



**Federal Agency Attendees:** Mr. James Delduco (DTRA), Mr. Dave Derenzo (Jesse Brown VA Medical Center), Mr. Karl Fischer (DTRA), Mr. James S. Jones (Jesse Brown VA Medical Center), and Mr. Ray Leber (Jesse Brown VA Medical Center).

**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, September 19, 2007**

#### **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 Veterans' Advisory Board on Dose Reconstruction. He further announced that Dr. James Zimble, Chairman of the Board, was unable to attend and that Dr. Ronald Blanck will be the acting Chair for this meeting.

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. Blanck.

Dr. Blanck 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. He then introduced and welcomed Mr. James Jones, the Medical Director of the Jesse Brown VA Hospital. He thanked him and his staff for providing the facility, which might encourage more participation from veterans in the Chicago area.

Dr. Blanck welcomed two new members of the Board, Mr. Rudolph J. Ritter and Mr. David P. Ropeik, and called upon the Board members to introduce themselves.

Dr. Blanck asked members of the Board and the public to use the microphones when speaking, and welcomed Dr. David E. McCurdy who was unable to be present, but would be listening to the discussions and participating by telephone.

Dr. Blanck mentioned handouts available and emphasized the heavy agenda; he then introduced Dr. Richard Wakeford.

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**Briefing on: A Review of Probability of Causation  
and Its Use in a Compensation Scheme  
for Nuclear Industry Workers in the United Kingdom**

**Dr. Richard Wakeford  
The Dalton Nuclear Institute,  
The University of Manchester, UK**

Dr. Wakeford presented information on the compensation scheme available in the United Kingdom (UK), illustrated how the program is carried out, and provided the Board with a better understanding of how it compares with the compensation program in the United States.

Dr. Wakeford provided background information about the UK compensation program noting that an important driver is the UK Nuclear Installations Act of 1965. That Act imposed a strict statutory duty on the operator of a nuclear facility. This strict duty means any claim of a personal injury caused by exposure to ionizing radiation at a nuclear facility must establish causation, but does not have to establish negligence.

Acknowledging that such legal claims are traumatic, expensive and time-consuming, Dr. Wakeford indicated that the compensation scheme kept such claims from having to go through the court process, which neither the employers nor the unions wanted.

Dr. Wakeford discussed assigned share or probability of causation, methodology in assessing merits of individual claims, and excess relative risk.

The UK compensation scheme is called the Compensation Scheme for Radiation-Linked Diseases; it includes the majority of radiation workers employed in the UK nuclear industry. It covers radiation workers in nuclear power, weapons, and radiochemical production industries; workers in the naval dockyards; and the armed services. Claims are financially supported by the scheme, so a worker doesn't have to spend money to pursue a claim.

Dr. Wakeford stressed the point that this is not a government scheme. It is a private agreement between employers and trade unions to offer an alternative to litigation. The program is managed and run jointly by employers and trade unions, and administered by an independent executive secretary.

The current cancer risk models used in the scheme are based on those set out in the BEIR V report (Biological Effects of Ionizing Radiation Report number V) from 1990, and also covers cataracts.

Because this particular program is the outcome of negotiations between employers and employee representatives, a number of generosity factors are included to address various uncertainties. In a court of law there are generally all-or-nothing decisions as to payment on the balance of probabilities, usually an assigned share of 50 percent or greater. The compensation scheme pays on an assigned share of between 20 and 50 percent, so the 50 percent threshold does not have to be reached to receive some payment. There are quarter, half and three-quarter payments made for 20, 30 and 40 percent probability of causation.

The doses used are determined from agreed protocols developed by technical experts acting on behalf of employers and employees. For each case an agreed set of facts is established by the executive secretary. The disease itself is determined through a death certificate or the consultant's diagnosis. Level of payment to a successful claimant is agreed by legal advisors representing employer and claimant.

Currently a successful claim should achieve settlement within 12 to 18 months of the initiation of the claim. The scheme currently has dealt with approximately 1,200 cases, with 100 successful claims. Most payments have been made for assigned share less than 50 percent, which would have been unlikely to succeed in the courts.

Dr. Wakeford reported that both the employer and trade unions feel the scheme has successfully dealt with the legacy of relatively high occupational doses received during the early years of the nuclear industry. It offers a continuing framework of dealing with claims of radiation-induced injury.

Dr. Wakeford emphasized that, in contrast to programs in the United States, the compensation scheme in the United Kingdom is not an official program, although the government recognizes its value by allowing its workers and service personnel to participate in the scheme.

