THE VETERANS' ADVISORY BOARD ON DOSE RECONSTRUCTION

MEETING I

DAY TWO

The verbatim transcript of the Meeting of the Veterans' Advisory Board on Dose Reconstruction held at the Hyatt Regency Hotel, Tampa, Florida, on August 18, 2005.

C O N T E N T S

August 18, 2005

TRANSCRIPT LEGEND

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DEGUENTHER, PAUL V.
DUDLEY, MARTIN S., AUX
FLEMING, PATRICIA, CREIGHTON UNIVERSITY
HEISTER, MELANIE, NCRP
LESTER, TONY, ORAU
LEWIS, BLANE, DTRA
MARRO, RALPH
POWELL, JOY, AIR FORCE
RYAN, TAYLOR, AUX
SCHAUER, DAVID A., NCRP
SMITH, IRENE, DTRA
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P R O C E E D I N G S

(9:05 a.m.)

ADMIRAL ZIMBLE: Ladies and gentlemen, we have -- we have exceeded our five-minute grace period and now I think it's time to commence with our proceedings this morning.

Before we enter into our business of today, first I want to thank the Board for last night, for yesterday, and for your participation today. I want to welcome Dr. Swenson, who has -- who has taken care of assuring that her daughter gets involved in higher education and is now ready to join us. And Dr. Vaughan, I understand that you're on the line.

DR. VAUGHAN: Yes, good morning.

ADMIRAL ZIMBLE: Good morning. Is there any -- any questions or unfinished business from yesterday that any members of the Board would like to bring up or discuss?

COLONEL TAYLOR: I might communicate back to that --

ADMIRAL ZIMBLE: Colonel, yes.

COLONEL TAYLOR: I might communicate if -- with your permission, I'll communicate back to Ritter and that bunch that we really appreciate their coming over and making a speech, and a

lot of them stayed an extra day to do that and their contribution yesterday I think helped.

ADMIRAL ZIMBLE: That'll be -- that'll be fine. I think -- I think he was -- he -- he very well articulated the feelings of many of the members of the -- of his -- of his organization, as well as the feelings of many atomic veterans.

I would like to remind everyone here that you need to register. I know you registered yesterday, but now we need documentation that you didn't leave early so that you're going to need to register again today.

And secondly, I would ask all of you please to -- to speak very closely into the microphone. That's very, very important for getting an accurate testimony, accurate transcript of these proceedings.

Also, rather than waving hands to speak, I would like to adopt a convention that our sister board is using, and that is to take your name tag and turn it sideways, and that will indicate that you would like to -- you would like to speak or ask a question. Now don't turn it upside-down because that's the signal for distress.

REVIEW AND BOARD APPROVAL OF SCOPE OF WORK AND MEMBERSHIP OF SUBCOMMITTEE 1

ADMIRAL ZIMBLE: All right. The first business for today is to review and approve the concept of subcommittees to do the work of this Board. So I would like to submit to the Board the concept of creation of four subcommittees. A subcommittee on auditing the dose reconstruction, a second subcommittee -- subcommittee two on the auditing and reviewing the claims process of the Veterans Administration. Subcommittee three to look to quality assurance issues and on integration of the agencies that are involved with compensating atomic veterans. And subcommittee four, a committee on communications, looking at areas of communicating between the agencies and their customers, the atomic veterans, and on communication between the agencies. So with that, I would move that we create those four subcommittees, and I ask for your approval of disapproval.

COLONEL TAYLOR: Second.

ADMIRAL ZIMBLE: We have a second. All those in favor?

(Affirmative responses)

And those opposed?

(No responses)

Okay. So -- so that's done.

Now I'm going to nominate the individuals that I think are appropriately equipped, knowledgeable, experienced to -- to chair each of those committees.

First for the subcommittee number one, the committee on DTRA dose reconstruction procedures, I nominate -- I nominate Harold Beck, who has had much experience in radiation dose reconstruction. So I would like to ask for a second on the nomination of Dr. (sic) Beck.

DR. BOICE: Second.

ADMIRAL ZIMBLE: We have a -- we have a motion and a second, and all in favor?

(Affirmative responses)

Okay, very good.

Now I'm going to ask Dr. (sic) Beck to be kind enough to -- to discuss what the -- what your statement of work will be, what's your field of mission of the subcommittee and to nominate your -- the members for your subcommittee.

MR. BECK: Thank you, Mr. Chairman. Can you hear me?

I guess the scope is -- will be on the record, so I don't have to read it verbatim here unless you'd like me to.

ADMIRAL ZIMBLE: No, you don't have to read it. You might want -- if there's anything that you want to expand on that, it'd be fine, but --

MR. BECK: I think we have sort of two main goals that I see in this -- completing this goal of auditing dose reconstructions. One goal is to use these random audits to examine the methodology that's being used by DTRA to make sure that they have procedures in place, that they're following those procedures, and that we feel those procedures are adequate, and to identify problems that we see with those procedures. By looking at a variety of dose reconstructions that are currently or recently completed, I expect we'll be able to identify these problems.

A second, longer-term goal which I think is implied by the law is a sort of a continuing process, which is -- comes out of the word periodic where we're going to try to look at

enough cases over the longer period to get a good statistical idea of the quality of the dose reconstructions, the occurrence of problems, the occurrence of lack of documentation and things like that. So there's sort of two things here.

Now I recognize the veterans are very concerned about taking a lot of time to identify problems, so I think that in the initial year probably of doing this, our focus will be on identifying problems with how they're doing things. After that I expect that we will be able to move much more rapidly than just doing statistical analyses of a lot of cases. But as Dr. Blake mentioned yesterday, some of these cases that we'll be looking at are very complex, so to begin with we're going to have to move relatively slowly and be fairly thorough.

Dr. Ziemer yesterday mentioned about random sampling, that you really aren't going to do pure random sampling because what we want to do is we want to pick cases that really exhibit the variety of situations that occur. And we want to do that in sort of the same -- a way

that reflects the proportion of the type of cases that are being examined. So obviously if three-quarters of the cases that they're now looking at are skin dose cases, we're going to have to pick our random samples in such a way that we look at say more skin dose cases than we would look at for instance colon cancer, which is fairly rare and a mostly presumptive disease. So we will be doing what I would call sort of a stratified random sampling.

Dr. Blake has agreed to provide us with a list of all the cases that have been completed since the new era, I should say -- after the Academy study. And I will, from that list, pick I think on the order of about six cases for us to start looking at for our next meeting so we can come into the next meeting and report on those cases.

Now the number of cases that we will look at between each meeting we'll have to decide as we go along, as we get a better feel for this. But I think our feeling now is that that would be an adequate number to look at in some detail to start this process as long as these cases reflect a variety of situations, with prostate

cancer and skin cancer being up at the top sort of in terms of how we pick these cases.
We have -- since we are just been formed and -- first of all, let me nominate the members of the committee so --

ADMIRAL ZIMBLE: Please.

MR. BECK: -- talk about that.

ADMIRAL ZIMBLE: Please.

MR. BECK: I would propose that the members of the committee be Paul Voillequé, Gary Zeman and Paul Blake. All of these gentlemen are very well-qualified in both dose reconstruction and health physics, and among the best experts that you can get in this area. And Dr. Blake of course is very critical of this process since he will bring the expertise of the DTRA in terms of expediting our work, so I'd like to formally nominate these people.

ADMIRAL ZIMBLE: Do you do it in the form of a motion?

MR. BECK: I move that they be accepted as members of Subcommittee One.

ADMIRAL ZIMBLE: Do we have a second?

MR. GROVES: Second.

ADMIRAL ZIMBLE: Okay, we have a second from

Mr. Groves.

All in favor?

(Affirmative responses)

Opposed?

(No responses)

Okay. Any further comments or --

MR. BECK: One further comment. As we go through our cases, it's clear that we're going to see things that involve quality assurance or communication problems, which are not our main focus. So we will have to work closely with the other chairmen -- I will -- particularly with the other subcommittee chairmen and refer these to them, so I think we will want to consider developing some mechanism where we can coordinate between the different committees. Perhaps periodic conference calls between the chairmen or something like that, where we can make sure that -- that if some -- one of our committees, for instance, is meeting at DTRA on a particular case and somebody from another committee wants to come along -- some things like that, so I think this is one thing we might want to consider.

ADMIRAL ZIMBLE: No, I think that -- that

recommendation is essential. What we don't want are four stovepipes. We really need to have -- we need to have cross-talk between the committees. I think that -- that's very, very important.

MR. BECK: The other thing I'd like to mention is that I of course have had some experience with the DTRA cases, serving as a member of the National Academy committee. But members of my subcommittee, and I know many of the other members of the Board here, are not really familiar with the process and the cases and what they look like. And Dr. Blake has agreed to very quickly send out some sample cases for everybody to look at to at least see what we're talking about in terms of the whole process.

ADMIRAL ZIMBLE: Yes, I would appreciate if every Board member gets a copy --

MR. BECK: Yeah, that would be for every Board member.

ADMIRAL ZIMBLE: Okay.

MR. BECK: That would be separate from the random selection that I would make.

ADMIRAL ZIMBLE: I think that's very important.

MR. BECK: I don't know if anybody -- members

of my subcommittee have any comments.

ADMIRAL ZIMBLE: Fine. Anyone have any comments regarding -- regarding the mission of subcommittee number one?

(No responses)

I would ask -- well, first, I found it remarkable that yesterday the comment was made that when dose reconstructions were done and submitted back to the Veterans Administration, almost everyone was denied. This is after there is a -- a spirit and mandate that we -- we do -- everything be in favor of the veteran, that we would look for 95th percentile on dose reconstruction and 99th percentile on probability of causation, and -- and despite that, there are very few claims in the non-presumptive category. And simultaneously, in the presumptive group of 21 cancers, they are automatically granted. So there is a paradox that I think would be appropriate for the Board to consider and deliberate, and I think specifically Subcommittee One ought -- ought to be looking at that aspect.

MR. BECK: Well, I -- I think I would refer you to the Academy's report where it pointed out,

you know, that -- once the dose reconstruction is done and the dose is delivered to the medical people at the VA, they apply these probability of causation tables. And of course if the dose isn't high enough, then it will be denied. Now the Academy found that the upper limits that were reported before were such that the dose was rarely high enough, but they also said that in their opinion, even if these new rules were put into place, if things were fixed and the upper limits were more realistic, it still would be very unlikely for most of these cancers that the dose would be high enough. So I -- I think -- our subcommittee -- the most important thing is to make sure that we are -- that they are presenting the 95th percentile dose as a realistic estimate of the 95th percentile dose. But I think that your comment here about whether, you know, this -- why it doesn't get in -- a claim doesn't get satisfied goes beyond my subcommittee because I think now it gets to this whole question of the application of probability of causation and whether that's a valid way of actually deciding whether the dose was high enough.

ADMIRAL ZIMBLE: I know that April 15th of every year I, and I'm sure all of you, are reminded that we are taxpayers, so it might be wise that we look at the cost benefit analysis of the process that -- that has been established for the non-presumptive cases.

MR. BECK: I fully agree with that.

ADMIRAL ZIMBLE: Okay, very good. Yes, sir, Dr. Zeman.

DR. ZEMAN: Thank you. I -- I would just like to say a couple of things. One is I -- I look forward to working on the subcommittee. I am not familiar yet with the -- that is to say I'm just beginning to learn the process that DTRA has used and I haven't seen the data for any of these cases, but I look forward to learning about them.

The issues that I'm particularly interested in looking out, number one, are beta dosimetry. I've done some beta dosimetry calculations and measurements in other aspects of my life and I'm aware of some of the difficulties and uncertainties involved in beta dosimetry. It's a very complex problem. The kinds of things we've heard from the veterans about swimming

and showering in contaminated water and things like that make for a very, very complicated dose analysis, and I look forward to looking into how DTRA's handling that, especially in light of the Green Book. The Green Book made recommendations that DTRA look further into beta dosimetry and improve their procedures there, so I for one look forward to looking into that and -- and seeing exactly how all those issues are handled.

The second thing I think is most important is uncertainty analysis. It's hard enough to get the right answer in dosimetry, but even harder to understand all of the variables that are involved and how those variables might lead to uncertainties in the final estimate. So I think our work is before us to look at everything that's been done and try to understand if there's any areas that could be improved in beta dosimetry and the uncertainty analysis that leads to those upper limits.

ADMIRAL ZIMBLE: Okay. Thank you very much. Colonel Taylor.

COLONEL TAYLOR: Kind of -- kind of following on what Gary was talking about, I have a

question and it probably is well we ask it early in the game. I have a curiosity on this business of dosages. Do we get the same variation in radiation dosages that we get in other measures of effectiveness or damage to people? For example, you say 1.8 on alcohol content, but that varies widely from person to person. People can absorb a lot more than that and still drive and do things, although they have a problem proving that. But do we run into some of that same criteria, Dr. (sic) Beck?

MR. BECK: Well, there's really two different issues here. One is what the dose is and how we define what we mean by dose. And the other is what the effect is, and I think Dr. Boice may be able to tell you more about the problem with the variability in effects --

COLONEL TAYLOR: Uh-huh.

MR. BECK: -- because that's another issue which isn't really -- that's what comes into this development of these PC tables and the uncertainty in these PC part of that, so maybe you'd like to comment.

DR. BOICE: This is John Boice. Just in

general, there are variations in sensitivity. Clearly --

COLONEL TAYLOR: That's a good way to say it.

DR. BOICE: Yeah, variations in sensitivity. The obvious one is the difference between men and women. Women are at higher risk for radiation-induced disease than men, and this is mainly because of the organs of the female breast being especially sensitive.

Another factor that's very important is the age at which the person or the veteran is exposed, where younger people are slightly higher at risk of developing a radiogenic disease than older people at the time of exposure.

There are other factors that are related to radiation, but that's just an example --

COLONEL TAYLOR: You've basically --

DR. BOICE: -- of a few of them.

COLONEL TAYLOR: -- answered my question, sir. And what I was really doing, and there was a reason for that, is in dealing with veterans in a communication standpoint and they say we get a number and we get this as a result of that number, but that number didn't fit us, and you answered very likely. You yourself may have

had a different dosage or a different radiation or a different -- and the people that are making the judgments, as long as we know that this is a group of variables, that maybe the hard and fast rules -- there isn't a measuring stick we can say if you got so many rem, you're going to have this happen; you got so many rem, you're going to have this happen -- that that isn't necessarily a complete measure, that there are variations to it. Because I'm already beginning to get questions from that already from some of the veterans. Thank you. Go ahead.

