

ATOMIC VETERANS INFORMATION & ASSISTANCE

[revised October 31 2003]

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The information contained within has been assembled from various sources and is published by the e-Nuclear Veterans News. The e-Nuclear Veterans News is not responsible for any errors contained within sub-articles and other.

Disclaimer

The information contained within this publication is considered up to date as of October 2003.

The information contained within is "*advised to be utilized as guidance only*" for Radiation-Risk Veterans and their Survivors.

ATOMIC VETERANS INFORMATION & ASSISTANCE

General

WEB SITES OF THE OFFICE OF PUBLIC HEALTH AND ENVIRONMENTAL HAZARDS

The Office of Public Health and Environmental Hazards is part of the headquarters of the Department of Veterans Affairs (VA). The focus of the office is to improve the health of veterans through professionally developed policies for the VA medical system relating to surveillance, prevention and treatment, energetic outreach, and special attention to the unique healthcare needs of special populations, including women veterans, veterans with hepatitis C or HIV/AIDS, and veterans exposed to environmental hazards, as well as to other emerging health issues..

www.va.gov/environagents/ -- This site directs readers to VA Web sites on the Gulf War, Agent Orange, and Ionizing Radiation programs, material for Afghanistan veterans, and information about the VA War-Related Illnesses and Injury Study Centers (WRIISCs), previously known as the Centers for the Study of War-Related Illnesses.

www.va.gov/gulfwar/ -- This site deals with the health problems and concerns of Gulf War veterans and their families. It includes the VA Gulf War Veterans Information helpline number 1-800-POW-VETS, lists VA Gulf War-related articles, reviews and publications, including a Gulf War Research Report to Veterans, a Questions-and-Answers brochure, journal article summaries, VA's Gulf War manual, a Gulf War fact sheet, also the Gulf War Risk Factor Report Reprints. There are links to the Gulf War Review newsletters, demonstration projects, an online independent study course for health professionals, and other information and material.

www.va.gov/agentorange/ -- This site provides readers with information about herbicides used in Vietnam. It starts with an Agent Orange overview, an Agent Orange General Information brochure, and a fact sheet on veterans benefits for those exposed to Agent Orange. There are links to the Agent Orange Review newsletters, Agent Orange Brief fact sheet series, news releases, VA disability compensation (including information about online filing), an online independent study course for health professionals, and more.

www.va.gov/oph/cold/ -- Health care professionals may wish to complete this self-study independent study guide on the effects of cold injury.

www.va.gov/irad/ -- The site includes the VA Ionizing Radiation handbook.

www.va.gov/shad/ -- This site provides information about Project 112 (including Project SHAD). Project SHAD (Shipboard Hazard and Defense) was a series of tests conducted by the Department of Defense (DoD) during the 1960s to determine the effectiveness of shipboard detection of chemical and biological warfare agents, the protective measures against these agents, and the potential risk to U.S. forces posed

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by the agents. Project 112 involved similar tests conducted on land. The site includes information letters, a Questions-and-Answers document, several DoD fact sheets, plus information about filing a claim, including doing so online.

www.publichealth.va.gov/ -- The Public Health Strategic Health Care Group includes the Center for HIV Research Resources, Center for Quality Management in Public Health, Hepatitis C Resource Centers, HIV/Hepatitis C Program Office, and the HIV Hepatitis C Prevention, HJV/Hepatitis C Training/Education and Smoke Free programs. This site includes VA directives and information letters, AIDS information,, smoking and tobacco use cessation program information, conferences/continuing education information, and much more.

www.va.gov/hepatitisc -- The Web site of the VA's National Hepatitis C Program provides comprehensive information for both patients and health professionals on this common viral infection of the liver.

www.publichealth.va.gov/SARS -. SARS (severe acute respiratory syndrome) is a serious illness characterized by fever and other flu-like symptoms that progresses rapidly to pneumonia and other problems. VA is greatly concerned about reports of the spread of SARS, from Asia to other parts of the world. The VA SARS Web site is designed to help VA staff and patients, and others concerned with veterans' health, to be better informed about the disease.

www.va.gov/emshg/ -- The Emergency Management Strategic Healthcare Group site provides information about its organization, missions, accomplishments, and current activities relating to disaster response and recovery operations. It includes a EMSHG directory, newsletter, annual report, and more.

For additional information, contact the Office of Public Health and Environmental Hazards, Department of Veterans Affairs, 810 Vermont Avenue, N.W., Washington, DC 20420, at 202-273-8575. The fax numbers are 202-273-9080, 9079, or 9078.

April 2003

Subject: 2002 CFR Title 38, Volume 1

2002 CFR Title 38, Volume 1Hi.If you have time to scroll thru this you might find some of it interesting. [Refer to Special Compensation's for some of these]

Title 38--Pensions, Bonuses, and Veterans' Relief

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PART 1--GENERAL PROVISIONS

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[LETTER RESPONSE from]

Department of Veterans Affairs (VA)

Veterans Health Administration (VHA)

Veterans Benefits Administration (VBA)

Response to inquiry from Richard U. Conant (then) National Commander, National Association of Atomic Veterans

Fact Sheet

A. Dose Reconstruction Requirement:

In your inquiry, you state that some VA regional offices "are requiring Dose Reconstruction in claims for Statutory Cancers." A dose estimate is only required for claims for service connection for radiogenic diseases that cannot be presumptively service connected by statute or regulation. No dose estimate is required for the 21 cancers manifested in radiation-exposed veterans for which service connection is presumed. Our regional offices are instructed to consider every possible basis for entitlement to benefits. If you believe that an office is failing to do this in radiation or other claims, please let us know.

[Confirmation of "in effect" received from Hq, VA, BVA on Dec. 27 2002]

B. Studying Offspring of Atomic Veterans:

At one point, Congress directed that VA enter into an agreement with the Medical Follow-up Agency of the Institute of Medicine (IOM), National Academy of Sciences, to evaluate the feasibility of performing an epidemiological study. The IOM report, Adverse Reproductive Outcomes in Families of Atomic Veterans: The Feasibility of Epidemiological Studies, which was published in 1995, concluded that it was not feasible to perform such an epidemiological study regarding possible health risks to children and spouses of Atomic Veterans, given the extremely small potential risk at low radiation doses and other methodological problems. The report (which is available on the internet at the following address: www.nap.edu) also noted that difficulties in studying grandchildren of Atomic Veterans would be even greater. In light of the IOM analysis, such research does not appear to be scientifically feasible although it would be highly desirable if it were possible.

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C. Other Radiation-Exposed Veterans:

You have asked us to identify whom veterans should contact for assistance in determining their eligibility for VA health care. To receive VA medical care, a veteran must be enrolled in VA's health care system. (38 U.S.C. §1 705) All enrolled veterans are eligible to receive VA's medical benefits package. Veterans, whose eligibility for VA health care is based solely on their status as a "radiation-exposed veteran," as the law defines that term, are to be enrolled in priority category (6). Veterans enrolled in priority category (6) are not subject to co-payments for hospital care or outpatient medical services furnished pursuant to VA's special treatment authority in 38 U.S.C. §§ 1710(a)(2)(F), 1710(e).

Medical administrative staff at the local VA medical facilities can assist veterans in the enrollment process and explain in which enrollment priority category the veteran falls. Specifically, the veterans should consult with the "Enrollment Coordinator" at the local VA medical facility located closest to their residence. These VA employees will be able to respond to any veteran's question concerning eligibility. If necessary, these employees are also able to consult with staff in VHA's Health Administrative Service (at VA Central Office in Washington, DC) and their Regional Counsel. Thus, the local Enrollment Coordinator is the best point of contact for veterans. If dissatisfied with a VA determination regarding their eligibility for care, the veteran may file a notice of disagreement with the facility and appeal the decision through existing appeals procedures.

You also asked what laws pertain to the provision of health care for radiation- exposed veterans. Special treatment authority exists by which a "radiation- exposed veteran," again as that term is defined by law, is eligible to receive hospital care, medical services, and nursing home care for certain conditions. That authority is found in 38 U.S.C. §§1710(a)(2)(F), 1710(e)(1)(B). The conditions for which they may receive treatment are identified as follows:

- (1) A disease listed in 38 U.S.C. 11 12(c)(2) [a disease for which a presumption of service connection exists]; or
- (2) Any other disease for which the Secretary determines that there is credible evidence of a positive association between occurrence of the disease in humans and exposure to ionizing radiation.

The list of diseases and veterans covered by the special treatment authority are identified and explained in detail in VHA's policy on Ionizing Radiation Exposed Veterans, VHA Directive and Handbook 1301. As you so graciously recognized, Ms. Helen Malaskiewicz in VA's Environmental Agents Service is a wonderful resource, and I understand that she has provided you with copies of these materials.

Our experience has taught us that many veterans are unfamiliar with how the law defines a "radiation-exposed veteran" for purposes of receiving VA health care. The term is far more narrowly defined than many veterans expect, and this may be why so many do not

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understand the reason for their ineligibility under the special treatment authority and seek your organization's assistance.

Section 1 71 O(e)(4)(B) provides that the term "radiation-exposed veteran" has the meaning given that term in 38 U.S.C. §1 1 12(c)(3). Section 11 12(c)(3) prescribes the limited number of service periods and radiation-risk activities that satisfy that definition. Thus, not every possible exposure to radiation qualifies a veteran for special treatment authority to VA health care. Congress would need to amend the law to extend special health care eligibility to veterans who may have been exposed to ionizing radiation (during their military service) in situations not now covered by section I 1 12(c)(3).

Veterans exposed to depleted uranium who served on active duty in the Southwest Asia theater of operations during in the Gulf War also are enrolled in priority group (6) for treatment of disorders associated with service there and are not required to make co-payments for such care.

Veterans can obtain information and assistance about filing claims for veteran's benefits by contacting their local VA regional office, or by calling VA's help line, at 1-800-827-1000.

Prepared by:
Office of Public Health and Environmental Hazards (13)
Veterans Health Administration

Office of Strategy and Development (211B)
Veterans Benefits Administration

May 2002

[Confirmation of "in effect" received from Hq, VA, VBA in Dec. 2002]

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ENROLLMENT PRIORITIES - October 2003

Original Chart restructured for this Publication

Which Veterans Pay For Which Services at VA Healthcare Facilities (NOTE: This Chart does not include Long Term Care Copayment Information.)

Priority Group	Inpatient Copayment	Outpatient Copayment	Medication Copayment	Insurance Billing	Insurance Balanced Billing	Insurance Deductible Copayment	Humanitarian Emergency Billing	
	GMT Copay	MT Copay						
Priority Group 1	No	No	No	No	Yes-if care was for NSC condition	No	No	No
Priority Groups* 2,3**,4***	No	No	No	Yes-if less than 50% SC & medication is for condition	Yes-if care was for NSC condition	No	No	No
Priority Group* 5	No	No	No	Yes	Yes-if care was for NSC condition	No	No	No
Priority Group*6 (WWI,Mexican Border & 0% SC Compensable)	No	No	No	Yes-if care was for NSC condition	Yes-if care was for NSC condition	No	No	No
Priority Group*6 (Veterans receiving care for exposure or experience****)	No****	No****	No****	No****	Yes-if care was for NSC condition	No	No	No
Priority Group 7 7a	Yes	No	Yes	Yes-if provided for NSC condition	Yes-if care was for NSC condition	No	No	No
7c	Yes	No	Yes	Yes	Yes	No	No	No
7e	No	No	No	No	No	No	No	Yes
7g	No	No	No	No	No	No	No	Yes
Priority Group 8 8a	No	Yes	Yes	Yes-if provided for NSC condition	Yes-if care was for NSC condition	No	No	No
8c	No	Yes	Yes	Yes	Yes	No	No	No
8e	No	No	No	No	No	No	No	Yes
8g	No	No	No	No	No	No	No	Yes

* Yes-if for NSC condition

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Priority Group 1:

Veterans with service-connected conditions rated 50 percent or more disabling

Priority Group 2:

Veterans with service-connected conditions rated 30 to 40 percent or more disabling

Priority Group 3:

Veterans who are former POWs; who are awarded the Purple Heart; who have service-connected conditions rated 10 or 20 percent disabling; who are discharged from active duty for a disability incurred or aggravated in the line of duty; or who are awarded special eligibility classification under 38 U.S.C., Section 1151

Priority Group 4

Veterans who are receiving aid and attendance or housebound benefits; or who have been determined by VA to be catastrophically disabled

Priority Group 5

Nonservice-connected veterans whose income and net worth are below the established dollar threshold

Zero percent noncompensable service-connected veterans whose income and net worth are below the established dollar threshold

Veterans in receipt of VA pension

Veterans eligible for Medicaid

Priority Group 6

Includes all other eligible veterans who are not required to make a co-payment for their medical care, including:

World War I and Mexican Border War veterans

Compensable zero percent service-connected veterans

Veterans solely seeking care for disorders associated with exposure to a toxic substance, radiation, or for disorders associated with service in the Gulf War, or; for any illness associated with service in combat in a war after the Gulf War or during a period of hostility after November 11, 1998 (note that for other treatment these veterans are required to make copayments based upon their reported income either under the Geographic Means Test copayment levels or the full medical care copayment rate.

Priority Group 7

Veterans whose income is above the VA Means Test threshold but below the applicable Geographic Means Test threshold who agree to copayments (inpatient copayments reduced by 80%).

Group 7a. Noncompensable 0% service-connected veterans

Group 7c. Nonservice-connected veterans

Veterans who are not eligible for enrollment if an enrollment decision to restrict enrollment of new Priority Group 7 veterans has been made. These veterans are eligible for care of NSC conditions on a humanitarian emergency basis and for care of SC conditions

Group 7e. Zero percent Noncompensable service-connected veterans who applied for enrollment after the date of an enrollment decision to restrict enrollment of new Priority Group 7 veterans

Group 7g. Nonservice-connected veterans who applied for enrollment after the date of an enrollment decision to restrict enrollment of new Priority Group 7 veterans

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Priority Group 8

Veterans not included in priority group 4, 6 or 7 who are eligible for care only if they agree to pay the medical care copayment.

Group 8a. Zero percent Noncompensable service-connected veterans

Group 8c. Nonservice-connected veterans

Veterans who are not eligible for enrollment. These veterans are eligible for care of NSC conditions on a humanitarian emergency basis and for care of SC conditions

Group 8e. Zero percent Noncompensable service-connected veterans who applied for enrollment after January 16, 2003

Group 8g. Nonservice-connected veterans who applied for enrollment after January 16, 2003.

*An annual medication copayment cap of \$840 has been established for veterans enrolled in priority groups 2-6. Medications will continue to be dispensed when the copayment cap is met. An annual medication copayment cap was not established for veterans enrolled in priority group 7 or 8.

**Veterans in receipt of a Purple Heart are in Priority Group 3. This change occurred with the enactment of PL 106-117 on November 30, 1999

