make it happen. But my IT folks tell me that there's a number of issues associated with putting that new process -- flow that you saw and making it work the way we want it to work and making sure the numbers are built and done in an accurate manner. So we're testing that piece right now, and before it goes on the web site we want to make sure it reports what we want it to report and we don't confuse people or give them misinformation. So I think in the next few weeks you're going to see a multiple number of changes on our web site and I think they'll be more informative than we've been in the past, and I hope they'll be well-received.

DR. ZIEMER: Let me insert a question here and then I'll come back. My question is along the lines of manpower issues, and it may be that Dr. Toohey will have to help answer it, but now that you're at a place where you're sort of cranking out a goodly number of dose reconstructions and kind of getting ahead of the backlog, how are we doing manpower-wise in having dose reconstructionists available to actually handle the flow?

MS. DIMUZIO: Yeah, Dick, do you want to -- I

mean -- I know approximately how many staff you have, but...

DR. TOOHEY: That's okay. That's why I come to these meetings.

Dick Toohey, ORAU. We have -- let's see, 20 full-time and three or four part-time external dose reconstructors, and we feel that's adequate. That -- that's going very well.

We have about the -- half a dozen full-time and 20 part-time internal dose reconstructors. As I'm sure the health physicists on the Board are well aware, that's a rarer breed. And to be honest, right now that's where we're encountering a bit of a bottleneck. More of the claims are needing detailed internal dose reconstruction than we anticipated. We've developed some grouping methods which basically looks at do they actually have positive bioassay results in their monitoring data, how -- any of these results exceeding the MDA, are there incident reports or things indicative of an intake or a wound or something like that. And as it's turning out, a higher fraction of the cases really need to be handled by experienced senior internal dosimetrists, and we're short on those people. So we've taken a

two-pronged approach. One is to try to find more. And to be honest, I'm not optimistic we will -- can find a whole bunch more available. And the other way is continuing to develop some more graded approaches to doing internal dosimetry so that more of the cases can be adequately handled by less experienced internal dosimetrists.

We're also looking at some improvements in the IMBA software package and things like that. There are still some exposure circumstances where the program can take an inordinate amount of time to do a dose calculation, like three hours or something like that. And we're working with Tony James to resolve and improve some of those issues. But basically we're doing everything we can to get more internal dosimetry capability available.

DR. MELIUS: I'm getting to the end of my questions. In -- again, I'd also like to congratulate Larry and the staff for the lines crossing in the right direction now. I think that is a, you know, significant achievement and I really think you -- and it's good. It's good for the overall program and for the claimants out there to know that we're starting to eat into the backlog.

I do think it would be helpful for us as a Board, and I also think for you in these meetings, to present some of your projections. Where -- where are things going, where do you think -- what will happen over the next quarter or so forth? And -- and where issues like the one that Dick Toohey just mentioned are coming up that may slow down certain cases, but -- 'cause I -- 'cause I think, if I understand the process and this data so far, you are -- you're sort of accelerating the rate at which you're doing dose reconstructions, so I think the line's going to keep going in a very positive direction. We don't know the claims coming in, obviously, but we certainly -- I think you can have some projection on where you're going, and I think that would be useful to present and show to us and so forth with that.

MR. ELLIOTT: Thank you for your thoughts and your comments, and we're -- we're confident that the dose reconstructions that we have completed are done so with sound science and they are sufficiently accurate. And what we're working on right now is the timeliness aspect, and we are trying our best to ramp up and bring as much capacity to bear as we can on that particular

aspect of finalizing dose reconstructions.

We're not, however, very good prognosticators. We -- our crystal ball is not as clear as we'd like it to be and we don't tend to do as good a job in forecasting as we would like. Obviously so 'cause we hoped we'd be -- we'd seen that line cross the blue line back in December or even November, but we'll take your comments to heart and see what we can -- we can project for you.

DR. MELIUS: Even if it's just a quarter or six months or something, I think -- where you feel confident -- more confident about the forecasting and its -- do.

MR. ELLIOTT: I think -- when I say "project", what we can talk about is issues like what Dick mentioned that we hadn't anticipated as clearly or as well, obstacles in our way toward success, and we surely need to communicate those to you so you understand what we're facing and -- and these come up almost on a weekly basis, some little scenario that we hadn't anticipated that requires us to go back to the drawing board and figure out a way to work through it and -- or work around it.

DR. ZIEMER: Larry or Martha, could you also very briefly speak to manpower issues within NIOSH with respect to the flow and so on? How -- how are we doing there?

