

Charles H. Roadman, II, MD, Lt Gen, USAF (Ret)
Chairman
Veterans' Advisory Board on Dose Reconstruction
801 North Quincy Street
Arlington, VA 22203

Dear Mr. Chairman:

Thank you for the recommendations of the Veterans' Advisory Board on Dose Reconstruction (VBDR) from the March 4, 2010, meeting in Arlington, Virginia. The Department of Veterans Affairs (VA) responses are provided below.

Recommendation 1: Refresher training should be provided to all the Department of Veterans Affairs Regional Offices (VAROs) regarding the need to expedite the radiation claims to Jackson VARO. The training should emphasize that minimum claim development (diagnosis of the disease and the consolidation letter sent to the veteran) should take place at the originating VAROs, as directed in M21-1MR, part B and C and from the updated 2007 Fast Letter.

Response: The August 2010 Veterans Service Center Managers' Conference Call addressed the need for all VAROs to transfer radiation claims to the Jackson VARO as soon as confirmation of a radiogenic disease is obtained. It was stated that a death certificate listing cause of death as a presumptive disease under 38 CFR 3.309(d) or a "radiogenic disease" under 38 CFR 3.311, is sufficient confirmation of diagnosis. It was also noted that Compensation and Pension Service is updating Fast Letter (FL) 06-20, Consolidation of Adjudication – Radiation Claims, dated October 16, 2006, and revised January 23, 2007, and will reissue the FL in the near future.

Recommendation 2: Veterans Benefits Administration (VBA) should update the 06-20 Fast Letter to reflect the current method for processing of claims and to include information about handling fire-related Service Treatment Records (STRs).

Response: See our response to Recommendation 1 above.

Recommendation 3: Additional staff should be procured to assist claims processing at the Office of Public Health and Environmental Hazards, Veterans Health Administration Central Office.

Response: The Director, Radiation and Physical Exposures has additional time to devote to the medical opinions with the arrival of the new Director, Environmental Agents Service. The backlog of files awaiting medical opinion has been completely resolved and no additional assets are considered necessary at this time.

Recommendation 4: The current staff should be maintained and additional staff hired for the Jackson VARO Radiation Team.

Response: Ten full-time employees were previously assigned to the specialized team focused on processing the radiation claims workload at the Jackson VARO. Currently, there are 14 employees on the team. VBA plans to maintain this increased level of staffing.

Recommendation 5: VA should expedite the development and implementation of an electronic automated claims processing system.

Response: The Veterans Benefits Management System (VBMS) is VA's business transformation initiative supported by technology that is designed to dramatically improve benefits delivery. VBMS is a holistic solution with an integrated a business-transformation strategy to address process and people, along with delivery of a paperless claims processing system. Combining a paperless processing system with improved business processes is the key to providing Veterans with timely and high quality decisions. Nationwide deployment of VBMS is planned to begin in 2012.

Recommendation 6: The VA should develop one or more standard operating procedures specifying the rendering of medical opinions regarding Atomic Veterans claims. This recommendation is made with acknowledgement of the VA staffing changes that have occurred since the Board made a similar recommendation (Recommendation # 4) in April 2008. The VBDR Subcommittee 3 (Quality Management) would welcome the opportunity to review the SOPs for the VA and provide feedback as warranted.

Response: VA is committed to developing a Standard Operating Procedure (SOP) for management of these claims. We spent several months establishing proper procedures from transfer of C-files from VBA to VHA to logging, recording, and tracking of medical opinions. Now that these procedures are finalized, they can easily be codified in an SOP. A draft SOP will be provided to VBDR Subcommittee on Quality Management during the next VBDR meeting in March 2011.

Recommendation 7: The VA should send an outreach letter, similar to the letter sent in June 2009 to the greater-than-five-rem dose cohort, targeted to the 1 to 5 rem dose cohort. VBDR Subcommittee 4 (Communications and Outreach) would appreciate the opportunity to work with the VA on the actual contents of this letter and how the mechanics of the mailing(s) would be accomplished.

Response: Based on opinions from the Director, Radiation and Physical Exposures, writing for the Under Secretary for Health (13), in cases where radiation exposure is less than ten rem, we believe an outreach to the 1 to 5 rem radiation exposure cohort of radiation-exposed veterans would be, at best, a nonproductive exercise. In the less than 10 rem radiation exposure opinions, the Under Secretary cites information from the Health Physics Society:

The Health Physics Society, in its position statement PS010-1, *Radiation Risk in Perspective*, revised in August of 2004, states:

[I]n accordance with current knowledge of radiation health risks, the Health Physics Society recommends against quantitative estimation of health risks below an individual dose of 5 rem in one year or a lifetime dose of 10 rem above that received from natural sources.

[T]here is substantial and convincing scientific evidence for health risks following high-dose exposures. However, below 5-10 rem (which includes occupational and environmental exposures), risks of health effects are either too small to be observed or are nonexistent.

One recommendation is addressed to both the Department of Veterans Affairs (VA) and the Defense Threat Reduction Agency (DTRA):

Recommendation 1: VA should work with DTRA to develop a screening process for [posterior] subcapsular cataracts, similar to skin cancer processing, to allow Jackson to process these claims locally without referral to VHA.

Response: VA concurs with this recommendation. In the interest of fairness, equity, and timely adjudication of claims based on exposure to ionizing radiation during on-site participation in atomic testing, VBA will amend adjudication procedures to allow determination on service connection of posterior subcapsular cataracts (PSC) without referral to VHA for a medical etiological opinion.

The Defense Threat Reduction Agency (DTRA) has separately responded to this recommendation in its June 25, 2010 correspondence to then Chairman, Vice Admiral James A. Zimble, USN (Ret). DTRA has established an expedited dose assessment for posterior subcapsular cataracts (PSC) at 28rem (beta plus gamma) and the VA Office of Chief, Public Health and Environmental Hazards has determined that this dose is sufficient for a grant of service connection for PSC based on on-site participation in atomic testing. The expedited dose assessment procedure applies only to Veterans with on-site participation in atomic testing and not to Veterans with exposure based on service in Nagasaki or Hiroshima, Japan.

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The VBA will issue instructions to the Jackson, MS regional office to begin adjudicating claims from on-site participants for service connection of PSC based on this expedited dose assessment without referral to VHA for a medical opinion.

Michael Walcoff
Acting

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