

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

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NATIONAL INSTITUTE FOR OCCUPATIONAL
SAFETY AND HEALTH
ADVISORY BOARD ON RADIATION AND
WORKER HEALTH

+ + + + +

SUBCOMMITTEE FOR DOSE RECONSTRUCTION REVIEW

+ + + + +

WEDNESDAY, MAY 6, 2009

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The meeting convened at 11:00 a.m.
via teleconference, Mark Griffon, Chairman,
presiding.

PRESENT:

MARK GRIFFON, Chairman
BRADLEY P. CLAWSON, Member
MICHAEL H. GIBSON, Member
WANDA I. MUNN, Member

THEODORE M. KATZ, Acting Designated Federal
Official

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IDENTIFIED PARTICIPANTS:

NANCY ADAMS, NIOSH Contractor
EMILY GUNN, GAO
EMILY HOWELL, HHS OGC
ROY LLOYD, HHS
JOHN MAURO, SC&A
ROBERT MCGOLERICK, HHS
MUTTY SHARFI, ORAU
SCOTT SIEBERT, ORAU

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

2 11:00 a.m.

3 MR. KATZ: So, let's start with
4 roll call, so, Mark?

5 CHAIRMAN GRIFFON: Mark Griffon,
6 Chair of the Subcommittee on Dose
7 Reconstruction.

8 MR. KATZ: Other Board members?

9 MEMBER CLAWSON: Brad Clawson,
10 Advisory Board member and on the workgroup of
11 the Subcommittee.

12 MEMBER GIBSON: Mike Gibson,
13 Advisory Board member and a Subcommittee
14 member.

15 MR. KATZ: Okay, how about -- I
16 know Bob Presley is on the road.

17 CHAIRMAN GRIFFON: Wanda and John
18 Poston.

19 MR. KATZ: Yes, and John may be
20 traveling, because I know he responded to Jim
21 Melius for the workgroup meeting on Friday
22 and said he would be overseas at that point.

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1 So, I'm not sure he's here today. I'm not
2 sure whether he's here or not today, but I
3 didn't get a response. Let's give Wanda a
4 couple minutes before we go on with the roll
5 call.

6 Zaida, are you on?

7 MS. BURGOS: Yes.

8 MR. KATZ: Can you give Wanda a
9 ring, just in case? I know it's earlier her
10 time, just to be certain.

11 MS. BURGOS: I will.

12 MR. KATZ: Thanks.

13 CHAIRMAN GRIFFON: Mike and Brad,
14 you've got the revised copy of the report,
15 right?

16 MEMBER CLAWSON: Yes, I do.

17 MEMBER GIBSON: I've got it.

18 CHAIRMAN GRIFFON: Okay, good.

19 MS. BURGOS: Ted?

20 MR. KATZ: Yes.

21 MS. BURGOS: She'll be on the
22 phone in a few minutes.

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1 MR. KATZ: Okay, thank you.

2 MEMBER MUNN: Hello.

3 CHAIRMAN GRIFFON: Hi, Wanda?

4 MEMBER MUNN: Yes.

5 MR. KATZ: Welcome, Wanda.

6 MEMBER MUNN: Hi, sorry I wasn't
7 on earlier. A long-time friend and
8 colleague, one of our former Commissioners,
9 died the day before yesterday, and I only
10 learned about it yesterday. The burial was
11 this morning, and I was a little distracted.

12 MR. KATZ: I'm sorry to hear that.

13 MEMBER MUNN: Yes, so am I. I was
14 just thinking about getting to the funeral
15 home instead of where I ought to be. Sorry
16 about that.

17 MR. KATZ: Okay, so we're done
18 with roll call up through you, Wanda.

19 Let me just check again before we
20 go beyond Board Members, Dr. Poston or Bob
21 Presley, are either of you on the line?

22 Okay, then carrying on, how about

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1 NIOSH ORAU team, are there any NIOSH ORAU
2 team members on the line? Stu told me he
3 wouldn't be making the meeting today.

4 MR. SIEBERT: Scott Siebert with
5 the ORAU team.

6 MR. KATZ: Welcome, Scott.

7 MR. SIEBERT: Thank you.

8 MR. SHARFI: Mutty Sharfi, ORAU
9 team.

10 MR. KATZ: Can you repeat that, it
11 was hard to understand you.

12 MR. SHARFI: Mutty Sharfi.

13 MR. KATZ: Any others? Okay.

14 And then, how about the SC&A team?

15 DR. MAURO: John Mauro here.

16 MR. KATZ: Any others from SC&A?

17 Okay.

18 Then, how about other HHS
19 employees or contractors?

20 MS. HOWELL: Emily Howell, HHS.

21 MR. MCGOLERICK: Robert

22 McGolerick, HHS.

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1 MR. LLOYD: Roy Lloyd, HHS.

2 MS. ADAMS: Nancy Adams, NIOSH
3 contractor.

4 MR. KATZ: Welcome all of you.

5 And, any other -- then any other
6 Federal employees, DOL, DOE? I know I heard
7 somebody from GAO, Emily Gunn, was on the
8 line earlier.

9 MS. GUNN: Yes, I'm still here.

10 MR. KATZ: welcome, Emily.

11 MS. GUNN: Thank you.

12 MR. KATZ: Okay. Anyone from the
13 Department of Labor and Department of Energy?
14 Okay.

15 And then, any members of the
16 public or staff from congressional offices
17 who want to self identify?

18 Okay then, Mark, it's all yours.

19 CHAIRMAN GRIFFON: Okay. Well, I
20 guess we have a short agenda, and, you know,
21 it could take a little time or a lot of time,
22 but only two items.

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1 The main focus, I think, is the
2 leftover draft hundred case, first hundred
3 cases report, and I sent a revised -- a
4 revision out based on the comments from the
5 last Subcommittee meeting.

6 And, Wanda, I checked with Mike
7 and Brad, you got a copy, correct, Wanda?

8 MEMBER MUNN: Hold on, I'm just
9 double checking to see.

10 CHAIRMAN GRIFFON: Okay.

11 MEMBER MUNN: I think I recall
12 reading that. Time has been a bit compressed
13 here in the last week.

14 CHAIRMAN GRIFFON: Anyway, I'll
15 just talk while Wanda is looking for that.

16 MEMBER MUNN: Yes, what day did
17 you send that?

18 CHAIRMAN GRIFFON: Oh, it was a
19 just few days -- either yesterday or the day
20 before.

21 MEMBER MUNN: Yes, I thought it
22 was --

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1 CHAIRMAN GRIFFON: Yesterday
2 morning, I think.

3 MEMBER MUNN: -- I'm double
4 checking.

5 CHAIRMAN GRIFFON: I really
6 intended to get it out earlier, but that was
7 pretty early for our standards.

8 And then, the other item on the
9 agenda, you know, if we have -- I mean, I
10 think this is the more pressing one, but the
11 other item was the -- revisiting the case
12 selection criteria, we had committed to that
13 -- that was a request of the overall Board,
14 that we reexamine our original case selection
15 criteria and see if we had to modify it at
16 all.

