

## Executive Summary

The Tenth Meeting of the Veterans' Advisory Board on Dose Reconstruction (VBDR or the Board) was held at the Arlington Hilton Hotel in Arlington, VA on March 4, 2010. Members in attendance were Dr. James A. Zimble, VADM, USN (Ret), Chair; Mr. Harold L. Beck, Dr. Paul K. Blake, Dr. John D. Boice, Dr. Patricia A. Fleming, Mr. Brad Flohr, Mr. Kenneth L. Groves, Dr. John Lathrop, Dr. Curt R. Reimann, Mr. R. J. Ritter, Dr. Kristin Swenson, Mr. Paul L. Voillequé, and Dr. Gary H. Zeman; Mr. Eric Wright was the Designated Federal Official. Also in attendance included staff of various federal agencies and government contractors.

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### **THE VETERANS' ADVISORY BOARD ON DOSE RECONSTRUCTION DEPARTMENT OF VETERANS AFFAIRS AND DEPARTMENT OF DEFENSE**

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Summary Minutes of the Tenth Meeting  
Held March 4, 2010

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The Tenth Meeting of the Veterans' Advisory Board on Dose Reconstruction (VBDR or the Board) was held at the Arlington Hilton Hotel in Arlington, VA on March 4, 2010. The meeting was called by the Defense Threat Reduction Agency (DTRA) of the Department of Defense (DoD) and the Department of Veterans Affairs (VA). These summary minutes, as well as a verbatim transcript are available on the internet on the VBDR web site located at <http://VBDR.org>. Those present included the following:

VBDR Members: Dr. James A. Zimble, VADM USN (Ret) Chairman; Mr. Harold L. Beck, Dr. Paul K. Blake, Dr. John D. Boice, Dr. Patricia Fleming, Mr. Brad Flohr, Mr. Kenneth L. Groves, Dr. John Lathrop, Dr. Curt R. Reimann, Mr. R. J. Ritter, Dr. Kristin Swenson, Mr. Paul L. Voillequé, and Dr. Gary H. Zeman

Designated Federal Official: Mr. Eric Wright

Federal Agency Attendees:

Defense Threat Reduction Agency: Mr. Mark Guidry, Mr. Blane Lewis, Ms. Devon Romig, Brigadier General (Brig Gen) Martin Whelan USAF, Commander Jerry Sanders, USN (NTPR Program), Gunnery Sergeant David Vanuch USMC, and Mr. Stephen Polchek

Department of Veterans Affairs: Victoria A. Cassano, M.D., Mr. Jerry Steele

Department of Labor: Mr. Jeff Kotsch

Applied Research Associates, Inc.: Mr. Kyle Millage, Ms. Beki Gangi, Mr. Josh Bergman, Dr. Daniela Stricklin, Mr. Brian Sanchez

Other Participants: Mr. Michael Dalton, Mr. Michael Schaeffer, Dr. Isaf Al Nabulsi

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**March 4, 2010**

**Opening Remarks**

**Mr. Eric Wright** from the Defense Threat Reduction Agency, in his role as the Designated Federal Officer for the Veterans' Advisory Board on Dose Reconstruction, called the meeting to order.

**Mr. Wright** then turned the meeting over to **Vice Admiral James A. Zimble**, Chairman, who noted with some disappointment that there were no Atomic Veterans or general members of the public in attendance. As a result, he kept his remarks to minimum and skipped formal introductions.

**Vice Admiral Zimble** officially announced this would be his last meeting as he is resigning from his position as Chairman. He stated that he was being replaced by a very good man, but couldn't state his name until it became official. He then noted that the first speaker on the agenda, Dr. Victoria Cassano was not in attendance yet, so he suggested that Dr. John Lathrop give his presentation on the future of the board.

