Executive Summary

The Twelfth Meeting of the Veterans' Advisory Board on Dose Reconstruction (VBDR or the Board) was held at the Embassy Suites Riverwalk in San Antonio, TX on March 23-24, 2012. Members in attendance were Dr. Charles H. Roadman, II, MD, LtGen, USAF (Ret), Chair; Mr. Harold L. Beck, Dr. Paul K. Blake, Dr. John D. Boice, Dr. Patricia A. Fleming, Mr. Brad Flohr, Mr. Kenneth L. Groves, Dr. John Lathrop, Dr. David McCurdy, Dr. Curt R. Reimann, Mr. R. J. Ritter, Dr. Kristin Swenson, Mr. Paul L. Voillequé, and Dr. Gary H. Zeman; Mr. William Hostyn was the Designated Federal Official. Others attendees included staff of various federal agencies and government contractors and many Atomic Veterans.

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THE VETERANS' ADVISORY BOARD ON DOSE RECONSTRUCTION

DEPARTMENT OF VETERANS AFFAIRS AND DEPARTMENT OF DEFENSE

Summary Minutes of the Eleventh Meeting
Held March 23-24, 2012

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 along with the meeting presentations are available on the internet on the VBDR web site located at http://www.VBDR.org. A verbatim transcript of the meeting is available upon request; make request to AA@vbdr.org. Those present included the following:

VBDR Members in Attendance: Dr. Charles H. Roadman, II, MD, LtGen, USAF (Ret) Chairman; Mr. Harold L. Beck, Dr. Paul K. Blake, Dr. John D. Boice, Dr. Patricia Fleming, Mr. Brad Flohr, Mr. Kenneth L. Groves, Dr. John Lathrop, Dr. David McCurdy, Dr. Curt R. Reimann, Mr. R. J. Ritter, Dr. Kristin Swenson, Mr. Paul L. Voillequé, and Dr. Gary H. Zeman.

Designated Federal Official: Mr. William Hostyn and Mr. Stephen Polchek

Defense Threat Reduction Agency: LCDR Gerald Burke, Mr. Mark Guidry

Department of Veterans Affairs: Mr. Jim Benson, Dr. Paul Ciminera, Danny Mr. McClung, Ms. Patricia Gail Berry

Applied Research Associates, Inc.: Mr. Kyle Millage, Ms. Beki Gangi, and Mr. Brian Sanchez

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March 23, 2012

Opening Remarks

Mr. William Hostyn 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.

Dr. Roadman mentioned the passing of Admiral Jim Zimble, the initial chairman. He explained the history and purpose of the Board. He then recognized each member from the Board and proceeded onto the first presentation by Dr. John Boice on the ongoing Atomic Veterans' epidemiology study.

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Review of Atomic Veterans Epidemiology Study

Mr. John D. Boice, Ph.D.
International Epidemiology Institute
Rockville, MD

Dr. Boice gave a presentation over-viewing an epidemiologic investigation of the Atomic Veterans that started nearly two years ago. **Dr. Boice** addressed the research efforts to date, reviewed the progress, and touched on how radiation dosimetry and epidemiologic studies are used to help establish regulations and support disease compensation. **Dr. Boice** mentioned there are approximately 115,000 Atomic Veterans that have already had some dose reconstruction based on their exposure. **Dr. Boice** and the Risk Assessment Corporation are doing research to address ways to further the dose reconstruction efforts for additional cohorts. The team chose to initially, do case studies on the Veterans who developed Leukemia. The study is possible because of the extensive effort that was taken to document exposures of Veterans potentially exposed during the atmospheric nuclear weapons testing. As of today, they have defined over 400 exposure scenarios. Therefore, knowing a job title and location can be used to get a good estimation of the amount of radiation exposure one could have had. Currently, there are 1615 identified cases of Leukemia in the 400 exposure scenarios; 60% of these scenarios have doses that are under 0.5 rem. Leukemia was chosen to be the initial focus for the study because it has a relatively high radiogenic induction with a shorter latency period. **Dr. Boice** further discussed his goal of a one million U.S radiation worker study that would include not only Atomic Veterans, but additional military and civilian radiation workers.

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Dr. Roadman asked **Dr. John Lathrop** to present.

