

## **Executive Summary**

The Ninth Meeting of the Veterans' Advisory Board on Dose Reconstruction (VBDR or the Board) was held at the Hyatt Regency Bethesda Hotel in Bethesda, Maryland, on June 10, 2009. Members in attendance were Dr. James A. Zimble, VADM, USN (Ret), Chair; Mr. Harold L. Beck, Dr. Paul K. Blake, Dr. John D. Boice, Dr. Patricia A. Fleming, Mr. Kenneth L. Groves, Dr. John Lathrop, Dr. Curt R. Reimann, Mr. R. J. Ritter, Dr. Kristin Swenson, Mr. Paul L. Voillequé, and Dr. Gary H. Zeman. Others in attendance included staff of various federal agencies, as well as members of the public.

\* \* \* \* \*

### **THE VETERANS' ADVISORY BOARD ON DOSE RECONSTRUCTION DEPARTMENT OF VETERANS AFFAIRS AND DEPARTMENT OF DEFENSE**

---

Summary Minutes of the Ninth Meeting  
Held June 10, 2009

---

The Ninth Meeting of the Veterans' Advisory Board on Dose Reconstruction (VBDR or the Board) was held at the Hyatt Regency Bethesda Hotel in Bethesda, Maryland, on June 10, 2009. The meeting was called by the Defense Threat Reduction Agency (DTRA) of the Department of Defense (DoD) and the Department of Veterans Affairs (VA). These summary minutes, as well as a verbatim transcript certified by a court reporter, are available on the internet on the VBDR web site located at <http://VBDR.org>. Those present included the following:

VBDR Members: Dr. James A. Zimble, VADM USN (Ret) Chairman; Mr. Harold L. Beck, Dr. Paul K. Blake, Dr. John D. Boice, Dr. Patricia Fleming, Mr. Kenneth L. Groves, Dr. John Lathrop, Dr. Curt R. Reimann, Mr. R. J. Ritter, Dr. Kristin Swenson, Mr. Paul L. Voillequé, and Dr. Gary H. Zeman.

Designated Federal Official: Mr. Eric Wright.

Federal Agency Attendees:

Defense Threat Reduction Agency: Mr. Mark Guidry, Ms. Kate Hooten, Mr. Blane Lewis, Major General Randy Manner, Lt Col Tony Meeks, USAF, (Aide to the Director) and CDR. Jerry Sanders, USN (NTPR Program).

Department of Veterans Affairs: Mr. Bradley Flohr, Victoria A. Cassano, M.D.

National Council on Radiation Protection and Measurements: Dr. Thomas Tenforde, Mr. R. Thomas Bell, Ms. Patty Barnhill, Ms. Carlotta Teague.

Department of Labor: Ms. Diane L. Case, Mr. Sam O'Shinsky.

Air Force Safety Center: Steven Rademacher, Ph.D.

Veterans of Foreign Wars: Ms. Marilu Fifield (Daughter of two atomic veterans.)

Other Participants: Mr. Robert Bumgarner, Mr. Freeman M. Cox, Ms. Barbara Coheen (Military Family Organization), Mr. Joseph Johnson, Mr. Robert Eugene King, Mr. Carlos A. Morales, Mr. Paul I Noel, Mr. Clarence B. Owens, R. Burgell Owens, Mr. Elton E. Rogers, Ms. Beverly L. Rogers, Mr. D. M. Schaeffer, Ms. Melanie Todd

\* \* \* \* \*

June 10, 2009

**Opening Remarks**

**Mr. Eric Wright** from the Defense Threat Reduction Agency, in his role as the Designated Federal Officer for the Veterans' Advisory Board on Dose Reconstruction, called the meeting to order.

**Mr. Wright** then turned the meeting over to **Vice Admiral James A. Zimble**, Chairman, who welcomed the guests and discussed some of the events of the last four years, some of the issues to be covered in the meeting, et cetera.

**Vice Admiral Zimble's** presentation covered some of the responsibilities of the Advisory Board, the responsibilities the Board does not have, and information relative to how interested parties can follow the activities of the Board through the VBDR web site, <http://VBDR.org>, or the toll-free number, 866-657-VBDR (8237).