ADMIRAL ZIMBLE: Okay. I think -- I think one of the tools we need to use for measuring -- and I know that Dr. Boice is going to concur -- is an epidemiological, probabilistic type of reasoning rather than -- rather than trying to calculate dose because of the wide variation. And as was pointed out yesterday, the greater the uncertainty, the more -- the more there is a benefit -- or -- or the more that there's a balance towards the -- in favor of the veteran.

COLONEL TAYLOR: And the presumptive benefits try to cover a lot of that.

ADMIRAL ZIMBLE: Correct. Okay -- yes, Dr. Reimann.

DR. REIMANN: Yeah, I had a question based actually on Colonel Taylor's question regarding different levels of sensitivity. It's my understanding -- and it might still be a sort of a primitive understanding at this point, but -- that individual sensitivities are not part of the dose reconstruction, or is not explicitly taken into account in some way with the uncertainties. I just want to be able to sort out in my own mind anything that's let's say idiosyncratic and related to an individual versus some basically standard formulation for determining dose and -- and then that dose in relation to a decision process of some kind. Is that something that is -- is -- can be commented on based on what -- the knowledge already at this table, or is that something that we'll have to penetrate in other ways?

MR. BECK: As far as the dose assessment is concerned, individual sensitivity is not taken into consideration. However, as far as the PC calculation that the VA uses, it was -- it is part of that. That's what is part of that

large uncertainty and why they use the 99th percentile of the 50 percent probability of causation. That's where this uncertainty comes in.

DR. REIMANN: I see. So in other words, at the -- at the VA decision process, fac-- such factors can be -- can be brought into -- into play in -- in accepting or denying.

MR. BECK: I might mention, based on my Academy experience and perhaps somebody else might like to comment, but the VA -- it's my understanding the medical people do not just -- they don't use the probability of causation in the same way as the atomic workers do in the sense that it's not required. For instance, if somebody does not meet the PC level, they can still award -- or you give them -- you know, award the claim as a -- they give a medical judgment and they use that as a tool, but it's not under the law that they have to accept it -- my understanding is they -- if they -- if the probability of causation is high enough, they always award the claim. But even sometimes when it isn't, they will award it.

DR. REIMANN: Right, and -- and do I understand

it correctly that that -- that decision process is downstream and that wouldn't back up into your dose reconstruction work?

MR. BECK: Our dose reconstruction is purely physics, primarily.

DR. REIMANN: Right.

MR. BECK: It doesn't involve the human sensitivity or that kind of stuff.

DR. REIMANN: Right. Yeah, I mean from the point of view of let's say a quality analysis or -- or whatever, that one would need to sort out those differences very, very clearly, that which is purely let's say calculational and the other which is more of a judgment -- a judgment call based on a broader set of -- of data and information.

ADMIRAL ZIMBLE: Dr. Reimann, could you speak a little bit closer to the mike?

DR. REIMANN: Oh, okay.

ADMIRAL ZIMBLE: They're not hearing some of it.

DR. REIMANN: Yeah.

ADMIRAL ZIMBLE: I'm sorry. Lean close to it.

DR. REIMANN: Yeah, I don't want to filibuster on that, I just wanted to be sure how that --

of how that falls, because it could determine a lot of subcommittee and subcom-- committee to committee follow-up and overlap that would need to be sorted out and well understood as a separate -- as a separate issue. And the scope of this task is -- Mr. Beck's task is purely in -- in the area of that dose reconstruction.

ADMIRAL ZIMBLE: Right.

DR. REIMANN: Yeah.

ADMIRAL ZIMBLE: Okay. Thank you very much. Mr. Pamperin?

MR. PAMPERIN: Right, thank you. I would say that normal--

ADMIRAL ZIMBLE: You're going to have to get closer to that microphone. You have to get really close -- you have to almost taste it.

MR. PAMPERIN: Okay. Normally the dose reconstruction is absolutely determinative in terms of what VHA gives us in terms of the probability of causation. There may be a rare case where we would go contrary to that, but that would usually occur if the veteran had another dose assessment from somebody else, and then we're into a weighing of evidence.

OF SUBCOMMITTEE 2

ADMIRAL ZIMBLE: All right. Thank you. Let's go on to subcommittee number two. The second subcommittee is going to be assessing the processes involved in making claims and -- and deliberating and decision-making at the Veterans Administration regarding these claims. And I have nominated General Blanck, who has a long history of -- of executive management of the medical system in the United States Army, as retiring after four years as Surgeon General and Commander of the Army Medical Command, he's very knowledgeable regarding processes involving medicine and medical claims, and I think that can contribute to the committee. So I -- I so move and ask for a second.

DR. BOICE: I second.

ADMIRAL ZIMBLE: Okay. All in favor?

(Affirmative responses)

Opposed?

(No responses)

Okay. So it is always good to nominate someone who's not here 'cause he doesn't have a chance to object. In any event, I will speak for General Blanck. He's asked me -- he's

deputized me to act in his stead and nominate the members of subcommittee number two. It will include me and of course we will include Mr. Pamperin, who can bring all the expertise of the VA to the table and -- and give us good deliberations. There will be one more member. That member will be the ethicist that will be appointed to the Board. That appointment is pending, so we -- we can't discuss that member, but -- but I ask that when the ethicist is so identified that -- that the -- that member be put on committee num-- subcommittee number two. So that's -- those are the slate for that subcommittee. Do I have a second?

MR. BECK: Second.

ADMIRAL ZIMBLE: Any objections? All in favor?

COLONEL TAYLOR: I'd like to comment.

ADMIRAL ZIMBLE: Uh-oh.

COLONEL TAYLOR: How come we get both surgeon generals on one committee?

ADMIRAL ZIMBLE: That's for balance.

COLONEL TAYLOR: Both three-stars on one committee.

ADMIRAL ZIMBLE: That's for balance.

COLONEL TAYLOR: That's your committee. Okay,

I just wanted -- just wanted to make a record.

ADMIRAL ZIMBLE: Okay, thank you.

DR. REIMANN: They might cancel each other out, you know.

COLONEL TAYLOR: Maybe.

ADMIRAL ZIMBLE: Well, the mission and scope of that subcommittee is -- is very obvious. We -- we have heard testimony and we will continue to hear testimony from veterans that -- you -- those who are -- and I suspect the vast majority of those who have gotten satisfactory treatment from the Veterans Administration will not be testifying. They're -- they're enjoying their lives and getting on with it. We will hear testimony from those who are having problems, and it's -- it's those individuals that we need to attend to 'cause we really don't want to have any failures in the system. So we'll be listening to the testimony from veterans, whether it's oral or whether it's written. We will offer many types of -- ways of contacting this Board to let us know of their frustrations and their disappointments. And -- and that's what we hope to examine in that subcommittee and come forward with

recommendations.

Any -- any comments? All right, I guess we'll move on to -- wait -- yes, I'm sorry. I've told you what to do and then I ignore it.

DR. BOICE: I was too slow.

ADMIRAL ZIMBLE: Okay.

DR. BOICE: But it was sort of a general question from my understanding about the non-presumptive diseases and compensation. And it had to do with what was discussed yesterday on percent disability. And I wanted to make sure that I understood this properly, that if a veteran makes a claim for a non-presumptive disease and it goes through the dose reconstruction and the probability of causation and comes up with a high percentage, over the 50 percent mark, so that a claim would be awarded. But then when you look at the individual and the disease has actually been cured and there is no essentially residual disability, does that mean that there is no compensation for that -- for that individual because there is no disability associated with the cancer that he developed?

MR. PAMPERIN: Generally yes. The -- they

would be service-connected at the zero percent level. The most common example of that would be basal cell carcinoma that -- it's usually taken care of at the -- coincident with the diagnosis. And unless there's some tender scarring or something like that, there would be no compensation paid.

DR. BOICE: I have a follow-up.

MR. PAMPERIN: Sure.

DR. BOICE: If in fact there was -- it was a presumptive disease, and so this -- it -- all you had to do was show that you were present at a atomic test or a -- Hiroshima/Nagasaki, and the individual was in fact cured of the cancer and there was no disability associated with it, is in fact there still a compensation for a presumptive disease?

MR. PAMPERIN: No. No, we -- we award disability compensation based upon residuals, not on the existence of the event or the -- so we would order an examination for that person and get an assessment of what his or her current residuals are, and we'd rate on that.

ADMIRAL ZIMBLE: But as I understand it, however, although there is no monetary

compensation for those cases which get a zero disability, they still have a category one determination, which gives them a good access to Veterans Administration health care.

MR. PAMPERIN: They have -- they have category six --

ADMIRAL ZIMBLE: Oh, I'm sorry.

MR. PAMPERIN: -- if there -- if there is zero percent for anything, they're category six.

ADMIRAL ZIMBLE: Okay.

MR. PAMPERIN: But you know, I think there is -- category six, what that will give you is free health care for your specific service-connected condition, and other than that, you have to pay co-pays for drugs and hospital care.

ADMIRAL ZIMBLE: But paying co-pays is still a benefit.

MR. PAMPERIN: It's -- right.

ADMIRAL ZIMBLE: A significant benefit, in some cases.

MR. PAMPERIN: Very significant.

ADMIRAL ZIMBLE: Right. Okay. Thank you. Any other comments or questions?

Well, let me just tell you that our agenda -- our schedule now calls for a break at 10:30,

and yet it's only 9:40, so I sus-- I think that we should probably just march on to look at subcommittee number three.

REVIEW AND BOARD APPROVAL OF SCOPE OF WORK AND MEMBERSHIP OF SUBCOMMITTEE 3

ADMIRAL ZIMBLE: Subcommittee number three is one which is -- is, I think, probably the most important -- well, no, I'm not going to say that. But it is an essential element of the deliberations of this Board, and that is to look at the system and assure that it is being effective, efficient, that -- that the word "rework" is eliminated from the vocabulary of the system, and that we can integrate properly the -- the Veterans Administration and the Defense Threat Reduction Agency appropriately. Quality assurance is the way that we can be most effective, so I have nominated a absolute expert in the field of quality management and communication, and that is Dr. Curt Reimann. So I move that Curt Reimann be considered for, as you -- as you look at his bio and see that his -- his involvement with the Board is -- it makes it a really obvious choice, but I don't think I need to argue that point. I nominate

Dr. Curt Reimann for chair of subcommittee number three. Do I have a second?

DR. SWENSON: Second.

ADMIRAL ZIMBLE: Okay, we have a second. All in favor?

(Affirmative responses)

Okay, good. And so -- so moved and seconded. Now, Dr. Reimann.

DR. REIMANN: Okay. Thanks very much. In terms of rounding out our team here, I would suggest --

ADMIRAL ZIMBLE: Dr. Reimann, you're going to have to --

DR. REIMANN: Okay. We -- are we losing again?

COLONEL TAYLOR: You almost have to eat it.

DR. REIMANN: First step, I have to basically rub it against the teeth?

ADMIRAL ZIMBLE: Yeah, you're going to have to treat your microphone as your significant other.

DR. REIMANN: Okay. The team that I would recommend from this, from studying over the backgrounds of people, would be Dr. Swenson first. We've had a very good opportunity to chat mutual interests this morning. I'm very

pleased that she's here because the other two members that I would recommend it turns out weren't able to make this. But based on the conversation this morning, I would say that Dr. Swenson would be a very good addition to this with a background -- including the military background and some of the experiences in dealing with -- with issues involving veterans' groups and so on.

In addition I would recommend Dr. John Lathrop, who's involved heavily in decision sciences and complex interactive systems. And I think from what we've heard the last couple of days in terms of the presentations and in terms of the views of the veterans of the complex decision processes and the way they are distributed across agencies and offices within agencies makes Dr. Lathrop's experience I think an extremely valuable adjunct to this -- to this group.

And finally, David McCurdy, I would recommend Dr. McCurdy, who's probably in the sense of the quality that's relevant to operating systems in -- in radiation, would be the most experienced person on this entire Board, including myself.

My background is much more of a generalist and my science background is in chemistry, and so it's a -- it's an adjunct field, but it's certainly not the same thing.

So that would be the team I would recommend.

And how do we see the --

ADMIRAL ZIMBLE: Before we go on --

DR. REIMANN: Oh, excuse me, right.

ADMIRAL ZIMBLE: -- you've moved for the team. Do we have a second?

DR. BOICE: Second.

ADMIRAL ZIMBLE: Okay. All in favor?

(Affirmative responses)

That's easy. You've got two members who aren't even here to vote. Okay, very good. So -- so moved.

DR. REIMANN: Okay. Turning now to the -- to the task of -- of how we see the -- might see the -- the work of the subcommittee, the main elements of the subcommittee, and first the obvious one, dealing with the quality assurance of all of the process related to the interactions between the VA and NTPR, communications with veterans and communication with military services and so on, and that's a

pretty sprawling task.
And I would echo the comments of Mr. Beck earlier, that -- that this would be a good opportunity for us to mirror the kinds of -- of approach to integration that we would hope would emerge from our work with the VA and -- and DTRA, that that integration be a natural part of the work of this -- of this group, of this Board. And so I would again, commenting on Mr. Beck, that -- that to the extent that the context of the interactions can be kept consistent, then the work of the other subcommittees will always relate to the same context so that, for example, if the people interested in quality are interested in mapping out the process, then the questions related to the process ought to be relat-- ought to be closely connected with what the dose reconstruction people are asking so that we know that the real process that we need to document is exactly the one that they see in connection with a competent dose reconstruction.
And if there are many, many back-and-forths, and many side decision processes from the point

of view of understanding the process, we would know how -- we would need to know how those flows actually take place because some of the issues that we have here are not only whether the dose reconstruction is competent, but why does it take so long. And often why it takes so long is that there is either lag, something is waiting to be done, or some piece of information is missing and that there are multiple flow-backs and maybe multiple waits. So if we are interested as -- as Admiral Zimble emphasizes that we're also interested in cost benefit aspects and -- and competent process from the point of view of efficiency, then we need to understand how things actually work. And very often mapped processes are bare bones and they don't really capture at all what really happens, where things really sit and why they really sit there. So I would emphasize that we need to have some kind of anticipated integration and frequent informal communications to make sure that if there are opportunities to piggy-back steps involving interactions with DTRA or VA, that we also respect their time, that they are an important

customer of our Board, as well, and that if we -- if they have a parade of -- of subcommittees asking almost identical questions but with a different -- different spin or different need, that could be somewhat disruptive, but actu-- I think actually it could also lead to some technical differences in what's going on. So I see that as extremely important and so I say coordinating the tasks but -- but purely one of making sure that the overlaps are -- are understood and the opportunities are understood of how another subcommittee can get the critical information it needs within a context so that the -- our work can be as efficient as possible and that we don't go hammering the agencies one after the other with -- with similar requests and -- that might actually not help them and not help ourselves.

