

Executive Summary

The Seventh Meeting of the Veterans' Advisory Board on Dose Reconstruction (VBDR or the Board) was held at the Sheraton San Diego Hotel, Mission Valley, in San Diego, California on April 2 and 3, 2008. Members in attendance were Dr. James A. Zimble, VADM, USN (Ret.), Chairman; Mr. Harold L. Beck; Dr. Paul K. Blake, CAPT, MSC, USN (Ret.); Dr. Ronald R. Blanck, LTG, USA (Ret.); Dr. John D. Boice, CAPT, USPHS (Ret.); Dr. Patricia A. Fleming; Mr. Kenneth L. Groves, CDR, MSC, USN (Ret.); Dr. John F. Lathrop; Dr. David E. McCurdy; Mr. Thomas J. Pamperin, LTC, USAR (Ret.); Dr. Kristin N. Swenson, Lt Col, USAF (Ret.); Mr. Rudolph J. Ritter, former NCO, USN (Ret.); Mr. David P. Ropeik; Mr. Paul G. Voillequé; and Dr. Gary H. Zeman, CDR, MSC, USN (Ret.). Attending via telephone were Dr. Curt W. Reimann (on the first day only) and Mr. George Edwin Taylor, COL, USA (Ret.). Others in attendance included staff of various federal agencies, as well as members of the public.

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

Summary Minutes of the Seventh Meeting
Held April 2-3, 2008

The Seventh Meeting of the Veterans' Advisory Board on Dose Reconstruction (VBDR or the Board) was held at the Sheraton San Diego Hotel, Mission Valley, in San Diego, California on April 2 and 3, 2008. 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, as well as a verbatim transcript certified by a court reporter, are available on the Internet on the VBDR web site located at <http://VBDR.org>. Those present included the following:

VBDR Members: Dr. James A. Zimble, Chair; Mr. Harold L. Beck, Dr. Paul K. Blake, Dr. Ronald Ray Blanck, Dr. John D. Boice, Dr. Patricia A. Fleming, Mr. Kenneth L. Groves, Dr. John F. Lathrop, Dr. David E. McCurdy, Mr. Thomas J. Pamperin, Dr. Curt W. Reimann (via telephone on the first day only), Mr. Rudolph J. Ritter, Mr. David P. Ropeik, Dr. Kristin N. Swenson, Mr. George E. Taylor (via telephone), Mr. Paul G. Voillequé, and Dr. Gary H. Zeman.

Designated Federal Officer: Mr. Eric Wright, Alternate Designated Federal Officer (DFO) for Major General Randal R. Castro, USA.

Federal Agency Attendees: Mr. Blane Lewis (DTRA), Mr. Robert Case (San Diego VA Regional Office), Dr. Joanna Ingraham (DTRA), Mr. Cameron Hardy (DTRA).

National Council on Radiation Protection and Measurements Staff: Dr. Isaf Al-Nabulsi, Ms. Melanie H. Todd, Ms. Carlotta M. Teague, and Dr. Thomas S. Tenforde.

Other Participants: See Registration

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Wednesday, April 2, 2008

Call to Order and Opening Remarks

Mr. Eric Wright called the meeting to order, announcing that his appearance was on behalf of Major General Randal Castro, DFO, for the VBDR.

Mr. Wright acknowledged the sponsors for the Board, the Defense Threat Reduction Agency (DTRA) and Department of Veterans Affairs (VA), and then turned the meeting over to Dr. Zimble.

Dr. Zimble added his welcome and reminded attendees to register their attendance, and invited them to avail themselves of the handout materials. He announced the purpose of the meeting and referred participants to the Board's website for a full explanation of the Board's organization and function, and asked that cell phones and pagers be turned off during the meeting.

Dr. Zimble asked members of the Board and the public to use the microphones when speaking, and welcomed Mr. George E. "Ed" Taylor and Dr. Curt W. Reimann who were unable to be present, but would be listening to the discussions and participating by telephone.

Dr. Zimble mentioned handouts available and emphasized the busy agenda; he then introduced Dr. Sasaki.

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**Briefing on: Activities of Atomic Bomb Survivors' Health
Care Committee, HIBAKUSHA Protection Law**

Dr. Yasuhito Sasaki
International University of Health and Welfare
Tokyo, Japan

Dr. Sasaki outlined his presentation, noting that it would include a description of who are covered under HIBAKUSHA, the Japanese law to support the atomic-bomb survivors, the various allowances for those covered, the special medical care allowance, and procedures for approval.

The term "HIBAKUSHA" officially covers those individuals who possess a HIBAKUSHA health certificate issued by a local government, and which approves individuals who were present in Hiroshima or Nagasaki, or in officially designated vicinities at the time of the atomic bombings; those who entered designated areas within two weeks after the bombings; those who were in other situations that may have caused radiation health effects, or who were unborn babies of pregnant mothers in any of the previously-designated situations. Dr. Sasaki noted that the first thing to know about the HIBAKUSHA is that it literally means those exposed to radiation from the atomic bomb.