Atomic Veterans' Demographic Analysis

John Lathrop, Ph.D.
Innovative Decisions, Inc.
Livermore, CA

Dr. Lathrop presented a demographics analysis in which he estimates the number of surviving Atomic Veterans. This analysis has information on how many Veterans participated in above ground nuclear tests, what their years of birth were to come up with estimates of how many Veterans are still living and how much longer will they might be expected to live. **Dr. Lathrop** notes that one of the missions of the VBDR is to bring information to the Atomic Veterans so they can decide for themselves whether or not it is appropriate for them to file a claim. **Dr. Lathrop** points out that even in 2031 we will still, potentially, have approximately 7,000 Atomic Veterans still living. **Dr. Lathrop**'s spreadsheet analysis combined the NTPR records of how many participated in each test series, and how many were in Hiroshima and Nagasaki; he also notes their birth years. The spreadsheet provided the observed mortality in Atomic Veterans and actuarial data on how long people lived given the year of birth. **Dr. Lathrop's** message was to reinforce the need to communicate with Atomic Veterans as quickly as possible.

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(Recess taken between 9:16 a.m. – 9:4 5a.m.)

Dr. Roadman introduced **Lieutenant Commander Greg Fairchild** to present on the initial assessment of radiation exposure of military personnel aboard McMurdo Sound Station in Antarctica.

Navy's PM-3A Dose Reconstruction Effort

LCDR Gregory Fairchild, MSC, USN
Naval Dosimetry Center
Bethesda, MD

LCDR Fairchild presented an overview of the dose reconstruction efforts associated with veterans that were stationed at McMurdo Station Antarctica between 1962-1979. During this period, the portable PM series 3A reactor, was installed, operated and decommissioned at McMurdo Station located 850 miles from the South Pole. The Final Operating Report and History of the PM-3A documented problems that were experienced during the operation of the PM-3A. Some veterans expressed concern with the difficulties they experienced with the operation of the PM-3A, which may have resulted in McMurdo Station personnel being exposed to the harmful levels of radiation. In response to congressional requests, the Secretary of Defense and the Secretary of the Navy responded that the Navy would work with DTRA, VA, and VBDR to assess possible radiation doses. **LCDR Fairchild** expressed the two main objectives of this effort were 1) provide an initial upper-bound estimate for non-reactor personnel who were not monitored for radiation, and 2) to develop procedures for individualize radiation dose assessments for non-monitored and moniotred reactor staff who may intend to submit a claim. **LCDR Fairchild** described some of the assessments, objectives, and sources of information that were used in the reconstruction effort. He described the calculations and noted the high-sided or veteran favorable assumptions and

parameters used in the assessments and discussed the uncertainties. Finally, **LCDR Fairchild** discussed the proposed procedures that will be used to provide individual dose assessments. **LCDR Fairchild** mentioned to the audience that whoever would be willing to provide additional inputs to this study on the experience they may have had during this time period may contact him or **Mr. Jason Dunavant**, the co-author for the technical report.

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Dr. Roadman asked **Dr. Jerry Falo, Dr. Steven Rademacher and Commander James Cassata** to present.

DoD Population of Interest Dose reconstruction from the Fukushima incident in Japan

Jerry Falo, Ph.D., CHP
U.S. Army Institute of Public Health
Steven E. Rademacher, Ph.D., CHP
Air Force Safety Center
CDR James Cassata, MSC, USN, Ph.D., CHP
Uniform Services University of Health Sciences

Dr. Falo presented an overview of the Operation TOMODACHI Registry (OTR) and then focused on the population parameter values used to calculate upper bound radiation doses. The Dose Assessment and Recording Working Group (DARWG) has been tasked with estimating doses to potentially exposed U.S. military, civilians and dependents during Operation TOMOCACHI; the humanitarian effort to support Japan following the Mach 2011 earthquake and tsunami. The reconstruction effort first identified the population of interest (POI) and then identified specific potentially exposed populations (PEPs). PEPs are subpopulations of the POIs that have one or more common links, such as age group, geographic location, etc. **Dr. Falo** noted the Operation Tomodachi data will reside within the Defense Occupational and Environmental Health Readiness System (DOEHRS), which arose out of the Deployment Health Surveillance Program to track individual doses to individual people throughout their career. The plan is to expand the DOEHRS capabilities to include: DoD family members, link individual and population based doses, interface with the publicly accessible web site, and manage individual inquires from beneficiaries.

