

UNITED STATES DEPARTMENT OF LABOR

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ADVISORY BOARD ON TOXIC SUBSTANCES

AND WORKER HEALTH

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MEETING

+ + + + +

TUESDAY

APRIL 26, 2016

+ + + + +

The Advisory Board met at the
Department of Labor, 200 Constitution Ave, N.W.,
Washington, D.C., at 8:30 a.m., Steven Markowitz,
Chair, presiding.

MEMBERS**SCIENTIFIC COMMUNITY:**

JOHN M. DEMENT
MARK GRIFFON
KENNETH Z. SILVER
GEORGE FRIEDMAN-JIMENEZ
LESLIE I. BODEN

MEDICAL COMMUNITY:

STEVEN MARKOWITZ, Chair
LAURA S. WELCH
ROSEMARY K SOKAS
CARRIE A. REDLICH
VICTORIA A. CASSANO

CLAIMANT COMMUNITY:

DURONDA M. POPE
KIRK D. DOMINA
GARRY M. WHITLEY
JAMES H. TURNER
FAYE VLIENER

DESIGNATED FEDERAL OFFICIAL

ANTONIO RIOS

PRESENTERS

THOMAS GIBLIN, Associate Solicitor, DEEOIC
LEONARD J. HOWIE III, Director, OWCP
RACHEL LEITON, Director, DEEOIC
CHRISTOPHER P. LU, DOL Deputy Secretary
JAMES MELIUS, Radiation Advisory Board
MALCOLM NELSON, DOL, Ombudsman to EEOICPA
JOSEPH PLICK, DOL FACA Counsel
ROBERT SADLER, DOL Ethics Counsel
JOHN VANCE, Branch Chief, DEEOIC Policy,
Regulations and Procedures
PATRICIA WORTHINGTON, DOE

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

2 (8:41 a.m.)

3 MR. RIOS: All right, I think we have
4 everybody here. Good morning, everybody. My
5 name is Tony Rios and I would like to welcome you
6 to today's meeting of the Department of Labor's
7 Advisory Board on Toxic Substances and Worker
8 Health.

9 I am the Board's Designated Federal
10 Officer, or DFO. Before we begin I'd like to go
11 over some general housekeeping items just to make
12 sure that everybody is safe and comfortable
13 during the next three days.

14 First, restrooms are located
15 immediately outside these doors on both your left
16 and right hand sides. The bathrooms to your
17 right are handicapped accessible and next to each
18 set of bathrooms is a water fountain.

19 If you want to purchase water or
20 coffee there is a snack shop on this floor and a
21 cafeteria on the 6th floor. So to get to the
22 snack shop you make two lefts immediately after

1 exiting these doors and you'll see it halfway
2 down the long hallway.

3 To get to the cafeteria you just take
4 one of the elevators and go up the 6th floor and
5 it will be apparent where the cafeteria is
6 located.

7 In case of an emergency evacuation you
8 will hear an announcement over the PA system and
9 we will likely be instructed to use the stairs.
10 The stairs are also located immediately outside
11 of the conference room doors on both the left and
12 right hand side.

13 We will guide everyone down and exit
14 through the same building entrance on the first
15 level where you came, but hopefully we won't have
16 to do that. I think that covers the housekeeping
17 portion and now on to the meeting.

18 So, first, I appreciate the time and
19 diligent work of our Board Members in preparing
20 for this meeting and for their forthcoming
21 deliberations.

22 The Board and I also wish to thank my

1 many colleagues here at the Department of Labor
2 for their efforts in preparing for today's
3 meeting, and, in particular, to Carrie Rhoads,
4 our Committee Staff and Alternate DFO, Kevin
5 Bird, who arranged everyone's travel, prepared
6 the briefing books and is running our virtual
7 meeting, Amit Daswani, our Conference Center
8 Manager, and Juan Curtis, our WebEx Manager.

9 These folks did a lot of running
10 around over the course of the last two weeks and
11 I just wanted to thank them in front of
12 everybody.

13 So before moving on to the more formal
14 part of the meeting I would like to say a few
15 words about my role as the Board's DFO, because I
16 have been asked about it a few times.

17 As the DFO I serve as the liaison
18 between the Board and the Department. I am also
19 responsible for ensuring all provisions of the
20 Federal Advisory Committee Act, or the FACA, are
21 met regarding the operations of the Board.

22 I work closely with the Board's Chair,

1 Dr. Markowitz, and I am responsible for approving
2 the meeting agenda and for opening and adjourning
3 all of the meetings.

4 I also work with the appropriate
5 Department officials to ensure that all relevant
6 ethics regulations are satisfied, and as such
7 this morning the Board Members will be briefed on
8 the provisions of the federal conflict of
9 interest laws, and, in particular, the conflict
10 of interest provision contained in the Energy
11 Employees Occupational Illness Compensation
12 Program Act.

13 Finally, I would like to note that
14 each Board Member has been asked to file a
15 standard government financial disclosure form.

16 Regarding meeting operations, we have
17 a full agenda for the next three days and you
18 should note that agenda times are approximate.
19 So as hard as we might try we may not be able to
20 keep to the exact as was noted this morning.

21 Copies of all meeting materials and
22 public comments are or will be available on the

1 Board's website under the heading "Meetings."

2 The Board's website can be found at

3 dol.gov\OWCP\energy\regs\compliance\advisory

4 board.htm, or you can simply Google Advisory

5 Board on Toxic Substances and Worker Health and

6 it will likely be the first link that shows up.

7 So if you haven't already taken time
8 to visit the Board's website I strongly encourage
9 you to do so. After clicking on today's meeting
10 date what you will see is a page dedicated
11 entirely to this week's meeting.

12 That page contains all materials that
13 were submitted to us in advance of the meeting
14 and we will be publishing any materials that are
15 provided by our presenters throughout the next
16 three days.

17 There you can also find today's agenda
18 as well as instructions for participating
19 remotely in both the meeting and the public
20 comment period at the end of each day.

21 If you are participating remotely I
22 want to point out that the telephone numbers and

1 the links for the WebEx sessions are different
2 for every day, so please, please make sure that
3 you read the instructions carefully.

4 If you are joining us by WebEx please
5 note that the sessions are for viewing purposes
6 only and are not interactive. The same applies
7 for the phones, the phones will also be muted
8 until the public comment period opens at 5:00
9 p.m. today.

10 During Board discussions and prior to
11 the public comment period I request that the
12 people in the room remain as quiet as possible
13 since we are recording the meeting to produce
14 transcripts.

15 We do have a scheduled hour for public
16 comment at the end of every day. The Chair will
17 note that it isn't a question and answer
18 sessions, but that rather it is an opportunity
19 for the public to provide comments about the
20 topics considered by the Board today.

21 If for any reason the Board Members
22 require clarification on an issue that requires

1 participation from the public the Board may
2 request such information through the Chair or
3 myself.

4 I have been asked by several people
5 about meeting minutes versus transcripts. The
6 FACA requires that minutes of this meeting be
7 prepared to include a description of the matters
8 that are discussed in the next three days and any
9 conclusions that are reached by the Board.

10 As DFO I prepare the minutes and
11 ensure that they are certified by the Board's
12 Chair. The minutes of today's meeting will be
13 available on the Board's website no later than 90
14 days from today, per FACA regulations. However,
15 if they are available sooner they will be
16 published before the 90th day.

17 Also, although formal minutes will be
18 prepared because they are required by the FACA
19 regulations, we will be publishing verbatim
20 transcripts, which are obviously a lot more
21 detailed in nature, and those transcripts will be
22 available on the Board's website by May 30th.

1 In closing and before I turn it over
2 to Dr. Markowitz I just want to note that I am
3 very excited that the Board is fully seated and
4 that I look forward to working with all of you
5 and hearing your discussions this week.

6 And with that, Mr. Chairman, I convene
7 this meeting of the Advisory Board on Toxic
8 Substances and Worker Health.

9 CHAIR MARKOWITZ: Thank you. And I
10 would first like to thank Mr. Rios, Ms. Rhoads,
11 Mr. Bird, and others at the Department of Labor
12 for help in making this meeting happen, putting
13 together the materials, helping plan the agenda,
14 and otherwise supporting the meeting, so thank
15 you very much.

16 I think we should start off first by
17 introducing ourselves to each other, to the
18 attendees, and to whoever in the public is
19 attending by phone.

20 I will start. You know, I also should
21 say just a little bit of something about if you
22 have any background at the Department of Energy.

1 I am Steven Markowitz, I am an Occupational
2 Medicine Physician and Epidemiologist.

3 I started with the Former Worker
4 Screening Program 20 years ago and co-direct the
5 program that has now screened, given 50,000
6 examinations throughout the country. We are at
7 14 different DOE sites, seven different States,
8 over the past 20 years.

9 And in the year 2000 or 2001 I and
10 some others here served on what was the called
11 the Workers Advisory Board for the Department of
12 Energy trying to help with Subpart D of then the
13 new EEOICPA Act and tried to provide some advice.

14 Eventually D turned into E,
15 fortunately, but in any case let me turn it over.
16 Ken?

17 MEMBER SILVER: Ken Silver, Associate
18 Professor of Environmental Health at East
19 Tennessee State University in the College of
20 Public Health.

21 Before locating to Tennessee I was
22 integrally involved with Los Alamos workers and

1 their families getting the congressional
2 delegation onboard and keeping them focused to
3 get this law passed and implemented in a
4 claimant-friendly matter.

5 I have long been interested, going
6 back to my doctoral program at Boston University
7 Department of Environmental Health, in the unique
8 historical resources of the DOE complex and how
9 they can be combined with workers recollections
10 and lived experiences to estimate historical
11 exposures.

12 MEMBER CASSANO: Hi, Tori Cassano. I
13 am also an Occupational Physician, Retired Navy
14 Undersea Medical Officer, so in that capacity was
15 Radiation Health Officer, ran many radiation
16 health programs throughout the Navy, and then
17 went to VA and worked on the, as the Director of
18 the Radiation and Physical Exposures Program
19 there and was also on the FAC for the Veterans
20 Dose -- Board -- I'm forgetting the whole name of
21 it, but anyway, I was on that FAC and then have
22 continued to work in both radiation and

1 occupational environmental exposures since then.

2 MEMBER BODEN: Hi, I am Les Boden. I
3 am a professor at Boston University School of
4 Public Health and share moments in time with both
5 Ken and Steve and some others of you.

6 I was involved in the workers
7 surveillance at the Nevada Test Site back before
8 the year 2000 and was also on the Worker Advocacy
9 Advisory Board around that time, and Ken is a
10 graduate of our program, and I know several
11 others of you as well.

12 My particular interest in this is --
13 I've done a lot of work in the workers'
14 compensation area and my interest in this is
15 trying to think hard about how to make the
16 program work the way it's supposed to work.

17 MEMBER DEMENT: I am John Dement. I
18 am a professor in the Division of Occupational
19 and Environmental Medicine at Duke University,
20 and I've been at Duke about 23 years, before that
21 I was with NIOSH about ten and NIEHS about 12.

22 I've been involved with the Workers

1 Surveillance Program through the Center for
2 Worker Construction -- What's it called?

3 CPWR.

4 (Laughter.)

5 MEMBER DEMENT: The acronym doesn't go
6 with a name anymore, so it confuses me
7 completely.

8 But involved with that through the
9 consortium that was put together about 20 years
10 ago, long term interest has been exposure to
11 reconstruction involved with health effect
12 studies.

13 MEMBER GRIFFON: I am Mark Griffon.
14 I am an Occupational Health and Safety
15 Consultant. I worked in these programs with the
16 Medical Surveillance Screening Program since '88,
17 or whenever it started, and also was on the
18 Radiation Board, the sister Board to this, for I
19 think about 12 years.

20 MEMBER REDLICH: I am Carrie Redlich.
21 I am a Professor of Medicine at Yale School of
22 Medicine. I am a physician trained in

1 occupational environmental medicine and also
2 pulmonary and my clinical and research interests
3 have focused on occupational lung diseases.

4 MEMBER WELCH: Hi, I am Laurie Welch.
5 I am also an Occupational Physician and for 20
6 years have been working with the Building Trades
7 Medical Screening Program, which is one of the
8 seven former worker programs similar to what
9 Steve described for his.

10 We provide medical exams. We have
11 examined, provided individual people, it's about
12 21,000 and maybe 35,000 exams all together at 27
13 different sites around the country for the
14 construction workers at those sites.

15 MR. RIOS: If I can just ask everybody
16 to speak closer to the mic. If you want to pull
17 it --

18 MEMBER WELCH: Okay.

19 MR. RIOS: Thank you.

20 MEMBER TURNER: My name is James
21 Turner. I worked at the Rocky Flats Nuclear
22 Weapons Plant for approximately 26 years and I

1 was diagnosed with chronic beryllium disease in
2 1990, and the rest is history.

3 MEMBER POPE: My name is Duronda Pope.
4 I am with the United Steelworkers International
5 Office.

6 I am currently working with all our
7 steelworkers across the country with the
8 emergency response team. We respond to any
9 fatalities or catastrophic incidents that happens
10 with our members, but I am a former Rocky Flats
11 employee.

12 MEMBER WHITLEY: I am Garry Whitley.
13 I worked at the Y-12 National Security Complex
14 for 42 years. I currently am working with the
15 Worker Health Protection Program for the Oak
16 Ridge National Laboratory and the Y-12 complex.

17 MEMBER DOMINA: My name is Kirk
18 Domina. I am the Employee Health Advocate for
19 the Hanford Atomic Metal Trades Council in
20 Richland, Washington.

21 We represent about 2800 workers
22 through 14 affiliated unions and I am the

1 employee advocate and I help with this program,
2 workers' comp, and short-term/long-term
3 disability. I am a current worker and I have
4 been out there about 33 years.

5 MEMBER VLIEGER: Good morning, Faye
6 Vlieger. I am a retired Air Force Hanford worker
7 injured in a chemical exposure. Now I advocate
8 for the injured nuclear weapons workers.

9 I was injured in 2002 and my advocacy
10 began in 2004. I also have experience in the
11 military with chemical weapons and biological and
12 nuclear weapon training and battlefield triage.

13 So I have been working with a number
14 of workers who have been injured at the various
15 sites, both radiological and toxic exposure
16 claims.

17 MR. RIOS: You're good?

18 MEMBER SOKAS: Yes, I think. Rosemary
19 Sokas, I am a Professor and Chair of Human
20 Science at Georgetown School of Nursing and
21 Health Studies.

22 When I was at -- As an occupational

1 physician, I worked at OSHA for a while and
2 actually visited the Y-12 and the K-25 plants as
3 part of a joint evaluation program back in the
4 late '90s.

5 I was at NIOSH when the original bill
6 was being negotiated and so we had some input
7 into some of, although not much, into the way it
8 was eventually organized.

9 I think one of the things I am just
10 sort of flashing back to as I review some of
11 these materials is I also early in my career
12 reviewed claims for Social Security as a
13 physician so that was, you know, this is part and
14 parcel of that.

15 CHAIR MARKOWITZ: Okay, thank you.

16 Let me just remind you that when you want to
17 speak you need to turn your mic on and then turn
18 it off when you are done.

19 I would mention that George Friedman-
20 Jimenez will be here. He is going to be a little
21 bit late, he is from Bellevue Hospital NYU
22 Medical School.

1 In terms of the public comment period,
2 just a couple of things to remind you. Each day
3 we have a public comment period, 5:00 p.m. today,
4 5:00 p.m. tomorrow, and then for I think 45
5 minutes on Thursday.

6 We have asked through the Federal
7 Register Notice that people sign up in advance
8 and provide written comments if they wish. The
9 people who have signed up in advance will be the
10 ones who speak first during the public comment
11 period.

12 Those who are here physically will go
13 first, those who are the phone will go next. Now
14 if there is time we will accommodate additional
15 requests to speak by the public.

16 Right now, today, we have 45 minutes
17 planned. We have a total of an hour to speak, so
18 there is some time for additional public
19 comments.

20 We will try to accommodate as many in
21 the public who want to speak as possible, subject
22 to time. We may ask people to shorten their

1 remarks somewhat if we get a large demand today,
2 but we'll see how it goes.

3 If you have not signed up but you
4 decide you would like to speak, and if you are
5 here today if you could just at some point in the
6 break just notify Mr. Rios or Ms. Rhoads that you
7 would like to speak.

8 If you are on the phone and decide
9 today that you would like to speak, simply send
10 an email to the Energy Advisory Board at the
11 email address, energyadvisoryboard@dol.gov,
12 right, no spaces I should say when you send that.

13 The agenda, I won't walk through the
14 agenda because it's self-evident. I would point
15 out though two sessions, we have one on Wednesday
16 and one on Thursday, in which we discuss DOL's
17 proposed changes to the regulations.

18 In smaller groups over the phone in
19 the last two weeks we have discussed those.
20 During those two periods, a total of three hours,
21 we will further discuss those as a joint Board
22 and we will, if we can, try to formulate and vote

1 on some comments or recommendations to DOL at
2 this meeting within these three days, so that's
3 important that you take note of that.

4 If you have additional proposed
5 changes above and beyond those that have already
6 been discussed by phone, please let me know some
7 time in the next day or so so we can just plan
8 accordingly in terms of our discussion.

9 I forgot to mention, I think it's
10 important to say to the people in the room, among
11 the Board Members, also, the public, Department
12 of Labor, and those on the phone, I think why
13 many of us have volunteered to serve on this
14 Board, one, is we understand how important it is
15 to people, the Compensation Program, that there
16 are over a half million DOE workers, the majority
17 of whom are probably still alive, many of whom
18 were sick and who were unknowingly exposed to
19 toxic materials, and this program is about
20 providing them with some measure of justice.

21 And, secondly, the is, the Part E of
22 the program. It's an incredible -- I think it's

1 just an incredibly challenging task. I was
2 thinking about this, in terms of workers'
3 compensation to take a whole spectrum of
4 occupational diseases and a very large number of
5 exposures, thousands of exposures at DOE sites,
6 and try to make those connections and then
7 provide people with answers about compensation.

8 I can't think of another compensation
9 program which is tasked with that. Now the Black
10 Lung is very specific to one industry,
11 essentially one disease.

12 World Trade Center is a limited number
13 of conditions and it's one exposure, World Trade
14 Center dust. In this program we have literally
15 thousands of exposures and many, many different
16 diseases.

17 So this is a challenging task and our
18 hope is that we can contribute to improve what's
19 going on in that program.

20 So that is it, let me just then turn
21 it over to our first speaker of the day, who is
22 Mr. Joseph Plick, who is the Department's Counsel

1 on FACA, the Federal Advisory Committee Act. So,
2 Mr. Plick?

3 MR. PLICK: Good morning. Hello,
4 everybody. So my role here today is just to walk
5 you through what the Federal Advisory Committee
6 Act requires, talk a little bit about what's
7 expected of you as committee members.

8 Please feel free to ask any questions
9 as I go through this briefing. We want to make
10 sure that we get the committee off to a good
11 start and get you working right away.

12 And, Tony, feel free to jump in if you
13 have anything to add about this particular
14 committee. I know you are usually shy about
15 things like that.

16 So I want to start with a little bit
17 of purpose and background for the law. When
18 Congress passed it, which has been quite a while
19 ago now because it was passed in the '70s,
20 Congress was concerned not that agencies were
21 getting advice from outsiders, but that there
22 wasn't any sunshine on it, so the public didn't

1 know who they were going to and what kind of
2 advice they were getting.

3 So they created this system, this law,
4 to try and shed sunshine on it to control a
5 little bit about how these committees were
6 operating and being formed, both in terms of cost
7 controls because one of the things they didn't
8 know was how much agencies were spending on
9 committees, but also just making sure that the
10 public was aware of what was going on.

11 MR. RIOS: Joe, can I interrupt you
12 for a second?

13 MR. PLICK: Sure.

14 MR. RIOS: The closed captioner is
15 having a hard time hearing you.

16 MR. PLICK: Okay. I'll try and pull
17 this a little closer.

18 MR. RIOS: Yes, thank you.

19 MR. PLICK: See if that's any better.
20 So FACA governs the establishment, operation, and
21 termination of committees that are established to
22 give advice and/or recommendations to the

1 Executive Branch.

2 Committees are supposed to provide
3 relevant advice, and basically what that means is
4 that your advice should be done in accordance
5 with whatever your authorization is, in this case
6 there is a statute that created this committee
7 that tasked you with looking at certain things
8 and making sure, also, that you work with the
9 agency so that there are things the agency can
10 act on.

11 It obviously makes no sense to make a
12 recommendation that just isn't in the agency's
13 power to fulfill. It requires you or wants you
14 to act promptly, of course.

15 There has been a history, not really
16 here at the Labor Department, of committees over
17 time that met but never really did anything, they
18 just were around for years.

19 And then as I mentioned before there
20 needs to be accountability through cost controls
21 and recordkeeping requirements. And, lastly,
22 again, to just point this out one more time,

1 Congress and the public want to be kept informed
2 about what's going on with committees, so the
3 process is transparent.

4 So the requirements of the Act, first
5 of all a committee has to be established by
6 statute, like this one is. It can be established
7 by a presidential directive.

8 Some committees are not specifically
9 established by statute, but rather just
10 authorized, so agencies have the authorization to
11 create committees and agency heads can also
12 create committees when they determine there is a
13 need and can justify it.

14 Committees have to be chartered so
15 there is a charter. The general services
16 administration leads the government's FACA
17 effort. I'm not quite sure why, you know, you
18 think of GSA you think of contracts and things
19 like that.

20 I think they missed the meeting in
21 which the assignments were being handed out so
22 they got this one, and so they have regulations

1 that apply to all agencies who have committees.

2 Membership on committees by statute is
3 required to be balanced, and FACA talks about
4 balance in terms of points of view and functions
5 to be performed.

6 In addition, as in this case, there
7 can be statutory requirements that sort of help
8 establish what that balance is and in your
9 statute it set categories of members.

10 Meetings are generally open to the
11 public, as this one is. Detailed minutes are
12 being kept. Tony, I don't know, are you also
13 transcribing this one, Tony?

14 MR. RIOS: Yes. I went over that
15 earlier, yes.

16 MR. PLICK: Okay, yes. But the
17 transcript doesn't serve the requirement of
18 minutes.

19 GSA actually used to let agencies say
20 well, we're just transcribing or recording the
21 meeting and that counts for our requirement to
22 keep minutes, and there were a lot of complaints

1 because people didn't want to have to wade
2 through three days of transcripts to figure out
3 what was going on at a meeting.

4 The minutes are a concise way of
5 recording what happens and then if somebody wants
6 to go listen to the transcript and see what
7 specifically happened they can.

8 Members of the public are permitted to
9 file written statements with the committee before
10 within a reasonable time and time permitting, and
11 this is, you guys have your own procedures here,
12 but there is no requirement in the FACA that the
13 public be allowed to speak at meetings.

14 Obviously, I think you guys will allow that and
15 that's fine.

16 The chair has to certify the minutes
17 within 90 days. And then we ask that because the
18 meetings are public we really ask that you don't
19 discuss substantive matters about the committee
20 when you are all here outside the meeting, that's
21 what the meeting is for, so that's what we want.

22 I know you already have broken up into

1 subgroups and that they operate under different
2 rules. And also so you know the statute itself
3 does not actually have an enforcement mechanism
4 in it, and so what's happened over the years is
5 the courts have fashioned essentially injunctive
6 relief.

7 So basically the way it works is if an
8 agency is attempting to implement a
9 recommendation from a committee and someone
10 thinks there was a violation of FACA they have to
11 go into court and enjoin the agency from acting
12 on that recommendation.

13 It's kind of what I call a nuclear
14 option because it's the same option whether it
15 was a process foul, something like not adequate
16 meeting notice, you know, they missed the Federal
17 Register by a day, or some other larger issue
18 involving balance or something like that, the
19 remedy is the same.

20 And so that's why there are a lot of
21 rules and sometimes it can be a little bit
22 frustrating, but we want to follow them because

1 obviously we don't want the work that you do, the
2 recommendations that you provide, to be tripped
3 up because of some procedural issue.

4 We want to make sure that the work you
5 do here is valuable, is useful, and can be used
6 by the agency.

7 The other thing that we ask is if any
8 of you members are approached by the media that
9 you let the Chair and the DFO know and they can
10 work with you on responding. Any questions on
11 any of that so far?

12 (No audible response.)

13 MR. PLICK: All right. Committees,
14 this one, well it's got a statutory time limit,
15 but the charter has to be renewed every two
16 years. In the absence of a charter requirement,
17 or a statutory requirement, committees actually
18 have to be renewed every two years.

19 Okay, agency responsibilities, there
20 are two statutorily designated positions under
21 the Federal Advisory Committee Act. One, Tony,
22 who will talk about it in just a minute, who you

1 deal with on a regular basis, the other is the
2 committee management officer, which is an
3 official with the Department who controls, sort
4 of oversees FACA throughout an agency.

5 Then with respect to the designated
6 federal official there is certain specific duties
7 that he has. He has to approve and can call
8 meetings, he has to approve the agenda, he has to
9 attend, he has to be here.

10 He also has the power, and I have
11 never seen this exercised here, I don't
12 anticipate it will be, but he can adjourn a
13 meeting when he determines it's in the public
14 interest.

15 It rarely happens. It's if a
16 committee really goes off topic on something and
17 they are discussing things that have nothing to
18 do with, you know, what they are tasked with
19 doing.

20 Theoretically a DFO can chair a
21 meeting, but, obviously, we have a chair here.
22 He is the one who gets to maintain with his staff

1 all the records on costs and membership and
2 things like that, records for public
3 availability.

4 He ensures efficient operations, and
5 they have been doing a great job of that, so I
6 know there has been a lot of work going on here,
7 and he has to provide the committee reports to
8 the committee management officer, ultimately
9 reports of FACA committees actually are sent to
10 the Library of Congress.

11 And there is a lot of reporting
12 because it is a public committee. GSA maintains
13 a database, there is a lot of information up
14 there on committees, charters, balance plans,
15 membership lists, the type of committee, things
16 like that.

17 GAO has been interested in FACA and
18 has done some auditing, although they are not
19 looking at anything right now, but I will come
20 back to that in a second.

21 The Agency also sort of set, within
22 the confines of the statutory authority the

1 agency sets the objectives. You know, again,
2 like I said, it doesn't make any sense for a
3 committee to be making recommendations the
4 committee can't act on.

5 And on the other hand the advice of
6 the committee is supposed to be independent
7 advice and it needs to be a collaborative effort
8 between the DFO and the chair and the committee
9 working on these and making sure, you know, that
10 you have priorities and objectives and things
11 like that within those confines, but that's
12 something that the agency does have the authority
13 to do.

14 Questions on any of this? Tony,
15 anything to add?

16 MR. RIOS: No, not yet.

17 MR. PLICK: Okay. I am sure you will.
18 I'm going to mention closed meetings, generally,
19 of course FACA committee meetings are open to the
20 public.

21 There are ways to close meetings. I
22 don't anticipate that this committee would need

1 to close a meeting. Generally the reasons track
2 the rationale for exemptions in the Freedom of
3 Information Act.

4 So, for example, you can close the
5 meeting if you are discussing matters of national
6 security or classified information, if you were
7 to have witnesses possibly who are coming in and
8 talking to you about proprietary information, or
9 personal or personnel information.

10 So if you had witnesses who were
11 coming in to talk about medical conditions that
12 they might not want to talk about publicly there
13 would be a mechanism to close the meeting, but it
14 requires approval by the agency head, it requires
15 legal review, and it requires 30 days' notice in
16 the Federal Register.

17 All right, subcommittees. The FACA
18 allows subcommittees, as you know, you guys have
19 already organized into subcommittees. They don't
20 currently have to follow the same openness rule.

21 Subcommittees are not required to
22 provide a notice in the Federal Register and meet

1 publicly. It's very, very important that the
2 work of the subcommittee comes back to the full
3 committee for deliberation.

4 If a subcommittee is seen to be
5 reporting directly to the agency in effect it
6 becomes a separate FACA committee subject to all
7 the rules of balance and notice and open
8 meetings.

9 So it's very important that the
10 subcommittee work comes back to the full
11 committee and that you review it and deliberate
12 on it, and basically they are supposed to make
13 recommendations to you. And, again, we have
14 approved the establishment of subcommittees for
15 this committee.

16 There are a couple of other activities
17 that don't have to take place in public meetings,
18 prep work, which is a little bit, it sounds a lot
19 like a subcommittee, but it's not quite the same
20 thing.

21 If instead of subcommittees you were
22 just to task one or two of your members to go

1 write a draft for the next meeting you wouldn't
2 necessarily be calling it a subcommittee, you
3 would just be a writing group, and they could go
4 off and do that and have exchanges and, you know,
5 bring the work back to the committee and that
6 wouldn't have to all be done in the public.

7 And, similarly, administrative matters
8 don't have to be conducted in a public meeting.
9 So, you know, if you are setting rules, you know,
10 talking about hotels and, you know, where to go
11 to lunch, things like that, you don't have to do
12 that in a public meeting.

13 Talking about public meetings a little
14 bit, and I think we've talked about this maybe a
15 little bit before, basically you need to be
16 careful when you are doing email exchanges.

17 I understand you guys have a
18 procedure, so that I think everything is going to
19 funnel through Tony, because, again, you know, in
20 the modern era starting to cc everybody could
21 quickly become something that looks like a
22 meeting, and so we want to avoid that.

1 Let's see. Public availability of
2 records, a key component of FACA as I have been
3 saying is transparency, so Section 10(b) of the
4 Act generally says that the records, transcripts,
5 minutes, appendices, working papers, drafts,
6 studies, agenda, and other documents made
7 available to or prepared for or by a committee
8 are made available for public inspection.

9 The public does not have to file a
10 FOIA request to get those. It's so the public
11 can follow along and see what you are doing.

12 The provision is subject to FOIA, but
13 the courts have said that that's really limited
14 to any information that might otherwise be
15 exempt, that the agency is sharing with the
16 committee so it can do its work.

17 So if the agency is providing you with
18 drafts of things they would still be protected by
19 the delivery of process privilege, for example.

20 Again, the work of subcommittees,
21 that's not subject to FACA, it's not subject to
22 these open record requirements. So if a

1 subcommittee is drafting records, you know, a
2 recommendation, all of that work product is not
3 subject to the open record requirement but what
4 they bring back really is.

5 And then I just want to mention
6 briefly so you know and then I'm going to open it
7 up to questions. There are FACA amendments that
8 have passed the House that have been referred to
9 the Senate.

10 A couple of things, one, they may
11 alter, I have seen some versions, I don't think
12 the current version has this, but there are
13 versions that wouldn't make the subcommittees
14 subject to the same requirements as a parent
15 committee, in other words the open meeting
16 requirements.

17 There also -- Well it will impact you
18 because of how you are placed on the committee
19 and you will be getting the ethics briefing
20 later, there may be more information required
21 about members and about the agency's process for
22 identifying and selecting the members and the

1 reasons they were selected.

2 And, you know, sometimes, and, again,
3 you'll get more about this in your ethics
4 briefing, conflicts can arise and you deal with
5 the ethics people about getting a waiver or, you
6 know, recusing yourself from part of the
7 consideration, and there will be more reporting
8 requirements on the agency with respect to
9 conflicts of interest.

10 So that's a lot of what I have to say.
11 Questions, Tony, things to add at this point?

12 MR. RIOS: No. I would just, since
13 you were talking about FOIA and making things
14 available contemporaneously to the public, it's
15 my position and my desire that as a DFO we are
16 going to be posting anything that we make
17 available to the committee on the website as we
18 do it or as soon as it is possible to do it.

19 MR. PLICK: Right.

20 MR. RIOS: In fact, you were talking
21 about some subcommittee discussions that we
22 already had and all the materials that we

1 provided to the Board have been published on the
2 website.

3 MR. PLICK: Great.

4 MR. RIOS: And I intend to do that
5 moving forward that way if there is, you know,
6 that way it's entirely transparent and clear to
7 everybody of what's going on and there is no need
8 for many FOIA.

9 MR. PLICK: Good, perfect. Questions
10 from the Board?

11 CHAIR MARKOWITZ: I just have a
12 comment, it's not really a question. You
13 referred to some of the work that we have done in
14 preparation for today's meeting through formation
15 of subcommittees.

16 Just to clarify, we had temporary
17 committees, or subcommittees, that merely for the
18 purpose of logistic reasons of being able to get
19 people on the phone to discuss some of the
20 proposed rule changes, those are not permanent
21 committees, those will not be carried forward
22 once that task is done today, so just to be clear

1 on that front.

2 MR. PLICK: Yes, and that's perfectly
3 appropriate. I mean as you move through the work
4 that you are doing, you know, you've got, what, I
5 think four sort of topics that you are supposed
6 to talk about, it makes sense that you may well,
7 you know, shift your subcommittees as the work
8 proceeds and you discover different issues that
9 need to be explored, I think that's fine.

10 Clearly, these were done, obviously,
11 for a very specific purpose. Other questions,
12 comments? Yes?

13 MEMBER GRIFFON: I was just wondering
14 if there was any quorum requirements for the
15 Board and how do we -- I mean I was under the
16 impression that we could have people meet or talk
17 over lunch as long as we didn't violate quorum
18 rules, but that may not apply for this?

19 MR. PLICK: Yes, I think it's a better
20 idea that you really don't.

21 MEMBER GRIFFON: Yes.

22 MR. PLICK: Some of it will happen.

1 Quorum for the meetings, first of all I would say
2 we really want everybody here and to participate
3 and, obviously, the work of the Board, the
4 product is going to be better the more people are
5 here.

6 MEMBER GRIFFON: Yes.

7 MR. PLICK: Technically quorum I think
8 is 50 percent plus one.

9 MEMBER GRIFFON: Right.

10 MR. PLICK: But we strive to have 100
11 percent attendance whenever we can.

12 MEMBER GRIFFON: I don't think it's
13 even mentioned in the FACA, I was just looking
14 for --

15 MR. PLICK: It's not, yes.

16 MEMBER GRIFFON: Yes.

17 MR. PLICK: It's not.

18 MEMBER GRIFFON: Anyway. And then the
19 other question, and this came up in our planning
20 call, and I spoke incorrectly, but it is the case
21 on the other, the sister Board, and that's under
22 HHS, so they have their own agency rules --

1 MR. PLICK: Right.

2 MEMBER GRIFFON: -- but they have
3 decided to have all the subcommittees and work
4 groups public and transcribed.

5 MR. PLICK: Yes. And, obviously,
6 there is nothing wrong with that.

7 MEMBER GRIFFON: Right. I mean I
8 think it's something --

9 MR. PLICK: Yes. No, it's definitely
10 --

11 MEMBER GRIFFON: Yes.

12 MR. PLICK: I would say it's a best
13 practice, it's just it's not a central
14 requirement.

15 MEMBER GRIFFON: Right. It's not a
16 requirement, right.

17 MR. PLICK: It may become one, like I
18 said, the amendments may require that.

19 MEMBER GRIFFON: Yes.

20 MR. PLICK: And, you know, it depends
21 on what the Board is working on. I mean
22 sometimes your subcommittees are going out and

1 doing fact finding and they may be visiting sites
2 or things like that where it might not
3 necessarily be practical to have it as a public
4 meeting.

5 On the other hand, if you are sitting
6 around in a small group in a room, you know,
7 that's fine. Other questions, comments? Sure.

8 MEMBER GRIFFON: One more comment. I
9 think as we go forward you might want to talk to
10 the NIOSH folks on this one, because it may come
11 up, I'm not sure if it will or not, but the
12 question of classified data.

13 There is certainly some classified
14 toxic and radiological exposures and how, you
15 know, we can't talk about those in a public
16 meeting and, you know, how do we deal with that,
17 right.

18 MR. PLICK: Right. And that would be,
19 you know, one of the reasons to close it, because
20 it's classified, so that falls under the national
21 security exception for classifying.

22 There are provisions in the statute

1 that created this Board for the Department of
2 Energy to actually, you know, handle getting you
3 folks clearances if that's necessary in order for
4 you to do your work, so that can happen.

5 MR. RIOS: Yes, and the statute
6 addresses that issue when it created the Board.

7 MR. PLICK: Yes.

8 MR. RIOS: Since we have not had the
9 need right now to issue clearances or anything
10 like that we're going to I guess cross that
11 bridge when we get to it.

12 I think I had a couple of other Board
13 Members ask about the same issue, too.

14 MR. PLICK: Yes. I mean obviously
15 getting clearances is not cheap, it does cost
16 money, but it's the Department of Energy who I
17 think has to handle that. Other questions,
18 comments?

19 CHAIR MARKOWITZ: Just a question on
20 our subcommittee work.

21 MR. PLICK: Sure.

22 CHAIR MARKOWITZ: So the subcommittee

1 work does not have to be an open process and
2 could you just clarify what the boundary is
3 between the subcommittee work and what the full
4 Board work is in terms of the openness?

5 At what point does the subcommittee
6 work merge into the overall Board work such that
7 it would need to become open?

8 MR. PLICK: I think once -- At the
9 point in which the subcommittee is reporting back
10 to the Board.

11 As long as the subcommittee is off
12 doing its own thing and doing whatever it was
13 tasked with by the Board then it isn't subject to
14 those same restrictions, but whatever it brings
15 back is going to be public.

16 The other thing you want to be a
17 little careful of, too, and I mentioned this with
18 the email, there was another committee here that
19 was having some issues a few years ago, its
20 subcommittees essentially became committees of
21 the whole.

22 So they were subcommittees but

1 everybody was showing up at the meetings and that
2 became a little bit of a problem, so you really
3 need to keep them distinct.

4 It doesn't mean that a subcommittee
5 might reach out to another member of the Board
6 because they've got a specific question and that
7 person has some expertise and asks a question,
8 but you want to be really careful, and, again, I
9 think that's why the emails are pretty much
10 flowing through Tony because he can watch that,
11 and if people start getting cc'd and it really is
12 a subcommittee matter and all of a sudden
13 everybody is on it he can, you know, make sure
14 that that doesn't cross that line.

15 But, otherwise, as long as they are
16 doing their work as the subcommittee then they
17 are fine to proceed that way without being
18 subject to all the restrictions.

19 Again, you know, obviously, the extent
20 to which you want to make all that work public is
21 up to you.

22 CHAIR MARKOWITZ: Okay.

1 MR. RIOS: No, but since Mark raised
2 the issue, if we have to deal with security-
3 related matters how do we go about closing
4 meetings and would they be the parent committee
5 or if, for example, Dr. Markowitz designated one
6 subcommittee to just deal with issues relating to
7 security, how do you go about closing it?

8 MR. PLICK: Well the subcommittee,
9 obviously, you just don't open it.

10 MR. RIOS: Right, that's not -- Yes.

11 MR. PLICK: That's easy, you just
12 don't open it, and then whatever precautions you
13 have to take because of the nature of the
14 material you would have to work out with, you
15 know, whoever has classified the material to make
16 sure it's done properly.

17 Again, with respect to the full
18 committee, OWCP would have to make a request, the
19 Secretary approves it and the Solicitor of Labor
20 reviews it and it has to be published in the
21 Federal Register 30 days in advance as opposed to
22 the 15 days for notice of an open meeting.

1 There are reporting requirements,
2 obviously you don't report the minutes, but you
3 have to essentially tell the public what was
4 discussed or whatever to the extent that you can,
5 and those are the procedures for doing that.

6 So it does require some advanced
7 thinking about it and, obviously, if it comes to
8 that point we'll be talking, Tony.

9 MR. RIOS: Okay.

10 MR. PLICK: It doesn't happen at
11 Labor, the Department of Labor does not have
12 original classification authority, so we don't
13 actually deal with our own classified material.

14 We do have one board that operates
15 under the Trade Act with the U.S. Trade
16 Representative and all their, their meetings are
17 closed not only under FACA, but they have a
18 separate statutory provision under the Trade Act
19 that closes them because they are dealing with
20 matters of trade negotiation policy. Yes?

21 MEMBER CASSANO: I don't mean to
22 belabor the point --

1 MR. PLICK: No, no.

2 MEMBER CASSANO: -- but one more
3 question on the classified and subcommittee.

4 MR. PLICK: Sure.

5 MEMBER CASSANO: If it were one
6 subcommittee that looked at classified
7 information and they came up with
8 recommendations, those recommendations obviously
9 would not be classified, so if all of that goes
10 to the Board or just the recommendations go to
11 the Board at which point the Board can air those
12 publicly or not, how does that work?

13 MR. PLICK: Yes. Well I think your
14 initial assumption that the recommendations
15 wouldn't be classified you'd have to look at
16 that.

17 They might be, you know, it just
18 depends on what the recommendations are. If they
19 are not then obviously the Board can consider
20 those.

21 It might be possible that while the
22 recommendations themselves, the draft

1 recommendations, wouldn't be classified, the
2 Board itself as a whole might still need to meet
3 in a closed session to review the classified
4 material that was the basis for that.

5 So we just have to work that out I
6 mean in just however it would happen.

7 CHAIR MARKOWITZ: I have one last
8 question.

9 MR. PLICK: Okay.

10 CHAIR MARKOWITZ: Is a telephone
11 meeting of the Board treated the same as an in-
12 person meeting in terms of the notice
13 requirements and everything?

14 MR. PLICK: Yes.

15 CHAIR MARKOWITZ: Thank you.

16 MR. PLICK: Yes. You can certainly
17 use, take advantage of technology to hold your
18 meetings. I mean it makes it easier for members
19 to attend when they can't actually make it to
20 Washington if they are not here. Other things?

21 MR. RIOS: Yes. So earlier today a
22 member who is sitting out in the public asked me,

1 so there is the statute that created the Board
2 and then there is the charter.

3 MR. PLICK: Right.

4 MR. RIOS: In the charter there is a
5 section that talks about the estimated number and
6 frequency of meetings.

7 MR. PLICK: Yes.

8 MR. RIOS: The Board, I think the goal
9 was to stand up this Board last April, and so the
10 member of the public asked if you didn't hold two
11 meetings last year and this year you plan on
12 having one or two meetings since you lost that
13 one year are you going to try and, are you
14 required to have two additional meetings the year
15 that you are fully seated?

16 MR. PLICK: Yes, because of the
17 statute -- The FACA says nothing about the number
18 of meetings.

19 MR. RIOS: Right.

20 MR. PLICK: It's up to the agency. So
21 because the statute I don't believe said anything
22 about the number of meetings either, it just sat

1 --

2 MR. RIOS: It's in the charter, right.

3 MR. PLICK: Yes, it's just in the
4 charter. It's just a charter requirement. I
5 think -- So I don't think there is any legal
6 requirement to make those up.

7 I think basically, obviously, you'll
8 meet hopefully as many times as you need to do
9 the work you need to do. I can't remember
10 exactly what the charter says, I think it's at
11 least a certain number of times.

12 MR. RIOS: It says a minimum of two,
13 twice per year or something.

14 MR. PLICK: Yes. Yes, and so if you
15 need to meet three, you know, to get the work
16 done, particularly as you get further along you
17 may decide that you need more meetings and, you
18 know, then you would do that.

19 But, yes, there is no requirement.
20 There obviously were a lot of issues with getting
21 the Board stood up, so --

22 MR. RIOS: Okay.

1 MR. PLICK: Okay.

2 MR. RIOS: Well, thank you, Joe.

3 MR. PLICK: Sure.

4 MR. RIOS: If there is no further
5 questions?

6 (No audible response.)

7 MR. PLICK: Good luck, everybody.

8 MR. RIOS: Thank you. Okay, and our
9 next speaker for the day is a gentleman who is
10 very excited about addressing the Board.

11 When Dr. Markowitz and I agreed on
12 today's date as the meeting he found out and
13 specifically instructed, or ordered me, to make
14 sure that this meeting was on his calendar, and
15 I'm glad that he did.

16 So it is my distinct pleasure to
17 welcome the Deputy Secretary of Labor, Mr.
18 Christopher Lu.

19 DEPUTY SECRETARY LU: Thank you, Tony,
20 for having me. This actually worked out perfect
21 timing wise.

22 Well good morning, everyone, on behalf

1 of the Secretary who expresses his regrets that
2 he could not be here, I wanted to welcome all of
3 you, and I look around behind me as well, to the
4 inaugural meeting of this Advisory Board.

5 I especially want to thank the Board
6 Members for your service and for traveling to
7 Washington for this inaugural meeting.

8 As you all know we have had a lot of
9 nominations for the members of this committee,
10 and I had a chance to look at all of your
11 qualifications and have been suitably impressed
12 by what you have accomplished and your commitment
13 to this important issue.

14 And as I said I want to thank the
15 members of the public who are not only here in
16 person but who are watching this remotely or
17 participating remotely.