Current issues being addressed are the examination of risk models set out in the BEIR VII report and the upcoming United Nations Scientific Committee on the Effects of Atomic Radiation report. Dr. Wakeford anticipates this to be interesting because the two sets of models will not necessarily give the same answers. He indicated that this doesn't necessarily mean risk models in the scheme will change because the trade unions may see current risk models, while perhaps not the best scientifically available, as being of sufficient generosity that unions

would prefer to keep them.

Dr. Wakeford then closed his presentation by announcing that the scheme's technical working party, made up of representatives of employer and employees, with certain consultants, will assess the potential impact of scientific developments on the compensation scheme.

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**Briefing on: An Atomic Veteran's Experience on  
Nuclear Weapons Tests in 1958**

**Lt. Col. John C. Taschner,  
USAF (BSC) (Ret.)**

Mr. Taschner discussed his experiences during the year he spent in weapons testing at Los Alamos, and his career in health physics. He noted that one of his challenges had been going to Los Alamos knowing little about radiation and, finding himself in the middle of weapons testing, correlating what he called "the bomb business" with health physics to figure out how the two worked together.

The focus of the presentation was on Operation HARDTACK. He explained his involvement with HARDTACK II was dealing with those very low yield weapons testing of new designs called sealed pit weapons. Mr. Taschner then described the differences between open pit and sealed pit weapons, and the testing to determine the likelihood of new designs inadvertently "going nuclear" under certain scenarios.

He noted there was an emphasis in HARDTACK II to test a number of newly-designed weapons to see if they were going to work after the lessening of detonators and high explosives. Fat Man had used roughly 5,000 pounds of high explosives and the goal was to get weapons down to 300 pounds. HARDTACK II was the last series before the United States adopted an aboveground test moratorium beginning the last day of October 1958.

Describing the sequence of events as a result of Air Force concern about the possibility of nuclear-powered aircraft accidents involving nuclear weapons, radiation dosimetry for occupational workers and use of radioactive material throughout the Air Force, Mr. Taschner was given an opportunity to be assigned to the Los Alamos Scientific Laboratory for a year of training in all aspects of health physics, plutonium and tritium contamination issues, and nuclear weapon design.

He explained that the health physicists were the first in the bunkers and last out; they made radiation measurements around the site. They

were fully outfitted with full face respirators and their airborne exposures to radionuclides were relatively unlikely.

Mr. Taschner then listed a number of shots in HARDTACK II and discussed the Davy Crocket launcher, and the safety of the open and the sealed pit systems.

Mr. Taschner then described the two nuclear weapons accidents that resulted in 650 acres contaminated with plutonium at Palomares, in the Andalusian area of Spain, and three acres at Thule, Greenland.

He concluded his presentation by describing the Davy Crocket as having a 50-pound warhead with a yield of about a kiloton. The launch mechanism of a four-inch diameter recoilless rifle provided a 50-pound warhead with a range of a mile and a half; the six-inch rifle had a range of two and a half miles.

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**Briefing on: Revised Quality Plan  
for the NTPR Enterprise**

**Dr. Richard Toohey,  
Oak Ridge Associated Universities**

The purpose of the presentation was to describe the quality plan for the Defense Threat Reduction Agency's Nuclear Test Personnel Review Program (NTPR), address the elements and goals of the program, and remaining tasks.

Dr. Toohey explained that quality is actually meeting the client's needs. In this case the two clients are the Department of Veterans Affairs, whose needs are verification of participation and radiation dose assessment (RDA) reports that enable unambiguous compensation decisions; and veterans, whose RDAs must be timely, complete, fair, and provide the benefit of the doubt as appropriate. Those RDAs requirements include defensibility, consistency, objectivity and documentation.

Elements of the quality assurance (QA) program include document hierarchy and control, quality reviews and metrics, personnel qualification and training, and quality program assessments. Dr. Toohey went on to elaborate on document hierarchy, explaining that included those documents addressing policy and guidance, program planning, implementation, and operation, with each of those categories being described in detail.

He then described the RDA quality review checklist, with all of its various components.

The program evaluation is covered under QA Procedure 801, with monthly program management reviews, tracking and review of quality metrics, identification and control of technical issues, verification and closure of technical issues, annual internal quality audit plan and external oversight by the Board.

Dr. Toohey noted that remaining tasks included approval of draft procedures, the development of detailed procedures for selection of and dose assignment for expedited processing cases, and a need to conduct internal audits under the revised quality plan.