Dr. Rademacher provided a summary of the environmental monitoring data used in determining Operation TOMODACHI upper-bound radiation doses for shore-based, DoD-afflicted population between 12 March and 11 May. In determining these doses they used four primary measurement methods, external radiation, air, water, and soil monitoring. In addition to dose measurements performed by DoD personnel, the main two sources for data were from the Japanese Ministry of Education, Culture, Sports, Science, and Technology (MEXT) and the U.S. Department of Energy. It was very important to have MEXT data, because the DOE didn't have data from the earlier time periods. It was important to blend these two data sets to give a good dose assessment across the entire 60-day period of time of interest; although he noted that in some cases adjustments were needed to ensure the data sets were compatible. Measurements were performed to support assessments of external radiation exposures as well as potential internal exposures and isotopes of iodine and cesium were of primary concern.

Dr. Cassata talked about the internal and external monitoring that was done along with the personnel dosimetry during Operation TOMODACHI. Dr. Cassata discussed the use of fixed whole-body scanners, as well as improvised techniques used primarily to measure iodine uptake in the thyroid. Internal monitoring was initially performed for higher risk groups, then was expanded and offered to others for voluntary measurements. External personnel dosimeters were provided to persons entering warm and hot zones, areas with expected dose rate readings greater than 0.1 mrem/hr, as well as persons involved in decontamination or other situations where contamination may have been of concern. **Dr. Cassata** noted that personnel dosimetry CONOPS were different among the different services. He also described the methodology used to define the registry period that will be associated with the Operation TOMODACHI effort. Dr. Cassata also briefly described the extensive effort the DARWG used to calculate the preliminary upper-bound estimates. The results showed that the only organ with concern was the thyroid and he compared the upper bound thyroid equivalent dose estimates with the dose associated with natural background and a variety of medical procedures.

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Dr. Roadman asked **Dr. Blake** to present.

Nuclear Test Personnel (NTPR) Review Program

Paul Blake, Ph.D., CHP
Defense Threat Reduction Agency (DTRA)
Fort Belvoir, VA

Dr. Blake presented an annual update on the NTPR (Nuclear Test Personnel Review) Program. He noted that recommendations from the VBDR helped to significantly reduce the caseload backlog in 2006. Since then the NTPR uses a number of metrics to track their status; one such is number of days a case is pending; the NTPR's goal is to complete cases in 180 days. Most cases, approximately 99%, are completed in that time period. **Dr. Blake** noted that the NTPR caseload has increased in the past year, mainly due to increased awareness of the potential benefits due Atomic Veterans. Continuous improvement efforts are another metric for the NTPR; in the past year the NTPR has published three technical reports and five technical memorandums, has presented the RDA double blind studies to the VBDR SC1, and submitted 4 quarterly quality reports to the VBDR SC3. The first report was an analysis of the 'Personnel Radiation Exposure Associated with the X-Rays Emanating from U.S. Coast Guard LORAN High Voltage Vacuum Tube Transmitter Units', the second report was 'A Technical Approach to Expedited Processing of NTPR Radiation Dose Assessments' and the third report was 'Compendium of the Proposed NTPR Expedited Processing Groups'. **Dr. Blake** also mentioned they had also published a number of technical memorandums over the past year and he described the quality improvement efforts, including the double-blind inter-comparison and the Quarterly Quality Report (QQR). The NTPR Program office is also working with DTRA and VA public affairs offices regarding Atomic Veteran communication. Dr. Blake also noted that the NTPR’s Atomic Veteran Radiation Dose Assessment (RDA) methodology has been useful for other military communities. Over the past year, NTPR developed

a technical basis to estimate radiation doses for U.S. Coast Guard veterans potentially exposed to low energy x-rays from LORAN transmitters. The NTPR program is also working with the Navy to develop the methodology for estimating radiation doses for military veterans working at the McMurdo Station in Antarctica. Finally, the NTPR is an active contributor to the DARWG and the dose reconstruction effort for the approximately 68,000 personnel that were adjacent to the Fukushima Daiichi Nuclear Power Station in Japan. The NTPR program has no outstanding recommendations from the VBDR.

