

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL
NATIONAL INSTITUTE FOR OCCUPATIONAL
SAFETY AND HEALTH

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ADVISORY BOARD ON RADIATION AND
WORKER HEALTH

+ + + + +

WORK GROUP ON WORKER OUTREACH

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FRIDAY
MARCH 19, 2010

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The Work Group convened in the Zurich Room of the Cincinnati Airport Marriot, 2395 Progress Drive, Hebron, Kentucky, at 10:00 a.m., Michael H. Gibson, Chairman, presiding.

PRESENT:

MICHAEL H. GIBSON, Chairman
JOSIE BEACH, Member
JAMES MELIUS, Member *
WANDA MUNN, Member *
PHILLIP SCHOFIELD, Member

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ALSO PRESENT:

TED KATZ, Designated Federal Official
NANCY ADAMS, NIOSH Contractor *
TERRIE BARRIE, ANWAG *
ANTOINETTE BONSIGNORE, Petitioner *
DENISE BROCK, OCAS *
KATHLEEN BURNS, ANWAG *
GRADY CALHOUN, OCAS
MARIAH CERILLO, DOE *
RUBEN CRUZ, CDC *
JOHN DUTKO, Petitioner *
MARY ELLIOTT, OCAS Contractor
JOE FITZGERALD, SC&A
EMILY HOWELL, HHS *
J.J. JOHNSON, OCAS
MARK LEWIS, NIOSH Contractor
JENNY LIN, HHS
ARJUN MAKHIJANI, SC&A
JOHN MAURO, SC&A *
VERNON McDOUGALL, ATL
KATHRYN ROBERTSON-DeMERS, SC&A *
FAYE VLIEGER, Cold War Patriots *
LEW WADE, OCAS *
BOB WARREN, for Petitioner [identifying
information redacted] *
ABE ZEITOUN, SC&A *

*Participating via telephone

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

2 10:00 a.m.

3 MR. KATZ: Good morning, everyone
4 on the line. This is the Advisory Board on
5 Radiation and Worker Health. Ted Katz, I'm
6 the Designed Federal Official. This is the
7 Worker Outreach Work Group and we're ready to
8 get started and we'll begin with roll call.

9 Board members in the room.

10 CHAIRMAN GIBSON: Mike Gibson,
11 Chair of the Work Group.

12 MEMBER BEACH: Josie Beach,
13 member.

14 MR. KATZ: Phil?

15 MEMBER SCHOFIELD: Phil Schofield,
16 member.

17 MR. KATZ: And on the line, Board
18 members?

19 MEMBER MUNN: Wanda Munn, member.

20 And you're all in luck today. My computer
21 system is down and I don't have a
22 speakerphone.

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1 MR. KATZ: You're crippled.
2 Fortunately, I think that we don't have a lot
3 that we need to do on-line, at least, for this
4 Work Group meeting.

5 MEMBER MELIUS: Jim Melius,
6 Chairman of the Board but not a member of the
7 Work Group.

8 MR. KATZ: Welcome, Jim.

9 Okay. And NIOSH ORAU ATL team in
10 the room.

11 MR. McDOUGALL: Vern McDougall,
12 ATL.

13 MR. KATZ: And on the line, NIOSH
14 and contractors? Okay.

15 MS. ADAMS: Nancy Adams, NIOSH
16 contractor.

17 MR. KATZ: Okay. And then SC&A in
18 the room?

19 MR. FITZGERALD: Joe Fitzgerald.

20 DR. MAKHIJANI: Arjun Makhijani.

21 MR. KATZ: And SC&A on the line?

22 DR. MAURO: John Mauro. Good

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1 morning, everyone.

2 MR. KATZ: Good morning, John.

3 MS. ROBERTSON-DeMERS: Kathy
4 Robertson-DeMers.

5 MR. KATZ: Good morning, Kathy.

6 DR. ZEITOUN: Abe Zeitoun.

7 MR. KATZ: Good morning, Abe.

8 DR. ZEITOUN: Good morning.

9 MR. KATZ: Okay. And then HHS or
10 all other federal officials or contractors in
11 the room.

12 MS. LIN: Jenny Lin with HHS.

13 MR. KATZ: And on the line?

14 MS. HOWELL: Emily Howell, HHS.

15 MR. KATZ: Hi, Emily.

16 MS. CERILLO: Mariah Cerillo with
17 DOE.

18 MR. KATZ: I'm sorry, two people
19 spoke at the same time and it came over
20 garbled. DOE?

21 MS. CERILLO: Mariah Cerillo from
22 DOE is here.

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1 MR. KATZ: And someone else tried
2 to speak, too.

3 MR. CRUZ: Yes. Ruben Cruz, CDC.

4 MR. KATZ: Oh, hi, Ruben.

5 Any other federal employees?

6 (No response.)

7 Okay. And then members of the
8 public on the line?

9 MS. BARRIE: This is Terrie
10 Barrie, ANWAG.

11 MR. KATZ: Hi, Terrie.

12 MS. BARRIE: Good morning.

13 MR. WARREN: This is Bob Warren
14 for the Petitioner [identifying information
15 redacted].

16 MR. KATZ: Hi, Bob. Welcome.

17 Okay. That sounds like --

18 MS. VLIENER: Oh, I'm sorry. Cold
19 War Patriots, Faye Vliener.

20 MR. KATZ: Can you say your name
21 again, please?

22 MS. VLIENER: The name is Faye

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1 Vlieger.

2 MR. KATZ: Faye?

3 MS. VLIEGER: Yes.

4 MR. KATZ: Okay. Thank you.

5 Can you spell your last name so
6 we'll get it right?

7 MS. VLIEGER: Yes. V like
8 victory, L-I-E-G like George, E-R.

9 MR. KATZ: Okay. Great. We would
10 have not have gotten that right. Thank you
11 and welcome.

12 Okay. Mike, it's your agenda.

13 MEMBER GIBSON: Okay. I'd welcome
14 everyone in the room and on the line. We'll
15 go ahead and get started.

16 I trust everyone's got a copy of
17 the agenda. Probably going to be a pretty
18 full day, so we'll just go ahead and jump
19 right into it.

20 First we're going to have a little
21 bit of a review of SC&A's support contract to
22 the Advisory Board. There's a new contract

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1 manager for CDC to oversee SC&A's contract.
2 And we want to just get the new guy's view on
3 things, how it may have a potential impact on
4 how we use SC&A in this implementation plan.
5 So, Ted?

6 MR. KATZ: Jim wanted to kick off
7 this discussion. Jim Melius, Dr. Melius?

8 MEMBER MELIUS: Hi, everybody.

9 This is an issue that came up in
10 the course of our last Board meeting of really
11 sort of as an aside after we were having some
12 discussion of the implementation plan near the
13 end of the Board meeting out in Los Angeles.

14 As you may recall, the
15 implementation plan, I believe is what it was
16 called, that was presented was quite broad in
17 scope and the discussion was talking about
18 sort of how to prioritize that plan and sort
19 of what parts of it to put in place first and
20 which ones were things that people thought
21 were the highest priorities and so forth. And
22 we made some progress on that, but I think

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1 that's also some of the discussion that will
2 go on in the work group today.

3 But one of the issues that came up
4 after the meeting was just to keep in mind
5 that when we are tasking the Board's
6 contractor, SC&A, to do work for us, we have
7 to stay within the scope of that contract.
8 And the scope of that contract as we actually
9 approved it -- the Board approved it some
10 years ago -- I don't think it's changed
11 significantly, you know, focuses on two main
12 sort of technical tasks. One is the review of
13 individual dose reconstructions and the
14 documents associated with them and
15 information-gathering that's associated with
16 that. And secondly, with the SEC evaluations
17 of the review of those documents, and again,
18 the other technical documents and information-
19 gathering that's associated with the SEC
20 evaluations.

21 And those two tasks are also the
22 main charges in the legislation that are given

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1 to the Advisory Board. So the scope of our
2 technical contractor reflects what are the two
3 major tasks and charges given to the Advisory
4 Board.

5 So in thinking about what this
6 Work Group would be asking SC&A to do, I think
7 it's important that we sort of keep in mind
8 that the scope of the SC&A contract is focused
9 on dose reconstruction review and SEC
10 evaluation review. So in terms of looking at
11 outreach activities, I think we'd keep
12 focusing the SC&A effort on tasks in
13 information-gathering, the outreach
14 information-gathering that is related to dose
15 reconstructions and the review of SEC
16 evaluations.

17 So it is, you know, how is that
18 information gathered. How it is utilized,
19 which I think has been a major concern for the
20 Board and for the Work Group and the tasks
21 related to those activities would be
22 appropriate SC&A to be involved in.

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1 I think a more sort of
2 comprehensive look at the outreach program,
3 you know, what was done to explain the program
4 to the claimants and claimant representatives.

5 It is something that I guess I would
6 interpret it as not being part of SC&A's
7 activities. Now it is something that the Work
8 Group might want to look at at some point.
9 But the prioritization would be onto the
10 higher priorities, would be really the
11 outreach as it's related to what goes on with
12 dose reconstruction, what's gone on with SEC
13 evaluation.

14 So, I think the concern arose
15 because the implementation plan indicated at
16 least potentially a somewhat broader scope and
17 activities. They could at least be
18 interpreted as being outside of what the
19 contract would call for.

20 So, in implementing the contract
21 when tasking SC&A, they are NIOSH and the
22 Board working through NIOSH to do that

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1 tasking; we have to be tasking them with doing
2 things that are within the scope of the
3 contract and, obviously, within the scope of
4 what their expertise is and so forth, which is
5 of a technical nature.

6 So, I think in your deliberations
7 today, discussions today, if you can keep that
8 in mind for sort of how to go forward with
9 this group. I think there's plenty of work
10 that needs to be done that's within the scope
11 and I think areas that SC&A can assist the
12 Work Group in. But, again, just keeping in
13 mind what is within their contract to that.

14 If that's making sense, I don't
15 know if, Ted or Ruben, if you have anything to
16 add to that.

17 MR. KATZ: No. Thank you, Jim.
18 That makes a lot of sense. That's completely
19 sort of how I would look at it, too.

20 And I'd just put out that, though
21 there are some activities that SC&A wouldn't
22 be employed in, it certainly doesn't limit the

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1 Work Group in thinking about how its own
2 membership might be involved in some of those
3 other activities within the plan and even
4 drawing on other members of the Board, too,
5 because I don't -- you have to consider many
6 of your resources to your own membership for
7 trying to be able to evaluate the sort of
8 educational aspect of DCAS' Worker Outreach
9 enterprise.

10 Ruben, do you have anything you
11 would like to add?

12 MR. CRUZ: No. I think that
13 summarizes everything very succinctly, Ted. No
14 additional comments.

15 MEMBER MUNN: Jim, this is Wanda.

16 I certainly appreciate those
17 comments. It's been a concern of mine that we
18 are tending to drift a little bit outside the
19 scope of where we need to be in legal and
20 probably in ethical terms as well. For that
21 reason, I was very interested in the
22 suggestion where it's sort of inherent in the

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1 document, the White Paper, that SC&A submitted
2 to us as a first task for tracking examples.
3 And it occurred to me as I was looking at it
4 that perhaps the type of materials that they
5 were suggesting and that were included in that
6 document could be useful in the way that it
7 needs to be useful under the contract if we
8 parsed it in, perhaps, a slightly different
9 manner.

10 I don't know whether this is an
11 appropriate time to talk about that or whether
12 it would be best to wait until we get to that
13 part in the agenda.

14 But if we are meticulous in
15 recording the comments that are made in such a
16 way that they can be easily found in whatever
17 filing system we use, whether it's a database
18 or some other type of filing system, in such a
19 way that what I believe was the goal of the
20 Work Group, which is to make sure we don't
21 lose track of worker comments and their
22 applicability to the documents that are

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1 necessary. We segregate them in a markedly
2 different way than was suggested in that White
3 Paper. In my own mind, those comments need to
4 be segregated very clearly into information
5 items that may cut broadly across even, like,
6 perhaps across the entire complex or specific
7 items that relate distinctly to dose
8 reconstruction and whether or not that
9 information is incorporated in the dose
10 reconstructions that are affected by what that
11 comment might mean.

12 MR. KATZ: Wanda, I don't want to
13 snowball on that topic of the tracking because
14 I don't know whether Mike wants to start on
15 that agenda item yet. But you reminded me of
16 a couple of other things that I might mention
17 related to the first issue.

18 And one is that, for some of these
19 things, like even that tracking, I mean, keep
20 in mind that we also have an agency staff that
21 can help with certain things. And I'm
22 thinking about that as a possibility with

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1 respect to tracking once you know what kind of
2 tracking system you want. So that's another
3 option on the table.

4 The other thing I would just
5 mention, again going back to this issue of
6 sort of the educational aspects of OCAS'
7 program, is that, just to remind -- as
8 everybody here is well aware, I mean you're
9 going to have some discussion of it today, the
10 program evaluation on that, I think, term
11 customer service that Dr. Wade and Nancy Adams
12 and Denise Brock are going to be heading up
13 and largely doing is also an opportunity to
14 get answers and get evaluation on that issue
15 of how well DCAS is doing this education and
16 what kind of recommendations could be made to
17 improve that operation.

18 CHAIRMAN GIBSON: Okay. What I
19 thought we'd do is, before we get into trying
20 to parse out how we're going to track public
21 comments, let's maybe first go to the current
22 implementation plan and take a look at it and

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1 see if we think that there needs to be any
2 changes based on the information we just got
3 from Dr. Melius and Ted.

4 Does everyone have a copy of the
5 latest plan?

6 MEMBER SCHOFIELD: Do you have a
7 hard copy?

8 MEMBER BEACH: I do if you need
9 it.

10 MR. KATZ: Mike, I think there's
11 some uncertainty as to which might be the
12 latest plan.

13 CHAIRMAN GIBSON: Yes. Yes.

14 MR. KATZ: Because you sent out an
15 email and then you sent out a correction that
16 you weren't certain that you had the latest.

17 CHAIRMAN GIBSON: Right.

18 MR. KATZ: The version that I have
19 is a version that I distributed to the Board,
20 I think, back in December.

21 MEMBER BEACH: Yes. November 30th.

22 MR. KATZ: Yes. Okay. So that's

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1 the one that I've been thinking is the latest.

2 But then I couldn't recall when the meeting
3 was that you weren't able to attend, Mike,
4 whether we've made any other changes after
5 that. I don't think so.

6 MEMBER BEACH: We did a lot of
7 discussion on 4, but we never changed
8 anything.

9 MR. KATZ: Okay. So then that
10 November version is it.

11 MEMBER MUNN: So the one that I
12 have titled Draft Rev O, February 27 is not
13 what we're looking at it?

14 MEMBER BEACH: No.

15 MR. KATZ: No.

16 MEMBER MUNN: Okay.

17 DR. ZEITOUN: This is Abe Zeitoun.

18 Ted, I think the summary of the
19 implementation plan, the exact one is the one
20 that was presented to the Board in February.
21 That reflects all the elements of the
22 implementation plan. This is the last one.

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1 MR. KATZ: Right. You're exactly
2 right, Abe. It was distributed, actually,
3 well before that because at the Board meeting
4 you were talking about a PowerPoint
5 presentation, I think.

6 DR. ZEITOUN: Right. That
7 summarizes all the elements, I think, except a
8 little recommendation at the end which was
9 just one slide. But all the elements of the
10 implementation plan were there.

11 MEMBER MUNN: And if we have that
12 presentation on the worker outreach
13 implementation plan, Mike Gibson, Chair, if it
14 were the 2009 presentation, then that's the
15 one we're working from.

16 MR. KATZ: We're on the plan
17 itself, which we distributed in November,
18 Wanda.

19 MEMBER MUNN: Right. Okay.

20 MR. KATZ: You would have it at
21 least in an email from me, one to the whole
22 Board, another to the Work Group.

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1 MEMBER MUNN: Yes, I'll find it.

2 MS. ADAMS: Mike Gibson, this
3 Nancy Adams.

4 How does that differ from what
5 went out in Ted's email for this Work Group
6 meeting?

7 CHAIRMAN GIBSON: How does what
8 differ?

9 MR. KATZ: The version of the plan
10 that I -- I think I forwarded what Mike had
11 sent me. I may have forwarded what Mike had
12 sent me, Nancy.

13 CHAIRMAN GIBSON: Yes, you just
14 need to disregard that.

15 MR. KATZ: Yes. I just rely on
16 this.

17 CHAIRMAN GIBSON: Somehow, that
18 file on my computer showed up with a later
19 date than this.

20 MS. ADAMS: Since we kind of got
21 into this after your Work Group was already
22 well along, can somebody send to Denise, Lew

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1 and I a final version that you're working on
2 so that we can kind of know exactly where you
3 guys are starting from as of today?

4 CHAIRMAN GIBSON: Yes, we can do
5 that.

6 MS. ADAMS: Thank you so much.

7 CHAIRMAN GIBSON: Well, while I'm
8 doing that if the people in the room here just
9 want to go ahead and start looking at the
10 implementation plan and see if there's any
11 areas that we think we may need to --

12 MEMBER BEACH: Does anybody want a
13 hard copy?

14 MEMBER SCHOFIELD: Yes, I'll take
15 a hard copy. Joe, will you get me one?

16 MEMBER BEACH: The copy that Joe's
17 making, I'd actually lined out a sentence that
18 I thought needed to go. So it hasn't been
19 lined out; it's just my copy. So when you get
20 that --

21 MR. KATZ: In rough terms, Mike,
22 just to sort of use as a starting point while

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1 people are searching for their documents or
2 looking through it, I mean, Objectives 1, 2
3 and 3 are all largely about how NIOSH brings
4 enough information that would be used for site
5 profiles and dose reconstruction and petition
6 evaluations. So those are all operations that
7 are clearly within scope of evaluating the
8 quality of dose reconstructions and of
9 evaluating the quality of SEC petitions.

10 MEMBER BEACH: Four is the one
11 that --

12 MR. KATZ: Four is the one that is
13 educational in nature. So I think it's pretty
14 easy in general to cut it that way.

15 MEMBER BEACH: We shift 4 over to
16 Nancy and Denise and we hang on to 1, 2 and 3
17 and we're set, right? There's some good stuff
18 in 4.

19 MR. KATZ: There's good stuff in
20 it all, I think.

21 MEMBER BEACH: Yes.

22 MR. KATZ: There's a lot of do,

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1 but it all makes sense.

2 CHAIRMAN GIBSON: What's Lew's
3 email address? So Denise, Nancy, Lew and who
4 else?

5 MR. KATZ: That's it.

6 MEMBER BEACH: Wanda.

7 CHAIRMAN GIBSON: Wanda.

8 MEMBER BEACH: Just in case.

9 MR. KATZ: And if you don't have
10 Lew's there, just -- Nancy can forward it on
11 to Lew.

12 CHAIRMAN GIBSON: Okay.

13 MR. KATZ: Because I think Lew's
14 in a meeting right now.

15 Nancy can forward it on. You
16 don't even need to put it in.

17 MS. ADAMS: Yes, I'll be glad to
18 do it.

19 MR. KATZ: Nancy will send it on
20 to Lew.

21 CHAIRMAN GIBSON: All right.

22 MR. KATZ: I think he's booked

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1 until later this morning.

2 CHAIRMAN GIBSON: Okay. So all we
3 need to look at then, basically, is the
4 evaluation of criteria 4, is that --

5 MR. KATZ: Yes, Objective 4 is the
6 one that you would want to use other means to
7 address. Probably a good one to consider in
8 relation to Nancy and Denise and Lew's
9 operation.

10 CHAIRMAN GIBSON: So what were you
11 saying, Ted? I'm sorry.

12 MR. KATZ: Oh, I'm sorry. I was
13 just saying, so Objective 4 is probably a good
14 one. When you have the discussion with Lew
15 and Nancy and Denise it's a good one to keep
16 in mind the things that the Work Group are
17 interested in evaluating and how those might
18 mesh with what they're planning to do.
19 Because as they'll say later and I said in my
20 email, they're very interested in the Work
21 Group's input on how they go about their work
22 and what they cover. So they're happy to hear

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1 from you any suggestions.

2 CHAIRMAN GIBSON: So basically it
3 does look like that our implementation plan is
4 okay as far as related to the SC&A scope
5 issues and tasking for now, right?

6 MR. KATZ: Yes. It's just
7 Objective 4 would be dealt with by SC&A,
8 that's all.

9 CHAIRMAN GIBSON: Okay. And then
10 we can get into Evaluation 4 when Nancy and
11 Denise -- okay.

12 Is there any other discussion we
13 need on the SC&A support contract or anything
14 related to that? Okay.

15 We're a little bit ahead but, if
16 Nancy and Denise are ready, I know Denise told
17 me she had a little presentation to make
18 basically what her job entails and what it's
19 kind of morphed into. It sounds very
20 interesting.

21 And then, whatever Nancy wants to
22 provide and tell us about the program review

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1 so we can wait until later until Lew wants to
2 add to it or --

3 MR. KATZ: Denise, are you with us
4 already?

5 MS. BROCK: Yes, I'm here.

6 MR. KATZ: Oh, hi.

7 MS. BROCK: I had to get the mute
8 off.

9 MEMBER SCHOFIELD: Can we wait
10 until Joe is back -- he's getting copies -- so
11 he can be in on this?

12 MR. KATZ: Okay. So why don't we
13 -- we need to wait. Joe's out of the room.
14 Should we just take a three-minute breather?

15 CHAIRMAN GIBSON: Yes, okay.

16 MR. KATZ: Just a three-minute
17 break until Joe gets back.

18 (Whereupon, the above-entitled
19 matter went off the record at 10:27 a.m. and
20 resumed at 10:33 a.m.)

21 MR. KATZ: Okay. We had a short
22 break. We're reconvening. And Nancy is going

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1 to tell us a little bit about their evaluation
2 plans to get started.

3 MS. ADAMS: Good morning,
4 everyone.

5 MR. LEWIS: Good morning.

6 MS. ADAMS: Lew, Denise and I all
7 talked yesterday. And Lew sees -- and he'll
8 be much more eloquent at this discussion when
9 he comes on. Our piece right now is kind of
10 being structured in four or five kind of
11 buckets.

12 The spreadsheet that Ted submitted
13 yesterday that was from me; if you look at it,
14 it says Customer Service Issues, a kind of
15 timeline. The right side, it says Level Of
16 Importance. But that goes along with kind of
17 the first bucket of information that we want
18 to look at, and that's the data that is part
19 of the OCAS database. And it's a quantitative
20 look at primarily time frames: how long from
21 this to that. And that delineation of those
22 time topic areas is everything that's down the

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1 left side of this little two pages of
2 information.

3 And if we've missed anything
4 there, we certainly would welcome the Work
5 Group to add stuff to this.

6 The other piece of that is, given
7 these types of quantitative looks, what level
8 of importance does this piece of data have in
9 the minds of the work groups, and I tend to
10 share this with the leadership of the OCAS
11 team to it, the Strategic Planning meeting to
12 get everybody's input in this.

13 OCAS is well along the way in
14 developing a query to kind of pull this stuff
15 out of the database for us. So if there's
16 anything that we're missing here, now is the
17 time to let us know so that we can put those
18 items, if they're not already captured, into
19 the query for capturing them.

20 So the first piece of the overview
21 of customer service would really be, try to
22 capture a quantitative look at the program.

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1 Also as a second piece, want to
2 look at the databases that NIOSH created at
3 the beginning. And this is where I'm on a
4 major learning curve because I gather there
5 was one called TOPHAT. There was one called
6 WISPR and then there's now the Outreach
7 Tracking System and it's for us to take a look
8 at the content of those databases, as well.

9 And then the third bucket is
10 specifically your piece, the Work Group's
11 report and then any recommendations that the
12 Board would have as a result of the work that
13 you all have done.

14 The fourth is looking at
15 evaluating stuff that came into the docket.
16 As was talked about in the February meeting,
17 we've established a docket and its both
18 accessible for the NIOSH web page as well as
19 the OCAS web page for people to comment
20 officially by putting stuff in that docket.
21 And they can do it electronically or they can
22 do it by sending their information in the mail

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1 or by fax.

2 The last piece is kind of a
3 perspective piece of information. This is the
4 piece that's really kind of hard to get a
5 lasso around right now, and that's how we
6 perceive the program is working or not working
7 with regard to customers, and that's more of a
8 perspective, more of a subjective view. And
9 this one is kind of right now -- kind of
10 amorphous as to how we would look at or how we
11 would gather that data. I mean, certainly
12 Denise, from her daily contacts with claimants
13 and their representatives certainly has a good
14 grasp of a perspective of kind of how they
15 feel and what they feel is working versus what
16 isn't.

17 So in a very uneloquent fashion,
18 that's kind of what we see as the outreach
19 section of the ten-year review encompassing.