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#### **Public Comment Session**

**Dr. Ronald Blanck**

**Acting Chair, Veterans' Advisory Board on Dose Reconstruction**

Prior to opening the meeting for public comments, Dr. Blanck 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 NTPR, and the VA in communicating with the veteran and keeping the veteran informed.

Dr. Blanck then emphasized there are issues for which the Board is not responsible such as individual dose reconstruction cases. The Board is not an appeals board; although it needs to know when the system is not working, it has no legislative power.

For those interested in what the Board is doing, Dr. Blanck suggested that a visit to the web site at [www.vbdr.org](http://www.vbdr.org) is the easiest way to keep up with Board activity.

The meeting was then opened to the public for comments. Comments were received from Mr. Elbert Rice and Mr. Clyde Wyant.

Mr. Elbert Rice explained that he and his identical twin brother had been at Bikini as 17-year-old boys. Mr. Rice found out at the age of 21 that he had virtually no thyroid, and that since then he had gone to a doctor regularly to make sure he wasn't developing colon cancer. In 1986 his brother called to say he did have colon cancer and that it was related to the radiation.

Mr. Rice commented that he has never received any disability from the VA for his condition, partially because the records related to him have been intermingled with those of his twin brother, and that has exacerbated the problem.

Mr. Clyde Wyant spoke, indicating that he has now developed a problem of post-traumatic stress and also talked about some classified material someone slipped in his luggage a year or so ago. He had been to the VA hospital in Los Angeles a few weeks ago because they said they could do something for his post-traumatic stress situation, but after ten minutes they told him they couldn't do anything.

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### **Status of the Jackson VA Regional Office**

**Ms. Gail Berry,  
Assistant Service Center Manager**

Ms. Berry spoke briefly about the progress made in processing of disability compensation claims since the consolidation of the radiation claims project into the Jackson VA office. She explained that initially they had anticipated around 2,700 claims. Thus far that number stands at roughly 5,000.

Ms. Berry commented that part of the challenge for the Jackson office was because they were not given additional resources to implement the consolidation. Using existing resources, they have made great strides, although there is more improvement to be made.

Expressing urgency for processing the claims, Ms. Berry explained many of them have been pending for quite some time, as well as the aspect of the aging of the veteran population filing radiation claims. The types of disabilities claimed that are associated with radiation are terminal, and so there is a desire to process those to completion and have a favorable result as quickly as possible so that it benefits the veterans.

Ms. Berry expressed her appreciation to the Board for their recommendation that the project be consolidated because she agreed that it would ultimately provide better service to the veterans, which is what the agency wants.

She acknowledged that from the start there had been a core group of people involved in the transitioning, writing of Standard Operating Procedures (SOPs), coordinating with various agencies and Congressional offices as they have moved through the project. Ms. Berry noted that

Ms. Carol Sullivan had spent many hours working with the cases in hand and has expert knowledge of how to continue to work to improve the process. She remarked that Ms. Sullivan deserves a lot of credit for how well the Jackson office has done on the consolidation project.

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**Ms. Carol Sullivan,  
Rating Team Supervisor**

Ms. Sullivan began with a time line for the consolidation of the radiation cases, which began on July 14, 2006 with first notice from Central Office that Jackson would be receiving the radiation claims. The number of claims identified at that time was 2,032.

A summary of the number of cases received and processed by the Jackson office was presented.

A breakdown of radiation cases received by individual regional offices—Eastern, Central, Western and Southern regions—was also presented.

Ms. Sullivan explained that the cases are consistently running approximately 75 percent atomic veterans cases to 25 percent occupational exposure cases. She noted roughly 75 percent of the radiation claims the Jackson office has received have been returned because they are not radiogenic conditions or the claimant is deceased and there is no surviving spouse.

Total number of claims granted disabilities are 797, which includes 518 claims for skin cancer. Of those 797 claims, 96 percent are for atomic veterans, with only four percent for occupational exposure.

Ms. Sullivan noted that as of August 24, 2007 428 claims had been denied; 306 of those were for prostate cancer, all of which were atmospheric testing exposures. She also gave specific numbers on skin cancer cases.

She also noted that so far the Jackson office had completed 87 percent of the re-adjudication cases that they have received.

Describing some of the obstacles faced with the project, Ms. Sullivan mentioned that the number one issue is that the office has received double the cases originally expected, and continues to receive 30 to 40 cases a month.

Ms. Sullivan further remarked that there are 1,361 cases in the development stage. All those cases are awaiting receipt of information such as medical records, Social Security, et cetera.

