



THE UNDER SECRETARY OF VETERANS AFFAIRS FOR BENEFITS
WASHINGTON, D.C. 20420

SEP 25 2009

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

Dear Mr. Chairman:

Thank you for the recommendations of the Veterans' Advisory Board on Dose Reconstruction (VBDR) from the June 10, 2009, meeting in Bethesda, Maryland. The Department of Veterans Affairs (VA) concurs with five of the six recommendations.

Recommendation 1: A Quarterly Quality Report (QQR) should be prepared. The QQR providing a list of summary quality indicators/metrics that characterize the quality of operations/decisions during the previous quarter should be included. The quality metrics are to be designed such that recording and reporting them take minimal additional effort, if any, over what each agency should track in any case simply as part of sound management. They may be derived in part from audit findings. The metrics are to report quality data, trends, and corrective actions as found to be necessary based on all sources, including VBDR Subcommittee 1, DTRA Dose Reconstruction Procedures (SC 1) and Subcommittee 2, VA Claims Adjudication Procedures (SC 2) audits, and ongoing quality assurance (QA). The metrics are also to report on the success of past corrective actions in producing systemic change that permanently minimizes recurrence of the problems that the corrective actions were designed to overcome.

Response: VA performs monthly quality reviews at the Jackson RO. The recommended Quarterly Quality Report (QQR) will consist of three sequential monthly reports.

Recommendation 2: A Decision Summary Sheet (DSS) for each claim should be prepared. The DSS provides a compact summary of all important decisions made in the handling of each claim, including a justification for each decision, which may include any necessary references to data and procedures documents. As with QQR, the DSS is to be designed with terse data fields for each decision including, if desired, pull-down menus designed to minimize the effort called for to fill in each field, to standardize the field contents, and to enable automatic aggregation.

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Response: We concur and will work with the VBDR to develop this tool.

Recommendation 3: The first response to a veteran claim from the VA Regional Office (VARO in Jackson, MS), should include a letter of consent allowing the veteran to be enrolled in the Ionizing Radiation Registry (IRR). This letter of consent should state the benefits to the veteran from enrollment in the IRR. VBDR also recommends that the Board ask the VBDR Subcommittee 4, Communications and Outreach (SC 4), to draft the letter of consent.

Response: VA will incorporate information about the Ionizing Radiation Registry in our Veterans Claims Assistance Act (VCAA) letter to the veteran and explain that he or she can contact the VA Medical Center for an Ionizing Radiation Registry examination. The consent form which you indicated the Board would request VBDR Subcommittee 4, Communications and Outreach (SC 4) to draft, will be enclosed as an attachment.

Recommendation 4: Sections B & C of the VA M21-1 MR should be updated to include the expedited process for processing skin cancer and prostate cancer claims.

Response: M21-1 MR, Part IV, Subpart ii, Chapter 1, Section B addresses presumptive diseases under 38 CFR 3.309(d) and does not include skin and prostate cancers. M21-1 MR, Part IV, Subpart ii, Chapter 1, Section C addresses claims for service connection for disabilities resulting from exposure to ionizing radiation. The Jackson Regional Office is the only VA regional office authorized to employ the expedited process for skin and prostate cancer claims. Accordingly, we do not believe it necessary to incorporate guidance for expediting these claims into the manual.

Recommendation 5: A focused VA Systematic Technical Accuracy Review (STAR) audit should be performed in April 2010 at the Jackson VARO. This STAR should be for the year March 2009 to March 2010 to assess the improvements made by the Virtual Private Network (VPN).

Response: The STAR Staff conducted a review in March 2008 on radiation cases completed at the Jackson RO. We will assess the improvements made by VPN as part of the 2010 STAR review.

Recommendation 6: The VA should notify the veteran of the existence of other radiation compensation programs, i.e., the Radiation Exposure Compensation Act (RECA) and the Energy Employees Occupational Illness Compensation Program Act (EEOICPA) when their application reveals a presumptive condition.


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Response: VA will include the toll-free telephone numbers of the Department of Justice for information (to file a claim under the Radiation Exposure Compensation Act) and the Department of Labor (to file a claim under the Energy Employees Occupational Illness Program) in notification letters when a veteran is determined to have a presumptive disease listed at 39 CFR 3.309(d).

Thank you for VBDR's continued efforts to help VA improve the compensation program for former service members who participated in U.S. atmospheric nuclear testing and/or were present in the prescribed Hiroshima or Nagasaki area during the occupation of Japan following World War II.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "P.W. Dunne". The signature is written in dark ink and is positioned above the printed name.

P.W. Dunne