20 If I missed anything or if you all
21 want to give us some other information to
22 think about, the approach or whatever, we're

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1 certainly open to that information.

2 MEMBER MUNN: Nancy, this is
3 Wanda.

4 I think you've correctly
5 delineated the fact that the evaluations and
6 the assessments of whether things are working
7 or not turns out to be one of the thorniest
8 issues of all. And whether or not any of this
9 can be done in a truly quantitative manner or
10 not is very difficult for some of us to see.
11 It appears that there's no obvious way,
12 certainly in my mind, to place quantitative
13 values on the kinds of interactions that take
14 place in outreach activities.

15 MS. ADAMS: That's certainly
16 correct.

17 MEMBER MUNN: People who have
18 successful outcomes from their interactions
19 will obviously feel better about what's
20 transpiring than people who have been
21 unsuccessful in their actions. And it's
22 virtually impossible to get any evaluation and

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1 resolve people who are not vocal or involved
2 in commenting on what goes on. We have many,
3 many claimants who have nothing except routine
4 interactions. And for those people there may
5 be an entirely different set of expectations
6 and an entirely different set of evaluations
7 that would be possible if we wanted to go that
8 route, which is not feasible, I think, given
9 the size of the program.

10 But I have yet to hear or to come
11 up with myself a valid method for quantitative
12 evaluation of what we're doing.

13 MR. KATZ: Nancy, can I kind of
14 make a suggestion?

15 In terms of some of the substance
16 for your fifth sort of plank of your
17 evaluation, the perspectives piece, if you
18 have it now: the Work Group's implementation
19 plan, and you look at Objective 4. Objective
20 4: I think it puts a lot of meat on the bones
21 that you're talking about perspectives. But,
22 I mean, that's just my point of view. But I

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1 think there's a lot of opportunity there
2 between what the Work Group has laid out as
3 its interest and evaluation and your
4 perspectives piece.

5 MS. ADAMS: I'm looking at that
6 now.

7 CHAIRMAN GIBSON: I think they're
8 going to mesh together, but I still think we,
9 just as Wanda said, need to figure out how
10 we're going to --

11 MR. KATZ: Yes.

12 MS. BROCK: This is Denise.

13 Wanda is correct. Nancy, Lew and
14 I have talked about that and it is true, there
15 are folks who would be very happy with the
16 program as to their outcomes with
17 compensation. And then you have those folks
18 who are not happy because, for whatever
19 reason, that case has been denied. But there
20 is sort of a middle road there where, and I'll
21 go into that a little bit later, where folks
22 maybe are just waiting for some kind of answer

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1 or the dose reconstruction, or maybe they're
2 with -- an instance where someone, whether it
3 be Department of Labor or NIOSH dropped the
4 ball and a case had been denied and then maybe
5 later we were able to find that problem and
6 get that case compensated. And there's always
7 the issue of timeliness, too.

8 And when you're talking about a
9 group of folks that in this program are
10 typically elderly and maybe not all of those
11 folks use the internet and are able to go on
12 the docket, put something in electronically.
13 And Nancy and I have talked about that too,
14 you know, do we just randomly send forms out.

15 I mean, the issues that many of
16 you have talked about -- the paper as well.
17 So I mean it is kind of sticky thing. You're
18 trying to figure out how to get to all of
19 those folks or a good volume of folks,
20 different types of people. And that is the
21 issue that we've talked about.

22 MEMBER BEACH: Nancy, this is

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1 Josie.

2 I was interested in, I think the
3 third portion on the review of the TOPHAT
4 database, WISPR and the Tracking System. Can
5 you give me a little more information on what
6 your process is going to be on that topic?
7 Because we're interested in that portion as
8 well.

9 MS. ADAMS: For sure in the
10 future, it's -- that's the piece that we just
11 talked about yesterday, and I'm in the process
12 of trying to figure out how to get access to
13 that and whether or not some of the
14 information that was in one was totally
15 subsumed in the other. So, I am going to say
16 yes, but right now I'm pretty ignorant of this
17 whole --

18 MEMBER BEACH: Well, I do know
19 that WISPR was available. And I have looked
20 through WISPR. But when WISPR transferred
21 over to the new system, most of the
22 documentation within it was gone. So,

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1 hopefully, maybe you can resurrect all of that
2 data.

3 And TOPHAT, I know, goes back even
4 further, and I'm not sure. I know SC&A has
5 some TOPHAT.

6 But, I'll be interested in that
7 when you get that piece together.

8 MS. BROCK: I tried to access
9 WISPR yesterday and had that data problem with
10 it as well.

11 MEMBER BEACH: All right.

12 MS. BROCK: So I know Nancy and I
13 had talked about that problem to just get
14 access to that and wrap our mind around it.

15 MEMBER BEACH: Well then, once you
16 go to it, a lot of it is missing, so it'd be
17 nice to know where that data went.

18 MS. ROBERTSON-DeMERS: This is
19 Kathy Robertson-DeMers.

20 What is available for WISPR on the
21 O: drive are reports. There's about, for all
22 facilities, 15 pages of items that were

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1 extracted from WISPR. WISPR was actually a
2 much larger database originally and it tracked
3 comment-by-comment and how NIOSH responded to
4 each of those comments. And what you want is
5 to access the original database and not just
6 the reports that are available on the O: drive
7 right now. And there's a procedure out there
8 which describes the original database.

9 MS. ADAMS: Thanks, Kathy.

10 CHAIRMAN GIBSON: I would imagine
11 some requirement to keep that kind of data
12 couldn't have just been deleted, right?

13 MR. KATZ: I really don't know,
14 Mike. Well, what I recollect from Larry's
15 discussions of this in this Work Group were
16 that it had major functionality problems, that
17 database, which is why they I guess abandoned
18 the effort. It wasn't at all friendly,
19 searchable in proper ways. So that is what I
20 recall of his account.

21 As to where the data are that were
22 in WISPR, whether they reside somewhere, I

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1 don't know, but that should have a plain
2 answer.

3 CHAIRMAN GIBSON: Yes.

4 MR. KATZ: I don't think they're
5 with -- well, it's not 11:00 yet, they were
6 going to, I think, join us at 11:00. But
7 Grady Calhoun and J.J. Johnson were supposed
8 to join us and that's a good question to ask
9 them.

10 CHAIRMAN GIBSON: Yes. I've been
11 on a WISPR just a couple of times and it was
12 kind of hard to follow through, but it was
13 very complete, very accurate.

14 MR. KATZ: Yes. So when they come
15 on line, we can ask them are those data
16 available. Even if they can't be searched
17 like you would search a good database, I guess
18 the material can be printed or whatever and
19 someone can look through all that material.

20 CHAIRMAN GIBSON: Okay.

21 MEMBER MUNN: My memory of
22 discussions is similar to yours, Ted. My

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1 memory is, even though I've never even
2 attempted to access that database because the
3 facts that I have always said it was too
4 cumbersome to actually work with, but it
5 contained a great deal of material. I can't
6 imagine that the material was destroyed.
7 Certainly it was transferred to some other
8 format, some other spot. Whether it's still a
9 searchable spot is a different question.
10 Maybe we'll ask --

11 MR. KATZ: Right. I imagine
12 they'll know.

13 MEMBER SCHOFIELD: Yes. There
14 does seem to be a difference in if you were
15 able to see parts of it some time back to what
16 it is now. I mean, like parts of it has just
17 fell out somewhere. There was a big portion
18 of it missing.

19 MR. KATZ: Well, I mean it was
20 abandoned. I mean, I do recall that myself.

21 MEMBER SCHOFIELD: Yes, it was
22 abandoned.

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1 MR. KATZ: The new database is a
2 brand new effort with a different structure
3 and so on. And as I understand it, at least,
4 they didn't repopulate it with any information
5 from WISPR but began from day one with the new
6 database. But we'll find out. I mean, it
7 seems like it would be productive to get Grady
8 and J.J. to explain what's there.

9 MEMBER SCHOFIELD: Is there any
10 possibility that they actually printed out a
11 hard copy of the database?

12 MR. KATZ: When they join us --

13 MEMBER SCHOFIELD: Okay. I just
14 didn't know if you knew that answer or not.

15 MR. KATZ: I have no answers for
16 you. I'm in the same position you are. I've
17 only heard what's been said in the Work Group
18 meeting.

19 CHAIRMAN GIBSON: Okay. Nancy,
20 did you have anything else or --

21 MS. ADAMS: I do not. I mean, I
22 think this is a major undertaking and we're

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1 going to try to dig as much of this as we can
2 and perhaps in doing that, we'll uncover some
3 information that you're interested in. So --

4 CHAIRMAN GIBSON: Okay.

5 MR. KATZ: Did you want Denise?

6 CHAIRMAN GIBSON: Yes. Denise, are
7 you ready to tell us a little bit more about
8 your activities?

9 MS. BROCK: Sure, I'm ready.

10 I did get an opportunity to review
11 what you had just sent me, Mike. I think it's
12 just slightly different than the one we had
13 received earlier. I think when I had sent you
14 an outline, it was referencing maybe four
15 types of meetings that NIOSH typically hosts
16 or has. And I thought to add possibly a fifth
17 one to that, but it looks like your objectives
18 maybe are listed a little bit different.

19 I just wanted to state that most
20 recently through my new contract I've been
21 able to get some additional money to reimburse
22 folks for their travel to come to workshop or

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1 outreach meetings. And that's very exciting
2 for me because what I've noticed from doing
3 this since 2006 is that although the task that
4 I was originally given still exists, my
5 position has really expanded, if you will,
6 into some other areas which I find very
7 rewarding.

8 And, Mike, I don't know if you had
9 forwarded on what I had sent you to Phil or
10 Josie or Wanda, but I can kind of go over a
11 little bit.

12 Originally, you know I was tasked
13 with a few things. One would be working with
14 Laurie Breyer in the SEC outreach areas. And
15 several different issues like that. But what
16 I've found in this is that daily I receive --
17 I can't even tell you how many calls in a day
18 I get, just huge amounts, and typically these
19 calls are from claimants who for whatever
20 reason have been denied and ask me to take a
21 look at their case. And when I do that, it's
22 wonderful because I'm able to actually bring

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1 that entire case file up in NOCTS. And by
2 doing so, I'm able to actually go into their
3 DOL initial case files.

4 Recently within the past few
5 months I've actually, what I say, appealed
6 over 20 cases and actually have won, or got
7 all of those compensated. And that's very
8 exciting for me because what I notice is that
9 more often than not somewhere a ball gets
10 dropped, if that makes sense.

11 You know, when your claim
12 originates, it goes through the Resource
13 Center, which I think the Resource Centers are
14 wonderful. It goes through the Resource
15 Center, it then goes to the Department of
16 Labor.

17 And, for example, I just had one
18 just yesterday and the day before. Anyway, a
19 gentleman had called me. His father worked at
20 several approved SEC sites, but for whatever
21 reason, when that case went to the Department
22 of Labor, I believe, in 2002, it appeared for

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1 his employment that it was just notated that
2 he was with Oak Ridge Compound Security Force.

3 And it was sort of just left like that. And
4 it was sent to us as a dose reconstruction
5 because it looked like, you know, during the
6 250 days there was no specific site.

7 Well since that time the
8 Department of Labor office actually sent us
9 additional information. This gentleman had
10 employment at Y-12, K-25 and then he had,
11 well, well over the 250 days. But Labor tells
12 NIOSH to go ahead and do the dose
13 reconstruction. Well, we do it and it's not
14 up to 50 percent.

15 Well, as soon as I pull it up I
16 start looking at it and I'm thinking well,
17 what's the problem here? The guy's got over
18 250 days, he's got one of the 22 cancers. And
19 so I pass it over to the Department of Labor,
20 who is great, they work well with me. And
21 we're having to FedEx the employment that they
22 had already sent to us and somehow its been

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1 misplaced or lost. We're now sending that
2 back to Labor to get this case compensated.

3

4 Well my point here is that this
5 happens a lot. So somewhere along the line,
6 and you hate to be pointing blame, but
7 somebody should have caught that at the Labor
8 end. But if Labor didn't catch it, when we
9 pull it up instead of dose-reconstructing it,
10 when we look at that you can look at for face
11 value and say, hey, there's something wrong
12 with this.

13 Now I'm glad I got it, but there
14 are numerous cases I get like that where
15 there's either a secondary cancer at an
16 approved SEC site where maybe somebody has
17 prostate or skin, and it was for the bone, and
18 I put it back in. Or maybe we have one that
19 doesn't even say bone, or it may use a
20 different type of medical terminology, if you
21 will, that may be inappropriately correct and
22 it's one of the presumptives.

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1 These are all issues that come to
2 me and are very exciting for me because those
3 are cases that have been denied and then when
4 I put those back in -- and Department of Labor
5 works very well with me. I've been very
6 blessed. I put those back in and it takes a
7 little bit, but ultimately that case is
8 compensated.

9 And so this leads me to the other
10 comment about these meetings that I like to
11 hold. What I find, in fact, there are many,
12 many more applicants now and applicant's
13 representatives in this program than what we
14 had originally seen. The program has
15 definitely moved forward. There's also sorts
16 of interest in it. And so there you have
17 these advocates. But I always say, no matter
18 how well intentioned, many times we have some
19 of those folks that are just ill-equipped to
20 assist the claimants and that is because the
21 application is not there.

22 So what I like to do, and what I'm

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1 planning to do again very recently within
2 maybe April or May, is host another meeting.
3 And I'd like to have the entire program, D and
4 E, critiqued for folks. Because although
5 NIOSH handles the cancer claims, there's still
6 other issues.

7 If you look at somebody's case and
8 no matter what you do they're not going to
9 come up with that 50 percent, I dissect that
10 case. I rip that thing apart. I look for
11 common area issues. Could it be if I can't
12 get them to pay for pancreatic cancer, did
13 they have something that looks like pre-1993
14 CBD? Did they have pulmonary effusions or
15 granulomas? I inquire about any sort of
16 additional primary cancers. Many times,
17 people aren't even aware about skin cancers.
18 Well do you have any other cancers? No. What
19 about skin? Oh, sure. I had four on my
20 forehead and one on my arm, but I thought that
21 was from the sun.

22 If you dig deep enough, you can

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1 many times find other ways to put this case
2 back in and get them compensated. And it
3 works with E, as well.

4 The Department of Labor Ombudsman
5 office, I work very closely with them.
6 Theresa, Lew Wade and I had found a case.
7 Quite some time ago a lady came to me and her
8 husband worked at a site. It just was not
9 going to come up to 50 percent. But what she
10 did was sent me this huge box of medical
11 records, thousands of pages. I worked through
12 that piece by piece. And what did I find?
13 But the gentleman had had a liver transplant
14 and the pathology report came back and his
15 liver was completely saturated with plutonium.

16 Theresa and I put that back in and
17 that lady, although she didn't come up under
18 B, we got her under E and she got the full
19 \$250,000.

20 So my thought is this, is that
21 when I have these meetings I like to, myself,
22 do a presentation on what you can do to assist

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1 the claimant. And I actually take them step
2 by step and give them scenarios.

3 If a person comes to you with this
4 problem and they worked this site for this
5 many years and they have this type of cancer,
6 how can you help them? What is the first
7 thing you would look for? What would you ask?
8 If it's a recommended decision, what would you
9 request? If it's a final decision, how do you
10 -- and I'd walk them step-by-step.

11 And I think it's tremendous to
12 have the Department of Labor Ombudsman's
13 office there to talk about Subpart B and the
14 impairment rating. Many people don't
15 understand impairment rating and how that
16 works.

17 Department of Energy is wonderful
18 because we have the free medical screening and
19 now we have folks like Mariah who is wonderful
20 to come in and speak about getting these
21 workers the free medical screening that they
22 deserve.

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1 And I think if we work together as
2 a group, as a program, as a whole, not just
3 where NIOSH has D and Labor has E or --- you
4 know, if we all learned the checks and
5 balances and work with one another, I think it
6 behooves the claimant population.

7 And so I would love for the Work
8 Group to come and sit in on one of the
9 meetings. I'm going to extend that invitation
10 as well, like I said, to Mariah and the
11 Department of Energy and CPWR, which is for
12 the building and construction trades and
13 Department of Labor. I even want somebody
14 from Department of Labor because many times
15 when I get calls -- I've done it several times
16 this week -- I will ask a claimant if they
17 have a computer. I teach them how to go into
18 their computer and look into the Department of
19 Labor website Site Exposure Matrix. Because
20 if you have somebody who has colorectal
21 cancer, we couldn't get them comped under B,
22 but what we were able to do was get him comped

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1 under E for asbestos exposure for colorectal
2 cancer. And many people wouldn't know that.
3 But you can go into the Site Exposure Matrix
4 and find a way to assist that claimant. And I
5 think it's a wonderful thing to be able to
6 advocate your advocates in your outreach
7 representatives.

8 And so if you had any questions,
9 I'd be more than happy to answer those.

10 CHAIRMAN GIBSON: Does anyone have
11 any questions or comments for Denise?

12 I think this sounds really
13 interesting and I, for one, and hopefully the
14 rest of the Work Group maybe, want to try to
15 attend this meeting that you have. You've
16 made it clear, at least to me, that there's
17 areas, and it may inadvertent, but there's
18 areas where the customers isn't being served
19 as well as they could. And maybe it's simply
20 because there's just a few additional steps
21 that perhaps Labor and/or NIOSH to look into
22 to see if they can't catch these problems that

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1 you've identified here today.

2 MS. BROCK: Well, thanks, Mike.

3 And I think sometimes it's just
4 sensitive. I know, you know if folks are
5 uncomfortable contacting Labor, I never have a
6 problem. I work with them on a daily basis.
7 Actually, the Department of Labor,
8 Jacksonville office, the Deputy Director and
9 the Director just recently within this past
10 week had assigned a new position for one of
11 the office staff. And they actually call him
12 their NIOSH Ombudsman Liaison. And they've
13 made it to where he will call me at least once
14 a month. We will discuss policy changes,
15 Bulletins, any cases or claims that I might
16 have that I haven't called about through the
17 week. And that really keeps a line of
18 communication open.

19 Recently I had, I think -- I can't
20 remember, there were several cases where I had
21 folks who were at approved SEC sites, but they
22 had laryngeal cancers. So for the longest

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1 time I've been working with Labor telling
2 them, look, this is really anatomically the
3 same thing as the pharynx, a lot of times you
4 go with the epiglottis or there's different
5 areas of that larynx that were involved that I
6 thought should be considered pharynx. And
7 since that time we've actually had a new
8 Bulletin called 10-08, or Labor has, that's
9 went out. And all of those cases that I
10 brought to them are now being paid that were
11 previously denied. And if we get that word
12 out to folks, my gosh, what a difference that
13 could make in somebody's life, you know.
14 They've been denied and now because of this
15 new Bulletin we can put that back in and it
16 compensates that worker or that family.

17 So I would love for anybody to
18 come and sit in. And I would take any sort of
19 thoughts that you may have how I can improve
20 on my end to do something better to
21 accommodate the claimant and advocate
22 community.

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1 MEMBER SCHOFIELD: Denise, this is
2 Phil. I got a couple of questions for you
3 here on this.

4 MS. BROCK: Sure.

5 MEMBER SCHOFIELD: It sounds like
6 most of these are almost on a one-to-one basis
7 when you're meeting with these people either
8 in person or via phone, or whatever.

9 MS. BROCK: Yes.

10 MEMBER SCHOFIELD: Do you actually
11 go out to hold workshops, you might say with
12 the building trades or various groups and tell
13 them, show them the steps they could take to
14 appeal some of these cases that have been
15 denied or where they come in like 45 or 46
16 percent, how to break down their particular
17 case so they can appeal it? I mean, do you
18 actually hold workshops on that particular
19 subject or not?

20 MS. BROCK: I do. I do. And like,
21 I was just actually doing that. You know,
22 I've been working where I'll go in, like ATL

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1 will have meetings. I think they're having
2 one in April. And I'll go in and I'll discuss
3 that. I'd like to discuss it at length, but I
4 don't always do that. We were very rushed the
5 last time. But that's actually what I'm
6 planning on doing now that my contract just
7 went through. And I can actually go into
8 areas instead of people coming to me,
9 absolutely go to building and construction
10 trades and I actually have a PowerPoint
11 presentation that says what you can do to
12 assist the claimant. And it will actually
13 have them pull their cases apart.

14 And as crazy as it sounds, there's
15 actually certain medical terminology that you
16 could sit and look through, through medical
17 records to possibly appeal cases.

18 Sure, I love to educate folks on
19 different ways to pull these cases apart to
20 see if there's maybe not another way to put it
21 back in.

22 MEMBER SCHOFIELD: Do you give

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1 these workshops just locally or do you, say,
2 go up to Hanford or Idaho?

3 MS. BROCK: Everywhere. Sure.
4 I'd go absolutely anywhere to do that.

5 MR. KATZ: And what she was saying
6 earlier is that she now has resources in her
7 contract to be able to bring people to her
8 too. So that folks that wouldn't otherwise
9 have the resources to come and attend, could
10 all come to one place and attend an advocacy -
11 -

12 MEMBER SCHOFIELD: Yes. Well, I
13 was just thinking we've had a number of
14 meetings and we've had, you know, Worker
15 Outreach meetings at different facilities,
16 educational type meetings. But that's kind of
17 the early stage how to file an SEC, you know
18 what kind of paperwork you should be looking
19 at. But then it seems like to me, then the
20 ball gets dropped. Once the person's case is
21 filed and some of these people are denied, do
22 we really give them the materials and the

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1 education they need so they can appeal the
2 denial, and how do they go about appealing it?

3 And this is what I'm working out.

4 MS. BROCK: Yes. I think we don't
5 do that. And it's such a really sticky wicket
6 or whatever you would call it. Because many
7 times you're talking about, again, elderly
8 people or just anybody gets a letter and it
9 says, you know, of course they get their Dose
10 Reconstruction Report but ultimately Labor is
11 the one that makes that decision. And Labor
12 sends a letter of the recommended decision to
13 deny. And then they'll get a final decision
14 to deny. But a lot of times people think that
15 that's the end of it. And what I explain to
16 them it is absolutely not the end. You know,
17 upon a recommended decision you have like 60
18 days and you can request a reconsideration.
19 And, obviously, you have to have a basis for
20 that. But even if it goes past that in the
21 cases that you get a final denial, I can
22 always request a reopening of that case and I

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1 have to have a basis.

2 And I'll look at it, or I even
3 write it for them, or I teach folks how to do
4 it. And a lot of times for just a claimant,
5 typically I would do that. But when you have
6 situations where you have like advocates like
7 ANWAG -- or shoot, there's all sorts of folks
8 out there doing it just one-on-one. There's
9 even several attorneys that do this. And they
10 do this not as litigation, but they actually
11 take it on as an advocate for these folks.
12 And they take just their 2 percent.

13 It's good to educate them because
14 if they don't understand the program as a
15 whole or how to go about appealing the -- or
16 like I said, they're ill-equipped, and it's
17 not so much that time has passed and that they
18 can't -- you can always reopen it. But the
19 issue is, is if you have somebody that expires
20 or passes away, and they had a completely
21 compensable case, that's where it's bad. The
22 more education we get out there to these

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1 folks, the better it serves them.

2 DR. MAURO: Denise, this is John
3 Mauro.

4 I had a thought that I'd like to
5 just throw on the table. And you had
6 described and I know many people reach out to
7 you and you follow-up. And on a number of
8 occasions you've actually found reason for
9 reversal or for compensation. But this sounds
10 to me -- it occurred because people reached
11 out to you. The very fact that you would
12 uncover a number of places where some errors
13 were made or some information wasn't made
14 available so that an appropriate decision
15 could be made, leads me to think that it's
16 important to know how pervasive that is. That
17 is, are these very, very rare occurrences out
18 of the thousands of cases that are
19 adjudicated. You know, the prevalence of
20 this.

21 That is of some concern to your
22 ten-year review.

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1 MS. BROCK: Yes.

2 DR. MAURO: It seems to me that
3 some type of quantification of how extensive
4 that might be, you know understanding that
5 it's widespread or it's minimal, it might be
6 needed. And this goes to the other side,
7 other than the education process and the
8 discussions you were describing, but
9 understanding whether or not this is a serious
10 problem or not, or how serious it is, that
11 could only be done by somehow randomly
12 sampling the cases and seeing out of an
13 appropriate sample how many do we actually
14 find. Is it one in a thousand? Is it one in
15 a hundred?

16 And it seems to me that that is
17 one of the fundamental pieces of information
18 that may very well enrich your program in
19 understanding how serious a problem it is.
20 Without having that, you really don't have a
21 lot to stand on in terms of how aggressive you
22 need to go to correct a problem.