MR. ELLIOTT: Well, we have 41 full-time staff. We have not experienced any particular bottlenecks with regard to our work in reviewing and providing direction to ORAU.

We have -- we're in the process of adding a health communication specialist to assist Chris Ellison because we have huge work to do in that regard. We realize that. And she's a one-person shop and certainly needs the additional help and support.

We are finishing up filling the last two health physicist positions that we've had open. We think we've got the final two candidates identified and we think they're very good, and one will add to our staff some internal dose experienced.

We have -- we feel we have an adequate public health advisor team. These are the folks that are the front line points of communication with the claimants and handle the phone calls and they are the champions of the claimant. These are the

folks that I -- I supervise directly and I ask them to be champions of the claimant, and I want them to identify ways that -- identify claims that need to be moved through, identify ways that we can improve processing of claims, and they're -- they're all the time busy speaking with health physicists trying to put a new claim under their noses and say can't we move this forward for this reason or that reason.

Right now I think -- I think we're adequately staffed and I don't see any need to try to request more at this point in time.

DR. MELIUS: Seeing Ted Katz in the audience, I have to ask this question, though. What is the status of the SEC regulation?

MR. ELLIOTT: Well, the status of the SEC rule is that we have addressed the public comments that we had been provided and redrafted the rule, and it is in review and clearance.

DR. MELIUS: I think that the -- I guess I -- I have concerns about -- and I know Larry can't be more precise in giving us a forecast on that and I don't mean to ask him to do that. But I have some real concerns that this has gone on for so long and we as a Board have been very patient with

this. We understand some of the difficulties involved. But at the same time I'm -- there are a lot of claimants out there that are very concerned about this. It -- we're about to enter, I -- we hope, into our review of the dose reconstructions. And without knowing what's going to be in the SEC rule, there's some limitations to what we can do in terms of dose reconstruction review. And I would like us as a Board to, you know, consider, you know, sending a letter to the Secretary asking that this be expedited as much as possible at this point in time. It's been a long time. It's a major part of the legislation. As I say, I think it's really -- the point where it is impacting what we as a Board are charged with doing from the original statute in terms of reviewing the individual dose reconstructions. So I don't know if anybody else has thoughts on that, but...

DR. ZIEMER: Any comments?

DR. ANDRADE: My only comment is that I'm as anxious as you are to see something out on the SEC. However, as you recall, the bases for the SEC legislation is such that it really has nothing to do with DR's except for the fact that it has been proclaimed that DR's cannot be done. So I

don't see the connectivity between the DR program as it is ongoing and -- and our ability to review that DR program.

DR. ZIEMER: Other comments? Roy?

DR. DEHART: I think, as many of you know, legislation is being proposed to go around and establish certain entities as special cohort sites. I think we'll see more of that if this legislation -- if this action doesn't take place very soon.

DR. ZIEMER: Jim?

DR. MELIUS: In response to Tony's comment -- and actually Larry raised the issues earlier. I disagree, I -- with what you said, Tony. I don't -- the test for the SEC in the legislation is sufficient accuracy and feasibility. And we are asking someone to review what NIOSH has done without knowing what the test will be of sufficient accuracy and feasibility, our -- our reviewer. And I think -- I find -- you know, I've said this at great length many times before, I don't see how you can do -- start the dose reconstruction process or go through all the claims -- there are some claims obviously you can do without having some sort of a way of evaluating

sufficient accuracy and feasibility, but at some point I think you hit the wall or you hit a questionable area where guidance in that area is needed. When we ask our contractor or the contractor to review individual dose reconstructions, at some point they're going to see the same issue. I mean it's -- I think it's integral to the legislation and -- and I think it becomes very problematic. Now do we defer in that case? I mean we don't know how long this issue's going to be out there. As Roy said, there's legislative issues involved now and so forth because of the delays. And I think us, you know, drafting -- sending a letter up just pointing out that there has been delay and it would be very helpful for this Board to do its activities to have that information. I think it'd be very appropriate right now.

DR. ZIEMER: Thank you. Other comments?

MR. GIBSON: I concur with Dr. Melius's comments. I believe that the problem we're having with getting experienced health physicists for some of the more complicated data, just all of these issues seem to fit hand-in-hand and I believe that the third issue that ties it all

together would be the SEC rule. So you know, I see no harm in raising our concern to the Secretary that we need this -- this rule finalized.

DR. ZIEMER: Thank you. Any other comments relating to that issue? Jim.