17 And, I found, I forwarded also an
18 old flow diagram, which gives some
19 information. I also have some other
20 information from -- Kathy Behling has
21 forwarded me a draft database similar to the
22 Procedures Work Group, or Procedures

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1 Subcommittee, that has some of the case
2 statistics up through the first 120 cases.
3 So, that also can be kind of helpful in this
4 discussion, although it's not available for
5 everybody, it's kind of a draft that Kathy
6 sent to me to start using on this committee.
7 Hopefully, by the next meeting maybe we'll
8 have something like that set up.

9 But anyway, those are the two
10 items, and I guess I can describe what I did
11 on the revision. You should clearly see the
12 changes, they are either in red or some other
13 color, but they are definitely highlighted in
14 the drafts that I sent around.

15 And, the idea was to sort of
16 describe -- well, it was just a question of,
17 I never really got to the bottom line, and
18 everyone at the last meeting thought it would
19 be useful to describe like the three -- I
20 think it can be broken down a little further,
21 I think Stu, in one of his graphs, broke it
22 out a little more precisely, but there's

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1 three general categories of dose
2 reconstructions that we looked at, and they
3 were best estimate, the over-estimated cases,
4 and the under-estimated cases.

5 And, I tried to describe, you
6 know, what percentages we found, what
7 percentages there are overall in the case
8 population as of, you know, 20,000 cases,
9 that was the graphic that Stu sent around to
10 me, maybe to everyone, I'm not sure.

11 And then, to go into each one of
12 those types of cases, just quickly, you know,
13 for the best estimate, what were our overall
14 impressions for the over-estimated cases,
15 what were our overall impressions, and for
16 the under-estimated cases what were our
17 overall impressions, and then the rest of the
18 report remains. We've discussed the rest of
19 the report, it remains unchanged, basically.

20 So, those were the -- that was the
21 front end that I tried to add. It's getting
22 a little longer, but it also, I think, just

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1 gives a little better sort of more executive,
2 you know, more executive-type summary that we
3 were looking for. At least that was my
4 intent.

5 I guess that's my overall
6 description. I certainly think there might
7 be some wording, you know, that we can work
8 on, but I would open it up for your overall
9 impressions, the other committee members.

10 Well, that's a good impression.

11 MEMBER MUNN: I'm scanning through
12 this right now.

13 CHAIRMAN GRIFFON: Okay. All
14 right.

15 MEMBER MUNN: I'll have to be
16 truthful, the only opportunity that I had to
17 see my e-mail yesterday was a very brief
18 scanning --

19 CHAIRMAN GRIFFON: Oh, okay.

20 MEMBER MUNN: -- last night of
21 what was on it.

22 CHAIRMAN GRIFFON: Okay.

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1 MEMBER MUNN: And, I am just now
2 scanning it.

3 CHAIRMAN GRIFFON: That's why I
4 was talking so long, to give people time to
5 read through it again.

6 MEMBER MUNN: Well, yes, my
7 apologies for that.

8 CHAIRMAN GRIFFON: I can see some
9 things already, like the last sentence in the
10 second paragraph, I think I sort of need to
11 describe a little better, because I'm
12 comparing the percentages for the first
13 20,000 cases to the percentages for those
14 that we reviewed. And, I think that last
15 sentence might be better if it said of the
16 cases discussed in this report 7 percent were
17 best estimate, 76, you know, because I think
18 it's a little confusing to the reader.

19 MEMBER MUNN: Yes, in this report
20 it's much better.

21 CHAIRMAN GRIFFON: Yes, there's
22 little things like that.

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1 MEMBER MUNN: So, there's that
2 revision.

3 DR. MAURO: Mark, this is John. I
4 read through it. I did catch a couple of
5 typos.

6 CHAIRMAN GRIFFON: Sure, I'll take
7 those friendly amendments, too.

8 DR. MAURO: These are all
9 friendly. By the way, I think the Executive
10 Summary is excellent. I think that, you
11 know, when I read it I said, yes, this really
12 tells the story nicely on the right level.

13 But, in any event, you know,
14 whenever you want I have two or three places
15 where I have some suggestions, mainly typos.

16 CHAIRMAN GRIFFON: People can even
17 e-mail those.

18 DR. MAURO: Okay.

19 CHAIRMAN GRIFFON: I mean, as long
20 as it's not -- I mean, Ted, that's fine, if
21 we can vote on the sense of the report, I'm
22 certainly willing for wordsmithing at a later

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1 date before we bring to the Board. I think
2 that's acceptable. We can -- it would be
3 nice if we could, by the end of this meeting,
4 have a sense of the committee, the
5 Subcommittee, whether we can bring this as a
6 motion from the Subcommittee before the Board
7 next week, and then we can, I think, I can
8 revise with edits and those kind of things
9 without altering that motion.

10 MR. KATZ: Yes, Mark, I completely
11 agree. I don't think you need to do close
12 copy editing in this meeting. That's fine.

13 CHAIRMAN GRIFFON: I think that
14 would be cumbersome, especially, over the
15 phone like this.

16 MEMBER MUNN: I guess I'd make one
17 suggestion. That first paragraph on the
18 second page.

19 CHAIRMAN GRIFFON: First paragraph
20 on the second page.

21 MEMBER MUNN: Where we are talking
22 about the dose reconstructions, in the next

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1 to the last --

2 CHAIRMAN GRIFFON: Tell me what
3 the line starts with; I'm not sure where you
4 are.

5 MR. KATZ: Wanda, hang on one
6 second, I didn't -- I failed to note, because
7 I thought all of were -- for this meeting the
8 main thing is not actually speaking, please
9 mute your phone so that we don't have
10 interference with the people who are trying
11 to speak. And, if you don't have a mute
12 button, you can you use *6. Thanks.

13 Hello? We are hearing someone
14 with a sidebar discussion. Please mute your
15 phone so that it doesn't interfere with the
16 call.

17 MEMBER MUNN: We still have a
18 woman in the background.

19 MR. KATZ: Zaida, can you cut the
20 line that's interfering?

21 MS. BURGOS: I will.

22 MR. KATZ: Thank you.

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1 CHAIRMAN GRIFFON: Let's just wait
2 for this to subside here. You'd think with
3 these small ones we'd be all right, right?

4 MEMBER MUNN: Yes, you would
5 think.

6 MR. KATZ: Not everybody is a
7 regular here, so --

8 MEMBER MUNN: I think I can talk
9 over that.

10 CHAIRMAN GRIFFON: All right, I
11 think I can hear you.

12 MR. KATZ: But, it's very hard for
13 the court reporter, who has to follow this.

14 MEMBER MUNN: Oh, yes, that's
15 right, it is.

16 Perhaps, we need to --

17 MR. KATZ: It doesn't sound like
18 the line is cut, but maybe they've stopped
19 talking.

20 MS. BURGOS: He's working on it
21 now.

22 MR. KATZ: Okay. Are the rest of

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1 you still there?