Dr. Sasaki described the legislation leading up to this particular coverage, which began in 1957 with a law concerning medical care of atomic-bomb survivors. That law included a medical checkup and medical benefits. In 1968, laws of special measures were enacted to support atomic-bomb survivors' special medical allowance. The two laws were merged in 1995, to form the present law that is based on the 1980 report of an advisory panel on fundamental problems dealing with HIBAKUSHA.

The advisory panel report was summarized by Dr. Sasaki, noting that, as far as basic philosophy, the panel indicated that health hazard for atomic-bomb survivors represents a sacrifice different from general damage received during the war, and that the most special thing about the atomic bomb is, without question, radiation and radioisotopes, for which a certain degree of compensation by the Japanese government is feasible.

Addressing basic attitude, the report indicated priority should be put on support for those who really need health care, and at the same time inequity with general war victims must be avoided. It was also noted that further studies on health and hereditary effects of radiation are needed.

Dr. Sasaki explained that a person registered as HIBAKUSHA is eligible to receive an annual health checkup for both general cancer and other specific medical examinations. He also noted that Japan has a national health insurance system under which the patient presently pays 30 percent of medical care costs, with 70 percent being reimbursed by the government. The 30 percent share is not required for HIBAKUSHA.

Dr. Sasaki described that as of March 2007 there are approximately 250,000 HIBAKUSHA, as opposed to the 100,000 in the life span studies of Hiroshima and Nagasaki survivors and others throughout Japan. The average age of an atomic-bomb survivor is 74.

Addressing the special allowances, Dr. Sasaki noted that the most important is the special medical care allowance, which is handled by a committee. Once a decision is made to recognize a radiogenic disease, which must be treated, the person receives approximately \$1,300 for three years in addition to medical benefits. At the end of that period, the medical condition is re-evaluated. If the disease is regarded as cured, the patient's special allowance will be reduced by about two thirds.

Dr. Sasaki acknowledged that it is not easy to implement this provision because doctors are aware that the medical special allowance will be reduced or discontinued resulting in many HIBAKUSHA maintaining their allowances for life, which is problem for the Japanese Government.

There are other allowances such as an atomic-bomb microcephaly allowance, health management allowance, and nursing care or care by family allowance. Furthermore, when the atomic-bomb survivor dies, funeral fees are provided to the bereaved.

The approval process for the special medical allowance includes an application to the Minister of Health, Labor and Welfare through local governments. This application includes the situation of atomic-bomb exposure, age at exposure, distance from ground zero, shielding conditions, medical conditions, opinions of attending physicians and related medical examination data. After consulting with the subcommittee for Medical Care of HIBAKUSHA, the Minister of Health, Labor and Welfare confirms that the disease is caused by exposure to radiation and authorizes the condition's medical treatment.

The HIBAKUSHA Health Care Commission operates as a subcommittee of the Examination Committee of Certification of Sickness and Disability that is established by the Ministry of Health, Labor and Welfare of Japan. The committee is made up of 20 specialists, of which currently 18 are physicians from various specialties, with one epidemiologist and one health physicist. It is a consultative committee to the Minister, and its mandate is to examine applications for the special medical care

allowance submitted by HIBAKUSHA. The subcommittee reviews each application in a closed meeting. The number of applications discussed usually ranges from 40 to 70. The review process is based on guidelines that were developed in meetings open to the public. Upon making the decision (approve, decline, or suspended while further information is gathered), the Minister notifies each applicant of the outcome.

The guidelines for assessing whether a disease or condition is caused by radiation include the probability of causation (PC) for cancer, the threshold for radiation-induced cataracts, radiation dose estimates, and medical treatment based on the condition of the claimant.

Difficulties faced by the program were described as how to deal with non-cancer diseases and revising the guideline based on newly-published scientific evidence. Dr. Sasaki noted that is not an easy task and recommended the need to establish an independent advisory committee to discuss the newly-published scientific information and determine whether it should be included in the guidelines.

Other challenges include establishing precise dose estimates based on the actions of an applicant 60 years ago, dealing with the HIBAKUSHA living abroad and dissatisfaction among those whose application has been declined.

In discussing new trends, Dr. Sasaki noted that many of the dissatisfied HIBAKUSHA have taken legal action. Ten lawsuits have taken place in district court; each suit involves from two to 50 plaintiffs.

Dr. Sasaki closed his presentation by announcing that in March 2008 new guidelines will be implemented for the special medical care allowance. This will include the use of the 2002 dosimetry system (DS02) for dose estimations, with a notation that relief of suffering is more important than scientifically-based reasoning. Probability of causation will not be used, which will make the processing of applications faster.

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**Briefing on: Department of Veteran Affairs
Quality Review of Radiation Claims**

**Ms. Edna MacDonald,
Assistant Director Quality Assurance,
Veterans Benefits Administration (VBA)**

Ms. MacDonald explained that she is responsible for the VBA's national quality assurance program that reviews rating decisions and disability determinations made in the field. One of their quality assurance tasks is to do special focused reviews when needed by the agency, which is how her office came to look at a sampling of radiation claims completed by the Jackson VA Regional Office.

Ms. MacDonald provided background on how the Jackson VA Regional Office set things up after they were tasked with consolidation, including their internal specialization and the appointment of three primary rating specialists.