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1 MS. BROCK: I agree. And in my
2 mind, I mean it's probably a weird one to ask,
3 but to me it's a terrible problem even if I
4 find one. Although I'm happy that I catch it,
5 sometimes it aggravates me because, as I said,
6 maybe that person has expired or passed away.

7 And let me say again that there's a couple of
8 different issues there.

9 One would be the issue of
10 something that when you look at it at face
11 value; so I'm saying if you've got an approved
12 SEC site and somebody has one of the 22
13 cancers and they have the 250 days and for
14 whatever reason that ended up over in our
15 court and we dose it, to me -- and this is
16 just me and I'm maybe speaking out of turn --
17 but somebody at Labor should have caught that.

18 And if they didn't, somebody over here should
19 have caught it. I'm glad I got it so that we
20 could put it back in, but that's pretty much
21 at face value. And there are some of those.

22 But there's other issues besides

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1 something that's really easily you know when
2 you pull it up and look at it at face value
3 you're like what's this? This shouldn't have
4 even come to us. But there's other ones where
5 nothing was really done incorrectly. Labor
6 did their job, you know, they sent it to us.
7 We dosed it. It may not even be an SEC case,
8 it may just be a regular case. We dosed it,
9 it's not going to come up to 50 percent. And
10 then really everybody's done their job.

11 To go a little bit further.
12 Because to be real honest with you, my goal is
13 to get that worker or that claimant
14 compensated. And so I will take a worker's,
15 that entire case file meaning all the medical
16 records, I'll read their X-rays, I'll read
17 their pulmonary function report, you know any
18 of their labs. I look through everything.
19 Because if I can find a way, I can't comp them
20 under B through either a cancer or a chronic
21 beryllium disease, then I start running the
22 gamut with all diseases because under E it's

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1 any illness that could have been caused by,
2 aggravated by or contributed to by toxic
3 exposure. And that's when I start digging
4 around through medical books. I mean, maybe I
5 go a little bit too far, but it seems to work.

6 Because more often than not there's usually
7 something in there that I can work with.

8 And so is it really a pervasive
9 problem or something like that? I don't know.

10 I mean, you know I definitely when you get
11 something that is face value, you know you're
12 looking at something and it says something and
13 somebody just didn't know that meant bone or
14 they weren't aware of that Bulletin, that to
15 me is a problem. I think they need to be aware
16 of their own Bulletins. But, was there a
17 secondary cancer? Well, not everybody asks
18 that; I do just because I know that that is a
19 piece of that legislation and I know that
20 that's enough to comp that case.

21 But I track those, and I try to.
22 I think I have been lately trying to track and

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1 notate some of these cases just because I feel
2 like it has been a problem.

3 I mean, I would be happy. I mean,
4 maybe that's something Nancy and I can talk
5 about or add that to our list, Nancy, whatever
6 you think. It's something else we need to
7 look at, you know, as far as an issue.

8 MEMBER MUNN: And this is Wanda.

9 I have to sound a warning note
10 here. My warning note has to do with the
11 difference in Denise's approach and indeed her
12 charter, whether it is her contracted charter
13 or whether it's her personal charter.

14 One needs to bear in mind that her
15 purpose and her desire is different than our
16 responsibility as a Work Group and our
17 responsibility as a Board.

18 Our responsibility is not to see,
19 as our organized labor folks see, that every
20 person who can possibly be compensated is
21 compensated. Our responsibility is to see
22 that anyone who was harmed by their work in

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1 this defense complex is appropriately
2 compensated. And we should not go outside of
3 the regulation realm in doing so.

4 Denise may do so, as I understand
5 it, because of her charter. This Board should
6 not do so. Our responsibility has to do with
7 compensation of individuals whose radiation
8 exposure, specifically their radiation
9 exposure, was the cause of harm that we can
10 identify in dose reconstruction.

11 So when we start talking about
12 quantifying how many denied claims can be
13 compensated in some other way, we need to
14 always bear in mind what our basic charter is
15 as an Advisory Board on Radiation and Worker
16 Health is and it is different that her charter
17 is.

18 MS. BROCK: Oh, I agree, Wanda.

19 MEMBER SCHOFIELD: Okay. I've got
20 another question here for you, Denise.

21 MS. BROCK: Yes.

22 MEMBER SCHOFIELD: This actually

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1 pertains to worker outreach. And I know
2 typically we target the workers, the
3 advocates, the claimant. But one of the big
4 weaknesses is a lot of the physicians,
5 particular for people who don't live near one
6 of the Resource Centers, they're not used to
7 dealing with all the different codes they need
8 to know, all the different nuances. As part
9 of the worker outreach are you putting
10 together, you, I mean collective as OCAS or
11 anybody, DOL, putting together a package or
12 informative paper that a person could take to
13 their physician that say these are the kinds
14 of codes they need, this is what kind of
15 information. It's a real gambit, because
16 mostly doctors don't do this on a daily basis.
17 And a lot of them aren't even used to dealing
18 with this kind of stuff. And an incorrect
19 code can make a difference between someone
20 being compensated and someone not being
21 compensated, as you pointed out.

22 MS. BROCK: Yes.

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1 MEMBER SCHOFIELD: Is there
2 anything for people that has been put together
3 in an outreach program that they can take with
4 them when they go talk to their personal
5 physician?

6 MS. BROCK: Sometimes actually,
7 Phil, I actually will write a letter or I've
8 even talked with physicians over the phone.

9 Department of Labor actually --
10 and a lot of the time you're talking about
11 ICD-9 diagnostic codes. I had one recently
12 that we had changed just due to an autopsy
13 report that wasn't consistent with the ICD-9
14 code that the Department of Labor used and so
15 they actually switched it. But there, when
16 you talk about like impairment ratings or
17 Subpart E, I don't know if that's what you're
18 referring to, but there is specific language
19 that one would use and we can always send back
20 to them -- I work with the Department of Labor
21 in sending that sort of information to the
22 claimant so they can take that in to their

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1 doctor. Many times we'll give them the actual
2 list of toxins. I mailed one off the other
3 day, it had 680 toxins from a specific site
4 and then the occupational illness that is
5 related to that. And they can take that in to
6 their physician.

7 But the way the program works is,
8 you know the Department of Labor has what we
9 call DMCs or District Medical Consultants.
10 And even a person, his own physician, if
11 they're going to do an impairment rating, they
12 has to be AMA-certified in the fifth edition.

13 So those are sometimes hard to find.

14 But the Department of Labor does
15 work, assists with that because they have
16 their own reports. They have a list of
17 different physicians that are enrolled in the
18 program in certain areas, and they actually
19 can give that list to the claimant. And those
20 physicians are typically aware of the coding
21 issue and things of that nature.

22 MS. CERILLO: This is Mariah from

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1 DOE.

2 And we've actually been working
3 with our PIs in our former worker programs on
4 some of that type of specific language. So
5 I'd be more than willing to share that with
6 Denise if she doesn't already have it.

7 And in a meeting earlier this week
8 we also had some of our local ground team
9 coordinators -- some of our former worker
10 program projects actually have a local ground
11 team. And they've been putting together a
12 list of physicians in their areas. Because it
13 is difficult to find physicians that will do
14 impairment ratings or have experience in that.

15 So one of the things that they're working on
16 is putting together a list of physicians in
17 various areas. So, you know, we'll be more
18 than willing to share that as well.

19 MS. BROCK: Thank you, Mariah. I
20 think that would be great.

21 CHAIRMAN GIBSON: Okay. Is there
22 any other questions or comments, or --

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1 DR. BURNS: My name is Dr.
2 Kathleen Burns. I'm a scientist who is
3 working with ANWAG and some other groups on
4 this issue.

5 And I just wanted to comment on
6 the last statement that was made. But I also
7 want to thank you for holding this meeting. It
8 is helpful.

9 With respect to physicians who are
10 willing to provide information to help support
11 the claims or discuss this with their
12 patients, one of the critical issues has been
13 how this is approached and what is allowed to
14 be considered under both as a chemical and the
15 radiation exposure situations, and many people
16 of course have both. And there are very
17 substantial concerns about that which I think
18 were brought up in previous meetings. Those
19 concerns do lead some of the physicians to be
20 unwilling to work with this system because of
21 the illogic of the way it's set up.

22 So, for example, some of the

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1 blood-related cancers, hematopoietic cancers
2 that are accepted as being the result of
3 radiation exposure or chemical exposure are
4 listed, but the precursor conditions, and we
5 know these are direct precursors of the final
6 cancer diagnoses. So aplastic anemia with
7 leukemia, for example, are not accepted. And
8 these kinds of problems are fairly pervasive
9 as well as really serious problems with not
10 including many of the diseases, you know of
11 chemicals and that relationship that we've
12 known has existed for decades and decades.

13 And as a toxicologist who has
14 worked for multiple federal agencies, you know
15 like I absolutely knew, this is in the federal
16 documents.

17 So I just want to comment that in
18 order to really have physicians that are
19 comfortable dealing with this system, there
20 needs to be modern science as a part of it,
21 modern medicine. And I just think it's
22 important to point that out because we want as

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1 many physicians to work with this as there are
2 patients who need them. And right now, you
3 know the comments that I've heard from
4 multiple physicians who are very good,
5 dedicated people, is that they're extremely
6 frustrated by some of the scientific or
7 medical constraints within the system.

8 CHAIRMAN GIBSON: Okay. Thank
9 you.

10 I know that at least some of the
11 Board completely shares your concerns. And I
12 know there's a lot of other advocates and
13 claimants that share your concerns.
14 Unfortunately, those issues have to be
15 probably dealt with by some kind of change in
16 the legislation by Congress. I don't know
17 that there's anything that the individual
18 groups can do.

19 DR. BURNS: Well, the legislation
20 doesn't preclude using reliable science. In
21 fact, it emphasizes using that. I think that
22 it may not be so much the group that -- you

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1 know there are multiple people who are on the
2 phone now. It sounds like you're all working
3 extremely hard to do a good job. But the
4 constraints are not written into the
5 legislation, as I understand it. And I have
6 looked at that and some of the attorneys who
7 are working with the EEOICPA potential
8 claimants on this have talked to us about what
9 is and isn't possible.

10 So the decisions within agencies
11 regarding how they're going to say this
12 disease or this chemical, or this dose of
13 radiation, whatever will be viewed, those
14 aren't specified by Congress.

15 CHAIRMAN GIBSON: Okay. Thank
16 you.

17 Any other questions or comments?
18 Okay.

19 MR. KATZ: Grady has joined us, I
20 just would note. Grady Calhoun and right on
21 time. And J.J. Johnson.

22 We probably also should check in

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1 to see whether Dr. Wade has joined us. Dr.
2 Wade, are you with us on the phone yet? No.

3 MS. ADAMS: He should be shortly,
4 Ted.

5 MR. KATZ: Okay. But I think the
6 Work Group had some questions for Grady and
7 company about the availability of information
8 from the old WISPR database, for one.

9 CHAIRMAN GIBSON: Some of what the
10 Work Group has wanted to look into for
11 completeness, and I think it kind of rolls
12 over with some of what Nancy and Denise are
13 doing with the review of the program. You all
14 currently use the Tracking System for worker
15 comments. But then there was the other two
16 databases, the WISPR and TOPHAT. Is that
17 information still available from those old
18 databases?

19 MR. JOHNSON: It's available.
20 It's not in the same format that it was
21 before.

22 MEMBER MUNN: A little bit closer

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1 if you can get there.

2 MR. KATZ: So, Wanda, could you
3 hear that?

4 MEMBER MUNN: It's better.

5 CHAIRMAN GIBSON: You say it's not
6 in the same format. How is it different or --

7 MR. JOHNSON: Because of the
8 programming format that they used, we don't
9 have that. And so it's in data form. It's
10 accessible out there. There's even on the HP
11 Tool page, people are there for it. But I'm
12 not certain that is accessible to that right
13 now. We'd have to go through our IT group in
14 order to get that information.

15 CHAIRMAN GIBSON: Okay. That's
16 probably something we'd be interested in if
17 you could do that for us and get back to us in
18 another meeting.

19 MR. JOHNSON: Okay.

20 MR. KATZ: So I guess the idea
21 would be, if it could be mounted, the
22 information on the O: drive.

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1 MR. JOHNSON: Yes, but I don't
2 know if it can be on the O: drive. I think
3 it'll be probably on the HP OCAS Tools.
4 Because that's where the toolbar is right now.

5 MEMBER BEACH: So will it have all
6 the comments, not what it has now which is
7 just the report.

8 MR. JOHNSON: You know, I don't
9 know. I'd have to talk to IT. It will not be
10 in the same format because we don't use that
11 type of language or format for the conversion.
12 We just have the data information on that.

13 MEMBER BEACH: Well, I guess
14 that's what I'm interested in, is the actual
15 data that was there before so that that isn't
16 lost, the comments.

17 MR. JOHNSON: We have that. We
18 have that.

19 MEMBER BEACH: And then a path to
20 get it. An email with a path of how to get to
21 those comments if it's available.

22 MR. JOHNSON: And do you have

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1 access to the HP Tool page?

2 MEMBER BEACH: I don't know if we
3 do or not. I've never gone to the HP Tool
4 page. So that's why I was saying --

5 MR. JOHNSON: Have you ever gone
6 to our Outreach Tracking System?

7 MEMBER BEACH: Yes.

8 MR. JOHNSON: Well it's on the
9 same page.

10 MEMBER BEACH: Okay. So then it's
11 available.

12 MR. JOHNSON: Well, let me just
13 say that the toolbar is there. If the
14 information is there, I don't know.

15 MS. BROCK: Okay.

16 MEMBER MUNN: But as we understand
17 it, the problem has been -- is that it's so
18 difficult to use, so difficult to track the
19 information, what you want to pull out, is
20 that not correct? Even if you get to it, it's
21 hard to find what you want, right?

22 MEMBER BEACH: Yes, Wanda. All

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1 the information is not available that used to
2 be there.

3 MEMBER MUNN: Right. Correct.

4 MR. JOHNSON: It's not in the same
5 format.

6 MEMBER BEACH: It's not.

7 MR. JOHNSON: The information is
8 there, it's not lost. It's --

9 MEMBER MUNN: The electronic
10 filing cabinet doesn't work well.

11 MR. JOHNSON: Because it came over
12 as a data dump.

13 MR. KATZ: Did you hear that,
14 Wanda? Because it came over as a data dump.

15 MEMBER MUNN: Ah.

16 MR. KATZ: That's the explanation.

17 MEMBER MUNN: Yes.

18 MR. KATZ: So it's not easy to
19 search or possible to search in a systematic
20 way, but the information is all there.

21 MEMBER MUNN: Which is what we're
22 trying to avoid in the future.

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1 MR. KATZ: Right. But at least if
2 you find when you actually get to devising the
3 implementation steps for the plan how to go
4 forward, you know that that's a data resource
5 that you can access. I mean, it may take more
6 work than a nice database in terms of getting
7 the information out and analyzing it.

8 MEMBER MUNN: Right.

9 MEMBER BEACH: And is that the
10 same with TOPHAT?

11 MR. JOHNSON: I have no idea what
12 the status of TOPHAT is. I don't know where
13 that data is or in what format it is based in.
14 I don't believe it was out there very long.
15 I'll have to check on that.

16 MS. ELLIOTT: I believe it was
17 less than a few months.

18 Mary Elliott, ATL.

19 CHAIRMAN GIBSON: Is there any
20 questions or comments regarding the databases
21 or anything until the group can get back with
22 us at a future meeting?

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1 MEMBER MUNN: I would just reflect
2 the information that I think I just heard with
3 respect to how to find it, be sent to the
4 members of the Work Group by email, in the
5 vain hope that I may have email again someday.

6 MR. KATZ: So that's an action
7 item is instructions on how to get there on
8 the internet.

9 MEMBER MUNN: Yes, it would be
10 how-to.

11 CHAIRMAN GIBSON: Okay. Is there
12 anything else we need to do on the overview of
13 CDC's EEOICPA review at this point?

14 DR. WADE: This is Lew Wade, I've
15 joined you.

16 MR. KATZ: Okay, Lew.

17 DR. WADE: How are you?

18 MR. KATZ: Fine. How are you?

19 DR. WADE: Fine. Could I just
20 take a moment of your time --

21 MR. KATZ: Sure. Go ahead.

22 DR. WADE: -- to put some

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1 perspective on this?

2 As all the Board members know, the
3 Director of NIOSH, John Howard, has
4 commissioned a ten-year retrospective review
5 on how NIOSH has done relative to the program.

6 And that review has five major elements:

7 The quality of science practiced
8 in the program;

9 The timing of the accomplishment
10 of NIOSH program tasks;

11 The appropriateness and
12 consistency of decisions regarding petitions
13 to add groups of claimants to the Special
14 Exposure Cohort;

15 Fourth, the appropriateness and
16 consistency of decisions on individual dose
17 reconstructions, and;

18 And last and fifth, the quality
19 and timing of services provided to claimants,
20 petitioners and their representatives.

21 That last task is something that
22 Denise Brock, Nancy Adams and I have taken on

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1 in preparing at least the factual part of that
2 analysis. As I told you before, there'll be
3 two phases of the review. The first will be
4 preparing the factual information and then
5 presenting it to the Director, who will then
6 have a policy group who will look at the issue
7 of making changes in the program.

8 As we contemplated the customer
9 service piece, the fifth, and we watched what
10 your Work Group was doing, we couldn't help
11 just be tremendously impressed by the four
12 objectives you've set for yourself in terms of
13 the evaluation objectives. I won't read them
14 to you; you know what they are. But we
15 certainly think that those are outstanding.
16 And we couldn't imagine that our work wouldn't
17 be made better by it being inclusive of the
18 work that you folks have done.

19 So, we wanted to talk to you a
20 little bit about how we were approaching it
21 and certainly share with you our commitment to
22 listen to anything you have to say to us to

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1 guide us to share anything we do with you, and
2 also maybe have a little bit of discussion
3 about the timing of what you're doing. We're
4 under a fairly tight timeline, self-imposed.
5 And maybe that timeline needs to be adjusted
6 based upon your timeline.

7 But from the point of view of the
8 customer service program review, we're sort of
9 imagining five chapters, as it were, to our
10 report. The first would be sort of the
11 statistical information that Nancy said she
12 shared with you -- the headings anyway -- of
13 collecting information on the timing of work
14 related to this customer service issue. It
15 deals with dose reconstruction, dose
16 reconstruction rework, 83.14 and 83.13 SECs.
17 So that piece would be one chapter. Again, it
18 would be whatever the numbers were.

19 The second, and again there's some
20 overlap with what you guys were just
21 discussing, we think it's incumbent upon us to
22 review the information in TOPHAT, in WISPR and

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1 then the Outreach Tracking System and in some
2 way try and summarize that data, not losing
3 any of its work but in some way trying to
4 offer the flavor of what's been said to us
5 through those vehicles.

6 The fourth element would be a
7 review of any of the comments that would be
8 submitted to the docket that we've opened
9 surrounding this review. We're starting to
10 get comments and they certainly generally
11 touch on customer service. We think those
12 comments need to be reviewed and reported on.

13 And we also think we need to swell
14 the docket by going back through the formal
15 files surrounding the Board and its work and
16 look at the letters that have been submitted,
17 other written materials that are a part of the
18 record that speak to peoples' concerns over
19 customer service. So we would try and collect
20 that and then report on that.

21 The fourth element would be you
22 guys. We would love to be able to include

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1 your report or what might be available of your
2 work on those objectives in what we do.

3 And then the fifth piece really
4 sort of strays from the data moving towards
5 the policy. But I think it would be
6 appropriate to allow the authors of this
7 report, Denise, Nancy and myself, to offer
8 their perspective on what they've seen. I
9 think particularly Denise's perspective would
10 be enlightening to the Director in terms of
11 what she has experienced herself, has
12 firsthand experience of and what she's read in
13 this material, and again, Nancy as well as I
14 would offer that.

15 So those are the five pieces that
16 we would be putting together. Again, we would
17 love to be able to include your completed
18 report. I just don't know the timeline, Mike,
19 that you're working on. We're offering no
20 pressure to that timeline, but if you could
21 give us a sense now or as you progress as to
22 what your timeline is, we would appreciate

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1 that.

2 Certainly anything we prepare at
3 any point, I'll brief you as the Chair of the
4 Work Group on it, and we can share with the
5 Work Group any of our work products.

6 We would like to work in parallel
7 with you. And again, we would listen to any
8 suggestions you have to make and I can almost
9 guarantee we would take your suggestions to
10 heart and implement them.

11 So, I won't take up any more of
12 your time. If you have a sense of timing,
13 Mike, I'd appreciate it. It doesn't have to
14 be now, but as you evolve certainly it would
15 be good for us to keep in touch with you.

16 CHAIRMAN GIBSON: Okay. Thanks,
17 Lew.

18 DR. WADE: Thank you.

19 CHAIRMAN GIBSON: We're going to
20 look at some preliminary plans, objectives for
21 us to look at before the day's out today. So
22 hopefully it would be a little better position

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1 to give you at least some initial potential
2 date here in the next few days.

3 DR. WADE: Well, that would be
4 fine. You know, on getting on the date,
5 whatever the date is. What it is, what is it.
6 We want to make sure that to the degree
7 possible we include your work in what we
8 report on.

9 CHAIRMAN GIBSON: Yes. We'd like
10 to try to work with you, also.

11 DR. WADE: Thank you.

12 CHAIRMAN GIBSON: Okay. Do we
13 have anything else concerning the CDC review
14 or comments, questions?

15 Okay. If not, let's say we take a
16 15-minute break and then we'll come back and
17 start looking at the plan objectives for
18 preliminary focus.

19 MR. KATZ: Okay. So about five-
20 to, we'll set up again, is that right?

21 Okay. So I'm just putting the
22 phone on mute for everyone on the line, but

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1 we're not disconnecting and we'll be back.
2 Thanks.

3 (Whereupon the above-entitled
4 matter went off the record at 11:39 a.m. and
5 resumed at 11:56 a.m.)

6 MR. KATZ: Okay. This is the
7 Worker Outreach Work Group. We're just coming
8 back on-line after a short break. And we're
9 getting started on implementation steps,
10 right?

11 CHAIRMAN GIBSON: Yes. I guess
12 what we're going to start to looking at now is
13 what plan objectives we're going to look at as
14 a Work Group. First, just kind of, maybe go
15 through all the objectives on the plan and
16 just kind of an open discussion about the
17 bullets that are under those and see if we can
18 find a reasonable amount of items to sort out
19 so that we can get to work on this and maybe
20 look at tasking SC&A some things.

21 MEMBER BEACH: So, you want to
22 just go right to Objective 1? Is that what

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1 you're thinking?

2 CHAIRMAN GIBSON: Yes. So,
3 Objective 1 is determine whether OCAS is
4 taking appropriate measures to solicit worker
5 input into the site profiles, SEC petition
6 evaluations and other technical documents.
7 And then I won't read them, but everyone can
8 look at the bullets down below and we'll just
9 open it up for some discussion on what would
10 seem to be the preliminary logical first step
11 in that area.

12 MR. KATZ: Can I toss out an
13 observation and maybe a suggestion too?

14 CHAIRMAN GIBSON: Yes, go ahead.

15 MR. KATZ: I just was looking
16 through this and remembering how these
17 objectives were constructed in a sense, too.

18 And I would note that, for
19 example, under Objective 1 a number of these
20 bullets are really -- part of it is procedure
21 review, figuring out what the procedures were,
22 understanding what the procedures were and

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1 there's sort of evaluative work to be done on
2 the basis of those procedures to see how well
3 those are being carried out.

4 And I would note that I think
5 there's been some discussion here in the Work
6 Group about these procedures. There's been
7 some discussion, and that might be a good
8 starting point for -- in tasking SC&A before
9 SC&A goes to OCAS to interview people about
10 these. The transcript of this Work Group has
11 material, at least partial answers to some of
12 these questions or a starting point. And
13 that might be a good place for SC&A to begin,
14 is reviewing how these were discussed in the
15 Work Group, then digging in deeper beyond
16 what's available in the transcript.

17 And the other thing I would just
18 note with this Objective 1 is, so, for
19 example, if you want to go through the
20 bullets, the first two bullets here. How does
21 OCAS determine whether an outreach meeting is
22 to be conducted for a facility, how does OCAS

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1 identify and inform workers of opportunities
2 for input and follow up to secure
3 participation? That's sort of procedure
4 review, those two things, how does OCAS go
5 about that. As is the last bullet on there.
6 Are arrangements made to participate for those
7 interested but unable to travel to outreach
8 meetings? I mean, that's a procedural
9 question.

10 But the bullets in between: is
11 Outreach Tracking System scheduling and
12 notification system adequate? That's sort of
13 an evaluation question. Are participants in
14 outreach meetings notified in a timely manner?
15 That's sort of an evaluation question.

