THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY

convenes the

FORTY – SIXTH MEETING

CAMP LEJEUNE COMMUNITY ASSISTANCE

PANEL (CAP) MEETING

September 1, 2020

The verbatim transcript of the Meeting of the Camp Lejeune Community Assistance Panel held virtually on September 1, 2020.

C O N T E N T S

September 1, 2020

P A R T I C I P A N T S

(Alphabetically)

BLOSSOM, SARAH, CAP TECHNICAL ADVISOR

BOVE, FRANK, ATSDR

BREYSSE, PAT, NCEH/ATSDR

CARSON, LAURINE, VA

FORREST, MELISSA, NAVY/MARINE CORPS

FRESHWATER, LORI, CAP MEMBER

HANLEY, JACK, ATSDR

HASTINGS, PATRICIA, VA

HEROUX, MARK, VA

JONES, KIP, VA

LANGMANN, DANIELLE, ATSDR

MUTTER, JAMIE, ATSDR

PARTAIN, MIKE, CAP MEMBER

UNTERBERG, CRAIG, CAP MEMBER

WYTON, PAM, NCEH/ATSDR

P R O C E E D I N G S

(9:00 a.m.)

WELCOME AND INTRODUCTIONS

CDR MUTTER: Awesome. All right. Good morning, everybody. CAP members, VA, Marine Corps, and our community members, thank you for joining us. We're going to go ahead and get started this morning for our CAP meeting, September 1st, which is today. We're going to go ahead and do intros. If we could do CAP members first. Remember, while you're not speaking, just put your mic on mute, and then let's go ahead and get started. So, CAP members.

MR. PARTIAN: I just blanked out, but this is Mike Partain, CAP member.

CDR MUTTER: Thank you.

MS. FRESHWATER: Hi, it's Lori Freshwater, CAP member.

CDR MUTTER: Thank you.

MR. UNTERBERG: Craig Unterberg, CAP member.

CDR MUTTER: Welcome. Any other CAP members. All right. Technical advisors.

DR. BLOSSOM: Hi, Sarah Blossom.

CDR MUTTER: Good morning. Okay. Can we get our VA colleagues to announce themselves?

DR. HASTINGS: Hi, this is Pat Hastings, Post Deployment Health Services.

MR. HEROUX: My name is Mark Heroux. I'm the supervisor at Camp Lejeune Family Medical Program.

MR. JONES: Good morning. I'm Kip Jones, VHA Office of Community Care Programs Support Department.

CDR MUTTER: Thank you, Kip. Laurine. Are you able to unmute?

MS. CARSON: Good morning. This is Laurine Carson from VBA.

CDR MUTTER: Good morning. All right. So, I think that's everybody from VA. What about Marine Corps? Melissa?

MS. FORREST: Sorry, I stuck my hand in front of the video. Melissa Forrest from the Navy and Marine Corps Public Health Center. Hello.

CDR MUTTER: Hello, good morning. And ATSDR, CDC.

DR. BOVE: Frank Bove, ATSDR.

MR. HANLEY: Jack Hanley, ATSDR.

DR. BREYSSE: Sorry, Jack, go ahead.

MR. HANLEY: Jack Hanley, ATSDR.

DR. BREYSSE: Pat Breysse, ATSDR.

CDR MUTTER: Danielle, you're on mute.

MS. LANGMANN: Danielle Langmann, ATSDR.

CDR MUTTER: Wonderful. And I'm Jamie Mutter, also with ATSDR. So, do we have everybody? Did I miss anyone. Wonderful. So, with that, Pat, do you have any introductions you'd like to do today before we start with the VA presentations?

[Inaudible Comments]

DR. HASTINGS: At that time [inaudible].

[Inaudible Comment]

CDR MUTTER: I should have said Dr. Breysse, I'm sorry.

DR. BREYSSE: Jamie, did you call me?

CDR MUTTER: Yeah, I said did you want to have any introductory remarks or anything before we get started with the VA?

DR. BREYSSE: Oh, sure, sure. Yeah. So, I want to welcome everybody to the CAP meeting. It's unfortunate we have to do this electronically. I've always enjoyed interacting one on one with the CAP members to the meeting. So, this is a poor substitute but an effective substitute, nonetheless. So, we look forward to talking to you about our efforts ongoing, principally in the areas of the soil vapor intrusion work and the cancer incidence and cancer mortality updates studies going forward. So, I'm looking forward to the day today, and I want to make sure that we take some time to hear what the CAP concerns are as well as begin to answer some questions from the broader Camp Lejeune affected community, and we'll follow up with those obviously during the public meeting component, which will come in a few days. So, I'll just stop right there, and let's get into the meeting.

CDR MUTTER: Awesome, thank you, sir. So, with that, VA, if you want to pull up the slides, Pam, and the VA can begin their presentation.