\* \* \* \* \*

**VHA Support of Atomic Veterans  
and Other Veterans Exposed to  
Ionizing Radiation**

**Dr. Victoria Anne Cassano**

Director, Radiation and Physical Exposures  
DEPARTMENT OF VETERANS AFFAIRS  
OFFICE OF PUBLIC HEALTH AND ENVIRONMENTAL HAZARDS

**Dr. Cassano** offered a presentation in which she discussed the principles of presumptive diagnoses and the Public Law. She discussed the process followed covering the presumptive diagnosis (which is a necessary part of the process). This includes establishment of

participation and medical evidence of diagnosis needed for the filing of these claims. Dr. Cassano pointed out that these claims are handled at the Jackson, MS VA Regional Office (Jackson VARO). Further discussion included non-presumptive claims and what might be included in that category.

**Dr. Cassano** used flow charts to illustrate what happens to a claim when it is filed, the steps the claim passes through, offices necessary for providing advisory opinions, et cetera. She described the route taken by the claim through the final return of the case to the VA with an advisory opinion. She then discussed in more detail the individual steps in the process, addressing particularly the medical opinions, the process for determining radiation exposure, actual diagnosis, service connection, et cetera.

The Ionizing Radiation Registry (IRR) was also discussed by **Dr. Cassano**, noting its establishment, qualification for inclusion, and the benefits of enrollment.

**Dr. Cassano** closed by providing contact information for her office and the IRR.

\* \* \*

Discussion Points:

- Benefits of inclusion in the IRR;
- presence of veterans and their participation at the Hanford nuclear weapons site;
- success rate on claims for non-presumptive conditions;
- possibility of maintaining a running spreadsheet of how decisions have been made in terms of awarding compensation or not;
- discussion of the process for handling non-radiogenic diseases which are occasionally referred to DTRA;
- issues surrounding the problem of a letter from a private physician indicating an opinion that a non-radiogenic condition may have a radiation exposure causation, although such cases now are very infrequent; and
- clarification of where rating decisions are made.

\* \* \* \* \*

**Proposed Letter Seeking Amendment  
to the Legal Framework for VBDR**

**Dr. John Lathrop**

**Dr. Lathrop**, author of the letter, after confirming the letter had been circulated to the members of the Board, described its salient points.

He discussed the reason for seeking such an amendment. The letter would be addressed to the appropriate Congressional committees, and outlines the major advantages of the Board's past work as it related to the Atomic Veteran. This includes the backlog of Atomic Veteran claims and the improvement on VA handling time, and the degree of expertise and standardization of processing of those claims through consolidation into the Jackson VARO.

The letter then describes future issues which need the attention of the Board. These include the completion and implementation of a Quality Management (QM) system in each agency; monitoring the two agencies to ensure that the QM systems are maintained and enforced; and advising the two agencies in developing and managing a consolidated Atomic Veterans Outreach Campaign. These issues were discussed in some detail, and it was noted that the changes may call for a reduced number of members or a reduced scope of operations. It was further noted that Public Law 108-183 makes no explicit provision for a revision of the operational norms.

The letter, therefore, requests that the law be amended to allow the Board, upon agreement by current members, to determine revised operational norms, although it is anticipated it will take at least one more year of operation at its current level before future needs become clear enough for such a revision.

\* \* \*

Discussion Points:

- Clarification of a comment about claims processing time; and
- Clarification that the letter emphasized outreach to veterans, but noted their dependents should be equally addressed as possible beneficiaries through the VA.

\* \* \* \* \*

**Public Comment Period**

**Mr. Freeman Cox** from Bristol, Tennessee, chaplain for the Disabled Veterans Chapter 39 and chaplain of the Veterans Civic Council of Bristol, Tennessee, spoke about his life as an Atomic Veteran, beginning with his work in 1955 loading nuclear weapons. He described symptoms of gastric problems, anxiety, et cetera, his disabilities, lengthy waiting, and issues affecting his children and grandchildren.

\* \* \*

**Mr. Elton Rogers** was introduced as not falling within the definition of Atomic Veteran, but he wanted to speak about his experience, beginning with being drafted into the Army in 1950 and serving for 26 years. He

discussed going to Desert Rock in 1953, describing the fact that his participation there had been ignored and that he had been told that it didn't happen. He stated he had been told that some of the things for which he had made a claim were too far back to be compensable.

