U.S. Department of Health and Human Services
Centers for Disease Control
National Institute for Occupational Safety and Health
Advisory Board on Radiation and Worker Health
143rd Meeting
Wednesday, December 8, 2021

The Meeting Convened via Video Teleconference at 1:00 p.m. EST, Henry A. Anderson, Chair, Presiding.

Members Present:

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

Registered and/or Public Comment Participants:

Roberts, Rashaun, Designated Federal Officer
Adams, Nancy, NIOSH Contractor
Barrie, Terrie, ANWAG
Barton, Bob, SC&A
Beal, Daisy
Behling, Kathleen, SC&A
Blaze, D'lanie, CORE Advocacy
Calhoun, Grady, DCAS
Cardarelli, John, DCAS
Cook, Madeline, DCAS
Crawford, Frank, DOL
Degarmo, Denise, Petitioner
Ehlers, Cathy
Ehlers, Del, Petitioner
Gogliotti, Rose, SC&A
Hand, Donna
Hughes, Lara, DCAS
Jackson, Jamie
Lewis, Greg, DOE
Lobaugh, Megan, DCAS
McGolerick, Robert, HHS OGC
Rafky, Michael, HHS OGC
Rutherford, Lavon, DCAS
Scott, Elton
Taulbee, Tim, DCAS
Thornton, Shirley

Contents

Proceedings

(1:15 p.m.)

Roll Call/Welcome

Dr. Roberts: Good afternoon and welcome everybody. I'm Rashaun Roberts and I'm the Designated Federal Officer for the Advisory Board on Radiation and Worker Health. I'd like to welcome you to this meeting. It's board meeting 143.

Just a few preliminaries for the meeting. Today is the first half of this virtual board meeting and tomorrow will be the second and final half day. Like today, tomorrow's session is scheduled to start at 1:00 p.m. and hopefully we'll be able to do that and we will have resolved some of the technical difficulties that we had today.

All of the materials for both days, the meeting agenda, presentations and other documents are posted on the NIOSH website for the program under the Schedule of Public Meetings, December 2021 tab. If you'll be participating both days by telephone only, you can go to the website to access all the materials and you can follow along with the presentations. All of the materials were provided to Board Members and to staff prior to this meeting. On the website, there's a Zoom link which should enable you to hear and watch the presentations through Zoom. If you've chosen to receive audio through Zoom, you should be able to speak to the group and hear the presentations on the Zoom platform. If you're not speaking, be sure to select and stay on mute, by muting the microphone in the lower left hand corner of your screen. If you've dialed in, you will only be able to speak and hear the presentations through your telephone line. Please make sure that your phone stays muted unless, of course, you need to speak. If you don't have a mute button, press star six to mute. If you need to take yourself off, press star six again. Also, if you're only participating by telephone and we're unable to see you, please identify yourself before

taking yourself off mute and providing your comments or questions.

Let me also mention that we have a public comments session and that comes at the end of the day today. It will be between 5:00 and 6:00 p.m. Eastern Time. So I would encourage people to be ready at 5:00 p.m. Eastern for public comments because at that time, we will go right into the comments and if we run through all of the comments at that time, we will conclude. We will not conclude before 5:00, but we could conclude at any point after that once everyone in the public who would like to comment has done so. Please be sure to join us at the beginning of the comments session so that you're assured your opportunity there. So that you are aware, comments during the public comments sessions are limited to about five minutes.

With all that said, let me go ahead and move into roll call and conflict of interests now. As Board Members and staff register attendance, please acknowledge any sites where you might have conflict of interest, if any. We're going to go ahead and start with the Board Members in alphabetical order.

Roll Call

(Roll call.)

Member Clawson: Rashaun?

Dr. Roberts: Yes.

Member Clawson: Rashaun, Bill Fields is trying to get in too and he says he can't get in.

Dr. Roberts: Okay and I just got a message from Dr. Kotelchuck that he was still struggling to get in as well. So, again, Zaida and Nancy, if you could reach out and try to help them get connected that would be great.

Okay, so now that we have wrapped that up, let's go ahead and move further into the agenda. Again, please periodically do check Zoom or your phone to ensure that you're consistently on mute if you're not speaking. Again, on Zoom, the mute button is located on the lower left hand corner of your screen. If you're participating by telephone, press star six to mute. If you need to take yourself off, press star six again if you don't have a mute button. So with that, without any further delay, let me go ahead and turn the floor over to our Chair, Dr. Henry Anderson. Andy?

Chair Anderson: Thank you, hopefully we've got a quorum on the phone and some apparently have been able to get in. Right from the start here, let's move on to the NIOSH Program Update. Grady, are you on?

Mr. Calhoun: Yes, I am on. Let me --

Chair Anderson: Okay.

Mr. Calhoun: -- share my screen.

Chair Anderson: Okay. Fortunately, these were all sent in advance so I have them on my computer so I can just follow along.

Mr. Calhoun: Can you all see my slide?

Dr. Roberts: Yes.

NIOSH Program Update

Mr. Calhoun: Okay, excellent. Well that was a little bit of an adventure, but I'm glad most of us are on. Good seeing and hearing some of you here, so good luck to the rest of you to get on. We'll get started here.

Basically we don't have a whole lot going on as far as contracts and staffing go. We are in the process of hiring one health physicist due to the retirement of Tom Tomes, but we haven't even posted so that's still in process.

IT update, that's the one everybody is most concerned about. As of two weeks ago, we can process all cases manually. We were in a place where we couldn't process the amended site cases, but we can now do that. It's still very slow, but we can do it and we are doing it. Our goal is to return to steady-state processing by the end of this year. What we mean by steady-state processing is that for the 12 months preceding this pause, we had an average of 775 cases in our system in various states of dose reconstruction. The number of cases referred to as from the Department of Labor was equal to roughly the number of draft dose reconstructions we were sending out to claimants. So we'll be able to claim victory kind of sort of once we get the steady-state number of 775. It'll get us back to where we were. It'll still be, you know, manual, but at least we won't be holding up cases, so we're getting there and it is working. It takes a little bit --

(Simultaneous speaking.)

Member Clawson: Hey Grady, this is Brad.

Mr. Calhoun: Yes, sir.

Member Clawson: What does manual mean?

Mr. Calhoun: Well, have you played around with NOCTS, right?

Member Clawson: Oh my god, that's, yeah.

Mr. Calhoun: Okay, it's gone. NOCTS is gone and so what manually means is that there's literally a folder established for each case with multiple subfolders underneath that and all the pertinent files are within those subfolders. With NOCTS we were able to actually just get a single look and see all of the files, the status, for the most part, on one screen. But now, we have to go through each of those folders as we review and approve them to verify that the information is correct. The other thing about manual, and probably even more time

consuming, is that the transfer of cases between DCAS and ORAU, it goes back and forth several times. That's also a manual process now and that used to be automatic.

Member Clawson: So Grady, is this going to change down the--because we're, you know, we've been getting these links that we can find it in this and this. I spend a half a day just trying to find it. It's not working like what it used to. Is this an interim thing or is this what we're going to have to deal with?

Mr. Calhoun: Gosh, I hope not. Yes, it is an interim thing and, you know, this what we've got put together for now and I'm told that, you know, long term it's going to have all the functionality that it used to have, but I feel for you because we're in the same boat exactly as you guys. We don't have a Site Research Database that we can search like we used to be able to and we have to rely on contacting ORAU to have them put folders or files into a different folder for us. So this is temporary, now your next question is going to be when.

Member Clawson: Yes.

Mr. Calhoun: And I can't answer that. It's going to be months, not weeks, before that is established again. So, I do, I feel your pain there, Brad, and I'm feeling it with you.

Member Clawson: No, I understand. I'm just trying to figure out because it takes us more time to be able to get through this system than actually reading the documents and trying to find it. I'm afraid, you know, I've already spent hours trying to find files and it's really cumbersome so I understand you're going through the same thing and we'll just work through it, but my god.

Mr. Calhoun: Well, Brad, if you actually know the SRDB number of the folder you want, just let me know and I'll try to get it to you quicker somehow, you know.

Member Clawson: Well, actually what it came down is I was trying to go back and I was trying to research some of the Savannah River stuff and I was having to go through each one of them because I didn't remember where it was at and that's where with the SRDB, we could, you know, it showed us everything we had and the dates and it kind of helped me from that aspect. This one, it really is cumbersome.

Member Beach: So I have a question and I hesitate to wait until the end of your spiel because this is your only IT slide. Do you mind if I ask a couple of things now?

Mr. Calhoun: No, go ahead.

Member Beach: So you said we can ask you for the SRDB files if we know the number. Are you the right person or is Lori or is it whoever is in charge of that side?

Mr. Calhoun: No, I would prefer that you go through Lori, but I would make sure that, you know, that got to her, but yes. Thanks, Josie. I really was --

(Simultaneous speaking.)

Member Beach: Or like Megan if it's her site, would she be able to help us or would --

Mr. Calhoun: Yes, yes, she would.

Member Beach: Okay, so we --

(Simultaneous speaking.)

Member Beach: -- so we can ask.

Mr. Calhoun: LaVon is always a good resource, too.

Member Beach: Okay and then kind of piggy backing on Brad's question, this was supposed to be two to four or six months and now you're saying that you don't have a time line. There must be something that you guys are seeing in some kind of

a time line.

Mr. Calhoun: It's getting put together as we need it right now. We've kind of broken it into what we are calling phase one and phase two and phase one was established and we knew it was going to be a manual process for everything basically. Phase two, we're meeting on weekly and that's a process that, you know, we're looking at all of the functionality that we used to have and the IT team is right now in the process of recording what we need, what functionality we need and the next step will be trying to develop the programs that meet our needs.

Member Beach: Okay.

Mr. Calhoun: But it's going to be a slow process.

Member Beach: So some of the needs of SC&A or the board, those fall under, I'm sure, NIOSH's needs, but --

Mr. Calhoun: Absolutely, absolutely I mean --

(Simultaneous speaking.)

Member Beach: So like the BRS system --

Mr. Calhoun: -- Absolutely.

Member Beach: That's something --

Mr. Calhoun: We've discussed that one probably three weeks ago, but we'll discuss each of these functionalities, functional areas that we have and then the IT team will go back and look at a plan to develop how that's going to fit into our system, what programs are going to be used and what not. Present that to us and make sure that it meets our needs and, you know, our needs and your needs are basically the same. You need to have as quick of access to these things as we do. So, you know, our goal is going to be to make it as easy as it was before and --

Member Beach: So million dollar question, is this a one-year, five-year, 10-year process? What do you think?

Mr. Calhoun: I don't know. I'd say six months minimum.

Member Beach: Okay.

Mr. Calhoun: I'd say more likely a year, but it changes as we go. We just need to find out what kind of progress they can make and what kind of applications are available. This is happening to all of NIOSH, too. It's not just --

Member Beach: I know.

Mr. Calhoun: It's not just us.

Member Beach: Right.

Mr. Calhoun: And --

Member Beach: And I understand the importance of it. It's just frustrating. I'm sure for everybody.

Mr. Calhoun: Oh it is.

Member Beach: Thank you, Grady. Thank you.

Mr. Calhoun: Okay. Anybody else on that one?

Okay and, as always, you know, you can always shoot me an e-mail or give me a call after the meeting, you know, whatever and I'll try to get you whatever you need or answer questions.

Okay workshops, town halls and outreach, we haven't had any in-person events since 2020. We have the support of DOL on some of their virtual webinars in 2021. As of the writing of this, we didn't have any new events that have been finalized for 2022.

Record requests, we have 374 outstanding record requests, only 13 of those have been more than 60 days so they're not very late, that's managed to just

stay up, even during this pause.

This part is where it gets a little sketchy for us. It's hard for us to get all of these answers because we don't have a database that is easy to query as we used to have. That, too, is manual so we're pretty sure that as of November 30th, that these numbers are correct. We received had 53,850 cases from Labor, 51,938 were returned. We had 999 of NIOSH for dose reconstruction, 913 had been admin-closed; 46,556 submitted to DOL with the dose reconstruction, 1,710 pulled by DOL and that can be for a variety of reasons; 3,672 pulled for Special Exposure Cohort inclusion.

Probability of causation, 46,556 DRs. This is one where we're unable to readily query statistics, the number of cases above and below 50 percent. We really have no reason to believe that the compensation rate would have changed significantly in the last six or seven months. So typically 25 to 30 percent have been 50 percent or greater with the remainder less than 50 percent. Of the 999 cases, 363 are in the DR process, 215 were being held by claimants, not being held, but being reviewed. We sent the dose reconstructions to them. Four hundred twenty one were being prepared for dose reconstruction and that means making the request to DOE for data, processing the data, completing the computer-assisted telephone interview and then getting ready for dose reconstruction support.

And that is all I have.

Chair Anderson: Any more questions?

Thanks so much, Grady. Let's move on, is Mr. Crawford on the line for DOL update?

Mr. Crawford: This is Chris Crawford. Can you hear me now?

Chair Anderson: I can, yes.

Mr. Crawford: Great. My phone mute button does not work, star six still does.

Chair Anderson: Okay.

DOL Program Update

Mr. Crawford: Grady will be helping me with slides as always, thanks in advance for that. And let me know--

Mr. Calhoun: Hold on a second.

Mr. Crawford: Sure, let me know when --

(Simultaneous speaking.)

Mr. Calhoun: Yes, let me stop and then I'll start over here. I'm not getting exactly the look I like on this so we'll try that again. Let's see, page view, single page view is not working for me. Maybe if I increase the size. How about that? Can everybody see that?

Mr. Crawford: Yes.

Dr. Roberts: I can, yes.

Mr. Calhoun: Okay, Chris, can you see that? I'm at the first, I'll just go to the first slide that's not just a title slide.

Mr. Crawford: Great, because I'm not on Zoomgov.

Mr. Calhoun: Okay. There you go. Compensation paid.

Mr. Crawford: Thanks, Grady. These numbers change slowly, but as of November 28th, here they are, for Part B compensation 7.4 billion dollars has been paid. For Part E compensation, 5.7 billion dollars has been paid. Medical bills 7.4 billion dollars. The total is 20.5 billion dollars compensation plus medical bills paid. There were 221,774 cases filed. Questions anyone?

Great. The NIOSH dose reconstruction cases 1.69

billion dollars and 15,880 payees. There were 178 million dollars of approvals for the combination of both an SEC payment and a POC greater than 50 percent on a DR, that was only 1,363 payees. Next slide.

Mr. Calhoun: Okay.

Mr. Crawford: Now our numbers always differ, but right now we believe we've referred 54,885 cases to NIOSH for dose reconstruction, of which 53,011 cases have been returned to DOL from NIOSH; 46,370 at DOL with the dose reconstruction right now; and, 6,641 were withdrawn from NIOSH with no dose reconstruction for a variety of reasons. Our count shows 874 cases currently at NIOSH. Next slide.

As Grady was just saying, these don't change very much over time, but the numbers do, but the percentages do not. These are Part B cases with a dose reconstruction and a final decision. We have 34 percent final approvals, 66 percent final denials out of a total base of 36,923 cases. Approvals were 12,652 and denials were 24,271. Next slide.

Mr. Calhoun: We're there.

Mr. Crawford: In this much bigger view, we see that we're going to start with the NIOSH cases, which is to say the Part B NIOSH cases that we sent to NIOSH, I believe, and that's 30 percent of the total. Moving down to the other category, which is the beryllium and silicosis area of Part B, 38 percent of the cases were there. The RECA or uranium mining cases, come out to seven percent. Then we have 13 percent of the cases were SEC cases that were never sent to NIOSH and another 12 percent were SEC cases that were referred to NIOSH. Next slide.

Mr. Calhoun: I'm there.

Mr. Crawford: Okay, with all Part B cases with a final decision, this would include SEC cases we see that we're 53 percent approvals and 47 percent

denials, that's based on a total number of 108,975. Part B approvals 58,196, Part B denials 50,779 and apparently this does not include SEC cases, I was mistaken there. Next slide.