U.S. DEPARTMENT OF VETERANS AFFAIRS UPDATES

MR. HEROUX: Good morning, everyone. My name is Mark Heroux, like was stated prior, with the VHA for the Camp Lejeune program. We're going to go over a few details for the last quarter and numbers and a brief history of the entire. Today is, these slides are presented from August, so that's why it says August 2020, even though we're in a September 1st meeting, just to give it a captivity, and I know the title page looks a little weird. Next slide please. The Honoring America's Veterans and Caring for Camp Lejeune Families Act of 2012 was enacted August 6th. Section 102 requires VA to provide healthcare to veterans who served on active duty at Camp Lejeune and reimbursement of medical care to eligible family members for one or more of the 15 specified illnesses or conditions. Those illnesses are cancers and other conditions. Cancers such as bladder, esophageal, kidney, lung, and non-Hodgkin's lymphoma. Other conditions covering female infertility, miscarriage, and renal toxicity. Next slide please. For the veterans' side of eligibility to be eligible for VA healthcare under the CLVP program a veteran must have served on active duty at Camp Lejeune for at least 30 days between August 1, 1953, and December 31, 1987. The veteran does not need to have one of the eight presumptive health conditions to be eligible for VA healthcare, and the veteran does not need to have a service-connected disability to be eligible for Camp Lejeune veteran, as a Camp Lejeune veteran, excuse me, for VA Healthcare. Camp Lejeune veterans are enrolled in VA Healthcare in priority group six, unless you qualify for a higher priority group meaning you have a different service-connected disability or what have you. Healthcare related to any of the 15 qualifying health conditions is at no cost to the veteran, and that includes copayments. Next slide please. Camp Lejeune Veteran Program, in response to the law, the VA began providing care to Camp Lejeune veterans on the day it was enacted on August 6, 2012. To support implementation of the statutory requirement, the final regulation for Camp Lejeune veterans was published on September 24, 2014, and as of July 31st of this year, the VA has enrolled 71,397 Camp Lejeune veterans, 3,570 of which were treated specifically for one or more of the 15 specified Camp Lejeune related medical conditions. Camp Lejeune veterans interested in enrolling in the program can call the number below at 877-222-8387. Next slide pleases. This is a slide that kind of lays out how many illnesses or conditions were seen as eligible under the CLVP. If we can hit the next portion of this it brings up, there you go. The veterans who were treated for each of the 15 Camp Lejeune medical conditions between October 1, 2012, and July 31, 2020. So, as we can see, this is a cumulative number over the entire

lifespan of this program. Bladder cancer, 495. Breast cancer at 82. Kidney cancer at 303. Multiple myeloma at 102. And you have non-Hodgkin's at 198 for a total seen of 3,570, which is what we stated on the last slide as well. I leave this up for a second in case anybody wanted to take some notes, and I believe that Commander is going to be sending these slides out anyway. I've released this portion at least. Next slide please. So, the veteran numbers are given to us by, we culminate everything together into our slide deck so that we can ensure that we present all the information together. I'm specifically over the Family Member Program, excuse me for calling it the Family Medical Program last time, so. We are the Camp Lejeune Family Member Program. The Camp Lejeune Family Member Program launched on October 24, 2014, the day the regulation became effective. Family members received care by civilian providers, and VA reimburses as payer of last resort out-of-pocket medical costs associated with the 15 conditions. Family members may request reimbursement for covered expenses incurred up to two years prior to the date of application, and as of August 31, 2020, the VA provided reimbursement to 521 family members for claims related to treatment of one or more of the 15 specified conditions. Camp Lejeune family members interested in enrolling in the program can call our number at 866-372-1144 or visit the website below. Next slide please. To receive reimbursement of medical expenses under the provisions of the law, a Camp Lejeune family member must be determined administratively eligible for the program, must have had a dependent relationship to an eligible veteran during the covered time frame, have resided, including in utero, on Camp Lejeune for at least 30 days between August 1, 1953, and December 31, 1987, and have one or more of the 15 qualifying health conditions. Next slide please. So, the family member slide numbers are obviously a lot less than the veteran side numbers. The family members are covered between October 1, 2012, and August 31, 2020. The numbers are as follows. Bladder cancer at 42, breast cancer at 458, esophageal cancer at 6, and then we go down the list to kidney cancer 66, renal toxicity at 4, and a total of 870. Once again, these slides will be present, but I'm going to leave this up for a minute just to have anybody take some notes, and maybe they want to see what numbers are where. Okay, next slide please. This slide is going to cover eligibility denials. Veterans, of the 71,397 veterans who applied for care and services under the Camp Lejeune program between October 1, 2012, and July 31, 2020, 1,592 were ineligible due to not meeting the statutory requirements for veteran status. There were 418 veterans' applications in pending status at the time of the building of this slide deck, which is July 31. The family member side of the