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**Discussion on: Projecting Future Operations of VBDR  
at the Strategic Level (September 15, 2009 Draft)**

**John Lathrop, PhD**

Systems & Decision Sciences

Lawrence Livermore National Laboratory

**Dr. Lathrop** offered a presentation in which he noted that the board had made 55 recommendations in its history and briefly discussed some of the major accomplishments of the board. He noted that two major changes that have resulted from board recommendation are 1) the DTRA/NTPR program agreed to an expedited process for a significant number of cases which has maintained benefit of doubt for the veteran and has significantly improved the processing and handling of claims, and 2) the VA agreed with a board recommendation to consolidate all radiation claims at the Jackson, MS. VA Regional Office (VARO) which consolidated expertise on radiation claims and improved claims processing.

**Dr. Lathrop** suggested a strategic shift in the board from “advising change” to “monitoring and enhancing ongoing operations”. He outlined six tasks associated with this change in emphasis:

1. Continue current audits and oversight, on a limited basis, primarily quality assurance oversight
2. Institute Quality Management (QM) systems
3. Maintain those QM systems

4. Outreach to inform the veteran of the program
5. Improve communication during the claim process
6. Generate demographic projections of the population of Atomic Veterans, and likely claims rates over time; use those to advise outreach & claims management

**Dr. Lathrop** suggested that under Task 1, SC1 and 2 should continue their current audits and oversight, but felt SC1 could scale back some audits. With respect to Task 2, he suggested that SC3 work closely with SC1 to review the NTPR Quality Assurance (QA) program and provide advice as necessary and SC3 should work with SC2 to help develop and implement a QA system with the VA. Under Task 3, SC1, 2 and 3 would work together to maintain the NTPR and VA QM systems.

**Dr. Lathrop** noted that Task 4 will involve SC4 and SC2 in continuing to perform outreach to identify Atomic Veterans. Under Task 5, SC4 will review correspondence used during the claims process and make suggested improvements. Task 6 requires a detailed analysis of the Atomic Veteran demographic projection over the next few decades and suggests that SC4 use the results of the analysis to advise on better means of outreach. **Dr. Lathrop's** last slide was a summary slide and he suggested that he leave it up as a discussion point.

**Vice Admiral Zimble** thanked Dr. Lathrop for the summarizing the activities and outlining a way forward for the board. He suggested that the board hold off discussions on the presentation until after all the Subcommittees had made their reports. He went on to commend both DTRA and the VA for being receptive to and implementing most of the board's fifty five recommendations. He further noted the work being done at the Jackson VARO and that the claims people down there have embraced the program and have been proactive in reaching out to veterans to assist them with the claims process.

Vice Admiral Zimble suggested the agencies make their presentation, and then the subcommittees would make theirs. He asked Dr. Blake to speak next.

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### **Update on Nuclear Test Personnel Review (NTPR) Program**

**Paul K. Blake, PhD**

Defense Threat Reduction Agency (DTRA) Representative  
NTPR Program Manager

**Dr. Blake's** presentation on the program update portion covered metrics, dose reconstruction advances, QA advances and communication advances. He also indicated he would address the status of recommendations from VBDR to DTRA, as well as the road ahead.

In addressing the program update metrics Dr. Blake presented a graph reflecting the incoming caseload from January of 2000 through December of 2009. He discussed the peak in early 2004 when the Department of Veterans Affairs began to return cases to DTRA for rework. Other activities noted included

the point at which the Jackson VARO assumed centralized radiation case support, and the point at which DTRA and Jackson VARO began a secure electronic interchange of case files.

The next metric reflected the caseload of non-presumptive pending cases from January 2000 through December 2009, which indicated a when Public Law 108-183 was enacted, and showing the impact VBDR had on the caseload through the initiation of their recommendation of an expedited radiation dose assessment (RDA) process.

Other metrics included mean case response time in 2009 of 46 days; maximum case pending time in 2009 of 183 days; and outreach phone calls in 2009 of over 800. **Dr. Blake** summarized these as indications of an optimized, steady-state condition and noted that the mean case time of 46 days is probably as low as reasonably achievable.

