Mani Berenji, I agree.

CHAIR MARKOWITZ: Okay. So, let's go with that. We're going to put this back into a working group. You'll be happy to know that I have a running list of working groups, both

current and to be started by, within the next hour, and we'll review that in a few minutes.

So the next item on the agenda is the revisions in the EEOICP Procedure Manual and bulletins. All right. I put this on the agenda, really as a placeholder. It's like we are provided, I think, prepublication versions and notices, but in general, these bulletins come out, procedure manuals change, and so we've got to occasionally look at this.

I don't have any particular issues to discuss here, but if anybody has seen anything, any changes in the transmittal documents or whatever that they want to discuss, now is the time.

Okay. I do think, when develop a work plan, at the end of this meeting, that we should develop some plan around how we're going to address these short-notice prepublication documents that we're getting, and our ability to take a look at them, and provide comment in a timely fashion. But we'll get to that.

Okay. Next item is also easy, it's the update on expanding asbestos job titles in the Procedure Manual. And just to remind the group, because just in case, I and some others on the committee, and I'm thinking about Ron Mahs, I'm thinking about John Dement, and maybe there was one other person.

I'm also thinking maybe Duronda Pope, but I usually think that Duronda Pope is involved, that we were asked by Department of Labor, we have proposed certain expansion of the asbestos job titles in the Procedure Manual, and we said -- they asked us for documentation for those titles, and we promised that we would provide that documentation.

And I have not been able to get to that. I know that Mr. Mahs sent me an email recently about this, but I have no update on this, and I -- but personally I think, it is my plan, and I think the Board should close this out by the end of this board term, so it's not a lingering issue.

Any comments on this? Who was on that committee besides Ron and John and myself? Anybody else?

MEMBER POPE: I think I was. Duronda.

CHAIR MARKOWITZ: Yes. Exactly. Exactly. Okay, great. Okay, so we'll -- we're going to reconvene soon.

Okay. The next topic -- we're now on schedule -- is review of public comments. We had one written comment posted on our Board website as of yesterday. We had several verbal comments yesterday. And I'm wondering if people have, want to make any comments about the input that we're receiving.

Okay, I'll start off. I think that Stephanie Carroll's comment about the B reading, I think we addressed that in our advice to the Department of Labor, to the extent that we could, if I heard the comment correctly.

And I think she did mention something about glyphosate not being in the SEM as having any health effect and I think that will probably

be corrected after the SEM IARC working group provides its next report.

Then we had, Mr. Avery talked about hearing loss yesterday, and the Board has addressed the issue of hearing loss in the past.

Ms. Barrie raised the issue of faulty respirators, a couple of answers from myself, during a certain time period. And I think Mr. Vance asked the Board to look at claims.

Let me ask Mr. Vance, if you're there, so that claimant information, how is that integrated into the program during claim review?

MR. VANCE: First, are you talking about incidents, or involvement in incidents, or not --

CHAIR MARKOWITZ: So, it's -- yes, okay. So what -- I haven't read what she was referring to, but what was said was that during certain time periods, 2012 to 2016, and likewise in 2009 to 2012, but generally it was over a number of years where there was reports of faulty respirators, meaning that, you know, people might

have a lot more exposure than previously thought.

So my question is, so here you have a news report. I don't know what it's based on. So, how does the Department factor in that kind of information? Because if it's been verified, for instance, how will it impact the industrial hygiene evaluations during that, those time periods at those sites?

MR. VANCE: Yes, I mean, you know, what I always point out during any claim adjudication process is that the most information that we can get is what is going to be submitted to us. So if people have data or information, or monitoring, or any kind of information that helps profile their exposure, that's always going to be very helpful.

But from my interactions with our industrial hygienists, they generally don't look at personal protective equipment as swaying their opinion about the exposure to occupational toxins because they're -- you know, and I think folks have talked about this before in the board

meeting is that, you know, they have no assurance that people are using it correctly or that it was, you know, properly accommodating particular types of exposure.

So generally, while they'll look at PPE usage, they're not going to generally sway, that's not going to sway their characterization of the exposure to a toxin, in how they prepare their assessments.

So, you know, more information is always helpful. It's helpful to get that information, and have it available for review. But again, it's up to the industrial hygienists to look at that, and figure out how it influences their assessment of exposure.

And from my interactions with our industrial hygienists, they generally will argue that, you know, there was no way that they can basically say that this person was absolutely using it properly so that way they have no exposure.