2 CHAIRMAN GRIFFON: We got it, yes.

3 MR. KATZ: Yes, okay.

4 CHAIRMAN GRIFFON: Okay.

5 MEMBER MUNN: A fairly simple
6 thing, but the next to the last sentence on
7 that first paragraph on the second page says,
8 "While the dose reconstruction may be
9 appropriate, this has created real confusion
10 about the claimant population." And, I
11 agree, it has created real confusion, but I
12 don't feel among the claimant population as a
13 whole, I think it's the people who have
14 actually experienced that.

15 CHAIRMAN GRIFFON: Right, that's
16 true.

17 MEMBER MUNN: And, among the
18 claimants who have experienced.

19 CHAIRMAN GRIFFON: Yes, among the
20 claimants who have experienced, yes, okay.

21 MEMBER MUNN: Yes.

22 CHAIRMAN GRIFFON: Okay, that's

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1 fine, yes. Yes, I agree. Okay.

2 And then, as you are reading on,
3 Wanda, the last section there is the 17 cases
4 with the under-estimating approach, and they
5 were all over 50 percent, so they were, you
6 know --

7 MEMBER MUNN: Right.

8 CHAIRMAN GRIFFON: -- I think we
9 pretty much agreed that they were
10 appropriately done.

11 MEMBER MUNN: Yes.

12 CHAIRMAN GRIFFON: I think there's
13 one thing in the -- there's one edit that I'm
14 going to make, the over-estimated approach
15 for, it says six cases that were compensated.

16 Kathy Behling sent me a late e-mail last
17 night that, actually, concurred with my
18 number, which was eight, and originally she
19 had told me six. But, John, you can double
20 check that maybe with Kathy, but I'm pretty
21 sure that's correct.

22 DR. MAURO: Yes, right now it says

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1 several, six.

2 CHAIRMAN GRIFFON: Oh, several
3 six, yes, I knew we had several, and then we
4 had a number, yes, it's, actually, for eight
5 cases. So, I'll replace the several six with
6 eight cases in that section.

7 The only other thing I was
8 thinking if you go back to the first page,
9 after the second paragraph I was considering,
10 because, Ted, really, those lines were added
11 after you e-mailed me and reminded me that we
12 had asked for that one sort of comparison,
13 and I think it needs to be put in some
14 context. And, as I was looking through the
15 case selection criteria I think I might have
16 the context.

17 But, you know, it looks as though,
18 based on that, I would read this to say
19 20,000 cases, 8 percent, best estimate, 63
20 are over-estimates, and 29 under-estimates,
21 and then of the first 100 cases, or of those
22 discussed in this report, we kind of have the

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1 same percentages almost. It's pretty -- you
2 know, fairly close.

3 I was going to add on a sentence,
4 though, to remind the reader, or to tell the
5 reader, because I don't know if we ever
6 mentioned this, but in our original approach
7 to the dose review, as you'll see in the flow
8 chart for the selection criteria, we really
9 intended on -- and I was going to say it
10 should be noted that the Board's intent was
11 to review a greater percentage of the best-
12 estimate cases, and as you'll see in our
13 criteria we, actually, said we were looking
14 for like 40 percent of our cases to be from
15 the 45-50 percent range, and I think the
16 intent there was that that's where NIOSH had
17 to sharpen their pencils, so to speak, and,
18 you know, that's where issues regarding --
19 that could affect compensation are more
20 likely to be -- you know, show up. So,
21 that's where we wanted to focus our review.

22 So, even though the percentages

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1 were close in our original audit, we want to
2 put more emphasis on the best-estimate cases.

3 I don't know if that needs to be in there at
4 all, but just a thought.

5 MEMBER MUNN: My question was
6 going to be -- so you are suggesting that you
7 add another sentence of explanation?

8 CHAIRMAN GRIFFON: Yes, just --

9 MEMBER MUNN: Actually, this looks
10 fine to me.

11 CHAIRMAN GRIFFON: -- all right,
12 maybe we'll just leave it like that. It
13 reads fine, I guess, yes.

14 MEMBER MUNN: Yes.

15 CHAIRMAN GRIFFON: All right, I'll
16 just leave it like that. I guess I don't
17 need to put any, you know, judgment on it.

18 MR. KATZ: Yes, Mark, I just --
19 you know, it doesn't need to be there. If
20 you wanted to add a paragraph about going
21 forward, I think that would be perfectly
22 appropriate to add if you want it. I don't

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1 think it's essential.

2 CHAIRMAN GRIFFON: Yes.

3 MR. KATZ: But, if it's something
4 that, you, is frequently done in these sort
5 of reports, it's completely up to you.

6 CHAIRMAN GRIFFON: Okay.

7 MEMBER MUNN: And, I guess my
8 instinct would be not to include anything
9 about what comes next week, or next month, or
10 next year. These reports are, in my view,
11 complex enough as they are.

12 CHAIRMAN GRIFFON: Right.

13 MEMBER MUNN: And, we have not --
14 at least I have not assimilated any feeling
15 that we need to change the concept of these
16 occasional reports.

17 CHAIRMAN GRIFFON: Okay, I'll
18 leave that out. It was just a thought as I
19 was reading through.

20 DR. MAURO: Mark, I just had a
21 thought. Do you think it would be worth
22 mentioning that at the time of preparing this

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1 report on the first 100, we currently have
2 the Board audited, or in the process of
3 auditing 240? As of this date, the 240 have
4 been reviewed by SC&A, and, of course, all of
5 which are at various stages of issues
6 resolution. I don't know if that's the kind
7 of thing -- that would get like up to date.

8 CHAIRMAN GRIFFON: I'm not sure if
9 that's just --

10 DR. MAURO: Just a thought.

11 CHAIRMAN GRIFFON: -- yes. I just
12 -- I'm not sure we need to have that in
13 there, what other people think. I just think
14 that might add confusion, like, well why are
15 you so far behind on the ones that have
16 already been done.

17 MEMBER CLAWSON: Mark, this is
18 Brad. I've got to agree with you. I think I
19 guess I could be considered as layman as
20 anybody, but it would just add a little more
21 confusion to it.

22 CHAIRMAN GRIFFON: I know, I know.

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1 John, I just feel -- you know, because I
2 feel like that would be -- I might need to
3 explain that a little further, and I don't
4 want to make it any --

5 DR. MAURO: No problem.

6 CHAIRMAN GRIFFON: -- more lengthy
7 than it is.

8 DR. MAURO: Like I said, we were
9 talking about -- you are absolutely right.

10 CHAIRMAN GRIFFON: I already
11 thought, as I was adding this stuff, that it
12 was getting a little lengthy, but I did want
13 to take enough sentences to explain, because
14 we throw around these terms, best estimate,
15 over-estimate, under-estimate, you know, so I
16 thought it was worth a sentence or two of
17 explanation of what we meant by that.