***Medicare copayment required veterans who are determined to be Catastrophically Disabled and who are placed in Priority Group 4 for treatment are still subject to the copayment requirements. Catastrophically Disabled veterans in this priority group can be subject to full medical care copayments or to reduced inpatient copayments under the Geographic Means Test criteria.

~~~Priority Group 6- Health insurance and all applicable copayments will be billed when the care is for conditions not related to the veteran's exposure or experience. Veterans in this priority group can be subject to full medical care copayments or to reduced inpatient copayments under the Geographic Means Test criteria.

Special Categories of Veterans — (i.e., Agent Orange, Ionizing Radiation, Persian Gulf, veterans receiving military sexual trauma counseling, combat veterans receiving care of a potential service related condition within 2 years of discharge from military) are subject to medical care copayments when the treatment is not related to their exposure or experience. The initial registry examination and follow-up visits to receive results of the examination are not billed to the health insurance carrier. However, care provided not related to exposure, if it is nonservice-connected will be billed to the insurance carrier.

Medication Copayment Exemption — All veterans receiving prescriptions for NSC conditions who meet the low income criteria (income limits for the VA NSC pension program) are exempt from the medication copayment.

Long Term Care Copayments — Changes to Long Term Care Copayments are effective June 17, 2002 and are displayed on a separate chart.

Priority Group 7a and 7c Veterans — Veterans enrolled in this priority group have income above the VA Means Test threshold but below the Geographic Means Test threshold and are responsible for 20% of the inpatient copayment and 20% of the inpatient per diem copayment. The geographic means test copayment reduction does not apply to outpatient and medication copayments and veterans will be assessed the full applicable copayment charges. Note that reduced inpatient copayments can apply to veterans in Priority Groups 4 and 6 based upon the income of the veteran.

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Priority Group 7e and 7g Veterans -- Veterans assigned to Priority Group 7e or 7g are not eligible for enrollment if a decision to restrict enrollment of new Priority Group 7 veterans has been made. These veterans are eligible for care of their NSC conditions on a humanitarian emergency basis and are charged the applicable tortuously liable billing rate for services provided. Veterans in Priority Group 7e are eligible for care of SC conditions at no charge.

Priority Group 8a and 8c Veterans— Veterans enrolled in this priority group are responsible for the full inpatient copayment and the inpatient per diem copayment for care of their NSC conditions. Veterans in this priority group are also responsible for outpatient and medication copayments for care of their NSC conditions.

Priority Group 8e and 8g Veterans — Veterans assigned to Priority Group 8e or 8g are not eligible for enrollment. These veterans are eligible for care of their NSC conditions on a humanitarian emergency basis and are charged the applicable tortuously liable billing rate for services provided. Veterans in Priority Group 8e are eligible for care of SC conditions at no charge.

For Chart display "WHICH VETERANS PAY FOR SERVICES at VA Healthcare Facilities -

You need to have Adobe Reader 5.0 or Higher to Open the Chart.

"Single Click" PDF Symbol. Then "Double Click" once more to "Open."



Saturday, November 01, 2003.pdf



**Department of  
Veterans Affairs**

Office of Public  
Media Relations

**VA**

**Editor's Note:** Following are typical questions answered daily by VA counselors. Full information is available at any VA office.

September 2003

**Q. Is it true that veterans from the fighting in Afghanistan and the recent Gulf War can only receive VA health care for two years?**

**A.** No, that is not true. Since Nov. 11, 1998, VA has offered a special benefit to newly discharged combat veterans. Under the new program, these veterans can receive free VA health care for conditions that may be related to their military service for two years after discharge from the military. They may be charged copayments for non-service-related care. This benefit waives VA's customary

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requirement that veterans prove a connection between a current medical problem and their military service, or show that they fall below an income threshold.

At the end of that two-year period, these veterans will be treated like combat veterans from earlier conflicts. They can apply for enrollment in VA's health care system. There is no copayment for veterans with medical care related to service-connected problems or for veterans with limited resources.

### **Q. Besides health care, what other benefits do combat veterans receive?**

**A.** The newest generation of combat veterans receives the same benefits traditionally associated with military service. That includes disability compensation for those with service-connected health problems, VA pensions for veterans with limited incomes, VA home loan guarantees and educational assistance for those who contributed to the Montgomery GI Bill while in the military.

Other governmental agencies have their own benefits for veterans. The federal government and many state, territory and local governments have a hiring preference for veterans. Additional state benefits are available for veterans. For more information, see <http://www.va.gov/partners/stateoffice>.

### **Q. Do military service members who die during Operation Iraqi Freedom or Operation Enduring Freedom receive special treatment for burial?**

**A.** Service members who die on active duty are eligible for burial at Arlington National Cemetery. They are also eligible for burial in any of the national cemeteries operated by VA. Regardless of burial location, VA will provide a headstone or marker for the deceased's grave. If the remains of the deceased are cremated and placed in a niche in a stone wall called a columbarium, VA will furnish a niche marker. Veterans who die of any cause may receive military honors on request, with funeral directors generally contacting the Department of Defense on behalf of the family.

*For further information about VA financial payments, call 1-800-827-1000.*

*For information about VA health care, call 1-877-222-8387.*

*Or visit VA's Web page at <[www.va.gov](http://www.va.gov)>.*

### **Veterans Benefits Programs for U.S. Atmospheric Test Participants or Hiroshima/Nagasaki Occupation Forces**

(Toll Free Hot Line (800) 462-3683)

Introduction: The Defense Threat Reduction Agency (DTRA) (into which the Defense Special Weapons Agency consolidated) is the Executive Agent for the Nuclear Test Personnel Review (NTPR) Program, which serves veterans who participated in U.S. atmospheric nuclear tests or with the occupation forces of Hiroshima and Nagasaki, Japan. The primary purpose of the NTPR Program is to provide participation data and radiation dose information to veterans. It also informs veterans of health care availability

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and possible compensation benefits provided by the Department of Veterans Affairs (VA) (<http://www.va.gov/>) and the Department of Justice (DOJ) (<http://www.usdoj.gov/civil/torts/const/reca/index.htm>).

The Defense Threat Reduction Agency (DTRA) manages the NTPR Program as DoD's Executive Agent.

Compensation regulations: Various public laws as codified by Title 38, Code of Federal Regulations, Part 3, (38 CFR 3) authorize the VA to provide medical care and to pay compensation benefits to confirmed test participants and dependency and indemnity compensation to certain survivors. Other public laws codified by 28 CFR 79 authorize the DOJ to provide compensation to confirmed test participants. These regulations are briefly explained below. The Government Printing Office has a free Internet site (<http://www.access.gpo.gov/nara/cfr/cfr-table-search.html>) to access the above named Code of Federal Regulations. VA medical care: All eligible veterans, as defined above, may participate in the Ionizing Radiation Program, which consists of three parts.

1. Eligible veterans can participate in the Ionizing Radiation Registry Examination Program. This includes a complete medical history, physical examination and standard diagnostic tests, as well as additional specialized tests and consultations, if needed. The Ionizing Radiation Registry Program basically fulfills a clinical care purpose by offering eligible veterans a free health examination which potentially serves as an entry point for VA care.
2. Eligible veterans can also receive special treatment for radiogenic diseases currently covered by VA regulation (38 CFR 3.309 and 3.311). Care for these radiogenic conditions is provided without regard to the veteran's age, service-connected status, or ability to defray the cost of medical care. Additionally, no co-payment by the veteran is required. Even if an eligible veteran has never filed a compensation claim or if the claim has been denied, the veteran can still receive free care for radiogenic diseases.
3. Veterans can receive free assistance in submitting claims by contacting one of the veterans' service organizations. Regional VA offices may be contacted directly through the toll-free help-line at (800) 827-1000. For additional VA medical care specifics, please see the VA's Fact Sheet "VA Programs for Veterans Exposed to Radiation" or contact their web site (<http://www.va.gov/>).

Claims: Eligible veterans may file a claim under one or more of the following compensation programs.

VA presumptive program: Several public laws, as codified in 38 CFR 3.309, authorize the VA to pay compensation for 21 types of cancers to confirmed participants of U.S. atmospheric nuclear testing or the occupation forces of Hiroshima or Nagasaki. To establish eligibility to receive compensation from this law, veterans must file a claim with the VA. To initiate a claim, veterans must submit competent medical evidence of the claimed medical condition to the VA. Upon receipt, the VA will submit a request to the

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NTPR Program to confirm the veteran's participation in U.S. atmospheric testing or the occupation forces of Hiroshima and Nagasaki. Filing a VA claim under this law does not require dose information from the NTPR Program, nor does it require prior participant verification from the veteran.

However, veterans who are not confirmed participants are not entitled to VA compensation under this program.

VA non-presumptive program: Several public laws, as codified in 38 CFR 3.311, provide for VA determination of service connection and benefits for about 25 specified disease categories, including any other cancer not specifically identified. These regulations define rules for adjudicating VA claims and establish a panel of experts for addressing scientific issues regarding the relationship between diseases and radiation. If a claimed disease is not one of the diseases listed in 38 CFR 3.311, the veteran must cite or submit competent scientific or medical evidence showing that there is a relationship between radiation exposure and the disease before consideration under this regulation may be made. Veterans initiating a VA claim under this regulation do not require prior confirmation of participation or radiation dose information from the NTPR Program. Rather, to initiate a claim, veterans must submit to the VA competent medical evidence that the claimed medical condition exists. The NTPR Program will respond to the VA's request by providing participation and associated radiation dose information, where applicable. Per 38 CFR 3.311(a) (4), the VA can concede a veteran's presence at a test site if the NTPR Program, through military records, is not able to establish presence at or absence from a test. If the VA concedes a veteran's presence, then they will request the NTPR Program to provide radiation dose information.

DOJ compensation program: On Oct. 15, 1990, Congress passed the Radiation Exposure Compensation Act (RECA), which provides for compassionate payments to individuals (or their surviving beneficiaries) who contracted certain diseases listed in 28 CFR 79 as a result of their exposure to radiation from U.S. atmospheric nuclear weapons testing or as a result of their exposure to radiation during employment in uranium mines. The Department of Justice (DOJ) administers RECA as codified by 28 CFR 79.

Under RECA, there are three categories of claimants: uranium miners, downwinders and on-site participants. To receive compensation, a claimant must meet certain eligibility criteria. A claimant must establish residence in a specified area during a specified time period (downwinder claim), have participated in certain nuclear weapons tests (on-site participant claim), or have been exposed to certain defined minimum levels of radiation in a uranium mine (miner claim) and developed one of the illnesses listed in 28 CFR 79. Proof of physical presence may be established through a variety of records listed in 28 CFR 79.13. Written medical documentation is required in all cases to prove that the claimant suffered from or suffers from any of the conditions listed in 28 CFR 79.

Veterans initiating a DOJ (Department of Justice) claim for on-site participation under this regulation do not require prior confirmation of participation or radiation dose information from the NTPR Program. Rather, to initiate a claim,

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- \* veterans must contact DOJ by phone (800-729-7327),
- \* access the DOJ RECA Web site at  
<http://www.usdoj.gov/civil/torts/const/reca/index.htm>,
- \* or write to the Radiation Exposure Compensation Program at the  
DOJ,  
P.O. Box 146,  
Washington, D.C. 20044-0146,
- \* and submit an "on-site participation" form. Upon receipt of a claim, DOJ will forward the information to the NTPR Program and request it search records and gather facts relating to a claimant's participation in U.S. atmospheric nuclear tests. DOJ will then decide participation status, based upon input from the NTPR Program. The scope of the NTPR Program only includes assisting DOJ concerning on-site participants. Uranium miner and downwinder claims are outside the scope of the NTPR Program.  
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NOTE: Amchitka Veterans & Veterans with duty at certain Nuclear Plants, see Section 3.309. These Veterans might be eligible under RECA. If so, those Claims are administered by the DoL (Department of Labor)

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From: mac mckillips <mustangmac\_flo@yahoo.com>  
To: Pat Broudy <patbnaav@aol.com>  
Date: Wed, 27 Nov 2002  
Subject: VA Claims

Hi Pat,

I dont know if you remember but I was working on getting a definitive answer about filing a claim with the VA for a disease different from one that payment had been made for under the RECA program, when both were a result of the same exposure to radiation. Well I finally got an answer from Ronald Henke, Director, Compensation and Pension Service at the VA.

I quote from the letter:

"38 CFR 3.7 15 provides that acceptance of payment under RECA for a disease shall bar payment or further payment of compensation or DIC to or on behalf of that individual based upon disability or death resulting from the same disease"

"In the scenario you describe, e.g., acceptance of the RECA payment for colon cancer and the subsequent unrelated developement of a primary cancer of the esophagus or brain, then the primary cancer of the esophagus or brain would be separate and distinct diseases for which service connected disability compensation could be paid"

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"Note, however, that the medical evidence would need to establish that the subsequent cancer of the esophagus or brain is a separate and primary cancer and not the colon cancer metastasizing to the esophagus or brain"

This in a nut shell says different disease same exposure is claimable thru the VA.

[from Dick Conant] The foregoing explanation appears to "open the door" to certain veterans for Claim through RECA (lump sum) for one disease and Claim through VA for a different disease. Please read & "digest" the "Note" in the foregoing paragraph. ]

Continued from VA: You had mentioned in an earlier e-mail to me that the VA does not, or is not supposed to do dose reconstructions in a case when a cancer is listed on the presumptive list. Can you elaborate. I have been unable to find anything on this.

[from Dick Conant} This is reflected in USC 38 CFR 3.309 requirements as opposed to Section 3.311 requirements for Dose Reconstruction consideration}

Thanks and Regards

Mac McKillips

### ATOMIC VETERAN ELIGIBILITY

To clear up some misunderstandings of Atomic Veteran Eligibility, refer to the Requirements as Listed in USC 38 CFR, Section 3.309.

As relates to TRINITY Onsite Participants is spelled out.

There are other veterans who participated at Los Alamos Laboratory during the Manhattan Project who are eligible under certain Occupational & Safety Hazards requirements. As Eligibles, these Veterans are Listed and Eligible to be placed on a VA IRR (Ionizing Radiation Register). This information received from VA, Hq Washington DC.

**USC 38 CFR, Sections 3.307, 3.309, 3.311 [other Sections might also need to be referenced for eligibility]**

**U.S. Code 38 CFR, Section 3.307** Presumptive service connection for chronic, tropical or prisoner-of-war related disease, or disease associated with exposure to certain herbicide agents; wartime and service on or after January 1, 1947.

(a) General. A chronic, tropical, prisoner of war related disease, or a disease associated with exposure to certain herbicide agents listed in §3.309 will be considered to have been incurred in service under the circumstances outlined in this section even though there is no evidence of such disease during the period of service. No condition other than one listed in §3.309(a) will be considered chronic.

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(1) Service. The veteran must have served 90 days or more during a war period or after December 31, 1946. The requirement of 90 days' service means active, continuous service within or extending into or beyond a war period or which began before and extended beyond December 31, 1946, or began after that date. Any period of service is sufficient for the purpose of establishing the presumptive service connection of a specified disease under the conditions listed in §3.309(c) and (e).

(2) Separation from service. For the purpose of paragraph (a)(3) and (4) of this section the date of separation from wartime service will be the date of discharge or release during a war period, or if service continued after the war, the end of the war period. In claims based on service on or after January 1, 1947, the date of separation will be the date of discharge or release from the period of service on which the claim is based.

(3) Chronic disease. The disease must have become manifest to a degree of 10 percent or more within 1 year (for Hansen's disease (leprosy) and tuberculosis, within 3 years; multiple sclerosis, within 7 years) from the date of separation from service as specified in paragraph (a)(2) of this section.

(4) Tropical disease. The disease must have become manifest to a degree of 10 percent or more within 1 year from date of separation from service as specified in paragraph (a)(2) of this section, or at a time when standard accepted treatises indicate that the incubation period commenced during such service. The resultant disorders or diseases originating because of therapy administered in connection with a tropical disease or as a preventative may also be service connected. (Authority: 38 U.S.C. 1112)

(5) Diseases specific as to former prisoners of war. The diseases listed in §3.309(c) shall have become manifest to a degree of 10 percent or more at any time after discharge or release from active service. (Authority: 38 U.S.C. 1112)

(6) Diseases associated with exposure to certain herbicide agents. (i) For the purposes of this section, the term herbicide agent means a chemical in an herbicide used in support of the United States and allied military operations in the Republic of Vietnam during the period beginning on January 9, 1962, and ending on May 7, 1975, specifically: 2,4-D; 2,4,5-T and its contaminant TCDD; cacodylic acid; and picloram. (Authority: 38 U.S.C. 1116(a)(4))

(ii) The diseases listed at §3.309(e) shall have become manifest to a degree of 10 percent or more at any time after service, except that chloracne or other acneform disease consistent with chloracne, porphyria cutanea tarda, and acute and subacute peripheral neuropathy shall have become manifest to a degree of 10 percent or more within a year, and respiratory cancers within 30 years, after the last date on which the veteran was exposed to an herbicide agent during active military, naval, or air service.

(iii) A veteran who, during active military, naval, or air service, served in the Republic of Vietnam during the period beginning on January 9, 1962, and ending on May 7, 1975, and has a disease listed at §3.309(e) shall be presumed to have been exposed during such service to an herbicide agent, unless there is affirmative evidence to establish that the veteran was not exposed to any such agent during that service. The last date on which such a veteran shall be presumed to have been exposed to an herbicide agent shall be the last date on which he or she served in the Republic of Vietnam during the period beginning on January 9, 1962, and ending on May 7, 1975. Service in the Republic of Vietnam includes service in the waters offshore and service in other locations if the

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conditions of service involved duty or visitation in the Republic of Vietnam. (Authority: 38 U.S.C. 501(a) and 1116(a)(3))

(b) Evidentiary basis. The factual basis may be established by medical evidence, competent lay evidence or both. Medical evidence should set forth the physical findings and symptomatology elicited by examination within the applicable period. Lay evidence should describe the material and relevant facts as to the veteran's disability observed within such period, not merely conclusions based upon opinion. The chronicity and continuity factors outlined in §3.303(b) will be considered. The diseases listed in §3.309(a) will be accepted as chronic, even though diagnosed as acute because of insidious inception and chronic development, except:

(1) Where they result from intercurrent causes, for example, cerebral hemorrhage due to injury, or active nephritis or acute endocarditis due to intercurrent infection (with or without identification of the pathogenic micro-organism); or

(2) Where a disease is the result of drug ingestion or a complication of some other condition not related to service. Thus, leukemia will be accepted as a chronic disease whether diagnosed as acute or chronic. Unless the clinical picture is clear otherwise, consideration will be given as to whether an acute condition is an exacerbation of a chronic disease. (Authority: 38 U.S.C. 1112)