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(Lunch taken between 12:15 p.m. – 1:08 p.m.)

Dr. Roadman asked **Mr. Flohr** to present.

VA Radiation Claims Compensation Program for Veterans

Mr. Brad Flohr
Department of Veterans Affairs (VA)
Asst. Director for Policy
Washington, DC
Ms. Gail Berry
Asst. Veterans Service Center Manager
Jackson, MS

Mr. Flohr provided a summary of the Veterans Benefits Administration (VBA) and described how claims are processed through the VBA. **Mr. Flohr** stated that since they started processing claims in one location several years ago it has helped maintain consistency. The radiation claims used to be handled at local VA regional offices (VARO) all around the country, however, now all radiation claims are handled by the Jackson, MS VA Regional Office. **Mr. Flohr** provided statistics on the claims processed by the Jackson VARO since the consolidation, as well as FY11 to date statistics. Of the 7,715 radiation claims accepted by the Jackson VARO, 2,210 were granted and 4,453 were denied. The goals for 2012 are to reduce the number of radiation claim inventory and claims over 125 days, to improve the quality to meet a strategic goal of 98% rating quality by 2015, and continue process improvements. **Mr. Flohr** then transitioned the presentation over to **Ms. Berry** to discuss how claims are handled at the Jackson VARO (Veteran Administration Regional Office). **Ms. Berry** provided additional statistics on the claims handled by the Jackson VARO and described the staffing levels of the office. She noted that the Under Secretary for Benefits accepted one of the VBDR's recommendations and designated Jackson Regional Office authority to assume responsibility for the decision making to adjudicate claims for posterior subcapsular cataracts for on-site participants of atmospheric nuclear test. **Ms. Berry** also noted the VARO efforts to accelerate production of expedited cases and to reduce backlog.

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Dr. Roadman introduced **Mr. Jim Benson**, **Mr. Richard Cole**, and **Mr. Ken Groves** on the Joint VA/DTRA/VBDR Communication Plan.

VBDR Communication and Outreach Issues

Mr. Kenneth Groves
VBDR Subcommittee 4 Chair
Mr. Jim Benson
VA Office of Public Affairs
Washington, DC
Mr. Dick Cole
DTRA Office of Public Affairs
Washington, DC

Mr. Groves presented on the Communication and Outreach Issues for the VDBR. **Mr. Groves** stated that one of the goals is to do whatever they can to ensure that all the potential beneficiaries know the existence of the Atomic Veterans' compensation program and how to find out more about it. **Mr. Groves** announced that they work closely with the office on the publication of the Ionizing Radiation Review (IRR) newsletter to stay on a timely schedule. The newsletters are cycling once a year, usually right before the annual VBDR Plenary Meeting. **Mr. Groves** discussed the newly released VA "Are You an Atomic Veteran?" brochure. The VBDR outreach committee hopes to help develop more efficient and effective communication procedures between Veterans, VA and DTRA. **Mr. Jim Benson** explained what outreach the VA is working on at the moment. He presented that the VA wants to maximize the different mediums (print, television, social media, etc.) to efficiently reach Veterans and the Atomic Veteran cohort.

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Dr. Roadman introduced **Dr. Paul Ciminera** as the Director, Post 9/11 era, Environmental Health Program for the Office of Public Health in Veterans Health Administration.

VA's Office of Public Health

Mr. Paul Ciminera, MD, MPH
Office of Public Health
Washington, DC

Dr. Ciminera presented on the primary responsibilities of the Veterans Health Administration (VHA) and where his office fits into the organizational structure. He explains how outreach is a main focus for their department as it allows for further research and gives more awareness to the Atomic Veterans; his office has responsibility for the IRR Program and Atomic Veteran brochure as well as websites. **Dr. Ciminera** discussed the medical opinion process that he is responsible for. For non-presumptive cancers, he utilizes the Interactive Radioepidemiological Program (IREP) to determine the probability of causation