16 And then if you go to the next
17 page, you get into, where are the procedures
18 followed and in effective practice? Did OCAS
19 make an appropriately extensive effort to
20 elicit problems and substantial participation?

21 And then, of course, other recommendations
22 for improvements.

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1 In my view, at least, this
2 objective is a reasonable bite-sized, one
3 piece that could be handled sort of, you know
4 could be tasked all at once. In effect there
5 would be different activities that SC&A would
6 be doing in support of you for these different
7 bullets. But it doesn't seem like an
8 overwhelming amount of work to venture through
9 this entire objective and put it to bed.

10 CHAIRMAN GIBSON: Okay. Any
11 comments or --

12 DR. MAURO: This is John, just to
13 weigh in. In fact, I would like to ask a
14 question of Kathy.

15 We are right now reviewing PR-12.
16 And I suspect that a lot of the issues
17 identified here in Objective 1 are the subject
18 of -- part and parcel to our review of the
19 procedure, PR-12. And I believe also, Kathy,
20 you could let me know that part of the work
21 you're doing besides reviewing the procedure
22 is there's also an implementation aspect to

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1 it. I believe we have attended at least one
2 outreach meeting.

3 So what I'm getting at is, are we
4 sort of partially there already and have
5 already partially been tasked or completely
6 tasked in light of the fact that we are doing
7 PR-12, or are there aspects of this particular
8 Evaluation Objective 1 that are not currently
9 covered by our tasking from PR-12 review?

10 MS. ROBERTSON-DeMERS: I would say
11 the majority of the items under Objective 1
12 and Objective 2 are being covered in the
13 procedure review.

14 Where we really need to focus an
15 effort is on the review of the Outreach
16 Tracking System materials and Objective 3,
17 where the comments are taken by NIOSH,
18 evaluated and response is communicated back.
19 And also the comments are evaluated for their
20 applicability to changes that may occur in the
21 technical work document.

22 So, yes, it is the implementation

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1 part.

2 MEMBER MUNN: So, this is Wanda.

3 Do I understand correctly that the
4 scope of your work with PR-12 is the universe
5 of procedures and practices that we're
6 concerned with? Because one of my problems
7 with Objective 1 is that it does not contain
8 any limits and there are lots of procedures,
9 processes.

10 MS. ROBERTSON-DeMERS: Well, it's
11 more or less -- what I tried to do was take
12 the objectives and take the procedure and see
13 if I could answer the question with the
14 procedure. How many procedures?

15 DR. MAURO: One.

16 MS. ROBERTSON-DeMERS: One.

17 MEMBER MUNN: PR-12 is the one
18 that you're dealing with?

19 MS. ROBERTSON-DeMERS: Right.

20 MEMBER MUNN: Okay. It certainly
21 satisfied me. My question is, does it satisfy
22 the other members of this Working Group with

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1 respect to scope.

2 MEMBER BEACH: I think it's a
3 great place to start.

4 This is Josie.

5 And I assume that after we get the
6 review back, then we can determine from that
7 review if there is any other items from 1 and
8 possibly 2 that we need to still look at.

9 MEMBER SCHOFIELD: I think this is
10 really more formalizing kind of what's been
11 going on for all the years, because we've had
12 a number of, like Mark Lewis came and gave us
13 one when he was with the union. Laurie
14 Breyer, I've actually attended some that she's
15 given. But this just makes it a little more
16 formal so that before they come, they kind of
17 identify who they want to talk to and what
18 kind of information they're wanting to give.
19 And when there's been other meetings that I've
20 attended where it was more of their intent was
21 to gather information, not really educate
22 people about the program, but gather

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1 information about a facility or a site or
2 something.

3 So, I mean this I think really is
4 just kind of formalizing what is already
5 there. And this kinds of helps flesh it out a
6 little better so that you have some way of
7 knowing, is this working, does it need to be
8 tweaked a little better or not. I mean, that's
9 just my personal opinion.

10 MS. ROBERTSON-DeMERS: This is
11 Kathy.

12 There's not a lot in the procedure
13 that covers Objective 3.

14 MEMBER MUNN: I'm still on the
15 first one.

16 MS. ROBERTSON-DeMERS: Many of the
17 items under 1 and 2 I was able to comment on
18 just by the review of the procedure. And
19 you'll see that when the review comes out.

20 MR. KATZ: Kathy, maybe it would
21 be helpful for the Work Group to know, rather
22 than just vagueness about many, but which of

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1 the items specifically the review doesn't get
2 to. You know, for example, under Evaluation
3 Objective 2, one of these is about, is the
4 documentation and participant's comment
5 accurate and complete and I would suspect that
6 in doing a procedure review you're not doing
7 that kind of analysis on the comments that
8 have been received from participants and
9 whether they're accurate and complete,
10 documented accurately and completely.

11 MEMBER MUNN: Let me go down here
12 to the table.

13 MS. ROBERTSON-DeMERS: And how can
14 you tell whether it's accurate and complete?

15 DR. MAURO: Yes. My sense is that
16 the way in which the objectives are written is
17 a blend of all the procedures in place. In
18 other words, has NIOSH imposed upon itself a
19 mandate to design and implement the program
20 for outreach that addresses all of the
21 elements identified in Objectives 1, 2 and 3?

22 And then there's also a part of it

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1 that says, okay, have they actually
2 implemented it in a way that meets all of the
3 procedure requirements that they lay out in
4 PR-12 and also the elements that compromise 1,
5 2 and 3.

6 So I think right now, and Kathy,
7 correct me if I'm wrong, I don't think we
8 looked at very many or participated in very
9 many outreach programs which were information
10 receiving that were performed subsequent to
11 this PR-12 being issued and subsequent to, of
12 course, this implementation plan.

13 So we're probably a little bit not
14 in a position to evaluate implementation
15 unless we go back to some of the older
16 meetings which are with the minutes and the
17 documentation. You know, meetings perhaps
18 over the past six months or so that have been
19 performed and implemented by NIOSH. And there
20 are certainly minutes there. We wouldn't, of
21 course, have been physically there but there
22 are the minutes of those things which are

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1 being accumulated, I presume, in the Tracking
2 System.

3 I don't know. Is the Tracking
4 System retrospective or is the Tracking System
5 that's being put in place under PR-12 only
6 prospective, that is, beginning with the start
7 of PR-12?

8 You see why I'm raising this
9 question. Because in theory, if it's somewhat
10 retrospective, that is, they try to capture
11 older material, then in theory we could
12 probably as part of our review of PR-12 go
13 back to some of the older minutes or reports
14 and evaluate implementation. So I guess it's
15 a question that lends itself toward the
16 feasibility of how much we really can at this
17 time.

18 MS. ROBERTSON-DeMERS: Would you
19 like me to answer that or --

20 DR. MAURO: That would be great.
21 Sure.

22 MS. ROBERTSON-DeMERS: There are

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1 118 meetings in OTS. Eighteen of those have
2 occurred and occurred after the implementation
3 or the day before the implementation in the
4 case of one of PR-12.

5 So, we're looking at the universe
6 of 18 meetings.

7 There was a single focus group
8 meeting in that set.

9 DR. MAURO: Focus group meaning it
10 would be an information-gathering meeting.

11 MS. ROBERTSON-DeMERS: Okay.

12 DR. MAURO: In other words, out of
13 the 18 which were what we would call
14 information-giving versus -receiving.

15 MS. ROBERTSON-DeMERS: Right.

16 MR. FITZGERALD: This is Joe.

17 What was the mix before PR-12 was
18 issued? Was there more focus group
19 representation before then, or did that exist.

20 MS. ROBERTSON-DeMERS: They were
21 actually called site profile introductory
22 meetings and site profile roll-out, and I

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1 would say that predominately they were
2 information-gathering.

3 MR. FITZGERALD: Okay. So they
4 were in fact information-gathering?

5 MS. ROBERTSON-DeMERS: Right. As
6 to the implementation date of PR-12.

7 MR. FITZGERALD: Because I was
8 just reflecting on what Dr. Wade had said
9 earlier, and this was of course the Work
10 Group's bailiwick. But, you know it seems
11 like it would be useful to be able to provide
12 some perspective as well to that activity that
13 they have underway. And that would probably
14 entail having a bit of a blend of before and
15 after just because it doesn't sound like
16 there's going to be much to evaluate. There's
17 only one right now. So I don't know if that
18 would be very representative.

19 So if the Work Group wanted to
20 contribute to the ten-year evaluation, it
21 would seem like it would be useful to bring
22 that forward as a blend of the before and

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1 after just to make sure that there's something
2 that can be offered.

3 MEMBER MUNN: Well, Joe, one needs
4 to keep in mind the development of the program
5 as it has moved through from the beginning to
6 where we are now. You know, bear in mind the
7 fact that in the earlier years almost everyone
8 was focused almost solely on getting the site
9 profile and gathering the information that was
10 necessary to put together the base documents.

11 MR. FITZGERALD: Yes, Wanda, I
12 agree with you. I think that's a good point.

13 And I think maybe the Work Group
14 could consider perhaps truncating it to some
15 extent. Because I agree, the earlier years
16 aren't representative. So maybe look at the
17 site profile, the equivalent of the focus
18 group, the site profile data collection maybe
19 in the 12 months or 18 months before PR-12 was
20 issued and then whatever happens in real time
21 after that. But, you know, certainly not try
22 to capture the first year or two where you're

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1 really trying to roll out something new. And I
2 think that's a good point.

3 MEMBER MUNN: Not only that, until
4 you have a body of data with respect to not
5 only individual dose reconstructions but also
6 a significant body of data surrounding SECs,
7 you really have no way to make some of the
8 evaluations that we're asking for here.

9 MR. FITZGERALD: Yes. You know, I
10 don't think there's a perfect -- since this is
11 clearly subjective -- a perfect database.
12 What I was just saying is that, if you're
13 going to do some evaluation, I think it would
14 have to be a recent vintage and one that
15 reflects some maturation of the program, the
16 SEC and site profile process so that people
17 are getting more comfortable with the
18 questions to ask and more comfortable in terms
19 of what achieves the best results in the
20 outreach. And I think it would be something
21 maybe presumably over the last couple of
22 years. Just again, that's where we get

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1 stalled over six years of experience, but over
2 the last couple of years, it would seem to be
3 reasonably representative and it could be
4 done. Otherwise, I don't know if there's
5 anything to offer on the evaluation side if
6 you have one data point since PR-12 was
7 issued.

8 MR. KATZ: Two questions related
9 to what Joe was saying associated with that
10 that have to be answered.

11 To go back beyond it, I guess your
12 question is, you're relying on minutes for the
13 front end. So the question, I guess, is just
14 how rich are the minutes as a source material,
15 if SC&A wanted to look at what you were
16 hearing in those meetings.

17 MR. FITZGERALD: The minutes are
18 out?

19 MR. KATZ: Yes. I'm just asking,
20 I guess, you know I'm familiar with very many
21 different types of minutes and some are a set
22 of reports and then some minutes are very rich

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1 with narrative and you really capture -- the
2 substance is provided. I have no idea what
3 the nature is. But the richer the minutes
4 are, the better SC&A will be able to grapple
5 with this question of what came in the door
6 and then, how was it handled, that
7 information.

8 MEMBER BEACH: But that is going
9 back to what we're looking at, too, is how
10 rich are those minutes.

11 MEMBER SCHOFIELD: If you go back
12 to some of the earlier meetings, I mean, like
13 Larry Elliott asked this question at one of
14 the meetings and he addressed it. And in
15 earlier days, this became actually a point of
16 contention because when a lot of these
17 meetings they had, they would summarize. They
18 did not keep actual minutes, they did not
19 actually transcribe everything that was said
20 in the meeting. So a lot of things were just
21 summarization by OCAS of what was said there
22 or what the points were. And so people

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1 wouldn't go back and they said, well, you
2 know, where are a lot of these meetings. So a
3 lot of the earlier ones you won't find a good
4 database of information because they didn't --
5 even when they videotaped them, they didn't
6 keep the videotapes necessarily.

7 MS. ROBERTSON-DeMERS: This is
8 Kathy.

9 Can I make a suggestion?

10 CHAIRMAN GIBSON: Sure, go ahead.

11 MS. ROBERTSON-DeMERS: There's a
12 series of Worker Outreach meetings which were
13 conducted under the former procedure, PROC-
14 0097 that range from 2006 through January
15 2009. And that's probably a very good route
16 to choose from. Because most of them have
17 final meeting minutes. And they were actually
18 formally following a procedure for collecting
19 meeting minutes that is somewhat similar to
20 PR-12.

21 DR. MAURO: Kathy, one of the
22 thoughts I just had related to what you just

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1 said is, PR-12 is a maturation of a process.
2 Do you see a much richer set of instructions
3 or guidelines in PR-12 that are substantively
4 different than in -- I guess it was PROC-0097?

5 In other words, I guess where I'm headed with
6 this is, if we were to go retrospectively and
7 -- I just say something about the minutes and
8 the information contained there and evaluate
9 related statements, what appropriate
10 qualifiers of knowledge about this were done
11 before PR-23. The question is, you know,
12 there are advantages or disadvantages to that.

13 The disadvantage is that we would
14 be evaluating the minutes in a way that may be
15 unfair because those minutes were created
16 prior to PR-12. But if it turns out 0097 and
17 12 are really not that different except for a
18 few items, then it wouldn't be so unfair to
19 see if the previous minutes and records
20 maintained were in fact in compliance with
21 their procedure PR-12.

22 And I'm sort of reaching for where

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1 the value lies and whether or not it's worth
2 pursuing or not.

3 MS. ROBERTSON-DeMERS: Well, the
4 answer to your question is that PROC-0097
5 provided a lot more detail on how they
6 gathered comments, had comments reviewed by
7 the workers and so on and so forth.

8 So 0097 actually provides much
9 more detail into the outreach process.

10 MR. FITZGERALD: This is Joe.

11 But to answer John's question, you
12 know you could go from a prescriptive format
13 to a performance-based format and the essence
14 of the requirement is the same. It's just a
15 different way of doing it and maybe if that
16 could be established that the objectives of
17 both procedures are the same and the elements
18 are the same, but -- there is a movement to go
19 from a prescription of how do you do it to one
20 that's more performance-based and I can
21 understand that intent. But that would still
22 enable us to look at whether the objectives

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1 are met and have enough data points to offer
2 something up in the process.

3 Otherwise, I think you could
4 accomplish Objective 1 and 2 but not really
5 get Objective 3 done this year just because
6 you're going to wait until you have enough
7 focus meetings. It just seems like we would
8 not be able to satisfy, I think, the intent
9 the Work Group had and also what Dr. Wade was
10 talking about.

11 So this is not a perfect solution,
12 but it offers a way to provide a positive
13 contribution, given what information you have.

14 MR. KATZ: And just to add to what
15 Joe just said, to keep in mind sort of the
16 progression in these Objectives. Objective 3
17 deals with how OCAS has given consideration to
18 the information that's been received. And,
19 obviously if you're going to look at
20 information coming in the pipe now, the
21 upcoming meeting you mentioned, Kathy, and
22 whatever other upcoming information received

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1 meetings might be coming. Then to be able to
2 evaluate how that information gets used,
3 there's a considerable timeline there.
4 Because OCAS, obviously, has to do a lot of
5 work before that information ever shows up in
6 a change of in the procedure or a site
7 profile, or what have you.

8 So you're almost, if you want to
9 do evaluative work on how information is being
10 used, you're quite committed if you want to do
11 that work at this point to being somewhat
12 retrospective going back at least a couple of
13 years. Otherwise, you don't have the time.
14 The water hasn't come under the bridge yet.

15 MR. FITZGERALD: And, you know,
16 there's no harm in having a big asterisk that
17 says we recognize that the procedures have
18 been shifting and maybe become more
19 performance-based, but the overall objective
20 and the intent is the same. I don't think
21 that's changed.

22 So, with that qualifier I think

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1 the Work Group can offer up something that
2 would be useful.

3 DR. MAURO: I think it's useful to
4 think about this process we're entering as
5 having three fundamental elements to it.

6 You know, one is the procedure
7 itself, PR-12, and the degree to which that
8 procedure provides for all of the items that
9 we've identified in our implementation plan.
10 It's almost like a checklist: did they
11 address it, did they provide for it, and it is
12 provided at a sufficient level of detail.
13 That's certainly going to come out of what
14 we're doing right now, and I understand that's
15 pretty well along. So that's really a review
16 of their procedure.

17 Then there's the implementation of
18 the procedure in this regard: did they in
19 fact gather the information that they said
20 that they would gather? And that's what we're
21 talking about right now. And the way you
22 judge that, did they gather the information

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1 that's needed, whether it was required by PR-
2 12 or 0097. But then the last piece, the
3 point that Joe just brought up is, okay, let's
4 say they did or didn't gather the information
5 so we could make some statement regarding the
6 degree to which they gathered the information
7 that they said they would gather, or they're
8 supposed to gather, and certainly that can be
9 done prospectively but also to a certain
10 degree could be done retrospectively. But now
11 there's the last part, and this is the most
12 difficult part by far in my mind. Okay.

13 The degree to which they gathered
14 the information, whether or not it was
15 complete, you know it was broad enough number
16 of stakeholders that were interviewed and
17 captured. The question of the degree to which
18 that information found its way into the site
19 profiles and the evaluation reports, that
20 becomes another dimension which is, for all
21 intents and purposes, I believe, Number 3.
22 How much of that can be done at this time is

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1 to me the most challenging of this work.

2 I think the first two parts that I
3 just described is a very doable, especially if
4 we do some retrospective work, we could do
5 that now. Certainly, with the prospective
6 part of it, we'll have to wait for future
7 meetings where it would certainly be richer.
8 But that third part -- right now how we would
9 go about doing that. And I guess it has to be
10 given a lot of thought.

11 I'm not sure. For example,
12 information that may have been gathered
13 regarding certain practices that reveals
14 certain deficiencies in programs that took
15 place in the past and the degree to which that
16 information was carried forth and is reflected
17 in the site profile, that's going to be a
18 tough one. I think it's going to be the
19 limiting factor in terms of implementing this
20 review of the Outreach Program.

21 MEMBER MUNN: Well, I'm still not
22 sure exactly how you're ever going to plan

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1 whether the number of pieces of information
2 you have; does it have any relationship to the
3 accuracy of the information you have. That's
4 going to be -- that, in all human endeavors,
5 is ultimately the most difficult of all
6 decisions to make. Every jury has that
7 problem.

8 DR. MAURO: Let me give you an
9 example of what I think is important. It's my
10 flagship example.

11 I worked on General Steel. And I
12 don't know what we do with this, but let me
13 just put it out.

14 NIOSH prepared Appendix BB to TBD-
15 6000 which deals with General Steel. It
16 included a number of interviews and captured a
17 certain amount of information.

18 Then we came along and we had to
19 do our review. And we went through the
20 process of interviewing folks.

21 Now what we found is we did a lot
22 more interviews and we gathered a lot of

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1 information, and in fact it actually
2 continued. NIOSH continued to engage in these
3 interviews that at some point in the process
4 in this flowing river of information-
5 gathering, you know, Appendix BB was already
6 out there, but then the information-gathering
7 continued. And in the end, we now have our
8 review of General Steel. And there's a ton of
9 material in there that was able to be
10 acquired.

11 And I'm not faulting anyone here.

12 In other words, we were standing on the
13 shoulders of NIOSH. NIOSH carried the ball,
14 went to a certain degree and did the best they
15 could to put out the best product they could
16 in the time period that they had before them.

17 Then we come along and we sort of stand on
18 their shoulders. And we carried the ball a
19 little further and we pursued lines of
20 inquiry, and we talked to additional people.

21 As you know, [indentifying
22 information redacted] and [indentifying

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1 information redacted] provided tons of
2 information subsequent to the publication of
3 the evaluation report and site profiles for
4 General Steel.

5 Now, given that real-world example
6 and its going on right now as we're speaking,
7 its happening right now, how do we -- now
8 where would that come in, how do we deal with
9 that in terms of evaluating the Outreach
10 Program? You see, it becomes a very elusive
11 problem because it's such a living process.

12 NIOSH's data gathering, doesn't
13 stop after they issue -- well at least, it
14 hadn't. It didn't stop after they issued their
15 evaluation report. So it's a very unusual
16 situation we find ourselves in.

17 You know we are going to evaluate,
18 let's say we're about to evaluate an
19 evaluation report and a site profile as part
20 of this program. And we're saying, okay, does
21 that evaluation report and site profile really
22 reflect all the information that was gathered?

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1 And that's doable. But that information
2 gathering is ongoing, it doesn't stop
3 obviously with the issuance of the evaluation
4 report, as evidenced also by Mound.

5 So I mean, I think it's important
6 when we discuss this part of it, Number 3, I
7 think that's going to be the greatest
8 challenge to the Work Group in coming up with
9 a structure of coming at that problem in a way
10 that's fair and productive, it helps and adds
11 value to the program without it making it
12 appear -- because I think to a certain degree
13 it could very well be viewed, you know if we
14 identify all those things that were not
15 captured. For example, if we were right now
16 to list all the things that were not captured
17 in the evaluation report and site profile for
18 General Steel, quite frankly NIOSH won't very
19 good and it would be unfair.

20 They won't look very good because
21 the data capture process continued well beyond
22 with the participation of NIOSH after the

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1 report went out.

2 So I'm sorry for going on so long
3 about it. I'm sort of struggling with how are
4 we going to do Number 3. I'm not at all
5 worried about 1 and 2. I'm worried about 3 and
6 doing it in a way that's going to add value
7 and not just be --

8 MR. KATZ: John?

9 DR. MAURO: Yes.

10 MR. KATZ: John, I think that's
11 good discussion that you're giving here.

12 I would just say, I mean, from
13 just an evaluator's hat, I mean you worry
14 about completeness within the time, within the
15 context so that the fact that if you keep
16 researching, you're going to find more
17 information.

18 DR. MAURO: Yes.

19 MR. KATZ: I mean, it's
20 unavoidable, like you say.

21 DR. MAURO: Yes.

22 MR. KATZ: But I think you worry

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1 about the effort within the time it was done
2 with what was available. And I think, you
3 know the key issue it seems like for -- the
4 Board has continually had the most interest in
5 is how well NIOSH responds to the information
6 that it obtains within the time? I mean, once
7 it receives this information that says X or Y,
8 how well does NIOSH handle that information?
9 And that, I think, is not sort of affected by
10 the problem you're talking about that the
11 research goes on, so to speak.

12 DR. MAURO: Yes.

13 MR. KATZ: That conversation.

14 DR. MAURO: Well, you see to a
15 certain extent if someone were to, in
16 retrospect, on GSI with SG of NIOSH, why
17 didn't you, where's this, where's this,
18 where's this. In other words, say listen,
19 there was so much more information out there
20 that could have been acquired if the
21 interviews were broadened and other probing
22 questions were pursued and other lines of

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1 inquiry went forward, one could make a case
2 that that is a legitimate criticism of the
3 Outreach Program, the information-gathering
4 program. But at the same time, one could
5 argue that, well, no, that's not a legitimate
6 criticism because there is a maturation
7 process that took place and it would be unfair
8 to have expected NIOSH to have done all of
9 that in their six-month period, 180 days, that
10 they had to put the ER out. So it's a tough
11 one.

12 MEMBER MUNN: It cannot be
13 ignored.

14 MS. ROBERTSON-DeMERS: This is
15 Kathy.

16 I think that we evaluate Objective
17 3 by doing two things. Evaluate meeting
18 minutes that were available and talking to
19 participants that were at the meeting.

20 DR. MAKHIJANI: I want to raise
21 the point that, since this goes back a little
22 bit when we raised the Procedure 0097 and

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1 doing retrospectives. I reviewed Procedure
2 0097 with Kathy. And a significant part of
3 that was that there are two streams in which
4 NIOSH gathers information. One is this health
5 physics interview stream and the other is a
6 sort of worker-outreach stream. And they've
7 been treated kind of differently. They're
8 documented differently. They seem to be used
9 differently.

10 And one of our recommendations was
11 that worker input should be treated in the
12 same way. You know, you may think the
13 technical information is not very good and not
14 use it or not relevant and not incorporate it
15 or you may incorporate it but somebody working
16 on the floor has insights to offer as well as
17 somebody that was measuring the radiation.

18 And I just wanted to ask where in
19 this review process, because Kathy and I have
20 discussed this in terms of Procedure 12 review
21 and I think it's going to come up in that
22 review. So we're talking about a

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1 retrospective going back. I think we should
2 not forget that piece, in my opinion.

3 CHAIRMAN GIBSON: Well, it sounds
4 like to me that we need to try to find some
5 preliminary objectives so we can get going on.

6 And it looks like to me if we try to do this
7 part number 3 that John was talking about
8 right now, we're just going to get wrapped
9 around the axle again and it's just going to
10 go on.

