

Executive Summary

The Eleventh 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 11, 2011. Members in attendance were Dr. Charles H. Roadman, II, MD, LtGen, USAF (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. David McCurdy, Dr. Curt R. Reimann, Mr. R. J. Ritter, Dr. Kristin Swenson, and Dr. Gary H. Zeman; Mr. Stephen Polchek was the Designated Federal Official. Board member Mr. Paul L. Voillequé was absent. Others in attendance included staff of various federal agencies and government contractors and one Atomic Veteran, Dr. Lincoln Grahlf.

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

Summary Minutes of the Eleventh Meeting
Held March 11, 2011

The Eleventh 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 11, 2011. 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 along with the meeting presentations are available on the internet on the VBDR web site located at <http://www.VBDR.org>. A verbatim transcript of the meeting is available upon request; make request to AA@vbdr.org. Those present included the following:

VBDR Members in Attendance: Dr. Charles H. Roadman, II, MD, LtGen, USAF (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. David McCurdy, Dr. Curt R. Reimann, Mr. R. J. Ritter, Dr. Kristin Swenson, and Dr. Gary H. Zeman. Mr. Paul L. Voillequé was absent.

Designated Federal Official: Mr. Stephen Polchek

Federal Agency Attendees:

Defense Threat Reduction Agency: Ms. Karen Kinlin, Mr. Mike Andrews, Ms. Amy Atkinson, LCDR Gerald Burke

Department of Veterans Affairs: Victoria A. Cassano, MD, Ms. Christy Greenwell

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

Other Participants: Ms. Coni Groves, Mr. Michael Schaeffer, Ms. Alison Quince, Dr. Lincoln Grahlf (Atomic Veteran)

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March 11, 2011

Opening Remarks

Mr. Stephen Polchek 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. Polchek noted the length of time it took to get Dr. Roadman formally appointed as Chairman of the Board and asked for formal introductions from the Board members.

Mr. Polchek then turned the meeting over to **Dr. Charles Roadman**, Chairman.

Dr. Roadman thanked Dr. Lincoln Grahlf, the lone Atomic Veteran in the audience. **Dr. Roadman** provided a brief presentation where he reviewed the background, history and purpose of the Board. He highlighted the VBDR.org website and contact information. **Dr. Roadman** noted that the primary focus of the Board going forward will be for outreach and communication to reach as many Atomic Veterans as possible. He then recognized Dr. John Boice and asked that he give his presentation on his on-going epidemiology study.

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Review of Atomic Veterans Epidemiology Study

Dr. John D. Boice

International Epidemiology Institute
Rockville, MD

Dr. Boice offered a presentation where he described a recently initiated effort to perform a detailed epidemiological study of 125,000 Atomic Veterans associated with eight test series, including Trinity and seven series performed at Nevada Test Site (NTS) and Bikini Islands. The study is being funded by the NIH and was funded with a grant in 2010 and is being supported by DoD (via DTRA), the DVA and National Cancer Institute (NCI). Vanderbilt University is the prime contractor with support from Risk Assessment Corporation (RAC), International Epidemiology Institute, Fred Hutchison Cancer Research Institute and Oak Ridge Associated Universities (ORAU). **Dr. Boice** noted the extensive training and documentation requirements mandated by the VA to ensure veterans' privacy and protection; much of the early work has been to ensure all the relevant people involved accomplish the necessary training.

The first aim of the study is to estimate the lifetime risk of radiation-induced leukemia from low-dose of external exposure as well as inhaled or ingested radionuclides. **Dr. Boice** noted there are extensive resources regarding dose reconstruction and dosimetry results for the Atomic Veterans. The dose reconstruction procedures have been well vetted and documented. The dosimetry team also plans to work

with the services to obtain more extensive dosimetry records. **Dr. Boice** noted that one significant challenge is tracing the veterans, and for the veterans that are deceased, determining the cause of death. The team is reviewing the National Death Index and, when necessary, accessing state specific records databases.