18 I hope that's okay. If there's
19 some wordsmithing there, too, that NIOSH has
20 comments on for defining those parameters, I
21 would take those, if I am saying something is
22 slightly erroneous, you know, regarding the

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1 efficiency process or whatever.

2 MR. KATZ: Mark, actually, my
3 perspective, I, actually, think you've
4 handled this really well with all the new
5 material, and I think it's just -- as Dr.
6 Mauro said, I think it's a really good sort
7 of overview for the Secretary. I think it
8 really did sort of hit the nail on the head,
9 and I think that's great.

10 CHAIRMAN GRIFFON: Okay.

11 MR. KATZ: The one thing I would
12 just suggest, in terms of titling this, it's
13 not -- this is really sort of what I would
14 just call an introduction to the Executive
15 Summary, rather than just Executive Summary,
16 because part of this is context that you are
17 giving up front, which I think it absolutely
18 right, isn't repeated in the body of the
19 report.

20 CHAIRMAN GRIFFON: Right. So, an
21 introduction.

22 MR. KATZ: Normally, an Executive

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1 Summary really does just summarize what's in
2 the body of the report. This, actually,
3 gives context that is needed, but it's not in
4 the body. So, you may then either repeat it
5 in the body of the report or just say, you
6 know, introduction and Executive Summary.

7 CHAIRMAN GRIFFON: Well, I surely
8 don't want to repeat it anymore.

9 MEMBER MUNN: Please, let's don't
10 repeat.

11 MR. KATZ: That's what I would
12 suggest, that's all.

13 CHAIRMAN GRIFFON: So, just
14 introduction and Executive Summary, or just
15 introduction?

16 MR. KATZ: I would just -- or you
17 can even just call this, you know, an
18 introduction, that's fine.

19 CHAIRMAN GRIFFON: Yes, maybe just
20 introduction.

21 MR. KATZ: Fine.

22 MEMBER MUNN: Background or

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1 whatever.

2 CHAIRMAN GRIFFON: Yes. And, the
3 title, of course, yes, some of those things
4 on the top, we can re-title them. I'm not
5 too worried about that, you know, however
6 Paul wants to format, you know, consistent
7 with the other reports that we submitted, I
8 think that's how, you know, Paul can work
9 that out.

10 MEMBER MUNN: Yes, I have to
11 agree, the new verbiage is good.

12 I, as always, resist adding any
13 words to anything.

14 CHAIRMAN GRIFFON: I know.

15 MEMBER MUNN: But --

16 CHAIRMAN GRIFFON: When I saw the
17 pages going up, Wanda, so I was thinking of
18 you, you don't want it too long.

19 MEMBER MUNN: -- and then in II,
20 the last item is titled, "Finding Resolution
21 Process." And, even though when I looked at
22 that I thought, we're finding the resolution

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1 process, we already know the resolution
2 process.

3 Could we, perhaps, call that
4 instead resolution process of findings?
5 Would that be a little clearer than --

6 CHAIRMAN GRIFFON: Or, just
7 resolution process maybe, resolution process
8 of findings?

9 MEMBER MUNN: Yes.

10 CHAIRMAN GRIFFON: Or just
11 resolution process.

12 MEMBER MUNN: Well, either, but
13 resolution process of findings, we said
14 findings in each of the headings.

15 CHAIRMAN GRIFFON: Okay,
16 resolution process of findings, that's fine.

17 MEMBER MUNN: Yes.

18 CHAIRMAN GRIFFON: Okay. All
19 right.

20 MEMBER MUNN: I'm not even reading
21 any other words except --

22 CHAIRMAN GRIFFON: I have not

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1 touched the rest of it, you can see the red
2 ones, yes, I haven't touched the other part
3 of the report, and I think, basically, we are
4 all happy with that.

5 And, the attachment, I'm going to
6 go with Kathy's latest update on the
7 attachments that we looked at before, which
8 give the sort of summary, you know,
9 statistics on the breakout of the cases for
10 the first 100, and I can forward that to
11 people, you know, just for your information.

12 I think you all have it, but maybe when I do
13 these edits, you know, before the Board
14 meeting I'll do one final edit and send it
15 all around.

16 MEMBER MUNN: Yes, those graphs
17 were particularly nice I think.

18 I'm a little puzzled about the
19 other file that came along.

20 CHAIRMAN GRIFFON: Well, that's
21 for the next discussion, which is our case
22 selection criteria.

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1 MEMBER MUNN: Okay.

2 CHAIRMAN GRIFFON: That doesn't go
3 with this report at all.

4 MEMBER MUNN: It's a good thing.

5 CHAIRMAN GRIFFON: Right, no, that
6 was --

7 MEMBER MUNN: I'm not getting that
8 part.

9 CHAIRMAN GRIFFON: -- this is
10 probably, I found this -- is there a date on
11 it? Well, I don't know, it must be an auto
12 date thing.

13 MEMBER MUNN: Yes, it probably is.

14 CHAIRMAN GRIFFON: Because it says
15 2009. This I probably did in 2003, I think,
16 anyway, I found this in an old file with, you
17 know, some of our first discussions of
18 selection criteria.

19 MEMBER MUNN: When we were first
20 getting started, yes.

21 CHAIRMAN GRIFFON: But, let's
22 close out this report first, if we can. If

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1 everybody is in agreement, other than, you
2 know, sort of grammatical things.

3 DR. MAURO: Mark, this is John.

4 There is one substantive
5 suggestion I have in Item No. 6 in the main
6 body of the report, you know, items, issues
7 regarding scientific judgments and
8 assumptions.

9 CHAIRMAN GRIFFON: Yes.

10 DR. MAURO: At the end of that you
11 identify two examples, where there are more
12 problems.

13 CHAIRMAN GRIFFON: Right.

14 DR. MAURO: There's a third, that
15 we have discussed recently.

16 CHAIRMAN GRIFFON: Okay.

17 DR. MAURO: Whether it applies to
18 this 100, I'm not sure, but it has to do --
19 and this is conceptual -- it has to do with
20 when we review a lot of these exposure
21 matrices which are applied to the AWEs --

22 CHAIRMAN GRIFFON: Right.

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1 DR. MAURO: -- we are finding that
2 they are using a one size fits all, and very
3 often this information in the CATI report and
4 in the main body of the dose reconstruction
5 pertaining to the job category that this
6 particular worker had. That is not factored
7 in. In other words, the automatic would just
8 apply.

9 CHAIRMAN GRIFFON: Yes, I know
10 what you are saying.

11 DR. MAURO: And, I thought that
12 was a third item that would fit in nicely
13 here, if you feel it's worth mentioning.

14 CHAIRMAN GRIFFON: Yes. I know
15 we'll capture -- I know we've been discussing
16 that lately, I just -- I hesitate to edit
17 this at all because --

18 DR. MAURO: I understand.

19 CHAIRMAN GRIFFON: -- we've
20 discussed that part, and it may have come up
21 more in recent cases than in this first 100.