Ms. Sullivan commented that as soon as the medical information is received, those cases will be rated and returned to the appropriate Regional Offices.

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The Board unanimously approved sending a letter to congratulate the VA Jackson Office on their efforts and to recognize their outstanding accomplishments and hard work performed in support of its mission to adjudicate radiation claims.

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**A Report from Subcommittee 5 on  
Alternative Methods for Dose Reconstruction**

**Dr. Ronald Blanck,  
Subcommittee 5 Chairman**

Dr. Blanck led the Board through a review of the scope of work for Subcommittee 5, the function of which was to formulate a proposal to improve the expedited process for the atomic veterans. This was to include exploring options for alternative methods for dose reconstruction and to prepare a summary of the Subcommittee's findings and recommendations for consideration and approval. That report and the recommendations were approved by the board via email on April 30, 2007.

Subcommittee 5 had commended DTRA's NTPR program for the new expedited RDAs for skin and prostate cancers cases, and recommended the development of similar procedures for other cancers, where scientifically justified, that would allow expedited processing of those cases for which doses are either well above or well below the level likely to result in a successful claim.

Dr. Blanck reviewed the parameters and assumptions used in determining the doses to be assigned for each expedited RDA, noting they must be fully documented and available to the veteran.

Another recommendation was for NTPR to complete the development of a large number of templates and a shortened version of the scenarios of participation and radiation exposure (SPARE), as well as to improve the annotation of calculations and equations used in the templates.

Dr. Blanck noted that for most cases where the veteran's dose assessment can be based on either a standard template or an expedited

RDA, only a minimum amount of information is required. Thus, the recommendation was that the number of questions be minimized and tailored to a specific disease (organ dose assessment), age at exposure, age at diagnosis, and any special exposure scenarios/activities encountered by the veteran.

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Dr. Blanck asked Dr. Blake to respond, in a very general way, to what was being done related to the above recommendations. Dr. Blake indicated that the recommendation on expedited dose assessment was a concept that the NTPR had embraced and immediately moved ahead with. What has been published in the NTPR policy and guidance manual is a section on expedited doses. Based on some feedback from the Board, there will be some minor revisions that are not expected to affect any of the doses NTPR has completed to present.

Dr. Blake noted that the recommendation on developing templates and the abbreviated SPARE went hand-in-hand with the other recommendations and that NTPR had moved right ahead with the templates. He then listed a number of templates that require only a minor revision and others that they hope to release within a month.

They agreed in principle, Dr. Blake noted, on the recommendation regarding the questionnaires or the SPARE, but observed that NTPR questionnaires only go to perhaps 30 percent of veterans. The reason they sent out questionnaires was if they didn't get the full information needed from the VA on the veteran's service activities. The SPARE is prepared for veterans whose diseases may not be considered service-connected by the VA, and NTPR wants to ensure that the veteran is given every benefit of the doubt. They don't want it to be onerous, but it is up to the veteran how much of an 8- or 9-page form they want to fill in, and most of the time the veterans are willing to give the information.

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With no questions from the Board, Dr. Blanck commended DTRA for acting on the recommendations so rapidly.

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**Update on Nuclear Test Personnel Review (NTPR)  
Dose Reconstruction Program**

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

The presentation included a program update, technical report status, Level II and III document status, expedited dose initiative, quality initiative relative to the RDA double-blind study, the VBDR/DTRA recommendations status, and the road ahead.

The incoming case load history, the various types of cases and the time to complete a case, as well as the pending case load were discussed. As of 27 August 2007 Dr. Blake reported there were 146 VA non-presumptive cases; 59 cases which could be expedited where a SPARE was required; 53 where a SPARE was not required; 27 Hiroshima/Nagasaki cases; and seven non-expedited cases. Only 21 of the 146 cases are greater than six months old, and at least 90 cases are less than 50 days old.

Other types of cases totaled 119; 26 cases were for verification to the VA for presumptive cases; 28 cases were for the Department of Justice; 38 cases were personal verification requests directly through the veteran; and 27 cases were veteran personal dose assessment. Those cases are intentionally kept to the back of NTPR's work schedule because they don't deal with compensation or benefits.

Dr. Blake listed seven technical documents, four of which have already been published; one is in final review, and two are at the National Council on Radiation Protection and Measurements (NCRP) for peer review.

Turning to the document hierarchy, Dr. Blake noted that Dr. Toohy had discussed the four levels, and he would be discussing document status only on Levels II and III. Those are the program planning documents and the implementing documents.

