



MAY 20 2008

The Under Secretary of Veterans Affairs for Benefits
Washington, D.C. 20420

James A. Zimble, M.D., VADM (Retired)
Chairman, Veterans' Advisory Board
on Dose Reconstruction
7910 Woodmont Avenue, Suite 400
Bethesda, MD 20814-3095

Dear Admiral Zimble:

Thank you for the recommendations of the Veterans' Advisory Board on Dose Reconstruction from the April 2-3, 2008, meeting in San Diego, California. The following responses address each of your recommendations.

Recommendation 1: Given the age of atomic veterans, the Board recommends that sufficient staff at the Jackson VA Regional Office, who are experienced with radiation claims, be dedicated to the processing of ionizing radiation claims to insure expedited processing.

Response: Since February 2008, the Jackson VA Regional Office has established a Radiation Team tasked with the specialized processing of radiation claims. The Radiation (RAD) Team consists of eleven RAD employees and a RAD coach. Four RAD Team members are Veterans Service Representatives, and are responsible for the development of all radiation cases. Three RAD Team members are Rating Veterans Service Representatives, and are responsible for Defense Threat Reduction Agency (DTRA) letters, letters referring records to the Director, Compensation and Pension Service, and rating all radiation cases. The Radiation Coach oversees the Radiation Team, and the Assistant Veterans Service Center Manager, who oversees the Radiation Coach.

Recommendation 2: Thirty-four percent of claims sent to Jackson from other VA regional offices (VAROs) were returned to the referring VAROs because radiation exposure was not part of the claim. Thus, the Board recommends that the staff at the local VAROs and associated service organizations receive further guidance regarding the identification of radiation claims and that a standard protocol be developed for referring claims to the Jackson Regional Office.

Response: Claim development procedures are outlined in M21-1MR, Part IV, Subpart ii, Chapter 1, Sections B (Claims for Service Connection for Radiogenic Diseases under 38 U.S.C. 1112) and C (Claims for Service Connection for Disabilities Resulting From Ionizing Radiation Exposure Under 38 CFR 3.311). Additionally, the Compensation and Pension Service staff

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provides advice and guidance on an as-needed, case-specific basis. This item will be addressed in the Veterans Service Center Managers' Conference Call in June, as well as by the Office of Field Operations.

Recommendation 3: That the VA central office provide to the Jackson office personnel ongoing focused training on current trends and issues regarding radiation claims.

Response: See response to Recommendation 2 above.

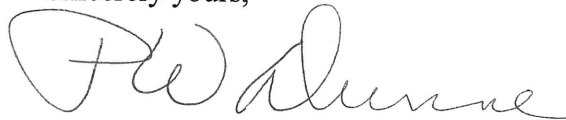
Recommendation 4: That VA develop standard operating procedures with respect to running and interpreting the results of the Interactive Radioepidemiological Program (IREP) and develop detailed documentation supporting the decisions for processing both non-radiogenic and radiogenic claims.

Response: The staff physician, who for the past 12-15 years reviewed radiation cases and provided opinions as to the relationship between ionizing radiation dose and the development of the specific disease, retired in February 2008. Until the vacancy is filled, the Chief Public Health and Environmental Hazards Officer is working to contract out the medical review of radiation cases.

Recommendation 5: That VA proactively communicate with atomic veterans to increase awareness of their potential eligibility for benefits. The VA has the lead on this recommendation with support as needed from DTRA on establishing the most current mailing list for the atomic veterans' community. A draft suggested letter is attached.

Response: We are reviewing the suggested letter and are considering other avenues through which to make potentially qualifying veterans aware of the availability of VA benefits.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "P. W. Dunne".

P. W. Dunne
Acting