18 You know, this issues one that I have
19 been aware of and I have been involved with since
20 my time on Capitol Hill. I had the chance to
21 work on this when I was in the U.S. Senate and
22 have spent time on this during my two years at

1 the Department of Labor, and the Secretary and I
2 recognize that these workers have given so much
3 for this country and they have made significant
4 sacrifices.

5 They, as a result of their sacrifices,
6 have suffered from disabling injuries and deaths
7 as well and we owe them, we owe them to do
8 better, and it's important to get the feedback
9 from all of you about how we can do better on
10 this.

11 Too often these workers were neither
12 adequately protected from nor or informed of the
13 substances to which they were exposed, and now
14 it's the job of the Department of Labor to
15 provide compensation and medical benefits to
16 those who are eligible and who have become ill as
17 a result of their employment.

18 And so because we want to make sure
19 that the benefits are rewarded whenever possible
20 and as importantly as the law allows, we look
21 forward to hearing from all of you to learning
22 from your experience, your wisdom, your thoughts

1 about how we could better on the process.

2 And I know that we have an ambitious
3 agenda, and so I don't want to take up too much
4 time, but I am interested in some of the topics,
5 many of the topics that you will be covering.

6 I know that you will be looking at our
7 SEM database and additional ways that it can be
8 strengthened, the weighing of medical evidence by
9 our claims staff, evidence required for Part B
10 lung conditions, like beryllium, and the reports
11 of the programs industrial hygienists and medical
12 experts, and we look forward to working with you
13 and getting your input on these issues and I know
14 that you will also be hearing from other experts
15 from some of our colleague agencies, the
16 Department of Energy, NIOSH, and the Ombudsman
17 here at the Department of Labor.

18 And so I also know that we are, you
19 all are going to be spending time over the next
20 day or so discussing the proposed new regulations
21 for the energy program, and this is important, we
22 need to get this done.

1 We extended the comment period because
2 we wanted to get all of your opinions, and so I
3 know that work has gone into this in the
4 subcommittee level, and so we look forward to the
5 participation and your comments about how these
6 regulations can be improved.

7 So I really just am here to thank you
8 and express my support on behalf of the
9 Secretary. I think the advisory committees that
10 we have at the Department are some of our key
11 tools for seeking input from stakeholders.

12 The Secretary often says, well I'll
13 say this on behalf of the Secretary myself, none
14 of us have any, neither of us any original ideas,
15 and so we rely on folks on the outside to bring
16 their wisdom to the work that we do here, and we
17 all share the same common goal, so I want to
18 thank you for being here.

19 I am told -- This is my favorite part,
20 I have certificates to hand to all of you. My
21 staff often says are you okay handing things out
22 or cutting ribbon and I said I can cut ribbon

1 like no one else.

2 I can cut ribbon and I hand out
3 certificates like no -- This is the easiest part
4 about my job, so let me -- How are we doing this?

5 MR. RIOS: It's up to you if you want
6 to stand up or sit down.

7 DEPUTY SECRETARY LU: Yes, how do we
8 -- Oh, I was going to say it would make sense if
9 we had a photographer, but we don't have a
10 photographer do we?

11 (No audible response.)

12 DEPUTY SECRETARY LU: Well it would
13 have been a good thing for us to figure out, but
14 we'll just give you the certificate. So why
15 don't I come up here and --

16 PARTICIPANT: I'll hand them to you.

17 DEPUTY SECRETARY LU: Oh, actually,
18 that's perfect. John Dement. Why don't we come
19 -- How do we do this, actually?

20 PARTICIPANT: Do you want them to come
21 up here?

22 DEPUTY SECRETARY LU: Yes, why don't

1 we come up here. We'll just -- We had everything
2 perfectly choreographed except for this part
3 actually. John, thank you.

4 MEMBER DEMENT: Thank you, sir.

5 DEPUTY SECRETARY LU: Leslie Boden.

6 Thank you for your service.

7 MEMBER BODEN: Sure, thank you.

8 DEPUTY SECRETARY LU: Rosemary, is it
9 Sokas?

10 MEMBER SOKAS: Sokas.

11 DEPUTY SECRETARY LU: Sokas. I
12 appreciate it. Thank you for your service. Mark
13 Griffon. Mark, thank you. Kenneth Silver. We
14 didn't do this in alphabetical order or otherwise
15 people could've figured out -- We'll try to keep
16 you all on your toes a little bit. Thank you.
17 George Friedman-Jimenez.

18 MR. RIOS: Oh, George is not here yet.

19 DEPUTY SECRETARY LU: Okay. Laura
20 Welch. Thank you.

21 MEMBER WELCH: Thank you.

22 DEPUTY SECRETARY LU: Carrie, is it

1 Redlich?

2 MEMBER REDLICH: Yes.

3 DEPUTY SECRETARY LU: Thanks, Carrie.

4 Victoria Cassano.

5 MEMBER CASSANO: Nice meeting you.

6 DEPUTY SECRETARY LU: Thank you.

7 Duronda Pope.

8 MEMBER POPE: Thank you.

9 DEPUTY SECRETARY LU: Kirk, is it

10 Domina?

11 MEMBER DOMINA: Domina.

12 DEPUTY SECRETARY LU: Domina. Kirk,
13 thank you.

14 MEMBER DOMINA: Thank you, sir.

15 DEPUTY SECRETARY LU: Garry Whitley.

16 Garry or Jerry?

17 MEMBER WHITLEY: Garry.

18 DEPUTY SECRETARY LU: Garry, thank
19 you. James Turner. Sir, thanks. Faye Vlieger,
20 did I get that?

21 MEMBER VLIEGER: It's Vlieger.

22 DEPUTY SECRETARY LU: Vlieger.

1 MEMBER VLIEGER: Thank you very much,
2 sir.

3 DEPUTY SECRETARY LU: I'm actually
4 helping everyone out so everyone knows their --
5 And then most importantly our Chairman, Steven
6 Markowitz. Thank you for taking this on.

7 CHAIR MARKOWITZ: Thank you, sir.

8 DEPUTY SECRETARY LU: And that's it.
9 I'll turn it back to your regularly scheduled
10 business.

11 MR. RIOS: All right, thank you.

12 (Applause.)

13 MR. RIOS: Thank you, sir.

14 CHAIR MARKOWITZ: So now that we,
15 Board Members, now that we have our certificates
16 we can go home.

17 (Laughter.)

18 CHAIR MARKOWITZ: We're going to take
19 a break for 15 minutes and we'll reassemble at
20 ten of ten.

21 (Whereupon, the above-entitled matter
22 went off the record at 9:36 a.m. and resumed at

1 9:56 a.m.)

2 CHAIR MARKOWITZ: Okay, we will
3 reconvene. Let me remind the board members that
4 when you speak pull the mic close to you, okay.
5 Because apparently some of the transmission is
6 problematic. So just pull the mic close to you.

7 Next, I would like to introduce Mr.
8 Robert Sadler, who's the Ethics Counsel of the
9 Department of Labor, who will discuss the ethics
10 rules that govern our work.

11 MR. SADLER: Good morning, everyone.
12 As Chairman Markowitz said, I'm the Counsel for
13 Ethics here at the Department. And I guess I
14 want to lower our expectations right away. There
15 will be no certificates. Very few people in the
16 Department have earned those. So next speaker?

17 (Laughter.)

18 MR. SADLER: All right. Now I know
19 what I have to deal with. Okay. So I know you
20 got a briefing this morning from one of my
21 colleagues, Joe Plick, on the application of the
22 Federal Advisory Committee Act.

1 And part of the explanation too that
2 I will add is that you serve on the committee as
3 what we call special government employees in the
4 government. And it's, interestingly enough, just
5 a little background. It's a provision that
6 appears in the criminal code of the United States
7 code. So no stigma is involved with that.

8 But for some reason, when they amended
9 the statute this is where they put it. It's
10 really more of a personnel type law. But it's a
11 provision that's used by the government, and it
12 simply means a person who serves as an employee
13 for less than 130 days in a 365 period. And
14 generally that's the definition.

15 But it's the provision that the United
16 States government uses to bring experts in or
17 consultants to advise the government on aspects
18 of its work which is why we have this particular
19 committee.

20 So I'm here this morning, as Dr.
21 Markowitz said, to sort of explain to you
22 provisions of the ethics rules. These are the

1 standards of conduct for executive branch
2 employees that apply to you as committee members.

3 Now, I should tell you not all the
4 rules apply. And some of them apply in a, for
5 lack of a better word, a lighter way than they do
6 on regular government employees. But these are
7 rules that are essentially designed to ensure
8 public confidence in the integrity of the work
9 that employees do. And some of them do apply.

10 So I'll start off with the worst news.
11 I think many of you have been, well, I guess I
12 should say you should have received a handout in
13 advance. It was a pamphlet called Ethics for
14 SGEs. And I think it's not in your notebook, but
15 I understand that it was sent to your
16 electronically and that you may have had a chance
17 to look at that. So the bad news first.

18 I think all of you may have been
19 informed that you are subject to financial
20 disclosure. There is a form called the OGE Form
21 450. It's called the Confidential Financial
22 Disclosure Form. I do want to emphasize that

1 it's confidential. I think the only two people
2 that will ever look at these forms are Tony, Mr.
3 Rios, and myself.

4 It is a tool that's used in the
5 government to, again, ensure the public
6 confidence in the integrity of governmental
7 action and decision making. We look at this tool
8 in a way to determine whether or not there's
9 potential conflicts of interest that might be
10 presented by an employee's work, depending on
11 what they may be doing.

12 My office is able to help you with
13 those. I know there may be questions. The form
14 has been simplified over time, and many things
15 that used to have to be reported are no longer
16 required to be reported.

17 Those are explained pretty well, I
18 think, in the instructions. And there are some
19 examples that go along with that form. But if
20 you have questions, my office would be glad to
21 answer those. And I guess you can funnel those
22 questions to Tony. And Tony can contact me, and

1 we can deal with those when they come up. Or you
2 can contact me directly.

3 I think if you have that handout, one
4 of the things that appears in that handout, on
5 the very front cover, is my telephone number so
6 that you'll be able to contact me.

7 All right. So the worst news is
8 behind us. So I'm going to be explaining some of
9 the rules that apply to federal employees. And
10 in some instances, I'm going to explain rules
11 that may never come up during the committee's
12 work. But, you know, I think you should be aware
13 of the rules that do apply. And we can talk
14 generally about how they may not apply.

15 Now, my understanding is the
16 committee's work is really going to be looking at
17 and focusing on policy related issues. You're
18 going to be looking at the regulations. I'm not
19 sure if you're going to be discussing
20 legislation. But this is one of the large
21 dichotomies in the ethics realm.

22 So we look at what we call particular

1 matters. Those could be things like cases, or
2 investigations, or audits where the Department is
3 looking at a particular company or a particular
4 individual who may have filed claims for benefits
5 before the Department of Labor.

6 And then we have the other side, the
7 items that I just mentioned, sort of regulations,
8 policy, legislation that is sort of the broader,
9 general matters that we deal with. And my
10 understanding is the committee is really going to
11 be looking at that, those types of issues with
12 respect to some of the aspects of the program.

13 And you're really not going to be
14 looking at particular claims or particular cases.
15 But if those should come up, you should be aware
16 that there's a criminal conflict of interest
17 statute that applies to federal employees that
18 says they may not work on matters that could
19 affect their personal financial interests.

20 Now, the interests that we're normally
21 talking about are stock holdings that the
22 individual may have. And for the purposes of

1 this statute, spouse, minor children, or the
2 interests of those individuals are imputed to
3 federal employees. So they're also responsible
4 for those.

5 So if you are looking at a particular
6 issue, or if an employee was looking at a
7 particular issue here at the Department, and it
8 could potentially affect that person's personal
9 financial interest, they're generally required to
10 disqualify themselves from working on that.

11 My office is the office that generally
12 people call to find out whether or not that's
13 required. But I don't think that that is an
14 issue that's going to come up. But I wanted you
15 to be aware of it.

16 The other sort of related matter is a
17 provision in the ethics rules that we call sort
18 of the rule regarding appearances of bias. This
19 is not a criminal statute but just an ethics rule
20 that really focuses on relationships that people
21 may have.

22 So if an employee recognizes that they

1 are dealing with a matter or working on a matter
2 in which they have a personal relationship with
3 an individual, and from a reasonable person
4 standard, you may have heard of this standard if
5 you've watched any of the legal shows or if you
6 have any legal background, there's this imaginary
7 person that they posit who's reasonable.

8 I keep advocating that we should
9 change this to the unreasonable person test,
10 because that's Washington environment these days.
11 But, so there is this reasonable person test that
12 we look at.

13 And this is if someone, you know, was
14 aware of all the facts, and they knew that you
15 had a relationship with an individual in a matter
16 you were discussing that might affect your
17 ability to remain impartial, then again the
18 remedy for this is to disqualify yourself.

19 Now again, I don't think you're going
20 to be looking at particular cases, so this is
21 unlikely to come up. But I wanted you to be
22 aware of it.

1 There is a provision concerning
2 outside work. Generally you can't represent
3 another person, whether or not you receive
4 compensation before a federal agency or a federal
5 court, if it's related to a matter that you've
6 worked on as part, as an SGE, as part of your
7 work on the committee.

8 So it doesn't affect other types of
9 work that you may be dealing with or you may be
10 representing persons before the Department. But
11 if it's a matter that you discuss within the
12 committee, you may fall under that particular
13 provision.

14 Representation in this aspect covers
15 oral, written, electronic communications made
16 with the intent to influence a federal official
17 with respect to that particular issue. If that
18 comes up, people can always consult with my
19 office and get advice or, again, take it to Tony.
20 And Tony will be glad to convey those questions
21 to me.

22 Now, there are some other standards of

1 conduct that you should be aware of that should
2 guide your conduct as an SGE when you're working
3 on issues related to the committee work.

4 One of them is not to ask for or
5 accept improper gifts that may come from OWCP
6 stakeholders or from persons who have interests
7 in matters that are before this particular
8 committee.

9 I often tell people you should use the
10 but for test, but for the fact that you're a
11 member of this committee, would you be receiving
12 this particular gift? It's usually a good test.
13 It distinguishes between those types of gifts
14 which you may receive from personal friends or
15 from family members. And those can certainly
16 continue.

17 But if someone is giving you a gift
18 because of your membership on the committee, such
19 as a golf trip to Scotland and an expensive
20 dinner, those are things you would like to try to
21 avoid. Because those can create appearance
22 issues, as they did, you may be aware.

1 Again, I'm not sure if this is going
2 to come up, but you're not permitted, under these
3 ethics rules, to disclose non-public, or
4 confidential, or protected information that you
5 may be privy to as part of your committee.

6 If there's any release of information,
7 you should talk to the Chair, and make sure you
8 consult with Tony, and make sure that this is
9 comfortable with the agency and/or my office, if
10 you would like to talk to us.

11 You also should not be accepting
12 compensation for speaking or writing during your
13 tenure that relates to work that you may be
14 specifically focusing on here as part of the
15 committee work.

16 You may not serve as an expert witness
17 in a judicial or administrative proceeding if
18 you've participated as an SGE in that matter as a
19 part of the proceedings of this particular
20 committee. I doubt if that's going to come up,
21 but I just wanted you to be aware of it.

22 Finally, post-employment, just so

1 you're aware, when you terminate your service as
2 an SGE with the committee, there is a provision
3 that prevents you from making communications on
4 behalf of third parties with respect to the
5 issues that you worked on here.

6 Now, it only applies to particular
7 matters. So again, it would be cases, or
8 investigations, or claims. And I don't think
9 that's going to be part of your discussion. So I
10 don't think that this particular provision on the
11 post-employment side is going to come down on you
12 as it normally would with respect to other
13 employees here in the building.

14 And finally, I think we're all aware
15 that this is a Presidential election year. There
16 is a lot of activity going on. Most employees
17 are subject to the Hatch Act which is a, it's a
18 statute that limits the types of activities that
19 federal employees can participate in with respect
20 to partisan political activity.

21 So I just want to remind you, when
22 you're serving or acting as a special government

1 employee, this provision applies to you,
2 especially in the building. You should not be
3 conducting any type of partisan political
4 activity in the building or using any type of
5 government resources.

6 Otherwise, when you're not serving or
7 acting on behalf of the committee or a
8 subcommittee, then you wouldn't have to worry
9 about the particular restrictions under this act.

10 And that's my presentation unless
11 there are questions. Yes?

12 MEMBER WELCH: So on the last point,
13 I was planning to leave here and go to the polls.

14 MR. SADLER: Yes.

15 MEMBER WELCH: It's election today in
16 Maryland.

17 MR. SADLER: Yes, yes.
18 Constitutionally.

19 MEMBER WELCH: I'm outside of the
20 building?

21 MR. SADLER: Absolutely.

22 MEMBER WELCH: I can hand out stuff

1 there?

2 MR. SADLER: Absolutely.

3 Constitutionally you're allowed to vote.

4 (Laughter.)

5 MEMBER WELCH: Well, no, no, no. I've
6 already voted. I was going to be handing out
7 literature. It is the most expensive
8 Congressional race in the whole country --

9 MR. SADLER: Yes, yes. That's right.
10 I heard that on NPR this morning.

11 MEMBER WELCH: But anyway, so now that
12 I'm here, the Hatch Act would prevent me from
13 handing out ---

14 MR. SADLER: No. When you leave your
15 duties here, when you depart from the committee
16 meetings, you can conduct partisan political
17 activities outside of the building.

18 MEMBER WELCH: Okay.

19 MR. SADLER: That's right. Good
20 question, good question.

21 MEMBER WELCH: Well, most federal
22 employees interpret it as, like, you can never --

1 -

2 MR. SADLER: Oh, I know, they do.

3 MEMBER WELCH: -- you can never even
4 breathe the name of a candidate.

5 MR. SADLER: And usually they, usually
6 they're over interpreting too.

7 MEMBER WELCH: Yes.

8 MR. SADLER: Under the statute, there
9 are many things that we can now do as federal
10 employees.

11 MEMBER WELCH: Thanks.

12 MR. SADLER: Good, good question.
13 Great. Thank you all very much. And I wish you
14 success in your work.

15 CHAIR MARKOWITZ: No, no, thank you.
16 No other questions, comments?

17 (No audible response.)

18 CHAIR MARKOWITZ: Okay, thank you very
19 much, Mr. Sadler. Great presentation.

20 MR. RIOS: We also wanted a brief
21 description from Tom Giblin, the associate
22 solicitor who handles the energy program, to talk

1 about the conflict of interest provision in the
2 energy statute.

3 MR. GIBLIN: Okay. You guys are
4 probably already familiar with this provision.
5 It's both narrow and broad. It's narrow as to
6 what it applies to, because it only involves
7 interactions with medical providers for this
8 program. But it's broad in the context that it's
9 any financial interest where employment or
10 contracting with those medical providers.

11 It does exclude routine consumer
12 transactions. If you're a claimant, and you're
13 seeing a doctor that we're paying for, that
14 doesn't create the conflict.

15 So I know everyone's seen it, and had
16 signed a statement that it doesn't apply. And
17 we've looked at it and said okay. But if anyone
18 has any other questions about it, I'm here. Any?

19 (No audible response.)

20 MR. GIBLIN: Okay, good.

21 CHAIR MARKOWITZ: Okay, thank you very
22 much. So next I'm happy to invite and introduce

1 Mr. Leonard Howie, who's director of the Office
2 of Worker's Compensation Program here at the
3 Department of Labor, who will give us our charge
4 as a committee.

5 MR. HOWIE: Good morning, everyone.
6 I've got good news and bad news. The good news
7 is that I do not have a PowerPoint. I don't like
8 PowerPoints, and I tend not to use them which
9 sort of can cause problems sometimes.

10 Because by training I'm an attorney.
11 And our designated federal officer, Tony Rios,
12 said I had 15 minutes. So that means I have to
13 fill 15 minutes, right? That's what lawyers do,
14 they fill the time. But I'll try to keep it just
15 a little bit shorter today.

16 I'm the final speaker before you get
17 into the content. And this is a very exciting
18 moment for us, a very exciting thing that you all
19 are about to do. I don't know that I've ever
20 really had the privilege of giving an official
21 charge to a group. That can mean a lot of
22 things. It could be very bureaucratic, very

1 ritualistic.

2 But I think what I'm going to do is
3 just a little bit weaving in a story with the
4 charge. And the story really begins with my
5 arrival here, because I just came new to this
6 issue. I was appointed on February 2nd, 2015, by
7 Secretary Perez after having served as a labor
8 secretary for the state of Maryland and as a
9 civil rights attorney with the U.S. Department of
10 Education.

11 The first week on the job, I had the
12 privilege of getting my charge from Deputy
13 Secretary Chris Lu that you all just met. And
14 one of my first meetings was on this board.

15 There was a series of weekly meetings
16 that had been taking place. And my first week in
17 the office was hearing all of the discussion that
18 everybody was having about this board. It was
19 really quite exciting.

20 In fact, when you --- and then
21 probably two weeks after that, my very first road
22 trip was to Denver, and did a site visit out

1 there with our staff, met the claims examiners
2 who adjudicate the claims for our energy workers,
3 met with our stakeholder group, ANWAG, and
4 attended an offsite resource information fair.

5 So I got to see a lot of things
6 firsthand, some of the pain that the former
7 workers were having, some of the questions that
8 they had of DOL and of DOE, so really immersed
9 from the very beginning in what was the, and what
10 is the energy program.

11 So my first six weeks or so, it was
12 really heavily on the energy side of the house.
13 And the learning curve is quite steep for this
14 program. It is very complicated. But it's
15 something that I took on readily, because it is
16 absolutely so critically important.

17 And it's important because we all
18 recognize why we're here. And we're here because
19 the American nuclear weapons workers really
20 sacrificed a lot over the years. Many of them
21 gave up their family, their careers. And
22 unfortunately, in many cases, they gave up their

1 lives for working amidst hazards that many times
2 they did not know even existed.

3 So when you look at the benefit of all
4 of that work, clearly we brought an earlier end
5 to a major world war. And we prevented possibly
6 future world wars from happening. But it did
7 come at a tremendous cost, a cost that was so
8 great that, between the President, the United
9 States Congress, and many of you in this room,
10 many advocates and workers who worked on behalf
11 of trying to stand up something that would help
12 benefit those workers who spent so much time and
13 gave so much of themselves in this process.

14 You had the creation of EEOICPA, and
15 you had, really, a mechanism that we can begin to
16 make amends, that we can begin to compensate,
17 that we begin to provide for the medical and
18 healthcare needs of those workers.

19 But there was one catch. There is one
20 key prerequisite that every former worker must
21 establish in order to qualify for benefits. And
22 as Dr. Markowitz referenced in his opening

1 comments, they really do have to establish that
2 their health condition was caused by exposures to
3 dangerous and toxic substances during the course
4 of employment which is quite a complicated
5 process.

6 There are thousands of conditions out
7 there that staff, that employees have to deal
8 with, have to internalize, have to process, to
9 come to a reasonable determination. Making these
10 determinations of causation, that really is the
11 bread and butter, the single most important
12 reason for our existence here at OWCP in the
13 energy program.

14 We must connect the illness to the
15 work without prejudice, without bias, without any
16 other intervening factor that would alter how we
17 examine each individual case that's presented to
18 us.

19 Now, many of you have already, you
20 already have a good idea of how we go about doing
21 our work, how we make these determinations. We
22 rely upon the scientific expertise of our

1 colleagues at NIOSH. We rely upon the records
2 maintained by the Department of Energy,
3 physicians, and former workers themselves. We
4 rely on a staff of claims examiners and
5 industrial hygienists to collect very detailed
6 information, to analyze that information, and
7 then to render a judgement as to what all of this
8 means.

9 This is a very heavy responsibility
10 that I can assure you that no one in this agency
11 takes lightly. We need to work with the best
12 science that is available. We need to ensure
13 that our claims examiners have access to first
14 class training. We need to make sure that the
15 industrial hygienists we work with, that that
16 function is carried out professionally and by
17 enough of them so that there aren't unacceptable
18 waiting periods for cases to be adjudicated.

19 And this really does bring us to why
20 I am here today. And that's the charge. And as
21 charges go, our charge for this advisory board is
22 very straightforward. It's set in statute, and

1 in Presidential Executive Order.

2 You, the Advisory Board on Toxic
3 Substances and Worker Health are advised, the
4 Secretary of Labor, with respect to the site
5 exposure matrices, guidance for weighing medical
6 evidence, evidentiary requirements related to
7 lung disease, and how we can ensure the quality,
8 objectivity, and consistency of the work of the
9 industrial hygienists, staff physicians, and
10 consulting physicians.

11 There's two themes that I think have
12 been brought out already in the discussion. And
13 I would encourage the board, as you continue your
14 service, to keep these in mind. The first one is
15 transparency. We heard our FACA Counsel, Joe
16 Plick, use the word sunshine. But there's
17 nothing more important than keeping this entire
18 process as transparent as we possibly can.

19 And justice, Dr. Markowitz mentioned
20 justice in his opening remarks. But if you were
21 to walk around this building, you would see signs
22 up on the walls, jobs equal justice.

1 This is an administration. We have a
2 Secretary who really focuses on the justice
3 aspect of labor, ensuring that workers are
4 treated fairly, that they're compensated
5 appropriately, and that when they're injured
6 their injuries are dealt with appropriately. So
7 we look at the Department of Labor, at this issue
8 of workers compensation, within the energy
9 program, though the lens of justice.

10 So keep those two things in mind,
11 transparency and justice, as you move forward.

12 Now, it's my responsibility, as
13 director of OWCP, to ensure that you have the
14 support and resources that you need to carry out
15 this responsibility. Dr. Markowitz and Tony Rios
16 have a direct line of communication with me, if
17 needed. And my guess is that they will tap into
18 it whenever they need to freely.

19 Each of you, you've all volunteered
20 your time, your expertise, and your passion to
21 serve on this board. For that I thank you. And
22 I do look forward to all the great work that you

1 will be doing on behalf of our energy workers.

2 Any questions of me? Yes?

3 CHAIR MARKOWITZ: Yes. Dr. Sokas.

4 MEMBER SOKAS: So I actually do have
5 a question related to the definition in the Act
6 that says that the disease or the adverse outcome
7 is at least as likely as not to have been caused
8 by the exposure, which is very different, I
9 think, from some of the other experiences that
10 people have in general, claims examiners may have
11 in other areas of OWCP.

12 And so I'm just wondering how the
13 Department communicates that to the various
14 people implementing the program.

15 MR. HOWIE: Well, I'm sure that Rachel
16 Leiton, our program head, I mean our program head
17 for the program, will talk in detail about that.
18 But you're talking essentially about the weighing
19 of all of this evidence and what standards that
20 we use.

21 That's square within your charge. So
22 I encourage you to ask questions about that and

1 to help us think through all of the
2 considerations that we should be thinking of when
3 making these determinations.

4 CHAIR MARKOWITZ: Other questions,
5 comments?

6 (No audible response.)

7 CHAIR MARKOWITZ: Okay, thank you very
8 much, Mr. Howie. And the next, actually, Ms.
9 Rachel Leiton, the director of the Division of
10 EEOICP who will give us an overview.

11 And I would remind her, there are some
12 people around the table who are reasonably
13 familiar, and there are some people who maybe are
14 very unfamiliar. But for all of us, we have a
15 steep learning curve, as Mr. Howie said. And we
16 appreciate your enlightenment.

17 MS. LEITON: My name is Rachel Leiton.
18 I'm the director of this Division of Energy
19 Occupational Illness Compensation. I've been
20 with the OWCP, Office of Workers Compensation
21 Programs, for 22 years.

22 I started out in FECA, our Federal

1 Compensation Program. I was there in various
2 positions, as a claims examiner, as a hearing
3 representative, until this program came about.
4 In around 2001, I became the first policy chief.

5 And we were charged with creating
6 policies and procedures from pretty much scraps
7 after the statute was created, and the
8 regulations were in process at that time. And
9 it's been quite a challenge and a tremendous
10 experience for me.

11 You know, I truly believe in the
12 mission of this program. My first and foremost
13 desire is to ensure that we are compensating the
14 individuals that have been harmed because of
15 their work at Department of Energy facilities
16 over the course of many, many years.

17 And to that end, we strive to ensure
18 that the policies that we create are, you know,
19 in line with that mission. At the same time,
20 there are a lot of challenges. And it's a
21 complicated program, as many others have
22 mentioned already today.

1 And so I'm actually really looking
2 forward to having a group of people who have
3 worked there, scientists and doctors, to help us
4 with some of these really complicated issues.

5 You know, today I'm going to start out
6 with an overview. And some of you have probably
7 heard this overview, because it's kind of what we
8 give to our claimant population when we're doing
9 outreach. So I'm going to start out with that.

10 But we're going to have, like, five
11 other people from my staff, we'll have our policy
12 branch individuals walking you through more and
13 more of the details. So first we'll start with
14 this presentation. And then John Vance, our
15 policy chief, is going to walk through more of
16 the details, like, how does a claims examiner and
17 a hearing rep actually do their job, the flow
18 chart of how all this works.

19 And then we're going to go through,
20 step through all of the four topics that you've
21 been charged with reviewing. It does get kind of
22 detailed. We are going to be here for questions.

1 You know, the question that's already been raised
2 about causation is one of the biggest, what is
3 the significant factor, at least as likely as
4 not?

5 So throughout our presentations, just
6 like from this one and John's first one today,
7 but when we get into the topic areas we actually
8 have challenges that we've faced over the years
9 that we're going to just bring to your attention,
10 that maybe you can help us with, for your
11 consideration, just because we do recognize that
12 there's a lot of areas that we could use expert
13 guidance in.

14 So, you know, with that said, I will,
15 I'll start our overview. The EEOICPA is
16 administered by the Department of Labor. And it
17 was passed in 2000. And initially there was a
18 Part B which is compensation for cancers,
19 beryllium disease, and silicosis under certain
20 circumstances related to cancer-related
21 irradiation.

22 And it was a fairly simple program at

1 that time. We thought, okay, well it's lump sum.
2 It's radiation, case goes to NIOSH. And I'll go
3 into all of that. But for the Department of
4 Labor, the case kind of would be over.

5 At the same time, they created Part D
6 which was administered by the Department of
7 Energy which was kind of a, I think it was
8 modeled after a state workers comp where they
9 would go to a board, a panel of physicians for a
10 review of their condition, whether it was related
11 to toxic substances. If the panel said yes, they
12 could take it to their state workers comp. And
13 the state workers comp would be obligated to pay.

14 Unfortunately, there were some ---
15 states weren't always, you know, there was no
16 real enforcement of that or reasons why they
17 would have to. So Congress, in 2004 they created
18 Part E. They abolished Part D, and they moved
19 that portion of the program from the Department
20 of Energy to the Department of Labor.

21 And that's where it started really
22 getting complicated with regard to what we were

1 charged with. And the way the statute's written,
2 basically this, at least as likely as not, the
3 significant factor, causation standard, and any
4 toxic substances, as I believe Mr. Howie and
5 others have mentioned, you know, there's lots of
6 conditions, lots of toxic substances.

7 So over the years, we've been trying
8 to find ways to actually figure out how can we
9 help the claimants establish this exposure and
10 establish this causation. So I'll talk a little
11 bit more in detail about why these tools are
12 created, how we use them as we go along.

13 But under both parts, we provide lump
14 sum compensation and medical benefits to
15 individuals who are current and former workers of
16 the Department of Energy, their contractors, and
17 subcontractors, who became ill as a result of
18 their work in that facility related to toxic
19 substance exposure, including radiation. We also
20 will compensate survivors of those workers if
21 they're qualified.

22 So the program is administered by the

1 Department of Labor. But we work very closely
2 with several other agencies. We work with the
3 Department of Energy. They help us with
4 employment verification. They provide us with
5 records related to the Former Worker Program and
6 any exposure information they may have for Part
7 E.

8 And then we work with the Department
9 of Health and Human Services through NIOSH. And
10 they do our dose reconstruction for Part B cancer
11 claims. And then we also work with the
12 Department of Justice.

13 One of the other provisions of the Act
14 is that if an individual applied for the
15 Radiation Compensation Act, which is administered
16 through the Department of Justice, and they
17 receive compensation there, it's a lump sum of
18 \$100,000. Then we will provide them with the
19 additional \$50,000 that would equalize that
20 compensation, as it would be with Part B.

21 So there are two paths to adjudication
22 under our program, as I indicated, Part B and

1 Part E. There are similarities in the way that
2 we adjudicate these claims. The first, these
3 three that are on this slide are basic paths that
4 we take.

5 So under Part B and Part E, we'll look
6 at employment first. I will go to the Department
7 of Energy. We'll ask for records. Then we'll
8 obtain medical evidence. Any medical evidence
9 the claimants can provide us with, we'll start
10 there. And then, of course, if there are
11 survivors we'll look at that survivorship
12 definition.

13 There are differences, significant
14 differences in the actual statute in the law and
15 the way that --- who's compensated and who isn't
16 under which parts. So under Part B, in order for
17 an employee to be considered a covered employee,
18 they would have to be a DOE contractor, a
19 subcontractor, a federal employee, an atomic
20 weapons employee, which is defined specifically
21 in the Act as to what that means, beryllium
22 vendors, again, specifically defined in the Act,

1 and the RECA beneficiaries.

2 Under Part E, we do not cover the
3 federal employees, the atomic weapons employees,
4 or the beryllium vendors. Those are only B. So
5 we do cover DOE contractors, and subcontractors,
6 and the RECA.

7 The medical is also different. Under
8 Part B, the statute's very prescriptive about
9 what we cover. There's only four conditions.
10 And that's cancer related to radiation, chronic
11 beryllium disease, which we will be talking at
12 length to you later about under Part B, and
13 chronic silicosis. We, again, also cover RECA,
14 Section 5 awardees.

15 Under Part E it's any condition, as
16 long as we can establish that they were exposed
17 to a toxic substance that's related to their
18 condition that they've sustained. And that's
19 where it gets a little bit more complicated, as
20 I've indicated.

21 And the survivorship definition is
22 also different. As I indicated, since I think

1 there were following the state workers comp model
2 for Part D, and that got translated to Part E,
3 the difference is, in the survivorship under Part
4 E, is more related to state workers comp.

5 So under Part E, under both parts, the
6 first person who will be covered in the event of
7 a death would be the spouse as long as they were
8 related to the employee for at least a year prior
9 to death. But under Part E, the only way that a
10 spouse or any other survivor is going to be
11 covered is if we can establish that the death is
12 related to the condition that we would accept.
13 That is not a requirement under Part B.

14 Under Part B, we cover adult children,
15 grandchildren, grandparents, in that order.
16 That's the way the statute lays it out. Under
17 Part E, we will only cover children if they were
18 under the age of 18, under the age of 23, and
19 employed as a full time student, or medically
20 incapable of self-support at the time of death.

21 The benefits we provide are slightly
22 different as well. Under Part B there is, if we

1 find an employee or a survivor is eligible, they
2 will receive automatically \$150,000 lump sum and
3 medical benefits. If there's, as I indicated for
4 RECA employees who have been already determined
5 by DOJ to be covered, we would pay the \$50,000 to
6 that employee or that survivor.

7 Under Part E, the first thing we'll do
8 is accept for medical benefits. But then in
9 order to receive any other additional monetary
10 compensation, we need to establish impairment or
11 wage loss for the employee. And that means ---
12 and I'll talk a little bit about those two
13 things, but the dollar amount is \$2,500 per
14 percentage of permanent impairment.

15 And then wage loss is between \$10,000
16 and \$15,000 per year for each period of time they
17 lost wages as a result of the covered condition.
18 For survivors under Part E, it's \$125,000 lump
19 sum as long as we can establish that relationship
20 between the death and the condition we're
21 covering. There is a \$400,000 cap for B and E
22 combined.

1 So there are various means of
2 verifying employment. And over the years, we've,
3 you know, it ranges from DOE has all the records,
4 and it's perfect, and we can verify all the time
5 that an individual worked at the site.

6 In other instances, it's not so
7 simple. Because they don't have records at DOE.
8 The contractor no longer exists, we can't find
9 the records. And so we've tried to find ways
10 over the years to determine whether the person
11 worked there if DOE doesn't have the records
12 first.

13 Now, when we first started with the
14 program, they provided us with a list of
15 corporate verifiers that we still use for
16 corporations and any earnings that they have.
17 And they've been great in terms of assisting us
18 in that way.

19 When they can't, we work with, we have
20 the Oak Ridge Institute for Science and
21 Education. They have a database that can
22 sometimes help us verify employment. Again, we

1 have the corporate verifiers.

2 We also have an arrangement with SSA,
3 Social Security Administration. They can not
4 only provide us with the place a person worked
5 but in some cases with the wage information, so
6 that if we're trying to verify wage loss we can
7 go to them for those records.

8 And we've worked actually, been able
9 to improve our relationship and our methods of
10 obtaining this information over the years. With
11 Department of Energy, we've now got an electronic
12 system of sharing that information. We are able
13 to now do some of that electronically with Social
14 Security. And we're working towards moving more
15 in that direction as we move forward. But it
16 saves some time if we don't have to use the
17 Postal Service to get that information.

18 The other sources we will rely on are
19 affidavits, any records that a claimant may have,
20 taxes or any other documents that a claimant
21 might have to help us with this. But whenever we
22 can get the information without having to rely on

1 the claimant, we do.

2 So Part B, I'm going to talk a little
3 bit about the various ways a Part B case can get
4 accepted. First and foremost, most cancer cases
5 will first go to -- once we've established that
6 person has a cancer diagnosis, we will end the
7 employment at a covered site.

8 The case will be referred to NIOSH.
9 And they are tasked by statute to determine the
10 level and extent of occupational radiation dose.
11 And that's where, you know, the advisory board
12 for NIOSH comes in to play more on the radiation
13 side.

14 But once they do --- first they'll do
15 a CATI, which is an interview with the employees.
16 They'll talk about what they may have been
17 exposed to. And then they will conduct a study
18 of the site. They have site profiles, various
19 other resources they use to come up with a dose
20 reconstruction.

21 They will provide that dose
22 reconstruction to the claimant and then send the

1 case back to the Department of Labor for the
2 determination on the probability of causation.
3 And what we do at the Department of Labor at that
4 point, we use a computer program that was created
5 by NIOSH to determine whether it was 50 percent
6 or greater related to the --- caused by the
7 radiation in the workplace. And that, again, is
8 statutory. It has to be 50 percent or greater
9 for Part B in order for a cancer case to be
10 accepted.

11 There is another path under Part B
12 that a cancer case could get accepted. And that
13 is if it's part of a Special Exposure Cohort.
14 And what that means is, if you worked at a
15 particular facility that has been designated as a
16 Special Exposure Cohort for at least 250 days,
17 work days, and you had one of 22 cancers that are
18 specified, again by statute, then you don't need
19 to go through a dose reconstruction. And there's
20 an automatic assumption of, presumption of
21 causation.

22 Under Part B, if we've accepted a B

1 cancer case, that's an automatic acceptance under
2 E that doesn't need to undergo another
3 assessment. So that's where you could get, at B,
4 \$150,000, and then whatever other Part E benefits
5 you might be entitled to.

6 In NIOSH, there were four statutory
7 SEC classes created by the law. And those are
8 the gaseous diffusion plants in addition to
9 Amchitka Island. But the law also said that over
10 the years NIOSH may create new SEC classes,
11 meaning they are unable to do a dose
12 reconstruction or an individual petition for it
13 to be added as a class.

14 So they will evaluate that to
15 determine whether, okay, maybe this facility, for
16 a portion of time or for the whole portion of
17 time that it's covered, could be designated as a
18 Special Exposure Cohort. They've created, since
19 the beginning they've created over 115 Special
20 Exposure Cohorts.

21 The issue there is if there's not one
22 of the 22 cancers, like, it's a cancer like

1 prostate cancer isn't one of those specified
2 cancers, that's going to undergo, usually in
3 those cases, like, a partial dose reconstruction.

4 That's where a separate analysis is
5 going to occur for those cancers under Part E for
6 us to look at. Department of Labor has no role
7 in the designation of the SEC class, but we do
8 have a role, obviously, in administering that
9 class.

10 So Part E causation, first, in order
11 for us to determine a causation of a party, first
12 we have to obviously establish exposure to toxic
13 substances in the workplace.

14 And again, how we do that is
15 complicated. A lot of claimants don't know, you
16 know, especially survivors, they don't know what
17 their spouse or their father was exposed to. So
18 we have a lot of different ways that we try to
19 help with that analysis.

20 And then the cause, as has been
21 pointed out already, the causation standard is
22 different under Part B. Because it includes, the

1 whole definition is, at least as likely as not, a
2 significant factor in causing, contributing to,
3 and aggravating a condition.

4 That definition is a mouthful. It's
5 also rather difficult to administer, because we
6 have to figure out what is a significant factor,
7 how much contribution, aggravation is going to be
8 enough to accept the claim. How do we make that
9 determination?

10 And we're going to get into a whole
11 presentation about this later. So, you know,
12 we'll talk about weighting medical evidence,
13 about the IH referral process in detail. Because
14 those are going to be where you guys are going to
15 be, the areas you'll be looking at.

16 But that is a challenging definition
17 for causation for us. But we do have tools to
18 help with both the exposure analysis as well as
19 the causation. First is we do similar to what
20 NIOSH does, is we'll meet with the claimant, the
21 employee, or the survivor, and ask them what job
22 categories they were in, what jobs they did, you

1 know, what types of processes they might have
2 been involved with. That will help us in this
3 causation analysis, particularly the exposure
4 analysis, at the end of the day, to determine
5 what they might have been exposed to.

6 We also created what you guys are
7 going to be tasked with looking at, is the site
8 exposure matrices. And the reason that we
9 created this matrix was basically that, as I
10 indicated, people didn't know what they were
11 exposed to.

12 We thought, well, if we create
13 something that could help with that analysis,
14 maybe we could move cases towards an acceptance.
15 So that's really the motivation behind it.

16 So we have, we hired a contractor to
17 help us with this, DOE, people who had worked at
18 DOE, industrial hygienists, scientists that could
19 help us put together this matrix. And what we
20 did was we had a series of round tables around
21 the country to determine, you know, get the input
22 from the employees themselves about what might

1 have been there.

2 They went to the sites, they went to
3 the Department of Energy, and we looked at
4 records, boxes and boxes of records. And what
5 the database does -- I'm not going to go into too
6 much detail, obviously, because we're going to
7 have a whole session on this later -- but the
8 idea is that a person, a claims examiner can go
9 in, look at a person, where they were, say it's
10 Oak Ridge. They were a carpenter. Maybe they
11 were exposed to wood dust. I mean, those are the
12 obvious ones. But that's the idea. Or they
13 worked in a particular building where these
14 certain toxic substances were prevalent.

15 And then we have a -- we link to Haz-
16 Map, which is a database that was created by Dr.
17 Jay Brown. Again, we'll talk about this later in
18 the week. But that will help us with, well, this
19 looks like this wood, you know, if you were
20 exposed to this wood dust you might have COPD.

21 And those are places where you can
22 start. It's not a decision tool. It's not

1 something we're going to say if it's in there
2 we're going to accept the case. Because there's
3 too many variables, personalized variables. This
4 is a very generalized database.

5 It's also not something that's
6 complete. We're constantly trying to add to it.
7 We take public input. So there's a lot to it.
8 And it's constantly moving. But it is something
9 to start with for our claims staff.

10 We also go to the Department of Energy
11 for what we call DAR records. And that's
12 Document Acquisition Request. That's where
13 they'll provide us with Former Worker Medical
14 Screening Program physician reports, they'll
15 provide us with industrial hygiene records if
16 they have them, and any other records that might
17 be able to assist us with the exposure analysis.
18 Again, we will also rely on affidavits, facility
19 records, et cetera.

20 The other -- which is not on this
21 slide, but the other way that what we've done
22 over the years since, sometimes, as I'm sure many

1 of you know, doctors are not experts in
2 occupational exposures. They might say, well, I
3 think it might be related to some kind of
4 exposure, but they're not going to be specific.

5 And unfortunately, in order to do this
6 analysis, we kind of need to know a little bit
7 more specifics as to whether, you know, this
8 particular person's exposure to these substances
9 caused, contributed to, or aggravated the
10 condition.

11 So we'll ask the doctors that. If
12 they can't come up with a response or if they
13 give us a vague answer, sometimes we'll, in order
14 to get a more complete answer on that question,
15 we've contracted with contract medical
16 consultants. That's a broker, actually, that we
17 go through. And they, if we have a -- you know,
18 we have some indication it might be related, but
19 we can send the case to that contract medical
20 consultant, and they can provide us with an
21 opinion about causation.

22 We give that physician as much as we

1 can about exposures that we know of, what they
2 might have been exposed to, when they were
3 exposed to it, that sort of thing. And they'll
4 provide us with opinion.

