

## **SUMMARY OF MINUTES OF THE SIXTH PUBLIC MEETING OF THE VETERANS' ADVISORY BOARD ON DOSE RECONSTRUCTION**

The sixth meeting of the Veterans' Advisory Board on Dose Reconstruction (VBDR or the Board) was held at the Jesse Brown VA Medical Center, 820 S. Damen Ave., Chicago, Illinois on September 19-20, 2007.

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

### **ATTENDANCE**

*Board Members Present:* Dr. Ronald R. Blanck (Acting Chairman), Dr. Paul K. Blake, Mr. Harold L. Beck, Dr. John D. Boice, Dr. Patricia A. Fleming, Mr. Kenneth L. Groves, Dr. John F. Lathrop, Dr. David E. McCurdy (via telephone), Dr. Curt W. Reimann, Mr. Rudolph J. Ritter, Mr. David P. Ropeik, Dr. Kristin N. Swenson, Mr. George Edwin Taylor, Mr. Paul G. Voillequé, and Dr. Gary H. Zeman.

*Board Members Absent:* Dr. James A. Zimble and Mr. Thomas J. Pamperin.

*Quorum present:* Yes.

### **OPENING REMARKS**

**Mr. Eric Wright** (Alternate Designated Federal Officer) called the meeting to order and welcomed everyone to the sixth meeting of the Board.

**Dr. Blanck**(Acting Chairman) also welcomed everyone to the sixth meeting of the Board, and invited guests to make use of the available handouts.

### **SUMMARY OF SIXTH PUBLIC MEETING OF THE BOARD**

The primary topics of the two-day VBDR meeting included briefings on A Review of Probability of Causation and Its Use in a Compensation Scheme for Nuclear Industry Workers in the United Kingdom by **Dr. Richard Wakeford**, An Atomic Veterans Experience on Nuclear Weapons Tests in 1958 by **Mr. John Taschner**, Revised Quality Plan for the Nuclear Test Personnel Review Enterprise by **Dr. Richard Toohey**, and Status of the Jackson Veterans Affairs Regional Office by **Ms. Gail Berry and Ms. Carol Sullivan**. Presentations were also given on the current status and activities of the NTPR dose reconstruction program by **Dr. Paul Blake**, and the VA compensation program by **Dr. Ronald Blanck** for **Mr. Thomas Pamperin**. The activities and accomplishments of the five VBDR subcommittees (Dose Reconstruction, VA Claims, Quality Management, Communications and Outreach, and Alternative Methods for Dose Reconstruction) were also presented.

During the meeting, four veterans and a family member gave public testimony regarding their cancers and other debilitating illnesses they believe resulted from participation in atmospheric nuclear testing. They also discussed problems with claims decisions made by the Department of Veterans Affairs (VA).

Verbatim transcripts of each presentation, session, and public comment are available on the VBDR Web site at <http://vbdr.org>.

## **SUMMARY OF PRESENTATIONS TO VBDR**

### ***Dr. Richard Wakeford's presentation:***

The purpose of the presentation was to provide information on the compensation scheme available in the United Kingdom (UK), and to give a better understanding of how it compares with the compensation program in the United States.

The driver to the UK compensation program 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.

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.

This compensation scheme is not a government scheme. It is a private agreement between employers and trade unions and offers 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.

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. Level of payment to a successful claimant is agreed by legal advisors representing employer and claimant.

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.

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 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.

***Mr. John Taschner's presentation:***

The presentation covers Mr. Taschner's experiences during the year he spent in weapons testing at Los Alamos, and his career in health physics.

The focus of the presentation was on Operation HARDTACK. Mr. Taschner 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.

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.

A description of 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 was provided by Mr. Taschner.

The presentation was concluded 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.

***Dr. Richard Toohey's presentation:***

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.

The quality is actually meeting the client's needs. In this case the two clients are the VA, 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.

***Ms. Gail Berry and Ms. Carol Sullivan's presentation:***

The presentation focused on the progress made in processing of disability compensation claims since the consolidation of the radiation claims project into the Jackson VA office. The challenges for the Jackson office were because they had not given additional resources to implement the consolidation.

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.

Ms. Sullivan then discussed the time line for the consolidation of the radiation cases, which began on July 14, 2006. 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 as well as a breakdown of radiation cases received by individual regional offices.

Total number of claims granted disabilities were 797, which included 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 so far the Jackson office had completed 87 percent of the re-adjudication cases that they have received. She 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. As soon as the medical information is received, those cases will be rated and returned to the appropriate regional offices.

***Dr. Paul Blake's presentation:***

The presentation included a program update, technical report status, expedited dose initiative, quality initiative relative to the RDA double-blind study, the status of the VBDR recommendations, 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 history 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 scenario of participation and radiation exposure (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.

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 those are the program planning and the implementing documents. A list of the various documents under those categories was presented, with the draft dates and final publication dates noted.