(c) Prohibition of certain presumptions. No presumptions may be invoked on the basis of advancement of the disease when first definitely diagnosed for the purpose of showing its existence to a degree of 10 percent within the applicable period. This will not be interpreted as requiring that the disease be diagnosed in the presumptive period, but only that there be then shown by acceptable medical or lay evidence characteristic manifestations of the disease to the required degree, followed without unreasonable time lapse by definite diagnosis. Symptomatology shown in the prescribed period may have no particular significance when first observed, but in the light of subsequent developments it may gain considerable significance. Cases in which a chronic condition is shown to exist within a short time following the applicable presumptive period, but without evidence of manifestations within the period, should be developed to determine whether there was symptomatology which in retrospect may be identified and evaluated as manifestation of the chronic disease to the required 10-percent degree. The consideration of service incurrence provided for chronic diseases will not be interpreted to permit any presumption as to aggravation of a preservice disease or injury after discharge.

(d) Rebuttal of service incurrence. Evidence which may be considered in rebuttal of service incurrence of a disease listed in §3.309 will be any evidence of a nature usually accepted as competent to indicate the time of existence or inception of disease, and medical judgment will be exercised in making determinations relative to the effect of intercurrent injury or disease. The expression "affirmative evidence to the contrary" will not be taken to require a conclusive showing, but such showing as would, in sound medical reasoning and in the consideration of all evidence of record, support a conclusion that the disease was not incurred in service. As to tropical diseases the fact that the veteran had no service in a locality having a high incidence of the disease may be considered as evidence to rebut the presumption, as may residence during the period in question in a region where the particular disease is endemic. The known incubation periods of tropical diseases should be used as a factor in rebuttal of presumptive service connection as showing inception before or after service. (Authority: 38 U.S.C. 1113)

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[26 FR 1581, Feb. 24, 1961, as amended at 35 FR 18281, Dec. 1 1970; 39 FR 34530, Sept. 26, 1974; 43 FR 45347, Oct. 2, 1978; 47 FR 11655, Mar. 18, 1982; 58 FR 29109, May 19, 1993; 59 FR 5106, Feb. 3, 1994; 59 FR 29724, June 9, 1994; 61 FR 57588, Nov. 7, 1996; 62 FR 35422, July 1, 1997]

### **Supplement Highlights references: 7(8), 10(1), 12(1), 24(3), 30(1).**

Reserved

3.307- §3.307-Presumptive service connection; wartime

3.307-1 §3.307-Presumptive service connection; wartime and service on or after  
Jan. 1, 1947 3.307-1

(Original 8/15/91)

(No. 30 7/25/97)

### **U.S. Code 38, Section 3.309 [partial] Disease subject to presumptive service connection.**

Excerpt from total inclusive 3.309 for ionizing radiation exposure (only)  
Statutory (presumptives).

(d) Diseases specific to radiation-exposed veterans.

(1) The diseases listed in paragraph (d)(2) of this section shall be service-connected if they become manifest in a radiation-exposed veteran as defined in paragraph (d)(3) of this section, provided the rebuttable presumption provisions of §3.307 of this part are also satisfied.

(2) The diseases referred to in paragraph (d)(1) of this section are the following:

- (i) Leukemia (other than chronic lymphocytic leukemia).
- (ii) Cancer of the thyroid.
- (iii) Cancer of the breast.
- (iv) Cancer of the pharynx.
- (v) Cancer of the esophagus.
- (vi) Cancer of the stomach.
- (vii) Cancer of the small intestine.
- (viii) Cancer of the pancreas.
- (ix) Multiple myeloma.
- (x) Lymphomas (except Hodgkin's disease).
- (xi) Cancer of the bile ducts.
- (xii) Cancer of the gall bladder.
- (xiii) Primary liver cancer (except if cirrhosis or hepatitis B is indicated).
- (xiv) Cancer of the salivary gland.

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- (xv) Cancer of the urinary tract.
- (xvi) Bronchiolo-alveolar carcinoma.
- (xvii) Cancer of the bone.
- (xviii) Cancer of the brain.
- (xix) Cancer of the colon.
- (xx) Cancer of the lung.
- (xxi) Cancer of the ovary.

Note: For the purposes of this section, the term urinary tract means the kidneys, renal pelves, ureters, urinary bladder, and urethra. ***[DOES NOT INCLUDE PROSTATE CANCER]***  
(Authority: 38 U.S.C. 1112(c)(2))

(3) For purposes of this section:

(i) The term radiation-exposed veteran means either a veteran who, while serving on active duty, or an individual who while a member of a reserve component of the Armed Forces during a period of active duty for training or inactive duty training, participated in a radiation-risk activity.

(ii) The term radiation-risk activity means:

(A) Onsite participation in a test involving the atmospheric detonation of a nuclear device.

(B) The occupation of Hiroshima or Nagasaki, Japan, by United States forces during the period beginning on August 6, 1945, and ending on July 1, 1946.

(C) Internment as a prisoner of war in Japan (or service on active duty in Japan immediately following such internment) during World War II which resulted in an opportunity for exposure to ionizing radiation comparable to that of the United States occupation forces in Hiroshima or Nagasaki, Japan, during the period beginning on August 6, 1945, and ending on July 1, 1946.

(D) (1) Service in which the service member was, as part of his or her official military duties, present during a total of at least 250 days before February 1, 1992, on the grounds of a gaseous diffusion plant located in Paducah, Kentucky, Portsmouth, Ohio, or the area identified as K25 at Oak Ridge, Tennessee, if, during such service the veteran:

(i) Was monitored for each of the 250 days of such service through the use of dosimetry badges for exposure at the plant of the external parts of veteran's body to radiation; or

(ii) Served for each of the 250 days of such service in a position that had exposures comparable to a job that is or was monitored through the use of dosimetry badges; or

(2) Service before January 1, 1974, on Amchitka Island, Alaska, if, during such service, the veteran was exposed to ionizing radiation in the performance of duty related to the Long Shot, Milrow, or Cannikin underground nuclear tests.

(3) For purposes of paragraph (d)(3)(ii)(D)(1) of this section, the term "day" refers to all or any portion of a calendar day.

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(iii) The term atmospheric detonation includes underwater nuclear detonations.

(iv) The term onsite participation means:

(A) During the official operational period of an atmospheric nuclear test, presence at the test site, or performance of official military duties in connection with ships, aircraft or other equipment used in direct support of the nuclear test.

(B) During the six month period following the official operational period of an atmospheric nuclear test, presence at the test site or other test staging area to perform official military duties in connection with completion of projects related to the nuclear test including decontamination of equipment used during the nuclear test.

(C) Service as a member of the garrison or maintenance forces on Eniwetok during the periods June 21, 1951, through July 1, 1952, August 7, 1956, through August 7, 1957, or November 1, 1958, through April 30, 1959.

(D) Assignment to official military duties at Naval Shipyards involving the decontamination of ships that participated in Operation Crossroads.

(v) For tests conducted by the United States, the term operational period means:

(A) For Operation TRINITY the period July 16, 1945 through August 6, 1945.

(B) For Operation CROSSROADS the period July 1, 1946 through August 31, 1946.

(C) For Operation SANDSTONE the period April 15, 1948 through May 20, 1948.

(D) For Operation RANGER the period January 27, 1951 through February 6, 1951.

(E) For Operation GREENHOUSE the period April 8, 1951 through June 20, 1951.

(F) For Operation BUSTER-JANGLE the period October 22, 1951 through December 10, 1951

(G) For Operation TUMBLER-SNAPPER the period April 1, 1952 through June 20, 1952.

(H) For Operation IVY the period November 1, 1952 through December 31, 1952.

(I) For Operation UPSHOT-KNOTHOLE the period March 17, 1953 through June 20, 1953.

(J) For Operation CASTLE the period March 1, 1954 through May 31, 1954.

(K) For Operation TEAPOT the period February 18, 1955 through June 10, 1955.

(L) For Operation WIGWAM the period May 14, 1955 through May 15, 1955.

(M) For Operation REDWING the period May 5, 1956 through August 6, 1956.

(N) For Operation PLUMBBOB the period May 28, 1957 through October 22, 1957.

(O) For Operation HARDTACK I the period April 28, 1958 through October 31, 1958.

(P) For Operation ARGUS the period August 27, 1958 through September 10, 1958.

(Q) For Operation HARDTACK II the period September 19, 1958 through October 31, 1958.

(R) For Operation DOMINIC I the period April 25, 1962 through December 31, 1962.

(S) For Operation DOMINIC II/ PLOWSHARE the period July 6, 1962 through August 15, 1962.

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(vi) The term occupation of Hiroshima or Nagasaki, Japan, by United States forces means official military duties within 10 miles of the city limits of either Hiroshima or Nagasaki, Japan, which were required to perform or support military occupation functions such as occupation of territory, control of the population, stabilization of the government, demilitarization of the Japanese military, rehabilitation of the infrastructure or deactivation and conversion of war plants or materials.

(vii) Former prisoners of war who had an opportunity for exposure to ionizing radiation comparable to that of veterans who participated in the occupation of Hiroshima or Nagasaki, Japan, by United States forces shall include those who, at any time during the period August 6, 1945, through July 1, 1946:

(A) Were interned within 75 miles of the city limits of Hiroshima or within 150 miles of the city limits of Nagasaki, or

(B) Can affirmatively show they worked within the areas set forth in paragraph (d)(4)(vii)(A) of this section although not interned within those areas, or

(C) Served immediately following internment in a capacity which satisfies the definition in paragraph (d)(4)(vi) of this section, or

(D) Were repatriated through the port of Nagasaki. (Authority: 38 U.S.C. 1110, 1112, 1131)

### **U.S. Code 38 CFR, Section 3.311 Claims based on exposure to ionizing radiation.**

(a) Determinations of exposure and dose:

(1) Dose assessment. In all claims in which it is established that a radiogenic disease first became manifest after service and was not manifest to a compensable degree within any applicable presumptive period as specified in §3.307 or §3.309, and it is contended the disease is a result of exposure to ionizing radiation in service, an assessment will be made as to the size and nature of the radiation dose or doses. When dose estimates provided pursuant to paragraph (a)(2) of this section are reported as a range of doses to which a veteran may have been exposed, exposure at the highest level of the dose range reported will be presumed. (Authority: 38 U.S.C. 501(a))

(2) Request for dose information. Where necessary pursuant to paragraph (a)(1) of this section, dose information will be requested as follows:

(i) Atmospheric nuclear weapons test participation claims. In claims based upon participation in atmospheric nuclear testing, dose data will in all cases be requested from the appropriate office of the Department of Defense.

(ii) Hiroshima and Nagasaki occupation claims. In all claims based on participation in the American occupation of Hiroshima or Nagasaki, Japan, prior to July 1, 1946, dose data will be requested from the Department of Defense.

(iii) Other exposure claims. In all other claims involving radiation exposure, a request will be made for any available records concerning the veteran's exposure to radiation. These records normally include but may not be limited to the veteran's Record of Occupational Exposure to Ionizing Radiation (DD Form 1141), if maintained, service medical records, and other records which may contain information pertaining to the veteran's radiation dose in service. All such records will be forwarded to

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the Under Secretary for Health, who will be responsible for preparation of a dose estimate, to the extent feasible, based on available methodologies.

(3) Referral to independent expert. When necessary to reconcile a material difference between an estimate of dose, from a credible source, submitted by or on behalf of a claimant, and dose data derived from official military records, the estimates and supporting documentation shall be referred to an independent expert, selected by the Director of the National Institutes of Health, who shall prepare a separate radiation dose estimate for consideration in adjudication of the claim. For purposes of this paragraph:

(i) The difference between the claimant's estimate and dose data derived from official military records shall ordinarily be considered material if one estimate is at least double the other estimate.

(ii) A dose estimate shall be considered from a "credible source" if prepared by a person or persons certified by an appropriate professional body in the field of health physics, nuclear medicine or radiology and if based on analysis of the facts and circumstances of the particular claim.

(4) Exposure. In cases described in paragraph (a)(2)(i) and (ii) of this section:

(i) If military records do not establish presence at or absence from a site at which exposure to radiation is claimed to have occurred, the veteran's presence at the site will be conceded.

(ii) Neither the veteran nor the veteran's survivors may be required to produce evidence substantiating exposure if the information in the veteran's service records or other records maintained by the Department of Defense is consistent with the claim that the veteran was present where and when the claimed exposure occurred.

(b) Initial review of claims.

(1) When it is determined:

(i) A veteran was exposed to ionizing radiation as a result of participation in the atmospheric testing of nuclear weapons, the occupation of Hiroshima or Nagasaki, Japan from September 1945 until July 1946 or other activities as claimed;

(ii) The veteran subsequently developed a radiogenic disease; and

(iii) Such disease first became manifest within the period specified in paragraph (b)(5) of this section; before its adjudication the claim will be referred to the Under Secretary for Benefits for further consideration in accordance with paragraph (c) of this section. If any of the foregoing 3 requirements has not been met, it shall not be determined that a disease has resulted from exposure to ionizing radiation under such circumstances.

(2) For purposes of this section the term "radiogenic disease" means a disease that may be induced by ionizing radiation and shall include the following:

(i) All forms of leukemia except chronic lymphatic (lymphocytic) leukemia

;i) Thyroid cancer;

(iii) Breast cancer;

(iv) Lung cancer;

(v) Bone cancer;

(vi) Liver cancer;

(vii) Skin cancer;

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- (viii) Esophageal cancer;
- (ix) Stomach cancer;
- (x) Colon cancer;
- (xi) Pancreatic cancer;
- (xii) Kidney cancer;
- (xiii) Urinary bladder cancer;
- (xiv) Salivary gland cancer;
- (xv) Multiple myeloma;
- (xvi) Posterior subcapsular cataracts;
- (xvii) Non-malignant thyroid nodular disease;
- (xviii) Ovarian cancer;
- (xix) Parathyroid adenoma;
- (xx) Tumors of the brain and central nervous system;
- (xxi) Cancer of the rectum;
- (xxii) Lymphomas other than Hodgkin's disease;
- (xxiii) Prostate cancer; and
- (xxiv) Any other cancer.

(Authority: 38 U.S.C. 501(a))

(3) **Public Law 98-542** requires VA to determine whether sound medical and scientific evidence supports establishing a rule identifying polycythemia vera as a radiogenic disease. VA has determined that sound medical and scientific evidence does not support including polycythemia vera on the list of known radiogenic diseases in this regulation. Even so, VA will consider a claim based on the assertion that polycythemia vera is a radiogenic disease under the provisions of paragraph (b)(4) of this section. (Authority: Pub. L. 98-542, section 5(b)(2)(A)(i), (iii)).

(4) If a claim is based on a disease other than one of those listed in paragraph (b)(2) of this section, VA shall nevertheless consider the claim under the provisions of this section provided that the claimant has cited or submitted competent scientific or medical evidence that the claimed condition is a radiogenic disease.

(5) For the purposes of paragraph (b)(1) of this section:

- (i) Bone cancer must become manifest within 30 years after exposure;
- (ii) Leukemia may become manifest at any time after exposure;
- (iii) Posterior subcapsular cataracts must become manifest 6 months or more after exposure; and
- (iv) Other diseases specified in paragraph (b)(2) of this section must become manifest 5 years or more after exposure. (Authority: 38 U.S.C. 501(a); Pub. L. 98-542)

(c) Review by Under Secretary for Benefits.

(1) When a claim is forwarded for review pursuant to paragraph (b)(1) of this section, the Under Secretary for Benefits shall consider the claim with reference to

## ATOMIC VETERANS INFORMATION & ASSISTANCE

the factors specified in paragraph (e) of this section and may request an advisory medical opinion from the Under Secretary for Health.

(i) If after such consideration the Under Secretary for Benefits is convinced sound scientific and medical evidence supports the conclusion it is at least as likely as not the veteran's disease resulted from exposure to radiation in service, the Under Secretary for Benefits shall so inform the regional office of jurisdiction in writing. The Under Secretary for Benefits shall set forth the rationale for this conclusion, including an evaluation of the claim under the applicable factors specified in paragraph (e) of this section.

(ii) If the Under Secretary for Benefits determines there is no reasonable possibility that the veteran's disease resulted from radiation exposure in service the Under Secretary for Benefits shall so inform the regional office of jurisdiction in writing, setting forth the rationale for this conclusion.

(2) If the Under Secretary for Benefits, after considering any opinion of the Under Secretary for Health, is unable to conclude whether it is at least as likely as not or that there is no reasonable possibility, the veteran's disease resulted from radiation exposure in service, the Under Secretary for Benefits shall refer the matter to an outside consultant in accordance with paragraph (d) of this section.

(3) For purposes of paragraph (c)(1) of this section, "sound scientific evidence" means observations, findings, or conclusions which are statistically and epidemiologically valid, are statistically significant, are capable of replication, and withstand peer review, and "sound medical evidence" means observations, findings, or conclusions which are consistent with current medical knowledge and are so reasonable and logical as to serve as the basis of management of a medical condition.

(d) Referral to outside consultants.

(1) Referrals pursuant to paragraph (c) of this section shall be to consultants selected by the Under Secretary for Health from outside VA, upon the recommendation of the Director of the National Cancer Institute. The consultant will be asked to evaluate the claim and provide an opinion as to the likelihood the disease is a result of exposure as claimed.

(2) The request for opinion shall be in writing and shall include a description of:

(i) The disease, including the specific cell type and stage, if known, and when the disease first became manifest;

(ii) The circumstances, including date, of the veteran's exposure;

(iii) The veteran's age, gender, and pertinent family history;

(iv) The veteran's history of exposure to known carcinogens, occupationally or otherwise;

(v) Evidence of any other effects radiation exposure may have had on the veteran; and

(vi) Any other information relevant to determination of causation of the veteran's disease.

The Under Secretary for Benefits shall forward, with the request, copies of pertinent medical records and, where available, dose assessments from official sources, from

## ATOMIC VETERANS INFORMATION & ASSISTANCE

credible sources as defined in paragraph (a)(3)(ii) of this section, and from an independent expert pursuant to paragraph (a)(3) of this section.

(3) The consultant shall evaluate the claim under the factors specified in paragraph (e) of this section and respond in writing, stating whether it is either likely, unlikely, or approximately as likely as not the veteran's disease resulted from exposure to ionizing radiation in service. The response shall set forth the rationale for the consultant's conclusion, including the consultant's evaluation under the applicable factors specified in paragraph (e) of this section. The Under Secretary for Benefits shall review the consultant's response and transmit it with any comments to the regional office of jurisdiction for use in adjudication of the claim.

(e) Factors for consideration. Factors to be considered in determining whether a veteran's disease resulted from exposure to ionizing radiation in service include:

(1) The probable dose, in terms of dose type, rate and duration as a factor in inducing the disease, taking into account any known limitations in the dosimetry devices employed in its measurement or the methodologies employed in its estimation;

(2) The relative sensitivity of the involved tissue to induction, by ionizing radiation, of the specific pathology;

(3) The veteran's gender and pertinent family history;

(4) The veteran's age at time of exposure;

(5) The time-lapse between exposure and onset of the disease; and

(6) The extent to which exposure to radiation, or other carcinogens, outside of service may have contributed to development of the disease.

(f) Adjudication of claim. The determination of service connection will be made under the generally applicable provisions of this part, giving due consideration to all evidence of record, including any opinion provided by the Under Secretary for Health or an outside consultant, and to the evaluations published pursuant to §1.17 of this title. With regard to any issue material to consideration of a claim, the provisions of §3.102 of this title apply.

(g) Willful misconduct and supervening cause. In no case will service connection be established if the disease is due to the veteran's own willful misconduct, or if there is affirmative evidence to establish that a supervening, nonservice-related condition or event is more likely the cause of the disease.

[50 FR 34458, Aug. 26, 1985, as amended at 54 FR 42803, Oct. 18, 1989; 58 FR 16358, Mar. 26, 1993; redesignated at 59 FR 5107, Feb. 3, 1994; 59 FR 45975, Sept. 6, 1994; 60 FR 9628, Feb. 21, 1995; 60 FR 53277, Oct. 13, 1995; 63 FR 50994, Sept. 24, 1998; 67 FR 6871, Feb. 14, 2002]

Supplement Highlights references: 7(1), 10(1), 13(1), 14(7), 18(4), 34(1), 50(3).

3.201- §3.201-[Reserved]

