US Department of Health and Human Services
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National Institute for Occupational Safety and Health
Advisory Board on Radiation and Worker Health
143rd Meeting
Thursday, December 9, 2021

The meeting convened via Video Teleconference at 1:00 p.m. EST, Henry A. Anderson, Chair, presiding.

Members Present:

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

Also Present:

Roberts, Rashaun, Designated Federal Officer
Adams, Nancy, NIOSH Contractor
Barrie, Terrie, ANWAG
Barton, Bob, SC&A
Behling, Kathleen, SC&A
Buchanan, Ron, SC&A
Calhoun, Grady, DCAS
Cardarelli, John, DCAS
Fitzgerald, Joe, SC&A
Gogliotti, Rose, SC&A
Hand, Donna
Hughes, Lara, DCAS
McGolerick, Robert, HHS OGC
Rafky, Michael, HHS OGC
Rutherford, LaVon, DCAS
Taulbee, Tim, DCAS

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Proceedings

1:01 p.m.

Dr. Roberts: Good afternoon and morning and welcome, everyone. I'm Rashaun Roberts. I'm the Designated Federal Officer for the Advisory Board on Radiation and Worker Health. And again, welcome to the final session of Board Meeting 143.

All of the materials for today's meeting, the meeting agenda, presentations and other documents are posted on the NIOSH website for this program under Schedule of Meetings, December 2021 tab.

If you are participating by telephone, you can go to the website to access all of the materials and you can follow along with the presentations. These materials were provided to the Board member and to staff prior to this meeting.

On the website, there's also a Zoom link which will enable you to hear and watch the presentations through Zoom. If you've chosen to receive audio through Zoom, you should be able to speak to the group and hear the presentations.

If you're not speaking, please be sure to select and stay on mute by muting the microphone on the lower lefthand corner of your screen.

If you've dialed in, you'll only be able to hear the presentations and speak through the telephone line. If you're not speaking, please make sure that your phone stays muted unless of course you need to speak.

If you don't have a mute button, press *6 to mute. If you need to take yourself off, press *6 again. Also, if you're only participating by telephone, please identify yourself before providing your comments or questions.

Let me go ahead and move into roll call. As Board Members and staff register attendance, please

acknowledge sites where you have conflicts of interest, if any. Let's go ahead and start with the Board Members in alphabetical order. Anderson?

(Roll call.)

Dr. Roberts: Any other Members who would like to register attendance now? Okay, great. So let's go ahead and move further into the agenda. Again, please periodically check Zoom or your phone to ensure that you're on mute. On Zoom, the mute button is located in the lower lefthand corner of your screen. Telephone, press *6 to mute and *6 to take yourself off mute. With that, without further delay, let me turn the floor over to our Chair, Dr. Anderson.

Special Exposure Cohort Petition Status Update

Chair Anderson: Thank you and welcome to Day 2. We'll start with an update on the SEC Petitions Status. I didn't see Chuck on the -- who's going to be --

Mr. Rutherford: Dr. Anderson, this is LaVon Rutherford. I'm going to do the presentation for Chuck. I'm going to pull it up right now.

Chair Anderson: Okay.

Mr. Rutherford: Can everybody see that?

Chair Anderson: Yes.

Mr. Rutherford: All right, great. Yes, I think I've done this a couple times in the past, so I should be able to handle it pretty good. I'm going to do the Special Exposure Cohort petition status update. We do this at every Board meeting. It gives the Advisory Board Members and the public an idea of petitions that are in qualification, under evaluation, currently under Board review, and potential 83.14s that we may be working on.

All right, a little summary. We've had 258 petitions to date. We have no new petitions in qualification. We have one evaluation in progress, and we have 12 reports that are in various stages with the Advisory Board, and I'll talk about those.

All right, petitions under evaluation. We have Lawrence Livermore National Lab 1990-95. This is an existing petition that the Board has taken action up through '89, however, we had reserved the '90 to '95 period for further evaluation.

We were working on that and getting close, then the pandemic hit, and our travel restrictions have prevented us from getting on the site for additional data capture and to perform some additional interviews that we'd identified. So I can't really give you a good date when those things would pick up. As soon as we can start traveling again.

Petitions under Advisory Board review. We have Hanford SEC-57, all the SEC issues are closed with exception of the efforts related to the co-exposure modeling. Our co-exposure modeling efforts are ongoing at this time.

Savannah River Site, we actually recently added a Class, however, there are still a number of issues that are open with that and with the Work Group. And I'm sure that that will be discussed during the Board work session.

Los Alamos National Lab, we've been working to close a couple major issues. One associated with an assessment, and the other one with the previous infeasibility associated with exotic radionuclides. We have two reports coming out on that very soon.

Sandia National Lab-Albuquerque, we have a Work Group meeting scheduled for March 3rd to address the remaining issues associated with that.

Idaho National Lab and Argonne National Lab West, NIOSH is working on issues identified by SC&A and

the Work Group at this time.

Area IV Santa Susanna, we've had some difficulties, again, associated with the pandemic, unable to get into the records center. However, the records center has been -- that we had some time ago given them search terms and they have been pulling documents and sending them to us.

However, we haven't been able to do a focus search on some items that we need. As soon as we can get access and we can be ensured that we've searched for all of the documentation, we'll get the Work Group an update on that.

Metals and Controls, we had actually -- actually SC&A had reviewed the dose reconstruction methodologies that we had proposed and recently issued a report on that. And we're working on a real quick response, so we'll be ready for a Work Group meeting for this one very soon.

De Soto Avenue Facility is very similar to Santa Susanna. We are working on a couple of issues that we need to clarify, but we are waiting on documentation from the records center.

Y-12 Plant, I know that we presented the addendum in August and the Board had sent it to SC&A for review. And after discussion yesterday, we are looking at ways to get all the documentation available to SC&A for the Y-12 Plant as well as Pinellas.

The Reduction Pilot Plant, this one went back and forth a couple times and we're ready for a Work Group meeting in February. And you see the February 17th date. And Pinellas we had actually presented yesterday, so that's just started on its merry path.

Sites with evaluation periods awaiting action. All of these sites have had some action taken on them. These years that are identified are years that we

still have some remaining work.

Although we took action on Savannah River Site from '72 to '89, some of the issues may actually still -- we didn't add all employees for that period, so some issues may roll over on that, I'm not sure. I'm assuming that's why Chuck hasn't changed that.

And then all of the other dates, you can look at those again, and I'll answer any questions on those.

83.14s, potential 83.14s. West Valley Demonstration Project, we'd added a class for this a long time ago. And we'd identified the '66 to '68 period as a potential period where we may need to add more, add these years as well.

And we received a large number of documents from West Valley. We've been going through those and we still haven't made a determination on whether this 83.14 needs to go forward or not. And that's it. Questions?

Member Beach: LaVon, this is Josie. I might have missed this on Slide 7, that Reduction Pilot Plant.

Mr. Rutherford: Yes.

Member Beach: Did you say -- the meeting's actually '22, right?

Mr. Rutherford: Hey, you know, I reviewed this presentation. I didn't put it together, but I reviewed it, so I'm just as much at fault as he is. Yes, it's February 17th, '22.

Member Beach: I know, I reviewed it too and didn't notice it, but I did again this morning. Okay, so it is '22.

Mr. Rutherford: Well, what's funny is actually I noticed it in the Work Group coordination document on another thing and I'm thinking, oh, I didn't fix that. But all right, yes, February 17th next year.