Mr. Calhoun: Next slide, I'm there.

Mr. Crawford: This does include SEC, sorry, the increased approvals to 53 percent can only have been as a result of the SEC, it just isn't mentioned on the slide. Yes, next slide, now for the top four work sites.

Mr. Calhoun: Go ahead.

Mr. Crawford: These don't change that much either. The top four work sites generating new Part B cases are Nevada Test Site, Savannah River Site, Hanford and K-25 Gaseous Diffusion Plant. Next slide.

Today, we're discussing the Evaluation Report for the Pinellas Plant and here's some of the case statistics on it. Cases filed are 1,595, both Parts B and E. Cases already returned by NIOSH with a dose reconstruction 484. Final decisions Part B 706 cases. Next slide. This isn't too --

Mr. Calhoun: Next, I'm there.

Mr. Crawford: Okay, Part B approvals 175 cases. Part E approvals 270 cases. Total compensation and medical bills paid through the end of November 89,707,526 dollars. Next slide.

Mr. Calhoun: Go ahead.

Mr. Crawford: You're looking at previous outreach events on this slide. The October outreach was on the role of the industrial hygienist and the nurse consultant, had 104 attendees. September outreach event was Part One, the role of the health physicist and toxicologist, that had 97 attendees. Then in August, we had the Office of Ombudsman with 161 attendees. Next slide.

Mr. Calhoun: Go ahead.

Mr. Crawford: We do have an upcoming outreach event and the topic is to be decided apparently so more on that at our next meeting. That's the end of the presentation part. The slide deck does contain other interesting slides about mainly interesting to claimants and eligibility requirements. Any questions?

Chair Anderson: I don't have any. Anyone else?

Member Clawson: Yes, Andy, this is Brad. I was just wondering, are these virtual like do you have a link down there at the bottom? Can we join those and listen?

Mr. Crawford: That's an interesting question. On the outreach slide where we did have such a link on my screen, but I'm looking at it directly in PowerPoint application. It does look like a clickable link. Whether you could do it from your computer, I think if you brought up the slide deck from the NIOSH site, I suspect that would be a live link.

Member Clawson: Okay, I was just wondering if we're permitted, as Board Members and so forth, I think to be able to -- I'd just like to listen in and be able to see what's being said.

Mr. Crawford: Oh, to the individual outreach events?

Member Clawson: Correct.

Mr. Crawford: I'm sure they would encourage your participation so yes, I don't think that'll be a problem.

Member Clawson: Great. So, we can go to that website and use that registration to go in there and get into the link?

Mr. Crawford: I believe so. If you have a problem, just get in touch with Dr. Roberts and she and I can work it out.

Member Clawson: Okay, that'd be the best way to

do it. Appreciate it, thank you.

Member Beach: Hey, this is Josie, I have a quick question too on that same slide. You said the next webinar meeting is going to be held in January of 2022, is that correct? Or you're going to --

Mr. Crawford: That's correct. And again, we don't have a title. I'm not sure what is being presented.

Member Beach: Yes. How do you guys decide the titles or do you ask for input of what people are interested in or do you guys just decide on your own? That was my actual question.

Mr. Crawford: Right. There is a combination there. We are looking -- we do ask the participants what they would like to hear from us basically and we collect information on that and try to provide it as soon as we can get it all together.

Member Beach: And you just ask that on your website?

Mr. Crawford: Or at the actual meetings.

Member Beach: Okay.

Mr. Crawford: They often ask attendees what they would like to hear beyond what they've already heard that day.

Member Beach: Okay. All right, sounds great, thank you.

Chair Anderson: Other questions?

Member Beach: Andy, if there's no more questions for Chris, I forgot to ask Grady a question on the NIOSH topic.

Chair Anderson: Go ahead. Go ahead.

Member Beach: Grady, just a quick question. Are you guys accepting SEC petitions right now?

Mr. Calhoun: Of course, yes. SEC petitions have

never stopped and the processing of them has never stopped.

Member Beach: Okay, perfect. That's what I was wondering. Thank you.

Member Ziemer: This is Ziemer, can you hear me? Hello?

Member Beach: Yes.

Mr. Crawford: Yes, I can hear you, Paul.

(Audio interference.)

Member Ziemer: When I clicked that link -- I'm getting a lot of background noise. All you have to do is put your name and organization in and hit the register button. It looks like a simple way to register.

Member Beach: Yes, I tried that too, Paul, and it worked for me as well.

Member Ziemer: Yes.

Chair Anderson: Maybe Rashaun, you could send out some directions like that? Since a lot of these things are changing and we need to know that when you start clicking on things like that and then it asks you for something else, what do we need to do.

Dr. Roberts: Yes, I can talk with Beth, she's the person that generates the meeting links and all of that. Perhaps that is something that we do need to do. Let me just check in quickly and see if some of the folks who were not on initially have made it on. Has Dave Kotelchuck made it on?

What about Bill Field? Or David Richardson? Okay, thank you.

Mr. Calhoun: Can everybody see the Department of Energy slide's up?

Chair Anderson: Yes.

Dr. Roberts: Yes.

Mr. Calhoun: Okay, Greg, whenever you're ready.

Mr. Lewis: All right and I think that's my cue. Can everyone hear me?

Chair Anderson: Yes.

Dr. Roberts: Yes.

DOE Program Update

Mr. Lewis: Oh good. Well, and I know we started a little bit late, but I think I may be able to catch us up here this morning. So, Grady, I have one piece of news if you go to the second slide there. Not all of you know, but I think most of you know, back in January of last year, Pat Worthington had retired after a long federal career, so there was an acting director of the Office of Health and Safety from January through about the end of August, but at the end of August, a new director was hired for the Office of Health and Safety and it's Mr. Kevin Dressman. Previously, he was the director of the DOE Office of Enforcement, which is an office that implements the department's regulatory enforcement program. That was within the Office of Enterprise Assessments, so at one point it was under Glenn Podonsky, who many of you know, although he had been there a few years.

Kevin is getting involved and, you know, has been meeting with a lot of the sites and talking with our EEOICPA folks out in the field. He's very well versed in DOE. He's very well versed in health and safety and has essentially spent almost his entire career working to protect the health and safety of the DOE workforce, so in his role now with AU and the Office of Health and Safety, it's an excellent fit and he's starting to get involved in the programs that I work on that deal primarily with the former workers, but again, he's a good fit. He understands the DOE world. He understand the importance of keeping the current workers safe and is getting very involved in

all of the work that my office does for the former workers and, of course, current workers in some cases.

He was unable to participate today. He was looking forward to participating in this meeting, but he actually had a meeting out at Livermore so he's traveling out on the west coast today and just wasn't able to call in due to his schedule, but he is planning on participating on the next meeting and calling into these meetings as the schedule allows, much like Dr. Worthington did.

The rest of the presentation is sort of our standard presentation. I think I can skip past the slides three and four. I think most everyone on the call knows DOE's role and even five, too. I'll just note on slide six we've still been working with NIOSH. I know they've been, as Grady addressed, having some issues on the IT side that have impacted just the regular claims, but as far as Site Profile updates and the SEC research and things like that, that's all still moving forward and DOE has been assisting there. I just went back through the last few weeks to see what we've been working on recently and there's been requests for Y-12, Fernald and Idaho National Lab, although I know NIOSH is working on others as well and there's more requests than just those sites, but we continue to support the large scale research requests.

Slide seven, if you can move it forward, Grady. We are continuing to do the document reviews. We were able to support that all the way through the pandemic and that was a particular challenge because those folks do have to be in the building and so we were rotating folks in and out to keep the numbers low. Some of the classification reviewers that were over 60 or met certain thresholds were stay at home versus coming in, so it was a bit of a challenge to keep those reviews going during the pandemic, but at this point, those folks are back in the office and are continuing to support those document reviews. I believe we've returned

everything within our time limits in our working with NIOSH to make sure we're helping them hit their deadlines. Let's see, next slide.

Slide eight, we've been working on a few covered facility list issues and we're actually hoping to have a Federal Register notice out shortly. I won't speak anymore on that until the Federal Registered notice comes out, but there have been a few facilities that we've been working on updating and we work those as they come to our attention, whether it's from the public or from NIOSH.

Grady, if you can move to slide nine. The only update I have with the Former Worker Program just want to let folks know, of course, during the height of the pandemic those programs were not screening due to the health and safety of the participants. They had started and stopped kind of as the numbers went up and down since the spring of last year, but largely now, as of this fall, they are all fully open, fully operational and screening sort of their capacity numbers. A lot of them do have a backlog of folks that were due for screening or signed up for a screening shortly before or during the pandemic, so we're working those numbers down and are starting up outreach again, so that program is pretty much back to normal. So if there are folks out there that you interact with or you talk to, let them know that if they're looking for screening, we are ready to go. There's no need to hold off and please reach out to us and sign up for that screening.

Let's see, I've got the link for the Former Worker Program there on slide 10 and then slide 11 is questions and that's really it. I'm doing my part to get you guys back on schedule.

Member Beach: Thanks. Hey, Greg, this is Josie. I have a question, is that okay, Andy?

Mr. Lewis: Sure.

Chair Anderson: Yes, go ahead.

Member Beach: In reviewing, and I don't know, Greg, if you can answer this, but if not, I'll move on. In reviewing some of the letters from the Pinellas workers, there's some frustration in them being able to get some of the records that they've requested back to 2018. Do you know if there's any path forward for those documents? They're doing it through FOIA, so is that something that you can talk to or talk about?

Mr. Lewis: Not directly, I mean the FOIA office is different than my office. I have no direct work with the FOIA office, although I'm fully aware that there's quite a few FOIAs that are a result of this program and sometimes the FOIA office works with me to figure out where those records are. What I can do, I'd be happy if you can give me some specifics of who has requested what when, I can try to check with the FOIA office and see what's going on with those. I believe --

Member Beach: Okay, yes.

Mr. Lewis: Most of the Pinellas records are with the Office of Legacy Management and I have a great relationship with them. I'd be happy to try to look into it, but I don't have any information for you today off hand --

Member Beach: Okay.

Mr. Lewis: On what's going on with specific FOIA.

Member Beach: Perfect. I think the first one I was talking about was the 2018. It may have been such a large document that that might have been part of the hold up. I believe Pinellas' work group will take this up and there are places there we can probably ask, but let me get you a list and maybe you can see what's happening there. That would be awesome.

Mr. Lewis: Sure, I'd be happy to look into it.

Member Beach: Thanks.

Member Ziemer: This is Ziemer. Those requests from Pinellas folks will be in the public record for us also and probably can be provided directly to Greg, I would think.

Member Beach: Potentially yes. I think the first one was for all of General Electric's documents, which is huge I'm sure, but then the rest of them are just simply SRDBs that are associated with the Evaluation Report. I was just reading that this morning and thought I would ask Greg, so, thanks.

Mr. Lewis: Sure, like I said, I'll look into it. I'm not familiar with the specifics, but if you can get me some info, I'd be happy to find out what I can and get back to you.

Member Beach: Great, thank you. I will do that.

Chair Anderson: Any other questions?

Member Kotelchuck: Henry? Henry?

Chair Anderson: Go ahead.

Member Kotelchuck: Dave. I'm in the meeting now. I had some trouble getting in, but I'm in now. Sorry about that.

Chair Anderson: You weren't alone. Glad you're in.

Member Kotelchuck: Okay. All is well. I'm in.

Chair Anderson: Okay, Rashaun, should we move on to the SEC-256 Pinellas Plant Evaluation Report?

Dr. Roberts: Yes, I believe we can go ahead and move into that and we're right on schedule pretty much.

Chair Anderson: Close enough at this time.

Dr. Roberts: Yep.

Chair Anderson: And with that note, I just was able to get in on my computer, into the Zoom meeting.

Dr. Roberts: Great and, Andy, you have an echo.

Chair Anderson: Yes, I've got to turn my phone off.

Dr. Roberts: Okay, great. Thank you.

Dr. Lobaugh: This is Megan. Can everyone hear me?

Dr. Roberts: Yes.

SEC-256 Pinellas Plant Evaluation Report

Dr. Lobaugh: Okay and I'll turn on my video too, so you guys can see me, those of you on Skype.

My name is Megan Lobaugh and I am the HP in DCAS that was the lead for the SEC-256 Pinellas Plant ER. I also want to thank my DCAS counterparts Lara Hughes, Maddie Cook and Angelica Gheen for their help with this Evaluation Report at different stages throughout the SEC. I also want to thank the ORAU Team health physicist and staff who worked on this Evaluation Report, including Monica Harrison-Maples, Joe Guido, Tosh Ushino, and Roger Halsey. With that, let's get started.

I'm going to start with an overview of the plant. According to the Department of Energy Covered Facilities Database, the plant is located in Clearwater, Florida. It's an almost 100-acre site situated midway between Largo and Pinellas Park, Florida. The mission was to produce high technology nuclear weapons related components.

Next, I have a time line here of three different phases of the plant's operations, D&D and remediation. Operations took place from 1957 to September 1994 and then at that time their mission changed to D&D and preparation for reuse. So this site is the nation's first successful conversion of a former DOE defense manufacturing facility to a commercial high tech center. According to the DOE Covered Facilities Database, that remediation period in 1999 and 2008 to 2009, was remediation of

organic compounds in the groundwater and soil from buried waste and no radioactive material was found.

On the right hand side here of this slide, you can see an aerial picture of the plant. A little bit more information, at its peak the plant employed about 2000 people. For that first 10 years, the manufacturing was really of neutron generators only. DOE expanded in the mission to include other components after those first 10 years so that those components were specialty capacitors, thermal batteries, lithium-ambient batteries, electromagnetic devices, vacuum switch tubes and radioisotope-powered thermoelectric generators for some examples.

In the picture to the right, you'll see a map of the Pinellas plant. Building 100 is this large building in the picture and that's the main neutron generator production area. There were over 625,000 square feet that included manufacturing, areas for engineering and administrative support.

Now I'll move on to talk more specifics about the SEC petition. We received an 83.13 petition on December 16, 2019. This was actually the eighth petition that we received for Pinellas, but the first to qualify. We had an initial consult call with the petitioners on January 21, 2020, and following the consult call, there was revision to the petition that was received on May 20, 2020. After receiving that revised petition, we had a second consult call on June 17, 2020.

One point of discussion in both of these consult calls was the temporary plant in St. Petersburg. The initial petition included the time period prior to 1957 which was when this temporary plant was in use and that temporary plant is not considered covered under EEOICPA. The Pinellas plant covered time period starts in 1957, so that was one of the main discussion points in some of the revisions to the petition. The consult calls also confirmed the

petitioners' intention to petition based on the F.1 and F.2 Bases. The final petitioner requested class was received in the petition received on August 17, 2020, and that was for all employees who worked in any area of the Pinellas plant in Largo, Florida from January 1957 through December 1997.

All of these petitions included extensive supporting documentation which took us some time to review along with the past petitions that we received to determine the new information that was provided here compared to past petitions.

October 20, 2020 is when we qualified the petition. Due to this long qualification period, we requested an extension on the 180-day time line shortly after that qualification as I'm sure everyone is aware. The petition qualified under the F.4 Basis, which is a scientific or technical report issued by a government agency or published in a peer review journal that identifies dosimetry information or related information that is unavailable.

In this case, the specific documentation that reported this basis was the Tiger Team Assessment of the Pinellas Plant that was issued in 1990. In general, this document provided information on bioassay compliance which suggests that samples may not have been submitted and, therefore, are unavailable. The samples would be unavailable to us. I'll speak more specifically about that later in the presentation.

The Tiger Team report, as I said, was issued in 1990 and it covers an assessment that occurred in 1988, 1989 or an assessment of the activities that were going on at that time. The finding specific to bioassay samples again covered that 1988 to 1989 time frame and stated that bioassay samples were not submitted in accordance with procedures. Given this time frame of the assessment, it isn't directly applicable to the time period that followed so post 1989.