They're generally looking at it and

saying, we're not going to render an opinion that, you know, puts a lot of weight behind the use of PPE, though it's acknowledged in the occupational history questionnaire, or even identified in the DAR records.

CHAIR MARKOWITZ: So, and in these circumstances, just to follow up, so was there a notice or a memo we put out to the contractor? And again, I understand this is a bit complicated, I think it is, at least for me, because I haven't looked at, you know, details about this episode, these episodes.

But I would, could and noticed one will be put out to the IH contractor to say hey, beware of this issue that occurred over a number of years and everything.

MR. VANCE: You know, anything's possible, but generally because of the administrative nature of how we handle these cases, we would be looking for that data specific to an employee, when we start looking through their case file.

If there would be some sort of generalization about particular incidents or issues like that, we could potentially let that, you know, what's the objective evidence related to that, and it was something that we could potentially incorporate into the site exposure matrices, because we have that kind of ability to identify incidents or issues relating to occupational safety and health things that went on at the different sites.

CHAIR MARKOWITZ: Okay. Thank you.

Anybody else have any comments about the public comment?

MEMBER SILVER: Yes. This is Ken Silver. One aspect of Mr. Avery's comment yesterday is, later in his career he was a radiation monitor, and he hammered on the point that the ototoxins were not in his job category. So, he's kind of a name and a face that goes with our earlier discussion this morning on site-wide job titles. He wasn't at a gaseous diffusion plant, but as the Board revisits that issue of

site-wide job titles, he's an interesting case to keep in mind.

CHAIR MARKOWITZ: So, actually, just getting back to that respirator problem, I think there was a suggestion that the Board look at claims. Our goal has been to do that. We have a pending request that lung cancer claims, or post-95 claims, and which hopefully come the next meeting before the Board's term, which we will then be quite busy there. So I hesitate to request more claims to look at.

Any other comments from board members on the public input? Okay. So, I think we're up to developing a work plan of the next three months.

I was supposed to remind you, I was asked to remind you that the board members who want to continue to serve on the Board in the next term, that Mr. Vance mentioned yesterday, applications coming up, so we post the applications in the Federal Register. And the last day to submit those are May 1st, or April

30th?

What's the last day, Mr. Vance?

MR. VANCE: I think it's May 1.

MS. RHOADS: Yes. It's May 1.

CHAIR MARKOWITZ: Okay.

MR. VANCE: Yes, it's May 1.

CHAIR MARKOWITZ: Okay. So before we move on to the work plan, are there any issues that we said we'd get back to which I've forgotten about?

Okay. So, we're going to make up a list of the universe of concerns that we are -- let's see. If I can find it here. Let's see.

MR. BIRD: Yes, sorry. I'm just pulling it up so we can edit it.

CHAIR MARKOWITZ: This is a draft. And I want to just go through the full list first, before anybody starts volunteering for things. So I'll go through, quickly, all of them, and then we'll return to them and see if time table appropriate and everything is done, personnel involved are the correct personnel.

So, one we have the -- by the way, can you hear me okay?

MEMBER FRIEDMAN-JIMENEZ: I can, yes.

MEMBER DEMENT: Yes.

MEMBER GOLDMAN: I can.

CHAIR MARKOWITZ: What's that?

MEMBER GOLDMAN: Some crackling noises. I don't know, maybe that is just -- where it is coming from.

CHAIR MARKOWITZ: Maybe it's the tree coming down.

Okay, so the first one is, Parkinson-related disorders. The second issue is the SEM IARC Group 2A concerns. The third issue is what I just mentioned, the asbestos job titles. Fourth is our resources request, and that has to do with, we said we, which we will follow up on in the process outlined to us yesterday.

The next issue is, we're expecting some claims, 20 of lung cancer and 10 in post-95 claims. We don't know when they might be ready. The next issue is the one we just discussed on

the CMC and industrial hygiene assessments.

And then, and if you could just scroll down. There's just one last -- you can see what the last one is a kind of wavy one, but we need, the Board needs a mechanism for how we address these notices of prepublication policy changes at the program, which we don't have now. Right. That's not, you know, much work to develop that procedure, but we do need to put it on the radar.

Okay, so let's go back up to the top.

MR. VANCE: Dr. Markowitz?

CHAIR MARKOWITZ: Yes.

MR. VANCE: I hate to interrupt, but I also would just remind you about that batch of development letters that are also going to be coming. Yes, I didn't see that on the list.

