

# Veterans board presents its recommendations to atomic vets

By Irene Smith

Members of the Veterans' Advisory Board on Dose Reconstruction (VBDR) briefed recommendations to improve the Nuclear Test Personnel Review program at the 27th convention of the National Association of Atomic Veterans (NAAV) in St. Louis, Mo. Sept. 24-27, 2006.

The Board's recommendations represent its efforts to distill 12 months of audits and assessments of the Nuclear Test Personnel Review (NTPR) program and the Department of Veterans Affairs (VA) claims procedures.

The VBDR was established by the Defense Threat Reduction Agency and the VA at the request of Congress. Its purpose is to provide guidance and oversight of the dose reconstruction process and claims compensation program for veterans of the 1945-1946 occupation of Hiroshima and Nagasaki, Japan, and veterans of U.S.-sponsored atmospheric nuclear weapons tests from 1945 to 1962. The board's primary goal is to improve the processing of claims for medical benefits and other compensation.

"We went at the NAAV's request to brief them on the status of the board and in particular, go over the recommendations we submitted to DTRA and the VA," said Ken Groves, chairman of the communications and outreach subcommittee of the VBDR.

About 230,000 DoD military and civilian personnel participated in U.S. atmospheric nuclear tests that were conducted primarily in Nevada and the Pacific Ocean between 1945 and 1962. Surviving veterans are now generally between 62 and 90 years old.

The VBDR consists of 16 members including veterans (one is a member of an atomic veterans group), health

physicists, physicians and an expert in ethics. Representatives of the VBDR at the convention included Dr. Isaf Al-Nabulsi (National Council on Radiation Protection and Measurements), Dr. John Lathrop (Lawrence Livermore National Laboratory), Kenneth L. Groves (past director, Navy Radiological and Nuclear Weapons Controls Program), and retired Army Col. Ed Taylor (NAAV member of the VBDR).

To accomplish its task, the board formed four subcommittees: DTRA dose reconstruction procedures; VA claim settlement procedures; quality management; and VA process integration with DTRA's NTPR program and communication and outreach.

Since its inception in June 2005, the board has been studying ways to improve the dose reconstruction and VA processes. Audits and assessments are some of the measures used by the subcommittees to review processes. In July 2006, the board forwarded a set of recommendations to DTRA and the VA.

Among the board's recommendations are to develop a screening procedure for prostate cancer that would expedite processing of cases and grant service connection to veterans whose skin cancers are claimed to be a result of participation in above ground nuclear tests and service in Hiroshima and Nagasaki. Additionally the board presented a collective overview of the nature of the VBDR responsibilities related to the atomic veterans' compensation claims activities between the VA and DTRA.

Groves said, "The most important thing VBDR has accomplished is the list of recommendations to DTRA and VA. Every single one of the recommendations benefits the veterans."

DTRA endorsed the recommendations in August. VA officials sent the response to the board in October.

One of the missions of the communication and outreach subcommittee is to develop more effective ways for communicating with veterans. The VBDR has established a website at [www.vbdr.org](http://www.vbdr.org) and has posted minutes from their meetings as well as the list of recommendations forwarded to DTRA and VA. A list of frequently asked questions, some generated from the NAAV, are also posted on the site.

"The facts of the matter are that the best science is being applied to the dose reconstructions, it is being applied fairly, and the veteran is given the benefit of the doubt on the uncertainties. The key is communicating that to the veterans," said Dr. John Lathrop, an expert in decision analysis and a VBDR member. Lathrop is assisting the board in evaluating the decision processes involved in atomic veterans compensation. "We found that a great deal of dissatisfaction of the veterans can be addressed and reduced with a clear explanation of how the dose reconstruction process works."

"We continue to look for ways to communicate with a group of people that are hard to reach, the silent generation," Groves added. "We attend NAAV meetings to get feedback from veterans. We want to hear their issues so DTRA and the VA can work to improve their situation."

So far the VBDR has received 108 phone calls, 10 letters and 41 e-mails from veterans inquiring about the dose reconstruction and claims processes. All correspondence is stored in the VBDR database to document a veteran's request.

“We answer every letter and e-mail that comes to the board,” said Groves.

