

SUMMARY OF MINUTES OF THE NINTH PUBLIC MEETING OF THE VETERANS' ADVISORY BOARD ON DOSE RECONSTRUCTION

The ninth meeting of the Veterans' Advisory Board on Dose Reconstruction (VBDR or the Board) was held at the Hyatt Regency Hotel, 7400 Wisconsin Avenue, Bethesda, Maryland on June 10, 2009.

In accordance with the provisions of the Federal Advisory Committee Act, *Public Law 92-463*, which sets forth standards for the formation and conduct of government advisory committees, the meeting was open to the public.

All VBDR Board members were present.

Representatives from the Defense Threat Reduction Agency (DTRA), the Department of Veterans Affairs (VA), and the National Council on Radiation Protection and Measurements (NCRP), the Department of Labor, the Air Force Safety Center, the Veterans of Foreign Wars, the Military Family Organization and were in attendance as well as 7 veterans and 6 members of the public, two of which who were relatives of the veterans present..

OPENING REMARKS

Mr. Eric Wright, as the Designated Federal Official, called the meeting to order and welcomed everyone to the ninth meeting of the Board.

Dr. Zimble, Vice Admiral, USN (ret.) (Chairman) also welcomed everyone to the ninth meeting of the Board, and invited guests to make use of the available handouts. **Dr. Zimble** welcomed the Atomic Veterans and public members and noted that there would be two opportunities for public comments during the meeting.

Dr. Zimble's presentation covered some of the responsibilities of the Advisory Board, the responsibilities that the Board does not have, and information relative to how interested parties can follow the activities of the Board through the VBDR web site, <http://VBDR.org>, or the toll-free number, 866-657-VBDR (8237).

The primary topics of the 1 day VBDR meeting included discussions on the future makeup and continuing responsibilities of the Board, as well as briefings on the current status and activities of the Nuclear Test Personnel Review (NTPR) dose reconstruction program by **Dr. Paul Blake**, and the VA Compensation and Pension Service program by **Mr. Brad Flohr**. The activities and accomplishments of the four VBDR subcommittees (DTRA Dose Reconstruction Procedures, VA Claims Adjudication Procedures, Quality Management, and Communications and Outreach) were also presented by the Committee Chairs.

Dr. Zimble also introduced **Victoria Cassano, M.D.**, Director, Radiation and Physical Exposures, Department of Veterans Affairs, Office of Public Health and Environmental Hazards. He suggested that if any veteran here has a concern, there is a representative

available with whom they can speak. He noted there has been a VA representative at every meeting, and they have been very helpful in resolving some of the veterans' problems. He expressed his gratitude to the VA for their advocacy for all veterans.

Presentations

Dr. Victoria 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 Regional Office (Jackson RO). Further discussion included non-presumptive claims and what might be included in that category. The Ionizing Radiation Registry (IRR) was also discussed by **Dr. Cassano**, noting its establishment, qualification for inclusion, and the benefits of enrollment.

Dr. Paul Blake from DTRA presentation on the program update covered metrics, dose reconstruction advances, quality assurance (QA) advances and communication advances. He included a status of recommendations from VBDR to DTRA and discussed the road forward from his perspective. **Dr. Blake** addressed the dose reconstruction advances noting that the Standard Operating Procedures (SOPs), Revision 1.2 (October 2008) has been published and includes the initial publication of "Expedited Radiation Dose Assessment" procedures.

Mr. Brad Flohr, from the VA Compensation and Pension Service (C&P) presented the current status of the 24 recommendations the Board has made to the VA noting that four of the recommendations had to do with VA claims procedures, none of which were outstanding; one had not been accepted as it was contrary to law. **Mr. Flohr** addressed each or the recommendations in light of quality management, communications and outreach and alternative dose reconstruction procedures. Statistics were provided for the Jackson VA Regional Office indicating that as of May 15, 2009, there had been 4,603 claims accepted for adjudication, with 1,482 granted and 2,494 denied. The remaining cases were in various stages of development. For Fiscal Year 2009 to date, C&P had completed 301 cases, 36 were granted, 229 were denied, and 36 were returned for further development.