CHAIR MARKOWITZ: Okay, great. Okay. Thank you.

So, there's another task then, and I don't know, Kevin, can you write on this document?

MR. BIRD: Yes.

CHAIR MARKOWITZ: Okay. So, it should be Item H, which is a response to DOL request for assistance in provider outreach. And just to remind the group that part of that request that came in from the Department in February, one of the items was to ask for our input into getting private providers to communicate more frequently or more on target with the program, regarding the claims.

And what the Department said was, could we provide that the development letters that are sent to the providers, the outreach material and the like, and this is so our -- they want our brain power in how that process -- how, if that process might be improved.

We don't have those materials. They're going to provide various materials. We don't have them yet, so -- but I take it we probably will be getting them before mid-July. So it's on the radar now.

Thank you, Mr. Vance.

Okay, so let's go back to the

beginning. The Parkinson's disease, I think we have a plan. There's a scientific review that's going to occur over the next month or so. And then there'll be a full, at the full board meeting, there'll be a final recommendation that we can discuss and vote on.

And I have, from memory, the people listed on that group listed there. I'm not sure I got everybody, or I got everybody correctly, but it was Dr. Mikulski, Ms. Pope, Dr. Goldman, Dr. Friedman-Jimenez and Dr. Dement. Is that right?

MEMBER GOLDMAN: Correct, I believe.

CHAIR MARKOWITZ: Okay.

MEMBER GOLDMAN: This is Rose Goldman.

CHAIR MARKOWITZ: Yes, okay. Okay.

So, I take it that, Dr. Mikulski, that you'll, or maybe even have scheduled that working group meeting, and has -- and I know has sent around the ongoing articles that he used in his review. Bear with me.

Second item is continuation of the

work on the SEM, the input into the SEM, including IARC. And there is a working group meeting that will be scheduled. And let me ask, is it realistic that we might have, on the Group 2A agent, a final recommendation by towards the end of June?

MEMBER BERENJI: This is Mani Berenji. I do feel that that is realistic. I've already done most of the leg work, at least for the 2A chemicals. We need to take a deeper dive with the pesticides, but I've also done the preliminary research on that. So, I honestly think this is realistic, but I defer to my colleagues.

MEMBER GOLDMAN: I have a question on where we left things, if you don't mind me asking. It's Rose Goldman again. I think there was a question about taking the Group 2A, which is probable human carcinogens, and breaking it into higher probability, medium and lower, and then maybe doing something with that.

Are we planning to put forth some

recommendation about either doing that, or our group doing that, and then maybe saying that we used the 2A ones that are the highest probability ones, or something along that line, so that we have a clear direction on the task?

MEMBER BERENJI: At least from our discussion yesterday, that was the plan, to tier the 2A chemicals into strong, moderate and weak evidence, at least with respect to human epidemiological evidence. Please correct me if I'm wrong, but --

MEMBER GOLDMAN: So we would do that for you. Well, our group would do that by sort of looking over the articles, not with a specific criteria but sort of a judgment on looking at how strong the evidence is to now further break them into tiers. Is that your concept, or our concept?

MEMBER BERENJI: That was my understanding. And I actually do have all the monographs from IARC, so I could disseminate that to the group via Google Drive or some other way,

because they're pretty large documents. We could review that, I mean, you know, based on our current assessment of how we review evidence, we could use that same basic logic, and we could tier the chemicals accordingly.

MEMBER GOLDMAN: Okay. And then, would the consequence of doing that be that, having done that, that the group would give sort of the rating of carcinogens to those things that fit into 2A and are high-tier? Would that be the direction we're going?

MEMBER BERENJI: At least from what I think we should give credence to the high evidence, high -- or strong evidence for carcinogenicity, especially for the high and moderate.

With respect to the weak tier, I know a lot of the cases, and papers that I reviewed were based on case reports. So we could rank that as a lower tier rating, but I do feel that all the 2A chemicals, at least in my humble opinion, should be considered and should be

incorporated into the SEM.

So, we could kind of tease that out in our working group, but at least this way we'll have a basic understanding of what's considered, you know, the most, you know, pressing, at least with respect to the 2A chemicals, which ones we should definitely be recommending to be in the SEM no matter what, and then we can tease out the moderate and the weaker ones.

MEMBER REDLICH: This is Carrie Redlich. When you do that, as you go through them again, in trying to categorize them, if there's some general sense of, you know, over ten years of duration of exposure, any other general guidelines such as that, I think that would be helpful.