3,409 applications received for eligibility in the Camp Lejeune Family Member Program between October 4, 2014, and August 31, 2020, there are 25 awaiting an administrative determination. Family member administratively ineligible. I do want to actually speak to the 25 and waiting. We try to keep our numbers pretty low, between less than the teens, hopefully. The 25, we had the COVID pulled people from the building, and we had a little bit of a lap in time for that to be able to get sorted on how to do this all telework, so we're getting that number down daily, and we hope to address those, you know, before the next quarter definitely. So, the next bullet point is family member administratively ineligible. As you know, there's an administrative eligibility, but you also have to have a medical component to that to make you clinically eligible. So, the administrative side, there were 1,029 that were ineligible. This was over the life of the program. The top three reasons of this being they didn't meet the Camp Lejeune residency program, which means we ourselves doing due diligence couldn't find a link for residency. They didn't live on base or within the prescribed area. They couldn't find it. The FOIA request was done and what have you. That number of criteria is 553. They didn't have a relationship to an eligible veteran or could not prove that via paperwork or we couldn't find it in DEERS or what have you. That number is 284, and the veteran eligibility criteria was 124. The next bullet is family members clinically ineligible were 484 were found ineligible for one of the 15 conditions, and as you know, we have clinical review process for that. The family members for that number, 484, may have been denied multiple times, but that's just how many times an application for, not an application, but a response for clinical eligibility being found ineligible was counted, so. Next slide please. So, these are our FY over FY totals for reimbursement for the family member and provider. As we can see, we had an adjustment for FY15, and then we go all the way down to fiscal year 20. As of August 31, we are at 2.4, almost $2.5 million for reimbursements. The numbers fluctuate, ebb and flow due to medical needs of the family members inside of the program. The total reimbursements to date are around $7.5 million. Leave that up for a second for you. Then our last slide, are there any questions for the VHA side of the house regarding the family member program specifically first for myself, and then we can follow on with anything else that may be inside of the VHA side. I didn't expect any questions.

CDR MUTTER: Any questions. Yep.

MR. HEROUX: All right, thank you so much.

CDR MUTTER: Any questions from the chat members for Mark?

MR. UNTERBERG: Hey, Mark. It's Craig Unterberg. Based on our discussion, renal toxicity was one of the higher levels, was in an area in which we saw a high level of denials. Do you know of that 484 number how much is still on in renal toxicity?

MR. HEROUX: So, I hear the question as being -- let me make sure, yes. I hear the question as being specifically for renal toxicity how many were clinically ineligible. Is that correct?

MR. UNTERBERG: Correct.

MR. HEROUX: Okay. I will have to get that number back to you. I'll take notes right now for this. We don't break it down in the meeting for each specific condition, I believe. We actually just break it down for what we've covered inside of there, so I'll have to get back to you on that.

MR. UNTERBERG: Yep, understand. It had just been a topic of discussion at the prior CAP meetings because of the many complications in determining eligibility. It's just been somewhat of a controversial issue, so.

MR. HEROUX: Would it be, would it be better for the entire group to just give you guys a breakdown of what was denied inside of those 484 regarding condition or just specifically to renal toxicity?

MR. UNTERBERG: A breakdown would be great, thank you.

MR. HEROUX: No problem. Any other questions?

MS. FRESHWATER: Hi. This is Lori Freshwater. On the veteran ineligibility, is that because the veteran wasn't on base for the 30 days or is it because, what I'm getting at is I don't want family members to be denied if their parent had like a dishonorable discharge or something like that.

MR. HEROUX: No, I totally understand. So, we're in a unique position to have overcome that entire situation inside of our section for that. Usually, the veteran eligibility criteria is that they may have been a veteran, and they may have been stationed there, but they weren't a veteran whenever the marriage occurred or whenever the birth occurred or what have you. Other instances would be they may have been on Camp Lejeune, but the veteran actually was discharged prior to that, so they weren't actually with a veteran in service at the time. And it usually relates directly to residency. That’s the biggest one that we have is finding proof of residency or they think that they were at one place, but they were actually at another or the place that they were at has the same name as another on

base. So, that's usually what happens more often than not. But yes, definitely, the veteran's status regarding honorable or dishonorable or other than honorable discharge is not a factor.

MS. FRESHWATER: That's good to know. I appreciate you being mindful of that because it certainly isn't the dependent's fault if there's a dishonorable discharge.

MR. HEROUX: No, not at all.

MS. FRESHWATER: Thank you.

MR. HEROUX: No problem.

CDR MUTTER: Any further questions for Mark?

MR. PARTIAN: Just I assume that we're going to later probably talk about the kidney disease and what the VA is doing to assess or reassess their position on kidney diseases.

CDR MUTTER: If you have a question, I would ask it in this portion.

MR. PARTIAN: Okay. Well, you know, we've talked about kidney disease in, you know, almost every CAP meeting for the past five or six years, and I think I had heard something and asked Dr. Hastings about it earlier after the last CAP meeting [inaudible] as far as what steps are being taken to evaluate kidney disease, because we seem to have a lot of kidney issues, and we have the 2015 IOM report, which had recommended that the veteran be given the benefit of the doubt regarding kidney disease. So, where are we at on evaluating [inaudible] looked at?

DR. HASTINGS: Hi. This is Pat. I still have the question with OGC. Things have slowed down because of COVID, but the 2015 report didn't exactly say that, and when these are reviewed, if there is a long period of time between the exposure and the renal disease and a good reason that it is not related to Camp Lejeune, such as diabetes, that's problem the most common for kidney disease that may not be covered, but I do have the question with OGC, and I will let you know when it's done.