(PC). For diseases that are not handled by the IREP, he uses other epidemiological evidence to render a medical opinion. **Dr. Ciminera** acknowledged the backlog that occurred due to a lack of staffing during the period from 2008-2010, but notes the office is currently adequately staffed; he noted that 1160 claims were processed between 2009 - 2011. Future activities within the VHA will extensively focus on prevention and will address issues such as smoking and exercise. He noted that in addition to communication such as the IRR Newsletter, the VHA is currently working on a draft for the environmental exposure pocket card, which will go out to all the primary care teams to educate providers. **Dr. Ciminera** also stated they are working on an iPhone app to be downloadable for anyone, even outside the VA within the next year or so. The VHA would like to continue to work with the VBDR to document Office of Public Health processes to identify areas of potential improvement.

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(Recess taken from 2:16 p.m. – 2:45 p.m.)

Dr. Roadman asked each VBDR Subcommittee chair to go over their recommendations for this year.

Subcommittee Reports

Subcommittee on Dose Reconstruction (SC1)
Mr. Harold L. Beck, Chair

Mr. Beck noted that the SC1 believes that NTPR must complete, as soon as possible, the technical basis document for the expedited dose values used in the expedited radiation dose assessments (RDAs) and should be encouraged to continue to improve the probabilistic uncertainty model development, with the goal of eventually replacing the estimated upper-bound doses reported to the VA. **Mr. Beck** also discussed the Operation TOMODACHI upper-bound dose assessment effort, he noted that the SC1 members reviewed the initial draft report and found the methodology and analysis was sound and the preliminary results were credible. He noted that that SC1 reviewers provided detailed comments and suggestion for the report, all suggested modifications we carefully considered and many were adopted, resulting in considerable improvements for the final draft. The SC1 also conducted a preliminary review of the dose assessment effort for the McMurdo Station, the members found that the methodology that was developed is sound and the SC1 looks forward to receiving the next draft of the report. The SC1 members believe the double blind analysis continues to provide valuable feedback on the dose reconstruction procedures and should be continued, along with the auditing of randomly selected expedited cases.

Subcommittee on VA Claims Adjudication Procedures (SC2)
Dr. Kristin N. Swenson, Chair

Dr. Swenson noted that SC2 has not performed any audits since the last meeting. SC2 would like quality to improve by getting claims filed to be adjudicated within 125 days.. Secretary Shinseki's goal for this time frame was discussed as well. The SC2 is also concerned that the medical exams are not being processed smoothly because of jurisdiction issues among the VAROs, which is an open recommendation

from the VBDR; that **Mr.Flohr** is hopefully going to resolve. The Jackson VARO noted that delays receiving color photographs of disease conditions can cause delays in claims processing. **Dr. Swenson** noted that she had met with **Dr. Ciminera** and felt very confident on the continuity within his office. SC2 requests a Tier3 ad hoc Star review for Jackson on the radiation cases; this was a VBDR recommendation from last March, however, it was declined and SC2 plans to ask for it again. **Dr. Swenson** suggests a recommendation from the VBDR that the VA forward a policy to expeditiously transfer radiation claims from local VAROs to the Jackson VARO. **Dr. Roadman** suggested that addressing the delays in color photograph retrieval become a VBDR recommendation for the VA and **Dr. Swenson** agreed.

Subcommittee on Quality Management and VA Process Integration with DTRA Nuclear Test Personnel Review Program (SC3)
Dr. Curt Reimann, Chair

Dr. Reimann noted that SC3 is focused on creating a systematic approach to addressing quality management. He noted that the NTPR program continues to provide the Quarterly Quality Reports (QQR) and effectively uses Corrective Actions (CA) and SC3 feedback to improve their processes. **Dr. Reimann** also described the work SC3 conducted to identify areas of opportunity for inserting quality management processes, with the goal of outlining a Quarterly Quality Report (QQR) that the VA could efficiently complete. SC3 had no new recommendations, but **Dr. Reimann** suggested that there be a concerted reinforcing involvement by the Board, and people with the VA to practice using the quarterly quality report as a device for sharpening the processes. **Dr. Lathrop** and **Dr. McCurdy** reiterated the goal of having both DTRA and the VA submitting QQRs.