Dr. Boice also described his vision of reviewing one million U.S. radiation workers to include military and civilian populations. He feels that a more complete analysis of this population of workers would enable a more definitive assessment of the risks associated with low-doses of radiation that would enhance radiation protection standards. Better assessments of risks associated with low-doses of radiation would provide much needed guidance regarding the increase in radiation exposure associated with medical procedures. He also feels it would provide a service to civilian workers and Atomic Veterans to help them understand the true extent of the risks that they may have incurred.

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Discussion Points:

- Discussion on the confidence interval of the leukemia risk estimate – Initiated by Dr. McCurdy
- Discussion on the accuracy of death certificates in identifying the actual cause of death – Initiated by Dr. Swenson
- Discussion on whether the study would include cataracts (no) – Initiated by Dr. Cassano
- Discussion on adding a link to the study's website from the VBDR site – Initiated by Dr. Blake
- Discussion on whether the million-person study would include depleted uranium workers (no) – Initiated by Dr. Cassano

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Dr. Roadman then asked Dr. John Lathrop to present.

Demographics Analysis

John Lathrop, Ph.D.

Innovative Decisions, Inc.
Livermore, CA

Dr. Lathrop presented his analysis of the current demographics of the Atomic Veterans. The purpose of the analysis was to estimate how many Atomic Veterans are still alive and to predict the rate at which they are dying. The analysis was to help inform the communications and outreach program to emphasize the rapid decrease in the current Atomic Veteran population. One of the complications that warranted this type of analysis is the fact that Atomic Veterans, as a whole, have exhibited a longer life-expectancy than their peers.

Dr. Lathrop collected actuarial data on people born during the period the Atomic Veterans were born, roughly from 1910 – 1938. He noted the average life-expectancy of this population as compared to the Atomic Veterans born in the same time period. For example, one above ground test series in 1951 had 9,528 participants; the Five-Series study found that 3,274 had died by 1996. However, given the U.S. population as a whole, one would have expected 4,197 to have died. As a result, **Dr. Lathrop** calculated a “Standardized Mortality Rate” of 0.78 (3274/4197); in other words, 22% fewer Atomic Veterans have died as one would expect from normal actuary data. **Dr. Lathrop** noted that although he felt he performed a thorough analysis, his results should be peer-reviewed by an epidemiologist and statistician.

Dr. Lathrop went on to note that based on his analysis, there are approximately 150,000 Atomic Veterans alive in 2011, by 2016 the number will be nearly reduced by 50% to 88,000, and reduce by another 50% by 2021. The results reinforce the

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Discussion Points:

- Discussion on the average age of the Atomic Veterans and if the difference between the veterans at Hiroshima and Nagasaki are different from the veterans involved in the above-ground tests (the average accounts for both data sets) – Initiated by Dr. McCurdy
- Discussion that Dr. Lathrop’s total number of Atomic Veterans may be inflated because some took part in multiple series (Dr. Blake will provide improved statistics) – Initiated by Dr. Blake
- Discussion regarding how Dr. Lathrop’s analysis reinforced Dr. Roadman’s comments regarding the emphasis on communication and outreach – Initiated by Mr. Groves

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Dr. Roadman broke the meeting for a break; upon return from a break, asked if anyone had any public comments or questions. Hearing none, he asked for Christy Greenwell from the VA. Since she was not yet at the meeting, he asked Dr. Blake to present.

Update on Nuclear Test Personnel Review (NTPR) Program

Paul K. Blake, Ph.D.

Defense Threat Reduction Agency Representative
Chief, NTPR Branch

Dr. Blake noted that the NTPR program’s progress and that the program is now at a manageable case load level. He noted the metric for completing cases, 180 days, has been met (with one exception) and over 90% are completed within 90 days. The longer response times can be associated with non-participant cases, complex, multi-series cases, and cases where the veteran’s have long response times for providing feedback and information. **Dr. Blake** noted that overall workload has increased by 30% in the past year; the NTPR

program addressed a total of 1244 cases, vice 959 in the previous year. Several areas of technical improvements were noted. Several Standard Operating Procedures (SOPs), Standard Methods (SMs) and Technical Memorandums (TMs) were completed and published in 2010. Many of these documents are publicly available on the DTRA/NTPR website. In addition, 500,000 pages of NTPR documentation was digitized, an improvement that will significantly increase the efficiency of data searches. **Dr. Blake** also described the development of the technical basis document for expedited doses.