22 DR. MAURO: That's true, it really

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1 came up, I would say, in the last couple of
2 rounds of discussion.

3 CHAIRMAN GRIFFON: Yes, I mean, I
4 think everyone around -- you know, all --
5 NIOSH is aware of it, we are all aware of it,
6 I just hate to confuse this report on the
7 first 100.

8 DR. MAURO: No problem.

9 MEMBER MUNN: And, that seems to
10 be so much more of a CATI item than it is --

11 DR. MAURO: It, actually, is more
12 of a CATI item.

13 CHAIRMAN GRIFFON: Yes, its' kind
14 of an overlapping with the CATI, yes.

15 MEMBER MUNN: Yes.

16 CHAIRMAN GRIFFON: So, I would
17 rather not add that in yet, John. I mean,
18 certainly, you are right, we have been
19 discussing that quite a bit, so --

20 DR. MAURO: Okay.

21 CHAIRMAN GRIFFON: We'll capture
22 it at some point.

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1 MEMBER MUNN: I think some sense
2 of that is captured in No. 1.

3 CHAIRMAN GRIFFON: Yes.

4 Okay, if there's no further, other
5 than, you know, grammatical and things like
6 that, is everybody comfortable bringing this
7 as a recommended report from the
8 Subcommittee?

9 MEMBER MUNN: I certainly am.

10 CHAIRMAN GRIFFON: I don't think
11 we have to vote on it, but Brad or Mike?

12 MEMBER CLAWSON: This is Brad. I
13 feel comfortable with it.

14 CHAIRMAN GRIFFON: All right.

15 MEMBER GIBSON: I agree. Mike.

16 CHAIRMAN GRIFFON: All right,
17 great. I think we got it.

18 MEMBER MUNN: Good.

19 CHAIRMAN GRIFFON: I'm glad,
20 because this is revision six for me.

21 MEMBER MUNN: Well, I know, and
22 it's a long, difficult thing, but --

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1 CHAIRMAN GRIFFON: But, I do
2 appreciate, I mean, I think everybody was
3 right to force me to sort of work a little
4 harder on that front end, because it does --
5 we needed a little context for the report.
6 so, I think it's a reasonable product now.

7 MEMBER MUNN: Well, and I do
8 believe that this is not going to be any
9 different than most of the material that
10 crosses the desks of the upper echelon, the
11 first page or two is going to tell the story
12 for them, or not at all.

13 CHAIRMAN GRIFFON: Sure. Sure.

14 Okay, let's go on to our second
15 topic, and maybe we can, actually, end the
16 conference call early. That would be
17 something new for us, huh?

18 Let's see, this is -- we had been
19 asked by the overall Board to sort of
20 reexamine the case selection process, and
21 this, as Wanda pointed -- I mean, this is a
22 sort of primitive flow sheet, it gives us an

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1 idea. I sent it along because it was the
2 best -- actually, one of the only things I
3 could find that sort of laid out some of the
4 original parameters we were looking at, as
5 far as when we selected the cases.

6 But, you know, these categories on
7 the left, probable causation, facility,
8 decade, duration, obviously, are ones we've
9 been considering, and as I said, it was
10 interesting to look back and say, okay, from
11 zero to 45 we were thinking of, you know, our
12 goal was 40 percent of our overall cases that
13 we reviewed would fall into that category,
14 and 40 percent would fall into the middle 45
15 to 50 percent category. And then, 20
16 percent, you know, compensable cases above 50
17 percent.

18 So, I, actually, have, if I can
19 find it, have the draft database, as I said,
20 from Kathy, and -- well, actually, she sent
21 some more stuff. So, maybe I have it hot off
22 the press. I'm sorry, bear with me here, she

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1 just sent this a little while ago, this is
2 the 258 cases overview for POC. So, she gave
3 me a breakdown on all the POCs for the first
4 258.

5 Anyway, I guess there were two
6 questions. One is the criteria, and then I
7 think the other was the overall sample,
8 right? I mean, I think we were targeting 2-
9 1/2 percent of all cases.

10 MEMBER MUNN: Of the total.

11 CHAIRMAN GRIFFON: Of the total,
12 you know, sort of --

13 MEMBER MUNN: Yes, that was the
14 original intent.

15 CHAIRMAN GRIFFON: Right. And, I
16 don't know where -- does anyone on the phone
17 have a number? I mean, this 20,000 might be
18 out of date.

19 DR. MAURO: Yes, I think we are
20 really operating at around 1 percent, in the
21 grand scheme of things, as opposed to 2-1/2
22 percent.

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1 CHAIRMAN GRIFFON: Well,
2 currently, but I mean, yes, yes.

3 DR. MAURO: But, of the first 100
4 where we were at that time, I think you might
5 be on target.

6 CHAIRMAN GRIFFON: Yes.

7 MEMBER MUNN: Right.

8 CHAIRMAN GRIFFON: Well, how many
9 cases, I mean, can anyone from NIOSH give me
10 a number on that. Scott? Scott Siebert is
11 on the line. Do you know how many cases
12 currently are in the hopper, so to speak, for
13 dose reconstruction?

14 MR. SIEBERT: Yes, honestly, I
15 can't tell you.

16 CHAIRMAN GRIFFON: Okay.

17 MR. SIEBERT: That's not what I
18 track, sorry.

19 CHAIRMAN GRIFFON: That's all
20 right. That's all right.

21 DR. MAURO: You know, if it helps
22 any, I remember at the various presentations

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1 of the number of adjudicated claims that are
2 often given at the Board meetings --

3 MEMBER MUNN: Yes.

4 DR. MAURO: -- I remember you were
5 right around 25,000.

6 CHAIRMAN GRIFFON: Right.

7 MEMBER MUNN: Yes.

8 DR. MAURO: And, right now we are
9 at, well, I guess the 25,000 number, you
10 know, so trying to keep pace -- you know, in
11 the end the idea, I guess what I'm hearing
12 is, if there's 25,000 at this point in time,
13 that means eventually, I guess, you'd want to
14 audit a total of what?

15 MEMBER MUNN: A little over 500.

16 DR. MAURO: Yes.

17 CHAIRMAN GRIFFON: Yes.

18 DR. MAURO: A little over 500, and
19 right now we are at -- we are really at 250.

20 CHAIRMAN GRIFFON: Right.

21 DR. MAURO: So, I mean, I don't
22 know how do you -- whether you want to --

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1 CHAIRMAN GRIFFON: Yes, and the
2 cases are going to continue to come in, but
3 they've definitely leveled off.

4 DR. MAURO: Not at the same pace,
5 that's right.

6 CHAIRMAN GRIFFON: Yes.

7 MR. KATZ: Mark, as far as I know
8 there's 24,000 when you subtract out cases
9 that were pulled, and cases that went to the
10 FCC, and cases that have been returned, I
11 guess.

