VETERANS' ADVISORY BOARD ON DOSE RECONSTRUCTION

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 November 2006 meeting held in Hampton, Virginia. The Board believes that these recommendations, if implemented, would improve the NTPR dose reconstruction process and the VA compensation program for atomic veterans. The Board also identified a number of issues that NTPR agreed to address at the March 2007 VBDR meeting in Las Vegas (See Addendum A).

For the Defense Threat Reduction Agency (DTRA):

Recommendation 1: VBDR recommends that, as an element of the NTPR Quality Assurance (QA) program NTPR include, at a defined frequency in terms of a percentage of cases processed, **the processing of a double blind radiation dose assessment (RDA) of the same case by at least two independent analysts, and the assessment of the respective generated results by pre-defined metrics. Key requirements that should be addressed in the assessment are the allowable relative differences between the respective reported point estimates of total external, internal and, if applicable, skin dose and the respective reported upper bound estimates for each of the reported doses. Pre-established actions to be taken if an allowable difference is exceeded should be defined and documented.**

Recommendation 2: After NTPR's implementation of the QA Plan, Program and Procedures Manual, **VBDR recommends that NTPR submit the following key QA tracking results to Subcommittee 3 on a quarterly basis: performance and QA metrics, QA corrective actions, and audit reports.**

For the Department of Veterans Affairs (VA):

Recommendation 1: VBDR is encouraged that VA is moving to consolidate radiation claims. **VBDR now recommends that VA follow-up on this action by establishing a standard operating procedure for the centralized processing of atomic veterans' claims from claim identification through adjudication. VBDR also requests that VA provide Subcommittee 3 with a timetable and status for the development of a QA plan and program, including metrics in the radiation claims adjudication process.**

Recommendation 2: VBDR is aware that the Department of Labor does not forward non-radiogenic disease claims to the National Institute for Occupational Safety and Hazards for dose reconstruction under the Energy Employees Occupational Illness Compensation Program. Accordingly, **VBDR recommends that VA explore the**

appropriateness of developing a similar policy. At the very least, VBDR recommends that VA review claims for non-radiogenic diseases to determine whether there is sufficient evidence and justification that the disease potentially resulted from radiation exposure, prior to requesting a dose reconstruction from DTRA.

Recommendation 3: VBDR recommends that VA communicate (by letter) to all veterans who have had their claims forwarded to the Jackson, MS, Regional Office (RO). The letter should mention that the Jackson RO will now handle all radiation-related claims and that their file will be returned to the original RO after adjudication.

Recommendation 4: VBDR recommends that VA assist the VBDR in communicating to veterans that "atomic veterans" are no longer held to any security/classification directives they may have received when they left the service. A letter signed by the Secretary of Defense in 1996 releases "atomic veterans" from any pledge that they made "to not discuss" their service related to the testing of atomic weapons. Information needed to file a claim is no longer restricted and may be disclosed and included for radiation-related claims.

ADDENDUM A

At the November 2006 meeting in Hampton, Virginia, VBDR requested that the NTPR program address the following concerns and recommendations of Subcommittee 1 and Subcommittee 3. NTPR has already agreed to present a detailed report at the March 2007 VBDR meeting in Las Vegas that demonstrates significant progress in implementing these recommendations.

1. The updated review and assessment of credible upper bound doses from skin contamination should be given a very high priority and should include a substantial section containing guidance useful to the analysts carrying out dose reconstructions that will lead to greater coherence. This assessment should also reassess the upper bound for skin doses based on beta-to-gamma ratios. VBDR recommends that an interim upper bound factor be applied to all skin dose estimates that are based on beta-to-gamma ratios until this assessment is completed.

2. VBDR recommends that NTPR document that the default upper bound factors currently applied for both external and internal doses always provide upper bound doses that reach or exceed the 95th percentile.

3. VBDR recommends that the default upper bound factor currently applied to ingestion doses be re-evaluated, since the central estimate already appears to be sufficiently high-sided.

4. VBDR recommends that NTPR develop a method for adjusting film badge upper bounds to reflect the generally larger uncertainty in doses that are based on cohort film badges as opposed to individual personal dosimeters.

5. VBDR recognizes that the independent QA audits contracted for by NTPR are very beneficial and should be continued. VBDR recommends that NTPR also extend the QA program to include double blind RDAs (See Recommendation 1 for DTRA).

6. VBDR recommends that the QA Plan, Program and Procedures Manual should comprise an integrated enterprise QA system, spanning from NTPR down through the prime contractor and any subcontractors. Within that system, the roles and responsibilities of all individuals involved in executing the QA system should be clearly specified.

7. VBDR recommends that the QA Plan, Program and Procedures Manual be designed to explicitly achieve four fundamental goals, and to clearly demonstrate their achievement to outside observers. These four goals:
    - Defensibility: Any questions as to the validity of results can be resolved expeditiously and favorably.

- Consistency: Any comparison of two RDAs will find that the two veterans were treated in a fair and consistent manner.
- Objectivity: Any RDA can be recreated, based only on the application materials of the veteran, by any qualified analyst with essentially the same results.
- Documentation: Any RDA will be documented well enough to support defensibility, so that any questions as to how it was performed can be answered expeditiously and without reference to the analyst who performed it.

8. VBDR recommends that Subcommittee 3 continue to be involved in the evaluation of the QA Plan, Program and Procedures Manual as drafts are submitted. As the QA metrics, QA plans and Subcommittee 1 checklist items for case audits are being developed, Subcommittee 3 and Subcommittee 1 should be consulted for input and review.

9. VBDR recommends that the QA documents have a clear, explicit and well documented division of scope to minimize overlap. *Primary division of scope*: The RDA Standard Operating Procedures (SOP) should list all relevant RDA calculation bases and assumptions (e.g., coefficients and multipliers) involved in performing RDAs. The QA Plan, Program and Procedures Manual should be designed to assure that all RDAs are performed in a manner consistent with the RDA SOP. *Key condition*: If an RDA uses a particular coefficient type, multiplier type or calculation assumption, it uses the value or applicable assumption specified in the RDA SOP.

10. VBDR recommends that management reviews and QA audits provide an adequate basis for tracking QA, corrective actions and continuous improvement.

11. VBDR recommends that case file records control be improved so that audits can be carried out expeditiously.