UNITED STATES DEPARTMENT OF LABOR

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ADVISORY BOARD ON TOXIC SUBSTANCES AND WORKER HEALTH

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SUMMARY MINUTES

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NOVEMBER 15-16, 2023

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The Advisory Board met at the Eldorado Hotel & Spa, Zia Boardrooms, 309 W San Francisco Street, Santa Fe, New Mexico, at 9:00 a.m. MST, Steven Markowitz, Chair, presiding.

MEMBERS:

SCIENTIFIC COMMUNITY

AARON BOWMAN
MARK CATLIN
GEORGE FRIEDMAN-JIMENEZ*
MIKE VAN DYKE

MEDICAL COMMUNITY

MARIANNE CLOEREN
STEVEN MARKOWITZ, Chair
MAREK MIKULSKI
KEVIN VLAHOVICH

CLAIMANT COMMUNITY

KIRK DOMINA
JIM KEY
GAIL SPLETT

DESIGNATED FEDERAL OFFICIAL

RYAN JANSEN

*Present via video-teleconference

WEDNESDAY, NOVEMBER 15, 2023

Welcome/Introductions:

Mr. Jansen, Designated Federal Officer for the Department of Labor's (DOL) Advisory Board on Toxic Substances and Worker Health (ABTSWH), called the meeting to order at 9:01 a.m. and welcomed the attendees. He reviewed the logistics for the meeting and the public comment period and instructed attendees on how to find meeting-related information on the Board's website. He introduced the Board Chair, Dr. Steven Markowitz, who thanked Greg Lewis from the Department of Energy (DOE) for a tour of Los Alamos National Laboratory and called for introductions from Board members and other attendees.

Review of Agenda:

Chair Markowitz provided a brief overview of the Board's agenda for this two-day meeting, and reminded attendees that the role of the ABTSWH is to provide advice to the Secretary of Labor regarding the Energy Employees Occupational Illness Compensation Program Act (EEOICPA). The agenda for November 15 included a program and policy update from Rachel Pond, Director of the Division of Energy Employees Occupational Illness Compensation (DEEOIC), an extensive conversation about the Site Exposure Matrices (SEM), followed by responses to Board recommendations from its meeting six months prior, and a discussion about the term "significance" and how it is described in the Procedure Manual. The Board was also slated to look into the Industrial Hygienist (IH) analyses of claims and Contract Medical Consultant (CMC) reports, concluding with a public comment period. The agenda for the following day included an examination by the Board of new probable human carcinogens identified by the International Agency for Research on Cancer (IARC) to determine if they should be added to the SEM, miscellaneous changes of policy and procedures, new issues, and finally, the development of a plan for the ABTSWH for the next six months until its next meeting.

Program and Policy Update:

Ms. Pond thanked the Board for their time and effort in assisting the DEEOIC and she provided an update on the program's recent activities. She noted an increase in new claims in the last year, and particularly in the last few weeks, with about 300 new claims a week, primarily coming from the New Mexico

Resource Facility. The cumulative total that the DEEOIC paid in 2023 was $2.3 billion, over half of which went to medical benefits for home health care and ancillary health benefits. Unique home health care payments have risen from about 9,000 to over 12,000 in the period of 2021 to 2023, resulting in a doubling of staff in the medical benefits branch. An increase in staffing has led to a very high rate of claims adjudication within Department goal times.

Ms. Pond briefly covered a number of topics pertaining to the SEM, DOL procedures regarding silicosis, updates to the public internet accessible site for several facilities, changes to the Department's beryllium vendor coverage, and various Department forms. She then described outreach efforts DEEOIC had conducted, including nine joint outreach task force group town hall events with other federal agencies, bringing in over 1,300 stakeholders, and ways the Department reached out to underserved communities, such as the two new Navajo-speaking caseworkers hired in FY2023. DEEOIC has also continued its CMC and IH reviews.

The Federal Procedure Manual updates include guidance about reference and links to all relevant former worker program websites, industrial hygiene exposure reporting language modification, and silicosis causal presumptions under Part E. The latest Procedure Manual update covers organ transplants as an accepted consequential condition in claimants' impairment awards, as well as the procedure for handling claimant delays and directed medical examinations. The ABTSWH has asked for access to DEEOIC case files electronically, and Ms. Pond said they are still working on that, but that the ECOMP system may make it easier.