12 Yes, so we are in the right ball
13 park.

14 CHAIRMAN GRIFFON: Yes. So, I
15 mean, you know, that would be 500 -- 625
16 around for the 25,000 mark, and I would say,
17 you know, the one thing -- I'm not sure that
18 we need to modify our selection process much.

19 I think the summary statistics give us some
20 good information. I think we definitely want
21 more best-estimate cases, and those that sort
22 of fall in the 45-50 percent range, they may

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1 not always be best estimates in that range.

2 But, I think they usually do fall
3 into that, I think once -- now, Scott, you
4 may be able to help me out here, if you use
5 an over-estimating approach, and the POC
6 exceeds 45, do you then sharpen the pencil,
7 so to speak, as Jim Neton always says, and
8 use a best estimate, or do you --

9 MR. SIEBERT: Generally speaking,
10 it depends on the type of over-estimate that
11 you use. If it's a gross over-estimate, such
12 as like OTIB-18, things like that, yes. If
13 it's a relatively small over-estimate like
14 using a DCF of 1, rather than the full
15 triangular distribution --

16 CHAIRMAN GRIFFON: Okay.

17 MR. SIEBERT: -- we may not do
18 that.

19 CHAIRMAN GRIFFON: So, it's not
20 that clean, but okay, instead of looking at
21 POC we may, and we've already started doing
22 that, actually, looking at -- Stu provides

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1 that to us, but, you know, we look -- we sort
2 of pre-select on POC, but then we asked Stu
3 to break out the type of dose reconstruction
4 full internal, full external, you know, et
5 cetera.

6 So, you know, we've already really
7 been doing that. But, I guess my point there
8 is that Stu indicates in his graphic that
9 based on the first 20,000 anyway, I guess his
10 e-mail he sent was probably a little while
11 ago, but based on the 20,000 number he said
12 approximately 8 percent were best-estimate
13 type, which would be 1,600, is that right,
14 1,600 cases?

15 So, if we were to shoot for our 40
16 percent goal, that, you know, I mean, 40
17 percent of our cases we want to be -- you
18 know, so, in other words, there's still a
19 population there, enough best-estimate cases
20 that we can get 40 percent of our 600 cases
21 to be best-estimate type cases, that's my
22 point.

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1 MEMBER MUNN: Yes, I think we can.

2 CHAIRMAN GRIFFON: Yes.

3 MEMBER MUNN: I haven't seen any
4 evidence that there's any paucity of
5 material.

6 CHAIRMAN GRIFFON: Right. So, I
7 still think that's a reasonable goal.

8 MEMBER MUNN: Well, I haven't
9 seen, frankly, individual -- for myself, I
10 have not seen any real reason to consider
11 changing the parameters that we set out. We
12 went to considerable length to make sure that
13 we were trying to fit the --

14 CHAIRMAN GRIFFON: I'm, actually,
15 trying to remember why this was raised. Was
16 it a question of overall scope? Maybe that's
17 the context that it came up in, but I feel
18 like we are fairly on target with it, and we
19 should --

20 MEMBER MUNN: I think so, too. My
21 memory is the concern that we were having was
22 whether or not we were going to have an

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1 adequate number of the assessment cases
2 available to us at any given time to do what
3 we needed to do. Because there are --
4 because of the other factors, the timing
5 things.

6 CHAIRMAN GRIFFON: Yes, and the
7 PER reviews and all those kind of things.

8 MEMBER MUNN: Right.

9 CHAIRMAN GRIFFON: Yes. Yes.

10 MR. KATZ: Mark, the other item,
11 this is Ted, was, in fact, I mean it was your
12 concern, among -- I'm not sure about others
13 on the Subcommittee, but it was certainly
14 your concern or question as to whether the
15 sample is big enough, or whether it needs to
16 be increased, in other words, the number of
17 dose reconstructions that get reviewed
18 overall. So, that was a driver for having
19 this discussion.

20 CHAIRMAN GRIFFON: Okay. I wanted
21 more then -- I don't remember that, but, yes,
22 I could have said that. I mean, I think -- I

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1 know that I at one point raised a question as
2 to whether we could -- whether SC&A could
3 ramp up, but I think, really, sometimes the
4 driver, as Wanda just sort of alluded to, is
5 that, you know, we have to have, not only
6 best-estimate cases, but best-estimate cases
7 that are reviewable, you know.

8 MEMBER MUNN: Right.

9 CHAIRMAN GRIFFON: That have final
10 adjudication. And, that, usually, is our
11 limiting factor. So, I think the pace that
12 we are at seems to make sense, and, John, I
13 don't know if you agree with that, it seems
14 like -- we've had a few glitches, but it
15 seems like that pace for your folks is pretty
16 good as well.

17 DR. MAURO: Yes, we are --

18 CHAIRMAN GRIFFON: You had the one
19 delay where you had no cases, but then we got
20 the 11th set going on. I think we --

21 DR. MAURO: Yes, you filled in the
22 pipeline; we are working at just the pace we

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1 want to work at. If you wanted to kick it
2 up, we have the capacity to do it, but I
3 think we're fine now.

4 The only thought I had, regarding
5 this whole matter, is we are seeing these
6 realistic cases, and we are seeing, I know
7 I've seen the number -- it's over 45, to 45
8 and 50.

9 CHAIRMAN GRIFFON: Yes.

10 DR. MAURO: And, I would be so
11 bold as to say, it might be a good idea to
12 review all realistic cases that are between
13 45 and 50, all.

14 CHAIRMAN GRIFFON: That would be
15 bold. I mean, I'm not sure how many -- yes,
16 I think we have to reassess that.

17 DR. MAURO: You know what it is; I
18 just wanted to stir the pot a little bit.

19 CHAIRMAN GRIFFON: Maybe we should
20 -- you were afraid we were going to hang up
21 early.

22 MEMBER MUNN: That's a pretty big

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1 spoon you are using to stir with, John.

2 DR. MAURO: I see numbers -- I've
3 seen cases between 45 and 50. Now, I only
4 look at AWEs. I have to say, I've seen a lot
5 of potential reversals, once I started to
6 look at those.

7 CHAIRMAN GRIFFON: Well, what I
8 would say is, I think we need to -- maybe we
9 should ask NIOSH to give us some numbers on
10 that, too, how many best estimates fall --
11 because Scott just said, that they may not
12 all be, you know, best estimates if they fall
13 within 45 to 50, there may still be some over
14 estimates in that. So, maybe we can fine
15 tune that number, too, but if what Stu sent
16 me is fairly accurate, you are talking about
17 1,600 cases in that 45 to 50 region, at
18 least, and then that would be a significant
19 increase from, you know, where we are going
20 right now.

21 DR. MAURO: Is that right, there
22 were that many realistic, between 45 and 50?

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1 CHAIRMAN GRIFFON: Yes, that's
2 what it says.