**Dr. Blake** addressed the dose reconstruction technical advances since the last VBDR meeting, noting that the NTPR radiation dose assessment Standard Operating Procedures (SOP), Revision 1.3 (January 2010), had been published and includes both the currently used deterministic calculations of uncertainty, as well as the probabilistic approach to uncertainty. Dr. Blake noted that NTPR has conducted five Pacific Proving Grounds (PPG) and one Nevada Test Site (NTS) case studies using the probabilistic calculations and, based on feedback from SC 1 will continue additional case studies and technical documentation before using this option for a dose of record.

Numerous technical reports (TRs) and technical memorandums (TMs) were published with extensive peer review having been completed, in 2009. In January 2010, ten NTPR RDA Standard Operating Procedures (SOPs) and Standard Methods (SMs) were published and posted on the DTRA website. In addition, NTPR software, Nuclear Test Review and Information System (NuTRIS), has been updated to reflect continuing evolution of Board-recommended Decision Summary Sheets (DSSs).

**Dr. Blake** noted that with the January publication of the SOPs and SMs, NTPR considers VBDR recommendation 7 concerning the treatment of upper bounds as closed. Likewise, VBDR recommendation 14 concerning the use of default upper bounds is considered closed.

Moving to QA advances **Dr. Blake** discussed the overarching goal of the NTPR Quality Plan was to provide continuous product improvement "Service to the Veteran". NTPR has been submitting quarterly QA submission to VBDR since the final quarter of 2008. He noted the VBDR-NTPR QA focus is on double-blind RDA intercomparisons and the DSSs and now includes a Reported Quality Issue (RQI) spreadsheet. He also noted, that although the QA process is focused on the dose reconstruction methods, occasionally the participation confirmation itself can be challenging. One case involved a veteran whom NTPR could not confirm participation for, but VA conceded participation, under 38 CFR 3.311 (non-presumptive compensation) but not under 38 CFR 3.309 (presumptive compensation). The subsequent letter from NTPR to the VA, with a copy to the veteran, providing an RDA in response to the 38 CFR 3.311 participation concession did not adequately explain VA's differentiation between participation status and lead to a Congressional inquiry at DTRA. NTPR subsequently revised its SOP for handling cases of this nature, and believes it will appropriately handle similar cases in the future.

**Dr. Blake** used a bar graph and table to describe the number and type of claims processed, along with the number that were approved, had editorial comments or had technical comments. He noted that the review processing is working because errors, typically small errors, are being found during the reviews.

**Dr. Blake** discussed VBDR recommendations to DTRA, and noted that recommendation 5 concerning double-blind RDAs is now closed and recommendation 6 concerning quarterly metric submissions is also now closed. Recommendation 19 regarding the Quarterly Quality Report (QQR) submission remains outstanding and the NTPR will continue to work with SC3 on their submissions.

Addressing communication advances, **Dr. Blake** noted that the NTPR made over 800 outreach calls last year and continues to update NTPR factsheets and the DTRA website. He also noted that they provided veteran listing for three dose cohorts, 1-5 rem, 5-10 rem, and greater than 10 rem.

Moving to the road ahead, **Dr. Blake** indicated that by December 2010 he plans to have the NTPR RDA expedited RDA technical basis document published and publish remaining SMs and appendices. NTPR will also submit RDA documentation for peer-reviewed journal publication.

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#### Discussion Points:

- Discussion on ensuring documentation includes the emphasis on veteran favorable approaches to the dose reconstruction process – Initiated by Vice Admiral Zimble
- Discussion on the differences between the default approach to upper bounds and the probabilistic approach to upper bounds and what needs to be done before NTPR should use probabilistic for dose reconstructions of record – Initiated by Dr. McCurdy
- Discussion on the mathematical tools used for the Monte Carlo calculations for the probabilistic uncertainty estimates – Initiated by Dr. Lathrop
- Discussion on the number of non-participant and Congressional cases completed by the NTPR – Initiated by Mr. Ken Groves
- Discussion on the number of presumptive cases compared to the total number of cases and the percentage of men the age of the Atomic Veterans who will normally get cancer – Initiated by Dr. Gary Zeman

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**Vice Admiral Zimble** then asked Mr. Brad Flohr to present.