During the qualification phase, however, we

reviewed the available documentation regarding Pinellas Plant follow up to the assessment and specific follow up to those findings that were identified and looked at other HP reports and ALARA reports to determine if this compliance issue that was identified in the Tiger Team report continued post the 1990 time frame.

In response to the findings, Pinellas Plant began tracking individual compliance with bioassay sampling and reporting this compliance in all physicist reports, ALARA reports and we see they had success in improving compliance. Given this information, this data that we have, we consider 1990 a transition year to a more vigorous program and that's how we came up with that cut off period of December 31, 1990, which you'll see in the class that NIOSH defined for further evaluation, which is all employees of Department of Energy, its predecessor agencies and their contractors and subcontractors who worked at the Pinellas Plant in Clearwater, Florida, for the period from January 1, 1957 through December 31, 1990.

Before getting into more specific information about exposure sources, I want to go over the number of claims. So you'll see my data is as of May 3, 2020. At that time, we had a total number of 503 claims for Pinellas Plant, so that's for employment during any of the covered period. Of those 503 claims, 496 of them were for employees who worked during the period under evaluation, so that January 1957 to December 1990 time frame. Of those dose reconstructions for employees who worked during the evaluation period, 456 have been completed. The remaining 40 include claims that were pooled by DOL or administratively closed for not receiving an OCAS-1 form or that were eligible for SEC inclusion in the currently active claims that we have.

The last two rows are information about the dosimetry records we have. Of the completed dose reconstruction claims that we have, 279 of them have internal dose records and 277 of them have

external dose records.

Next, I'm going to do a quick overview of the exposure sources, the internal exposure sources, as well as monitoring data and then external sources and the external monitoring data.

The primary internal radiological exposure source at Pinellas was tritium and this was in the form of tritium gas or tritiated water, HTO. Not all workers had potential for internal exposure from their hands on work, only some of the workers on site had exposure potential. The processes used tritium gas in various production and development stages and testing that was done at the site, associated with the neutron generators specifically.

While tritium was really only used in a gas or a solid form, HTO is considered one of the primary sources because tritiated water is created when gas or when the gaseous tritium interacts with the air due to water vapor in the air, so that's why HTO is listed there as primary.

Some other forms of tritium on site include organically bound tritium and metal tritides. Exposure to these types of tritium was always concomitant with the triated water or tritium gas exposures. So, organically bound tritium exposures occurred from hands on work with pump oils, organic solvents during maintenance or change out of those oils or solvents. The metal tritides were created in production processes when tritium was made to react with metal surfaces, coatings or powders. These tritides were typically of a form titanium, scandium or erbium tritides, and like I said before, exposure to these types of tritium were always concomitant with the tritiated water or gas exposures.

On the right hand side, you will see several radionuclides or elements that are listed that were considered not an internal dose concern. For example, kryton-85, which is a noble gas. Plutonium, which was encapsulated in the RTG

sources that were brought on site. Uranium, which was contained in the tritium storage and borosilicate glass and C14, which only negligible quantities were used in labeling processes. Again, the nickel-63 was similar to the uranium and plutonium in that it was contained in vacuum tubes and then there were examples of other sealed sources, like cesium-137, that were used on site.

In terms of monitoring data that we have available, in the ER, we have a Table 63 that discusses examples of the forms and records that are available to NIOSH that include internal dose information as well as the years that they were used, and information that's provided in them. So, that's some place to look for some examples of the type of information we have available.

Since tritium was a primary internal exposure source at the site, tritium urine bioassay is the preferred method of monitoring for that. We see that Pinellas Plant had routine monitoring. The schedule frequencies that were based on the exposure potential, so daily are on each performance. Weekly for the workers with the higher exposure potential to monthly schedule frequencies for the work processes that had lower exposure potential.

We have detailed dose, internal dose data for all years under evaluation. In addition to the routine bioassay monitoring that was done, there was also incident-driven monitoring for the site.

Some other types of internal monitoring data that we have available are plutonium urine bioassay for the RTG areas so workers that worked on the RTG project submitted samples annually for plutonium. We also have area air monitoring for tritium areas as well as plutonium area, the RTG area. We have access to routine smear survey monitoring for the tritium areas and again the plutonium and RTG area.

This is Table 62 in the Evaluation Report and it's an

example of the number of people monitored as well as some dose statistics for this set of years, 1986 to 1995. We have data available for the time period prior to '86, but it's not readily retrievable or calculable to provide these dose statistics. We are not able to readily calculate the total dose in person-millirem for those years or readily provide the highest individual dose for those years prior to 1986. These numbers are available to us through HP reports and ALARA reports from Pinellas and they were easily compiled for this table as well as for the ER.

Note, just because the data aren't compiled here or provided to you as an example here, doesn't mean that we can't use those prior year data for individual dose reconstruction claims nor are they missed in argues for the current unmonitored dose approach, so have data available for the prior years, this is just the easiest example to provide.

I would also point for information about data in general, it includes both internal and external data. I would point you to the external Technical Basis Document for Pinellas, Table B1. There's kind of a good summary of the doses that we see on site, the types of doses.

Next, I'm going to move on to external exposure sources. We divide external radiation exposure sources into three -- photon, beta and neutron. At Pinellas, the photon exposure sources were typically from testing neutron tubes, neutron generators, RTG work, any work with the ion accelerator and the krypton-85 component leak testing. You'll see very similar things listed here for the others as well, so beta, again, the krypton-85 leak testing incidents could lead to beta exposures. Again, incidents with the x-ray diffraction or e-beam devices on site could lead to beta dose. While tritium is the primary internal dose hazard, it's not an external dose hazard due to the low energy of that beta particle that's emitted during decay.

As I said, with the internal exposure review, C-14 was used on site, but again, the quantities are considered negligible, so would not be considered for beta dose here. Neutrons, the neutron generators testing could lead to neutron exposures as well as work with RTG and ion accelerators. As with internal exposure, not all workers have potential for exposure due to hands on work and one thing I'll point out here is due to the exposure sources we're listing in external. Some workers may have had external exposure, but not internal exposure and vice versa depending on the kind of work they were doing.

Monitoring data that we have available for external exposure, Pinellas monitored workers with potential for radiological exposure and who routinely entered radiation areas. We have individual monitoring data available for the entire evaluation period and from what we see the percent of workers that wore external dosimetry, especially during the time period of 1960 and 1973, were about 27 percent of workers wearing external dosimetry during that time. The typical exchange frequency was monthly until January 1990 when it switched to quarterly. Table 65 in the ER, lists the radiological forms and example records that are available to NIOSH with the types of information on each of them, that's similar to what I said for internal. We have an external table in the ER that lists that information as well.

We have area monitoring available to us. In terms of the types of area monitoring data available to us is direct radiation surveys, area film monitoring and work support service. That's in addition to the individual dosimetry data we have. This is a similar table to what I provided before for the external side. Similar years here, 1985 to 1995, but the same thing applies. We have data available for the entire evaluation period. These are the most easily retrievable and the years with these reported statistics, a total dose and highest individual dose that we could provide in this table. This is table 64

in the ER.

Next, I'm going to speak specifically to the qualifying petition basis. As I mentioned before, the petition qualified under the F.4 Basis with the Tiger Team Assessment of the Pinellas Plant. During this time period, for the late '80s early '90s, the Secretary of the Department of Energy, Secretary Watkins, led an initiative to strengthen the ES&H programs within the DOE complex. Part of that initiative was the Tiger Team Assessment. They occurred at several different sites in the complex. The Pinellas Plant assessment, as I said, was published in 1990.

These two findings that are the bullets listed here are given under the Radiation Protection section of the assessment. The assessment looked at several different areas. The RP.7, Radiation Protection.7, focused on internal radiation dosimetry and these are two findings that were listed in there. There are no references or additional supporting information as to how the statistics or specifically these percents were determined and we were not able to locate any additional supporting documentation for the report during our data captures or from requests of DOE for any notes related to this report. We had to work with what we had in the findings as well as what we what in our SRDB and what we received from data captures and interviews.

I'm going to step through each of these findings individually now. The first one we'll talk about is specific to the termination bioassays. This finding stated that GE Nuclear Devices estimated that 20 percent of the personnel that terminated in 1988 did not provide a termination bioassay. The PDF page number that we list here may be one page off from what other people may have, if they pulled this report from online. This PDF page number equates to our SRDB page number, but you should be able to find it right around that location.

Pinellas Plant responded to this finding that the

termination bioassay requirement was only for those who worked with radioactive materials and in response to this finding or as an action item to follow up, they implemented a new termination checklist. In terms of dose reconstruction, termination bioassay data are available to NIOSH and the responses from DOE for individual claims as well as available to us from previous data captures that we have done and holdings that we have in our Site Research Database.

One thing to note is due to the short biological half-life tritium, termination bioassay samples really only provided an indication of exposure just preceding the sample, so they can't provide us information from exposures years prior. If as Pinellas Plant suggested maybe people were providing termination bioassays and not having been monitored while they were working there, that termination bioassay sample can really only provide us a short window of exposure information. Despite this finding, NIOSH actually finds dose reconstruction is feasible because we do have the termination bioassay data available and if it would be missing on an individual claim basis, we have approaches where we can calculate those to cover that time period.

The next finding, you'll see that I'm going to speak much more, I have three more slides involved on this finding, so we'll go through this kind of slowly and I'll try to be very detailed about our discussion here.

This one is specific to routine samples. The findings state that 70 percent of the required monthly samples and 35 percent of the required weekly samples were not submitted. As I said before, we didn't have any references for this finding in the report itself and we were not able to locate any additional supporting documentation for the report itself, so we had to do some research to kind of figure this one out a little bit more.

The first thing we did was interviews. We initially

reviewed past outreach documents that included information on former workers, some of whom were previously interviewed for TBD purposes or other reasons. We identified 11 individuals from that mechanism. Of those 11 individuals, we were able to interview four people. The rest either rejected our request to be interviewed, could not be located based on the identifying information we had, or were confirmed deceased. We followed other leads to come up with interviewees, such as reviewing roster information from the site, suggestions that our other interviewees brought up, so we had several interviewees suggest other people to interview, and the petitioner actually provided us some names of people to interview as well. So from these additional leads, we reached out and tried to locate 18 additional individuals. Of those 18, we were able to interview 12. They included two DOE oversight personnel, two former HPs and other workers, like senior manufacturing engineering staff, chemists who worked in the bioassay analysis and other workers on site.

Most of the questions we asked were around the bioassay program and information these workers had about the bioassay program during the time that they worked there. Kind of an underlying theme of all the interviews was that Pinellas Plant employees are generally compliant so if they're asked to do something they'll do it. No one knew of a specific reason why workers would not be submitting samples as requested and there was no specific reason that they could provide us, so we asked for ideas of the interviewees why monitoring compliance was maybe not at the desired levels. Two responses we got kind of several times were about leave, maybe workers were on leave when the sample was due or employees that had non-routine work in tritium areas were actually added to the routine monitoring and should have been more on a case by case basis.

In addition to the interviews, we also reviewed NOCTS claims and information that we had in the

NOCTS claims. The review of NOCTS claims showed us the job titles, so the reason we use NOCTS is because it's the easiest way for us to tie job titles, other exposure information like from the CATIs to actual monitoring data. And so looking at the NOCTS claims and using job titles, those with job titles that we, NIOSH, expected to have potential for internal tritium monitoring, they did have monitoring.

And a specific group that we looked at during this evaluation was the maintenance workers. We looked at these maintenance workers because of past discussions in the Work Group and a TBD finding that is now closed that discussed the potential for maintenance workers to not have been monitored. We confirmed in general that the Pinellas Plant monitored maintenance workers and the results are available. So what we found from the NOCTS claim was that bioassay data are available.

As I mentioned earlier, after the Tiger Team assessment, the Pinellas Plant initiated efforts to improve participation in the bioassay sampling program. So the Pinellas Plant ALARA reports and other HP reports document success in increasing the participation rate. The increase in the bioassay sample compliance achieved by the Pinellas Plant in response to this finding did not lead to an increase in either the Pinellas Plant's total measured internal dose or the average individual internal dose as we would have expected would be the case if the bioassay program had missed identifying significant exposures due to the identified compliance issue. So, we found no increase in the site wide or individual average internal dose after this increase in compliance, telling us that there was no significant internal dose that went unmonitored.

From the Pinellas Plant policies and our own review of the NOCTS claim information, we see that the Pinellas Plant monitored those workers with the highest internal exposure potential the most often. So they were monitored daily or weekly. This group

of workers was the more compliant group, according to the finding itself. So according to the finding, we see that 65 percent of these weekly monitored workers or 65 percent of the weekly samples were turned in. I kind of said that in two different ways there. We're not sure exactly which way this percent was calculated by the site, like I said, because we don't have that specific information, but what we do know is that the most highly exposed workers, those on the weekly monitoring, were more compliant. What this tells us is that the data set available to NIOSH that we can use, for example, determining unmonitored dose would likely be biased high.

The third point here, doses for the monitored workers are low. In the attachment B of the Pinellas Plant's Occupational External Dose Technical Basis Document, it is demonstrated that 80 percent of the monitored workers received an annual whole-body dose less than or equal to 20 millirem on average and 95 percent received an annual whole-body dose less than or equal to 100 millirem for any given year. These whole-body doses include external dose as well as the tritium internal dose, so given those numbers, we find that we can bound the tritium internal dose for unmonitored workers as well as monitored workers.

Some additional things I'd like to talk about are the unmonitored dose approach that is currently used in the TBD. One thing that we did find in this evaluation is that we need to update the internal dose TBD to reflect past Pinellas Plant Work Group discussions regarding this unmonitored dose approach. The unmonitored dose approach is discussed in the external TBD that I mentioned before and it assigns this 100 millirem dose based on the 95th percentile of that data. As I said before, this is based on whole-body dose data from monitored workers so the whole-body dose is defined as external whole-body as well as tritium internal. The past Pinellas Plant Work Group discussions agreed that this was an appropriate

approach and so that information needs to make it into the internal TBD as well.

One other thing that this finding discusses is the fact that there could be gaps in monitoring for those workers who were monitored. We can more clearly explain the approaches that we use for assigning dose to workers with gaps in monitoring, that's something else that I think can be done with our TBD updates that will come out of this Evaluation Report.

So all of this information together, the interview information that provided us some information about workers on-site and their view of the bioassay program, the claims and data review that we did as part of the evaluation and our review of the finding itself, as I discussed on the previous slide, we find that dose reconstruction is feasible.

Here's a summary table. NIOSH, we found dose reconstruction feasible for tritium, which is the primary internal exposure at Pinellas, as well as all sources of the external exposure at Pinellas. With that, I will take any questions.

Dr. Roberts: Hi, I'm sorry for the interruption, but before we get into preliminary questions and discussion, I know that there have been a couple of Board Members that have joined while this meeting has been in progress. So I just want to circle around and ask about conflicts of interest from those Members. So, Dave Kotelchuck, are you still on? Dave? You have to unmute.

Member Kotelchuck: Pardon me. I'm unmuted. I'm here and I have no conflicts.

Dr. Roberts: Okay, perfect. And then Bill Field, are you on?

Member Field: Yes, I'm on and no conflicts.

Dr. Roberts: Great, and did David Richardson join? Okay, I haven't heard him. All right, sorry for the

interruption.

Chair Anderson: Okay, so we will have a -- follow this with a presentation by the petitioners, but first, Board Members have any questions?

Member Beach: I have a question. I don't know if Megan can answer it. Megan, there were like eight petitions filed before this one qualified. Can you give us any idea why the other eight didn't or was there something different about this one?

Dr. Lobaugh: I can't speak to any of the specifics on the previous petitions, but what I can say is that this one provided the qualifying documentation to support that qualifying basis of the F.4 Basis, that dosimetry data is unavailable.

Member Beach: Okay.

Mr. Rutherford: This is LaVon Rutherford. I'd like to add something to that, too. Josie, if you know -- and Megan answered that correctly, I was just going to throw additional specifics in there.

You know we're dealing with this exact same issue at LANL, or almost exact same issue at LANL, and we were dealing with at SRS so it really became to where it's highlighted more or less, but again the petitioner did a great job of laying out the information. A little easier for us to read.

