UNITED STATES DEPARTMENT OF LABOR
+ + + + +

ADVISORY BOARD ON TOXIC SUBSTANCES
AND WORKER HEALTH
+ + + + +

SUBCOMMITTEE ON THE SITE EXPOSURE
MATRICES (AREA #1)
+ + + + +

MEETING
+ + + + +

FRIDAY,
JANUARY 6, 2017
+ + + + +

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

MEMBERS

SCIENTIFIC COMMUNITY:

JOHN M. DEMENT

MEDICAL COMMUNITY:

LAURA S. WELCH, Chair

CLAIMANT COMMUNITY:

KIRK D. DOMINA
GARRY M. WHITLEY
OTHER ADVISORY BOARD MEMBERS PRESENT

FAYE VLIJGER

DESIGNATED FEDERAL OFFICIAL:

CARRIE RHOADS
A G E N D A

Improvement of the OHQ in collaboration with DEEOIC .................................. 10

Review of COPD cases from DEEOIC, and the COPD presumption ....................... 38

Recommendations for a model for exposure assessment at sites without SEM .............. 45

Discussion of hearing loss presumption ........ 55

Other items in follow-up to October ABTSWH in Oak Ridge TN .............................. 56

New business as proposed by subcommittee members ........................................ 65

Adjourn ........................................ 95
OPERATOR: Thank you all for standing by. Welcome to today's conference call. At this time the lines have been placed on listen-only for today's conference. Your lines will be on listen-only for the duration of today's conference. The conference is being recorded. If you have any objection, please disconnect at this time.

I will now turn the conference over to our host, Ms. Carrie Rhoads. Ma'am, you may proceed.

MS. RHOADS: Thank you. Good morning or afternoon, everybody. My name is Carrie Rhoads, and I'd like to welcome you to today's conference meeting of the Department of Labor's Advisory Board on Toxic Substances and Worker Health, the Subcommittee on the Site Exposure Matrices, or SEM.

I'm the Board's Designated Federal Officer, or DFO for today's meeting.

We do appreciate the time and the work
of our Board Members in preparing for the meeting and for the work they'll do afterwards. I'll do a quick roll call of the Subcommittee Members, please. Dr. Laura Welch is the Chair of the Subcommittee.

(Roll Call)

MS. RHOADS: Regarding meeting operations today, I don't think we'll need to take a break, although Dr. Welch can chime in on that if she'd like to take one. Copies of all meeting materials and any written public comments are or will be available on the Board's website under the heading "Meetings," and the listing for this Subcommittee meeting. The documents will also be up on the WebEx stream so everyone can follow along with the discussion.

The Board's website can be found at DOL.gov/OWCP/energy/regs/compliance/advisoryboard.htm. I encourage you to visit the website if you have not done so. After you click on today's meeting you'll see a page dedicated entirely to today's meeting. These contain publicly available material
submitted to us in advance of the meeting and we'll publish anything that is provided to the Subcommittee. You should also find today's agenda, as well as instructions for participating remotely.

If you are participating remotely and you're having a problem, please email us at EnergyAdvisoryBoard@DOL.gov. If you are joining by WebEx please note the discussion is for viewing only and will not be interactive. The phones will also be muted for non-Advisory Board Members.

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

The Advisory Board voted at its April 2016 meeting that subcommittee meetings should be open to the public. A transcript and Minutes will be prepared from today's meeting.

During the Board discussion as we're on a teleconference line, please speak clearly enough
for the transcriber to understand. When you begin speaking especially at the start of the meeting please state your name so we can get an accurate record of the discussion. Also, please ask our transcriber to please let us know if you are having an issue with hearing or with the recording. As DFO, I see that the meeting -- the minutes of the meeting are prepared and insure that they're certified by the Chair. The minutes of today's meeting will be available on the Board's website no later than 90 calendar days from today per FACA regulations. If they are available sooner, they will be published sooner.

Also, although formal Minutes will be prepared, we'll also be publishing verbatim transcripts which are obviously more detailed in nature. Those transcripts should be available on the Board's website within 30 days.

I would like to remind the Advisory Board Members that there are some materials that have been provided to you in your capacity as special government employees and members of the
Board which are not for public disclosure and cannot be shared or discussed publicly, including in this meeting. Please be aware of this as we continue with the meeting today. These materials can be discussed in a general way which does not include using any personally identifiable information, such as names, addresses, specific facilities if a case is being discussed, or doctor's names.

And with that, I convene this meeting of the Advisory Board on Toxic Substances and Worker Health, Subcommittee on the SEM. I'll now turn it over to Dr. Welch, who is the Chair.

CHAIR WELCH: Thank you, Carrie, and thanks, everybody, for being on the call.

I have two questions before we get to the agenda. We had received a copy of the Draft Occupational Health Questionnaire which doesn't have any personal identifiers in it, but it is also not because it's a draft made publicly available, so how can -- what level discussion can we have about that document on this call in the context the
fact that it's not publicly available?

MS. RHOADS: I think most of the discussion should be okay about that.

CHAIR WELCH: Okay.

MS. RHOADS: I'll jump in if I think that anything is -- shouldn't be discussed further.

CHAIR WELCH: Okay. And then, John, the reason I had wanted you on the call is to talk about the sites that are not in SEM. And that was like I think -- that's down the agenda but we can address that first if you want to deal with the question we had for you and then go to something else. If you want to stay on the call the whole time and listen to that discussion about the OHQ, that would be fine, too, so just let me know what you prefer, what you want us to do.

MR. VANCE: I'm pretty much at your disposal. I am slated for the entire meeting to be here.

CHAIR WELCH: Okay. Okay, that's great. Okay, so why don't we just look through the agenda. I put five things and then we'll option for new
business on the agenda. The five items are -- we're probably not going to get through them all in any case, but does anyone have something that's new business they want to make sure we get around to talking to today before we work through what I have already written down? Okay, good.

So the first item was for us to develop a process for the collaboration that we've agreed to with the Department on improving the Occupational Health Questionnaire. And I hadn't realized because I hadn't opened that the disk that the draft was on there, but I was able to do that yesterday and got a look at that. And I had circulated to everyone the questionnaire that we used in the BTMed program. So we have some time both to discuss the questionnaire, get the -- and we want to make sure we have some time left over to talk to -- scan the comments with the rest of the Board and get the comments back to the Department. Does everybody have a clear look at the draft questionnaire that we got from the Department?

MEMBER DEMENT: Yes.
CHAIR WELCH: So any comments on that in particular?

MEMBER DEMENT: John Dement. I -- my major comment is that unless there's something that I didn't see in the draft, it looks like it's largely just a place to enter free text rather than having places where you specifically ask about exposures, such as on the current questionnaire. So it's -- I'm not so sure -- this is just my first take on it. I'm not so sure that the new questionnaire is going to stimulate a lot of specific recall on the part of workers, nor necessarily the individuals who are doing the administration of the interview. And it's really just some categories of exposure and they ask for a lot of free text. I'm not opposed to free text because I think it adds a lot, but my major concern is it doesn't ask about specific exposures that are known to occur among at least certain trades and some they're maybe even pretty much DOE specific.

CHAIR WELCH: Yes, I agree with that, too. Comparing with the old one there were specific
exposures that were on the current draft, and now it looks like it's -- instead of asking about specific ones it's actually a little bit open-ended, so I agree with you on that.

MEMBER DEMENT: So I guess I'm not sure that it's actually going to improve things. That's my major concern. You know, I'd like to hear from others for what their thought on this is.

CHAIR WELCH: I know that -- this is Laura Welch, again. One of the things that we had talked about in our March/April meeting was the value of asking about tasks, as well, which would be a challenge to develop a list of tasks for all the different tasks, but I think that would be a good addition, in addition to specific agents, exposure situations, to ask about tasks because that's where industrial hygienists think that you can always get a sense of the intensity overall dose that one would -- how the material -- how exposure to material occurs. And as it is now, that information about how the individual is exposed to materials is asked in the free text. That gives you
a window to tell us how you were exposed to them, so I think we can also add some information on tasks.

MEMBER DEMENT: Yes. Well, you know, I think the collection of free text information which often includes a description of how the work is done and the associated tasks. I think it's helpful but, you know, one of the problems we've had all along in the Former Worker Program is how you stimulate recall of workers who are trying to recall exposures that happened 20, 30, even 40 years earlier. And sometimes, you know, just a list of task -- certainly a list of materials helps, as well. You know, it has the potential for a worker checking everything which is not useful, but it also I think -- on counterbalancing I think it stimulates some degree of recall.