Ms. MacDonald noted another component of her staff responsibilities is to do oversight visits of all VA regional offices on a rotating basis every three years. A regular oversight visit was done at the Jackson VA Regional Office in February of 2008. The person that performed the radiation quality review was also present on that visit.

In the focused review, 246 radiation claims which had been completed by the Jackson VA Regional Office from October of 2006 through October 2007 were selected; 232 of those cases were reviewed. Review could not be conducted of cases under appeal or if a file was unavailable for other reasons. The focus of the review was on accuracy of the claim, the radiation relevance, and an effort was made to gather information and track the timeliness of processing. A plan was made to use the results of the review for further improvement and to assess the effectiveness of the consolidation effort.

Ms. MacDonald further remarked that preliminary findings indicate improved accuracy and improved timeliness by VA and DTRA.

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Public Comment Session

Public comment was solicited on both days of the meeting. The following is a list of members of the public who spoke on the first day. A verbatim transcription of all comments and any responses by Board members may be found on the Board's web site at <http://VBDR.org>.

Mr. James Elliott spoke about a claim he filed. Originally he had been told it was in Jackson in 2006. Now he's been told it's somewhere else and the VA is requesting more information. He stated he doesn't have more information.

Mr. Charlie Clark spoke about a desire to abolish dose reconstruction.

Mr. Arthur Templin spoke of his service on the USS Rockingham which served as a hotel during Tests ABLE and BAKER from the CROSSROADS series. He discussed his health issues which have developed since then, and asked if he should file medical claims even though he does not have a cancer.

Mr. David Bryant spoke about Dependents Indemnity Compensation for widows of atomic veterans and their difficulties in receiving compensation, differences between the VA program and the radiation exposure compensation act program, and the issue of genetically impaired offspring.

Mr. John Chiment, retired Army Lieutenant Colonel, described his participation in over 50 atmospheric tests. He spoke of the disability payments and the policy of deducting those payments from his Army retirement, which gives very little actual compensation. He stated that the deductions to those payments were more harmful than beneficial.

Mr. John Argeris identified himself as a World War II volunteer who entered service at 17 years of age. He pointed out that some volunteers were only 15 years old when they enlisted and noted that the Board members should keep in mind that not all those volunteers were mature servicemen.

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Dr. Zimble's Remarks on the Afternoon Session

Dr. Zimble reminded attendees that the Board had two objectives. The first is oversight of dose reconstruction and the filing and processing of veterans' claims dealing with ionizing radiation. The second is to assist DTRA, specifically the Nuclear Test Personnel Review (NTPR), and the VA in communicating with the veteran and keeping the veteran informed.

Dr. Zimble then emphasized that there are issues for which the Board is not responsible, such as individual dose reconstruction cases. The Board is not an appeals board and although it needs to know when the system is not working, it has no legislative power to do more than recognize the problem and offer advice for its correction.

For those interested in what the Board is doing, Dr. Zimble suggested that a visit to the web site at www.vbdr.org is the easiest way to keep

up with Board activity.

Mr. Robert E. Case, Congressional liaison for the Department of Veterans Affairs in the San Diego area, was introduced with an announcement that he is available for assistance during this meeting.

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As background for the remainder of the meeting time, Dr. Zimble presented information on the Board's previous activities. This included the number of formal recommendations the Board had made to DTRA and VA between June 2006 and April 2007. He noted that the focus of the first two Board meetings was on gathering information. He then proceeded to address each recommendation for each agency.

There were 18 recommendations for DTRA and 20 for VA. Recommendations to DTRA included the expedited processing for skin and prostate cases, the development of a quality assurance program, the development of standard operating procedures, and the decision summary sheets, as well as formalization of an advisory role for VBDR in development of communication efforts regarding atomic veterans.

Recommendations directed to VA included provision of adjudicated case outcomes to the Nuclear Test Personnel Review (NTPR) Program, consolidation of all atomic veterans claims to a single site staffed with trained and experienced personnel, placing validated radiation claimants into the Ionizing Radiation Registry, distribution of the Ionizing Radiation Review Newsletter to all veterans in the Registry, publication of the newsletter twice a year and timing the publication to serve also as notification of upcoming VBDR meetings, improve interaction and communication between the agency and the atomic veterans, communication by letter to all veterans that their claims have been forwarded to the Jackson VA Regional Office, instruction of all regional offices regarding the proper routing of radiation claims to the Jackson VA Regional Office, and informing veterans that they are no longer held to security directives received when they left the service.

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Update on NTPR Dose Reconstruction Program

**Dr. Paul Blake
NTPR Program Manager,
Defense Threat Reduction Agency**

The presentation included a program update, documentation status, dose uncertainty initiatives, quality initiatives, status of the Board's recommendations to DTRA and the road ahead.

In reporting on the program, Dr. Blake noted that the program had eliminated its backlog of cases and had achieved a steady state condition. All inquiries are now completed within six months, with an average inquiry response time of 40 days. Congressional inquiries, as a result of elimination of case processing delays, have all but ceased.

The incoming case load, the time to complete a case, as well as the pending case load were also discussed.