Double-blind Case #7 was conducted in the previous year; the independent analysis resulted in similar external dose calculations and since they are more complex, more differences were noted in the internal dose calculations.

Dr. Blake noted the extent of the quality reviews and the advances in improving the quality of the documentation process. DTRA has satisfied all Quarterly Quality Report (QQR) requirements since 4th quarter 2008 when the program was initiated. The quality improvements has resulted in a more streamlined process for the work flow and improved information captured on the decision support sheets (DSS). The NTPR team performed 1,100 veteran outreach phone calls last year (a 37% increase over the previous year).

DTRA has fulfilled all VBDR recommendations (20 in total); the final recommendation was closed in the past year. One joint VA/DTRA recommendation on developing a screening process for sub-capsular cataracts (similar to skin cancer processing) is in development and should be closed within the next several months.

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Discussion Points:

- No discussion

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Dr. Roadman asked Christy Greenwell to present.

Quality Assurance of Rating Decisions

Ms. Christy Greenwell

Department of Veterans Affairs (VA)
Compensation and Pension Service

Ms. Greenwell presented an overview of some of the Veterans Benefits Administration's (VBA) National Quality Assurance (QA) Program, including a discussion of the Systematic Technical Accuracy Review (STAR) Program. She noted that the Secretary Shinseki has established a goal of 98% accuracy for claims processing; it is currently at 84%. She pointed out that there are four tiers to the QA program, Tier 1 focuses on accuracy; Tier 2 focuses on oversight and includes regional office visits. Tier 3 contains special focused reviews that each addresses a specific area of interest in response to an agency request, and Tier 4 reviews rating consistency. **Ms. Greenwell** noted the various publicly accessible guidance documents that the QA

program is based on including M21-4, Manpower Control and Utilization in Adjudication Divisions and 10 CFR 38. Many of these documents can be found at the VA Web Automated Reference Material System (WARMS), <http://www.benefits.va.gov/warms>.

Ms. Greenwell described the VA STAR system which includes review of work in the claims process and fiduciary work. The STAR is an audit style review based on a random sampling of work completed at regional offices, as well as pension and appeals management centers. The STAR reviewers will look at all aspects of the claims process, not just the final rating action and use a STAR checklist to record their findings. She noted that in the most recent radiation claims reviews, the focus was on the ratings consistency, not the processing timelines. Reviewers examine 21 cases per month and to avoid any real or apparent conflict of interest, they are not allowed to review cases from a regional office where they have previously worked. **Ms. Greenwell** then explained in detail the benefit entitlement error codes that are used in the reviews.

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Discussion Points:

- Discussion regarding the two STAR reviews of the Jackson VARO and which Tier were they were in (first was an ad hoc and the second would be considered a Tier 1) – Initiated by Dr. Fleming
- Discussion on if the STAR reviews evaluate interactions between Veterans Affairs Regional Office (VAROs) (a normal STAR would not, but an ad hoc review could be set up to do so) – Initiated by Dr. Fleming
- Discussion on establishing VA quality tracking tools as part of an overall quality management process, similar to what has been implemented by DTRA – Initiated by Dr. Reimann
- Discussion of how the decision is made regarding reasonable doubt on claims (the veteran is granted the benefit of doubt if the evidence is equal for and against) – Initiated by Dr. Zeman
- Discussion of what happens if a review results in a change to a veterans benefit (payouts are retroactive to when they should have been granted and no money is taken from a veteran if the revision denies a previously granted claim) – Initiated by Dr. Zeman

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Dr. Roadman asked Mr. Brad Flohr to speak next on the VA compensation program.

