



VBDR

Improving communications with veterans and resolving issues related to dose reconstruction and claim adjudication

*Veterans' Advisory Board on Dose
Reconstruction (VBDR):
Accomplishments*

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VBDR, Chairman

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Responsibilities 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;
- 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
- Carry out such other activities with respect to the review and oversight of the Dose Reconstruction Program as the Secretaries of Defense and Veterans Affairs shall jointly specify.

Responsibilities of the Advisory Board (Cont.)

VBDR may also make recommendations on modifications in the mission or procedures of the Dose Reconstruction Program if it considers these changes to be appropriate as a result of its audits.

NUMBER OF VBDR RECOMMENDATIONS

Meeting	Number of Recommendations	
	DTRA	VA
June 2006 (Austin, TX)	4	6
November 2006 (Hampton, VA)	2 And 11 action items	4
March 2007 (Las Vegas, NV)	3	4
September 2007 (Chicago, IL)	6	6
April 2007 (VBDR SC5)	3	

**VBDR Recommendations
For The Defense Threat Reduction Agency
(DTRA)**

June 2006 Meeting (Austin, TX)

1. The VBDR recommends that NTPR develop a screening procedure for skin radiation dose assessments that would allow expedited processing of those cases for which the doses are well below or well above the level likely to result in a successful claim. Worst case upper bounds should be used in this screening procedure to provide the veteran the maximum benefit of the doubt.
2. The VBDR recommends that NTPR also develop a screening procedure for prostate cancer cases that would allow expedited processing of those cases for which the doses are well below the level likely to result in a successful claim.

June 2006 Meeting (Austin, TX) (Cont.)

3. The VBDR recommends that NTPR undertake a comprehensive analysis of uncertainties for all beta dose exposure scenarios.
4. The VBDR recommends that NTPR hire a consultant to write a quality assurance (QA) plan. The VBDR further recommends that NTPR develop and implement a QA program on a schedule that allows it to be integrated into the contracting process now ongoing, and the development of a comprehensive manual of standard operating procedures (SOPs) that address the necessary QA elements, including metrics.

November 2006 Meeting (Hampton, VA)

1. VBDR recommends that, as an element of the NTPR Quality Assurance (QA) program NTPR include, at a defined frequency in terms of a percentage of cases processed, the processing of a double blind radiation dose assessment (RDA) of the same case by at least two independent analysts, and the assessment of the respective generated results by pre-defined metrics. Key requirements that should be addressed in the assessment are the allowable relative differences between the respective reported point estimates of total external, internal and, if applicable, skin dose and the respective reported upper bound estimates for each of the reported doses. Pre-established actions to be taken if an allowable difference is exceeded should be defined and documented.
2. After NTPR's implementation of the QA Plan, Program and Procedures Manual, VBDR recommends that NTPR submit the following key QA tracking results to Subcommittee 3 on a quarterly basis: performance and QA metrics, QA corrective actions, and audit reports.

March 2007 Meeting (Las Vegas, NV)

1. That a detailed Standard Operating Procedure (SOP), including incorporated Standard Methods (SMs), be developed that ensure the appropriate treatment of upper bounds, and:
 - a) That specifies how and when the default upper bound factors adopted by NTPR, other than those for neutron exposures, are to be applied and when specific uncertainty estimates should be made,
 - b) That the current uncertainty estimates for gamma doses based on cohort film badge data, and for beta skin doses based on beta to gamma ratios, be re-evaluated, and in the interim, appropriate default upper bound factors should be developed and applied,
 - c) That the SOP specify in detail when uncertainty estimates from individual sources should be assumed independent or correlated and when and how uncertainties should be propagated, and
 - d) That the current procedure for estimating the upper bound ingestion dose be re-evaluated to determine whether it is unreasonably conservative.

March 2007 Meeting (Las Vegas, NV) (Cont.)