### **Update on VA Radiation Claims Compensation Program for Veterans**

#### **Bradley B. Flohr**

Department of Veterans Affairs (VA) Representative  
Assistant Director, Compensation & Pension Service (C&P)

**Mr. Flohr** noted the SC2 visited the Jackson VARO on February 22, 2010 to discuss the current status of claims processing and he reiterated Dr. Lathrop's and Vice Admiral Zimble's observations regarding the positive impressions he had with the staff. He noted current statistics on claims including 683 current radiation claims pending and discussed some of the complexities of claims processing. **Mr. Flohr**

addressed four of the recommendations the Board has made to VA that had to do with VA claims procedures. Three of the recommendations have been completed and one was not been accepted as it was contrary to law.

**Mr. Flohr** addressed recommendations on alternative dose reconstruction and noted three were not accepted. One recommendation concerning reminding the VAROs of the jurisdiction of the Jackson VARO on radiation claims has been accepted and implemented. The VA will accept DTRA's letter regarding the recommendation on the process for non-radiogenic diseases and the VA is collecting data on providing information on 3.309 grant information.

A flow chart was presented that illustrated adjudication of a VA radiation claim from an Atomic Veteran for a non-presumptive disorder, beginning with the filing of a claim to the Veterans Administration Regional Office (VARO) making a compensation decision and notifying the veteran.

5,329 claims accepted for adjudication, with 1,648 granted and 2,918 denied. The remaining cases were in various stages of development, pending a DTRA response, or ready to rate.

**Mr. Flohr** reported that the C&P had, in Fiscal Year 2010 to date, completed 174 cases. Service connection was granted to 24, with 143 denied and 14 returned for further development. It took an average of 159.58 days to process a claim. There are 102 cases pending in C&P.

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#### Discussion Points:

- Clarification on why it takes approximately 160 days to process the claim – Initiated by Vice Admiral Zimble
- Question regarding the feasibility of unbundling a veterans' claim if multiple claims were involved – Initiated by Dr. Lathrop

**Vice Admiral Zimble** interrupted the discussion period to introduce Brig Gen Martin Whelan, Acting Associate Director for Operations at DTRA. **Brig Gen Whelan** said he was speaking for Major General Manner USA, Deputy Director of DTRA and thanked Vice Admiral Zimble for his leadership for to the Board and wished him smooth sailing in retirement.

#### Discussion Points, continued

- Clarification on the difference between processing claims in parallel and unbundling – Initiated by Dr. Swenson
- Question regarding the QA process – Initiated by Dr. McCurdy
- Question regarding transitioning the claims process from a paper process to an electronic process – Initiated by Dr. Zeman

**Vice Admiral Zimble** broke the meeting for a break.

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**Veterans Health Administration (VHA) Support of Atomic Veterans  
and Other Veterans Exposed to  
Ionizing Radiation**

**Dr. Victoria A. Cassano**

Department of Veterans Affairs (VA)  
Director, Radiation and Physical Exposures  
Office of Public Health and Environmental Hazards

**Dr. Cassano** offered a presentation in which she discussed the principles of presumptive diagnoses and the Public Law. She discussed the process followed covering the presumptive diagnosis (which is a necessary part of the process). This includes establishment of participation and medical evidence of diagnosis needed for the filing of these claims. Dr. Cassano pointed out that these claims are handled at the Jackson, MS. VARO. Further discussion included non-presumptive claims and what might be included in that category.

**Dr. Cassano** briefly used flow charts to illustrate what happens to a claim when it is filed, the steps the claim passes through, offices necessary for providing advisory opinions, et cetera. She noted that she could skip some details because they were described in the previous talk by Mr. Brad Flohr. She did describe the route taken by the claim through the final return of the case to the VA with an advisory opinion. She then discussed in more detail the individual steps in the process, addressing particularly the medical opinions, the process for determining radiation exposure, actual diagnosis, service connection, et cetera. She noted that 62 of the 102 VA cases pending were in her office and noted that she had been spread thin due to multiple taskings.