And I would say that we need to provide -- ultimately provide recommendations on system-wide improvements and I think we need to have at least some concept of -- of a design. An intelligent design, is that a fair phrase these days? An intelligent design on how all of this -- the parts fit together, because I think that

we're all old enough to know that if you're trying to define a system to get something done in a hurry, you would not separ-- you would not separate the responsibilities across multiple organizations. And I mean that also from the point of view of private sector and other -- and universities and other organizations, that it's a formula for great difficulty and I think we ought to appreciate that those decisions were policy decisions and what we're trying to do is make something work well within a policy framework, and certain of these policy frameworks were determined for us. And if we simply beef about the fact that we wouldn't have designed it that way but we couldn't change it, then a recommendation would fall flat and -- and we would not help anyone in that process. So we need to know what the policy anchors are. If some recommendations could possibly change that policy, we're fine. That ought to be considered, as well.

And then obviously we need to prepare a summary of findings.

In thinking about quality in connection of some things I've seen before, quality management, as

I see it, deals with design and execution and coordination of an entire system, as distinguished from quality control, which is a much more small picture, day to day action. As I see it, in listening to the veterans and listening to your comments around the table, I've -- I've heard many different dimensions of quality, all of which are important and all of which have to work.

One is the technical quality. If the dose reconstructions are technically incompetent, then we've failed regardless. And so technical quality is a -- is a very, very key consideration.

But we also heard all sorts of examples of -- of frustrations in the way people have been treated. They can get the -- an answer they like, but if it's -- if it's not addressed in a way that -- that people consider consistent with the roles and the contributions that they've made to -- you know, to our mutual benefit and security, that's a serious problem and we -- we have to -- we have to anticipate that. And that's very different from technical -- from -- from technical competence.

There's process quality, can you rely on the day-to-day actions that are mapped out, does the mapping -- is the mapping a process that is appropriate to the need and appropriate to all the customers' needs, including the customers who pay all the bills? If it's inefficient, if we throw money at it is that a -- is that an answer that we could accept? And it's obviously not, and that's operational efficiency, which is another aspect of -- of quality.

So we have service quality and relationships that we need to anticipate. And Dr. Swenson and I were talking about certain aspects of that service quality and relationships this morning, and she had a number of good ideas, so I'm very anxious to work with her on that as a follow-up.

But we have technical quality, the process quality, the service and relationship quality, and the operational efficiency. Those are all very different dimensions, and any of those could be made to work by themselves and we would not end up with a very good product. It's a -- they all have to work much better

than they're working right now in order to have a product that I think we're all proud of and that the veterans would be -- would be proud of, and that the taxpayers would say that we're paying attention to -- to their needs.

So I think in seeing this -- and I'll try to articulate this better as we go along on these different dimensions of -- of quality because people get seriously off-track with overemphasis on some aspect of quality that is achievable by itself, but doesn't answer the real system. We have a lot of stakeholders, and the quality meaning that we ultimate impose on what we're doing has to speak to all of those requirements.

And one -- and one final note, I think -- and this also came out nicely from the conversation I had with Dr. Swenson this morning regarding other groups that have had some similar experiences, and Dr. Ziemer's remarks yesterday, would indicate that part of our quality understanding here would be to extract knowledge and information from groups that have had maybe similar tasks from ours and how did they address those and what kind of lessons

learned, good and bad, might apply to the work of -- of this Board.

So that's basically the way I see it, and it's critical, I think, in -- so I would say it's not necessarily the most important committee, but it's critical in the sense of helping to wire things up and -- in a way that I think would -- would treat the agencies with respect, too, so that this is not just seen as, you know, whipping into shape, you know, the people who do the work. They have an extremely difficult task to do, and the policy framework that they operate within is not one that they invented, so they're trying to do a good job within that. So we have to represent the veterans and we also have to represent the -- the agencies involved and represent the public, and that's multi-dimensional in terms of quality. And one little map of all the steps in -- you know, in getting that certified isn't going to do it. I mean that's simply not technically competent. Even though it's a necessary step, it isn't technically competent to solve all of the multiple quality problems that we -- that we're faced with in this

overall task.

So anyway, I look forward to working with the other committees and they will probably get familiar with all of -- with all of the jargon of our field as well in this process and we'll try to minimize any, you know, hokey new language or something because we're talking about, you know, very substantive, technical issues here. And when -- when I get to that point I'll try to keep my scientist hat on because I -- that's most of -- you know, most of my career. Thanks very much.

ADMIRAL ZIMBLE: Well, thank you, Dr. Reimann. I think you assure this committee that you know of what you speak, and you've pointed out all the various aspects that are -- that are essential to assuring that quality. It's going to -- being able to -- to fully utilize these elements and demonstrate that we've done due diligence to this work I think gives this committee the credibility that's going to be required in order for us to be successful in making recommendations to those who are going to make the ultimate decisions in policy-making. We have to -- we have to engender the

trust of those agencies. We have to engender the trust of -- of -- of the -- our -- our board of -- our board of governors on the Hill to -- to have those recommendations have the degree of credence that's going to be necessary.

So I thank you very much for that -- yes, Colonel Taylor.

COLONEL TAYLOR: I wanted to thank you for a couple of remarks you made and they're very comforting to people like me.

I'm a trained veteran service officer. I deal with veterans themselves. I've dealt with the VA a few times. The combination of making this thing appealing and understandable and manageable and workable by all of those agencies, the public, the veterans, the people that have to process it, the people that have to make the determination, the VA and the various people, the fact that those people have some ground rule and some understanding -- and I don't want to over-complicate it, but you've got the concept and I wanted to congratulate you because looking at that, it's very easy to deal with those people knowing that there's

people on this Board that will take a look at the thing across the board like that, considering those agencies, makes a tremendous difference. I get all kind of feedback from those veterans, from the veteran service officers and people like that, and it's beautiful if you get it working right. Thank you.

ADMIRAL ZIMBLE: Okay. Any further comments? Yes, Dr. -- Dr. Boice.

DR. BOICE: Yes, I'd like to follow up on the thoughts of communication and integration, and I'm wondering if it might be a good idea at some time during our committee meetings to ask the Chairman of the Green Book or one of the representatives to actually come and make a presentation to us on some of the highlights. I recognize I think that Dr. (sic) Beck is the only one who has that prior experience on serving on that committee, and I'm wondering if it also might be useful to have that -- those four and five years of knowledge be presented to us in addition to having it just codified in the literature.

ADMIRAL ZIMBLE: I think that's an excellent

suggestion. I would point out that there is one other individual who is on the staff of this committee, our program administrator, who's got a great deal of experience with that Green Book, so Dr. Isaf Al-Nabulsi, who was the director of the study, will have that information. But I will ask -- I will ask her to see what can be arranged for a presentation of the findings of the Green Book to get it on the record to have that at our next full Board meeting. I think that's an excellent idea and I appreciate that.

Okay. Wait, hold on a second. Okay. We are way ahead of schedule and I think that perhaps this might be a good opportunity before we go on -- as soon as I recognize -- I think I'm going to go back to hand-raising. I don't -- this is --

COLONEL TAYLOR: He waited until you were --

ADMIRAL ZIMBLE: Oh, did he?

COLONEL TAYLOR: -- before he turned it up. I watched him.

ADMIRAL ZIMBLE: Okay. Dr. Zeman.

DR. ZEMAN: It's all right to (unintelligible) --

ADMIRAL ZIMBLE: (Unintelligible) surreptitious --

DR. ZEMAN: -- (unintelligible) addition.

ADMIRAL ZIMBLE: Okay.

DR. ZEMAN: I'd like to ask a question for Dr. Reimann. We learned yesterday that DTRA has already obtained the ISO-9001 accreditation for its dosimetry reconstruction process. That seems to me to be an excellent building block as -- as part of the overall system and quality approach. To me it says that the process that's being used there in the dose reconstruction is a reliable, documented process that we can utilize in examining and in auditing dose reconstruction. And I'd just like to get your comment or your impression of how we should view that 9001 accreditation and -- and work with -- with it in the -- in the future.

DR. REIMANN: Yeah, I would -- I would comment on that sort of building on -- on the comment yesterday. That is, it's largely foundational and that in effect a lot of the work of this Board is to determine how far beyond foundational it is because in my own experience

with ISO-9000, and I certainly wouldn't -- I'm not an auditor and I haven't done that kind of work, but I'm -- I've had extensive experience with people who do that kind of work and who actually have been on the standards writing committees and so on for a couple of decades. But the -- the steps to move it beyond purely foundational to be a real tool in solving the problems that we've seen before us the last couple of days, that's -- a lot of the work that we're going to do is to answer that question that you just asked, help DTRA walk through that to see where -- where they stand and what additional work needs to be done. For example, I would say that it would be -- its two soft points would be in the area of the technical quality, because you can document a wrong process or an incorrect technical procedure and the auditors wouldn't have the experience to -- to penetrate that and to give feedback to the agency saying no, you're doing this dose reconstruction incorrectly. In other words, I would never in the world pick an ISO auditor over Harold Beck. No -- no way. In other words, even if he's not familiar with the

way people draw boxes and arrows and the way they relate, I would say that I would turn to him to see if something is technically competent. And then I would turn to a process person to describe and to -- and to draw the diagram that actually captures what he says the technical excellence amounts to. So that's -- that's a very, very important distinction.

The other thing, it tends to be weak on relationship quality. Well, those are the two biggest issues we face. One is the technical difficulty and, two, the relationships. And ISO doesn't answer either one of those things for us. But without that ISO foundation, I don't think we would be able to build on the -- on the work nearly as -- as credibly and nearly as quickly. So I would applaud the work done by DTRA and also the frankness that Dr. Blake exhibited yesterday in saying that here's -- here are the areas -- here's what we've done, here's where we stand and here are some things that we haven't solved yet and here's where we need to go forward.

So I'd say it's an extremely powerful foundation. But unless we have the instinct to

know that it has a couple of really serious soft points -- one, on relationships; and two, on technical merit -- those are -- those are biggies for us and I think we need to recognize that going in.

ADMIRAL ZIMBLE: Okay. Thank you very much. Let -- let us take a 15-minute break. It is now five minutes after 10:00, so be back at 20 minutes after 10:00.

(Whereupon, a recess was taken from 10:05 a.m. to 10:28 a.m.)

ADMIRAL ZIMBLE: Okay, ladies and gentlemen, we need to resume. Even though we are way ahead of schedule, if you'll look at the projection there, we have to hurry up and get this one done before our 10:30 break.

Dr. Vaughan, are you with us?

UNIDENTIFIED: She hasn't gotten here.

ADMIRAL ZIMBLE: She's not there yet? Okay.

MR. FAIRCLOTH: We should probably wait just one second to make sure we have her on.

(Pause)

ADMIRAL ZIMBLE: Okay --

DR. VAUGHAN: Yes, hello.

ADMIRAL ZIMBLE: Okay, welcome back.

DR. VAUGHAN: Thank you, we had technical difficulties.

ADMIRAL ZIMBLE: That's okay, we can -- we can accommodate those.

DR. VAUGHAN: Okay.

REVIEW AND BOARD APPROVAL OF SCOPE OF WORK AND MEMBERSHIP OF SUBCOMMITTEE 4

ADMIRAL ZIMBLE: All right. We're now ready to consider the last subcommittee, subcommittee number four, which deals with communications. And I have nominated Mr. Ken Groves to chair that committee, and I move that he be accepted and I ask for a second.

DR. SWENSON: Second.

ADMIRAL ZIMBLE: Okay. All in favor?

(Affirmative responses)

Okay, without objection, you have been appointed, Ken, to be the chairman of the subcommittee on communications and integration.

MR. GROVES: Well, thank you very much, Admiral, and the rest of the Board. I certainly believe that this subcommittee is at least as important, if not the most important, and I say that because I believe that our subcommittee has the potential to deal more

closely with the veterans themselves than some of the other subcommittees, and I think that I will certainly look -- look forward to that as an honor, and certainly in doing that will need the input and look forward to the input of the other committees and their Chairs.

Let me first give you the names of the other members of the Advisory Board that I would like to have on my committee, and I will start with John Boice to my right, who I think will bring a tremendous amount of expertise on the technical side and be able to work with us and help us in communicating issues related to the dose reconstruction process and the probability of causation tables and those things which are highly technical, and I think are clearly one of the things we need to find a way to communicate better to the -- to the veterans' community.

I'm also very pleased to have Dr. Vaughan -- ask Dr. Vaughan to sit on our committee. She certainly has a history of expertise in dealing with the public and -- and lay groups on communicating technical information. And I think, again, that's going to be one of the

things that our committee will want to look for ways of improving those types of communication. And certainly last but not least is Colonel Taylor, who I very much look forward to serving with on this committee, for any number of reasons. First and foremost is his association with the many -- many of the veterans' associations that we will want to deal with, and in particular his service with the National Atomic Veterans. And also as -- as on the committee where two Surgeon Generals serve together, I'm looking forward to having an Army guy work with this Navy guy on the committee, so thank you very much, Ed.

I also would like to borrow one of the members of one of the other committees, because I think that John Lathrop also has some skills that might be very useful to our committee. So with Dr. Reimann's permission, if from time to time we could borrow the services of -- of John, I would very much appreciate that.

So I guess I would like to ask for the committee to accept those members as the members of the committee, and then I'd like to talk after that about what I think we're going

to do.

ADMIRAL ZIMBLE: Okay, do we have a second?

MR. VOILLEQUÉ: Second.

ADMIRAL ZIMBLE: Okay, all in favor?