2. That VBDR receives final drafts of the SOP and quality assurance plan according to the schedule provided to Subcommittee 3 as a response to the November 2006 VBDR recommendations.
3. That NTPR submit an appropriate modified expedited radiation dose assessment process for posterior subcapsular cataracts to Subcommittee 1 for review as soon as possible.

April 2007 (VBDR SC5)

1. NTPR develop similar procedures (expedited radiation dose assessment (RDAs)) for most other cancers, where scientifically justified, that would allow expedited processing of those cases for which the doses are either well below or well above the level likely to result in a successful claim.
2. NTPR complete as soon as possible the development of a large number of these templates as well as improve the annotation of the calculations and equations used in the templates.
3. For most cases where the veteran's dose assessment can be based on either a standard template or on an expedited RDA, only a minimum amount of information is required. Additional information need be requested only if a detailed SPARE is required. We recommend that the number of questions be minimized and tailored to a specific disease (organ dose assessment), age at exposure, age at diagnosis, and any special exposure scenarios/activities encountered by the veteran.

September 2007 Meeting (Chicago, IL)

1. That NTPR develop a Decision Summary Sheet (DSS) as a device for integrating its Standard Operating Procedures (SOPs) and quality documents. The DSS would be employed with radiation dose assessments, including expedited cases, and associated audits.
2. That NTPR discontinue the use of default upper bound factors for cases involving non-expedited radiation dose assessments and develop procedures to perform full probabilistic uncertainty analyses for these assessments. NTPR standard operating procedures should specify whether uncertainty estimates from individual sources are independent or correlated and when and how uncertainties should be propagated.
3. That NTPR ensure its external review entity conducts spot checks of specific calculations and computer programs (e.g., MathCAD template output).

September 2007 Meeting (Chicago, IL) (Cont.)

4. That NTPR document its justification to expedite a case in the case file and that external Quality Assurance (QA) audits comment on appropriateness of the decision to expedite.
5. That NTPR expand its technical bases and criteria for expedited case processing.
6. That VA and DTRA formalize an advisory role for VBDR in the development of any communications efforts regarding atomic veterans. To begin that role, we recommend that a meeting be held with VBDR and appropriate representatives of outreach and public affairs from both DTRA and VA this fall. We recommend that, prior to the meeting, those representatives inventory all communications regarding atomic veterans. These include brochures, booklets, etc., outreach efforts to potential program eligibles, and other external and internal communications as each agency thinks might also benefit from risk communication input from VBDR.

**VBDR Recommendations
For The Department of Veterans Affairs
(VA)**

June 2006 Meeting (Austin, TX)

1. The VBDR recommends that VA provide the adjudicated case outcomes to NTPR.
2. The VBDR recommends that VA grant service connection without regard to dose for those atomic veterans whose basal cell skin cancers and melanomas are claimed to be as a result of participation in aboveground nuclear test and service in Hiroshima and Nagasaki, and whose participation in these activities has been verified by DoD.
3. The VBDR recommends that VA centralize claims with radiation issues to a single site staffed with trained and experienced personnel, and that the Veterans Benefits Administration (VBA) should establish a centralized database to track radiation issues with both input and output information readily available. The VBDR further recommends that VA provides the Board with a timetable and status for the development of a QA plan and program, including metrics, in the radiation exposure claims adjudication process.

June 2006 Meeting (Austin, TX) (Cont.)

4. The VBDR recommends that VA recognize and automatically place all validated radiation issues claimants into the Ionizing Radiation Registry (IRR).
5. The VBDR recommends that VA award service connection retroactively to the date of the initial claim for all current and future radiation risk activity conditions held to be presumptively service connected under 38 CFR 3.309 which previously required a RDA under 38 CFR 3.311.
6. The VBDR recommends that VA improve interaction and communication with the atomic veterans. More effective approaches should be established to communicate the general meaning of information on radiation risk. In addition to presenting general information on radiation risk, information should be communicated to claimants about the significance of their doses in relation to their diseases.