**Dr. Cassano** noted that 45% of the 195 claims reviewed in her office over the last six months were from occupational exposures rather than Atomic Veterans. Of the 87 occupational exposure claims written in the last six months none were opinioned favorably for the claimant.

The Ionizing Radiation Registry (IRR) was also discussed by **Dr. Cassano**, noting its establishment, qualification for inclusion, and the benefits of enrollment. She noted that the registry currently contains 24,559 veterans.

**Dr. Cassano** closed by providing contact information for her office and the IRR.

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Discussion Points:

- Benefits of inclusion in the IRR – Initiated by Vice Admiral Zimble
- Depleted uranium (DU) exposure – Initiated by Dr. McCurdy
- Suggestion that VHA increase staff to help reduce backlog – Initiated by Dr. Swenson

■ Clarification on the causes of the backlog are in part caused by the occupational cases – Initiated by Dr. Fleming

Vice Admiral Zimble broke the meeting for a break.

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## Subcommittee Reports

### Subcommittee on Dose Reconstruction (SC1)

**Mr. Harold L. Beck, Chair**

**Mr. Beck** began his written report to the Board by summarizing the subcommittee's charter. He noted it is particularly important to be reminded of SC1's charge because at the end of his report he wanted the Board to discuss some thoughts about what SC1 should be doing in the future, which is somewhat different from what they're supposed to be doing now.

**Mr. Beck** outlined the activities of SC1 since the September 2008 meeting: they reviewed several of the NTPR technical reports and SOPs; they received and reviewed three expedited cases; reviewed the most recent double-blind exercise; and met in January at the DTRA contractor facility in Virginia to receive an update from DTRA staff on NTPR dose reconstruction-related activities since their last meeting. Mr. Beck noted that at the meeting, the subcommittee received briefings by the contractors, DTRA and the Oak Ridge Associated University (ORAU) auditors.

Audit and assessment findings were discussed.

■ NTPR has made significant progress on the expedited cases and the subcommittee is now only recommending “fine-tuning” improvements.

■ NTPR could improve the DSS to ensure that all key decisions were adequately documented.

■ The results of the double-blind exercise showed that differences between the independent analyses were minor and would not impact the claimant’s decision.

■ The double-blind exercise showed that some terminology in the SOPs should be clarified.

■ With the development of the probabilistic uncertainty analysis methodology, NTPR has made considerable progress in implementing the previous recommendation to document that the default upper bound factors reach or exceed the 95th percentile of the dose distribution; preliminary application of the new methodology consistently shows the conservative nature of the deterministic calculation.

■ NTPR should continue working on the probabilistic uncertainty analysis before using it for doses of record.

■ NTPR needs to complete the technical basis (TBD) document for expedited doses.

**Mr. Beck** noted that future plans for SC1 include continuing analysis of the double-blind exercise, conducting audits to check-the-checker for expedited doses and monitoring the development of the probabilistic uncertainty analysis and the TBD for expedited doses.



SC1 suggested issues for discussion by VBDR and possible recommendations, including the following: continued improvement of the probabilistic uncertainty model development while maintaining maximum benefit of the doubt to the veteran; continue the important function of the double-blind analyses; continue the routine independent audits of the completed RDAs.

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Discussion Points:

- Discussion on the use of the probabilistic uncertainty calculation – Initiated by Vice Admiral Zimble
- Discussion of SC1’s assessment of Dr. Lathrop’s earlier presentation on future work – Initiated by Vice Admiral Zimble
- Discussion on the relationship between SC1 and 3 – Initiated by Dr. Riemann

The SC1 report was approved.

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**Subcommittee on VA Claims Adjudication Procedures (SC2)**

**Dr. Kristin N. Swenson, Chair**

**Dr. Swenson** began her report to the Board by explaining the responsibilities of the subcommittee, and noting that although the group had done a lot of work since the last meeting, there was much more to do.