(Affirmative responses)

Opposed?

(No responses)

All right. We now have four subcommittees and four chairs and membership has been ascertained for all of them.

MR. GROVES: Great. Now let me tell you what I think our -- our committee's going to do, and there are some -- there are some formal charges to our committee as a part of the Public Law under which the Veterans Advisory committee was formed, and just let me read those.

(Reading) Review the current mechanisms for communicating with veterans to establish exposure scenarios and to inform them of decisions on claims of adverse health effects related to exposure to radiation from atomic weapons during their military service.

And I think that there's a number of components to that which clearly, after hearing testimony yesterday evening from the veterans themselves

and their -- and their spouses and their former spouses, and from the comments that I received and many comments that other -- those members of the committee that were able to attend the National Atomic Veterans meeting on Tuesday and Wednesday heard, certainly indicate that there is fertile ground for us doing exactly what we're asked to do here, find better ways to communicate what are some very complicated issues.

The next charge is that the subcommittee will develop a set of recommendations on more efficient and effective communication procedures between veterans, the VA and the NTPR. And I think that -- that clearly that will cause us to work very closely with Dr. Reimann's subcommittee, which is looking at the integration and seamless type of activities that we hope to foster between the Veterans Administration and the NTPR, and I think that we will work very closely with him as well as the other two subcommittees on getting that information effectively to the veterans.

I have some other observations concerning some of the communications, and these are activities

that I think, based on what I've heard and seen the last couple of days -- both at the atomic veterans' meeting and our meeting yesterday -- that I think are -- are activities that our committee can work very effectively at. And I would say first and foremost that there were a number of issues identified last night in the public testimony that certainly indicated that there was a need for better communication. And I think that first and foremost among the things that we will try to do is -- is work with -- with you, Admiral Zimble, as the Chair, to try to resolve some of these issues as soon as we can. And I think that some of them are resolvable sooner rather than later, and I think that will work very well for the committee.

I think that there are not only what I would call typical communication issues in improving the passing of information and being sure that it's understood, but a more difficult and equally important task of finding more effective ways to communicate the complex issues that seem to be associated with not only the law, but terminology that a lot of veterans

are not familiar with and the methodologies associated with the probability of causation and some of those other issues. And I look very much to the skills of Dr. Boice to help us particularly with that effort.

I think that our subcommittee will want to work very closely with the other subcommittee, and the Board as a whole, to ensure that the activities of the Board are communicated in a timely manner to the veterans' community, and would use the assets that we have -- that have been made available to us through the Veterans Administration, the Defense Threat Reduction Agency and especially their public affairs office. And then even more especially, the National Counsel on Radiation Protection in the form of the staff and the program folks that will be working with us to institute a way of passing information effectively and efficiently in -- on to the veterans' community.

I see the communications subcommittee as an integrating organization, if you would, among the committees. And again would look very much forward to working with the -- the other Chairs and helping them communicate -- again, in a

timely and effective way -- to the veterans' community, the activities of their subcommittees. And that's not to usurp their authority in any means, but to coordinate that in such a way for the -- for the Advisory Board such that we have a consistent message that we -- that we provide.

I see one of the first functions that we should try to do -- and I believe it's a function that I think we can do soon -- and that is, if you'll let me use the term "getting the word out" on both the Public Law and the programs that exist at VA and DTRA for compensation, and the information about the formation of the Veterans Advisory Board on Dose Reconstruction. I think that clearly there are a large number of potential beneficiaries who are either unaware of the pro-- that the program even exists, or do not understand it in such a way to be comfortable in finding out more information. And I certainly think that that should be one of our first efforts, and I also think we marry that with the existence of the Advisory Board and our charge to work with the veterans' communities and improving those

processes. And so I think that that's something we can do early on, and I think it will certainly increase the visibility of both the program and our committee, and hopefully we can fill up these chairs at our next meetings.

ADMIRAL ZIMBLE: Right.

MR. GROVES: We have a number of -- of veterans -- when you talk about the potential 400,000-plus people who have participated in atomic testing or were present in Hiroshima and Nagasaki, either in the occupation forces or in the prisoner of war camps, most of which are either in or entering the cancer-prone years of their life, and I think that there's probably a very large number of those who have presumptive cancers who could in very short order be compensated if in fact their -- their service was verified.

I think it's critical to -- for the Board to discuss how effectively we can do this, and I, again, believe that it's something that we can do in a very timely way.

So in closing I think that our committee will look forward to working with the Chair and the other subcommittees to find ways to, as I said,

get the word out to the community, address how to better communicate some of these very technical issues to those folks, and as we put together the -- the quartet of former veterans here on the committee, I'm going to ask Ed to make sure that he knows the words to "The Caissons Go Rolling Along," which I'm sure he does. I'll be happy to sing "Anchors Aweigh," and I'm going to ask the Admiral, because I know he served with the Marine Corps, to join us at the "Halls of Montezuma." And I guess, Kristin, you're going to have to help us with "The Wild Blue Yonder." I guess I would ask John, does the commissioned corps of the Public Health Service have a song?

DR. BOICE: Oh, my, we have several.

MR. GROVES: Well, good. Any that you can sing in public?

Anyway, thank you again. I believe it's certainly an honor to serve not only on the Board, but -- but a real honor to be in the position as the Chair of the communications subcommittee to deal effectively and directly with the veteran community.

ADMIRAL ZIMBLE: Okay. Thank you very much for

that. Any comments? I would -- I would say that this -- and members of the Board were selected on the basis of their experience and knowledge that deals with the subject matter. None of them were selected on the basis of their vocal talents, and for that reason I think we ought to demur.

DR. VAUGHAN: I do have a couple of comments.

ADMIRAL ZIMBLE: Okay. Yeah, we didn't ask you to sing.

DR. VAUGHAN: It's a good thing for all of you.

ADMIRAL ZIMBLE: All right. Dr. -- Dr. Vaughan.

DR. VAUGHAN: Yes. Thank you. I had a couple of concerns about the scope as it's written now, and it may be my misunderstanding. But after reviewing and listening to the veterans yesterday, and I've reviewed some of the materials on the web site for a couple of the associations for atomic veterans, the function number one, if I could direct your attention to that, seems to imply that there are two areas that we will be focusing on, to look at communication issues regarding establishing exposure scenarios, and informing veterans of

decisions. However, if you listen to the basis of the conflict, there is a potential for much broader input of the veteran that would be useful. And so I would hope that we don't interpret our scope in a narrow sense.

For example, in the Public Law it states explicitly that this may be an opportunity for veterans to review assumptions used in dose reconstruction, and that goes beyond just establishing I think exposure scenarios and informing them of decisions on claims of adverse health effects. So there really is a potential to have much broader communication issues addressed, and I think we need to do this if we are going to restore or build trust. And it's a much harder task because some of these issues have to do with quality of information and the validity of the scientific approaches to establishing whether a case is, in quotes, a signal or not.

But beyond that, there are value issues that the veterans are raising about the threshold, the decision criteria that we use to say whether or not a case should be considered appropriate for compensation. And that has to

deal with as a society, as agencies, what are the costs of the false positives versus the false negatives, so we need to talk about the values. And a lot of the veterans' complaints seem to be focused here. Given the uncertainty inherent in probabilistic models of risk and causality, we're going to get some cases that are falsely identified as appropriate for compensation, and other cases we miss. And a lot of what I heard the veterans saying has to do with are we willing to miss some cases of false negative, miss some cases that should be compensated, and that's a value judgment. And so I hope that our charge is a little bit broader than what's written here because we need to talk about not just this one-way communication to veterans about technical and scientific aspects of their cases, but way beyond that, the value that we're using. I -- I did hear the value about the benefit of the doubt going to the veterans and that's -- that's a value judgment and it's very important to be proactive in communicating that I think to veterans. So I don't mean to go on about this, but I hope that our charge is a little

bit broader than what I read here formally.

ADMIRAL ZIMBLE: Right. Thank you very much for that, Dr. Vaughan. It -- it makes it very obvious that we have someone that understands risk communications very well, and by all means we appreciate that input.

I would ask, if you don't mind, to be able to put those thoughts into an amendment to the -- to what we have already published for this subcommittee and forward that to us so that we can make sure that that is included in the -- in the overall transcript.

Mr. Groves, you have -- you have any comments regarding Dr. Vaughn's --

MR. GROVES: I would certainly agree with Dr. Vaughan, and I think the -- the issues she raises are issues that we would -- would certainly not only address in the subcommittee, but would certainly address as a -- as a -- as the Veterans Advisory Board, and I would look very much forward to the -- the ethicist who ultimately comes on the Board to work with us on -- on those issues. And I think they're very critical to the -- to the trust issues which we I believe are charged with working

very hard to improve.

ADMIRAL ZIMBLE: Right. I think -- and I would also submit that frustrations usually arise when you don't feel that you've been heard.

DR. VAUGHAN: Yes.

ADMIRAL ZIMBLE: So it is -- it's absolutely essential that we -- that the veterans feel that they can be heard and that they're -- which is the purpose for this Board. And in view of these communications, I notice -- and a few individuals have participated so far in the public hearing. We had eight people testify yesterday who came from the -- NAAV. I don't know how many people are going to testify today, but my assumption is that not too many. I think it's very important that we get the word out and I would appreciate some input from the Board at this meeting as to suggestions for how do we get the word to -- to the veterans and the various veterans' organizations that we indeed want on this subject -- on the subject of compensation for atomic veterans under the Public Law, that we have -- that we want very much to hear from them. We cannot do our job unless we have a good sense of how the atomic

veterans feel about their -- the service that's provided to them.

Dr. Blake.

DR. BLAKE: Admiral Zimble, we may be able to help a little bit from the Defense Threat Reduction Agency. We're the group that has the database of the listing of the 400,000-plus atomic veterans. Unfortunately some of them are no longer with us --

ADMIRAL ZIMBLE: Right.

DR. BLAKE: -- but that is a good starting point. In the past we have done mass mailings out to all the veterans. Although we've only been in direct contact with 65,000 of them over the years, we still have at least those addresses and other places -- we can provide that information, perhaps work with some of the other organizations in trying to contact them. I'll look forward to thoughts from other members of the Board, but I certainly will assist from the Defense Threat Reduction Agency in providing those names and addresses, et cetera -- and phone numbers that we have.

ADMIRAL ZIMBLE: Okay. I think that would be a good investment of the effort. Colonel Taylor.

COLONEL TAYLOR: Can I respond to what you were talking about, Paul, as we go into the other thing? I couldn't agree with you more than we -- one of the challenges that Ken and I were discussing is how will we establish some facility or some way to communicate with 100,000, 200,000 veterans, many of which are in their 70's and done understand e-mail or web sites or any of those things, but they do need to communicate.

One or two areas that we can immediately address through the -- if you think about -- is the normal veterans' organizations and magazines. I belong to about 18 or 20 and I brought about 12 or 14 stacks of magazines, and there's a -- there's a -- we can put in an article -- it doesn't have to be the same. It can be different. I've asked for pictures to support it so it attracts attention and so forth.

The other one is that there are a couple of organizations in themselves, in the veterans' service officers, are a group. The veterans' service officers range a tremendous range. As Kristin was telling me, she has two relatives,

both of whom were POWs, and they do have a good veterans' service officer system. It's a good analogy to how we use this.

I know that the Elks, American Legion, counties and the rest of them have veterans' service officers that deal with these people in what we're working on, and those can be asked to make sure they're on our IRR, make sure we have ways to communicate with them, make sure they have ways to answer it, because to develop that two-way communication is absolutely important to us.

And the other thing to go with that is we've got to establish confidence in the mind of the veterans as to who we are and what we're doing and we are helping them. I've already had two or three come to me and say are you just another board that's appointed to take care of us and nothing happens? I says I hope not. But those kind of very direct questions will come to you, and I don't want to be the only guy that's communicating with veterans in here at all 'cause I think all of you are going to get a real insight as you were beginning to get last night -- just beginning to scratch the

surface of it. Thank you, sir.

ADMIRAL ZIMBLE: Right. I think that that immediate charge to the public affairs people would be to help us prepare appropriate literature that can be given to all of the organizations' publications, the MOAA, et cet-- and all the veterans' organizations so that the word is out that this Board exists and this Board will be meeting and listening to -- listening to the veterans.

I think that we want to have our next meeting sometime in -- in Texas in January. We need to have another meeting next quarter and it most likely will be in California. One of the things we must do before we adjourn today is to establish the date and the -- and the sites for the next two quarterly meeting of the VBDR. And so I would ask that -- that we discuss that and get that -- get that settled. We can do that -- I would submit we're -- we're going to think about it and do that right after lunch. Dr. Reimann.

DR. REIMANN: Yeah, I agree very much with Dr. Vaughan's comments and Ken Groves' follow-up on that. I would encourage them to -- let's say

at the risk of adopting or thinking about some jargon associated with this, but to think of the various dimensions of communications and what listening really means. At times people are gratified that you've heard them out. But in the end, they interpret hearing them out in terms of the answer you get and not -- you know, it's -- your bedside manner is important, but in the end if all you're doing is finding a nicer way to say no, you -- you've got much of the problem remaining. And so if you think of the dimensions, some of them are satisfiers and some of them are ones that -- that turn belief one way or another, and I'd say that the distinction between belief -- politeness and the ultimate answer that -- that they get needs to be very much on the -- on the mind of the people who are -- who are studying the communications and better communications. So there are going to be multiple reasons for the communications, but also I think a pretty sophisticated understanding of how you get by the -- the problem that we heard from -- well, expressed by all the veterans that if the answer is always no or the answer is no in 95-

plus percent of the time, you're really not hearing us and you're really -- and the issue -- as I see it, the root cause of the problem here is a totally different conceptualization of benefit of the doubt.