Board member **R. J. Ritter** suggested that if **Mr. Rogers** had been at the shot he described, he did qualify as an Atomic Veteran and commented that DTRA could send a letter to that effect if he would provide them with his service number.

\* \* \*

**Mr. Robert E. King** from Arizona indicated that he didn't know whether he would qualify, but he did work on nuclear weapons during 1960 through 1963 for the Air Force and that there had been a couple of accidents involving tritium during that period of time. He discussed his exposure and the immediate symptoms, treatment, et cetera, which ended his military career. He remarked he had been pleading to be heard because he had been told on retirement that everything was top secret, that he could go to prison, and so he had stayed quiet for many years.

**Drs. Zimble** and **Fleming** discussed under what program **Mr. King** might possibly qualify and how he might be able to file a claim. **Dr. Swenson** clarified that in situations such as **Mr. King's**, if he did have a cancer and was not an Atomic Veteran, he could still give a claim to the VA and that radiation claim would be sent to the Jackson VARO, and they would request a dose reconstruction from DTRA.

**Mr. King** commented that VA had lost his paperwork two or three times, telling him they have no record of it, and he felt it was intentional.

\* \* \*

**Mr. Paul I. Noel** from Coalport, Pennsylvania, discussed his 23-year military career. He read from two documents, the first of which was health care treatment instructions, or a living will. He then read a detailed chronology of his radiation experience during his military service.

\* \* \*

**Major General Randy Manner** spoke, introducing himself as the Acting Director of DTRA, which is one-half of the organizations which assess the veteran's claim. He thanked all the veterans and family members present, as well as Board members, and expressed his appreciation for the good-natured perspective that each of the veterans has had in expressing what were difficult and frustrating circumstances.

**General Manner** emphasized again that topics which were classified in

the 1940s, 1950s and early 1960s no longer have those restrictions attached, and veterans are free to discuss those issues. He noted that there had been misinformation during those periods of time, contributing to a mistrust which was warranted in some cases.

He observed that in many cases there has been a lot of research into certain medical implications, but in others there has not been as much, so occasionally there are things that are simply not known within the limits of science.

**General Manner** discussed the improvement in recent years of going from a claims backlog of 1,600 to now only 60, and observed that it doesn't solve all the challenges because some veterans don't fall within the purview of the Congressional laws that apply to Atomic Veterans.

Speaking for DTRA, **General Manner** challenged every veteran, before they leave, to get a personal follow-through on his or her specific action. He encouraged the veterans to examine organizations and associations comprised of atomic veterans so that their voice could be heard at a larger volume. He added that if they're still not satisfied, they should write their Congressmen because those letters do see the light of day and are responded to by the VA or the Department of Defense (DoD).

\* \* \* \* \*

#### **Update on Nuclear Test Personnel Review (NTPR) Program**

Briefing by **Dr. Paul K. Blake**

**Dr. Blake's** presentation on the program update portion covered metrics, dose reconstruction advances, quality assurance (QA) advances and communication advances. He also indicated he would address the status of recommendations from VBDR to DTRA, as well as the road ahead.

In addressing the program update metrics **Dr. Blake** presented a graph reflecting the incoming caseload from January of 2000 through April of 2009. He discussed the peak in early 2004 when the Department of Veterans Affairs began to return cases to DTRA for rework. Other activities noted included the point at which the Jackson VARO assumed centralized radiation case support, and the point at which DTRA and Jackson VARO began a secure electronic interchange of case files.

The next metric reflected the caseload of non-presumptive pending cases from January 2000 through April 2009, which indicated a rise when Public Law 108-183 was enacted, and showing the impact VBDR had on the caseload through the initiation of their recommendation of an expedited radiation dose assessment (RDA) process.

Other metrics included mean case response time in 2009 of 52 days; maximum case pending time in 2009 of 177 days; and outreach phone calls in 2009 of 230. **Dr. Blake** summarized these as indications of an optimized, steady-state condition.

**Dr. Blake** addressed the dose reconstruction advances since the last VBDR meeting, noting that the NTPR radiation dose assessment Standard Operating Procedures (SOP}, Revision 1.2 (October, 2008), had been published and includes the initial publication of "Expedited Radiation Dose Assessment" procedures. Also published was an NTPR-sponsored report, "Uncertainties in the Measurement and Dosimetry of External Radiation".