Dr. John Lathrop, discussed a letter he had circulated to the members of the Board, regarding the Board's continuing functions and described its salient points. He discussed the reason for seeking such an amendment. The letter would be addressed to the appropriate Congressional committees, and outlines the major advantages of the Board's past work as it related to the Atomic Veteran. This included the backlog of Atomic Veteran claims and the improvement on VA handling time, and the degree of expertise and standardization of processing of those claims through consolidation into the Jackson RO.

Dr. Lathrop also discussed future issues which need the attention of the Board. These include the completion and implementation of a Quality Management (QM) system in each agency; monitoring the two agencies to ensure that the QM systems are maintained and

enforced; and advising the two agencies in developing and managing a consolidated Atomic Veterans Outreach Campaign.

Public Comment Sessions

During the two public comment sessions, **Mr. Freeman Cox** (an Atomic Veterans whose work involved loading nuclear weapons in 1955, described his disabilities as well as issues affecting his children and grandchildren.

Mr. Elton Rogers (not actually an Atomic Veteran) discussed going to Desert Rock in 1953 and felt his participation there had been ignored.

Mr. Robert E. King worked on nuclear weapons during a nuclear accident involving tritium and discussed his exposure and symptoms he felt were related to his duties in the Air Force.

Mr. Paul I. Noel discussed his 23-year military career and provisions he had placed in his living will.

Major General Randy Manner, USA, Acting Director of DTRA expressed his appreciation for the good-natured perspective that each presenting veteran provided. He emphasized that topics once considered classified no longer have associated restrictions that were previously imposed in the past. He observed that in many cases there has been a lot of research ongoing into certain medical implications associated with exposure to radiation and in other cases not so much.

General Manner discussed the improvement in recent years of going from a claims backlog of 1,600 to now only 60, and observed that it doesn't solve all the challenges because some veterans don't fall within the purview the Congressional laws that apply to atomic veterans.

Speaking for DTRA, **General Manner** challenged every veteran, before they leave, to get a personal follow-through on his or her specific action. He encouraged the veterans to examine organizations and associations comprised of atomic veterans so that their voice could be heard at a larger volume. He added that if they're still not satisfied, they should write their Congressmen because those letters do see the light of day and are responded to by the VA or the Department of Defense (DoD).

Ms. Marilu Fifield, the daughter of two veterans, one Army and one Navy, commented about the long-term effect certain chemicals from both World Wars I and II, as well as the Vietnam War, may have on certain veterans.

Full meeting minutes, as well as verbatim transcripts of each presentation, session, and public comments, are available on the VBDR Web site at <http://www.vbdr.org>.

VBDR SUBCOMMITTEES

At the ninth VBDR annual meeting presentations were made by the Chairs of SC1 (Dr. Harold Beck), SC2 (Dr. Kristin Swenson), SC3 (Dr. Curt Reimann), and SC4 (Mr. Kenneth Groves)

Subcommittee 1 (SC1)

The Chairman of SC1, **Mr. Harold Beck**, outlined the activities of SC1 since the September 2008 meeting: their receipt of three expedited cases for review; meeting at the contractor facility in Virginia to receive an update from DTRA staff on NTPR dose reconstruction-related activities since their last meeting; review of the final draft of a proposed TBD describing development of methodology to perform probabilistic dose assessments; a meeting prior to this meeting in which findings were discussed regarding that review of the TBD document, NTPR progress in finalizing SOPs, NTPR progress in addressing previous recommendations and possible recommendations on the future evolution of SC1 and VBDR.

Mr. Beck's report covered a thorough analysis of SC1's feeling that there is no longer a need for VBDR to routinely conduct full audits of randomly-selected cases. Options and modifications were discussed.

SC1 suggested issues for discussion by VBDR and possible recommendations, including the following: improved SOPs relative to expediting cases; progress on development of a probabilistic dose assessment capability; continued improvement of the probabilistic uncertainty model development; the continuing important function of the double-blind analyses; consideration by NTPR to possibly update older TBDs which were not subject to rigorous peer review; and reassessment of SC1's mandate to "Conduct periodic audits of a random sample of NTPR dose reconstructions to assure correct procedures are being followed and to ascertain the quality of reported doses and associated uncertainty estimates."