You know, I would continue to ask the questions about materials that are -- I believe it's on the other questionnaire. I don't think it's that bad, maybe add here and there, and modify that a bit more by asking more about the task, as Laura
said, but preserving the possibility of workers entering just their own descriptions in free text.

The other sort of -- and to me in reviewing the questionnaire and the cases that we have, the COPD cases, there's a -- you know, there's the issue of what the questionnaire is, but also how the questionnaire is administered and subsequently used. And I think we ought to talk about that, as well. No matter how good we make this questionnaire, it's never going to be perfect. There's going to be recall issues. They'll always be there so we have to just do as good a job as we can, but I think we need to think about the process of how this is integrated in there, and the whole process for kinds of adjudication because I don't -- I can't see this actually used very much currently except for getting the information about occupations and time frames and sites.

MEMBER DOMINA: Hey, this is Kirk. I've got a -- just a comment. Like when this starts out about, you know, where you worked, or assessed production, or construction, it needs to be and/or
or put both in there because I'll tell you straight up, half of our workforce used to be construction, now they're on the production side, or it can be vice versa, or they go back and forth two, or three, or four different times. And I think it's important to capture that so that people understand what people do because some of the jurisdiction is different based on what side of the fence you're on, and your exposures can be also. Sometimes, sometimes not, but I don't want somebody who is looking at this that does not understand the work that goes on at these different sites, look at it and say well, you can be both and try and put them into just one category, because you can't. And I believe it's important.

MEMBER DEMENT: So I don't know how to proceed with this. Do others find this questionnaire to have improved on what we've done before? My view is it doesn't.

MEMBER WHITLEY: This is Garry here. I don't think it has, and I'm -- a lot of our -- the majority of our people worked construction, then
switched over to maintenance for years. Another thing is, keep in mind that a lot of times a family member, a spouse, or family member is the one who's trying to do these and they really don't have a clue. Now it's pretty clear on the questions that -- even the ones that are filled out by workers, they don't recall a whole bunch.

MEMBER DEMENT: Correct.

CHAIR WELCH: Yes, I agree with you, John. I don't think it's an improvement, and I think, you know, there's lots of stuff that you have to get by picking up the different agents. I guess one question that John has is if our Subcommittee will make a list of recommendations, but how specific would you want the recommendations to be to go back to the Department and you can share them. Do we have to develop a pretty specific draft or -

MR. VANCE: I mean I -- this is John, and my take on this is that, you know, what we're trying to do is collect information; however that information can be input into the case file that
allows us to evaluate that in conjunction with other pieces of information. So in response to John, you know, how we use this. This is another data point where we are trying to collect information and then trying to correlate that information to other sources of information, such as information that we're gleaning out of the Site Exposure Matrices or correlating the direct information that we're receiving from the site itself, so this is seen as sort of a complementary piece of information in case analysis. It also leads us down paths of development that may not be easily identified in employment records we get from the Department of Energy, so just to clarify that point.

But as far as I'm concerned, you know, the team that's working on this is open to getting very specific recommendations as to what can be done to improve the quality of the information that we're receiving. And I think Garry it was, was making a good point. You have to also keep in mind that the folks that are completing this form are
oftentimes survivors of deceased employees. They're not going to have a lot of information about specific toxins. And, you know, the defaults we find a lot of times is that people say they don't know or may have been exposed to specific things when we identify them. And often times, and this is just my personal view, a lot of times people are unfamiliar with a lot of the very highly technical toxins that are identified in some of our forms and such, so that's also an experience I think that we've encountered.

But, Dr. Welch, I think that my view going forward would be, you know, if you have specific recommendations about how we can go about improving on the current version of the Occupational History Questionnaire in conjunction with the drafts that we're messing around with right now, I would definitely ask that that happen with as much specificity as possible, really.

CHAIR WELCH: Okay. And then I asked, on Monday, I was interested in input from Mark
Griffon, and I can go to him after our call, was if we wanted to develop a list of tasks and if they have that on the production side. And I think that's a big project, from my point of view, it's a big project.

COURT REPORTER: Sorry, this is the transcriber. Could you repeat that?

CHAIR WELCH: Sorry, I put my hand by my microphone. I think developing a list of tasks for the production side is a big job, but it may be that the people who understand that production side may know that, but I don't. Have an idea in their head of what some of the overarching tasks are so nothing achievable.

Okay, the language I would propose is that I'll send the committee a list of what we've discussed and what I remember we discussed when the full Board was together with specific suggestions, and you can all add to those suggestions, and you can -- it may turn out that that will come out to a specific list of recommendations which would be great, or we may have to triage out a little bit
more work to get a final list of suggestions for
the proposed draft.

But, John Dement, I want to circle back
to something you said about how not just what's on
the questionnaire but how it's used. Do you think
--

MEMBER DEMENT: Yes. Let me elaborate on
that a bit, if I can because --

CHAIR WELCH: Yes.

MEMBER DEMENT: -- I think what
-- certainly the case I reviewed -- I didn't review
all of these cases for COPD, but I reviewed a fair
number of them; I think enough to get a pretty good
sense of what's happening.

To me what's happening is this OHQ is
prepared. They get it to the claims examiner. They
took off information with regard --certainly with
regard to sites and covered employment and label
category, immediately go into the Site Exposure
Matrix based on the labor category and site and
determine -- to come up with a statement of
accepted facts on exposures two things are
required. What is the labor category and site has
to specifically list an exposure and, two, those
exposures have to be linked in the SEM to the
condition being claimed, e.g., COPD. If either one
of those conditions aren't met then it doesn't top
out as an exposure to be considered by either the
industrial hygienist or the CMC. And so I don't see
that the Occupational History Questionnaire is
being given much weight at all. Even if they have
a lot of detailed descriptions in it, I don't think
it would get much weight. So it seems to me the
process is not in the right order.

It seems to me the industrial hygienist
and a knowledgeable individual with regard to
exposure needs to be early on in that process for
determining, first of all, which exposures are
going to be considered. The SEM is a tool, of
course, but I don't think it should be the only tool
that's used. In our review of what's going on, the
SEM is driving pretty much everything with COPD.

That's my biggest concern with the
process as it exists. The hygienist and the CMC,
I think their hands are tied based on what the claims examiner picks out of the SEM.

MEMBER WHITLEY: Garry here. I think you're exactly right; it's not just for COPD. Pretty much the way I see it is exactly what you're saying, and they use the -- they get the DOE records, and they use those DOE records which gives them the job categories he worked, and the years and all of that, of course, employment records from DOE. And they take that straight to the SEM and use the SEM to decide whether you were exposed to those chemicals or not. That's -- I think the questionnaire is, of course, used, but the SEM is driving everything.

MEMBER DEMENT: Well, the workers, you know -- this information, the decision, recommended decisions are given back to the worker and they're provided the opportunity to dig back in and provide more information, but unfortunately they are at a great loss.

And I think if everybody would take a look to find a case number, I think it's Case Number
Five on the list in the COPD cases, to me that particular one exemplifies the whole process problem with COPD in particular, and I assume they extend to the others. This is a case of an individual who had long periods of work at the site, ended up having only a couple of exposures that are considered by the Site Exposure Matrix. Those exposures were independently assessed with regard to COPD and then the decision was made, so a hygienist and the CMC only had the opportunity to look at two exposures. To me this case, after reviewing -- I think I reviewed about a dozen of these cases. This case just exemplifies to me, first of all, the difficulty of the task but also the problems I see in the process.

CHAIR WELCH: Yes, and I think I've looked at a number of COPD cases over the years, and I would agree with you on that, and we saw that in some of the other cases as well. Specific exposures that come out of the trends are not necessarily representative of the totality of exposures, and there are some kinds of exposures
that particularly, for COPD, that aren't captured. In fact, that specific metric can't be captured in this one.

**MEMBER DEMENT:** Yes, I think the -- you know, I'm not saying the SEM is not a useful tool, just in many cases there's not much information to go on at all. But where there is and the worker has had an opportunity to develop this questionnaire, seems to me it ought to be given a little more weight. And, you know, we talked about the IH having access to the worker along the process assessing exposures. Why are they only accepting exposures that are given to them by the SEM and not exposures -- totality of exposures that are given on the OHQ and the SEM? Yes, discussions with the worker, but the worker at that point would probably clarify a lot of issues.