A list of the various documents under those categories was presented, with the draft dates and final dates noted. Dr. Blake made the general comment that NTPR's thrust is to get all of the publications accepted by the end of the year.

In addition to skin, prostate and sub-capsular cataracts, Dr. Blake provided a list of nine other cancers which were determined to be scientifically eligible for expedited processing. He noted those accounted for roughly 50 percent of the expedited doses. Dr. Blake explained that the impact of the collective expedited process has

virtually eliminated the full radiation dose assessments. Those are currently performed for cases that involve multiple operations and/or a cancer or condition not on the expedited list.

As summarized by Dr. Blake, the expedited dose initiative has allowed DTRA to provide faster responses to the veterans and VA; enables a significant increase in favorable outcomes for veterans with skin and cataract claims, reduces the NTPR backlog of non-presumptive cases, and reduces costs. In 2006 a DoD savings of \$10 million was realized in 882 expedited cases. Thus far in 2007, 475 expedited cases have resulted in a DoD savings of \$5.2 million. The VBDR recommendations, Dr. Blake observed, are win-win for the veterans and DTRA.

The next initiative was based on Subcommittee 3's recommendation, and that is the RDA double-blind studies. The concern was that the result should not depend on which analyst does the dose reconstruction. It depends on the extensive set of documentations and procedures where any well-trained analyst will obtain the same result. NTPR dose reconstruction contractors performed independent RDAs on identical cases in March of 2007, with a second round done in August where NTPR asked NCRP to use two consultants. The consultants presented their findings at the Subcommittee 1 meeting in August 2007, and the results were significantly better than in the previous independent comparisons, reflecting the continuing improvement in the NTPR standard operating methods and procedures. Documentation provided to consultants was discussed, and ranged from the rule itself, 32 CFR 218, through the policy and guidance manual, memos, deck log excerpts and NTPR software.

Dr. Blake noted that he would report back on the RDA double-blind studies because there needed to be some empirical results in order to see what types of errors were being revealed. He also indicated that it may take one or two more double-blind studies before that can be done, but he is getting some very good feedback right now.

Turning to the status of VBDR recommendations as they relate to DTRA, Dr. Blake provided a listing of 13 recommendations made from the last four Board meetings dating back to July 2006. He summarized each recommendation and its status. All were either completed or were in a state of ongoing work, with the exception of one recommendation from March 2007.

That recommendation was that DTRA and VA agree on a process regarding the use of a competent medical authority for non-radiogenic conditions. Dr. Blake remarked there had been no progress on this issue, and basically the two agencies had agreed to disagree. However, because DTRA doesn't want to have the veterans caught in between, they are providing dose assessments on non-radiogenic cases so that the veterans and VA can have this information.



The first slide discussed the consolidation of radiation claims at the Jackson Regional Office. Dr. Blanck noted that most of the information echoed the discussion with the staff from the Jackson office yesterday. However, some of the numbers did not match exactly, and that might be a question to Mr. Pamperin as Dr. Blanck wasn't sure whether the data included the re-adjudication cases.

Dr. Blanck called attention to a significant point of which he had been previously unaware was that the Under Secretary for Benefits has given the Jackson office authority to make final decisions on atomic veterans' claims for skin and prostate cancer claims without referral to the Compensation and Pension Service. Those expedited cases will utilize the screening dose tables DTRA has provided for that purpose. He noted that procedure cuts a significant amount of time off the process and speeds the decision to the veteran.

Additionally, the Office of Public Health and Environmental Hazards (OPHEH) has provided instructions to the Veterans Benefits Administration for the use of the tables to assist in the decision-making process. Also, the Compensation and Pension Service has provided the Jackson office with worksheets and instructions for implementation of the tables. Dr. Blanck noted that some claims may still require a medical opinion from OPHEH.

The Systematic Technical Accuracy Review (STAR) is the VA's national quality assurance program for measurement of claims processing accuracy, and includes radiation claims. A STAR review addressing these specific claims will be completed by September 2007. Specific areas to be assessed as part of that review include the validity of the initial determination that a claim required transfer to the Jackson office; that referrals to DTRA for RDA contain complete information; and that decisions granting or denying benefits are correct. Radiation workload management and individual performance factors will be reviewed by survey teams during recurring visits to the Jackson office.

To address the question of whether a radiation dose from DTRA can be requested for a non-radiogenic disability, the VA obtained a legal opinion from the Office of General Counsel. That opinion indicated that if a competent medical authority, the physician, says a condition might be linked to radiation, the VA feels compelled to send the claim to DTRA. Dr. Blanck reported that Mr. Pamperin had informed him that he and the General Counsel are continuing to work on this issue, so hopefully some progress will occur.