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. Dr. Blake also 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.

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 Department of Defense (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.

With regard to the RDA double-blind studies, the concern was that the result should not depend on which analyst does the dose reconstruction, but it depends on the extensive set of documentations and procedures where any well-trained analyst will obtain the same result. The independent RDAs on identical cases performed by NTPR dose reconstruction contractors in March of 2007, with a second round done in August where NTPR asked the National Council on Radiation Protection and Measurements 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.

Dr. Blake noted that he would report back on the 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 the VBDR recommendations as they relate to DTRA, Dr. Blake provided a listing of 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.

Looking ahead, Dr. Blake indicated that in the last half of 2007 DTRA hopes to complete the scheduled report and documentation publication, and complete older cases while ensuring that future cases are completed within six months. The plan is to begin 2008 with an update of 32 CFR 218, the DTRA dose reconstruction policy, and complete work on VBDR recommendations.

***Mr. Thomas Pamperin's presentation:  
Presented by Dr. Ronald Blanck***

Unable to be present, Dr. Blanck presented Mr. Pamperin's talk and requested that any questions be put in writing and sent to Dr. Al-Nabulsi, who would transmit them to Mr. Pamperin for his answers.

The consolidation of pending claims has been completed, with the Jackson office presently having about 1,900 cases in development.

Addressing the handling of expedited radiation doses for skin and prostate cancer claims, Dr. Blanck noted that the Under Secretary for Benefits has given the Jackson office authority to make final decisions on atomic veterans' claims for those specific cancers without referral to the Compensation and Pension Service. Those expedited cases will utilize the screening dose tables DTRA has provided for that purpose.

The expedited process 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.

Dr. Blanck described several specific areas to be assessed as part of the QA review. These 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.

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.

The last slides indicated a topic of "Attorneys" under "Other Issues", though Dr. Blanck remarked that he wasn't sure what update had been planned for that. 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.

## **VBDR SUBCOMMITTEES**

The Board was mandated by Congress to audit dose reconstruction and the VA claims decisions for service connection of radiogenic diseases and improve communication with veterans. The Board's mission is also to address veterans concerns about the possibility of an elevated risk of cancer and other illnesses in veterans who were exposed to radiation or fallout from nuclear weapons testing, and the validity of their dose reconstructions.

To accomplish its task, the Board approved the formation of five subcommittees, their scope of work and their membership. The work of these subcommittees will meet specific requirements of Public Law 108-183.

***Subcommittee 1 report presented by Mr. Harold Beck, VBDR Subcommittee 1 Chairman***

The task of Subcommittee 1 is to assess the dose reconstruction procedures, and to audit a random sample of NTPR dose reconstructions. Thus, a sixth set of randomly selected cases had been chosen for assessment from an updated list of RDAs.

Subcommittee 1's preliminary audit findings were discussed. The six new audits are not yet complete. A formal draft report summarizing its findings on each case audited will be distributed to Board members when the audit is complete. When sufficient numbers of cases have been audited to make reasonable statistical conclusions on trends, these findings will be presented to the VBDR along with any new recommendations that arise from these trends.

Subcommittee 1 plans to audit six additional cases prior to the next meeting of the Board. Subcommittee 1 intends to continue to conduct interviews with NTPR contractor analysts as part of the audits of cases. The Subcommittee intends to again meet for this purpose at an NTPR contractor facility in the Washington, DC area prior to the next Board meeting. 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 states of various matters with respect to recommendations.

The results of 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 dose estimates.

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.

***Subcommittee 2 report presented by Dr. Ronald Blanck, VBDR Subcommittee 2 Chairman***

The presentation included a description of the purposes of Subcommittee 2 and a summary of its activities since the previous Board meeting.

Because the Jackson office is now in operation and has established SOPs for processing atomic veterans' claims, Subcommittee 2 is taking two actions: 1) Mr. Rudolph J. Ritter and

Dr. Patricia Fleming, members of Subcommittee 2, will visit the Jackson office and review their procedures, 2) the Subcommittee's consultant will start reviewing randomly-selected cases from the Jackson 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 VA General Counsel opinion remains a constraint. Subcommittee 2 will continue to work with the VA in trying to find solutions 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.

***Subcommittee 3 report presented by Dr. Curt Reimann, VBDR Subcommittee 3 Chairman***

The Subcommittee observed that NTPR continued to make great progress in creating a quality system, and commended the VA with respect to consolidation of all radiation claims at the Jackson VA office.

Dr. Reimann 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.

Subcommittee 3's participation in Subcommittee 1's meeting was discussed, noting that 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 are written at a general level and lack important details and that integration of the quality system under development is essential.

Subcommittee 3 also noted that use of metrics for tracking and management have been mainly oriented toward case processing and backlog case reduction.

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 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.

***Subcommittee 4 report presented by Mr. Kenneth Groves, VBDR Subcommittee 4 Chairman***

The presentation included a description of the purposes of Subcommittee 4 and a summary of its activities since the previous Board meeting. 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.