MEMBER BERENJI: I think that's a great comment. Absolutely.

CHAIR MARKOWITZ: So, this is Steven. You know, each of our recommendations will require us to submit a rationale for them. And with respect to this topic, we are not going to

replicate the IARC evaluations. You know, the IARC evaluation process is transparent and stellar, and so I think, only to the specifics of how any recommended 2A carcinogen, it needs to be accommodated within the SEM, that could be justified.

But I don't think replicating the underlying, you know, even summarizing the underlying science behind the status of the 2A is necessary.

MEMBER REDLICH: Well I was just sort of thinking in terms of --

CHAIR MARKOWITZ: No, I agree. I agree totally with the issue of duration. I wasn't actually disagreeing. I was making a separate comment.

MEMBER REDLICH: So, and then also if it's, if yes, it may be a strong carcinogen, but was it in a setting that would be the type of setting that we would expect, you know, so that other piece.

You know, obviously there are lots of

exposure settings, but at least to try and get a sense -- I mean, because sometimes we have a literature that's based on more historic exposures or the like. So I think, just that additional piece would be helpful.

CHAIR MARKOWITZ: Sure. By the way, let me add something. It just occurs -- I think this is relevant, I think, to all these efforts. I think, if we can, we should circulate, two weeks before the full Board date, circulate the proposed document, so that people have time to take a look at it, and if it's relevant, possibly some of the key articles, so that we're not doing what we did this time with the Parkinson's. With two weeks' notice, we should be able to accommodate that.

MEMBER SILVER: This is Ken Silver. Steve, you brought up the excellent issue yesterday of the tumor site specificity of certain 2A chemicals. It's definitive evidence in animals, but does that really lead us to identifying the organ site likely to be affected

in humans, if I'm characterizing your question correctly.

CHAIR MARKOWITZ: Yes, yes, absolutely. Yes.

MEMBER SILVER: Yes.

CHAIR MARKOWITZ: Okay. Anything else on the SEM working group? And of course, any progress on the NTP reasonably anticipated to be a human carcinogen would be appreciated, but you may -- your workload may be full.

The asbestos job titles, so this is something that I think Ron and John and I will continue.

Was there -- Duronda, were you also on this group?

MEMBER DOMINA: Hey, this is Kirk. I think I'm on that group.

CHAIR MARKOWITZ: Oh, Kirk. Okay. good. Okay, okay.

So you could add Mr. Domina. Yes, thanks.

So we're just going to come up with

the documentation for the job titles that we think ought to be added.

The -- next is the board resources request. So, we have, a couple of times, requested resources for, to help with claims review or scientific background work. And we heard from the Department about the process and prospects.

And anyway, this Board's term ends, end of July. This is something that we need to address and hand off to the next Board. So, I think that we need a group to work up a statement of work, and the other elements, some of the other elements that were outlined to us.

Anyway, I would hope Mr. Vance will produce some interactions -- proceed with interactions in the next couple of months with the Department around this so we have a better understanding of what those elements are.

So, does anybody want to work on this? Besides me.

MEMBER SILVER: This is Ken. I really

want to see it happen, but from the description I heard yesterday of the requirements, I don't think I can make two phone calls without getting in trouble when it comes to government contracting rules. So I'd be happy to work with you on it, Steve.

CHAIR MARKOWITZ: Okay. So Kevin, if you could write on it, yes, if you could add myself and Dr. Silver. And so the coordinators will be there for certain. If anybody else wants to volunteer, if not, we can come back to it.

So, claims review, Mr. Vance, do you have any sense of when we might be getting claims? I'll give you a second. I just discussed it with the program, and clarified certain things a couple of weeks ago.

MR. VANCE: I can't give you a specific date, but I know that we are working on it. So we've got to get the -- you know, we got to get the extraction report, then we got to get the population and then the sample selected, and then we'll get the cases to you. But I don't

have a specific time frame, but we're working on it right now.

CHAIR MARKOWITZ: So, when these claims are ready, what we need to do -- and they're two separate lots. We need to figure out who is going to review which claims. We could use the evaluation form previously.

These are very -- as opposed to the previous reviewed claims, these are much more targeted. The lung cancer claims are all people who've been denied, who have essentially construction job titles. And they have a latency of at least 15 years. So they are high-suspect for having occupational lung cancer. And yet they were denied, and so we could, you know, see the details and figure out what's going on.

The post '95 claims are, we've requested ten and, you know, it's really focused on how the industrial hygiene assessment does the exposure.