3 DR. MAURO: Well, you may want to
4 crank it down -- the idea being, those that
5 are knocking on the door --

6 CHAIRMAN GRIFFON: Yes.

7 DR. MAURO: -- now 45 is pretty
8 far away from 50, but I've seen, you know,
9 48, I just did a 49.6 case.

10 CHAIRMAN GRIFFON: Yes.

11 DR. MAURO: So, I mean, those are
12 important.

13 CHAIRMAN GRIFFON: No, no, no, I
14 agree. I agree, John. I agree with the
15 nature of your comment, I just --

16 DR. MAURO: Yes, I know --

17 CHAIRMAN GRIFFON: -- I'm not
18 ready to say, you know, as a policy decision
19 that the Subcommittee supports your view on
20 all best-estimate cases, I think we would
21 open a can of worms with that.

22 DR. MAURO: Within some POC range.

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1 MEMBER MUNN: I wouldn't want to
2 do that.

3 CHAIRMAN GRIFFON: Well, let's
4 look, you know what we can do is, ask NIOSH,
5 and I will ask this at the next Board
6 meeting, if we can get a further breakdown on
7 those best-estimate cases, and maybe Stu can
8 probably run them all and just give us POCs
9 for all those that fall in that range, and we
10 can look and maybe there are -- you know, the
11 ones for 48 to 50, maybe there's only, you
12 know, 75 of those, or 100 of those, or
13 whatever.

14 MEMBER MUNN: We don't want to put
15 too fine an edge on this.

16 CHAIRMAN GRIFFON: Yes.

17 MEMBER MUNN: Because it has an
18 enormously fine edge already.

19 CHAIRMAN GRIFFON: I think I like
20 our number of 40 percent falling in that
21 range. I think that's still a pretty
22 aggressive sample.

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1 MEMBER MUNN: Yes, it is an
2 aggressive sample, and there are times, as
3 has already been pointed out, when the
4 pipeline makes it difficult for us to gather
5 a large enough reading to really and truly
6 make a decent selection.

7 CHAIRMAN GRIFFON: Yes.

8 MEMBER MUNN: And, we can't fool
9 reality.

10 CHAIRMAN GRIFFON: I agree, and
11 the other -- that's the other reason that I
12 wouldn't, at this point anyway, recommend an
13 increase in production, so to speak, for
14 SC&A, because if we ask them to review more
15 cases, you know, per year, the problem is the
16 pipeline. I mean, you know, we are not going
17 to have the cases, the types of cases that we
18 want available. so, we won't get to that 40
19 percent of those between 45 and 50.

20 So, I think we should stay at the
21 same rate, and, basically, stay with the same
22 approach. I think we are okay.

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1 MEMBER MUNN: I don't see any real
2 reason to change it, as long as we have the
3 level of -- the numbers of cases coming
4 through that will give us a decent sample to
5 choose from.

6 CHAIRMAN GRIFFON: Okay, then I'll
7 make that report back to the Board. I think
8 we are okay.

9 MEMBER MUNN: I don't see any
10 pressing reason to change.

11 CHAIRMAN GRIFFON: No.

12 MEMBER MUNN: I can think of
13 several academic reasons, but no real reality
14 check.

15 CHAIRMAN GRIFFON: Any --

16 DR. MAURO: Mark, this is John,
17 and the only thing, this came from an
18 outsider looking at the flow, I don't know
19 the rate at which new cases are coming in,
20 but right now, you know, in terms of the
21 percent that was reviewed versus the percent
22 that have been adjudicated, we are at 1

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1 percent.

2 Assuming that we continue at 60
3 per year, that's what we are doing, 60 cases
4 per year, that would -- you know, we would be
5 holding at 1 percent if the number of
6 adjudicated cases is increasing at 600 per
7 year.

8 So, there's a way to get a handle
9 on whether or not the throughput, the flow
10 rate that we are currently doing, 60 per
11 year, is, in fact, sufficient that when we
12 are done, which I presume will be, you know,
13 five years from now, will we have achieved
14 the goal of 2-1/2 percent?

15 I think that's another question.

16 CHAIRMAN GRIFFON: Okay.

17 DR. MAURO: And, you may want to
18 ask NIOSH to see, you know, if the flow is
19 coming in much slower, then the 60 per year
20 may very well -- because right now we are at
21 1 percent, and if we are holding at that
22 pace, you know, we're going to start to get

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1 higher than 1 percent, in other words --

2 CHAIRMAN GRIFFON: Right.

3 DR. MAURO: -- there's only 1,000
4 a year, instead of 6,000 a year come in,
5 then, you know, we will be catching up to the
6 2-1/2 percent eventually.

7 CHAIRMAN GRIFFON: Catching up,
8 right, yes.

9 MEMBER MUNN: And, it's my
10 observation that we probably are. I don't
11 remember those numbers, and I'm really sorry
12 I don't have the -- well, my suspicion is
13 that the flash drive I have here is probably
14 not the one with the most recent information
15 on it, but there's certainly been a leveling.

16 CHAIRMAN GRIFFON: Yes.

17 MEMBER MUNN: And, you know, we
18 are looking in terms of hundreds instead of
19 thousands.

20 DR. MAURO: I seem to recall
21 Larry's -- I don't know if it was Larry gave
22 the last presentation, was it 200 a month of

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1 new cases coming in?

2 MEMBER MUNN: That sounds really
3 close to what my memory is.

4 DR. MAURO: Yes, which makes it
5 about 2,000 a year, which means we will catch
6 up a little bit.

7 CHAIRMAN GRIFFON: Yes.

8 MEMBER MUNN: Yes.

9 DR. MAURO: Correct, yes.

10 CHAIRMAN GRIFFON: We'll close a
11 little.

12 DR. MAURO: Yes we will close the
13 gap a bit.

14 CHAIRMAN GRIFFON: And, I would
15 love to, you know, like you said, John, this
16 definitely could be, I mean, a math problem
17 here, but, you know, the sort of unknown
18 factor is, is this pipeline of 45 to 50 of
19 the best-estimate cases available.

20 DR. MAURO: Yes, that's true.

21 CHAIRMAN GRIFFON: And, that
22 available part has been a bugaboo for us. I

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1 mean, it's been a tricky thing, because of
2 the ongoing PER reviews. I know that for
3 the 11th set, Stu, basically, sent us all the
4 best-estimate cases, and we were barely able
5 to get 25 cases for the review, you know?

6 DR. MAURO: Gotcha.

7 MEMBER MUNN: Yes.

8 DR. MAURO: Yes.

9 CHAIRMAN GRIFFON: So, I think,
10 you know, I don't know that we can increase
11 the flow. You know, I'd love to, but, you
12 know, slightly increase it, catch up a little
13 faster, but I just don't think we are going
14 to have the cases there yet.

15 MEMBER MUNN: I don't see any
16 reason to expect that.

17 CHAIRMAN GRIFFON: Right, and I
18 don't want to review a lot of under-
19 estimates, you know, I think we've got to
20 target where we want to target, so we are
21 going to have to, you know, we are going to
22 have to pace it out like this, and maybe

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1 revisit it, you know, every six months or so
2 and see how we are doing.