In addressing the future of VBDR, **Mr. Beck** reported that SC1 believes the major future dose reconstruction-related oversight requirement focus should be directed primarily toward QA oversight.

Subcommittee 2 (SC2)

The Chairman of SC-2, **Dr. Kristin Swenson** reported on the decision to audit 30 additional cases in order to match the 30 audits that had been done prior to the centralization at the Jackson RO. Twenty of those audits were available for review for today's meeting. **Dr. Swenson** noted some of the things of particular interest were that SC2 saw presumptive cancers not being recognized; partial compensation which might have helped the veteran not awarded; and excessive time delays. Her report included a table which itemized the days required for various steps in the process to be accomplished.

Other concerns raised were that SC2 observed that a veteran is not always aware of other compensation programs available to them for presumptive cancers; the letters to the veterans

from the VA and DTRA are not easily understood; additional refresher training is needed by the Jackson RO on awarding partial compensation to a veteran for a claim with several issues; and that refresher training is needed at all VAROs on the need to expedite the claims to Jackson RO without any claim development occurring first at the local VARO.

SC2 recommendations include: that the first response to a veteran claim from the VARO include a letter of consent allowing the veteran to be enrolled in the IRR; that Sections B and C of the VA Claims Processing Manual (M21-1MR) be updated to include the expedited process for skin and prostate cancers; that a focused STAR audit be performed in April 2010 at the Jackson VARO for the year March 2009 through March 2010 to reflect improvements made by the Virtual Private Network.

Addressing the future role of SC2 and the Board, SC2's report expressed a belief that independent audits of Jackson VARO claims processing should continue. The SC3 recommendation for VA to prepare QQRs, with corrective actions identified, is supported by SC2. When QQRs evolve as useful quality management documents, VBDR should move away from auditing individual claims to reviewing QQR content and the effectiveness of VA in performing corrective actions.

Subcommittee 3 (SC3)

The Chairman, **Dr. Curt Reimann**, reported on SC3's general observations briefly, and then spoke to observations specific to first NTPR and then VA. He remarked on the NTPR documentation system for the processing of Atomic Veteran radiation exposure cases, including SOPs, Quality Assurance Procedures (QAPs), TBDs and related documents; continued significant progress in reducing backlogs. The maturation of the NTPR quality system responding to VBDR recommendations was discussed, as well as the evolution of the double-blind studies in RDAs and NTPR's maturing QA system. **Dr. Reimann** noted the basic approach appears to be more reactive than preventive.

Specific observations relative to VA included that the M21-1MR documents are helpful in clarifying not only claims processing at the Jackson RO, but also how the quality of such work fits into VA's Systematic Technical Accuracy Review (STAR) quality system. SC3 also suggested the QM processes of a DSS summarizing all decisions made in processing each claim (these DSSs can be quite brief and easily filled in), and a QQR summarizing quality metrics for processing Atomic Veterans' claims. **Dr. Reimann** observed that because Atomic Veteran claims are uniquely complex compared to typical veterans' claims, and are handled in a VARO in a process specifically tailored to them, those QM processes should be applied in particular to Atomic Veteran claims. SC3 offered VA its assistance in developing what those DSSs and QQRs should cover.

Dr. Reimann reported SC3's discussions of the future of VBDR continue to be based mainly on the GAP analysis and SC3's own observations of VA and NTPR progress, especially quality system deployment and output quality. SC3 concluded that alternative models for reaching the purposes of VBDR should continue to be explored. SC3 continues to emphasize that lack of full deployment of quality systems is of much concern. SC3 has

noted such concerns in its reports to the Board, and SC3 and SC2 audits continue to underscore this concern.

Future activities of SC3 were discussed, with **Dr. Reimann** reporting that their activities will now focus on assessing how well VA and NTPR QA plans and systems are being effectively deployed in support of day-to-day quality output, placing less emphasis on SOP development. **Dr. Reimann** remarked that SC3 plans to work more closely with SC1 and SC2 to pursue clearer integration between audit findings and choices of quality system metrics.