MR. HEROUX: Thank you. I actually have an amazing return on investment here from Mr. Jones. He was doing some background investigation while we were talking, and it seems that from the 15 conditions, if I may, we have denied per case. So, we were talking about renal toxicity specifically. We'll get these numbers out, but the number in question was 36 were denied for renal toxicity.

ACTION ITEMS FROM PREVIOUS CAP MEETING

CDR MUTTER: Thank you. Any other questions for Mark or the VA before I move onto action items. Okay. so, we'll move forward with the agenda, and we'll do action items from the previous CAP meeting. We have a few, and they're all for the VA, so I'll go ahead and start. The first one, the VA will inquire if the slides from the May 2020 CAP meeting can be shared. I think we did that, and we did share them. Is that right, guys? I think, Mark, I checked with you, and I think they were shared, correct? The slides from the last CAP meeting?

MR. HEROUX: They were able to be shared, yes. Yeah, so they weren't. And actually, sorry, to follow up on that, what I'm going to do is, I'm actually going to take this slide information that we just got from Kip that has a breakdown of everything, and I'm going to include it. Can we go back, one, two, three, slides. Is that a possibility? One, two, three. One more. There we go. So, this kind of information slide deck, I'm going to add another slide in between this and the next one, and it'll have the denial reasons listed out so that we can share that to everybody inside of this one slide deck and not have multiples going out.

CDR MUTTER: Okay, wonderful. So, I'll wait for that updated slide deck to send out.

MR. HEROUX: Excellent. Yes, ma'am. Thank you so much.

CDR MUTTER: Thank you. So, the next action is the VA will request a presentation from the Board of Veterans with information on their process. The court and legal process that occurs in the appeal aspect of processing claims and remand rates. Someone from the VA want to speak to that?

MS. CARSON: Hi. This is Laurine. Can you hear me?

CDR MUTTER: We can hear you, yes.

MS. CARSON: Okay. The board has declined the presentation at this time. The appeals management office provided a presentation at the last meeting and covered remand rates as well.

CDR MUTTER: Okay. Thank you for that update. The next action item is the CAP stated that in regards to benefits people are being approved by the BVA after being denied by the VA. The CAP would like to know how many and what the major causes of the reversals are starting at 2010 and going forward.

MS. CARSON: So, again, that's -- this is Laurine again. Can you hear me?

CDR MUTTER: Yes.

MS. CARSON: Okay. Again, that's data that we don't necessarily keep between the major causes for denied of the Board of Veterans' Appeals. Those are data and statistics that I believe were presented in the last slide as the reasons for denials. The same reasons exist. There's either no diagnosis, it's not within, they don't meet the criteria as in the 30 days, and for each of these cases, we do have to have medical confirmation, and so sometimes the issues that are presented are not presumptive disabilities, and so those are the same. Remand reasons was one of the questions that was asked previously and why the board remands for issues, and some of the primary reasons is that because we are working in both the legacy system and working under the current Appeals Modernization Act, some, oftentimes those examinations by the time they reach the judges for a decision are old and expired, and it has to be, we have to have a new examination or we may need an additional clarifying medical opinion to resolve it. Also, veterans are able to have hearings, face-to-face hearings in which they may have presented new and additional information that then requires VA to go out and reexamine. So, those are some of the remand reasons.

CDR MUTTER: Okay. Any questions about any of the action items we've already discussed before we move onto the last two? Okay, so the next one is the VA will consult with their office of general counsel to ensure that the VA is interpreting the Camp Lejeune Families Act appropriately. Specifically, regarding renal toxicity, renal disease, and neurobehavioral effects. In addition, the VA will look at whether they are requiring a nexus for the family act and how they are interpreting the conditions, i.e., acute exposure. Pat, I know you touched on this. Do you want to add anything else to this action item?

DR. HASTINGS: No. I will go ahead and submit it to you as soon as I have a reply.

CDR MUTTER: Okay. Sorry, we have two Pats. My bad. I will be more specific going forward. All right. So, the last action item is the VA will ask the Board of Veterans Appeals if there is a database or repository of information that can be generally applied to all Camp Lejeune veterans or claimants.

MS. CARSON: This is Laurine Carson. There is not a database available.

CDR MUTTER: Okay. Great. All right. So, that's the end of the action items. I feel, we have a break next, I feel let's move forward if everyone's okay with that and just take a break as

needed. Is that okay with everybody? I see Mark raising his hand.

MR. HEROUX: I do have a question just for clarification. Sorry about the break portion. But a question was asked regarding the renal toxicity and the, not denial, the ineligibility for clinical regarding all the 15 conditions. I will only be able to address the family member side. Is it a question of the veteran specified condition ineligibility as well? I can work with other units and get that information culminated, or is it just the FM side?

CDR MUTTER: Craig, I think, was that your question, Craig?

DR. BREYSSE: I think it's both, but the CAP member should probably comment on that.

CDR MUTTER: Craig, I thought, there you go.

MR. UNTERBERG: Yeah, the question was on renal toxicity was really what is the determined, what is being used for the denial. Because it's a [inaudible] condition, but we are hearing people are still getting denied even though they are being diagnosed with renal toxicity. So, it really goes to what the basis was for denial, and in the last CAP meeting, it sounded like there was some subjectivity being used, but my understanding of the legislation is that it kind of [inaudible] law as if you are diagnosed renal toxicity to get reimbursed.