**Dr. Swenson** reported on the audits conducted by Jean York, Dale Burnell and the current auditor, Brent Gibbard; the group focused on assessing the audits conducted since the radiation cases were centralized at the Jackson VARO. During this period, DTRA had set up the Virtual Private Network (VPN) to facilitate communication between DTRA and the Jackson VARO. Dr. Swenson noted that it appears the VPN may save about seven days total (approximately the time necessary to mail the packages), but overall the processing times have not improved over this period of time. It was noted that there is a better sense of a team approach with the implementation of the VPN which is a more positive effect than just saving seven days on the process. Overall, the process times are not acceptable; the audit identified cases taking as long as 1136 days to complete.

**Dr. Swenson** next discussed some of the observations noted by SC2 and Dr. Lathrop during their visit to the Jackson VARO on 22 February 2010. She noted that the staff handles occupational radiation cases (approximately 35% of their total cases) in addition to the Atomic Veteran cases. The radiation team has requested to be co-located and have requested additional ten staff members. The VARO director agreed to the move, but only approved two or three additional full-time equivalent (FTE) staff. She noted that the radiation team developed a response letter that is sent to the veterans that describe other compensation programs that they might be entitled to. She also noted that the team prioritizes veterans age seventy and

older and those that are terminally ill. They also try to provide partial compensation on a given issues while other claims issues are being resolved.

The Jackson VARO team has created several letters and documents to streamline their work and make it easier to communicate with the veterans. Dr. Swenson recognized that there can be significant “waiting periods” during the claims process when the Jackson VARO staff is waiting for responses from physicians, the veterans themselves, or other agencies. It was also noted that a significant contribution to the total claims process is the time at VHA which suggested that the VHA is understaffed. Also, it appears that the VARO’s are inconsistent in how they handle the radiation claims; perhaps refresher training for the other VAROs would be warranted. Finally, a focused Systemic Technical Accuracy Review (STAR) of the radiation program is scheduled for April 2010.

Overall, the Jackson VARO radiation team is dedicated and is truly committed to serving the veterans. In general, the claims are being handled correctly, previous SC2 audits included presumptive cancers not being recognized and partial compensation which might have helped a veteran who was not fully compensated. These issues were not seen in this most recent audit. The primary issues deal with the continued excessive time delays.

Follow-on SC2 activities include helping the VARO modify their “Important Information” regarding other compensation plans and to send the Atomic Veteran brochure and Ionizing Radiation Registry information to the veterans following their initial contact with the VARO. Suggest the VBA and DTRA work together to consider sending DTRA’s radiation questionnaire to the veterans following their initial contact. Finally, suggest the VBA update the Veteran Service Officer training to help veterans complete the radiation information questionnaire.

SC2 had six recommendations for the Board:

- 1) Suggest VA conduct refresher training for all VAROs to transfer claims to the Jackson VARO as soon as possible with minimal development;
- 2) The VBA should update the Fast Letter 06/20 to reflect current processing and include information on handling fire-related service treatment records (STRs);
- 3) Suggest additional staff be hired for Dr. Cassano’s office;
- 4) Suggest the temporary staff recently added to the Jackson VARO be retained;
- 5) Suggest the VA expedite development and implementation of an electronic automated processing system;
- 6) Suggest the VA work with DTRA to develop a screening process for sub capsular cataracts, similar to skin cancer processing, to allow Jackson to process these claims locally without referral to VHA.

There is more work for the SC2 in the future. The group wants to review the remaining audits and determine if additional audits are needed. The group will review the upcoming STAR audit and compare the findings with past audits.

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Discussion Points:

- Discussion on the need for electronics records – Initiated by Vice Admiral Zimble
- Discussion on the veteran obtaining a medical diagnosis prior to file a compensation claim – Initiated by Dr. Lathrop
- Discussion on the refresher training – Initiated by Dr. Lathrop
- Discussion on handling sub-capsular cataract cases – Initiated by Dr. Lathrop
- Discussion on SOPs for Dr. Cassano – Initiated by Dr. McCurdy
- Discussion on the positive impression the Jackson VARO staff have had with veterans – Initiated by Mr. Ritter
- Discussion on the possibility of the Jackson VARO sending out the DTRA radiation questionnaire – Initiated by Dr. Blake
- Discussion on the final wording on Recommendation 6 regarding the sub-capsular cataract screening process – Initiated by Dr. Blake
- Discussion on the VA SOPs and prioritized processing of the Atomic Veterans claims – Initiated by Dr. Voilleque

The SC2 report and recommendations were approved.