5 Again, this will be covered in much
6 more depth later this week, but just to give you
7 an idea. And the reason we created that
8 contract, again, is to try to find more ways,
9 more tools, to help with this causation analysis.

10 So just a little bit about the
11 impairment data, how we compensate for E
12 claimants. The percentage of whole person
13 impairment is determined by a physician based on
14 a review of the American Medical Association's
15 Guidelines to the Evaluation of Permanent
16 Impairment, Fifth Edition.

17 And that is -- you know, the statute
18 outlined that the guides were to be used. The
19 Sixth Edition has since come out, but we relied
20 on the Fifth Edition after analysis that it might
21 not be as favorable to claimants if we were to
22 move to the Sixth Edition. So we have stuck with

1 the Fifth Edition at this point.

2 But what will happen is either a
3 treating doctor and the claimants can choose one
4 or the other they want, their treating doctor to
5 do an evaluation, or we can send the case
6 information, like the test results, anything that
7 we can get from the claimant, to a contract
8 medical consultant who knows how to use the
9 guides and can do that.

10 Because we found out not a lot of
11 doctors in the areas where these claimants live
12 know about the guides or know how to use the
13 guides. So that's why we have this other
14 resource available.

15 So once we get that determination from
16 a physician, we will then -- if they say it's,
17 you know, ten percent, that would be a \$25,000
18 award. Because it's \$2,500 for each percent. An
19 individual employee can come back every two
20 years, if their condition worsens, and get a new
21 evaluation.

22 Wage loss, it's basically the

1 decreased capacity to work as a result of the
2 condition that we've determined an individual has
3 resulting from their work. And we need to rely
4 on a couple of things for this determination.

5 First, we need to have medical
6 evidence that an individual either stopped
7 working completely or started losing some amount
8 of wages as a result. And what we pay for is any
9 year where the individual lost less than 50
10 percent of their pre-disability wage. They'll
11 get \$15,000 for each one of those years. Any
12 year where it's between 50 percent but less than
13 75 percent of that pre-disability wage, they'll
14 get \$10,000 for each of those years.

15 So there are certain responsibilities
16 that we lay out in terms of how we go about
17 adjudicating these claims. And John will get
18 into this in much more detail after lunch.

19 But first, you know, an individual has
20 to file a claim. We have resource centers, 11
21 resource centers around the country that can help
22 with that process in terms of talking with the

1 claimant, helping them file their claims, then
2 submit evidence to us, whatever the employee or
3 the survivor might have, submit that along with
4 the claim, and then respond to any letters that
5 we ask them for if they can.

6 And what we've taken on, obviously,
7 what our responsibilities are is to gather all
8 the evidence, go to whatever resources we can to
9 obtain the information. And then we will issue a
10 recommended decision.

11 And that happens at the district
12 office level. We have four district offices
13 around the country, Jacksonville, Denver,
14 Cleveland, and Seattle. And that's where our
15 claims staff is on the ground making these
16 decisions, developing the evidence.

17 And they'll issue, as I said, like a
18 recommended decision. And that's not a final
19 decision. It just means that this is what
20 they're recommending. The case will then
21 automatically move to our final adjudication
22 branch which is separate from our district

1 office.

2 And there we have hearing
3 representatives. Some of them co-located in
4 those cities. We also have a final adjudication
5 branch here in DC. And at that point, the
6 claimant can either -- if, let's say it's an
7 acceptance, they can say I want to waive my
8 right, because then you'll get to an acceptance
9 faster. And we can issue a final decision.

10 But if they want to object to a
11 denial, we can take a written objection, review
12 the written record, any oral objections, and we
13 will have an oral hearing with them. And then at
14 that point, after all objections have been heard,
15 the final adjudication branch will issue a final
16 decision.

17 The case is then transferred back to
18 the district office where they will pay, make the
19 payment if it's an acceptance. And the case
20 remains back at the district office.

21 Just a little bit about, I mean, one
22 of our missions, prime missions, particularly at

1 the beginning of this program and ongoing, is
2 outreach. Because our desire is to try to reach
3 as many people as possible to let them know about
4 the program, to encourage claims where it may be
5 appropriate.

6 So we've done a lot of outreach.
7 We've done, as Mr. Howie indicated and others
8 have indicated, we have done meetings with the
9 advocate community, five in-person meetings since
10 2011, and quite a few conference calls.

11 We also do public outreach. We've had
12 about 80 events nationwide since 2010. Before
13 that we were going all over the country. When we
14 got Part B, when we got Part E, everybody was
15 going around the country.

16 But we have joined forces with the
17 Department of Energy, and with NIOSH, and the
18 Ombudsman's Office from Department of Labor, as
19 well as with the Department of Energy, to create
20 this joint outreach task force group.

21 And what this group does is we go out,
22 we meet annually, we have monthly calls, try to

1 talk about how we can get the word out, what
2 kinds of new materials we can provide, and where
3 we can go that maybe we haven't been before or a
4 place that we should be going.

5 We also have a lot of events in the
6 Department where we try to go reach out to the
7 medical community, the providers, whether it's a
8 physician's -- we'll solicit for physicians but
9 also for any other type of provider that provides
10 services to provide them information about our
11 medical benefits.

12 And the reason we started doing this
13 in the last several years is just that there's a
14 lot of, like, misinformation or confusion about
15 the program. We try to make that clear and just
16 to kind of take questions and focus on that
17 community.

18 Because one of the things we do hear
19 a lot is that there aren't enough physicians for
20 claimants to go to in their areas. And they
21 don't know how to get the benefit. And they
22 don't know how to answer our questions. So

1 that's one way that we try to address that.

2 This is just a breakdown of our
3 payments nationwide since the beginning of the
4 program. We've paid over \$12 billion in
5 compensation which is actually a lot more than
6 they ever expected when the program was created.
7 I think they were talking, like, 20 percent of
8 claims at first when we got Part B. But it has
9 grown over the years, both in Part B and Part E.

10 We do have our list of covered
11 facilities on the website. We have a lot of
12 information on our website, all of our --- I'm
13 sure you know, because we've sent a lot of links
14 to Tony and Dr. Markowitz about this. But as I
15 indicated, there's 11 resource centers
16 nationwide. Our district office is in our
17 website.

18 This is just our jurisdictional map
19 for our resource centers. This is also on our
20 website as well as our district offices.

21 So with that said, I know I covered
22 really broad sweeping, and you probably have a

1 lot of questions. I'm happy to take them now or
2 after lunch, I think you wanted to, Tony, or
3 however you want to do this.

4 But I just want to emphasize that we
5 will be going into great detail about the SEM,
6 about the way to medical audience, about Part B
7 lung conditions, and about our referral process
8 to our industrial hygienists and our contract
9 medical consultants, et cetera.

10 But one thing I do want to emphasize
11 is that we really are excited to have you here.
12 I'm excited to have you here. As I indicated, we
13 struggle all the time with how best to do this.
14 And so to have a group of scientists, and
15 doctors, and advocates in the room talking about
16 these issues, I think it's great.

17 And that's why we're going to have a
18 bunch of things at the end of each of our
19 presentations saying maybe you could help with
20 this, and maybe you can help with that.
21 Obviously, you guys will choose what you want to
22 talk about within those realms, but hopefully we

1 can really benefit from this. So thank you, and
2 I'm happy to take any questions.

3 CHAIR MARKOWITZ: Thank you very much.
4 That was very useful. Any comments or questions?
5 Dr. Dement?

6 MEMBER DEMENT: Just a quick -- how
7 many claims examiners do you have? And what's
8 the process for training and retraining these so
9 that they are more or less in sync with regard to
10 how they --

11 MS. LEITON: So we have about 400
12 claims examiners nationwide. There's less
13 hearing representatives. The size of each office
14 varies, but we have our smaller offices at
15 Cleveland and Denver. And then we have larger
16 offices in Jacksonville and Seattle, partly due
17 to the size of the facilities in those areas.

18 But we do have turnover. And so we've
19 developed a basic training program which goes ---
20 we've got modules, we'll have classroom training.
21 Like, right now we have a group of students in
22 Jacksonville, about ten, and they're going

1 through a two month process.

2 Part of that is we're going to immerse
3 them in the claims adjudication in between. But
4 it's a matter of what we have. People who have
5 been claims examiners, or supervisors, managers,
6 will come and talk to them in a classroom
7 setting, walk them through all the procedures.
8 So that's the basic CE training.

9 But we also have other more advanced
10 training. So last year actually, myself, and
11 John Vance, and some of our other experienced
12 final adjudication branch people went out to all
13 the district offices. And we kind of did
14 casework, walked them through a case and how you
15 need to -- how to formulate a final decision,
16 what to put in it, what not to put in it. How to
17 best make these explanations.

18 Because what we're finding -- and it
19 wasn't just final, we also had claims staff from
20 our district offices there. Because one of the
21 struggles is always how do you best explain this
22 complicated process to a claimant? How is he

1 supposed to understand it, and how do you make
2 this written in such a fashion that they can
3 really either appeal it or understand that when
4 they finally get their final decision.

5 So that is one example of a group of
6 us going out and talking through the issues. In
7 other instances, if there's a more complicated
8 circular or bulletin, we will have our experts,
9 maybe it's an industrial hygienist, or a health
10 physicist, or one of the other scientists, or
11 even our policy branch individuals who are very
12 familiar with these issues.

13 We've had a lot of training on our
14 site exposure matrices, that would include our
15 policy experts as well as our industrial
16 hygienists going out. So it really depends on
17 the type of need that we have.

18 We are actually -- this year we're
19 going to be hiring a new training lead. We had
20 somebody retire last year. And so this person's
21 really going to take on the task of, okay, where
22 can we enhance the training. And so it's a big

1 part of what we do. And we understand that
2 there's a lot. With that many people, it's hard
3 to find consistency.

4 MEMBER TURNER: Yes. Can you explain
5 why the program was taken away from the
6 Department of Energy and given to the Department
7 of Labor?

8 MS. LEITON: So as I indicated
9 earlier, when Part D came out, it was
10 administered by the Department of Energy. And I
11 think what they found after a couple of years is
12 that people weren't actually getting payments in
13 their hands.

14 There were, like, only 100 cases that
15 went through the process and actually got any
16 payments. So I think Congress took a look at it
17 and said, well, maybe this should be a federally
18 funded program. Because it wasn't federally
19 funded. They weren't getting money from the
20 feds. They were taking it to their state workers
21 comp.

22 And the state workers comp may or may

1 not pay them. So that's why, I believe, Congress
2 changed the law and said we're going to move this
3 to out of that realm and move it to the
4 Department of Energy, I mean, to the Department
5 of Labor.

6 And I think they -- I mean, I would
7 only guess, because I'm not Congress, but we
8 administer workers compensation programs. We
9 have four programs here. We were already
10 administering Part B. And so I felt that -- I
11 believe they thought the logical move would be to
12 move it to the Department of Labor.

13 CHAIR MARKOWITZ: This is Steven
14 Markowitz. I encourage -- we're actually in the
15 discussion section which is supposed to occur ---

16 MS. LEITON: I'm sorry.

17 CHAIR MARKOWITZ: No that's okay -- was
18 supposed to occur after lunch, which is fine,
19 because we're ahead of schedule, so I encourage
20 board members to raise questions and make
21 comments.

22 Also, if you wouldn't mind, just when

1 you do turn on the mic and make a comment, just
2 identify yourself for the record. I have some
3 questions. And some of these are details that we
4 may or may not get to later, but actually
5 repetition of details is kind of useful.

6 MS. LEITON: Sure.

7 CHAIR MARKOWITZ: Because, you know,
8 we're trying to understand. And you don't learn
9 everything at first blush. You talked a little
10 bit about or referred to the occupational health
11 questionnaire. And my question is does every
12 claimant complete that? Is that always done in
13 person? And then I've got some other questions
14 from that. But let's start with that.

15 MS. LEITON: Okay. So our resource
16 centers are the ones that actually do the
17 occupational history questionnaires. So the
18 staff, they try to set up in-person conversations
19 with each of the employees or the survivors to do
20 those.

21 But I believe they do do some by
22 telephone where an individual lives too far away.

1 They're not going to be able to travel to a
2 resource center to undergo that evaluation. So
3 they're both conducted by telephone and by in
4 person. And they're conducted by our resource
5 center staff.

6 The questionnaire itself is something
7 we created at the very beginning of the program,
8 I think. You know, we took input from what types
9 of questions were asked at the Department of
10 Energy side when they had the cases. And it's
11 something we're actually evaluating now to
12 determine if there are better questions, if there
13 are better ways to conduct the analysis.

14 CHAIR MARKOWITZ: Steven Markowitz.
15 So are the claims examiners who do these
16 interviews, are they trained to take occupational
17 histories?

18 MS. LEITON: It's actually the
19 resource center staff that does this, so it's --
20 rather than the claims examiners at the resource
21 centers. Many of the resource center staff have
22 worked at Department of Energy facilities. Many

1 of them have been, you know, working at the
2 resource center since the beginning of the
3 program.

4 And, you know, in terms of a specific
5 training, there's probably not been a targeted
6 training of how to specifically ask the
7 questions. They rely on the questionnaire itself
8 and pretty much record what's being asked of
9 them.

10 CHAIR MARKOWITZ: Steven Markowitz
11 again. So do some claimants submit affidavits
12 about their work history and exposure in addition
13 to the occupational history questionnaire? And
14 if so, how is that viewed and why is that done
15 sometimes if the occupational health
16 questionnaire addresses the same issue?

17 MS. LEITON: The affidavits, we get
18 some. I wouldn't say we get a lot of affidavits
19 with regard to exposure. We do get statements
20 from claimants and so, like, basically the same
21 thing as an affidavit versus a statement.

22 We will ask -- send in our development

1 letters, what do you think you were exposed to.
2 And I think the reason that they would provide us
3 with that information is just to supplement the
4 record. Or maybe they thought of something later
5 after the occupational history was taken.

6 And the way we would look at that is
7 we will rely on affidavits and claimant
8 statements to a degree, but we also usually have
9 to have something to back it up in terms of we'll
10 look at does it make sense at a particular
11 facility based on what we have, either in the
12 site exposure matrices, or the DAR records, or
13 something.

14 Oftentimes, we will have to look
15 outside of just one statement from a claimant
16 saying I was exposed to these ten substances.
17 That's the way we've looked at the way the law is
18 written thus far.

19 CHAIR MARKOWITZ: Other questions,
20 comments?

21 MEMBER VLIEGER: Faye Vlieger. How
22 would a worker know what they were exposed to?

1 Let me give you an example. At Hanford we have a
2 toxic soup of about 3,000 chemicals, none of
3 which are in the workers' EJTA. They are listed
4 by groups. How would the worker know how to fill
5 out accurately, for your use, the occupational
6 history questionnaire?

7 MS. LEITON: Oftentimes they don't.
8 And that's why we have other resources that we
9 use. Because as I indicated earlier, a survivor
10 is not going to know half the time what their
11 spouse might have been exposed to. That's why we
12 have industrial hygiene referrals. That's why we
13 go have the site exposure matrices, is to help us
14 -- help with that analysis to determine what they
15 might have been exposed to where.

16 CHAIR MARKOWITZ: Dr. Redlich.

17 MEMBER REDLICH: Carrie Redlich. Is
18 there some estimate or guesstimate of the total
19 number of workers who might be eligible?

20 MS. LEITON: We don't have that
21 information, only because we don't have the
22 records. Like, we don't know --- the Department

1 of Energy has the records of how many workplaces.
2 But contracts, you know, are no longer in
3 existence now. You know, there are so many
4 variables as to who might have been exposed.

5 We know what facilities are covered,
6 what periods of time they were covered. But
7 that's why we do so much outreach, is to try to
8 get the word out so we can make that information
9 about the benefits of the program available.

10 But I don't have a guesstimate. I
11 don't think that the Department of Energy can
12 really even guesstimate that in terms of who
13 might have -- get the exposure and be
14 compensated.

15 MEMBER REDLICH: And also, on the web
16 page there is a data sheet with the statistics of
17 how many claims have been filed and how many
18 accepted. What period of time is that over?

19 MS. LEITON: That's from inception to
20 date. So if you were to look at a different --
21 like, we have an annual report to Congress which
22 will show the approval rates, the changes over

1 years in terms of approval rate.

2 And we have drastically improved in
3 the percentage of acceptances we have now versus
4 what we had many years ago, partly because we
5 have new information available, partly because
6 there's a lot of new SECs. So under Part B
7 there's a lot more acceptances. But that figure
8 is just from inception to date.

9 MEMBER REDLICH: It might be helpful
10 to see the trends.

11 MS. LEITON: Annual?

12 MEMBER REDLICH: Yes.

13 MS. LEITON: I'll take note of that.

14 MEMBER SOKAS: I have two kinds of
15 questions. One is if you wouldn't mind just kind
16 of walking us through. Somebody wants to file a
17 claim. Do they start with the resource center?
18 Who's at the resource center? How do they get to
19 the claims examiner?

20 I'm assuming that this is all
21 electronic, or by phone or something, and then so
22 -- kind of walking it through from the claimant's

1 perspective.

2 And then if you have, like, the
3 numbers, like, what's the typical caseload per
4 claims examiner? How long does it -- you know,
5 what's the time spent, and is there a range? How
6 much time did the people at the secondary review
7 -- I forget what it's called -- the final
8 adjudication, you know, who's on that, and how
9 long do they take? You know, that kind of
10 question.

11 MS. LEITON: Now, John Vance is going
12 to be walking through the flow charts from
13 beginning of a case all the way to the end of a
14 case when he comes up this afternoon. So I don't
15 want to repeat information there. But at that
16 time, if he doesn't answer those questions, we'll
17 be happy to answer them.

18 MEMBER SOKAS: And the numbers, he'll
19 have those numbers.

20 MS. LEITON: In terms of the numbers
21 -- so I'll have to probably get back to you on
22 the typical cases for CE. I've got that written

1 down.

2 In terms of the time it takes, we do
3 have -- it varies. And we have actual
4 operational plan goals that we set every year for
5 our claims staff, for our final adjudication
6 branch staff.

7 You know, there are -- I've looked at
8 the -- we look at this all the time in terms of
9 how long it takes. It's going to vary depending
10 on if a case goes to NIOSH. Because that can
11 take up to 200 days. If the case needs to have a
12 hearing, which can take a lot longer, because if
13 we're scheduling hearings at a particular remote
14 location, it takes us more time to schedule that
15 hearing.

16 If there's no hearing, and there's no
17 NIOSH process, we've been able to get a lot of
18 these done within 180 days from beginning to end.
19 But that is the shortest amount of time. If
20 there's a hearing involved, it can be up to a
21 year.

22 The longest time period, even though

1 -- if you're looking at from beginning to end in
2 a typical average case, you're going to see
3 between the six months and a year and a half.
4 But you will see exceptions to that depending on
5 if there were, you know, other factors involved.

6 And if you're looking at --- and you
7 might have seen news stories where they say it
8 takes ten years for us to adjudicate a claim. It
9 really depends on how you -- I mean, you can look
10 at a case that we started evaluating in 2001. We
11 denied it first, we got more evidence, we
12 accepted it. Or we -- you know, years and years
13 later they get an acceptance. But that doesn't
14 mean we didn't make adjudicatory decisions
15 throughout that process.

16 But we do strive to do these timely,
17 and we do actually measure it. And we hold our
18 claimants and our CEs, I mean, our CEs
19 accountable for it in their standards. So it's
20 an important factor of what we do.

21 CHAIR MARKOWITZ: Dr. Boden?

22 MEMBER BODEN: So listening so far I

1 can imagine that this is a kind of daunting
2 procedure for claimants to go through.

3 MS. LEITON: It is.

4 MEMBER BODEN: And I guess one
5 question, if these kinds of cases were in a state
6 workers comp system, probably most of the people
7 who had these cases would be hiring attorneys,
8 because they couldn't figure out what, you know,
9 what to do themselves.

10 Are there people who act as
11 representatives for the claimants in the process?
12 And how are -- if there are, how are those
13 representatives funded, paid?

14 MS. LEITON: Okay. So first, the
15 reason we created the resource centers is to kind
16 of help at least start with the process, help
17 them through the process. But, yes, oftentimes
18 they will find it daunting, particularly if
19 they're elderly, and they don't understand
20 bureaucracy and all of that.

21 We try -- I hate the fact that it's
22 bureaucratic. I know these people struggle with

1 this. And it's one of our biggest challenges.
2 If we could, one of the -- maybe you guys could
3 help us make it easier, have more presumptions,
4 things like that.

5 But in terms of getting
6 representatives, that's why, when I mention the
7 advocacy groups, a lot of those individuals work
8 with them and will help them with their claims,
9 voluntarily in some cases. In other cases they
10 are attorneys, or they've signed contracts.

11 But we do have fee limits in our
12 regulations that specify what they can be paid.
13 So I believe it's two percent for initial filing.
14 And then if a case is initially denied at a
15 recommended level and is overturned at the final
16 adjudication branch, the authorized rep can get
17 ten percent of the award. Those are the
18 limitations set by statute.

19 MEMBER BODEN: Okay. So I'm, just to
20 make sure I have this right, then the fees for
21 their advocates are paid out of their
22 settlements?

1 MS. LEITON: Yes.

2 MEMBER BODEN: Okay.

3 CHAIR MARKOWITZ: Dr. Welch?

4 MEMBER WELCH: Rachel, since you
5 worked in OWCP before EEOICPA, can you describe
6 the difference between how a chronic disease
7 claim is handled under EEOICPA and under OWCP. I
8 mean, it's my understanding that the initial
9 intent was to make it a lot easier for the
10 claimant under EEOICPA, because the claims
11 examiners would put effort in to try to establish
12 causation.

13 Over time, do you think they've come
14 closer together? Or do you think it's still more
15 claimant friendly than the -- because, I mean, I
16 have a lot of experience with OWCP than some of
17 the other occupational physicians have. I
18 thought it might help people understand the
19 program better if they understand that.

20 MS. LEITON: Absolutely. Under FECA,
21 the majority of their claims are slips and falls,
22 orthopedic injuries, very concrete, something

1 happened at work that you can tie it to. And you
2 go to the doctor, and the doctor says you have
3 spinal stenosis or you have a herniated disk.

4 And that is something that can be
5 adjudicated fairly quickly and fairly easily by
6 the claims examiner. Not to say that there
7 aren't complicated stress claims or, you know,
8 other things like that. But you're not going to
9 see as much of the toxics exposure or the
10 radiation. That's just -- it's rare in the
11 federal compensation program.

12 So I would say the comparison is
13 really difficult to do just because of the fact
14 that this is not as straightforward. You can't
15 just -- a doctor can't just look at you and say
16 you just fell down. I know you just fell down,
17 and here's your diagnosis. And you can send this
18 to workers comp, and they'll pay you.

19 So the analysis itself is where it
20 became, you know, coming from that background
21 it's not so straightforward. We can't just look
22 at it and be, like, okay, the doctor knows for

1 sure. He told us. And we can go ahead and
2 accept the claim. Because we also have to look
3 at the exposures.

4 And, you know, the way that the
5 federal compensation program works is that the
6 money that goes for workers comp is charged back
7 to the employing agency. And they are then --
8 that's considered part of their annual budgets.

9 We have the benefit of that not being
10 the case for us. So, you know, we have --
11 there's a fund there that's for that purpose. We
12 have zero incentive to try to deny claims.
13 There's no reason there. I mean, not that we're
14 not -- we try to balance being good stewards of
15 the taxpayer dollars, but at the same time, what
16 I teach and what we say in our training is we're
17 here to try to compensate the people that have
18 become ill as a result of the conditions.

19 Finding the lines as to where that
20 acceptance versus non-acceptance is is where we
21 constantly and continue to struggle. But the
22 intent is always -- and you can ask any one of my

1 staff or any one of our claims examiners -- the
2 intent is to pay when we can.

3 And in fact, it's easier to pay
4 somebody than to not. Because if you don't, you
5 have to write really complicated decisions. And,
6 you know, I mean, so they really do want to
7 accept claims. And I've seen people go the extra
8 mile to do that.

9 But there is a big difference, I would
10 say, between that kind of a compensation program
11 and what we're handling here. So thank you for
12 the question.

13 CHAIR MARKOWITZ: Dr. Cassano?

14 MEMBER CASSANO: Dr. Tory Cassano. I
15 have a couple of, actually a couple of questions.
16 My background in this area is sort of from the
17 VA. I find that system arcane. This system is
18 arcane in an entirely different way.

19 But my questions are, you talk a lot
20 about developing the case. Is there any
21 regulatory or statutory duty to assist the
22 claimant in developing their case? Because

1 that's a big difference that I see from where I
2 come from.

3 MS. LEITON: We don't have a statutory
4 duty to assist, but we take that role on as much
5 as we possibly can. The burden of proof actually
6 lays with the claimant, the way that it's
7 written. So that's why we do whatever we can,
8 but it's not the same as some of those, the
9 burden lies on the government to accept the case
10 or whatever.

11 MEMBER CASSANO: And my second
12 question is somewhat related to that. You talked
13 a lot about 50 percent probability which is
14 equipoised. Is there any benefit of the doubt
15 included in those decisions? Because that's
16 another statutory phrase that I'm used to that I
17 don't see here.

18 MS. LEITON: So when you're referring
19 to the probability of causation, 50 percent or
20 greater --

21 MEMBER CASSANO: Right.

22 MS. LEITON: -- that's a statutory

1 mandate. And really that's a process that's
2 completely done at the NIOSH level. So they've
3 developed -- you know, I think they, excuse me,
4 took a couple of years after the statute was
5 create to develop the regulations. They did that
6 in conjunction with their board. And they had
7 to, you know, to work out how those
8 determinations are made.

9 But I do know that they have, like, a
10 99 percentile. And they do try to be -- you
11 know, give the benefit of the doubt to the
12 claimant where they can. If they don't have
13 records, they'll make assumptions based on co-
14 worker data.

15 Now, I'm not going to get into a lot
16 of that, because I'm not on the NIOSH side. And
17 I'm not a scientist.

18 MEMBER CASSANO: And on the non-
19 radiation side, is it the same thing, pretty much
20 or no?

21 MS. LEITON: No. It's different. And
22 that's why we have the different standard of

1 causation. I mean, we do have to rely --- and
2 this is where it gets a little bit, you know, we
3 look at toxic substances on the party's side.
4 The radiation we do kind of rely on that 50
5 percent. And then that's where you get into
6 questions of synergy. And again, that's where we
7 could use some guidance at the end of the day.

8 MEMBER CASSANO: Thank you.

9 CHAIR MARKOWITZ: Dr. Silver?

10 (Off microphone comment.)

11 CHAIR MARKOWITZ: Steven Markowitz,
12 was there a follow-up to that particular line of
13 questioning? Yes. Okay, Dr. Boden?

14 MEMBER BODEN: So I'm reading here the
15 Part E causation, right, which talks about
16 aggravating, contributing to, or causing the
17 claimed illness, which is a much more generous
18 framing than simply a 50 percent or more
19 causation. But also a much less specific ---

20 (Laughter.)

21 MEMBER BODEN: So I'm wondering, for
22 example, what 50 percent contributing to might --

1 -

2 MS. LEITON: Well, when we look at
3 toxic substances, the 50 percent isn't really
4 what we're looking at. What we're looking at is
5 significant factors, since that's the way they
6 phrase it, is they say that the toxic substance
7 exposure must have been a significant factor in
8 causing, contributing to, or aggravating.

9 So our struggle is always what's
10 considered a significant factor. And so we rely
11 on our doctors to help us. I mean, you know, we
12 struggle with prescribing exactly how the doctor
13 is supposed to interpret this significant factor
14 in causing, contributing to, or aggravating.

15 If we had a prescription to hand to
16 them then, that would be great. But that's where
17 the analysis, that's where the medical, personal
18 physician or the consultant who are looking at
19 the facts of the case, and they will provide us
20 with that response.

21 But given that, it is kind of vague.
22 And given that there's no prescription given to

1 us, we rely heavily on our medical physicians who
2 are looking at the cases to provide us with that
3 opinion.

4 And again, that's an area where I
5 think that a lot of --- we've had a lot of
6 discussions, but you guys might have some
7 discussions there too.

8 MEMBER BODEN: Right. And that's also
9 because it's so unclear where you might get lots
10 of differences of ---

11 MS. LEITON: You are going to have
12 difference of opinion. You know, some doctors
13 are going to know exactly how to say it, what to
14 say. And, you know, I mean, just in general
15 terms, they've been working on the program. So
16 they know. But you're going to have other
17 physicians that, you know, they may think it's
18 related, but they don't really know how much or
19 what that means. So it is a struggle.

20 CHAIR MARKOWITZ: Thank you. Dr.
21 Silver?

22 MEMBER SILVER: Ken Silver. I have

1 two questions. I try to look at this from the
2 standpoint of a conscientious but not very
3 experienced claims examiner working out there.
4 Over history, there have been a couple of people
5 doing this work who found it so alienating that
6 they launched literary careers at their desks.
7 They didn't work for OWCP.

8 How much movement is there between
9 Energy, FECA, and other OWCP programs for the
10 claims examiners?

11 MS. LEITON: So when the program first
12 started, when we first got Part B, there was a
13 lot of movement. People came from FECA, most of
14 them. I think a lot of them came from FECA.
15 Some people came from other OWCP programs, but
16 mostly it was FECA.

17 We relied on that. Because these
18 people knew how to adjudicate claims. And they
19 had a process to start with. And that was where
20 we -- I think a lot of our processes kind of
21 started with -- in terms of you're moving through
22 a case, the steps are going to be similar.

1 Because you have to take a claim in,
2 you have to develop it for medical evidence. You
3 have to make a decision on it. And so those
4 steps were the same. Hiring people from a
5 program that started doing that was logical.

6 And over the years we got people from
7 all over. Though now, it's --- and we don't get
8 as many people coming from FECA. We get people
9 from private insurance, or from the VA, or from
10 Social Security. So we do get a variety of
11 different types of experiences, mostly people who
12 have worked claims in their career some way or
13 another. Does that answer your question?

14 MEMBER SILVER: Yes. And have you
15 considered a system of ongoing career learning so
16 that people can have a satisfying career beyond
17 just on-the-job learning through trial and error?

18 Our friends in the building trades
19 have a system where you do your apprenticeship,
20 you get a union card, you have your welding
21 certification, HAZWOPER, LEED certification,
22 asbestos. And that gives society assurance that

1 the built environment has been built according to
2 regulations. It's safe and healthy. And it's
3 not going to collapse.

4 Do claims examiners have any kind of
5 internal education program that allows them to
6 earn recognition for what they know about lung
7 diseases, what they know about toxic substances,
8 et cetera?

9 MS. LEITON: I wouldn't say we have a
10 formula like that, no. I would say that we -- as
11 I indicated earlier, we do have an ongoing
12 training mechanism for as we learn new things or
13 as we go through the program.

14 However, you know, they do start off
15 as, you know, a claims examiner. And there's a
16 ladder. They will gain more responsibility as
17 their grade grows. They'll get more cases,
18 they'll have more training as they move through
19 those steps. They have to reach a certain level
20 of competency to move to the next level.

21 But also we have senior examiners who
22 will be more of the mentor types. And then they

1 can grow to be supervisory claims examiners. So
2 that's the kind of recognition they probably get,
3 is just that.

4 But we also, you know, we do a lot of
5 internal recognition for our employees if they've
6 done exceptionally well in a certain area. We do
7 a certain --- some of the offices have
8 certificates they'll give them or -- you know, it
9 just varies.

10 We don't, as you've said, like, we
11 don't have a prescribed system like they would at
12 building trades or anything like that. But there
13 are mechanisms for recognition and, you know,
14 becoming a trainer, or being a technical
15 assistant or -- you know, depending on what
16 they're interested in doing.

17 A lot of our staff, what we find is
18 they find great satisfaction in doing exactly
19 what they're doing and that they do want to learn
20 and that they care about that program and the
21 claimants. And so there's this --- and I think
22 this is for all of OWCP, this kind of

1 satisfaction in doing a good job where you are.

2 And the performance evaluation system,
3 the accountability review systems that we have in
4 place, will lend to that level of personal
5 satisfaction. They'll do really well in their
6 evaluations. I mean, there are things like that.
7 But as you said, it's like -- as you indicated,
8 no formal process for it.

9 CHAIR MARKOWITZ: Dr. Redlich?

10 MEMBER REDLICH: I do not have an
11 experience with the range of different
12 compensation systems, but I'm just curious.
13 Approximately how much does it cost to --- I'm
14 sorry. Approximately how much does it cost to
15 administer this program? I was just sort of
16 curious, approximately how much it costs to
17 administer this program.

18 MS. LEITON: I'd rather not give you a
19 figure without looking into it. We could get
20 back to you this week on that. But I need to ---
21 when you say administer, there's a lot of
22 different things.

1 MEMBER REDLICH: Sure.

2 MS. LEITON: We've got contracts. So,
3 I mean, if you're saying administer in terms of
4 how much --- I think earlier you said case load
5 per CE. So maybe if you mean administer, like, a
6 claims examiner staff is one thing. If you're
7 talking about contracts for IT, which are shared
8 costs within the Department, or contracts for our
9 resource centers, that's going to be another
10 whole thing.

11 So let me look at it, and maybe I can
12 give you a breakdown of some sort that can give
13 you an idea of what exactly that means, okay?

14 MEMBER REDLICH: Just from experience,
15 for the range of different programs, some of
16 which have some presumptions, like Agent Orange
17 or, you know, state workers comp, or World Trade
18 Center. There are sometimes tradeoffs between
19 precision and some presumptions.

20 MS. LEITON: Yes. I mean, you know,
21 the system itself is similar to, in terms of
22 FECA, in terms of what we -- the grades that we

1 have. They're going to be, you know, the same
2 grade levels, GS grade levels, and that sort of
3 thing.

4 But in terms of the complexity, that's
5 kind of a hard thing to measure in terms of,
6 well, do we spend --- they just spend more time
7 on certain cases. But I'll look into that. And
8 I'll get you some figures.

9 MEMBER REDLICH: Yes, I realize it's -
10 --

11 MS. LEITON: It's a little -- there's
12 a lot of factors involved in that assessment.

13 CHAIR MARKOWITZ: Dr. Boden?

14 MEMBER BODEN: Would you be able to
15 get us --- I don't think it would be good to have
16 the time here now taken up with that, but I'm
17 curious about what the performance evaluation
18 system is for evaluating the performance of the
19 program as a whole and for evaluating the
20 performance of particular people in the program.

21 MS. LEITON: Okay. Yes. I mean, I'll
22 have to check exactly how that would look.

1 Obviously, we have some PII, I'm assuming. But
2 in terms of performance evaluations, we can
3 probably provide you with what that looks like
4 for each individual CE or HR.

5 And then in terms of the
6 accountability reviews, that's another whole
7 process. So you've got individual assessments
8 that are performance evaluations at the end of
9 the year. And that is very detailed. And we can
10 probably just give you a sample of what those
11 look like.

12 And then the accountability review is
13 another system. We do that annually, meaning we
14 go out and evaluate the work of the district
15 offices in the final adjudication branches based
16 on a series of categories. And so it's a pretty
17 robust process. But we could give you a copy of,
18 like, our accountability review manuals, I'm
19 assuming.

20 MR. RIOS: Whatever you feel
21 comfortable with describing.

22 MS. LEITON: Okay. So I'll -- well,

1 I'll just look and see what we have and what we
2 can give you. And we'll get back to you on that.

3 MEMBER CASSANO: So I got back to my
4 third, my last question, since others have
5 spoken. The occupational questionnaire, the
6 occupational history, how and by whom was that
7 developed? Because that could be very key to
8 developing a claim. And I'm just wondering how
9 that was developed, and at what level, and what
10 kind of expertise was put into that.

11 MS. LEITON: Okay. I'm going to talk
12 about what I know. And I wasn't always involved
13 in every single piece of the process. But I
14 believe that when we --- we didn't start doing
15 those until we got Part E. Because that's where
16 it became the most relevant to us.

17 We took what they had done. I believe
18 they had some questionnaires back then that they
19 used for their process. So we took that and
20 modified it. I believe that we had some
21 assistance from our -- maybe the resource
22 centers. But I have to double check it. Because

1 I don't want to give you incorrect information,
2 exactly who was involved in that process. So I
3 will write it down, and I'll get back to you on
4 that.

5 CHAIR MARKOWITZ: Mr. Whitley?

6 MEMBER WHITLEY: Garry Whitley here.

7 How much access do the claims examiners have to
8 your employee records? Let me state what, for
9 instance, will happen. If I am a 42 year
10 employee, and I file a claim today, and I go to
11 the resource center and file my claim, it goes to
12 Jacksonville, -- it goes to Jacksonville.

13 I'm going to get a letter in two weeks
14 that says they've received my claim. More than
15 likely, they're going to say that they can't
16 verify my employment. They're going to send me
17 that affidavit to give me to fill out, or to have
18 somebody fill out, about your work record.

19 Now, what access do they have to our
20 work records? I know how long it takes for me to
21 get them. But how long -- how much access does
22 DOL claims examiners have to the DOE work

1 records?

2 MS. LEITON: Okay. So the first step
3 in any claim that we receive, once it comes to
4 us, is to go to the Department of Energy. As I
5 indicated, we have an agreement with them. And
6 their responsibility, per the statute, is to
7 assist us in obtaining those records.

8 So we rely on the Department of Energy
9 to provide us with whatever records they have.
10 They then rely on, you know, in some cases
11 they'll have to rely on their contractors, their
12 corporate verifiers we'll go to. So that's the
13 access that we have, because they're the ones
14 that own those records.

15 So we'll go to them first, and then
16 we'll use the other resources, like the Oak Ridge
17 database I mentioned, ORISE database. And, you
18 know, the Former Worker Program. In some cases,
19 they'll have information.

20 But that's the first line. And that's
21 the first thing we do. Before we'll go to you
22 and ask for an affidavit, we try to get any

1 information we can. We'll go to SSA if we have
2 to to get information about your records. But
3 since we don't own those records, we have to rely
4 on the other organizations to provide it to us.

5 MEMBER WHITLEY: My point is, in
6 reality, you're going to send me that letter and
7 give me 30 days to respond, okay. And I can ask
8 for a 60-day extension.

9 But if I apply for my employee record
10 from DOE, if I worked at K-25 or ORNL where they
11 go through DOE, I can get them in about a month,
12 three weeks maybe, a month.

13 If I worked at Y-12, and where I've
14 got to go through Albuquerque and NSA, I'm lucky
15 if I can get my employee records in six months.
16 I know of a year. But I'm very lucky if I can
17 get them in six months.

18 MS. LEITON: Well, usually they've
19 been pretty responsive on those particular sites.
20 They usually have been able to give us records.
21 But, you know, if it's a subcontractor, the
22 circumstance may be different. But again, we at

1 DOL have to rely on the Department of Energy for
2 those records.

3 MEMBER WHITLEY: But can you all get
4 them faster than we do? Do you all get them
5 electronically or ---

6 MS. LEITON: We have electronic ---
7 what we first do when we first get the case is we
8 will send a request to the Department of Energy
9 on a form and say this is what the individual
10 said they worked at. They'll provide it. We
11 send it to a portal. They upload it to a portal
12 back. And so, yes, we can usually get those out
13 within 30 days if they have the records.

14 MEMBER WHITLEY: Well, let me say,
15 that kicks the whole program off of tough for
16 that employee, because they feel like, right off
17 the front, what do you mean? You can't prove I
18 worked there? So you can think what that
19 advocate, I mean, what that claimant is thinking
20 already. They don't even know I worked there,
21 and I worked there 30 years.

22 MS. LEITON: I understand.

1 CHAIR MARKOWITZ: Steven Markowitz. I
2 have a number of questions. So how frequently
3 can you not verify employment? The claimant
4 submits a claim and says he or she worked at a
5 given site. Here's the number of years. And you
6 go through your various sources, and you can't
7 verify it. So how often does that happen?

8 MS. LEITON: So it's kind of hard to
9 say exactly how often. But what I can tell you
10 is that for DOE facilities, DOE contractors, some
11 contractors or particularly contractors, it's a
12 lot easier than for, say, atomic weapons
13 employers.

14 Because a lot of those smaller -- if
15 it's a smaller company that hasn't existed in 30
16 years, we're going to have a really hard time
17 getting those records. So, you know, I don't ---
18 we are usually able to verify employment at the
19 bigger sites, at the bigger contractors. The
20 smaller the site, the smaller the subcontractor,
21 or the type of employment will make it more
22 difficult.

1 And that's where we get into SSA
2 records, and we get into affidavits, co-worker
3 affidavits, that sort of thing. Do I have a
4 specific percentage, I don't really have a
5 percentage.

6 But I will say, like, there's a
7 smaller percentage of atomic weapons employers.
8 Most of those are in our Cleveland district
9 office. And I would say that's where we have
10 probably the most difficulty with getting
11 employment records.

12 But that doesn't mean -- it's not to
13 say that we don't have difficulty in other areas.
14 We still have difficulty if it, again, if it's a
15 subcontractor or a small mom and pop shop that
16 worked for a contractor who worked for, you know,
17 a DOE facility. So that's where we get into the
18 most struggle with it.

19 CHAIR MARKOWITZ: So when you can't
20 verify employment, is the worker's and their co-
21 workers' affidavit sometimes sufficient proof of
22 employment?

1 MS. LEITON: That will depend on the
2 rest of the case. Usually, I mean, we do try to
3 verify employment outside of only the claimant's
4 statements, just because we believe that there's
5 an evidentiary requirement that there be some
6 sort of verification.

7 But if you have an affidavit from an
8 employee, and an affidavit from a co-worker, and
9 maybe they have, like, a security pass or
10 something that they can show you, those things we
11 will look at combined. But a statement alone,
12 it's difficult to rely on just a statement. But
13 we will look at the totality and any other
14 information they can give us.

15 CHAIR MARKOWITZ: So their evidentiary
16 requirement that you mentioned, is that part of
17 the statute? Is that by regulation? Is that ---
18 I don't see if the program -- what's the status
19 of that?

20 MS. LEITON: Well, the statute
21 requires that we verify employment. The statute
22 also outlines that we go to Department of Energy

1 for those records. Outside of that, you know, we
2 do have to then refine from the statute, to the
3 regulations, to the procedures.

4 And, you know, as I indicated, what we
5 try to do is look at the totality of the
6 evidence. If there is circumstantial evidence
7 that would lead to, you know -- we have had cases
8 where we couldn't verify anything from a
9 corporate verifier, from the Department of
10 Energy. But we've had other things, like
11 pictures, certificates, a supervisor saying
12 something.

13 But we would need to have something
14 besides just one statement from a claimant saying
15 I worked there. We need to have some -- we
16 believe that the way that the statute is laid out
17 is that it requires some level of scrutiny as to
18 whether an employee worked there to provide them
19 with a pretty significant benefit.

20 CHAIR MARKOWITZ: So there's some
21 reference to DOE disagreeing with the fact of
22 employment of an individual. How did that

1 happen?

2 Well, I can understand how DOE would
3 confirm or not confirm, but actually there's a
4 statement that, in the instances in which DOE
5 disagrees with the evidence of employment, what
6 does that look like?

7 MS. LEITON: You know, that's
8 difficult to answer when it's kind of a broad
9 question. You may be referring to the fact that
10 we have to -- we analyze whether or not a
11 facility is considered a DOE facility or the
12 covered time periods for coverage.

13 Some of that is a Department of Labor
14 determination. So say we're trying to determine
15 what part of a site should be covered. And we
16 will rely on Department of Energy records to make
17 that determination in collaboration with other
18 evidence that we might have received from an
19 advocate group or from, you know, some other
20 source that says this should be covered.

21 Because now we have a contract that
22 shows that it should be covered. That's a

1 determination that we can make with input from
2 Department of Energy. And they will provide us
3 with whatever they have. But the ultimate
4 determination on certain types of facilities or
5 coverage will be our determination with input
6 from them.

7 And it really, I think what you're
8 referring to is do we consult with Department of
9 Energy on whether something -- you know, what
10 information they might have that could lead to
11 determination of coverage in a certain period or
12 at a certain part of a location. We do rely on
13 them, but there may be some back and forth that
14 happens before that determination is finally
15 made.

16 But they don't tell us, like, for a
17 particular claim -- for example, if I were to
18 refer a case to them and they -- they would never
19 come back and say, you know, they would say we
20 don't have evidence that somebody worked there.

21 But we don't go to them and say, well,
22 we have evidence somebody worked there. Do you

1 agree? That doesn't happen. I mean, that's not
2 --- I think what you're referring to is more of a
3 broad-based situation than in a particular claim.
4 But I'm guessing. Because it's kind of a broad
5 question.

