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Ronnie Faircloth, DTRA chief of staff.

Veteran’s board holds public meeting

by Irene Smith

There are fewer of them now, the aging and gray soldiers, airmen, Marines and sailors who were witnesses to Operations Crossroads, Sandstone, Wigwam, Shot Simon and myriads of other nuclear tests held in the southwestern United States and in the Pacific and Atlantic Oceans. It is estimated that 220,000 personnel were present at the tests. These surviving atmospheric nuclear test veterans came looking for recognition and a chance to tell their stories at the first public meeting of the Veterans Advisory Board on Dose Reconstruction (VBDR) held in Tampa, Fla., from Aug. 17-18, 2005.

Established by the Defense Threat Reduction Agency and the Veterans Administration (VA), the board’s primary goal is to reduce the time to process claims for medical benefits and other compensation. Radiation dose reconstruction has been carried out by the Department of Defense under the Nuclear Test Personnel Review (NTPR) program since the late 1970s. DTRA is the executive agent for the NTPR program, which provides participation data and actual or estimated radiation dose information to veterans.

The board, which was mandated by Congress, will audit dose reconstruction and VA claims decisions for service connection of radiogenic diseases and improve communication with veterans. These dose reconstructions are used by VA to evaluate and decide claims by veterans of the 1945-1946 occupation of Hiroshima and Nagasaki, Japan; veterans who were prisoners of war in

those regions when the atomic bombs were detonated; and veterans of U.S.-sponsored atmospheric nuclear weapons tests from 1945 to 1962.

“We want to do better, we want to improve the oversight and processes of dose reconstruction claims and reduce the time it takes to process claims,” said retired Navy Vice Adm. James A. Zimble, former surgeon general of the U.S. Navy and chairman of the board. “What I want to do is listen to the veterans, take their questions and present them to the right people and try to come up with good substantive answers. I want to make sure veterans get what Congress intended.”

The two-day August meeting included briefings on the current status and activities of the NTPR dose reconstruction program for veterans and a presentation by the VA on compensation for disability resulting from ionizing radiation exposure. During the meeting, veterans gave public testimony of cancers, birth defects, and other debilitating illnesses they believe resulted from their participation in atmospheric nuclear testing and other radiation occupational exposures. Much of the veterans’ ire is directed at the time delay caused by a backlog of cases to process a NTPR claim. Radiation has been linked to an increased risk of cancer and other illnesses. The veterans’ chief problem has been trying to convince the government that there is a direct link between their health problems and radiation exposure.

The Department of Defense has the

primary responsibility for the advisory board and has appointed Ronnie Faircloth, DTRA’s chief of staff as the designated federal official of the board. Faircloth’s responsibilities are to ensure the board complies with the Federal Advisory Committee Act (FACA) regulations.

“Today is a significant milestone, the inaugural meeting of the VBDR,” Faircloth said in his opening remarks to the meeting. “The veterans want recognition that they put their lives on the line,” Faircloth said. “This board is acknowledgement that Congress has listened to the veterans’ concerns and an opportunity to convey a response. We are here to serve the veterans.”

Dr. Paul Blake, NTPR program manager said, “DTRA’s responsibility, as mandated by law, is simply to provide the best scientifically-based reconstruction of the radiation dose received by veterans due to a U.S.-sponsored atmosphere nuclear event. While DTRA is tasked with providing the dose information, ultimately, the VA makes the final decision on compensation.”

Upon request from the VA, DTRA will perform a reconstruction of radiation exposures received by veterans while in these areas. The VA is solely responsible for making medical determinations regarding the Service-connection of disabilities and administering benefits. DTRA has no role in medical decisions or the adjudication of claims.

“We are committed to providing timely dose reconstructions to the VA



Dr. Paul Blake, program manager for DTRA's Nuclear Test Personnel Review (NTPR) Program discussed dose reconstruction procedures with veteran Paul DeGunther and Tom Pamperin of the Veteran's Administration at the first public meeting of the Veteran's Advisory Board on Dose Reconstruction in Tampa, Fla.

and answering veterans' inquiries," Blake said. "DTRA's responsibility, as mandated by law is to provide the benefit of the doubt to the veteran whenever possible."