Member Beach: Okay, got you. And then another one for Megan. On slide two and I know this is outside of the covered period, but I was just curious about the remediation time frame. It's 1999 and then it goes into 2008 and 2009, was there something that happened in there where they remediated again or?

Dr. Lobaugh: So my understanding is that this had to do with how the facility was turned over. It was turned over with the caveat or idea that it would be remediated at a later period. So this was a certain part of (audio interference).

(Simultaneous speaking.)

Dr. Lobaugh: -- remediated during that time frame.

Member Beach: Megan, you broke up, and we missed that.

Dr. Lobaugh: Okay.

Member Beach: Your phone broke up.

Dr. Lobaugh: So I'll repeat what I said again.

(Simultaneous speaking.)

Member Beach: Yes. You're unfroze now. You keep freezing up.

Dr. Lobaugh: That's okay. Okay. Was I freezing up during the presentation as well?

Member Beach: No, nope.

Dr. Lobaugh: Okay. Good. So as I understand it, the site was turned over for reuse with the understanding that this part of the site would be remediated at a later period. So it was a certain section of the site where the waste was buried that DOE came back to clean up.

Member Beach: Okay and then I'm going to quit hogging the thing, but I've got one more question on nine, for the internal monitoring. You said the doses -- the internal monitoring prior to '86 are available and you are planning on using those?

(Simultaneous speaking.)

Dr. Lobaugh: Yes, we do use them. They're just not presented here because this table had the total dose in person-millirem as well as the highest individual dose. And that data, because we don't have a compiled database for Pinellas, we weren't able to calculate that for this Evaluation Report, but we do use that data prior to this date and it is used in the current unmonitored worker approach.

Member Beach: Okay. Thanks.

(Simultaneous speaking.)

Chair Anderson: Just quick to follow up on that. And in the cases you reported that had already been reviewed, was that all done by full dose reconstruction and using that earlier data for the cases that have already been reviewed?

Dr. Lobaugh: So you mean the dose reconstruction claims that have been completed?

Chair Anderson: Yes. How were those completed? Was it a full dose reconstruction or was it on a --

Dr. Lobaugh: Yes, it would have been a full dose reconstruction because there's not an SEC for the site and so that's considered a full dose reconstruction. Dose reconstructions that we received under this current TBD, this TBD was I think approved in the 2016 time frame. That's the approaches that we'd be using, what's discussed in that TBD, which includes an unmonitored worker approach that includes all data -- a review of all of the data that was available from 1957 through 1997. And that, I think, you can see the summary information about that in the external Technical Basis Document, attachment B.

Chair Anderson: Okay.

Dr. Lobaugh: Does that answer your question?

Chair Anderson: Yes, and do you know were any of those awarded?

Dr. Lobaugh: You mean in terms of compensation?

Chair Anderson: Yes.

Dr. Lobaugh: Yes. From the data that I asked recently, it looks like about 16 percent of the claims have been comped or would fall --

(Simultaneous speaking.)

Dr. Lobaugh: -- you know, would be greater than 50 percent according to the dose reconstruction.

Member Beach: And I think that was on DOL's report also. Was it DOL's or NIOSH's? One of the two gave the numbers for Pinellas today, this morning.

Chair Anderson: I didn't have that, so yes, thanks, Megan. I was just curious because when you say the doses are all very low, one would not think they would get compensated, so I was just interested in that. There must be some cases there that either worked elsewhere or whatever. That -- you got to 50 percent takes a significant dose. Other questions?

Member Schofield: Megan, can you hear me?

Chair Anderson: Go ahead.

Member Schofield: This is Phil Schofield. We did some interviews a number of years back, I don't remember the year right off. One of the questions that we asked and that came up was about the RTGs. Our understanding from the interviews was that all the RTGs that are used were small ones. There was none of the larger RTGs used. Have you found anything to show a difference in that?

Dr. Lobaugh: No, I think that's my understanding as well and one thing with the RTGs that I know was discussed with the Work Group heavily during the last TBD revisions and review is this RTG work and the fact that the sources were being brought on site so they were encapsulated when they arrived on site and they would be surveyed and cleaned prior to being put into the RTG itself. So those sources would be sent back if they were contaminated at all. So that is why, I think, I'm just kind of expanding a little bit on why the plutonium was listed as not an internal dose exposure concern.

Member Roessler: Yes, Megan --

(Simultaneous speaking.)

Member Roessler: Can I follow up on that? This is Gen Roessler. Yes, I had a question, it seems there's a disagreement between your slide seven, where you say the plutonium was not an internal dose concern, and yet on slide eight, they did the plutonium urine bioassay. It seems like there's a conflict there.

Dr. Lobaugh: Yes. So, the site did monitoring for plutonium because of the work with the plutonium, but what we see in our reviews of the data and everything is that there was never any release of plutonium and that the sources themselves were never sent back due to contamination concerns. If the sources themselves were contaminated on arrival, that would be the mechanism for internal exposure for the workers of the Pinellas site and since that never happened that's how those discussions went with the Work Group and the determination that a general plutonium bioassay dose reconstruction approach isn't needed in the TBD.

Member Roessler: Okay, so on slide seven that's more of a conclusion after you had looked at the data, not a preconceived determination that they didn't have to do monitoring?

Dr. Lobaugh: Yes, exactly.

Member Roessler: Yeah.

Dr. Lobaugh: So slide seven is the decision or review after review of all of the information.

Member Roessler: Okay and since I have the floor, then I'll ask another background question and I think it might have been answered. When I read your report before the meeting, I was trying to visually picture the plant and I thought that our Work Group had held a meeting there or visited there once, but I think what you said and confirmed is that this plant was completely converted certainly

in 1999 or around 2000, well before the Board was formed. So I don't think we ever did see it as it existed as the Pinellas Plant.

Dr. Lobaugh: Yes, if you guys would have had a meeting there it would have been while it's already this, I think it's called the Young-Rainey STAR Center, so that's the high technology center that currently exists at the site.

Member Roessler: Okay, okay. Thank you.

Member Ziemer: Megan, is Ziemer. I have a couple of quick questions. Can you hear me okay?

Dr. Lobaugh: Yes.

Member Ziemer: Yes, just to clarify, on slide six and this has to do with the claims that have been processed. Now the slide says as of May 2021, I think verbally you mentioned it was May 2020 if I understood it correctly, and I just wanted to clarify is the 2021 the correct date on that slide --

Dr. Lobaugh: Yes, 2021 is the correct date. Sorry about that.

Member Ziemer: Okay.

Dr. Lobaugh: I did that in my practice round yesterday too, and my husband was like that's not the right date.

Member Ziemer: Okay. The other question I had and I don't know if this is one you can answer. I know in the early '90s, there was (audio interference) to include or to build a childcare center on this site for Pinellas and I wondered if that ever occurred and if so, if the on-site staff were included as Pinellas workers. Do you know if that child care center was ever completed?

Dr. Lobaugh: So as far as I understand it, the child care center was proposed and going to start, but I don't believe that it ever began.

Member Ziemer: Okay, that answers it, that was the question. Because if it had, I was wondering how we would handle those, both the children and the adults in that center. Okay, so it didn't really ever exist then?

Dr. Lobaugh: Yes, as far as I understand, that's correct.

Member Ziemer: Okay, thank you.

Chair Anderson: Any other questions people have?

Member Beach: Andy, this may be a question for Phil about tasking because this would need to be tasked to SC&A, I believe, to review the ER.

Chair Anderson: Yes.

Member Beach: I don't know if that's something we can do or not.

Chair Anderson: Rashaun? I think that's kind of next. I mean it's unusual here because we had an earlier committee that was then inactivated and now we've got a new review, so I think we would task this to SC&A and we have reconstituted the committee. So once that gets done, we'll have to have that review.

Dr. Roberts: I think it's already done. If you look at the work, it's been reestablished. I think Phil's still --

(Simultaneous speaking.)

Chair Anderson: Yes, oh yes. We've reestablished the committee, but it hasn't met.

Dr. Roberts: No, normally it wouldn't meet --

Chair Anderson: Right.

Dr. Roberts: -- until after the review is completed.

Chair Anderson: Right.

Dr. Roberts: Yes, okay. And --

(Simultaneous speaking.)

Member Beach: Pardon me, Phil?

Member Schofield: Josie, could you repeat that question, please?

Member Beach: Oh, I was just asking about tasking SC&A to review the new Pinellas Evaluation Report and I was asking it to you as the Chair, I would assume you'd make that recommendation, but Rashaun was just --

Member Schofield: Yes.

Member Beach: Talking about it also.

Dr. Roberts: Yes, I was --

(Simultaneous speaking.)

Member Schofield: -- Rashaun's --

Dr. Roberts: Yes, I was having some difficulty coming off mute, but yes, that would be appropriate for the Board to task SC&A with review.

Mr. Barton: This is Bob. The only thing is, and this happened back in August at our meeting, too, with the uncertainty around the SRDB, I'm just hesitant to commit to a date of delivery. Given the fact that when we do these SEC reviews, we want to have access to absolutely everything that NIOSH has.

Now if there's a way that we can get all of the Pinellas-related documents that have been collected onto the new NIOSH computing Edge platform, which is sort of a new way and those of you who have used it, it's very similar to Sitco (phonetic). But without that, I mean we'd really be performing a blind review only on those references that we can request that are already out there in the public domain, either in the Evaluation Report or in other documents and based on past discussions, so I'm a

little bit hesitant there knowing that we wouldn't have access to the wealth of information that went into this Evaluation Report simply because the Site Research Database is currently not functional.

I know we talk about the searchable form, but even in a form where we can just see all the documents and maybe just go on document title or date, something like that, but without that we're sort of operating blind if we embark on this review without access to all the information that should be available and normally is.

Member Beach: So it seems like if Megan had access to it, then she could provide that for SC&A. Is that not correct?

Dr. Lobaugh: What I will say is all of the references from the Evaluation Report are in the Board's volume, but I agree with Bob's concern about the other documents from Pinellas that would have been in the SRDB that we did not reference in the ER. I think Tim maybe was going to say something. I saw him turn on his video.

Dr. Taulbee: Yes, thanks, Megan. Getting all of those documents over into an area for SC&A to look at, I'm going to hesitantly say is possible, but you're not going to be able to search them from that standpoint. So, you're going to have a few thousand documents that are just there, in a sense. I'm not sure how much benefit that would be. If you want us to try and pursue it to see if we can do that, we can certainly try and get back to you on that standpoint, but that's up to you all. You know recognizing, as Megan pointed out, the SRDB doesn't exist for us. We can't do a search on it from that standpoint.

ORAU is doing this Evaluation Report and does have an SRBD available, so they are able to do some of that searching and we were able to make inquiries of them and try and get some of that, but they would send us the SRBD numbers and then we would try and pull them so that we could look at

them. There's no way to communicate or pass that information back and forth right now.

Member Beach: So I have a question.

(Simultaneous speaking.)

Member Beach: Yes, it does. Is it possible to get started and to not just say oh, well we can't do it so we're just going to wait six months or a year to even get started. I guess, Bob, I personally would like you to get started with no end date because of the situation, but that's just my thoughts. I just hate to postpone it longer. The petitioners end up waiting a very long time as it is so that's just my thought.

Mr. Calhoun: This is Grady. You guys, like Megan said, you should have the access to the documents that were referenced, but I'll check into what the possibility is of doing a dump just searching on the word Pinellas and see if that can be done.

Chair Anderson: Yes, I would think we should be able to do a charge and get you started with the understanding that, you know, you'll do what you can and then as more becomes available, just keep moving it. I don't think you'd have to redo anything on what you could get access to. We wouldn't ask for a final document.

Mr. Calhoun: I certainly wouldn't object to that. I mean if we can make some progress absolutely, let's do what we can under the circumstances. I guess trying not to ask for too much, but, you know, the Y-12 SEC addendum was presented back in August. I mean if we could get the same sort of situation where it's not searchable in any meaningful form, I mean you can see PDF titles, but it would at least give us access to a lot of the material that we need, even if it's slower in us being able to evaluate it. But I certainly agree that, especially with the uncertainty on when we'll get some of these modules back, like the SRDB, I mean I'd really like to get my team rolling again, at least

in some meaningful capacity if we can.

Member Clawson: Bob, this is Brad. I'd really like you to start on it so that you can start giving input as this program or this system is being evaluated so that we will be able to help search this a little bit better because right now, my personal opinion is that it's not that user-friendly. I'd really like to see you start this just also from the standpoint of being able to help develop the system to where we can do it properly.

Mr. Calhoun: Yes, I agree with that, too. I think, you know, ultimately it handicaps the Board if SC&A can't get an appropriate review and also I know the petitioners want to get input to the Board as well and we need to help them with their issues. In any event, we need to move ahead in whatever we're able to do at the present time and then we get the full access, we can finish it up. But there's no point in sitting, waiting. We've got to get it underway I think. And that will help the Board ultimately.

Chair Anderson: Okay, so I think there seems to be a consensus that we ought to move forward with a charge and Rashaun, I don't know exactly how the terminology needs to be, but certainly I think asking SC&A to begin and develop a work plan would be the way to go, so let's plan to do that. Other questions?

Member Beach: Yes, I have question. Can you remind me or anybody, did we assign SC&A to Y-12 or did we leave that on hold last meeting? Does anybody remember? Bob, did we --

(Simultaneous speaking.)

Mr. Barton: Josie, I can probably help with that. We were going to look into see what we could do within the restrictions at the time in August and it really just, when we looked at it, we felt that we were handcuffed and we couldn't really do it. We didn't even have the Edge computing platform that allowed us to have the dose reconstruction meeting

at the end of September. Now that we have that, and there's an actual mechanism to get some of these files to where we can look at them, even if it's not convenient to search from, I think that will get us a lot farther along the line. So at this time though, we have not done anything with the Y-12 addendum because we don't really have access to the numerous documents and I think in Y-12 I mean there's thousands and thousands of documents that were in the SRDB that we couldn't look it.

Member Beach: So, it sounds like we're in the same boat and it never got assigned. I think, Andy, maybe we should go ahead and assign it and with the same caveat as this Pinellas.

Chair Anderson: I thought that's basically open ended what we did and then, Bob, you folks began to look at it, as you said.

Member Beach: Okay.

Chair Anderson: I guess we don't want you spending a lot of time if it's futile and simply then -- but we do need to get it charged to you so you can keep your eye on it and not us having to check well, what's the status. We'll rely on you to check on the status of the available documents for Y-12 and with Pinellas. Rashaun, is that okay? Do you need more?

Dr. Roberts: No, I think that's okay.

Chair Anderson: Other questions on Megan's presentation?

Member Beach: No, other than she did a great job. Thank you, Megan.

Member Schofield: I actually do, Andy. Megan --

Chair Anderson: Go ahead.

Member Schofield: I was wondering, so at Pinellas I know that in the 1990s and on further, it actually came down to the contractor to determine under the 100-millirem caveat of who would be bioassayed

and who would be not, also with monitoring. Was that going on in this time period that we are discussing?

Dr. Lobaugh: So throughout the Pinellas Plant operation time frame the site would have been making the determination as to whether the workers needed to be monitored or not. Is that the question you're asking?

Member Schofield: So they made the distinguishing comment that these people are because they have the higher probability.

Dr. Lobaugh: Yes.

Member Schofield: So, this is the same thing that we found at other sites so they take a certain little group and monitor them and they forget about the rest of the group that's walking around inside of it. I just wanted to clarify that. Thank you.

Dr. Lobaugh: Yes, so the Pinellas Plant safety staff as well as managers would have been reviewing the work of all the employees to determine whether they needed to be on external dosimetry or internal dosimetry and they would have been making that assignment.

Member Schofield: Okay, thank you, Megan. Good job.

Chair Anderson: Okay, anyone --

(Simultaneous speaking.)

Member Valerio: Megan, this is Loretta I have --

Chair Anderson: Go ahead.