**CHAIR WELCH:** Right. So here's the question back to John Vance. I know that the overall stated approach is to use exposures that come from -- use information that comes from other sources, but when they see that the case at hand, it's really
focusing on SEM, and maybe unintentionally limiting what gets through to them. Is there a procedure that --- I think I want to say, to insure that the industrial hygienist and the CMC see all the exposure information that was collected, not just what is accepted. And I guess some of the recommendations the Board made about having the whole case file could fix that, but there may be some other way in which we could make a recommendation in the structure or approach to claims adjudication. So we kind of need to say our recommendation is to have an industrial hygienist, the other materials and also recommend that they talk to the worker. But is there anything more specific we could recommend that would get the claims information to the SEM?

MR. VANCE: You know, I'm certain -- this is John. I certainly would welcome any kind of feedback that the Board has or the subcommittee has on how we evaluate information. I think John does have a very good point in that, you know, it's a question of how do you value, or how do you assess
the accuracy of the information that's been reported on the Occupational History Questionnaire? You know, the current methodology is that the information and forms are evaluation of a claim and it is looked at in conjunction with the Site Exposure Matrices. You know, but how do you weigh that information? How can you validate that the information being reported by an employee or survivor is an accurate representation of what occurred? What we do is then look at, you know, -- collaborate -- you know, basically correlating information that we're getting from that employee like I said before and looking at, okay, if the employee is saying X, and this is complemented by information we have in the Site Exposure Matrices, and is also supported by information that we have in the DAR, we're in a much better position to rationally and reasonably say that's a factual finding that the Department can make with regard to this case. Okay?

If you're saying that we should be valuing the Occupational History Questionnaire
more so than we are, then the criterion that the
Board would need to focus on is identifying for
claims examiners, you know, how do you weigh this
information if the employee checks off every single
exposure on the Occupational Questionnaire that
they think they came in contact with, do we accept
that as factually accurate? Do we ever question
that? You know, how reliable is that information,
and how does the CE make a judgment as to what is
a reliable piece of information reported on the
Occupational Questionnaire versus something that
may be dubious for whatever reason? And that's
going to be challenge.

And the other thing, of course, is
-- John's got a very good point, as well, is the
sequence about development. Is there some change
in our process that could occur that would allow
us to get a better feel for the information or a
more reliable outcome? And the -- you know, having
a total evaluation of a case with a complete and
comprehensive understanding of every single toxic
substance exposure that an employee may have
encountered, that is a very good and noble goal, but you also have to keep in mind that this is a case adjudication process. And the longer that we take in developing a case means that the longer the employee is going to be waiting for us to actually reach a decision.

So while we do implement these prioritizations and we do focus on certain things in these case files, we're trying to focus on the things that are going to try to produce the best possible outcome for the claimant. So could there be suggestions and recommendations made about, you know, how we could change that process to produce better outcomes within a certain set of prioritized considerations in these cases, because I think the concept of doing a comprehensive evaluation of everything to produce the most complete exposure profile is a very big challenge for a program that deals with lots and lots of claims.

CHAIR WELCH: Okay. That's actually very useful because I think that -- I mean, I can decide which exposures are relevant. And then the other
thing I wanted to mention, too, is that presumptions factor, and when the exposures are going to be captured in the SEM.

MR. VANCE: This is John real quick. I do want to chime in on that. That would probably be the best recommendation I can make for making this process more smoother and more claimant-oriented, is if looking at how we are evaluating COPD from these claims, and if you're seeing a trend then that -- you know, a lot of the cases have certain criteria that you're looking at and saying geez, these cases should have probably just been approved or what have you based on whatever scientific or medical merits that you guys can arrive at. That would be something that would be really critical because that would be the quickest path to getting cases to a positive outcome. Changes to process, changes to, you know, procedure and all that sort of stuff has a much longer path to getting those kinds of outcomes; whereas, a presumptive change is a quick thing that the program can do to immediately say this cohort
of cases, if we meet those criteria and move that to an accepted, you're going to have a very quicker -- you're going to have a much quicker pathway to approvals.

MEMBER DEMENT: John -- this is John Dement, again. I agree with you, and also agree with you on the difficulty of coming up with criteria to look at to evaluate this Occupational History Questionnaire.

I just -- you know, we've already, I think, made a recommendation that the industrial hygienist at least have access to the worker in the process of reviewing exposure, evaluating the degree and severity of exposure.

I guess, you know, the other part of that recommendation I would recommend is that the hygienist have at his access the OHQ at the time they make contact with the worker to clarify some issues with regard to exposure. And we can't eliminate professional judgment here at all. There's going to have to be a judgment on the part of the hygienist on which exposures are more
likelier than not going to have some relationship to the outcome, and at least give the hygienist the ability to query more about some of those that the worker has listed as opposed to just those that pop out of the SEM.

There's no way we're going to ever eliminate -- first of all, there's no way we ever can be perfect. There's also not going to be a way we'll ever eliminate some workers and some people who have been workers dismissing everything, every disease known to man, and etching out every exposure which doesn't help. It stifles the process, and it really doesn't -- in my view somebody who is helping a worker and checks off every known disease does not help that particular worker either. So, you know, I guess I would get -- I just want the knowledgeable individual to have access to the OHQ to at least consider that as part of the exposure assessment and not be constrained to what the claims examiner has given them to review.

MEMBER DOMINA: This is Kirk. What John
Dement was saying about the OHQ that you're filling out which could be 10 years after you retire, or whatever the case might be, some of the sites have work history questionnaires that are filled out annually to go with your annual physicals, and maybe some of those need to be tapped out of these because, you know, as time goes by people forget, and site-specific ones could be of more help than lack of a better term, a generic one that's given later on. And if those are being passed on for an IH to review, because some of them -- and then some of the other things that your physical is based on are specific on some of the hazards and the amount of time that you're exposed to those hazards, it could be more helpful to help frame what the individual's job exposures were, if that makes sense.

MEMBER DEMENT: It does make sense, and some of the -- you know, again I review a fair number of the COPD cases. Some of the cases that we have in this file have that in there. They have the annual physical and the questionnaire that was
filled out with the annual physical, and some actually have some determinations by the site in terms of which categories, like if you have certifications they need. I think those are actually pretty helpful and most cases really supported the exposures that I saw occurring by the worker. And, frankly, in those cases they also supported the exposures that popped out of the SEM, as well. But I think they are useful, and I think as a hygienist you -- whatever you can get your hands on with regard to the history of that person's exposure. And if it already exists it ought to be part of what the IH sees.

MEMBER DOMINA: This is Kirk, again. And I agree and, you know, some of these different forms and stuff that came on line for like when you're talking about a hazardous waste worker, some -- that training didn't start until the late '80s, you know.

MEMBER DEMENT: That's right.

MEMBER DOMINA: And so anything past that, you know, we've got to look at that, because
I can even look at like my private medical stuff and what your physical was based on is pretty limited, you know. And it varied out here at Hanford at that point in time because we, basically, had three different things going on at one time based on what area you worked for, or which contractor. And so when an individual says that they do -- did these certain tasks or whatever, you can't rule that out just because you may or may not have some document for that, you know, because there was limited information. You know, and I know it's a balance but, you know, like I have no problem sharing my file with people on the Board to look at so you can understand what I'm explaining, because my physical and stuff back in the '80s was based on this little one-page thing which was very generic that the supervisor basically filled in some blanks, you know, and that was it.

CHAIR WELCH: And another thing is what we would like to have happen. That doesn't include the industrial hygienist information.

COURT REPORTER: This is the
transcriber. You're a bit muffled.

CHAIR WELCH: Oh, okay, let me just -- I'm afraid if I unplug my -- I'll just try it again. Does that sound better now? Hello? Can you hear me?

MEMBER DEMENT: Yes, I think that's better for me. It's not as muffled.

CHAIR WELCH: Okay.

COURT REPORTER: Yes, that's a little better.

CHAIR WELCH: Okay. So what I was saying is we want to find a way to recommend to the Department that these other information sources not in summary be precluded from the Statement of Accepted Facts, that they're acceptable and available to the industrial hygienist and the CMC to look at when they're looking at the claims. And that would -- even if we have a presumption that the many other cases for which that recommendation would apply. I think we'll make that recommendation and then if there are specific things to have implemented, I don't think that that takes longer
than those other sources of exposure information in the file and they should carry forward from the claims examiner to the CMC and the industrial hygienist. And then there's some caveats with all of them as we get exposure information.

MEMBER DEMENT: Yes, to me it does. I think the assumptions are a way to help out the process. But I expressed a concern about presumptions based, again, on reviewing these files. And I'm afraid the presumptions for COPD, and particularly with regard to the asbestos issue has become a de facto threshold for -- you know, if you don't, for example, have asbestos-related chest x-ray changes of some form, then they do not attribute COPD to asbestos, even in the presence of a fairly prolonged exposure.