11 So what does everyone think about
12 maybe SC&A reviewing the procedure and looking
13 at the implementation as it affects Evaluation
14 Objectives 1 and 2 and maybe we can get that
15 done in the near future? And then that may
16 give us a better perspective on how to look at
17 the information that was gathered and how it
18 was used.

19 DR. MAURO: Yes. Mike, I think
20 Arjun just gave me an idea. I like what he
21 said. What he's saying is, with regard to the
22 third Objective, maybe we could keep it, at

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1 least for now, relatively narrow and ask a
2 very simple question. Listen, you have all
3 these minutes, even if you go retrospective,
4 you've got all these minutes. And the workers
5 said all these things and they're in the
6 record. However, when we look at the site
7 profile, we don't see where that information
8 was given equal weight or was appropriate to
9 other sources of information. That becomes a
10 very narrow, well focused and very easily
11 implemented task.

12 In other words, we keep it simple.
13 That is, yes. As Arjun pointed out, we have
14 on a number of occasions found that there's
15 some very important information that was
16 provided by workers that really had great
17 bearing on the site profile and judgments
18 regarding -- and the evaluation report that
19 didn't make it into the NIOSH work product.
20 And I think that really is the start of the
21 whole program, why this all became -- and it's
22 a high profile right now. And I think that is

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1 doable. I think that part of Objective 3 is a
2 very tractable problem that could be done in a
3 reasonable amount of time. And as long as we
4 keep focused on that, that is, looking at the
5 minutes, seeing what's contained there, won't
6 make any judgment on whether or not the
7 minutes are complete. I mean, we can't do
8 that. But what we can say, listen, at least
9 what we can do right now is we do have the
10 minutes, we do have this information that has
11 been gathered, let's check and make sure and
12 see the degree to which that material found
13 its way into the work product. That is
14 something that can be done.

15 MR. KATZ: Just on a methods
16 point, though, John, I think you need more
17 than just that documentation to review.
18 Because if you don't, for example, interview
19 the OCAS folks involved with dealing with that
20 information, you don't know why. It's not
21 necessarily a correct answer that it should
22 appear in the few documents that actually come

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1 out at the end of the pipe. You want to know
2 why they handled the information the way they
3 did. And I think you need to interview to get
4 that.

5 MEMBER BEACH: But you could
6 create the table to say here are the problems
7 that we've found and the interview part could
8 come as a secondary offer.

9 MR. KATZ: But you don't know it's
10 a problem until you know the answer to --

11 DR. MAKHIJANI: Yes, I agree with
12 Ted on that.

13 MS. ROBERTSON-DeMERS: Actually,
14 can I say something? You do have thoughts of
15 where NIOSH was coming from because, under
16 PROC-0097, WISPR was in effect. And part of
17 what they did was to document each comment and
18 indicate whether a response was necessary and
19 what that response was.

20 DR. MAKHIJANI: Yes. But you know,
21 Kathy, I think that I agree with Ted. I think
22 that's not enough.

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1 You know, when we do interviews, I
2 mean just we do a parallel process. We do lots
3 of interviews. And if you look at all of the
4 contents of the interviews, certainly not
5 every single thing that's said in those
6 interviews are reflected in our reports. It
7 may be indirectly sometimes, but you can't
8 make a one-to-one, you know here's what a
9 worker said or here's what's in a summary and
10 that's what's reflected in the report. There
11 is a fair amount of technical judgment that's
12 involved. There's a fair amount of -- you
13 know, there's a structure to the findings and
14 the analysis. And where particular pieces of
15 input, sometimes generally what the worker
16 said informs your writing but you don't
17 actually -- so I think a consultation with the
18 person who did that piece of work is kind of
19 important before you declare there's a
20 problem.

21 DR. MAURO: Yes, absolutely.

22 MR. FITZGERALD: And this is Joe.

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1 I'm just reflecting on what Mike
2 just said, too. I think once you've done 1
3 and 2 and have a candidate list of items or
4 issues that we need to bring back to the Work
5 Group, it would worthwhile not doing a
6 universe of what you found, but maybe a
7 sampling of the ones that would make some
8 sense. And then you would interrogate the
9 process, meaning that --- I don't think, you
10 know, this is different than doing a classical
11 sort of like an audit-type thing where you're
12 looking for a good/bad, black/white. I mean,
13 you're basically doing a process review, which
14 means you're looking at attributes in terms of
15 timeliness in response, accountability to the
16 issue raised, meaning did somebody actually
17 disposition the issue. I mean, it doesn't
18 necessarily mean you show a change in a site
19 profile, but did somebody disposition the
20 issue. There's some accountability to it.

21 And there's probably other
22 attributes that would be important to look at

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1 in terms of a responsiveness on the part of
2 NIOSH.

3 I think that would be the second
4 phase. And I think it would be manageable if
5 you had -- you know, I think Kathy has noted
6 she's pretty far along in 1 and 2. So you
7 would get this candidate list and perhaps the
8 Work Group would say, you know, maybe these
9 ten items are ones that we ought to interview
10 NIOSH, look at documents. But what was said
11 earlier, the lag time, I would be actually
12 more surprised for the more recent, the last
13 couple of years, you would see a lot of this
14 actually manifest in the documents. I don't
15 think it's going to be that quick. So in a
16 sense, you're just trying to say, okay, these
17 are ten pretty pithy examples. I mean,
18 there's no question somebody should have been
19 listening to these 10 examples.

20 Now, if you were to run those down
21 and say, okay, what happened to those 10
22 items, I think that would be of real interest

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1 and would be really illustrative. And if
2 these 10 items weren't addressed, I think the
3 ones that were on the margins, you're really
4 in trouble. So I think that would be a useful
5 approach once you see what comes out of this
6 Objective 1 and 2 review.

7 MEMBER SCHOFIELD: Well, there's
8 no question about --

9 MEMBER MUNN: -- if you're really
10 in tune with going to cover that aspect of
11 work that thoroughly because, in point of
12 fact, without some documents that says we
13 didn't do anything with this because -- and to
14 the best of my knowledge we don't have any
15 such documents -- but in many cases we do know
16 that there is conflicting information among
17 workers themselves, much less between workers
18 and -- for example, even -- you get differing
19 pieces of information from the CATI. So if
20 you have three different people telling you
21 two or different things with respect to some
22 aspect of a site, then there has to be a

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1 technical judgment made at the time whether or
2 not to incorporate that in the absence of a
3 document saying, this is why we didn't.

4 MEMBER SCHOFIELD: Well Objective
5 Number 3 is by far and away the most
6 contentious because we've had many comments
7 submitted, both verbally and in writing really
8 about what was incorporated. When people make
9 these comments, what was incorporated and what
10 was ignored. And it is a very contentious
11 subject because, quite bluntly, a lot of the
12 activists, a lot of the claimants feel that
13 their comments have not been incorporated. So
14 when we go back, you start having to look,
15 it's going to be a little bit difficult in one
16 respect --

17 MEMBER MUNN: You're absolutely
18 correct. Most of the comments were not
19 incorporated. If every worker comment was
20 incorporated, we'd have documents we couldn't
21 deal with. And what I'm saying is we don't
22 have a really solid written basis to determine

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1 whether or not they should have been
2 incorporated.

3 MR. KATZ: And that is why we
4 would have interviews as a cure to that
5 process.

6 CHAIRMAN GIBSON: As far as the
7 meeting and the agenda, we do have a time-
8 certain aspect for me to get to at 1:30 for
9 the workers, advocates and claimants.

10 So, we've had a good discussion.
11 We have more time this afternoon for this on
12 the agenda. So we can kind of mull over it at
13 lunch. But we need to get to lunch because we
14 need to get back here at 1:30.

15 MR. KATZ: So thank you, everyone
16 on the line. And we'll break the line and
17 restart around 1:30.

18 (Whereupon, the above-entitled
19 matter went off the record at 12:41 p.m. and
20 resumed at 1:36 p.m.)

21

22

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A-F-T-E-R-N-O-O-N S-E-S-S-I-O-N

5

(1:36 p.m.)

6

7

8

9

MR. KATZ: This is the Worker Outreach Work Group Advisory Board on Radiation Worker Health. We're just reconvening after lunch.

10

11

Let me check on the line before we get started to see if Wanda is with us.

12

MEMBER MUNN: Yes, I am.

13

MR. KATZ: Oh, great.

14

And, Mike?

15

16

17

18

19

CHAIRMAN GIBSON: Okay. We're going to open up the line now for workers, worker representatives or advocates to make some public comments, if they'd like to. Just please identify yourself and go ahead.

20

21

MS. BARRIE: Hi. This is Terrie Barrie with ANWAG.

22

CHAIRMAN GIBSON: Hi, Terrie.

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1 MS. BARRIE: And, Mike, I want to
2 thank you for always considering the
3 advocates' and the workers' time constraints,
4 because we do have other responsibilities,
5 most of us, other than just working on this
6 issue.

7 I have a couple of comments, I
8 have. Most of the discussion today has been
9 about tracking public comments made by
10 advocates and workers. I wanted to say,
11 that's very important, but we need some
12 follow-up. I make comments all the time, as
13 you know, but I have yet to be contacted by
14 NIOSH or SC&A on the issues that I raised, you
15 know, specifically with Rocky Flats. As a
16 matter of fact, I think it was in July at the
17 Board meeting I raised some serious issues
18 about the Rutenber database. And I have no
19 contact. I mean, they didn't say, hi, well
20 where did you get this, we need more
21 information. There's no follow-up. And
22 that's as important as the tracking of

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1 comments.

2 We had, I think it was the
3 February meeting, someone sent me a log that
4 posted what my comments were. You know, there
5 was a handout from NIOSH at that Board
6 meeting. And it was kind of accurate what my
7 comments were, but it didn't capture the
8 seriousness of the issue. It just said
9 discrepancy between NIOSH database and
10 Ruttenber database. It was a lot more than
11 that. And I think that log needs to reflect a
12 little bit more than what was just like a very
13 short summary. There needs to be a lot more
14 detail in that, and again follow-up with it.

15 MR. KATZ: Terrie, can I, just for
16 clarity for us, that log that you're
17 discussing, excuse me, do you know whose log
18 we're talking about?

19 MS. BARRIE: It was a handout. It
20 was a NIOSH log.

21 MR. KATZ: Oh, that was presented
22 in February you mean?

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1 MS. BARRIE: Right. Yes, and I
2 don't remember who sent it to me. I think it
3 might have been Bonnie. But, you know, my
4 name was on there.

5 MR. KATZ: No, thank you. Thank
6 you. That's great. I just wanted to make
7 certain we know exactly what we were talking
8 about.

9 MS. BARRIE: Right, and it's not
10 quite accurate. It mentions Building 881, and
11 I don't remember raising Building 881 during
12 that meeting. I think it was Building 466.

13 But getting back to my other
14 thoughts, John Mauro mentioned something about
15 SC&A has an easier job of delving into the
16 site profiles and SEC petition evaluation
17 reports because they're following what NIOSH
18 did. That may be true, but that also is not
19 quite accurate.

20 I've looked at the Rocky Flats
21 Worker Outreach meeting, and I think that was
22 held in June of 2004, right when you were

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1 beginning to develop the site profile. There
2 was one meeting held for the steel workers and
3 one meeting held for the construction trades,
4 and both were on the same day. And I don't
5 see how NIOSH could have gotten a lot of
6 information out of that one-day meeting.

7 Now, if you had follow-up meetings
8 with individuals, you know, then I could
9 understand. But just from the looks of it, a
10 whole lot of information wasn't collected
11 because there was only one meeting from
12 rolling out the program: here we are, this is
13 what we're going to do, we want your comments.
14 And, you know, the workers needed to get their
15 minds around what was expected of them.

16 Now, like I said, if there were
17 follow-up meetings that's fine. But just
18 looking at the website there was only a one-
19 day meeting held. And I don't think that was
20 enough to gather the information that was
21 necessary.

22 Now, off the subject of NIOSH, I'd

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1 like to address a couple of other things.

2 Wanda, I agree with you when you
3 mentioned to the Board this morning that it is
4 not the Advisory Board on Radiation Workers
5 Health's charter to delve into the Department
6 of Labor's claims and check out the
7 inaccuracies or inconsistencies of the claim
8 process. I totally agree with you. You guys
9 have enough on your plate to deal with.

10 However, I firmly believe that
11 there needs to be some kind of oversight
12 committee because the advocates hear
13 consistent complaints about evidence ignored,
14 not paying attention to what is said during an
15 oral hearing, you know, things of that nature.

16 And this is just for the record, so if there
17 comes an opportunity for you, the Board, to
18 weigh in, I would suggest that you agree that
19 Department of Labor also needs an oversight
20 committee.

21 And lastly, I would like to
22 address the ten-year review of the program. I

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1 would suggest to Dr. Wade, Denise and Nancy
2 that when comments are submitted to the
3 docket, that they be posted as soon as they're
4 received. At present they're not. I was
5 speaking with Karen Dragon from the Docket
6 Office and she thought that they wouldn't be
7 posted until the end of the comment period.

8 If you really want people to
9 participate in this, in might help urge other
10 people to see what was already submitted.

11 And again, I thank you for your
12 time.

13 MR. KATZ: Thank you, Terrie. And
14 that last comment I think is a great one. We
15 certainly do that with other sorts of dockets
16 where we post as we receive them.

17 MS. BARRIE: Right.

18 MR. KATZ: So I'll follow up on
19 that, Terrie, and find out what's going on
20 there.

21 MS. BARRIE: Okay. Thank you.

22 MR. WARREN: This is Bob Warren

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1 for the Savannah River Site petition.

2 I agree with the last caller about
3 the posting of the log. In my case it's had
4 very little to do with what I commented on,
5 and then you posted the wrong transcript
6 pages. So anybody looking at it couldn't get
7 to the -- this is on the 10/21/09 meeting. So
8 not only were the comments not adequate, the
9 posting, if somebody was trying to search it,
10 they weren't going to be able to find my
11 comment.

12 What we were talking about back in
13 October of 09 was that the auditors were
14 sending information or required to send
15 information to the NIOSH before they got to
16 the Board. And what I was trying to say was
17 that it didn't seem to me feasible for workers
18 who were already gun-shy about testifying,
19 that immediately when they gave the
20 information to the auditors, NIOSH would have
21 it then notify DOE and show up right there at
22 the site when the workers were trying to give

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1 some information.

2 So I appreciate also the fact that
3 you've got a public comment today. Because
4 one of -- it seems like I got an email saying
5 there was not going to be any public comment.

6 Thanks so much for that.

7 MR. DUTKO: May I speak, sir?

8 CHAIRMAN GIBSON: Pardon?

9 MR. DUTKO: May I speak?

10 CHAIRMAN GIBSON: Yes, go ahead.

11 MR. KATZ: Absolutely.

12 CHAIRMAN GIBSON: Identify
13 yourself and go ahead.

14 MR. DUTKO: My name is John Dutko.
15 I was a betatron and magnaflux operator at
16 GSI.

17 I've had a claim in since 2005.

18 Simply, I was in every outreach
19 meeting that we had since leaving GSI. We've
20 actually had two outreach meetings, both were
21 in Collinsville. The first one was not
22 accepted for some reason by NIOSH because of

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1 sanction or some reasons I don't understand.
2 We had another outreach meeting. We also had
3 a special meeting at four o'clock with Dr.
4 Anigstein. There, it was determined, for an
5 example, that overtime hours that we worked,
6 and we worked a lot of times 13 out of 14
7 days, people. It was the Cold War. We worked
8 13 straight days and the 14th day we had to
9 have off by state law.

10 We determined and came to
11 agreement that 65 hours was across the board
12 average of overtime. NIOSH somehow computed 46
13 hours overtime and went with this.

14 And I'm just giving you an example
15 of worker testimony that has been given freely
16 and honestly and accurately that has been
17 ignored right straight down the line.

18 Ninety-five percent of Appendix B
19 applying to GSI has more holes than a sponge.

20 Simply, we say, and I heard
21 [indentifying information redacted] say that
22 all radiation must be included in dose

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1 reconstructions. It has not been. Neutrons
2 were ignored. Sources, isotopes were ignored.

3 It has been inaccurate down the line.

4 The first honest attempt I saw at
5 good accurate information was acquired by
6 SC&A, Dr. Anigstein worked with people from
7 GSI for about six months, sir. Honestly and
8 accurately, and all that information was
9 ignored by NIOSH.

10 I am at a loss to say, when
11 something turns out to be favorable to a
12 working man, it's ignored. I don't quite
13 understand this. I don't quite understand it
14 at all.

15 Thank you.

16 CHAIRMAN GIBSON: Okay. Thank
17 you, sir.

18 Is there anyone else that would
19 like to make comments?

20 MS. BONSIGNORE: Yes. This is
21 Antoinette Bonsignore for Linde Ceramics.

22 CHAIRMAN GIBSON: Hi, and welcome.

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1 MS. BONSIGNORE: Hi. Thank you.

2 I wanted to raise a follow-up on a
3 couple of issues that Denise Brock mentioned
4 this morning regarding her role in the ten-
5 year review.

6 In terms of helping claimants have
7 an easier or a more fair way to appeal denied
8 claims under Part B, I think it would helpful
9 if Denise would have a role in evaluating the
10 dose reconstruction templates that have been
11 provided to some of the advocates for review,
12 the ones that are being considered as
13 revisions to the current dose reconstruction
14 format that's being used by NIOSH. I think if
15 she were involved in evaluating those possible
16 revisions to the templates, I think her input
17 would be invaluable because she really has a
18 sense of, when she speaks to people on a daily
19 basis, why they're finding the dose
20 reconstruction reports indecipherable at
21 times. And I think her input would be helpful
22 in helping people understand why their claims

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1 are being denied so those claimants would have
2 a fairer opportunity to actually effectively
3 appeal a denied decision.

4 Additionally, the issue that
5 Denise raised regarding some basic errors that
6 she's been finding with respect to, let's say,
7 when a claim should have been evaluated under
8 a Special Exposure Cohort versus being dosed.

9 I've encountered that issue many times. And
10 I think basic errors like that that seem to be
11 -- I'm not sure where the problem is, probably
12 at DOL. But I think its important and I'd
13 like to sort of endorse what John Mauro said
14 about trying to get an accounting of whether
15 that kind of a problem of just basic errors in
16 how claims are being processed, whether that's
17 a systematic problem and how pervasive a
18 problem that is. And I think it would be
19 important. I don't know if this Work Group is
20 authorized to do it, but to task SC&A to try
21 to evaluate that issue so not only can NIOSH
22 be aware of the problem, but DOL can also be

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1 aware of the problem.

2 MR. KATZ: Antoinette --

3 MS. BONSIGNORE: And the last
4 thing I wanted to mention was during the
5 October Advisory Board meeting I had made a
6 comment about SC&A being tasked to review
7 evaluation reports at an earlier part of the
8 SEC petitioning process as opposed to waiting
9 to sometimes SC&A evaluating the evaluation
10 reports after a petitioner presents their case
11 to the Board for a full review of an SEC
12 petition.

13 And I was later told by Dr. Ziemer
14 that during the Board working time the next
15 day that that issue was going to be discussed.

16 And he indicated that it had been discussed
17 in an email to me about a few weeks later.
18 And when I went back to the transcript for the
19 October meeting for the Board's working time
20 that day, I cannot find any reference to that
21 issue even being raised.

22 And I actually emailed Mike about

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1 this, I think it was at the end of December,
2 to point out that the issue had never actually
3 been discussed during the Board's working time
4 on the last day of the October Advisory Board
5 meeting. And I'm sure it was, you know an
6 inadvertent error in what Dr. Ziemer had
7 thought was discussed. But I think that is a
8 problem when issues are being raised by
9 workers and advocates during public comment
10 period and then there's no tangible follow-up
11 to an issue. And I'd just like to emphasize
12 the point that Terrie had made earlier that
13 it's important that not only the worker's
14 statements and the advocate's statement be
15 tracked, but there has to be some kind of a
16 follow-up so we don't feel as though we're
17 just making statements or suggesting things
18 and there's never any follow-up or any
19 discussion of the matter thereafter.

20 And the last thing I wanted to
21 mention was I have been raising an issue
22 consistently with regards to the Linde

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1 Ceramics SEC petition about OCAS and SC&A
2 providing simplified versions of their
3 reports. For instance, for OCAS to provide
4 simplified versions of ERs and for SC&A to
5 provide simplified versions of their responses
6 to those ERs so petitioners can have a better
7 understanding of what's going on during the
8 Working Group meetings. And I have found that
9 providing those documents in easily understood
10 manner helps the workers and the petitioners
11 participate in the process about the issues
12 that are truly dispositive of whether the
13 petition will be approved or not. And I would
14 ask that the Working Group consider having
15 OCAS and SC&A provide these simplified
16 versions of their reports as a matter of
17 course during the SEC process. I think it
18 would really facilitate worker participation
19 in the process about the technical issues and
20 not just, you know, their own personal
21 experiences about what happened at a
22 particular facility.

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1 And I promise this is the last
2 point I want to make. I think it would also
3 be helpful for OCAS and SC&A to provide a
4 transparent accounting in their evaluation of
5 SEC petitions of all the data capture efforts
6 that are made, particularly in response to
7 worker statements and their input. So if
8 workers are providing information to the
9 Working Group and there are some data-capture
10 efforts that are initiated in response to
11 those worker's statements or documentation
12 provided by workers, that there is a
13 transparent accounting of what those data-
14 capture efforts are and where they've been
15 initiated, and what they've produced. I think
16 that would be helpful for the workers to know
17 that the information they're providing to the
18 Working Group is being considered seriously.

19 Thank you.

20 MR. KATZ: Thanks, Antoinette.
21 This is Ted Katz.

22 I just wanted to touch on a couple

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1 of those points you made that I think I can
2 give you at least an initial response now,
3 instead of you having to wait for that.

4 MS. BONSIGNORE: Okay.

5 MR. KATZ: So one of your points
6 was about this issue that Denise raised about
7 sometimes -- and I know that because I see all
8 of Denise's work. She gets cases that should
9 have been SEC cases, but they're sent to NIOSH
10 anyway for dose reconstruction. And there's
11 probably a variety of reasons how those errors
12 come back about experience. And you had asked
13 in your comment just now that SC&A review
14 that, do some sort of review.

15 It's really outside of the scope
16 of SC&A doing the review because this is a DOL
17 function, this referral to NIOSH of cases that
18 are appropriate to come to NIOSH. But I would
19 say to you that DOL has an Ombudsman, and that
20 Ombudsman Office is really charged with
21 addressing these kinds of issues. And I think
22 that that's at least a place to start.

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1 Because I think it's a very reasonable
2 suggestion that they do something more
3 systematically in evaluating the scope of that
4 problem and what can be done to improve their
5 systems.

6 I would start with the DOL
7 Ombudsman with that, if I were you. So that's
8 just a suggestion on that.

9 And then on the transcript
10 question about the October transcript and the
11 discussion of tasking of SC&A. I can't tell
12 you off the top of my head which meeting or
13 meetings that was discussed. I am certain it
14 has been discussed in full Board meetings that
15 concern, and I will hunt as an action item to
16 me -- I will try to hunt down a transcript for
17 that for you.

18 MS. BONSIGNORE: Okay. My only
19 point about that, Ted, was that I raised it on
20 the second day of the Board meeting and then
21 Dr. Ziemer said -- and then I wasn't available
22 to listen in to the meeting the next day. And

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1 then about a month later or a couple of weeks
2 later, Dr. Ziemer sent me an email saying that
3 they had discussed on that last day. And when
4 I went through the transcript, they had not.

5 MR. KATZ: Okay. Okay. But if
6 you would like me to go hunt and see where the
7 discussions of that are, I could do that.

8 MS. BONSIGNORE: I would appreciate
9 that. Thank you.

10 MR. KATZ: Okay. Thank you.

11 CHAIRMAN GIBSON: Is there any
12 other comments from workers or representatives
13 or advocates?

14 MS. VLIEGER: Yes, this is Faye
15 Vlieger, Cold War Patriots and ANWAG.

16 CHAIRMAN GIBSON: Okay. Go ahead.

17 MS. VLIEGER: I want to thank you
18 for giving us the opportunity to speak today.

19 I appreciate the opportunity and I want to
20 thank you all for contributing to the meeting
21 today.

22 As a claimant and advocate and an

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1 authorized representative for several
2 claimants, I see the program from a different
3 perspective than the members of the Board,
4 OCAS, DOL and NIOSH.

5 And I want to thank Denise for her
6 candor in describing the various oversights
7 and inaccuracies she found in the claims, but
8 she was only asked to review a few of the
9 claims that the advocates hear on a regular
10 basis. And I would postulate that while you
11 are getting a few of the claims that were
12 grossly inaccurate, it's only the tip of the
13 iceberg from what the advocates see.