As summarized by Dr. Blake, the expedited dose initiative has provided faster responses to the veterans and VA, enabled a significant increase in favorable outcomes for veterans with skin and cataract claims, eliminated DTRA's backlog of non-presumptive cases, and reduced DTRA program costs.

Turning to documentation status, Dr. Blake explained in detail that the three types of documentations are policy documents, which included the Code of Federal Regulations and the NTPR policy and guidance manual; implementing documents, which included procedures, technical guidance and training manuals; and the operating documents, which include worksheets and forms.

Dr. Blake described a recommendation made by VBDR that DTRA continue to explore the dose uncertainty analysis, explaining that the draft report was released in March 2008. Subcommittee 1 was briefed on the progress prior to commencement of this meeting, and he expected the report to be completed with an update in the Standard Operating Procedures (SOPs) and system integration by July of 2008.

Quality initiatives include the double-blind intercomparison studies of NTPR reconstructed dose assessments. These are performed independently by the NTPR and two independent consultants, operating on the theory that, if procedures are well written, any competent health physicist should get similar results. Although the results are not identical, Dr. Blake noted that he had yet to see any difference that would have affected a veteran's compensation decision.

Another quality initiative described was the independent review of expedited radiation dose assessments (RDAs). This resulted in a recommendation to develop the decision summary sheet in order to capture the DTRA analyst's justification for expediting an RDA rather than perform detailed dose reconstruction calculations. The decision summary sheets and other documentation supporting a decision to expedite cases are now being reviewed by non-DTRA health physicists,

which adds only one to two weeks to the processing time.

Turning to the status of VBDR recommendations as they relate to DTRA, Dr. Blake noted that of 18 formal Board recommendations, 11 have been completed, with the remaining seven in an ongoing status. He addressed each recommendation in more detail, providing completion target dates for those requiring more work.

Looking ahead, Dr. Blake indicated that during the last half of 2008 he hopes to update DTRA dose reconstruction policy in the Code of Federal Regulations and complete work on VBDR recommendations. He also noted that DTRA will support a potential transition of the Board to its next phase.

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Update on the Veterans Benefit Program

**Mr. Thomas Pamperin,
Deputy Director of the
Compensation and Pension Service
Department of Veterans Affairs**

Mr. Pamperin presented an update on VA's compensation program. He cautioned that the numbering of the recommendations was somewhat different from that of Dr. Zimble's in that VA had consolidated some of the recommendations.

Mr. Pamperin addressed each recommendation in turn, indicating acceptance or acceptance with limitations. Accepted with limitations included the recommendation that VA provide outcome of claims adjudication to NTPR. Mr. Pamperin noted that VA does provide summary lists of the outcomes for all medical opinions which because of Privacy Act issues do not include personal identifiers.

Although the recommendation that DTRA and VA agree on a process through which a decision would be made on whether a case required dose reconstruction, the VA is unable to implement it. The legal opinion of VA's Office of General Counsel stated that VA is legally required to submit all claims, even those that are non-radiogenic, for dose estimates.

The recommendation that the VA reinforce its instructions to all regional offices to promptly route radiation claims to its Jackson Office was generally accepted; however, Mr. Pamperin noted that included in the recommendation is a provision for VBDR's continued

advice for the VA to consider developing alternatives to current methodologies, including possible legislative relief and/or modification of regulations for the non-radiogenic claims which the VA cannot accept.

The VA has no plans to seek legislative relief or modification of instructions contained in 38 CFR 3.311. He added that instructions and reminders have been provided to the regional offices detailing procedures for handling of non-radiogenic claims and actions required to support the claims prior to referral to the Jackson VA Regional Office.

Recommendations not included in Mr. Pamperin's slide presentation were also noted. One is a recommendation that VA grant service connection without regard to dose for atomic veterans with basal cell cancers and melanomas. He noted that this recommendation has become moot because of the expedited processing methods developed by DTRA and that all of those conditions are being granted service connection.

Another recommendation was for retroactive payments of entitlements to the earliest date the disability was first claimed once a presumption is established. That recommendation was not accepted. It is not within the authority of the VA and would require legislation. Mr. Pamperin remarked that were Congress to make such a change, the VA would implement it; however, the likelihood of Congress doing so is probably non-existent.

Mr. Pamperin mentioned that Dr. Neil Otchin, who was providing the medical opinions on all radiologic claims, has retired. As of this date his position has not been filled, a situation which has created a hold on a number of cases awaiting medical opinions. Some cases are awaiting referral by the Compensation and Pension Service, and there are 118 cases in the Jackson VA Regional Office awaiting medical opinion. Mr. Pamperin commented that Mr. Steve Sloan, Deputy Director of the Environmental Agents Service, is taking on as many of the responsibilities as possible; however, since he is not a physician he cannot render medical opinions.

Other issues include the Dole-Shalala report and other potential changes to benefits. Five committees have reviewed how DoD and VA collectively respond to wounded and injured military personnel, and legislation has been submitted to Congress. Mr. Pamperin cited a study by the Center for Naval Analysis last summer, the results of which indicate that the VA rating schedule does a reasonably good job. The only area found to be under-compensated was mental health, and VA is evaluating that.