Chair Anderson: And that's on everybody's calendar, so we're good to go.

Mr. Rutherford: Okay, good.

Chair Anderson: Any other questions?

Member Beach: I guess while we're here, Metals and Controls, you said those are coming out real soon. And I think I'm going to ask during our work session to start planning a Work Group meeting. Can you give me a kind of a heads-up, what are you thinking. A month, two weeks?

Mr. Rutherford: The only thing we've responded to was a couple of minor items that were identified by SC&A because we pretty much agreed with everything that they had in their paper, so it's only going to be a page, page and a half, our response.

I've actually looked at the draft once, and it's back over with ORAU and it's going to come over. Tim's got to review it. And so, the next couple of weeks, that'll be out.

Member Beach: Okay.

Mr. Rutherford: Yes --

(Simultaneous speaking.)

Mr. Rutherford: -- ready to go.

Member Beach: Great. Thank you. We'll move forward on scheduling that meeting, then. Thanks, LaVon.

Chair Anderson: It's going to be a busy first quarter next year. We've got lots of meetings, getting caught up --

(Simultaneous speaking.)

Mr. Rutherford: Yes, we do.

Chair Anderson: In one sense it's good to see, but it

makes everybody really get back up to speed and keep track of things. Okay, if there's no other questions, we can move on to our dose reconstruction reviews update.

Dr. Roberts: Actually, Andy, sorry to interrupt. I received a note from Bill Field that he joined. He's on the meeting but was having trouble during the roll call.

Bill, are you able to get off mute?

Member Field: Yes, I'm off mute now, I hope. Thank you.

Dr. Roberts: Okay, could you just state any sites where you may be conflicted?

Member Field: No conflict today.

Dr. Roberts: Okay, thank you.

Chair Anderson: Okay, so we're with the Subcommittee.

Member Kotelchuck: Okay.

Chair Anderson: Dave, are you on? I don't see you on the --

Member Kotelchuck: No, you don't see me because I could not -- although I was able to get onto the CDC computer and onto my email, the Zoom did not install properly. I gather Loretta had a problem with that. So I'm on the telephone.

I'm looking at the slides and if someone would work the slides, I will note when we -- somebody would pull up the first slide and I'll indicate as we go down. And tell me if we're lacking coordination. Are we ready, is the first slide on --

Dr. Roberts: No, it's not up yet, Dave.

Member Kotelchuck: Okay.

(Simultaneous speaking.)

Dr. Roberts: Now, we're ready.

Member Kotelchuck: Tell me when it's on.

Chair Anderson: It's on.

Subcommittee for Dose Reconstruction Reviews Update

Member Kotelchuck: Okay, thank you very much and thank you whomever is working this for us. This is the Subcommittee for Dose Reconstruction Reviews. This is really a status report and update. Let me first mention the hardworking members of our committee, Josie Beach, Bradley Clawson, Jim Lockey, Dave Richardson and Loretta Valerio. Next slide.

First, just status report. Despite setbacks and delays since the onset of the COVID pandemic in March 2020, and later the Cybersecurity Modernization Initiative, this Subcommittee has continued to hold at least two regular meetings per year since 2018.

During 2021, we met on February 25th, and then we had a meeting recently on September 29th in which we started to go over Set 29, particularly the Category 1 cases which are relatively easy to handle.

The next scheduled meeting will be on January 19th of next year, and we'll go into Set 29, the more challenging Category 2 cases.

Next slide, please.

Well, so there's not much really to report in terms of our activity in general case reviews. The real issue, the one that I would like to talk about mostly today are the blind case reviews, which are so important to us.

Basically as soon as the Cybersecurity Modernization started in May of this year, we had to pause blind reviews until access to DR Tools was available again.

Luckily, the last group of blind case reviews were completed at our February 25th meeting for Set 28 just before the May -- later, the May cutoff. So we have a total of 44 blind case reviews since we first initiated this in the early years of our Board.

Members, let's just say this, the next three slides, I presented at the April 14th meeting, but I want to -- about the blinds. I wanted to reacquaint you with them, remind you about them, so I'll go to the next slide just to remind you that we have a good, broad selection of different sites that -- for which we've completed blind case reviews.

You'll notice that the number of blind case reviews are large for a number of the larger facilities. But then as we go down to two or one blind case review for a facility, we're starting to get into much smaller sites. That is to say, fewer claims in those sites. And the 14 others for a single blind case are of course mostly small facilities. Small in terms of their employment. Okay, next slide, please.

And you'll remember also that among the 44 blind cases, we basically had a smooth distribution between 10 and 40 years of employment.

The next slide, just to remind you, of the 44 blind cases reviewed, 25 percent were female, which is interesting because as of our last report to the Secretary, 13.4 percent of claims involved female energy employees.

So we are obviously in the blinds making sure that we not only review cases involving female claimants, but in fact we are a little bit high and of course those two numbers, the blind cases and the claims percentages, will be closer to the same as we continue our efforts. Okay, next slide.

In our previous Board report to the Secretary in 2019, we included analysis of the first 32 blind cases reviewed and approved by the Subcommittee. These were drawn from the original contract and the various sets that I noted.

The following slides that are coming now are the result for the twelve next blind cases in Sets 26 and 28. We completed them in February. And really, we didn't have a chance to review them in the context of all 44 cases by the time of our next meeting on April 14th. So we will do that now. Next slide, please.

Our Set 26 blind cases. First, the first thing we want to look at is the fact that in blind cases B34 and B35, we have a difference in the dose -- in the compensation decision for each of them.

Let's, if I may, let me suggest that you look at the right-hand column, the probability of causation percentages by NIOSH. Now, you'll remember that when we picked the blinds, the cases that we choose among include cases for whom the compensation decision has been determined by NIOSH.

So these are cases that were compensated or not before we began the blinds review, and then the SC&A people do their own dose reconstruction, and we compare. And as you see in B34, NIOSH had just barely above 50 percent.

The claimant was therefore compensated or in the course of being compensated, but SC&A found that the POC was just a little bit below 50 percent.

Nevertheless, we're choosing, and you see we're choosing numbers that are really close to the compensation cutoff point, critical point.

For B35, we have just the opposite in terms of a difference. There is a difference in compensation decision -- or a difference in the decision between

what NIOSH actually found, which was that the case would not be compensated, and the SC&A folks in reviewing this said, no, if they had done it instead of NIOSH, they would have compensated.

Nevertheless, those two are rather close, of course. I'll come back to some of these in a few moments. Let's go to the Set 28 blinds.

Here, first if you look down the list of NIOSH and POC, you'll see that all the POCs above 50 are also above 50 by SC&A. And those below 50 are similarly below 50.

I take note of Case B44 where there is a large difference in the POCs, although note that both POCs said the compensation decision in both cases would have been the same. But I want to come back to this later.

Bottom line, there are no differences in compensation decision among these sets of cases.

Okay, let's now go to the next slide on the selection criteria for those first 44 cases.

Selection criteria for the earliest 14 choices of cases, we were not -- this was just the beginning of our work, and so we took best estimate cases with NIOSH POCs between 41 and 52 percent, i.e., a fairly broad swathe.

We should note, people should remember that where dose reconstructions exceed 50 percent, as Grady has told us and others, often they, for the sake of efficiency, the dose reconstructions are just halted. That is, they're not necessarily completed.

But the choice was between 41 and 52, and our focus was of course, there was significant attention paid to assuring a broad representation of types of covered facilities, which is what I showed you in Slide 4.