Chair Markowitz asked about the 300 new claims a week Ms. Pond mentioned, along with the different classifications of accelerated, acute, and chronic silicosis. Ms. Pond said a majority of the new claims are from existing claimants submitting claims for new conditions. Ms. Pond also responded to a question he had about the function served by the new consequential condition form. The Chair asked that the Board receive the results of the program's reevaluation of past claims in light of policy changes regarding hearing loss and silicosis. Mr. Key asked about outreach to Native American tribes besides the Navajo, and Ms. Pond stated that other agencies across the government and within DOL are working to determine the best ways to reach out to Tribal nations across the country not only for EEOICPA, but for government benefits generally. In response to a

question from Mr. Catlin, Ms. Pond described the process that quality review analysts in the performance management branch go through when they do a second level review of individual claims, resulting in quarterly reports based on their analyses, rather than the annual accountability reviews that used to be the norm. The discussion concluded with a discussion by several Board members of the guidelines around sensorineural hearing loss.

Site Exposure Matrices:

Mr. Jansen explained that the Program Manager for the Site Exposure Matrices, Peter Turcic from Paragon Technical Services, was at the meeting to provide responses to written questions. Before Mr. Turcic spoke, Ms. Pond offered to give a demonstration of the SEM to a small subset of the Board at a later date, which Chair Markowitz accepted. A prior Board question concerned the status of certain documents and Ms. Pond explained that the written contract for Paragon had not been provided to her by the procurement office at DOL, but she said she would follow up. Ms. Splett noted that how contractors were paid was not of real interest to the Board.

Ms. Pond then introduced Mr. Turcic who addressed the second written question. The Board had noted that the SEM includes 132 substances with 152 disease links not in Haz-Map and requested a list of those associations. Mr. Turcic said that Paragon's chemical manager provided that documentation to him just prior to the meeting. As an example of its findings, the list shows that 111 substances are tied to Parkinsonism in the SEM, which is not a recognized condition in Haz-Map. The remaining 21 substances are tied to 41 diseases not in Haz-Map, all of which are based on the Board's recommendation to include the IARC 2A links. Mr. Turcic said the list will be submitted to DOL shortly, after which it will be disseminated to the Board. In response to a question from Dr. Bowman of when those 111 substances were added, Chair Markowitz said it would have happened in the last three years, at the Board's recommendation.

After some technical assistance and troubleshooting in the use of the Internet Accessible SEM (IAS), Mr. Turcic explained that, for non-closure sites, it is unclear how SEM captures the changing nature of toxic substance exposures by job category and buildings over time. A demonstration would be most useful to explain how things stay in SEM throughout the life cycle of a particular element. Chair Markowitz asked under what circumstances information is removed from the SEM and Mr. Turcic replied that information is only removed when it is found to be

in error.

Chair Markowitz brought up the point that sites' missions and job category responsibilities evolve over time and, while he acknowledged that the SEM largely doesn't contain dates, he asked how the SEM responds to such changes in activity. Mr. Turcic replied that what the SEM validates is that a given toxic substance was potentially present at a location, and once a substance is in the SEM associated with a particular site, it stays there until some evidence is uncovered to prove that association was erroneous. The SEM does not measure intensity of exposure of specific activities, but is constantly being updated to incorporate any new facility-specific information. Periodic reviews of major sites are conducted every five to ten years, during which Paragon asks for high-level documents, such a site's capital projects and industrial hygiene reports, all the way down to individual processes and the procedures related to it, such as health and safety analysis reports, and updating facility-level data where applicable.

Mr. Key spoke about a group of workers at the Paducah Gaseous Diffusion Plant who were exposed to fluorine, which is listed as a substance in the SEM, but the workers were not able to find any labor categories associated with their building location, and so their claims were automatically denied. Mr. Turcic said he would have to look into that, and Ms. Pond emphasized that SEM is not a decisional database. Claims Examiners (CEs) do not use the SEM alone to determine if a claim is going to be accepted or not. It is a larger decision comprising multiple factors. Dr. Markowitz asked whether Paragon is still getting updates about processes from the early years of the sites or if they are mostly from the last ten years. Mr. Turcic said that it is predominantly the latter, though the library has thousands of records that were received and entered via updates from DOE sites over the years.

