Regarding CONTESTED PROCEEDINGS:
I recognize that you put in many qualifying statements prior to discussing CONTESTED PROCEEDINGS but I am concerned that this section might be used (or even required) in the case of an individual law suit or become the way contested cases of possible pneumoconiosis are settled monetarily. I think this would be inappropriate for the reasons you give in the preamble (ie the ILO states specifically not to use the B-reading for these purposes and all the medical societies recognize that a medical diagnosis requires more than a chest radiograph in most situations).
I also feel you should emphasize that although the ILO system is a reasonable tool for mass screening and sometimes for epidemiological studies, the program does not teach B-readers something unique or special about reading chest x-rays. Many radiologists are more than qualified to review a radiograph for evaluation of interstitial processes such as pneumoconiosis but are not NIOSH certified B-readers. Further, they often have the ability to follow up with other procedures such as CT scans of the chest which are generally more sensitive and specific than are chest x-rays. I am afraid the wording of your document implies certain abilities of chest x-rays and B-readers that do not exist.
An individual involved in a law suit regarding a possible pneumoconiosis may wish to have an x-ray read by a B-reader or a group might decide to base case settlement on various factors (possibly including some kind of consensus reading by blinded or unblinded B-readers) but NIOSH should not imply that it is required or, if done as discussed in the section on CONTESTED PROCEEDINGS, will provide credibility to the diagnosis. I believe NIOSH should have no policy recommendations regarding CONTESTED PROCEEDINGS other than the preamble. However, if you chose not to remove it, I would request that you state in this section some of the issues I brought up and that the suggestions you are making are not appropriate in litigation as this would give too much credence to the radiograph and the ILO readings.