6 CHAIR MARKOWITZ: Dr. Boden?

7 MEMBER BODEN: I've been trying to
8 understand the timing of the employment
9 verification, the question that Mr. Whitley
10 raised. So let me start off with a sort of broad
11 question.

12 Why does it take 30 days for the DOE
13 to get back to you? Is it because they don't
14 have electronic records? They don't have enough
15 people to get you the information?

16 MS. LEITON: Okay. So the Department
17 of Energy is going to be up here soon. So I'm
18 going to let them answer those questions.

19 MEMBER BODEN: You're going to let
20 them answer that one, okay.

21 MS. LEITON: But what I can tell you
22 is that oftentimes we can get them sooner. And

1 we have been able to get them within a couple of
2 weeks. But other times, I think they have a lot
3 of different places they need to go for it to get
4 that information. But I really am going to defer
5 to them on that.

6 MEMBER BODEN: Okay. So the other
7 part of the question is that a lot of these folks
8 ought to have records with Social Security about
9 their earnings and their employers. And those
10 are all electronic.

11 And basically, if you give somebody --
12 if you give Social Security four or five pieces
13 of information, they can just go to their
14 computer system and let you know who they were
15 working for when. If they have people, time to do
16 that. So is it, the question is, Social
17 Security, of available person time?

18 MS. LEITON: So Social Security, you
19 know, as I indicated, we've been working a lot
20 with them in the last couple of years,
21 particularly because of the timeliness issues.

22 One thing that was required of EEOICPA

1 before was that we had to get a signature from
2 the claimant first saying I'm going to allow you
3 to get these records. And then we had, that was
4 a paper process. We mailed them the form, they
5 mailed it back. We send it to SSA via Postal
6 Service. Since then, we've been able to talk to
7 the lawyers for their statute, and our statute,
8 IRS, and their statute.

9 MEMBER BODEN: That was fun, I'm sure.

10 MS. LEITON: Well, we had to be able
11 to do, in our program, in EEOICPA, is we no
12 longer require the signature of the claimant in
13 order to get those records. Because they sign
14 the claim form saying I'm releasing this.

15 So that's been determined in the last
16 couple of years. So that has cut off a lot of
17 time of getting that information. So now we can
18 send it to SSA, and we can sent it to them via
19 digital fax. So again, that's an electronic
20 process.

21 We're still working with them on their
22 end as to being able to get us that information

1 back electronically. But keep in mind that, yes,
2 they have a database for a certain number of
3 years. But if it's prior to, I'm not sure what
4 the cutoff is, but a lot of these records are,
5 they have to go to microfiche. And they have to
6 go through a whole process to get that.

7 MEMBER BODEN: Yes, yes.

8 MS. LEITON: So that's what, you know,
9 I think that's part of the delay. But we have
10 actually been able to shave off about 45 days.
11 You know, it can take 30 to 60 days now, 60 on
12 the outside, to get these records. Whereas
13 before it was up to 90 days or more. And so I
14 think that we are making progress in that area.

15 MEMBER BODEN: So if I were sitting at
16 SSA, and you sent me a person's name, date of
17 birth, Social Security number, and it matched
18 through the DDS system that they use to do the
19 check in, I could send it back to you the same
20 day.

21 MS. LEITON: By mail. And you --

22 MEMBER BODEN: No, no. Not by, I

1 could send you an encrypted file.

2 MS. LEITON: Yes. Well, that's what
3 we're trying to get. But we're not there with
4 them yet.

5 MEMBER BODEN: You're not there yet.
6 Okay. I know. I've spent months and months
7 trying to get their lawyers to do things.

8 CHAIR MARKOWITZ: Mr. Turner?

9 MEMBER TURNER: Yes, my name is James
10 Turner. Approximately three or four years ago, I
11 think you had a meeting in Denver, Colorado.
12 There was an --- that's when we were trying to
13 get the SEC passed. There was an employee that
14 testified that, or she literally had, her boss
15 had her to destroy records. A lot of records are
16 destroyed. And they'll never be brought back.
17 So people are having problems jumping through
18 these hoops trying to get, you know, their
19 compensation.

20 MS. LEITON: And do you have a
21 question for me?

22 MEMBER TURNER: Do you remember

1 anything about those records?

2 MS. LEITON: Well, I know that there
3 have been some, in some cases there have been
4 fires I've heard about. And there have been
5 claimants that have said that their information
6 was destroyed.

7 All I can tell you is that Department
8 of Labor, what we try to do is get whatever
9 information that we can to verify employment,
10 whether it's through affidavits, through the
11 Department of Energy, Social Security. These are
12 the efforts that we take in order to get those
13 records, in order to verify employment.

14 CHAIR MARKOWITZ: Dr. Welch?

15 MEMBER WELCH: Laura Welch. Correct
16 me if I'm wrong, but I wanted to comment on Les'
17 question about Social Security. Because Social
18 Security will link you to an employer. But if
19 that employer is a contractor providing workers
20 at multiple sites, it doesn't put them Department
21 of Energy site -- which has been a particular
22 issue for construction work.

1 But I'm sure it applies for other
2 sites where if you have a big site where it's a
3 prime contractor and everybody works for them,
4 it's not so hard. But if there are
5 subcontractors, then somebody has to go through
6 and say this contractor was working at Rocky
7 Flats during the period of this worker's
8 employment.

9 And CPWR did a lot of this work for
10 construction, working with the building trades
11 locally, which contractors worked at those sites
12 at a particular time. And that's something they
13 can refer to. And I'm sure that's happened with
14 the atomic weapons employers too.

15 Over the years you know which
16 contractor was there at which time. So it
17 speeded it up. But it's taken, you know --- And
18 in addition to which we just got a box of records
19 that has, what, how many, 600,000 pages of
20 records.

21 You know, there's records in storage,
22 and there's records everywhere. It would be nice

1 if it were as simple as that. I mean, there's
2 still lots of information that people keep
3 digging up out of some federal archive building
4 somewhere that requires going through by hand,
5 which Department of Energy and Department of
6 Labor do an amazing job. But the Social Security
7 is helpful, at least in our experience, but not
8 sufficient.

9 MS. LEITON: I appreciate that
10 comment. You'll have a -- they might've gotten
11 paid a corporation, but that doesn't mean it
12 shows that they were at a contractor or
13 subcontractor. But, yes, I appreciate the
14 insight there.

15 CHAIR MARKOWITZ: Ms. Pope?

16 MS. POPE: Duronda Pope. What is the
17 -- after a claimant has been denied, what is the
18 process after that? What are the recourses? And
19 is there someone at the resource center to help
20 them through that process?

21 MS. LEITON: So this afternoon John
22 Vance is going to walk through all of that. So

1 you'll get a pretty good picture. But in terms
2 of the --- there are certain -- if it's been
3 denied, there are various ways they can get it --
4 they can get a reconsideration which means they
5 ask within 30 days that a different hearing rep
6 look at the case.

7 They can ask for a re-opening which
8 means at any time after the denial, if they have
9 new information, or if there's been a change in
10 the NIOSH process or something, they can ask for
11 a re-opening.

12 That's looked at by the director,
13 either at my level or at the district office
14 level. We'll re-open that case if it turns out
15 there's more evidence. That would show that we
16 can accept the case.

17 And then there's always district court
18 which is the last piece. The resource centers
19 can help to a certain degree, but when it comes
20 to going to court, you would need an attorney for
21 that, if it were to get to that level. But there
22 are a lot of ways that we can look at it before

1 it would get there.

2 CHAIR MARKOWITZ: Steven Markowitz. I
3 have a question. In one of your slides, you
4 referred to wage loss. You referred to it as a
5 decreased capacity of the work due to accepted
6 medical condition. And I'm interested in this
7 term, due to accepted medical condition.

8 Do you use the standard of at least as
9 likely as not, that that condition plays a
10 significant role in aggravating, contributing or
11 caused, that crazy phrase that you need to use?
12 Is that also used in the determination of
13 disability, wage loss in particular?

14 MS. LEITON: Not so much. I mean,
15 usually for wage loss, what we're --- first you
16 have to establish that an individual was earning
17 wages at the time that they're saying they began
18 to lose wages. If they did begin losing wages,
19 you know, we'll look for a medical doctor to say
20 I believe this person began losing wages because
21 of his significant COPD. And here's my medical
22 rationale for why.

1 Usually that's going to be what we're
2 looking for. Either that, some cases, you know,
3 they've gone on Social Security disability. We
4 can get those records. And it'll show what
5 condition they went on that for. And then we
6 have medical to support that.

7 So it is a slightly different
8 standard, but it's --- we're going to look for
9 pretty much the basic, a doctor can usually tell
10 us, more so than in a case of exposure and
11 whether or not the exposure caused the condition,
12 a doctor can usually tell us I believe this
13 person stopped working because of his condition
14 that I've diagnosed. And here's why. Because
15 he's unable to do X, Y, and Z.

16 That's what we're going to look for.
17 Why does the physician believe they can't work
18 anymore, or can work less, or was he putting him
19 on restrictions? Those are the things we're
20 going to look for in a wage loss determination.

21 CHAIR MARKOWITZ: But if a claimant
22 has multiple medical conditions, and one or more

1 may be covered illnesses, others are not, and all
2 of those problems contributed to the person's
3 inability to work so that the covered illness may
4 have contributed to the inability but may not be
5 the sole factor that would satisfy a standard of
6 due to, how do you look at that?

7 MS. LEITON: We look at that on a
8 case-by-case basis. Really, I mean, we will take
9 into consideration -- the doctor really is going
10 to come and tell us I believe this is, you know,
11 this condition was a major contributing factor or
12 a contributing factor.

13 Really, I hate to say in every case
14 where he'd be, like, if he says aggravated it,
15 then we're going to accept it. But if you look
16 at the amount of treatment, you know, if a person
17 was treated regularly for the condition during
18 the time, those are the types of factors we're
19 going to look at, not just one statement, like,
20 especially if it's contemporaneous.

21 That's going to be different from, you
22 know, I'm going to go back now after 20 years and

1 say I think it's related and not have a basis for
2 it. But if there's a basis, again, we look at
3 the medical rationale of the physician. The
4 physician truly believes that this was a
5 contributing factor in this person not being able
6 to work, we'll look at it from that perspective.
7 But it's, again, hard to generalize that without
8 looking at a specific situation in a case.

9 CHAIR MARKOWITZ: Another question I
10 have. You talked about how the contract medical
11 consultant has to interpret, apply the
12 significant factor criterion and how difficult
13 that is, how subject to interpretation.

14 Have you been able to look at the
15 consistency across these doctors or, you know,
16 more lately the industrial hygienists, in terms
17 of decision making, or for that matter
18 consistency within the same physician, if they've
19 looked at a similar condition multiple times?

20 MS. LEITON: We actually do a regular
21 audit of the CMC, the Contract Medical Consultant
22 reports, to look at the consistency issues that

1 may require training. Because then we can go to
2 the broker, and our contractor, and say we
3 believe that this needs to be clarified.

4 We also have quarterly calls with the
5 physicians, some of the physicians who are our
6 contract medical consultants. And we have
7 accountability reviews in which we can see what
8 these consultants are saying and if there's ---
9 we do look for any outliers, like, this person's
10 always denying. You know, if there's some
11 pattern that we can identify and say, well, maybe
12 there's a reason for that, we would look for
13 that.

14 But we haven't really found that to be
15 the case. It's usually, you know, pretty equal
16 in terms of we don't have one person saying one
17 thing all the time. But consistency-wise, we do
18 try to work with them when they have questions.
19 And we've given them some training on, you know,
20 what to be evaluating, what to be looking at.
21 But as I said that we do it through audits and
22 accountability reviews.

1 CHAIR MARKOWITZ: Can you provide us
2 with those audits at some point? That would be
3 helpful.

4 MS. LEITON: I'll look into that.

5 CHAIR MARKOWITZ: Dr. Cassano?

6 MEMBER CASSANO: Tory Cassano. Just
7 one last question Les Boden asked, I think, part
8 of it. After your internal appeals process where
9 you give the final decision, what is the process
10 beyond that besides going back through the
11 internal system?

12 Is there an independent board of
13 appeals? Or do you have to go into then federal
14 district appeals court in order to --- so there's
15 nothing in between the internal process and the
16 federal district appeals court?

17 MS. LEITON: Right. So we have, the
18 district offices have a different reporting
19 system there. They're separate from the final
20 adjudication branch in terms of how that
21 reporting structure -- they all are within our
22 division.

1 We found going to outside, like a
2 separate board or ALJ, was a very consuming time
3 process for a lot of it. So if we had every case
4 go to an ALJ -- we found in other programs that
5 can be very, very time consuming.

6 So I believe, when the regulations
7 were developed, the thought was we can do this as
8 a separate process, keeping within the program
9 but also separate. And that's why we have the
10 final adjudication branch. But the beyond
11 adjudication branch after the recon, after re-
12 opening, it is district court.

13 MEMBER CASSANO: Thank you.

14 CHAIR MARKOWITZ: Okay. We're going
15 to break. We will reconvene at 1 o'clock. And I
16 want to first of all, before everyone gets up and
17 leaves, I wanted to thank Ms. Leiton for a very
18 enlightening discussion and also giving us, you
19 know, very frank answers to our questions. We
20 would, in case any questions come up, we would
21 like to continue this at --

22 MS. LEITON: Sure.

1 CHAIR MARKOWITZ: -- 1 o'clock for a
2 bit. And otherwise, we'll break. Thank you.

3 (Whereupon, the above-entitled matter
4 went off the record at 11:48 a.m. and resumed at
5 1:03 p.m.)

6 CHAIR MARKOWITZ: So we're going to
7 continue our discussion. And Ms. Leiton, you've
8 been joined by Mr. Vance?

9 MS. LEITON: Yes.

10 CHAIR MARKOWITZ: Okay, so additional
11 questions, comments? Well, I have a couple
12 questions. Okay, go ahead Dr. Redlich. You can
13 start.

14 MEMBER REDLICH: Well, you can go and
15 then -- well okay. My question was --

16 MR. RIOS: Closer to the mic please.

17 MEMBER REDLICH: -- there was any data
18 -- sorry, I was interested in seeing data,
19 potentially on, let's say the types of claims,
20 sort of what diseases.

21 MR. RIOS: Closer to the mic please.

22 Sorry.

1 MEMBER REDLICH: Yes. Whether you
2 have that for, you know, trends over time.

3 MS. LEITON: So our annual report to
4 Congress has some information about the types of
5 conditions that we have accepted. And some
6 information like that.

7 But usually what we, since our
8 database is used for purposes like case
9 adjudication, case management, I mean basically
10 case management, case tracking, timeliness, that
11 sort of thing. So we have to handle requests for
12 information, like for data, on kind of a case-by-
13 case basis.

14 So if you're looking for what's the
15 highest number of acceptance use you have, it
16 sounds like that's where you're going, if it's
17 lung disease, there's certain kinds of
18 conditions, we can look at running reports like
19 that. But we probably just need to get a
20 specific request and look at it from there.

21 So it would just have to be specific,
22 because we do have to do a lot of manual --

1 MEMBER REDLICH: But you don't have
2 the data in like a database with diagnostics
3 codes or --

4 MS. LEITON: We have a database, but
5 we don't have reports that are canned. We have
6 to manually run the reports in order to get the
7 information.

8 MEMBER VLIEGER: Actually, you've been
9 providing EECAP with information that they've
10 split out into statistics that are -- the other
11 advocates have been using off of the EECAP
12 database. Off of their web page.

13 MS. LEITON: Yes. I mean if I can
14 just get requests on certain types of information
15 you need, we can figure out the best way to
16 handle it.

17 MR. RIOS: Yes. And if you have a
18 request for a specific report with very precise
19 parameters, we can certainly provide that to the
20 program. But I think what Rachel is saying is
21 more specificity --

22 MEMBER REDLICH: Got it.

1 MR. RIOS: -- is needed.

2 CHAIR MARKOWITZ: So I have a question
3 about the role that a report from a physician
4 describing the connection between the claimant's
5 exposure and their illness. And then the
6 rationale for the connection that physician is
7 drawing.

8 Does every claimant have to produce
9 such a report, and if not, what role does that
10 report play?

11 I'm just having a hard time figuring
12 out where it fits in, relative to checking the
13 SEM, seeing in the Haz-Map and the SEM the
14 connection between exposure and illness and the
15 like.

16 MS. LEITON: Well, we will look at the
17 SEM for exposure information to help us frame a
18 basis for exposure information. And if there's a
19 connection in SEM between certain toxic
20 substances that we see in the SEM and the
21 condition that's being claimed, that could
22 further frame the evidence.

1 But what we have to do with that from
2 there, is we would refer that to the treating
3 physician, usually first, and say, here's what we
4 have determined is a likely exposure related to
5 this condition, can you provide us with your
6 medical opinion regarding whether it was a
7 significant factor and causing it to lead to an
8 aggravating condition.

9 And in some cases the doctor is -- if
10 it's a treating doctor who has no experience in
11 that, then that they might come back and really
12 not be able to answer that or not be willing to
13 answer that. In which case, we would go to a
14 contract medical consultant and say, we have this
15 evidence, please provide us with an opinion.

16 And at that point, our claim staff
17 will have to, and we'll get into this later in
18 the week, they'll weigh the medical evidence in
19 the file and see if there is an opinion from a
20 contract medical consultant. And if treating is
21 kind of leaning in that direction, then that's
22 going to be an acceptance for the most part.

1 But you're going to have, you might
2 have a CMC come back and say, I can't make that
3 connection. And that's where we have to start
4 weighing evidence and we have to look at the
5 rationale that's provided by both sides.

6 And that's where our procedure manual
7 lays out as much as possible, you know, what
8 kinds of evidence we would -- how we would weigh
9 this. But it's an area that is, it's difficult,
10 because you do have to go case-by-case on it.

11 But that's how we would look at it
12 first. So we start with the treating, go to a
13 CMC and look at it in the totality from there.

14 CHAIR MARKOWITZ: So the SEM can
15 suggest a connection between exposure and
16 disease, but you're saying that a physician,
17 either the treating physician or the CMC, has to
18 confirm that connection?

19 MS. LEITON: Yes. The Haz-Map has
20 some connection. So you'll see that you can look
21 at, as I said earlier, you'll have the carpenter
22 and wood desk and there's a possibility that the

1 COPD is something that comes from that.

2 However, there's going to be varying
3 levels of years of employment. The type of work
4 they actually did.

5 Those are factors that can't be taken
6 into consideration, in the SEM, like it was done
7 in the early '50's for ten years or 20 years,
8 rather than maybe for just a couple of years
9 later. So in latency, all of those things come
10 into play.

11 So the SEM and the IH, they can frame
12 the assessment. But then it has to really come
13 down to medical evidence.

14 MR. VANCE: Yes. Hi everybody, let me
15 introduce myself. My name is John Vance, I'm the
16 branch chief for policy for the program. I've
17 worked with some of you in the past, so I'm
18 excited that you've been named to the board.

19 And Rachel and I decided it would be a
20 good idea to have me come up and do some tag
21 teaming up here on some of these things.

22 So thank you again for helping us.

1 I'm really looking forward to sharing some of the
2 glamor and some of the horror of this process.
3 So I'm really looking forward to getting some
4 input on some of the things that we deal with
5 every single day. And this is one topic.

6 But before I get into that, I also
7 just want to share a little bit of my background
8 so everybody is sort of comfortable with who I am
9 and where I'm coming from.

10 So Rachel blazed the path in 1994,
11 working in the Federal Employees' Conversation
12 Act. I followed a year later and worked in the
13 FECA Program. Dr. Silver, that was one of your
14 questions. So I was on the FECA-ites that came
15 into the energy program in 2001.

16 So my background has been claims
17 examination. I was a nurse case manager for a
18 while. I did long-term disability cases, I've
19 done outreach and public interactions on media
20 and other types of things. And right now I'm
21 working as the policy branch chief. So I've sort
22 of had my handle on the different things in the

1 program.

2 So in response to that question, I
3 thought I'd illustrate it a little bit more in
4 two areas. One is, when you're talking about a
5 worker conversation determination, you're talking
6 about a decision that is basically saying what
7 aspects of this person's performance of duty is
8 causing a disease. Okay.

9 So the question on medical causation
10 is one at the tail end of the process. Once
11 we've gone through and evaluated the employment
12 factors, we've developed and identified what the
13 diagnosed condition is, we then have to look at,
14 okay, as part of this causation assessment, well,
15 what were the toxins.

16 And when we're talking about toxins,
17 we're talking about radiation, biological or
18 chemical toxins or materials. What was the
19 likelihood that that individual employee came
20 into contact with that material?

21 So we have to develop an exposure
22 profile for that individual. All right? And

1 there's filtering methodology that we go through,
2 in order to get to that point.

3 Once we've gotten to a point where we
4 feel pretty confident on what are the potential
5 exposures that this employee encountered in their
6 workplace, we are going to go to a doctor and
7 say, given that information, given their duration
8 of employment, given the information that we have
9 about the extent duration of exposure, our
10 industrial hygienists are opining on with regard
11 to how much an exposure of these toxins they
12 encountered in their workplace, the physician has
13 got to take that in consideration of all these
14 other variables and come to a outcome conclusion.

15 Either these factors of their
16 employment, including the exposure, caused or
17 contributed or aggravated based on that Part E
18 standard, to the onset of this disease. So you
19 really have an exposure and a medical causation
20 component.

21 CHAIR MARKOWITZ: So I understand.

22 Does that mean that either the treating

1 physician, when you go back, if that treating
2 physician has not provided a rationalized report,
3 the treating physician or the CMC is actually
4 given an industrial hygiene analysis of the
5 claimant's degree of exposure, is that what
6 you're saying?

7 MS. LEITON: Under most circumstances,
8 yes. We try to give them at least some
9 understanding of what exposure this person might
10 have had, before we ask them for an opinion on
11 causation. Because if we don't do that, they're
12 kind of working in the dark. So that's why we do
13 go to the industrial hygienist in a lot of these
14 cases.

15 CHAIR MARKOWITZ: Just a quick follow-
16 up. Does the industrial hygienist interview the
17 claimant?

18 MS. LEITON: No, they rely on the
19 evidence that's in the case file, the DAR
20 records, any records that we've been able to
21 obtain, in addition to the occupational history
22 questionnaire that is in the file, that's already

1 been done. In addition to the SEM analysis and
2 information that's been provided to them.

3 CHAIR MARKOWITZ: Other questions?

4 Other comments? Yes, Dr. Sokas.

5 MEMBER SOKAS: Hi. This is a question
6 about the industrial hygiene information that's
7 available.

8 So the original SEM included kind of a
9 laundry list of what the contractors or the --
10 you know, provided, but not whether or not
11 anybody was exposed to it. And there was some
12 suggestion that maybe, with all of the DOE cohort
13 studies that have been done, that maybe some of
14 the industrial hygiene information from specific
15 places that were used in epidemiologic studies,
16 maybe that either, some of it's just job matrix
17 analysis, but some of it was actual measurements.

18 Has that been added in to the mix of
19 what the industrial hygienists have or how robust
20 is the information they get?

21 MR. VANCE: This is John Vance. When
22 the industrial hygienist gets the case file and

1 referral, what they're going to get is a copy of
2 the entire exposure history that we've been able
3 to obtain from the Department of Energy.

4 So if that record does contain any
5 individualized monitoring data, that will be part
6 of the review that the industrial hygienist does
7 take a look at.

8 They'll also look at the filtered
9 results of the Site Exposure Matrices that the
10 claims examiner has done.

11 They also have access, and we'll look
12 at the occupational history questionnaire, and
13 other information that may have been submitted by
14 an individual in support of their case.

15 The issue is, in the absence of that
16 material, how do you make exposure findings? And
17 I think that's one of the areas where we're
18 really looking for some help, because we have
19 consistently struggled with that.

20 And that's a reality across this
21 program, when you're talking about work
22 activities that started in 1942. And even a

1 little bit earlier, going forward, it's the
2 absence of good exposure data.

3 And merely having site general, you
4 know, generalized site exposure data, how do you
5 take that and apply it to an individual employee?
6 And that's where the challenge comes.

7 And that's where we have to rely on
8 industrial hygienists to opine on what are the
9 likely exposures that this employee, given the
10 variables of their employment history or their
11 work processes that they engaged in, what is it
12 that they could have come into contact and how do
13 you describe that type of exposure as being low,
14 moderate, high, significant or in passing only.

15 And that's one area where I think that
16 we have really struggled. And that would be an
17 area definitely that we would be interesting in
18 having some help with that.

19 CHAIR MARKOWITZ: Dr. Dement.

20 MEMBER DEMENT: Yes, does the IH also
21 get -- I mean they get the occupational history
22 that was filled out, do they also get any

1 statements by the worker or co-workers at that
2 time? Any affidavits to consider.

3 MR. VANCE: I'm fairly certain that
4 they would get any, the claims examiners are
5 going to submit anything of an exposure-related
6 nature, in the case file. So if there are
7 descriptive exposure discussions about what it is
8 that the employee felt that they were working
9 with or came into contact with, that will be
10 included.

11 The occupational history questionnaire
12 also has lists of different kinds of toxins that
13 they can mark off as being something that they
14 think they were exposed to.

15 Basically, any material that we have
16 that can give context to the type of exposure
17 that they employee had, should be going to the
18 industrial hygienist.

19 CHAIR MARKOWITZ: So a different kind
20 of question. Is there any element of
21 presumptions that you're able to use that would
22 make your life a little easier and maybe the

1 lives of some claimants a little easier?

2 MS. LEITON: So there aren't any in
3 the statute. Unfortunately, we don't have
4 anything in there that says you can make any
5 presumptions.

6 But, what we've been able to do over
7 the years is, based on our experience with the
8 claims and based on research that our
9 toxicologists have been able to do, we've been
10 able to come up with some circulars which will
11 give a certain set of circumstances. Like I
12 think it's TCE in kidney cancer, kidney disease.

13 So one of them is kidney disease and
14 TCE exposure. Trichloroethylene.

15 And we've been able to say, if you
16 worked this amount of time, you had this latency
17 period and you worked in this labor category, we
18 can make a presumption that that would be related
19 and you don't have to do anything further. And
20 so we've been able to come up with a few of
21 these.

22 And we've got the circulars. I think

1 we even sent them as a pre-read.

2 But those circulars are where we've
3 been able to make those presumptions. Based on
4 evidence we've received from case files that
5 we've been able to do further research on or
6 based on, just like we will look at the IARC
7 information. And if they make a determination
8 that a cancer is related to a certain toxic
9 substance, we can move that into our Haz-Map
10 database.

11 So some of those either can be in a
12 circular where the presumption is pretty clear or
13 we can add it to the Haz-Map, which will help.
14 But this is an area which you're going to hear
15 over and over again in our presentations this
16 week, that we really would love some help.

17 If there are circumstances that this
18 Board can recommend or help us go towards making
19 a presumption of whether it's -- if it got, as I
20 said, like at this latency period, any particular
21 toxin we know of or can find more research on or
22 areas we can go to make these presumptions,

1 whatever level of recommendations we can get from
2 this science and medical and advocate community,
3 the better for us and the better for the
4 claimants. Because, believe me, we don't want to
5 have to go through an individual assessment every
6 single case, in situations where that's not
7 necessary.

8 But unfortunately, we haven't found
9 lot of those as of yet. Because our business is
10 adjudicating claims on a case-by-case basis. And
11 when we can make these assumptions we do. Any
12 advice and guidance you guys can give us would be
13 appreciated.

14 MR. VANCE: Yes. And let me add a
15 couple of little details to these kind of
16 problems. Because as far as policy development
17 is concerned, the challenge that we're faced
18 with, with regard to presumptions, and what we're
19 talking about is generalizations. Being able to
20 take a policy document and apply it in a general
21 sense to a large group of claimants.

22 The challenge is getting the science

1 together that supports whatever it is that we
2 have decided to do. Whether it's the science on
3 the epidemiological side or whether we're talking
4 about generalizations of exposure across the DOE
5 complex.

6 So we can have assistance looking at,
7 if we go to a site and say, okay for Hanford for
8 example, let's use Hanford, are we able to go out
9 there and say, okay, if we have these labor
10 categories working in these job areas or these
11 work circumstances, we are going to presume, for
12 this labor category, a significant level of
13 exposure. And be able to utilize that across the
14 board with no questions asked.

15 That's one type of presumption that
16 would be very helpful. And that is an issue in
17 that we'd be looking at Hanford, we'd be looking
18 at all of these sites. And all of these sites
19 have different types of exposure parameters.

20 So you know, what might work for a
21 significant exposure at Hanford might not work at
22 Pinellas or Savannah River or Rocky Flats. But

1 if we're able to get in there, and when talk
2 about the site exposure matrices tomorrow and be
3 able to see, okay, if we know that this material
4 was there, we know these work processes were
5 engaged with that material, can we not have some
6 sort of guidance to our claim staff saying, you
7 just presume significant exposure. Or whatever
8 the level of exposure.

9 On the health effect side, the issue
10 there is looking at the science and trying to get
11 agreement as to, what does the total body of
12 science on a particular issue say, that allows
13 the Department of Labor confidently say, we can
14 presume that if you have these criteria satisfied
15 that this is going to end with an accepted case.

16 So we just did one recently with
17 chronic obstructive pulmonary disease where we
18 talked about, what was the available science that
19 showed us, if you were an employee engaged in
20 work around these particular materials, what is
21 the threshold for us to be able to say we're
22 confident, that if you meet these criteria, we

1 will accept the case. We are going to make the
2 presumption that this exposure, in your
3 workplace, caused COPD. And so when you look at
4 the collage of all the science out there, some
5 science will say this study says, well, the
6 exposure needs to be five years. This study over
7 here says ten years. This one says it doesn't
8 exist at all. This one says 20 years.

9 So trying to get an agreement as to
10 what standard to apply, is one of the areas where
11 we really struggle because oftentimes the science
12 is very conflicting. And so how do you take
13 conflicting science and arrive at a compensable
14 type of application for this program.

15 And that's where I think this Board
16 would be particularly helpful for us. Because we
17 have our experts, but we're limited in the
18 resources that we've had in the past to do that.

19 With this Board, we now have that
20 capacity to have those kind of issues looked at
21 more carefully.

22 CHAIR MARKOWITZ: Dr. Welch.

1 MEMBER WELCH: Yes, Laura Welch. You
2 may have just answered that a little bit. But I
3 can see both needing a process and some
4 assumptions.

5 And do you guys have a specific
6 process you've used, say for COPD or the one on
7 chemicals and hearing loss? Those are the two
8 I'm -- or is it more of an ad hoc group
9 internally that did it or did you have outside
10 consultants?

11 Because one thing we could, I mean we
12 probably as a group could agree on some -- if you
13 gave us a disease, we can come up with a
14 presumption and I'll make everybody agree with
15 me, I promise. But in the long run, it might be
16 nice to also say, here's a procedure that you
17 could use that would be informed by the best
18 experts that exist. If it's pulmonary, with the
19 American Thoracic Society or things like that.

20 MS. LEITON: I absolutely think
21 processes would help us. I mean as we've
22 indicated, when you build a compensation program,

1 you're thinking about claims examiners to review
2 cases.

3 And we've got a health science unit
4 with a couple of industrial hygienists, a
5 physician and a toxicologist. But that's a very,
6 it's a limited group. And we do do research, but
7 yes, processes.

8 You know, the use of outside resources
9 then become an issue of, how do we reimburse.
10 Then it becomes all those other kinds of
11 concerns.

12 But whatever, you know, we'd be happy
13 to look at any thoughts on, how do you get such a
14 peer review process in place or something. You
15 know, we always have to look resources, but I
16 think process and actual presumptions would both
17 be great for us to take a look at.

18 CHAIR MARKOWITZ: So this development
19 of presumptions overtime, limited I understand,
20 is in part based on your own experience in
21 handling claims and seeing claims repeatedly for
22 the same conditions among the same workers and in

1 part based on an increasing understanding of the
2 underlying science, is that correct?

3 MS. LEITON: Yes. But to put that in
4 a context, we wouldn't just say, we've accepted
5 80 percent of COPD cases with this condition,
6 without getting scientific or medical review of
7 it. Obviously that's something we can provide
8 and look at, but we would need to have further
9 guidance on it.

10 So it's always going to come down to a
11 scientist or a medical doctor, somebody telling
12 us that that's a presumption we can make. But
13 yes, we've looked at both.

14 MEMBER CASSANO: Victoria Cassano. So
15 obviously, short of these presumptions then, what
16 it sounds like might happen is, two workers,
17 similar work experience, similar exposure, same
18 medical outcome, based on the expertise of either
19 their treating physician or the CMC that the case
20 is sent to, you may have one accepted and one
21 denied?

22 MS. LEITON: That can happen. And I

1 mean again, I hate to say that there's any case,
2 any two cases are exactly the same, but yes,
3 there are going to be variations in the different
4 types of cases.

5 CHAIR MARKOWITZ: Dr. Boden.

6 MEMBER BODEN: More of a comment than
7 a question. About presumptions. So presumptions
8 aren't purely scientific. Right?

9 You make a presumption bouncing off a
10 bunch of things that aren't science. A
11 presumption can be more generous or less
12 generous.

13 And a more generous presumption will
14 let more cases in that, you know, if we were God
15 we could actually tell where the right case to go
16 in. And we'll also let in more cases, that if we
17 were God, weren't the right cases to go in. And
18 the converse for a less generous presumption.

19 And there are other effects of
20 presumptions too, in terms of how much time both
21 the agency and the claimant spend trying to get
22 to a resolution of a case. And not only how much

1 of their own hours of time, but how many calendar
2 days or months or years it takes.

3 So I just wanted to put that out there
4 to make the point that science only goes so far
5 in these things and that we should, I think,
6 really be thinking about these as what's the
7 overall goal we want to get and can particular
8 presumptions help us get there.

9 MS. LEITON: Thank you.

10 CHAIR MARKOWITZ: Yes, Dr. Dement.

11 MEMBER DEMENT: John Dement. In
12 listening to the discussion, it sounds like the
13 determinations are, at least it would be good to
14 the SEM, are pretty site specific.

15 So for example, if I have a pipe
16 fitter and he works on, I would say any of the
17 DOE sites up until a certain time frame when
18 asbestos was highly used, I think there could be
19 a presumption that if they have this lung disease
20 and they were in this trade, so if regardless of
21 the site, it's more likely than not that it
22 contributed to the outcome. Is that something

1 that's within the purview of the organization?

2 MS. LEITON: Again, I think that if
3 there is, if we have backing by scientific and
4 medical community to make those sorts of
5 presumptions, then yes, I believe that it is.

6 But again, it really comes down to,
7 our claims examiners are not going to make those
8 sorts of presumptions without us making it for
9 the program. And being able to make that with
10 the backing of a group of scientists, or however
11 we process one of the two, that is what I think
12 we are allowed to do. But we just need to make
13 sure we've got the backing for it at the end of
14 the day.

15 CHAIR MARKOWITZ: Dr. Sokas.

16 MEMBER SOKAS: So this is, I'm sort of
17 going back to the question of definitions, partly
18 in follow-up to John's comment here.

19 So I want to make sure that I have
20 this. In one of the circulars it says, it is at
21 least as likely as not, that exposure to a toxic
22 substance was a significant factor in

1 aggravating, contributing to or causing an
2 illness.

3 So in my understanding, at least as
4 likely or not, is the 50 percent or greater,
5 right? I mean that's kind of the equivalent.

6 So that is for toxics, it's just
7 qualified a little more by, that there is
8 significant evidence that there's one of these
9 three categories contributing.

10 MS. LEITON: That's true.

11 MEMBER SOKAS: But again, it's a 50
12 percent so it's not more likely than not, it's
13 not with a reasonable degree of medical
14 certainty, it's not metaphysical certitude,
15 right.

16 I mean it's like all of the things
17 that in general, in a law court, you kind of
18 anticipate. Or if you're in clinical practice
19 and you want to make sure that you're not giving
20 somebody a medication that's going to have side
21 effects, you want to be sure of that.

22 So there's a higher threshold in

1 almost every clinical encounter than what we're
2 talking about here.

3 MS. LEITON: And that is a really good
4 point. Because that's a very difficult thing to
5 explain.

6 At least as likely as not is defined
7 in Part B, as 50 percent. So when we're using at
8 least as likely as not again, in Part E, that 50
9 percent is still there. But it is caveated by
10 the significant factor cause contributed to and
11 aggravated.

12 So that's an area where it can be very
13 confusing to people and say, why are you saying
14 at least the 50 percent here, when that's only a
15 B standard? It is a B standard but it's a B
16 standard for the least likely -- it's a standard
17 in general for the statute, for at least as
18 likely as not.

19 MEMBER SOKAS: Yes.

20 MS. LEITON: With that caveat. So I
21 appreciate that clarification.

22 CHAIR MARKOWITZ: Steven Markowitz.

1 Well that fact is that most of the time you can't
2 quantify the relationship between toxic
3 substances and disease. So you couldn't come up
4 with a percentage.

5 So 50 percent or 75 percent wouldn't
6 mean anything to us in making that determination.
7 So we're much more comfortable with language here
8 rather than numbers. Because it reflects the
9 underlying science. Mr. Whitley.

10 MEMBER WHITLEY: Garry Whitley here.
11 So let's go back to what the claims examiners are
12 doing today.

13 We don't have these presumptions in
14 place, which you'd love to have some. So are
15 they putting a lot of weight on the SEM database?

16 MS. LEITON: They're putting weight on
17 the medical evidence in the file. I mean the SEM
18 database will guide and direct where they can go
19 in the case. Meaning, if there's evidence of
20 exposure, we can find out maybe what the level of
21 extent of their exposure might have been to an IH
22 assessment, and then we go to medical. And

1 that's where they're looking at totality
2 evidence.

3 So it's not relying on SEM, it's
4 really relying on what kind of medical evidence
5 we've got and what kind of exposure information
6 we have.

7 MEMBER WHITLEY: And where are we
8 getting that medical evidence?

9 MS. LEITON: We're getting it from the
10 claim --

11 MEMBER WHITLEY: Go ahead.

12 MS. LEITON: We're getting it either
13 from the claimant, when we can, if the claimant
14 has it. Or we're getting it from a contract
15 medical consultant where we are unable to obtain
16 any information from the claimant's treating
17 physician.

18 MR. VANCE: All right. And let me add
19 a little bit about the site exposure matrices,
20 just to make sure folks, and we're going to talk
21 about this at length tomorrow.

22 But the site exposure matrices is a

1 development tool that is used by claims examiners
2 to try to prioritize and identify potential
3 exposures that an employee encountered in their
4 workplace, by correlating what information we
5 have on that employee in their employment records
6 or what they have identified in the occupational
7 history questionnaire or whatever other evidence
8 we have.

9 You assemble that information and then you
10 do basically an analysis of the site exposure
11 matrices. You got the application of that
12 resource in trying to say, okay, the site
13 exposure matrix exists to provide exposure
14 information, what are the toxins that a welder
15 would have encountered at Rocky Flats in this
16 building.

17 Or what is it that a laborer at K-25
18 would have been doing who also, as part of their
19 occupational history questionnaire, is basically
20 saying, I was demolishing building, outbuildings.
21 Okay. We can go into the site exposure matrices
22 using these characteristics that we correlate

1 back to the case file and we say, okay, if we
2 plug these criterion variables in, what is going
3 to be reproduced.

4 So you'll get a return out of the site
5 exposure matrices, depending on your filtering
6 methodology. These are the top three toxins that
7 somebody with that filter would have been
8 encountering. The potential exists for that
9 exposure to have occurred.

10 That information is then packaged up
11 to the industrial hygienist who looks at the
12 extent and duration and nature of exposure. So
13 they're getting further exposure data.

14 So that's sort of the mechanism for
15 exposure findings. From the CE.

16 CHAIR MARKOWITZ: Dr. Welch.

17 MEMBER WELCH: I know that from when
18 we did our site profiles for the screening
19 program, there are documents that describe the
20 exposure scenario in a little more detail than
21 what ends up in the SEM. The SEM is almost like
22 a shorthand.

1 And I think at this case, where some
2 gentleman from Savannah River had never smoked,
3 had lung disease and it turns out his job was
4 spraying waste water, spraying water onto a waste
5 pile, it then burst into flames.

6 So that's probably captured some way
7 in the SEM, but probably not with the detail that
8 John had, when I asked him like, what burst into
9 flames when you poured water on it. And then he
10 was in the cloud of hazardous material.

11 So do the industrial hygienists have
12 all that? Do you know if that's all in a
13 database in a way that people can go back and
14 look at the original records?

15 Or even, probably I'm sure our site
16 profiles are available, but the stuff that we
17 drew from to get to the site profile.

18 MS. LEITON: So the information that
19 we have in the SEM is going to be, well, based on
20 the research we've done with DOE.

21 The information you're talking about,
22 to the level of specificity that you're talking

1 about, if we get that kind of information and can
2 put it in the SEM, as one of the incidents,
3 because there's a whole space for incidents and
4 accidents and that sort of thing, that will
5 describe it. And there will be backup behind it.

6 But we are always looking for that.
7 And we have a public mailbox for when we know
8 about these things.

9 So that's the kind of information we
10 can always use to supplement the SEM or even get
11 specific case file documentation.

12 CHAIR MARKOWITZ: Yes, go ahead.

13 MEMBER TURNER: James Turner. I don't
14 know if you remember, that was adopted by the
15 name of Dr. Jim Ruttenber.

16 MS. LEITON: Yes.

17 MEMBER TURNER: Okay.

18 MEMBER WELCH: At Colorado.

19 MEMBER TURNER: Right.

20 MS. LEITON: Yes.

21 MEMBER TURNER: Colorado, yes. Okay.

22 They did a former workers, a study on former

1 workers.

2 So my question is, they were doing the
3 job exposure matrix at that time, so it's been
4 now changed to the site exposure matrix. So
5 what's the difference?

6 MS. LEITON: That's something separate
7 from the site exposure matrices. The site
8 exposure matrices we developed in conjunction
9 with looking at DOE records that were provided to
10 us.

11 That's how it started. Was using DOE
12 records, the roundtables that were used with
13 employees and any other information that we've
14 been able to obtain since then.

15 We have added information based on
16 public record or public information or anything
17 given to us. But what you're talking about is
18 probably something separate from what is --
19 that's the Ruttenger database.

20 MR. VANCE: Yes. Let me just add just
21 so everybody, some folks are probably really
22 familiar and some are not.

1 But the site exposure matrices is a
2 Department of Labor generated database. It was
3 Rachel's decision that we really needed to make
4 data available for claims adjudication.

5 So when this program first started
6 under Part E, we needed to find this kind of
7 information. So the Department of Labor took it
8 upon itself to go out, get a contractor to go
9 back and do the research to try to collect this
10 exposure data on these toxic materials used at
11 the sites.

12 This is independent from some of the
13 former workers screening programs that are doing
14 work in conjunction with DOE former workers.
15 That's independent of certain other types of
16 studies that are being done at these different
17 facilities, including Rocky Flats.

18 So you did have some efforts by
19 scientists and other medical experts to go out
20 and do some profiling.

21 And Rocky Flats, what I think you're
22 talking about is that. It's basically a

1 physician who was doing research and studying
2 Rocky Flats workers and exposures at that site.

3 But the site exposure matrices itself
4 is a Department of Labor developed and maintained
5 resource.

6 CHAIR MARKOWITZ: But do you know --
7 Steven Markowitz. But I'm not sure if this is
8 part of the question, but did Dr. Ruttenber's
9 work, in documenting exposures at Rocky Flats,
10 did that end up entering the SEM database? Maybe
11 that's too specific of a question to know.

12 MS. LEITON: I need to get back to you
13 on that.

14 CHAIR MARKOWITZ: Okay, sure. Yes,
15 Dr. Sokas.

16 MEMBER SOKAS: So this is just making
17 that specific question a little bit more general.
18 I mean, because I'm thinking of the SEM as a
19 laundry list of all the material safety data
20 sheets that used to be there kind of thing. And
21 a lot of it did not, and then separate incident
22 reports where there was a fire or there was an

1 explosion or whatever happened.

2 But did any of the -- because I can
3 see where it would be challenging to do this, but
4 I'm just wondering if any of the job exposure
5 matrices or the site profiles or the research
6 derived estimates of actual exposures, if any of
7 them got incorporated and how that would work
8 within the SEM?

9 MS. LEITON: So some of that
10 information, I would imagine when we did research
11 of the DOE records, that they maintained and they
12 have had would have been part of the database.

13 But when we talk about specific
14 databases, specific site profiles, I really need
15 to check on what we have included and what we
16 haven't included before we give you a definitive
17 answer.

18 CHAIR MARKOWITZ: Dr. Cassano.

19 MEMBER CASSANO: Tori Cassano again.
20 Jumping back to the medical opinion piece, again.
21 What kind of criteria, or are there any criteria,
22 used to evaluate the validity of a medical

1 opinion?