3.201-3.311- §3.311-Claims based on exposure to ionizing radiation

3.311-

(Original 8/15/91)

(No. 50 2/25/02)

## ATOMIC VETERANS INFORMATION & ASSISTANCE

[41 FR 55873, Dec. 23, 1976 and 47 FR 11656, Mar. 18, 1982, as amended at 47 FR 54436, Dec. 3, 1982; 49 FR 47003, Nov. 30, 1984; 53 FR 23236, June 21, 1988; 54 FR 26029, June 21, 1989; 57 FR 10426, Mar. 26, 1992; 58 FR 25564, Apr. 27, 1993; 58 FR 29109, May 19, 1993; 58 FR 41636, Aug. 5, 1993; 59 FR 5107, Feb. 3, 1994; 59 FR 25329, May 16, 1994; 59 FR 29724, June 9, 1994; 59 FR 35465, July 12, 1994; 60 FR 31252, June 14, 1995; 61 FR 57589, Nov. 7, 1996; 65 FR 43700, July 14, 2000; 66 FR 23168, May 8, 2001; 67 FR 3615, Jan. 25, 2002]

**Supplement Highlights references: 7(6, 8), 10(1), 11(1), 12(1,5), 16(3), 24(3), 43(1), 46(2), 50(1).**

3.201- §3.201-[Reserved]

3.201-3.309- §3.309-Disease subject to presumptive service connection

3.309-(Original 8/15/91)

(No. 50 2/25/02)

**Received December 27 2002 as a result of Dick's inquiry to BVA Washington.**

Department of Veterans Affairs  
Veterans Benefits Administration  
Washington, DC 20420

August 29, 2001

OFO Letter 201-01-119

Director (00)

All VA Regional Offices and Centers

**Subject: Secretary's Initiative to Expedite the Adjudication of the Oldest Claims**

The Secretary of Veterans Affairs has initiated a comprehensive plan to expedite the processing of our oldest pending claims, with priority given to those claims filed by veterans age 70 or older. This plan incorporates a three-pronged approach:

- Establish a special processing unit;
- Revise the mission for the SDN Resource Centers;
- Provide Level III case management service at all RO's for veterans age 70 and older, and for any customer whose claim has been pending more than 1 year.

## **ATOMIC VETERANS INFORMATION & ASSISTANCE**

Work on all three approaches is now in progress, with full implementation by November 1, 2001.

### **What is the Special Processing Team?**

The Special Processing Team, located in Cleveland, will consist of both VSRs and RVSRs dedicated to:

- Priority 1: Processing claims filed by veterans age 70 or older that have been pending 1 year or more;
- Priority 2: Processing any claims pending 1 year or more;
- Priority 3: Processing claims of veterans age 70 or older.

The team's Director will systematically call for the transfer of claims that meet these priorities. At the time of transfer, the team will assume full ownership of the case, from development through decision notification. More detailed information on the Special Processing Team will be forthcoming.

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Subject: Secretary's Initiative to Expedite the Adjudication of the Oldest Claims

### **What is the Mission of the SDN Resource Centers?**

The nine SDN Resource Centers will amend their mission to include:

- Priority 1: Processing any ready-to-rate claims filed by veterans age 70 or older;
- Priority 2: Processing any ready-to-rate claims pending 1 year or more;
- Priority 3: Processing any ready-to-rate case.

Again, more detailed information and procedures on Resource Centers will be forthcoming.

### **What is your role in this initiative?**

Effective immediately, each Regional Office will:

- Provide Level III case management service to veterans age 70 or older;
- Provide Level III case management service to any customer whose claim is pending 1 year or more;
- As in the past, aggressively process these claims to ensure a timely decision.

The Compensation and Pension Service (C&P) is in the process of updating the Case Management Service Guide which you can access on the Intranet through the Under Secretary's Home Page. The C&P Service is also currently in the process of incorporating the Case Management process and procedures into M 21-1.

# ATOMIC VETERANS INFORMATION & ASSISTANCE

## What you need to do

In order to case manage these claims, you will need to ensure that a CAPS record is created and maintained for all claims from veterans age 70 or older and any claim pending 1 year or more. The CAPS record must accurately reflect a claim's current status. This loading of CAPS will be accomplished in stages:

- 1) Over age 70 and pending over 1 year = create/update CAPS record by September 15, 2001;
- 2) Over age 70, claim pending any length of time, for claims under EPs 110, 010, 180, 020 and 120 = create/update CAPS record by November 1, 2001;
- 3) Any other over age 70 case or any claim pending more than one year will be entered into CAPS and Level III case managed as the claim is received or the next time the case is handled, as appropriate.

Page 3

Subject: Secretary's Initiative to Expedite the Adjudication of the Oldest Claims

## What you will receive from us

Per the above paragraph, the Data Management Office (DMO) will provide a listing for each regional office of all pending end products meeting the Stage 1 category by August 31, 2001. The listing of claims for Stage 2 will be provided by DMO by mid-September.

## Other actions

The listings will also be used by the Cleveland Team to determine which cases are to be transferred to the Special Processing Team and which cases need to be sent to the SDN Resource Centers.

Listings of older veterans'/survivors' cases for each regional office will be periodically compared with the CAPS files by OFO to ensure that all cases are under CAPS control and that status updates are being entered into CAPS. The listings will also be reviewed to ensure that work is progressing on reducing the number of pending claims from "older veterans."

/s/  
Michael Walcoff  
Associate Deputy Under Secretary  
for Operations (West)

/s/  
James A. Whitson  
Associate Deputy Under Secretary  
for Operations (East)

# ATOMIC VETERANS INFORMATION & ASSISTANCE

## CLAIMS PROCESSING INVOLVING RADIATION EXPOSURE

### POLICY GUIDANCE

#### COMPENSATION AND PENSION SERVICE

JULY 3, 2003

#### **BACKGROUND:**

The National Research Council (NRC) published a report on May 8, 2003 that found the methods used by the Defense Threat Reduction Agency (DRTA) to calculate reconstructed dose estimates required under 38 C.F.R. §3.311 are generally valid for estimating average dose exposure. However, the NRC found that the methodology used to calculate upper-bound doses for both external and inhaled exposures often underestimated exposure and was highly uncertain.

#### **CURRENT STATUS:**

We have received information from two service organizations that some regional offices believe that they should not process radiation related claims whether based on 38 C.F.R. § 3.309 or 38 C.F.R. § 3.311. This is not correct.

VA has worked closely with DTRA to resolve the concerns raised by the NRC report. We have provided DTRA with a list of claimant records in which radiation exposure was an issue. We expect DTRA to shortly provide VA with a list of those cases, and others that they identify, for which a reconstructed dose estimate had previously been provided. We will provide additional guidance to the field regarding review of these records when DRTA provides us with the list.

DTRA is currently recalculating all reconstructed dose estimate requests that it received prior to May 8, 2003 and to which it has not yet responded. Reconstructed dose estimates using the new methodology will be clearly identified in the dose estimate letters.

Field Guidance, Dose Reconstruction  
July 3, 2003

#### **WHAT REGIONAL OFFICES SHOULD DO NOW:**

##### ***38 C.F.R. § 3.309 CLAIMS:***

The NRC report has no effect on claims processing for radiation presumptive conditions under 38 C.F.R. § 3.309. Process these claims using existing guidance.

##### ***38 C.F.R. § 3.311 CLAIMS***

## ATOMIC VETERANS INFORMATION & ASSISTANCE

Regional offices that have reconstructed dose estimate letters dated after May 8, 2003 that clearly indicate the dose was calculated using the revised methodology as a result of the NRC report, should adjudicate the claim.

Reconstructed dose estimates provided by DTRA that do not clearly indicate they were calculated using the revised methodology as a result of the NRC report should be returned to DTRA for a new estimate.

Regional offices that have radiation exposure claims requiring development under 38 C.F.R. § 3.311 *should not defer action*. Appropriate development should be initiated. When development is completed, request a reconstructed dose estimate from DTRA.

### QUESTIONS:

Questions regarding this issue should be referred to either Thomas Pamperin, Assistant Director for Policy at 202-273-7247 or Ed Davenport, Project Lead, at 202-273-7222.

# ATOMIC VETERANS INFORMATION & ASSISTANCE

## WHERE TO OBTAIN INFORMATION & PROOF OF PARTICIPATION

Address for the Department of Energy in Nevada which houses the records of all Test Participants. Send for their information which the NSO should include in the initial claim. This address is: Department of Energy, Nevada Operations Office, P.O. Box 98518, Las Vegas, NV 90193-9518. Write a letter of request for your records. Include: Branch of Military Service, Service Number, Social Security Number. Include a copy of a picture ID such as a Drivers License, or other.

### **Address for Dose Reconstruction Information:**

Defense Threat Reduction Agency  
Attn: Robert A. Kehlet  
Chief, Human Risk and Technology Branch  
Systems Survivability Division  
Nuclear Support and Operations Directorate  
Defense Threat Reduction Agency  
45045 Aviation Drive

Dulles, Virginia 20166-17517      Tp: 1-800-462-3683

Write letter or Telephone requesting Information verifying participation of veteran in one, or more, Atmospheric Tests. In this request DO NOT ASK FOR ANY INFORMATION REGARDING DOSE RECONSTRUCTIONS(S).

You will need to give: Name, Address, City, State, Zip, Telephone Number, Military Branch Serial Number(s), Test Project(s) Names, Dates "if known", Other pertinent known data.

**Most personnel or service records (201 files) of Veterans are stored at National Personnel Records Center (NPRC),** in St. Louis, Missouri. In some cases, these records date back to 1886 Veterans of the next of kin of a deceased veteran can get access to these records:

NARA | eVetRecs      <http://www.nara.gov/evetrecs>

Where Is...? / How Do I...? ----- Where Is...?

----- Hot Topics / What's New

The Constitution The Declaration of Independence The Bill of Rights

Genealogy Veterans' Service Records

Archival Research Catalog (ARC) Access to Archival Databases

(AAD) eVetRecs Electronic Records Archives (ERA)

Archives Library Info. Center (ALIC) Calendar of Events

FAQs FOIA Reading Room Information

Security Oversight Office Interagency Working Group (IWG)

Locations and Hours (Facilities) Media Desk Organization Chart

Preservation Prologue Magazine Publications -

## ATOMIC VETERANS INFORMATION & ASSISTANCE

----- How Do I...? ----- Use this Site  
Order Copies Contact NARA Visit NARA Apply for a Job  
Volunteer at NARA  
Research Online Find a Public Law Apply for a Grant  
Find Records Management Training

October 30, 2003

### Request Copies of Military Personnel Records

Welcome to our online military personnel records request system.

Use our system to create a customized order form to request information from your, or your relative's, military personnel records. You may use this system if you are:

- \* A military veteran, or
- \* Next of kin of a deceased, former member of the military (The next of kin can be any of the following: surviving spouse that has not remarried, father, mother, son, daughter, sister, or brother.)

If you are not the veteran or next of kin, you must complete the Standard Form 180 (SF 180). You can obtain this form from Fax-on-Demand, or download it, then mail or fax it to the appropriate address on the form.

The SF 180 may be photocopied as needed. Please submit a separate request (either SF 180 or letter) for each individual whose records are being requested. You may submit more than one request per envelope or fax.

How to Initiate a Request for Military Personnel Records:

- \* Click on the "Request Military Records" button to start. This will launch a separate window.
- \* Enter the required information in the system to create your customized request form. There are 4 steps that you need to navigate. The system will guide you through the steps and tell you exactly which step you are on.
- \* Print, sign and date the signature verification area of your customized form. If you don't have a printer, have a pen and paper handy and we will guide you through the process. This is important because the Privacy Act of 1974 (5 U.S.C. 552a) requires that all requests for records and information be submitted in writing. Each request must be signed and dated by the veteran or next of kin.
- \* Mail or fax your signature verification form to us, and we will process your request. You must do this within the first 20 days of entering your request, or your request will be removed from our system.

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NPRC initiates **online records request procedures** The National Personnel Records Center is working to make it easier for veterans with

NPRC initiates online records request procedures The National Personnel Records Center is working to make it easier for veterans with computers and Internet access to obtain copies of documents from their military files. Military veterans and the next of kin of deceased former military members may now use a new online military personnel records system to request documents.

## ATOMIC VETERANS INFORMATION & ASSISTANCE

Other individuals with a need for documents must still complete the Standard Form 180 which can be downloaded from the online website. The new web-based application was designed to provide better service on these requests by eliminating the records center's mailroom processing time.

Also, because the requester will be asked to supply all information essential for NPRC to process the request, delays that normally occur when NPRC has to ask veterans for additional information will be minimized.

Veterans and next of kin may access this application at  
<http://vetrecs.archives.gov/>.

Please note there is no requirement to type "www" in front of the web address.

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National Personnel Records Center Form 180 Back to the Phonies Index

### NATIONAL PERSONNEL RECORDS CENTER

ATTN: (Insert Branch of Service - If multiple Services send one request for each Branch)

MILITARY PERSONNEL RECORDS  
9700 PAGE AVENUE  
ST. LOUIS, MO 63132-5100

### GENEALOGICAL AND PUBLIC ACCESS TO RECORDS\*

3. Releasable Information. Under the provisions of the FOIA [Freedom of Information Act], as amended in 1974, only the following items can ROUTINELY BE RELEASED FROM THE RECORD to a member of the general public:

- Name
- Age (date of birth)
- Dates of service
- Source of commission
- Rank/grade and date attained
- Marital status
- Promotion sequence number
- Salary\*
- Office phone number\*
- City/town and state of last known address and date of this address
- Serial/service number (those issued prior to the use of the social security number as the service number)
- Decorations and awards
- Place of birth; date and geographical location of death; and place of burial+
- Military and civilian education level
- Photograph (or photocopy if only one photo is available)
- Place of induction and separation
- Duty assignments (including geographical location)
- Dependents (including name, sex, and age)

## ATOMIC VETERANS INFORMATION & ASSISTANCE

records of court-martial trial (unless classified)  
education/schooling (military)  
future assignments which have been finalized\*  
duty status#

\* These items obviously relate to active duty personnel and are not likely to be found in the records at this Center.

# For records at this Center this generally means discharged or retired.

+ If person is deceased, these items also may generally be released.

### NATIONAL ARCHIVES AND RECORDS ADMINISTRATION

\*NA FORM 13043 (REV. 5-94)

#### POW NETWORK NOTE:

A FORM 180 [REQUEST PERTAINING TO MILITARY RECORDS] AND A WRITTEN FOIA REQUEST IS USUALLY REQUIRED TO GET ANY RECORDS.

FULL RECORDS CAN BE OBTAINED IF THE INDIVIDUAL CLAIMING POW [OR SEAL OR SPECIAL FORCES] SIGNS THE FORM 180.

IF the individual DOES NOT sign the form, only the above information noted in RED will be released if available.

FORM 180 -

[http://www.archives.gov/facilities/mo/st\\_louis/military\\_personnel\\_records/standard\\_form\\_180.html](http://www.archives.gov/facilities/mo/st_louis/military_personnel_records/standard_form_180.html)

OR

FILL OUT ONLINE, PRINT and Mail

[http://www.archives.gov/publications/standard\\_forms/180\\_fillable.pdf](http://www.archives.gov/publications/standard_forms/180_fillable.pdf)

+++++++

National Personnel Records Center  
Military Personnel Records  
9700 Page Avenue  
St. Louis, MO 63132-5100  
(or Fax this form to; 314-538-4175)

Date: \_\_\_\_\_

Dear Sirs or Madams:

I am requesting, under the Federal Freedom of Information Act, the publicly-releasable form of the military record of;

Full Name: \_\_\_\_\_

## ATOMIC VETERANS INFORMATION & ASSISTANCE

SSAN/Service Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home Town/Place of Birth \_\_\_\_\_

Branch of Service \_\_\_\_\_

Dates of Service \_\_\_\_\_

Place entered Service \_\_\_\_\_

Last Unit of Assignment \_\_\_\_\_

Place of Discharged \_\_\_\_\_

Please Mail your findings to;

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

For appointment, please call: AIR FORCE (314) 538-4218; NAVY/ MARINE CORPS/COAST GUARD (314) 538-4200; ARMY RETIRED (314) 538-4010  
The last option is to get a third party to obtain the file and copy all of part of it. The U.S. Locator Service in St Louis is a private firm that specializes in military records searches. The NPRC has approved this firm to act as an agent for Veterans or their next of kin. With signed authorization, the firm will obtain the complete file and make copies of either discharges or an entire personnel and medical file. These copies will be sent directly to the client. The fee for discharge copies is \$60; and for copies of an entire file, \$110. The turnaround time is 10-21 days.  
For more information and/or an authorization form, send your request to:  
U.S LOCATOR SERVICE, Attn: DICK BIELEN, P.O. Box 2577, St Louis, MO 63114-2577, or call (314) 423-0860.

## **ATOMIC VETERANS INFORMATION & ASSISTANCE**

### **FOR SHIPS LOGS**

From: "Bob Campbell" <hotdoc0@cox.net>

Many times your Discharge Papers (DD 214) don't tell the hole story of you duty stations while in the service. One of the things thy won't show is when you were sent on TDY or TAD. That is where the Ships Log for ships and Deck Log for Shore Activities. When you check out and in an entry is made in one of those Logs. You may request a copy of that information from:

The Modern Military Branch, National  
Archives and Records Administration,  
8601 Adelphi Road  
College Park, MD 20740-6001  
301-713-7250

Has custody of the deck logs from 1 January 1941 through 1970,  
<http://www.history.navy.mil/faqs/faq13-1.htm>

### **FOR DD-214 ON-LINE**

From: "Bob Campbell" <hotdoc0@cox.net>

Subject: DD-214 Avable On Line

Date: Thu, 11 Sep 2003

How easy can it get, now receive your DD-214 On Line.

[http://www.military.com/MilitaryReport/?file=3DMR\\_Obtaining\\_090803&ESRC=3D=od.nl](http://www.military.com/MilitaryReport/?file=3DMR_Obtaining_090803&ESRC=3D=od.nl)

# ATOMIC VETERANS INFORMATION & ASSISTANCE

## VA CLAIMS PROCESS

Date: Fri, 24 May 2002

Although we are very pleased that the VA has added 5 more cancers to the presumptive list and we think that this is the biggest gain in "real world" cancers since the original presumptive law [PL 100-321] was passed in 1988, we still have a long, long way to go. So many radiogenic cancers and other radiation caused illnesses ruin the lives of atomic veterans and their families yet don't kill quickly and are not on the presumptive list. This must be changed by Congress and all our members should let their Senators and Representatives know about it.

There are still too many VA Medical facilities that don't know their own rules and know nothing about the Ionizing Radiation Register [IRR] and charge atomic vets co-payments for treatment of radiation caused illnesses and keep the atomic vet in priority 7. When on the IRR the veteran should be in priority 6 or higher. When a 70 year old (or older) veteran files or reopens a claim it should be sent directly to the "Tiger Team" and adjudicated more quickly. This is not always done. Thanks to VA Secretary Principi and our contacts in his office, these problems are being corrected, but there are still too many.

A very disturbing problem that is beginning to show up lately is that many National Service Officers of our largest, finest veterans organizations are filing atomic veterans claims incorrectly. Some are filing claims for presumptive cancers/conditions under 38 CFR 3.311 [non-presumptive] or just "radiation exposed". This should never be done. Some are filing claims with presumptive, non-presumptive and other conditions all on one claim. This complicates and slows the adjudication process. These mistakes allow the VA to require a dose reconstruction from Nuclear Test Personnel Review of Defense Threat Reduction Agency, thus ruining any chance of having a claim granted. When presumptive claims are filed under the presumptive law 38 CFR 3.309 and the date and location requirements are met, all that is required of DTRA is verification that the veteran was exposed. FACT: Claims filed under 3.311, requiring a dose estimate [either presumptive or non-presumptive] have a very low success rate. Claims filed under 3.309, not requiring a dose estimate, for any of the 21 presumptive conditions listed in 3.309, have a much higher success rate.

In response to this communication, I (Dick) have sent this out to Directors and Others in the past.

Please Read, Save for Future Use, AND Understand.

The Percent for Lung Cancer is THIRTY (30), as is the percent for several other Statutory Cancers under 3.309..

Under the REGULATION adding 5 Statutory (Presumptives) to Section 3.309 as of March 26, 2002, there is NO RETROACTIVE PAY FOR A REGULATION AUTHORIZED.

## ATOMIC VETERANS INFORMATION & ASSISTANCE

Following are ASSUMPTIONS (NOT FACT) comprised from the information furnished me by a large number of veterans & spouses (DIC). who have been awarded claims since March 26.

Veterans/Spouses, where the veteran WAS TREATED for the Statutory cancer AT OTHER THAN A VA HEALTH SYSTEM, claim was basic (NO PERCENTAGE HIGHER THAN THIRTY (30), NO RETRO PAY.

Veterans/Spouses, WHERE THE STATUTORY Cancer was DIAGNOSED & TREATED AT A VA HEALTH SYSTEM:

1. Received an initial award notice for the Cancer & the Basic Percentage. Letter generally had a FURTHER REVIEW CLAUSE (means VA was looking into further consideration(s) based upon enclosed medical information.
2. Later the Veteran/Spouse received NOTICE of Percentage Stands AS ORIGINAL, OR in some the PERCENTAGE WAS INCREASED, SOME FOR A CERTAIN TIME FRAME.
3. Later the Veteran/Spouse was advised that RETRO PAY WAS BEING AWARDED BACK TO A GIVEN DATE (Generally the Date of Diagnosis OR Other). In these Claims I can ONLY ASSUME THAT Medical Enclosures created the ADJUSTED DECISIONS.

CONCLUSION: Diagnosis & Treatment at a VA Health System MADE & MAKES THE DIFFERENCE.

TRUST this clears up this issue.