Okay. If you could scroll up. Okay, that's good. Oh, please go back right there.

MEMBER SILVER: This is Ken. I'm eager to sink my teeth into a few of those post '95 claims. Frankly, it seems like trying to coordinate it is an invitation to a very stressful experience. We've had claims that were passed at the last minute. So when they come in, count me in on looking at some of the post '95 claims, but -- because I'll have time in late May and June.

CHAIR MARKOWITZ: Okay. Thanks.

So if you could write in Dr. Silver, post '95.

MEMBER DOMINA: This is Kirk Domina.

CHAIR MARKOWITZ: By the way, you know, if we -- yes, go ahead.

MEMBER DOMINA: I'll do that and I'm happy to help with lung cancer.

CHAIR MARKOWITZ: The lung cancer? Okay.

MEMBER DOMINA: Yes. Thank you.

MEMBER REDLICH: And I could look at a few of those too. It's Carrie Redlich.

CHAIR MARKOWITZ: Okay. Okay. All right. And we can put my -- now it's safe to put my name down.

MEMBER REDLICH: I was just going to say, Steven --

CHAIR MARKOWITZ: The -- now, depending on when we get these, it's possible or likely that we're not going to finish this work by mid-July. So the goal then would be to hand off something to the next Board. But I think that, you know, having made this request and planned it out, and if we can make some progress, and then leave it in a reasonable state, then the work of the Board will be, you know, won't be interrupted.

The CMC and industrial hygiene assessment, so this is really just a discussion. We are really just tossing around, and we did today, a little bit more reasonably, maybe, around how this should -- how the Board should weigh in on this.

And I want to be involved with this

discussion, so you can write my name down. And I'm sure there's some others who also want to be involved with this discussion.

MEMBER MAHS: This is Ron. I'd like to be involved.

CHAIR MARKOWITZ: Let's add Mr. Mahs.

MEMBER DEMENT: This is John. I'd like to be involved with that.

MEMBER POPE: Duronda, I'd like to be involved.

CHAIR MARKOWITZ: Okay. By the way, we're open to people who have second thoughts and want to add their names. Now, we're not open to people who have second thoughts and want to subtract their names.

The next is keep developing a way for the Board to assess, weigh in on, and move on the policy changes. It may be that we actually don't need a separate group. It may be something that we can just discuss together, in June, and just devise, you know, a method.

You know, if there's someone who wants

to sketch out something, fine. Otherwise, it's here. We'll keep it on the radar. And we can just defer this to the end of June board meeting, and discuss it then.

Okay. So if you could write down, for the, instead of coordinators, you can write, deferred to full board meeting. Okay.

And then the final is, the DOL request for us to look at the development of and outreach materials to physicians and other providers, to try to enlist higher levels of compliance or to see things from those providers.

So this is really, consists of looking over the materials sent to us, that will be sent to us, and brainstorming about ways in which the process might be improved. I'm not convinced that we'll be able to come up with a great invention here. But the Department has asked, and this really was a thing, a little bit the discussion that counts.

We could try to do this in some sort of working group, or defer it to the full board

meeting, or depending on what they look like, when they come in, we could just decide hey, we're going to spend a little bit of time at the next board meeting, and then, whatever ideas that people want to share.

What's your thinking? Anybody have any thinking or feeling about this?

(No audible response.)

CHAIR MARKOWITZ: Okay. So what we'll do is hold this, defer this to the full board meeting, and we'll see what the materials look like.

MR. VANCE: Yes. Dr. Markowitz? This is John Vance. I can give you a quick primer of what you're going to see. It's going to be a series of Department letters, usually about one or two pages long, and they're just going to be, you know, the standard kind of thing, engagement that we try to have in writing with physicians.

So, what we'd be looking for is just when it talks about, is it too much, too little, or ways to improve our written communications.

Just to give a sense of what it's looking like, that's what I was telling you the other day.

CHAIR MARKOWITZ: Okay. All right. Thanks. That helped. I mean, well that's certainly something that we can do at the next full board meeting. Okay. All right. Look at that in preparation, and share ideas. So I'm not sure that we need to do much before then. So thank you for that.

Okay. If we could just go up a little bit, and people can take a look at the work. And if anybody wants to add their name anywhere, at this moment, you're welcome to.

Carrie Rhoads will also circulate this, in the next couple of days. And if anybody wants to add their names at that point, you'd be welcome as well.

MEMBER SILVER: Has George left the call?

