VETERANS' ADVISORY BOARD ON DOSE RECONSTRUCTION

RECOMMENDATIONS

On the basis of its audits and assessments of Nuclear Test Personnel Review (NTPR) Program radiation dose assessments (RDAs) and Department of Veterans Affairs (VA) claim procedures, the Veterans' Advisory Board on Dose Reconstruction (VBDR) offered a number of recommendations at the March 2007 meeting held in Las Vegas, Nevada. The Board believes that these recommendations, if implemented, would improve the NTPR dose reconstruction process and the VA compensation program for atomic veterans.

For the Defense Threat Reduction Agency (DTRA):

Recommendation 1: That a detailed Standard Operating Procedure (SOP), including incorporated Standard Methods (SMs), be developed that ensure the appropriate treatment of upper bounds, and

- **a) That specifies how and when the default upper bound factors adopted by NTPR, other than those for neutron exposures, are to be applied and when specific uncertainty estimates should be made,**
- **b) That the current uncertainty estimates for gamma doses based on cohort film badge data, and for beta skin doses based on beta to gamma ratios, be re-evaluated, and in the interim, appropriate default upper bound factors should be developed and applied,**
- **c) That the SOP specify in detail when uncertainty estimates from individual sources should be assumed independent or correlated and when and how uncertainties should be propagated, and**
- d) **That the current procedure for estimating the upper bound ingestion dose be re-evaluated to determine whether it is unreasonably conservative.**

Recommendation 2: That VBDR receives final drafts of the SOP and quality assurance plan according to the schedule provided to Subcommittee 3 as a response to the November 2006 VBDR recommendations. *Once the quality assurance plan and implementing procedures have been completed by NTPR and reviewed by the VBDR, NTPR should implement and maintain the quality assurance plan.*

Recommendation 3: That NTPR submit an appropriate modified expedited radiation dose assessment process for posterior subcapsular cataracts to Subcommittee 1 for review as soon as possible. *Early detection of the onset or presence of cataracts has improved markedly in the past decade. Recent long term studies cite measurable changes in color and opacity for eye doses that are much lower than previously thought. NTPR is proposing to develop an expedited RDA for claims from veterans having posterior subcapsular cataracts. As part of this expedited RDA, NTPR should establish a screening process to determine whether, based on a review of the veteran's likely activities, the veteran's face near the eye could have been contaminated*

by or otherwise exposed to fallout particles and that a dose to the lens high enough to result in cataracts could have been received. This initial review can be based on existing information and NTPR resources where available without additional input from the veteran. However, if existing information is not sufficient to demonstrate the potential for a significant dose to the participant's eye lens, additional supporting information should be obtained from the veteran up to and including, if necessary, preparation of a full Scenario of Participation and Radiation Exposure (SPARE). If this screening process is unable to determine eligibility for expedited processing, the claim should be referred for a full Radiation Dose Assessment.

For the Department of Veterans Affairs (VA):

Recommendation 1: That the VA provide the outcome of claims to NTPR. The availability of such data offers essential feedback for the enhancement of DTRA's methodology.

Recommendation 2: That the VA provide the Board with data on the current population of atomic veterans who have made non-presumptive claims after an RDA is supplied.

The Board has continually noted that NTPR is not informed about the outcome of claims after the RDA is supplied to the VA. Therefore, no statistical conclusions can be obtained from NTPR records regarding the percentage of successful non-presumptive claims. NTPR and VBDR have a need to know the outcome of claims. This information could expedite dose reconstruction and claims processing. The above recommendations for the VA address that issue.

Recommendation 3: That for non-radiogenic medical conditions, DTRA and VA agree on a process through which a decision by competent medical authority would be made on whether a case requires a dose reconstruction, and report back to the Board on the process.

Recommendation 4: That following VA Compensation and Pension Service visit to Jackson Regional Office in April 2007, and the quality review by VA STAR (Systematic Technical Accuracy Review) staff in September 2007, VA provide VBDR with a status report of performance with respect to STAR metrics and cycle time for atomic veterans claims.