Member Valerio: I went back to the ER report and I was trying to find it and I just don't know where I missed it, but can you tell me how early Pinellas Plant actually had plutonium on site?

Dr. Lobaugh: The RTG program began in 1975, so

that's when they first received, I believe it was seven sources to start up that RTG program.

Member Valerio: Okay. Okay, and then the second question I had was in the earlier years, they had irregular monitoring? I guess it was air monitoring. It said it was informal until the mid-1970s and there were no permanent air monitoring stations. Were those relocated periodically? Were they in the same locations? Do you know?

Dr. Lobaugh: Are you talking about the occupational air monitoring within the work areas? Because that, there --

(Simultaneous speaking.)

Dr. Lobaugh: Go ahead.

Member Valerio: Go ahead. No go ahead.

Dr. Lobaugh: I was going to say so there was an air monitoring program within the facility and that would have been, you know, for the occupational exposures and then there's air monitoring that would have been done on the exhaust stacks and for environmental purposes.

Member Valerio: So these were for the radioactive airborne effluents so that would have been --

(Simultaneous speaking.)

Dr. Lobaugh: -- environmental monitoring, yes. Yes, that would've been the exhaust monitoring. So those wouldn't necessarily be movable, those would be fixed on the stack itself.

Member Valerio: Okay and do you have any idea how, you know, as you said that some monitoring activities were on an irregular basis, do you have any idea if that was annual or how often that may have been recorded?

Dr. Lobaugh: For the monitoring data itself, I don't know. Are you asking about a specific section in the

ER? Where --

(Simultaneous speaking.)

Member Valerio: It's under Section 6.3.1, the Internal Environmental Data and Data Sufficiency, under the radioactive airborne effluents.

Dr. Lobaugh: I don't know more than what's in the report in terms of how often that was done. Since this was exhaust or environmental monitoring, that would affect the environmental doses that we calculate and as we state in there, the doses that we calculate for environmental are so low that they're under our threshold of assigning dose in the IREP program.

Member Valerio: Okay, thank you for that.

Chair Anderson: Okay, with that set of questions, I think we're going to charge SC&A to begin looking at the documentation and keep us informed as to how that goes. So now let's move on to two of the Pinellas Plant petitioners have a presentation to make. I don't know, Ms. DeGarmo, are you going to go first or do you want Mr. Ehlers?

Dr. Degarmo: I was going to ask about, I was actually going to throw something out to you to see whether you would prefer -- I guess what are our time constraints, because knowing that will determine how we kind of move forward, whether you want to hear my total report or do you want me to just overview it for you and then go right to Del? What's your preference here because I think a lot of the questions you're raising about data and stuff are explained through the documents that you should have received, but I don't want to waste your time in going through the whole document since you're going to have it and it will be entered into the records. So what is your preference? I'm happy to do either for you.

Chair Anderson: Well, we have until 3:40 so another half hour or so.

Dr. Degarmo: Okay.

Chair Anderson: We could probably go longer than that if you need it.

Dr. Degarmo: I don't think we need it. I just wanted to be very mindful of the timing. I mean my preference would be to walk through my entire document. I'm going to turn it over to the second petitioner kind of midway and then come back with just a couple of summary remarks, if that's okay with you all.

Chair Anderson: Let's do that. Let's have you walk through it for us. That should be helpful.

Dr. Degarmo: Okay, great. I also wanted to make sure, I'm sure they've been delivered, but just kind of from my perspective, you should've received a letter from Congressman Charlie Crist from the 13th District in which Pinellas is part of. I know that was submitted early this morning and I apologize for its lateness. You also should have a petition with workers' signatures, a few letters, and then copies of both of the SEC presentations we intend to make today. Is that correct?

Dr. Roberts: Yes, those documents were received and they were circulated to the Board today. All of the documents you mentioned.

Dr. Degarmo: Oh, thank you so much for that. I was worried because we were running a little late over here.

As some of you know, I've been involved in this program since 2006 and I really have attempted to learn everything that I could about the EEOICPA and I went to the National Institute or NIOSH Division of Compensation Analysis and Jim Neton had the patience to try to teach me about dose reconstruction and I've gone through the Department of Labor manuals. I've done a lot of work in trying to better understand how energy plays.

So I still have a lot to learn. I look at all of this as a learning experience. But this has been, and I have worked with claimants, but I've got to tell you, this has been a very difficult and huge challenge in writing this petition. And I am the author of the petition. I pride myself on being cooperative and ethical and reasonable and rational and all those things, but wow if this is what it takes to get an SEC petition qualified, I'm not sure I can claim it's claimant friendly or favorable anymore. I understand we're under unusual circumstances, I do get that, but we had seven petitions submitted beforehand.

This is the eighth petition and the one that qualified, the one that's in front of you. And if nothing else, the importance of having this petition qualified seems to have kind of relit that spark, I'm calling it, of hope amongst our former workers over there, who really no longer trust the system. They don't believe anybody gives a damn about them. They don't think that their voices are being heard. Every year goes by and they're really getting a lot worse in terms of health.

There are folks over there we know that aren't going to be eligible under the SEC, but there are a significant number who potentially could be affected by your decision. So we are really here to ask you to assign this particular SEC to a Work Group and we appreciate that you are moving it over to SC&A because we as the petitioners really want to have a better opportunity to introduce you to some of the data we have, be able to review this and discuss the evidence and we are committed to working with you as much as you will allow us. We want to be on board whenever we can to do whatever you need us to do to help in this process.

So there are several points I wanted to raise with you all that kind of underline our request for this to go to a Work Group and not so willingly accept the idea that NIOSH can adequately reconstruct this dose. The first one has been touched on and it

really is lack of access and transparency to critical documentation cited and referenced in the Evaluation Report and beyond.

At the end of the day, there are 167 documents from the Evaluation Report that are not in the public domain. Through my research and work over the years, I was able to get quite a few of the documents that are referenced, but these 167 seem to be the most pivotal, if you will. But even before that, when I was trying to figure out whether I even wanted to write an SEC for Pinellas, I made a FOIA request to the Department of Energy for, and there were two separate requests, one for documents related to the Heather project and the other FOIA was for the General Electric documents related to Pinellas and I understand the GE documents related to Pinellas is a very, very huge number I'm suspecting, I don't really know.

The original request for both of these was made July 24, 2018, and it was not until September 24, 2021, over three years later, that I was even acknowledged. And what I was told in an email was that my request for files and the files themselves were still in classification review. They also stated that we are not certain how long the process will take and are you still interested in pursuing this request. So, it took them three years to even notify me to tell me or to provide a response that it would not be available for an indeterminable amount of time.

On November 14, 2021, after we had received the Evaluation Report, I submitted a FOIA request to both the DOE and CDC with a specific list. I didn't ask for everything, I provided the list of documents not in the public domain that were cited and referenced in the ER. I have yet to receive an acknowledgment that my request was received by the Department of Energy. I did receive an acknowledgment from the CDC though.

When I asked NIOSH for a copy of the resumes of

the individuals who had worked on the ER to prepare for meeting with the health physics team, I was told I had to FOIA those resumes. I don't know, the world I come from when you go into a meeting, you do your background work and you want to know what people are trained in, what is the appropriate title you should be calling them. This just really caught me off guard. I was like you've got to be kidding me, another FOIA. Then I was told I wasn't likely to receive those resumes until the end of December, which really was not useful for the purposes I had hoped to get them for.

So we definitely feel like we're at a huge disadvantage. I mean when writing the SEC, I only had access to what was in the public domain and my own research records. Luckily that was enough to get the petition qualified, but nonetheless, to be able to really launch an adequate defense of our position is nearly impossible when we can't look and see how the decision was made or what the data was that was used.

So we're sitting in front of you here and we're hoping that we can make an intelligent presentation when we just don't have any of the information we need to actually assess this Evaluation Report. And again, how does anybody expect us to launch a defense of our position when we just don't have it. We have no idea what data was being used. We don't know where the data was collected. We don't know how it was manipulated. We don't know the context in which it was captured. There has been no opportunity for us to independently review the process or the results. And since most of the documents are not classified and held in the SRDB, we don't understand why some of those -- I mean we don't have to search them like you do, but we didn't understand if they're accessible, why could they not have been downloaded and at least some of them, starting a process of providing them to us so at least we have a better sense of how our argument should be framed.

And I think that this whole lack of access to documents, and believe me, I understand all the modernization and security protocol, I get that, but it really puts the petitioners and our claimants at Pinellas in a distinct disadvantage with respect to formulating a comprehensive analysis of the data and summary conclusions. And there really has been no transparency. The failure to provide that transparency really undermines the legitimacy of the work that's being done at DCAS and DOL and DOE. And it perpetuates the perception that this program is not claimant-favorable. And I'm sorry, we're not about to surrender and blindly assume NIOSH is always correct.

The second issue has to do with, the data is devoid of context. In my very first methodology course in my Ph.D. at the University of Michigan, my professor, [identifying information redacted], and I don't know if any of you know him, but anyway he said that data is nothing without context because context puts things into perspective. You really can't grasp the full implications of your findings without knowing the context first. It requires an understanding of the circumstances that surround each one of your metrics and these circumstances shed light on information that would otherwise be nothing more than a row of numbers in a computer program.

So context would provide additional categories through which to better understand the data and the dosimetry, and the example I'm thinking of is we know that the height of production at Pinellas on particular nuclear components were generally done between a 7:00 a.m. and 3:00 p.m. shift based on all of the interviews that we have conducted. So it would be important to know what kind of exposure data and the time period from which it was being taken was used in terms of dose reconstruction or individual doses.

And so without a context, it really is impossible to determine if the buildings are being accurately

represented, if the facility is accurately represented, what were the operations, the processes? We know we have a huge issue with appropriate employment positions. They are terribly misrepresented. So there is no context or there's a lack of context in the ER, and again, we don't have any way to kind of independently review whether the context in which this dosimetry is being used is being used within the right context.

And then we have issue three, which is the potential bias. And this really has to do with selection and since we have no access and there's no explanation, we don't really understand and have no idea how certain selection processes were made and how selection biases were avoided, if they were. We don't know, it's not included. We don't know how ORAU chose subjects to participate in their interview process, thus raising this concern of selection bias. We don't know what the basis of the assumptions underpinning ORAU's and DCAS's belief that GE provided reliable source data, whether that data be dosimetry, stack effluent releases, et cetera. We would have appreciated an explanation as to how confirmation bias and selection bias were avoided and we don't know that.

The fourth issue is we heard and we've read is we have lots of data, we have lots of data, don't worry about it. We can do this dose reconstruction. The ER seems to reference a lot of this unlimited amount of data, but we haven't seen it. We've asked for it, we haven't seen it. As I said before, we don't know what's being used, where it came from, how it was manipulated. We don't know the context in which it was captured. And without having some tools to guide us, we are certainly not convinced the data is reliable.

The ER report states that DCAS has access to significant data related to personal exposure summary data including tritium doses summary data, except for the following years: 1959 through 1962, 1967 through 1974, 1980, 1982 to 1983, so

that's about 15 years of personal exposure data that's missing across the 33 years of plant operation, if we were to accept the change in class to 1990. And when you look at that missing data, what you realize is some of the most heavy production periods would have been located within those specific years where there's no data.

Again, I appreciate that this is a difficult situation and the data is a problem, but we were confused and we talked to Megan about this, on page nine of the 1986 through 1995 data and on page 12, the external monitoring data for '85 through '95, and while maybe that earlier data was not easily collected and compiled, having some of that available to look at would've maybe reassured us that that data exists.

I mean at this point, where I am, as I think my co-petitioner is, we're fighting for our claimants to get a fair and just evaluation of the process that they have to go through. And not seeing that data, and given the data that's missing above, although there may be two different data points, is concerning to us.

Another issue that came up and I did not mention in the material that you have in front of you, is that there are a couple of references to data for Pinellas coming from the 1940s. When we questioned Megan about that, she said well it might be from Milwaukee GE up there, but shouldn't we know exactly where that data is coming from given that Pinellas was built in '56, it was operating in '56. We have some data from interviews that were conducted that people were actually beginning to work on the neutron generators in the temporary building, but we let that go. But how do you and what is the process of making sure the correct data is being used in the correct area?

So, Mr. Ehlers is an authorized co-petitioner. He also worked decades at the Pinellas Plant. And we have been relying on him as our site expert because

he knows as an engineer and in working across that facility, he knows what exactly happened in some of the hottest spots. So if it's okay with you all, I would like to turn this discussion over to Mr. Ehlers and then at the end, just do a summary conclusion if that's okay. Del, are you online?

Chair Anderson: That's fine with us. Thank you very much. Mr. Ehlers?

Mr. Ehlers: Am I online?

Chair Anderson: You are now, yes.

Mr. Ehlers: Thank you. I am Delmar Ehlers, physicist and recently appointed site expert for this SEC. I worked at the Pinellas Plant for 34 years beginning in 1963 through closing in 1997. I started as an x-ray diffractionist in the laboratory and followed as a process development engineer. As such, I helped develop processes, including tritium loading and tube exhaust, development of real time x-ray equipment, and was quality engineer for krypton-85 leak check and tube test. I am familiar with those and other processes and what went on in those areas.

As a recent choice as the site expert, I wish to bring up certain dose reconstruction details that are not known and ask the following questions.

The first questions refer to Area 108 tube exhaust, for example. In tube exhaust did employee individual dose reconstructions take into account an individual's sporadic missing data for years or even in shorter periods in their sample and badge records? Was their individual data checked for increases against reported tritium releases for agreement? Did coworker data appropriately agree in quantity and by what standard and what actions were taken if it did not? Was any exhaust stack available to use for reference, again the relative quantities, both during the years of missing data and during reported data?

Was the possibility of unreported tritium releases in tube exhaust suggested that could release all workers estimated exposures, especially for years of missing data? For the missing years of data, were all tube exhaust employees assigned the same doses? If not, how were they differentiated? And for those years, how were appropriate data calculated and assigned? Was it the same for all employees again? Was it a straight line from year to year? In addition to tube exhaust, there was also a significant tritium exposure in multiple plants, laboratory areas involved in the analysis and production, destructive testing samples and routine measurement of production samples and analyses to determine the causes of production failures. Here exposure to radioactive parts would have varied significantly from person to person and with the peak occurrence of certain production problems. Was the calculation average for all workers not taking into account individual workers who could have been at significant variances in exposure? Were measures taken into account for the possible lack of full time badge and sample data for workers who, by their actions, failed to wear badges or do bioassays? Thank you. I hand it back.

Member Beach: Andy, can I ask Mr. Ehlers a question? This is Josie.

Chair Anderson: Yes, go ahead. I was on mute. Go ahead.

Member Beach: Mr. Ehlers, were you ever interviewed by NIOSH?

Mr. Ehlers: No.

Member Beach: Okay, thank you.

Mr. Ehlers: A good question. No, I was not.

Chair Anderson: Other questions people have before we turn it back for the summary that Ms. DeGarmo wanted to make?

We really appreciate the information you provided and I think, as you heard, we have many of the same questions as we move forward here.

Mr. Ehlers: Thank you.

Chair Anderson: Hopefully we'll be able to get you the data and information you need as well.

Dr. Degarmo: So, I think you know where we're heading and the bottom line is that COVID gets everybody. It's slowed down and I understand this more than you realize because I experienced COVID in October of 2019 right when I was preparing to submit this SEC. So, I understand that it's a burden, but the concern here is even in the most trying of situations, this process just puts an unreasonably high burden of proof on our petitioners and claimants to show that NIOSH can't adequately reconstruct doses at their particular facility.