CHAIR WELCH: Yes, it's a difficult problem when the -- I mean, I think we can, for COPD doesn't focus that much on asbestos. And there's a bigger problem among the cases that I review, the CMC is not real knowledgeable.

Let's turn to the files and the COPD
presumptions. And, again, fix everything that we want to fix, but we can come up with a couple of ideas of how to do that.

    John, you already mentioned some of the things that you found in the case files. Does anybody else have any comments on the COPD case files?

    MEMBER DEMENT: I think, you know, I've sort of summarized and I guess I could go through them all and probably see the same patterns, but I think there is a couple of issues where the presumption might help. One is, you know, we think COPD is not related to just asbestos related to the cumulative exposures to these vapors, gas, dust, and fumes, and so, you know, we need to act in a way that's meaningful.

    The other issue, and I think you've touched on it, was the CMC. Some of them have some strange ways of making these determinations. Some determinations are very difficult because of short exposure. You know, some exposures were a year or two, or even less, and so those become problematic
for anybody to review and to make an attribution to, but there's some strange things that seem to be just so inconsistent across the CMCs.

One of the cases I reviewed, the CMC looked at an exposure of about a year, and I think it was to diesel and said well, you know, that may -- you know, if that could be long compared to normal aging, so he calculated that this person would have about a 13ml total based on the one-year exposure, and then a finding that it wasn't related. To me, just that process of doing that was so counter-scientific. First of all, this is for exposure but to say that the person immediately, or it's going to cease having an impact after exposure ceases is just foreign to me.

I mean, somewhere along the way these -- there has to be some process for the CMC applying some criteria that are consistent across themselves.

CHAIR WELCH: Yes, you know, there was another committee.

MEMBER DEMENT: I know there is history
with the SEM that looks -- that for some reason the
CMC - now COPD is obviously diagnosed late in life
and it occurs to everybody late in life no matter
what you do. If you're a smoker, you don't usually
have COPD, and some of these -- not necessarily in
your 50s, you have it later. So we focus on
exposures that occurred early on in their work
life. Then there were many years that passed and
they're diagnosed with the COPD later, and the CMC
says well, he should have seen it, you know, soon
after the exposure if it was related to exposure,
which is just total nonsense. A smoker, and all you
have to -- just think rationally, a smoker is not
going to have COPD early on right after they're
first starting to smoke, even 20 years of smoking.
It's going to occur late in life. So I don't know,
you know -- and I was just frustrated trying to get
to the rationale behind some of these CMC
decisions.

CHAIR WELCH: Yes, I'm with you on that.

It's a very big burden on the worker to have to go
back and get another expert opinion, and CMC was
incorrect for that and it's not always even accepted.

So, you know, I think we can send comments on -- if you make notes on the and make it -

MEMBER DEMENT: I've got my own short form and made notes on some of these cases I've been going through. I can send it to -

CHAIR WELCH: That would be great, because then I think we can send them -

(Simultaneous speaking)

CHAIR WELCH: All those cases were available to the other committee so we could point out ones for them to look at that would be informative in terms of the committee that's looking at the CMC questions, so that would be great.

MS. RHOADS: Hi, this is Carrie. Just as a reminder, if you're going to be preparing documents for emailing around be very careful about how you identify the cases, that there's no PII in your documents. Thanks.
CHAIR WELCH: Thanks you for the reminder. So, I mean, I'm a big fan of the new presumption for COPD. What I have sent around was the current presumption and then some comments on that. And within the comments we did make recommendations of how to improve the -- how to adjust some of the criteria within the current presumption. So if others had a chance to look at that and want to comment on it? I guess what I would like to see is either now in the call or after the call but everyone on the Subcommittee would review that document that was submitted. Does anybody now have any comments on the -- on both the presumptions? Are you guys all still there? Am I still here?

MEMBER DEMENT: Yes, I'm still here, Laura.

CHAIR WELCH: Okay. I think about it, and I guess it's Garry or Kirk wanted to speak on the medical causation part.

MEMBER WHITLEY: Garry here. I agree with you 100 percent. I think this is a good
starting point, and we can use that.

CHAIR WELCH: Okay, great.

MEMBER VLIJGER: This is Faye. And just
you know, Dr. Redlich has sent in an email to
everyone that she wanted included in the
discussion.

CHAIR WELCH: Yes, I took a quick look
at it, but I sometimes find it hard to understand
specifically what she wants us to discuss, so I
think what I'll do is I'll call her afterwards. I
think she would be aligned with what we were talking
about earlier exposure information. So I'll touch
base with her.

Okay, so in terms of the presumptions,
what I think I'll do is see how specific she would
like it at Hanford.

So number two was how the Department
currently does exposure assessments and some
comments on that. And I don't know if everyone got
a chance to see it, but John was saying that on other
information like the employment records and
claimant testimonies.
So, Kirk, I think this is something that you thought was important, that we have a discussion. Can you tell us?

MEMBER DOMINA: Yes, I was going through some of it just this morning because I have had computer problems the last couple of weeks, and some of them I'm going to have to look at, you know, more specifically because just like the one I glanced at this morning when you were talking about Grand Junction. It said to refer to the mills, you know, around there. And one of them has 34 chemicals, one has 80 some, the other has 90 some but, you know, they're talking specifically about the Grand Junction facility, and that obviously they made yellow cake there. And I need to do a comparison to see all the chemicals, and I don't fully understand -- I understand it's a smaller operation there, but yet they have an SEC that runs from 1943 to 1985 currently, to make sure that all the chemicals are covered.

CHAIR WELCH: And that's having a SEM.

MEMBER DOMINA: No, it does not have a
SEM, but they -- John sent out a thing and said it's listed under the mills and the mines for around there, and so I was just trying to wrap my head around how they came up with that, or how somebody is supposed to know that. Because if you just go to the SEM site and you don't know that, you're not going to get there. And then which one of the three do they pick for Grand Junction operations, you know? And so it's not real clear, or are they just using all three of them? And, you know, if I'm wrong, you know, John, I know, you're probably there, you can say something because, you know, I'm just trying to figure it out this morning for the first time. And I think I just -- it just seems odd to me when we have SECs at places because they can't reconstruct dose but yet, you know, it's -- you know, there's no SEM that it could -- or could be used against somebody. And I just think like Hanford when they put PNNL separate in '05 and there's no SEM for PNNL right now, and so like you could have an individual who did construction, who did production on the non-PNNL side, could be at
the PNNL side, or gone back and forth, and if you need to get into that, what are you going to do is it's post-2005, what are you going to use for a SEM? I mean, it's just trying to understand the logic of some of it because especially the way that some of them read when they say there's nothing in the Site Exposure Matrix.

MR. VANCE: Kirk, this is John. Yes, it is undoubtedly a challenge, especially if you have trade workers that are jumping between sites. We try to engineer as much information as we can about the different sites so you'll see the Grand Junction facilities, but if you look up you'll see we have something on the Climax uranium mill in Grand Junction. So, you know, yes, it's very complicated I would say with regard to the mines and the mill and a level of complexity that doesn't exist for some of the big sites. We have set up in the Site Exposure Matrices that you can go in and do your searches depending on whether you're looking for a DOE facility and the exposure information that we maintain on that, or you're
going to look at a separate link to the uranium mines or mill. So this is a complete comprehensive listing of all of our registered DOE facility data. This doesn't necessarily break it down into the mines and mills. I don't think it does to the level of specificity that we have a mapped site, but it does have a lot of information in here about virtually all the DOE sites.

And I would just clarify that, you know, the reason you would -- and just a level of context. The reason you would see that we don't have information on a site is because Paragon, the contractor doing the facility research, you know, they populate data in the Site Exposure Matrices based upon chemical and biological toxins that are recorded on primary source documentation from the site or the Department of Energy. If we have no employment records about what was going on at the site, if we have no exposure data about what was going on on the site, then Paragon is in no position to actually provide a profile for that facility. So that's why vast majority of these that are listed
as not in SEM are like that, is because when we've
gone and done our research and our data collection
efforts we've come back empty-handed with regard
to some of these sites. Most of these sites that
are listed here as not having information are very
small sites that had very limited engagement with
the Department of Energy and the Atomic Weapons
program, or they were facilities that were run by
like the federal government, like the Albuquerque
Operations Office. We find that most of the
employees there were federal so they're not going
to have a lot of coverage under Part E because that
classification of employee is uncovered. So it
really is at the end of the day mostly about not
having access to records.