DTRA has already taken numerous steps to improve the dose reconstruction process. Changes to accelerate radiation dose assessments include placement of government personnel at the contractor worksite, the development of templates for facilitating case processing, external technical review and aggressive phone outreach for veteran input to exposure scenarios. Emphasis is on completeness and attention to veterans to ensure exposure scenarios are complete and all potential doses are included in the assessments.

The VBDR will also be charged with making recommendations on modifications to the mission and procedures of the dose reconstruction process.

"DTRA believes that completeness and attention to the veteran is preferable to rushing the radiation dose assessments," Blake said. "DTRA has committed an extra \$3 million per year to the dose reconstruction contract in fiscal years 2004 and 2005.

A lengthy and time consuming process,

dose reconstruction requires historical evidence of a veteran's participation in a nuclear event. Many veterans of nuclear testing were not issued dosimeters. For example, U.S. servicemen who entered Hiroshima and Nagasaki after the atomic bomb detonations were not issued personal radiation dosimeters (i.e. film badges). However, radiation surveys were performed prior to arrival of the occupation forces, to ensure that military activities could proceed as planned unimpeded by radiation. Insufficient record keeping and inconsistencies in available historical documentation often complicate and delay the dose reconstruction process. Often the only documents available for dose reconstruction are operation orders and schedules of events. In most cases, the surviving historical documentation of activities addresses test specifications and technical information, rather than personal data.

Complicating the issue, is that while ionizing radiation is capable of causing cancer, there are currently no methods available to distinguish cancers caused by radiation exposure from those caused by aging, smoking, environmental factors, and other hazardous agents.

Many of the veterans say it's not the money they are after, but they want

to be recognized for their exposure to nuclear testing and how it affected people.

"We cannot do our job without hearing from the veterans. Time is of the essence with this group," Dr. Zimble said. "The nuclear veterans are victims of prior committees and boards. This is a group justifiably developed a cynicism and lack of trust towards the government."

About the Veterans' Advisory Board on Dose Reconstruction (VBDR)

VBDR was established at the recommendation of the National Research Council report, entitled *Review of the Dose Reconstruction Program of the Defense Threat Reduction Agency*. The report recommended the need to establish an advisory board and for improvements in the dose reconstruction and claim adjudication procedures. The Board was chartered on Nov. 24, 2004 and its members appointed on June 3, 2005.

The Department of Defense (DoD) will have the primary responsibility for the advisory board and has appointed a designated federal official to oversee compliance with the Federal Advisory Committee Act (FACA). The advisory board members and chairperson were appointed by DoD and VA in accordance with FACA regulations.

The Board will conduct periodic and random audits of dose reconstructions and VA claims decisions for service connection of radiogenic diseases. These dose reconstructions are used by VA to evaluate and decide claims by veterans of the 1945-1946 occupation of Hiroshima and Nagasaki, Japan; veterans who were prisoners of war in those regions when the atomic bombs were detonated; and veterans of U.S.-sponsored atmospheric nuclear-weapons tests from 1945-1962.

The Board will also assist the VA and DTRA in communicating to

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veterans' information on the mission, procedures and requirements of the dose reconstruction process. Recommendations will be made on modifying in the procedures of the dose reconstruction program as a result of audits performed.

Board members were selected to fulfill the statutory requirements mandated by Congress in Section 601 of Public Law 108-131. The Board is comprised of 16 members. Board members were selected to provide expertise in historical dose reconstruction, radiation health matters, risk communications, radiation epidemiology, medicine, quality management, decision analysis, and ethics to appropriately enable the VBDR to represent and address veterans' concerns.

Congress also mandated a minimum of three veterans sit on the Board, including one from an "atomic veterans" group. Currently, eight of the 16 VBDR members are veterans, and one belongs to the National Association of Atomic Veterans.

Board members are special government employees and are entered into the civil service system by the Washington Headquarters Service. Each Board member receives a one-year appointment that must be renewed annually. The Board will meet up to six times per year and has a budget of \$1,000,000.

The Board is planning to hold its second meeting in the Los Angeles area, and a third meeting in Austin, Texas. Details about meeting locations and dates will be announced following publication in the federal register.