14 So while it's important to note
15 Denise's experiences, I feel it's equally
16 important to give weight to these issues when
17 they're raised by the advocates. We see many
18 more complaints. We see a lot of people who
19 are very disheartened. And because they felt
20 they were serving their country, they will not
21 challenge a decision made. Once a decision is
22 made, they feel like, you know, that's it;

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1 they've done what they can do and they're
2 willing to walk away, and unjustifiably so.

3 While I believe the personnel
4 handling the claims are for the most part
5 trying to do their best work, they are
6 hamstrung and shackled by the body of
7 scientific and technical materials deemed
8 acceptable by DOL and NIOSH. I feel the
9 process for accepting these materials is
10 laborious and much overworked. And I agree
11 with the positions or earlier comments that,
12 you know, many current medical and scientific
13 documents are being wholly disregarded and
14 ignored.

15 One of the resources you touched
16 on in this discussion today is giving weight
17 to the comments from the previous Outreach
18 meetings. The people who attend these
19 meetings are only a fraction of the affected
20 workers from the sites. And as the
21 populations of these former workers age, their
22 ability to attend and respond to these

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1 meetings diminishes. It is therefore essential
2 to capture and use their insights on the
3 workings and day-to-day circle of operations
4 of DOE sites before their voices become lost.

5 I attended -- as a former military
6 member and also a former worker at Hanford.
7 Every day we lose more and more of those
8 voices to age and infirmities. Discounting
9 what they tell you is totally wrong.

10 Another area that concerns me is
11 the SEM and its application to both Part B and
12 Part E claims and the subsequent reopening of
13 claims when the SEM is updated. I'm
14 particularly troubled by a response given to
15 the Ombudsman's Office for their 2009 report
16 concerning the SEM, its updating and reopening
17 of claims.

18 And just briefly from that report,
19 another concern, this was in quotes, another
20 concern that we continued hearing involved
21 instances where claims were denied prior to
22 the time the SEM was available to the public.

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1 In response to these concerns, DOL
2 asserts that even though the information was
3 not available to the public, it was available
4 to DOL and assures that this information was
5 reviewed by the DOL in determining these
6 claims.

7 I know that that response is
8 totally inaccurate. In my dealings with
9 Paragon Technologies to update the Hanford
10 Site Exposure Matrix from 168 chemicals to
11 2,168 chemicals that the documents that I gave
12 Paragon Technologies and DOL prior to that
13 were available on the Department of Energy's
14 open-source site, but DOL did not have them
15 and was not considering them for claims, and -
16 - that claims were not subsequently reopened
17 when the Site Exposure Matrix was updated as
18 is asserted in the 2009 Ombudsman's report.

19 Now this was not just toxins, but
20 also radioactive materials that were added to
21 that Site Exposure Matrix.

22 So I'm concerned that, in

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1 responding to the Ombudsman's Office, which we
2 are encouraged to use, that the people
3 responding are not actually responding
4 accurately. And so then we have a report
5 which, while it's informative, cannot be
6 investigated because the Ombudsman's Office
7 has no authority to investigate inaccurate
8 responses.

9 So while I applaud the work that
10 we're doing here today and I appreciate the
11 time to comment, you know, there's still work
12 to be done. And I really feel -- I know that
13 the claimants who are aging out are not being
14 properly served.

15 Thank you.

16 CHAIRMAN GIBSON: Thank you for
17 your comments.

18 MR. KATZ: Mr. Dutko, yes?

19 MR. DUTKO: I'd like to make an
20 additional comment, please, sir.

21 MR. KATZ: Absolutely.

22 MR. DUTKO: In 1964 or 1965 was

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1 our peak period of work. We had approximately
2 91 million betatron, magnaflux and chem lab
3 department. Other than nine people I know of,
4 and I have it on my computer that gave
5 testimony to SC&A, seven of those people had
6 some form of cancer. One had two cancers.
7 That represents ten percent of our workforce
8 that's still alive. Many of these people are
9 dead or dead before their time.

10 I speak the truth. It can be
11 documented.

12 It's simply -- I ask the Board in
13 St. Louis to look into this. There's
14 something wrong here, people. Most of these
15 people are being refused as far as
16 compensation; they're being turned away. Yes,
17 they're around one of the simply most powerful
18 machines at the time as far as x-rays and as
19 it turns out, the most dangerous.

20 I thank you for letting me
21 comment. Thank you.

22 MR. KATZ: Thank you, Mr. Dutko.

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1 CHAIRMAN GIBSON: Okay. One last
2 time, is there any other workers or
3 representatives, advocates that want to
4 comment? Okay. If not, then we'll get back
5 to our agenda here and continue our discussion
6 that we started and left off this morning
7 with.

8 MEMBER MUNN: Mike?

9 CHAIRMAN GIBSON: Yes.

10 MEMBER MUNN: This is Wanda.

11 Before we go back to the agenda,
12 may I request that Ted or someone else takes
13 just a couple of minutes to reiterate what
14 SC&A's relationship to the program is? Not as
15 an auditor, but as a technical arm. This is
16 so commonly misunderstood. It sounds from the
17 comments that we've heard today that it's
18 still widely misunderstood. It would be
19 helpful if Ted or someone would make some
20 comment to that effect.

21 MR. KATZ: Well, yes. I mean SC&A
22 provides scientific and technical support to

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1 the Board to help the Board with its major
2 functions, which are to review, one -- and I
3 think this is where sort of audit comes to
4 mind for people -- the Board is to review a
5 sample of dose reconstructions for their
6 validity and scientific quality. And I think
7 that's where people think audit, because it's
8 a sample that they're reviewing. And they
9 also review all of the procedures that are
10 behind, and data that are behind, the dose
11 reconstructions or support the dose
12 reconstructions. And then they evaluate SEC
13 petitions; they provide the technical support
14 to do that for the Board.

15 So, yes, they're not an auditor as
16 one might think of an accounting auditor or
17 GAO, for example, or what have you. That's
18 true.

19 MEMBER MUNN: They bring technical
20 questions to the Board for review.

21 MR. KATZ: They do the heavy
22 lifting for the scientific, technical analyses

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1 that the Board needs to know that dose
2 reconstructions are being done well and to
3 consider SEC petitions so that the Board can
4 make its recommendations to the Secretary.

5 MEMBER MUNN: Thank you, Ted. I
6 appreciate that.

7 MR. KATZ: Sure.

8 CHAIRMAN GIBSON: Okay. So
9 getting back to the implementation plan
10 Objectives, and I guess one little comment to
11 the folks on the phone who commented. Part of
12 what we're trying to do here in this Work
13 Group is the Board did recognize that there
14 are sometimes public comments or the comments
15 that aren't, perhaps, properly tracked or
16 followed through with, and that was part of
17 what Dr. Ziemer when he was Chair of the Board
18 asked this group to do. So that's part of
19 what we're trying to put together here today
20 in this process so the Board will be better at
21 that.

22 DR. MAURO: Mike, this is John. I

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1 have just a quick statement.

2 During our discussion in the
3 morning after it concluded, during the break
4 Joe and I had a chance to caucus a little bit.

5 And I think I left the wrong impression with
6 the Work Group regarding Objective 3.

7 I think Objective 3 is the single
8 most important part of what we -- our support
9 to the Work Group. And I did not want to
10 leave the impression that it's something that
11 can't be done. I wanted to leave the
12 impression that we have to be thoughtful and
13 focused.

14 And Joe, in fact, pointed out to
15 me during the break that he had some good
16 ideas on what could be done now that could be
17 productive in a way that's manageable and will
18 help achieve our goals here.

19 So, I just wanted to clarify that.

20 I did not want to leave the Work Group with
21 the impression that it's an insurmountable
22 problem. It's just that part of the work that

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1 I think will require some deliberation and
2 well defined goals. And Joe has several good
3 ideas for things that could be done as part of
4 our current scope, as part of our review of
5 PR-12 that could be very productive.

6 So I just wanted to leave that
7 with the Board.

8 CHAIRMAN GIBSON: Okay. Thanks,
9 John.

10 And, Joe, if you want to go ahead
11 and share those with us.

12 MR. FITZGERALD: Well, I think we
13 were getting into -- I think everybody did
14 share some ideas of how you could scope this.

15 I think Arjun was talking about some
16 attributes that could be looked at. So it is
17 a tough issue, but it's tough because the
18 first two objectives sets the stage for the
19 third. The third is, okay, you've done all
20 these things. Now are you bringing something
21 back that you're in fact going to reflect in
22 the work that you do in the program?

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1 So that's tougher because you do
2 have to, I think, look at it from minimum
3 dimensions. You're going to have to talk to
4 the people that are doing the work. It's not
5 going to be simply -- wind up in the document.

6 And everything that we've talked about I
7 think before the break was, yes, it's going to
8 be something that the Work Group has to be
9 engaged in.

10 I think we need to bring to you,
11 and I think we can bring to you -- I talked
12 with Kathy a little bit. She's almost through
13 the PROC, the procedure review. And I think
14 we can deliver to you essentially the
15 evaluation of that procedure as well as,
16 perhaps, some illustrative examples, issues or
17 items that the Work Group might consider. And
18 I think that by itself will scope this thing
19 down. But, you know, we're not going to
20 follow 100 possible avenues, but maybe go
21 ahead take ten or 11 that are indisputable
22 inputs -- I think Terrie raised an example --

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1 ones that clearly there should be somebody
2 thinking about following up.

3 And I think if we were to walk
4 that down, talk to the right people, look at
5 the process, understand how the accountability
6 works to do it interactive, perhaps, at the
7 next Work Group meeting with the people
8 responsible for some of this follow-up; I
9 think what that will do is inform the Work
10 Group on the processes applied and whether
11 that process in fact is effective and
12 accountable. And that's not a yes or a no,
13 thumbs up or thumbs down. Just understanding
14 whether the process has been effective and
15 what's being done to follow up on these
16 specific issues.

17 So I think a matter of scoping. A
18 matter of what criteria. And I think we owe
19 you some feedback on scoping and on criteria.

20 To make this a manageable process,
21 I think John did a raise a good question; how
22 can you frame this so that Part 3 doesn't

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1 become sort of a monster. And I think what we
2 need to do is frame it. This is how it can be
3 done. Here's how we could make this manageable
4 for the Work Group, make it equitable to
5 people that are following up -- NIOSH, ORAU --
6 so that, in fact, we get the feedback the Work
7 Group needs without just sort of judging
8 things by what the manifest results are on
9 paper because, as I said earlier, I'd be
10 surprised if it didn't take a little bit of
11 time for this stuff to get reflected in
12 documents. I do think, though, a lot of this
13 stuff should be reflected in our time as far
14 as follow-up.

15 So, that's essentially it. I
16 think what Arjun had said earlier about
17 looking at this as two information flows. And
18 we've spent a lot of time looking at the
19 information flow through the site profiles,
20 and what have you, and the inputs from the
21 other sources, health physics sources. But the
22 input from the workers: very, very crucial.

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1 We spent a lot of time, I think, and Kathy has
2 spent a lot of time interacting at the local
3 level. How much credence is being put in the
4 information which is coming out of that
5 process? And that's really the deliverable.
6 And we can come up with the criteria on how
7 you can do that.

8 DR. MAKHIJANI: Can you give a
9 practical example of that where it really has
10 been very important in the past? I mean, the
11 first review we did with Bethlehem Steel and I
12 went to the NIOSH meeting, you know, we all
13 took notes. But when I went back, a worker
14 arranged for me to meet a worker who had been
15 all over that floor. And he had made on a
16 giant cardboard -- a layout of this thing.
17 And he explained to me where every piece of
18 equipment was, how the flow of the uranium
19 metal rolling happened. And this place where
20 there was these gratings. And basically where
21 it got chopped up and so on.

22 And it was the first time that

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1 those of us who were not there got an accurate
2 idea of what was going on and what these
3 cobbles were all about, and where they were
4 at, that it was a different place than where
5 the rolling machines actually were.

6 And we were able to get an idea of
7 the layout of where the hot spots in terms of
8 air concentration were. And that was not an
9 SEC. I mean, we were able to eventually come
10 up with a dose intake matrix for Bethlehem
11 Steel that we felt was pretty good.

12 But the production worker input
13 was just extremely important. It was central.

14 We could not have had the kind of
15 understanding we did without that worker kind
16 of going over every little bit. And then we
17 converted it into a professionally made
18 drawing and put it in our report.

19 CHAIRMAN GIBSON: Okay.

20 MR. FITZGERALD: Kathy, as far as
21 time frame, I mean I think Mike was raising a
22 spacing thing, sort of, is there enough time

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1 to give Objective 3 an appropriate amount of
2 time and effort. And as I understand it,
3 you're fairly far along on the procedural
4 review as far as Objectives 1 and 2, which I
5 understand doesn't answer all the questions
6 but it does answer the bulk of them. Can you
7 give the Work Group sort of a perspective on,
8 more or less, timing when they would expect to
9 see that procedural review so that kind of
10 sets the stage for this third Objective?

11 MS. ROBERTSON-DeMERS: I would say
12 that its going to be out within three weeks.

13 MR. KATZ: So, is that cleared by
14 SC&A or just from you to your reviewers at
15 SC&A?

16 MS. ROBERTSON-DeMERS: No. That
17 would be probably out as a --

18 MR. KATZ: As a final document or
19 draft document from SC&A?

20 MS. ROBERTSON-DeMERS: Right.

21 MR. KATZ: Three weeks.

22 DR. MAKHIJANI: We don't send

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1 these procedural reviews to DOE, I don't
2 think.

3 MS. ROBERTSON-DeMERS: No. No.

4 MR. KATZ: No, I'm just talking
5 about internal SC&A.

6 MR. FITZGERALD: From SC&A as an
7 institution, not just from Kathy, yes.

8 MR. KATZ: Yes.

9 DR. MAKHIJANI: If I might just
10 vet this thing in public, normally I don't.
11 Kathy, how long a document are we talking
12 about? Because I'm probably going to be one
13 of the reviewers.

14 MS. ROBERTSON-DeMERS: Ah, give me
15 a minute here. Fifty pages right now.

16 MR. KATZ: Okay. Right now?

17 DR. MAKHIJANI: Okay. Will you
18 give me a week in your time table?

19 MR. FITZGERALD: I think we can
20 safely say it's weeks, not months. But
21 certainly three or four weeks before we --

22 DR. MAKHIJANI: Okay. Thank you.

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1 To be safe, we're talking about four weeks
2 down the road.

3 MEMBER BEACH: And I have a
4 question.

5 This is Josie.

6 Will that frame up, Kathy, 0-12
7 and some of the work that still needs to be
8 completed under 1 and 2 at the same time so
9 that we have an idea what that kind of
10 captured under those two objectives?

11 MS. ROBERTSON-DeMERS: This is
12 purely a focus on what's covered in the
13 procedure and what's not covered in the
14 procedure. So it's purely a procedure review.

15 MR. FITZGERALD: So it wouldn't
16 cover, for example, the OTS Tracking System,
17 which I think you identified as an additional
18 item?

19 MS. ROBERTSON-DeMERS: Yes, it
20 does cover the OTS Tracking System in a
21 generic way.

22 DR. MAURO: With regard to the

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1 third Objective and what can be done as part
2 of a process that will allow work to continue
3 in a productive manner and not have a major
4 break, one of the things that Joe and I talked
5 about during the break was, it is plausible as
6 part of this work product that we're going to
7 produce to identify those sets of interviews
8 and notes for particular facilities that were
9 retrospective now. Certainly prospective
10 ones, the single one that we have certainly
11 could be within our mandate. But we believe
12 that there's some value in going to
13 retrospective.

14 And as part of our deliverable to
15 you would be a plan of what we would like to
16 do by way of prospective and retrospective.
17 And the only concern I have is that I think
18 that we will give you a suggested plan and a
19 rationale for what we plan to do and a
20 substantial level of detail. But I'd like to
21 be in a position to implement that plan and
22 not have to wait until, let's say, three

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1 months from now when the Work Group
2 reconvenes. Because that will show things
3 down.

4 Is there any way that the plan of
5 action that we offer up in the work product
6 that we'll be delivering in a few weeks can be
7 authorized so that, once the Work Group has a
8 chance to look at it, they could say yes or no
9 without having to wait? Because I know we
10 probably won't meet again for quite some time.
11 And I think that if we could move forward on
12 the plan or some revision to that plan with
13 some type of authorization given shortly after
14 delivering that work product, that would be
15 the ideal circumstance to be able to meet
16 everyone's objectives and also have something
17 to Lew that he could look at that would be of
18 substance that might be useful to him.

19 Is that something that we could
20 work out here?

21 CHAIRMAN GIBSON: Well, John, a
22 few things.

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1 Number one, if we kind of task you
2 guys with -- Kathy finishing this procedural
3 review, which will basically look at
4 Evaluation Objectives 1 and 2. And then if you
5 guys provide the framework on how that would
6 fit into Objective 3, we can always have a
7 Work Group conference call to make a decision.

8 And secondly, you know, I don't intend on not
9 having another meeting for months. We want to
10 try to get this thing rolling.

11 DR. MAURO: Well, that's my main
12 concern is I'm anxious to move this forward
13 and put some meat on bones with some real,
14 real experiences. And if we can do it that
15 way, that would be great.

16 MR. FITZGERALD: Joe again.

17 And I would add that this is in
18 parallel with what Kathy's doing. Because I
19 think the thinking as far as how to frame up
20 that third Objective, we're already starting
21 it right now. But to put some flesh on that
22 and offer it back to the Work Group as a go-

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1 ahead framework, we can start that now and
2 have it ready so when Kathy does deliver that
3 review, we're ready to go. You've already
4 looked at it, you agree that we have a good
5 approach on the third Objective and we don't
6 miss a beat.

7 MR. KATZ: Joe, I'd suggest you do
8 that as a memo.

9 MR. FITZGERALD: Yes.

10 MR. KATZ: A companion memo
11 because it really doesn't fall within that
12 task specifically, but it'll be informed by
13 it.

14 MR. FITZGERALD: Right. I'm not
15 talking about ten or 15 pages --

16 MR. KATZ: Yes, whatever it takes
17 --

18 MR. FITZGERALD: A memo.

19 MR. KATZ: -- to sort of frame up
20 some suggestions.

21 MR. FITZGERALD: Right.

22 MR. KATZ: And you may want to

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1 think about putting more than one option on
2 the table so that --

3 MEMBER BEACH: But not too many
4 options.

5 MR. KATZ: No. No. We don't want
6 five flavors, but just in terms of --

7 MR. FITZGERALD: No, no. Right.

8 MR. KATZ: -- think about
9 different ranges of extent of effort that
10 might --

11 MR. FITZGERALD: Right. And this
12 is definitely scalable. So really, as I said
13 before, making it bite-sized is probably one
14 of the biggest challenges, that in order to
15 deliver something and to have it manageable, I
16 think it needs to be bite-sized.

17 CHAIRMAN GIBSON: Well, as far as
18 I'm concerned and I'll hear from the rest of
19 the Work Group members, I think I'm ready to
20 tell him to go ahead with that then. Phil?

21 MEMBER SCHOFIELD: I agree.

22 MEMBER BEACH: I agree.

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1 CHAIRMAN GIBSON: Wanda, you have
2 any comments?

3 MEMBER MUNN: No. It sounds like a
4 feasible course of action.

5 MR. KATZ: So, with respect to
6 John's issue about downstream, you know at the
7 end of this meeting we'll look at our
8 calendar. We have a general framework for
9 when we're going to get the report. And if we
10 imagine that the memo will come with it in
11 about the same timing, then we can plan out
12 our next meeting then.

13 CHAIRMAN GIBSON: Yes.

14 MR. KATZ: Find a date.

15 CHAIRMAN GIBSON: Okay. So as far
16 as the Evaluation Objectives 1, 2 and 3, is
17 there anything additional that the Work Group
18 sees that we need to look at to be involved in
19 or do we just wait until SC&A does its initial
20 tasks and gets back with us? I don't want to
21 muddy the waters, but if there's something
22 that we could do in tandem with that, just

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1 whatever your thoughts are, or if you have
2 any.

3 MEMBER MUNN: This is Wanda.

4 It appears to me that, until we
5 see where SC&A is going with the material that
6 we've given them to work with so far, it would
7 seem, it might even be counter-productive for
8 us to consider adding to that or going in some
9 possibly different directions.

10 I'd like to see what Kathy is
11 going to give us and what Joe and John have
12 put on paper with regard to their thinking.

13 CHAIRMAN GIBSON: Okay.

14 MEMBER BEACH: I agree with Wanda
15 on that one.

16 CHAIRMAN GIBSON: All right. So
17 is there anything else we need to discuss
18 under our primary focus for these objectives?
19 Or have we kind of took a path forward on
20 them for right now?

21 MEMBER SCHOFIELD: I think we've
22 pretty well got that covered right now.

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1 CHAIRMAN GIBSON: Well, if so,
2 then we're ahead on the agenda.

3 MEMBER BEACH: Well, actually part
4 of this topic was the tracking of public
5 comments during the Advisory Board meetings.
6 And I think we need to spend some time talking
7 about that if everybody's agreeable. I think
8 this was the time that we kind of allotted to
9 that, Mike.

10 CHAIRMAN GIBSON: Okay.

11 MEMBER BEACH: And the reason I
12 bring this up is if everybody has seen that
13 discussion paper that we gave to the Advisory
14 Board at our last meeting, there's four pages
15 of options of how we're going to track the
16 public comment period. And I thought that as
17 a Work Group we should maybe revisit that and
18 bring those down into a more sensible --
19 there's too many options. It was very clear
20 during the Board meeting that there was too
21 many to even discuss or get our hands around.

22 And then I also brought Kathy's

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1 work that she did on the public comments. I
2 don't know if everybody had a chance to look
3 at that. And I don't want to jump on Mike's
4 toes here, but I thought that we should
5 probably kind of streamline this so we have
6 something to bring to the Board at our next
7 Board meeting on how to track this public
8 comment during the Board meetings, because I
9 don't want to go another Board meeting before
10 we have something concrete to give them and to
11 continue tracking the comments.

12 MEMBER MUNN: Are we going to
13 include SC&A's White Paper in this part of the
14 discussion?

15 MEMBER BEACH: Are you talking
16 about the one that Kathy sent out on March
17 8th?

18 MEMBER MUNN: I don't know what
19 date it went out. March 8th is the date on
20 the cover letter.

21 MEMBER BEACH: To the Advisory
22 Board Public Comment Tracking example? Yes.

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1 MEMBER MUNN: That's it.

2 MEMBER BEACH: That's the one that
3 I had pulled out.

4 MEMBER MUNN: Yes. Yes. I really
5 wanted to look at that and take a look at page
6 14 with all of those examples of comment
7 categories.

8 MEMBER BEACH: And I guess I
9 wonder if we shouldn't look at the options and
10 maybe decide because the options are directly
11 related to how those comments are going to be
12 taken and what we're going to do with them.
13 So it seems like we should decide how we're
14 going to keep tracking --

15 MEMBER MUNN: Yes, this is what I
16 was saying earlier when I brought it up out of
17 sequence.

18 MEMBER BEACH: Right. Right.

19 MEMBER MUNN: The issue of how is
20 this information to be used and how can we --
21 I think I used the word parse it in such a way
22 so that it makes sense.

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1 For example, it's clear that
2 anyone who makes a comment to us would like to
3 know that something is done with that comment.

4 But all of those comments are not necessarily
5 going to have something done with them. If we
6 look at the examples that were given in the
7 White Paper, for example, many of them are
8 information pieces, but not pieces that
9 necessarily require or even reasonably would
10 expect to have a response, a written response
11 or a formal response of any kind to the person
12 giving the information. On the other hand,
13 there are clearly some that pose serious
14 questions and those questions need to be
15 addressed and responded to.

16 MEMBER BEACH: Correct.

17 MEMBER MUNN: We clearly, at least
18 in my mind, we could make a clear distinction
19 between the two. And the tracking mechanism
20 that would appear to be most crucial from my
21 perspective would be those questions that are
22 asked during public comment that obviously are

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1 being asked with the expectation of getting a
2 direct response.

3 DR. MAURO: Does everyone have
4 that March 2nd report that Kathy put together
5 because I found that extremely useful in that
6 it's what I call a straw man? This is
7 something we were asked to do, not that we're
8 going to permanently do this, but something to
9 put on the table as a straw man of what is the
10 thing going to look like. And what we did is
11 our best we can in that. I thank Kathy for
12 doing a lot of hard work in assembling all
13 this good information into a table. And
14 there's that Table 1 where I think we did
15 everything we could to capture every comment,
16 lay it all out, categorize them in some way,
17 for better or worse, and set up a table which
18 would in effect be a tracking system or the
19 start of a tracking system.