**In 2003 We have seen a few Claims being awarded under "Special Compensation."**

**USC 38 CFR, Sections 3.350 & 3.358** reflect many physical/medical conditions that are eligible for Claims. Most of these Claims are awarded under "Special Compensation."

As Sections 3.350/3.358 are extensive, We have not copied for inclusion in this explanation. Anyone interested in a further analysis can SEARCH for 3.350 and/or 3.358 on the VA Web Site <http://www.va.gov/>

Service-Connected Disability Compensation Rates  
(Effective Dec. 1, 2002)

| Disability<br>Rating | Monthly Rate |        |
|----------------------|--------------|--------|
|                      | 2002         | 2003   |
| 10%                  | \$ 103       | \$ 104 |
| 20                   | 199          | 201    |
| 30                   | 306          | 310    |

## ATOMIC VETERANS INFORMATION & ASSISTANCE

|                                 |              |        |
|---------------------------------|--------------|--------|
| 40                              | 439          | 445    |
| 50                              | 625          | 633    |
| 60                              | 790          | 801    |
| 70                              | 995          | 1,008  |
| 80                              | 1,155        | 1,171  |
| 90                              | 1,299        | 1,317  |
| 100                             | 2,163        | 2,193  |
| Special Monthly<br>Compensation | Monthly Rate |        |
|                                 | 2002         | 2003   |
| K                               | \$ 80        | \$ 81  |
| L                               | 2,691        | 2,728  |
| M                               | 2,969        | 3,010  |
| N                               | 3,374        | 3,425  |
| o or P                          | 3,827        | 3,827  |
| Ri                              | 3,777        | 5,470  |
| R2                              | 5,395        | 6,273  |
| S                               | 5,396        | 2455   |
|                                 | 6,188        |        |
|                                 | 2422         |        |
| Clothing<br>Allowance           | \$ 580       | \$ 588 |

---

### Independent Review of Radiation Dose Reconstruction By the Defense Threat Reduction Agency (DTRA)

#### Background

Approximately 195,000 veterans were exposed to ionizing radiation as POWs or occupation forces in Nagasaki and Hiroshima and another 120,000 in the nuclear weapons testing in New Mexico, Nevada, the Atlantic, and the Pacific from 1945-1962. A database of participants, known as “atomic veterans” and dose estimation efforts were begun by the Defense Nuclear Agency, now DTRA, in the 1970s and a compensation program in VA was begun in the 1980s.

Twenty-one specific cancers are presumed to be due to radiation and all that is required for compensation is documentation of exposure. For all other disorders a dose estimation

## **ATOMIC VETERANS INFORMATION & ASSISTANCE**

supplied by the DTRA is used to determine if the disease is as likely as not to have been caused by radiation in the military.

### **National Research Council Study**

A report from the National Academy of Sciences' National Research Council on May 8, 2003, indicates that dosage estimates from the DTRA were often underestimated for veterans who participated in above-ground nuclear weapons tests. The report also noted that they believe the changes in radiation dose estimates will result in a limited number of additional positive decisions for compensation.

### **Inquiries from Veterans**

Individuals contacting the VA concerning this study should be advised that: the VA is in the process of identifying the effected veterans, radiation-related claims will be reviewed, and veterans will be notified whether or not further action will be taken on their claim. There is no additional information available at this time.

### **FILING A RADIATION-RISK CLAIM?**

**\*\*With VA?** Claim should be specifically filed under U.S.C. 38 CFR, Section 3.309 (21 Presumptive Cancers listing) or 3.311 (Listing of all recognized (by VA) of Radiation-Risk Diseases .(no other general reference such as: radiation exposure, radiation, etc.).

Section 3.309 is very clear in it's designation - medical proof of the "listed presumptive cancer and proof of participation at a "listed Operation and within the listed inclusive dates." There is NO mention of a Dose Requirement.

Section 3.311 is very clear in it's designation - medical proof of the "listed radiation-risk diseases and proof of participation at designated locations within inclusive dates", much more encompassing of required data such as DR(s), etc.

Why the BenefitsVA personnel at some Regional Offices and NSO's cannot (it appears) understand these two Sections, and their differences, is beyond comprehension. Perhaps these folks should go back to grade school for a spell and come out with a better understanding of "reading & understanding basics."

BELOW Received December 27 2002 as a result of Dick's inquiry to BVA Washington.

Department of Veterans Affairs  
Veterans Benefits Administration  
Washington, DC 20420

August 29, 2001

OFO Letter 201-01-119

# ATOMIC VETERANS INFORMATION & ASSISTANCE

Director (00)  
All VA Regional Offices and Centers

Subject: **Secretary's Initiative to Expedite the Adjudication of the Oldest Claims**

The Secretary of Veterans Affairs has initiated a comprehensive plan to expedite the processing of our oldest pending claims, with priority given to those claims filed by veterans age 70 or older. This plan incorporates a three-pronged approach:

- ? Establish a special processing unit;
- ? Revise the mission for the SDN Resource Centers;
- ? Provide Level III case management service at all RO's for veterans age 70 and older, and for any customer whose claim has been pending more than 1 year.

Work on all three approaches is now in progress, with full implementation by November 1, 2001.

## **What is the Special Processing Team?**

The Special Processing Team, located in Cleveland, will consist of both VSRs and RVSRs dedicated to:

- ? Priority 1: Processing claims filed by veterans age 70 or older that have been pending 1 year or more;
- ? Priority 2: Processing any claims pending 1 year or more;
- ? Priority 3: Processing claims of veterans age 70 or older.

The team's Director will systematically call for the transfer of claims that meet these priorities. At the time of transfer, the team will assume full ownership of the case, from development through decision notification. More detailed information on the Special Processing Team will be forthcoming.

Page 2

Subject: Secretary's Initiative to Expedite the Adjudication of the Oldest Claims

## **What is the Mission of the SDN Resource Centers?**

The nine SDN Resource Centers will amend their mission to include:

- ? Priority 1: Processing any ready-to-rate claims filed by veterans age 70 or older;
- ? Priority 2: Processing any ready-to-rate claims pending 1 year or more;
- ? Priority 3: Processing any ready-to-rate case.

## **ATOMIC VETERANS INFORMATION & ASSISTANCE**

Again, more detailed information and procedures on Resource Centers will be forthcoming.

### **What is your role in this initiative?**

Effective immediately, each Regional Office will:

- ? Provide Level III case management service to veterans age 70 or older;
- ? Provide Level III case management service to any customer whose claim is pending 1 year or more;
- ? As in the past, aggressively process these claims to ensure a timely decision.

The Compensation and Pension Service (C&P) is in the process of updating the Case Management Service Guide which you can access on the Intranet through the Under Secretary's Home Page. The C&P Service is also currently in the process of incorporating the Case Management process and procedures into M 21-1.

### **What you need to do**

In order to case manage these claims, you will need to ensure that a CAPS record is created and maintained for all claims from veterans age 70 or older and any claim pending 1 year or more. The CAPS record must accurately reflect a claim's current status. This loading of CAPS will be accomplished in stages:

- 1) Over age 70 and pending over 1 year = create/update CAPS record by September 15, 2001;
- 2) Over age 70, claim pending any length of time, for claims under EPs 110, 010, 180, 020 and 120 create/update CAPS record by November 1, 2001;
- 3) Any other over age 70 case or any claim pending more than one year will be entered into CAPS and Level III case managed as the claim is received or the next time the case is handled, as appropriate.

Page 3

Subject: **Secretary's Initiative to Expedite the Adjudication of the Oldest Claims**

### **What you will receive from us**

Per the above paragraph, the Data Management Office (DMO) will provide a listing for each regional office of all pending end products meeting the Stage 1 category by August 31, 2001. The listing of claims for Stage 2 will be provided by DMO by mid-September.

### **Other actions**

## ATOMIC VETERANS INFORMATION & ASSISTANCE

The listings will also be used by the Cleveland Team to determine which cases are to be transferred to the Special Processing Team and which cases need to be sent to the SDN Resource Centers.

Listings of older veterans'/survivors' cases for each regional office will be periodically compared with the CAPS files by OFO to ensure that all cases are under CAPS control and that status updates are being entered into CAPS. The listings will also be reviewed to ensure that work is progressing on reducing the number of pending claims from "older veterans."

/s/      /s/  
Michael Walcoff      James A. Whitson  
Associate Deputy Under Secretary      Associate Deputy Under Secretary  
for Operations (West)      for Operations (East)

**For veterans NOT covered under the above Section's, but were affiliated with Nuclear, DU and other similar activity**, who desire treatment for similar diseases - Go to your VA Health System, Office of Eligibility OR Office of Environmental Hazards and discuss your problems with them. there are treatment avenues open under that Office's administration. Either office may not be familiar, but are familiar with Registries such as: IRR, Agent Orange, Gulf, SHAD, etc. - just mention one of these.

**\*\*With R.E.C.A. - The RECA (Radiation Exposure Compensation Act)**, administered through the DoJ (Department of Justice) Or DoL (Department of Labor), as considers veterans claims, is full of "catch 22s."

There are "general applications for veterans Claims that are administered by DoJ." generally, Amchitka veterans, and certain veterans assigned to designated Nuclear Plants, Claim(s) are administered by DoL.

I have heard of the National Cancer Center., as well as some Others. Generally, these organizations are "tuned in" to the Basic RECA which applies to civilians. They, generally, do not go through the "veterans portion" for absolute understanding.

### **I have three questions:**

1. Did the veteran receive any treatment from VA which might have been related to radiation-risk?
2. Was the veteran on the VA IRR (Ionizing Radiation Register)?
3. Was the veteran ever granted disability compensation from other Government Agencies such as Social Security or Other?

IF any of the above questions are "affirmative", then any RECA Lump Sum Payment would HAVE BACKCHARGES FOR ANY AND ALL FUNDS AND MEDICAL CHARGES (AT CURRENT RATES) DEDUCTED FROM THE LUMP SUM PAYMENT. (this from the results of claims filed & awarded by some vets & widows,

## ATOMIC VETERANS INFORMATION & ASSISTANCE

resulting in ZERO payment. In these, Uncle Sam was generous enough not to further charge them "the overage.")

Before a RECA Lump Sum is granted, and check issued, RECA checks with other agencies for "activity reports."

If answers to the three questions above are "negative", then the RECA Claim could be Filed with the Department of Justice and let it take it's course. The Claimant should receive notice of award in writing. Also, be notified of Government Agency Reports. AT THAT TIME IS THE TIME TO EVALUATE THE CLAIMANTS ACCEPTANCE OF THE LUMP SUM AS THEN ANY CATCH 22s SHOULD BE PRESENTED AND CONSIDERED BEFORE FINAL ACCEPTANCE OF THE LUMP SUM.

My latest information is there is NO RECA awards for Hiroshima/Nagasaki Occupation Troops.

Dick Conant

### VA FACT SHEET

September 2002

#### VA Programs For Veterans Exposed To Radiation

The Department of Veterans Affairs (VA) provides special priority for health care services to certain veterans who were exposed to radiation while on active duty. These veterans are also eligible for the other benefits offered by VA to most veterans, such as home loan guarantees, educational payments and, in certain circumstances, survivor benefits.

#### "Atomic Veterans"

People who were exposed to radiation during their military services are often referred to as "atomic veterans." That is an unofficial term. To qualify for VA's special program for veterans exposed to radiation, people must meet very precise eligibility criteria that are based upon federal law or department regulations. This includes veterans who:

- \* Participated in atmospheric and certain underground nuclear tests;
- \* Took part in the American occupation of Hiroshima and Nagasaki, Japan;
- \* Certain veterans who were POWs in Hiroshima and Nagasaki; or
- \* Served at gaseous diffusion plants in Paducah, Ky., Portsmouth, Ohio, and area K25 at Oak Ridge, Tenn.

Veterans who participated in these radiation-risk activities are eligible to take part in the VA ionizing radiation registry examination program. VA also provides compensation to veterans and their survivors if the veteran has a disability that is associated with these events.

Radiation Statistics

## ATOMIC VETERANS INFORMATION & ASSISTANCE

About 195,000 service members participated in the post-World War II occupation of Hiroshima and Nagasaki, Japan, or were prisoners of war there. Over 95 percent of them received doses below 0.1 rem, a standard measurement of radiation exposure. Only those Nagasaki occupation forces that regularly entered the Nishiyama area had the potential to receive doses up to 1 rem.

In addition, approximately 210,000 service members took part in atmospheric nuclear tests between 1945 and 1962 in the United States, the Pacific and the Atlantic. Less than 1 percent of them received doses greater than 5 rem per year, the current federal occupational radiation dose limit. The average radiation dose received by participants was about 0.6 rem.

The Defense Threat Reduction Agency's Nuclear Test Personnel Review program has maintained a database of participants in U.S. atmospheric nuclear test activities since 1978.

### Determination of Service-Connected Diseases

VA provides disability compensation to radiation-exposed veterans and their survivors for radiogenic diseases under two programs specific:

**Presumptive Program.** Veterans who participated in nuclear tests by the U.S. including certain underground tests at Amchitka Island, Alaska, prior to January 1, 1974, or who served with the U.S. occupation forces in Hiroshima or Nagasaki, Japan, between August 1945 and July 1946, or who were prisoners of war in Japan, or some who served at the gaseous diffusion plants listed above are eligible for compensation for cancers specified in federal law.

The 21 types of cancer covered under the presumptive program are: all forms of leukemia except chronic lymphocytic leukemia; cancer of the thyroid, bone, brain, breast, colon, lung, ovary, pharynx, esophagus, stomach, small intestine, pancreas, bile ducts, gall bladder, salivary gland and urinary tract (kidneys, renal pelvis, ureter, urinary bladder and urethra); lymphomas (except Hodgkin's disease); multiple myeloma; primary liver cancer; and bronchio-alveolar carcinoma (a rare lung cancer).

**Non-presumptive Program.** For radiation-related diseases not covered in the presumptive program, regulations provide for consideration of disability compensation claims from veterans exposed to radiation during military service. Under the non-presumptive program, additional factors must be considered to determine service-connection, including amount of radiation exposure, duration of exposure and elapsed time between exposure and onset of disease.

VA regulations define all cancers as potentially radiogenic, as well as certain other non-malignant conditions, such as posterior subcapsular cataracts; non-malignant thyroid nodular disease; parathyroid adenoma; and tumors of the brain and central nervous system.

## ATOMIC VETERANS INFORMATION & ASSISTANCE

Claims for disability compensation may be filed at a VA regional office. Veterans or their survivors can reach a regional office by calling 1-800-827-1000. The Defense Department maintains a helpline at 1-800-462-3683 to provide veterans with information about their test participation.

### **Rates of Disability Compensation**

Rates of compensation depend upon the degree of disability and follow a payment schedule that applies to all veterans. Current rates are listed in VA's handbook, "Federal Benefits for Veterans and Dependents," and are available on the Web by following the compensation link at <http://www.va.gov/>.

For deaths in 1993 and after, compensation to survivors is paid at a flat rate regardless of the deceased veteran's rank in the military. An additional amount may be paid if the veteran had been rated 100-percent disabled for service-connected disabilities for at least eight years before death and had been married to the surviving spouse during the same period. Additional amounts also may be paid to the surviving spouse for dependent minor children.

### **Ionizing Radiation Registry Program**

In addition to special eligibility to enroll for VA health care for radiation-related conditions, veterans who participated in radiation-risk activities are eligible to participate in VA's Ionizing Radiation Registry examination. Under this program, VA will perform a complete physical examination for each veteran who requests it if the veteran participated in atmospheric and certain underground nuclear weapons testing, if he or she served with the U.S. occupation forces in Hiroshima or Nagasaki or was a POW there, or served at one of the gaseous diffusion plants listed previously. Veterans do not need to be enrolled for general VA care to be eligible for the Ionizing Radiation Registry.

As of June 2002, VA records show 22,503 veterans had received this special examination.

### **Medical Care**

Under Public Law 104-262, "The Veterans Health Reform Act," VA allocates health care resources by using seven priority groups. According to the law, veterans exposed to radiation-risk activities seeking care for conditions associated with their exposure to ionizing radiation are included in Priority Group 6. Care is provided for these radiation-related conditions without regard to the veteran's age, service-connected status or ability to defray the cost of medical care, and no co-payment by the veteran is required.

In other words, even if an eligible veteran has never filed a compensation claim or if the claim has been denied, the veteran can still receive free health care, as resources permit, for conditions recognized by VA as potentially caused by radiation.

When veterans with radiation-related claims qualify for disability compensation, their priority would be even higher -- in Groups 1, 2 or 3 -- depending on the severity of the illness.

## ATOMIC VETERANS INFORMATION & ASSISTANCE

More information about VA health care eligibility and enrollment is available on the Internet at <http://www.va.gov/pubaff/enroll.htm>.

### IRR [IONIZING RADIATION REGISTER

#### VA HEALTH REGISTRYS - ARE YOU ELIGIBLE??:

**You DO NOT have to be a pension or compensated Disabled Veteran to be eligible for any of these Registers.**

- A. Ionizing Radiation Register - VA Handbook 1301.1
- B. Agent Orange Register - VA Handbook 1302.1
- C. Gulf Syndrome Register (Veteran & Family) - VA Handbook M-10
- D. SHAD (Shipboard Hazard and Defense) - Bio-Chemical Spraying of Ships in 1960's (No Register But Registry Coordinator can List You).

#### IRR RESPONSIBLE OFFICIALS [from VA Handbook 1301.1]

+++++

**4. RESPONSIBLE OFFICIALS:** The Program Chief for Clinical Matters, Office of Public Health and Environmental Hazards (13), is responsible for the contents of this VHA Handbook. Questions may be referred to 202-273-8463. *NOTE: Questions relating to eligibility for VA care, including enrollment, are to be directed to the eligibility staff at the local VA facility and/or access the Veterans Benefit Administration (VBA) website <http://www.vba.va.gov/>*

+++++

If Eligible: You will receive a very complete physical, You may receive Free Treatment for Diseases authorized under each Register.

Registrys are Administered at the VA Health System. IF you treat at a Remote Clinic, And are Registered at the VA Health System, the respective Clinic Records will be so noted. Treatment for Register Diseases NOT offered at the respective Clinic, you will be referred to Specialty Clinics at the VA Health System.

Go to your nearest VA Medical System Facility and request to be placed on their IRR ["Ionizing Radiation Exposure Register"], if not already on it. Even though you may already be enrolled at the Facility as a patient (if not Enroll at the same time), in order to obtain Treatment under the Public Laws of "presumptives" YOU MUST BE ON THEIR IRR [IONIZING RADIATION EXPOSURE REGISTER].

Take the following questions under consideration:

1. The Government functions under Statistical Guise - Numbers Count, this is How Their Budgets are Considered & Approved. If you are not included in the numbers, then the numbers do not coincide with the activity, or lack of, as per "their eyes."
2. You may be O.K. Today, but How about Tomorrow?

## ATOMIC VETERANS INFORMATION & ASSISTANCE

3. What is the Health Status of your Children and Grandchildren? Do any of the symptoms lead you to believe that they might be Genetically Impaired because of your exposure(s)? Even if not, Give them a Break in the Future by going on record with Claim and Entitled Treatment. Some may thank you for your action in the future.

The foregoing may appear to be "Very Outspoken" on the subject, but the reality of it all is that problems have come up in the past and will in the future. With all of the activity connected with civilian workers as of late, even the Medical Field, and some in Government, are starting to "See the Light."

**FOLLOWS VA Handbook 1301.1 in it's entirety. If a Veteran is told by a VA Health System, "we do not know of the IRR", SHOW Them this portion on the 'THEIR Handbook'.**

**IMPORTANT:** *The IRR is administered at a VA Health System, NOT at a Clinic.*

**Department of Veterans Affairs  
Veterans Health Administration  
Washington, DC 20420**

**VHA HANDBOOK 1301.1  
Transmittal Sheet  
October 21, 2003**

### IONIZING RADIATION REGISTRY (IRR) PROGRAM PROCEDURES

**1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) Handbook establishes new procedures for the Department of Veterans Affairs (VA), VHA, Environmental Agents Service (EAS), Ionizing Radiation Registry (IRR) Program. It clarifies statutory amendments made by Public Laws 104-262, and 105-368.

**2. SUMMARY OF MAJOR CHANGES:** The principal changes to VHA Handbook 1301.1, are the result of amendments by Title 38 Code of Federal Regulations, Section 3.309.

a. It reorganizes and clarifies the eligibility of the additional categories of veterans who are requesting ionizing radiation registry examinations at VA facilities. These include those who participated in the following radiation-risk activities at the:

(1) Department of Energy gaseous diffusion plants at Paducah, KY, Portsmouth, OH, or the K25 area at Oak Ridge, TN, at least 250 days before February 1, 1992.

(2) Underground nuclear tests at Amchitka Island, AK, before January 1, 1974.

b. It implements new electronic method of transmitting registry data to the Austin Automation Center via website <http://vaww.registries.aac.va.gov>, replacing the manual process.

## ATOMIC VETERANS INFORMATION & ASSISTANCE

c. It implements a title change: Registry Physicians and Coordinators are now identified as Environmental Health Clinicians and Coordinators based on additional responsibilities beyond registries, i.e., 112/SHAD, Afghanistan, etc.

**3. RELATED ISSUES:** VHA Directive 1301.

**4. RESPONSIBLE OFFICIALS:** The Program Chief for Clinical Matters, Office of Public Health and Environmental Hazards (13), is responsible for the contents of this VHA Handbook. Questions may be referred to 202-273-8463. **NOTE:** *Questions relating to eligibility for VA care, including enrollment, are to be directed to the eligibility staff at the local VA facility and/or access the Veterans Benefit Administration (VBA) website <http://www.vba.va.gov/>*

**5. RESCISSIONS:** This VHA Handbook 1301.1, dated September 26, 2002, is rescinded.

**6. RECERTIFICATION:** This document is scheduled for recertification on or before the last working day of October 2008.

S/ Jacquelyn Vassanelli for  
Robert H. Roswell, M.D.  
Under Secretary for Health

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## IONIZING RADIATION REGISTRY (IRR) PROGRAM PROCEDURES

### 1. PURPOSE

This Veterans Health Administration (VHA) Handbook sets forth clinical and administrative policies related to the maintenance of the VHA Ionizing Radiation Registry (IRR) program of physical examinations for eligible, concerned veterans.

### 2. AUTHORITY TO FURNISH IRR EXAMINATIONS AND IDENTIFICATION OF VETERANS ELIGIBLE FOR THESE EXAMINATIONS

a. Public Law (Pub. L.) 99-576, "Veterans Benefits Improvement and Health Care Authorization Act of 1986," enacted October 28, 1986, required the Veterans

## ATOMIC VETERANS INFORMATION & ASSISTANCE

Administration (now Department of Veterans Affairs (VA)) establish and maintain an IRR of veterans exposed to radiation under conditions described in Title 38, United States Code (U.S.C.), § 1710(e)(1)(B). Section 1710(e)(1)(B) and (e)(4)(B) refer to “radiation-exposed veteran[s]” as that term is defined in 38 U.S.C. § 1112(c)(3); a “radiation-exposed veteran” means a veteran who participated in a “radiation-risk activity.” The term “radiation-risk activity” is defined as:

(1) On site participation in a test involving the atmospheric detonation of a nuclear device, whether or not the testing nation was the United States;

(2) Participation in the occupation of Hiroshima or Nagasaki from August 6, 1945, through July 1, 1946; or

(3) Internment as a Prisoner of War (POW) in Japan (or service on active duty in Japan immediately following such internment) during World War II which the Secretary of Veteran Affairs, henceforth referred to as the Secretary, determines resulted in an opportunity for exposure to ionizing radiation comparable to that of veterans involved in the occupation of Hiroshima or Nagasaki. **NOTE:** See 38 U.S.C. § 1710(e)(4)(B), referencing 38 U.S.C. § 1112(c)(3).

b. In addition, VA regulations, Title 38 Code of Federal Regulations (CFR) § 3.309(d)(3)(ii)(D), provide that “radiation-risk activity” means service at:

(1) Department of Energy gaseous diffusion plants at Paducah, KY, Portsmouth, OH, or the K25 area at Oak Ridge, TN, for at least 250 days before February 1, 1992, if the veteran was monitored for each of the 250 days using dosimetry badges to monitor radiation to external body parts or if the veteran served for at least 250 days in a position that had exposures comparable to a job that was monitored using dosimetry badges; or

(2) Longshot, Milrow, or Cannikin underground nuclear tests at Amchitka Island, AK, before January 1, 1974.

**NOTE:** Veterans whose service is described in subparagraphs 2b(1) and 2b(2) are eligible to participate in the IRR program under VA’s general authority ((703(b) of Pub.L. 102-585 (1992)) to provide registry examinations to veterans who are eligible for listing or inclusion in a VA health-related registry.

c. Section 901 of Pub. L. 105-368, “Veterans Programs Enhancement Act,” enacted on November 11, 1998, and codified at 38 U.S.C. § 1720E, specifically authorizes VA to furnish, in part, a medical examination to veterans who received nasopharyngeal (NP) radium irradiation treatments while in the active military, naval, or air service who are concerned about possible adverse effects of their NP radium treatments.

**NOTE:** Eligibility for an IRR examination does not constitute a basis for service connection or in any way affect determination regarding service connection. In the

## ATOMIC VETERANS INFORMATION & ASSISTANCE

*absence of evidence to the contrary, a veteran's assertion of exposure to a radiation-risk activity will be accepted, if the exposure occurred.*

### 3. INFORMATION EXCHANGE

a. The IRR consists of physical examinations with access to supplemental data on compensation claims and radiation exposures from VBA and the Department of Defense's (DOD's) Defense Threat Reduction Agency (DTRA), (formerly the Defense Special Weapons Agency (DSWA) and the Defense Nuclear Agency (DNA). VA must compile and consolidate all pertinent information maintained by relevant elements of VA or DOD. According to DTRA, over 200,000 test participants have been identified as to their specific involvement and their recorded radiation exposure. Approximately an equal number of service personnel were involved in occupation duties at Hiroshima and/or Nagasaki.

b. The Environmental Epidemiology Service (EES), in conjunction with DTRA, shares files, when deemed appropriate, to obtain updated information on each veteran in the IRR, i.e., radiation exposures, unit assignments, etc.

c. Although the results of an IRR examination may be used to support a compensation claim, the examination will not, in and of itself, be considered such a claim. Veterans who wish to submit a claim for conditions possibly related to radiation exposure need to do so via the normal claims process at the nearest VA Regional Office of jurisdiction, or through a veterans benefits representative physically located at a VA health care facility.

### 4. PROGRAM MANAGEMENT

***NOTE:** The Environmental Health Clinician, Environmental Health Coordinator, and health administration staff of each VA facility play a significant role in determining the perceptions Ionizing Radiation (IRAD) veterans have concerning the quality of VA health care service and of their individual treatment by VA health care providers. Veterans with qualifying participation in a radiation-risk activity are to be encouraged to undergo an ionizing radiation examination, if they have not previously done so. Veterans requesting IRR examinations do not have to be enrolled in the VA's health care system and are not subject to co-payments in connection with the receipt of the IRR examination.*

a. **Environmental Health Clinician** The facility Chief of Staff (COS) designates an Environmental Health Clinician and one or more alternates. In order to keep abreast of current information and program activities, these clinicians and assistants need to be familiar with various materials distributed by VHA Central Office. All program officials need to attend the periodic Environmental Agents Service (EAS) conference calls from VHA Central Office. All Environmental Health Clinicians, with computer access, need to contact EAS, VHA Central Office, to be enrolled in the electronic mail group, "Environmental Health Clinicians," in Microsoft (MS) Exchange.

## ATOMIC VETERANS INFORMATION & ASSISTANCE

b. **Environmental Health Coordinator**. The facility Director, or designee, designates the Environmental Health Coordinator and alternate(s). All these coordinators need to attend the periodic EAS conference calls from VHA Central Office, and all need to contact VHA Central Office EAS, to be enrolled in the electronic mail group, "Environmental Health Coordinators," in MS Exchange. These coordinators are responsible for:

(1) Receiving all IRAD related inquiries, and communicating appropriate information.

(2) Posting and communicating the names, locations, and office telephone numbers of the Environmental Health Clinicians and Coordinators to concerned VA facility staff. *NOTE: An appropriate method is the use of medical center memoranda providing registry policies and procedures and identifying those responsible for carrying them out.*

(3) Displaying IRR posters in admission areas and/or other prominent places. **NOTE:** Include labels identifying the Environmental Health Coordinator's name, location and telephone.

c. **Environmental Health Clinician and Coordinator Listings**. Separate listings of the Environmental Health Clinicians and Coordinators are maintained by EAS. In an effort to keep these listings current, facilities are requested to notify EAS of changes, as they occur, in status of these clinicians and coordinators at their respective facilities and/or satellite clinics. These listings must include the name, title, mail routing symbol, and commercial telephone and FAX numbers with area code. This information must be submitted, in writing, to EAS (131), Department of Veterans Affairs, 810 Vermont Avenue, NW, Washington, DC 20420.

### 5. ENVIRONMENTAL HEALTH CLINICIAN RESPONSIBILITIES

The Environmental Health Clinician is responsible for the program's clinical management and serves in an advisory capacity for the IRR Program's administrative management. Major responsibilities include:

a. **Counseling**. The Environmental Health Clinician advises the veteran of all aspects of the IRR examination.

b. **Documenting the Physical Examination**. The Environmental Health Clinician must:

(1) Conduct and document the physical examination in the Consolidated Health Record (CHR) and/or the Computerized Patient Record System (CPRS).

(a) This examination involves the taking of a complete medical history to include information about:

1. Family;

2. Occupation;

## ATOMIC VETERANS INFORMATION & ASSISTANCE

3. Social activities noting tobacco, alcohol, and drug use; and

4. Psychosocial condition.

(b) If a veteran is subsequently diagnosed with a significant radiation-related health problem by a non-VA physician, the veteran is to be encouraged to contact the veteran's local VA medical center to include additional diagnoses in the CHR, and/or CPRS, and IRR.

1. This new diagnosis must be submitted over the non-VA physician's signature on official letterhead.

2. A code sheet identified as follow-up examination, Type P, must be completed with this diagnosis and transmitted to the Austin Automation Center (AAC) via website for inclusion in the IRR.

(2) Review and complete Part I of VA Form 10-0020A, Ionizing Radiation Code Sheet, if necessary.

(3) Complete Part II of VA Form 10-0020A (see App. D).

(4) Review the records of every IRAD veteran examined to ensure that a complete physical examination was performed and documented.

(5) Personally discuss with each veteran the:

(a) Findings of the physical examination and completed diagnostic studies. **NOTE:** *The interview must be conducted in such a way as to encourage the veteran to discuss health concerns, as well as those of family members, as they relate to ionizing radiation exposure. This information must be documented in the veteran's CHR and/or scanned into Veterans Health Information Systems and Technology Architecture (VistA) imaging with access through CPRS. Every effort needs to be made to maintain the veteran's current address in the veteran's health care records and in VistA's computerized information system.*

(b) Need for follow-up examination(s), either as recommended by the Environmental Health Clinician, or as requested by the veteran.

c. **Preparing and Signing Follow-up Letter.** The clinician must ensure that appropriate personalized follow-up letters, explaining the results of the examination and laboratory studies, have been signed and mailed to the veteran (see App. A).

(1) Follow-up letters must be mailed to the veteran within 2 weeks of the initial examination. The only exception to this timeframe is when a consultation at a specialty clinic is requested as part of the initial examination process. This exception suspends, but

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does not remove, the requirement for the follow-up letter. The follow-up letter must be sent within 2 weeks after the consultation.

(2) A dated copy of the follow-up letter must be filed in the veteran's CHR and/or CPRS. **NOTE:** *It is essential that this letter be written in language that can be easily understood by the veteran. Inappropriate wording could unduly alarm or confuse the veteran. A great deal of sensitivity and care should be exercised in the preparation of this correspondence.*

(3) The follow-up letter must explain the results of the examination and laboratory studies in the following manner:

(a) If the veteran examined has no detectable medical problems, the follow-up letter needs to so indicate, and suggest that the veteran contact the nearest VA health care facility if health problems appear later.

(b) If it is determined upon examination that the veteran does have medical problems, it is not necessary to specify the problems in the letter. The veteran is to be advised in the letter that the recent examination indicated a health condition and/or problem, which may require further examination and/or treatment.

(c) If the veteran requires medical treatment, the letter is to advise the veteran to apply for enrollment and provide the name of a contact person, including telephone number, within the facility.

(d) If veteran is already enrolled in VA health care, a copy of the letter should be sent to the VA Primary Care clinician unless the Primary Care clinician is the Environmental Health Clinician and the originator of the letter.

(e) If the veteran is not eligible for treatment, the letter is to so advise, and recommend that the veteran seek appropriate medical care elsewhere.

### 6. ENVIRONMENTAL HEALTH COORDINATOR RESPONSIBILITIES

The Environmental Health Coordinator is responsible for the administrative management of the program, including:

a. **Scheduling of Appointments.** Every effort should be made to give veterans ionizing radiation examinations within 30 days of the request date.

b. **Monitoring Timeframe Compliance.** All of the following require timeframe compliance:

(1) **Follow-up Letters.** Mail to veteran within 2 weeks of initial registry examination.

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(2) **Registry Examination Appointment.** Schedule within 30 days of request date.

(3) **VA Staff (Environmental Health Clinicians and Coordinators) Changes.** Advise VHA Central Office (131) as they occur.

(4) **Registry Code Sheets (VA Form 10-0020A) for Initial and Follow-up Examinations.** Transmit to AAC via website <http://vaww.registries.aac.va.gov> no later than 10 working days following the registry examination..

c. **Reviewing Records for Accuracy and Completion.** All required records, e.g., follow-up letters, registry code sheets of veteran participants, and CHR and/or CPRS entries, are to be completed and reviewed for accuracy.

d. **Data for Reporting Purposes.** Required registry data needs to be obtained from the veteran or family, entered on IRR Code Sheets in the IRR dataset via the AAC website. The AAC provides electronic IRR data reports to VHA Central Office based on VA facility input.

e. **Disseminating Information.** It is important that each veteran be fully advised of the IRR examination program and if possible, in advance of the means test policy. Facility staff is encouraged to fully communicate all aspects of the IRR examination program by any appropriate means. The following suggestions might be considered:

(1) Advise the veteran that the veteran must complete a means test on the initial visit. **Except for a registry examination**, a clinician must make a determination on each visit that such care is related to ionizing radiation exposure in order to exempt the visit from medical care co-payment requirements. Having a means test on file ensures that VA can provide a full range of services to the veteran whether the care is related to exposure or not.

(2) Provide each veteran reporting to the Outpatient and Admission areas with a handout describing the purpose of the examination and its limitations. The examining physician during the course of the physical examination can further clarify this, preferably prior to beginning the physical examination process.

(3) Provide each veteran and local Veteran Service Organizations with a copy(ies) of current Office of Public Affairs News Service Fact Sheets, and Office of Public Health and Environmental Hazards Radiation Programs Information Letters. Display these in prominent areas (outpatient clinics, admission areas, etc.) to ensure availability to veterans and other interested individuals.

(4) Display IRR posters in admission areas and/or other prominent places, include a label identifying the Environmental Health Coordinator's name, location and telephone.

g. **Completing VA Form 10-0020A**

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(1) The Environmental Health Coordinator completes Part I of VA Form 10-0020A, before the veteran is referred to the clinician for the examination (see App. D).

(2) To further ensure the form's completeness, the clinical examiner reviews it and, if necessary, enters missing items at the veteran's direction. In addition, the clinician must inquire whether any of the veteran's natural children or grandchildren have any birth defects, and note "Y(es)," "N(o)," or "U(nknown)," in Item 15; these defects must be described in Item 18, the "Remarks" section of the code sheet and in the CHR and/or CPRS. **NOTE:** Refer to instructions in Appendix D.

(3) In the event the veteran applying for care, who claims exposure to IRAD, does not wish to participate in the registry, a code sheet must be completed and retained in the veteran's CHR and/or CPRS. **NOTE:** Do not transmit to AAC. In the "Remarks" section, Item 18, indicate the current date and note that at this time the veteran did not want to participate in the registry.

(4) **Establishing and updating the CHR and/or CPRS.** The Environmental Health Coordinator must establish a medical record if one does not already exist. VA Form 10-1079, Emergency Medical Identification, is to be affixed to the front of the CHR record and the word "RADIATION" circled. Any veteran claiming exposure to ionizing radiation and all veterans participating in the registry, need to have VA Form 10-1079 affixed to the front of the CHR unless the records are maintained in CPRS. Completed code sheets (VA Form 10-0020A) printed from the website, dated follow-up letters, all medical records of registry examinations, and laboratory and/or test results must be maintained in veteran's CHR and/or CPRS. Code sheets may be scanned into VistA Imaging with access through CPRS.

### 7. INCARCERATED VETERANS

a. Ionizing Radiation examinations may be provided to incarcerated veterans. The examination may be provided either in the prison or jail, or in the VA facility.

b. If an incarcerated veteran is accepted for an Ionizing Radiation examination, VA may conduct such an examination in a VA facility, but only after the veteran has been released by an official under circumstances where there is no obligation placed on VA to exercise custodial restraint, or to ensure the return of the veteran to custody upon completion of the exam.

**NOTE:** The clinic Director, or designee, must notify the civil authorities when the IRR examination is completed.

c. A bill is not issued for the IRR examination of an incarcerated veteran.

d. For purposes of entry into the IRR, VA medical facilities can provide assistance to penal authorities or institutions agreeable to conducting examinations to veterans.

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*NOTE. VA will not reimburse the penal authorities when they conduct these IRR examinations.*

(1) Copies of Handbook 1301.1, directives, code sheets, etc., are to be provided to penal institutions upon request.

(2) Penal authorities must be advised, at the time of such requests, that the results of the examination provided at their institutions must be returned to the VA medical facility of jurisdiction for inclusion, in the veteran's behalf, in the VA's IRR.

(3) A recommendation can be made to the penal institution to retain a copy of the examination documents submitted to VA. Such documents need to be maintained by penal authorities until the release of the individual from the penal institution.

### 8. VETERANS WITH OTHER THAN HONORABLE DISCHARGES

The requirements of VHA Manual M-1, Part I, Chapter 4, apply to veterans with less than honorable discharges applying for IRR examinations.

### 9. CONDUCTING THE IRR EXAMINATION

a. It is essential that a complete medical history, physical examination, and interview be performed and documented on appropriate medical record standard forms, by/or under the direct supervision of the Environmental Health Clinician, or alternate.

b. The person actually performing the physical examination must be identified with the signature and title (Doctor of Osteopathy (D.O.), Doctor of Medicine (M.D.), Physician's Assistant (PA), Certified Nurse Practitioner (CNP), etc). An examination completed by someone other than a physician must be completed by medical personnel privileged to do physical examinations.

c. When an IRR examination is done as part of a compensation and pension examination, the physical examination must be done by/or under the direct supervision of the Environmental Health Clinician, or alternate.

d. Special attention must be given to the following conditions that VA has recognized, by statute or regulation, as being associated with radiation exposure:

#### DIAGNOSIS

- (1) Leukemia, Lymphoid (except chronic lymphatic leukemia);
- (2) Leukemia, Myeloid;
- (3) Leukemia, Monocytic;
- (4) Leukemia, Hairy Cell;
- (5) Leukemia, other;
- (6) Leukemia, unspecified cell type;

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- (7) Thyroid Cancer;
- (8) Breast Cancer;
- (9) Lung Cancer (malignant neoplasm of trachea, bronchus, and lung);
- (10) Bone Cancer;
- (11) Primary Liver Cancer;
- (12) Skin Cancer;
- (13) Esophageal Cancer;
- (14) Stomach Cancer;
- (15) Colon Cancer;
- (16) Pancreatic Cancer;
- (17) Kidney Cancer;
- (18) Urinary Bladder Cancer;
- (19) Salivary Gland Cancer (malignant neoplasm of major salivary gland);
- (20) Multiple myeloma;
- (21) Posterior subcapsular cataracts;
- (22) Non-malignant Thyroid Nodular Disease;
- (23) Ovarian Cancer;
- (24) Parathyroid Adenoma;
- (25) Malignant tumors of the brain and central nervous system;
- (26) Lymphomas other than Hodgkins Disease;
- (27) Cancer of the rectum;
- (28) Cancer of the small intestine;
- (29) Cancer of the pharynx;
- (30) Cancer of the bile duct;
- (31) Cancer of the gall bladder;
- (32) Cancer of the renal pelves, ureters, and urethra;
- (33) Cancer of the prostate;
- (34) Brochio-alveolar carcinoma (a rare lung disease);