Numerous technical basis documents (TBDs) were nearing publication, with extensive peer review having been completed. TBDs will support the next revision of SOP Revision 1.3. NTPR software, Nuclear Tracking Registry Information System (NuTRIS), has been updated to reflect continuing evolution of Board-recommended Decision Summary Sheets (DSSs).

Moving to QA advances **Dr. Blake** discussed the NTPR quarterly QA submission to VBDR, which includes the program history and projected advances. He noted the VBDR-NTPR QA focus is on double-blind RDA intercomparisons, and elaborated on the five completed RDAs, discussing the procedures. Also included in the focus are the DSSs and expedited RDAs.

**Dr. Blake** used a flow chart to illustrate QA advances in case processing, beginning with initial processing through to the outgoing letter to the VA and/or the veteran, under a variety of steps which may be necessitated by the specifics of a claim.

Also discussed were the Decision Summary Sheet, implemented in March 2008, background and format, full or expedited; and the expedited RDAs, implemented in January 2006, with statistics and impact.

Addressing communication advances, **Dr. Blake** discussed the NTPR release to the VA of a listing of all veterans exceeding a whole body 5 rem exposure in an effort to assist in veteran outreach. Statistics were provided on the demographic analysis NTPR had done for the Board.

**Dr. Blake** discussed VBDR recommendations to DTRA, and provided an update on the status of the four recommendations still open. He noted two are expected to be closed by the end of the year, with the other two likely to be ongoing until RDA production ceases and/or VBDR closes.

Moving to the road ahead, **Dr. Blake** indicated that by December 2009 he plans to have the NTPR RDA SOP Revision 1.3 published on the DTRA website, as well as to complete the outstanding VBDR recommendations,

numbers 7 and 14.

By December 2010 **Dr. Blake** hopes to revise 32 CFR 218, "DTRA Dose Reconstruction Policy."

\* \* \*

Discussion Points:

■ Discussion on statistics of existing veteran population and the "healthy worker" or "healthy warrior" effect.

\* \* \* \* \*

**Update on VA Compensation and Pension Service Programs for Veterans**

**Bradley B. Flohr**, Assistant Director  
Compensation & Pension Service (C&P)

**Mr. Flohr** discussed the 24 recommendations the Board has made to VA, noting that four of the recommendations had to do with VA claims procedures, none of which were outstanding; one had not been accepted as it was contrary to law. **Mr. Flohr** addressed each of the recommendation categories in turn -- quality management, communications and outreach, and alternative dose reconstruction -- providing information on how each recommendation had been implemented or its current status, any issues delaying acceptance, or why it could not be accepted.

A flow chart was presented that illustrated adjudication of a VA radiation claim from an Atomic Veteran for a non-presumptive disorder, beginning with the filing of a claim to the Veterans Administration Regional Office (VARO) making a compensation decision and notifying the veteran.

Statistics were provided for the Jackson VARO Claims Review as of May 15, 2009. There had been 4,603 claims accepted for adjudication, with 1,482 granted and 2,494 denied. The remaining cases were in various stages of development, pending a DTRA response, or ready to rate.

**Mr. Flohr** reported that the C&P had, in Fiscal Year 2009 to date, completed 301 cases. Service connection was granted to 36, with 229 denied and 36 returned for further development. It took an average of 68.7 days to process a claim. There are 87 cases pending in C&P.

**Mr. Flohr** observed that the majority of the 87 cases pending were a result of Dr. Neal Otchin's retirement and the time it took to install **Dr. Cassano** in office as his replacement.

\* \* \*

Discussion Points:

- Difference between service connection and compensation;
- clarification of what is meant on the chart regarding the C&P Service when it reflects that service connection has been granted;
- discussion of why privacy is a problem in the recommendation that claims outcomes be provided to VBDR;
- discussion of the need for that type of feedback on a case-by-case basis for the NTPR, and how important that information is to the Subcommittee on Communications and Outreach (SC4) in order to manage expectations of the veteran;
- clarification on processing time;
- discussion of the difference between the Radiation Exposure Compensation Act (RECA) and the compensation by the VA, and the distinction between harm and loss; and
- clarification on questions relative to various slides.