UNSPECIFIED SPEAKER: I think so.

MR. UNTERBERG: That --

MR. HEROUX: That's totally understandable, and that actually gives me a little bit more feedback here. The denials, and remember, denials are more of a final word. I don't like using that because I want to make sure that we're starting to the family members or the veterans even that they're ineligible for this portion of it. Because we can only deny an application, and the clinical side isn't an application. It's basically a notice that we have seen a doctor. We've been diagnosed with said condition, and we're applying for this portion. Under that guise, let's say that Mark, a Marine Corps veteran, thinks that I have lung cancer, and I push that information forward to my program, and we review all the documents to do this. We have a clinician who reviews these cases. However, it wasn't lung cancer specifically. It was COPD that I was diagnosed with, and I am trying to see if I'm clinically eligible for lung cancer. Well, the clinicians are going to do their due diligence and their mindset and review the medical files that are found and do

a case reply for that. We're going to take that case reply and say, the family member or the veteran, I'm assuming, because I'm only on the FM side, the family member is going to be clinically ineligible for lung cancer. Due to legal requirements, we're not allowed to say. However, you may be under point A or point B, but we're not allowed to say that. One, because I'm not a trained doctor, and two, because it kind of opens us up to much subjectivity. So, the denial is set in place in my records for lung cancer because Mark applied for lung cancer. However, he didn't get denied, or he didn't get found clinically ineligible because of lung cancer necessarily because he actually applied for COPD, which we don't cover. Does that make sense? So, it may be a renal toxicity denial under the numbers that we're going to show you. However, that was just the request for review that was denied for that reason. So, some of these are actually being applied like if they apply for, if they request for bladder cancer review or breast cancer review, even though there may be symptoms of this or what have you, it may show a denial, but that's just the covered reason they clicked in the box, and that's all it is. We tried to find as much of a link as we can, our clinicians do, and then we try to find as much of a conjoined link as we can, but sometimes that's why you like using the word ineligible. Because at that point of interest and that point of evidence, that's where we were.

MR. UNTERBERG: So, just to clarify, let's say internist in wherever, North Carolina, diagnosed someone with renal toxicity. That comes into the application, and your clinicians may say we don't agree with that internist.

MR. HEROUX: Dr. Hastings, you may be able to speak to that better. Sorry to put you on the spot.

DR. HASTINGS: I am not on the spot. So, if you have someone that applies for renal toxicity, we don't see that from physicians as a diagnosis often. They will often say, end-stage renal disease or chronic kidney disorder, chronic kidney disease. And if the person was at Camp Lejeune for the specified period of time but has been fine for five decades, they got diabetes, and 10 years after their diabetes, which was very brittle, they got renal disease, which is a known complication of diabetes. It may be related to the diabetes and not reparable to Camp Lejeune when the physicians review it.

UNSPECIFIED SPEAKER: Yes.

MR. UNTERBERG: So, this is where the issue comes up because you could say the same thing about, I don't know, someone who sample means, someone who doesn't eat properly. I don't see anything in

the legislation that requires some activity. You live there. You have the disease. You get reimbursed. I understand in other programs they [inaudible] activity. This is the one area we keep talking about where we have to try to explain that there could be other factors. But the way I read the legislation is that basically if you were there and meet the administrative criteria, and you have the disease, you then get reimbursed. And the legislation was specifically set up so there was not this connectivity requirement that you're talking about.

DR. HASTINGS: And hence, I am asking for a legal determination. However, end-stage renal disease is not kidney toxicity. So, therein lies the difference, and they are looking at it for us, over.

MR. UNTERBERG: Okay.

MR. PARTIAN: So what does the VA define as renal toxicity, because I'm a little puzzled by that last statement.

DR. HASTINGS: I will send you the paper that I had put together for that. Again, I think I gave it to you last year at the DC meeting. I'll pull that and send it.

MR. UNTERBERG: Okay. Because, I mean, you have a latency period like with kidney cancer, decades sometimes, but it seems like from what you're saying, if there's no immediate connection, you know, then more than likely it's diabetes or some other underlying cause [inaudible], and again, the kidney disease. Is that what I'm hearing you saying?

DR. HASTINGS: Excuse me. I will send you the paper that was put together last year.

MS. FRESHWATER: Can you just answer it for the people listening also right now?

DR. HASTINGS: If there, the short answer, I am asking for a legal determination, but what I've spoken with the lawyers so far would be that if there is a reason that is more likely than Camp Lejeune, it would be something that would not be related to Camp Lejeune. So, we're doing a deeper dive. But if someone would have end-stage renal disease and a very good reason for it to be there rather than Camp Lejeune, that may be the determination.

MS. FRESHWATER: Okay. How long has this been with the lawyers? It's been what? It's over a year now, right?

DR. HASTINGS: Yes, it's been a year.

MS. FRESHWATER: No, how long?

DR. HASTINGS: It's been a year, and COVID has slown stuff down, very sorry about that.