2 In another words, I give you a medical
3 opinion that's as less than likely, no
4 references, just I'm this great person and I'm
5 telling you that it's less than likely or more
6 than likely. What criteria are used?

7 I mean is it, I know you look for a
8 rationale, but there are different levels of
9 rationale. And how do you evaluate the validity
10 of that opinion?

11 Whether it comes from a treating
12 provider or comes from your CMC. Is it
13 references, is it what?

14 MS. LEITON: So on, I believe it's
15 either Wednesday or Thursday, we're going to have
16 an hour long discussion of exactly that issue.
17 So if you don't mind, maybe we can revisit it
18 again then.

19 But we do. There is references and
20 that sort of thing. But we will talk in depth
21 about that.

22 CHAIR MARKOWITZ: Last questions.

1 Yes, Dr. Silver.

2 MEMBER SILVER: Going back to
3 presumptions for a moment, I'm sure we'll spend a
4 lot more time on this. When you're listing the
5 different in-house experts you have, I didn't
6 hear you mention occupational epidemiology. But
7 I did hear the classic problem of some studies
8 showing an effect and many others not.

9 There's a certain awareness that
10 people who have studied it and applied it,
11 develop, which is not all studies are created
12 equal. Those with the sharpest characterization
13 of past exposures are typically the best
14 occupational epi studies.

15 And I'm wondering if you have anyone
16 on your staff who has a keen eye for
17 differentiating the best studies from all the
18 others?

19 MS. LEITON: Our toxicologists. We do
20 have a toxicologist on staff who is the one that
21 analyzes those reports for the most part.

22 We have used outside experts on

1 occasion to assist us in looking at this. We had
2 a medical director for a while. But it's usually
3 the toxicologist that will look at that
4 particular issue, when it comes to presumptions.

5 Using a pretty conservative approach,
6 with regard to what's peer reviewed, what's
7 generally known, that sort of thing, before. We
8 haven't been super -- well, we've been
9 conservative just because we would need to have,
10 and if we had more of a panel or a board to tell
11 us that sort of information, probably would be
12 more helpful.

13 But we have to be a little bit careful
14 about just making, as I think somebody suggested
15 earlier, assumptions without making sure that
16 we've got a backing behind it.

17 MEMBER REDLICH: Carrie Redlich. You
18 mentioned the contract physicians that if
19 someone's own physician doesn't make an
20 association. So how many total of these people
21 are there?

22 MS. LEITON: I don't have that exact

1 figure, but we've got at least over a 100
2 physicians around the country that's listed with
3 the contractor that can consult on a various
4 variety of topics. We've got different
5 specialties, depending on, we have pulmonologists
6 or occupational specialist, et cetera.

7 MEMBER REDLICH: And do they go
8 through training?

9 MS. LEITON: Yes.

10 CHAIR MARKOWITZ: Yes, I think we're
11 going to get into this more in greater depth
12 Thursday morning or tomorrow afternoon, I'm not
13 sure.

14 MS. LEITON: Yes.

15 CHAIR MARKOWITZ: Any other questions,
16 comments? So thank you very much, Ms. Leiton --

17 MS. LEITON: Thank you.

18 CHAIR MARKOWITZ: -- and also Mr.
19 Vance. We're going to hear from our, I'd like to
20 welcome Dr. Patricia Worthington from the
21 Department of Energy. She's the director of the
22 Office of Health and Safety in the Office of

1 Environment, Health, Safety and Security.

2 And while she is getting settled, I'd
3 also like to recognize her colleagues here from
4 the Department of Energy. Greg Lewis, Moriah
5 Ferullo and Isaf Al-Nabulsi who have come. And
6 maybe others, I'm not sure, but those are the
7 ones I recognize. Anyways, welcome and we look
8 forward to hearing from you.

9 DR. WORTHINGTON: I want to thank this
10 Board for the invitation. I am very pleased and
11 honored to be a part of the inaugural seating and
12 starting of work for this great Board.

13 And thank you, Dr. Markowitz for
14 introducing the staff here. They're certainly a
15 big part of this program.

16 I'm very pleased to follow Department
17 of Labor on this discussion. There's been a lot
18 of activity on what goes on and how it's being
19 done.

20 But I guess at the end of the day it's
21 important for DOE to make sure that they have the
22 tools that they need. That the information is

1 available to do the work. All the documents.
2 And we'll talk, as we go through this
3 presentation, about sort of our commitment.

4 I want to tell you just a little bit
5 about myself and why I'm still pleased and
6 excited about this work. I've had a number of
7 years working at the Nuclear Regulatory
8 Commission. I came to the Department of Energy
9 in 1991.

10 And I guess one of the most fulfilling
11 things that I've done, at the Department of
12 Energy, was work on the gaseous diffusion
13 investigation. I lead a series of investigation
14 that provided some very important information I
15 think that supported the development of public
16 law and everything related to EEOICPA.

17 We had a team in over about an 18-
18 month period, we went to K-25 and Paducah and
19 Portsmouth and we talked to over a thousand
20 workers in that process. Some of them current
21 workers and some of the workers that had worked
22 at the plants over the years.

1 And it's nothing more rewarding than
2 hearing from the workers about what they did.

3 And all of them were very open and forthright
4 about their activities and very pleased that the
5 department would care enough to send someone to
6 hear about their experiences.

7 So again, that was very good. I was
8 very pleased in the 2006 time frame to actually
9 be reorganizing, restructured and then working
10 directly with some of these programs that I'll
11 talked to you about today.

12 For us, the workers, whether they are
13 current workers or former workers are extremely
14 important. They've had some very important work.
15 And some of that work still continues at the
16 Department of Energy.

17 A little bit about some of the things
18 we do for current workers. We have the
19 responsibility for the various rules and
20 regulations that govern worker health and safety
21 responsibility.

22 For example, for having in place the

1 worker safety and health program that they are
2 governed by. We have the former worker medical
3 screening program because we care about workers,
4 even when they leave.

5 We'll talk a little bit more, in the
6 few minutes, about the former worker program and
7 how to structure it. Some of you around the
8 table, the PIs, very important role in that area.

9 Okay, here we go. A little bit about
10 the background, in terms of this work. A lot the
11 work was very hazardous. Done in a very
12 important time when we needed increased security.
13 National security across the country.

14 And they owe us -- we owe these
15 workers a huge debt. And we look for ways to
16 pay, to pay them back for what they've done.

17 So the Department is committed to
18 health and safety of the workers. Again, the
19 current and former workers.

20 And let's talk a little bit about the
21 background of some of these activities. A very
22 exciting time in the U.S. when many of these

1 programs were being developed.

2 And you'll hear about some of them.
3 You're very familiar with some of them. But
4 there were a lot of workers that were in the
5 trenches, in terms of getting things done. And
6 you'll never hear their names, other than the
7 times that they're coming forward saying that I
8 believe I have some adverse health effects and
9 I'm looking for information that would help me
10 support or better understand my condition.

11 You've heard some numbers here today
12 about half a million workers, 600,000 workers, or
13 whatever it is. You know, as we continue to work
14 on these various programs, we find more
15 information. We believe that the numbers are
16 higher than ones that we've quoted in the past.

17 But also, we have some challenges in
18 terms of determining the numbers. And I'll talk
19 a little bit about some of those challenges right
20 now.

21 We look back over a very long period
22 of time, for these workers. And in some cases,

1 employment verification, which we've talked about
2 already, was difficult. Or in some cases, nearly
3 impossible to be determined.

4 We try at the Department of Energy to
5 use everything that's available to us when we are
6 looking for verifications. And we believe that
7 the original request should come to us, as our
8 responsibility, for verifying that these workers
9 actually worked at the Department of Energy.

10 One of the things that we've used, for
11 example at Hanford and some of the other sites,
12 things that are simple, but useful, are like
13 telephone books.

14 For example, if we find very old
15 telephone books in Hanford, if you were in that
16 telephone book at a certain period of time, you
17 had to be working at that site. Because you
18 wouldn't have any other reason, you would have
19 any authority to be living in that area.

20 So we want this group to understand
21 that we try to use every means possible, to
22 determine whether people were working at the site

1 or not.

2 During the course of this
3 presentation, and in the future, you'll hear us
4 mention the word contractor. And for us, at the
5 Department of Energy, we make no distinction
6 between subcontractors and sub, sub, subs, for
7 doing the work, in terms of being able to deliver
8 for them, proof of verification. As well as
9 proof of the kinds of things that they may have
10 been exposed to.

11 It has been a challenge for us over
12 the years to do that certain type of work where
13 workers were transient. And moving about becomes
14 more difficult.

15 Over the last year or so we've had
16 some very interesting and enlightening things
17 happening at Hanford for example. Where people
18 there that are dedicated to looking for records
19 and verifying work, and so forth for the
20 Department of Energy, they've come up with a lot
21 of new documents.

22 Again, this idea at Department of

1 Energy, is that we are committed to our workers
2 and we don't want to miss anything or leave
3 anything undiscovered in that area. And they're
4 finding a lot of records and a lot of things that
5 provide some clarity to not only just whether the
6 individuals were working at those sites, but also
7 what kind of work and what organizations and
8 contractors they actually worked for.

9 A little bit about our core mandate.
10 I'll talk about sort of our relationship to the
11 NIOSH Board and what we do. And now we're very
12 honored to have some responsibilities to help you
13 get the information that you need so that you can
14 help Department of Labor.

15 We provide information, various types
16 of information. Even tours of facilities, or
17 where if facilities don't exist anymore,
18 information about the layout of those facilities
19 and the kinds of things that went on during that
20 time.

21 I think I'll take a moment and talk
22 about security a little bit, right now, since it

1 was mentioned several times and the need for
2 clearances and so forth.

3 That was one thing, when this Board
4 was created, that there was a specific
5 responsibility for Department of Energy to grant
6 security clearances for members of the board, as
7 needed.

8 I would ask that as you're standing up
9 the board, you're stood up now and you're doing
10 various types of things, that you take the
11 opportunity to kind of revisit what your initial
12 request would be for security clearances.

13 Because of many of the breaches that they've had
14 in the government over the last few years, the
15 scrutiny for security clearances and the need for
16 clearances and the time it would take to get them
17 completed, is actually a longer more complicated
18 process.

19 And we also have, whenever we have a
20 major election and we stand up a new
21 administration, we have a number of people
22 related to those cabinet positions and so forth

1 that are also looking and seeking clearances. So
2 it will take some time to get them done.

3 And so in the early hours and days of
4 this group, if you would revisit what your
5 requests would be and get them in so that they
6 can be considered. Because in some cases,
7 they're taking over a year to get them done now.

8 So certainly we would make, you know,
9 request, give it high priority. But we are
10 limited by the processes that are in place. And
11 that include other agencies. So please feel free
12 to think about those things in the near future.

13 In terms of, we've talked a little bit
14 today about receiving information and
15 transmitting information. We are in the
16 business, at the Department of Energy, of making
17 available the appropriate things to define and
18 describe the work activities that went on.

19 In the process, a few years ago, we
20 had some security breaches. Breaches of privacy
21 and other kinds of things.

22 And so Greg Lewis and his organization

1 worked really hard with our IT department, and
2 other organizations, to come up with the security
3 electronic records transfer.

4 It's been, I think, a major
5 improvement in terms of how long, how fast we can
6 get to the documents to NIOSH and to the
7 Department of Labor. But also, it provided a
8 high degree of security and protection of the
9 information. I think it's made our lives a lot
10 easier.

11 Again, we look for opportunities. We
12 conduct research and other things to try to find
13 the information.

14 Let's talk a little bit about why it
15 may be so difficult, in some cases, to obtain the
16 information. It should be easy to verify
17 employment and to provide specific information.

18 But we're looking back over an
19 extremely long period of time. And in the
20 beginning, it was just paper. And in some cases,
21 not even paper. Some things weren't even well
22 documented.

1 And overtime things became better
2 documented, but they were still in systems that
3 were paper. We brought contractors onboard, at
4 some point, where we had more sophisticated
5 approaches for managing records.

6 But overtime, contracts changed and
7 the new systems didn't talk to each other. And
8 we had microfiche and old documents and things
9 like that.

10 And so from time to time we actually,
11 in some cases because of workers, in fact former
12 workers, that make us aware of a collection of
13 records that we weren't aware of before and that
14 we're able to use and provide some specific
15 information.

16 So in some cases, it is a challenge
17 about finding the information, about searching
18 the information and about, at some sites, I know
19 for example, we actually maybe have 25 or 30
20 different places that you would look for a given
21 individual. Depending upon the type of work they
22 did and how they moved around. And if it was

1 over a long period of time.

2 So lots of places to look. Some
3 places not easy to search. And some of the
4 materials themselves are in poor condition. In
5 terms of being able to read that.

6 So our commitment for looking for
7 records is there. And we really don't like to
8 say we can't find it. So we continue to look.

9 In some cases, we have an organization
10 within the Department of Energy called Legacy
11 Management. They are very good with managing
12 long existing legacies and looking for records.
13 And they are on contract to us to assist us in
14 looking for records. And usually we're
15 successful in those efforts.

16 A little bit about the kinds of
17 records. Again, we talked about verification.
18 Again, we think we should be the first stop for
19 that and that we need to do everything we can to
20 document that.

21 A little bit about the DARs, because
22 they include a wide variety of things. And

1 again, it's another example of, for example, if
2 you're looking for dose information, if you've
3 had contract changes or management system changes
4 over the years, again, you have these multiple
5 searchers in terms of looking for the information
6 and trying to locate it.

7 DOE's complex site, located all across
8 the country. Different types of missions and
9 activities going on.

10 And so Greg and his organization, he
11 has a network of points of contact across DOE.
12 Because certainly they can't do it all
13 themselves.

14 These individuals, at the different
15 sites, are committed. And Greg is meeting with
16 them on a regular basis. Interfacing with them
17 and looking for ways on how they can improve
18 sharing lessons-learned, challenges and those
19 kinds of things, to provide the information.

20 Our office is also the funding source
21 for the information in terms of requesting
22 records. As we moved and start doing contracts

1 in a different way, we've asked the contracts,
2 we've made changes to our regulations, to make
3 sure that there is an understanding and
4 expectation that records would be kept.

5 But sometimes those things, in terms
6 of searching and producing records that actually
7 existed before that contract was in place, is not
8 always well defined or funded. So our
9 organization is the funding agency for funding
10 office, in terms of funding the individuals, the
11 programs to actually look for records.

12 Site exposure matrix, you've heard
13 about that before. You're going to get a very
14 good detail presentation and discussions on that
15 again, later on in the week I believe.

16 I want to talk again about DOE's role
17 in terms of the site exposure matrix. Again,
18 this is about DOE workers, DOE operations, DOE's
19 processes for managing the various things that
20 are onsite.

21 And also, DOE's assignment of
22 individuals that would be working with these

1 various types of substances.

2 We have worked with the Department of
3 Labor, in terms of advancing SEM over the years.
4 There was a request, and I think some of you
5 around this table were involved in pushing for a
6 release of SEM. A public release that the public
7 could look at.

8 And so that was, again, a huge
9 commitment for our organization to pull in the
10 security experts to look at that and look at what
11 did it mean if we were to release this
12 information, were there any concerns about
13 classification or whatever.

14 And so we have a commitment,
15 rightfully so. We honor that and we're proud to
16 do it. To work to review releases, public
17 releases, of SEM to see if there is any concern
18 on the DOE side. And so we partner with Labor,
19 and again, high priority to carrying out this
20 activity.

21 Again, I'll circle back to the
22 security. Because we're always under strict

1 requirements to make sure that whatever we are
2 doing that we are honoring the national security
3 and that we are in no way having a violation.
4 And we had quite a few, as we stood up some of
5 these programs over the years.

6 And so if you are planning for a
7 closed session or some activity that would be
8 associated with classified documents, those
9 documents would likely be, DOE would be the
10 owner.

11 So we would be, not our office
12 personally, but within our bigger office, the
13 people that have responsibility for security,
14 would be working with you, even on the
15 recommendations that would come out of that
16 group, to make sure that there are no concerns
17 from national security about making those
18 statements. Sort of in a public form.

19 So again, we have always moved things
20 around. Giving high priority to whenever, the
21 NIOSH Advisory Board will do that for you as
22 well, when we need to have people to work with

1 you on matters of security.

2 So again, working where we can with
3 SEM. Assisting the Labor Department as
4 requested. Again, because it's about DOE
5 operations, activities and workers.

6 This is just a reminder that in the
7 2006/2008 time frame there was quite a bit of
8 work going on in SEM. And the classification
9 reviews that I spoke of just a few minutes ago.

10 We have responsibility for research
11 and maintenance of covered facility database.
12 That database is available for your use.

13 And we want to thank some of you here
14 that have been involved, and certainly urge
15 others that may use the database from DOE, is
16 that whenever you find a problem, and we do get
17 calls that the database is down, the links broke,
18 they are concerned, is there for your use. And
19 so if you have any concerns, please come to us so
20 we can correct those things right away.

21 In terms of outreach, our colleagues
22 at Department of Labor, Rachel had mentioned this

1 morning the importance of outreach and our
2 partnering with them in that area.

3 In terms of DOE, the question of how
4 many workers do we have out there, former
5 workers, are we reaching them, it's always been a
6 question. And so this partnership has been very
7 good for us.

8 One thing that we do, with regard to
9 the partnership, is that we have worked with our
10 programs at the Department of Energy, make sure
11 they understand the importance of being able to
12 reach back to workers and let them know about our
13 programs.

14 They're more willing now to understand
15 that it's a requirement for them to make
16 available to us rosters of former workers. So
17 that we can send out information, do outreach for
18 them and make them aware of other programs that
19 are available. And again, we do this in
20 collaboration with NIOSH and Department of Labor.

21 The former worker medical screening
22 program, I want to talk about that program. I

1 think it's the right thing to do.

2 It's something that we older workers,
3 you've heard from discussions this morning, that
4 in some cases it's nonexistent in their location
5 to have an occupational medical physician that
6 will understand the hazards that you were exposed
7 to and then to do exams that would look at
8 whether or not you had any adverse health
9 effects, as a result of your working activities
10 at Department of Energy. And so we believe that
11 the former worker program is necessary, it's
12 important.

13 And we have an annual report that we
14 issue every year. And so if some of you haven't
15 seen it, we would encourage you to look at that
16 document.

17 And one of the things that's amazing
18 to me is the testimonies. There are testimonies
19 in that report from workers. So you can hear it
20 from me, but it's better to hear from the workers
21 about what they think about such a program and
22 what it means to them.

1 Many of them, it's about peace of
2 mind. They don't have any adverse health effects
3 and they're good and the information is valuable
4 to them.

5 For some, they're individuals that
6 were able to pass on information. And in some
7 cases, things can still be done.

8 And so we're very proud of that
9 program. We think it's, again, a right thing to
10 do for Department of Energy. And we have
11 continued that program over a number of years.
12 And we have intention strong, intentions to
13 continue with it.

14 A little bit more about the former
15 worker program here. We were very pleased, some
16 years back, that we had hit the 100,000 mark in
17 terms of medical screenings.

18 And then the next question is always,
19 is that a good, was it too low. Again, that's
20 why we keep focusing on the outreaching in
21 letting more people know about the screenings.

22 And then looking for a way that once

1 we reach out to them, that we're able to offer
2 them a screening within a very reasonable time.
3 Reasonable in terms of 30 days is certainly the
4 best target, but we don't want them to wait
5 months and month for if they have decided that
6 they want to do that.

7 We have what we believe is a very good
8 infrastructure for the former medical screening
9 program where we're able to target individuals.
10 In many cases, near where they live, for these
11 very unique medical screenings. But we also have
12 a national screening program for people that have
13 moved around.

14 Some people in retirement, you know,
15 go on, relocate and live elsewhere. And so we're
16 looking for ways to reach them, wherever they
17 might be.

18 So we have these regional programs and
19 we have our national programs. And you have that
20 information in your package. You can go over
21 that in greater detail.

22 We also have a listing of exposures

1 and medical examinations that are offered. We
2 urge you to look at that site and get more
3 information.

4 And then I believe that for people
5 that may not be familiar with it, this great
6 feeling of confidence and increased information
7 as well.

8 A little bit about our early lung
9 cancer detection program. Dr. Markowitz was a
10 major, major player for that. You know, getting
11 that program up and running.

12 And it was a time, sort of in the
13 medical community, that there were questions and
14 concerns with sort of the guidance that we got
15 from former worker medical screening program.
16 You know, DOE kind of stepped out front and said
17 that, let's move forward with the program at that
18 level. And we've been able to expand it over the
19 years.

20 And you'll see some of those
21 testimonies in the former worker annual report.
22 Because some cases, it makes a huge difference in

1 terms of getting information early and being able
2 to address it and do something about it.

3 I'll talk about, I mentioned already,
4 but I'll talk about again, sort of requirements
5 for protecting the privacy of individuals. We
6 live in a different world, in a different time.

7 And again, as I mentioned earlier,
8 there have been a number of breaches. And so
9 we're under increase in scrutiny to make sure
10 that those kinds of things don't happen.

11 Certainly I mentioned the security
12 electronic records transfer had certainly helped
13 us in a major way, in that area.

14 I do want to mention that before we
15 had SERT in place, if we had a breach, in some
16 cases depending upon the size of the breach and
17 how many individuals were involved, we were down
18 in our programs months, a long period of time,
19 trying to resolve that.

20 There are very serious congressional
21 involvement, when we have such a breach, that
22 requires a lot of interaction in briefing of

1 congress, in terms of the breach and what did it
2 mean and how many people were involved. So it's
3 serious.

4 And we take our commitment to perform
5 these services in a very serious way and we think
6 it's the right thing to do. But we know that we
7 have to do it in such a way that the people are,
8 their privacy is protected.

9 So we put a number of measures in
10 place. And I think that for the most part we are
11 extremely pleased about where we are with that.

12 Resources for the former worker
13 program, I have listed a brochure and a website
14 here that's available for you to look at if you
15 are not familiar with that program. And my
16 contact information.

17 I want to just circle back, again, to
18 sort of our overall mission and our
19 responsibilities with regard to these programs.
20 And that is that we believe that all the workers
21 are, it's their right and their responsibility to
22 get their information. And it is our job for us

1 to do that to the best that we can.

2 And so over the years we have looked
3 for ways to improve document retrieval. We've
4 funded, at some of the sites, activities
5 regarding special projects to help them be able
6 to do document retrieval and records management
7 better.

8 But we welcome information, requests,
9 discussion from this Board, on how we might do it
10 better. If there are some things that you're
11 looking for, things that you believe that should
12 be available and they're not, then certainly we
13 welcome the opportunity to look, look for ways to
14 make this happen.

15 So I hope that what you've heard gives
16 you just a flavor of what we do. And if you have
17 additional questions you will ask them.

18 We deliberately designed the
19 presentation to just kind of talk about what it
20 is that we do and a little bit about how we do
21 it. And not to include statistics. But we have
22 statistics.

1 So if you have some, because we're
2 always trying to figure out how we can do it
3 better and look at the timing and so forth, in
4 terms of what we're doing. So if you want some
5 specifics on numbers from us, please let us know,
6 we'll be happy to provide that information.

7 So again, I thank you for the
8 opportunity. I think that you have some major
9 things to do and that we look forward to it.

10 And I know the workers out there are
11 very excited about it as well. As well as the
12 agencies here that are involved and will be
13 receiving information and recommendations from
14 you. So I thank you.

15 CHAIR MARKOWITZ: Thank you. That was
16 very interesting. Any questions or comments?
17 Mr. Domina.

18 MEMBER DOMINA: Kirk Domina. I asked
19 you this question last month in Denver. I was
20 just curious if you had any more information on
21 10 CFR 850, on the re-write, if we're going to
22 see it this week? I gave you a month.

1 DR. WORTHINGTON: I know. Thank you
2 for the question. We have not yet received final
3 approval to release the NOPR. I believe, I hope,
4 that it will be released very, very soon.

5 Because there are a lot of workers out
6 there, there are a lot of advocates. There are a
7 lot of people out there that want to have open
8 communication, discussion, input.

9 And so until it's in the public, the
10 Federal Registry Notice is published, we're not
11 able to talk about the details. And so we are
12 hopeful that it will be released soon.

13 We've learned so much over the years.
14 And we need to make some refinements. And we
15 need to hear from people about that.

16 MEMBER DOMINA: That's a brilliant
17 standard for the people that don't know for the
18 DOE sites. And then I have a couple other
19 comments.

20 I understand what you're saying about
21 classification with the security and stuff, but
22 me being a current worker, we're the ones that

1 know this stuff down and dirty.

2 DR. WORTHINGTON: Yes.

3 MEMBER DOMINA: And I'm hoping that if
4 we come up with stuff, that even if some of this
5 stuff is still classified, because I've sat with
6 classification officers before, that we can work
7 through some of this if we don't get clearances.
8 Because I believe, to me, right now, like I have
9 access to information that nobody else here does,
10 on certain things. Just because of everything
11 being inside the fence.

12 And then there's different levels of
13 that, like into our IDMS system, that we can work
14 together or something and overcome those.

15 Because if it takes a year to get a
16 clearance, and this is supposed to be a two year
17 appointment. You know, we start this somewhere
18 in the process and then some of the people may be
19 here or not be there, or not, and I believe that
20 it could be a hindrance for us having access to
21 information.

22 Because it's just like you talk about

1 in the SEM database, where they talk about
2 incidents and accidents. Well the McCluskey
3 incident, which is one of the most famous ones
4 there is from 1976, still isn't in the SEM. You
5 know.

6 DR. WORTHINGTON: In terms of your
7 question about, what are doing in the interim, in
8 terms of the need for a classified interview or
9 classified discussions, certainly those are
10 things that are handled and have been done when
11 the case was made. By our security side of the
12 house.

13 So we would, again, be looking to hear
14 from you about your classification security type
15 needs. That information then we would take to
16 our security organization for review and
17 decision.

18 CHAIR MARKOWITZ: Well that's been put
19 on our radar. We'll figure that out over the
20 next few months. Whether we need to pursue that
21 or not.

22 I'm skeptical that we will, but it's

1 an open question and we'll figure it out and get
2 back to you about that. Yes?

3 MEMBER VLIEGER: Faye Vlieger here.

4 At a public meeting that we had last month in
5 Denver, we had discussed the legacy records for
6 breathing space monitoring and whether they do or
7 don't exist for the workers.

8 And I think many times the Department
9 of Labor claims examiners are laboring under the
10 idea that they exist, it's just that no one
11 produced them, therefore they can't demonstrate
12 that the worker was actually exposed.

13 Is it possible to go back and look at
14 that and by Labor category, state whether or not
15 those records exist?

16 Because they're not available to the
17 record in their legacy employment records. They
18 only started existing, when did the EJTA start,
19 Kirk?

20 MEMBER DOMINA: 1998 or '99.

21 MEMBER VLIEGER: 1998, '99 where an
22 EJTA, and that's an employee job task analysis,

1 started lining out the groups of records of
2 chemicals that you could be exposed to.

3 Could DOE, in some manner, bring
4 forward the information that there is not
5 breathing space monitoring, that it's not
6 available, so that we can move past this stigma
7 of having to prove the chemical and causation?

8 DR. WORTHINGTON: I think your
9 question is, could DOE provide some specific
10 information on, specifically with regard to
11 legacy type processes, whether breathing space
12 monitoring was done. And that's certainly
13 something that we can ask the sites, was it done
14 at your site and where, what type of operations
15 and what time frame.

16 And a little bit about sort of the
17 rigor and formality and the procedures that may
18 have been used to do the airspace monitoring.

19 MEMBER VLIENER: And I realize it's a
20 monumental ask. It's a big deal. Lots of sites,
21 lots of workers, legacy type situations. But I
22 think it would be critical in helping the

1 workers, prior to current protective gear and
2 policies.

3 DR. WORTHINGTON: And it would be
4 helpful to us if there is some, a particular site
5 that have higher priority, in terms of you're
6 looking for this across DOE. But if there are a
7 couple or so that you're looking for an answer
8 sooner than, you know faster, that would be
9 helpful to us in terms of working with the sites
10 to ask them for that information.

11 MEMBER VLIEGER: Thank you.

12 DR. WORTHINGTON: Okay.

13 CHAIR MARKOWITZ: Just a, hold on.
14 Just a quick question, because we have to wrap
15 this up. You have one, Dr. Sokas?

16 MEMBER SOKAS: A quick question. It's
17 a repeat question. It's the, if you have, in
18 DOE, the information from some of the studies
19 that have been funded by DOE about prior
20 exposures, does that get fed into the site
21 exposure matrix?

22 DR. WORTHINGTON: I believe your

1 question is, for example, for some epi studies
2 that were done, would that information be
3 available and fed in.

4 I don't believe that it's fed in on a
5 routine way. But if you want --

6 MEMBER SOKAS: So the exposure
7 information that's recreated. That would be,
8 that's the question. So that could be useful.

9 DR. WORTHINGTON: But if we get
10 information for requests and they're asking for
11 exposures of this particular individual, and they
12 were included in part of an event or some
13 activity, then that information would be
14 reported.

15 MEMBER SOKAS: Okay. Thank you.

16 CHAIR MARKOWITZ: Okay, thank you.
17 Thank you very much Dr. Worthington.

18 DR. WORTHINGTON: Thank you.

19 CHAIR MARKOWITZ: So next I'd like to
20 welcome Mr. Malcolm Nelson who is the ombudsman
21 in the Department of Labor for this program.

22 And while he's settling in I just want

1 to recommend to the other Board Members the
2 annual reports that his office produces. They're
3 very informative and very easy to read actually.
4 Very accessible, very nice language. So thank
5 you.

6 MR. NELSON: Thank you very much.
7 Good afternoon. Let me start off by
8 congratulating all of you on your appointment to
9 this Board. And secondly, let me thank Dr.
10 Markowitz and the Board for this invitation to
11 speak to you this afternoon.

12 I'm going try not to take too much of
13 your time. So what I would like to do is really
14 just three things.

15 One, I'm going to introduce myself,
16 secondly, I'd like to briefly give you a summary
17 of the Office of the Ombudsman and how we
18 operate. And third, I want to discuss some of
19 the complaints my office received that may have
20 some relationship to the issues that you're going
21 to discuss as Board Members.

22 In introducing myself, let me start

1 out by saying that in terms of Washington, D.C.,
2 you're looking at a very unique individual. I am
3 one of those strange people who was actually
4 born, raised and still lives in Washington, D.C.
5 You're not going to see many of us, so if you
6 want to take pictures afterwards, feel free.

7 (Laughter.)

8 CHAIR MARKOWITZ: Do you have
9 certificates for us?

10 MR. NELSON: I don't have
11 certificates. I'll work on that for the next
12 meeting.

13 CHAIR MARKOWITZ: Okay. Thank you Mr.
14 Trump.

15 (Laughter.)

16 MR. NELSON: However, of more
17 importance to you, I am a career government
18 employee with close to 38 years of experience
19 with the government. And specifically, I have 38
20 years of experience working with various federal
21 worker's compensation programs.

22 My career with the Department of Labor

1 actually started while I was in law school. For
2 two summers I worked as a summer legal intern for
3 the Benefits Review Board.

4 The Benefits Review Board is a
5 workman's compensation board that reviews appeals
6 on longshore and black lung cases.

7 And just to briefly explain, in the
8 Black Lung and longshore cases, the OWCP issues
9 an initial decision. Any of the parties can then
10 appeal and have a hearing before an
11 administrative law judge.

12 After that administrative law judge's
13 decision, the parties can then appeal the
14 Benefits Review Board. The agency for which I
15 work with.

16 And in essence, the Benefits Review
17 Board really took the place of the U.S. District
18 Court, in reviewing these cases. From the
19 Benefits Review Board, the cases would then go to
20 the U.S. Court of Appeals.

21 I like to say that while I was at the
22 BRB, I held and was every legal position that

1 they ever had. I was basically their utility
2 fielder.

3 I started out, as I said, as a summer
4 legal intern. And then in 1979 I began as an
5 attorney-advisor working first in the longshore
6 division and then moving over to the black lung
7 division.

8 I've been a supervisor in the motions
9 branch, I've also supervised some attorneys in
10 the attorney division. I served for ten years as
11 the general counsel, supervising all of the
12 attorneys in the Benefits Review Board. And then
13 I had the privilege, for three years, of serving
14 as an acting administrative appeals judge, on the
15 board.

16 I'd also like to say I have another
17 experience. And again, it's one of these truly
18 D.C. experiences. For five years I worked as a,
19 basically summer employee, for the Central
20 Intelligence Agency.

21 I started out for two years as a
22 summer employee and then worked for three more

1 years as a contract employee for the CIA. And I
2 think that becomes important with this job
3 because I think I have an understanding of what
4 it is, one, to work behind that fence at a secret
5 facility, and I worked there as an electrician.
6 So I understand kind of doing that production
7 work, and again, working as a facility and
8 working in pressured conditions.

9 Now let me move on to describe my
10 office. The Office of the Ombudsman.

11 The Office of the Ombudsman was
12 created in the year 2004 as part of the
13 amendments to the act.

14 Although the statute places the Office
15 of the Ombudsman within the Department of Labor,
16 the statute instructs the Secretary of Labor to
17 take appropriate action to ensure the
18 independence of the office from the other
19 officers and members of the Department of Labor,
20 who are working on related activities.

21 And while I don't do it enough, Deputy
22 Secretary Lu is gone, but I would like to thank

1 him and the secretary for ensuring our
2 independence.

3 The statute outlines three specific
4 duties for the office. We provide information on
5 the benefits available under the program and on
6 the requirements and procedures applicable to the
7 program.

8 We make recommendations to the
9 Secretary of Labor regarding the location of
10 resource centers for the acceptance and
11 development of claims. And has been noted
12 already, there are currently 11 resource centers
13 around the country.

14 And third, we carry out such other
15 duties as specified by the Secretary of Labor.

16 The statute also requires the office
17 to submit an annual report to congress. And
18 according to the statute, this report is to set
19 forth the number and types of complaints,
20 grievances and requests for assistance that we
21 receive during the year and we provide an
22 assessment of the most common difficulties

1 encountered by claimants, and potential
2 claimants, during the year.

3 In carrying out these duties, I work
4 with four policy analysts and two administrative
5 assistants. Actually right now, we have three
6 policy analysts, we have one vacancy. And I'd
7 like to introduce them, I think they are here.

8 We have Kim Holt. Kim has been with
9 the office almost from its inception and had
10 previous work on Capitol Hill.

11 We have Amanda Fallon. Amanda is a
12 former hearing representative with EEOICPA and a
13 former trial attorney.

14 And we have James McQuade. And James
15 has both experience as a lawyer, both in private
16 and with the government.

17 Now to get to what the real question
18 is, what do we really do at the Office of the
19 Ombudsman. And as noted, the statute requires us
20 to provide information on the benefits available
21 under this program.

22 And what we find is that even today,

1 there is still many claimants who don't know
2 about the program. In addition, we find that
3 because many claimants hear about this program
4 through word of mouth, they really don't have an
5 accurate idea of what the program is.

6 So what we try to do is provide
7 outreach. We partner with the joint outreach
8 task group to host outreach meetings. We attend
9 outreach events sponsored by the Department of
10 Labor and other organizations. And we host our
11 own outreach events.

12 And let me take this opportunity to
13 say, we're always looking for more opportunities
14 to go out and interface with people. So if you
15 are aware of situations where there may be
16 groupings of former employees or even current
17 employees, please let us know. We would be more
18 than happy to explore either going there or
19 sending some of our literature to those groups.

20 As I said, my office also submits our
21 annual report to congress. And throughout the
22 year, through personal encounters, at outreach

1 events, through telephone calls, faxes, emails
2 and letters, we talked to claimants, authorized
3 representatives, healthcare providers and others,
4 who have concerns about this program.

5 If you were to review our report, you
6 would see that over the years it has grown from
7 about 38 pages to now about 74, 78 pages. Now I
8 know some people say that's because I just talk a
9 lot, but that may be part of the reason. But the
10 other reason I find is really two things.

11 One, I must admit that as I've been in
12 this job longer, I know more about the program, I
13 have a better understanding. And therefore I
14 think I can understand the concerns that are
15 being raised by the claimants.

16 But secondly, and more importantly, I
17 have found that both the claimants and the
18 authorized reps have gained a better
19 understanding and a better appreciation of this
20 program. And therefore the questions that they
21 are asking us are much more sophisticated and
22 complicated than what we used to see.

1 There used to be a time when someone
2 would call us and maybe ask us, is there a
3 regulation that addresses this. Now they know
4 there is a regulation and they're calling and
5 asking us, tell us the medical and scientific
6 underlying of that regulation or of that
7 procedure manual. So we're taking more time now
8 in answering the questions that we have.

9 And thirdly what I have found is that
10 with this program, and you've said it many times,
11 it's a complicated program. And I find it has
12 just taking time for claimants, and the
13 authorized reps, to really understand the
14 program.

15 So again, I think as people understand
16 the program and see it more, we're seeing more
17 questions.

18 What I always note to people is that
19 although the statute says we're supposed to write
20 this annual report about the complaints and
21 grievances that we've received, when people come
22 to us, they don't want to just tell me about

1 their complaint or their grievance, they want
2 some assistance.

3 And so what we tried to do is assist
4 them in some way. We cannot act as their
5 authorized representative. We are not their
6 attorney. But we do try, as much as we can, to
7 try to assist that, listen to their concerns,
8 point them in the right direction or whatever.

9 So like I said, we often will directly
10 the claimants to the resource center or to the
11 district office, as the case may be, for more
12 assistance. We explain documents to the
13 claimants and we point out to them the
14 regulations where they can find something in the
15 procedure manual or in a bulletin.

16 Also what we find is that many
17 claimants don't have access to the internet. Or
18 if they have access to the internet, they're not
19 very savvy.

20 So very often we will either have to
21 explain to them what is on the internet or for
22 this with the internet, we often have to walk

1 them though trying to find that information.

2 We also, in many instances, they ask
3 us questions that really have to be answered by
4 the Department of Labor. And so we will forward
5 those questions to the Department of Labor for
6 those claimants and try to provide answers for
7 them.

8 But as I said, in general, what we do
9 is we try to listen to people. One of the things
10 I've, and I know this is a problem with me, I've
11 had to learn just to sit back sometimes and
12 before you start trying to answer their question,
13 just let them talk and hear their whole issue.
14 And we try to listen to people and try to point
15 them in the right direction.

16 I also want to note that in
17 furtherance of our work, we have developed some
18 brochures that address some of the more common
19 issues or questions that we have received. If
20 you ever want any of those brochures, please let
21 us know and we'll be more than happy to provide
22 you with some.

1 The complaints that we've received
2 address practically every aspect of the EEOICPA
3 claims process. And as I look over what we
4 discuss in those reports, it clearly becomes
5 evident to me that some of the issues will have
6 bearing on the admission of this Board.

7 For example, the Board is to advise
8 the secretary on the site exposure matrix. SEM
9 as we all call it.

10 As we know some years ago, there was a
11 report by the, you've got to excuse me, I'm
12 trying to do this without my glasses and it's not
13 working. There was a report a few years ago by
14 the National Institute of Medicine of the
15 National Academies. The claimants were very
16 happy for that report.

17 What they would now like is follow-up
18 to make sure that there is some independent
19 verification. One, that the recommendations are
20 addressed and that they are addressed in an
21 appropriate manner.

22 On a more general basis, claimants

1 continue to question the source of some of the
2 information contained in SEM.

3 In creating this program, EEOICPA,
4 congress specifically found that a large number
5 of workers were put at risk without their
6 knowledge and consent for reasons that were often
7 driven by fear of adverse publicity, liability
8 and employee demands for hazardous duty pay.

9 Many claimants believe that those same
10 fears led to some records being altered or maybe
11 records not being taken down in the first place.

12 We are also routinely assured by
13 claimants that the day-to-day activities that
14 went on behind those walls, or behind those
15 fences, was often very different from what was
16 written down.

17 In this regard, I was recently looking
18 at a PBS special on the bomb. And just kind of
19 sitting there listening to it and it really hit
20 me, when that special began to talk about how
21 that work was done under a very, the workers were
22 being pressured to do the work. They were being

1 pressured to hurry up.

2 And that really hit me because that's
3 what I hear from claimants all the time. Is
4 that, yes, we may have had a job description, but
5 we were being rushed to complete a project, we
6 were being rushed to finish an assignment and
7 therefore we did not adhere strictly to the job
8 category.

9 And in this sense, whenever I hear
10 claimants say this, I have to admit. Again,
11 working in the CIA, I can remember those days.

12 We installed alarm systems. We were
13 told to put in an alarm system and have that
14 alarm system up and running by the next morning.
15 We did it.

16 And we did not always follow
17 instructions. Like the one I always remember, I
18 always tell people, I know I was on metal ladders
19 working on live wires. And I was doing it
20 because that was the fastest way to get the job
21 done.

22 Another duty of this Board is to give

1 advice on the evidentiary requirements for claims
2 under Part B related to lung disease. As you
3 know, under Part B, the statute outlines criteria
4 for both pre-'93 and post-'93 CBD. Claimants
5 really questioned the criteria, or really the
6 application of that criteria.

7 For example, the post 1993 criteria
8 for CBD said, one of the is a pulmonary function
9 or exercise testing, showing pulmonary deficits
10 consistent with CBD. Claimants want to know what
11 exactly does that mean. And is a test result
12 sufficient or do you have to submit more.

13 The same thing for the pre-'93. One
14 of the criteria, it says, a characteristic chest
15 radiographic abnormality. Again, what does that
16 mean? Is the chest result, is the x-ray result
17 enough, by itself enough, or do you need more?
18 Claimants would love to have some of those
19 questions answered.

20 The Board is also to give advice on
21 the work of the industrial hygienists, staff
22 physicians and consulting physicians and the

1 reports of such hygienists and physicians to
2 ensure quality. Just to note, I've already heard
3 from some claimants who note that that doesn't
4 list toxicologists. And they would like to know
5 if it also should include toxicologists.

6 But also, when it comes to industrial
7 hygienists, we are currently encountering
8 instances where current claimants are
9 experiencing delays, as their cases await a
10 report from industrial hygienists.

11 It's our understanding the DEEOIC is
12 working on a contract that will provide more
13 industrial hygienists. As they do that, many
14 claimants are hoping that not only will they have
15 industrial hygienists who understand a nuclear
16 industry, but they hope that those industrial
17 hygienists will have some understanding of the
18 nuclear work as it was done 30, 40, 50 years ago.

19 And more specifically, do they
20 understand how the work was done at those various
21 facilities. Because as I'm often told, the work
22 is often different at different facilities.

1 And if those industrial hygienists do
2 not have that experience or that understanding,
3 what information should they be given to make
4 sure that they have information as they reach
5 their opinions. And that is something, not just
6 for the industrial hygienists, but something the
7 claimants want for all of the experts who weigh
8 in on these cases.

9 Another duty is to advise the
10 secretary with respect to medical guidance for
11 claims examiners with respect to the weighing of
12 the medical evidence.

13 While the statute directs the Board to
14 advise the secretary on the guidance, one thing I
15 can definitely tell you is the claimants would
16 love to see that guidance as well.

17 Many claimants often ask us, they're
18 about to go to their doctor, they want to take
19 something to their doctor to show the doctor what
20 he or she should prepare. So they would love to
21 see that guidance as well.

22 Many claimants believe if they had

1 this guidance, it will really cut down on the
2 number of times they have to go back to that
3 doctor for supplemental reports.

4 Moreover, some cases involve
5 complicated illnesses. And as a result, the
6 medical reports in the records often discuss
7 medical and scientific concepts.

8 Quite bluntly, claimants really want
9 questions where the CEs always understand what
10 they're looking for in evaluating this evidence.
11 And I know what many people will say. Well, you
12 just send it to, the CE can send that case to an
13 expert.

14 But in the end, the CE is the one who,
15 one, has to frame the question to that expert.
16 The CE then has to interpret that opinion from
17 that expert. And claimants want to make sure
18 that the CEs have some guidance or have some
19 understanding, one, in developing those questions
20 and, again, in interpreting that evidence.

21 By no means do I want to suggest that
22 what I have just said covers all of the issues

1 that, all of the complaints that I have heard or
2 all the issues that my office receives. Rather,
3 I just try to take a minute to just let you know
4 that we do hear complaints, that I do believe
5 would have bearing on your office. And I am more
6 than willing, or happy at any point, to sit down
7 with you and have a much more in depth discussion
8 with you on these issues.

9 I also again want to stress to you
10 again, my office's approach, both with the
11 claimants, the authorized reps and now with you
12 is that we have an open door, open phone policy.
13 If you have a question, feel free to call. If
14 you're in the building, feel free to stop up. We
15 are always more than willing to try to assist you
16 and help you in any way you can.