\* \* \* \* \*

**Request for Senate Report**

**Vice Admiral Zimble** announced that the Board has been asked by a senior staffer with the Senate Veterans Affairs Committee to give an update to the Senate on the history of the VBDR. He indicated a document has been submitted to both agencies but, while DTRA has made favorable comments, nothing has been heard back from the VA. **Vice Admiral Zimble** noted that when he goes to the Hill he will be presenting the Senate with that history, and so he was taking this opportunity to remind the VA that the Board would encourage a comment from them, positive or negative, in order to make any corrections they may feel necessary before that presentation. Otherwise it will be assumed that VA approves the report.

\* \* \* \* \*

**Subcommittee Reports**

Subcommittee on Dose Reconstruction (SC1)

**Mr. Harold L. Beck**, Chair

**Mr. Beck** began his written report to the Board by reading the subcommittee's charter. He noted it is particularly important to be reminded of SC1's charge because at the end of his report he wanted the Board to discuss some thoughts about what SC1 should be doing in the future, which is somewhat different from what they're supposed to be doing now.

**Mr. Beck** outlined the activities of SC1 since the September 2008 meeting: their receipt of three expedited cases for review; meeting at the contractor facility in Virginia to receive an update from DTRA staff on NTPR dose reconstruction-related activities since their last meeting; review of the final draft of a proposed TBD describing development of methodology to perform probabilistic dose assessments; a meeting prior to this meeting in which findings were discussed regarding that review of the TBD document; NTPR progress in finalizing SOPs; NTPR progress in addressing previous recommendations; and possible recommendations on the future evolution of SC1 and VBDR.

Audit and assessment findings were discussed.

- It was observed that most dose assessments now follow the expedited procedures;
- the latest double-blind case analysis and results of that review were discussed;
- new procedures have been implemented by NTPR regarding reporting full RDA and expedited doses, but are not documented in the current SOPs;
- review of the three expedited cases revealed that completion of the DTRA DSS documenting and justifying the decision whether to expedite a case was not adequate;
- as recommended by VBDR, double-blind RDAs by two independent health physicists were prepared for comparison with the original RDA; these RDAs revealed in the latest exercise that the independent contractors were able to duplicate most, but not all, of the prime contractor's results;
- NTPR has made considerable progress in implementing the previous recommendation to document that the default upper bound factors reach or exceed the 95th percentile of the dose distribution;
- NTPR has agreed to review all their RDAs completed since 2003 to determine if the use of the x3 and x10 default factors might have underestimated any upper bound doses enough to have impacted a veteran's claim.

**Mr. Beck** noted that future plans for SC1 continue to depend on the future of VBDR. His report covered a thorough analysis of SC1's feeling that there is no longer a need for VBDR to routinely conduct full audits of randomly-selected cases. Options and modifications were discussed.

SC1 suggested issues for discussion by VBDR and possible recommendations, including the following: improved SOPs relative to expedited cases; progress on development of a probabilistic dose assessment capability; continued improvement of the probabilistic uncertainty model development; the continuing important function of the double-blind analyses; consideration by NTPR to possibly update older TBDs that were not subject to rigorous peer review; and the reassessment of SC1's mandate to "Conduct periodic audits of a random

sample of NTPR dose reconstructions to assure correct procedures are being followed and to ascertain the quality of reported doses and associated uncertainty estimates."

In addressing the future of VBDR, **Mr. Beck** reported that SC1 believes the major future dose reconstruction-related oversight focus should be directed primarily toward QA oversight. Whether or not the Board continues in its present form, some type of ongoing, completely independent oversight of the NTPR dose reconstruction program should continue.

\* \* \*

Discussion Points:

- Discussion of the DSS,, what it actually is and whether that label accurately describes its purpose;
- discussion of audits of the Quarterly Quality Reports (QQRs) and the DSSs;
- discussion of who would be most qualified to develop a systemic fix when an error is found by the audits in order to ensure the error will not be repeated in the future.

The report was approved as presented.