MS. FRESHWATER: I don't buy the COVID excuse with this at all. There's no reason that COVID should slow down a legal decision about whether people are able to get the law that is written to protect them and help them. I continue to be angry about this. I don't understand why you've drilled down on this and doubled down on it, and it's such a, in the big scheme of things, it's such a small drop in the ocean, and we're going to sit here and for this one thing say, no, we're going to treat you differently than everyone else who is covered under this law. So, if you've had diabetes, how do you know Camp Lejeune didn't cause the diabetes? We don't know so much about what these chemicals caused yet as far as inflammation, as far as other issues. So, you know, I think it's time that this get resolved, and I'm not, just because this is the last public meeting, I would like to continue working with you, Craig, especially since you have an actual tragedy in your family on this, to make sure that this gets resolved and not another year goes by.

DR. HASTINGS: And I'm happy to work with you on it, Lori.

MR. UNTERBERG: I'll continue working on it. Thank you.

CDR MUTTER: Okay. Thanks guys. Are there any other questions for the VA about the action items or anything we've discussed thus far before I move onto the soil vapor intrusion update? Okay. Jack, you're up with an update on soil vapor intrusion for ATSDR.

SOIL VAPOR INTRUSION PUBLIC HEALTH ASSESSMENT UPDATE

MR. HANLEY: Okay. Good morning everyone. We're going to be up, I'm going to update you on the soil vapor intrusion health assessment. Next please. This is generally the topics we're going to cover, just to give you an overview. Next please. With regards to the highlights, the main highlight, the most recent one, is that we released the Camp Geiger Data Validation Draft, and it went out to the Navy and to CAP members. And then we received their comments. And that's just the most recent activities, and you're familiar with all the other interactions we've had where we've gotten into the detailed analysis of our work. Next please. And just to give you a framework of the health assessment itself, the document, the way, the reports that are going to be coming out. There's going to be a health

assessment document, and it's going to have a summary of everything that's going to be, that's in the technical supplements. And there's eight detailed technical supplements. And the first two are, well the first one is just a background on all the different analyses, the details and assumptions and the processes of analyzing and evaluating each of these buildings is going to be documented in the technical supplement one. Number two is just all the reference materials. This is going to be a long list of all the technical documents that we relied on and cited in the health assessment. Then you have the six technical supplements in different areas of the base, and it's going to have buildings, each one has building-specific evaluations, and that's going to be over 190 buildings that are going to be evaluated. Very detailed analysis, and that's going to be in those reports. And these last six are going to be the ones that we will be putting out for review. Next please. And that first review that we're going to be having is called data validation, just to recap a little bit. The data validation is, the focus of it is to validate the data that we plan to use. We want to make sure, the purpose of this is to ensure that we have the pertinent information and data that's relevant to soil vapor intrusion and that we accurately report this in our documentation. And so, we go through this process. And it has very, we do this at all our sites, but for Camp Lejeune is a tremendous amount of information, and it's a large, large data dump, really. It a lot of detailed information that we've accumulated over the thousands and thousands of documents over the years. Next please. So, the first data validation was on Camp Geiger. We sent that data validation draft report out, and we were committed, like we've always been, committed to transparency and our review processes, and we sent it out to the Navy and the CAP, as I mentioned, and we had two members that signed confidentiality forms and received the document. We accepted comments that were focused on the accuracy of the data. That's where our efforts are and that we want to make sure before we go any further we have the appropriate data. Next please. Now, based on this first run of the data validation review process with Camp Geiger, I'm going to call that the old method because we're going to make some revisions to this process. And the reason we're doing that is we realize that the amount of information, it was just too much work, it would take too much time to go through all the detailed background information and have the Navy or the CAP members to review this in a reasonable amount of time. It's just not a practical way. So, we're going to modify our process, and I think this will be very helpful especially for the CAP members, because based on these lessons learned, we're going to end up having, we're going

to end up putting what we call a preliminary technical supplement, one of the preliminary technical supplements, we're going to put it out for review, data validation review, and these technical supplements, preliminary ones, they would already, it's going to include all of the analysis, the conclusions, the vapor intrusion details, the tox analysis, conclusions and recommendations. It's going to be basically the full technical supplement, which would have been reviewed by ATSDR. It'll have gone through our e-Clearance, and we're going to make this document available to the CAP and the DON for data validation. So, this is going to be in each one of these areas, as we release these reports, it's going to have all the detailed analysis and findings on each of the buildings. But this review is going to be focused on the data. We're asking the Navy to make sure that the data is appropriate, and if the CAP has information, background information and other information that can help clarify some of these exposures, that's what we're looking for. We're looking for background information and data that will make sure we're doing this appropriately. Next please. So, in this review of each one of these technical supplements, as we release them, we're going to accept comments on the accuracy of the information and any suggestions regarding the information and making sure we have the appropriate data. That's what the focus of this is on. If there, any comment on the process, the analysis, the conclusions and recommendations, we will accept those during the public comment period, because that's a different phase of a review, public comment period is going to be where the whole document is out. It is not preliminary anymore. It is the full document, and we'll be releasing it for public comment, and at that time, we will take comments on the processes and approaches and data and conclusions and recommendations. So, the first two technical supplements, since they're all about process and analysis and reference studies that we use, we're going to put those out only during the public comment period, because there's not any new analysis. Just it's an explanation of how we're going to do our analysis, and so, there's really not any new data in there for the Navy or the CAP to comment on. So, that will only be put out during the public comment period. Next please. Now, we have developed, this is a very extensive process that is going to take some time, because there's, like I said, over 190 buildings. And so, we have laid out a very detailed project plan working with Danielle and her team, and we've figured out a way to stagger these releases of these technical supplements. They're going to be 100 to 200 pages each, depending on how many buildings. And so, we're going to start in May of '21, that's the starting time to start releasing these on a regular basis,