DR. MELIUS: Maybe try to get this addressed, I will make a motion that the Board communicate with the Secretary our concerns about the long delays in finalizing the SEC rule and how we feel that it is important that this be finalized in order for us to carry out our functions.

DR. ZIEMER: Okay. A motion has been made --

MR. ESPINOSA: Second.

DR. ZIEMER: -- and seconded. I'm going to ask the mover and seconder if they would be willing to postpone action on this motion till the afternoon session so that we can go through the presentations here. And also I'd like to ask, when does Henry arrive?

DR. MELIUS: Henry I believe arrives late tonight. If you think this will help, if you want to put off to this afternoon, that's fine with me -- or tomorrow. But I'd be willing to try to draft some specific language that --

DR. ZIEMER: Well, that --

DR. MELIUS: -- work with other people that might -- that might be helpful to --

DR. ZIEMER: -- that would be the -- one of the reasons for delaying this so that we can agree on what the language should be and exactly how to proceed on that. If this is going to go to the Secretary, I would want to make sure that the language was carefully crafted.

By consent, we will table this motion. I'm saying by consent 'cause we're not -- as no one seems to be objecting and we won't even vote on tabling, which itself requires a vote, but we'll agree to remove it from the table later in the meeting, either this afternoon or tomorrow.

Are there other general questions for Martha?

(No responses)

Thank you very much, Martha. Now I'd like to call on Pete Turcic from Department of Labor to give us a status report on the program from their perspective.

STATUS AND OUTREACH - DEPARTMENT OF LABOR

MR. TURCIC: Thank you. It's a pleasure to be here again and to give you a status update of the Department of Labor program -- portion of the

program. And based on some questions that the Board had requested, I'll try to also update you on where we are with our outreach efforts.

Just briefly going over the claims status, the number and types of claims as of January 29th, we've received over 50,000 claims. Of that, 35,000 are claims for cancer; beryllium sensitivity, 2,252; 2,700 -- little bit over 2,700 for chronic beryllium disease; almost 1,000 -- 977 silicosis; and RECA, over 5,000; and then claims for non-covered conditions, we received -- about 25,000 of the claims were for conditions not covered by Part B.

The status of the cases that we have, those 50,000 claims, there's a little bit over 38-- that represents a little bit over 38,000 cases, with cases pending at NIOSH a little bit -- and these numbers fluctuate and, you know, they're not going to match one-for-one with what, you know, NIOSH gave because of time frames and things like that -- 13,900. Cases pending a final decision, that means there's a recommended decision and it's between the stage of a recommended and final decision, 1,873. Cases that we have final decisions on is 26,000 -- over 26,000. And cases

pending action in our district office, which -- case development and so forth, 1,131.

As of the 29th of January our final decisions, we've issued final decisions to approve benefits in over 11,000 claims -- or -- yeah, 11,000 claims and to deny benefits in about 15,000. Recommended decisions, 11,800 recommended decisions to approve benefits, 17,551 to deny benefits. 15,300 -- little bit over that -- cases referred to NIOSH for dose reconstruction. We've issued over 10,000 payments now and over $742 million. And our medical benefits, that's starting to go up pretty rapidly now, about $25 million in medical benefits.

Our initial decisions -- and what we call initial decision is either a recommended decision or a referral to NIOSH, it's a -- it's the point at which Department of Labor has made a decision, an initial decision that the claimant has a -- has covered employment and a covered disease. Initial decisions, recommended decisions in 29,000 -- over 29,000 claims or 22,500 cases, and so from the initial decisions that we've -- from the cases that we've received since the beginning of the program, about -- initial decisions have been

issued in 97 percent of all those cases.

Final decisions, again, we're final decisions in 26,000 claims or 20-- about 21,000 cases, and that accounts for about 54 percent of the cases that we've received since the inception of the program on July 31st, 2001.

The final decisions, looking at that, right now -- and this is starting to change, naturally - our denials -- for the final decisions that we've denied, but nine -- over 9,000 of the denials at this point are for non-covered conditions; 2,400 were that the employee was not covered; 728 that the survivors were not eligible; 103 that the condition was not related to employment -- and those would be things like individuals that may be filing a cancer claim at a beryllium vendor, you know, that it's -- it is a cancer, but cancer is not covered for beryllium vendors; 2,000 where the medical information was not sufficient -- and I think that's an important -- very important point there, that if you look at it, of the 15,000 cases -- we hear a lot about how, you know, the lack of medical records. Of the 50,000 cases -- 50,000 claims, only 2,000 have been denied because the individual could not