17 In concluding, I just want to let you
18 know, and nobody else has told you, you've got
19 your work cut out for you. Good luck, but
20 congratulations. And again, we're willing to
21 help you in any way we can. Thank you very much.

22 CHAIR MARKOWITZ: Thank you. Any

1 questions or comments for Mr. Nelson? Yes, Dr.
2 Sokas.

3 MEMBER SOKAS: So I have a question.
4 So six years ago there was a GAO report that said
5 that the offices, that your office's reports were
6 seen by the Department of Labor but not
7 publically --

8 MR. NELSON: Yes.

9 MEMBER SOKAS: -- acted upon. Has
10 that changed other action plans and how does that
11 work now?

12 MR. NELSON: It has changed. I think
13 following that report, the Department of Labor
14 started to actually issue a response to my
15 report. I believe those responses may be online.
16 At least some of them are online.

17 And then more recently, in a most
18 recent amendment to the act, the secretary is now
19 required to respond to my report. And I do
20 believe they're working on the response to the
21 2014 report, as we speak.

22 MEMBER SOKAS: Thank you.

1 CHAIR MARKOWITZ: Other questions or
2 comments? Okay, well thank you very much, Mr.
3 Nelson.

4 MR. NELSON: Thank you.

5 CHAIR MARKOWITZ: So we're going to
6 take a break now. And we will, at 3 o'clock, in
7 20 minutes or so, we will resume. Thank you.

8 (Whereupon, the above-entitled matter
9 went off the record at 2:38 p.m. and resumed at
10 3:02 p.m.)

11 CHAIR MARKOWITZ: Apparently some
12 Board members have a better sense of time than
13 others. But we want to stay on time. So let's
14 get started. We're back to Mr. John Vance and
15 Ms. Leiton. And I fear they switched chairs.

16 MR. VANCE: I'm talking a lot this
17 time. But Rachel's here to kick me if I go too
18 long.

19 CHAIR MARKOWITZ: Number one and
20 number two. And Mr. Vance is the Branch Chief of
21 Policy Regulations of Procedures for the Division
22 of EEOIC. So, welcome.

1 MR. VANCE: Well, good afternoon.
2 We're going to continue the discussion with, and
3 apparently this is a really important discussion,
4 because it's in parentheses here, where
5 everything else is not. So I was kind of
6 interested about that.

7 So what I'm going to be talking about
8 is our basic adjudicatory claim process from
9 start to finish. So this is going to be a fairly
10 complicated discussion of just claim process. So
11 I hope everybody got a caffeinated drink, and is
12 ready to endure a flow chart discussion, and that
13 sort of thing.

14 I am going to try to keep it as high
15 level as I possibly can for everyone. This I
16 think is going to address some of the questions
17 that we had earlier in the day.

18 So, as we go along, Rachel's here to
19 make sure that I pause and get some breathing
20 going on, and allow for some questions. And I'll
21 be looking to her for things that need to be
22 added in.

1 So, what I wanted to do is just start
2 a little bit about our case creation, and where
3 our cases come from. So, we are, at the end of
4 the day, a worker compensation claim program. We
5 have case files that are filed on behalf of
6 employees, or survivors of deceased employees.

7 So, it's case management 101, okay.
8 We have individuals that will file under both
9 parts B and E. Or we'll have individuals that
10 will file just under Part B, or E, or both, or
11 what have you.

12 I'm going to try and stay out of the B
13 E world. I'm going to just try to work through
14 the general process of our claims adjudication
15 process. And I'm not going to spend too much
16 time trying to differentiate the two. Because
17 it's really, that makes it that much more
18 complicated.

19 So, as Rachel mentioned earlier, we
20 have 11 resource centers around the country.
21 Those resource centers are tasked with assisting
22 claimants with the filing of the case. They also

1 work on collecting exposure information through
2 the occupational history questionnaire. And they
3 also do work for us with regard to medical bill
4 payment issues.

5 But their primary function is claims
6 intake. So they are our primary points of
7 contact for folks in the communities for
8 answering questions about, you know, filing
9 cases.

10 They also work with individuals to
11 help them navigate some of the forms that we
12 have, to make sure that information is complete.
13 That they are there to answer some of the basic
14 questions about our program.

15 And they are also there to really
16 solicit claims. So they're out in the community
17 working with different organizations, and doing
18 different types of outreach, and coordinating
19 with our joint outreach task force on different
20 events that we have.

21 So, we do have resource center folks
22 that attend those events, and are there for

1 claims intake. Okay.

2 Once the claims are actually brought
3 into the program through the resource center,
4 they are actually submitted to our central case
5 create, or central mail room.

6 So, all of our cases right now are
7 digitized. They are electronic scans of
8 documentation. But they cases that we receive at
9 the resource centers are in paper.

10 So people are filling out forms.
11 They're filling out documentation relating to the
12 case. They're submitting documents. Those
13 documents are bundled again at the resource
14 center, and sent to a central mail room where it
15 is scanned.

16 Once it's been scanned it is going to
17 be uploaded to a case create queue at our inner
18 Cleveland district office, at which point it will
19 be assigned a case identification number.

20 It will be assigned to a particular
21 district office, dependent on the last known
22 covered employment. So, in other words, if it is

1 Savannah River that means it's going to be going
2 to Jacksonville. If it's a Denver case with, for
3 RECA, that's where that will go. Like, Hanford
4 will go to Seattle. And so, there's a
5 jurisdictional determination based on the last
6 known covered employment.

7 So, once that case has been created
8 and assigned out to a district office, it's going
9 to be also tracked in our electronic case
10 management system. So, it's assigned a case
11 identification number. It's input into a case
12 management system.

13 Our case management system is the
14 energy compensation system. It is a case
15 management system. It's not necessarily a data
16 recording system, in the sense that it's there to
17 maintain a lot of information about the case.

18 It's basically set up to assist claims
19 managers march the case through all the
20 adjudication steps. But it does retain a lot of
21 knowledge and information about the case file.
22 So that's where, when people are asking about

1 statistical data, that's where we generally will
2 go.

3 Once the case is received in our
4 district office, it's going to be assigned,
5 depending on a rotational basis. Each district
6 office has different ways they are assigning
7 cases, dependent on available claim staff.

8 Most offices have a number block
9 assignment, based on the last digits of social
10 security number, or a case ID number. And that
11 will be assigned to a particular claims examiner.
12 Okay.

13 At that point, once it's assigned to a
14 claims examiner, that examiner becomes
15 responsible for all the development and
16 evaluation of the case. Okay.

17 The claims examiner's first role in
18 looking at an incoming case is an initial screen.
19 They're going to basically go back and make sure
20 that the information that's been reported on the
21 incoming case file is accurate with regard to the
22 demographic data.

1 So, they're going to look at the
2 employee name, you know, places of employment,
3 all of the information that corresponds with
4 what's been filed, what's been claimed, to make
5 sure that it's recorded properly in the energy
6 case management system, or in our case management
7 system.

8 Once they've done that, they're also
9 going to start deciding, okay, how are we going
10 to proceed with this case? Is it going to be a
11 Part B only case? Is it going to be a Part E
12 only case? Or is it going to be a combination of
13 both?

14 And they are going to certify that
15 it's either Part B, E, or a combination, all
16 right. Because that sets in motion what kind of
17 development's going to occur. Because as
18 everybody's explained, the process does have
19 different criteria if it's a B case versus an E
20 case.

21 Any questions up to this point?

22 Excellent. Okay. So, as this is a worker

1 compensation program, there are some very basic
2 components to every single case file that has to
3 first be evaluated.

4 So, the first question that we've sort
5 of talked about is the question of covered
6 employment, whether or not the individual has
7 actually shown that they have verified employment
8 at a qualifying Department of Energy facility, an
9 atomic weapon employer facility, whether or not
10 they're a RECA beneficiary, or have maybe worked
11 at beryllium vendor, for a Part B case.

12 What we will then do is go through the
13 process of developing that evidence, with regard
14 to our different corporate verifiers, the
15 Department of Energy, all the different resources
16 that are at our disposal, that we use to try to
17 verify employment.

18 In most instances we will start with
19 the Department of Energy. And then we will go
20 concurrently with other sources of information.

21 And at the end of that employment
22 development path, what we're looking for is

1 generally a collection of information that the CE
2 is then looking at, and making a determination as
3 to whether or not he or she is convinced that
4 that employee worked at the facility for the
5 duration of the period being claimed, and that
6 they were working for a qualified employer.

7 So it is a very, that alone right
8 there has many steps to it. And I'm not going to
9 get into each one. But it's basically verifying
10 that that individual worked as alleged. Okay.

11 In addition to the employment
12 component, we're also concurrently developing the
13 medical documentation. We have an employment
14 component. But we also need to verify that we're
15 talking about a verified medical condition.

16 So someone when they file a claim is
17 going to say, I'm claiming for chronic beryllium
18 disease, or I'm claiming for lung cancer, or I'm
19 claiming COPD.

20 Well, when we begin the analysis for
21 the medical side of that claim, we're going to be
22 looking for the medical documentation that

1 establishes a diagnosis for the claimed
2 condition. Okay.

3 So, if it is lung cancer we're going
4 to be looking for a pathology report. We're
5 going to be looking for whatever evidence exists
6 to establish that that employee had the condition
7 as claimed. Okay.

8 That's easier said than done if we're
9 talking about individuals that worked back in the
10 '40s, or '50s, or '60s. Oftentimes those folks
11 may already be deceased. So we're ending up
12 having to go and look for information, historical
13 information that could potentially show what the
14 diagnosed condition was.

15 We will look at death certificates.
16 We will look at other kinds of information in the
17 possession of families, if we're talking about a
18 survivor case. We'll look at historical
19 documentation relating to hospital records,
20 whatever records we have available to us that
21 will help us identify a diagnosed condition.

22 Just like we had this morning in our

1 discussion about employment verification, the
2 reality is, the hard reality is, in a lot of
3 cases we don't have good medical records.

4 So oftentimes we're dealing with, you
5 know, very circumstantial evidence with regard to
6 the medical conditions that are being identified
7 in the medical records. Or we just have no
8 records at all.

9 In situations where we don't have any
10 confirmation of a diagnosed condition, that case
11 unfortunately goes down the path of denial.
12 Because we have to have verified employment. And
13 we have to have evidence of a diagnosed condition
14 to allow the case to proceed to the next level of
15 development, which would move into the causation
16 component.

17 But before I get to that I'm also
18 wanting to mention the fact that, you know, if
19 we're talking about a survivorship case, in
20 addition to the employment and the medical
21 component, we also have eligibility criteria
22 under both Part B and E, as you would expect,

1 different criteria for what individual qualifies
2 as a survivor. Okay.

3 So, under Part B there are specific
4 criteria for survivorship. Under Part E it's a
5 little bit different. Just enough to be
6 annoying. But it is another aspect of
7 development that has to occur.

8 So, on the initial steps, these
9 development actions for medical, employment, and
10 survivorship, in this it's a deceased employee,
11 are generally happening concurrently.

12 So it's not a sequential process where
13 the CE says, I'm going to develop employment, and
14 after I get that I'm going to go to medical. All
15 of this development is occurring from the onset.

16 So when they do their initial screen
17 they're going to say, what kind of employment
18 data do I have? Is it good enough for me to
19 verify employment? If not, I'm going to have to
20 develop that. What kind of medical documentation
21 do I have? If it's not available, I'm going to
22 have to develop that. Survivorship is the same

1 way.

2 So, that plays to some of the concerns
3 that we've heard from Malcolm with regard to the
4 extent of development letters. Because the
5 development letters are going to go out, because
6 the CEs are basically trying to get as much
7 information together as quickly as possible.

8 So they're going to go out to the
9 claimant asking for maybe a lot of records. And
10 generally we're going to be asking for, give us
11 as much information as you can to help us process
12 this case.

13 So, as you can see from some of the
14 flow charting here, and then in some of our
15 discussions, we have lots of sources of
16 information that we have to try to access.

17 So, you know, we were talking about
18 DOE, talking about Social Security. We're
19 talking about going to the claimant, asking for
20 medical, employment, and in some situations
21 survivorship records. There's a lot of initial
22 development that occurs just in this first

1 initial stage of the case. Questions up to this
2 point?

3 MEMBER WELCH: It's Lori Welch. So,
4 you might be asking the worker for employment
5 verification before you find out what DOE's going
6 to give you?

7 MR. VANCE: Yes. I mean, we could be
8 asking for all kinds of different information
9 before we get an answer from DOE. So, in other
10 words, we look at a case and say, we don't have
11 any employment records at all. The claimant's
12 filed a case and said, I used to work at Rocky
13 Flats. And they submit no medical or no
14 employment.

15 When the CE gets that case they're
16 going to start the initial development of going
17 to the Department of Energy and saying, can you
18 please submit the employment records? But
19 they're also going to be asking about the medical
20 records as well.

21 You need to submit, they're going to
22 communicate to the claimant and say, you know,

1 we're going to need the employment records. But
2 we will also need to have medical records of a
3 diagnosed condition. Okay.

4 (Off microphone comment.)

5 MR. VANCE: Yes. The first step of
6 the employment verification is going to be
7 starting with DOE. Other questions? Okay.

8 So, at that point, once we've gone out
9 and collected as much information as we can, and
10 we start making these, the initial screening
11 determinations on covered employment, medical
12 documentation of a diagnosed condition, and
13 survivorship, we then will have enough medical
14 and employment data to proceed to the next stage
15 of review, which is actually where we start
16 moving into the assessment of causation.

17 And that assessment of causation can
18 be under Part B or E. And it's really going to
19 be dependent on a lot of different factors.

20 So, under Part B we have specific
21 kinds of medical conditions that can be claimed.
22 And each one has a particular set of

1 legislatively required criteria that have to be
2 met in order for the case to be adjudicated for
3 causation.

4 All right. So, for example, we were
5 talking about Part B cancer claims. So under
6 Part B, when we're looking a radiological
7 exposure for a determination of causation, we
8 will utilize the dose reconstruction methodology
9 for all the cases that are not part of the
10 Special Exposure Cohort, that have a cancer
11 diagnosis. Okay.

12 So, the CE has to look at this, and
13 has to go back and look at the designated Special
14 Exposure Cohorts, and identify whether or not
15 that individual was, or potentially is in a
16 Special Exposure Cohort class.

17 If the answer is no, or they have a
18 non SEC specified cancer, then they know that
19 that case is going to have to go down the route
20 of a dose reconstruction. Okay.

21 So it's a matter of the CE looking at
22 the evidence, and making judgments about the

1 direction of where the case needs to go,
2 dependent on our policies and procedures, or
3 available information about how the case is to be
4 adjudicated, dependent on the medical condition.

5 Same thing for a case for silicosis.
6 Silicosis has specific requirements under Part B.
7 So the CE would have to start looking and mapping
8 out, do they have the necessary evidence to
9 establish a compensable silicosis case?

10 The RECA Section 5 provision, which is
11 a supplemental process under Part B. They would
12 be looking at, did DOJ issue an award letter for
13 a RECA 5 recipient.

14 For chronic beryllium disease they're
15 going to look under Part B, as Malcolm mentioned.
16 They're going to start that analysis by looking
17 at the pre or post 1993 standard.

18 In the law itself, the law specifies
19 statutorily, what are the medical criteria for
20 establishing chronic beryllium disease, dependent
21 on whether or not there was evidence of a chronic
22 respiratory disease post or pre-1993.

1 So they have to first meet that test,
2 then decide, do we have the evidence to place
3 that person in the pre or the post 1993 criteria
4 standard?

5 And then they have to go and say,
6 okay, if it's a pre-1993 standard, there are
7 these requirements that need to be satisfied. Do
8 I have that medical evidence?

9 If it's a post 1993 standard, then
10 they're going to have to go back and look at it
11 for the post 1993 criteria. And there are
12 different criteria for the pre and the post
13 standard. Okay.

14 CHAIR MARKOWITZ: I'm sorry, I just
15 have a question on the green oval on the left.
16 This has to do when you establish, first you
17 establish the person has an illness. And then
18 you move into the middle, establish if they had
19 employment.

20 But on the green shape on the left it
21 says, covered illness diagnosis under Part E.
22 So, covered illness, there's no pre-defined set

1 of covered illnesses, right?

2 MR. VANCE: No. It would be a claimed
3 and diagnosed illness. And it can be anything
4 under Part E.

5 CHAIR MARKOWITZ: Right. Okay.

6 MR. VANCE: Under Part --

7 CHAIR MARKOWITZ: But it's not,
8 covered means that you've made the determination
9 that it's related to employment at DOE, right?

10 MR. VANCE: Yes. I think it's,
11 basically it's denoting the fact that you can
12 have different types of coverage. So if it's a
13 Part B claim you could be looking at specific
14 types of covered illnesses.

15 So, if you claim, say COPD under Part
16 B, that would be an ineligible condition for
17 coverage. And it would be considered a
18 compensable illness under Part E. Because you
19 can claim virtually any illness under Part E.

20 CHAIR MARKOWITZ: Right. So my
21 question really is, why the word covered? It's
22 just confusing. Is that just carryover from

1 something else? It's, the illness diagnose is
2 under Part E, claimed under Part E. It just --

3 MR. VANCE: Yes. I may just be a --

4 CHAIR MARKOWITZ: I just want to make
5 sure I understand the concept.

6 MR. VANCE: It's a wording issue, I
7 think.

8 CHAIR MARKOWITZ: Thank you.

9 MR. VANCE: Other questions? So, we
10 can look at the Part B claim and resolve those
11 issues through the legislative requirements for
12 causation for those claims.

13 And that process, like Rachel
14 mentioned in her presentation on the review, Part
15 B is relatively simple from a worker compensation
16 program perspective, simply because the criteria
17 are very stringent.

18 The Act itself says, these are the
19 criteria that need to be satisfied. If you don't
20 meet them you're ineligible. If you do you are.
21 So the Part B process is relatively
22 straightforward.

1 I know that we are going to be talking
2 tomorrow about some of the Part B lung disease
3 conditions. The issue with the pre and post 1993
4 standard obviously is going to be an area of
5 discussion. So, I'm not going to delve into that
6 in any real detail. I just want to stick with
7 the process.

8 So, moving to the Part E occupational
9 illness process. So, that's where we really get
10 into the meat of the complication of this program
11 in assessing causation under Part E.

12 So, assuming that we already have
13 covered employment or verified employment, we
14 have a diagnosed illness, and we've established
15 survivorship if it is an eligible survivor claim,
16 we then move into looking at the employment
17 history for the employee.

18 We start looking and trying to
19 recreate, or identify what are the potential
20 exposures that they encountered during their
21 work. We will look at the claimed illness to
22 determine whether or not we have any knowledge

1 about the health effects related to that
2 condition.

3 In other words, you know, if somebody
4 presents a claim saying, you know, I feel that my
5 asbestos, or asbestosis is due to my work as a
6 pipefitter at Hanford from 1950 to 1972. We know
7 that asbestosis is related to asbestos exposure.
8 That one will proceed through because we know
9 that that relationship exists between the disease
10 and the exposure.

11 But because the way that Part E
12 operates isn't that anybody can file a claim for
13 anything. We have to look at what is the medical
14 condition that's being claimed.

15 So, in other words, if we get a claim
16 for say something like diabetes. Well, diabetes
17 is certainly something that can be claimed. But
18 what kind of information do we have from an
19 epidemiology standpoint that suggests that
20 diabetes can be caused by an exposure to a toxic
21 substance in the workplace?

22 And now, our program does not have

1 that kind of information. So then we will go
2 back and say, okay, well, we don't have an
3 established health effect for this condition.

4 And the CEs are going to use the site
5 exposure matrices to do that. So the site
6 exposure matrices has a listing of conditions
7 where the program has utilized data from Haz-Map
8 to basically say, here are the conditions out
9 there that science has established that there is
10 some relationship that exists between a toxic
11 substance exposure and a disease process.

12 But not everything that can be claimed
13 under Part E does that. So this is where we get
14 into some of the questions about the toxicology
15 and the epidemiology.

16 So, in other words, if somebody
17 presents us with a claim for diabetes, and
18 there's no documentation to suggest how that
19 condition is affiliated with their employment
20 from the onset.

21 Our first is going to go back to the
22 employee or the claimant and say, we don't really

1 have any health effect data that shows that
2 diabetes is associated with a toxic substance
3 exposure, whether that's radiation, biological or
4 chemical.

5 You need to present us this data.
6 Present us whatever science that you can produce
7 that would suggest that there is some sort of
8 exposure linked back to that condition. Okay.

9 If that data does, is forthcoming,
10 then our toxicologists will evaluate it to
11 determine whether or not the scientific evidence
12 that's being presented is sufficiently probative
13 to allow the program to make a determination that
14 there is a viable health effect between diabetes
15 and a particular exposure. Okay.

16 And that is one issue in the claim
17 adjudication process where the CE is going to
18 have to use our in house experts to get that
19 information. But the claimant will be given the
20 opportunity to provide that scientific data.

21 Question?

22 MEMBER CASSANO: Yes. I have a

1 question of that particular point. At that, oh
2 sorry, for that particular point. At that point
3 could the claimant submit an expert medical
4 opinion from somebody that he knows, with all the
5 references and all the data, and an opinion that
6 says, at least as likely as not, or whatever?

7 MR. VANCE: Yes, they can do that.

8 MEMBER SOKAS: And related to that,
9 does the program pay for outside, for independent
10 medical evaluations or expert opinions, or any of
11 that?

12 MR. VANCE: Not at that stage where
13 we're looking at health effect data. We would
14 only do that when we get to the tail end.
15 Because what we're, what this health effects
16 screen is, is we're basically trying to weed out,
17 or identify those cases that we just have, that
18 science does not suggest that there is some sort
19 of work related component to it.

20 And so, what we are trying to do is
21 say, okay, we have nothing to go on. We have
22 nothing to show, or the claims examiner has

1 nothing to go on that says that this condition is
2 linked, or can even potentially be linked to
3 something in their employment.

4 You know, the common things that we
5 see are like Alzheimer's disease, and sort of old
6 age dementia issues, and those kinds of things,
7 you know, so we have to look at that. And we
8 have to give the claimant the opportunity to
9 present whatever information that they want.

10 But again, those are oftentimes things
11 where there's just not science that would suggest
12 an occupational relationship.

13 MEMBER SOKAS: So this is just a
14 question. So, as you know the IOM Committee was
15 a little concerned about the level of peer review
16 that took place in Haz-Map. Is that still the
17 situation? And is that still what the claims
18 examiner bases this first cut on?

19 MR. VANCE: Yes. Haz-Map is always
20 going to be the, Haz-Map feeds into the site
21 exposure matrices. So, one of the first places
22 the claims examiners will go to look for health

1 effect data is going to be the site exposure
2 matrices.

3 But they're also going to be looking
4 for other kinds of information that may have been
5 submitted by a physician. So, if a physician has
6 submitted something that would suggest, for
7 example, that the individual characteristics of
8 this individual's medical history is showing that
9 they, for whatever reason, had a reaction to a
10 particular toxin in the workplace that may not
11 even have any true scientific health effect data
12 associated with it.

13 If it is supported by appropriate
14 rationale from the physician, and that means that
15 the doctor has offered something more than just a
16 causative statement, that they've gone in and
17 said, I've looked at this. I understand what the
18 exposures were. I've evaluated the available
19 scientific evidence.

20 And I've looked at maybe the medical
21 records of this particular individual. And I am
22 opining that there is a causal relationship

1 between this exposure and their medical
2 conditions. Well, then, we can accept that.

3 But in situations where we don't have
4 that information the CE's got to have a resource
5 to be able to say, do we have any kind of
6 scientific knowledge showing that this condition
7 is even potentially linked to something in the
8 workplace?

9 MS. LEITON: And there was a question
10 about reimburse, or being paid for consultants.
11 And we would pay, we could pay retroactively. If
12 we accept a claim, and they got an expert
13 opinion, we can pay it after the fact. But it
14 has to be accepted first.

15 MR. VANCE: I'm sorry.

16 MEMBER FRIEDMAN-JIMENEZ: A question.
17 How does the program deal with secondary causes?
18 I'll give you an example. A person's exposed to
19 a high level irritant. They develop irritant
20 induced asthma. They're treated for years. And
21 it's established as work related.

22 Then they're treated for years on and

1 off with oral corticosteroids steroids. Now they
2 have diabetes. The question is whether the
3 diabetes is related to the steroid treatment for
4 the established illness. Is that something that
5 you see? And how do you deal with that kind of
6 secondary --

7 MR. VANCE: Yes. That sounds like a
8 consequential illness situation, which is a
9 completely different adjudicatory process, in
10 that once we've accepted a primary illness. So
11 in other words, let's say we've accepted asthma.

12 And as a consequence of medical
13 treatment for that asthma the individual either
14 develops a diabetic condition, or they're
15 diabetic condition is aggravated by the
16 medication they're taking for the primary
17 accepted illness. We would accept that on the
18 basis of a consequential illness.

19 MR. VANCE: Yes. It requires a
20 doctor's opinion. But it would be something that
21 we would treat as a consequential illness and
22 accept, and pay for medical benefits for. Other

1 questions?

2 MEMBER TURNER: Yes. My name's James
3 Turner. Yes, what about -- I'm sorry. What
4 about secondary exposure? Like, you bring
5 something home from work, and your family members
6 got exposed?

7 MR. VANCE: No. Unfortunately the
8 statute is clear that the exposures that are
9 under consideration for compensability have to
10 actually occur at the workplace. So, it's a
11 question of premise. Where did the exposure
12 occur? The exposure has to occur on the premise
13 of a covered facility.

14 (Off microphone comment.)

15 MR. VANCE: Right. So, I mean, you
16 have to be a qualified employee. You have to
17 work at one of these sites. And you have to have
18 the exposure at that facility.

19 MEMBER TURNER: Okay. I think I
20 remember, I remember some time ago there was a
21 reporter by the name of Same Rowe. And he wrote
22 a report about some family member worked at this

1 manufacture place that manufactured beryllium.
2 And he brought something home. And the wife got
3 sick, and she passed away. I think she might
4 have got compensated. I'm not sure.

5 MR. VANCE: No. It, our program,
6 that's outside the legal scope of our program,
7 you know. What you're talking about is like
8 secondary exposures outside of the workplace that
9 are brought home.

10 And we've heard that. That's not
11 something that's not uncommon. I mean, it is
12 something that we've heard about. But the
13 statute is very clear that this is a worker
14 compensation program for those employees that
15 were working at the site, that were exposed to
16 things at the site. That answer your question?

17 MEMBER POPE: Duronda Pope. Along the
18 line of the secondary exposure. What if the
19 individual worked at the site, and became
20 pregnant, and passed that along to the infant?
21 That doesn't apply as well?

22 MR. VANCE: Unfortunately, no.

1 MEMBER VLIEGER: As far as -- Yes,
2 this is Faith Vlieger. As far as consequential
3 conditions, has the department developed any
4 presumptive diseases? For example, diabetes,
5 osteoporosis, from the inhaled corticosteroids
6 steroids?

7 MR. VANCE: We have for chronic
8 beryllium disease, I think a listing of common
9 general, or consequential illnesses. But in most
10 instances we have relied on physicians opining on
11 the unique characteristics of a relationship
12 between a primary illness and a secondary
13 condition, and whether or not there's a
14 consequential relationship.

15 But I do know that as far as, on one
16 of our agenda items for tomorrow that was an
17 issue that the Board can certainly be thinking
18 about with regard to common consequential
19 illnesses that we would see in other types of
20 primary Part E illnesses.

21 So, in other words, if you have say
22 lung cancer, you know, can we not creates some

1 sort of resource that says, you know, if you have
2 lung cancer and you also have chronic obstructive
3 pulmonary disease, or pulmonary fibrosis, then
4 there's no doubt that that lung cancer is going
5 to be in some way aggravating that other lung
6 disease.

7 And we've looked at that. But we've
8 never developed a resource along those lines. So
9 I think that would be one area where we would
10 probably be looking for some assistance.

11 But I want to try to get back onto the
12 process here. So, we were talking about the
13 toxicological process. Once we have established
14 a health effect, and we've established that there
15 is a disease linked to some potential toxic
16 substance that the person could have encountered
17 in the workplace, we then move to the exposure
18 analysis.

19 We start looking for information
20 relating to those toxins that caused that
21 disease, or potentially can cause that disease,
22 and whether or not the employee encountered them

1 in their workplace.

2 And that moves us into the site
3 exposure matrices. That moves us into looking at
4 any of the exposure records that we've received
5 from the employer or from the employee. That
6 means looking at the occupational history
7 questionnaire, and looking at the totality of all
8 that information.

9 The CE is going to conduct an initial
10 screening, basically a finding on whether or not
11 these are the reported toxins that they want to
12 have the industrial hygienist review.

13 So, they're basically looking at the
14 toxins. They are trying to prioritize and
15 identify a number of toxins with the highest
16 likelihood of producing a positive outcome.

17 And that's going to be dependent on
18 looking at all of our available resources,
19 primarily utilizing the site exposure matrices,
20 but also using other types of information that we
21 might have in the case file.

22 So, once that process is done the

1 claims examiner is going to produce basically a
2 statement of accepted facts. It's a document
3 that is actually just a referral to our
4 industrial hygienist, saying, based on our
5 analysis, based on our research, here is the
6 factual information about this employee as we see
7 it, as established in the case evidence.

8 In other words, these are the
9 conditions that have been established through the
10 medical evidence. This is the verified
11 employment. Here is basic information about the
12 employee's work history, with regard to labor
13 categories, work process, and other types of
14 information. And our SEM search results with
15 regard to the identification of particular
16 toxins.

17 All of that material, along with the
18 case file exposure data is going to go to an
19 industrial hygienist, okay. We currently have
20 two and half industrial hygienists working on
21 these cases.

22 There is a substantial backlog that

1 exists right now with regard to our industrial
2 hygienists. And we have been striving, and we'll
3 talk more about this in some of our later
4 discussions tomorrow, to try to mitigate the
5 amount of cases that are going to our industrial
6 hygienists.

7 But the reality of our claim process
8 has developed to such a point where we feel it is
9 really important to have an expert looking at
10 these cases from an industrial hygiene
11 standpoint. And offering input on the extent,
12 nature, and duration of exposure.

13 This has been something that has
14 developed over time, where we really have had
15 more and more cases going to our industrial
16 hygienists, to the point where now virtually all
17 of our Part E cases that get to this point are
18 going to an industrial hygienist.

19 So I'll let Rachel make a couple of
20 added comments on that.

21 MS. LEITON: Yes. We've gone back and
22 forth in this program, with regard to industrial

1 hygienists and the amount of exposure information
2 a claims examiner should be presuming in certain
3 circumstances.

4 I mean, we've gotten criticisms for
5 the claims examiners not being trained in how to
6 evaluate exposures, and how to assess what job
7 descriptions they, an individual might have had
8 exposure, to what substances.

9 And even though we have the tools with
10 related, regard to SEM and things like that, as
11 we've moved through the program over the years
12 we've found, well, you know, our claims examiners
13 are trained in evaluating medical and scientific,
14 and factual, all kinds of information in terms of
15 evaluating for the ultimate purpose of
16 adjudicating.

17 But when it comes to making
18 determinations related science and medical, we
19 really need to have the experts looking at it.
20 So, that's why we've been, we've probably had
21 more referrals to the IHS.

22 One thing we have been working on,

1 we'll have probably a more definitive response
2 for you tomorrow, is a contract for industrial
3 hygienists to help assist with this. And we'll
4 have the resources to actually keep up and, you
5 know, provide them with the training, and then
6 move that easier.

7 And with your assistance, in terms of,
8 you know, the best referrals, the types of
9 referrals, things like, I mean, we've got that.
10 We've got that with our current industrial
11 hygienists now.

12 But with a contractor, I think that
13 that will make it as consistent as possible. And
14 we'll also have the resources to do it. So I'll
15 have more information on that hopefully tomorrow.
16 But it is something that's in the process right
17 now.

18 MR. VANCE: Any questions up to this
19 point?

20 MEMBER SILVER: It seems that by the
21 time the claimant gets to the third green oval
22 it's been awhile since they've had any input into

1 the case file.

2 I'm wondering, are there precedents
3 for the industrial hygienist provided with all
4 the documentation, picking up the phone to probe
5 the claimant or the authorized representative for
6 site specific exposure factors --

7 MR. VANCE: That --

8 MEMBER SILVER: -- about the process
9 that would not exist in Patty's industrial
10 hygiene manual or in a NIOSH HHE.

11 MR. VANCE: That's currently not part
12 of the process.

13 (Off microphone comment.)

14 MR. VANCE: Yes. If there are
15 questions that the industrial hygienist would
16 want to have clarification, they'd have to go
17 back to the claims examiner, who would turn back
18 to the claimant to ask those questions. But the
19 industrial hygienists currently don't have any
20 interaction with the claimants.

21 MEMBER SILVER: Which most industrial
22 hygienists would frown upon. That's where you

1 get the most useful information, from
2 interviewing workers.

3 CHAIR MARKOWITZ: So, I just have a
4 related question. Steven Markowitz. So, that
5 wasn't just DOE, but the general habit in
6 industry. And going back in time was that there
7 really wasn't all that much industrial hygiene
8 data collected.

9 And when it was collected, it's hard
10 to interpret what it mean, what methods were
11 used, did it reflect the workplace, et cetera?
12 So, I know you are increasing the uses of
13 industrial hygienists.

14 But to what extent actually do, are
15 they able to find useful data that will help them
16 make them decision about intensity, duration, and
17 frequency of exposure?

18 MR. VANCE: Well, I know we're going
19 to talk a lot more about this tomorrow. But I --

20 CHAIR MARKOWITZ: Well, I'll wait for
21 an answer for tomorrow. That's fine.

22 MR. VANCE: Yes. I mean, it's for an

1 entire session tomorrow. So, I mean, needless to
2 say, I mean, they're going to look at as much
3 information as possible that is in the case file,
4 and the information that is available on the
5 employee.

6 But oftentimes they're also going to
7 be applying some of their own understanding of
8 work processes, or the exposures that would be
9 common for different type of labor categories.

10 And I think that's, I know that that
11 is one area where we certainly would be looking
12 forward to having some input on how that process
13 can work more efficiently, and more robustly.

14 So, I want to continue on and try to
15 get through this. Because we got a little bit
16 more to go here. So, once we've gotten the
17 exposure documentation ready to go, the next step
18 is looking at the medical causation component.

19 So, in other words, that's the step at
20 which we go to the treating physician to ask for
21 a medical opinion on causation, the application,
22 the Part E standard, as to whether or not the

1 claimed disease is related to the accepted
2 exposures in the case. As far as that's as least
3 as likely as not, as the exposure's a significant
4 factor in causing, contributing, or aggravating.

5 It's left initially to the treating
6 physician to opine on that, if there's an
7 available treating physician. If not, we're
8 going to go to one of our contract medical
9 specialists to ask that question.

10 So, once we've obtained the response
11 to that, we move into the benefit calculations
12 stage. Depending on how the case plays out, we
13 would assume that, just for this exercise, you
14 know, if there is a compensable Part E case, and
15 we can go forward with a determination on wage
16 loss or impairment, we will calculate that lump
17 sum payment to the employee.

18 That would be included in the decision
19 that would be soon forthcoming. We would also
20 start preparing ourselves for the determination
21 on the medical benefits, based on the condition
22 being accepted.

1 So, once we've done that, and have
2 made a determination, if the response is a
3 positive one we're going to prepare a
4 recommendation to approve the case.

5 And if it's a recommendation to
6 approve the case it's going to be, we're
7 accepting a medical condition, either under Part
8 B or E, or both. We would also be paying any
9 kind of lump sum compensation that would be
10 available to an employee or a survivor.

11 But none of, at this stage it's merely
12 a recommendation, that these are the
13 recommendations of the district office, the
14 claims examiner who's evaluating the case. So
15 none of the benefits are actually going to be
16 paid or awarded. It's merely, I'm recommending,
17 as a CE, this is the amount of money that you
18 should be receiving. Okay.

19 Once that's done, and it's basically a
20 proposal, the claimant will be notified in
21 writing. They're going to get a recommended
22 decision that explains the analysis of the

1 evidence as the CE sees it. All right.

2 So the CE will explain in a decision
3 his or her rationale for accepting the case, or
4 denying it. There will be multiple points of
5 discussion about different factors that the CE
6 has considered, and why they did or did not
7 accept certain components of the case file, as
8 far as the factual evidence is concerned.

9 This information is communicated to a
10 claimant or their authorized representative, who
11 then can choose what their action is going to be
12 in response to this recommendation.

13 They can choose to either accept it,
14 and submit a waiver that will eliminate the need
15 to wait for any period of additional objection.
16 So most individuals that are receiving
17 compensation or an award are going to want to
18 submit that waiver, so they can immediately go to
19 the next step in the process, which is a final
20 decision.

21 If there is a decision that the
22 claimant disagrees with, if there is a

1 recommendation that they don't feel is an
2 appropriate outcome, they can have a couple of
3 different options.

4 They can request an oral hearing. And
5 that means that the case will be presented by the
6 final adjudication board to a hearing
7 representative, who will conduct a in person
8 interview, or a video conference appeal, where
9 the person can come and challenge their decision,
10 or present evidence in a one on one exchange with
11 a hearing representative.

12 The other option would be if the
13 claimant does not choose to do an oral hearing,
14 they can choose to do a review of the written
15 record, where they're submitting basically
16 written objections that are going to be
17 considered by the Final Adjudication Branch,
18 which is the next body that is responsible for
19 reviewing the adequacy of the recommended
20 decision. Okay.

21 Regardless of whether the claimant
22 objects or not, the Final Adjudication Branch is

1 responsible for reviewing the case, and issuing
2 the final decision. Okay.

3 So, even if a claimant does not
4 object, it's still the responsibility of the
5 Final Adjudication Branch to make sure that the
6 decision that's being issued is in compliance
7 with the legal regulatory and procedural criteria
8 that exist under the Act. Okay.

9 Once that FAB review is conducted, and
10 they've considered any objections that have been
11 presented at a review of the written record or an
12 oral hearing, they're going to issue their final
13 decision, which is a written decision that will
14 go to the claimant.

15 The claimant will be told exactly what
16 it is the outcome is going to be. It will be
17 either, you know, we're finalizing acceptance and
18 awarding benefits, at which point the employee
19 will be notified of how the benefits will be
20 allocated, whether that's lump sum compensation
21 or medical benefits. Or if it's a survivor case,
22 the survivor will receive their lump sum

1 compensation for survivor benefits.

2 If it is a denial they will be
3 provided with a written explanation as to what
4 information was considered at a hearing, or
5 reviewed in the written record. They will
6 explain in the decision the consideration of any
7 objections. And the decision will finalize the
8 denial. Okay.

9 If the Final Adjudication Branch is
10 reviewing a case and decides that there's been an
11 error in the application or program procedure
12 regulations, or a legal criteria, they actually
13 have the option of remanding the case back to the
14 district office.

15 So it's basically sending it back to
16 the district office for additional development or
17 new review, and a corrected decision, if
18 necessary. And it could be a change in the
19 circumstance of the case.

20 So any number of reasons can cause a
21 remand. But basically the Final Adjudication
22 Branch, not finalizing an acceptance or denial,

1 but returning it back to the district office for
2 additional development.

3 After the issuance of a final decision
4 there is additional appeal options that are
5 allowed. Within 30 days of the issuance of a
6 final decision a claimant can choose to request a
7 reconsideration.

8 We mentioned that earlier. It's
9 basically a written request on an appeal that
10 will go to the Final Adjudication Branch. A new
11 hearing representative, or a different staff
12 person that has not been connected with the case
13 file in the past will review the case and issue a
14 new determination on whatever the issues are that
15 are being raised in the reconsideration.

16 The other option on appeal would be a
17 reopening request directly to the director of the
18 program. This is a function that would allow an
19 individual to contest a final decision at any
20 point after their final decision, whereby the
21 specifically request a reopening, and they
22 present new information or new evidence, or

1 argument, with relation to their final decision.

2 That would be evaluated by the
3 director. And the director has delegated out, in
4 certain circumstance, the responsibility for
5 evaluating reopenings to the district directors,
6 and the local district offices. The last option
7 of course would be taking the case to District
8 Court.

9 Just the last two real quick
10 components of this process. You know, once we've
11 gotten through the entire decision process, if we
12 are awarding benefits we will notify an employee
13 or the survivor of their responsibilities for
14 completing additional paperwork, and sending back
15 information about how they want their deposit to
16 be made, with regard to the money, if there's
17 lump sum compensation involved.

18 We will also notify them of available
19 medical benefits if it's a living employee.

20 Those are all processes post adjudication after
21 the Final Adjudication Branch has issued their
22 final decision.

1 And then we also enter into some post
2 adjudication activities. So we have some final
3 maintenance activities that will occur annually
4 with regard to evaluating, you know, additional
5 receipt of state worker comp benefits, or other
6 tort settlement benefits that have to be reported
7 to us.

8 And we also have some other post
9 adjudicatory activities relating to any kind of
10 errors that might occur in the post adjudication
11 period, where we might end up having to do some
12 sort of over payment development, and the
13 collection of any kind of overpaid funds.

14 So that's the claim process in a very
15 quick and dirty nutshell. Any questions?

16 MEMBER SOKAS: Question, yes. So, I
17 was wondering if you could describe, the final
18 adjudication process, it's one person reviewing
19 the case? It's like a secondary review
20 basically. And is that correct? And what's the
21 skill set of that individual compared to the
22 original claim examiners?

1 MR. VANCE: Well, I mean, the function
2 of this process is actually to have an
3 independent review of the decision by someone
4 that is sort of operating at the same level as
5 the claim examiner, in the sense that they have
6 the same kind of knowledge and understanding of
7 the program. They've been trained in the same
8 way to know what are the existing policies and
9 procedures --

10 MEMBER SOKAS: So it's a check.

11 MR. VANCE: -- and regulations, and
12 the legal criteria. But you're asking for
13 somebody else to look at it and say, is what the
14 claims examiner doing, and what they're
15 recommending reasonable? Have they applied the
16 guidance in an appropriate manner? And is the
17 outcome appropriate?

18 And that's, I mean, that's, you know,
19 and that's a really important functionality, to
20 make sure that we are operating within reason.
21 Because, you know, we truly try to task, like
22 Rachel mentioned before, to try to move these

1 cases to an approval.

2 But we still have to operate within
3 the framework of the law. So the FAB is there to
4 make sure that we are doing that, and we are
5 making, you know, good decisions that are in
6 compliance with all of the requirements of the
7 statute.

8 MS. LEITON: A couple of, just as a
9 follow-up to that. The Final Adjudication
10 Branch, only hearing representatives sign those
11 decisions. So their grade level is higher than
12 anybody in the district office.

13 We do have, we have both claims
14 examiners and hearing reps. Claims examiners
15 will review cases that don't have hearings. They
16 will, like issue a decision that will then be
17 reviewed and signed off on by a hearing
18 representative. So, there is that for the claims
19 staff and this higher level, grade level, at the
20 Final Adjudication Branch level.

21 MEMBER SOKAS: So, just a couple of
22 follow-up questions on that. What proportion of

1 the claims that go through, the determinations
2 that go through are changed, either if they are
3 originally positive changed to negative, or
4 originally negative changed to positive, at that
5 level?

6 MR. VANCE: We don't have that kind of
7 information available right now. We'd have to
8 get back to you on that. I will add though, that
9 as an important feature here, there are instance
10 where the Final Adjudication Branch, you know,
11 there is actually a fourth option where they can
12 actually reverse a case to approve it.

13 So, in other words, if there's some
14 circumstances that changes between a recommended
15 decision and the point at which they're issuing a
16 final decision.

17 The clearest example I can give you is
18 like the naming of a new Special Exposure Cohort.
19 You know, when we have one that's been issued,
20 and that case is in that interlude between the
21 recommended and the final decision, and the Final
22 Adjudication Branch gets a notification that this

1 SEC's been named, they can actually turn it from
2 a denial to a reversal.

3 MS. LEITON: And also, just, you know,
4 the percentage. If we were to, you know, you
5 talk about the percentage. That changes.
6 Sometimes at the Final Adjudication Branch level
7 we get new medical evidence that shows a
8 diagnosis that we didn't have before.

9 A lot of times if it's being changed,
10 it's because we have new evidence that wasn't
11 there before. The remands that are due to office
12 error, it's a low percentage. I can tell you
13 that.

14 MR. VANCE: You know, the other
15 important thing here that I think is important
16 for everybody on the Board to understand is that,
17 you know, the recommended decision is the
18 opportunity for the claimant to look at and
19 understand the nature of the information that
20 we're relying on to make that determination.