The benefit of the doubt, in the hands of the statisticians, is a very different -- they -- their job is to interpret the law that Congress created, and their only recourse is to use statistical approaches to that. And those statistical approaches, as I understand them -- and I'm not an expert in that ar-- seem to me to be -- to be quite generous. But in common parlance, the idea of benefit of the doubt is -- is a very different thing. I was there, I -- I suffered, I contributed and I came down with a condition; wouldn't benefit of the doubt mean that -- that you decide this in my favor. We need to -- we need to work through that and we need to not kid ourselves that a little bit of beds-- improved bedside manner will -- will rectify that problem. So I see that as one of the most basic issues, and -- and in the quality literature, that -- the concept there is actually understanding the dimensions of

someone else's frustration, that some of the stuff that we heard is merely annoying in the end. If -- if it takes a little longer or if you have to call two or three times or people -- you know, the second time you contacted them, didn't have any of your paperwork from the first time or something like that, those things are not necessarily going to get otherwise gentle and -- people exercised. It's important and we need to fix them, but we also need to know that -- that that's going to be two or three or five percent of the issue. It needs to be done better, but if done better it's not going to solve the problem so how do we really get at these larger issues and work through the communities and the networks to make sure that people have a much better understanding of that because that's, in the end, the best we can do. If we can't change the nature of the benefit of the doubt, then the best we can do is -- is essentially figure out better ways of -- of explaining why no was the right answer for the larger -- United States, and even if it -- even if it's hurtful to the individual veteran. So I think that in terms of this problem and

communicating across subcommittee lines, if we think in terms of the critical dimensions and to understand when we're dealing with one dimension and when we're dealing with another dimension, we're likely to cut down on the miscommunications that we ourselves have, in essence. So this one is a show-stopper, that I'm reading between the lines that -- that you're not hearing me means you're using a different concept of benefit of the doubt than we think is the right one for what we've been through in serving our country.

And I guess I have to -- in not having served myself, I have to say that I can deeply, you know, relate to that.

ADMIRAL ZIMBLE: Okay, thank you very much. Mr. Pamperin.

MR. PAMPERIN: I'd just like to say that I'm all for public outreach and -- and I think we do need to communicate with atomic veterans more --

ADMIRAL ZIMBLE: Tom, you're going to have to get a little bit closer.

MR. PAMPERIN: We need to communicate more, particularly with presumptive cases. I would

merely ask that when we do do outreach that we are careful of two things. One is not to set up expectations that are unrealistic, and also that we don't create a situation where we inundate DTRA with -- they're already struggling with 2,000 cases, and if -- if we're successful in generating 5,000 more, it -- you know, not only will the answer probably be the right answer, but the time to get to the wrong answer is -- would be very, very frustrating to these people.

ADMIRAL ZIMBLE: Very, very good point. Okay, Colonel Taylor.

COLONEL TAYLOR: You know, when you consider what you're saying here and it -- I get all kind of feedback from these people, and I was surprised to -- I'm sure the Admiral heard a man say I'm 87 years old, what can you do for me -- almost in those words. When we're saying it'll take a little time, his immediate response is I'm 87. Now, how do you handle that? And one of the interesting parts of it I've found is they may not get the answer they ask for, but the simple fact that they were answered is important, and it is very important

in this system. We had several of them I think last night said we put in this (unintelligible) communicate, never heard from them again. And if nothing else, say yeah, I got your message; we're working on it.

And another thing, that -- that kind of a system is very sensitive to me, and I'm sure it is to a lot of people, and we've got to find a system that can do that and yet doesn't overwhelm our existing systems while we do what we have to do, and that's come out with the simplest, best, most uniform system that we can, taking an awful lot of variables into -- into context.

My last thing is I got to ask the -- the one committee that's got the two Surgeon Generals on it how they missed the Assistant Surgeon General of the Air Force -- not scarfing her up onto that committee, too?

ADMIRAL ZIMBLE: That's the Surgeon General of the Army Air Corps you're talking about.

COLONEL TAYLOR: A day early. Okay.

ADMIRAL ZIMBLE: Okay. Dr. Swenson.

DR. SWENSON: Just one comment on Tom's comment. This group is not getting any

younger, and to hold back on trying to contact these individuals I think so that we don't flood the gates is not necessarily the right thing to do. Although you're right, it would overwhelm the system. But somehow, even if the system were overwhelmed, the contact with these veterans, as Ed mentioned, is probably the most important. Yes, we've -- you know, because of our outreach, we have so many responses. You know, we'll get to you as soon as we can. But like he said, they're not getting any younger. They're at the age where they're getting cancer --

COLONEL TAYLOR: It wouldn't hurt to let Congress know they triggered that, either.

ADMIRAL ZIMBLE: Okay. Thank you. Mr. Groves.

MR. GROVES: I want to echo Kristin's thought on that, and I think that one of the things we heard yesterday from Paul and we've heard from Tom, as well, is that the systems don't have the inherent surge capability that -- I think that Dr. Reimann had brought up yesterday as one of the -- as one of the issues when he was discussing the ISO-9001 implications of this. And so I think that while we have lots to do

and we want to talk to more people and hopefully get them into the system, that in anticipation that we will be effective in our communicating this to a larger constituency, that -- that we do have to ask the VA and DTRA to -- to plan on the fact that if we are effective, and we hope to be, that there will be some surge in the system and we need to be prepared to handle that.

ADMIRAL ZIMBLE: Okay. Thank you. Dr. Reimann?

DR. REIMANN: Yeah, in connection with the set of comments that have been made as a response to I think Tom's note, I'm going to put a construction on Tom's comment that biases me in favor of agreeing with a very important aspect of what he said, but is not inconsistent with the other -- so you know you're dealing with a politician here. Okay?

ADMIRAL ZIMBLE: Okay.

DR. REIMANN: And that is that the literature of service quality, which is high-grade research and not hokey -- you know, the customer means everything and sort of, you know, exhortation to -- to do well. The

literature of service quality deals with the issue of gaps between expectations and actual delivery. And I think the real danger of looking forward to being a better-communicating group is to raise the expectations and raise them way beyond anything that can possibly be done, plus jamming the system. So at the very moment you've raised expectation, you've also slowed things down so the clearest manifestation is that you're -- that you're not deliv-- that -- that fuels cynicism, big time. So I think we need to be very, very careful about the efforts to improve communications that we don't have subtle signals that somehow you have a -- let's say a new -- a new board which is -- which has all sorts of hours, which it doesn't really have, and is going to change some basic meanings like levels of doses or use of dose information or a totally different meaning of -- of benefit of the doubt. And I -- I think in the spirit of -- that's the spirit I -- I took away from -- from Tom's comment. So it's extremely important. We can't not do this. I mean this is absolutely essential, but we're -- we're walking a very, very fine line

in terms of perhaps raising the expectations. And that's what the -- that's what the issue is in service quality, and it's very different from manufacturing quality there because you can deal with specifications in manufacturing quality and here's you're talking about perceptions and beliefs and -- and fulfillment relative to what you have -- you have laid out there as what's possible. And so if we have a massive campaign to bring people forward, only to have, you know, a batting average that's the same and -- and lower, I'm not sure that that has helped anyone. And that I think is a reflection of the difficulty of what we're doing because I don't have a simple answer to that 'cause I don't -- I didn't disagree with a single thing that was said by Ken or any of the other people. We can't not do that. But we are walking a very fine line when we try to -- to invoke the concept of quality in terms of the full system and not just, you know, some improvements in processes as we do our work, which perhaps shortens a little bit the -- the overall time of delivery.

ADMIRAL ZIMBLE: Dr. Reimann, you have

articulated the challenge to this Board very, very well, and -- and it certainly is -- you've communicated the risk that this Board is going to have to deal with. So we'll take that into consideration. We'll -- we'll do the best we can. We -- we have to -- we will -- there's no doubt that we'll raise expectations. I saw that already. But -- but let's not lower our expectations at the same time. So I think it's something we're just going to have to deal with.

One of the things that we need to do now, we have gotten statements of the mission of all four subcommittees, and I would ask that the information we have on those four subcommittees, in addition to the amendment offered by Dr. Vaughan to assure that we're -- for the sake of completeness, I would like to get a consensus from this Board that -- that these are acceptable to the Board. So I make a motion that we -- that we accept those mission statements, along with the amendment from Dr. Vaughan, and ask for a second.

DR. BOICE: Second.

ADMIRAL ZIMBLE: Second, okay. And all in

favor --

COLONEL TAYLOR: Point of discussion on that, sir.

ADMIRAL ZIMBLE: All right.

COLONEL TAYLOR: And in addition to that, when you read through them, you did a beautiful job of spelling out the four things we must do and made committees to do them. You did a beautiful job of spelling out what each one of those four agencies must do to make it work together. The thing that occurs to me is now that the mental capacity -- which in my opinion is pretty awesome -- of this Board has spent a little time thinking and to discuss it, are there other modifications in those instructions that you might want to submit in addition to that --

ADMIRAL ZIMBLE: I think everything we do will be always subject to modification. Okay.

COLONEL TAYLOR: Well, long as -- long as we have it that way because as I listen to it, each one of those committee chairmen had a real good idea of what they need to do with their committee --

ADMIRAL ZIMBLE: Okay.

COLONEL TAYLOR: -- and how it will fit.

ADMIRAL ZIMBLE: It will not be writ in stone. Okay?

COLONEL TAYLOR: Moses didn't pull it off the mountain.

ADMIRAL ZIMBLE: Okay. Any other comments?

(No responses)

All right. I would ask for -- I would ask for the approval of the Board for that --

(Affirmative responses)

Okay. Fine, thank you. Now the next thing I have to say is that time is of the essence. We saw that. That's been already alluded to here. And because of that I would ask each of the Chairs to -- to look to when they're going to be able to get their committees together for their meetings. Dr. Al-Nabulsi has -- has given you the windows of opportunity to come to the NCRP to have your meetings. I would remind the Chairs that -- that there are resources available if you need additional help beyond the membership of the committees in order to carry out your responsibilities. We really need to see something get accomplished between now and the next meeting of the full Board,

which will be in January.
Oh, I would say that -- as an aside, committee number two, the committee that's going to be dealing with the veterans' claim process, has decided that it will meet in November -- from November the 28th through November the 30th, right after Thanksgiving, and -- and go over its processes. So I ask you, should the Chairs -- that -- that today we get some sense of when you're going to be meeting in your subcommittees and provide that information to the staff.
And the next thing is we do need to decide -- we'll decide that right after lunch -- where should we have our next meeting and when shall we have our next meeting. And we need to do that for both the January meeting and the next meeting is in June -- no -- in June, okay. The January and June meetings of the Board.
I think -- first -- the next thing I'd like to ask, is there any -- testimony is scheduled for 2:00 o'clock this afternoon. Is there anyone here that would like to testify between, you know, now and -- rather than then? We've got some opportunity now.

(No responses)

Okay. In that case, let's have a long and leisurely lunch. Dr. Al-Nabulsi will speak immediately when we resume, and I would like to make that 2:00 o'clock instead of 1:45 so that we -- we have the best opportunity to transmit information to our public.

If there are no other comments, I will enter -- yes, Dr. Al-Nabulsi.

DR. AL-NABULSI: (Off microphone) (Unintelligible)

ADMIRAL ZIMBLE: No.

DR. AL-NABULSI: Can you hear me?

ADMIRAL ZIMBLE: Yes.

DR. AL-NABULSI: Yeah, I want the Board to think about a meeting in September, as well. I heard yesterday from NAAV Commander R. J. Ritter that they would like to have their next NAAV meeting at the end of September in New Orleans, so we need to think about that, as well.

ADMIRAL ZIMBLE: Right, the -- the -- that's September of '06.

DR. AL-NABULSI: Of '06 --

ADMIRAL ZIMBLE: Right.

DR. AL-NABULSI: -- yes.

ADMIRAL ZIMBLE: I think it would -- it would make great sense to have the next annual -- that the next Board meeting in conjunction with the annual meeting of the NAAV, and that will be in the end of September.

COLONEL TAYLOR: In line with that, sir, we had a bit of a discussion over there talking about NAAV, and I think you should understand that NAAV is only one of about I think six or seven different atomic veterans' clubs. And I think one of my immediate roles in this is try to get who the others are, where they are, who their officers are and see when and where they're meeting. I know there's one in Los Vegas. I know there are a couple. There's some other people that are equally involved as the one atomic veterans' outfit that we've dealt with, and if we're going to get them, we need to get the whole covey while we're at it, not just one bird.

ADMIRAL ZIMBLE: Okay. Just use a big shotgun.

DR. REIMANN: Just a very quick comment on -- on Colonel Taylor's remark there. From parallel situations in scientific, technical

and business communities, very often there are twists and rivalries and -- and other issues that -- that come up in dealing with groups that -- that they take different positions or that they jockey for influence and so on, I think that we need to be very well aware of what we might be walking into.

COLONEL TAYLOR: Yeah.

DR. REIMANN: It's an extremely important thing to understand, but it's also -- understanding it means knowing what -- if there are different twists on -- on their roles in atomic veterans' communities and -- and potential rivalries, we need to know that so that we don't inadvertently --

COLONEL TAYLOR: Trigger some of their own interior squabbles.

DR. REIMANN: Right.

COLONEL TAYLOR: I know I mentioned to the Admiral and several other people that I was a little bit concerned with my own organization, the atomic veterans, that the frustration and in some cases the bitterness and sometime putting it into personal examples and almost emotional examples, I kind of privately,

without collectively asking them -- asking them, that when they appeared before this Board, try to eliminate that part of the discussion if they could, and point out to this Board what the problems were as they saw them and not some of the side effects. And I think they did a very good job last night, having heard it before in other things. They were pretty -- particularly a couple of individuals I was worried about, but they -- they kept it that way. And the same thing kind of -- I'm trying to say hey, there's a lot more than that one club we're dealing with, one organization, and let's get their feel, but at the same time try to be very much aware of the differences in where they're coming from and what they're trying to do because they are very definitely that way. And that -- that -- that --

ADMIRAL ZIMBLE: Yeah.

COLONEL TAYLOR: -- that's -- I think that's what you were trying to --

DR. REIMANN: Yeah, and usually at least -- and usually at least one would be -- would be positioned within the community as being more hard-line than others and so on, and we need to

know when we're walking into those --

COLONEL TAYLOR: And that happens within the Board itself, too.

DR. REIMANN: Yeah.

COLONEL TAYLOR: I know there were a couple of members of the Board of Directors of the AAV that are pretty tough to deal with in thin-- in some of their things, and some of them appeared last night, and they were pretty soft about it and pretty direct, and I'm kind of proud of the way they approached it, frankly, 'cause that -- they -- it tells me that they understand better what we're trying to do, and they're trying to help us. Because we don't have time or the effort or the energy or the charter to -- to -- to settle their individual disputes. We're looking at something far more overall than that. And that's where I'm trying to let them come from in -- in my part of that.