One of my folks asked me to put this to you and I agreed that I would. She wanted to know should not the focus be on the Department of Energy to accept responsibility for their actions. This ER report was supposed to be digestible to the common general public and when I asked claimants to look through it, because that's how I kind of work with them. I want them to be on board with everything that I do here and Mr. Ehlers is the same way. They were like we don't even have a clue what's being talked about. Some of the people who did manage to get through it said they're not talking about Pinellas, are they? This does not sound like anything that we have experienced in all of our years of employment and this goes back to the context that I'm talking about. So what we're just really asking is we really want transparency. We really want access to the documents that we need to evaluate and look at the situation. It's only then we'll have the ability to independently evaluate the work that has been done. We want to be able to go to a work group so that finally Pinellas Plant and all of the people that work there, will have the attention that they

deserve. Lastly, I know you've been in the area, but it's been quite a while and we would really like to invite you to the Pinellas area, not Tampa, but St. Pete, Clearwater, Largo, Pinellas area so that you can meet a whole host of people that you haven't met before and hear voices from a whole new group of people who are coming forward with claims and concerns. We would love for you to come down and meet with us face to face should you grant our request.

Thank you so much for giving the time for us to speak. We really appreciate it and hopefully we'll be able to work with you in the future. Thank you.

Chair Anderson: Thank you for taking the time to put all your materials together and get them off to us. We certainly have had an opportunity to take a look at it. Once we get back to having face to face, in person meetings, I think we could probably tell you that we'll probably be down in that St. Petersburg area at some point. Once we get our committees up and running and SC&A is doing their work and we have something to report that would make sense for us to come locally so that folks can actually appear in person before the Board. Go ahead.

(Simultaneous speaking.)

Member Ziemer: This is Paul. Our plan was to be there today, but we couldn't travel.

Chair Anderson: Yes.

Dr. Degarmo: Understandable. (Simultaneous speaking.)

Chair Anderson: We're going to talk about it in our planning meeting. Perhaps the earliest would be next April for a face to face.

Dr. Degarmo: Okay.

Chair Anderson: Because we aren't going to avail or

discuss that right now, about the other options, but certainly we appreciate your invitation and hope to be able to, well, we will at some point be there. It's a matter of when will travel be allowed for the Board and planning that needs to be done to identify a facility for it, but it certainly would be one where it would make sense. We tended to be able to do that with the other sites when we are closer to making final decisions or even have the data in the process to meet in the area.

Dr. Degarmo: Well, thank you for this.

Member Clawson: Andy, could I ask one quick question?

Chair Anderson: Go ahead, yes.

Member Clawson: Okay, when we did the classified interviews out there, one of the gentleman we talked to, and unfortunately I can't remember his name, said there was a group of former Pinellas workers, there was a significant number of people that belonged to that group. Do they still exist? I mean is the organization still together or not? That you know of.

Dr. Degarmo: To the best of my knowledge, I think the organization is loosely together in that they're not formally meeting right now. I do believe they have a Facebook group or something to that effect, but I think that in some cases they've been just so discouraged over the years that a lot of people are just -- they're either too sick to care or they're just like nobody's going to listen to us anyway. But that doesn't mean we can't use our tools to reach out to them for them to come to meetings. There are ways to do that and I have claimants who are part of those groups that would certainly be happy to do that for you. I mean we're here to do whatever you need us to do, so if you have specific questions or specific groups of people you want to talk to, give me an e-mail, give me a call and I will do my best to help organize it from this end.

Member Clawson: Okay, I appreciate that.

Chair Anderson: Thank you very much. Other questions or comments? I think we're at a time when we can take a break. We can come back, if we take 15 minutes or so, get back at 4:00. Josie, that'll give you time to go through your procedures of review finalizations and then call to order on the phone here. We'll hope to begin the public comment period at 5:00, so I think we're on schedule to meet that.

Member Beach: And Andy, I don't think we're going to take a whole hour. The five that we have, Kathy may correct me, but the five we have are fairly short.

Chair Anderson: Yes. Are you saying you'd like to have a little longer break?

Member Beach: No, I'm just suggesting that if anybody needs a longer break, 15 minutes is fine for me, but.

Chair Anderson: Okay, well let me know if we want to. We could say let's come back at 4:10, how's that?

Member Beach: What do you think, Kathy? Do we need the full hour? Are you on?

Ms. Behling: I am on. Can you hear me?

Member Beach: Yes.

Ms. Behling: Okay. Well, 4:10 is okay, but we have things to talk about.

Member Beach: Okay, I see hesitation. Let's stick with the 15 minutes, Andy.

Chair Anderson: Yes. Let's stick with that. Thank you.

(Simultaneous speaking.)

Member Kotelchuck: Agreed, 4:00.

Dr. Roberts: Let me just say something before we break. I just want to remind everybody that we will go right into the public comment period right at 5:00 p.m. and I would encourage those who plan to comment to be ready at that point because the period will end after everyone has commented. So you don't want to miss your opportunity to speak. Please join us at the beginning of the public comment session at 5:00 so that you're sure to have your opportunity. I guess we're reconvening at 4:00 after the break, and then we'll do the procedures review item.

Chair Anderson: Thank you everybody.

Dr. Roberts: Thank you.

Chair Anderson: And I'm glad we got the system working. I'll have to remember how do I get in.

(Whereupon, the above-entitled matter went off the record at 3:46 p.m. and resumed at 4:00 p.m.)

Dr. Roberts: Okay, great. Okay, well, then I will start attendance in alphabetical order.

(Roll call.)

Dr. Roberts: If you'd like, Andy, I think you can proceed.

Chair Anderson: Well, why don't we start? Josie, would you turn it over to Kathy?

Member Beach: Okay. Yes, we have five documents that have been approved by the Subcommittee that Kathy is going to report out on today. And then we'll ask for a formal closeout of all of them, after questions, of course, are asked.

So, Kathy, with no further ado, it's yours.

Ms. Behling: Okay, hello. Yes, here today we're going to be discussing these five documents that

have been reviewed and approved by the Subcommittee. And the first two on this list I've already briefly discussed. At the April Board meeting when we were discussing this matrix approach for the Board to review these documents, I did make mention of these first two. So you will perhaps be familiar with these.

So, as we have previously done, what I will do after we get through with one of the documents, I will pause and then have the Board ask questions and take any further actions, if they would like. Is that okay with everyone?

Chair Anderson: Sure.

Member Beach: Yes, I think that's good.

Ms. Behling: Okay, very good. Alright, our first procedure is ORAUT-PROC-22. We begin with this as an administrative procedure, and it's supplemental requests for DOE information. And the procedure provides methods for requesting supplemental information about Energy Employees from the DOE. The document was initially issued on March 15th, 2005, and it was revised in August of 2017.

Now, I'm going to digress just a little bit because I want to explain something, because we'll be referring to this in some of the other procedures that we're reviewing and the findings associated with them.

But, early in the program, back in 2005, when SC&A was initially asked to do reviews, they gathered together a lot of procedures. In 2005, we actually reviewed what we called a set of procedures. And our first set contained 33 different guidance documents. The second set was issued in August of 2007, and there were 32 documents in that set. And then, in the end of 2007, we had a third set that had 45 guidance documents.

And back when we did those reviews, our protocol was such that we had something like a checklist,

similar to what we use in the Dose Reconstruction Subcommittee. And I'm going to see if I can pull up something that shows you that checklist so that you have a better understanding of what I'm talking about a little bit later. Let's see if I can find this.

Here. Can you see that? Am I not sharing that?

Dr. Roberts: No.

Ms. Behling: No, I'm not?

Dr. Taulbee: I think, Kathy, you have to stop sharing what you're currently sharing and then share the next one.

Ms. Behling: Okay. Is that showing?

Member Beach: Yes.

Chair Anderson: That will do it.

Ms. Behling: Okay, very good. This is our initial checklist where we had what we described as review objectives. And there were a set of five different review objectives that I'm going to show you here. And it just kept things consistent for us, and it directed the auditors, the reviewers, to look at all of the different aspects. It was really based on -- when we put this together, it was based on the regulations. That's pretty much what we tried to focus on.

So I just wanted to give you a little bit of background associated with that. So, let's go back to our presentation. And are you seeing my presentation now?

Dr. Roberts: Yes.

Ms. Behling: Okay, great. Okay, so this particular document, this PROC-22, we actually reviewed that under the second set of procedures, which was issued in August 17th, 2007. I give you these dates so that if you want to go back and look at the whole report, it gives you an idea of where to go back to.

We had seven findings -- no, we didn't. We had two findings associated with PROC-22. And Finding 1 -- SC&A's review of Rev. 1 identified two findings. And the first pointed out that the reference to the Privacy Act procedure was incorrect and inconsistent in PROC-22. And NIOSH agreed with that, and they stated that they would correct this issue in a future revision. And the procedure was ultimately revised in 2017, and SC&A verified that the references were corrected. And so at the November 20th, 2017, Subcommittee meeting, the Subcommittee did close this finding.

And Finding 2, the procedure makes reference to requesting information from Task 2, 4, and 5. And this assumes that the reader is familiar with these tasks without providing a description of what that task entails. So NIOSH also agreed with this finding and again stated that they would correct this in a revision. And in 2017, in the revision, they did remove the references to these ORAU tasks and instead put in wording that added that any NIOSH or ORAU Team member could request additional information. So, based on these actions, the Subcommittee closed this finding, again, on November 20th, 2017.

So that is a summary of what we did under PROC-22, and so I'll turn it over to the Board now to have any discussions and decide what actions you might want to take.

Member Beach: Thanks, Kathy. Are there any questions on PROC-22?

Member Clawson: This is Brad, no.

Member Beach: Okay. Thanks, Brad. Andy, I think we can just do the same thing we did before. This is a recommendation from the Subcommittee. If there's no question or any disagreement, we can just keep moving through and then officially close at the end, if that works for you and if it works for the rest of the Board.

Chair Anderson: I think that's fine. Ms. Behling: Okay, then I'll move on if there's no questions.

Member Beach: I don't think so.

Ms. Behling: All right. The next document is a Program Evaluation Report, a PER. And it's associated with the Hooker Electrochemical Corporation.

Now, PER-81 was issued due to revisions introduced into the facility's TBD, actually Revision 3. And these changes included updating the uranium production rate, which increased external doses during the operational period. And this updated increased production rate also increased the modeled residual contamination levels. And then this resulted in the increase in internal and external doses during the residual period.

Now, Revision 3 of the Hooker Electrochemical Corporation TBD was reviewed separately, prior to the issuance of this PER, PER-81. And we submitted that report on November 20th, 2016.

The process that we go through with PERs, just as an update for you -- or not an update, but just a reminder -- we review the PER in two stages, and we have various subtasks associated with our protocols for reviewing PERs. Under Subtask 1, we look at the PER and determine if the circumstances that necessitated that PER were adequately addressed. Our Subtask 2 assesses NIOSH's methods for corrective action. Subtask 3 evaluates the PER approach for identifying the number of claims or the number of cases that require reevaluation of the dose. And then under Subtask 4, we conduct audits of a sample set of the dose reconstructions affected by the PER.

For this particular PER, the Subtasks 1 through 3 were not formally done because we had already done a thorough evaluation of Rev. 3 of the TBD. And, when NIOSH went into doing the corrective actions of the PER, they looked at all of the cases

that were less than 50 percent. So it wasn't really necessary for this particular PER.

So, this review that we're looking at now is just Subtask 4, which is a review of two cases that were impacted by changes to the Rev. 3 of the TBD. And that report was submitted April 18th, 2018.

In SC&A's review of these two cases, we identified two observations. Observation 1 indicated that NIOSH used a lower skin dose correction factor value from IG-001 rather than what we typically see when they use OTIB-17 and they used a DCF of one for skin cancers.

NIOSH stated that, for Hooker Electrochemical site, external doses are based on MCNP. And I have it incorrect in this. I apologize for that, but the Monte Carlo N particle transport model. And that is how they based their external doses; therefore, it was appropriate for them to use the Implementation Guide 001 DCF.

If those doses from Hooker would have been based on film badges, there would be some uncertainty as to it could represent beta dose or doses from low-energy photons. And then the claimant-favorable DCF of one would have been used for those types of cases.

So, based on that explanation, it clarified things for SC&A, and the Subcommittee closed this observation in February of 2019.

And we'll move onto Observation 2. Internal dose for the lymphatic tissue increased as expected; however, the skin cancer dose decreased. And NIOSH explained that the original dose reconstruction used overestimating assumptions, which included assigning intakes for lymphatic tissue using a type S solubility. And for the skin cancers, they used a type M solubility.

Under this PER, when the rework was done, best estimate methods were used, and they applied the

type S for all the cancers. And so that was the explanation for why the skin cancer values doses did decrease. And the Subcommittee agreed with that and closed the finding, again, in February of 2019.

And those were the two observations associated with PER-81, and so I'll open up discussions for the Board, if they have any questions.

Member Beach: Just backtracking a little back, Kathy, for Rev. 0, Rev. 1, Rev. 2, those findings have all been closed out, correct? Previous to this.

Ms. Behling: Yes. Yes, they have. Everything's been closed.

Member Beach: Any questions, Board Members?

Member Kotelchuck: Dave. I have a question.

Member Beach: Yeah, go ahead, Dave.

Member Kotelchuck: I'm not sure why you use, for the same person in the same situation, different type S and type M solubilities for the same person with the particular exposure. I don't understand why the distinction is made within one person's claim.

Member Beach: And Kathy can explain that better than I can, so go for it.

Ms. Behling: Yeah, and NIOSH can jump in at any time, also. But what they were doing is just an overestimating technique here. And they were trying to generate the highest doses for all of the cancers. And so that's why they used type S for the lymphatic cancer and they used type M for the skin cancer. They were just trying to give very claimant-favorable assumptions and generate the highest dose for all of the cancers.

Member Kotelchuck: Okay.

Ms. Behling: When it was reworked, a more

appropriate and logical approach is to use one solubility type for all cancers. And that was what was done in the rework. Type S was used.

Member Kotelchuck: Right, right. Good, good. Okay, thank you.

Ms. Behling: Okay, good.

Member Beach: Any other questions, comments? All right, Kathy, hearing none -- and if you're on mute and you have to get off, we can stop. But we'll go ahead and move on with the next, OTIB-25.

Ms. Behling: Okay. These are moving faster than I thought. I should have given you an extra ten minutes, I guess.

Okay. We'll move onto OTIB-25. OTIB-25 is estimation of radium-226 activity in the body from breath radon measurements. This TBD provides the technical basis for converting radon breath analysis into radium whole body activity. And the OTIB converts the radon breath results into radium body content using a formula of breathing rate times the concentration of radon in the breath sample, and it divides by the release fraction for radon times the decay constant for the radon.

SC&A's review of OTIB-25 was, again, submitted under our second set of procedures, which dates back to August 17th, 2007. And SC&A had one finding associated with this review. And that one finding indicates that the higher the breathing rate, the lower the radon concentration. Therefore, if the breathing rate is unknown, the claimant-favorable assumption is to assume a lower breathing rate, which will translate into a higher radium-226 body burden.

And NIOSH stated that they are using the default ICRP 66 breathing rate of 20 liters per minute, which represents a resting breathing rate -- I think ICRP 66 identifies it as a light work breathing rate -- and that that is appropriate for measuring workers

in a laboratory setting when this testing would have been done.

This rate is considered by NIOSH to be claimant-favorable. And based on that, the finding was closed by the Subcommittee as the December 2007 Subcommittee meeting.

However, there were lengthy discussions, and I did include the transcript pages in case anyone wanted to go back. There were some lengthy discussion and there were some questions by SC&A. We were satisfied with it, but the Subcommittee did give SC&A another opportunity to go back, look things over, and if they had any additional comments, they were asked to bring those forward to the Subcommittee at the next meeting.

And it was addressed at the following meeting, and SC&A stated that they were satisfied that the finding was closed and they had no additional comments. So, again, that resolves OTIB-25. Is there any questions?

Member Beach: Okay, questions again?

Chair Anderson: This is a question, I guess. I know, many of the sites that we've reviewed, we've sort of kept things in abeyance waiting for some of these to be updated. Do any of these -- are these ones that we need to refer to other committees so they can close out some of their work? Is somebody looking at that? Anyone tracking that?

Member Beach: I don't think these fall into that. I was going to address the tracking issue at the end of Kathy's presentation, kind of what the Subcommittee's going. Kathy, do you have a better answer for that?