Update on VA Radiation Claims Compensation Program for Veterans

Mr. Brad Flohr

Department of Veterans Affairs (VA)
Asst. Director, Compensation and Pension Service

Mr. Flohr presented an update on the VA radiation claims compensation program. He stated that the VA

expected 1.3 million claims that required a rating decision (the vast majority are not radiation claims). He further noted that recent changes in accepted presumptive diseases associated with Agent Orange were expected to add an additional 250,000 claims. He stated that every year the number of claims increases. He noted that the current accuracy of the claims processing has dropped to 84%, partially due to the increase in claims and an increase in VA personnel which requires additional training. He also noted the Secretary has established a goal of 125 days to process a claim; **Mr. Flohr** noted that one of the issues driving the length of processing time is the amount of time the military services take to complete their portion of the process. **Dr. Blake** noted that he would be willing to help coordinate with the services to improve their processing time.

He noted that SC2 visited the Jackson VARO on February 7, 2011 and at that time there were 577 radiation claims pending. The majority (494) of those claims was with the Regional Office in development or pending review; the others were either at DTRA, with VA Central Office (VACO) or with the military services. **Mr. Groves** asked how many of the 577 claims were occupational exposures and the answer was approximately 30%. **Mr. Flohr** then described the status of VBDR recommendations that related to claims procedures and alternative methods of dose reconstruction. Many of the recommendations were accepted and have been implemented, however some were contrary to law and have been rejected.

Mr. Flohr then presented a flow diagram that described the adjudication process for a radiation claim. The diagram specifically addressed the process for an Atomic Veteran with a “non-presumptive” disorder. **Mr. Flohr** and **Dr. Lathrop** discussed possible ways to improve training and **Mr. Flohr** noted that they are trying to implement reminders to claims staff regarding radiation claims training.

Mr. Flohr also described some statistics of the claims that have come through the Jackson VARO since the radiation process was consolidated at that office. Since February 7, 2011, a total of 6,364 have come through the Jackson VARO. Of the claims that have been completed, 1,968 claims have been granted and 3,683 have been denied. In FY10 431 claims were completed in Compensation and Pension (C&P). Of those claims 139 were granted service connection and 292 were denied. It took an average of 494 days to process the claims. **Mr. Flohr** also noted that Dr. Cassano would be leaving her current office and that it is important that she be replaced soon to ensure the claims process does not suffer.

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Discussion Points:

- Discussion regarding the flow chart shown in the presentation; it is out of date and needs to be revised – Initiated by Dr. Fleming
- Discussion regarding whether or not presumptive cases needed to be sent to Jackson (yes) – Initiated by Dr. Swenson
- Discussion noting that the Atomic Veterans are only a small subset of total claims shown in the slides and it is not currently possible to identify how many of the granted claims were for Atomic Veterans– Initiated by Dr. Swenson
- Discussion noting Dr. Otchin maintained records regarding how many claims were Atomic Veterans, but it has not been maintained – Initiated by Dr. Swenson

- Discussion on whether it is possible to expedite the process by changing how the radiation claim was identified (no) – Initiated by Mr. Groves

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Dr. Roadman broke the group for lunch.

After lunch **Dr. Roadman** reconvened the group and asked Mr. Ken Groves and Mr. Mike Andrews to discuss communications and outreach.

Presentation on VA/DTRA/VBDR Atomic Veterans Communications Plan

Mr. Ken Groves
SC4 Chair

Mr. Mike Andrews
DTRA Public Affairs

Mr. Groves noted the VA had put together a video on Atomic Veterans that will be played on their closed-circuit TVs in their hospitals and medical centers. He then played the video. He further noted that the video was released in February. **Mr. Ritter** noted that there was a statement in the video regarding skin cancers that he felt would lead veterans to believe that it was a presumptive cancer. He felt the language should be modified. **Dr. Zeman** suggested the video should inform the veterans that they are released from their obligation of secrecy regarding their potential exposures. **Mr. Groves** noted that additional videos will be created and the additional information can be included in future releases. He also acknowledged Mr. Jim Benson, VA Public Affairs; he has been instrumental in the communications program, but was not able to attend the meeting.

