

Veteran's board holds second public meeting

by Irene Smith

Veterans had the opportunity to present their views regarding radiation-related claims at the second public meeting of the Veterans Advisory Board on Dose Reconstruction (VBDR) held in Los Angeles, Calif. from Jan. 12-13, 2006.

The VBDR is tasked with independent oversight of Defense Threat Reduction Agency (DTRA) dose reconstruction and Department of Veterans Affairs (VA) claims decisions for veterans. The goal of VBDR is to provide guidance and oversight of the dose reconstruction and claims compensation programs for veterans of U.S.-sponsored atmospheric nuclear weapons tests from 1945-1962; veterans of the 1945-1946 occupation of Hiroshima and Nagasaki, Japan; and veterans who were prisoners of war in those regions at the conclusion of World War II.

The two-day meeting included a briefing on the current status and activities of the Nuclear Test Personnel Review (NTPR) dose reconstruction program for veterans, and a presentation on the VA compensation and pension quality review program. At the meeting, the activities and accomplishments of the four VBDR subcommittees (Dose Reconstruction, VA Claims, Quality Management, and Communications and Outreach) were presented. Additionally, the 15 members of the board reported on discussion, minutes and recommendations resulting from the inaugural meeting held in August 2005, in Tampa, Fla.

During the meeting, 15 veterans, including some family members, gave public testimony regarding cancers and other debilitating illnesses they believe resulted from their participation in atmospheric nuclear testing and other radiation-related occupational exposures.

Veterans described the dose reconstruction process as "voodoo science" and urged doing away with the program. They spoke at length about their frustration with the length of time required by DTRA and the VA to adjudicate their cases. Several veterans asked why more non-cancer conditions weren't covered. Other veterans complained that the VA medical practitioners had no expertise in the area of radiation health issues and as a result did not understand their medical conditions and could not help them.

Due to delays in DTRA dose reconstruction and VA data handling procedures, many veterans believe the Department of Defense (DoD) and VA are waiting for them to die to avoid paying compensation.

"The VBDR is another stalling tactic. We are being ignored by our doctors, and told that our ailments don't exist," claimed one veteran, Carlos Contreras, president of the Atomic Veterans of America. "It is an uphill battle for us veterans to receive service connected disability."

"Our charter is to make recommendations to the Defense Threat Reduction Agency and the Department of Veterans Affairs to improve the dose reconstruction and claim adjudication processes," said retired Navy Vice Adm. James A. Zimble, former surgeon general of the U.S. Navy and chairman of the board. "We want to give every benefit of the doubt to the veteran."

One of the greatest challenges facing DTRA is the backlog of dose reconstruction claims waiting to be processed.

"We have a backlog of dose reconstruction cases that is proving

particularly challenging to reduce," said Dr. Paul Blake, NTPR program manager. "The board's challenge is to help veterans understand radiation dose-response."

One of the communication challenges faced by VBDR is the common belief held by veterans that their radiation exposure led to cancer. Risk factors that increase the chance of getting cancer include smoking, ultraviolet sun exposure (for skin cancer), and exposure to other hazardous and environmental agents as chemicals. "All of these factors are common among veterans," Blake said.

"The committee hopes that veterans will understand that in most cases their radiation exposure probably did not cause their cancers," Blake said in his presentation to the board. "Reasonable changes in methods of dose reconstruction in response to this [National Research Council (NRC)] report are not likely to greatly increase their chance of a successful claim for compensation in most cases when a dose reconstruction is required."

The board accepted Blake's recommendation to discontinue all pending prostate dose reassessments based on the NTPR's analysis of 78 prostate dose reassessments completed after the NRC 2003 report was released. In no case, did a reevaluation result in a significant change to the prostate dose.

"It's in the veteran's best interest that we not delay a negative decision," Blake said.

"This is an expensive process with no benefit to the veterans. It also slows DoD's dose reconstruction process for all veterans who have a possibility of receiving compensation."



Veterans present their views at the second public meeting of the Veterans Advisory Board on Dose Reconstruction (VBDR) held in Los Angeles recently. Photo by Irene Smith

"We have heard the veterans loud and clear," Zimble said. "It's unfortunate it is taking so long to reduce the backlog of cases, but we are taking positive steps to reduce the processing time. We want to be able to respond speedily to veterans' questions."

To speed up the process, a DTRA initiative will bring multiple contract teams online to perform radiation dose assessments. It is believed that increased competition will eventually accelerate the NTPR backlog reduction effort and reduce the cost per dose assessment. Additionally, the NTPR Policy and Guidance Manual was modified to

ensure consistency regarding radiation dose assessments.

In the Communications and Outreach subcommittee report, discussion focused on whether the board's charter includes providing education to veterans. Many veterans do not understand the dose reconstruction process or believe it can accurately estimate their doses. It was suggested that future VBDR presentations should address public misapprehension of radiation and the realism about the risk associated with it.

"DTRA needs to be more proactive in explaining that we are not ignoring

veterans," Blake said. "We need to make information more accessible."

Over the next four months, VBDR will continue to work on recommendations and guidance in preparation for their third meeting in Austin, Texas, on June 8-9, 2006. A fourth meeting is scheduled for the Norfolk, Va., region in November 2006. ■

Irene Smith is a DTRA public affairs specialist.