Subcommittee on Communication and Outreach (SC4)
Mr. Ken Groves, Chair

Mr. Groves thanked the subcommittee members and acknowledged the contributions of **Mr. R.J. Ritter**, who is not an official member of the subcommittee. He noted that although the subcommittee had accomplished a lot this year, the communications outreach mission remains uncompleted. He also commented on the attendance at the meeting and suggested that the VBDR continue to host the meetings outside of Washington DC. He noted that he and the SC4 members agreed to continue to collaborate between Public Affairs organizations in both DTRA and VA and the Board to work together to find ways to communicate and find outreach Opportunities, for example working together to get the Atomic Veteran brochure finalized and printed. **Mr. Groves** also noted the importance of regular meetings of SC4 to facilitate the outreach efforts and stated that SC4 had no suggested recommendations for the VBDR.

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Dr. Roadman asked for comments on SC1's report. Dr. Zeman commented that he was saddened to hear that Dr. McCurdy was leaving; Mr. Beck seconded the comment.

Dr. Roadman asked for comments on SC2's report. **Dr. Swenson** stated that the subcommittee would like to offer a recommendation that the VA resolve the color photograph retrieval for the Jackson VARO. The recommendation was approved.

Dr. Roadman asked for comments on SC3's report. No comments.

Dr. Roadman asked for comments on SC4's report. No comments.

All the subcommittee reports were accepted.

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(Break taken between 3:31 p.m. – 3:50 p.m.)

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Public Comment Session

Mr. Hostyn addressed the audience and established ground rules for the discussion. He requested the speakers use the microphone and clearly state and spell their name before they addressed the board. He noted that the audience could address a specific member of the board, or make a general statement or question.

Dr. Roadman thanked the audience for attending and opened the floor for the public to ask any questions at this time.

Mr. Curt Hyndman talked about his experience at McMurdo Station in VXE-6. He was stationed there from 1963-1967 and from 1971-1975. He described an experience in 1972 when he turned on a radiation detector and the instrument indicated an elevated level of radiation. He stated that he has had several friends who have died from cancer and had put in claims to the VA that were denied. He noted that he has a 60% disability and has had no problem with the VA, but felt that more should be done for others.

Mr. Charles Fleeman had a concern that the VA toll-free number, 1.800.727.8000, was never accessible. He noted that he had called several times and was never able to get through to actually talk to a person.

Mr. Charles Don Gough stated he witnessed above ground tests in November 1957 and was at ground zero. He had contracted cancer and received treatment, but that after six months, if you don't have treatment because your cancer is in remission, they will stop giving your VA benefits. He noted that just because the cancer is in remission, you still remain scared it will return. He mentioned he is still a patient and is involved with a study group, however, since the VA considers he doesn't have cancer they stopped his compensation. **Mr.Flohr** took his name and number and said he would investigate the situation.

Mr. Bill Vogel, president of the VX/VXE-6 association**,** has been researching radiation claims for members of the Antarctic Development Squadron that were stationed at McMurdo Station. He thanked **LCDR Fairchild** for his presentation. He talked about his concern about alpha radiation. He also noted a report in 1967 on the reactor described the shortcomings and problems associated with the reactor. **Mr. Vogel** hopes to be at every meeting from this point forward.

Mr. Tom Botchie stated that he helps veterans work with the VA and says that many of the veterans complain that they don't understand why the VA takes so long to respond. He said many veterans feel they have been pushed aside because of Agent Orange compensation claims. He said that the Disabled American Veterans help fill out forms and work with the VA.

Ms. Maria Landy, stated her father, **Jim Landy** was at McMurdo Station and he served in the military for 26 years. After retirement realized that he would have to go back to work to make enough money. In 2008 he was first diagnosed with cancer and has had ongoing incidences of cancer and severe pain since then. She recently found out that he was exposed to uranium and he has filed claims with the VA, but they have all been denied.

Mrs. Wanda Fleeman, wife of **Charles Fleeman**, was very pleased to see the Board working together to improve the system.

Mrs. Pam Landy, wife of **Jim Landy**, was curious as to why hearing aids aren't available for service connections. She has had trouble getting an appointment to have her husband seen at the VA clinic.