Mr. Pamperin's last slides indicated a topic of "Attorneys" under "Other Issues", though Dr. Blanck remarked he wasn't sure what update had been planned for that subject. He suggested it might be another look at the legal opinion on non-radiogenic disabilities, and repeated

the request that any questions be put in writing and sent for Mr. Pamperin's response. He invited Board members to bring up any subjects that might warrant further discussion.

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### **Briefings by Subcommittee Chairs**

**Mr. Harold Beck, Chairman**

**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 outlined the activities of Subcommittee 1 since the March Board meeting. They included selection of further dose reconstructions (DRs) for audit, distribution of reports on previous sets of DRs, and meeting with the NTPR's contractor and interviewing the analyst who prepared RDA reports 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. It also is an opportunity to meet with Dr. Blake and discuss ongoing issues and be briefed on the status of various matters with respect to recommendations.

Mr. Beck said that case file documentation can still be improved. Analysts need to demonstrate more consistency in applying benefit of the doubt and upper bound factors. There needs to be greater attention to QA in dose reconstructions with respect to dating references, key assumptions made, response to external review, and developing SOPs. Cohort badge and film badge availability were not consistently investigated. As a result, potential errors may have resulted in reporting calculated doses lower than actual doses.

The double-blind study presented to subcommittee 1 in August involved two independent expert consultants who performed an RDA for the chosen case. Though the total dose estimates were in reasonable agreement, the exercise indicated a number of potential problems in analyzing the specific exposure pathways and making dose estimates.

Future plans were outlined to include an audit of six additional cases prior to VBDR's next meeting, continuing to interview NTPR contractors as part of the audit process, monitoring reviews of procedures and development of SOPs, and monitoring NTPR's established and proposed new methodology.

Mr. Beck noted that Subcommittee 1 recognizes the benefit of external QA audits and is in favor of their continuation. He also indicated

that Subcommittee 1 will comment in detail on the degree of agreement for double-blind analyses after a sufficient number of cases have been completed.

Subcommittee 1's suggested issues for discussion by the Board and potential recommendations included use of upper bound factors, full uncertainty analyses, external quality assurance, and audits of expedited cases.

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**A motion was made and seconded that the report of Subcommittee 1 be accepted, and that the recommendations suggested be adopted as recommendations from the full Board.**

**The motion carried unanimously.**

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A question was raised on the last recommendation regarding audits of expedited cases, which indicated that the interim role of Subcommittee 1 with regard to those audits would be clarified. That issue was discussed, with Dr. Blanck concluding that all the questions, including whether the charter would need to be modified, would be overtaken by events if the recommendation were followed, which he was sure it would be.

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

Dr. Blanck noted that, since the purposes of Subcommittee 2 are to conduct audits of the procedures and policies used by the VA and the decisions made on claims, the subcommittee had little activity during the period while the VA was consolidating its operations in the Jackson office.

Because the Jackson office is now in operation and has established SOPs for processing atomic veterans' claims, Subcommittee 2 is taking two actions. The first one is that two members of the Subcommittee, Mr. Rudolph J. Ritter and Dr. Patricia Fleming, will visit the Jackson office and review their procedures. The second action is that the

Subcommittee's consultant will start reviewing randomly-selected cases from that office.

The issue of non-radiogenic cases has been discussed at some length, including development of alternatives to current methodologies, possible legislative relief and/or modification of the existing federal regulation. That continues to be an action. Dr. Blanck observed that regardless of the frustration of DTRA, the VA and the Board, the General Counsel opinion remains a constraint. Subcommittee 2 will continue to work with the VA in trying to reach a conclusion on this issue.

Dr. Blanck reviewed previous recommendations from the Board to VA, and observed that Subcommittee 2 continues to recommend that:

- For non-radiogenic cases, VA should consider developing alternatives to current methodologies including possible legislative relief and/or modification of regulation. Also, VA should clarify its handling of non-radiogenic cases; in particular, whether or under which circumstances those cases should be routed to the Jackson VA office.
- VA should provide the Board with a timetable and status for the development of a quality assurance plan and program (standard operating procedure) for the centralized processing of atomic veteran claims which covers claims identification through adjudication, including metrics, in the radiation exposure claims adjudication process.
- VA should break out the presumptive and non-presumptive radiation claims information with an indication of whether they had been granted or not. This information will be useful to DTRA and to VBDR in planning the level of detail, resources, and time needed for completing radiation dose assessments in future cases and to expedite dose reconstruction and claims processing.
- VA should provide VBDR with data on the time required to adjudicate claims after receiving doses and other information/data from DTRA.
- VA should communicate to veterans that atomic veterans are no longer held to any security/classification directives they may have received when they left the service concerning their service as atomic veterans.