However, starting with Set 22, which is to say the

remaining 30 blind cases, the selection criteria were tightened to best estimate cases between 45 and 52 percent. In other words, we are trying to push up to the boundary to see how precise, the precision of the decisions that we've been making. Go to the next slide.

And for the first 32 blind cases reported to the Secretary in 2019, only one reviewed and approved by the Subcommittee had a different compensation decision. I've talked to Grady about this, and he will have some things to say, I hope, I look forward to later.

But as far as the Subcommittee went, our take was that there was a difference in compensation decision there. With the tightened selection criteria for the 12 cases in Sets 26 (audio interference), the new ones, two more review cases, as I said, had different compensation decisions. The ones that I showed you, B34 and B35. Next slide.

Both of these cases, which were in Set 26 you'll remember, had a NIOSH POC less than 1.5 percent from the compensation determinant percentage of POC equals 50 percent.

So out of a total of 44 blind cases reviewed and approved by the Subcommittee, including going very close to picking ones where the best estimate was very close to 50 percent, a total of only three cases, 6.8 percent of the 44, had different compensation decisions.

This establishes and confirms a solid basis of confidence in the precision of the instructions and established protocols for dose reconstruction based on this group of 44 blind cases reviewed.

And this is something I think all of us on the Board can take some pride in that it is asserting that the dose reconstructors, no matter which ones we have, that is to say, whether we will have typically dose reconstructors working on different claimant cases,

that those will come out quite close to each other, with a few exceptions.

And the exceptions here are the last of the 44 blind cases, the two that we just started with are within a percent and a half of 50 percent. So it's not at all a surprise that with a little bit of variability and professional judgment and instructions that there might be a small difference.

So I think, I believe people on the Board can take some pride in the fact that we've established good protocols and we're doing good instructions to the dose reconstructors.

I want to go back to the Blind Case 44. Maybe we can go back up a couple more slides to the Set 28, which is Slide 9. Okay. Is that on your screens, folks?

Dr. Roberts: Yes, it is, Dave.

Member Kotelchuck: Okay, good. Look, even though the decisions are the same for B44, there is a really wide range of POCs there compared -- and look at the other ones. I mean, things are close, but that one is not close and as happened in the previous sets when things were not close, even when there was the same compensation decision, we took a look at it.

So let's go back down to that next-to-last slide, the issues related to the Blind Case 44, Slide 13.

The calculated DRs by NIOSH and SC&A differ greatly. In seeking to understand this difference, the Subcommittee learned that after NIOSH received follow-up information from DOL on the dates when the claimed cancers were discovered, the DRs for the reported cancers with their corrected dates were accidentally run by NIOSH in addition to those initially reported.

That is, the numbers of cancers used in the NIOSH dose reconstruction were twice as many as those for

SC&A's. NIOSH's internal procedures have since been changed to prevent such an error in the future. And that was an error, and it was acknowledged.

However, since the compensation decisions were the same for both dose reconstructions, and would be so even after NIOSH made the correction, the Subcommittee decided to close the review.

Had we wanted to go back and actually correct the dose reconstruction of the POCs, it would have taken a long time and it was not -- since we were engaged in looking at compensation decisions on blinds, which was our primary goal, we just said, look, these were both not compensated; they would not be compensated if corrected, therefore, we are going to close the review.

However, Subcommittee Members are concerned that there should be a note in the records that the NIOSH POC here is elevated but was processed properly for blind review purposes, right. And Grady has agreed to suggest an appropriate site for placement of this note.

So there will be a note in the record if people 10 or 20 years from now take a look at the records, they'll realize that, no, there was -- the standing POC for B44 is in fact elevated and if need be looked at again for any reason, it could and would have to be corrected if we were talking about compensation decision and not blinds determination.

Okay, I believe this finishes it. Are there questions or comments? I know Grady and I have talked a little bit online and I'm sure he has some thoughts and others do too.

Grady, did you want to say something now?

Mr. Calhoun: Sure, I can. Can you hear me?

Member Kotelchuck: Yes, sure can.

Mr. Calhoun: Okay. Yes, this is Grady.

First of all, I guess we'll start with B44 since that was the last one we discussed. Just to give everybody a little bit of an idea of the real details that happened here.

Our initial dose reconstruction referral came from the Department of Labor with I believe was -- it doesn't matter, five, six cancers. Then what happened, before the dose reconstruction was completed, we got what we call an amended NIOSH referral summary document from Department of Labor.

It actually said new cancers. And so when we input those new cancers, they were exactly the same cancers, but every single one of them had a different diagnosis date. And so we assumed they were all new cancers because it's not uncommon to have 5, 10, 20, 50 cancers.

But anyway, that's what happened. We counted them twice. We probably could have caught it by looking at the descriptions of the cancers and saying, gosh, how can you have the exact same cancers in the exact same spots with different diagnosis dates.

So that's how that happened, and we're just going to have to work something out into the process to make sure that that doesn't happen again. I'm sure Labor would have caught that, but I don't want Labor to have to catch that. That is something that we should have caught. So that's B44.

I don't recall the numbers of the other ones, but the discussions that Dr. Kotelchuck and I were having this morning, I just want people to understand that there's two other cases that are listed as -- we said they did not reach the threshold for compensability, but SC&A in a blind found that they did.

I just want to make sure that everybody knows that

in no case were these determined to be true procedural errors that were an undisputable error. Had they been, we would have recalled those cases from Department of Labor and reworked them and paid them to make sure somebody got paid, but these were -- in a couple of cases, they were due to, most likely they were due to the inability to run the full Monte Carlo IREP EE calculations because SC&A just didn't have access to that at that point.

That is what likely made the differences there. And then there was another one with the radon issue that -- I don't want go into a whole lot of detail with that, but that one was actually determined to be okay by the Surrogate Working Group as well.

I just want everybody to feel good about the fact that none of these were errors that would -- that everybody agreed on were procedural, and had they been, we would have went back and recalled those cases and looked at our procedures to have those cases reworked. So I just wanted to make sure that's clear. That's all I have.

Member Kotelchuck: Good, good. Absolutely. That is understood. And in no case was a NIOSH POC error indicated. Remember, as folks know, when we have two different groups or two different dose reconstructors looking at the same case, we don't assume one is correct and one is not.

We look at the professional judgment, we look at the procedures, and if both seem proper and there is a disagreement, then that's registered as a disagreement.

But in none of these cases was there evidence that NIOSH had made a mistake in the original compensation decision or made an error.

And as I said during the talk, I think it's something that we can be proud of that we do things -- there's a degree of precision here in a complex dose reconstruction environment that is admirable, if I

may say in support of our efforts. Okay, other questions or other comments?

Member Clawson: Yes, Dave, this is Brad.

One of the issues that I had with this, Grady, was that when you looked at the phone records and stuff like this (audio interference) the petitioner that brought this forth that they had gone from the original six cancers to 12 cancers.

From NIOSH's standpoint, they had the petitioner call DOL. One of the problems that I have, and I'm just giving a suggestion here, is we have heard numerous times of how hard that this is to be able to navigate through the systems.

And when something like this comes up, it's a heck of a lot easier for NIOSH to discuss with DOL because they've got all the information sitting in front of them to be able to rectify this.