21 So in other words, we will describe to
22 the claimant, hey, this is the exposure data that

1 we were relying on. This is the exposure
2 information. This is the outcome of your
3 analysis from a medical physician.

4 So they're given that opportunity to
5 provide clarification at that point. That's why
6 the oral hearing is so important. Because they
7 come in person and explain, well, wait a second.
8 You guys are telling me that, you know, I wasn't
9 exposed to X ,Y, and Z toxin. Well, let me tell
10 you, I was.

11 And they can provide the information
12 at an oral hearing that would then allow the
13 hearing representative to look at that and say,
14 that really was not considered appropriately. So
15 that would justify potentially a remand.

16 So that, you know, that is an
17 important feature of this process. It allows us
18 to basically say, here's what we see at this
19 point. Please let us know if you have something
20 additional to add to this process.

21 So, some of these cases do end up in a
22 lot of, kind of a cyclical process where we try

1 to address one issue, we issue a decision. We
2 get to oral hearing, or some sort of objection,
3 and we just have to continue to consider new
4 information as it becomes available.

5 CHAIR MARKOWITZ: We're going to
6 continue with the presentation, and then take
7 questions as we have time. So, if you could
8 continue?

9 MR. VANCE: Well, I wanted to add
10 really quickly, just because I think it's
11 important, as sort of the how to process. I also
12 want to talk just very quickly about procedural
13 writing within the policy branch.

14 I think it's kind of important for
15 everybody to understand that that's a major
16 function of my analysts on my staff. I have 11
17 policy analysts that are responsible for
18 evaluating policy, and making determinations
19 about how are we going to apply policy. And I
20 thought it would be kind of a good thing to talk
21 about, if you want to know about how the process
22 works.

1 So, we have a, my policy analysts are
2 responsible for editing and drafting, and
3 releasing updates to our federal procedure
4 manual. As many of you might know, it is
5 available online for everybody to review.

6 We're constantly in a state of editing
7 of the procedure manual. It is a Herculean task
8 in some cases to just go through that and
9 constantly update it. But it is an internal
10 process for our procedure manual to be updated
11 within the program.

12 So we basically have analysts that
13 identify issues that are coming forward from the
14 district offices, from external stakeholders,
15 from, guidance from Rachel's office, from
16 whatever source. And we assess that.

17 We determine, is it going to have an
18 effect on the policies and procedures of the
19 program? And then we will draft a guidance that
20 will be incorporated into the procedure manual.

21 Okay.

22 We are constantly changing the

1 procedure manual. We have updates that are
2 current all of the time. And it just depends on
3 what the issues are. But that process for
4 clearing changes to the procedure manual, or
5 other kinds of policy directives that are issued
6 by the program, is a fairly regimented process.

7 So whether it's updates for our
8 procedure manual, or if it's policy directives
9 like a bulletin, or a circular, or program memos,
10 which basically describe how it is that the
11 program is applying the law and the regulations,
12 it goes through a development process, whereby we
13 have one of my analysts that will prepare
14 material based on whatever the assignment is,
15 based on the procedure manual subjects.

16 That material will then be circulated
17 to our field offices for comment and input. The
18 field offices get an opportunity to look at it,
19 and provide that guidance. Because the procedure
20 manual is designed to provide staff guidance on
21 how to adjudicate cases.

22 We will then collectively evaluate a

1 review those, oftentimes with Rachel's input on
2 the feedback that we get. It then enters into a
3 final drafting stage, where we prepare a final
4 version for review by the internal management of
5 the program.

6 So that means that it's going to go
7 through myself and some of the leadership within
8 the Energy Program, including our solicitor of
9 labor. They will look at it and make sure that
10 any guidance that we're issuing is within the
11 legal requirements of the statute, and within the
12 legal confines of what we can do from a
13 procedural standpoint. It will be then signed by
14 the director of the program.

15 And we're not done yet. It still then
16 has to go through upper tier clearance to the
17 Office of Worker Compensation Programs. That
18 means it has to go through a vetting process
19 above the program. And that means that we have,
20 you know, different individuals within EEOIC
21 reviewing and certifying before it can be
22 published.

1 So I just wanted to talk a little bit
2 about that. Because I just wanted to make sure
3 folks were understanding. But that process is a
4 fairly laborious one, but is an important one.
5 Because it does guide how claims examiners
6 evaluate cases. And it provides written
7 instructions on that.

8 MS. LEITON: And I just wanted to add
9 to that. You know, the regulations that you guys
10 reviewed are, they have to go through an even
11 more robust process, obviously, through OMB and
12 all of that.

13 The one benefit to having our
14 procedures in such a fashion that we can change
15 them if we want to is, if you guys have
16 recommendations, a lot of the recommendations
17 that you make can be made, or may be able to be
18 made without a regulatory change.

19 So, because we get into so much
20 detail, if there's a process that we use right
21 now, you guys make a recommendation, there's
22 oftentimes a lot of leeway, without having to go

1 through that whole, we need to change the
2 regulations, process.

3 And we do, as John said, we do make
4 changes all the time. So that is one avenue
5 where, when you guys make recommendations, and we
6 accept them, and we can hopefully do it more
7 quickly than we would if we had to make any
8 actual regulatory changes.

9 CHAIR MARKOWITZ: Questions, comments?
10 Dr. Welch.

11 MEMBER WELCH: Lori Welch. I thought
12 it might be helpful, if you think you can do it,
13 to have some example reports from the Final
14 Adjudication Branch that the Board could review,
15 that are either, the personal information is --

16 MR. VANCE: Well, yes. I was going to
17 suggest that you actually go online. We have
18 actually a resource that is available on our
19 website. And it is a decisional database that is
20 available to the public.

21 It is a set of decisions that our
22 solicitor has vetted as being precedential in

1 nature. And it is divided up into different
2 topics within the adjudicatory process.

3 So, if you're interested in doing
4 that, I suggest that you might go take a look.
5 And you can see how the decisions are worded in
6 such a way as to cover particular topics. And I
7 believe that they're sort of organized by
8 headers, and different kinds of --

9 MS. LEITON: They're already redacted.

10 MR. VANCE: Yes. They're already
11 redacted. So they're publicly available.

12 CHAIR MARKOWITZ: Other questions,
13 comments? Yes, Dr. Cassano, go ahead.

14 MEMBER CASSANO: Tori Cassano. This
15 may be a little bit tangential. But could you
16 explain a little bit about how the medical
17 benefits work into this?

18 Somebody is treating through private
19 insurance for several years, and then all of a
20 sudden gets accepted as a claim. And then, the
21 medical benefits are future? Or, I mean, I could
22 see all sorts of issues with private health

1 insurance here. I wanted to know how it works.

2 MR. VANCE: Well, for our program,
3 once we've accepted a condition we become the
4 primary payer for that medical condition. So,
5 let's use, yes, let's use COPD as an example,
6 because that's the most common kind. Respiratory
7 disorders in general are the most common kinds of
8 diseases that we'll see.

9 So, once we've accepted a case the
10 claimant will be notified of the accepted
11 condition. And in the case of a living employee
12 they're the ones that we're going to pay medical
13 benefits, obviously.

14 The claimant will be notified of the
15 ICD-10 condition that is being approved. So that
16 is going to trigger their ability to go to their
17 physician and say, here's what's covered by the
18 Department of Labor. The physician or the
19 provider can then bill for any services related
20 to the treatment or the care of that medical
21 condition. All right.

22 The Department of Labor has a

1 relatively automated process for paying medical
2 bills. The way that we pay medical bills is,
3 basically we've created treatment suites that
4 basically say, okay, if you have this diagnosed
5 condition, and the doctor is billing on a form
6 basically saying, here are the procedures that I
7 have performed for this employee in treating them
8 for their COPD or respiratory disorder, the
9 system will automatically pay those bills
10 according to a federally established fee
11 schedule.

12 So those kinds of bills will hit our
13 system. We will then, it will be tested against
14 the treatment suite to say, oh, you have COPD,
15 and you're being prescribed prednisone. So that
16 will be paid.

17 But it will screen out things like if
18 you try to submit a bill for let's say a broken
19 leg in that same case. It's not part of the
20 treatment suite for casting of a broken leg. So
21 that's going to get rejected.

22 So it's basically a screening process.

1 But those medical bills will be paid. And it's a
2 fairly effective and efficient system, until
3 something happens where we've got to look at an
4 exception to the rule.

5 MEMBER CASSANO: Actually, my question
6 was more about, if you accept a client as of, you
7 know, today, an insurer that's been paying all of
8 those medical bills up until then, private
9 insurer may say, well, heck, if it was due to
10 employment now, it was due to employment --

11 MR. VANCE: Yes. It --

12 MEMBER CASSANO: -- it was due to
13 employment before. Do you ever run into that?

14 MR. VANCE: It would be called a
15 carrier reimbursement. And what happens is, we
16 would go back to the data filing for the accepted
17 condition and say, okay, the Department of Labor
18 became responsible for all the medical bills
19 effective this date.

20 And so, the insurer could then come
21 back and say, okay, Department of Labor, you need
22 to reimburse us for the out of pocket, or the

1 money that we've spent in treating that
2 condition.

3 And we would go back and assess the --
4 They'd have to submit, of course, all the
5 documentation relating to what they paid. But
6 then we would go back and assess that, and then
7 issue a reimbursement check to the insurer,
8 basically at whatever the established fee is.

9 CHAIR MARKOWITZ: Two last questions.
10 Dr. Silver, and then Dr. Boden.

11 MEMBER SILVER: What is the desk book?
12 And where does it fit in this flow chart? And
13 how does it relate to procedural writing.

14 MR. VANCE: The desk book? Yes, I'm
15 not sure what that is.

16 MEMBER SILVER: Or policy call notes?

17 MS. LEITON: So, one of the things
18 that we do on a monthly basis or so, and we've
19 been doing it since we started. Not, it's
20 changed over the years. We used to have, given
21 that this program's so new, we used to have a lot
22 of questions.

1 So we'd have a general guidance on a
2 procedure. And we'd get a lot of questions about
3 how is this going to apply to my case? So we
4 started, back then we had, more often we'd have
5 calls with our district office staff, and talk
6 about issues that they came up with.

7 Or like, you'd see something that we
8 hadn't seen before. And there was a lot of times
9 you'd see something we hadn't seen before. And
10 so we started having calls to talk through them.

11 And these calls have gotten a little
12 bit smaller over the years, because we've been
13 able to refine our procedures to be more clear.
14 But it's most, it's a lot of times these
15 exceptions that you don't see very often.

16 We'll have a call. We'll talk about
17 it. And we'll talk about it with all of the
18 staff, so they understand, in this weird
19 situation we've determined we're going to go in
20 this direction. In some cases those calls will
21 turn into a policy guidance that goes into our
22 procedure manual. In some circumstances it was

1 such a small vague issue that's never come up
2 before, that it doesn't really make it into our
3 procedure manual.

4 So, it's something that the, gives the
5 staff an opportunity to raise issues to our
6 level, at the policy branch level. And I sit in
7 on these calls as well, just to kind of
8 contemplate exceptions to the rule, where we
9 really haven't made a rule yet.

10 But it's deliberative. We get into a
11 point where we're saying, we need to make a call
12 here on this situation. And if it gets to be a
13 situation that is common we'll put it into our
14 procedure manual. So that's kind of how that
15 works.

16 CHAIR MARKOWITZ: And Dr. Boden.

17 MEMBER BODEN: So, I want to actually
18 follow-up on the question that was just asked
19 about past medical expenditures. So, in most
20 cases the claimant will also have medical
21 expenditures because of deductibles and co-pays,
22 or whatever. How do you handle those?

1 MR. VANCE: Basically the same way.
2 So, I mean, there are certain services that an
3 employee who are, you know, someone can pay for
4 out of pocket that are actually, is relating to
5 covered treatment for their accepted illness.

6 It basically follows the same path
7 that we would for that carrier reimbursement.
8 Basically, you've got to present us evidence that
9 you received this bill, it's related to your
10 accepted condition, you paid some out of pocket
11 amount of money for that.

12 So you have to show us proof of
13 payment. And then we would reimburse you up to
14 the fee that is allowable under our fee schedule.

15 MEMBER BODEN: Right. Now --

16 MR. VANCE: And that would be a direct
17 payment to the claimant.

18 MEMBER BODEN: Presumably, if this was
19 covered by insurance that the documentation the
20 insurer would give you would include
21 documentation for what the patient's copay was.
22 So they wouldn't have to come up with any

1 additional evidence?

2 MR. VANCE: Not for, well, it depends.
3 I mean, you know, if you're talking about I paid
4 for, let's say, you know --

5 MEMBER BODEN: You paid out --

6 MR. VANCE: -- this particular
7 medication. And it was not something that I had
8 submitted before. But I paid out of pocket. But
9 I know that now that it's a treatment for my
10 accepted condition.

11 Well then, what we would ask for is,
12 you have to give us the information about the
13 drug that was prescribed. You have to give us
14 the amount of money that you paid. And, you
15 know, document that information, so that we could
16 turn around and then reimburse you for that cost.

17 If it's something that was paid by an
18 insurer, well, we're not going to reimburse the
19 claimant. We're going to reimburse the insurer.

20 MEMBER BODEN: No. But --

21 MR. VANCE: But we don't reimburse for
22 like copays, unless --

1 MEMBER BODEN: If I go to the doctor,
2 and the doctor gets paid \$150 by the insurer, and
3 I have a \$50 copay, then presumably I would be
4 reimbursed for the copay, correct?

5 MR. VANCE: Yes. I'm not sure. I'm
6 not sure exactly on that. Yes. They may, well,
7 yes.

8 MEMBER BODEN: Okay.

9 MR. VANCE: Yes. I'm just, I'm more
10 familiar with just the --

11 MEMBER BODEN: I understand, yes.
12 Okay.

13 MR. VANCE: I'm more familiar with the
14 out of pocket for specific services.

15 MEMBER BODEN: Right. Yes. So, yes,
16 pharmaceuticals would be different. Because --

17 MR. VANCE: Yes.

18 MEMBER BODEN: Although they might
19 also be insured. And how --

20 CHAIR MARKOWITZ: So, let -- I'm sorry
21 to interrupt. But we need to actually end this
22 session.

1 MEMBER BODEN: Okay.

2 CHAIR MARKOWITZ: But the good news
3 is, Mr. Vance is going to be here at 8:45
4 tomorrow morning. And we --

5 MR. VANCE: Get used to this face.

6 CHAIR MARKOWITZ: And we will be --

7 MR. VANCE: Yes. I know it's a hard
8 thing.

9 CHAIR MARKOWITZ: We will be here too.
10 So, thank you very much, Mr. Vance.

11 MR. VANCE: Okay. Thanks.

12 CHAIR MARKOWITZ: It was nice. Let me
13 welcome Jim Melius, who is an occupational
14 medicine physician and epidemiologist, and
15 administrator of the New York State Laborers
16 Health and Safety Fund. He directs the Steering
17 Committee of the World Trade Center Health
18 Medical Monitoring Program.

19 And most relevant for today, he's
20 Chair of the Radiation Advisory Board within the
21 Department of Labor's function. So, welcome,
22 Jim. Thank you.

1 DR. MELIUS: Okay. Yes, this works.
2 Hello, everybody. Many of you I know. And
3 mostly in person, or sometimes through other
4 circumstances. But anyway, welcome to this
5 Board, and good luck with what you're doing.

6 And as I was telling Steve at the
7 break, that boy was I happy when this Board was
8 formed. A number of fewer questions for us.

9 But what I'm going to, what Steve
10 asked me to describe is what we do on the
11 Advisory Board for Radiation Worker Health, which
12 was set up with the original EEOICPA legislation
13 back in 2000. So, we've been working for a long
14 time. So, I think this is that. Here we go.

15 Yes. We're up to 110, please. Yes.
16 Ten since you left. If you have any detailed
17 questions, or complaints, it's all Mark's fault.
18 He served on the Board from the beginning with
19 me. And so, you blame him. And if you have
20 questions later on that come to mind, he can
21 probably answer them, many of them better than I
22 can.

1 So, the Board was formed in 2001.
2 We're appointed out of the White House,
3 Presidential appointments. We are administered
4 through CDC, NIOSH, so that makes some difference
5 in terms of how we work, some of our operating
6 rules and so forth and that.

7 The legislation indicated that the
8 members had to be, represent a balance of
9 scientific, medical, and worker perspectives.
10 I'm not quite sure what that meant. But there is
11 some balance there in terms of who is appointed,
12 and so forth.

13 And many of the members that were
14 originally appointed, believe it or not back in
15 2001, are still on the Board, including myself
16 and, what, six or seven others. I can't keep
17 track. We're an aging cohort though through
18 that.

19 As I said, we've had 110 meetings of
20 the, official meetings of the Board. That
21 doesn't include all our subcommittee and
22 workgroup meetings. So it is a busy process.

1 I'll talk about the workgroups and subcommittees
2 in a little bit.

3 But it's a busy Board. And a lot of
4 time, a lot of effort. We do most of our
5 meetings at the sites. We did a few in
6 Cincinnati early on. And I don't think we've
7 ever been here to Washington on it. But we have
8 been out at almost, at least all the major sites,
9 I believe.

10 We kept trying to get them to let us
11 go out to the Pacific Proving Grounds. But
12 couldn't quite get them to do that. And our only
13 site in Alaska to visit is out in the, way out in
14 the Aleutian Islands, Amchitka. I'm not sure,
15 uninhabited I believe now. Or if inhabited, only
16 seasonally. So, that's where they did some
17 underground testing.

18 So, the legislation that set us up
19 gave us very specific responsibilities. We
20 needed to review the original set of regulations
21 that were developed by NIOSH. And had input to
22 those. We've not had like sort of formal

1 approval. But we had to, we developed written
2 recommendations, and interacted with NIOSH, and
3 to some extent the Department of Labor when we,
4 in the early days, back in 2001, the program that
5 was set up.

6 Secondly, we were supposed to review
7 the scientific validity and quality of the dose
8 reconstructions that were done. That, third, we
9 were supposed to advise on Special Exposure
10 Cohort designations.

11 And that was a very formal process,
12 where we were, where NIOSH had to, as they
13 evaluated a Special Exposure Cohort, a petition,
14 and a petition had been approved and developed an
15 evaluation, the Board had to review that, and
16 make a recommendation, which we transmit to the
17 Secretary of Health and Human Services. And then
18 other duties as assigned.

19 So, but those reviews are, all those
20 other issues are really something that's up to
21 the NIOSH, or the Secretary, or whoever, to
22 assign to us. So our powers are somewhat, are

1 limited. And our scope is limited outside of the
2 areas that we have, are designated in the
3 legislation.

4 And if anybody has questions as we go
5 along, please interrupt. So, how do we do this?
6 We have a, set up some Board processes for doing
7 this. We broke up into workgroup and
8 subcommittees. Workgroups tend to be relatively
9 short lived, though that can be many years to get
10 through a site. Those tend to be site specific
11 or issue specific.

12 And then we have two standing
13 subcommittees. One to review, that reviews the
14 dose reconstructions, that process. Another one
15 that looks at procedures that NIOSH has
16 established to, technical procedures basically,
17 to do the dose reconstructions.

18 So, and those workgroups and
19 subcommittees meet independently of us. And then
20 report back to the full Board. All, essentially
21 all decisions are made by the full Board.

22 We have fairly complicated and long

1 running issues with conflict of interest.

2 Because trying to balance out what was
3 appropriate in terms of a Board that was, you
4 know, supposed to represent certain perspectives.

5 The agency, NIOSH, the Board having
6 its own technical contractor to assist us. And
7 then the agency having more than one technical
8 contractor helping them out that were, you know,
9 under contract. And making sure that there was
10 some sort of appropriate protections in terms of
11 potential conflicts of interest, or bias in terms
12 of the work that was done.

13 A lot of that was just to make sure
14 that there was transparency in what was done.
15 But it has involved changes along the way, to
16 make sure that people with a significant conflict
17 of interest are not involved in decisions or
18 recommendations made on a particular site where
19 they may have a conflict, or sites to that.

20 We insisted from the beginning that
21 there be as much transparency as possible for our
22 work. So that means that all of our meetings,

1 including our conference calls, have a full
2 public comment session to them, at least our in
3 person meetings, and full transcripts.

4 And I see that the Department of Labor
5 has brought our transcriber here, who has been
6 working with us for several years. So I guess
7 that's continuity, or something. Or who has the
8 Government contract. I don't know. But he does
9 the, he and his, the other staff working with him
10 do an excellent job, so to that.

11 We felt it was important that all the
12 work that we do be as transparent as we can
13 possibly make it. Again, recognizing that
14 certain limitations due to nuclear secrecy, and
15 obviously privacy issues. But that we try to
16 keep it as open as possible.

17 All of our meetings, including our
18 workgroup and subcommittee meetings, are noticed
19 in the Federal Register, and put up on the NIOSH
20 website, and so that people that are interested
21 are notified and know what's going on, and can
22 listen in. And occasionally, and very often

1 participate via the phone call conference call
2 when these are being done. And there are full
3 transcripts of those after the fact.

4 We try, and I'd like to say that all
5 reports are available to the participating public
6 before our meetings. I would probably get jumped
7 on by several people here in the room or on the
8 phone if I made that claim. But we do try to see
9 that most reports are available ahead of time.

10 And I think the Board, our Board has
11 been fairly insistent that it's not fair to a
12 petitioner or person with interest in a
13 particular site not to have time to review and,
14 you know, read, and at least somewhat digest one
15 of these reports prior to there being some action
16 taken by the Board on that report.

17 It doesn't always happen. But it, I
18 think for the most part we have. And we have
19 delayed decisions many times because reports were
20 not available until the night before or the day
21 or two days before a meeting is supposed to take
22 place.

1 I'll also add that our regulations
2 require, I can't remember if it's in the law or
3 not. But I know our regulations require that
4 petitioners, formal petitioners for a Special
5 Exposure Cohort also have the right to
6 participate in the actual public meetings where
7 those petitions are being discussed by the Board
8 in the process of making a recommendation to the
9 Secretary.

10 Finally, we have security issues. I
11 heard, was in the room earlier when Pat
12 Worthington was talking. And we've worked most
13 of those out with the Department of Energy.

14 And I think Mark and others can
15 testify that we've not had that, it's not been a
16 major impediment in terms of dealing with sites,
17 even sites with a fair amount of secrecy issues.
18 We do have, a number of our Board members do have
19 Q clearance.

20 And so, but we've managed to sort of
21 work around that, those issues in terms of
22 dealing with sites. And we've gotten into some

1 pretty, you know, I guess pretty difficult
2 situations where some of these issues could have
3 become a problem for our Board.

4 But in terms of making a decision, and
5 making what we thought would be a publicly
6 defensible position. And we've also know, you
7 know, that there's a lot of sensitivity on the
8 part of the workers at these sites about
9 revealing information.

10 We do a lot of secure interviews with,
11 classified interviews of people at particular
12 sites in order to collect information on it, and
13 make sure that the workers feel comfortable
14 providing that information in a way that does not
15 jeopardize them or their jobs. We do that.

16 So, what do we actually do, given what
17 we're told to do, and what our process is? And
18 do we ever accomplish anything? You often
19 wonder. But, so we have reviewed about one
20 percent of the dose reconstructions that have
21 been done.

22 We do not get to see individual dose

1 reconstruction, and cannot review it until it has
2 gone all the way through that adjudication
3 process, including the appeal process. And so,
4 we, so, and that was for obviously legal reasons,
5 and so forth.

6 But doing that, we don't, we choose
7 the dose reconstructions that we want to review.
8 They're not based on an outside request for doing
9 that. But we've done that. And it's a process.
10 I'll talk a little bit more about it later.

11 But in general it's improved, and it's
12 good that when there are problems found then
13 NIOSH will redo those, and so forth. I think
14 Rachel or somebody had mentioned the remand
15 process, where information for dose
16 reconstruction was sent back from DOL to NIOSH
17 for further work, and so forth.

18 We've looked at that, because we were
19 concerned about that. I think it's, but for the
20 most part it's done, as I think Rachel said, it's
21 done because there's additional information
22 available.

1 And we find that that's a fairly
2 common occurrence within the process. It's just
3 the nature, the amount of information involved,
4 and the where -- it's not all located in one
5 place. It's not always easy to find.

6 So very often NIOSH, or even the Board
7 will come across information that has not been,
8 you know, part of the case file. And are able to
9 send it back up to Department of Labor, in terms
10 of handling that particular case.

11 We review lots of technical documents.
12 So the way that NIOSH does dose reconstructions
13 are basically based on a huge number of technical
14 documents, they're called.

15 They have various, you know,
16 bureaucratic nicknames, Site Profiles, Technical
17 Review, I forget what else. There's a whole
18 different set of them, PERs, and so forth. I
19 can't even remember now.

20 But they are -- So those form the
21 basis for all of the individual dose
22 reconstructions that NIOSH does. All of those

1 are available on the NIOSH website. And I would
2 urge you, if you have questions about the site,
3 I, frankly, I'll admit that I have not looked at
4 the DOL website in quite some time.

5 But the NIOSH website I use all the
6 time obviously, because we're working with them.
7 And there's a lot of technical, you know,
8 publicly available information on sites. The
9 Site Profiles are, have an excellent history of
10 the sites, and so forth.

11 Obviously, it focuses on, you know,
12 radiation exposures, not on toxic, other toxic
13 substances. But it is useful in terms of sort of
14 background and history of processes, and so
15 forth, at a particular site.

16 And almost all of those are reviewed
17 at some stage by the Advisory Board, and our
18 contractor, prior to they're being used, or while
19 they're being used. They're constantly being
20 updated.

21 And finally, what we do is, we review
22 the Special Exposure Cohort evaluations. That

1 has actually been the, probably the biggest
2 consumer of effort on the part of the Board since
3 the original regulations were set.

4 Because it involves a large effort to
5 figure out what's available, and whether actually
6 individual dose reconstruction can be
7 appropriately done at a particular site. And
8 then it obviously feeds back to how Department of
9 Labor handles a particular site, and a particular
10 situation.

11 So, what issues do we have? I think
12 they're sort of obvious issues. But I'll mention
13 them. Well, the major one is finding
14 documentation.

15 It is, like, you probably will find
16 that more on the, once you get away from
17 radiological exposures. But even for
18 radiological exposures there's a lot of missing
19 information, or unavailable, or unsure where
20 documentation was stored.

21 We're constantly finding dose records
22 and other monitoring records stored away at some

1 other site, because that site has closed down, or
2 because operations were moved, and so forth.

3 It's a very complicated system that's been set
4 up. And it can be difficult to navigate through.

5 And I suspect as we go along we, there
6 will be more information found. DOE has been
7 very cooperative, in terms of at the sites in
8 general are cooperative, within sort of, you
9 know, limitations on resources, in terms of
10 getting and finding information. And so, it's,
11 but it is always a struggle.

12 Secondly, you have both too little
13 information, which I think you'll find on the
14 toxic substance side. There's no records, no
15 monitoring, and so forth. And that's often true
16 also on the radiological side.

17 However, we also have an abundance of
18 information on, dose records on certain sites
19 that can be overwhelming, in terms of trying to
20 figure out, is that information really complete
21 enough, by year, by task, by type of work, to be
22 able to justify doing individual dose

1 reconstructions, to that? But so, we've
2 struggled with that somewhat. But for the most
3 part it's too little information.

4 And I think what is, shouldn't have
5 been surprising to us, but it was, as we went
6 through this program is, what's often as
7 important, and particularly for Special Exposure
8 Cohorts but I think for all the work at these
9 sites that we're doing, is that the records of
10 what people did on the site are often very
11 meager.

12 The person may be assigned to a
13 certain building, or a certain job, or even a
14 certain part of a larger site. But what they
15 actually did, and how they moved around the site,
16 and what different tasks they did, is often not
17 well recorded, in terms of personnel records, or
18 other records at the site.

19 And for someone who's, you know, for a
20 survivor who's applying, a family member, or
21 something whose, you know, parent worked at a
22 secret site, and was told not to talk about it,

1 there really, can be very difficult for them to
2 even know where on that site that person worked.

3 But we very often end up with making
4 very broad Special Exposure Cohort designations,
5 simply because there's just not the records for,
6 to administer the Special Exposure Cohort that
7 would limit it to a particular building or set of
8 buildings, or type of work, and so forth.

9 And it's just impossible for
10 Department of Labor to then figure out who should
11 be in the Special Exposure Cohort, and who should
12 not be. So, and again, you think back, it should
13 have been obvious.

14 So these, you know, dose records and
15 personnel records were, you know, personnel
16 records were set to, you know, pay people and,
17 you know, give them promotions, whatever. Put
18 them to work. And lots of subcontractors, and
19 issues, and so forth, and do that.

20 And dose records were meant to
21 monitor, you know, usually a process, not
22 necessarily the, you know, to support a workers

1 compensation claim, you know, many, many years
2 later. And so, we're trying to make do with
3 something that, a record system that really
4 wasn't established for what we're trying to use
5 it for.

6 Finally, just one thing that we've,
7 we've focusing now, in terms of our individual
8 dose reconstruction reviews. And sort of looking
9 at different ways of approaching that. And
10 particularly trying to look at some of the
11 judgments that are made, and ensuring consistency
12 in those judgments.

13 Often what a dose, a health physicist
14 will do in doing a doing a dose reconstruction is
15 not, is based on judgment. And they're pulling
16 together the information that is available. And
17 we think it's important that we look at some of
18 those judgments, which may not be based on a
19 procedure manual, or definitive documentation, in
20 order to make sure that everyone's being treated
21 fairly.

22 So one person, two people doing the

1 same job, same period of time, and so forth,
2 should be handled in the same way if they put in
3 their compensation claims, and other issues like
4 that.

5 So, anyway, let me end there. I think
6 I've taken up probably too much of my time. But
7 that's okay. We're glad to answer any questions.

8 CHAIR MARKOWITZ: So, Steve Markowitz.
9 So, what do you do about them? How do you
10 evaluate consistency?

11 DR. MELIUS: We're just starting to do
12 it now. And one, what we're doing is documenting
13 all of the areas where judgments are being made,
14 which are not documented through some sort of
15 procedure.

16 And so, we're sort of doing an
17 inventory of that, which actually NIOSH didn't
18 really have available to them. And the NIOSH
19 contractor had it at some level. But not
20 probably down to the individual level.

21 So we're trying to do sort of a, pull
22 that together. And then we can also identify it

1 from the type of exposure, or the type of work
2 that they're, the person is doing. We think we
3 have some areas that we can particularly target
4 for doing that.

5 But it is hard. Because, I mean, you
6 know, you know what you know. And it's easy to
7 go through a procedure, or something, you know, a
8 written formula and say, did they calculate it
9 correctly? Well, that's important.

10 But it's also important, you know,
11 what judgments did they make in, you know,
12 coming, using that particular formula, and
13 applying it. And there's a fair amount of
14 leeway. Do they use the 95 percent, or the 50
15 percent, you know, percentile? So, in terms of
16 the exposure.

17 CHAIR MARKOWITZ: Other comments or
18 questions? Yes, Dr. Boden.

19 MEMBER BODEN: Jim, that was
20 enlightening. While you were talking I was
21 thinking about the fact that your advisory
22 committee has radiation as its focus.

1 DR. MELIUS: Yes.

2 MEMBER BODEN: So, you have one
3 substance, and 150 meetings. And we have how
4 many substances?

5 DR. MELIUS: Yes.

6 MEMBER BODEN: So, I'm, I guess my
7 question is, do you have any sort of particular
8 advice for how we structure or coordinate?

9 DR. MELIUS: What I think I told Steve
10 was, good luck. But I can't help much. But, no,
11 I think it's, you know, focusing on particular
12 issues that come up.

13 I think that the public, the people
14 making claims, the people representing people
15 making claims can sort of identify issues that
16 concern them.

17 We've learned a lot about sites, and
18 about what we should be doing better from our
19 public comment periods, which often went, you
20 know, four or five hours, as Mark can tell you,
21 into the evening. Usually we're abandoned by
22 most of the staff. But we hung in there. And I

1 think that's helpful.

2 And I think again, you know, you're
3 focusing on, you know, the approach you're taking
4 is fine, identifying, you know, reviewing the
5 process, and identifying what, you know, you
6 think, you know, are particular issues that need
7 to be addressed, and so forth.

8 That, and our task, you're right, in
9 some ways it's much simpler, focused on one type
10 of exposure. It's fairly complicated at
11 Department of Energy sites, and around the
12 country, and so forth. But it is much easier.

13 And then our compensation
14 recommendations that are being made to the, I
15 mean the final adjudication and so forth is done
16 by DOL. But our sort of recommendations, and
17 that process, and what information goes up to DOL
18 to support those decisions was pretty much
19 prescribed in the legislation, and then in the
20 regulations that arose out of that legislation.

21 The only place there was room was, you
22 know, which we've struggled with is, you know, is

1 with Special Exposure Cohort issues, and with the
2 language of sufficient accuracy, and so forth,
3 which the agency, despite our pleas, refused to
4 really define very well.

5 So they made us work harder. But I
6 think we would have had to anyway on those
7 issues. But we've probably focused from site.
8 We've done much more site based than I think,
9 that I, yes, that would be a daunting task at
10 this point to do.

11 And frankly, we also had the leverage,
12 so to speak, that we were there, we had to review
13 the original regulations. So, and NIOSH knowing
14 that we were then going to review those dose
15 reconstructions that were based on that, those
16 regulations.

17 If we didn't like the regulations, or
18 what was in the regulations, they would have been
19 in trouble. I mean, you know, because we would
20 have said, you know, 50 percent of these bad dose
21 reconstructions, because they didn't follow, you
22 know, proper science, or whatever.

1 Now, obviously that didn't happen.
2 But, so lots of advantages. But again, you know,
3 technically a complicated area. And with a lot
4 of information to try to handle, and so forth. I
5 don't think you have that amount of information.
6 But that's, not sure that's good or bad, in terms
7 of committee's work.

8 CHAIR MARKOWITZ: Dr. Silver.

9 MEMBER SILVER: Jim, you mentioned
10 that you had an outside contractor to provide
11 technical assistance. If they'd been unhelpful
12 you probably wouldn't have mentioned them. At
13 the other end of the scale, would you say it was
14 simply valuable, or absolutely essential for what
15 you did?

16 DR. MELIUS: Well, I think it was, for
17 us it was absolutely essential to do. The Board
18 did not have the expertise or the time to do the
19 kinds of technical reviews that were, would have
20 been needed in terms of review, all the
21 documents, all the dose reconstruction
22 procedures, and so forth. So it was critical

1 that we have that.

2 We wrestled a little bit with how to
3 best do it. It's a, health physics is a
4 relatively small field. And so, finding people
5 that weren't conflicted, or didn't overlap with
6 the -- You know, NIOSH got there first. They
7 already did their prime contractor for doing dose
8 reconstructions.

9 So we had to find somebody else. But
10 we were fortunate in being able to get that
11 assistance. And, no, but we would not have been
12 able to do our tasks with it without that.

13 CHAIR MARKOWITZ: Okay. It's 4:30.
14 Thank you very much, Jim.

15 DR. MELIUS: Okay. Thank you.

16 CHAIR MARKOWITZ: That was very
17 encouraging, I would say.

18 DR. MELIUS: Yes.

19 CHAIR MARKOWITZ: And we'll be sure to
20 hear from you again.

21 DR. MELIUS: Thank you.

22 MEMBER REDLICH: Would you like to

1 join the committee?

2 DR. MELIUS: So, one version of the
3 legislation I think had me on the committee, I
4 think. But it got lost in the drafting
5 someplace.

6 CHAIR MARKOWITZ: So, we have a 15
7 minute period, and then we're going to take a
8 break just for 15 minutes, and then begin the
9 public comment at 5 o'clock.

10 So this 15 minutes I have a particular
11 thing I'd like to discuss. But I'd like to know
12 from the Board members anything that you need to
13 make this work, at the meeting here that would
14 make this work easier, any materials?

15 I know we have tenuous access to the
16 internet. The internet has of course all the
17 resource materials that we would need. The
18 briefing book was meant for this contingency, so
19 that it has some of the materials that are
20 available in print before you.

21 But I'm not sure we can do much about
22 the status of the internet, certainly by

1 tomorrow. But are there any other issues, any
2 materials that you think you need? Okay.

3 So, this issue of subcommittees, and
4 which we will, or committees, whatever, that we
5 will form over the next couple of days. I'd like
6 to discuss the issue of keeping them open to the
7 public.

8 And my question really, if Tony could
9 apprise us is, that involves a certain procedure,
10 in terms of scheduling the meetings, putting
11 notice in the Federal Register. So if you could
12 just apprise the Board of what exactly is
13 involved, as we think about that.

14 MR. RIOS: So, if you want to make a
15 meeting public the FACA regs require that you
16 provide notice to the public at a minimum of 15
17 calendar days before the actual meeting that's
18 going to take place.

19 Prior to that the Federal Register
20 notice has to be sent throughout the Department
21 of Labor, because generally those Federal
22 Register notices will have an agenda.

1 So, the best example that I can give
2 you, Steve, is what we just went through in order
3 to get the Federal Register notice for this
4 meeting. That was an expedited process. And I
5 think you and I started talking about that, I
6 want to say the first week of March.

7 And I think we rushed to get the
8 Federal Register notice, with me stepping on a
9 lot of hands, and getting a lot of people, you
10 know, not too happy with me. And we got the
11 Federal Register notice I think published, gosh,
12 Carrie, do you have the date? No? Not here? I
13 think we published it, I want to say the first
14 week of April.

15 So, it takes about a month to put
16 together a Federal Register notice, and rush it
17 through. So, to the extent that I would say that
18 if you're going to make the subcommittee meetings
19 open to the public, you probably want to take
20 into consideration how many subcommittee meetings
21 you're going to have, and how many issues you
22 want to address through those subcommittee

1 meetings, particularly how many different
2 subcommittee meetings you're going to be holding
3 within the same month even.

4 I sit on the MACOSH Board as the
5 representative for the designated agency liaison.
6 And I participate in some of their subcommittee
7 meetings.

8 And they sometimes have two
9 subcommittee meetings going on at the same time.
10 So, that's, I mean, that's I guess the most
11 information that I can give you. I don't know if
12 I answered your question.

13 CHAIR MARKOWITZ: No, you did. You
14 did. But I think during that last period of time
15 you took a couple of Saturdays off. So maybe it
16 was too long.

17 So roughly a month is needed, and an
18 agenda is needed in order to set a meeting so
19 that it can be, go through approval and be
20 published in the Federal Register? Is that --

21 MR. RIOS: Yes, more than that.

22 CHAIR MARKOWITZ: Or six weeks?

1 MR. RIOS: Right.

2 CHAIR MARKOWITZ: Just give me a
3 timeframe, that's all.

4 MR. RIOS: Yes. I would say six weeks
5 is a good estimate.

6 CHAIR MARKOWITZ: Okay.

7 MR. RIOS: Yes. I mean, the only
8 experience that I have in doing one of these
9 Federal Register notices is, like I said, the one
10 preparing for this one.

11 And that was unusual, because we were
12 in a rush to seat the Board. We were in a rush
13 to get the first meeting. And everybody in the
14 department was aware of that.

15 I would say six weeks is a good
16 timeframe. Eight weeks would be great. But six
17 weeks I would say is generally, if you ask
18 anybody else in the department who has to go
19 through, who has to publish it, and how far in,
20 that's probably the timeframe that they're given.

21 MEMBER BODEN: Right. But then
22 another two weeks before you can have the

1 meeting.

2 MR. RIOS: No, no, no. No. I'm
3 talking about six weeks before the actual meeting
4 date. Yes.

5 CHAIR MARKOWITZ: And in the Federal
6 Register notice, do you need to publish the
7 agenda? Or can it be a general agenda? So, I'm
8 concerned about, in that interim six weeks, if
9 the committee wants to revise the agenda, that
10 it's not fixed.

11 MR. RIOS: No. It's a general agenda.
12 And, you know, because we even changed the
13 substance of this next three days, the agenda.
14 It doesn't have to be as specific as what we have
15 on the website right now. The Federal Register
16 notice just goes over, you know, generally the
17 topics that you're going to discuss.

18 CHAIR MARKOWITZ: George.

19 MEMBER FRIEDMAN-JIMENEZ: George
20 Friedman-Jimenez. I have a concern. Those 110
21 meetings over 15 years. That's about eight
22 meetings a year. And radiation is a lot simpler

1 than chemical exposure.

2 And my concern is, what is going to be
3 the scope of this committee? And what's going to
4 be the magnitude of our commitment, in terms of
5 numbers of meetings, in person meetings versus
6 telephone conference calls, and the actual volume
7 of work that we'll be involved in. I'm new to
8 this process. So I'm just asking a question.

9 CHAIR MARKOWITZ: Well, you know, it's
10 hard to give an exact answer to that. Except
11 that I would say that the radiation, the agenda,
12 and Mark can speak to this. But their agenda was
13 a difficult agenda. And they actually, you know,
14 went through, recreated dose reconstructions.

15 There, what they did was different
16 from what we're doing. That's not giving you an
17 exact answer. I think we'll have more of a sense
18 over the next couple of days.

19 But we're going to have to do a fair
20 amount of our work, I think, through committee
21 work over the phone, and meeting, aiming to meet
22 twice a year, perhaps more. But that's probably

1 reasonable.

2 MEMBER GRIFFON: Which is, I mean, the
3 radiation board kind of eventually got into that
4 direction, where we did a lot more of the
5 workgroup and the subcommittee meetings via
6 WebEx, or phone, or whatever. And just because
7 everybody was traveling so much.

8 I mean, when we started we were, I was
9 probably in Cincinnati. We were meeting at the
10 airport hotel in Cincinnati, because it was sort
11 of central for everyone.

12 And probably had four Board Meetings a
13 year, and probably subcommittee and workgroup
14 meetings six to eight, you know, if you were, for
15 any one Board member. So we were, the staff had,
16 since then the hotel knew us, you know. We were
17 there all the time.

18 But I think as far as the subcommittee
19 stuff being public, I hope I'm not downplaying
20 the timing on the -- In fact, I had to do a few
21 Federal Register notices with the Chemical Safety
22 Board at the end of my term. So I know exactly,

1 including walking it over to get it at the
2 Federal Register.

3 So I'm not downplaying that process.
4 I think that NIOSH has been able to do it fairly
5 easily. And with, you know, for the workgroups
6 and subcommittees the agendas can be more
7 simplified, not like this agenda we had here.

8 And if we plan this right, I just
9 think it's an essential part of that Board. All
10 the, a lot of the claimants and advocates are the
11 same people that have been involved with the
12 radiation board. And I think their input during
13 that, those subcommittee meetings, as well as the
14 full Board meetings was important.

15 And I just think we should make a
16 commitment to do those publicly. And when I say
17 publicly, they can be phone call meetings. They
18 don't have to be face to face. But make them
19 open to the public.

20 CHAIR MARKOWITZ: Other comments?

21 Yes.

22 MEMBER VLIEGER: I think it's

1 important that we make an effort to visit the
2 sites to some extent. Visiting in Washington, DC
3 is daunting for a lot of people. And these are
4 workers who would prefer to talk to you face to
5 face.

6 I know when I first met Dr. Melius I
7 wanted to talk to him face to face. And I wanted
8 him to see the face of somebody who had gone
9 through, you know, a claim at a site.

10 CHAIR MARKOWITZ: Are there other
11 comments specifically on the issue of open public
12 access meetings? All right. I think we're going
13 to get into, probably later in the meeting, about
14 location, a little bit more of a discussion about
15 that. So, if there are no other comments or
16 questions?

17 MR. RIOS: So, I just want to tell
18 everybody that's on the phone, I had talked about
19 it this morning, but we're about to take a break.
20 And then we're going to go into the public
21 comment period.

22 And in order to participate in the

1 public comment process remotely we're asking you
2 to hang up and call the following number. It's
3 800-369-3381. And when prompted enter the
4 following code, 2470553. Once again, the number
5 is 800-369-3381. And the access code is 2470553.

6 CHAIR MARKOWITZ: Okay. So let's take
7 a break. But let's be back a couple of minutes
8 before 5:00, so that we can begin the public
9 comment period on time. Thank you.

10 (Whereupon, the above-entitled matter
11 went off the record at 4:42 p.m. and resumed at
12 4:59 p.m.)

13 CHAIR MARKOWITZ: Actually, we have a
14 minute or so. George, you want to just introduce
15 yourself to the group?

16 MEMBER FRIEDMAN-JIMENEZ: Hi,
17 everybody. I'm George Friedman-Jimenez. I'm an
18 occupational medicine physician and an
19 epidemiologist. I am at Bellevue hospital in New
20 York City which is a public hospital.

21 I run the Bellevue NYU occupational
22 environmental medicine clinic, and we take care

1 of people that use the City public hospitals for
2 medical care. So we see a lot of people that
3 have low income and don't have medical insurance.