Subcommittee 4 (SC4)

The Chairman of SC4, **Mr. Kenneth Groves**, enumerated the VBDR open meetings were held in eight cities across the country; wherein veterans had the opportunity to testify about their concerns. He observed that the VBDR has received and responded to phone calls, letters and e-mails with inquiries about the Board, dose reconstruction and claims processes, noting that all correspondence is stored in the VBDR database to document those requests and comments.

Mr. Groves reported on SC4's activities following the September 2008 meeting, which included a consideration of publishing an article about the Board's activity in the IRR Newsletter.

SC4 met for two days at the Department of Veterans Affairs offices in Washington in April, and **Mr. Groves** discussed the issues addressed at that time. They included a letter to be sent to Atomic Veterans identified as having received a dose of 5 rems or greater; review and comments requested by SC2 on letters for expedited doses wherein significant confusion had been noted; **Dr. Victoria Cassano's** role in distribution of the IRR newsletter; distribution of the brochures prepared and printed earlier; the agenda and meeting schedule for the June VBDR meeting; agenda for the SC4 meeting in June; agreement to continue support to the IRR newsletter, and with both VA and DTRA to coordinate Atomic Veteran-related communications and outreach.

In their meeting the previous day SC4 discussed working with the VA and DTRA to develop an Atomic Veteran Outreach Campaign, as well as development of an Atomic Veterans Communications Plan using the resources from the VA, DTRA and the VBDR.

SC4 continues to review and advise concerning letters sent from VA and NTPR to Atomic Veteran claimants; will continue to provide input to the process for clear communication to the veteran regarding their options for making a claim, while managing expectations; and encouraging both agencies ensure that, wherever possible, their letters are consistent.

BOARD DISCUSSION

Dr. Zimble indicated that Board members should have a reworded recommendation from SC3. Upon confirmation from **Dr. Reimann** that the SC3 combined recommendation is

acceptable to him as the subcommittee chair, it will be officially submitted as the single recommendation from Subcommittee 3.

Dr. Zimble announced he had had a discussion with **Mr. Beck**, chairman of SC1, who expressed his strong belief that it is not a frugal use of taxpayers' money to meet too often for the total Board, and suggested something between nine months and a year would be sufficient. He felt travel resources should be spent for the subcommittees to meet so that each one can perform its own oversight, using the full Board meeting to review the results of the subcommittees' work.

Dr. Zimble proposed that each subcommittee work on the concepts they have each presented on what they see as their way forward. This should be considered in terms of oversight and quality reviews in SCs 1, 2 and 3, and exploring methodologies for outreach communication in SC4. He asked that they work diligently on those issues. He commented that sometime in the next six to nine months the subcommittees consider and provide products that have been developed, because it does take the full Board to make recommendations to the agencies. If something is found to be worthy of strong recommendations to the Board, that will be the time to convene. Depending on the work products from each of the subcommittees and a need to get consensus regarding recommendation, that will probably be somewhere in the next nine months to a year.

An observation was made that nine months is not an unreasonable time to come up with designs for the QQR and DSS, although it would be optimistic for implementation.

It was suggested that perhaps SC4 could set a pace of subcommittee meetings perhaps once every three months, which would approximate meeting twice between now and the next full Board meeting.

Upon the request of **Dr. Zimble**, **Mr. Groves** agreed to seek out a date certain for the next Board meeting, sometime in 2010.

BOARD'S RECOMMENDATIONS

The VBDR Board had six formal recommendations to DTRA and VA on the atomic veterans claim program.

FUTURE VBDR MEETINGS

Following discussion by the Board, it was agreed to hold the tenth meeting in the February to March 2010 timeframe in Bethesda, Maryland with the day before the VBDR meeting devoted to subcommittee meetings. Details about future meeting dates and locations will be announced in the federal register and on the VBDR web site.

Dr. Zimble thanked the Board and the staff for their efforts, the public attending for their comments, and called for a motion to adjourn.