As a result of the Walter Reed situation there is a pilot program regarding the DoD disability evaluation system. The program requires the VA to assign a disability rating for use by the DoD. The VA rates disability somewhat higher than DoD for most medical conditions and substantially higher for mental illnesses. It is quite likely that the pilot program will become a normal business practice by next year.

There is also legislation that will allow attorneys to practice earlier in the process and to be paid additional fees for doing so.

Reporting on claims activity as a result of the current conflict, Mr. Pamperin explained that the VA had recently published proposed regulation on traumatic brain injury. The four signature wounds of the current conflict are burns, amputations, traumatic brain injuries and post-traumatic stress disorders. The VA has just released to the Office of Management and Budget revisions to the Burn regulation. They hope to get the Traumatic Brain Injury regulation done by July and are working on the mental health issues. The VA doesn't anticipate much change relative to amputations, but significant changes to the other ratings schedule are expected relatively soon.

Lastly, the VA is in the process of a massive hiring effort. They expect 1,500 of the 7,800 employees working on disability claims to retire this year. Mr. Pamperin noted that by the end of the year VA staffing will have increased from about 8,000 employees to about 12,000. Challenges are expected in terms of training new staff, but Mr. Pamperin noted that the VA has redesigned training programs to make new staff able to contribute to workload reduction more quickly than previously. To put the situation in perspective, Mr. Pamperin remarked that in 2001 the VA handled just over 500,000 disability claims. Last year that number was 836,000, with a pending inventory of unadjudicated claims close to 400,000.

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Board Discussion

With a substantive number of actions having taken place based on the Board recommendations, Dr. Zimble indicated that he was encouraged by the progress made by VA and DTRA. He then announced that the purpose of the upcoming discussion was to get the Board's input regarding its future mission, vision and strategy. Remarking that with one more meeting scheduled for 2008 (September in Washington, D.C.), Dr. Zimble expressed a hope that at that time the Board could come forward with a recommendation to the two sponsoring agencies for the Board's future charter.

Referring the Board members to the legislation under which the Board was created, along with its charter outlining its objectives and specifically addressing those contained in "Scope of Activities of the Board," Dr. Zimble asked that they keep those objectives in mind as they consider what has been done thus far and the results and comments from the public, as they prepare their input for the September meeting.

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Several Board members noted that it is time to operate on another plane, which might be directed more to quality assurance, in that the decision summary sheets and double-blind studies still have a way to go before they could be considered operational. In addition, there is a need to develop a constructive, effective and non-burdensome way to set up a quality assurance process across DTRA and VA to list critical decisions and rationales behind them, similar to a decision summary sheet. Thus, there is a need for the Board to continue providing independent oversight for at least another year before determining the Board's future direction. However, the Board could be downsized for a somewhat different oversight role.

Regarding the issue of trust between the served community and the agencies, which has improved, several Board members feel that this still needs work. In addition, the Board has developed an image as a responsive contact point for veterans, and perhaps should continue to serve as a trusted advocate for veterans, although in a more limited or reduced manner.

With respect to communication, several Board members feel that an ongoing role for this Board is to offer its resources and expertise to both agencies. This is an opportunity for the Board to continue supporting an interface between the two agencies to ensure they speak with a single voice relative to the program. In addition, it is important that all surviving atomic veterans be aware of the program, which may require something more proactive than a letter advising them of their eligibility.

Getting the new VA staff integrated and trained in the next year, and how the regional offices adapt to understanding the process regarding which claims should be sent to the Jackson VA Regional Office, all indicate it is premature to abandon the role of oversight. However, the role of the Board might change to one of facilitator and resolver of issues. And if there is a thought of continuation in a limited fashion, perhaps there should be a reassessment every two years or so to determine whether there is a need to continue.

While auditing will continue to be very important, it doesn't need to be done by the Board.

The three apparent options are to continue the Board as it is, to terminate, or to modify its mission. The consensus seems to be continue communications, continue oversight, but with fewer Board members. Rather than persisting as a Federal Advisory Committee, the Board might evolve to a different type of independent advisory body which could address the continuing issues.

Dr. Zimble summarized the discussions by commenting that the Board had started off in a repair and improve mode, looking at processes that had substantive problems which needed to be addressed. It appears that they're now ready to move to a position of maintenance, which may be an ongoing function, to ensure that the improvements remain intact, and that further improvements might be recommended. He asked that Board members think outside the box about reconstituting in terms of membership, but ensuring there is the right talent and expertise to address the concerns articulated by the Board members.

Many times over the years the question has been raised about whether there is a way to address the veterans' needs other than dose reconstruction. Something along those lines might be considered.

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A motion was made and seconded to adjourn to the following morning. The motion carried unanimously.

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The meeting adjourned at 4:45 p.m.

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Thursday, April 3, 2008

Call to Order and Opening Remarks

Dr. Zimble called to order the second day of the meeting, thanking the veterans in attendance. He acknowledged that their comments from the previous day were well-received and documented, and that issues within the purview of the Board would be considered for recommendations to either of the agencies. He noted that some issues will require legislative change, and that the Board's deliberations would be available to Congressional members and staff.

Dr. Zimble then announced the day's business would include reports from the four subcommittee chairs regarding activities of their subcommittees, and a continuation of the discussion regarding the future of the Board.