Mr. Groves noted the statistics regarding the Atomic Veteran population and the rate at which the surviving veterans are decreasing. He reiterated the importance of communicating with the population as quickly as possible. He described the comprehensive communication plan that SC4, along with the DTRA and VA Public Affairs' offices have been working on. He also noted that **Dr. Roadman** has been intimately involved in the development of the plan. He then asked **Mr. Andrews** to speak before he showed the summary of the communications products that they were working on.

Mr. Andrews noted that the group is looking at print, broadcast and electronic forms of media. He noted that the video was an example of the broadcast communications. He noted that they were releases press releases regarding Dr. Roadman's appointment as the VBDR Chairman. He also noted that about 850 different media outlets looked at the press release announcing the VBDR meeting and about 55% of them were from overseas. He also talked about the "Are you an Atomic Veteran?" brochure. DTRA printed up draft copies of the brochure, but it needs work before it can go final. There will also be an article in the VA's *Vanguard* and DTRA publication, *The Shield* and they are working to make the articles available to external publications like *Readers Digest* and *Parade Magazine*.

Mr. Andrews said they are also looking at various electronic media, such as Twitter and Facebook. Mr. Benson is leading this effort. The electronic media also includes the DTRA and VBDR websites themselves. Mr. Benson is also planning to update Wikipedia entries related to the VBDR and Atomic Veterans. **Mr. Groves** also noted The Ionizing Radiation Registry (IRR) and its newsletter.

Mr. Groves then presented a spreadsheet with an overview of the various communication products that are in development; the tasks were in various stages of completion. He also noted that he had talked with **Dr. Blake** about how to gain information from the veterans regarding which communication methods were working. **Dr. Blake** agreed to modify the Scenario of Participation and Radiation Exposure (SPARE) to allow the veteran to identify how they found out about the NTPR program. Future communication efforts may be modified based on what the veterans say regarding where they hear about the program.

Mr. Andrews noted that Mr. Groves had presented an overview of the VBDR and NTPR programs at a public meeting of a military association. He suggested the VBDR put together a presentation that any of the members could use to present to various organizations.

Mr. Groves then recognized Ms. Beki Gangi and Mr. Brian Sanchez for their work on the VBDR.Org website. He asked Mr. Sanchez to provide a short demonstration of the website. He briefly showed several pages and noted recent changes, such as the new Members Emeritus page.

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Discussion Points:

- Discussion regarding the need to get communication products out quickly and allow for corrections and additions, rather than wait for things to be perfect – Initiated by Dr. Roadman
- Discussion on additional people who need to be added to the Emeritus page, such as Tom Pamperin and Dave Ropeik – Initiated by Dr. Swenson

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Subcommittee Reports

Subcommittee on Dose Reconstruction (SC1)

Mr. Harold L. Beck, Chair

Mr. Beck provided a summary of the SC1 report, first reviewing the required tasks performed by SC1, namely assessing dose reconstruction procedures and conducting periodic audits of NTPR dose reconstructions from random selections.

Mr. Beck noted only four full dose reconstructions were executed this past fiscal year and no routine audits other than the double-blind exercise were conducted. **Mr. Beck** suggested that the Board may wish to review SC1 tasks and revise them for the current situation of fewer radiation dose assessments (RDA) being conducted each year.

SC1 activities since last Plenary Meeting:

- Reviewed four expedited case files, along with a full RDA performed as a double-blind exercise by SAIC and ARA; external quality assurance and lessons-learned report was provided by Ms. Nancy Dougherty, CHP of ORAU
- Held annual SC1 meeting in October 2010 to receive update from DTRA/NTPR staff on dose reconstruction activities, discuss reviews of SC1's evaluation of expedited RDAs, and review the results of the double-blind exercise. **Mr. Beck** noted that Dr. John Till (chairman of the National Academies study that developed the Green Book, and Mr. Mike Schaeffer (Dr. Paul Blake's predecessor) were also in attendance (by invitation) at this meeting to receive an update of the VBDR program.
- Provided comments and suggestions on draft NTPR report "An Expedited Approach to NTPR Radiation Dose Assessments." Comments also provided on second companion report, received a week prior the 2011 Plenary Meeting, "A Technical Basis for Expedited NTPR Radiation Dose Assessments." This report is in fulfillment of a recommendation made by SC1 previously, and **Mr. Beck** stated that it will "form the basis for a new set of operating procedures which will really put this whole expedited processing on a very firm ground." A meeting in September or October 2011 is tentatively scheduled for final review of this document.