Ms. Splett asked if the majority of the SEM is in Excel spreadsheets, or if there is a relational database or SQL. Mr. Turcic replied that it's a combination. Excel is for the raw data and there is a huge relational database in ColdFusion. Ms. Splett asked further about the concern DOL has with releasing the spreadsheets, and whether it was solely a question of Paragon ownership of the database. Mr. Turcic clarified that in addition to the concern about proprietary information, it is also a potential classification issue because even if they are only releasing previously published spreadsheets and SEM databases that had been checked for classified information,

there still exists the potential of a mosaic effect, where there is the presence of several pieces of non-classified information that together become classified and DOE had not reviewed the spreadsheets themselves, only their constituent parts.

Ms. Splett went on to ask if the Board could be shown the public view of different iterations of the SEM historically to view the changes that have been made over time. Mr. Turcic said they could not because, while a record of all the changes is kept, to keep a mirror image of each site's database would require an immense amount of data. Dr. Bowman asked about the size of each database and pointed out that if it is under a terabyte, it would not be onerous to keep a copy of it. Ms. Pond reiterated that a log of all the changes made to the SEM is kept, but that it is revised every six months and to keep a copy of it going back ten or more years simply isn't feasible. Dr. Bowman clarified that he was under the impression that the record of changes isn't available because of the concerns over proprietary information so the only way the Board could view it is through the different public versions. Ms. Pond replied that it is currently under review what can be provided to the Board, and that it would be worthwhile to talk about how to word that request.

Ms. Splett also brought up the concern that although it's been said that information isn't being removed from the SEM, it appears that some has been. At the K-25 facility in Oak Ridge, Tennessee, in the “laborer” labor category, there are 21 matching criteria for toxic chemicals potentially encountered by that labor category currently, whereas there were 63 matching criteria in April of 2021. She asked what happened to those 42 criteria. A similar situation was discovered at the Yucca Mountain site. Mr. Turcic and Ms. Pond said they will take those questions and respond at a later time.

Mr. Domina brought up the importance of understanding the different ways that workers handled substances and performed their duties at different sites, and Mr. Turcic referred to DOL processes to handle those situations and also pointed out that Paragon also updates the SEM based on augmented information they receive through a claimant's Occupational Health Questionnaire (OHQ) or affidavit, or from information provided by CEs or the general public, as was the case for trichloroethylene.

Response to Advisory Board's IH Recommendation:

Chair Markowitz stated that DOL did not fully accept ABTSWH's IH

recommendation and wanted the Board to discuss if there was some modification or improvement it could make. Dr. Cloeren gave a presentation on the subject. In May, the Board recommended modifying the expectations around the Industrial Hygiene report to include more details about what data were available to review and what they showed, and to refer to the case file where there were data to support the conclusions. The Board also recommended there be an expectation of an explicit statement of a lack of case relevant data beyond what is available in the SEM, and to share that information in an organized table format. The current procedural guidance is that the IH will review all the information and characterize a variety of chemicals, jobs, and time periods and describe their exposure as significant, between incidental and significant, incidental, or no exposure. Within the term "significant" the exposure may be high, moderate, or low.

The rationale for the Board's recommendation is that synthesizing a large amount of data and the SEM findings with the IH's knowledge into a single conclusion misses the opportunity to share details with other experienced individuals like the CEs and CMCs that would provide more information about how that conclusion was reached, as well as the exposure type, the route of exposure (inhalation, ingestion, skin absorption, etc.), and its intensity, frequency, and duration, all of which are used in Industrial Hygiene evaluation. The response was an agreement that the new table format would be helpful if the IH found the exposure to be significant, but not in other cases, and that a data field should be added that explained the type of exposure (direct, bystander, in the area) when it was used. There was disagreement with specifying where in the data sources the data supporting the conclusion was found.

Dr. Cloeren also noted that the Industrial Hygiene Reports generally list the sources that the IH used to reach their conclusions, but don't share what those sources (OHQ, employee interview, etc.) actually say within them. Chair Markowitz concurred that the sources and information in them should be noted, and if there is no useful information in those sources, that should also be noted. He then asked if the language that the Board has repeatedly seen in IH reports is true, i.e., that because Industrial Hygiene conditions improved in the 90s, circumstances or events leading to a significant exposure would have likely been identified and documented in employment records. He said he didn't believe that the prejudice should go in either direction around a given timeframe, because, while conditions did generally improve since the mid-90s, he was

skeptical that one could translate that into a determination for an individual claimant in an IH analysis.