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BRIEFINGS BY SUBCOMMITTEE CHAIRS

Mr. Harold Beck

**A Report from Subcommittee 1 on
DTRA Dose Reconstruction Procedures**

Mr. Beck outlined the major points in Subcommittee 1's report and referred the Board to the written report. He then reviewed the two tasks of Subcommittee 1: 1) to assess the dose reconstruction (DR) procedures, and 2) to audit a random sample of NTPR dose reconstructions.

Mr. Beck outlined the activities of Subcommittee 1 since the September 2007 Board meeting. They included selection of six cases for audit. Five cases were picked randomly, and one was chosen by DTRA for the double-blind exercise. Several additional cases done under the expedited process were also chosen in order to assure that this was being done correctly in terms of the decision to expedite. Also chosen was an additional case done in-house by DTRA. Those are cases involving Nagasaki and Hiroshima occupation forces. Subcommittee 1 looked at one of those to see if it was being done properly.

Following selection and reviewing of cases, Subcommittee 1 met with the NTPR's contractor and interviewed the analyst who prepared the radiation dose assessment (RDA) report of each case to be sure the subcommittee understands the reasoning, methodology, and conclusions. This has proved useful to both the subcommittee and the contractor. Various problems which had been identified in a preliminary audit of the cases were also discussed at the meeting. These problems usually related to recommendations in progress rather than those fully implemented.

Mr. Beck reported that Subcommittee 1 continues to find the contractor is generally assuring benefit of the doubt for the veteran in developing the Scenario of Participation and Radiation Exposure (SPARE) and in doing dose assessments. The majority of cases are being expedited, and there are relatively few full dose reconstructions. Those are more complicated cases and have to be reviewed more carefully.

Good progress has been made with new techniques and software, and methods are improving. The subcommittee feels that the dose assessment report of calculations made and the SPARE still could be improved upon to make it more understandable.

A potential problem has to do with the fact that often the particular organ for which a dose should be calculated is not clear, and the PCs have not been developed for certain organs. That requires the selection of an organ surrogate, which must be done carefully to see whether it represents the best choice, and whether the organ for which the dose was analyzed represents the proper organ to calculate dose for the particular medical condition.

Case file documentation continues to improve, although there is a little more work to be done.

There are two types of Hiroshima/Nagasaki veterans in the category of cases analyzed by DTRA. One is the occupation forces and the second is persons who were prisoners of war (POW) in Japan at the time of the bombing. Those two types of cases were being handled in much the same way by DTRA, and Subcommittee 1 has suggested they might consider changing the policy and having a full dose reconstruction for POWs since their SPARE is more complicated generally, and there are not many of those cases.

Looking at the sample of expedited cases, Subcommittee 1 identified a need for better supporting documents in the file to justify why the case has been expedited. Subcommittee 3 will report more on the decision summary sheet; nonetheless, Subcommittee 1 believes it to be important for there to be clear and concise documentation.

There have been three attempts at double-blind DRs, and only one has been fully completed. Mr. Beck suggested that this is an issue that will take time to develop before the subcommittee is satisfied that it has been fully implemented.

Mr. Beck noted that in his written report under "Future Plans" he wasn't thinking ahead more than to the next meeting in September. At that point, and leading up to that, they do still plan to audit additional cases, though perhaps not six full RDAs since the number of those cases has been reduced, but will concentrate more on expedited cases. They will continue the process of looking at a combination of full RDAs, expedited cases and double-blind cases. They will also continue their assessment of established methods, propose new methods, and closely monitor developments with respect to the new uncertainty analysis Dr. Blake described yesterday.

The independent quality assurance (QA) process by Oak Ridge Associated Universities is recognized as beneficial. The QA process should be expanded to include expedited cases, enhanced by the addition of quality checks on specific calculations and codes. This recommendation has been accepted, but the subcommittee has not yet seen it reflected in their audits because of the lag time between recommendation and implementation.

Mr. Beck announced that subcommittee 1 will not suggest recommendations to be made by the Board at this time. A number of issues are ongoing and should there be a need for formal recommendations as a result of inadequate progress by the next meeting, suggestions may then be made.

This report is intended as information to the Board as to issues Subcommittee 1 considers important for the Board to watch such as upper bound factors; discontinuation of using the same template for Hiroshima/Nagasaki POW cases as for occupation forces; an improved section in the dose reconstruction SOPs relative to surrogate organs; and continued emphasis on consistent clarity in communications to veterans.

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A motion was made and seconded to accept the report of Subcommittee 1. There being no objection, the report was accepted.

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**Dr. Ronald Blanck
A Report from Subcommittee 2 on
VA Claims Adjudication Procedures**

Dr. Blanck stated that the purposes of Subcommittee 2 are to conduct audits of the procedures and policies used by the VA and the decisions adjudicated and to prepare a summary of the subcommittee's findings for the Board's approval.

Dr. Blanck reported that two members of Subcommittee 2 visited the Jackson VA Regional Office and that the report of their visit is attached to the Subcommittee 2's report.

He then reported that the Subcommittee's consultant reviewed 12 randomly-selected cases from the Jackson Office to see how they're dealing with radiation claims. The results were then reviewed by Subcommittee 2.