Ms. Behling: No, I agree. We're trying to track these, but the guidance documents that I am trying to bring to the Board, I'm trying to bring ones that all of the findings have been closed. There shouldn't be anything in abeyance. In fact, that's a discussion

that I want to have at the next Subcommittee meeting.

Chair Anderson: Okay. Okay, thank you. I mean, it's really nice to be moving through these and don't want to subsequently get a letter saying, why is this still open?

Member Beach: Yeah, and don't get too complacent. These are the really easy ones.

Chair Anderson: Yes, I know. I know.

Member Beach: There's a list of 35, so. And I think Kathy's really doing a good job on not closing out things that need to be transferred -- but we'll kind of cover that right at the end here, if that's okay.

Chair Anderson: Yes, thank you.

Member Beach: I think we're okay on this one.

Member Ziemer: Yeah, Josie, one other comment. This is Paul. I think, a lot of these earlier ones, we actually thought we had closed them earlier. And I think when Kathy and looked she found a number of them that, although we had been operating as if this was already closed, I think these are in that category. We had to formally to close them, even though we thought they --

Member Beach: Correct. The documentation wasn't always the best early on, so that is correct, in some cases.

Member Ziemer: Yeah, well, I think in most of them they don't affect what's already been done.

Member Beach: Correct. I agree. Thanks, Paul. Anything else? Okay, Kathy. I think you can move onto, I think, OTIB-33?

Ms. Behling: Thirty-two. Let me just make another comment about that. In I think it was my April presentation about going to this matrix approach for the full Board approval, I listed some documents,

like OTIB-52, and there is another PER-14, and PER-20.

They're all sort of meshed together. And Lori Marion-Moss and I have talked about the fact that they were presented to the full Board in the past, but when I glanced at the transcript and started really digging around, I couldn't find where all of the issues were really closed.

I couldn't trace everything out, so those are things we're going to have go back in and look at. And I'm not sure even when we get access to BRS that we're going to find answers to all of those. And so, from here on forward, hopefully we can do a better job updating the BRS. And, as I go through these, I'm hoping when we get access to it again that we can supplement and add some information to the BRS based on these discussions.

Member Beach: Yeah, so it will be very clear to the reader what was done, when it was done, even if it's after the fact and we had to go back and do it formally. So I think we are trying to work through that.

Ms. Behling: Yes. Okay, then I'll move onto ORAUT-OTIB-32. This is external coworker dosimetry data for the Savannah River Site. And it provides guidance for assigning external doses to workers at the Savannah River Site who have no or limited monitoring data.

These doses are based on co-exposure data. And SC&A reviewed OTIB-32 as part of our third set of procedures, which was issued on October 29th, 2007. And this review identified two findings.

Finding 1, we felt as the OTIB lacked clarity and often referred to methods described in other documents, such as OTIB-20. And OTIB-20 is use of coworker data for external dose assignment. And, also, OTIB-52 was mentioned. That's our construction trade worker OTIB. Therefore, the

procedure does not meet SC&A's review objective 1.3.

And this is why I showed you our initial checklist. And our review objective 1.3 says, is the procedure complete in terms of the required data? In other words, it does not refer to other sources that are needed for additional data. That was one of our review objectives.

And so, NIOSH response was that the OTIB was written to complement other documents, and OTIB-20 and many other OTIBs are referenced just because they describe various aspects of the dose reconstruction process. And the staff knows that there is a hierarchy of documents that they should follow to complete dose reconstructions.

And at the June 9th, 2009, Subcommittee meeting, this finding again was discussed at length and the Subcommittee closed the finding by tasking SC&A to review its protocols and perhaps change that review objective 1.3.

So, we'll move on, then, to Finding 2. And OTIB-32 does not specify how to use external coworker data, and, therefore, we cannot determine if the guidance is claimant-favorable. In addition, we felt that it didn't meet SC&A review objective 1.5, which states, is the procedure sufficiently prescriptive in order to minimum the need for subjective decisions and data interpretation?

And NIOSH responded similar to the Finding 1 and said that OTIB-20 would be a prime reference when considering the proper application of coworker or co-exposure doses. And OCAS-IG-1 and PROC-6 would also give direction on this topic.

Again, there were some lengthy discussions on this issue at the June 9th meeting, and the Subcommittee put this finding into a status of in progress and tasked SC&A to reassess their review protocols.

So, as a follow-up, SC&A discussed the reassessment of their review protocols at the May 16th, 2016, Subcommittee meeting. At that meeting, SC&A stated that the original protocols were really outdated at that point and our review objectives were no longer being used. SC&A, after those first three steps of procedures, we went to reviewing individual documents. And we did critical reviews of each guidance document that we were tasked with.

And when we identified errors or inconsistencies, et cetera, we identified it as a finding. And when issues such as lack of clarity or questionable assumptions are identified, we usually identify those as observations. And that's how we moved forward.

Based on this explanation, the Subcommittee did close Finding 2, and Finding 1 had been closed at the June 2009 Subcommittee meeting.

So, that sums up OTIB-32. Do you have any questions?

Member Beach: Thank you. Andy, this is one that would probably have you thinking if -- the last question you asked. A little bit more complex.

Chair Anderson: Yeah. Just want to keep everybody focused on it, that if it does affect something that they've been working on, then we need to close out the rest of these.

Ms. Behling: Okay. We'll move onto the last OTIB, if there are no other questions.

Okay, and this is OTIB-33. This is application of internal doses based on claimant-favorable assumptions for processing as best estimates. That's the title.

Now, SC&A reviewed this OTIB under the third set of procedures, which was published, as I said, on August 17th, 2007. And our review identified one finding.

The purpose of this OTIB -- and I'm just quoting -- states: to provide instructions on the application of overestimated internal doses for processing as best estimates. And this OTIB was written back in 2005.

What happens with this is OTIB-33 is coupled with OTIB-18. OTIB-18 is internal dose overestimates for facilities with air sampling programs. And it uses a graded approach to assign internal dose. The OTIB does this by assessing a worker's exposure potential based on things like job title, work location, and period of employment.

An example of this graded approach would be: you have an unmonitored worker whose exposure potential is considered intermittent and the period of exposure is prior to, before 1989. The dose reconstructor is -- the guidance states that you'd use 50 percent of the OTIB-18 values. That gives you an example of this graded approach.

Although the title and the document's purpose state that it is to be used for best estimates, NIOSH stated that that's no longer the case, that this is not used for compensating, and it's not used as a best estimate approach.

So, Finding 1 states that considerable judgment is necessary to, first of all, assign workers to a specific exposure category, and to determine how to appropriately use coworker data and assess missed dose.

And NIOSH agreed, but stated that the OTIB would have developed to give guidance on misjudgment and that the dose reconstructors must document their rationale for the selection of the exposure categories based on information in the worker's file.

So, again, this finding was closed at the October 31st, 2018, meeting because NIOSH also stated it no longer used compensation, and at this point in the program this OTIB is not extensively used. The Subcommittee did request that, if this OTIB were to be revised, that the document title and the purpose

of the document be changed in a future revision so that it does not indicate that this is being used as a best estimate procedure. That's it.

Member Beach: Okay, any questions? Comments?

So then, Andy, I guess we'll look to you to formally take a vote to close these out at the recommendation of the Subcommittee Members.

Chair Anderson: Yes. It's been recommended that the Board accept the recommendation to close out these and adopt the Committee's recommendation. Do I have a second? I guess we don't need a second. We just need to do a vote.

Member Beach: Right.

Chair Anderson: So I guess what I'd say is, since we have no questions, does anybody object to adopting the recommendation to accept?

Member Kotelchuck: Pardon me. Dave. No objections. Absolutely no objection. But I think, formally, we actually need to, on a Zoom meeting like this, we actually need to go down and have Rashaun go through the list by name. You can't see our pictures. For many, you can't see mine.

Member Beach: I think we said aye or nay last time. But, yeah --

Member Kotelchuck: All right, I'm happy to say aye.

Chair Anderson: We have time now, so why don't we go through it? It's not that long a list, so.

Member Kotelchuck: No, it isn't.

Chair Anderson: It'd take us less than a minute and a half.

Member Beach: Sounds perfect.

Member Kotelchuck: Okay.

Dr. Roberts: Just a minute. Let me pull up the

listing. Okay. Anderson?

Chair Anderson: Yes.

Dr. Roberts: Beach?

Member Beach: Yes.

Dr. Roberts: Clawson?

Member Clawson: Yes.

Dr. Roberts: Field?

Member Field: Yes.

Dr. Roberts: Kotelchuck?

Member Kotelchuck: Yes.

Dr. Roberts: Lockey?

Member Lockey: Yes.

Dr. Roberts: Richardson, are you joined?

Roessler?

Member Roessler: Yes.

Dr. Roberts: Schofield?

Member Schofield: Yes.

Dr. Roberts: And Valerio?

She's been having some trouble with audio, so I'm not hearing a response.

Let's see if she can fix that. Ziemer?

Member Ziemer: Yes.

Member Valerio: I'm sorry. Can you hear me now?

Dr. Roberts: Yes.

Member Valerio: Okay. I said yes.

Dr. Roberts: Okay, thank you.

Member Valerio: I had to unmute again. Thank you.

Dr. Roberts: Okay, thank you.

Chair Anderson: Okay. I think that's everybody. So the motion has passed for accepting these.

I have a question for somebody who knows more about Zoom. For those that are -- it's always helpful to have the names on, instead of email addresses or phone numbers. I don't know, is it possible for the Board Members who are just dialing in with a phone to change that from the phone what their -- to have a text name?

Dr. Roberts: From what I know of Zoom, I don't know that that's possible for them to do.

Chair Anderson: Right.

Member Beach: Before we move on, Henry, I wanted to do a little more chatting about Procedures. Whenever you're ready.

Chair Anderson: Go ahead.

Member Beach: Just since we're in the Procedures and we have time, I thought I would just do a brief report out. We have the next meeting set up for February 15th, 2022. We have a working agenda started. One of the things that we discussed at the last Subcommittee meeting, or just after it, actually, we sent around email, was to use a matrix format, system, you might say, to track what we're doing.

So, during the Subcommittee meetings, the findings, the observations, we discuss them, closed them out, or we leave them in abeyance or in progress, so we have -- Lori Moss agreed, Kathy is going to take on putting all of the tasking or findings, resolutions, anything that we've discussed into that matrix so that we do not lose track, especially in the last three meetings. So she'll have

to go back a couple of meetings.

And that way, when the BRS is back and we're able to access it, we can go back in and update the things that we have done so we can continue to move forward.

I believe at the next Subcommittee meeting we'll talk about continuing on through this list of 35. Kathy said she had some things to discuss on that. I don't know if that's something you can bring up now, Kathy, or we'll just wait until the February meeting.

(Simultaneous speaking.)

Member Beach: Go ahead.

Ms. Behling: If you don't mind, we can wait until the February meeting.

Member Beach: Okay. We're going to keep trying to tackle the easy ones, and then we'll present a plan for doing presentations on the move difficult ones and just continue moving through this list of 35 we have.

So, Kathy, I thank you for your hard work in keeping track of all this. I know it's not easy.

Ms. Behling: My pleasure. That's not a problem. I think that perhaps I can answer Henry's question earlier, because Rose Gogliotto told me what to do.

Member Beach: Oh, perfect.

Ms. Behling: If you go to Participants, there's a little arrow there. And then when I found my name, or my email address, I just went there and I was able to change that. I think, Rose, am I explaining this properly?

Chair Anderson: Yeah, that's right. If you're -- you just do it into your -- but I didn't know if you could do that with the phone numbers.

Ms. Behling: Oh, and I think that's how you can change it from your email address --

Chair Anderson: Yes.

Member Beach: Is that in the video setting or the -- what setting is that in?

Mr. Barton: If you're not actually on your computer and you're just calling in with your phone, I don't think there's a way to change it.

Member Beach: I'm talking about on the computer. How do you do it on the computer?

Mr. Barton: If you click on the three dots next to -- if you go on the upper right corner --

Member Beach: Oh, I see.

Mr. Barton: And then all the way at the bottom, it's Rename. So I renamed myself Barton.

Dr. Roberts: I think I actually went into participants and was able to go --

Chair Anderson: There you go, Josie, you got it.

Member Beach: Easy. Thank you. All right. Okay, so the Procedures, we're closed out. Thank you for your hard work again, Kathy. Ms. Behling: Thank you for listening to me all this time and for your attention. Thank you.

Chair Anderson: And I think your format for the presentation back to the Board, the way you have it, is very helpful. It also reminds us where it was so we can go through them pretty quickly. I like that, anyway.

Ms. Behling: Great. And if anybody has anything that they would like to me add -- like I said, I did try to include the pages from the transcripts. In the future, if I feel we need a handout with more details, which I did in the previous presentation, I will do that.

But because I was able to cover all of the findings in this matrix style and then give you some background information by going into the transcripts, it sounds like (audio interference) if not or if anybody has any other suggestions --

Member Beach: No, I meant to mention the transcript was helpful and easy to access with the page numbers and the date if you had a question. I looked up several of them, so thanks.

Ms. Behling: Great. Okay, thank you. Chair Anderson: Okay, I think we can take another break here until 5 o'clock. And I'll remind those who would like to comment, I think we have a list, some have given us their names, but if you didn't send in something and are planning to, we'll be going through those who have given us their names first, and then have it open up if there's others on the call who want to make comments.

Okay? Rashaun, anything else?

Dr. Roberts: Okay, so, how about if folks come together at -- be back on the line at five till 5:00, just so that I can do the roll calling and we can pick up right at 5:00.

Chair Anderson: Okay.

Dr. Roberts: How does that sound?

Chair Anderson: Sounds good.

Dr. Roberts: Okay, great. Thank you.

(Whereupon, the above-entitled matter went off the record at 4:44 p.m. and resumed at 5:00 p.m.)

Dr. Roberts: Let's go ahead with roll call.

(Roll call.)

Dr. Roberts: Okay, great. All right. Well, we are right at 5:00, maybe 5:01. And I'll hand it back to you, Andy, if you'd like.

Chair Anderson: Okay, so I'd like to open the public comment session and remind people to keep their presentations as short as possible. We have one, two, three, four, five, six, seven, eight people signed up. We need to not run too long on talking. If we could keep it three to five minutes, it would be very helpful. So I'll begin the list.

Is Cathy Ehlers -- are you on, Cathy?

Ms. Ehlers: I'm on now. Can you hear me?

Chair Anderson: Yes, we can. Thank you.

Ms. Ehlers: All right. Thank you. My first job after high school started with GE in 1964 and continued into 1970. My first position was in document control. One of my duties was to deliver classified documents in all areas of the plant, including in radiation areas, for document signature. These visits often took up extended periods of time that was required for proper registration.

Another duty was to install phones in all areas of the plant. This process took considerable amount of time, often running into hours. I was never monitored for radiation for any of these visits.

After raising my family, I began a second career. In September of 2004, my 80-year-old (audio interference) came to live with us. The following week, I was diagnosed with endometrial cancer at age 58. My treatment plan was to be 25 doses of radiation, then six chemo sessions once every three weeks. After the 15th radiation, they had to stop because I had uncontrollable diarrhea and could not eat. They were hitting my bowels and stomach. That was the week of Thanksgiving. I had to heal before finally starting chemo.

At Christmas, I was so weak my girlfriend had to come over and decorate the tree for me as I was too weak to do it. I was a nail tech at the time and had a good following. I could not work for eight months and lost revenue and clients all because of

what I was exposed to at GE.

I have lingering neuropathy in my feet, and steps are very hard for me do. As a result of my exposure to radiation in hot areas and lack of monitoring, I ask that you take more time to make your recommendations. Thank you.

Chair Anderson: Thank you very much. I think most of the people who've signed up so far are related to Pinellas, but if you have a specific site you're commenting on, please mention that in your comments as well.

Next is Shirley Thornton.

Ms. Thornton: Good afternoon, everyone. Shirley Thornton. I worked at the Pinellas Plant from 1978 to 1997. When I first started at GE, I was in the instrumentation lab. I got promoted to the computer lab. And then, from there, I went to human resources where I was the suggestion plan coordinator.