Dr. Van Dyke agreed with the Chair, stating that these types of Industrial Hygiene conditions were generally not well-documented and particularly not well-documented in employment records, although they undoubtedly have gotten better. He stressed that lack of documentation cannot be interpreted as lack of exposure. Following up, Chair Markowitz said that the fact of conditions generally improving over time may have limited relevance when examining an individual claim. For a particular claim, there is a person with an illness, and so the question is whether this individual had an exposure that was significant or not, which would require the OHQ, the employee interview, as well as knowledge of the general conditions of the facility and the individual's experience.

Mr. Key said that the IH report statement was very vague, and suggested the Board return to the intent of EEOICPA and its specific language. He noted that Industrial Hygiene barely even came into play until the mid-2000s, and that just because a substance was banned it wasn't immediately gathered and disposed of. On the contrary, its use was continued until a replacement was found, so his belief is that the bias, if any, always has to be in favor of the claimant. Mr. Domina suggested that the reason the contractors don't want to monitor exposure levels is that they don't want to know the answer. He said that there needs to be balance in these determinations, but it doesn't feel like the scale is even. Mr. Key also acknowledged improvements in conditions since the 50s and 60s, but there are still incidents and contractors don't want to monitor, because if a certain threshold is reached, then they are required to report it.

Dr. Cloeren proposed that the OHQ be included in the packet to the CMC, which Chair Markowitz agreed was a valid request for the Board to make. Mr. Catlin said that the IH report should address whether the OHQ can be refuted through data or unsound logic. He cited his own experiences where claims have been rejected when all manner of potential exposures included in the OHQ were never addressed. Dr. Van Dyke said the IH should be required to respond to reported exposures in the OHQ to assure the claimant that they are being listened to and understood.

The Board concluded by identifying elements of the discussion that might be used to form a new recommendation to the Department. The summary table only needs to be included for

significant exposure, but the IH should specifically address all exposures that were claimed in the OHQ and by the claimant, whether significant or not. The IH should specify what data was found in each of the sources reviewed rather than producing a single conclusion from all sources; if there is no exposure information found in specific documents then that should be specifically stated. The OHQ should be shared with the CMC or whichever doctor the CE may be sending the IH report to.

Dr. Friedman-Jimenez emphasized that transparency is primary so that the claimant and their representatives all understand the rationale for a case being accepted or denied. He made the point that if exposures classified as incidental are not included in the table, then that doesn't allow the claimant to understand the rationale for saying the exposure was non-causal, and what's more, incidental exposure can cause disease dependent on frequency and duration. It leaves the door open for misunderstanding, in his opinion, if incidental and negative exposures don't need to be justified in any detail. Chair Markowitz and others agreed that the CMC should have access to all exposures to come to their own conclusions about significance. After further discussions on data, relevancy, and presentation, the Board members determined that they agreed on the broad principles, and noted that process and implementation fell to DOL, not the ABTSWH.

Response to Advisory Board's CMC Recommendation:

Chair Markowitz discussed the recommendation the Board previously gave to DOL that the program develop a mechanism to evaluate the validity and accuracy of the opinions and rationales of CMCs in their reports, and it should be done in a way that respects conflicts of interest of parties currently responsible for those reports. This recommendation was not accepted. The Department’s reply indicated that the current adjudication procedures provide CEs with the necessary guidance to assist in weighing medical evidence to determine the validity and accuracy of medical opinions submitted by a CMC; that the program has clearly defined mechanisms to assure quality and accuracy; and that the program has staff dedicated to assessing quality assurance and adding another layer of review could lead to duplication and delay. The Department requested the Board provide specific guidance or references to “medical health science data” that can be communicated to staff or CMCs about medical standards or epidemiologic data that could serve to eliminate or reduce instances of gross error, as was mentioned by the Board in its recommendation.

Chair Markowitz mentioned that, regarding the quality assurance exercises, he believes that they are being done by analysts in the policy branch, not physicians or other healthcare providers. He said that the Board and the Department may have different ideas about what accuracy and validity are, and that in claim reviews by the Board over the last seven years, between 10 and 20 percent of CMC reports rendered inaccurate causation opinions. This led to claimants not being compensated, and the Department procedures had an inadequate way of catching these errors.

Dr. Cloeren suggested requiring CMCs to back up the medical statements they make in their reports, but Chair Markowitz pointed out that citing medical literature is already in the current Procedure Manual. Dr. Friedman-Jimenez proposed a working group to focus on the causation assessment.