20 And I guess once this was done it
21 was my understanding that the Work Group would
22 take a look at it and ask themselves is this

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1 what we had in mind. You know, in my
2 experience until you put a straw man up, it's
3 very hard to communicate.

4 Now you have something in front of
5 you. And some of you will say, yes, this is
6 exactly what we want. Some of you will say
7 no. So if it's possible for us to take a look
8 at it to see if we're all on the same page on
9 this thing.

10 MEMBER MUNN: From my perspective
11 it's a perfect straw man. And it's obvious
12 the work that went into it. Applause,
13 applause.

14 But this very straw man is what
15 brought the major questions to my mind. All
16 right. What are the key goals we're trying to
17 achieve here? And our key goal, as I
18 understand it, is to respond to workers'
19 concerns that are raised during public
20 comment, which I think that's all we're trying
21 to do.

22 CHAIRMAN GIBSON: Yes.

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1 MEMBER MUNN: And if that's what
2 we're trying to do, then responding to
3 questions and concerns is a different thing
4 than receiving gratefully information and
5 incorporating it, whether it is incorporated
6 as some obvious piece of information in a
7 document is not quite the same as having it
8 incorporated into the body of information and
9 knowledge that both the agency, our
10 contractor, and the Board are working with.
11 You know, we don't have to respond saying,
12 we've heard you and we're going to do this.
13 It doesn't necessarily require action on our
14 part. Things that require action, it seems to
15 me, are the things that we really want to make
16 sure that this Work Group or at least some
17 portion of the Board is tracking.

18 And, in that regard, the
19 meticulous breaking out of categories is
20 greatly appreciated but, from my perspective,
21 muddies the water in terms of pulling
22 information back out again. Whenever one

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1 starts dealing with a large body of
2 information like this, my first concern is,
3 once I have the information, even if I've done
4 something with it, where can I ever find it
5 again.

6 MR. FITZGERALD: Yes.

7 MEMBER MUNN: And this many
8 categories of information is in my view far,
9 far too many to make reconstruction or
10 withdrawal of information again easily.

11 DR. MAURO: In essence, the first
12 five columns are just factual information. In
13 other words, this is what people said and then
14 who said it.

15 MEMBER MUNN: Yes.

16 DR. MAURO: And starting with the
17 category column is where the judgments are
18 made. And I agree with you. In my mind the
19 columns on the right-hand side of the table
20 are the ones where deliberation is needed.

21 In other words, all we really did
22 was capture factual information in the first

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1 five columns. The question is what do we do
2 with that now. And I agree with you. Do we
3 want to categorize it and how? We have 28
4 categories. That's certainly perhaps too
5 many.

6 Does the Work Group want to take
7 ownership of this, or does the Board take
8 ownership of this in terms of being what I
9 call the traffic cop in directing which ones
10 need to be responded to, which ones don't?
11 And if they do need to be responded to, who
12 does that, Labor, the Board, NIOSH? These are
13 the questions that I think that emerge from
14 the first five columns.

15 And I guess the question becomes
16 the degree to which the Work Group wants to be
17 the arm of the Board in taking ownership of
18 this information.

19 MEMBER MUNN: Well, my personal
20 view is that the Board needs to make the
21 decision, but we need to provide the
22 documents. And this document that we have

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1 before us, from my position, is an excellent
2 place to start. But 36 categories is off this
3 chart.

4 MEMBER BEACH: This is Josie
5 again.

6 I think we need to get back to
7 what we were tasked to do by the Board, and
8 that was to come up with some options, correct
9 me if I'm wrong, that we could present to the
10 Board. And the first draft paper that we came
11 up with had several options that, as a Work
12 Group, we haven't really narrowed down to an
13 option that we want to present to the Board as
14 -- because it's not our job to disseminate how
15 we're going to address these comments. I
16 believe that task is up to the Board and for
17 them to tell us if they want this Work Group
18 to move forward with that. But we're not at
19 that point yet.

20 Mike, if you have any --

21 MR. KATZ: At the Board meeting
22 specifically what the Board asked for from the

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1 Work Group was to present -- and SC&A, this
2 straw man proposal, but to present at the next
3 Board meeting a possible tracking system.
4 They wanted, you remember, to do this in baby
5 steps. And that was the place they wanted to
6 start. They wanted to see what a tracking
7 system would look like so they could consider
8 whether they want that.

9 MEMBER BEACH: Right.

10 MR. KATZ: And then there's
11 associated with the tracking is how it gets
12 done.

13 MEMBER BEACH: But would that be
14 up to us to make that decision or would we
15 present this straw man to the Board and then
16 the Board let us know how they want us to go
17 forward?

18 MR. KATZ: I don't see any reason
19 why the Work Group can't make a recommendation
20 to the Board about the how-to as well as to
21 what the tracking system might look like.

22 MEMBER BEACH: Well, then there's

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1 the question of the next Board meeting, are we
2 going to go ahead and go further with this and
3 have those worker comments documented in this
4 manner, because that's the next step.

5 DR. MAKHIJANI: Just a couple of
6 suggestions. The options looks more
7 complicated than it actually is.

8 I think there are basically two
9 broad ideas of options. One is do you want to
10 document the comments and stop there or are
11 you going to actually figure out what was done
12 and track what was done so you can go back.

13 And the other concern is are you
14 going to go back to previous comments or are
15 you going to start now and start tracking
16 them.

17 MEMBER BEACH: Right.

18 DR. MAKHIJANI: I think basically
19 those things cover the options.

20 And in regards to the tracking, I
21 think, as John said, the first few columns
22 really just present the substance of what was

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1 said.

2 In terms of the categories, maybe
3 the categories themselves may better be made
4 by whoever is doing the follow-up. So the
5 first kind of traffic-cop point, you know,
6 should be NIOSH do the follow-up, Working
7 Group do the follow-up, SC&A do the follow-up,
8 some Board member do the follow-up. Whatever
9 that entity is should then describe the nature
10 of that comment, and -- presuming it needs
11 follow-up. So there'd be five categories or
12 something; no follow-up needed and then who is
13 going to follow-up. And then from there the
14 categorization could be done by the entity
15 that's going to do the follow-up.

16 DR. MAURO: Arjun, that's a good
17 suggestion.

18 In other words, in the categories,
19 it might be not defined in terms of who is
20 going to take care of that and be responsible
21 for preparing -- including no action. Maybe
22 that's the best categorization system of all.

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1 Just say who has got this one, what
2 organization, whether it's NIOSH, Labor or the
3 Board itself, or the Work Group itself is
4 going to take this on and be prepared to feed
5 information back to the full Board regarding
6 that particular comment, question or issue.

7 MEMBER BEACH: And if you look at
8 page 7 of that report, some of those have
9 already been completed for us. Some of the
10 responses were made right at that point and
11 they're documented in this report.

12 DR. MAURO: Yes. Yes.

13 MEMBER BEACH: And I personally
14 liked having the categories myself to go back
15 and look at those categories.

16 MEMBER MUNN: But they are so --
17 how are you going to pull them out, I guess,
18 that is what I really wonder about.

19 MEMBER BEACH: And I can't answer
20 that, Wanda, because we don't even know where
21 they're going to be.

22 DR. MAURO: Well, mechanically,

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1 Wanda, when it's all said and done, that's not
2 a limiting factor. If you liked this, in here
3 you could have two types of categorizations.
4 One is -- would be what I would call
5 characterization of what the type of concern
6 it was according to these 36 items. Another
7 type of category could be who is taking
8 ownership of it or who is going to be
9 responsible. And all of that mechanically can
10 be loaded into an Access database or, more
11 simply, an Excel database where you could
12 sort.

13 Say, listen, I'd like to look at
14 all the type 2 categories, all the type 2
15 comments that came in.

16 And so in terms of the mechanics
17 of tracking, the tools are available to do it
18 any way you want and sophisticated or as
19 simply as you would like.

20 So whether or not you like those
21 categories is a different question. Are there
22 too many? Are there different types of

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1 categories that you would like to sort things
2 according to? But I mean all of that in terms
3 of being a burden, is not a burden. Once the
4 machine is set up, you know it's something
5 that's very easily tracked.

6 And as you know, once we got the
7 procedures machinery working, it served us
8 well. It took a little work to get that
9 machinery working.

10 By the way, this is nowhere near
11 as complicated as what we did on our
12 procedures. This is a walk in the park
13 compared to the procedures.

14 MEMBER MUNN: Understood. And the
15 mechanics are always the simplest parts of
16 putting these things together. The question
17 is whether this kind of slice-and-dice gives
18 us information that is valuable to us. The
19 fact that we can pull up four comments that
20 have been about this particular topic,
21 whatever we choose to look at, does not
22 necessarily give us the information that we

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1 really need to resolve the questions of
2 whether or not these things are being handled.

3 It's, as you said or was said earlier, it's
4 the columns on the right-hand side --

5 DR. MAURO: Yes.

6 MEMBER MUNN: -- that really are
7 where the rubber meets the road.

8 DR. MAURO: Yes.

9 MEMBER MUNN: And if we want to
10 begin to identify who has the action, then
11 that's an entirely different thing, and
12 probably within the purview of the Board who
13 do. I doubt that it's within the purview of
14 our Work Group to do that.

15 DR. MAURO: Unless the Work Group
16 decides that they could make recommendations
17 on how to proceed. I mean as Ted pointed out,
18 it's the degree to which you want to make a
19 recommendation on what to do as opposed to
20 just asking the Board to make the
21 recommendation. It sounds to me --

22 MEMBER MUNN: It may also be a

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1 process question with respect to, oh, this
2 Work Group perhaps recommending to the Board
3 that, to the extent possible, the identity of
4 who has the responsibility for response be
5 identified at the time any comment is made.
6 We have not done that routinely. And then I
7 guess the question then becomes whether or not
8 we can expect the Board to think on its feet
9 in terms of no response required --

10 DR. MAURO: One observation
11 regarding that, doing it in real time. You'll
12 notice that piecing out the essence of what a
13 person said when they got in front of the
14 Board --

15 MEMBER MUNN: It takes a while.

16 DR. MAURO: In other words, it's
17 very often that that information comes out in
18 a fragmented way.

19 MEMBER MUNN: Right.

20 DR. MAURO: And then it takes a
21 little bit of skill to surgically say, well,
22 what is that person really saying, and try to

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1 capture it.

2 So, I don't know if it's going to
3 be very easy to do in real time.

4 MR. KATZ: I agree, John. Can I
5 weigh in, Mike, on this on a couple of things:
6 just thoughts?

7 CHAIRMAN GIBSON: Yes.

8 MR. KATZ: One, with respect to
9 who is going to respond. I think DCAS will
10 self-select. It's up to them to decide what
11 their issues are that they're going to respond
12 on and really the Board won't be assigning
13 DCAS. You'll be responding to this. I think
14 they'll self-select that and then you'll have
15 a universe of other --

16 And some of those that they self-
17 select, the Board may want to answer to in its
18 own way. And so it's not that DCAS will be
19 taking anything off the table for the Board to
20 respond to, but certainly they'll make their
21 own decisions as to what their issues are.

22 So in terms of process, I would

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1 think, would that happen at some point after
2 the Board meeting and probably when they have
3 the issues all laid out before them, although
4 they will have already responded at the Board
5 meeting to some things and stuff and what have
6 you. That's where they would go down the list
7 and say, okay, this is ours, this is ours,
8 this is ours, or what have you.

9 MEMBER MUNN: Yes.

10 MR. KATZ: But what I wanted to
11 say about the category business is, I agree
12 with your concerns, Wanda, as to what end are
13 we doing this best. And the categorization
14 will, of course, grow with experience, too. I
15 mean, you'll end up with 48 or 57 categories,
16 or what have you, and a given comment may
17 strike three categories at once, or one. I can
18 see enormous complexity coming into someone
19 spending time worrying about which boxes to
20 check in terms of category and so on. And I'm
21 not sure that that moves anything much forward
22 unless you're concerned about, down the road,

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1 evaluating how well the Board is responding to
2 comments and you want to be able to go down by
3 these categories and say to this kind of
4 comment, this is how well the Board was
5 responding to them and what have you.

6 I wonder about the value of the
7 categories. I think the value is in what was
8 the response or whether it was one that
9 doesn't need response. I mean, that makes
10 sense to have as a possibility.

11 But I just see a lot of complexity
12 when you'd start categorizing things and given
13 the intent of this, which is the Board -- I
14 mean, this all grew out of the Board being
15 concerned about wanting to be responsive to
16 comments that it received, not necessarily
17 wanting to analyze its own performance with
18 respect to being responsive to comments
19 received.

20 MEMBER MUNN: Yes.

21 DR. MAURO: I have to say, my
22 sense is I could see us getting caught up in

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1 categorization and debates which are really
2 going to be not very productive.

3 I like the idea of things self-
4 organizing. That is, if all we can do right
5 now is capture the comments the best we can
6 and in some way or another come up with a
7 system for who has got the ball and not
8 attempt to categorize, I mean other than who
9 has got the ball, let the categorization -- if
10 it turns out that the process reveals that no,
11 we need to start to categorize because an
12 interest emerges during the process that we'd
13 like to know all of those comments that deal
14 with certainly a site, a given site for
15 example and of course, we have that here, but
16 whether or not they're generic or they belong
17 to this, maybe I think we need to burden
18 ourselves with something we don't have to
19 burden ourselves with right now.

20 MR. FITZGERALD: Let me just add
21 one thing quickly. You know, somebody said
22 this was a straw man. I think it really is

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1 and it was to provoke some discussion about
2 the intent of, you know, this is a tool. It's
3 a tool for the Board and NIOSH. And I think
4 this is the juncture where you go back and say
5 what was the intended goal for this tool?
6 What do you want this tool to do? And this is
7 a straw man. Does this accomplish that
8 intention?

9 Now if it turns out that there's
10 still a lot of discussion about, what do we
11 want to do with such a tool, then that
12 discussion should happen now, because really
13 you can adjust this thing, take some
14 categories out. You know, you can do anything
15 you want to it. But maybe it's a lack of
16 clarity as to what is this going to do and who
17 is going to do it. And that is going to
18 really influence what that's going to look
19 like.

20 And right now it probably is too
21 complex, but I think that's forcing this
22 discussion about, well, we really want

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1 something a little more simple, self-
2 organizing. NIOSH is going to assign itself
3 and I think that's very valuable to get this
4 on the table because I don't think that's
5 really been laid out before.

6 So this is doing what it was
7 intended to do. It sort of gets you there.
8 But then you're going to have to go backwards
9 and say, okay, now that we know what we really
10 want to do with this thing, what does this
11 thing look like. And we can go back and
12 retrofit that and then take that forward.

13 MEMBER BEACH: Well, and I think
14 Abe and Kathy did a great job on this. But
15 the other key point is, is we have to present
16 something to the Board in addition to the
17 straw man, and it's that first document that
18 we gave them at the last Board meeting that
19 was way too complex. So I'm wondering if we
20 can't, as a group, pare it down and give them
21 a more realistic set of options, or do we even
22 need it?

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1 MR. KATZ: It seemed like the
2 Board wanted -- I mean, a lot of those options
3 were sort of going beyond what gets commented
4 on in a Board meeting to what about sub-Work
5 Groups and Subcommittees and so on. And I
6 think the Board already, only briefly, but
7 spoke to that and said no we don't mean -- I
8 think Paul said about his -- he used the
9 example of his work group on the TBD-6000. He
10 said, you know we've got the comments that
11 come to us. We don't need this Board system
12 to deal with our comments that are made before
13 our Work Group and so on.

14 MEMBER BEACH: Maybe it just
15 simply is we're going to keep having someone
16 taking over during the comment period and
17 looking at the transcript and then creating a
18 document.

19 MR. KATZ: I've been thinking
20 about this because I've been thinking about
21 how to staff this, get this done because I
22 don't think any of you Board members really

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1 have the time to do this.

2 And so I have a staff person who
3 works for me on regulatory stuff -- nothing to
4 do with OCAS -- and I've spoken to her about
5 her availability of time.

6 My one question is whether it
7 really makes a lot of sense to have to do it
8 in real time, you know, taking notes there.
9 We have full transcripts. That work is
10 already done. And it's a whole lot more
11 efficient in a time sense to go through the
12 transcript and pull every single comment
13 that's made at any session, and then do this
14 than to be taking notes in real time and then
15 go back and look at the transcript and verify
16 or elaborate, or what have you. It's almost
17 double work.

18 MEMBER BEACH: Well, I guess I
19 have a concern of -- because I look at the
20 comments, whoever did this, I believe OCAS or
21 NIOSH, and they're pared down. They're
22 incorrect, we've heard twice today. Where the

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1 comments here are almost word-for-word. And I
2 guess I just want to make sure we're capturing
3 what the worker actually said and not
4 paraphrasing what we think they say.

5 MR. KATZ: I agree. Although you
6 are, I mean, even in these cases, I mean you
7 have to summarize. I mean, a person goes on
8 for 20 minutes; you're not going to put in a
9 table of 20 minutes of -- I'm exaggerating
10 about someone goes for 20 minutes --

11 MEMBER BEACH: As long as they're
12 summarized.

13 MR. KATZ: -- but you're going to
14 have to just encapsulate what the main points
15 were. The transcript is still there for anyone
16 who has questions as to all of what was said.

17 I totally agree that you want a
18 good job of summarizing that. But keep in
19 mind, the summary of the issue, the point of
20 that is for tracking to see that it got
21 responded to. And when you have a response,
22 you'll certainly want to know that the

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1 response fully addressed the issue raised.
2 But it's not so important that in your
3 tracking table that every droplet of blood in
4 that comment is captured there. Because
5 really it's, again, to track to make certain
6 that it was fully responded to.

7 MEMBER BEACH: Right. Right.

8 DR. MAURO: I think that in the
9 simplest of ways what's really important here
10 is that the Board is about to start something
11 that makes it a little bit more proactive in
12 engaging the concerns of the public when they
13 show up at the meeting. I think that's the
14 single most important thing because I think
15 opposite of that are wonderful when that
16 happens and the degree to which the Board can
17 actually respond in real time, I think that
18 was wonderful.

19 By the way, that happened at the
20 last meeting. It was great.

21 CHAIRMAN GIBSON: Right.

22 DR. MAURO: And the degree to

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1 which the Board can then at the next meeting
2 say, you know, by the way there were a number
3 of questions and concerns raised at the last
4 meeting that we felt were important.

5 In fact, I don't necessarily
6 believe -- and I agree with you on this, Ted,
7 that every single item has to be captured. I
8 think that it becomes a matter of there are
9 certain issues raised, questions and concerns
10 that the Board felt that it was important that
11 we get back to those folks. And to let them
12 know that we're doing the best we can to
13 listen to their concerns. So I think that
14 that's the message that we want to come out of
15 this.

16 So as far as the categorization
17 system, in my opinion it's not essential. I
18 think what is essential though is, at the next
19 meeting, the Board be prepared to make the
20 statement that there were a number of
21 questions that were raised at the meeting that
22 we felt were especially important and we have

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1 this time period set aside to remind the
2 listeners of what those concerns were, perhaps
3 who made them and what our response is and
4 what's being done about it. Now we may not
5 have answers, but we may say we have asked
6 Department of Labor to provide some materials
7 as soon as they could on this matter.

8 So I think it's almost a dialogue
9 that happens at the next meeting and how this
10 particular product that you're looking at is
11 going to facilitate that. That's all it
12 really is and I would not want to make it more
13 than that. That is that the end result is
14 that there is a good feeling that comes back
15 from the visitors in the evening sessions
16 that, oh my goodness, these folks are
17 listening to me. And that's all we're really
18 trying to do here.

19 And by the way, I would argue, and
20 this is maybe a little self-serving, but
21 understanding the context within which a
22 person's statement is made and not only its

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1 administrative but also its technical
2 importance to a particular site is something
3 that does require someone very experienced in
4 the program administratively and also
5 technically.

6 So if you do decide to go forward
7 and collect information, whether it's in real
8 time, you know during the meeting, or from the
9 transcript, it is very, very important that we
10 really get to the heart of what each person
11 and tease out what the person had to say and
12 why it's important.

13 I've said my piece.

14 MR. KATZ: Yes. And on that last
15 point let me just explain that I'm not self-
16 serving because it doesn't serve me actually
17 to have my staff involved. It's more work for
18 me, too. But I think we can handle this
19 readily --

20 DR. MAURO: Okay.

21 MR. KATZ: -- in terms of
22 capturing the key points and being able to

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1 track the responses themselves, the
2 substantive technical responses, whether they
3 come from OCAS, whether they come from the
4 Board, and whether the Board needs SC&A to
5 help it with its response in a case or two, or
6 what have you. I suspect that's rarely going
7 to be the case. But however that is, that's
8 one thing. But I don't see that this is an
9 issue in terms of being able to provide
10 accurate, summarized tracking.

11 And, you know, just the other
12 thing for us to keep in mind is, DCAS has sort
13 of piloted an effort at the last Board meeting
14 I think, before the last Board meeting, of
15 beginning to try to track, see how well they
16 could track this. I imagine if they're going
17 to be tracking, I don't know whether their
18 plans are to track going forward and elaborate
19 on that system. Is that their plan or not?

20 MR. JOHNSON: No. This is the
21 surrogate for it.

22 MR. KATZ: Right. So you're not

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1 planning to do anything yourselves
2 independently? In other words, you started an
3 effort to track and see what you're responding
4 to?

5 DR. MAURO: That's correct. We
6 started a straw man and this process is
7 overlapping that, has taken over.

8 MR. KATZ: Okay. So then your
9 answer is that if we're going to develop a
10 tracking system, we're going to develop it.
11 It's not going to be you've dropped whatever
12 you started there?

13 MR. JOHNSON: Right.

14 MR. KATZ: Okay. That's clear.

15 MEMBER MUNN: It's very helpful to
16 know, Ted, that we have staff available to do
17 that kind of preliminary overview. And it's
18 reassuring also to know that we now have a
19 circumstance where the transcripts are
20 available to us, at least internally, in a
21 timely enough manner to be able to do the kind
22 of processing that you have suggested. It

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1 appears to be ideal if we can in fact, at each
2 meeting, provide an overview of comments that
3 were made during the previous meeting.

4 MR. KATZ: I mean, we need to get
5 beyond that. I mean I'm just thinking about
6 process. If you want to follow the option of
7 doing it based on transcripts, it seems like
8 the steps would be we get the transcripts, we
9 capture in a table like this protocol that
10 SC&A has drafted, this straw man. We capture
11 those comments. But then the next step is we
12 need to sort of go with those, for example, to
13 DCAS and say which of these have you responded
14 to, are you responding to?

15 Of course from the transcript,
16 we'll know the ones that we're responding to
17 at the Board meeting and that'll be settled.
18 Again, those that remain open, then my staff
19 would need to go basically to the Board and
20 say here are the ones that are open, how do
21 you want to handle these except for the ones
22 that may be obvious they're a DOL issue and we

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1 need a mechanism. But that could be sort of
2 the straw proposal, and that's what I would
3 suggest as sort of a process for how this
4 would work.

5 I mean, when you get to the next
6 Board meeting, which is -- they're generally
7 90 days apart, right? Approximately 90 days
8 apart. You have not only what the comments
9 were and from who and so on, but we would have
10 at that point, have identified who the
11 responder was. At minimum, some of the
12 responses would have been done. And then we
13 would know that X is working on this and we'd
14 be able to report that. And it seems like
15 that would get you to your point where at that
16 next Board meeting you would be able to give a
17 report, sort of as John envisioned, say,
18 here's where we are with what we heard at the
19 last Board meeting.

20 MEMBER BEACH: So we have SC&A's
21 report here. Are you in a position where
22 whoever you're thinking about on staff could

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1 actually look at the transcripts from the last
2 meeting and pull those out? Or are you just
3 going to go with what SC&A did at this point
4 forward?

5 MR. KATZ: So I haven't read the
6 way they were summarized in detail.

7 MEMBER BEACH: Yes.

8 MR. KATZ: But if these are
9 adequately summarized to be able to go about
10 that next step in effect. Because I'm
11 assuming Kathy, she always is very
12 comprehensive about what she does, I'm
13 assuming she caught it all here. I don't know
14 whether this was just partial or whether it's
15 complete. But if this is complete then --

16 MEMBER BEACH: I think it's
17 complete.

18 MR. KATZ: -- she can follow-up
19 and follow up first with DCAS and find out
20 which of these they may have taken up. And
21 then from there I can communicate with the
22 Board about what's left on the table.

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1 MEMBER BEACH: So you're saying
2 she, Kathy, can follow-up or --

3 MR. KATZ: No, no, no. I'm sorry.
4 The she, the person who works for me. So her
5 name is Erica Weiss. She works for me --

6 MEMBER BEACH: Thank you.

7 MR. KATZ: -- on regulatory
8 matters. But she could, again, follow-up with
9 DCAS, find out what they're covering already
10 and have some sort of synopsis of what it is
11 DCAS is going to be doing going forward on
12 that. And then communicate with the Board the
13 ones that are left open. I mean, communicate
14 it all, but communicate with the Board, here
15 are the ones that seem like they need a Board
16 response that don't have one yet.