That position took me throughout the entire plant because we had such a backlog of suggestions. In order for me to do my job, I had to meet with each person who had submitted a suggestion so that I would understand completely what their suggestion would do to improve the processes at GE.

In 1997, I was in another position in human resources, which was the EEO manager. In that, too, I had to do investigations and took me throughout the entire plant. I had no idea. One morning when we came in, in human resources, our walls had turned yellow. I had no idea of what this exposure was doing to my body, but I can say that I am just so thankful to still be alive.

I was diagnosed with beryllium disease, and it has tremendously impacted my life, as well my wellbeing, in that I am not able to do a lot of the things that I used to do. I was a singer. And because of the beryllium and it affected my lungs, I

cannot stand for more than five or six minutes. If I sit for a long time, I'm impacted. And also I just have such difficulties and pain with neuropathy.

It has just impacted my entire life, not only with me, but with my family, in that I have to have someone to care for me. I can't go on trips with my family like I once was able to do. And I'm just asking the Board to please, please look into and take time to really evaluate all of the speakers and what they're saying to you today.

I'm not making this up, and I know no one else is. This has greatly impacted my life. I'm not the same Shirley that I once was. I'm grateful to be alive. I'm grateful that God has spared my life, and it could have been a lot worse. I could be dead and in my grave, but I'm so thankful that I'm here today to give my testimony as to how all of this has impacted my life. And I thank you so very much for listening to my testimony. Thank you.

Chair Anderson: Thank you very much. We appreciate you taking the time to call in and listen in and participate and give us your information. Sorry for the struggles you've had to go through, but we really appreciate you commenting and supporting our activity.

Next is Mr. Elton Scott.

Mr. Scott: Good afternoon.

Chair Anderson: Thank you. We can hear you.

Mr. Scott: Okay, thank you. My name is Elton Scott. I was employed at the Pinellas Plant General Electric from November of '76 till September of '97. I came to the plant as a machinist. I worked three years as a machinist, then I took a job in maintenance where I was a maintenance craftsman, which took me anywhere and everywhere all over the plant.

I worked in all the chemical areas. I worked in thermal battery. I worked in the RTG. I worked 300,

400, 200, all the buildings, 800. At times, I was in the areas where they were testing the devices and they'd slam it against the wall to see if it'd hold up. They exploded them. I worked in those rooms also.

In other words, I did a little bit of everything there. And I was a part of the decommissioning team that were going out, tearing out all the stuff and getting it out of there. So I worked in Area 8, which was the hot area. Like I said, I worked pretty much everywhere in the plant.

For the longest time, it seemed like the only people that were getting paid were the people who had died and their family was getting whatever was coming out, and I couldn't understand that. But like I said, I've been exposed to anything and everything there.

I've been diagnosed with two cancers. The worst one was the bone cancer where they replaced my shoulder -- well, they didn't replace it. They just took it out and put something else in there. So I have very limited use of my right arm.

And I'm being diagnosed now. I got to go through a test taken for a third cancer. My thing is, I don't know in the world you could ever do a correct dose reconstruction without knowing exactly where people worked, because most of the people there never had the dosimeters on. Even when I worked in Area 8, I never had a dosimeter.

What we used to get is go to EHS, Environmental Health and Safety, let them know where we going to work. You come back to them, they tell you how much you got exposed, without coming on the spot where you were working.

Anyway, I don't know. I think it's a bad idea to say you can do dose reconstruction when you don't got all the information. Other than that, I thank you all for listening to me. Hope you all make the right decision. Okay, I heard that buzzer. Is my time up? I'm good with that.

Chair Anderson: Thank you very much for sharing your experiences. We're very interested in learning about the monitoring and, like you mentioned, how it was handled when you were actually the person that was there.

Next, we'll ask Daisy Beal to comment.

Ms. Beal: Yes. Good evening.

Chair Anderson: We can hear you.

Ms. Beal: You can hear me?

Chair Anderson: Oh, yes.

Ms. Beal: I was employed with Pinellas Plant from September 1968 through September of 1997. During my tenure with Pinellas Plant, I held several positions that required traveling throughout the plant, as well as Building 300. This included handling products, as well.

I was a secretary for most of the positions, first one starting out with clerk/typist in Building 100, Area 174, which was human resources. And then, 12/68 through 8/74, I worked for the product and inventory control manager and the expeditors there. Our offices were directly across the hall, which was Area 108, that housed tritium and many other hazardous materials. They also manufactured potassium chromate, which was Area 110, which was also adjacent to my area and adjacent to Area 108.

I worked for the equipment engineering. And the supervisor, the tool room and machine shop, which required entering these areas doing secretarial duties. In the machine shop and tool room, there were beryllium, tritium, and several other hazardous materials.

Product engineering, as well. The product engineers would sometimes bring product and I would lock it in the safe. I also worked in the calibration lab

where they repaired the equipment.

I was working the technical information center and I maintained the documents. And sometimes we would have product there. And my seat, my office there, within that library, there was a pipe, a red pipe that resembled a fire hydrant, but it was larger than a fire hydrant, in my office.

I also worked in purchasing. Outside of purchasing, there was radioactive material for shipping to Savannah River. Hazardous materials, through the ventilators in the library, permeated through the air.

So, because of that, I have pulmonary problems. I had a bleeding kidney back in 1994, severe bronchitis, allergic rhinitis, granular -- I can't see that -- disease and an upper respiratory diseases infection. I was diagnosed with breast cancer in 2008 and thyroid disorder later, and neuropathy. Neuropathy is really bad. And I thank you for the time. I am pleading to the Board to consider what has been said. Thank you.

Chair Anderson: Thank you very much. I just want to remind all of you that we are recording the comments. And just keep in mind, if you're sharing any of your personal medical condition, that we prefer not to have those kind of comments in the recorded record for your -- recognizing your need for confidentiality.

Next would be Jamie Jackson. Does Jamie have a call-in here? If not, we can call the --

Ms. Jackson: Hi, there. I'm sorry. Can you hear me?

Chair Anderson: Oh, there you are. Good. Okay. I got you. Thanks. I can hear you. Go ahead.

Ms. Jackson: My name is Jamie Jackson. I'm here today on behalf of my immediate family to introduce you to my father, James E. Jackson. Jim was the strong, independent head of our tribe, known around Pinellas County as the Florida Jackson Five.

Dad, mom, one son, and two daughters.

My father was a Northern California native. He graduated UC Berkeley in 1966. Upon graduation, he got his first job working as a systems engineer for a covered facility at the Department of Energy. He relocated his new wife from California to Florida so he could work at the Pinellas Plant.

My father was a happy, witty, charismatic man. He started coffee and donut Friday rotation in his department with quarter flipping, calling heads or tails, and loser had to bring donuts the following week. One of his GE colleagues said, if you didn't smile when Jim Jackson was in the room, then you didn't know him. He was terrific.

My dad was terrific until the summer of 2019. So, my dad's first job became his last job, because he spent his entire 31-year career conducting nuclear weapon production activities at the Pinellas Plant. As a member of the specialty components team, his work was confidential, that I'm not privy to, but I know that he spent 62,000 hours working across numerous buildings at the Pinellas Plant. This translates to my father spending seven years of his life in unmonitored radiological and chemical exposure conditions in those buildings at the plant.

Fast forward to the fall of 2019, my dad struggled with symptoms all summer and October. He was diagnosed with multiple myeloma October 2019. His oncologist gave him seven to ten years to live. Just five days before his scheduled chemotherapy treatment, in that October 2019, my dad felt off, slightly dizzy, and his walking gait changed. Within 48 hours, a tumor in his spine caused permanent lower body paralysis. He walked into the ER and never walked again.

So, ready or not, everything about life was different. Now this man was in diapers, helpless, and dependent on others for 98 percent of daily living. He was shocked, defeated, helpless, and scared. It was jarring dysfunction for every member

of our family.

My dad's first job became his last job because he spent his entire career there. What's ironic is one of my dad cliches he would say to people is health is wealth, except he wasn't protected.

So, on behalf of the many families on the call, those who are suffering today and those who have been caregivers and survivors, I am requesting that you please send a special cohort petition to a Work Group for further evaluation because only one in one hundred employees were properly monitored at Pinellas Plant, and my father was not that one. He was one of the 99 that was not properly monitored, and he spent years 31 years there.

He died paralyzed because of his cancer. He only lived for ten months. He was given seven to ten years and didn't even make it to 12 months. Please forward this to a Work Group for further evaluation. Thank you.

Chair Anderson: Thank you very much. I would remind the presenters, if you have written comments, please send those alone to Rashaun Roberts. We want to have those in the record as well, but we thank you for your verbal comments.

Next is [identifying information redacted].

Dr. Degarmo: This is Denise DeGarmo. And I talked to you earlier today. [identifying information redacted] is unable to make it this evening. And Ms. Shirley, who just talked to you, just texted me and asked me to please take a minute and tell you that she also has breast cancer. So, thank you so much.

Chair Anderson: Thank you. Then, Donna Hand?

Ms. Hand: Yes, can you hear me now?

Chair Anderson: Yes.

Ms. Hand: Okay. I'm going to be really brief, because most of the stuff is already been in the record that I have been telling you about Pinellas Plant.

But, back in the very beginning, it was 2002 in the first Board meeting, James Neton stated that the internal doses weren't really documented at any of the DOE sites up until 1989. And then you have Ted Katz, when the procedure and regulations for the Special Exposure Cohort, he went around and he was saying, you don't have to prove that we don't have definitively not do the dose; you just have to prove that the data is not appropriate, that you don't enough of the data to do the dose.

Then SC&A, at the 2016 meeting, everything that you held here in Tampa as well -- they also reminded you that the data that they said they had of the monthly report, and they had all these years from 1957, and et cetera. Well, when they actually looked at the data, they (audio interference).

In 1957, total number of monthly reports, five. Number of complete monthly reports, three. Number of smears taken, as indicated by the available monthly report, 536. But number of actual smear results reported, only three.

Then they have another one in 1961. Twelve monthly reports. Number of complete monthly reports, zero. Number of smears, 8,428. Number of actual smear results reported, zero.

So, again, we're going back to the transparency of the data. The data isn't sufficient, and this has been going on for a long, long time. And even in the procedure and the regulations that was established, if you don't have the data, then give them the SEC. And, again, I'll be entertaining with written comments, as well. Thank you.

Chair Anderson: Thank you very much. Next is Terrie Barrie.

Ms. Barrie: Yes, good afternoon. I guess it's still afternoon. This is Terrie Barrie, and I'm a founding member of the Alliance of Nuclear Worker Advocacy Groups.

And I want to thank the Pinellas petitioner for her presentation today, and I want to thank Dr. Anderson for allowing her the extra time that previous petitioners never had access to. So, I hope the extended time when it comes to presentations by the petitioner, is extended more than ten minutes, because it's really tough to get the information in. So I thank you for that.

And I also agree with her that access to the documents that NIOSH uses to base their Evaluation Report on must be sent to the petitioners. I've been a petitioner or a co-petitioner for the Rocky Flats Plant, for Y-12, and by the time you file a FOIA request, it has to go to DOE for declassification. It's too late to make an effective argument, as far as I'm concerned. So I think NIOSH should really consider sending all the documentation automatically to the petitioner with the Evaluation Report.

The other thing about the Pinellas Plant. It was mentioned there were seven or eight previous petitions that never qualified. And I did file a FOIA with that and got a CD full of the reasons why they didn't qualify, last year, I guess it was.

And NIOSH explains, for the Pinellas Plant, the other petitions didn't qualify -- well, this one qualified and the other ones didn't was because this petition identified an issue that was not previously addressed by NIOSH. And that was in October of 2020. In December of 2020, it said the most recent petition identified an issue that we are dealing with at Los Alamos and the Savannah River Site that ultimately qualified that petition and moved it forward.

And today, Mr. Rutherford alluded to that, that there was an issue that was not identified

previously, but we still don't have an answer of what that issue is. And I think the Board, the previous petitioners, the public, and especially the claimants, need to know what that issue is.

And, lastly, I would like to mention that NIOSH had put out new Site Profile documents for a couple of sites. Rocky Flats, for instance. And the Rocky Flats internal document was issued September of 2020. And we still don't have either the Work Groups or -- as far as I know, so you can correct me if I'm wrong -- the Procedure Review Subcommittee discussing it. So, I think that's really important. They're reconstructing dose based on these new documents and new methodology, but it hasn't been reviewed as far as I know.

So, thank you. Thank you for your work and your commitment to the program. And I hope everyone has a happy holiday. Thank you.

Chair Anderson: Thank you very much. And thanks to everybody. That's the last person who sent us a notification, but if there's any others on the line here who'd like to make a comment, please speak up. If not, I'll turn it back over to Rashaun.

I have to say that I was impressed by the petitioners, how well they get off of mute and got speaking. That is a challenge to operate these systems if you haven't done it a lot. And those who were on early on, we had a bunch of snafus, which is not unusual for getting a group this large onto the system.

So, with that, Rashaun, do you have any other comments and give us a little update for tomorrow?

Dr. Roberts: Sure. Thanks, Andy. So it seems like the public comment session has ended. We didn't hear any further commentary. So that's bringing us to a close of today's session.

We do have the second and final session starting tomorrow at 1:00 p.m. Eastern. And what I'd like to

ask, if possible, if people, Board Members, could try to patch in like ten minutes early, just so that we don't have as much lag time before we can start. And if we can identify any technical problems that might be an issue or whatever a little bit earlier, that would be a big help.

As Nancy had noted, both she and Zaida have also been on with IT today just trying to figure out what has happened with that. And I'm not sure -- Nancy, maybe you can speak to this -- if we need to send a new link, or if we even know that at this point.

Ms. Adams: We do not know yet.

Dr. Roberts: Okay.

Ms. Adams: We still have been unsuccessful having the CDC IT people get back to us.

Dr. Roberts: Yeah. It's difficult to diagnose the problem. It seems that some people got on with not much of a problem, and other people didn't. But, anyway, we'll try to figure out what's going on. But it would be helpful if people would get on a little bit earlier just so that we cannot have as long as a delay as we had today.

So, that's really all I had. Andy, is there anything else that you wanted to raise?

Chair Anderson: I don't. Any other comments?

Member Beach: Well, I was going to say, Andy, you got on with your personal computer. Maybe there's other people that could reach out to you and maybe you could, like Gen, and I don't know if Paul has access to the CDC computers with their Smart Cards. Maybe you can help them.

Chair Anderson: Yeah, I went in somehow to the CDC system, maybe because I've been on it before. I have my other roles in federal government.

Member Beach: That doesn't sound super promising.

Chair Anderson: I'll be on early tomorrow and see if I remember what I did, but I kind of tried everything. If you go with the little down arrows when it asks you for something like -- it said, which network you want to join? I had no idea, but I went to the little arrow and there was only one to choose from, so.

Member Clawson: Andy, I think a lot of that is because of your security systems that are set up with the university. That's where you're able to get on with that one.

Chair Anderson: Yeah.

Ms. Adams: The other possibility, which I did not try today, which is to use VPN on our personal computers or ITSO, and then from there try to get into Zoom.gov.

Member Kotelchuck: Dave, I thought, right after we finish, I'm going go onto ITSO and just try to get them -- maybe things will quiet down later in the evening and maybe they'll be able to get me my CDC computer working.

It was working perfectly until late last night, and then I come home this morning and it was off. So I have a feeling -- I just changed my passcode and I think things are not synchronized. So I may have a chance to get back on by the morning. I hope so. I'll give it a try.

Member Clawson: There's everybody's homework. Try to figure out.

Chair Anderson: Exactly.

Member Clawson: We'll see you all tomorrow.

Member Kotelchuck: See you all.

Adjourn

Chair Anderson: I call the meeting to adjourn and look forward to hopefully everybody again tomorrow

a little before noon so we can get started.

(Whereupon, the above-entitled went off the record at 5:35 p.m.)