Comments from SC1:

- **Mr. Beck** reported that the recommendation of providing more information in the Decision Summary Sheets (DSS) and revising the form extensively had satisfied SC1 comments. In regards to the double-blind exercise conducted by ARA and SAIC, the minor differences between the two evaluations pointed out that the standard operating procedures should to be revised for clarity, and to alleviate inconsistencies.
- SC1 encourages the NTPR to continue developing the probabilistic dose reconstruction method, but considers that the method requires more work before official implementation.
- Audits conducted so far show that the veteran is getting the benefit of the doubt with the current expedited process and no doses need to be revised, but SC1 would like the new expedited process implemented as soon as possible.
- Last year's double-blind using two teams (SAIC vs. ARA) worked well, rather than SAIC vs. two independent individuals. **Mr. Beck** stated that SC1 would keep in discussion the possibility of conducting more than one double-blind each year if resources are available.
- Continued discussion of fallout re-suspension factoring into dose calculations, although no formal recommendations on re-suspension are being made by the Board at this time.

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Discussion Points:

- Discussion on the differences of results of the double-blind exercise between SAIC and ARA – Initiated by Dr. McCurdy

The SC1 report was approved.

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Subcommittee on VA Claims Adjudication Procedures (SC2)

Dr. Kristin N. Swenson, Chair

Dr. Swenson began the SC2 report by noting that the role of SC2 is to perform audits of the VA claims filing process. She explained that audits focus on both the time required to process a claim, and the errors found in a processed claim.

SC2 activities since last Plenary Meeting:

- SC2 visited the Jackson, MS VARO 7 February 2011.

Comments from SC2:

- **Dr. Swenson**, referring to the table in the March 2011 SC2 report, pointed out that the first eighteen audit cases conducted by Gene York were not included because dates of claim processing were not originally audited; therefore, first twenty audits occurred after the consolidation [of the Atomic Veteran claim processing to the Jackson, MS VARO], and audits thirty-four through forty occurred after the virtual private network (VPN) was established between Jackson, MS VARO and DTRA. Dr. Swenson noted that despite the consolidation and VPN, the average number of days is one-hundred twenty-two for a claim to reach Jackson from the VA (although the total average time is going down); SC2 believes this is too long for claims processing. Secretary of the Dept. of Veterans Affairs Eric Shinseki has set a claims-processing goal of one-hundred twenty-five days, which the Jackson VARO considers possible if the process is executed perfectly. However several factors can extend the claims process beyond this goal, such as the mandatory thirty-day wait period between each time the VARO requests information from a veteran. **Dr. Swenson** also commented that medical opinions had languished in the VHA, but were eventually completed. Further, **Dr. Swenson** reported that Dr. Cassano assured the SC2 that these delays would no longer be an issue; however, SC2 will continue to focus on this aspect of claim adjudication.
- Jackson VARO reported that 3,219 of 9,450 radiation claims had been returned, with remainder kept for processing.
- Staff at Jackson VARO suggested having a veteran service representative (VSR) at each VARO that is a radiation specialist to be a contact for the Office of Original Jurisdiction (OOJ) to reduce delays in getting claims to Jackson VARO.
- SC2 would like to see Jackson VARO VSRs and raters physically co-located at Jackson the VARO.
- SC2 had four recommendations for the Board to consider:
 1. Recommend new guidance be sent out to clearly indicate radiation claims are to be expedited to Jackson VARO with minimum, specific claim development (diagnosis of the disease and

the consolidation letter sent to the veteran). A point of contact, email address and phone number for a Jackson VARO radiation team member should be clearly listed in this letter. Additionally, an individual at each VARO be identified as the radiation claim files specialist.