This also being said, we should be documenting -- one of the problems that I've seen on the Dose Reconstruction Work Group is -- and it used to be done a lot with overestimates and stuff like that, and we still see it a little bit coming in, is they'll throw all this out and they can see that it is not going to be compensable or it is comped and they do some other stuff.

But something in the records should always say, due to this, the reconstruction of this was stopped due to this not being able to be compensable or whatever. But it really shouldn't come down to the petitioner to be the one having to call DOL and explain the issues and the problems with this.

And there should be some kind of record in these reconstructions so that we would be able to see it and the person that's doing the blind review of it would be able to do that, too.

Mr. Calhoun: Yes, Brad, I agree. I mean, it was a mistake. I'm not saying it wasn't a mistake.

Member Clawson: No, I'm not casting any blame. I look at this that we are all learning of this and things are changing through the years. I'm just giving a suggestion out there.

Mr. Calhoun: Well what would happen in this case, and I can't look at NOCTS right now so I don't know if it's done, I would assume that it's been done, is that once we found out about this, when you opened up that case, those six cancers would be gone and it would be only be the confirmed six now.

Ms. Gogliotti: I can confirm that that did happen before we lost access, but it didn't happen until after we had submitted our review.

Mr. Calhoun: Right. Okay, good. I'm glad it happened. I didn't go back and look.

Member Kotelchuck: And by the way, since that was Rose Gogliotti speaking, who has been our fine SC&A consultant to the Subcommittee, I also forgot to take note as we were talking that that September 29th meeting that we had for the Subcommittee could not have happened without Rose's help as well as Lori Marion-Moss who was able to get us access so that we could look at the sets before the CMI initiative was completed.

So let me, for the record, state that we -- the Subcommittee thanks them for that special help to get us going. So thank you both. Other questions or comments?

Ms. Gogliotti: Grady, at our meeting you had said that you were going to check with DOL to see what happened to that case that came to them after it had 12 cancers when they had only verified six.

Mr. Calhoun: Yes, I have not done that at this point. I kind of got overwhelmed by events since the shutdown. DOL was in -- we were in discussions about trying to things back up and going, but I'll certainly bring that back up to them.

Member Kotelchuck: Okay, and we'll talk about that. Probably not on our January 22nd Subcommittee meeting, but in the one that comes afterwards. We'll put that on the agenda so that we can speak about it and make sure everything is completed appropriately.

Chair Anderson: Dave, a quick question for you and the Committee. Do you have a difference between the two that you then considered significant and worth looking into? I mean, there's differences in all of these and you could -- some of them would -- it appears that --

Member Kotelchuck: Right.

Chair Anderson: -- in the small differences, it's usually SC&A is low and if that's because they're using different statistical tools and that accounts for that, it would be helpful, I think, if you had a policy statement or something that would say just because of -- I mean, it could be greater than that.

It could be a rounding error in going from two significant to three significant digits or whatever. Do you have any sense -- because I think that would be helpful to say these are really identical.

Member Kotelchuck: Right. Actually, I think that's a very good idea. We do not have anything formally that when we are looking at differences, these are in the case of the Set 28, the B44, we're talking about a difference between 30 and 48 percent.

But I accept that as a suggestion, and let's talk about it in the Subcommittee about setting a formal standard when the differences are ten percent or greater or whatever.

But what's impressive is how close these are. They tend to be within several percent in most cases. We have looked them over in the past. They really are close. But let's set up something formally so that we know that this is done.

Maybe we should consider -- I'm looking at Set 28 slide for B43, and there's an 11 percent difference. Maybe we should have looked into that. Maybe we should look into that. So as Chair, I accept the suggestion that we put that on our agenda for the Subcommittee and we discuss it in a future meeting.

Member Beach: Dave, this is Josie. It seems like during our calls, we do talk about those because SC&A describes as we're going through those cases why there's a difference. Once that is finished, I don't think there's anything formally done after that, but we do discuss them.

Member Kotelchuck: Oh, we do, we do. But we discuss both of the dose reconstructions separately and also comparing them. There is no -- I feel like we have looked at this in the past. I've looked at it for our report to the Secretary, and there is no consistent pattern of differences whether it's in terms of just different decisions on internal or external exposures, et cetera.

There's no clear pattern, but everyone is looked at, and we understand when we have accepted both dose reconstructions. We understand where they differ. But there's no pattern. At some point, maybe it would be time to do that.

Member Beach: I guess, are you thinking a more formal tracking system for those, possibly?

Member Kotelchuck: Yes.

Member Beach: Okay.

Member Kotelchuck: Yes.

Member Clawson: I think the way that Rose is putting this together, we don't accept any of these cases if there was a big issue with it. We've been seeing very small ones, and I really like the way that SC&A and also how ORAU and stuff like that have been able to explain what the difference was.

And a lot of times, it was because we were using different tools that SC&A only had access to but that the ORAU had a newer setup on it. So this is what most of them have been, and the way Rose has put this together has really helped us put that together for this for each one of these cases. I think we're kind of doing that right now --

(Simultaneous speaking.)

Member Kotelchuck: Oh, yes.

Member Clawson: I know that it's not going into the NIOSH, but I know from the SC&A standpoint that I think it's being very well-documented what the difference is.

Member Kotelchuck: Oh, it is. It is. As you indicated, we have a formal written report from SC&A from Rose about every single one of these cases. I don't know if it's online, actually, or whether it's appropriate to put them online. But there's no question, there is a written report to the Committee about comparing, looking at each of them separately and then seeing where are the differences. Yes, she is doing a very good job, and I agree.

Ms. Gogliotti: Thank you. I just want to point out we also do a summary document with every set that points out the differences in each case that I can send out if anyone's interested. We also started a tracking matrix that Dave presented at the April meeting, I believe.

Member Kotelchuck: Mm-hmm.

Member Clawson: Dave, this is why I feel that we're really tracking from the SC&A side of what they're doing. You know as well as I do that we have not accepted any case that there has been a major difference and it being an issue. It's been minor, small things --

Member Kotelchuck: Yes.

Member Clawson: -- different tools usually being used that SC&A did not have access to or whatever.

Chair Anderson: It's not a data entry issue. That's why I say the tools, as long as you've looked at that, and I haven't looked at those summaries. Sounds like you understand from the public's perception looking at these, it's like doing addition.

You don't have additions -- they should all be the same unless you've had an error in your methodology somewhere. So the small differences, I think you've explained them to me anyway, just so the public could be aware of the claimants that in fact these are really the same.

Member Kotelchuck: That's right.

Member Clawson: It would be very hard, Andy, to be able to put these out to the public because of the Privacy Act and everything else like that, but this is set up, and we've gone to great lengths with this.

I know Dave has and all the members of the Work Group so that the other Board members if there were ever any questions, they would be able to go in there. And what has Rose done, it tells exactly what the differences were, why they were. It lays everything out there really good. It's just, you go in there and find that.

Chair Anderson: That's great. Thank you.

Member Kotelchuck: Yes, and I might add finally that of course we continue to -- on the blinds that we're doing. We started this awhile ago, but I'm not quite sure which blind we began this in.

But we are also recording professional judgment to see whether there are instances where professional judgment -- where there are issues about the use of professional judgment, where we might be able to say that we should incorporate new protocols and say -- where are now using professional judgment, we should go and say this is the way it should be

done.

So we're also gathering professional data, but we don't have enough data from the blind because it's only on the blinds that we can do it. We don't have enough of those yet to have any statistical validity, or put it this way, there are no trends that we've been able to detect with the limited data that we've gathered. But it's being gathered.