\* \* \*

Subcommittee on VA Claims Adjudication Procedures (SC2)

**Dr. Kristin N. Swenson**, Chair

**Dr. Swenson** began her report to the Board by explaining the responsibilities of the subcommittee, and recognized the addition of **Dr. Cassano** and **Mr. McClung** to the Office of Public Health and Environmental Hazards.

**Dr. Swenson** reported on the decision to audit 30 additional cases in order to match the 30 audits that had been done prior to the centralization at the Jackson VARO. Twenty of the additional audits were available for review for today's meeting. **Dr. Swenson** noted some of the things of particular interest were that SC2 saw presumptive cancers not being recognized; partial compensation which might have helped a veteran who was not fully compensated; and excessive time delays. Her report included a table that itemized the days required for various steps in the claims review process to be accomplished.

Other concerns raised were that SC2 observed that a veteran is not always aware of other compensation programs available to them for presumptive cancers; the letters to the veterans from the VA and DTRA are not easily understood; additional refresher training is needed by the Jackson VARO on awarding partial compensation to a veteran for a

claim with several issues; and that refresher training is needed at all VAROs on the need to expedite the claims to Jackson VARO without any claim development occurring first at the local VARO.

SC2 recommendations include: that the first response to a veteran claim from the VARO include a letter of consent allowing the veteran to be enrolled in the IRR; that Sections B and C of the VA Claims Processing Manual (M21-1MR) be updated to include the expedited process for skin and prostate cancers; and that a focused STAR audit be performed in April 2010 at the Jackson VARO for the year March 2009 through March 2010 to reflect improvements made by the Virtual Private Network.

Addressing the future role of SC2 and the Board, SC2's report expressed a belief that independent audits of Jackson VARO claims processing should continue. The SC3 recommendation for VA to prepare QQRs, with corrective actions identified, is supported by SC2. When QQRs evolve as useful quality management documents, VBDR should move away from auditing individual claims to reviewing QQR content and the effectiveness of VA in performing corrective actions.

\* \* \*

#### Discussion Points:

- Suggestion that a fourth recommendation might be to ask VA to take cognizance of the observations of SC2 and make a modification to their procedure in order to accommodate them;
- the VA would have the ability to decide how best to modify their procedure.

The recommendations were approved.

\* \* \*

Subcommittee on Quality Management (SC3)

**Dr. Curt Reimann**, Chair

**Dr. Reimann** presented the draft report to the Board, beginning with an explanation of SC3's responsibilities. Their activities from September 2008 to June 2009 included e-mail exchanges regarding follow-up items from the September meeting; the submission of comments on the VBDR history project; the review of findings from SC1 and SC2 meetings to develop the SC3 agenda for June; conference calls to discuss the status of documentation and other developments in support of VA and NTPR quality programs.

**Dr. Reimann** reported on SC3's general observations briefly, and then spoke to observations specific to NTPR and VA. He remarked on the NTPR documentation system for the processing of Atomic Veteran radiation exposure cases, including SOPs, Quality Assurance Procedures (QAPs),

TBDs and related documents; and the continued significant progress in reducing backlogs. The maturation of the NTPR quality system responding to VBDR recommendations was discussed, as well as the evolution of the double-blind studies in RDAs and NTPR's maturing QA system. **Dr. Reimann** noted the basic approach appears to be more reactive than preventive.

Specific observations relative to VA included that the M21-1MR documents are helpful in clarifying not only claims processing at the Jackson VARO, but also how the quality of such work fits into VA's Systematic Technical Accuracy Review (STAR) quality system. SC3 also suggested the QM processes of a DSS summarizing all decisions made in processing each claim (these DSSs can be quite brief and easily prepared), and a QQR summarizing quality metrics for processing Atomic Veterans' claims. **Dr. Reimann** observed that because Atomic Veteran claims are uniquely complex compared to typical veterans' claims, and are handled by a VARO in a process specifically tailored to them, those QM processes should be applied in particular to Atomic Veteran claims. SC3 offered VA its assistance in developing what those DSSs and QQRs should cover.

**Dr. Reimann** reported that SC3's discussions of the future of VBDR continue to be based mainly on the gap analysis and SC3's own observations of VA and NTPR progress, especially quality system deployment and output quality. SC3 concluded that alternative models for achieving the goals of VBDR should continue to be explored. SC3 continues to emphasize that lack of full deployment of quality systems is of much concern. SC3 has noted such concerns in its reports to the Board, and SC3 and SC2 audits continue to underscore this concern.