Subcommittee 2 also recommends that VA ensure that the Jackson office has adequate resources and technology to promptly expedite radiation claims and adjudications, and that VBDR task Subcommittee 4 to review and compare VA and DTRA forms and letters with a goal toward simplification, such as not collecting duplicate information. It was also recommended that VBDR work with DTRA to develop a plan for improving the RDA report, and work with the VA to encourage the provision of veteran address databases with those provided by DTRA for enabling a greater ability to communicate with veterans.

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**A motion was made and seconded to accept the report from Subcommittee 2 and adopt the recommendations as those of the Board.**

**The motion carried unanimously.**

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**Dr. Curt Reimann, Chairman  
Report from Subcommittee 3 on  
Quality Management**

Dr. Reimann observed that NTPR continued to make great progress in creating a quality system. He acknowledged that this represents an enormous level of effort because, for a quality system with so many restraints imposed by agency responsibilities and legislation, there are no simple models to follow. He added that Subcommittee 3 would support any effort to pass on commendations such as those that had been suggested earlier with respect to consolidation at the Jackson VA office. Dr. Reimann also commended NTPR's and VA's vigorous responses to previous recommendations.

He then outlined the activities of Subcommittee 3 since the March Board meeting, and cited a number of achievements related to quality management, quality control, and quality assurance and related procedures. Dr. Reimann noted that these developments are encouraging and that the agencies are moving toward an integrated system with energy and spirit.

Dr. Reimann reported on Subcommittee 3's participation in Subcommittee 1's meeting, noting the relationship between the two subcommittees is especially important at this stage of quality system development with VBDR support.

Again acknowledging progress was being made toward a quality system, Dr. Reimann stated that Subcommittee 3's assessment of work to date is that documents and drafts currently available are written at a general level and lack important details, and that integration of the quality system under development is essential.

NTPR tracking of cases and case backlog has improved greatly over the past year. Subcommittee 3 noted that use of metrics for tracking and management have been mainly oriented toward case processing and backlog case reduction.

Based on Subcommittee 3's assessment of all NTPR actions and approaches to date, the subcommittee concluded that a modified conceptualization of quality, better suited to current and future case classification and case completion, is needed.

On behalf of Subcommittee 3, Dr. Reimann presented suggestions for recommendation by the Board, which are that NTPR develop a Decision Summary Sheet as a device for integrating its SOPs and quality documents. It was also recommended that NTPR modify and extend its documents to include technical bases and criteria for expedited processing, with integration via a set of tailored Decision Summary Sheets.

Regarding recommendations related to VA, Dr. Reimann acknowledged that the VA has responded positively to earlier recommendations to consolidate radiation claims within one regional office by assigning this responsibility to the Jackson office, with the transition still underway.

Dr. Reimann stated that the consolidation is a critical first step in a three-step process for strengthening quality assurance support for radiation claims processing. A second stage will be building full awareness of the new claims routing across the VA network of regional offices. A third stage will be evaluating radiation claims processing quality. Subcommittee 3 recognizes the third stage must be built on the STAR program, noting that such a review is planned for the near future.

Possible recommendations for VA are that all of the Regional Offices be instructed to promptly route radiation claims to the Jackson office; and that VA clarify handling of non-radiogenic cases, particularly when those cases should go to the Jackson office.

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**A motion was made and seconded to accept the report from Subcommittee 3 and adopt the suggested recommendations as those of the Board.**

**The motion carried unanimously.**

**\* \* \***

**Mr. Kenneth Groves, Chairman**

**Report from Subcommittee 4 on Communication and Outreach**

Mr. Groves referred the Board to Subcommittee 4's report and outlined the responsibilities and authority of the Subcommittee and its relationship to VA and DTRA. He also pointed out that the subcommittee has a change in its membership with the addition of Mr. David Ropeik to the Board and Subcommittee 4, and acknowledged the work of Dr. Elaine Vaughan. He remarked that although she was not able to be as active as she would have liked, she was an excellent resource and made herself available whenever she could. Subcommittee 4 wanted their appreciation of her participation and gratitude for the ability to retain her as a consultant to be on the record.