Dr. Lincoln Grahlfs said that he was impressed with all the outreach efforts, but wanted to talk about his experience with the local VA office in Madison, WI. He asked them about setting up an examination for the ionizing radiation registry (IRR) and they didn't have any clue what he was talking about.

Mr. Leonard Kempisty stated that he has an original copy of a crews' book from Deep Freeze operations at McMurdo Station. The personnel office made daily recording of activities, since they didn't have an official crew's book. **Mr. Kempisty** was planning to donate it to a museum, but he noted that **LCDR Fairchild** had said that they would welcome input from people having information from the McMurdo Station activities; he was willing to offer **LCDR Fairchild** the book before he donated it. **LCDR Fairchild** agreed and said that he would work with **Mr. Kempisty** off-line.

Mr. James Bonso, step-son of **Charles Fleeman**, and a retired Air Force physician assistant noted that he has a concern for potential compensation issues that may be associated with the next wave of veterans coming out from Iraq and Afghanistan. He noted that although **Mr. Fleeman** doesn't have cancer, he has several other ailments. **Mr. Bonso** also suggested having words up on a screen, like closed-captioning, for those who cannot hear like his mom.

Mr. Hostyn closed the public comment period, but noted the floor would be open from 9:00 - 10:30 AM on Saturday.

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Dr. Roadman opens the floor to the Board to ask any questions at this time.

Questions from Board

Dr. Boice: How many of the 68,000 were actually involved in the recovery operation as opposed to those that just happened to be living there in Japan? **Dr. Blake**: His team's efforts focused on the U.S. military personnel that were associated with operations near the damaged reactors. A lot of the humanitarian support was far north and south and not close to the damaged reactors. Those folks didn't pick up any radiation exposure, but they were there to help our Japanese allies. Of the 68,000; approximately 25,000 were dependents and another 3,000 were civilians that may not have been involved in the relief effort. During the discussion it was noted that nearly 12,000 U.S. military workers had internal monitoring or dosimeters issued.

Mr. McCurdy: Do you have an estimate of the activity that was released and the timeline, or can you reconstruct that going backwards from atmospheric models and things like that? **Dr. Blake**: This disaster was rated the same as at Chernobyl on the IAEA International Scale, however, it was one-tenth of the total activity of what was released at Chernobyl. Another significant feature on this activity was that most of it blew into the ocean and most people were 100 to 150 miles away from the release site.

Mr. McCurdy: Asked about the slides on brown water contamination and contamination of reservoirs; was the assumption correct? And was that deposition caused by the wet deposition rather than the dry deposition? He noted that the levels seemed high; he also asked if there was tritium in the water. **CDR Cassata**: They measured surface water, but didn't use the measurements for dose estimates, the dose estimates were based on the MEXT data and was measured directly from water taps. He did not think there was any tritium in the water.

Dr. Fleming: Why did the MEXT data need to be adjusted? **CDR Cassata**: There was a disparity in the magnitudes from the data used from the Japanese government versus the DOE data. Japan's data was a bit lower, since they used a 3 MeV cutoff value, it made sense. The small correction used was 1.1 to 5.1, was not such a great deal to just adjust and make the correction.

Mr. Groves: Suggested that perhaps some of the Board members should prepare a presentation and be willing to give a talk to veterans' groups who may be concerned about the McMurdo Station reactor or the Fukushima disaster.

Dr. Fleming: Suggested that **Mr. Flohr** update his compensation flow chart to include the Jackson VARO activities.

Dr. Swenson: Does it concern the Board that maybe it is the front end of the process of actually filling out the claim and getting it started, rather than when it is at Jackson? **Mr. Flohr**: The VA is currently working on making the forms easier for the Veterans, as it has been complex in the past. The group noted that some "fixes" may be outside the scope of the VBDR and are more of a VA management issue.

Mr. Groves: Is the Board going to stay on an annual meeting schedule**? Dr. Roadman**: This meeting had a great show of Veterans and an annual meeting seems to be a good plan and suggested the next meeting be in Albuquerque, NM. **Dr. Blake**: Agreed to the annual meeting and to the idea of having it in Albuquerque, NM.

(Meeting adjourned at 6:01 p.m.)