ADMIRAL ZIMBLE: Okay. Thank you very much. Any other -- further comments?

(No responses)

Okay, I will entertain a motion to adjourn until -- for lunch until 2:00 o'clock. Nobody wants to make a motion, everybody wants to

stay? What -- oh --

DR. SWENSON: (Indicating)

ADMIRAL ZIMBLE: -- okay, there's a motion. Do we have a second?

DR. BOICE: Second.

ADMIRAL ZIMBLE: Okay, all right. Okay. All right, that -- oh, wait, we have --

DR. BOICE: I just -- clarification. Why -- until 2:00? That seems --

ADMIRAL ZIMBLE: Okay.

DR. BOICE: Two and a half hours?

ADMIRAL ZIMBLE: The problem is that we are -- we are advertised in -- this agenda is advertised in the *Federal Register*, and there's a -- the public session begins at 2:00 o'clock, so we want to make ourselves available for that and we'll see what sort of a public turnout is -- is there. But that's the problem and we have to decide how we handle from 2:00 to 4:00. I -- I think we need to have at least one representative of the Board here that can recall us if necessary to listen to testimony. So we'll meet back here at 2:00 o'clock, see what the -- what the circumstances are, and then we can decide the next step. Okay?

All right, we're adjourned.

(Whereupon, a recess was taken from 11:20 a.m. to 2:05 p.m.)

ADMIRAL ZIMBLE: Well, ladies and gentlemen, it is now five minutes after the witching hour and we're all -- we're all present, or almost all present -- okay -- so let us -- let us resume our -- our Board meeting.

The next individual to speak is Dr. Al-Nabulsi, and before -- before you -- you make your remarks, Isaf, I want to take this opportunity, on behalf of the Board, to thank the -- Dr. Tenforde and the staff that has done such a remarkable job in getting us squared away here in Tampa.

(Applause)

Thank you. And of course you've now -- you've now set the -- set the stage for future meetings, and we expect -- we expect at least the same from now on. Okay.

Dr. Al-Nabulsi.

MECHANISMS FOR CONTACTING VBDR

DR. ISAF AL-NABULSI

DR. AL-NABULSI: Thank you.

(Pause)

Good afternoon. Good afternoon. I am Isaf Al-Nabulsi, program administrator of the National Council on Radiation Protection and Measurements, NCRP. My responsibility is to provide technical and administrative support, and to ensure the efficiency and the quality of all NCRP operations related to the Veterans Advisory Board on Dose Reconstruction. On behalf of the Board, I welcome you all here.

Who are we? I work for the organization, the National Research Council on Radiation Protection and Measurements, NCRP. The organization is not affiliated with the government. Rather it is a private, non-profit organization. NCRP involvement with the veterans began after the publication of the National Research Council report on a review of the dose reconstruction program of the Defense Threat Reduction Agency, for which I was the study director.

One of the committee's recommendations was to establish or the need to establish an independent advisory board that will provide oversight of radiation dose reconstruction and the claim compensation programs for veterans.

As a result of that report the Defense Threat Reduction Agency and the Department of Veterans Affairs undertook actions to meet the report's recommendation, and we heard that from Dr. Blake yesterday, as well as Mr. Pamperin.

On July 2003 NCRP asked by the Defense Threat Reduction Agency, DTRA, to assist with establishing and managing a new advisory board for its dose reconstruction program. On December 2003 President Bush signed Public Law 108-183, Veterans' Benefit Act of 2003, that mandated the formation of the advisory board later named Veterans Advisory Board on Dose Reconstruction, VBDR.

NCRP and DTRA signed the contract in September 2004 for NCRP to provide technical and administrative support to the new Veterans Advisory Board on Dose Reconstruction. As a result NCRP hired supporting staff to the Board -- myself, Melanie Heister and Carlotta Teague. Unfortunately Carlotta couldn't make it to this meeting, and we have with us Patty Barnhill to help, and I want to thank Patty for her help.

NCRP will assist DTRA in all aspects of facilitating the meeting and activities of

VBDR, including arrangements for meeting locations, travel and lodging for VBDR members, correspondence and meeting minutes, maintenance of a VBDR web site, replying to telephone inquiries or forwarding calls to Admiral Zimble, DTRA, VA and others as appropriate. We will also provide technical assistance to the Board. We will assist in identifying experts who can serve as consultant to the Board and participate in special Board activities, such as conducting audits of radiation dose reconstruction procedures, and gather information of importance for VBDR. NCRP has or will be establishing scientific committees to prepare technical reports that will be of value to the overall radiation dose reconstruction and the claims compensation program. They are "Uncertainties in the Measurement and Dosimetry of External Radiation," "Uncertainties in Internal Radiation Dosimetry," "Fundamental Principle of Radiation Dose Reconstruction," and "Uncertainties in Radiation Risk Estimate the Probability of Causation."

What do we know about the Board and the

responsibility of the Advisory Board? The Board is required by Section 601 of Public Law 108-183 to conduct periodic random audits of dose reconstructions and decisions on claims for radiogenic diseases.

The Board will assist the Department of Veterans Affairs and the Defense Threat Reduction Agency in communicating to veterans information on the mission, procedures and evidentiary requirements of the dose reconstruction program; and will carry out such other activities with respect to review and oversight of the dose reconstruction program as the Secretaries of Defense and Veterans Affair shall jointly specify.

I would like also to mention that the Advisory Board will operate under FACA rules, Federal Advisory Committee Act. What does that mean? It means that we do keep open records of our activities. The meeting yesterday and today will be transcribed. We have a court reporter here. He is -- that -- so that he will be keeping a record which will become a public record of all that happened yesterday and today.

Just to summarize what I just mentioned about the Board, the Board was established at the recommendation of the National Research Council committees. The Board is a Congressionally-mandated Board that DTRA supports as Executive Agents. The Board will operate publicly and at a high level of and identifying procedural deficiencies and recommending constructive changes in DTRA and VA programs for veterans. And the Board will also provide an avenue for improving communication with veterans.

However, the Board cannot do the following: review individual dose reconstruction cases for claimants, serve as an appeal -- appeals board for claimants, help a claimant with his or her claim, change or revise the provisions of Federal legislation related to compensation of radiation-exposed veterans.

However, to assist the quality of radiation dose reconstruction and the claim adjudication procedure, the Board would like to hear from veterans on issues or problems related with their claim. And to do that, there are several way the veterans can communicate with the Board. They can submit the questions or

comments to the Board by writing to the following address; the Veteran Advisory Board is located at the NCRP headquarters, and the address there is 7910 Woodmont Avenue, Suite 400; Bethesda, Maryland 20814-3095.

The veteran also can contact the Board through its toll-free line at 1-866-657-VBDR (8327). This toll-free line provide convenient access to VBDR. It combines automated voice mail system with direct access to staff. Veterans may request information about the Board meeting dates, or submit a question or comment to the Board. However, this toll-free number is not a hotline for medical emergency or for submitting a claim.

In addition veterans may direct a question, comments or request information about the Board and future meeting dates by calling me directly at 301-657-2127 Extension 38, or sending me an e-mail at pa@vbdr.org or send Melanie an e-mail at aa@vbdr.org.

The veteran also can follow the activities of the Board by visiting our web site, the VBDR web site at VBDR.org. The site is dedicated to informing veterans, their relatives and other

interested member of the public of the meeting and activities of the Board. And this is the home page of the VBDR web site. We would like to hear from the veterans if there is any way we can improve the site. They can learn more about the Board, the charter, the meetings, the membership and they can contact us by clicking on the icon on the right -- left side, "contact us." And we look forward to hearing from the veterans. Thank you. Any question?

ADMIRAL ZIMBLE: Well, we -- now that we have officially named the subcommittees, will we have a link to each of the subcommittee Chairs and their membership?

DR. AL-NABULSI: Yes, we will.

ADMIRAL ZIMBLE: Okay, I thank you very much, Dr. Al-Nabulsi.

DR. AL-NABULSI: I will --

ADMIRAL ZIMBLE: Any comments or questions? All right, Mr. Groves.

MR. GROVES: Actually to expand upon your last point of links on the web site to the subcommittees and the members, I'm going to assume that we will have a subcommittee web site via the VDBR (sic) web site. In other

words, you're not going to give our personal e-mails --

DR. AL-NABULSI: No.

MR. GROVES: -- out via -- okay. So --

DR. AL-NABULSI: Just your name.

MR. GROVES: -- for example, you have a -- to get in touch with you or Melanie, it's pa@vdbr.org (sic). There will be a link for communications subcommittee at vbdr? I mean what is -- what is the intent of how one would get in touch with the --

ADMIRAL ZIMBLE: I think the easiest way is for us to go through --

MR. GROVES: That would be fine.

ADMIRAL ZIMBLE: And then -- and then in turn the AA or the PA would contact the Chair.

MR. GROVES: That's absolutely fine because --

ADMIRAL ZIMBLE: The reason I say that is because I want to make sure that we never keep -- we never have the PA out of the loop. Okay?

MR. GROVES: That's -- that's just fine with me. I just want to be sure that we weren't going to link our personal e-mails via the web site.

ADMIRAL ZIMBLE: But I think if you have

information that should be included on the web site and want to have a page that is for the subcommittee's communication -- for example, we talked about Frequently Asked Questions and answers. It might be appropriate for that to be on a -- on a specific page, and I don't think there'll be any problem for us to -- to work.

Also there was a recommendation that was made by -- during a subcommittee meeting that asked for a web hit count so that -- so that we can know how -- how frequently that -- the web site is being used.

DR. AL-NABULSI: We are working on it.

ADMIRAL ZIMBLE: That's good.

DR. AL-NABULSI: We will have that.

ADMIRAL ZIMBLE: Good. Okay. Anything else? Oh, yes, Dr. Boice.

DR. BOICE: Yes, thank you, Mr. Chairman. One of the things I'd just like to put on the record would be Isaf's ability to keep us informed of important committees or information that's out there regarding compensation issues so that we don't have to reinvent the wheel. And there was another -- not only was she

involved with the Green Book, but Isaf was also involved in a recent book that'll be coming out on radiation screening and compensation for down-winders from when she was involved in the Academy. And I believe Julian Preston was the Chairman of that committee from the Academy. And I thought this would also be very useful at some time in some of our meetings to have members of that committee also speak to us about their process when they were evaluating RECA, the Radiation Exposure Compensation Act, as well as the Energy compensation act, so it would seem that that might also be appropriate to have such -- two things. One, at least at a minimum to have the book and materials available to us.

ADMIRAL ZIMBLE: Right.

DR. BOICE: And then the second one, to consider at a future time for their recent review of compensation issues to share them with us at one of our meetings.

ADMIRAL ZIMBLE: Yes, I think it -- that might be appropriate to go hand-in-glove with the re- - a review of the Green Book, as well, if it's available at that time. That's fine. That's

good.

COLONEL TAYLOR: I've got two it--

ADMIRAL ZIMBLE: Yes, sir, Colonel Taylor.

COLONEL TAYLOR: Two items. One, Isaf, I want to thank you for both the presentation today and the work you do. The last three weeks, or almost four weeks before I came on this Board and while the appointment was appointed, I was in Mayo Clinic with a very serious back operation -- and Mayo's in Atl-- Jacksonville and I'm in St. Augustine. And both Isaf and Melanie communicated to me very well many times through my wife and made it work and kept me informed at a very critical time as we were setting up those meetings, and I want to publicly thank her and the staff for having done that.

My second item involves something you referred to. The I-- is it IRR or IIR, whichever it is, the regist-- IRR. The IRR Registry has great -- - grown a fair amount of interest out of the veterans, and they're asking me how can they find out if they're on it. Now can we call that number, the 800 number you put up, or is there a better way of doing it, that's what I'm

wondering. Here's a man that gave me one yesterday, for example, his name, Army serial number, his Social Security number, his e-mail address, IRR Register, am I on it; then he gave me his address in Gainesville. I promised I'd either get it back to him or tell him how to do it. I really want to be able to tell them how to do it 'cause I don't want to have to do it.

ADMIRAL ZIMBLE: Colonel --

DR. AL-NABULSI: They can -- I'm sorry, they can call this 800 number because we received over 20 calls from veterans requesting information about the Board plus other information.

COLONEL TAYLOR: That's the best answer I had because it allows them to call that agency and ask the questions they want, and you get a chance to communicate with them if you want to, so I want to encourage that and that's what I wanted to ask you.

ADMIRAL ZIMBLE: But Colonel, I want to be careful about one thing. We don't want to become -- we don't want to get into the business of becoming an ombudsman and --

COLONEL TAYLOR: I understand that.

ADMIRAL ZIMBLE: -- the individual, and -- and I wouldn't like to see us -- us create a precedent that would be very hard to stop. If --

COLONEL TAYLOR: I'm not going out to ask to do this --

ADMIRAL ZIMBLE: Sure --

COLONEL TAYLOR: -- I'm being asked to do it --

ADMIRAL ZIMBLE: I understand --

COLONEL TAYLOR: -- (unintelligible) thing to do.

ADMIRAL ZIMBLE: -- but I would suggest that there probably already is a point of contact at the -- at the VHA that can answer that question, and it might be wise to put -- to put some information on our web site of other points of contact -- the point of contact for the VBA, a point of contact for the VHA.

COLONEL TAYLOR: That's exactly what I was hunting. I don't want to be it, I want to be able to refer them to --

ADMIRAL ZIMBLE: That's exactly --

COLONEL TAYLOR: -- the system.

ADMIRAL ZIMBLE: -- right.

DR. AL-NABULSI: Okay.

ADMIRAL ZIMBLE: Okay. You okay?

COLONEL TAYLOR: I'm through.

ADMIRAL ZIMBLE: Well, I -- I will tell you that I'm -- I'm a little disappointed. No, in fact, I'm a lot disappointed. We obviously don't have any public to make public testimony today, and one of the most important things for us to gather is the kinds of -- of information that will only come from testimony from the atomic veterans.