all the way through the next February of '22. And the CAP, any CAP member that signs a confidentiality form will receive one and we'll be looking forward to receiving any comments and suggestions on the data and the background information and make sure we have it accurate. Also, we're going to send these out to the Navy. And then, we're expecting in May of '22, we're going to put the full document out for public comment version with the health assessment, which is going to be a summary of all the key findings and analysis and the eight technical supplement reports, which is going to be extensive report. We'll put that out for public comment at that time. Then we will accept comments on process, analysis, tox issues, vapor intrusion analysis. Our findings and our conclusions on each building, now you have to remember, each building is like a separate little assessment in itself. So, it's going to be a very extensive document, but you would have already looked at all the technical supplements prior to us releasing this out. So, we're trying to break this up in little pieces so it's easier for the CAP and the Navy to give us the input we need to get the best document we can. And then, and the date of the, we're expecting the final in December of '22, and that'll be the full health assessment and all the technical supplements. Next please. So, our next steps are to follow up on any action items we get from you guys today, and then the CAP members have requested that we get hydrogeologists to work on this project with us. And we have contractors that are going to be coming on board in October, and we're looking forward to them helping and analyzing and looking at the groundwater, the soils, and make sure we're using the appropriate assumptions in the modeling that we use for soil vapor intrusion. So, that's going to be a big help. We just got our overall contractor on board, and so, we're moving forward on these other assessments, and we're developing the fuel form and the new river reports right now. And we're going to be finalizing and developing our Camp Geiger evaluation and moving forward on the others. So, hopefully by May of next year that's the goal, and I think we can accomplish that, because we'll start releasing these technical supplements for you guy's review. Next please. Does anybody have any questions or comments or suggestions for us?

DR. BREYSSE: Thanks Jack. I just want to, you know, make sure people understand, you know, our goal here is to get this, these documents reviewed in as efficient way as possible, the first step of the review being this data validation review. Right. And so, we want to make sure that we get all the data we have kind of we need to consider, make sure that's all tight before we move on to a more finalized document where were going to ask you to review more holistically the document going forward.

MR. HANLEY: That's correct.

CDR MUTTER: All right. Are there any questions from the CAP or Jack before we move on to CIS. Okay, I do want to remind everybody there is a chat function.

MR. HANLEY: Thank you.

CDR MUTTER: What's that, Jack?

CDR MUTTER: I just said thank you.

CANCER INCIDENCE STUDY UPDATE

CDR MUTTER: Oh, you're welcome. There is a chat function at the bottom, at least it's at the bottom of my screen, that the panelists can use if they want to start a discussion or want to bring something back up that I might have missed. So, go ahead and check your chat and make sure you know where it's at, and with that, we will move on with Frank. Are you ready for an update on Cancer Incidence Study?

DR. BOVE: Sure, sure.

CDR MUTTER: Thank you.

DR. BOVE: This is a cohort --

CDR MUTTER: Pam, can I ask you to go back one slide please.

DR. BOVE: Okay.

CDR MUTTER: Thank you. All right, go ahead, Frank, sorry.

DR. BOVE: I didn't know if I had, I don't have any slides, right. The cohort that we're looking at, it includes Camp Lejeune and Camp Pendleton marines and civilian workers is the total number is 536,601. So, it's a large group of people, but most of them are marines. Half of them, roughly, are at Camp Pendleton and half at Camp Lejeune. About 15,000, a little over 15,000 workers, again half at Lejeune roughly and half at Pendleton. So, the first part that I'll talk about is the cancer incidence part of this study where we're data linking with all the state cancer registries and the VA registry as well. So, at this point, we've actually, and the period of time we're getting data is at least from 1996 up to 2017. Some of the registries will provide data before 1996, but all the registries have to provide data from '96 to 2017. So, that's the key period of time. Nineteen ninety-six was chosen because most of the cancer registries by that point are operating by 1996, virtually all of