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March 24, 2012

Members in attendance on the 24 March 2012 were Dr. Charles H. Roadman, II, MD, LtGen, USAF (Ret), Chair; Mr. Harold L. Beck, Dr. Paul K. Blake, Dr. John D. Boice, Mr. Brad Flohr, Mr. Kenneth L. Groves, Dr. John Lathrop, Mr. R. J. Ritter, Dr. Kristin Swenson, Mr. Paul L. Voillequé, and Dr. Gary H. Zeman; Mr. William Hostyn was the Designated Federal Official. Others attendees included staff of various federal agencies and government contractors and many Atomic Veterans.

Opening Remarks

Mr. Hostyn called the meeting to order at 9:00 a.m. and stated the rules of the public comment period.

Dr. Roadman first started off by thanking **Mr. R.J. Ritter** for combining his meeting of the National Association of Atomic Veterans (NAAV) at the same time as the Federal Advisory Board. There are two issues, one is at the front, how hard it is to get into the system and the other is that veterans are worried about where they are going to get their care. This board was designated by congress to provide objective oversight between the Department of Veteran Affairs and the Department of Defense. **Dr. Roadman** described the activities of the four VBDR subcommittees and addressed the need to communicate with the Atomic Veteran population.

Dr. Roadman asked the board members to introduce themselves.

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Dr. Roadman opened the public comment session.

Public Comment Session

Dr. Lincoln Grahlfs clarified that he is from Wisconsin, not Michigan. He said that he received the AARP and two emails from his grandsons saying they had received it as well. He thinks it has been an effective way of doing outreach. He wrote an introduction an educational volume for VA employees talking about specific problems relating to Atomic Veterans. He mentioned work is being done but should be done effectively and on an ongoing basis.

The group discussed the issues associated with Atomic Veterans starting the claims process.

Dr. Ciminera stated that they are working to resolve issues that have been identified. **Dr. Walters** (his supervisor at VHA) walked in to test the system and find out how to get an exam at one of the local regional offices. The person at the front desk unfortunately didn't know what she was talking about,

however, after 30 minutes they found someone who did. **Dr. Ciminera** said he knows there is a problem and they are trying to figure it out.

Mr. Jim Benson, Director of Media Products and Internal Communications for the VA, noted that it is difficult to push a lot of information out and get through the layers of the bureaucracy with the size of the VA. He stated that his group is working hard to develop better communication and training.

Mr. Tom McGoff is an Atomic Veteran who placed a claim and it stayed put for eight months without being sent to the Jackson VARA like it should have. He would like the Board to consider this a serious problem. **Dr. Swenson**, **Ms. Berry**, and **Mr. Flohr** mentioned they are currently in the progress of making some changes and that implementation is up to the Office of Field Operations.

Mr. Laurence West has been to court about five times and has 10 percent disability for skin cancer. He stated that his badge number they were using to file his claim was not the same one he wore on the island. He had immune system problems and now he has cancer in his neck; he feels the VA does not have a system to keep track of these problems. **Dr. Roadman** suggested that **Mr. West** talk with **Dr. Blake** later that day.

Mr. Charles Fleeman had filed for a claim and was denied. His records indicated that he was in good health both entering and exiting the service. However, he doesn't understand why the VA keeps claiming that his claims are not service-related and has trouble getting any help. He also mentioned that he cannot get a response when he calls the VA toll free number. **Ms. Berry** offered to help him look at his claim.

Mr. Rodney Lee Guirdy has been helping retired Veterans with any problems they have with claims. He noted that the improvements at the VA over the years have been very positive.

Ms. Teri Lively had seen the AARP and was awarded $75,000 after filing a claim under RECA. She was curious to see if she could receive any other benefits from the VA, since she had taken care of him while he was sick. **Mr. Flohr** noted that only the spouse or children under to 18 were eligible for entitlements to death benefits.

Dr. Swenson made a motion for a recommendation that the VA move forward to implement a policy and process that would expeditiously transfer claims to the Jackson VARO. The recommendation was approved without comment.

Mr. Hostyn closed the public comment session.

(Meeting adjourned at 10:43 a.m.)

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End of Summary Minutes

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

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Charles H. Roadman, II, M.D., Chair
Lt. Gen, USAF (Ret.)

June 14, 2012
Date