Dr. Bowman asked how CMC expertise is taken into account when selecting which CMC evaluates a case. Chair Markowitz responded that it's the contractor's obligation to match up the CE questions with a CMC's relevant discipline. Member Van Dyke said it would be helpful to collect more granular data on claim denials and the reason for denials in order to help identify specific problem areas. The Chair also expressed interest in receiving a table outlining the most common health conditions and the number of claims by organ system or disease type.

A discussion followed on methods and procedures for verifying the accuracy of claims evidence or causation determinations, either by reviewing relevant medical literature or going back to the CMC, treating physician, or toxicologists. Chair Markowitz suggested convening a small panel of causation physicians who would participate in a direct quality assessment of causation claims on a quarterly basis, perhaps in a peer review format.

"Significance" of DOE Exposures:

The Board discussed language from the Procedure Manual relevant to different levels of exposure that IHs can estimate for use in claims evaluations, which are incidental, significant, or more than incidental but less than significant. Dr. Cloeren described incidental as exposure that is in passing, intermittent, or infrequent, and usually without a connection to an employee's normal work. The term "significant" as it relates to each relevant exposure is further broken down into three potential categories: high, moderate, or low. In categorizing significant

exposure, the employee's job classification, work tasks, and the presence or absence of monitoring data are all taken into account. The IH would also note any information known about the conditions of the site at the time of exposure and any use of personal protective equipment (PPE), and use their knowledge and judgment to assign a level of significance. The Board has revisited the issue because the word significant is used in the statute in two different ways, where the IH's assessment of significant exposure could be interpreted as a significant contributor or as causally related to the claimant's medical condition, which is not within the IH's purview.

Several Board members thought the division of significant into three categories for the IH to choose from with very little quantitative data was not useful, and Mr. Domina felt they were too vaguely defined, as the same exposure could be a different category for different workers. Mr. Key pointed out that a low significant or even incidental exposure over the course of 15 years could certainly be the causation of a medical condition. The standards have also changed over time, and there is general awareness now that lower levels of exposure are more dangerous than previously believed.

The word significant is important in the policy manual because if a worker is deemed to have a significant exposure then it may link to a presumption that creates a facilitated pathway towards a successful claim. Chair Markowitz expressed concern that the relatively new category of more than incidental but less than significant is a way to characterize a substantial number of exposures that the CMC or CE may not entirely understand. Dr. Bowman also suggested that if the IH says an exposure is significant-low, they should define what elements of the exposure made them describe it that way.

Public Comment Period:

D'Lanie Blaze from CORE Advocacy for Nuclear and Aerospace Workers addressed the Board about the removal of propulsion workers and related activities from the SEM for Area 4 of Santa Susana Field Laboratory. Ms. Blaze filed a FOIA request for information about the directive and the rationale to remove these workers and activities, and the contractor, Paragon, indicated that it had done so because these employees are not considered eligible for the program under Part E. Ms. Blaze contends this is incorrect according to then-EEIOICP Program Director Peter Turcic's own prior Established Eligibility Decision from 2005, and that no other information was provided

regarding where the directive to remove the information had originated or what documentation was used to support the removal.

This directive has resulted in a three year period where all claims associated with Santa Susana Field Laboratory, Canoga Avenue Facility, and DeSoto Avenue Facility were put into pending status, with several workers dying without ever learning why their claims had stalled. Boeing was also found by DOE to have routinely submitted incomplete and misleading information during the employment verification process resulting in the disqualification of workers who clearly qualified for compensation and medical benefits. Ms. Blaze encouraged the Board and all involved to ensure that no information is ever removed from the SEM based on a contractor's assertion or those of any agency, but rather only after the careful and objective evaluation of documentation that effectively contradicts what was initially used to justify the inclusion of the data in the first place. She also requested that jurisdictional purview be restored and that claimants receive a thorough and qualified review of their claims by seasoned CEs with some familiarity with their work sites.

THURSDAY, NOVEMBER 16, 2023

Call to Order:

Mr. Jansen called the second day of the meeting to order at 8:30 a.m. and Chair Markowitz led the Board and attendees in a round of introductions before reviewing the agenda.

Additional Discussion of Day 1 Topics:

The Board revisited the topics they discussed on the previous day, beginning with the SEM. Ms. Splett will prepare a list of draft questions, circulate it to the Board, get additional comments and questions, and finalize it by January 16th. The hope is that a demonstration of the SEM will occur in the following month sometime before mid-February. Regarding the IH reports, in addition to what has been previously accepted by DOL, the Board recommends that the Department modify its exposure assessment and communications procedures to specifically address all reported exposures in the OHQ, and that the IH be required to describe what exposure-relevant information was found in each of the data sources reviewed, including the Document Acquisition Request (DAR). If no data

exist, that should be explicitly stated as well. Additionally, the CE should share the OHQ with any physician that is asked to use the IH report for causation analysis. The Board voted on this recommendation, and it was approved unanimously.