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#### Subcommittee on Quality Management (SC3)

**Dr. Curt Reimann**, Chair

**Dr. Reimann** presented the draft report to the Board, beginning with an explanation of SC3's responsibilities and noted the overlap with the other subcommittees as they seek to assess quality management systems in the Atomic Veterans claims process. He noted the difficulty in addressing the VA's process.

**Dr. Reimann** described the goal of having an embedded quality management system includes quantitative metrics that are regularly reported and corrective actions identified and acted upon. The system requires a case tracking system to keep score and monitor progress. He noted that the NTPR program has embraced this process and has implemented tools and metrics to measure progress and improvements. Dr. Reimann noted that although the system is still being improved, it is working; the NTPR is receptive to the identified corrective actions and continuous improvement process.

**Dr. Reimann** acknowledged that the Atomic Veterans and their claims are a small part of the overall VA requirements. He acknowledged that there are components of a quality system in place, including the STAR and other audits, as well as the personal commitment of many of the VA staff; there is not an embedded, quantitative QM system in place. SC3 will continue to work with SC2 to suggest means of ensuring the QM system becomes an integral part of the VA process. SC3 will also continue to work with SC1 and DTRA to continue improving the NTPR processes.

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Discussion Points:

■ Discussion on the comments regarding the NTPR observations in the SC2 report – Initiated by Dr. Blake

The SC3 report was approved.

Following the approval of the report, Dr. Swenson brought up a previous recommendation from 2008 suggesting the VA develop standard operating procedures (SOPs) and felt that a similar recommendation should be included in this report. Group discussion ensued and a motion was carried to suggest the SC3 report include a recommendation that the VA develop standard operating procedure that specifies the rendering of medical opinions regarding veterans' claims.

The added recommendation was approved by the board.

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Subcommittee on Communications and Outreach (SC4)

**Mr. Kenneth L. Groves, Chair**

**Mr. Groves'** report began with SC4's responsibilities. He observed that SC3's role includes suggesting ways to improve communication with veterans regarding the procedures, requirements, decisions and administration of the dose reconstruction process.

**Mr. Groves** reported on SC4's activities following the June 2009 meeting, included making editorial changes for an article about the Board's activities to be published in the current IRR Newsletter. He noted that Dr. Cassano had expected the IRR to be approved for release today and had brought copies to the meeting, unfortunately the release was not approved, so **Mr. Groves** asked that anyone that picked up a copy please turn it back in. The IRR should be released soon and should be back on a regular publication schedule.

**Mr. Groves** discussed the meeting the SC4 had at the VA office in December 2009. The meeting included a discussion of the veteran's response to the greater than 5 rem cohort letter sent from the Hines VA office in June 2009. During the meeting we also discussed the copies of the Atomic Veteran brochure and noted that it included an incorrect email address. So, the correction will be made and the brochures will be sent out by the Jackson VARO.

**Mr. Groves** noted that SC4 is responsible for the public meeting agenda and they worked with the ARA support and the subcommittee chairs to put the agenda together. He also noted that the VA public affairs office is better engaged and he hopes they will continue to work with SC4.

**Mr. Groves** elaborated on the greater than 5 rem cohort letter that was sent to 667 people and noted that 23 responses were received, about 3.5%. He noted that DTRA has indicated that the total greater than 5 rem cohort is approximately 2300-2400, but the VA had current addresses for the 667 that received a letter. He noted that if a similar notification letter was sent to the 35,000 veterans in the 1-5 rem cohort, then the VA could reasonably expect a response from 1200-1500 veterans if the 3.5% response rate held. SC3 felt this

would be an acceptable surge that the VA could handle. The SC4 recommends to the Board that the VA send out a letter to this 1-5 rem cohort of veterans. SC4 will continue to analyze the Atomic Veteran population to make a quantitative assessment of the age and assess the attrition rate to enable the subcommittee to make better communication suggestions. He also suggested the Board maintain a six to nine month schedule and meet in late October or early November of 2010 and noted that Wednesday and Thursday meetings work well.