Dr. Blanck congratulated the Jackson VA Regional Office for the consolidation effort, commenting that what they're doing is very good in terms of dealing with the radiation claims, not only with integrity and concern for the veteran, but with a degree of efficiency not previously noted.

He pointed out that Subcommittee 2 is concerned that although there have been successes in the Jackson Office, Dr. Otchin's departure has the potential of leading to significant delays. The Subcommittee urges that a replacement be found as quickly as possible.

Dr. Blanck reported that the Subcommittee expressed concern regarding the observation that the Jackson VA Regional Office had previously received reviews or ratings that were outstanding which led to individual performance bonuses. The consolidation, resulting in twice the number of claims as anticipated, may have adversely affected their ability to realize their performance goals. The Subcommittee members therefore ask VA to look at rewarding the Jackson Office for their success with this program, rather than impair their opportunities for future awards.

Subcommittee 2 also continues to ask that the Jackson Office have a proper number of dedicated and trained personnel resources to focus on processing radiation exposure claims adjudication, giving these claims a high priority, particularly when the claimant is an aging veteran with multiple compensable conditions.

It was also noted during the visit to the Jackson VA Regional Office that 34 percent of the claims received were returned to the referring regional office because the claims contained no radiation exposure. The Subcommittee 2 recommends that the regional offices and associated service organizations receive further education and training in the proper identification of radiation claims and that a standard protocol be developed for referring such claims to the Jackson VA Regional Office.

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A motion was made and seconded to accept the report of Subcommittee 2. There being no objection, the report was accepted.

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**Dr. Kristin Swenson
Report from Subcommittee 3 on
Quality Management**

Dr. Kristin Swenson delivered the report of Subcommittee 3 in Dr. Reimann's absence. Dr. Swenson explained that Subcommittee 3 is responsible for all aspects of the claims process to ensure there is a quality management system to cover its entirety. She noted that members of Subcommittee 3 attended other subcommittee meetings on dose reconstruction oversight and communication.

Dr. Swenson reported that at this time Subcommittee 3 has no recommendations for DTRA since it has made substantial progress on its quality management system, and that Subcommittee 3 continues to receive documents from DTRA as they are updated. The main issue at this time is the development of the decision summary sheet, which they have agreed to work on.

Subcommittee 3 looks forward to the progress and results of the double-blind studies, and commends NTPR on its progress in the area of quality.

As for the VA, Dr. Swenson commented that Subcommittee 3 agrees with Subcommittee 2 regarding the Jackson VA Regional Office. Dr. Reimann had personally visited the Jackson Office with two members of Subcommittee 2. Subcommittee 3 looks forward to a final report on the focused radiation quality review as discussed by Ms. MacDonald yesterday, as well as Subcommittee 2's final results from their auditor.

Subcommittee 3 had one recommendation for the VA, agreeing with Subcommittee 2's statement relative to Dr. Otchin's departure. Dr. Swenson reported Subcommittee 3 recommends VA develop standard operating procedures with respect to running the Interactive Radio Epidemiological Program, in interpreting results, and should develop detailed documents to support decisions regarding both radiogenic and non-radiogenic cases.

Dr. David McCurdy, as a Subcommittee 3 member, added that the Subcommittee wanted to ensure that a double-blind program be incorporated into the quality assessment SOPs, and that there should be a quantitative basis for deciding what constitutes significant differences between the three reported doses. Subcommittee 3 also expects that the quality assurance plan would be updated to include the decision summary sheets.

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A motion was made and seconded to accept the report of Subcommittee 3. There being no objection, the report was accepted.

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**Mr. Kenneth L. Groves
Report from Subcommittee 4 on
Communications and Outreach**

Mr. Groves began the report of the subcommittee by noting that at the end of the fall meeting Subcommittee 4 had recommended a joint meeting between the Public Affairs staff of VA, DTRA, and a subset of Subcommittee 4. He reported the meeting took place, although without the turnout hoped, and he expressed his appreciation to VA for having hosted it. Mr. Groves remarked that meeting had been a prelude to a recommendation Subcommittee 4 plans to make at the end of this report relative to getting VA and DTRA together to ensure a consistent message concerning the atomic veterans. He deemed it to be a very good start in that direction.

Subcommittee 4 also met in January 2008 and worked on a variety of issues. Mr. Groves acknowledged with praise Dr. John Lathrop's work in developing the gap analysis document. This is a collection of data about recommendations and responses which proved useful to all four subcommittees in preparing their reports, and will be helpful for additional discussions at the September 2008 meeting regarding the Board's path forward.

Mr. Groves explained that the reason Subcommittee 4 had waited to make the upcoming recommendation has to do with the progress made in dose reconstruction efforts, expedited doses, and the consolidation progress relative to radiation claims. Since those things have happened, Subcommittee 4 senses that the time is right to have a major outreach effort, led by the VA, to identify any remaining atomic veterans not yet aware of the program. He then acknowledged that this will require considerable resources and may well create a substantial increase in claims; nonetheless, such an effort would be a notable demonstration of good faith to the atomic veteran community and would go a long way in regaining their trust in the Federal Government.