And now, seeing that there's no one here yet we're in -- we're scheduled in the *Federal Register* to go from 2:00 until 4:45 to take public testimony, I want to ask our lawyer how we should work this. I cannot see holding these members of the Board -- all right, maybe I'll just ask -- I'll ask the DFO. Members of the Board are awfully busy people and I hate to hold them up here and -- by the way, let me take this opportunity to thank all of the Board members. I think this has been a fruitful meeting. I think we've got a lot of things on the table. I think we now have some direction and places to go and things to do, and so I -- I thank all of you for -- for your

contributions and for your attendance.
Now I'm going to ask Mr. Faircloth, how shall we handle the fact that we have in the *Federal Register* advertised for public hearings from 1400 until 1645?
MR. FAIRCLOTH: Admiral, I was wondering when you were going to put me to work. And let me tell you how effectively I'm going to do this, since I've got eye contact with the best legal advice in my agency sitting right out there in the seats.
Blane, what I propose, since this was in the public registry and I very much am interested in hearing anything that we can get from the veterans. If it is legal, I propose I'll stay here, along with the recorder -- see how I volunteered you?
ADMIRAL ZIMBLE: Well, the volun-- the recorder has to stay.
MR. FAIRCLOTH: -- or any other Board member that wants to stay to record and officially put in the record any testimony. Would that suffice and meet the intent?
ADMIRAL ZIMBLE: Okay, I'll stay, as well.
DR. AL-NABULSI: I would stay.

MR. FAIRCLOTH: It's your -- your call, Admiral. I just want to make sure we give them the opportunity to testify on the record.

ADMIRAL ZIMBLE: And I -- I would like to also add, I don't think there's any reason to maintain a quorum for this because we don't have to make any official decisions -- Board decisions at this time, so there's no need for a quorum. I'll stay and the DFO will stay, and I know our program manager is going to stay and so that would -- as far as I'm concerned, that would be efficient, and if there is no other business of this Board at this time --

DR. AL-NABULSI: We have another presentation.

MR. GROVES: We were going to address the issue formally this afternoon about our next Board meetings before we adjourned.

DR. AL-NABULSI: And that will be my next presentation.

ADMIRAL ZIMBLE: Oh, yes, right. I had asked -- I had asked Dr. Al-Nabulsi to give us some optional dates for the next two Board meetings, and -- and those are quite necessary before we adjourn.

DR. AL-NABULSI: Yeah.

ADMIRAL ZIMBLE: Okay, it's all yours.

SCHEDULE OF FUTURE VBDR MEETINGS, DATES AND LOCATIONS

DR. ISAF AL-NABULSI

DR. AL-NABULSI: With regard to future meeting dates, the Board will hold public meetings at location throughout the United States where there are large numbers of atomic veterans who have filed compensation claims.

Transcripts and summary minutes of each meeting will be prepared and posted on the VBDR web site at vbdr.org. All activities of the Board will be transparent to the public, thereby meeting the requirements of the Federal Advisory Committee Act, under which VBDR will operate.

Who can attend the meeting? Anyone can attend a meeting. The date, time, location and the proposed agenda for upcoming meetings will be publicly announced in the *Federal Register*, and can be found on the VBDR web site at vbdr.org. A news release announcing each meeting will be disseminated to the news media and veterans' groups. For information veterans can contact VBDR at 1-866-657-VBDR or 8237. At these meetings the Board hopes to hear from a variety

of concerned veterans and citizen on issue of relevance to dose reconstruction and the claims process. We encourage veterans to attend all Board meetings.

We also invite veterans to submit written comments of your concerns, question and compliments to the Board and/or make an oral statement on issues related to the dose reconstruction and the claims process. We also want to assure veterans that the Board will look very carefully at what they send them, and we will make every reasonable effort to present the veterans to the appropriate -- or the questions to the appropriate agency and try to come up with some standard answers. We encourage the veterans to take the time to communicate with the Board and to let us know how we are doing in term of addressing their questions and concerns.

When and where will the second Board meeting will be held -- be held? At the ne-- the next two VBDR meetings are tentatively scheduled for the month of January, the week of January 9 to 15, 2006 and June 5th to 9, 2006. The location, either in Texas or in California.

And also we welcome any suggestions from the veterans about meeting location sites. The Board will make the final decision about the location and the time of the next two meetings. And at our next meeting, possible agenda will include review and approval of draft minutes for meeting on August 17-18, 2005. The Board discussion session will be on on-- reporting on ongoing activities and the future schedule. Subcommittees discussion would report on ongoing activities and schedule for completion. Of course we will have public comments and input.

Now we need to finalize the meeting -- the date and the location for the January meeting. As I said, based on your schedule, all of you are available the week of January 9 to 13. And also we can have a subcommittee meeting before the Board meeting. I will turn it to the Chair to make that decision.

ADMIRAL ZIMBLE: I'd like -- I'd like to hear -- I'd like to hear from the -- from the various members of the Board who are here, and from -- certainly from Dr. -- Dr. Vaughan. Is there a preference as to a -- as to a meeting on the

beginning or towards the end of the week?

DR. VAUGHAN: Probably mid-week to the end of the week is better. But our quarter is starting -- anyone on the academic quarter year, I think that's the week we start, so definitely make it -- the end of the week will be better --

ADMIRAL ZIMBLE: So looking at --

DR. VAUGHAN: -- than the beginning.

ADMIRAL ZIMBLE: -- January --

DR. AL-NABULSI: 11?

ADMIRAL ZIMBLE: -- Thursday the 12th and Friday the 13th?

DR. VAUGHAN: Yes, that would be better.

ADMIRAL ZIMBLE: Okay. Is that -- is there anyone at the Board that cannot meet on the 12th and 13th of January, 2006?

(No responses)

Okay, that's fine.

DR. AL-NABULSI: And the next one -- where do you want to meet, the location?

ADMIRAL ZIMBLE: Let's get the other date first.

DR. AL-NABULSI: Okay, the other date, June, the week of June 5th through 9.

DR. VAUGHAN: Did you say the 5th?
DR. AL-NABULSI: Fifth, Monday to Friday, the 5th, Monday.
DR. VAUGHAN: Okay.
MR. PAMPERIN: Isn't the 5th Memorial Day?
ADMIRAL ZIMBLE: What was the question? This is June.
MR. PAMPERIN: Okay, never mind.
DR. AL-NABULSI: June.
MR. PAMPERIN: You're right. Okay, never mind.
ADMIRAL ZIMBLE: So now we're looking at the first and second day of a week. Is that -- is that -- Dr. Vaughan, would you -- would you also prefer again a -- towards the end of the week?
DR. VAUGHAN: Towards mid-week is better, but if everyone can make the beginning, perhaps I could change something just for that week.
ADMIRAL ZIMBLE: All right. Wait a minute, Dr. Swenson.
DR. SWENSON: I would suggest that we have the subcommittees meet before. Now whether that means the beginning of the week or the weekend, I don't know what works --
ADMIRAL ZIMBLE: Okay.

DR. SWENSON: -- best with people.

ADMIRAL ZIMBLE: All right. So the Chairs -- the subcommittees, if they want to meet in -- in proximity to the next meeting, we -- we -- it might be better for us to pick a Thursday/Friday for the -- for the -- for the Board meeting, giving the Chairs an opportunity to meet a little bit sooner for their subcommittee work. So in that case, is the 8th and 9th of June acceptable?

DR. VAUGHAN: Yes.

ADMIRAL ZIMBLE: How about the rest of the Board members?

(No responses)

All right, the second quarterly meeting will be the 8th and 9th of June, 2006.

The next -- the next piece of business is to identify the location for those two meetings. We have initially looked at where is the largest density of atomic veterans, especially those atomic veterans who have filed claims. And it turns out that in the area of Waco, Texas and in the area of either Oakland or midway between San Diego and Los Angeles are the places where we have the highest

concentration of claims-filing atomic veterans. Is that not right, Dr. Al-Nabulsi? Is that right?

DR. AL-NABULSI: Uh-huh.

ADMIRAL ZIMBLE: Okay. So I would propose that our meeting in January be at the Texas site or the -- or the California site. Who wants to go to California and who wants to go to Texas in January?

UNIDENTIFIED: (Off microphone) Who doesn't want to go to Texas in June?

ADMIRAL ZIMBLE: Pardon me?

UNIDENTIFIED: California.

ADMIRAL ZIMBLE: California?

DR. VAUGHAN: California.

ADMIRAL ZIMBLE: California. Okay, let's -- let's -- now, now that we've decided on the state, we do have a choice. One choice would be to go with the single city where the highest concentration is, and that's Oakland. The other choice would be to try to compromise between San Diego and Los Angeles. Again, another area in which we have the highest density of veterans and veterans who have filed claims. Does anybody have a preference?

DR. SWENSON: Ed, what do you think on the veterans coming, are they willing --

COLONEL TAYLOR: There's a couple --

DR. SWENSON: -- to drive very far?

COLONEL TAYLOR: -- of things that we can feed into that equation. When you look at Florida, for example, you hit a pretty good place. But there are a lot of people that are involved in veterans' affairs in Florida that aren't here. For example, the state veterans' advisor's up in Tallahassee. He happens to live over in Petersburg and I haven't seen him, so I'm gong to speak to him about it, but you need to look at the state you're going on is how their veterans are organized, as well as where they live. You've got the data on where they live, but their clubs, their veterans' organizations, their institutions, the things they do are pretty good. For example, Jacksonville has a veterans' service organization in the City Hall that has 15 people in it. I mean --

ADMIRAL ZIMBLE: Okay.

COLONEL TAYLOR: -- those kind of people can really support us in what we're doing and you can really get the -- reference out to keep

from happening what's happening here.

ADMIRAL ZIMBLE: Right.

COLONEL TAYLOR: So the way it's organized is worth looking at. I don't know California that well but I spent some time out there and I ran into a couple of very key veteran service officers by circumstance because there was some -- they get all involved in Veterans' Day ceremonies, events, parades, all kinds of things, but they know where they are and they know the organizations to work through.

ADMIRAL ZIMBLE: All right. Thank you, Colonel --

COLONEL TAYLOR: That's what we need.

ADMIRAL ZIMBLE: Colonel, I'm going to -- I'm going to take your advice.

COLONEL TAYLOR: Okay.

ADMIRAL ZIMBLE: I think rather than making a choice as to location at this meeting, I'm going to task the communications subcommittee -- -

COLONEL TAYLOR: Okay.

ADMIRAL ZIMBLE: -- to see, number one, how we can best communicate --

COLONEL TAYLOR: -- in that area.

ADMIRAL ZIMBLE: Right, and I'm going to look forward to a recommendation from that subcommittee as to the best sites. Now we're in Florida now, and I think it would be -- I think it would be -- here again. We'll have time to come back, but I really think that we need to find out where we can get the biggest bang for the buck in terms of getting very important testimony from the atomic veterans so that we have -- that we have a better sense of -- of where we can best provide recommendations.

Now I have some good news. We do have two members of the public that would like to come and -- and testify. They've just -- just arrived. I don't have their names, so I'm --

COLONEL TAYLOR: I'll get their names for you.

ADMIRAL ZIMBLE: So they're here now and then I would invite -- I would invite them to come forward.

MR. GROVES: Before we leave the subject of the meetings --

ADMIRAL ZIMBLE: Okay.

MR. GROVES: -- if I could just ask for clarification. It was the consensus that we

would do California in January and --

ADMIRAL ZIMBLE: Correct.

MR. GROVES: -- Texas in June, so we will take the responsibility of obviously trying to resolve the California issue first since that's the closest date that we would need to work around.

ADMIRAL ZIMBLE: And if we find that it would be more appropriate, because of -- of communications -- facility to do Texas before California, we can modify it -- and it is the consensus right now to do California first.

MR. GROVES: Thank you.

ADMIRAL ZIMBLE: Okay.

DR. ZEMAN: Could I -- could I raise one point with regard to that? And that -- I'd like to raise one point, and that is the next meeting of the NAAV I believe we were told was going to be --

COLONEL TAYLOR: He's got a lady whispering in his ear, he ain't going to hear you.

DR. ZEMAN: Mr. Chairman, we were told the next meeting of the NAAV was going to be in New Orleans, I believe.

ADMIRAL ZIMBLE: That's correct.

DR. ZEMAN: The end of September.

ADMIRAL ZIMBLE: They don't have a date yet.

DR. ZEMAN: And I -- I was wondering if maybe it would make more sense to go to Texas in January seeing we're already going to be right there in the Gulf area in New Orleans in September.

COLONEL TAYLOR: Do we plan to attend that NAAV convention or send a representative or what?

ADMIRAL ZIMBLE: That's not been decided yet. I think that that -- we might want to have -- it'd be a nice follow-up meeting to the NAAV to have the Board there in September, but I think that -- that's really going to have to wait till we have a better date and -- and to explore the -- the potential for both California and Texas first. Okay. Yes, sir?

MR. GROVES: I think that this -- this issue is worthy of more discussion, but I certainly think we should defer it, but let's continue with the discussion of the future meetings after we've heard from the folks that are here.

PUBLIC COMMENT SESSION

ADMIRAL ZIMBLE: Okay. All right. Mr. -- Mr. Paul DeGuenther. I thank you very much for

coming and we look forward to your testimony.

MR. DEGUENTHER: Thank you very much. I --

COLONEL TAYLOR: Get you a chair.

MR. DEGUENTHER: No, no, no -- fine, I've been offered one.

Ladies and gentlemen, thank you for inviting me to come before you. I don't believe that you're here specifically for my request but I'm throwing it out to you, maybe you can help me. I've written my Congressman and he is working on it right now but there's a time limit for me. I'm referring to the Radiation Exposure Act I think of 1991 or '92, somewhere in there. Somehow or other they left off my problem. It includes -- what they will include is the cancer of pharynx, cancer of the esophagus, but the left out cancer of the laryngect-- larynx, which was my cause. And I served on Johnston Island in 1962 for the high altitude nuclear test. I was the EOD officer there -- explosive ordnance disposal -- so I'm asking you if you believe that you might be able to help me further my cause and I thank you for listening to me. Do you have questions for me, please?

ADMIRAL ZIMBLE: Well, first -- first of all,

leave your information with us, how we can get back in touch with you. We will certainly take that issue up and see -- see what we can --

MR. DEGUENTHER: I mean my Congressman told me, he said that it certainly seemed like an oversight to him. I mean after all, what's the difference really between the larynx, the esophagus and the pharynx.

ADMIRAL ZIMBLE: That's exactly right.