**Mr. Groves** noted that Mr. RJ Ritter, as the president of the National Association of Atomic Veterans (NAAV) put together a short article on Atomic Veterans that was published in the January issue of the Veterans of Foreign Wars (VFW) magazine (page 16). He received 7,621 responses, including approximately 1,500 phone calls. **Mr. Ritter** indicated that he provided information on how to submit a claim to the VA and what the presumptive diseases were; he also provided information on the DOJ program.

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#### Discussion Points:

- Discussion on outreach using methods such as veteran's magazines – Initiated by Vice Admiral Zimble
- Discussion on whether the outreach letter included information on the IRR – Initiated by Dr. Swenson
- Discussion on whether the numbers in the different dose cohorts only include veterans who are still alive – Initiated by Dr. Boice
- Discussion on whether the first outreach letter included a discussion on RICA – Initiated by Dr. Swenson
- Discussion on whether the outreach letters are addressed to the veteran or spouse so that if the veteran is deceased, the spouse may be inclined to read it – Initiated by Dr. Swenson
- Discussion on the expected response from a letter to the 1-5 rem cohort – Initiated by Dr. Voilleque
- Discussion on a public service outreach via WWII programs and movies– Initiated by Dr. Fleming
- Discussion on Col Ed Taylor (absent member of SC4) and an inquiry regarding his health– Initiated by Dr. Zeman

The SC4 report and recommendations were approved.

**Vice Admiral Zimble** then suggested the Board meet annually, in late spring, rather than on a six-nine month schedule. This schedule would allow for more frequent subcommittee meetings. He noted that the charter allowed the DFO to schedule a meeting at any time, so if an urgent matter presented itself, the Board could be convened. He also noted the meeting location for the current meeting and the proximity to the ARA office was well suited. **Vice Admiral Zimble** noted that he would not be participating in further meetings, so he would leave the schedule up to the remainder of the board. General discussion ensued. **Dr. Lathrop** brought up his concern that the Atomic Veteran population is rapidly declining. **Dr. Blake** noted that an annual Board meeting schedule would provide additional funds for more frequent subcommittee meetings. He also noted that FACA regulations allowed for teleconference meetings that were open to the public. Based on the discussion, a motion was made and carried to have annual Board meetings with more frequent subcommittee meetings.

It was noted that it is convenient to time the VBDR Board meeting in coordination with the annual National Council on Radiation Protection and Measurement (NCRP) meeting in early March.

**Mr. Groves** then noted that he had talked with Col Ed Taylor and also noted that Mr. Charlie Clark, a regular attendee at Board meeting had passed away. He also noted that another regular, Mr. Clyde Wyatt has not been heard from, but he had no confirmation as to his status. Finally, Mr. Groves invited Vice Admiral Zimble to next years meeting.

**Mr. Steve Polchek** read a thank you letter to Vice Admiral Zimble from Senator Daniel Akaka (D-HI), Chairman, Committee on Veterans' Affairs.

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### Housekeeping Matters

**Mr. Polchek** reminded the Board members to submit their renewal packages. He also acknowledged the work ARA and Ms. Beki Gangi had done in support of the meeting. Vice Admiral Zimble echoed the acknowledgement. **Mr. Groves** asked about the recommendation letter that would go to the two agencies and asked that Vice Admiral remain Chair until the letters were signed; **Vice Admiral Zimble** acknowledged that he would. Dr Lathrop asked whether or not the Board members agreed with the overall suggestions he presented earlier in the day. The Board agreed to use it as a guide.

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A motion was made and seconded to adjourn. With no further business to come before the Board, the meeting was adjourned at 4:46 p.m.

### End of Summary Minutes

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I hereby confirm these Summary Minutes are accurate, to the best of my knowledge.

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James A. Zimble, M.D., Chair  
VADM, USN (Ret.)

5 May 2010

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Date