- (35) Benign neoplasms of the brain and central nervous system; and
- (36) Other malignancy(ies), not listed in the preceding diagnoses.

**NOTE:** *Other conditions may be recognized in the future.*

e. In gathering medical history data, it is important that the clinician record the:

- (1) Time of the onset of the veteran's symptoms or conditions,
- (2) Intensity of symptoms or conditions,
- (3) Degree of physical incapacitation, and
- (4) Details of any treatment received.

f. Each veteran must be given the following baseline laboratory studies:

- (1) Chest X-ray (if determined to be medically necessary);

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- (2) Complete blood count;
- (3) SMA-6, SMA-12, or equivalent blood chemistries and enzyme studies; and
- (4) Urinalysis.

g. Appropriate additional diagnostic studies are to be performed and consultations obtained as indicated by the patient's symptoms and physical and laboratory findings.

h. Non-routine diagnostic studies, such as computed tomography or magnetic resonance imaging, are to be performed only if medically indicated.

- i. Laboratory test results are to be filed in the CHR and/or CPRS.

### 10. REPORTING REQUIREMENTS

a. **Code Sheet Transmission.** Reports Control Number 10-0110, applies to this reporting requirement.

b. **Environmental Health Clinician and Coordinator Listings.** Separate listings of the Environmental Health Clinicians and Coordinators are maintained by the EAS. In an effort to keep these listings current, facilities are required to notify the EAS of any changes at their respective facilities and/or satellite clinics (refer to subpar 4c).

### 11. RECORDS CONTROL AND RETENTION

a. **Records Control**

(1) CHR and/or CPRS documentation must be established if one does not exist.

(2) A VA Form 10-1079 sticker must be affixed to the front of the CHR and word "Radiation" circled. **NOTE:** *This is not required if documentation is in CPRS.*

(3) The code sheet printed from the website must be maintained in the veteran's CHR and/or CPRS.

(4) The medical records including laboratory test results, progress notes, etc., must be filed in the CHR and/or CPRS.

b. **Records Retention.** IRR examination documents become part of the patient's CHR and/or CPRS, i.e., medical records, and must be retained in accordance with VHA Records Control Schedule 10-1. This includes:

- (1) VA Form 10-0020A,

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- (2) Progress notes,
- (3) Laboratory reports,
- (4) X-rays, and
- (5) Any other documentation that may have been part of a radiation examination.

### 12. EDUCATION AND TRAINING

a. Current information on the status of the IRAD Program needs to be presented to VA medical center staff (e.g., at staff conferences or grand rounds), veterans organizations, and community groups. **NOTE:** *This is an excellent means of exchanging ideas in a continuing effort to update and provide quality management of the IRAD Program*

(1) Telephone Conferences with VA medical facilities are held periodically by EAS, VHA Central Office. **NOTE:** *Minutes of these telephone conferences, research journal reprints, and other educational items, such as: the current Office of Public Affairs News Service VA Fact Sheet on "VA Programs for Veterans Exposed to Radiation," "VA Radiation Programs Information for VHA Environmental Health Clinicians and Coordinators," and VA Fact Sheet on "Nasopharyngeal Radium Therapy," which are distributed by EAS to all Environmental Health Clinicians and Coordinators.*

(2) VHA website <http://www.va.gov/irad/> provides the current Fact Sheets and on-line training for clinicians and coordinators.

b. Education and training need to ensure the successful accomplishment of the following goals:

(1) Effective communication with special program participants by understanding the individual needs of specific groups of veterans.

(2) Acquisition of an in-depth knowledge of the specific processes, designated responsibilities, and time standard requirements of the Ionizing Radiation Program. Access VHA website <http://www.va.gov/irad/> for on-line training, i.e., Veterans Health Initiative (VHI) - Veterans and Radiation.

### SAMPLE IONIZING RADIATION FOLLOW-UP LETTER (MEDICAL PROBLEMS INDICATED)

(Date)  
(Name and Address)

Dear \_\_\_\_\_:

We wish to acknowledge your recent participation in the Department of Veterans Affairs (VA) Ionizing Radiation Registry (IRR) Program. This effort should prove to be

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helpful in assisting us to serve you with the possible health problems that may have resulted from a radiation-risk activity:

- a. During active military service, or
- b. As a member of a reserve component of the Armed Forces during a period of active duty for training or inactive duty training, or
- c. During active military service for those persons who received nasopharyngeal irradiation treatments.

As discussed at the conclusion of your visit, results of your examination and laboratory tests showed certain problems (optional -- these findings may be described in lay terms). In view of these findings, we have scheduled you for treatment of these health problems on (date). If for any reason you cannot keep this appointment, please call (phone number) at the earliest possible time to cancel and reschedule.

If you have any questions or concerns about your IRR examination, please contact the Environmental Health Coordinator (phone number) for assistance. You may be interested in our website that provides up-to-date information on our ionizing radiation program: <http://www.va.gov/irad>

Please remember that this examination does not automatically initiate a claim for VA benefits. If you wish to file a claim for compensation to establish service connection, please contact the nearest VA Regional Office. In your area, the Regional Office is located at (address). Their telephone number is (phone number). Compensation claims need not be filed only for injury or illness incurred in combat; the law requires only that a disease or disability was incurred or aggravated during military service. If you need any further assistance, you may contact a Veterans Service Representative by calling the VA toll-free telephone number 1-800-827-1000 and/or access the Veterans Benefits Administration(VBA) website at <http://www.va.gov/>

If a non-VA physician subsequently evaluates you and finds a new diagnosis, you are encouraged to provide VA with all additional diagnoses, which will be included in your medical record, as well as the IRR.

We trust this information is helpful to you.

Sincerely,  
\_\_\_\_\_ (Name) \_\_\_\_\_

\_\_\_\_\_ (Environmental Health Clinician) \_\_\_\_\_

**SAMPLE IONIZING RADIATION REGISTRY FOLLOW-UP LETTER  
(NO MEDICAL PROBLEMS)**

(Date)  
(Name and Address)

Dear \_\_\_\_\_:

## ATOMIC VETERANS INFORMATION & ASSISTANCE

We wish to acknowledge your recent participation in the Department of Veterans Affairs (VA) Ionizing Radiation Registry (IRR) Program. This effort should prove to be helpful in assisting us to serve you with the possible health problems that may have resulted from a radiation-risk activity:

- a. During active military service, or
- b. As a member of a reserve component of the Armed Forces during a period of active duty for training or inactive duty training; or
- c. During active military service for those persons who received nasopharyngeal irradiation treatments.

As discussed at the conclusion of your visit, results of your examination and laboratory tests indicate that there are no detectable medical problems. At this time you have no reason to be concerned about any adverse health effects resulting from your active military service (either during the American occupation of Hiroshima and/or Nagasaki, Japan, and/or at Department of Energy (DOE) gaseous diffusion plants at Paducah, KY and Portsmouth, OH, and/or the K25 area at Oak Ridge, TN, and/or underground nuclear tests at Amchitka Island, AK, before January 1, 1974, and/or the testing of a nuclear device, and/or as Prisoner of War during World War II with possible exposure to ionizing radiation, and/or treatment with Nasopharyngeal Radiation).

If a non-VA physician subsequently evaluates you and finds a new diagnosis, you are encouraged to provide the VA with all additional diagnoses, which will be included in your medical record, as well as the IRR.

You may be interested in our website that provides up-to-date information on our ionizing radiation program: <http://www.va.gov/irad> .

We trust this information is helpful to you.

Sincerely,  
\_\_\_\_\_ (Name) \_\_\_\_\_

\_\_\_\_\_ (Environmental Health Clinician) \_\_\_\_\_  
**DEFINITIONS AND ACRONYMS**

1. **Austin Automation Center (AAC).** The AAC, Austin, TX, is the location of the Ionizing Radiation Registry (IRR) database of veteran participants, and the findings of radiation physical examinations, including related diagnostic data.
2. **Automated Management Information System (AMIS).**
3. **Certified Nurse Practitioner (CNP).**
4. **Chief of Staff (COS).**

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5. **Computerized Patient Record System (CPRS).**
6. **Consolidated Health Record (CHR).** The CHR is a file containing medical records relating to patient identity, diagnosis, prognosis, or treatment at a Department of Veterans Affairs (VA) health care facility.
7. **Defense Special Weapons Agency (DSWA).** The DSWA was formerly the Defense Nuclear Agency (DNA) and is now identified as the Defense Threat Reduction Agency (DTRA).
8. **Defense Threat Reduction Agency (DTRA).** The DTRA was formerly the DSWA and DNA.
9. **Department of Defense (DOD).**
10. **Department of Veterans Affairs (VA).**
11. **Doctor of Osteopathy (D.O.).**
12. **Doctor of Medicine (M.D.).**
13. **Environmental Agents Service (EAS).** The EAS, Veterans Health Administration (VHA) Central Office, has the responsibility of coordinating and monitoring all VHA activities, research and otherwise, relating to the ionizing radiation issue.
14. **Environmental Epidemiology Service (EES).** The EES, VA, is the Service responsible for providing epidemiological expertise to support clinical care, as well as performing relevant research studies.
15. **Facility.** A facility is any VA entity that provides IRR examinations to veterans.
16. **Follow-up Examination.** A follow-up examination is an examination that is performed subsequent to the completed initial (first) examination. *NOTE: This is not a consultation associated with the initial examination.* Code sheets for the first follow-up examination are to be transmitted to AAC. Code sheets for subsequent follow-up examinations, if performed, do not have to be transmitted to the AAC unless there is a change in diagnosis.
17. **Initial Examination.** An initial examination is the first physical examination that is completed and transmitted to the AAC for the purpose of entering a veteran into the IRR system.
18. **Ionizing Radiation (IRAD).** Ionizing Radiation is any of the various forms of radiant energy that causes ionization when it interacts with matter. The most common

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types are alpha radiation, made up of helium nuclei; beta radiation, made up of electrons; and gamma and x rays, consisting of high-energy electromagnetic radiation.

19. **Ionizing Radiation Registry (IRR).** The IRR, managed centrally by the EAS in VA Central Office, is a computerized index of veteran participants, and the coded findings of radiation physical examinations, including related diagnostic data.

20. **Patient Treatment File (PTF).**

21. **Physician's Assistant (P.A.).**

22. **Prisoner of War (POW).**

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23. **Records Control Schedule (RCS) 10-1.** The RCS-10-1 is a document providing instructions for record retention and disposition.

24. **SMA (6/12).** The SMA (6/12) is the Manufacturer's Trademark for a Chemistry Analyzer.

25. **Social Security Number (SSN).**

26. **Veterans Benefits Administration (VBA).**

27. **Veterans Service Representative (VSR).**

28. **VA Form 10-0020A.** VA Form 10-0020A, the August 2003 edition, is the updated Ionizing Radiation Registry code sheet replacing the July 1999 edition of VA Form 10-0020A.

29. **VA Form 10-1079.** VA Form 10-1079 is the Emergency Medical Identification sticker which is to be affixed to the front of CHR.

30. **Veterans Health Administration (VHA).**

31. **Veterans Health Information Systems and Technology Architecture (VistA).** VA computer system (formerly called Decentralized Hospital Computer Program (DHCP)) that supports day-to-day operations at local VA health care facilities.

32. **Veterans Integrated Service Network (VISN).**

### INSTRUCTIONS FOR COMPLETING AND TRANSMITTING VA FORM 10-0020A, IONIZING REGISTRY CODE SHEET

#### 1. General Instructions for Completing VA Form 10-0020A

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a. Electronic entry of Ionizing Radiation code sheet data should be completed and transmitted via website <http://vawww.registries.aac.va.gov> to the Austin Automation Center (AAC), Austin, TX database. Instructions for accessing this website are included on the home page. The home page includes a User's Guide, Frequently Asked Questions, Validation Reports and Logon functions. Edits are automatically accomplished at the time of entry. The code sheet must be printed from the website and filed in the Consolidated Health Record (CHR) and/or the Computerized Patient Record System (CPRS) with the medical records.

*NOTE: As of October 1, 2003, the AAC no longer accepts hard copies of code sheets mailed to their offices in Austin, TX.*

b. Follow instructions carefully to ensure that all data fields are accurately completed.

(1) Part I of the code sheet may be completed in the presence of the veteran.

(2) Part II of the code sheet should be completed at the time of the examination by the Environmental Health Clinician or alternate. Once completed, this code sheet is to be returned to the Environmental Health Coordinator for review and transmission to AAC.

### **2. Instructions for Completing Part I**

**Item 1. Facility Number and Suffix.** Enter facility code as listed in the Department of Veterans Affairs (VA) Manual MP-6, Part XVI, Supplement Number 4.1, Appendix A. Use the Automated Management Information Systems (AMIS) suffix (BY, BZ, etc.) to indicate your satellite facility.

**Item 2. Last Name of Veteran.** Enter veteran's last name. If the last name is followed with JR, SR, I, II, III, do not use commas, etc.

**Item 3. First Name of Veteran.** Enter the veteran's first name.

**Item 4. Middle Name of Veteran.** Enter the veteran's middle name or initial.

**Item 5. Type of Examination.** The following are transaction types that appear at the registry logon:

A - Initial examination, i.e., the veteran's first IRR examination. If an initial examination code sheet has already been entered for the veteran, "A" is not available.

B - Deletes an entire initial examination that was originally submitted through the manual batch process. Do not use this to delete an initial examination that was entered via the web site. If the transaction was entered using the registries website, simply edit

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the original transaction. This will automatically create a Type “B” that deletes the original and adds the corrected transaction to the master file.

C - Follow-up examination(s), i.e., the veteran’s second and subsequent IRR examinations. Data from the second and subsequent follow-up examinations must be entered into website <http://vaww.registries.aac.va.gov>. **NOTE:** *These are not consultations relating to the initial examination.*

D – Deletes an entire follow-up examination that was originally submitted through the manual batch process. Do not use this to delete an initial examination that was entered via the web site. If the transaction was entered using the registries website, simply edit the original transaction.

E – Submits a change in demographics, i.e., name, address, or date of birth. Enter “E.” Complete items with the name, Social Security Number (SSN), date of birth, and address. No other items need to be completed.

X – Identifies and verifies that a registry participant is deceased. Complete items with the name, SSN, and date of birth. No other items need to be completed.

**Item 6. SSN.** The SSN that entered at Registry Search appears in these spaces.

**Item 7. Service Serial Number.** Enter the Service Serial Number. If the Service Serial Number is unknown, enter a “U.” However, every effort must be made to obtain the Service Serial Number as it allows research staff to link this questionnaire to exposure data at the Defense Threat Reduction Agency (DTRA).

**Item 8. Date of Birth.** Enter numerical equivalent for the month, day and four-digit year (e.g., 01/19/1950). All blocks must be completed.

**Item 9. Claim Number.** Enter the VA claim number. If unknown, enter “U.”

**Item 10. Claimant’s Telephone Number, including the Area Code.** (Optional)  
Enter the veteran’s current telephone number, including area code.

**Item 11. Address (Street Name and Apartment Number (if applicable)).** Enter the veteran’s current street address, Post Office Box, etc. Leave one space between street number and the street name.

**Item 12. City or Town, County, State, and Zip Codes**

- a. Enter veteran’s city or town.
- b. County and State. Enter name of county and state.
- c. Enter the five-digit Zip Code.

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- d. (Optional) Enter the extended four digit Zip Code.
- e. The user does not enter the County Code, as it is entered automatically.
- f. The user does not enter the State Code, as it is entered automatically.

**Item 13. Sex.** - Enter either “M” for Male or “F” for Female. Enter from the pull-down menu.

**Item 14. Did veteran receive nasopharyngeal radium treatments while in active duty naval or air service?** Enter one of the following codes: Y(es); N(o); or U(nknown) from the pull-down menu.

### INSTRUCTIONS FOR COMPLETING PART II

Items 15 through 22 must be completed as indicated:

**Item 15. Has the veteran reported birth defects among veteran’s children or grandchildren?** Enter one of the following codes: Y(es); N(o); or U(nknown) from the pull-down menu. If “Yes,” please describe birth defects in Item 18, “Remarks.”

**Item 16. Date of Examination.** Enter the numerical equivalent for the month, day, and year (e.g., 11/17/1988). If the veteran did not want an examination, note this in the Item 18, "Remarks," section. Do not transmit the code sheet to the AAC; file this code sheet in veteran’s CHR or CPRS. All eligible veterans claiming exposure to ionizing radiation need to be offered the IRR examination.

#### **Item 17. Possible Radiogenic Related Disease(s)**

a. Enter one of the following codes in sub-items A through LL, listing possible radiogenic-related diseases by using the pull-down menu: Y(es); N(o); or U(nknown).

b. All sub-items must be completed, as indicated on code sheet.

(A) None (If there were no radiogenic-related diseases, use the pull-down menu and enter a Y(es) and then go to Item 18, “Remarks.”) A “No” response will automatically be entered in sub-items (B) through (LL).

(B) Leukemia, Lymphoid (except chronic lymphatic leukemia to be included in Item II below).

(C) Leukemia, Myeloid.

(D) Leukemia, Monocytic.

(E) Leukemia, Hairy Cell.

(F) Leukemia, other.

(G) Leukemia, unspecified cell type.

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- (H) Thyroid Cancer.
- (I) Breast Cancer.
- (J) Lung Cancer (malignant neoplasm of trachea, bronchus and lung).
- (K) Bone Cancer.
- (L) Primary Liver Cancer.
- (M) Skin Cancer.
- (N) Esophageal Cancer.
- (O) Stomach Cancer.
- (P) Colon Cancer.
- (Q) Pancreatic Cancer.
- (R) Kidney Cancer.
- (S) Urinary Bladder Cancer.
- (T) Salivary Gland Cancer (malignant neoplasm of major salivary gland).
- (U) Multiple Myeloma.
- (V) Posterior Subcapsular Cataracts.
- (W) Non-malignant Thyroid Nodular Disease.
- (X) Ovarian Cancer.
- (Y) Parathyroid Adenoma.
- (Z) Tumors of the brain and central nervous system.
- (AA) Lymphomas other than Hodgkin's Disease.
- (BB) Cancer of the rectum.
- (CC) Cancer of the small intestine.
- (DD) Cancer of the pharynx.
- (EE) Cancer of the bile duct.
- (FF) Cancer of the gall bladder.
- (GG) Cancer of the renal pelves, ureters, and urethra.
- (HH) Cancer of the prostate.
- (II) Bronchio-alveolar carcinoma (a rare lung disease).
- (JJ) Benign neoplasms of the brain and central nervous system.
- (KK) Any other malignancies not previously listed; if Y(es), list on code sheet.
- (LL) Other possible radiogenic diseases; if Y(es), list on code sheet. **NOTE:** *Other conditions may be recognized in the future.*

**Item 18. Remarks.** This section is to be used for noting informational comments, if applicable, such as elaborating on birth defects, noting if the examination was not performed, identifying the veteran's military unit assignment, etc. Also, if veteran is deceased, indicate so, and give the date of death, if available. (Limit 250 characters)

**NOTE:** *Enter one of the following codes in Item 18 from the pull-down menu indicating that you have or have not made any remarks in Item 18: Y=Y(es) or N=N(o)*

### Item 19. Name of Examiner

- a. Name of Examiner or Environmental Health Clinician (Print in Full).
- b. Is the examiner a private physician (non-VA)? Enter: Y=Yes or N=No

## ATOMIC VETERANS INFORMATION & ASSISTANCE

**Item 20 . Title of Examiner (Full Title).**

**Item 21. Signature of Examiner. (if electronic signature is available)**

**Item 22. Signature of Environmental Health Clinician (if other than Examiner).**  
The name and title of the examiner are to be printed in the spaces provided and accompanied by the signature (if electronic signature is available).

### SAMPLE OF COMPLETED VA FORM 10-0020A, IONIZING RADIATION REGISTRY CODE SHEET

Below is an imbedded copy of Department of Veterans Affairs (VA) Form 10-00020A, Ionizing Radiation Registry Code Sheet. This form can be found on the VA Forms web site at <http://vaww.va.gov/vaforms>. This is to be used for local reproduction. Since this is a low-use form, it will not be stocked by the Hines Service and Distribution Center (formerly known as the Forms and Publications Depot).

You should use Adobe Acrobat 5.05 or later to view this form. To print this form, your printer must be set to "print as image" and "fit to page."



## at Doc

**FILE CLAIM:** If you have previously filed a claim and it was denied, file for the claim to be re-opened. You will need to submit material not previously submitted with the original claim. There is a lot of new data available, some of which you should be able to submit.

**FOR A NEW CLAIM:** Obtain the services of one of the National Service Officers for organizations such as: DAV, VFW, AMVETS, Legion, etc. and have them initiate a Claim for you under one of the Public Laws that apply to Ionization Exposure for Atomic Veterans. If possible, discuss same with more than one available NSO as we find there are those out there as unfamiliar as anyone. Our best bet here in Albuquerque are the DAV NSO's. If the NSO needs assistance have them contact either myself, Dick Conant: [rucon1@juno.com](mailto:rucon1@juno.com) or my "partner in crime" Dale Howard: [leprechan40@juno.com](mailto:leprechan40@juno.com). You will need to sign an affidavit for them.

Your first claim will undoubtedly be returned for some reason(s), which should be stated by the VA.