Chair Anderson: Are there any other questions people have?

(No audible response.)

Chair Anderson: Paul, you're on mute.

Member Ziemer: Not a question, but I think for those of us who aren't on the Subcommittee, I just want to say I personally appreciate all the work that's been done on these blinds.

I think it's been very helpful and very well done. The SC&A staff and Rose but also for the Subcommittee members who have gone through all this. It's been very helpful, and I'm certainly satisfied that they've done a great job on these.

Member Kotelchuck: Thank you.

Chair Anderson: Any other comments or questions?

Member Clawson: Well, I guess I'm just going to ask Dave, were we going to discuss that 547 observation of the ten-year-old workbook?

Member Kotelchuck: I'm not sure what you're referring to.

Member Clawson: This is the one where we got into one of the dose reconstructions, and they're working through a ten-year-old workbook. We didn't want to bring it right up then with Grady, because it was kind of blindsiding him, but I was just trying to figure out how come we're still working with a

workbook that hasn't been updated for ten years.

Member Kotelchuck: May I suggest that we talk about that in the Subcommittee.

Member Clawson: Okay.

Member Kotelchuck: So we most certainly didn't blindside. You've alerted that there was another issue outstanding, and let's talk about it on the 22nd. Well, we can't change the agenda for the 22nd, but we'll talk about it.

Member Clawson: We have time that we can discuss these issues. This was put in abeyance, I believe, and stuff like that, and we were going to discuss it in further detail. We can do that if you'd like to do, Dave.

Member Kotelchuck: Okay. Sounds good.

Dr. Roberts: And just to clarify, it's January 19th is the meeting of the Dose Reconstruction Subcommittee.

Member Kotelchuck: You're right. Thank you so much, Rashaun. You are correct and it says so right here in my notes.

Dr. Roberts: Okay.

Member Kotelchuck: All right. January 19th.

Work Group Board Work Session

Chair Anderson: Okay, if there's no further questions, we can move into our Work Group Board Work Session. We have a number of things to go over there.

Rashaun -- everybody, hopefully you've noticed that we have two attorneys that are on both days listening in.

Rashaun, do you want to introduce?

Rashaun and I asked them to say a few words. They're probably going to be interim, but how we operate until a final is made on replacing Jenny. They're going to be our standbys, and I appreciate their participating in the whole meeting. Thank you.

Rashaun, go ahead.

Dr. Roberts: Thank you. I think you kind of provided the background. As everybody knows, Jenny Naylor, who was providing legal support and advice to the program and also to the Board has been gone for some time. Mr. Rob McGolerick and Mr. Michael Rafky have been kind enough to step in and provide interim support.

Andy and I thought that it would be useful or helpful for them to provide an update to you on what's happening in terms of our planning, offer legal support and advice into the future. So I'll turn it over --

(Simultaneous speaking.)

Chair Anderson: We need to see their pictures, so we can recognize them.

Mr. McGolerick: I'm having issues with my camera, unfortunately. My name is Robert McGolerick. I'm an attorney with HHS OGC, specifically the CDC branch. I actually started with HHS back in 2003 working on EEOICPA and Board matters when David Naimon and Liz Homoki-Titus were the lead attorneys on the program.

Through the years, I've worked on EEOICPA and Board matters when both Emily Howell and more recently Jenny were the lead attorneys on the program. Jenny left, as you know, HHS in early November.

Since that time, Michael Rafky and I have been filling in to handle program matters. OGC is in the process of hiring an attorney to backfill Jenny's position, and we hope to complete the hiring

process in the next couple of months.

Once we do, this new attorney will be the lead on EEOICPA and Board matters for OGC and will be the attorney that the Board will work with going forward. We will let you know when we get that new attorney in place. That's about all I have.

Michael, did you want to introduce yourself?

Mr. Rafky: Sure, hi. I'm Michael Rafky. I've been with the NIOSH legal team since 2005, and as Rob mentioned, originally we did all EEOICPA matters until about maybe 2011 or so, and then we took in more sort of, things such as the World Trade Center Health Program and other general NIOSH matters.

I've worked on some EEOICPA matters throughout my time here including SEC petitions and reviewing Site Profile documents. But as Rob said, Emily and then Jenny were the leads working with the Advisory Board.

I'm happy to meet those of you I haven't met before and looking forward to working with Rob and all of you until we hire Jenny's replacement.

Chair Anderson: I want to thank you, and if you see issues as you're listening in, don't be bashful in raising if you have questions or other comments you want to make.

Mr. Rafky: Okay, thank you.

Member Kotelchuck: Excuse me. I didn't catch the first person's name.

Mr. McGolerick: Robert McGolerick.

Member Kotelchuck: McGower?

Mr. McGolerick: McGolerick.

Member Kotelchuck: Oh, okay. Thank you.

Chair Anderson: You can't see --

Member Kotelchuck: No, I can't see --

(Simultaneous speaking.)

Chair Anderson: -- he's on row four on the far right on my screen.

Member Kotelchuck: Oh, okay. You're right. I'm on the phone, that's why.

Chair Anderson: Yes, exactly.

Member Kotelchuck: Thank you.

Chair Anderson: Okay, any other comments or questions people have for them? Want to go through our schedule, Rashaun?

Dr. Roberts: Yes, I can go ahead with that.

Thanks, Michael and Rob, for that update.

So we've been talking a little bit about meetings, Subcommittee and Work Group meetings, that have been scheduled or will be scheduled shortly here. I wanted to take a few minutes to kind of review the dates of our full Board meetings for the new year.

Our first teleconference is scheduled for Wednesday, February 16th, starting at 11:00 a.m. Our in-person --

Member Beach: Rashaun --

Dr. Roberts: Yes?

Member Beach: -- can I ask? So we have been meeting at 7:30, so you are switching it back to the 11:00 timeframe?

Dr. Roberts: Yes, we're doing 11:00.

Member Beach: Okay.

Dr. Roberts: I think we've met for a number of times at 11:00 for the teleconference.

Member Beach: Okay. It was actually for me 7:30, so I just wanted to be clear, because I was late one day. Okay, thank you.

Chair Anderson: It's 11:00 Eastern.

Dr. Roberts: Yes.

Member Beach: Yes.

Dr. Roberts: Eleven Eastern. Okay, so the first one, and it's just a teleconference in which we kind of plan for the quote-unquote in-person meeting, February 16th at 11:00.

The next thing on the schedule would be an in-person meeting assuming that we will be clear to travel by HHS, and that is set for April 27th through the 28th, both days.

We have another teleconference on the schedule for June 15th at, and we'll keep it at 11:00 a.m. Eastern.

And then the next in-person meeting that we previously scheduled is August 17th and 18th. So I just wanted to throw those dates out there and hope that we're on the same page. Sometimes there's been a little bit of confusion with the date.

But I did want to go through and finish scheduling out the rest of 2022, so we would need to schedule a teleconference for October and our in-person meeting for December.

So for October this year, I think the date was around the 20th of October that we had a teleconference. If we want to keep consistent with that timing to that calendar, the 20th would fall on a Thursday. Again, we're looking at an 11:00 a.m. start time. Is that a date we can tentatively put down?

Member Beach: Works for me.

Chair Anderson: Yes. Works for me.

Member Kotelchuck: That's fine.

Dr. Roberts: Okay, great. Anyone for which that is a problem?

Member Clawson: What was the last date, I'm sorry. I was putting stuff in my phone.