We have functionality that allows
people to submit information that they have on
these sites. If there's no information that we have
on a particular site and someone has that kind of
data, we do have the mechanism for them to submit
that information.

But yes, again, Kirk, you're right,
though. It's a challenge. You have to look at the history of the worker, and then you have to try to correspond what they're telling you with regard to their employment history when you're doing your analysis of the exposure utilizing the Site Exposure Matrices. So, this is as comprehensive a list that we've been able to put together, but we're always willing to take more information on any of these sites and to improve our data collection efforts for exposure analysis.

MEMBER DOMINA: I just want to make sure, because -- and I understand some of these sites are old, and they were small but, you know, when a same individual is from one of those sites and does have issues caused by working there, I guess I just look at it as I don't want to make it -- the little guy still needs to have the same chance as somebody that's a big guy, you know, and still operating, has a bunch of people there with knowledge and there's more information. I just want to make sure that it still gets the same amount of scrutiny, if not more, because of maybe some of the evidence,
and so somebody does due diligence to look at it and try and understand some of the history. Because when you get into some of those it is in the details, and I just -- you know, I don't want them to feel like they got left out.

MR. VANCE: Yes, this is John, again. Just to make sure that you understand that even if they -- you know, the Site Exposure Matrices, while it's a very important and vital tool to our process, in the absence of information in the Site Exposure Matrices, claims examiners are still going to evaluate all the other information that we get in the case. So, you know, we would look, we would go through the normal process of asking the claimant in the Occupational History Questionnaire to give us data about what they encountered or what they were doing at the site.

We would ask DOE to supply any information they have in their records. We would still try to do the research to make sure that there aren't other sites that the employee may have worked in that we do have information in the Site
Exposure Matrices, and we do consult with our industrial hygienist, where necessary, to say okay, if we have somebody that was working at a site who's identifying the type of work activity, we have no information in our Site Exposure Matrices, you know, can we formulate some sort of exposure finding to apply in their analysis of the claim? So we do go through a process of evaluating those cases, it's just that it's being done in the absence of any data from the Site Exposure Matrices.

CHAIR WELCH: This is Laura Welch. In that case the work of an industrial hygienist is particularly important because, you know, if you have an Occupational Questionnaire that talks about some exposures or some tasks, like we said earlier, we'd like to have that to be able to corroborate, or some DNA records, you're not going to have it. So maybe there's some way to get -- in a small number of cases, to get a hygienist review sooner rather than later, because the kind of work the individual did could be associated with SEM.
But if trying to create a SEM doesn't make any sense, you guys have tried. And we've already talked about having information outside of the SEM is much more technical or complicated and it's subject to recall, would be subject to over-reporting so you really need expert input there. So I don't know the -- I mean nothing the group could think about recommending that for a site without a SEM that the industrial hygienist be asked to look at all the exposure information early on in the process. I don't know how you guys would do that. But that could go to personnel. That somehow gives the worker instructions about what they need, you know, like their history, and then they're going to need an affidavit or something so that the whole exposure effect doesn't get lost in a couple of years in trying to develop evidence. So two ideas have a hygienist, you know, give the worker some kind of template how to develop their own exposure profile.

Does that sound like something that could happen, John, or are they too out of the
ordinary?

MR. VANCE: I think those all are very good ideas. You know, I'm going to always default to Dr. Welch; do whatever you think is appropriate to recommend. My only thing is specificity is always very important for us. You know, identifying a problem is one thing, but offering a very good specific solution and a recommendation as to how to make that process work better is always very welcome.

CHAIR WELCH: Okay. Okay.

MEMBER WHITLEY: Garry here. I think the recommendation of this is not a SEM that the let's-work-on-it kind of claims examiner -- don't have a SEM. This information is really hard to get. They ask a lot of times for worker affidavits or affidavits from coworkers. A lot of these sites are closed and small, and a long time ago, so there probably is not very many coworkers. And then from what experience I've had, an affidavit don't carry a lot of weight. I've even had some claims examiners tell me that it's getting very little weight,
because I've had people fill out their forms and send them in and didn't have complaints. I think you're having it involve -- it is not a SEM, and would be helpful to the claimant.

MR. VANCE: This is John, again. You know, Garry, in regard to -- in response to your point, you know, one of the things that you can certainly consider as part of your discussion with the subcommittee is, you know, if there is a problem with weighing or evaluating affidavits, that speaks to exactly what we were talking about with the Occupational History Questionnaire. Are there recommendations that you can make with regard to how can the program feasibly look at valuing an affidavit and providing a basis for a factual finding in a claim? In other words, is there a methodology that you could recommend saying if this affidavit meets these criteria, it can be considered to a very probative piece of information versus something that is not?

CHAIR WELCH: Do -- so I think -- now Garry likes the idea of having the cases that don't
have a SEM go to the industrial hygienist to develop the exposure assessment.

The next item is discussion of the hearing loss presumption. And after I talked to Steven Markowitz earlier in the week, we figured you could leave the presumption today. And I thought it -- we thought it was a good idea to have more than one committee; some would work on COPD, but since the whole Board has looked at the hearing presumption we think we can let presumption committee go with that.

Then the next item, the questions that -- I think some people had talked about that asked about one of the subcommittees that had asked about the specific issues, and had Carrie send that list to me. And I had attached it to the agenda, priority questions. And I think that some of the questions that were asked were questions of causation. Are these causally related prostate cancer? But as with any question that has to do with causation, it has to do with exposure assessment.

I have really got through these things well enough
to figure out how the exposure assessment fits in. I think that one of the recommendations, you know, one of the recommendations that were identified. That would help with this question because there is an established link between prostate cancer and what causes it, the SEM. The question then would come up whether the exposure was sufficient to be considered positive or contributory. And I don't know that there's anything, a particular attribute needs to be added to this list. I don't know if you've had a chance to look through it, but any comments or any thoughts about the role the Committee could play in moving it all forward to address these questions that the Department has asked before.

MEMBER DEMENT: Laura, this is John. It seems to me for most of these 14 items, a major issue in some cases is the link with occupational exposures. And I think using the links that are established in the literature from these sources within the SEM itself would help clarify some of this. But short of -- I mean, these are reviews,
authoritative reviews that have been done for the most part, and in my view, an authoritative review that's pretty much accepted in the literature. If that has not made that link, then I think the Committee is not going to do much else.

Short of that, it would require, in my view, a detailed assessment for some of these conditions and the possibility of a link with occupational exposure. That seems like it's passed for some of it. For example, lupus and other kinds of autoimmune disorders in occupational exposures. You know, that literature is pretty current in those cases. There's some suggestions for things but it's relatively thin for the most part. It's been looked at pretty closely by authoritative sources. So I don't -- you know, what else do we add to that process?

MR. VANCE: Dr. Welch, this is John.

CHAIR WELCH: Yes.

MR. VANCE: I actually have a suggestion that came up from our analysis of some of these websites, and I thought I'd throw it out there just
for folks to think about, if you don't mind.

So the question of health effects data, one of the things that we utilize are the IARC Monographs. We use the Group One that is reporting the Site Exposure Matrices, but the folks that we're looking at at the websites pointed out that, you know, the IARC groups actually have other groups that are not part of the health effect data reported in the Site Exposure Matrices. And the ones that they identified were Group 2A. These are toxins that are probably carcinogenic to human populations, and then Group 2B, possibly carcinogenic to humans. And the thought that we had was that, you know, if folks could look at that and advise or make a recommendation as to, you know, this is -- if the Board would look at that and say is it sufficient enough or close enough that we can add that in as viable health effects links based on those reported probable or possible carcinogens, that would be something that would greatly expand the information in the Site Exposure Matrices based more so on what we already have,
which is just that Group 1, which is the carcinogenic to human finding from the IOM. Just to throw it out there as a thought.

CHAIR WELCH: And that's an easy task and --

(Simultaneous speaking)

MR. VANCE: I'm going to say that would be something that we -- when we were looking at that right now does not presently exist in the Site Exposure Matrices. We focus on Group 1 Monographs, that's what's pulled in from Haz-Map but looking -- you know, if the Committee or the Subcommittee could look at, you know, Group 2A and Group 2B and make a recommendation as to whether or not there is sufficient scientific basis to say for the application in our program recommending the use of those monographs would be something that would be helpful. But, you know, that's a simple request that may have a much more involved analysis, but that was just something that we thought might be something to sort of focus on. If you were looking for something that's sort of a -- what we would
think to be a big effect. I think some of the things in Group 2A are probably touched on in this big group of 14.