4 And now we're seeing increasing
5 numbers of undocumented people who are at
6 particular risk for hazardous exposures. So
7 that's my population that I take care of and my
8 take on this. I'm also trained in epidemiology,
9 specifically radiation and cancer epidemiology.
10 And so I'm interested in both the toxicology and
11 the epidemiology. And I'm looking forward to
12 seeing how I could contribute to this process.
13 It seems like a pretty complex system you got
14 here and --

15 (Simultaneous speaking.)

16 CHAIR MARKOWITZ: Thank you, George.
17 Thank you.

18 MEMBER FRIEDMAN-JIMENEZ: I'm just
19 starting to learn it.

20 CHAIR MARKOWITZ: Thank you. Okay.
21 So is it 5:00, can we get started? Yes? Okay.
22 So we're entering the public comment period,

1 which will last for an hour. We have a number of
2 speakers, seven total who have signed up to
3 speak.

4 We have five who we will start with
5 who are here presently, and then we will turn to
6 one of the people who are phoning in and then
7 we'll have one last speaker who is present here.

8 I'm going to go over the order and the
9 time period that you've requested. We've been
10 able to accommodate the requested time periods.
11 Terrie Barrie for ten minutes, Deb Jerison ten
12 minutes, Stephanie Carroll ten minutes, Donna
13 Hand five minutes, Tee Lea Ong five minutes. And
14 then on the phone, Vina Colley for ten minutes
15 and Hugh Stephens here for five minutes.

16 I think I need to turn it over to the
17 moderator for some instructions.

18 MR. RIOS: Moderator, are you there?

19 CHAIR MARKOWITZ: Actually, if Terrie
20 Barrie could come and sit down while this is
21 happening.

22 MR. RIOS: Okay, thank you.

1 CHAIR MARKOWITZ: Okay, our first
2 speaker will be Terrie Barrie.

3 MS. BARRIE: Good evening, Dr.
4 Markowitz and Members of the Board, welcome. It
5 is so exciting to finally to be here to be able
6 to make public comments before the Advisory Board
7 on Toxic Substances and Worker Health.

8 My name is Terrie Barrie and I'm a
9 founding member of the Alliance of Nuclear Worker
10 Advocacy Groups. ANWAG was formed in 2004 to
11 monitor the implementation of the Energy
12 Employees Occupational Illness Compensation Act.

13 I want to thank all of the Board
14 members and those who agreed to be nominated for
15 your willingness to serve on this very important
16 Board. I also wish to thank Secretary Perez and
17 the selection committee, Dr. John Howard, Dr.
18 David Michaels and Leonard Howie, III for
19 choosing outstanding individuals of the many
20 highly qualified individuals who were nominated.
21 And of course, many thanks to Congress and
22 President Obama for establishing this Board.

1 This Board is tasked with a great
2 responsibility of advising the Secretary of Labor
3 on a number of issues related to EEOICPA.

4 Tonight I would like to address just a few of
5 those issues.

6 There are many good things about the
7 Site Exposure Matrix database. For instance, it
8 wasn't until SEM was released to the public that
9 the claimants were given a glimpse of the
10 thousands of toxic substances which were present
11 at the facilities where they worked.

12 These workers toiled daily in a toxic
13 soup of chemicals, radiation, solvents, and heavy
14 metals for years, even decades. Econometrica was
15 under contract with the Department of Labor.
16 They began the process of linking toxic exposures
17 to diseases, and they even provided latency
18 periods for some of the more common diseases the
19 workers suffer from.

20 The advocates had hoped that SEM would
21 continue in this fashion. Yes, there are a
22 number of diseases SEM has linked to exposures;

1 however, the decision on which toxic substances
2 is responsible for a disease is based only on
3 Haz-Map. And from what I understand, Haz-Map's
4 standard of causation is much higher than what is
5 required under EEOICPA.

6 DOL's own medical consultant handbook,
7 which was published in 2011, places the standard
8 of causation somewhere between the preponderance
9 of the evidence and reasonable suspicion.

10 I'll be happy to send you the link for
11 that document. Whereas Haz-Map's standard
12 requires a sufficient evidence to show that
13 exposure to a toxic substance causes a disease.

14 It is my understanding that the CMCs
15 use the DMC manual. However, the advocates have
16 not been able to obtain it through FOIA because
17 it's considered proprietary property of the
18 contractor.

19 Haz-Map does not include an evaluation
20 of complex exposure situations, yet these workers
21 were subjected to multiple exposures to a toxic
22 substance on daily basis. Synergistic effects

1 are not considered by Haz-Map.

2 I fear that it's possible that a
3 number of claimants may have been erroneously
4 denied because of SEMs failure to address these
5 effects.

6 Department of Labor says that SEM is
7 only a tool and is used by claims examiners and
8 are not to deny claims based on SEM.
9 Unfortunately this is not always an accurate
10 statement.

11 I have seen denials stating that, and
12 I'll quote one final decision, "Based on the SEM
13 search, the District Office was unable to find a
14 link between the toxic exposure and" whatever
15 disease was claimed.

16 This is why your review is so
17 critical. The workers or their survivors need
18 the claims examiners to have the best information
19 available to them before deciding a claim.

20 There are two other issues I would
21 like to address with the SEM. Labor categories
22 do not always accurately reflect the toxic

1 substance a worker was exposed to. For instance,
2 according to SEM, guards at the Iowa Ammunition
3 Plant had no chance whatsoever of being exposed
4 to any type of toxic substances.

5 From what I understand, the guards not
6 only checked the workers who were permitted to
7 enter the facility or a building, but they were
8 also responsible for guarding the actual bomb
9 product.

10 The DIAB interim advisory board
11 submitted their report on SEM and job categories.
12 I hope this Board will find DIAB's limited review
13 of the SEM helpful in your future investigation.

14 The other issue I want to raise is
15 that under current regulations, Department of
16 Labor will not consider radiation as an exposure
17 to, as a contributing factor in the development
18 of a disease, specifically in the development of
19 cancers.

20 Both chambers of Congress weighed in
21 on this issue in 2005 and advised Department of
22 Labor, and I quote, "The Department of Labor rule

1 applies the wrong standard of causation for
2 radiation related cancers." And I have a copy of
3 the letter and I'll hand it off to Mr. Rios for
4 distribution to the Board.

5 This issue has been a longstanding
6 complaint with the advocates. It makes no sense
7 whatsoever to us that radiation cannot contribute
8 to the development of a cancer or other disease.
9 DOL's opinion is that they will only consider
10 cancer was a result of radiation exposure if
11 NIOSH determines that the probability of
12 causation is 50 percent or greater.

13 What about the worker who's POC is
14 49.5 percent? Under the legislation, wouldn't
15 that causation meet Part E's criteria?

16 I would like to thank Department of
17 Labor for extending the public comment period for
18 the proposed changes to the program so that this
19 Board can weigh in. I am confident that DOL will
20 value the advice given by this well respected
21 Board and be guided by them and other
22 stakeholders when deciding on any changes to this

1 program.

2 Again, I thank you for your service.
3 You have an awful lot of work ahead of you and I
4 appreciate your commitment to provide the best
5 assistance to Department of Labor in this
6 program. If you have any questions, I'll be
7 happy to answer them.

8 CHAIR MARKOWITZ: Thank you very much.
9 I think we'll move on to the next speaker. I'm
10 sorry.

11 MS. BARRIE: Okay, thank you.

12 CHAIR MARKOWITZ: The next speaker is
13 Ms. Deb Jerison.

14 MS. JERISON: Dr. Markowitz and
15 Members of the Board, first I want to say that
16 I'm thrilled to have the opportunity to address
17 the advisory board on toxic substances and worker
18 health.

19 It's wonderful to see the board
20 finally seated after so many years of work to get
21 it established, and I know you'll do a great job.
22 I've been really impressed with the questions

1 today.

2 My name is Deb Jerison, I'm the
3 daughter of a deceased worker from Mound
4 Laboratory and the Director of the non-profit
5 Energy Employees Claimant Assistance Project.

6 EECAP asks a question of interested
7 EEOICPA stakeholders about once a month. I've
8 compiled some questions and responses on several
9 of the issues that I thought might be useful to
10 the Board.

11 But I also want to address something
12 that's one of the rules changes. I greatly
13 appreciate the Board advising DOL on final
14 bulletin 1404 Authorized Representative Conflicts
15 of interest.

16 This bulletin's caused problems for
17 sick workers since it took effect. DOL told the
18 advocates the reason for this bulletin is to
19 prevent fraud from home healthcare companies.
20 Preventing fraud is good, and no one wants fraud
21 perpetrated --

22 (Off microphone comment.)

1 MS. JERISON: I'm not good at this.
2 Preventing fraud is good and no one wants fraud
3 perpetrated on sick workers or DOL. My concern
4 however must lie with the sick workers, as DOL
5 has the ability to prevent fraud without making
6 sick workers suffer.

7 The home healthcare industry is very
8 cutthroat which causes problems for sick workers
9 as well as DOL. There are things DEEOIC could do
10 to improve the situation such as assuring home
11 healthcare companies are properly licensed and
12 hold appropriate certification for the
13 jurisdiction in which they're operating rather
14 than allowing any company calling itself a home
15 healthcare agency to operate without first
16 verifying they meet the laws in the state in
17 which they're practicing.

18 The current regulations state, "A
19 claimant may authorize any individual to
20 represent him or her in regards to a claim under
21 EEOICPA unless the individual's service as a
22 representative would violate any applicable

1 provision of the law."

2 DOL's been acting in violation of this
3 rule since 2014 and is now pushing to codify this
4 violation in the new proposed rules changes. In
5 March I met two dedicated advocates from the
6 Navajo Nation who have been hired by a home
7 healthcare agency to act as authorized
8 representatives for sick Navajo workers.

9 The Navajo Nation is huge, covering
10 27,413 square miles, roughly the size of West
11 Virginia and spans three states, Arizona, Utah,
12 and New Mexico. Three quarters of all covered
13 uranium mines are on the Navajo Nation so the
14 need for assistance there is great.

15 If I remember correctly, each advocate
16 drives about 2,000 miles a week. They need to be
17 able to communicate in Navajo and know Navajo
18 customs in order to work with this population.

19 Both advocates know the pain caused by
20 nuclear weapons work because of their own family
21 histories. Why is it so important that sick
22 workers be allowed to have the authorized

1 representative of their choice? Simply because
2 sick workers with authorized representatives are
3 more likely to have their claims approved.

4 A review of all Parkinson's disease
5 final decisions from June 27, 2006 to February
6 5th, 2014 showed that 27 percent of Parkinson's
7 disease claims with an authorized representative
8 were approved while only 18 percent were without
9 were approved.

10 Authorized representatives are allowed
11 payment of two percent of compensation awarded or
12 ten percent if the claim goes through the hearing
13 process. It can take years to get a claim
14 approved, and some claims provide medical
15 benefits but no compensation.

16 This means an authorized
17 representative receives no payment. Now I don't
18 know about you, but I couldn't afford gas for
19 2,000 miles every week on my own. The only way
20 these women can afford to act as advocates is if
21 somebody hires them to do so.

22 DOL's policy excludes them from

1 working as authorized representatives. Many sick
2 workers cannot manage the difficult and
3 cumbersome claims process alone. Those without
4 authorized representatives often give up and
5 never receive the compensation and medical care
6 they're entitled to.

7 Some family members act as authorized
8 representatives but if these family members also
9 provide paid home healthcare services, DOL states
10 they cannot act as authorized representatives for
11 their loved ones. The result is a sick worker
12 suffers because of DOL's policy.

13 Some sick workers have no one other
14 than their nurses to act as authorized
15 representatives. These sick workers may not
16 receive medical benefits to which they're
17 entitled because they have no one to help them
18 with the difficult and burdensome recertification
19 process.

20 Recertification is made even more
21 difficult because DOL will often argue with sick
22 worker's physicians to try to get them to reduce

1 the amount of home healthcare the worker needs.
2 DOL says they do this because they believe home
3 healthcare agencies try to influence the treating
4 physician to provide more care than is necessary.

5 DOL's been very outspoken about their
6 dislike of home healthcare agencies. At a recent
7 annual meeting a DOL official described them as
8 diabolical which struck me as way over the top.

9 I understand that administering
10 EEOICPA is difficult. But this program was set
11 up to provide necessary medical care to sick
12 workers as a remedial program which means it must
13 be liberally interpreted in favor of the sick
14 workers.

15 While I understand DOL's concerns
16 about the possibility of someone from a home
17 healthcare agency committing fraud, this must be
18 managed in a way that does not harm the sick
19 workers. To date, one person from one home
20 healthcare agency has been convicted of fraud.

21 Managing the threat of fraud by
22 assuming everyone within an industry is guilty

1 without proof seems crazy to me, especially at
2 the cost to sick workers.

3 DEEOIC's conflict of interest policy
4 is more restrictive than any of the other
5 agencies I reviewed including other OWCP programs
6 which are not remedial programs. FECA uses the
7 same standard as is in the current DEEOIC rules.

8 The Long Shore and Harbor Worker's
9 Compensation has restrictions on individuals
10 acting as authorized representatives if they have
11 been convicted of fraud, for professional
12 misconduct, or for accepting non-approved or
13 excessive fees.

14 It removes those who have committed
15 fraud or behaved inappropriately rather than
16 assuming fraud will be committed. DEEOIC needs
17 to find a way to manage their fear of home
18 healthcare fraud without damaging the sick
19 worker's right to medical benefits and assuming
20 all connected with the industry are tainted,
21 thank you very much.

22 CHAIR MARKOWITZ: Thank you. Next we

1 will hear from -- thank you. Next we will hear
2 from Ms. Stephanie Carroll. Ten minutes.

3 MR. RIOS: Into the mic, Stephanie.

4 MS. CARROLL: Okay. Thank you. First
5 I want to thank the Board for giving of your time
6 and expertise, and especially for the workers and
7 they're going to be really hoping that you can
8 get some movement in this program. So thank you
9 for everything. And the questions today were
10 amazing.

11 Let's see. There were some questions
12 today about assistance given to workers and
13 claimants. There is, assistance to the claimants
14 is mandated by the Act under 42 USC 7384(v). If
15 the claimant requests assistance, they are
16 supposed to be given that.

17 So that was just, you know, a little
18 mistake earlier. But some of the ways that I
19 think we can give more assistance to clients and
20 claimants is for the program, when they request
21 medical and exposure evidence from the workers,
22 they usually do it in a development letter.

1 And they never let the workers know
2 that they actually are looking at maybe a 900 to
3 1,500 page Department of Energy file. So the
4 letter that comes out to the worker is please
5 give us your medical records as far back as you
6 can. Usually it's not more than ten years, and
7 give us your exposure history and any incidents
8 you were, you know, exposed to.

9 Well, the claims examiner is looking
10 at a file this big that includes incidents,
11 exposures, usually yearly medical exams with
12 chest x-rays and pulmonary function tests.

13 So they just do not let the claimant
14 know that. Whenever I'm around claimants I tell
15 them go get your file, especially get your file
16 before you go to a hearing because you get to a
17 hearing and you see this huge stack of paper
18 there that the hearing rep is looking at and you
19 have no access to this.

20 So, you know, in the interest of
21 discovery I think that the Department of Labor
22 should say if you're going to go to a hearing,

1 you need to request your file and we'll send that
2 to you.

3 But I think we may not even have to
4 get there because if they have their file ahead
5 of time, they may be able to prove their
6 exposure, get affidavits and such.

7 Let's see, one of the other ways
8 that's mandated to assist claimants is to
9 establish clear protocols to establish chronic
10 beryllium disease. We have a good protocol to
11 review for beryllium sensitization and once
12 sensitization is approved, claimants go through
13 testing that could last for ten years.

14 Most of my clients, as an authorized
15 rep specializing in chronic beryllium disease,
16 they've been ten years in the program. Some of
17 them have had three, four, or five lavages and
18 biopsies. They're beryllium sensitized and they
19 have never been diagnosed with CBD. And it is
20 awful.

21 Now my clients do get approved for
22 chronic beryllium disease. I'm probably one of

1 the only ARs that can get that done in the whole
2 country. So it's outrageous. Beryllium disease
3 really needs to be looked at.

4 Let's see, physicians. Okay, so
5 physicians that do understand the protocol for
6 established chronic beryllium disease under the
7 program do not use that protocol to determine if
8 people have CBD.

9 Once they've determined that
10 somebody's beryllium sensitized, all of a sudden
11 the doctors that know this protocol that it's a
12 statutory requirement to be diagnosed with CBD,
13 they get back to the medical diagnosis of CBD.

14 Do you know since 2005 in all the
15 records I've looked at I have never seen a CT
16 scan consistent with CBD prior to a lavage or
17 biopsy. But then in the studies you'll see that
18 a biopsy cannot be done unless a CT scan is
19 consistent with chronic beryllium disease.

20 But I do not see doctors adhering to
21 the protocol that was established for chronic
22 beryllium disease. So if that could be better

1 explained to the physicians and then monitored
2 and enforced, I think we could get more people
3 approved and covered under beryllium disease.

4 Another question that was asked today
5 is about the resource centers, do they help the
6 workers? They do fill out the forms, they do the
7 OHQ, they haven't been trained to do occupational
8 health questionnaires.

9 And I've noticed that claims examiners
10 in the IH don't really pay much attention to the
11 questionnaire unless it goes against what the SEM
12 says. Or they use the questionnaire, how I see
13 it, to catch a worker up in a lie.

14 That's the only reference to an OHQ
15 has been well you said on your OHQ that you were
16 not exposed to this and now you're saying you
17 are. So that's what I've seen with those.

18 And let's see. There is, it's very
19 hard for workers to understand their recommended
20 decisions because there isn't a reference to some
21 of the tools that are being used in the decision
22 to deny the claim.

1 So workers don't get offered the
2 industrial hygienist's report or the CMC report.
3 They're just supposed to ask for it. And people
4 just don't do that. So a lot of people go into
5 their hearings and they don't have their IH
6 report and they don't have their CMC report, and
7 that's really the only way you get approved is
8 with those two reports. Affidavits don't really
9 matter for workers.

10 And then these telephone conference
11 calls. I actually have a telephone conference
12 call. It's kind of how the workers see it is if
13 you go by the procedure manual, you feel like if
14 I meet these requirements, then we'll be
15 approved.

16 But there's this secret underlying
17 policy that nobody gets to see, and those are
18 called telephone conference calls. And I
19 actually have one that showed up in a file that
20 said, one of the questions was should we use the
21 telephone conference calls, should we quote them
22 in our decisions.

1 And actually, National Office in 2012
2 said yes you should quote them if you use them.
3 Well now they are not supposed to quote those
4 telephone conference calls in decisions anymore
5 because that would make them accessible to us.

6 We've been refused over and over again
7 these calls. And we just want to know what rule
8 book they're working with because it seems to be
9 different from what we see online.

10 And let's see. And I'm not doing this
11 because I don't get my claimants approved. I
12 really have a very, very high success rate. But
13 the other thing that claimants are very upset
14 about is, let's see, all right, so today we heard
15 that the program has no incentives to deny
16 claims, but that's not the experience of the
17 claimants.

18 Many feel that their statements and
19 input from their personal physicians is not given
20 the same probative value or weight as the DOL
21 contracted experts. I have absolute proof of
22 that, that it's not given the same weight.

1 Treating physicians are scrutinized
2 and sometimes pressured to the point of refusing
3 to advocate for their patients. I've had four
4 doctors quit the program because they were
5 pressured, given phone calls by claims examiners
6 saying did you really mean that diagnosis? Did
7 you really mean that?

8 I mean, well rationalized letters will
9 get calls from claims examiners that put pressure
10 on doctors that make them want to quit the
11 program. So I think that's bad.

12 Many have concerns that the new
13 regulations will make it more difficult for
14 workers to get coverage by the program. We are
15 pleased that the comment period has been expanded
16 and hope that it can be expanded further.

17 The changes will have far reaching
18 consequences and our nuclear workers need your
19 input so that they can get fair and equitable
20 treatment they deserve. Thank you so much for
21 your service. So glad this board exists.
22 Thanks.

1 CHAIR MARKOWITZ: Thank you. Next
2 will be Donna Hand who has requested five
3 minutes.

4 MS. HAND: Again thank you to the
5 Board, the whole Board for being here. We really
6 appreciate that you all have taken on this
7 daunting task. And we really as claimants and
8 advocates, we appreciate your time and expertise.

9 My name is Donna Hand. I am a worker
10 advocate authorized representative, member of the
11 Beryllium Health and Safety Committee, a DIAB
12 member as well as a member of the American Bar
13 Administrative Procedure Act Committee. And I
14 have been involved with this program since 2001
15 as a survivor claimant as well.

16 The Act itself was created in 2000,
17 amended in 2001 and then amended in 2004, and I
18 believe the last time it was amended was 2012
19 when it added on that the ombudsman could take
20 care of Part B to help the claimants.

21 You talked about classified processes
22 that need to be done because a lot of the

1 processes out at all these sites are classified,
2 and some of these sites still have classified
3 processes and projects today still going on.

4 So not only the processes are
5 classified, but sometimes the quantity of the
6 toxic substances that were used and such as metal
7 tritides, you got tritium, tritium water, heavy
8 water, and you got the metal tritides. The metal
9 tritides is a tritium plus a metal such as
10 uranium, uranium and tritium or erbium.

11 So you've got these exotic
12 radioisotopes that again has a health effect and
13 is considered a toxic substance. So the
14 radiation nature and the biological nature may
15 not have got to that 50 percent but they do
16 effect over onto the Part E side.

17 You also have in the reports of the
18 BEIR V report as well as the BEIR VII Phase 2
19 report that low level radiation will also cause
20 benign diseases, not only cancers but benign
21 tumors and masses, thyroid diseases.

22 So there's a list of benign diseases

1 such as brain and central nervous system
2 illnesses that could be caused from radiation.
3 So you don't, you would not see that cancer.

4 Then you also have the issue of where
5 you have metastasized cancers, secondary. The
6 lymph nodes, is that being, you know, how is that
7 affected and would that be covered under Part E?

8 So you've got the primary cancers,
9 you've got the secondary cancers. Are the
10 secondary cancers consequential cancers? So that
11 would be considered a consequential illness. And
12 how are you going to address it under Part E?

13 The Site Exposure Matrix was really
14 required by statute. In 2004 the law was amended
15 for Part E and it said that the Department of
16 Labor will create site profiles. Those site
17 profiles is for toxic substances.

18 The secretary at her discretion may
19 use NIOSH to help develop these site profiles.
20 Well, the secretary evidently didn't use NIOSH to
21 develop the site profiles, but it is a mandatory
22 site profile for toxic substances in the Act

1 itself.

2 Also, the regulations in 2006, the
3 final regulations, December the 29th, 2006 stated
4 that these site profiles or the SIM will be used
5 as prohibitive evidence for the claimant. It
6 will be used as to maintain their burden of proof
7 that they came into contact with those toxic
8 substances while performing their work duties.

9 So it's not just labor categories. It
10 is while they're performing their work duties.
11 Did it arise out of their working experience,
12 duties, buildings.

13 We have an issue there because they
14 keep on saying causation. In their training
15 manual they say causation includes aggravating
16 and contributing to. But when we hear causation,
17 all we hear is causation. We do not hear
18 aggravating and contributing to.

19 You speak to a doctor, all he hears is
20 causation. You go to a toxicologist, all they
21 hear is causation. Then you have is it legal
22 causation or is it medical causation? Is it a

1 general causation or is it a direct causation?

2 So you know, what type of causation
3 are we talking about? Medical certainty with 75
4 percent? Well no, the statute and OWCP has
5 defined in their DMC handbook in 2005 and it's
6 still in effect today that at least as likely as
7 not will be more than a mere suspicion and less,
8 less than the preponderance of evidence. So
9 that's less than 50 percent.

10 So it's more than a hunch and less
11 than 50 percent. That's at least as likely as
12 not. OWCP has stated in the preamble of the
13 regulations that significant factor means any
14 factor.

15 But it was Part D, Part D said it had
16 to be an important factor. However, OWCP stated
17 in the preamble regulations, redefine significant
18 factor to be any factor because of the broad
19 range of Part E.

20 The occupational history
21 questionnaire, the claimants are confused with
22 it. They usually don't get to see it. They are

1 just asked the questions over the phone. I tell
2 all my claimants to say unknown because they do
3 not know.

4 When I research a site, I know what
5 that job did, I know where the area was, and I
6 can say yes, you were exposed because I've got
7 documentation that chemical was there.

8 But yet if I stated it, they would not
9 address it. When the Site Exposure Matrix says
10 yes, it's in building 770, he worked in 770, but
11 yet he didn't come in contact with it. It
12 doesn't make sense. If you worked there, you got
13 air handlers that did not work, especially during
14 the early years.

15 Affidavits from claimants are
16 accepted. In the preamble of NIOSH it says that
17 we will accept what the claimant states unless we
18 can prove with substantial relevant evidence to
19 the contrary.

20 That same language is in the
21 regulations underneath 20 CFR 30.111 there is a
22 presumption. Once the claimant has met by the

1 preponderance of the evidence every criterion of
2 the claim, their employment, their illness, their
3 cancer, everything, then it's presumed that
4 they've got the claim, then it's presumed that
5 they are to be granted unless Department of Labor
6 or the DEEOIC can find substantial relevant
7 evidence to the contrary.

8 And before the final decision is
9 issued, that substantial relevant evidence to the
10 contrary must be given to the claimant for the
11 claimant due process rights to address.

12 So if you've got records showing, if
13 you've got the site exposure matrix showing,
14 you've got your work records, and a lot of these
15 employees also were cross trained. They would
16 work below their level and they could also work
17 above their level for certain days.

18 They would work in units because they
19 didn't want to ruin their queue clearance because
20 it was so expensive and they didn't want to lay
21 them off. So they would switch them to other
22 units if production was low.

1 So you've got to remember just because
2 their labor categories stated certain things,
3 that doesn't mean that that's what they did. For
4 an example a secretary, she put down on her
5 occupational history, I'm a secretary.

6 I said well where were you a secretary
7 at? Oh, the polymer lab. Oh, well where were
8 the technicians? There was a wall separating
9 you, right? No. It was just a cabinet, file
10 cabinet only about three feet high and they were
11 there working on their stuff.

12 Where do you think she got her
13 exposure from? But she was just a secretary.
14 You know, so you can't go by labor categories.
15 And I think that's one reason why the statute
16 says came in contact with.

17 It is rose out of work, working
18 conditions. And again, you'll hear a lot from me
19 after the days go by. And I don't want to take
20 any more of your time.

21 But there's, you know, medical
22 evidence is there. The people have done their

1 duty as far as working in these nuclear weapons.
2 And a lot of the nuclear weapons activities are
3 still classified as far as what really happened,
4 and we just want justice, that's all, fairness
5 and justice and consistency within the whole
6 program. Thank you.

7 CHAIR MARKOWITZ: Thank you very much.
8 Our next speaker is Tee Lea Ong, five minutes.

9 MR. ONG: Dr. Markowitz, I have a flow
10 chart that would simplify the comment I'm going
11 to make. Can I share it?

12 CHAIR MARKOWITZ: Sure.

13 MR. ONG: And can I hand out copies of
14 it because I don't think everybody can read it.

15 CHAIR MARKOWITZ: Sure. I'm sorry,
16 you want to hand out copies now?

17 MR. ONG: Yes.

18 CHAIR MARKOWITZ: Yes, if you could
19 just give them to Dr. Welch and she can pass them
20 down so you can begin your presentation?

21 MR. ONG: Do I have to use this mic or
22 can I use the standing one? So let me start with

1 a brief intro of who I am and kind of provide
2 some context. My name is Tee Lea Ong. I work
3 for a company, a home health company called
4 Professional Case Management. We provide in home
5 nursing care to former nuclear weapons workers.

6 So we've been doing pretty much
7 exclusively this for, since the inception of the
8 program. And over the years we've gained a lot
9 of experience about the topic. We started back
10 in, I would say since inception so we probably
11 even started serving this special group of former
12 workers before the DOL officially took over from
13 the DOE.

14 So I know there is a lot of
15 institutional experience that came with that. I
16 myself have only been doing this for a few years
17 but at least I observe since I manage outreach,
18 the outreach effort, I come into contact with a
19 lot of former workers. So a lot of what I, you
20 know, would like to comment on is representative
21 of what we hear a lot.

22 So it seems like everybody's gotten a

1 handout. But before that, just so, again, great
2 appreciation for the Board for coming together
3 and for the Department of Labor and Energy to
4 enable that because I think, and I'm very
5 encouraged by the comments made by the Department
6 of Labor as well as the Energy colleague all the
7 way from the Deputy Secretary Lu to Leonard to
8 Rachel and John of the spirit of collaboration
9 and advising that, seeking from this Board
10 because I think there's a lot of opportunities
11 for further streamlining and making sure that
12 care is not delayed, and that's a comment I heard
13 this morning from Rachel as well as Leonard and
14 Deputy Secretary Lu.

15 So with that said, my comments are
16 going to specifically be focused on the proposed
17 rule changes. This flow chart right here which
18 is on the first page of the handout is actually
19 Exhibit 2 of Professional Case Management or
20 PCM's comments.

21 So if you need more detail, I know the
22 color didn't come out exactly right. So you

1 can't really see which box is shaded, but if you
2 go to the DOL site you should be able to see the
3 public comments and our exhibit. And Exhibit 2
4 comes with some backup.

5 So let me kind of tell you a highlight
6 of what we're trying to showcase here. As it
7 stands today, the rules as they are used today
8 already are fairly onerous and cumbersome for a
9 lot of our former workers, as you heard from
10 other people who commented.

11 Now when you look at the current
12 process, these are represented by the yellow
13 boxes that's shaded in this flow chart. I know
14 it didn't come through very well on your paper
15 copy.

16 If you think about it, that's only
17 eight steps that's involved. And we've seen that
18 again and again it proved so cumbersome and
19 onerous that a lot of people are not getting the
20 time and the care that they need.

21 The proposed changes as they're stated
22 now, I know while DOL is well intentioned as one

1 of the speakers, Deb Jerison mentioned earlier to
2 make sure that there's no fraudulent activity.

3 But by proposing these changes it introduces all
4 these other steps that are not shaded that's on
5 this flow chart.

6 And what it does is that it's now 36
7 steps in order to qualify for home care, 36 steps
8 from 8. And the steps are not unique in that the
9 number of people, you can see the swim lanes,
10 here first row being the claimant themselves, and
11 then followed by the Department of Labor and then
12 the physicians and then the home care agency.

13 When you look at that, the number of
14 people involved, the steps involved, you know,
15 exponentially increased. But not only that, if
16 you look at the requests the onus that's put on
17 the claimant who is often sick and sometimes not
18 familiar with bureaucracy as I think Rachel
19 pointed out today, and sometimes they're not even
20 at their house.

21 They're sick, they're in a hospital,
22 they're in a facility. So it's very difficult to

1 find them in order for them to even initiate the
2 process.

3 So when you add on top of that the
4 back and forth required. And we did an
5 estimation of best case to worst case, those are
6 Page 2 to about 6 of the handouts. We did the
7 best estimate of best case, worst case how long
8 would it take. And we did an actual average.

9 You can see, and the last page of it
10 summarizes the assumptions we used of each one of
11 our rationale and so on. The time that it takes
12 now goes from several days as it is today in the
13 yellow shaded boxes to anywhere between two
14 months to ten months for you to qualify for home
15 care.

16 Now, I know I've not been involved for
17 a long time with this particular group of former
18 workers. But I do know even in my three and a
19 half years working here that I've seen many, many
20 former workers pass away before the ten month
21 mark.

22 So if you look at this as it stands

1 right now, even perpetuating the current process
2 is already fairly difficult for a former worker
3 community to get the home care that they want.

4 I just ask, urge the Board to take a
5 look and see, and these are all exhibits you can
6 see on the website, to peruse them tonight to see
7 if that informs you a little bit more because to
8 exacerbate by adding all these steps and all
9 these people involved has a very dramatic impact
10 on the home care that our clients need.

11 I know DOL is intentioned well but by
12 introducing this proposed changes, it makes it
13 incredibly difficult. And just one last comment.
14 I have not even mentioned the second order impact
15 of these changes.

16 Stephanie Carroll mentioned just now
17 that she's had physicians who threw up their
18 hands and said you know what, this is so
19 difficult that I'm not sure where I want to go
20 with this and I'm quitting the program.

21 It's very prevalent. And again, I
22 know the intention's well but the way it's being

1 proposed that we've had physicians who literally
2 gave up and said this is it. As it stands today,
3 just the yellow boxes we have physicians who gave
4 up and said you know what, I'm done.

5 And it's so prevalent that we even
6 have a term for it internally. It's called
7 physician fatigue. So the paperwork back and
8 forth, sign this one, or the letter doesn't quite
9 say it, back and forth, back and forth.

10 So I urge the Board to look carefully
11 at this proposed change and see that if it indeed
12 is going to streamline the care process for
13 former worker as well as making it such that the
14 care is not delayed which is the joint intention
15 of the Board, the DOL, and us. Thank you.

16 CHAIR MARKOWITZ: Thank you. Thank
17 you very much. Our next speaker, actually we're
18 going to move to a speaker by phone, Ms. Vina
19 Colley who has ten minutes, who has requested ten
20 minutes.

21 MS. COLLEY: Are you ready now?

22 CHAIR MARKOWITZ: We are.

1 MS. COLLEY: Can you hear me?

2 CHAIR MARKOWITZ: Yes.

3 MS. COLLEY: Okay. My name is Vina
4 Colley and I'm a sick worker from the Portsmouth
5 Gaseous Diffusion Plant in Ohio and I am co-
6 founder of National Nuclear Workers for Justice.

7 I would like to thank everyone for
8 giving me this opportunity to speak about the
9 Site Matrix System database and injustice it is
10 causing both former and current workers.

11 The Energy Employees Compensation Act
12 was effective 2000 and it is not currently being
13 executed in accordance with intent of
14 compensating workers with their health issues
15 caused by working within a DOE facility.

16 National Nuclear Workers for Justice
17 are asking both this advisory board and our state
18 representatives to do a thorough investigation on
19 the Site Matrix System database usage in its
20 current practice and implication that denying
21 workers for job related illnesses.

22 As you know, the database was set up

1 to help identify workers exposure, yet in
2 practice it is being leveraged to deny the
3 compensation.

4 National Nuclear Workers for Justice
5 are asking that the Board verify the credentials
6 of the medical consultants that are reviewing the
7 worker's claim as it has been brought to our
8 attention that the consultants may not be trained
9 and qualified in nuclear radiation health issues.

10 We are also asking for an
11 investigation into the qualifications of the
12 employees in the Cleveland office and other
13 offices that process compensation claims for sick
14 and dying workers, and they do not understand the
15 impact and the association of the multiple
16 chemical exposures and relative illnesses,
17 related illnesses and therefore should not be
18 passing judgement.

19 Lastly, the Department citing National
20 Security justification has declined to provide
21 the entire database to sick workers who ask for
22 it. This practice needs to be reviewed by

1 qualified authorities at the minimal, and
2 preferably removed.

3 Workers have the right to know the
4 health impact of their employment at these
5 facilities. National Nuclear Workers for Justice
6 are asking for a full disclosure on NIOSH
7 determination and the levels required for safe
8 versus unsafe exposures and its related
9 justifications to turn down workers' related
10 illnesses.

11 We would like to see safe dose levels
12 determination be conducted by an independent lab.
13 It is roughly the Site Matrix System, put
14 roughly, the Site Matrix System is correct.
15 Workers that were employed in places like the
16 Portsmouth Gaseous Diffusion Plant in Ohio where
17 victims are poor safety practices which resulted
18 in workers being exposed unnecessarily.

19 It has been well documented that the
20 Government withheld the information about what we
21 had been exposed to. Also, the Government never
22 properly tested the workers, nor were there

1 accurate records kept. And these records that
2 were kept had been falsified or possibly
3 destroyed.

4 The Government admitted that they made
5 us sick and they wanted to take care of the Cold
6 War heroes yet the current process of relying on
7 inaccurate, incomplete, and dishonest system has
8 resulted in denial of earned compensation.

9 One question to ask yourself is why 16
10 years later are sick workers being turned down
11 for the illnesses that are clearly job related.
12 Labor Department rules say the database should be
13 the guidance and the claim examiner should dig
14 deeper if they suspect an illness has risen from
15 working at these plants.

16 Yet due to unqualified evaluators, a
17 detailed investigation into the individual case
18 does not occur. Here is an example of the
19 problem with the Site Matrix System.

20 There's a link to calcium fluoride.
21 It's called the skeletal fluorosis. That will
22 not give any job title to anyone credited for

1 exposure to calcium fluoride. They don't want to
2 admit there is a link to HF in fluoride even
3 though most of the gaseous diffusion plant
4 workers have a positive fluoride test.

5 Other issues with the Site Matrix
6 System is that it does not address the multiple
7 exposures to chemicals and radiation exposure.
8 For example, if you type in the Site Matrix
9 System database a worker's job classification
10 like mine, electrician and then you type in the
11 illness like neuropathy which is just one of my
12 diagnosed conditions, the two experts who have
13 agreed with the chemical risk in the Site Matrix
14 System, your claim is still denied by the
15 Department of Labor Cleveland office even though
16 the Site Matrix System reveals chemicals and
17 radiation that my job description identifies as
18 the exposure and my Facebook both provide records
19 showing that the legacy period of these chemicals
20 such as those long term and short term health
21 effects according to the health, the glossary of
22 health effects compiled by NIOSH DOE office

1 oversight and many other agencies, my claim has
2 again been denied.

3 The database is only focusing on one
4 exposure and not multiple chemical or radiation
5 exposures which workers have been exposed to.
6 Workers and National Nuclear Workers for Justice
7 are well aware of Dr. Eugene Stewart's
8 recommendation back in 2009 and feel nothing has
9 happened to valid claims of sick workers.

10 2016 should be the year where the
11 Energy Employees Illness Compensation Act should
12 truly reach wide and show and enforces the intent
13 of its initiatives.

14 It is my considered opinion that the
15 justification process has become corrupt and
16 improperly executed. The only fix at this point
17 in our opinion is that the head contractor of the
18 programs to the federal, take the head program
19 contact over the program to federal court and let
20 the federal judge sort out the problems and/or
21 corrections that are currently taking place.

22 My bottom line is that the leadership

1 in DC appears to be allowing career personnel in
2 Cleveland and other district office to
3 deliberately violate the rights of claimants.

4 In closing, in 2010 the Department of
5 Labor recommended further evaluation of my claim
6 to the Cleveland office for neuropathy, multiple
7 melanomas, hypothyroidism, arthritis, pulmonary
8 edema and immune disorder system.

9 As of today, all of my claims to the
10 Cleveland office have been denied. Again, they
11 are denied even though I have medical documents
12 showing proof of illnesses and exposures and
13 statements, medical statements over a period of
14 30 years.

15 Cold War heroes should not have to
16 spend their life fighting for benefits that cover
17 illnesses that are the result of chemicals and
18 radiation exposure.

19 I would like to be updated if there
20 are any changes to be made to this program. And
21 at no time have I ever been called and asked
22 exactly what electricians were exposed to.

1 On my job I worked in confined spaces
2 with trichloroethylene, no respiratory
3 protection, cleaning down uranium contaminated
4 PCB oils with this trichloroethylene and no
5 protective equipment.

6 I worked in an open machine shop and
7 welding shop and motor shop. Not one chemical
8 can be my diagnosis. Not only me but other
9 workers who work in these facilities, they walk
10 into these facilities, the grounds are
11 contaminated with all kind of chemicals and
12 radiation.

13 I mean, the radiation is off site, 360
14 acres off site. People are walking to work and
15 going through this building to get into their
16 jobs every day. So I don't know how we can use a
17 Site Matrix System for one chemical that these
18 workers have been exposed to.

19 I've asked a dozen times to NIOSH to
20 show me how they turned me down on my exposures
21 and to this day I have never got that report.

22 CHAIR MARKOWITZ: Ms. Colley, if you

1 could take one more minute, please.

2 (Off microphone comment.)

3 CHAIR MARKOWITZ: Thank you. Our next
4 speaker is present here, Mr. Hugh Stevens.

5 (Off microphone comment.)

6 MS. COLLEY: -- they continue to deny
7 our claims as bogus. I've been exposed to
8 beryllium, fluoride, plutonium, neptunium,
9 magnesium.

10 Tell me how you calculate my exposure
11 and I'm dying. I live every day but it's a slow
12 death. These workers are dying with a slow
13 death. You tell me how you calculated my
14 illnesses and turned them down when there is a
15 connection to hypothyroidism, to the pulmonary
16 edema which caused my congestive heart failure?
17 There's a connection to all these chemicals for
18 all these workers and no one's paying attention.
19 They're just letting them die.

20 CHAIR MARKOWITZ: Ms. Colley, thank
21 you very much for your comments. We have to move
22 on, but thank you.

1 MR. STEPHENS: Good afternoon, Dr.
2 Markowitz and the rest of the Board. My name is
3 Hugh Stephens. I am one of a small group of
4 second generation environmental attorneys. I've
5 been litigating environmental cases for about 20
6 years and I started in this program back in about
7 2010.

8 I just want to say that this is a
9 great program. I have had a number of claims
10 that didn't go very well. I was able to take
11 them up to the folks in Washington and usually
12 with good claims we've been able to get them
13 resolved.

14 And so at one point I thought someday
15 I'll litigate a case against the Department of
16 Labor and win it for my client. Well, that's
17 been unnecessary because once you get to people
18 like Rachel and John they get things right.

19 I think the problems with the program
20 are down in the trenches with those 400 claims
21 examiners trying to figure out what to do with
22 these claims.

1 I hear a term pretty often here,
2 treating physician. Let me say as an attorney we
3 try to use professionals. We hire people, we
4 hire occupational physicians to write reports,
5 detailed reports that are difficult to allow a
6 claim to be denied after you read a report like
7 this.

8 But if you go to your treating
9 physician, the treating physician is going to say
10 yes, that occupational exposure may very well be
11 related to this illness. And the claimant will
12 take that to the Department of Labor and that
13 claim will be denied because that letter does not
14 say what it needs to say.

15 So when we hear this talk about how
16 great the treating physician is, you know, my
17 experience is treating physicians write terrible
18 letters in this program. They're uniquely
19 qualified to write those letters because they are
20 not occupational physicians.

21 So I hope I have a receptive group
22 here. There are so many occupational physicians

1 in this group. So I think that's a problem, the
2 idea that the treating physician is going to be
3 able to write a good report that would form the
4 basis for a claim.

5 And so you kind of get this sense well
6 it's the treating physician. The treating
7 physician is there hands-on. He or she knows
8 this patient and can write this report based on
9 actual physical contact. They know what the
10 illness is.

11 We know that's not true because the
12 treating physicians are there to treat, not to
13 assess whether this illness is occupational.

14 PARTICIPANT: Can I ask you to hold
15 the mic, please?

16 MR. STEPHENS: I will. I apologize.
17 So the other part of this is these industrial
18 hygienists. So then the program relies on these
19 industrial hygienists and those industrial
20 hygienists, they have no contact with the
21 claimant. And we've heard people talk about that
22 today.

1 And they go to a book and they take
2 with them some sort of labor category from 20,
3 30, 40 years ago. And then there's this part of
4 the program that is this idea that a worker and
5 that a claim should not be paid on the basis of
6 the self-serving testimony of a claimant.

7 And so the claimant comes in and says
8 oh yes, I was exposed to this and that and this
9 labor category they've got me in, no that's not
10 right. And if you look over at this other
11 facility, they got this description of my labor
12 category and that's actually right.

13 But that stuff doesn't make it. I
14 mean, by the time you get to John and Rachel it
15 does. They understand these kind of subtle
16 issues. But down at the lowest level, these are
17 recurring problems.

18 And so you have these industrial
19 hygienists that have no real interaction with the
20 claimant and you have these treating physicians
21 who have no interaction with occupational
22 illness.

1 I'm going to leave it at that for
2 today, maybe say a few things tomorrow. I
3 appreciate everybody being here, and I'll let
4 everybody get out of here. We've been here all
5 day. Thank you very much.

6 CHAIR MARKOWITZ: Thank you very much.
7 And so that, it's 6 o'clock, that concludes our
8 public comment period and concludes the meeting
9 for today. So we will meet promptly at 8:30
10 tomorrow morning. Yes, thank you.

11 (Whereupon, the meeting in the above-
12 entitled matter was concluded at 6:00.)
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C E R T I F I C A T E

This is to certify that the foregoing transcript

In the matter of: Meeting of the Advisory Board on
Toxic Substances and Worker Health

Before: US DOL

Date: 04-26-16

Place: Washington, DC

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