Future activities of SC3 were discussed, with **Dr. Reimann** reporting that their activities will now focus on assessing how well VA and NTPR QA plans and systems are being effectively deployed in support of day-to-day quality output, placing less emphasis on SOP development. **Dr. Reimann** remarked that SC3 plans to work more closely with SC1 and SC2 to pursue clearer integration between audit findings and choices of quality system metrics, depending on the outcome of VBDR deliberations during this meeting.

**Dr. Reimann** summarized eight key points of current status that would be the basis of future VBDR work, noting that continuing efforts to complete a satisfactory QM process are needed in both the NTPR and VA programs. As a result, he observed there is a continuing need for SC3 to monitor the situation and suggest QM actions to be taken by both agencies.

\* \* \*

Discussion Points:

- A discussion of the best form of the DSS for the VA;
- a proposal that SC3 work with SC2 and the VA to develop whatever the DSS might ultimately include;
- suggestion that rewording all but the first two key points of current status in **Dr. Reimann's** report could become a formal VBDR recommendation from SC3.

A motion to that effect was made, seconded and carried.

Additional Discussion Points:

- A discussion of VA's QA5 and workload measurements and processes, in addition to STAR;
- discussion of the letter to veterans, which is almost a decision summary letter;
- question of whether the rating done by the rating office is reviewed before it goes out;
- suggestion that the letter is too long and, while it may be required, perhaps a shorter cover letter could be crafted into something that would be more easily understood, with the statutorily mandated letter being an enclosure to the simpler cover letter;
- an observation that the three frightening moments in the life of an Atomic Veteran are: (1) when he experiences his exposure, (2) when he files a claim and sees the paperwork he has to go through to get the decision process moving, and (3) when he gets the letter saying whether he's accepted or rejected and its mountain of paperwork he can't understand;
- a suggestion that NTPR share with the Jackson VARO what it has accomplished utilizing the virtual network, so that they can come up with something that will work in parallel with each other.

VBDR approved the recommendations of SC3.

\* \* \*

Subcommittee on Communications and Outreach (SC4)

**Mr. Kenneth L. Groves**, Chair

**Mr. Groves'** report began with SC4's responsibilities. He enumerated the VBDR open meetings that were held in eight cities across the country where veterans had the opportunity to testify about their concerns. He observed that the VBDR has received and responded to phone calls, letters and e-mails with inquiries about the Board activities, and dose reconstruction and claims processes, and noted that all correspondence is stored in the VBDR database to document those requests and comments.

**Mr. Groves** reported on SC4's activities following the September 2008 meeting, which included a consideration of publishing an article about

the Board's activities in the IRR Newsletter.

SC4 met for two days at the Department of Veterans Affairs offices in Washington in April, and **Mr. Groves** discussed the issues addressed at that time. They included a letter to be sent to Atomic Veterans identified as having received a dose of 5 rem or greater; review and comments requested by SC2 on letters for expedited doses wherein significant confusion had been noted; **Dr. Victoria Cassano's** role in distribution of the IRR newsletter; distribution of the brochures prepared and printed earlier; the agenda and meeting schedule for the June VBDR meeting; agenda for the SC4 meeting in June; agreement to continue support to the IRR newsletter, and with both VA and DTRA to coordinate Atomic Veteran-related communications and outreach.

In their meeting the previous day, SC4 discussed working with the VA and DTRA to develop an Atomic Veteran Outreach Campaign, as well as development of an Atomic Veterans Communications Plan using the resources from the VA, DTRA and the VBDR.

SC4 continues to review and provide advice concerning letters sent from VA and NTPR to Atomic Veteran claimants; will continue to provide input to the process for clear communication to the veteran regarding their options for making a claim, while managing expectations; and encouraging both agencies to ensure that, whenever possible, their letters are consistent.

SC4 will continue to work with VA and DTRA to implement communications and related recommendations from the Board that were accepted by those agencies.

A careful evaluation of the responses to the VA letter sent to the "greater than 5 rem" Atomic Veteran cohort was suggested in order to determine whether a broader outreach should be considered for survivors of that group. A similar mailing may be feasible for veterans with lower cumulative doses.