Dr. Roberts: For the teleconference? We're looking at October 20th, 2022.

Member Beach: Good for me.

Dr. Roberts: Brad, is that okay from your standpoint?

Member Clawson: Yes, it is.

Dr. Roberts: Okay. Well, hearing no objection to that date, I'll go ahead and tentatively put that down. This year, we're meeting the 8th and 9th. Next year, the 8th falls on Thursday; the 9th falls on Friday. Could we do the 7th and the 8th?

Chair Anderson: Which one?

Dr. Roberts: December 2022.

Member Lockey: This is Jim Lockey. Those dates aren't good for me that week. The 14th to 15th is better, but the 7th and the 8th I have something else scheduled.

Dr. Roberts: Okay.

Chair Anderson: 7th and 8th is okay with me.

Member Beach: 7th and 8th is okay with me. When you get into the 14th and 15th, it's getting close to the holiday.

Dr. Roberts: Yes.

Chair Anderson: As long as you avoid the 10th.

Member Schofield: 7th and 8th works for me.

Member Ziemer: I'm okay for either.

(Simultaneous speaking.)

Dr. Roberts: I'm wondering if then we can bump it up a little bit and do November 30th and December 1st.

Member Lockey: Well, since the 7th and 8th is all right for everybody else, why don't I see if I can rearrange the other meeting I had? It's early enough that I should be able to do that. It's a DOL meeting, but I can ask them to rearrange it.

Dr. Roberts: Okay.

Member Kotelchuck: That would be appreciated.

Dr. Roberts: Yes, that would help. That would help. Okay, so we'll tentatively put on December 7th and 8th, 2022. Okay, so that brings us out the whole calendar year, so that's great. Any questions or any issues with the other dates that I've mentioned about some schedule?

(No audible response.)

Dr. Roberts: Okay. Hearing none, I did want to circle back to the April 27th and 28th date. Again, I don't know that we are for certain going to be able to meet, but I thought that if there's a possibility that we can meet, it would be good to do that meeting in person.

We do need to nail down in this meeting where that meeting would be, so that Zaida has enough lead time to start putting arrangements and things in place for us to have that meeting face-to-face.

And again, it may be the case that ultimately we cannot meet face-to-face, but I think it would be good for us to go ahead and identify a location. I did want to open that up for discussion in the Board and

see what people's perspectives are in terms of where to meet.

Member Clawson: Rashaun, this is Brad. I think that we ought to be looking at Pinellas or Tampa or Savannah River. I'd throw those two out, because we both got actions there pending on those two sites. That would be my suggestion.

Member Ziemer: On Pinellas, it sounds to me like we won't have any more progress than we have had today or yesterday in terms of SC&A's ability to give us anything by April. I don't see that we would gain -- but your other suggestion was Savannah River, and maybe we'd be good to go there. I don't know, what do others think about, I mean I'm glad to go to Pinellas. I'd love to go to Florida, but I don't --

(Simultaneous speaking.)

Member Schofield: I think that would be a stretch for Pinellas.

Member Ziemer: That's what I --

(Simultaneous speaking.)

Member Schofield: Maybe in the fall.

Member Beach: We may have some work at Metals and Control also by April if we can get a Work Group meeting scheduled.

I agree with Pinellas, that was going to be my suggestion, but it may be that we hold that off until the December meeting.

Member Clawson: Well, we've got some other issues at Savannah River. This SEC's coming out, but there are some other things in the background that it may be beneficial for the Board to meet at that location.

You understand what I'm saying, Rashaun.

That's one of the reasons why I put Savannah River out there.

Member Beach: I can agree with Savannah River also.

Member Schofield: I have no problems with Savannah River. That sounds good.

Chair Anderson: Rashaun, do you have a kind of a drop-dead date that we need to know for your scheduling? Because these are two sites. You could begin -- we've been to Savannah River before, so hotels haven't changed that much. Some of the planning can go on.

If things move faster with Pinellas, which I don't have any great hope it will, but it's the same as I don't have a great deal of confidence we'll be in person. What would be your timeline?

Dr. Roberts: Yes, I'd just, for the sake of giving us enough time to do all the clearances and all the work that we need to do with our procurement system and all of that, we really do need to identify the place.

It sounds like Savannah River, unless someone has an objection for one reason or another to that, then I would probably recommend going with that. Because Pinellas, as people have pointed out, we're not sure kind of what our progress will be. Perhaps it's better just to go with Savannah.

Chair Anderson: That's fine with me. Yes.

Member Clawson: Sounds good.

Member Schofield: Sounds fine.

Dr. Roberts: Okay, perfect. Well, I'm glad to get that nailed down. I will keep you posted as we get more guidance in terms of travel. We'll assume at this point that the face-to-face will be in Savannah for now.

Okay, I did want to -- let's see now that we've gotten those things taken care of --

Chair Anderson: Public comments. Response to public comments?

Dr. Roberts: Yes, go onto that. I want to let you know that no written comments were mailed to me for this meeting, but there were a number of comments made in August in our August 2021 full Board meeting.

The Board members were provided a summary of those comments prior to the meeting. Most of the comments pertain to Pinellas and Y-12.

Many of the comments really ranged from expressing an urgency for the Board to consider the petitions and make recommendations regarding them to raising issues about how NIOSH calculates dose, or what data it uses for co-exposure models. That's just a brief summary of those comments.

Moving on from that, let's go ahead and move into the Work Group and Subcommittee reports. Prior to this meeting, I did circulate the latest draft of the document that contains who's assigned to what Work Group or Subcommittee.

That document is actually evolving as we speak, so I know that DCAS, for instance, is still trying to identify consultants or whatever they want to add to the various Work Groups or Subcommittee. I do want to note that there was an omission in the version that I sent. As you know, we did revive the Pinellas Work Group, and I wanted to let everyone know that Bill Field has been added to that group, but it wasn't noted on the document.

Again, there are some other additions that will need to be made to the document, so I will be revising and recirculating it. With that, I think we can open it up, Andy, to the Work Group and Subcommittee reports.

Chair Anderson: We have lots of meetings coming up, so Work Group Chairs, comments?

Member Schofield: Gaseous Diffusion Plant in March 14th.

Dr. Roberts: Actually, Phil, we're still in the process of scheduling, so it's not solidified yet. We're trying to identify the date for that Work Group. It will likely be that week, though.

Member Beach: So, I'm on that Work Group, and I've not received any notices about any Work Groups.

Dr. Roberts: Right, that's why I'm saying it's in progress.

Member Beach: Okay.

Dr. Roberts: We will --

(Simultaneous speaking.)

Member Beach: I think there was something on that, Phil, about SC&A needed to be tasked to do a review of a memo concerning the neutron dose assignment. Can we do that today and give them a head start on that? It was from January of 2021.

(No audible response.)

Member Beach: Am I still on?

Chair Anderson: You are, but maybe he's on mute.

Member Beach: Oh, okay.

Member Schofield: Yes, sorry. I had muted myself again.

Member Beach: Did you hear what I asked you?

Member Schofield: Yes, I did. Yes, let's give that to SC&A.

Member Beach: It was a memo --

Member Schofield: That sounds like the same thing we've had with Fernald, isn't it? Member Beach: I

don't know. I just looked at the ones I was on, so I know that that one came out, and SC&A needed to be tasked to review it.

Member Schofield: Then if it's okay with Rashaun, let's go ahead and task them. Maybe they can have something by then.