November 2006 Meeting (Hampton, VA)

1. VBDR is encouraged that VA is moving to consolidate radiation claims. VBDR now recommends that VA follow-up on this action by establishing a standard operating procedure for the centralized processing of atomic veterans' claims from claim identification through adjudication. VBDR also requests that VA provide Subcommittee 3 with a timetable and status for the development of a QA plan and program, including metrics in the radiation claims adjudication process.
2. VBDR is aware that the Department of Labor does not forward non-radiogenic disease claims to the National Institute for Occupational Safety and Hazards for dose reconstruction under the Energy Employees Occupational Illness Compensation Program. Accordingly, VBDR recommends that VA explore the appropriateness of developing a similar policy. At the very least, VBDR recommends that VA review claims for non-radiogenic diseases to determine whether there is sufficient evidence and justification that the disease potentially resulted from radiation exposure, prior to requesting a dose reconstruction from DTRA.

November 2006 Meeting (Hampton, VA) (Cont.)

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

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

March 2007 Meeting (Las Vegas, NV)

1. That the VA provide the outcome of claims to NTPR. The availability of such data offers essential feedback for the enhancement of DTRA's methodology.
2. That the VA provide the Board with data on the current population of atomic veterans who have made non-presumptive claims after an RDA is supplied.
3. That for non-radiogenic medical conditions, DTRA and VA agree on a process through which a decision by competent medical authority would be made on whether a case requires a dose reconstruction, and report back to the Board on the process.
4. That following VA Compensation and Pension Service visit to Jackson Regional Office in April 2007, and the quality review by VA STAR (Systematic Technical Accuracy Review) staff in September 2007, VA provide VBDR with a status report of performance with respect to STAR metrics and cycle time for atomic veterans claims.

September 2007 Meeting (Chicago, IL)

1. That VA reinforce its instructions to all its VA Regional Offices (VAROs) to promptly route radiation claims to its Jackson VARO.
2. At previous VBDR meetings we recommended (and continue to recommend) that:
 - a) For non-radiogenic cases, VA should consider developing alternatives to current methodologies including possible legislative relief and/or modification of regulation. Also, VA should clarify its handling of non-radiogenic cases; in particular, whether or under which circumstances those cases should be routed to Jackson.
 - b) VA should provide the Board with a timetable and status for the development of a quality assurance plan and program (standard operating procedure) for the centralized processing of atomic veteran claims which covers claims identification through adjudication, including metrics, in the radiation exposure claims adjudication process.
 - c) VA should break out the presumptive and non-presumptive radiation claims information with an indication of whether they had been granted or not. This information will be useful to DTRA and to VBDR in planning the level of detail, resources, and time needed for completing radiation dose assessments in future cases and to expedite dose reconstruction and claims processing.
 - d) VA should provide VBDR with data on the time required to adjudicate claims after receiving doses and other information/data from DTRA.
 - e) VA should communicate to veterans that atomic veterans are no longer held to any security/classification directives they may have received when they left the service concerning their service as atomic veterans.

September 2007 Meeting (Chicago, IL) (Cont.)

3. That VA ensure that the Jackson VARO has adequate resources and technology to promptly expedite radiation claims and adjudications.
4. That VA consider distributing the Ionizing Radiation Review (IRR) Newsletter to all veterans in the Ionizing Radiation Registry.
5. That VA consider publishing the IRR newsletter twice a year, timed to serve as notification of the upcoming VBDR meetings and as a vehicle to describe the previous meeting.
6. That VA and DTRA formalize an advisory role for VBDR in the development of any communications efforts regarding atomic veterans. To begin that role, we recommend that a meeting be held with VBDR and appropriate representatives of outreach and public affairs from both DTRA and VA this fall. We recommend that, prior to the meeting, those representatives inventory all communications regarding atomic veterans. These include brochures, booklets, etc., outreach efforts to potential program eligibles, and other external and internal communications as each agency thinks might also benefit from risk communication input from VBDR.

Responses from DTRA and VA