17 MR. FITZGERALD: Yes. I think the
18 two key issues is the ones you're touching on,
19 really, is who is going to be responsible and
20 then what counts as a public comment. Because
21 I think that's the entry point for what goes
22 in the system, and just to clarify for anybody

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1 who wants to know, including the public, you
2 know this is how it's going to be handled.
3 But, you know, this question I think has been
4 what is considered a comment subject to actual
5 resolution or response.

6 And you go to these meetings and
7 you get a lot of things being thrown in, but
8 not everything is necessarily a comment.

9 MR. KATZ: I would say that all
10 comments, that some don't need responses. I
11 mean if someone is saying something very
12 personal about their own frustration or
13 whatever, then that can go in the column no
14 response necessary and the Board can see that.

15 And, of course, if the Board feels like,
16 well, that really does need a response --

17 MR. FITZGERALD: Right.

18 MR. KATZ: -- then the Board can
19 do that.

20 MR. FITZGERALD: Yes, and I think
21 that's useful. And I think --

22 MR. KATZ: Yes. I don't want to

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1 lose any -- I really wouldn't want my person
2 to be making choices about which is a public
3 comment or which is not.

4 MR. FITZGERALD: Right.

5 MR. KATZ: I would just be
6 comprehensive.

7 MR. FITZGERALD: And have NIOSH
8 and the Board self-select, or that process of
9 organizing what would be, in fact, useful.

10 MR. KATZ: No. So my staff person
11 wouldn't be making judgments on anybody's
12 behalf.

13 MR. FITZGERALD: Right. And I
14 think this would be more valuable. I think
15 what got a little bit convoluted was going
16 through a lot of options for doing tracking.
17 I think, really, I think what would be easy
18 for the Board would be -- you know, this has
19 been kicked around. Frankly, here's a
20 process. Sort of similar to what was done on
21 procedural -- the Procedures tracking system.
22 Here's a system that we're going to try on --

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1 nothing is going to be matched the first time
2 around. This is a trial and we'll probably
3 fine-tune it and see how it works. But that
4 would be a way to go.

5 MEMBER BEACH: And the other thing
6 is, what role does this Work Group play in
7 that. I mean, once you have that process in
8 place, because we had talked last week about
9 us kicking around some of those and we might
10 not need to, as a Work Group. It may fall all
11 to the Board. So I don't know if we've given
12 that any thought. I know we did the last time
13 we met.

14 MR. FITZGERALD: I think you're
15 doing QA on the process. I mean, you're doing
16 QA on the process now. And once this is put
17 in place, you're going to continue seeing how
18 the process works by virtue of feedback from
19 workers in terms of monitoring how the actual
20 tracking turned out.

21 MEMBER BEACH: So this worker may
22 do QA, is what you're saying?

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1 MR. FITZGERALD: I think that's
2 sort of a continuation in a sense of what's
3 being done now. But in this place you have a
4 process in place and it would be very helpful
5 to see what the workers think at that point
6 and whether things are getting better and
7 whether there are things that maybe are not
8 being caught and it'd be kind of useful to
9 have that QA going on. And that would be just
10 kind --

11 MS. ROBERTSON-DeMERS: This is
12 Kathy.

13 I wanted to get some clarification
14 on the definition of public comment from a
15 generic perspective.

16 At the Board meeting we got a
17 public comment session, but you've also got
18 SEC petitioner presentations and at this last
19 Board meeting you had [indentifying
20 information redacted] speak during the
21 discussion on surrogate data. And I wanted
22 some clarification on whether these other

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1 items outside of the official public comment
2 period are considered public comment?

3 Are you still there?

4 MR. KATZ: Yes. I don't want to -
5 -

6 MEMBER MUNN: If you want
7 reaction, I can give you a reaction
8 immediately. From my perspective, anything
9 that is on our docket as a program issue that
10 we are addressing as a Board is not public
11 comment. It's something that has been
12 scheduled for us to hear specifically.

13 Public comment is an opportunity
14 for people from the general public to bring to
15 the Board a concern that they have. And they
16 can do that by telephone. They can do that by
17 writing and asking somebody to read it. Or
18 they can present it themselves. That to me is
19 public comment.

20 CHAIRMAN GIBSON: But I almost --
21 well, I do disagree in a way there, Wanda. I
22 think that even though someone is scheduled to

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1 be on the agenda as a presenter for an SEC
2 evaluation or whatever, it's still in a lot of
3 cases someone that has personal experience
4 that could be valuable that may differ than
5 the opinions that DCAS has come up with in
6 their evaluation.

7 MEMBER MUNN: But they are a part
8 of the SEC organization. I shouldn't say
9 organization. They're a part of the SEC
10 process and are tracked there.

11 CHAIRMAN GIBSON: But I think part
12 of our duties is to determine when information
13 is given that has value to it and how it was
14 used or not used in the process.

15 MEMBER MUNN: Maybe the definition
16 should be the Board's definition.

17 CHAIRMAN GIBSON: Which is?

18 MEMBER MUNN: The Board has asked
19 us to undertake this task. If we need
20 clarification from the Board, we should ask
21 for it.

22 DR. MAURO: Was this one of the

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1 options? I remember the four options came
2 out. And I agree. Josie, we never really
3 went back to that. Are we talking about --
4 was this captured in --

5 MR. KATZ: No. No. John, this
6 specific sort of issue that Kathy has raised
7 is not a different version of one of those
8 four options.

9 Let me just say this is what I
10 would suggest here. I mean, we can capture
11 those, you know, the comments during SEC
12 sessions and so on when there are discussions
13 of SECs. I think that's the other main place
14 where there are comments. You can capture
15 those.

16 I mean, I think what we'll end up
17 finding is that the response then to that is
18 of course, the Board has taken that
19 information into consideration because it's at
20 that point the Board is deliberating on the
21 petition. So you may not in many cases have a
22 different response, an interesting response

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1 there. But there may be situations where
2 someone says something during that and that
3 spurs DCAS to do something, or what have you.

4 So, there may be situations where
5 the response would be interesting. But I
6 don't have an issue about capturing it.
7 There's just more comments to capture, but it
8 doesn't seem to present any difficulties.

9 MEMBER MUNN: I think Kathy's
10 point is very well taken. The definition of
11 what -- we always get tangled up in our
12 underwear when we start talking about
13 semantics. And we need to be as clear as is
14 possible for us to be on what the Board has
15 asked us to do, what the Board means when make
16 these comments.

17 MR. KATZ: Right. So I would just
18 suggest, I mean you could be inclusive and
19 suggest back to the Board we'll capture all
20 comments made at the Board meeting, whether
21 they're made in the public comment session or
22 in an SEC petition presentation, what have

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1 you. And if the Board says, well, we really
2 don't need to capture those, they can tell you
3 that. But otherwise we can have a system that
4 captures both and tracks both.

5 CHAIRMAN GIBSON: Well, once the
6 straw man gets completed -- and see what goes
7 from there.

8 MR. FITZGERALD: I think you'll
9 probably discover other places or venues, and
10 you might want to add those as you go.

11 CHAIRMAN GIBSON: And I had one
12 more, getting back to this comment where they
13 put the characterization of the comment. I'm
14 not sure we shouldn't leave that in, maybe not
15 use that as far as -- we want to make sure
16 that comments are followed through with,
17 number one. But we also have an issue that
18 we're trying to track about reoccurring
19 issues. And so if you leave these different
20 categories in there, it will help us on the
21 secondary approach just to look at reoccurring
22 issues.

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1 MR. KATZ: I don't doubt that it
2 might come in useful. I'd just suggest to you
3 that it'll get very complicated and be a lot
4 more time for someone to be putting things in
5 1, 2, 3 or 17 buckets depending on the nature
6 of the comment. And some of those comments
7 are going to span many of these categories.
8 And you're going to end up with a blizzard of
9 numbers and maybe not that much utility for
10 them.

11 I mean, as John suggested, you
12 know. I mean, it's going to be pain -- the
13 comments that sort of reoccur, you already
14 have a sensitivity to because you hear them
15 five times and they stick with you. So having
16 a sort of formalized, systematic,
17 comprehensive categorization for this, I just
18 think it's way more pain than value.

19 CHAIRMAN GIBSON: I kind of see
20 it, though, as if we just rely on our memory
21 on what hot phrases or hot questions, you know
22 that's really not formalizing nothing. I mean

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1 we're trying to make sure things don't fall
2 through cracks and we're also trying to look
3 at reoccurring issues, if there are any. And
4 to just kind of leave that to memory, I don't
5 know if we're doing due diligence --

6 MR. KATZ: Well, nothing falls
7 through the cracks here because you have
8 responses for all the comments. The only
9 thing that is in question is whether you have
10 a categorization for each comment.

11 CHAIRMAN GIBSON: So how would you
12 query it for reoccurring issues?

13 MR. KATZ: Well, you would not
14 query. You would not use this as sort of a
15 scientific database to do queries by
16 categorization.

17 MR. FITZGERALD: But that goes
18 back to what we were saying before. I mean
19 you have to decide what type comments, outcome
20 you want, what purpose you want.

21 You have to decide what outcome of
22 product you want. And then the tool we can

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1 adapt. I mean if you do want to both do this
2 process of tracking but also want to query the
3 experience that you have in terms of the
4 worker input, and it could serve both
5 purposes. But I think Ted's right. It's
6 going to require more work to serve those both
7 purposes. But if the Work Group feels it
8 wants that dual purpose, you can do it.

9 And you can also hedge your bet
10 and say, well, let's see how it works for a
11 while, and if it's producing useful
12 information and it looks like it's amenable to
13 tracking on that basis, you continue doing it.

14 If it becomes unmanageable and it doesn't
15 look like it's serving any purpose, you don't
16 have to hitch your wagon to that indefinitely.

17 You can cut it off.

18 So there's a number of different
19 strategies. I think it's up to the Work Group
20 as far as how you want to manage it.

21 CHAIRMAN GIBSON: And I agree that
22 the primary purpose of this is to track the

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1 comment and make sure it's followed through
2 with for appropriate -- but, you know, we do
3 have another duty to look at reoccurring
4 issues and if this would be a method to do
5 that now, okay. If not, we still need to look
6 at that issue.

7 MR. KATZ: And what I was just
8 going to add to what Joe just said is if every
9 four months you want to see what were the
10 reoccurring issues, someone can sit down and
11 they'll have this matrix already with all this
12 except without the category, and they can run
13 through a categorization effort and say, okay,
14 these were the ones for the past four months,
15 nine months, whatever and categorize them
16 then.

17 The only thing I'm arguing about
18 is on an ongoing basis each time categorizing
19 without knowing that you actually have an
20 enterprise, it's a lot of extra work with no
21 value until it actually gets put to you.

22 MR. FITZGERALD: And that's a good

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1 point. Because really the tracking is real-
2 time. This is retrospective understanding
3 almost querying the database so you know what
4 you're getting. And that doesn't have to be
5 as real-time as that. But you do want to do
6 it periodically. Maybe every other month or
7 every three months or whatever so you have a
8 running analysis of what the experience has
9 been. Like a lessons learned type database.
10 So, you can do it that way as well, I suppose.

11 But there's different ways to handle that.

12 CHAIRMAN GIBSON: I am okay either
13 way. I'm just saying I see it six of one,
14 half a dozen of the other. If you like to,
15 every other month or every two or three
16 months, if someone has to go down through each
17 question, we're still going to have those 37
18 characterizations that turn into 50.

19 MR. KATZ: I'm mostly concerned
20 with being able to meet -- I mean given that
21 we have two Board meetings 90 days apart and
22 we'll need to do this process and then finding

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1 out what DCAS is covering and then what the
2 Board wants to cover and so on, there's a good
3 bit of doing involved in all of that and
4 getting that all ready in time for the next
5 Board meeting. And I hate to burden that
6 process more than necessary.

7 CHAIRMAN GIBSON: Well, that's
8 fine. You know, we just can't let the other
9 fall through the cracks either.

10 DR. MAURO: In my experience in
11 working with databases in creating fields on
12 the front end of the process where you're
13 collecting data and then -- and Steve Marschke
14 can attest to this and so can Wanda -- you
15 gather your data and then you say you're going
16 to create attributes on how you want to sort
17 the data and what's going to be important to
18 you so that you can go back and sort.

19 My experience is that is a living
20 process; it's going to change continually and
21 what's going to really happen is questions
22 will come up a year from now. You know, how

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1 many different sites did this issue come up
2 during question and answer session? And what
3 we're going to find ourselves doing is there
4 will be many types of sorts that we're going
5 to find out we're going to want, but we're not
6 going to know that until later and then
7 someone is going to have to go back -- but
8 it's not impossible -- and go through the
9 whole list of a thousand, whatever comments
10 there, and go ahead and sort them out.

11 And we could try to do that en
12 masse and there are trade-offs. I'm not
13 saying one way is right and one way is wrong.

14 But bear in mind what will happen is whatever
15 categories we decide to have or have them or
16 not, a time will come when we're going to have
17 to go in and probably do some eyeballing of it
18 and creating a new category. That's the
19 reality of it.

20 So, I mean, this is just a
21 judgment call in getting this program
22 initiated whether or not it's worth trying to

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1 create categories at this time or not.

2 I would hate to see the process
3 slow down because we're agonizing over
4 categories.

5 MR. KATZ: And so, John, let me
6 just add to that. You're absolutely right
7 with what you say, but right now we have 36
8 categories which could easily grow to 50 after
9 a little experience.

10 DR. MAURO: Yes.

11 MR. KATZ: And what I would
12 suggest to you is that down the road when you
13 say well, we want to know how many of X there
14 were.

15 DR. MAURO: Right.

16 MR. KATZ: I mean that's just one
17 category to go run through your search as
18 opposed to categorizing everything along the
19 way.

20 DR. MAURO: I agree.

21 MR. KATZ: And maybe you'll have
22 five parameters that you're really interested

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1 in that you find out six months down the line,
2 then it's easy to go back and apply those five
3 categories as opposed to 50 and categorizing
4 everything all along through the process.

5 DR. MAURO: Yes. I have to say,
6 Ted, I tend to agree with you on trying to
7 force categories on the front end of the
8 process. I can understand the value for some
9 categories right now, for example, recurring
10 issues. There's no doubt that that one is
11 something that we know that people are going
12 to be interested in. But a lot of the other
13 categories, maybe we don't really care that
14 much about.

15 CHAIRMAN GIBSON: Okay. And I
16 didn't mean to extend the discussion on it.
17 We can just forget that for now. But we're
18 quickly running out of members still in the
19 room. So if we can just go ahead and have
20 SC&A start the process without the
21 characterizations, then we'll move on in the
22 agenda here and try to finish up.

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1 DR. MAKHIJANI: I didn't
2 understand that. I thought that Ted would--

3 MEMBER BEACH: Yes, that's
4 changed.

5 DR. MAKHIJANI: I just want to be
6 clear in my mind what we're going to do.

7 MR. KATZ: The Board has asked
8 that it get -- for the next Board meeting, it
9 would like an example of a tracking system.
10 And so it seems like we might pare this down
11 by at least one column. And otherwise, I
12 think it's a very nice layout.

13 I don't know if you have this in
14 Excel or what, John, but that's what they want
15 as a deliverable to the next Board meeting.
16 They want to see an example of a tracking
17 system.

18 And then accompanying that, a
19 process. And I'm happy, if you want me to, to
20 write out the process that I suggested to you
21 if that sounds okay with you guys. And that
22 could be presented along with this as here's a

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1 proposal for how we go forward with tracking.

2 DR. MAURO: Kathy, right now you
3 have this in PDF. So it's possible to convert
4 this into either Excel or Access? I think
5 Excel is easiest, most people -- not everyone
6 is conversant in Access and turn it over to
7 Ted.

8 MS. ROBERTSON-DeMERS: I have it
9 in Excel.

10 DR. MAURO: You have it in Excel?
11 Okay.

12 MR. KATZ: That's splendid.

13 DR. MAKHIJANI: Could I just make
14 one small suggestion? Don't delete the
15 column. Just leave it there for future use so
16 we don't have to change the template.

17 And the other thing I would like
18 to suggest in that regard is we step a little
19 back from this discussion and think of what a
20 pared-down category list might look like. Not
21 to enter at this stage, but just to kind of
22 think about what substantive thing, you know,

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1 what recurrent themes have there been, if
2 that's the idea, to make sure that substantive
3 things don't fall through the cracks.

4 MR. KATZ: I think that's a good
5 idea.

6 MEMBER BEACH: Well, I propose
7 that we leave the categories in there and let
8 the Board decide, too, if, like you said, a
9 pared-down version of the categories. That's
10 just my suggestion because I kind of like the
11 categories. Nightmare or not.

12 MR. KATZ: Okay. And I will not
13 follow through with having someone categorize
14 things like this at this point.

15 MEMBER MUNN: Well, it would
16 appear reasonable for the Working Group to
17 provide not only the straw man, but also a
18 recommendation. I would prefer that the
19 recommendation, frankly, eliminate the
20 categories as such and that the recommendation
21 be that this is the type of spreadsheet we
22 would anticipate providing to the full Board

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1 on a regular basis from the previous meeting,
2 from the transcript of the previous meeting.

3 CHAIRMAN GIBSON: So why don't we
4 just --

5 MEMBER MUNN: That we set aside
6 Board time to address it at that time.

7 CHAIRMAN GIBSON: So why don't we
8 just leave the column for characterization in
9 there and just not populate each line. And
10 then we can talk to the Board about it or
11 whatever.

12 DR. MAURO: In a way, the lists at
13 the end one could say, here are different
14 kinds of ways you may want to categorize
15 things. You know, it'll sort of stimulate the
16 thought. But the fact that Kathy went through
17 the effort of then assigning those to those
18 categories. But I'm sort of in the middle
19 right now, there's added value but it's also
20 going to result in a great deal -- and it is
21 right now, a great deal of discussion that
22 maybe the waiting on the process right now is

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1 not that important. And what's really
2 important is the next three columns. You
3 know, who is going to respond to that? Is
4 that person going to be given a date when he's
5 asked to respond to it? And then, if he's
6 going to tell what that response is and you
7 can drop it into that little box there, that's
8 the good stuff.

9 The category column, I think, is
10 cream on the cake if you could do it, but
11 certainly don't let it hold things up.

12 DR. MAKHIJANI: One minor
13 suggestion is if you're going back to the
14 transcripts, if you could write the date and
15 page numbers of the transcript, that would be
16 very helpful.

17 MR. KATZ: Actually, I think the
18 transcript reference is important because this
19 is just a summary of what was in the
20 transcript.

21 DR. MAKHIJANI: Yes. So if issues
22 come up, like you didn't represent my comment

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1 accurately, you don't have to hunt because I
2 find we have to sometimes hunt transcripts.

3 MEMBER BEACH: Well, and there's
4 the first transcript and then, when the Chair
5 goes through, sometimes those pages change and
6 that needs to be reflected.

7 DR. MAKHIJANI: It's a problem.
8 It's a problem.

9 MEMBER BEACH: It needs to be
10 reflective of that.

11 MR. KATZ: It will have to go with
12 one or the other. But there will be nobody
13 going through it and repaginating those
14 references.

15 MEMBER BEACH: But then if a
16 worker wants to go back and find it --

17 MR. KATZ: This isn't a tool for
18 the workers. This is a tool for the Board.

19 MEMBER BEACH: I realize that but
20 I think the workers are actually going back
21 and looking at those transcripts line-for-line
22 like we heard today.

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1 MR. KATZ: Yes.

2 MEMBER BEACH: Trying to find
3 themselves.

4 MR. KATZ: Yes, but this is for
5 the Board. Given the timing issue of getting
6 it done, I think we would go with the original
7 uncertified document because that's the most
8 time --

9 MEMBER BEACH: And maybe just say
10 that.

11 MR. KATZ: Yes.

12 DR. MAKHIJANI: It'll be close,
13 anyway.

14 MR. KATZ: Yes. Whatever. Yes.

15 MEMBER BEACH: So then the other
16 part of that, you'll write up something from
17 this form --

18 MR. KATZ: I will draft and
19 circulate to the Work Group a proposed process
20 to go with the matrix and you can all comment
21 on that. And then it'll be in Mike's hands,
22 actually. This is Mike's Work Group.

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1 MEMBER BEACH: Right.

2 CHAIRMAN GIBSON: Okay. Anything
3 else on that for today? If not, we have a
4 little time here about scheduled meetings. I
5 don't know if Vern had to leave.

6 MS. ELLIOTT: I've prepared a list
7 of everything that we have in our tracking
8 system. There is an additional meeting.
9 There's going to be an informational meeting
10 that has not been entered yet, but it will be
11 as of Monday morning.

12 CHAIRMAN GIBSON: Okay.

13 MS. ELLIOTT: But it's all in here
14 and this will shorten your time on that agenda
15 item.

16 CHAIRMAN GIBSON: Okay. That's
17 great.

18 MS. ELLIOTT: Have you all been
19 getting your emails that we send out from the
20 OTS? We've been sending them to your CDC
21 addresses. Have they been coming through?

22 MEMBER BEACH: I don't recall that

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1 I have.

2 MS. ELLIOTT: I've sent a couple
3 of times. It says, Send NOCTS, at the top and
4 then it says, Worker Outreach, or whatever it
5 says. And I took that cruder form and turned
6 it into a more readable form for you all to
7 have for this discussion item. Just so we
8 could go through it quickly.

9 CHAIRMAN GIBSON: Okay.

10 MS. ELLIOTT: I can email this to
11 anybody who wants it that's on the call that
12 doesn't. I assume, John, that you would
13 probably want to see this.

14 MEMBER MUNN: You're welcome to
15 send it. I believe that I've been receiving
16 them, but I don't think for the last week I've
17 seen it.

18 MS. ELLIOTT: You probably have a
19 couple in your email box, Wanda.

20 MEMBER MUNN: I think so.
21 Probably.

22 MS. ADAMS: Mike or Ted, this is

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1 Nancy Adams.

2 MR. KATZ: Yes.

3 MS. ADAMS: Could I ask that Lew
4 and Denise and I be added to email lists so
5 that we can keep up with what's going on and
6 see if there's anything that we may
7 particularly be interested in as you all
8 continue in this process.

9 MS. ELLIOTT: Nancy, you are on
10 this list. I've put you and Denise, and all
11 the SC&A people in this group and Ted and OCAS
12 personnel -- or DCAS personnel that are
13 involved, as well as contractors. Nancy, I
14 try to include you on most of them. If I've
15 forgotten, I apologize.

16 MS. ADAMS: And that's whatever
17 Mike sends out too.

18 MR. KATZ: No, we could put you on
19 the Work Group email list. Yes, absolutely.
20 That's what I thought you were also getting
21 at.

22 CHAIRMAN GIBSON: SC&A said

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1 probably that, at close to a month, they'd
2 probably have to be done for procedure review.

3 DR. MAKHIJANI: Procedure, yes,
4 about a month.

5 CHAIRMAN GIBSON: And the other on
6 the objectives. So Joe was talking about
7 putting together --

8 DR. MAKHIJANI: Yes. Right. I
9 thought you authorized us to start that. So
10 you'll probably see a list very soon. Kathy's
11 on the line --

12 MR. KATZ: Yes. She's doing the
13 PROC review and then you're going to do it in
14 a memo, a memo sort of laying out a path
15 forward for Objective 3 to be as well as
16 capture the items that aren't going to be
17 captured by PROC in 1 and 2. Is that right?

18 DR. MAKHIJANI: Right. I think
19 those things are happening in parallel?

20 MR. KATZ: Right. In parallel,
21 exactly.

22 CHAIRMAN GIBSON: So do we want to

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1 look at a date?

2 MR. KATZ: Can I ask actually that
3 we -- it'll be much easier for me to handle
4 this if we can just do this by email, schedule
5 this.

6 CHAIRMAN GIBSON: Yes, that's
7 fine.

8 MR. KATZ: Because I have a number
9 of other Work Groups setting dates right now
10 and it's going to get real confusing.

11 CHAIRMAN GIBSON: Okay. I was
12 just going to see if there's any common dates,
13 but we can just do that.

14 MR. KATZ: Okay. I'll send you --
15 I sent you a bunch of dates for the other
16 committees. You can use that same set of dates
17 for sending out something to this group.

18 CHAIRMAN GIBSON: Okay. All
19 right. Okay. So is there anything else? If
20 not, meeting's adjourned.

21 (Whereupon, the above-entitled
22 matter went off the record at 3:29 p.m.)

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