Mr. Groves reported that following the March VBDR meeting, Subcommittee 4 held a meeting at the VA office in Washington, D.C. and then at the DTRA contractor facility in Reston, Virginia. In addition to a preview of the report from the Jackson office, they addressed ways that the VBDR can reach out to veterans through improved communications, as well as other issues raised at the meeting of the full Board.

Noting that since the March meeting the brochure for atomic veterans has been finalized; Mr. Groves commented that it was available to the Board at this meeting. He acknowledged the assistance received from public affairs staff at DTRA in accomplishing the completion of the brochure, as well as other public affairs-related activities. Mr. Groves indicated there were still a couple of changes they would like to make to the brochure, and called on Board members to submit any comments as soon as possible because the VA will soon be provided the final text in order to print and distribute the brochure.

Mr. Groves indicated that Subcommittee 4 will continue to support other subcommittees and work with them to ensure consistent messages to the atomic veteran community. They also will participate in veterans' meetings to brief them on VBDR activities and work with the VA and DTRA to implement communication-related Board recommendations accepted by VA and DTRA.

Upcoming Subcommittee 4 activities include contacting editors of major veterans' organization publications to encourage inclusion of articles on atomic veterans' issues. They will meet with appropriate outreach and public affairs officials at VA and DTRA to explore contributions to future outreach efforts.

On behalf of Subcommittee 4, Mr. Groves presented the following recommendations:

- VA consider distributing the Ionizing Radiation Review (IRR) Newsletter to all veterans in the Ionizing Radiation Registry.
- VA consider publishing the IRR newsletter twice a year, timed to serve as notification of the upcoming VBDR meetings and as a vehicle to describe the previous meeting.
- VA and DTRA formalize an advisory role for VBDR in the development of any communications efforts regarding atomic veterans. To begin that role, we recommend that a meeting be held with VBDR and appropriate representatives of outreach and public affairs from both DTRA and VA this fall. We recommend that, prior to the meeting, those representatives inventory all communications regarding atomic veterans. These include brochures, booklets, etc., outreach efforts to veterans potentially eligible for the program, and other external and internal communications as each agency thinks might also potentially benefit from risk communication input from VBDR.

In addition, Subcommittee 4 continues to recommend that VA communicate to veterans that they are no longer held to any security directives concerning their service activities they may have received when they left the service.

Finally, Subcommittee 4 suggested that the VA, with input from Subcommittee 4, work on risk communication issues in the letters that have been previously submitted for correspondence with atomic veterans.

\* \* \*

Dr. Blanck announced discussion of Subcommittee 4's report would be postponed to allow for the scheduled public comment session.

\* \* \*

**Public Comment Session**

Mr. Ray Manring from American Legion Post 111 commented that he had spent time at Nagasaki as part of an inspection tour and offered his services to the Board to answer any questions they might have, or to provide any information he may have gathered that the Board doesn't have, relative to what he had observed there.

Ms. Merrilee Martin inquired of the Board whether there might be any correlation between dementia and military service of atomic veterans. She explained that her now-deceased uncle and his friend were both at Hiroshima and both suffered from dementia.

Mr. Clyde Wyant spoke again to say that he had received quite a few comments on his post-traumatic stress and that he is entitled to compensation for a claim based on that condition.

Mr. Dell Yarnell spoke to inquire whether he qualifies as an atomic veteran, having passed through Nagasaki in 1946 while en route to Kobe Base. He inquired whether there might be any outreach from the Board to educate students on the possibilities of future atomic exposure.

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>.

\* \* \* \* \*

**Report from Subcommittee 4 (continued)**

A motion was made and seconded to accept the report from Subcommittee 4 and adopt the suggested recommendations as those of the Board.

The motion carried unanimously.

\* \* \* \* \*

**Schedule Future Meeting Dates  
and Invited Speakers**

Addressing future Board meetings, Dr. Blanck asked Mr. Groves to report on Subcommittee 4's review of the scheduling. Mr. Groves reported that he met with the VBDR Subcommittee Chairs and they had concluded that the Board should consider moving the January 2008 meeting date to early April. He offered April 1 through 3 for consideration, retaining the same location previously discussed, San Diego.



Summary Minutes                      September 19-20, 2007  
Veterans' Advisory Board on Dose Reconstruction

I hereby confirm these Summary Minutes are accurate, to the best of my knowledge.

/s/

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James A. Zimble, M.D., Chair  
VADM, USN (Ret.)

December 13, 2007

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Date