No specific recommendations were made by SC4 on future Board activities, although **Mr. Groves** reported it sees the need to continue to advise the agencies in the area of outreach and communication with the Atomic Veterans.

\* \* \*

Discussion Points:

■ Suggestion that outreach be extended to reflect that it is not just the veterans, but their families -- who are potential beneficiaries, spouses and children -- that need to be reached;

**Vice Admiral Zimble** announced a motion for a recommendation to that

effect, without objection. The report of SC4 was accepted by the Board.

\* \* \* \* \*

### **Housekeeping Matters**

- Discussion of how many Board meetings are to be held per year;
- discussion of the possibility of using teleconference meetings;
- how the FACA requirement of an open meeting can be accomplished through teleconferencing;
- suggestion that the metropolitan Washington area would be the most financially responsible site for future meetings in that both agencies are housed there.

The possibility of a Board meeting in October to coincide with the NAAV annual convention in New Orleans was discussed. It was agreed that while that may be impractical, perhaps a representative or two from the Board could go and make presentations to help with communications. Perhaps one subcommittee might be funded to go to the Jackson VARO, possibly toward the end of the next fiscal year.

\* \* \* \* \*

**Vice Admiral Zimble** indicated that Board members should have a reworded recommendation from SC3. Upon confirmation from **Dr. Reimann** that the SC3 combined recommendation was acceptable to him as the subcommittee chair, it was agreed that it would be officially submitted as the single recommendation from Subcommittee 3.

**Vice Admiral Zimble** announced he had had a discussion with **Mr. Beck**, chairman of SC1, who expressed his strong belief that it is not a frugal use of taxpayers' money for the Board to meet very often, and suggested that a frequency of somewhere between nine months and a year would be sufficient. He felt travel resources should be spent for the subcommittees to meet so that each one can perform its own oversight, using the full Board meeting to review the results of the subcommittees' work.

**Vice Admiral Zimble** proposed that each subcommittee work on the concepts they have each presented on what they see as the path forward. This should be considered in terms of oversight and quality reviews in SCs 1, 2 and 3, and exploring methodologies for outreach communication in SC4. He asked that they work diligently on those issues. He commented that sometime in the next six to nine months the subcommittees consider and provide the products that have been developed, because it does take the full Board to make recommendations to the agencies. If something is found to be worthy of strong recommendations to the Board, that will be the time to convene. Depending on the work products from each of the subcommittees and a need to reach consensus regarding recommendation, that will probably be

somewhere in the next nine months to a year.

An observation was made that nine months is not an unreasonable time to come up with designs for the QQR and DSS, although it would be optimistic for implementation.

It was suggested that perhaps SC4 could set a pace of subcommittee meetings, perhaps once every three months, which would involve meeting twice between now and the next full Board meeting.

Upon the request of **Vice Admiral Zimble, Mr. Groves** agreed to seek out a date for the next Board meeting in 2010.

\* \* \* \* \*

**Public Comment Session**

**Ms. Marilu Fifield**, the daughter of two veterans, one Army and one Navy, commented about the long-term effect certain chemicals from both World Wars I and II, as well as the Vietnam War, may have on certain veterans. She expressed a concern as to whether her mother's Parkinson disease may have been related to such an exposure during the war. She indicated her father had some very early heart problems, and she had always wondered about whether that, and some other odd symptoms, might have been related to chemicals and other substances to which he was exposed decades before.

**Vice Admiral Zimble** explained to **Ms. Fifield** the specific radiation exposure issues addressed by this Board, but noted that there was always new research going on throughout the country to which the VA has access, not to mention new concepts, threats, et cetera. However, he did comment that as far as he was aware there was no exposure in military service that would lead to Parkinsonism, although he did appreciate **Ms. Fifield's** concern.

\* \* \* \* \*

A motion was made and seconded to adjourn. With no further business to come before the Board, the meeting was adjourned at 7:16 p.m.

**End of Summary Minutes**

◆ ◆ ◆ ◆ ◆

I hereby confirm these Summary Minutes are accurate, to the best of my knowledge.

/S/

---

James A. Zimble, M.D., Chair  
VADM, USN (Ret.)

August 3, 2009

---

Date