MEMBER DEMENT: Yes, they are.

MR. VANCE: Yes.

MEMBER DEMENT: Yes. I think the other issue is somewhat of this, you know, what's the reason for classification 2A, and whether or not it's actually very site-specific? May be carcinogenic but, you know, all the specific sites where it results in 2A classification for carcinogenicity. And that's another issue that you've probably looked at.

CHAIR WELCH: I think that that was -- the Board had only proposed trying to take notes down into a monograph for the SEM. I mean, we had recommended that the Department get expert advice that's not necessarily a board, but I understand that that's a process could take a long time. So I think that that system has to kind of guide us further. We want to take on a certain part of it, and how to turn those into SEM. And there's been
no valuable one with the biggest value to the Department with the guidelines for how to address the IARC Monographs, but some of you folks can probably do it.

MEMBER DEMENT: Laura, this is John, again. Some of these issues are quite similar to the issues that have been faced by the World Trade Center compensation programs, as well. Like prostate cancer has been one that we worked for for a few years, so I think it's the one that's being wrestled with a lot with that process. So we might take a look at some of the issues in terms of presumptions that are used there.

CHAIR WELCH: Do you know -- do they show analysis of the progress of presumptions?

MEMBER DEMENT: Some of them do. I know we went through a process of at least looking at some of that literature with regard -- I specifically remember prostate cancer. And, also, I think the issue of Non-Hodgkin's lymphoma and solvent exposures, particularly trichloroethylene and benzene.
CHAIR WELCH: Yes, okay. I think -

MEMBER DEMENT: It's a very similar process where, you know, exposures are pretty -- they're just based on surrogates rather than actual exposures, and so there has to be a process for coming up with awards, new awards.

CHAIR WELCH: Okay. Was George Friedman-Jimenez on that committee, too; on the WTC Board, because I know he --

MEMBER DEMENT: I'm sorry?

CHAIR WELCH: I was wondering if George Friedman-Jimenez had been on the World Trade Center Board? I can ask him.

MEMBER DEMENT: He has been. I'm not sure if he's currently on. I've been off of it about two years.

CHAIR WELCH: Okay. But that's a good idea. This raises that same question of how to expand what's in the SEM, so I think we have to attack that problem, but also recommendations, so that I can learn and share it with you all.

MEMBER DEMENT: Is Dr. Markowitz still
on that panel, as well?

CHAIR WELCH: You know what, I don't know. I don't know if he's on it.

MEMBER WHITLEY: Garry here. I don't know if he's on it or not, but I know at one time the Queens College was the one that was doing some of the physicals and research and the health programs.

MEMBER DEMENT: You know, I'm not saying, Laura, a tremendous amount but there's some similarities that we probably ought to take a look at and see if we can make some similar types of presumptions for this process, or non-links. You know, some of the diseases that were claimed were not linked to long-term exposures.

CHAIR WELCH: My thought was we recommended that the Department incorporate complements from the list, indicating that those would be sufficient, that we weren't recommending that someone acquire compensation for what hasn't been accepted by the Agency. I -- the assessments because then there are 13 or 14 different
resources, kind of the ball park and it would be sufficient. But there are options in that Group 2 as to how they would be used. And as you're pointing out --

COURT REPORTER: This is the transcriber. I didn't catch any of that.

CHAIR WELCH: Oh, I'm so sorry. I don't know what I'm doing, except I have a bad cold so I'm probably kind of breathing heavily. I will summarize what I said. Are you getting it now?

The issue of how to incorporate the data and whether the Department has an obligation to go beyond that with the claims they've submitted so far that's not in the sources. And that looking at how the World Trade Center developed their presumptions would help us approach that task of getting more in this one.

MR. VANCE: And, Dr. Welch, just to also suggest that, you know, the focus needs to be on the occupational component of this because I think some of the World Trade Center issues did not necessarily link back to occupational exposures.
CHAIR WELCH: Yes.

MEMBER WHITLEY: Garry here. The Veterans Administration have several presumptions. I don't have a clue how they came up with them, but they have several presumptions if you worked at certain places with certain stuff.

CHAIR WELCH: Sometimes those were because they developed them. I know they did that with the Gulf War exposures so the exposures could be considered causal. And it's a great process that this Department can do. If there have been more exposures we can look.

So if we turn to our agenda.

What I -- I'll summarize it, and I know the transcriber has been doing stuff to capture what I'm saying and we're going to have some shorter notes. So I'll summarize those and get them out to you all. And I thought we would schedule one more call before the big meeting in April because we have enough time to do a federal. So for that we could work on -- let's see what I have. I think I've summarized something that they're going to
recommend about how to work on improvements to the Occupational Health Questionnaire and how to do more effectively -- it sounds quite necessary. And so it is unlikely to include information that may be positive, and we talked a little bit about that.

MEMBER WHITLEY: Garry here. We need to look at -- if you put in a request for change to the SEM. For instance, that a certain job category uses certain chemicals, and the claimant. What happens, it goes to the SEM, and one of the things happening, they're going back to the contractor and asking questions, is this true, and is that, and whatever. Well, sometimes the contractor now is not current enough -- they not getting the right answers from the contractor. I mean, I met with a claimant the other day to do that, and the contractor told him no, that wasn't true. And I had the contracts in my hand that say it was true, so I -- if a person could tend to have a SEM database modified change as far as job categories and/or chemicals, was the process that you go to the contractor and they make the final decision? My
question.

MR. VANCE: Yes, this is John Vance. What happens is, when that information is submitted it's going to always depend on the nature of the data and the supporting exhibits that are submitted along with that. What's going to happen is it's going to be in the purview of our SEM contractor to evaluate the value of what the information is, and they will work with their records archives to go back and check to see how that information correlates to what they already have. They will engage in cases with a site to ask for their input on these things. And, of course, you know, I -- we're going to have situations where the site is going to agree this is correct, or this is incorrect, and then you're going to be left with well, how do you make that judgment? So we try to make the best possible information available in the Site Exposure Matrices, and for the most part we will default to primary source information. So if you're submitting data about exposures at these
sites, the best source is always going to be primary sourced information. So if you have data such as a contract or other types of good sourced material, that should be submitted with your request because that's what is going to be the real basis for us to warrant a change of the Site Exposure Matrices. But it is a very challenging situation if we're getting reports of exposures that can't be confirmed by documentation or site affirmation.

MEMBER DEMENT: Thanks, John.

MEMBER DOMINA: This is Kirk Domina. Hey, I agree with Garry on that, because I've had the same situation that had to do with a job category, and they asked for data, and we sent them the current collective bargaining agreement that showed this job title exists, and it comes back and says that job title doesn't exist at Hanford.

CHAIR WELCH: I know in the individual claims that you can ask for a hearing or is the contractor coming back and can we appeal that?

MR. VANCE: Not for that individual fact finding by Paragon, but it can certainly be an issue
to start up adjudication of the case. The other component of this is that if it is raised in an adjudication, the claims examiner also has the ability to go directly to Paragon and ask specific questions through a mail box functionality and ask the Site Exposure Matrices folks, you know, what is their take on specific questions like that. And, Kirk, I don't know the circumstances of your situation but, you know, you also have to remember the temporal issues that are involved with regard to information collection. And so it really does depend on what information it is that they're looking at, and are there contradictions that Paragon is having to wrestle with because that makes it a challenge when you have one record that says X, and then they're getting something else that says the exact opposite, and how do you make those kinds of judgments? So that's a consideration to keep in mind.

CHAIR WELCH: So you're saying it's a way for the claimant to get somebody else to take another look at it.
MR. VANCE: Exactly.

MEMBER VLIEGER: John, this is Faye. I'd like to interject that if the claimant can't come up with any records to say that this is wrong, there is no adjudication. They simply say no evidence was provided. So then with no personnel records they strictly say what their job category was, where they were assigned to work, what they were precisely doing, and what processes they were assigned to, we go back to the situation where there is no evidence to provide; therefore, it didn't exist, and that's the way it's adjudicated. No one ever believes the claimant on face value. It's always go back to provide evidence. Well, you go back to the same situation where there are no exposure records to put in the personnel records, so they can't tell you what they were exposed to, and they can't tell you at what level they were exposed; therefore, it doesn't exist. And we have to get around this problem somehow.