As part of the recommendation, Subcommittee 4 has provided a draft letter that can be used as part of that outreach effort. Mr. Groves suggested the brochure produced through the cooperative hard work of the Board and the sponsoring agencies, and which is available now to the VA for a variety of uses, would make an excellent enclosure to that letter. Mr. Groves further offered Subcommittee 4's assistance to VA in that regard.

Mr. Groves acknowledged DTRA had provided significant support by providing their database of individuals identified over the years as atomic veterans. That information has been provided to the VA in a form compatible with their own database.

The subcommittee has conducted some activities looking for ways to describe the VBDR and the atomic veteran community in veterans' magazines. Mr. Groves noted Subcommittee 4 felt both DTRA and VA infrastructure is in place to take on this effort for making remaining veterans aware of the program.

Dr. Lathrop added that although Subcommittee 4 tried to avoid micromanagement or giving detailed recommendations for implementation, he wanted the Board to realize that the outreach effort will involve significant effort from VA. He acknowledged that now that VA has the compatible database from DTRA, they will be faced with the management task of combining that with other information they have in house. He also suggested referencing IRS or Social Security databases to narrow the list to living veterans.

Following discussion, Mr. Groves offered to withdraw the recommendation that both agencies continue to coordinate their communication efforts as related to the issues and concerns of the atomic veterans community because it is already implemented by DTRA and VA.

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A motion was made and seconded to accept the report of Subcommittee 4 as amended. There being no objection, the report was accepted.

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Public Comment Period

Public comment was solicited on both days of the meeting. The following is a list of members of the public who spoke on the second day. A verbatim transcription of all comments and any responses by Board members may be found on the Board's web site at <http://VBDR.org>.

Mr. John Argeris spoke about the issue that many of the enlisted World War II veterans were 15 and 16 years old when they volunteered and were ultimately exposed to radiation, which has more effect than with a similarly exposed adult. He also commented briefly on the psychological effects of radiation, particularly when offspring are

affected with medical conditions which, in their minds at least, are attributable to a parent's earlier exposure.

Mr. Richard Haight spoke about the difference in the Board's regard for the Veterans Administration and his, noting that Board members came through the top and he came through the bottom, calling the VA a notoriously slow and inefficient bureaucracy.

Mr. Arthur Templin commented on the length of time to process a claim, using himself as an example, noting that he filed his first claim in 1988. He remarked that the time period is too long and that these atomic veterans are aging to the point that the youngest is approaching 80 years of age.

Mr. Billie Ringgold spoke to comment that he had been told priority six means nothing and all his claims have been rejected.

Mr. Richard Haight spoke again, questioning whether there's a way for individuals to be informed of the Board's work in progress. He was referred to the VBDR Web site after confirmation that he has Internet access.

Mr. Arthur Templin offered an observation that many of the doctors now know nothing about the atomic testing and the exposures during the war, suggesting that getting some of the information to newspapers or medical magazines might be as beneficial as the Internet, since everybody doesn't have that access.

Mr. John Argeris added a comment that, although he had been critical of the VA, he wanted to thank them for having more than adequate medical staff.

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Continuation of Discussion Regarding the Future Role of VBDR

Dr. Zimble called for any comments the Board members may want to make after having pondered the question overnight. The following ideas, suggestions and issues were raised and discussed.

A few Board members noted that there is a difference between treating issues fairly and treating them equally. One example is having a dual system of presumptive and non-presumptive which has always been a problem. Although the Board does not have the authority to make the following recommendation, there seems to be a need to consider one

system, either all presumptive or all non-presumptive, which would be fairer to veterans. Such a system would entirely eliminate the dose reconstruction process, despite the fact that it is a valid scientific tool.

Several Board members noted that this cannot happen because non-presumptive cases would require dose reconstruction, would require a legislative change and would have significant impact on the budget. However, if dose reconstructions were eliminated, there would still be a need for a medical board to judge the probability of causation of a medical condition by ionizing radiation.

Some Board members suggested that it is time to resurrect Subcommittee 5 to address the issue of looking at equity since that task doesn't fit any of the four existing subcommittees.

With regard to communication, several Board members argued that the way the veterans know about the activities of the four subcommittees is by reports during the Board meetings. However, this can be handled through newsletters and publications by the various veterans' groups.

A discussion by several Board members supported the notion that there should be some continuing oversight to make sure implemented recommendations continue to function as intended. However, the Board may be ready to scale down its activities in order to give the agencies time to complete implementation of the recommendations. After the September 2008 meeting the Board would not need to meet for approximately one year, with the possibly a few subcommittees meeting in the interim. Also, consideration should be given to reconstituting the Board into some other form of advisory committee, possibly one with less restrictive regulations than a FACA committee.

Dr. Zimble summarized the discussions by noting that it became clear that this Board, as it is presently constituted, is not ready to go out of business. However, the Board is ready to scale down in order to give the agencies time to implement all accepted recommendations.

Dr. Zimble stressed the point that the Board will continue discussing the future role of VBDR further at the September 2008 meeting. He then asked the Board members to keep the discussion going between now and the September 2008 meeting.

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**A motion was made and seconded that the meeting be adjourned,
and carried without objection.**

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