MR. DEGUENTHER: It -- it would seem that it should have been included, but I thank you for your (unintelligible).

ADMIRAL ZIMBLE: Dr. Blake.

DR. BLAKE: Sir, do you have a claim right now with the Department of Veterans Affairs submitted?

MR. DEGUENTHER: No, sir.

DR. BLAKE: Okay.

MR. DEGUENTHER: The Department of Veterans Affairs -- I am a veteran, but -- I mean I'm a retired veteran, but there's no claim with them that I've put in because I don't have anything that I can claim for. They removed my pharynx, which I'm thankful for that I'm still here and that was in 1988, and I'm still going strong.

DR. BLAKE: Have you contacted my agency, my program, the Defense Threat Reduction Agency, where we can at least provide verification and so forth?

MR. DEGUENTHER: Yes, sir, and they won't give me any information at all. They said they're -- they're not -- well, let me see, I was given the 800 number that I called and they won't even talk to me. They won't tell me what I need or anything else. I've got the (unintelligible) but it's only (unintelligible) that I need for my medical submissions, and they won't tell me what they are specifically.

DR. BLAKE: Well, we -- we do have a representative. I'm the representative for DoD and the VA representative is here, and perhaps after you sit down we can -- we can go over your case with your directly. The Board can't, but we are representatives that can speak to you directly.

MR. DEGUENTHER: Well, I appreciate that very much, sir. I could -- I could use the $75,000 at issue here, and I could sorely need it and use it very well and wisely. Thank you very much. Thank you, gentlemen.

ADMIRAL ZIMBLE: Stay here at the conclusion of this meeting.

Now Mrs. Betty DeGuenther, did you want -- did you want to testify, as well?

MS. DEGUENTHER: Well, I really hadn't planned to, I --

ADMIRAL ZIMBLE: Oh, okay, I just saw your name here on the list.

MS. DEGUENTHER: They just wanted me to sign in. I'm just the --

ADMIRAL ZIMBLE: Okay.

MS. DEGUENTHER: -- you know, the military wife and we just recently heard about this money that they are awarding, and so we called -- a friend of ours gave us some information and we called and my husband tried to talk to them and they said -- they sent him a -- they -- we had this list from another man that had been awarded this amount, and -- the medical things, and the larynx wasn't on there. I mean very similar things, you know, that are so close there. And then when we read in the paper, your little article, it talked about you were trying I think for, you know, other skin and other cancers. He's had bladder cancer. He's

got skin cancers all over his body, and of course those three months he was at Johnston Island he was exposed to a lot of radiation and sun and I was lonely.

ADMIRAL ZIMBLE: Okay, I bet you were.

MS. DEGUENTHER: So anything that you can do to help would be appreciated.

ADMIRAL ZIMBLE: Okay.

MS. DEGUENTHER: Thank you.

ADMIRAL ZIMBLE: Sure thing. Thank you. We appreciate the -- the testimony. It's going to be helpful to the deliberation of the Board. All right. Do you want to pick up where we left off on the other?

BOARD DISCUSSION SESSION

MR. GROVES: Thank you, Admiral. I guess I would like to discuss some other communication-related issues which I think directly impact on meetings we attend and what our activities would be, so if that would be okay with you, I'll kind of preface the discussion on the -- on the two meetings with this additional information.

The communication subcommittee met at lunch and while I believe we -- and I'll -- and I'll use

Gary's term because I think it was appropriate, there -- there's a hint of mission creep -- (loud noise through PA system). Testing.

MR. GROVES: Yeah. That there is a hint of mission creep in what our committee is -- would like to do, and I think what we see as one of our responsibilities, even though it may not be explicitly stated in the -- the charge from Congress, and that is -- in addition to providing some of this very specific communication-related information through the -- through DTRA and the Veterans Administration, I think we -- our committee sees, certainly I see the need for us to address some communication issues within the committee and some -- hopefully enhancing the communications between the committee, using our partners at NCRP and at -- and at DTRA to the -- to the veterans' community. So I guess with that in mind, what I would like to suggest is that -- and I would just give an example of one of the gentlemen that a couple of us had the pleasure of meeting at the National Atomic Veterans' meeting on -- on Tuesday, and that was he -- he was the individual -- and Ed, you may know his

name -- who is the -- who's been an airline pilot but was on board the aircraft carrier that was specifically stationed downwind at one of the tests at Bikini --

COLONEL TAYLOR: I've got him in my notes --

MR. GROVES: -- to -- to test the water wash-down system of the ship. And so there were probably hundreds of people on that ship during that test, and that ship is having its -- whether it's annual or bi-annual convention sometime this fall, and -- and there would seem to me to be a whole bunch of potential beneficiaries for this program. And my guess is, given the numbers that Paul had given us of 65,000 respondents out of the potential 400,000-plus potential beneficiaries, however we -- we counted that number, shows to me that there's any number of places we can go to spread the word. And we talked about using any number of veterans association newsletters and magazines, using the military coalition, the lobbying group for any numbers of veterans organizations as ways to get the word out. And I would just say that if the committee agreed, one of the things we might consider doing would

be to have a representative of this committee -- - not the committee as a whole, but in addition to inviting folks to our regular meetings, would be to truly reach out and be proactive. And when we know there is a gathering of -- of veterans who could be the beneficiaries, and NAAV is a perfect example of that. But it would seem that the crew of this aircraft carrier is another couple of hundred people who might very well benefit from at least one of us going and briefing them on the -- the fact that the committee is in place and -- and what we might do to, you know, again, help get -- get the word out. And I think that what -- what -- what that's all leading up in -- up to is that as we go forward, I -- I would be surprised if we do not find the same situation, to a certain extent, that the Energy Employees Occupational Illness Compensation Program Act folks saw, and that is they have certainly ended up with more frequent meetings than they had planned on having, but I think -- I don't know that we have to increase the frequency of the Board meetings, but we certainly might want to increase our -- quote/unquote -- outreach

program where a member of the Board goes and makes a presentation on behalf of the Board. And I would just say that those are the kinds of things we need to consider in our communication effort.

ADMIRAL ZIMBLE: I -- that's a -- that's a good contribution. I would like to ask Mr. Pamperin if the VA has any current outreach programs that go to some of these reunions and organizations, et cetera. And if so, we might want to tail onto that.

MR. PAMPERIN: Right, we -- we don't have a national organized effort, but usually when there's a -- a reunion in a local area that's supported by a regional office, we send people from the local regional office there. But there are a number of things that I think can be done in terms of service organizations, and specifically with California. California has CalVets, which is the State Department. But then they have a very, very robust county veterans service officer organization, and I can provide you with the names of people in San Diego, Los Angeles and San Francisco.

ADMIRAL ZIMBLE: I think that would be very

helpful. We might -- we may find some new linkages and new conduits to getting -- to getting information, not just the Board information but --

MR. PAMPERIN: And if I might add one thing that would -- I -- it's my fault because I -- it didn't even occur to me at the time, but when Isaf asked me if I could get a -- a poster up at the St. Petersburg regional office, that was no problem at all. But the people who come to the regional office tend to be the people who are receiving benefits. And we've got an entirely different population who are at our medical centers. And I think in our future meetings we need to get our posters up at the local medical centers, as well.

ADMIRAL ZIMBLE: Okay. Thank you very much.

COLONEL TAYLOR: In --

ADMIRAL ZIMBLE: Colonel Taylor.

COLONEL TAYLOR: In line with this, here's American Legion magazine, here are reunions. Here's "Military Officer," here are reunions. Here's "DAV," here are reunions. They will accept -- we can ask, we can work to where there are atomic veteran reunions and get them

identified. We can know where those people are meeting.

ADMIRAL ZIMBLE: Colonel Taylor, if you'd get closer to the microphone.

COLONEL TAYLOR: I'm sorry.

ADMIRAL ZIMBLE: It's all right.

COLONEL TAYLOR: Here are reunions for three or four major organizations. We can identify quickly which of those -- and they will for us -- that either one of two things. We can send a member of the Board or a member of the staff or a member of the communications committee and make a five or 10-minute slide presentation of what we do and how we do it at one of those reunions. We don't have to go the route we did with the AAV and we asked this man to make an hour-long, two-hour-long presentation, and we ask that one to make an hour-long -- we can have (unintelligible) make a small presentation and leave with some contact points, and we can get communications established quickly. We can do that thing very easily.

I had a couple of other notes while we're at it. One thing I picked up out at the -- St. Louis that I mentioned is I attended the 31st

meeting of that board, because in the title of the general board meetings, not the sub meetings, they number them, and it gives you a pretty good key as to how often those guys meet. This next one next week will be number 32. They've been in existence five years, if that tells you something.

ADMIRAL ZIMBLE: Okay. Colonel, I'd just like to say that between you and Mr. Groves, you're converting --

COLONEL TAYLOR: We're getting there.

ADMIRAL ZIMBLE: -- this general Board meeting into your subcommittee meeting. I -- I think that many of the recommendations that you're -- that you're working on and you're -- you brought to our attention are worth a major recommendation at the next -- at the next --

COLONEL TAYLOR: Well, I was --

ADMIRAL ZIMBLE: -- Board meeting.

COLONEL TAYLOR: -- I was hopefully being able to avoid some of the things of waiting until January --

ADMIRAL ZIMBLE: Oh, yes.

COLONEL TAYLOR: -- on some of these issues.

ADMIRAL ZIMBLE: Well, I don't think you have

to.

COLONEL TAYLOR: That was why I was bringing them up now.

ADMIRAL ZIMBLE: I don't think you have --

COLONEL TAYLOR: The last --

ADMIRAL ZIMBLE: -- to wait.

COLONEL TAYLOR: -- the last one is a little shaky, too.

We need a picture of this Board and the support staff. And while we're here, it's a good time with -- I see cameras all over the place. It's not a bad time today during this meeting to get a Board picture. We need it in the communications committee. I don't know where else you'll need it, but we know we need it there.

I'm collecting for people like Maggie Smith, who's the curator for the atomic museum in Nevada. I talked to her on the phone. I said I need some pictures of atomic bird-- she says I'll get back to you. She was meeting a high school group and went off with them. I haven't had a chance to get back to her, but we get pictures that will support what we're doing here because they work beautifully in -- in a

magazine like this with a picture like the one on the cover of the Green Book I just handed her, give you a good dimension to it. That's a good picture. It's in two or three issues. Those are the kind of things we need that are just mechanical, but we can get them and it makes us far more effective.

ADMIRAL ZIMBLE: Right. Okay. I thank you. Dr. Tenforde, you got your camera?

DR. TENFORDE: I do, I was just -- I don't need a ...

ADMIRAL ZIMBLE: We've got the official photographer. Come on -- come on around here to the head table.

COLONEL TAYLOR: I think -- gather us together and throw something on a slide that tells them who we are.

DR. TENFORDE: Or we -- we could add labels.

COLONEL TAYLOR: Well, I was just saying the picture says itself if we use that -- whatever that slide, whatever the name of this Board or something up on it.

ADMIRAL ZIMBLE: Why don't you put the web site picture up there.

Let's do it.

COLONEL TAYLOR: You guys are learning to react quickly.

ADMIRAL ZIMBLE: Yes, right.

COLONEL TAYLOR: Maybe he's going to learn yet.

ADMIRAL ZIMBLE: I know, you get an Army Colonel in charge, you've got a problem.

UNIDENTIFIED: Your individual pictures and bios are on the web site.

ADMIRAL ZIMBLE: Yeah, right.

COLONEL TAYLOR: Well, I didn't know they were on the web site. I know we submitted them with the application, but I'm thinking of group -- group kind of things that we'll use and it will make a difference.

(Whereupon, a group photograph was taken.)

(Pause)

ADMIRAL ZIMBLE: All right. Well, ladies and gentlemen, I think this is -- Elaine, I'm sorry we couldn't include you in the picture.

DR. VAUGHAN: Oh, that's okay.

ADMIRAL ZIMBLE: We'll get you next time.

DR. VAUGHAN: Okay.

CHAIRMAN'S CONCLUDING REMARKS

ADMIRAL JAMES ZIMBLE

ADMIRAL ZIMBLE: All right. And I think we've done -- we've done a fair amount of business for this first inaugural meeting. Again, I thank the Board for their efforts and I'm going to now ask for a motion to adjourn.

COLONEL TAYLOR: So moved.

ADMIRAL ZIMBLE: Who's that -- okay, Colonel Taylor is moving, and who's seconding?

DR. BOICE: Second.

ADMIRAL ZIMBLE: Okay, we have a second from Dr. Boice. And -- okay, without objection, this meeting is adjourned.

(Whereupon, an adjournment was taken at 2:58 p.m.)

C E R T I F I C A T E OF COURT REPORTER

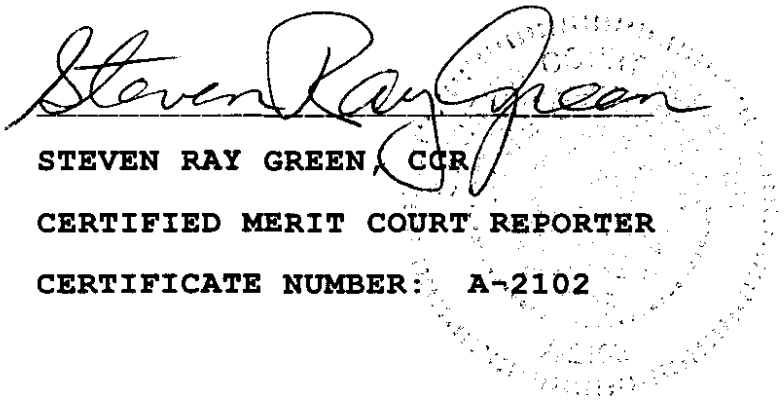
STATE OF GEORGIA

COUNTY OF FULTON

I, Steven Ray Green, Certified Merit Court Reporter, do hereby certify that I reported the above and foregoing on the day of August 18, 2005; and it is a true and accurate transcript of the testimony captioned herein.

I further certify that I am neither kin nor counsel to any of the parties herein, nor have any interest in the cause named herein.

WITNESS my hand and official seal this the 12th day of September, 2005.



STEVEN RAY GREEN, CCR

CERTIFIED MERIT COURT REPORTER

CERTIFICATE NUMBER: A-2102