3 MEMBER MUNN: We may even find
4 ourselves in a situation where we have to use
5 more than one set as the seed material to get
6 the grouping that we want, to have an
7 adequate number of best-estimate cases. It's
8 just -- that's reality.

9 CHAIRMAN GRIFFON: Yes. Yes. So,
10 I think that's -- Brad or Mike, do you have
11 any comments? I think my report right now is
12 that we are going to stand with our current
13 policy and the current rate, and with the
14 explanations we've just offered here.

15 MEMBER CLAWSON: I have no problem
16 with that, heading forward as you've been
17 speaking earlier here. We may have to adjust
18 later on and so forth, and I don't -- my
19 issue is, Mark, is with the cases, and we
20 discussed this in the last Dose
21 Reconstruction Committee. So many times, I
22 guess I'm looking at the Q&A a little bit,

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1 because many times when we've brought up
2 issues they've said, well, you know, we never
3 really did anything with this because this
4 case was compensated.

5 My issue is, is if that's the
6 case, what's happening to the ones below
7 that, that are not -- you know, how are we
8 taking this information that we are finding
9 from these dose reconstruction reviews and so
10 forth, and how is it playing back to the
11 cases that aren't being compensated?

12 CHAIRMAN GRIFFON: Well, I think
13 that's -- yes, that's a fair question, Brad,
14 but I think we are -- we have accounted for
15 that in one respect, we've asked that part of
16 our criteria is to focus our selection on
17 newer cases, cases that have --

18 MEMBER CLAWSON: Right.

19 CHAIRMAN GRIFFON: -- been done
20 more recently. So, if we don't see changes
21 being made, then we are picking that up in
22 our audit, you know.

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1 In other words, you know, NIOSH
2 indicated that they've modified a policy or
3 procedure, and then we review another case
4 from the same site that was done, you know, a
5 few years later, and it's still the same,
6 then, you know --

7 MEMBER CLAWSON: Right.

8 CHAIRMAN GRIFFON: -- so we have
9 to track that, I agree.

10 MEMBER CLAWSON: Right, it's just,
11 you know, this has been something that has
12 been coming up, and as we are talking about
13 looking down, forward down the road, as John
14 and also you and Wanda were saying, we may
15 have to change our review a little bit to
16 adjust for that, for things that we are
17 seeing or whatever, because, you know, as the
18 cases -- and I just want them to keep that in
19 the back of our minds.

20 CHAIRMAN GRIFFON: Yes, reflect
21 back on what we are seeing in our tracking.

22 The other thing I will mention is,

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1 and that I'm going to mention in my report to
2 the Board next week, is this question of
3 adding in the dose reconstruction notes, and
4 I think once again I got it kind of from
5 NIOSH, but I do want to put it on the Board
6 record again, because I feel like that was --
7 this is something committed to before, you
8 know, this idea. And, I think John might
9 have said it at one of the meetings, that,
10 you know, this is the idea of -- and getting
11 back to what Brad was just discussing -- the
12 idea of, you know, showing your work, you
13 know, if it's all there, and we have
14 something that years later from now can be
15 looked at in the archive, and you know
16 exactly how someone did a dose
17 reconstruction, that's sort of what we are
18 getting at here.

19 And so, that was one of our
20 findings in this first 100 cases report, and
21 I, you know, think we need to ask for that
22 going forward. That will help look at that

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1 thing that you are mentioning, Brad, which is
2 that, you know, were these changes made, and
3 are they adjusted, you know.

4 MEMBER CLAWSON: Right, and I
5 agree with you. I know, too, that this was
6 committed to a while back, too, but we still
7 have not seen that, and it makes it very
8 difficult to be able to go back, yes, this
9 OTIB, but this changed, and so forth like
10 that.

11 So, if we know the process, I
12 think that it will be beneficial.

13 CHAIRMAN GRIFFON: Right.

14 MEMBER CLAWSON: To be able to do
15 that.

16 CHAIRMAN GRIFFON: Okay. But, as
17 far as the selection criteria, I think --
18 Mike, do you have any comments on what we
19 talked about for selection? I think we are
20 okay.

21 MEMBER GIBSON: No, not on the
22 selection criteria.

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1 CHAIRMAN GRIFFON: Yes.

2 MEMBER GIBSON: I do agree with
3 Brad, that, you know, I know NIOSH changes
4 their policies and procedures, and all of
5 that, but there is still that issue of the
6 raw basic data that could be flawed from the
7 plants that they used, even though they
8 approved their process.

9 So, I agree, we need to keep an
10 eye on that in the future.

11 CHAIRMAN GRIFFON: And, we are
12 looking at that with different prongs, too.
13 We have our SEC process, certainly, addresses
14 that on many of them, not all, but many of
15 them.

16 And, John, alluded to these many
17 set profile reviews that we've sort of picked
18 up and said, well, wait a second, some of
19 these sites we only look at one case for
20 them, let's just look at the whole profile,
21 instead of, you know, making a mini site
22 profile review, instead of just an individual

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1 case, so that, I think that -- we've asked
2 SC&A to kind of go deeper than just did you
3 follow the procedure on those types of
4 things, because of that concern that you just
5 mentioned, Mike, that we want to know, you
6 know, the background basis for all the cases
7 done on this, since often times it's a
8 matrix, as John described.

9 Okay, so we'll leave -- that will
10 be my report on the selection criteria, and I
11 think -- I think that closes it out, unless
12 there's any other comments.

13 MEMBER MUNN: The big concern I
14 think was the letter.

15 CHAIRMAN GRIFFON: Yes, yes, and
16 thank you all for -- I'm sorry to send it out
17 so late, but I tried my best.

18 MEMBER MUNN: That's quite all
19 right, it happens to all of us. My apologies
20 for not having gotten to it last night, but
21 things --

22 CHAIRMAN GRIFFON: I know, and

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1 you've got other things on your mind. I'm
2 sorry, Wanda.

3 MEMBER MUNN: Yes, that's quite
4 all right.

5 CHAIRMAN GRIFFON: Okay, Ted,
6 anything else for the record?

7 MR. KATZ: No, I think well done,
8 and I'm glad this will be closed out at the
9 next Board meeting then.

10 CHAIRMAN GRIFFON: Okay. I will
11 make these few modifications we discussed,
12 and send it around to all Board members
13 indicating that for the report that it's
14 coming as a Subcommittee proposal.

15 MEMBER MUNN: Great.

16 CHAIRMAN GRIFFON: I think we are
17 ready to adjourn.

18 MEMBER MUNN: Excellent.

19 CHAIRMAN GRIFFON: All right.

20 MR. KATZ: Thank you, everybody.

21 DR. MAURO: Bye. Take care.

22 MEMBER MUNN: Thank you for your

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1 participation. Bye-bye.

2 CHAIRMAN GRIFFON: Bye.

3 (Whereupon, the above-entitled matter
4 was went off the record at 11:57 a.m.)

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