Mr. Barton: Josie, you are correct. There's one of the items still hanging out there from Portsmouth. Like you said, it was a memo in early 2020, I believe, and we just never were tasked with taking a look at it.

I think there have been a lot of discussion preceding that. I'm not fully versed on the subject per se, but I think that's something we could probably turn around pretty quickly.

Member Beach: Great. I can go on LANL. As you heard from LaVon today, there's two documents coming out. I think we could start a Work Group or we could schedule a Work Group, but I think we should wait until the reports come out. They're a few weeks away.

I know Metals and Controls is sooner, but let's wait until the reports come out. Once the reports come out, then move to schedule a meeting. It's RPRT-101 and 102. If that seems sufficient to the Work Group. That one should be in the spring, also. Something that will be coming up soon.

Chair Anderson: Metals and Control?

Member Beach: So the one I just said was LANL. LANL has two reports coming out. Metals and Control, I think we should go ahead and schedule a Work Group call. We never got finished with the one call, we're kind of halfway through.

So when we're looking at the agenda, we may have to go back to rediscuss some of the things. And then there's two reports out from SC&A that we all have, and NIOSH, as LaVon said, those should be

out within a week or two.

I think if we give ourselves a month or two, we should be able to schedule, which is how we generally end up doing it anyways. I think Rashaun can kind of get busy on scheduling on Metals and Control.

Member Ziemer: Yes, we can go ahead and schedule that for sure sometime after New Year's.

Chair Anderson: Yes.

Member Beach: Yes. I'm thinking more in the March-April timeframe, but we'll see what the schedule looks like.

Member Ziemer: Yes.

Member Beach: The rest of my Work Groups, we're just waiting for reports, and you guys have all that information. So I'll let someone else have the floor.

Dr. Roberts: Brad, it looks like you're talking.

Member Clawson: Yes, I am. Sorry.

Anyway, I was going to ask LaVon, he was talking about Hanford, and we have a couple of files with that, and I haven't had any update on that. But if this is coming closer, LaVon, if you wanted to mention that.

Mr. Rutherford: Yes, now the co-exposure model is still a ways away. Yes. We'll keep you updated on that, and I know there was one issue that we had, Issue 6 or Issue 8. I can't remember what the number was. Yes, Issue 8, and we are working on that as well. But there's nothing else, and I haven't really a good date for when that's going to be complete.

Member Clawson: Okay. Well, that's what I was wondering. What about Savannah River? You said there were some outstanding issues on that.

Mr. Rutherford: Yes, I was going to say that I know SC&A put out a matrix of what they believe were the remaining open issues. And Tim can jump in on this. He knows this better than I do. But I think the Work Group probably needs to get together and come to agreement that that's the remaining issues or not. That's just a suggestion from me.

Tim, what do you have to say?

Dr. Taulbee: Great summary, because that's exactly what I was going to say. SC&A put out that memo kind of outlining where we're at with everything. I think it'd be appropriate for the Work Group to get together to discuss those remaining issues that we're all on the same page if we're moving forward.

Member Clawson: Okay, I'll go with SC&A and Rashaun, and we'll try to set up a Work Group meeting, then.

Mr. Barton: This is Bob. Yes, we put out the memo that has just been referenced, and it was really to try to get a baseline of what issues are still out there, since a lot of the concentration has been fixed on, obviously, the subcontractor issue over the past couple years.

But there have been several White Papers and exchanges that have happened that had just not been put forward before the Work Group that need to be discussed. I'll be working with Tim and John Cardarelli to refine that and obviously any input from the Work Group members themselves to make sure when we can finally meet up that we're all on the same page and hopefully close out a lot of these things.

Member Clawson: Okay, I'll wait for you to get back with me, Bob. I'll work with Andy and Rashaun on another issue that's there, and we'll just kind of brainstorm a little bit and see what else we can do there. Thank you. I appreciate it.

Chair Anderson: Okay, I can talk to the URAWA group. We have a meeting planned for the review of the Reduction Pilot Plant. And the other is Sandia. I think we also have a meeting scheduled for that.

Member Beach: Do you know when the Sandia documents will be out?

Chair Anderson: I don't know.

Member Beach: Okay. Rashaun --

Mr. Barton: I don't have the exact update on that, but I know it went out to DOE ADC review in the past two weeks, maybe two weeks ago. Or maybe last week it was. So it's with DOE, and then it should be back before Christmas, and then it should be distributed before the end of the year.

Chair Anderson: Okay.

Mr. Rutherford: What's the Work Group meeting date on that, again?

Member Beach: I think it's March 3rd.

Chair Anderson: 3rd, I think. Yes.

Mr. Rutherford: Yes, I just want to make sure that we're going to get ample time to review it. As long as the DOE gets it out before Christmas, I think we'll be fine.

Member Beach: That's March 3rd.

Chair Anderson: Any other groups?

Member Beach: Can I ask about INL? Where we're at with INL? If we're getting close to any type of a meeting?

Mr. Rutherford: Tim can jump in on this one. I don't think we are.

Tim, go ahead.

Dr. Taulbee: No, we have requested additional data from the sites with regards to the burial grounds and have basically ran into a lot of difficulty trying to get that the past several months due to the pandemic and COVID and so forth. We are working with the site on that to try to get better -- try to get access to the records and trying to refine some of that. We're not ready for a Work Group meeting yet.

Member Beach: Okay, thank you for that.

Member Schofield: Tim, this is Schofield. It looks like you've got a number of things on your plate still to do this. Does it look like things are going to speed up any time soon for you?

Dr. Taulbee: Unfortunately, no. And you're meeting with INL, is that correct?

Member Schofield: Argonne West, INL, Santa Susana. They're all in your ballpark right now.

Dr. Taulbee: Right. Well, many of these sites we are trying to do data capture on, Santa Susana and De Soto definitely, as well as INL from that standpoint. Not being able to do travel, to do good data captures at this time has been the point of major hindrances as far as moving forward on some of this.

I don't have a clear path yet as to when some of these data captures are going to be able to take place. When travel opens up, that's when -- our folks are geared and ready to go. But until that happens -- I will say our folks are very busy right now.

As Grady mentioned, the manual processing of dose reconstructions is not trivial, and it's not simple. So with the Cybersecurity Modernization, our folks are very busy just trying to process claims right now. Some of this are not being worked on, frankly.

Member Schofield: I appreciate that.

Mr. Barton: Tim, I don't want to put you on the spot here, but had there been some talk about gaining access remotely to systems like the EDWS, which I believe is INL, and then possibly the EDMS, which is down at Savannah River. Any movement on that while we're on the subject?

Dr. Taulbee: I have not had or heard an update on that. I can get with the project leads for both of them to get you an update, but I don't know off the top of my head. I know there's been work on that, but I don't know -- I know it's not been successful yet.

Mr. Barton: I just want to say I certainly appreciate the efforts to get SC&A involved in that so that we can have access to those search platforms, and it would greatly help out the entire program. So I appreciate all the work that you folks are doing on that. Thank you.

Dr. Taulbee: No problem.

Chair Anderson: Any others? Do we have anything -- I know our Special Exposure Cohort Issues Group kind of worked with Savannah River, but I don't know if we have any other issues that are ready to be discussed, do we?

Dr. Taulbee: I'm the, I guess, the DCAS point of contact for the SEC Issues Work Group, and no, not at this time.

Chair Anderson: Okay, I didn't think so, but I thought I would ask.