Much of the frustration facing the veterans is a lack of records documenting their experiences. In 1973, a fire broke out on the sixth floor of the National Personnel Records Center in St. Louis, Mo., and it burned for four days. It was estimated that 22 million military records, 80 percent of them Army, were lost in the fire.

Atomic veteran Jerry Eichman, who enlisted in the Air Force in 1950, voiced his frustration at the St. Louis meeting.

“I am just trying to get verification that I was in one of these tests,” he said. “My service record has nothing in it and there is no way I can prove I was there.”

This was the third regional NAAV meeting and first national meeting Eichman attended. “I am not looking for any compensation, especially when you see the others guys with disabilities at the VA,” Eichman said. “You are thankful you can walk in.”

Veterans who participated in nuclear testing, at the time, were briefed by their senior officers not to “say anything, or explain what you’ve been doing or where you have been,” Eichman said. A B-50 tail gunner, Eichman was assigned to the plane that dropped one of the atomic bombs during Operation Upshot Knothole in the spring of 1953.

“We had no idea what kind of mission we were on when we left Walker Air Force Base, Roswell, N.M., on a four-hour flight. We were told it was a training mission when we flew to a west Texas airfield where we loaded a bomb called Big Bertha. It was only when we were airborne that we were told that we would be dropping a nuclear device.”

“As crewmembers, we had heard of atomic bombs and thought it would be neat to see something like this. I was twenty-three year old staff sergeant and, at that age, you’ll do anything.”

Following the VBDR presentation, the floor was opened to questions from the audience. Veterans were encouraged to call the NTPR toll free number (1-800-

462-3683) to verify participation in an atomic test and to contact the VBDR for further questions.

“I think we got across to the veterans at the convention that we are on their side,” Lathrop said. “We found we were successful in explaining the dose reconstruction and compensation process. That wasn’t easy, since the process is complex, but the veterans seemed to pick it all up. Dose reconstruction is no picnic – it involves accounting for a great deal of uncertainty. But its validity has been examined and approved by impartial national science panels.”

The VBDR will continue to hold its public meeting at locations throughout the United States where there are large numbers of Hiroshima, Nagasaki and atmospheric nuclear test veterans who have filed compensation claims. The next VBDR meeting is Nov. 8-9 in Hampton Va., followed by a fifth meeting in Las Vegas, Nev., March 5-9, 2007.

The following is a list of recommendations offered by the VBDR:

#### **Recommendations to DTRA:**

- Develop a screening procedure for skin radiation dose assessments that would expedite processing of cases for which the doses are well below or above the level likely to result in a successful claim. Worst case upper bounds would be used to provide the veteran the maximum benefit of the doubt.
- Develop a screening procedure for prostate cancer cases that expedites processing of cases where the doses are well below the level likely to result in a successful claim.
- Perform a comprehensive analysis of uncertainties for all beta dose exposure scenarios.
- Hire a consultant to write a quality assurance (QA) plan.
- Develop and implement a QA program to be integrated into the current contracting process.

- Develop standard operating procedures addressing QA elements, including metrics.

#### **Recommendations to the VA:**

- Provide the settled case outcomes to NTPR.
- Grant service connection to veterans whose basal cell skin cancers and melanomas are claimed to be as a result of participation in aboveground nuclear tests and service in Hiroshima and Nagasaki, and whose participation in these activities has been verified by Department of Defense.
- Centralize claims with radiation issues in a single site staffed with trained and experienced personnel, co-located with the Veterans Benefits Administration (VBA).
- Establish a centralized database to track radiation issues with information readily available.
- VA provide the Board with a timetable and status for the development of a QA plan and program, including metrics, in the radiation exposure claims settlement process.
- Include all validated radiation issue claimants in the Ionizing Radiation Registry.
- Award service connection retroactively to the date of the initial claim for all current and future radiation risk activity conditions held to be presumptively service connected under 38 CFR 3.309.
- Improve interaction and communication with veterans of Hiroshima and Nagasaki, Japan, or who were prisoners of war there, or who took part in atmospheric nuclear tests between 1945 and 1962.
- Communicate information on radiation risk and significance of veterans’ doses in relation to their diseases. ■

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