MEMBER FRIEDMAN-JIMENEZ: So, he seems to --

(Simultaneous speaking.)

MEMBER SILVER: So, is F of interest to you?

MEMBER FRIEDMAN-JIMENEZ: Yes, it is. I mean, I made a proposal, and I think the response from Drs. Redlich and yourself are compelling, and we should come up with a recommendation. I'm happy to work with you.

Right now, with this COVID-19 thing, I am so over-extended, I hesitate to sign up for a third committee, but I'm happy to work with you.

MEMBER SILVER: No, no. I just thought I saw an omission on your F, but point taken. You're in New York. You're a pro. We'll see at the next piece.

CHAIR MARKOWITZ: Well, okay. Any other comments about this?

(No audible response.)

CHAIR MARKOWITZ: Okay. In that case, I don't have anything else on the agenda, or on my mind, that we need to discuss. Before we close the meeting, does anybody else have any issues they want to raise?

MEMBER SILVER: Oh, this is Ken again. When we were discussing the occupational health questionnaire and the worksheet or work -- I think it would be advisable to get the Ombudsman involved in the pilot of the OHQ and the worksheet, just because they, you know, have this massive docket of all the problems that occurred in the program over the years, and they know the claimant community pretty well.

So I think their perspective would be very valuable in piloting and rolling out the new approach to the OHQ. So that's just a recommendation to the program.

CHAIR MARKOWITZ: So, yes. That's excellent. And what we'll do is we'll put that in the rationale when we -- the rationale is going to be short, because we're not really recommending much, by way of change, but we'll certainly add that to the rationale.

MEMBER FRIEDMAN-JIMENEZ: Hello? This is George. I have one other suggestion to add to Item H, the provider outreach. Given the COVID-

19 move to virtually complete televisit format for our medical visits, in general, maybe we should discuss televisits as a part of the provider outreach, that would make possible the use of the pretty limited number of occupational medicine physicians in the country, more flexibly, to be involved with these cases, not just after the fact but as actual trained physicians in the beginning of the case.

CHAIR MARKOWITZ: So, Mr. Vance, can you just say this about the telemedicine and the compensation process?

MR. VANCE: Yes, sure. The Department of Labor did issue an expanded use of telework, or I'm sorry, telemedicine the other week. And it's actually up on our website, if you want to take a look at it. And it's basically allowing for telemedicine appointments to occur under very specific circumstances and applying a very specific criteria that will allow it, principally based on whether a physician is permitted to do it, based on, you know, state law or licensing

regulations, and also whether or not they even want to try to do it.

So the address is up on our website. There is a -- there's a highlight to it on our website. And I know that the Department is working on additional flexibilities because of the feedback that we're getting in conjunction the pandemic need to, you know, have more telemedicine kinds of flexibilities.

So we have something out there, and we'll continue to work on it.

MEMBER FRIEDMAN-JIMENEZ: Great. Thanks. We'll look at the, what you have.

CHAIRPERSON HILL: Okay. I think then that may close our meeting today. I want to thank, you know, the many people involved in one of two ways. I want to thank members of the public, who patiently sat in with us, and hopefully looked at the screen and were able to find our materials.

I want to thank Greg Lewis for hanging in there with us, Malcolm Nelson and Amanda

Fallon also, for being part of this board meeting. And of course, the Department of Labor, providing updates, and also Mr. Vance for, you know, answering questions on the spot, very helpful.

And I thank Carrie Rhoads and Michael Chance, our DFO and associate DFO. And finally, the board members, for being here, you know, almost all of this, both days, taking a break from COVID and the, both the work and anxiety that's prevalent. And we will get this work done, and I can close out this meeting of the Board on a very positive note.

Mr. Chance, do you have something you need to say?

MR. CHANCE: No. Thank you very much, Dr. Markowitz. That was a good summary. I wanted to wish all of the healthcare professionals the best of luck out there. I know you all are very busy doing important things. So be safe, and good luck. But otherwise, we'll be in touch.

I think, Dr. Markowitz, Carrie and I wanted to talk to you later. I'm trying to find a time to do that. Maybe we'll send you a meeting notice here shortly.

CHAIR MARKOWITZ: Okay.

MR. CHANCE: Okay. Thank you so much, everybody. Bye-bye.

CHAIR MARKOWITZ: Okay. Thank you. And Kevin, thank you. Thank you, Kevin.

(Whereupon, the above-entitled matter went off the record at 1:45 p.m.)