Member Kotelchuck: By the way, this is Dave. Can you hear me?

Chair Anderson: Yes.

Member Kotelchuck: Bob just raised the issue to me. We didn't get any report today on what people know about the Cybersecurity Modernization Initiative and when, I hope, it will finally end. Is

there any update that anybody can give us on that?

Member Beach: I think Grady did that yesterday during his report, Dave, but maybe there's more.

Member Kotelchuck: Okay. I was still fussing around trying to get on at that point.

Member Beach: Oh, yes.

Member Kotelchuck: I read his materials, but I didn't get to listen to him.

Mr. Calhoun: What were you specifically wondering, Dave?

Member Kotelchuck: I just want to know if you have any idea when this CMI is going to end. Any clues?

Mr. Calhoun: CMI?

Member Kotelchuck: The Cybersecurity Modernization Initiative.

Mr. Calhoun: Oh, wow, you used acronyms I don't even use. That's great.

Member Kotelchuck: Whoa. I only know what I read.

Mr. Calhoun: That's right. Okay. Well, we are -- I don't have any hard and fast dates. We meet on this for hours every week looking for longer paths forward. We're in the process of trying to still improve shorter processes so that people can gain access to different materials.

We're going to continue to do that, but it's not going to be as nice -- with NOCTS, how it used to be, and all of the other applications. I don't see that happening for at least six months, probably longer. But we're going to continue to make improvements as we can to get you guys all the information and all the documentation that you need.

Don't hesitate to ask me, like I told everybody. I'll

do everything I can to get you the information, documents, tools that you need.

Member Kotelchuck: Okay. Well, thank you. It's taking a long time. What can I say, but okay. It is what it is and I understand the reason that we need to live with it. To protect our security, quite frankly. Thanks.

Chair Anderson: Okay, other committees or groups?

Brad's talking again.

Member Clawson: Yes, I'm talking.

Chair Anderson: Go ahead.

Member Clawson: I was just going to throw out -- Tim, when we do get this travel restriction lifted, and you guys are able to go out on these data captures, I hope you'll keep the Board and also SC&A in the loop on that, because there's several of us that would like to be involved with that. You always do, I know you do, but just when everything's starting to start back up, I'd like to just be in the loop with that.

Dr. Taulbee: We will definitely spread the word to all of the points of contacts to reach out to the Board members for those.

Member Beach: I wanted to mention to Dave that Grady told us yesterday if there is a specific SRDB number that we have that we would like, if we get it to him or Lori or Megan or whoever the site rep is from NIOSH, they'll work to get those for us also.

Member Kotelchuck: Oh, very good. Great. Thank you.

Chair Anderson: Okay. I don't think we said anything during it, but there's been no word yet on new Board members. I wouldn't expect -- only new word was, well, they didn't shut down the government.

Papers are being processed, and this is not a good processing time of the year. I suspect if we don't meet in person in April, we probably won't have heard by that time either. So we'll see.

Member Beach: Do we know how many? Are there --

Chair Anderson: We know names were sent, but we don't know what was accepted.

Member Beach: Okay, thank you.

Chair Anderson: Rashaun, anything else?

Dr. Roberts: No, nothing more here. Thanks.

Ms. Gogliotti: Henry, I just want to point out I know that we have the new portal, and if any Board members are having trouble accessing it or want training to please reach out to me. I'm more than happy to go over it with you.

Chair Anderson: Okay. Are people using it? Do you know?

Ms. Gogliotti: Some people.

Chair Anderson: Okay.

Ms. Gogliotti: I know Brad has struggled a little bit, and Josie's --

Chair Anderson: I'm wondering if it's -- as you say, it's fairly new. Is there something that we ought to do a little conference call and a demonstration so, rather than wait for people, it's going to be when I need to get something, and then I'm going to try, and then I'm not going to know what to do. But if you give me a date and a time, we could set it up.

Member Beach: And Rose, I was just going to say that with these upcoming Work Group meetings, the Work Group members probably need to know where to access the documents for their meetings. That might be a good way to start is just do a quick

tutorial for the folks that are going to be meeting soon.

My biggest problem is once I get in there, it's such a long line of where you have to go, and to be able to scroll through each one, it's cumbersome. It's doable, but it's a lot, as you know.

Chair Anderson: There's no word search function.

Member Beach: No, no.

Chair Anderson: Come on, Josie, don't sugarcoat it. It sucks.

(Laughter.)

Member Beach: The next meeting is the dose reconstruction.

Lori and Rose, you guys sent out somewhere where we could go exactly step by step, and that's been helpful for other things that I've been searching for. But yes, you have to remember that path.

Ms. Gogliotti: I know that only the Dose Reconstruction Subcommittee has been trained so far. So if you're not that committee, you might not even know what we're talking about.

Chair Anderson: I was subtly trying to say that. I didn't want to say that I've been remiss at what I should be doing. I have not been there, and I don't know what I heard about it now.

Member Beach: Well, and it's going to change too, isn't it. So if you train everybody, then I don't know if this is going to be the path that it's going to be from now on. I mean we can learn it, and then it may change. Is that correct? Or do we even --

Mr. Calhoun: Yes, there's no sense not learning this, because it's going to be here a while.

Member Beach: Okay.

Mr. Calhoun: There's not going to be any changes soon. We just recently spoke about trying to get you guys documents and whatnot. You're going to have to go there to get that.

Member Beach: Okay. So, yes, maybe we need to set something up. I guess Rashaun and Rose, if you guys can work that out, make it a little more formal so we can all learn together.

Ms. Gogliotti: Yes, I know that I spoke with Jim, and we're talking about doing one next week if anybody wanted to just join in on that. Otherwise, we can definitely set something up formally for the full Board.

Member Beach: Okay. Maybe have a couple of different options available. When we have time, we can jump on them. That'd be great.

Chair Anderson: Is it simple enough that if you do it over and over, you could record it to make it available --

Member Beach: Yes.

Chair Anderson: -- for people to watch?

Ms. Gogliotti: Probably.

Chair Anderson: Otherwise, you're kind of going to be the crunch point of having to do trainings for individuals or smaller groups, so you might want to think about can you put it together in a concise way so again you can train me. If I don't use it in the next two weeks, I'm going to forget, and you're going to have to train me again.

Ms. Gogliotti: Yes. I did make a slide show that a lot of people have found helpful --

Chair Anderson: Sure.

Ms. Gogliotti: -- that I can also provide you.

Member Beach: What I found was the step-by-step

that I used that Lori sent out for the dose reconstruction and then doing it the first time using the step-by-step. And then going, like Andy said, I didn't use it for a month or two, and I went back and it's like, oh, my goodness. So I just pulled that back out, and it was helpful. To a point. Yes.

Member Clawson: Also, too, you've got to download some different stuff to be able to go through it, too. You don't use your Internet Explorer anymore, and you got to get that Zscaler and go from there. So there's a few things you got to do to be able to do it.

Chair Anderson: Okay, any other complaints people have that we want to share? Make work for staff. So I think we're near enough to the end, if there's nothing else, we'll have another meeting in February. There'll be a couple of groups before then, but not many.

Rashaun, anything else?

Dr. Roberts: No, nothing further. No. Thank you.

Member Beach: I make a motion that we adjourn our meeting.

Chair Anderson: I was going to say I'm hearing a meeting to adjourn.

All in favor?

(Chorus of aye.)

(Whereupon, the above-entitled matter went off the record at 2:39 p.m.)