MR. VANCE: Well, yes. I mean, I -- we're going to look at all the information, Faye. And I
know that when claimants submit information, I do
know that their input on these cases is very
critical, and actually is a very important
component of how we adjudicate the cases. Simply
because a claimant says something doesn't
necessarily mean it's habitually ignored. That is
not the case. We actually will look at what is that
information, and how is it correlating to other
pieces of information, and how does it inform our
analysis in getting to that outcome? So if a
claimant is providing information that is
supported by other pieces of information in the
case file, or they're offering information that can
be utilized to help reach a good informed decision,
that will be used.

Same as we were talking about before,
you know, when somebody submits an affidavit or
some sort of personal attestation of exposure, that
is going to be something that's considered. That
is going to be something that's looked at, and is
not going to be discarded out of hand.

          MEMBER VLIEGER: John, I beg to differ.
This is Faye, again. If they cannot provide evidence and, just like Jerry said, if there's nobody can sign an affidavit, if people are gone, if memories are not good, the information provided by the workers without evidence from the DOE site, from their personnel records, from exposure, it is discarded out of hand because they consider it self-serving.

CHAIR WELCH: You know, in some ways that's not completely unreasonable. It depends on what information it is. I know in some cases that some say that the SEM is not going to adequately assess exposures. And that's what we're talking about here by including all the other different exposure information, and relying on the index and the degree of their expert assessment of that. What you're talking about here, to me, it seems like the devil is in the details, and you have a lot of construction workers in particular who report they worked at a site and we can't verify it. And there's just nothing we can do about that. You know it's
got another category, there should be some way to fix that, and as you get further into each case then every -- depending on what information is listed, there's probably a different approach to it. But I think that what's missing is this exposure information, where someone says, you know, I started five things, and there's no industrial hygienist, nothing in the SEM that says the worker was exposed to those five things. So the Department of Labor is saying well, we can't just take the worker's report that they were exposed, and that's a policy but, you know, I mean, I think I would probably agree with that because if someone --- usually when you hear something about it that the worker said they were exposed to and look differently to get that. So, what we're talking about really very kind of nitty gritty complicated questions about when do you give the worker the benefit of the doubt in the absence of other information. I think we have to kind of look at individual cases, you do want to look at some cases, too, and it's outrageous, and that would be
interesting for us to look at because they may identify a process problem they can fix.

MEMBER VLIEGER: This is Faye, again. This goes back to what Kirk was trying to explain to you, is that worker categories don't exist on the SEM. The exposures for the worker's categories are somehow limited to the process of Paragon and the Site Exposure Matrix. We don't understand how things get removed from the SEM, labor categories come and go, mostly they disappear, and so the worker is backed up against the SEM. And we saw that in a number of the cases, the COPD cases, and the cases we saw on Disk 2, should be Disk 3 and Disk 4. So I'm -- I don't know how to fix this entirely, but it really comes down to somebody admitting they do not have exposure records for the workers, and to date they are not doing that.

CHAIR WELCH: So when you say a worker category doesn't exist in the SEM, is that because there's no identified exposures for that worker category?

MEMBER VLIEGER: I would like to say
that; however, my labor category at the Hanford site still doesn't exist. The planner scheduler's job is to go into the field to get that to assess the job that needs to be planned and scheduled. We're out there many times with field work supervisors right next to them doing similar work to figure out how to safely plan the job. And my labor category doesn't exist, so ask any planner scheduler for any site, you don't sit in your ivory tower and come up with these plans on how to do work. Some of the times we have the same issues with engineers. We have the same issues with laboratory chemists, particularly experimental chemists that are working. And they say well, they couldn't possibly have any exposure, but they've written peer reviewed papers that said this is what I did to come up with this result. And to do that they discussed their chemical process, but that evidence isn't accepted by the Department of Labor because it's bounced off of the SEM.

CHAIR WELCH: But is it right to assume it's not in the SEM because there wasn't -- because
Paragon couldn't necessarily link that job to that exposure in the SEM? And what we would get would be, if the SEM says that -- the industrial hygienist on site might see exposures in the planner is nothing like that. Something I want to clarify for myself, the reason it doesn't appear in the SEM, I understand it's because there's no specific exposure information about that job category.

MEMBER VLIEGER: You can say that, but then when you go back to more current workers there's a document called the EJTA, the Employee Job Task Analysis, and they make groups to tie associates that they expect you to be exposed to, and then the training they would have you do to have you be aware of that hazards. Even those more current records are not accepted by the Department of Labor. What I was told at a recent hearing was oh, that's just that they maybe could possibly be exposed to, that's not an expected hazard, but that's not the basis for what that document is. So, when we look at the historical evidence, it's not
there, and there was no exposure monitoring for the 
employee records. Then you look at things that 
happened after the '80s when we started 
implementing some of the paperwork to make it look 
like they were actually willing to prevent these 
type of incidents and accidents for the workers. 
And then those documents are not in the records. 
Then we come a more current status, and Kirk will 
have to tell me exactly what year the EJTA started. 

I started work at the Hanford site when 
it was formed in 2001, but the EJTA says 
specifically what types of hazards the worker is 
going to have: physical, mechanical, electrical, 
and chemical. But then when you take that into the 
Department of Labor -- and I'm sorry, John, this 
is what has happened. They say well, that's just 
a possibility list; that's not a probability list. 
And that's just not what it is, because you're 
trained against what your hazards are going to be. 

CHAIR WELCH: I mean, this is another 
place where I think that it would be hard to fix 
the SEM, but if we can effectively guard this and
have the exposure assessed by looking at the Occupational Health Questionnaire, have an industrial hygienist evaluate that, we might be able to capture some of these other exposures. So just because you say if you look at the current -- in the current Occupational Health Questionnaire or the draft new ones and see if you think that a good way to try to capture what we think needs to be there. By asking about other job tasks you worked around, would it be captured in the free text, like if you were describing work you did on the site many years ago, do you think important exposures could be captured in that free text process that they're using? I think that's the opportunity to capture more detail about jobs where the exposure is often not able to be captured. Do you think that would help? Do you think that would help, to implement a questionnaire that would help fix this problem?

MEMBER VLIEGER: I think insuring that a question on it says what type of hazards were you trained for, because people remember that
training, they remember if they had HAZ worker training, they remember if they had RAD worker 1, 2, or 3 training, and that training is only given to those workers who are expected to be in those situations. It's not given to everybody just because they can. It's not like CPR training, because those trainings are expensive. So I think the training aspect has not looked at it, and it's not -- I don't see it happening in a DAR. I sent an email to Gail Stutz, the local representative from the Department of Energy, to ask why I'm not seeing those records in the document acquisition request, so that's part of it.

And I'm sorry, I'm going to beat this drum one more time. The Department of Energy has said there are no exposure records to go in the personnel records. And the Department of Labor knows about this. I've been in discussions with them about this, and they are refusing to address the Department of Energy's statement that they do not have individual monitoring records or even monitoring records from jobs that go in individual
worker's records. Here again, Kirk can correct me if I'm wrong, but it's still not happening even though those regulations are more than 12 years old.

CHAIR WELCH: I think I missed what you said, that the information that would document an individual's exposure is not included?

MEMBER Vlieger: That they are not being put in the personnel records. Records exist when we do a job. When you go out, there's pre-job monitoring and there's job monitoring depending on the hazard. They're not monitoring for most of the chemical exposures, what they're more concerned with is radiation. But even the records that they have for a particular job are not ending up in the personnel records of the workers who are in on that job, the people that were physically doing the work. And Department of Energy has said this, and we need it addressed because they constantly bump us against the worker and say well, provide us your exposure records. We don't have any; therefore, it didn't exist. And the records don't exist, so it's
a catch-22. You're never going to get them because they don't exist.

On the rare occasions where there's an incident or an accident where it has been obvious that something happened, or more than three people were involved, then there may be some paper trail that after a while ends up in the personnel records, but when it's one or two people that get hurt, the DOE regulations say they don't even have to do an accident investigation unless they want to. So it has to be more than three people and then they have to do an accident investigation.

So to go back constantly and say well, they need to provide the evidence, the evidence doesn't exist. DOE does not have the evidence to put in the files, and so something has to be done to address that. Instead of saying need probative evidence to prove this or something to link it, when all of these links are being held by the people running the SEM, it's not -- it's a vicious circle and we're just chasing our tail.

CHAIR WELCH: But are there -- is there
exposure information like, within the last ten years, exposure to chemicals for jobs at the sites that are not going into SEM, or is more that they're not examples for it?

MEMBER VLIEGER: The SEM for the overall site is pretty complete.

CHAIR WELCH: Okay.