The Board also examined its draft recommendation that the DOL expand its quality assessment of CMC performance by implementing a quarterly independent peer review of an appreciable number of CMC reports conducted by a panel of two or three physicians who are medical experts in causation analysis of occupational diseases. The goals of this quality assessment would be to estimate the size of the problem of major errors contained in CMC reports, to identify and correct systemic problems in CMC causation analysis, and to identify CMCs who repeatedly commit major errors in causation. There was discussion among the Board about the exact number or range of number of reports to be examined, as well as the type of reports, the methodology of determining the sample group, and whether the medical experts should be comprised of CMCs or whether it should be an external panel. The Board offered its assistance in planning for the implementation of the recommendation if accepted, and voted unanimously in favor of the recommendation.

The Board then discussed the term significance and the IHs' use of six different categories to characterize exposures, including three levels of significance. It was suggested that the Board make a request to view IH reports to see how the changes are implemented and to arrange a focus group or conversation with a subset of the Board at a later date to solicit input and feedback on how the system works for IH consultants. The Board subset will include Mr. Catlin, Dr. Cloeren, Dr. Friedman-Jimenez, Dr. Bowman, and Dr. Van Dyke.

Finally, the Board recommended that within 30 days the EEOICP designate a single program staff person at each district office to serve as an initial point of contact for claims that involve people who report that they are terminally ill in order to simplify a challenging issue for claimants, their representatives, and advocates. The procedure as it exists right now fast-tracks the cases of individuals who are identified as terminally ill after evaluation of medical documentation by a district director, but the Department is still obligated to ensure that whatever claims hurdles exist must be overcome by obtaining expedited IH and CMC reviews and other relevant materials. The recommendation, along with an information request for the names of the responsible individuals at each district office, was voted on by the Board and approved unanimously.

Review of Newly Classified IARC 2A Carcinogens and New Issues:

DOL had requested that the ABTSWH review some of the work that IARC has done on probable human carcinogens, which are classified as 2A. The Board made recommendations, which were accepted by the Department that they add certain toxic substance links in the SEM to selected cancers. Paragon Technical Services conducted a review of recently added IARC 2A carcinogens and produced a report for the Board which links trichloroethylene to multiple myeloma and antimony to lung cancer. Chair Markowitz, Dr. Friedman-Jimenez, Dr. Cloeren, and Dr. Bowman will review the report and weigh in on its conclusions.

The SEM has been altered at the Board's recommendation to link 111 toxic substances to Parkinsonism, and at the Chair's request, Dr. Bowman and Dr. Mikulski volunteered to take a look at those substances. Chair Markowitz, Dr. Cloeren, Dr. Friedman-Jimenez, and Dr. Bowman also volunteered to re-examine hearing loss literature to determine whether ten years of exposure as the minimum number of years used by EEOICPA should necessarily be consecutive or if it could be interrupted and cumulative, along with the possibility of additional agents not currently listed in the SEM.

Review of Public Comments:

A written public comment was submitted that claimed that many reports are done by relatively few CMCs and that there is not an even distribution across the pool of CMCs, as well as discussion about how CMCs are chosen. Chair Markowitz said it made him realize that he was unaware if the Board had ever requested any kind of profile of the CMCs, and so he asked Mr. Vance if the contractor could provide information on the distribution of their disciplines, their numbers, the reports they do, the distribution of who is doing which reports, their length of service, the conditions they examine, and their site locations. An information request will be submitted to the Program.

Board Work Plan:

The Board is scheduled to end its existence in December of 2024 unless Congress extends that date subject to legislation. This particular Board term ends in July of 2024, so the intent in the next meeting is to close out certain issues to the extent possible, otherwise they will be passed on to the next Board that serves. There will be a deliberative process to determine

where the Board will next meet in person in six months' time.

Close of Meeting:

Mr. Jansen adjourned the meeting at 10:36 a.m.

I hereby certify that, to the best of my knowledge, the foregoing minutes are on accurate summary of the meeting.
Submitted by:

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Steven Markowitz, MD, DrPh
Chair, Advisory Board on Toxic Substances and Worker Health
Date: 3/11/2024