## ATOMIC VETERANS INFORMATION & ASSISTANCE

When the claim is turned down then we may be able to furnish you supporting facts to their refusal factors. We have done this for several Atomic Veterans with success. Then, make the Appeal which will be offered.

Also, contact your nearest VA Medical Facility and make arrangements to be placed on their "Ionizing Radiation Exposure Register." The Office which administers this process is the Occupational & Safety Hazards Section. The Registry Coordinator is generally the person in charge of this office.

You will undoubtedly have to run down this office yourself. At the Albuquerque VA Medical Facility the Office is the Eligibility Office, for example. You do not have to have a VA C-Number to do this. Each Facility also has a Registry Coordinator. Seek that RC out to further request being placed on their IRR. The VA has a VA Med Facility Representative Program. IF your VA Health System has such a Rep, He/She can assist you to be placed on the IRR, as they are familiar with the persons involved.

The Facility should then set you up for a Physical and assign you to a Primary Care Person.

The PC, during your first appointment, will then decide referrals to Specialty Clinics for treatment under the Public Laws governing same. For each treatment visit the attending medical person treating you will fill out a form. Before you leave that person, ask them to show you that they have checked the appropriate 'box' to indicate that visit is service connected for Ionizing Radiation Exposure, in order that you not be charged for the visit. We find that this is the responsibility of the veteran

If veterans have questions, whom can they contact?

Contact the VA Health Benefits Service Center at the toll-free number, 1-877-222-VETS (8387). More information on eligibility and enrollment appears on VA's website at [www.va.gov/elig](http://www.va.gov/elig).

### **Subject: VHA Handbook 1301.1**

Enclosed is the URL of the directive of the " Ionizing Radiation Registry Program Procedures" VA Form 10-1079, Emergency Medical Identification, (form is really a sticker) Which is to be attached to the Front of the patient CHR. The URL for that is: <http://www.va.gov/>

The URL for the VA Handbook 1301.1 is:

<http://www.va.gov/publ/direc/health/handbook/1301-1hk.htm>

Subject: **Request for Information**

From: "Butler, Roscoe G -- VA, Washington, DC"

To: "Richard U Conant" <[rucon1@juno.com](mailto:rucon1@juno.com)>

Date: Mon. 21 May 2001 14:19:42 -0400

Subject: RE: Request for Information

## ATOMIC VETERANS INFORMATION & ASSISTANCE

A) The supportive information is title 38 U.S.C. 1710. Veterans exposed to radiation are eligible for such care as defined under 38 U.S.C. 1710(F), 1710(e)(1)(B). When such care is provided for a condition identified in 1710(e)(1)(B)(i) or (ii), (see below) the veteran is not subject to co-pay requirements for treatment related to hospital care, outpatient medical services, domiciliary or nursing home care. Only when a determination is made that the care is not related to a condition identified in 1710(e)(1)(B)(i) or (ii) should a determination for co-pay be considered under 33 U.S.C. 1710(G) and 1722.

B) A radiation-exposed veteran is eligible for hospital care, medical services, and nursing home care under subsection (a)(2)(F) for any disease suffered by the veteran that is-

- (i) a disease listed in section 1112(c)(2) of this title; or
- (ii) any other disease for which the Secretary, based on the advice of the Advisory Committee on Environmental Hazards, determines that there is credible evidence of a positive association between occurrence of the disease in humans and exposure to ionizing radiation.

I hope my explanation helps and is not too technical.

From Dick: PLEASE NOTE - this info only applies to treatment items under the Public Laws & CFR 38. THIS MAY NOT APPLY to certain other treatment items. Treatment items are as applied based upon your Priority Status.]

If you already hold a Service Connected Disability for other than Ionizing Radiation Exposure this process should be much easier.

***On your CFR [Medical Jacket] should be affixed VA Form 10-1079, Emergency Medical Identification,*** for notation(s) of Allergies, Radiation, Agent Orange, Gulf War, etc. "Radiation" should be checked or circled for radiation exposure.

**ALL ATOMIC VETERANS** should sign up for the Ionizing Radiation Exposure Register. There is a discussion in the Department of VA Affairs Book "Federal Benefits for Veterans and Dependents" Pamphlet 80-00-1, issued annually. Usually free copies can be obtained at a VA Area Office or Medical Facility. If not, you can buy a copy for \$5.00 from the Superintendent of Government Documents.

On page 8 of this book -- Registry Programs -- Any veteran who claims exposure to radiation can be provided with a FREE, comprehensive medical exam, etc. Results of the exam, including review of the veteran's military service and exposure history are entered into Special Computerized Databases called Registries, etc.

# ATOMIC VETERANS INFORMATION & ASSISTANCE

## R.E.C.A. [RADIATION EXPOSURE COMPENSATION ACT]

From: PATBNAAV@aol.com

Date: Thu, 4 Jan 2001

Subject: **P.L. 106-245**

I recently received this and stacked it on top of another stack. Today I had the opportunity to really go over it and if what I think it says is really true, it's very good news. It will be quite lengthy so put lots of paper in your printer. This covers miners, millers, downwinders and onsite test participants. I am picking out only what pertains (in my estimation, the atomic vets [onsite test participants]).

It is "Radiation Exposure Compensation Act Amendments of 2000." (RECA)S.1515 One Hundred Sixth Congress of the United States of America

### AT THE SECOND SESSION

Begun and held at the City of Washington on Monday, the twenty-fourth day of January, two thousand. An Act To amend the Radiation Exposure Compensation Act, and for other purposes. Be it enacted by the Senate and House of Representatives of the United States of America in Congress Assembled.

### SECTION 1. SHORT TITLE.

This Act may be cited as the 'Radiation Exposure Compensation Act Amendments of 2000.'

### SEC. 2. FINDINGS.

Congress finds that--

....(4) scientific data resulting from the enactment of the Radiation Exposed Veterans Compensation Act of 1988 (38 U.S.C. 101 note), and obtained from the Committee on the Biological Effects of Ionizing Radiation, and the President's Advisory Committee on Human Radiation Experiments provide medical validation for the extension of compensable radiogenic pathologies;

### SEC 3. AMENDMENTS TO THE RADIATION EXPOSURE COMPENSATION ACT.

#### (a) CLAIMS RELATING TO ATMOSPHERIC NUCLEAR TESTING:

##### (1) CLAIMS RELATING TO LEUKEMIA.

(A) **IN GENERAL** An individual described in this subparagraph shall receive an amount specified in subparagraph (B) if the conditions described in subparagraph (C) are met. An individual referred to in the preceding sentence is an individual who--

(III) participated onsite in a test involving the atmospheric detonation of a nuclear device; and (ii) submits written documentation that such individual developed

(B) **AMOUNTS**-if the conditions described in subparagraph (C) are met, an individual--

(ii) who is described in subclause (III) of subparagraph (A)(i) shall receive \$75,000.

(b) **DEFINITIONS**-section 4(b) of the Radiation Exposure Compensation Act

(42 U.S.C. 2210 note) is amended--

(2) in paragraph (2)--

## ATOMIC VETERANS INFORMATION & ASSISTANCE

- (A)...lung cancer (other than in situ lung cancer that is discovered during or after a post-mortem exam);
- (B)...thyroid;
- (C) by inserting 'male or' before 'female breast':
- (D) ...
- (E) ...'esophagus' :
- (F)...'stomach';
- (G)...'pharynx';
- (H)...'pancreas':

(I). by inserting "salivary gland, urinary bladder, brain, colon, ovary," after 'gall bladder'. (Except for "brain, colon, ovary and the above(A), lung cancer, these are some of the presumptions listed in **P.L. 100-321**, the complete list was in the original RECA; however, thyroid, breast, esophagus, stomach, pharynx and pancreas all had many restrictions, which have now been removed in this legislation.

**100-321** listed salivary gland and urinary tract after the original 13 (**102-545**).

### (B) CERTAIN WRITTEN DIAGNOSES-

(i) **IN GENERAL**-...(ii) of a nonmalignant pulmonary disease or lung cancer of a claimant that is accompanied by written documentation shall be considered to be conclusive evidence of that disease.

(ii) **DESCRIPTION OF PHYSICIANS** - A physician referred to under clause

(i) is a physician who--

(1) is employed by .... the Department of Veterans Affairs; or

(11) is a board certified physician; and

(111) has a documented ongoing physician patient relationship with the claimant.

### (2) CHEST X-RAYS-

A) **IN GENERAL**- For purposes of this Act, a chest x-ray and the accompanying interpretive reports described in subsection (b)(5)(B) shall

(i) be considered to be conclusive; and

(ii) be subject to a fair and random audit procedure established by the Attorney General.

### (B) CERTAIN WRITTEN DIAGNOSES-

(I) **IN GENERAL**- For purposes of this Act, a written diagnosis made by a physician described in clause (ii) of a nonmalignant pulmonary disease or lung cancer of a claimant that is accompanied by written documentation that meets the definition of that term under subsection (b)(5) shall be considered to be conclusive evidence of that disease.

(ii) **DESCRIPTION OF PHYSICIANS** - A physician referred to under clause

(i) is a physician who--

(1) is employed by

(bb) the Department of Veterans Affairs; and

(11) has a documented ongoing physician patient relationship with the claimant.'

### (d) DETERMINATION AND PAYMENT OF CLAIMS.

...(2) **DETERMINATION AND PAYMENT OF CLAIMS, GENERALLY**-Section 6(b)(1) of the Radiation Exposure Compensation Act(42 U.S.C. 2210 note) is amended by adding at the end the following: 'All reasonable doubt with regard to whether a claim meets the requirements of this Act shall be resolved in favor of the claimant'..

(3) **OFFSET FOR CERTAIN PAYMENTS**. Section 6(c)2(B) of the Radiation Exposure Compensation Act (42 U.S.C. 2210 note) is ammended..

## ATOMIC VETERANS INFORMATION & ASSISTANCE

(A) in clause (i), by inserting '(other than a claim for workers' compensation)' after 'claim'; and

(B) in clause (ii), by striking 'Federal Government' and inserting 'Department of Veterans Affairs'.

(4) **PAYMENT WITHIN 6 WEEKS-** The Attorney General shall ensure that an approved claim is paid not later than 6 weeks after the date on which such claim is approved.

### SEC.9. ATTORNEY FEES.

(a) **GENERAL RULE-**Notwithstanding any contract, the representative of an individual may not receive, for services rendered in connection with the claim of an individual under this Act, more than that percentage specified in subsection

(b) of a payment made under this Act on such claim.

(b) - The percentage referred to in subsection (a) is--

(1) 2 percent for the filing of an initial claim; and

(2) 10 percent with respect to--

(A) any claim with respect to which a representative has made a contract for services before the date of the enactment of the Radiation Exposure Compensation Act Amendments of 2000; or

(B) a resubmission of a denied claim....

Speaker of the House of Representatives.

Vice President of the United States and

President of the Senate.

END

This is a **condensation of P.L. 106-245**. I extracted only the issues I thought would be interesting and understandable to our group. For particulars and a copy of the entire law, call GERARD W. FISCHER or LORI BEG (202) 616-4377, U.S. Dept. of Justice, Civil Division, P.O. Box 146, Ben Franklin Station, Washington, DC 20044-0146.

The way I read this is if you have lung cancer or lung illnesses, brain cancer, colon cancer or ovarian(?) cancer, you would be entitled to \$75,000 lump sum benefits. You would not be able to receive this if you have ever received VA benefits for the same illness. This is a big improvement over the original RECA. When you call the DOJ ask for the blue forms (those are the ones for military). All though they may seem to be kinda awesome at first, just read them over a few times and that'll clear things up. You don't need an attorney--you can figure it out yourself. Good luck!!

Pat Broudy

\*\*\*\*\*

From: PATBNAAV@aol.com

Date: Mon, 15 Jan 2001 Subject: Re: **Illnesses**

Dear Atomic Veteran, Widow, Offspring:

Your communication pertaining to your diagnosis of lymphoma, non-hodgkins. That cancer is recognized as "presumptive" in P.L. 100-321.

As such you need to contact your local Veterans Administration office and present them with your medical records (civilian?), and in particular your blood work and pathology reports as well as your doctor's diagnosis.

Depending upon the severity of your illness you would probably be entitled to (if you are 100% un-employable) about \$2,000 per month. There is another law under which you

## ATOMIC VETERANS INFORMATION & ASSISTANCE

might benefit, that is "Radiation Exposure Compensation Act Amendments of 2000, P.L. 106-245" (RECA). Under that law you would be entitled to \$75,000 lump sum. NAAV cannot advise you which of those you should consider. That is your (and your family's) decision to make. You cannot benefit under both laws. This law is administered by the Department of Justice (DOJ). To find out more about this law, call Lori Beg (202) 616-4377, U.S. Dept. of Justice, Civil Division, P.O. Box 146, Ben Franklin Station, Washington, DC 20044-0146. This law does not provide for medical care or educational benefits for you or your dependent's, as does P.L. 100-321.

I do have much information on lymphoma; however, since both the laws mentioned above do not require dose reconstruction's, the only medical information you need is proof from your treating oncologist and your diagnosing physician of your illness.

Good Luck, Pat Broudy

\*\*\*\*\*

From: PATBNAAV@aol.com

Date: Wed, 18 Jul 2001

Subject: **RECA/VA rules**

There seems to be some misunderstanding regarding the receipt of RECA benefits (if and when they are released) and the receipt of VA/DIC benefits. I may have contributed to this misunderstanding, and if I have I'm truly sorry. The straight scoop is as follows (from the Department of Justice).

### **VETERANS**

If you are a veteran who participated onsite in atmospheric nuclear tests, acceptance of a RECA payment will mean that **YOU WILL LOSE VETERANS DISABILITY COMPENSATION** for the illness arising from your radiation exposure during the nuclear tests you participated in. **ACCEPTING THE RECA PAYMENT WILL NOT AFFECT THE DEPENDENCY AND INDEMNITY BENEFITS AVAILABLE TO YOUR SURVIVORS AFTER YOUR DEATH. IF YOU ACCEPT A RECA PAYMENT, YOUR SPOUSE AND/OR CHILDREN ARE STILL ELIGIBLE TO APPLY FOR DEPENDENCY AND INDEMNITY COMPENSATION (DIC) BENEFITS.**

### **WIDOWS AND CHILDREN.**

If you are a widow or child of a veteran who participated onsite in atmospheric nuclear tests, acceptance of a RECA payment means that **YOU WILL LOSE DEPENDENCY AND INDEMNITY COMPENSATION (DIC) BENEFITS** for the illness contracted by the veteran after radiation exposure during the onsite tests he/she participated in. You **WILL NOT** lose any other VA survivors benefits you are entitled to, including DIC benefits for other illnesses or injuries (those **NOT** attributed to radiation exposure during nuclear tests) the veteran suffered as a result of his/her military service. If you wish to retain your eligibility to receive VA dependency and indemnity compensation(DIC) payments for the illness attributed to radiation exposure, **YOU SHOULD REJECT THE RECA PAYMENT.**

NOTE: Veterans exposed in Nagasaki and Hiroshima are not covered under RECA but if they have one of the presumptions under P.L. 100-321 or P.L. 102-578, they **ARE** covered under those laws.

### **PRESUMPTIONS UNDER:**

**P.L. 100-321 RECA,**

Leukemia (except chronic lymphocytic)

**P.L. 101-510**

Leukemia (except chronic lympho-)

## ATOMIC VETERANS INFORMATION & ASSISTANCE

Thyroid  
Breast  
Pharynx  
Esophagus  
Stomach  
Small Intestine  
Pancreas  
Multiple Myeloma  
Non-Hodgkins lymphomas  
Bile duct  
Gall bladder  
Primary liver

### **PRESUMPTIONS UNDER:**

#### **PL 102-578**

Salivary gland  
Urinary tract (ureters,urethra,bladder  
Bronchiolo-alveolar  
\*\* Brain  
\*\* Bone  
\*\* Lung  
\*\* Colon  
\*\* Ovary

**\*\* Passed as a REGULATION and effective March 26, 2002.**(see latest Section 3.309)

Pat Broudy

\*\*\*\*\*

From Dick: **RECA** Has been entirely administered by the Department of Justice. Recent info (8. 2001) is that some of the RECA Program has been taken over by the Department of Labor. Claimants will need to establish "which Department handles their potential claims."See Section 3.309 as relates to veteran participants during the Amchitka Projects & veterans serving at certain designated Nuclear weapons Plants.

BE AWARE: there are several "Catch 22s" in the RECA Program. If you do not understand, contact legal assistance and advice.

\*\*\*\*\*

From: PATBNAAV@aol.com - Date: Tue, 21 Aug 2001

Subject: Re: **Claims Paid under RECA- Just a discussion**

Several days ago I received a call from the office of the VA attorney general in response to an email requesting information re the regulation.

The following questions are ones I've been receiving and for which I requested answers from the AGQ.

What benefits, if any, will the adult children receive under this regulation?

If both parents are deceased, what benefits would the children receive?

A If the children are under age 23 and attending school, they would probably be entitled to educational benefits under Chapter 35. (The same benefits available before the regulation as children of service-connected veteran.)

## ATOMIC VETERANS INFORMATION & ASSISTANCE

If both parents are deceased and the veteran would have qualified under RECA but died before receiving benefits, the children would be entitled to the \$75,000 lump sum (split between siblings if that is the case.)

REMEMBER, RECA DOES NOT PAY BENEFITS FOR HIROSHIMA/NAGASI EXPOSURES

And as I have stated before -- if the service-connected veteran receives RECA benefits (\$75,000), and then dies, and his spouse is still living, she can then file for DIC benefits under either P.L. 100-321 or the Regulation, depending on the type of cancer which caused his demise, and the children, if any, would fall under the provisions outlined above in answer to the first question.

Pat Broudy, Leg. Dir. NAAV

Q. When filing for benefits under the Regulation (when it becomes effective) would this claim be filed under P.L. 100-321, and if the claim is allowed would it be retroactive to 1988 or the date of the Regulation?

A. The claim would be filed under the Regulation (this is not a law) when it becomes effective -- possibly the end of the year or beginning of next year. I'll keep you advised regarding the date as we progress through this.

From Dick: If you have been **attempting VA Claims, RECA, Other** - and are a Military [or ex-military] involved in Nuclear Actions such as: weapons handling, security, cleanups, others, you might file with Social Security Disability. After all, you were paying into social security and were employed in military service. We have been notified by one "cleanup person" that this was his ultimate way to file & received 100%.

More recent (Fall 2002): Veterans should go to the nearest VA Health System, Office of Occupational & Safety Hazards. With required proof, these veterans & ex-military can be set up to receive certain treatment(s).

\*\*\*\*\*

From: PATBNAAV@aol.com

To: delinda@houston.rr.com

Cc: rucon@juno.com, pdxavets@aracnet.com

Date: Thu, 6 Sep 2001 20:33:41 EDT

Subject: Re: **RECA claims vs DIC**

Yesterday I spoke with a representative of the DOJ (Department of Justice). They are no longer issuing IOUs because they have been funded sufficiently to cover all previous IOUs and current claims. Also, after they have received all the documents required for proof of claim, it will take about four to five weeks before the check is issued.

Your questions regarding dual compensation (DIC and RECA) are "This appears to indicate that a veteran (or his family) would be entitled to both benefits. Am I reading this correctly?"

Answer:

If the veteran accepts RECA that means HE WILL LOSE VETERANS DISABILITY COMPENSATION.

## ATOMIC VETERANS INFORMATION & ASSISTANCE

If he (the veteran) accepts RECA and then dies, his widow would then be entitled to apply for dependency and indemnity compensation (DIC) benefits. Assuming children are adult, they may qualify for educational benefits to age 26.

If you are a widow or child of a veteran who participated onsite in atmospheric nuclear tests, and you apply for and accept RECA (assuming the veteran had not accepted RECA before his death) **YOU WILL LOSE DEPENDENCY AND INDEMNITY COMPENSATION (DIC) BENEFITS**. If the widow wishes to retain her eligibility to receive VA DIC payments for the illness attributed to radiation exposure, she should reject the RECA payment.

Assuming the veteran had not received VA disability benefits or RECA before his death, his widow would then have a choice. She can file for DIC (if the cancer which caused his death is on the presumptive list), or she can apply for RECA. **SHE CANNOT RECEIVE BOTH** (No double-dipping).

The law provides that if you accept (RECA) payment, you may lose all disability benefits of Dependency and Indemnity Compensation (DIC) for disability due to any disease attributed to radiation exposure during the onsite nuclear tests.

The RECA affects veterans and widows/children differently, and the loss of veterans benefits varies depending on who receives the RECA payment.

Those differences are explained above. I hope this answers your questions.

Sincerely, Pat Broudy

### **Energy Employees Occupational Illness Compensation Program Act (EEOICPA).**

**<http://www.downwinders.org/>**

HAS POSTED THE BELOW INFORMATION :

**Write:**

U.S. Department of Justice  
Radiation Exposure Compensation Program  
P.O. Box 146  
Ben Franklin Station  
Washington, D.C. 20044-0146

**Download**

NEW! Download Claim Forms Here

**Call:**

1-800-729-RECP  
(1-800-729-7327)

**Email:** [civil.reca@usdoj.gov](mailto:civil.reca@usdoj.gov)

### **RADIATION COMPENSATION INFORMATION:**

On July 31, 2001, the Department of Labor will begin processing claims filed under a new compensation program created by the Energy Employees Occupational Illness Compensation Program Act (EEOICPA). This new program will pay workers who were approved for compensation under Section 5 of RECA, or their eligible survivors, up to an additional \$50,000 and future medical benefits related to the condition for which they were approved for compensation under RECA. You need not have actually received your

## ATOMIC VETERANS INFORMATION & ASSISTANCE

payment from RECA in order to be found eligible for the additional compensation and benefits under EEOICPA.

Information here.

NEW! Download Claims Forms here.

Contact information for the U.S Dept. of Justice program below:

**Write:**

**U.S. Department of Justice**

Radiation Exposure Compensation Program

P.O. Box 146

Ben Franklin Station

Washington, D.C. 20044-0146

**Download**

NEW! Download Claim Forms Here

**Call:**

1-800-729-RECP

(1-800-729-7327)

**Email:** [civil.reca@usdoj.gov](mailto:civil.reca@usdoj.gov)