MEMBER VLIEGER: But when they break it down by labor categories they lose the nuances of what's going on. And we're not talking laboratory situations, we're talking open areas. When you have the site tour you'll see more of what goes on at a real processing facility versus a laboratory. So when monitoring is done, it could be area monitoring, it could be routine monitoring, it could be monitoring for pre-job, it could be monitoring during a job. None of that is tied to the worker. It's all tied to facilities, and those facility files -- while they exist and are permanent records --- are never attached to the worker unless there's been an accident which warranted an investigation.
CHAIR WELCH: But that would end up in the SEM so that the location would work. Right?

MEMBER VLIEGER: Yes, yes. But even some of -- when you look at buildings and what they say is in the buildings, it's not accurate. You can go to the OSTI site and you can look at chemical characterization and process reports for all of the different sites. And when you're putting input into the SEM 2004-2005, the Hanford site originally had 168 chemicals which everybody laughed at, and I got pretty upset about it and sent a number of the CDs to Paragon with 24 of the papers from the OSTI site, and then we jumped about 1,000 chemicals and it's increased since then. But to try and link them to individual people or processes when once you have a security badge and you're authorized to be out there doing what you're doing in the area for that security badge, you're dispatched all over the place. And then to say well, because of your labor category you're not exposed even though you're standing next to a guy who would be able to be exposed by his labor category. It makes no sense.
CHAIR WELCH: Well, it's a question of how -- what's the best way to have that appear in the file. And ---

MEMBER VLIEGER: I think if we're looking at presumptive diseases, we need to look at presumptive exposures. And they need to be broader, the labor categories.

MEMBER DOMINA: One of the other issues that you have with that currently, because I know everybody's heard about the tank farm vapor issues and what's going on, because -- and that's why, you know, HAMTC had issued a stop work because you have these cyclone fences that separate these areas, and so what's happened is we've had people exposed outside what's supposed to be a safe boundary, but they also worked for a different contractor. They don't work for the contractor who manages the tank farms. So you have this other issue of how, you know, that would even play into it because they're not an employee of the said contractor who runs the tank farm. So you've got to know what's going on at each site, and different
things are going on at different times, and to be able to I guess truly understand, it is complex but you've got to drill down into the weeds to get there and look at some of these, like I had mentioned earlier, because they're not all the same.

CHAIR WELCH: And could the -- you think that the worker could adequately report it, and then the issue is that if DOL looks for some other verification of what the worker is reporting, and they can't find that, in the event they go forward, is that a problem? Because how are you going to identify those exposures occurred?

MEMBER DOMINA: Right.

CHAIR WELCH: It has to come from the worker.

MEMBER DOMINA: Right, but part of that is, too, just like Faye said, that there has to be some presumption on the chemical because at this point in time, you know, they're just starting to put real-time monitoring in. And it didn't exist, you know, and so you're looking at well, you know, they're going to say they went out, and the times
may have been 45 minutes to an hour later, and so we didn't find nothing. So then the worker is left, you know, basically floundering because they're saying it didn't happen.

CHAIR WELCH: Right.

(Simultaneous speaking)

MEMBER DOMINA: When you come out here in April and you see some of these workers and you're going to notice this like Frank, I've said it before. They all have this weird cough, they've had an exposure out there that you don't hear or see anywhere else.

CHAIR WELCH: I think the tank farm would be one of the hardest --- I mean, I couldn't say it's the hardest problem. There's certainly been a lot of excellent advice about it, but I got -- what I'm -- I'm not quite sure how to address the questions you guys are talking about, but obviously it would have to start with the worker saying I was exposed to this, and I think that exposure caused my disease. And if we have a process for the SEM to talk about that occupational history
is available to the industrial hygienist and the CMC, and not just about a Statement of Accepted Facts, that could help. I guess the question is whether even an industrial hygienist would be able to look at the work history and know enough about the exposure that occurred to provide some exposure assessment. But I don't know any other way to do it. And if the worker says, for example, I think that the exposure is — you know, talking about what the exposure is — but there's a planner who's working walking around outside, managing the lift, and the worker gets exposed but the planner does, too. And that may or may not be exposed to specific incidents in the record, but may or may not be corroborated by the other worker.

You see what I'm trying to get at? I'm trying to figure out where to file it. The worker files a claim; the company no exposure in SEM, but would including the work history in a more up-front fashion fix the problem in some sense, or do you think that would leave something out in addition? I feel like I'm --
MEMBER VLIEGER: Sorry, I had to get away from some notes. This is Faye. The OHQ on its own because it's self-reported falls into the same situation as self-reporting anything during an objection, is it's considered self-serving. So my opinion is that you're going to have to come up with presumptive exposures. For DOE to constantly say that we have to have this data to corroborate what the worker is saying, puts it back on the worker in a catch-22 when no records exist, so in order to avoid that some consensus for presumptive exposures.

Now, I know it's going to be easy to start with welders and sheet metal workers, and plumbers and pipefitters, and maybe that's what we need to do. We need to start with the obvious ones and move forward, but I think that's the only way we're going to address this problem where a lack of records is what's denying the claim. And the lack of records is not on the employee's part, it's that the functionary government department does not have the records, did not have the records, will
never have the records, and so the claim is denied because there's no corroborated evidence. That's my opinion, but I see a lot of these claims go through the same thing.

CHAIR WELCH: I get what you are saying with respect to the exposures. I mean, I tend to think of them similar to tasks, so if you talk to -- you know, if somebody is an asbestos insulator and they work in a certain period of time, you can presume their exposure to asbestos, but there aren't too many that you can do just looking at any broad job title, but if you ask them what construction, what task they do, they don't need to tell me how many times that the exposure was because we know that exposure is inherent in that task. And that kind of gets dealt into this presumption for the disease because it would say if someone describes this exposure, this task, this kind of work for a certain period of time and they have the right diagnosis and what could be made into a right aid. So that is the presumption or disease
could be under a exposure presumption. It's not like presuming that they have the disease; it's presuming that there was additional exposure and it was relative to that causation. So you can do that for jobs and tasks for which there is available research where papers have been published, people in other settings have gone and done industrial hygiene monitors, so it may not be in the SEM but it's been established that that job or that task is exposed to that exposure. And I'm sure we can kind of push that forward. When you get to jobs where there's no information in the SEM or in the medical literature about the kind of exposures they have, you can look harder. And then what I was asking was, well basically on the Occupational Health Questionnaire, getting that Occupational Health Questionnaire to the industrial hygienist, the industrial hygienist may be able to say yes, that's reasonable, because this may have occurred based on the tasking. And you get an individual assessment by the hygienist which would then essentially presume exposures. And I think we don't
have that approach now, but I recommend it, and from this call today, we're adding some details to what we had already.

Yes, I think that our marketing department would have to push that approach of trying to have the workers for whom there is no SEM who have been to that site. There's a SEM for that site but it doesn't address the job titles, who can go to occupational history, but it gets an industrial hygiene evaluation up front rather than going through the fact that it comes through and says there's no exposures in the SEM. I think that what we were talking about now, the case that you're talking about, ties into what we saw for that site overall. Does that seem like a reasonable approach to you?

MEMBER VLIJGER: I think so. I think so. If we can just get out of this circular dance that we're doing about, you know, provide the records if there's no records. So, you know, your statements are self-serving, so yes.

CHAIR WELCH: Okay, I got it. But I want
to add that current scenario to what we talked about when we saying the SEM -- we talked about SEM needed expert input early on, and for the job titles where there's no information of record.

MEMBER DEMENT: Just to round out that discussion, all the cases where I reviewed the SEM and the worker's reported exposures really weren't that far off. I mean, they were pretty close. In those cases, you know, I think having the industrial hygienist dive into it at that point is probably okay and they go to the claims examiner. So, you know, there's some -- I guess that what I'm saying is there's some decision to be made based on the occupational history early on in the SEM.

CHAIR WELCH: Yes, I see what you mean. Okay. That's good. Okay. I think we're done. Thanks, guys, for just bringing up that last discussion. I think that was very helpful, about looking at the individuals for whom the SEM is not helpful for a range of things, I think that's really important when we talk about this in a broader context. So I will get back to you with all the
things we talked about and things we worked on for how we’re going to propose this, and finish the OHQ comments before next meeting. And, Carrie, could you work on scheduling another call before the --

MS. RHOADS: Yes. I'll send out an email about availability for another call.

CHAIR WELCH: Fantastic. Thank you. Anybody last comments before we end here? Great. All right. Thank you very much.

MS. RHOADS: Thanks, everybody.

(Whereupon, the proceedings went off the record at 3:05 p.m.)