Mr. Groves 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.

Noting that since the March meeting the brochure for atomic veterans has been finalized. However, there were still a couple of changes Subcommittee 4 would like to make to the brochure, and called on Board members to submit their comments because the VA will soon be provided the final copy in order to print and distribute the brochure.

The assistance received from the public affairs staff at DTRA in accomplishing the completion of the brochure was acknowledged.

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

Subcommittee 4 suggested the following recommendations for VBDR discussion:

- 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.

*Subcommittee 5 report presented by Dr. Ronald Blanck, VBDR Subcommittee 5 Chairman*

Dr. Blanck led the Board through the scope of work for Subcommittee 5, the function of which was to formulate a proposal to improve the expedited dose reconstruction process for the atomic veterans. The 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.

Another recommendation was for NTPR to complete the development of a large number of templates and a shortened version of SPAREs, 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.

Dr. Blanck then 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. The recommendation on developing templates and the abbreviated SPARE went hand-in-hand with the other recommendations. He then listed a number of templates that require only a minor revision and others that they hope to release within a month.

Regarding the questionnaires or the SPARE, the questionnaires only go to perhaps 30 percent of veterans. 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 he wants to fill in, and most of the time the veteran is willing to give the information.

## **VBDR DISCUSSION**

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.

## **BOARD'S RECOMMENDATIONS**

See Addendum A for a full set of the Board's recommendations that was transmitted to VA and DTRA on October 16, 2007.

## **PUBLIC COMMENT PERIOD**

Prior to opening the meeting for public comments, attendees were reminded 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 veterans and keeping them informed.

The Board is not responsible for reviewing individual dose reconstructions nor does it serve as an appeals board. If the system is not working the Board needs to know, but the Board has no legislative power.

Input from the public was solicited on both days of the meeting and is reported in the meeting transcripts. The following is a list of the members of the public who addressed the Board at the meeting. Verbatim transcripts of the public comments are available on the VBDR Web site at <http://vbdr.org>.

**Elbert Rice** (atomic veteran); **Merrilee Martin** (spoke on behalf of her deceased uncle and his friend); **Ray Manning** (American legion); **Odell Yarnell** (atomic veteran); **Clyde Wyant** (veteran).

## **FUTURE VBDR MEETINGS**

Following discussion by the Board, it was agreed to hold the seventh meeting on April 2008 in San Diego, California. Details about future meeting dates and locations will be announced in the federal register and on the VBDR Web site.

Dr. Blanck remarked that a reasonable amount of business had been carried out. He thanked the Board and the staff for their efforts, the public for their comments, and called for a motion to adjourn.

The motion was made, seconded and carried.

## ADDENDUM A

### BOARD'S RECOMMENDATIONS

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

#### **For the Defense Threat Reduction Agency (DTRA):**

**Recommendation 1:** That NTPR develop a Decision Summary Sheet (DSS) as a device for integrating its Standard Operating Procedures (SOPs) and quality documents. The DSS would be employed with radiation dose assessments, including expedited cases, and associated audits.

**Recommendation 2:** That NTPR discontinue the use of default upper bound factors for cases involving non-expedited radiation dose assessments and develop procedures to perform full probabilistic uncertainty analyses for these assessments. NTPR standard operating procedures should specify whether uncertainty estimates from individual sources are independent or correlated and when and how uncertainties should be propagated.

**Recommendation 3:** That NTPR ensure its external review entity conducts spot checks of specific calculations and computer programs (e.g., MathCAD template output).

**Recommendation 4:** That NTPR document its justification to expedite a case in the case file and that external Quality Assurance (QA) audits comment on appropriateness of the decision to expedite.

**Recommendation 5:** That NTPR expand its technical bases and criteria for expedited case processing.

**Recommendation 6:** That 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 potential program eligibles, and other external and internal communications as each agency thinks might also benefit from risk communication input from VBDR.

**For the Department of Veterans Affairs (VA):**

**Recommendation 1:** That VA reinforce its instructions to all its VA Regional Offices (VAROs) to promptly route radiation claims to its Jackson VARO.

**Recommendation 2:** At previous VBDR meetings we recommended (and continue to recommend) that:

- a. 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 Jackson.
- b. 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.
- c. 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.
- d. VA should provide VBDR with data on the time required to adjudicate claims after receiving doses and other information/data from DTRA.
- e. 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.

**Recommendation 3:** That VA ensure that the Jackson VARO has adequate resources and technology to promptly expedite radiation claims and adjudications.

**Recommendation 4:** That VA consider distributing the Ionizing Radiation Review (IRR) Newsletter to all veterans in the Ionizing Radiation Registry.

**Recommendation 5:** That 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.

**Recommendation 6:** That 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 potential program eligibles, and other external and internal communications as each agency thinks might also potentially benefit from risk communication input from VBDR.