2. Recommend effective participation by the VHA in the claims process and an appropriate representative be available at all VBDR meetings.
3. Recommend a Tier 3 ad hoc quality review of the radiation claims process to include documentation of timeliness and unnecessary delays from initial receipt of claim at original VARO to end product notification to veteran be completed at the end of calendar year 2011.
4. Recommend the VHA resolve the issue of completing medical examinations by either providing Jackson Regional Office with a listing of VHA medical facilities that are staffed to conduct the specific examinations required or to provide medical opinions in radiation-related claims, or by ensuring that if qualified staff are not available at any particular facility, the request will be done on a fee basis.

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Discussion Points:

- Discussion on SC2's recommendation of the VHA resolving issues in regards to requests of medical exams, that exams require travel outside of veteran's home state – initiated by Mr. Flohr
- Discussion on SC2's desire for consolidation of space at Jackson VARO, that it may be beyond the scope of the VBDR – initiated by Dr. Reimann
- Discussion on SC2's wording of the recommendation of having a VHA representative present at all VBDR public meetings– initiated by Dr. Boice
- Discussion on auditor reporting DTRA error in dose given in SC2's report – initiated by Dr. Blake

The SC2 report was approved as modified at the time of the meeting.

Subcommittee on Quality Management and VA Process Integration with DTRA Nuclear Test Personnel Review Program (SC3)

Dr. Curt Reimann, Chair

Dr. Reimann began his report by describing the basic purpose of SC3: review quality management of both DTRA (dose reconstruction procedures) and the VA (claims adjudication procedures), and make recommendations that lead to improving the connections between accuracy, timeliness, and productivity.

SC3 activities since last Plenary Meeting:

The subcommittee's activities over the past year were not discussed, but are listed in its report.

Comments from SC3:

- Near term focus will be on fleshing out VA and VHA standard operating procedures (SOPs)
- Would like to share SC2's auditor for the purpose of combined interest in quality and plan to have a joint subcommittee meeting with SC2
- SC3 is interested in working with STAR (Christy Greenwell) to help refine the VA's quality system

Discussion Points:

- Discussion on SC3's timelines and action plans for coming year, 1) identify key individuals in quality related activities at Jackson VARO, and 2) develop template to capture quality assurance activities and data to generate quarterly report – initiated by Dr. McCurdy
- Discussion on consequences of open items of the subcommittees staying open – initiated by Dr. Lathrop

The SC3 report was approved.

Subcommittee on Communication and Outreach (SC4)

Mr. Kenneth Groves, Chair

Mr. Groves began his report by noting how the participation of Dr. Roadman, Mike Andrews (DTRA) and Jim Benson (VA) has been a benefit to SC4 in moving forward with implementing SC4's communication plan.

SC4 activities since last Plenary Meeting:

- Conducted a conference call with Dr. Roadman after the 2010 Plenary Meeting
- Conducted meetings in October 2010 and January 2011

Comments from SC4:

- SC4 is ready to move forward with distributing the [Atomic Veteran] brochure; the VA has accepted ownership of the brochure and move forward with final editing and publication. Mr. Groves asked the Board members to submit any edits they may have as soon as possible.
- **Mr. Groves** noted the work Applied Research Associates, Inc. has done to update the VBDR official website, and asked Board members to submit updated biographical information and photographs.
- **Mr. Groves** noted Dr. Cassano's work on getting the IRR newsletter published

Discussion Points:

- Discussion on SC4 meeting three times each year, once at the annual meeting and twice during the year – initiated by Mr. Groves
- Discussion on adding Mr. Ritter as full member to SC4 – initiated by Mr. Groves

The SC4 report was approved.

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Housekeeping Matters

The location and timing of the next annual meeting was discussed, and tentatively set to be in San Antonio, TX on March 24-25 to be in conjunction with the National Association of Atomic Veterans (NAAV) reunion; possibility of live video streaming over VBDR website of the meeting was also discussed.

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With no further business to come before the Board, Mr. Stephen Polchek, Designated Federal Official adjourned the meeting at 4:23 pm.

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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Charles H. Roadman, II, M.D., Chair
Lt. Gen., USAF (Ret.)

10 June 2011

Date