them. So, right now, 35 of the state cancer registries have provided at least initial data linkage data. Thirteen have done a manual review as well. So, the data is coming in. We're hoping to get almost all the data linkage done by October 15th, because after that the cancer registries have other obligations that will keep them busy until early next year, and they can't do any of this data linkage for us. So, we're trying to get it all done by the 15th. There are four states that may not meet that deadline. Illinois, Vermont, Missouri, and Mississippi. Florida, we were worried about, but we just signed a data use agreement, so they're ready to go, as far as I can see, so Florida is a very important state, it's ready to go. We're working hard with Missouri to try to move them forward. We have to get IRB approval from Missouri. We have the same problem with Illinois. Illinois was not going to participate. They haven't participated in any studies for many years now because of lack of staff. We convinced them to participate, but it's taken time to get all the steps done, and we're still waiting to get IRB approval from that state and a data use agreement. So, that probably will not get data from Illinois until next year. But we'll have to work on that because by then our contractor's contract is over. So, we'll have to work with that. Mississippi, they're still trying to determine if they can legally participate. They told us that they would let us know very soon. So, we're hoping to hear from them either this week or next week. And Vermont, a data use agreement issue. So, we have four states that probably will not meet the October 15th deadline. All the other states should meet it. West Virginia can only provide summary information. They cannot provide individual level data because of a state law prohibiting them from doing that, unless you get consent from your patient. So, they'll just give us summary data, but I can use that in some analysis, and it will help us get a sense of any bias issues as well. So, although that's a limitation, West Virginia is participating as best they can. Kansas has the same kind of state law, but they've agreed to go after, go after, ask the patient for consent. So, we will get individual level data from those patients who consent to provide the data. So, Kansas is trying as hard as they can to participate in this study. The other outstanding registry is the Department of Defense's registry. We've been working with them over a year to work out some of the steps that need to happen before they can participate, and we're still having issues. We're hoping that by next year we might be able to get some data from them as well. But the VA is participating and we'll be getting data from them as well. So, that's the cancer incidence side. So, I think, at one point early on we thought we'd only get 33 or so states, so we're way ahead of that. It looks like we're getting most of

them participating if not all. So, on to the mortality side. Mortality looks at not only cancer deaths but all causes of death. It's similar, very similar, in fact to the studies that were published of the workers and the marines back in 2014. The previous study looked at deaths from 1979 to 2008. This study will add on deaths from 2009, initially to 2017, but we've decided, because data are now available for 2018, to go all the way up to 2018 now. So, we're changing the contract, and that has to take some time, but we're hoping that will go through soon, and we'll be doing a National Death Index search to identify the deaths that occur from 2009 to 2018. There are also some deaths that occurred before 2009 that may have been missed in the previous study. We're going to be checking on that. There's about 3000 deaths that the Social Security Administration says occurred before 2009, but we didn't pick them up. But we're not sure if that's really the case. But we're going to be sending that information to the National Death Index. But by adding 2018 deaths, we'll add another close to 4000 deaths. So, in the previous study, we had 41,000 deaths from '79 to 2008. We'll probably have at least 30,000 if not more than that from 2009 to 2018. So, we're pretty much doubling the size of the study. So, we'll include all the deaths now from '79 all the way up to 2018, and we'll have a lot more power, statistical power, to evaluate more of the rare causes of death. So, so things are going along, and I expect to have at least most of the data in hand by the end of this year. And then, it'll probably take at least a year to analyze all this data, because it's really four studies. There's a cancer incidence study of workers and marines and a mortality study of workers and marines. So, we're talking at least four separate studies, and I will be doing the work. So, I'm hoping that we'll finish this, at least the analysis, by the end of next year and then hopefully in 2022 publish these as journal articles. So, that's the plan. So, any questions?

CDR MUTTER: Any CAP questions for Frank on CIS?

MS. FRESHWATER: Is there anything we can do to help with the states, any way we can lobby anybody or anything to help you get these states that are still lingering out there?

DR. BOVE: Well, actually, Dr. Breysse sent a letter to two states to encourage them to move forward, and that has helped. And I think, I think things are moving. It's not like a state is dragging its heels. It's more of the registries were impacted by COVID. Vermont for some reason was really impacted, even thought I thought Vermont did pretty well with COVID-19, but their health department has been very busy with COVID-19. So, that's

their reasons for taking their time on this. Some of these states, as I said, I think we're moving along on these fronts. So, I don't think there's much we can do right now because [inaudible] process. It's a very difficult process, that's why no one's done this before. Each state has its own requirements, and to go through each step with each state trying to get approval. So, I think [inaudible] states. But it may take, we may not get it until next year.

MS. FRESHWATER: Okay. I just want to make, it's good to know it's not that they're digging in heels, that it's just taking time.

DR. BOVE: The user bureaucracy, yeah.

MS. FRESHWATER: And just, will you please let the CAP know since we are going to be continuing for another year without the public meetings if there's anything we can do?

DR. BOVE: Sure, sure.

MS. FRESHWATER: Thank you.

DR. BOVE: And as things go along, we'll be issuing updates at least by email to let you know how things are going.

CDR MUTTER: So, I think that's a great transition. So, Lori mentioned, you know, the public meeting and the CAP meetings earlier. So, just for everybody that is logged on and listening, the CAP meeting and public meetings are kind of morphing. We're kind of changing how we're doing business for a little bit. So, we're going to have regular communication with the CAP, like we always have. The meetings are going to be less frequent, and then we'll be closed. So, it will just be ATSDR and CAP. So, we won't have anymore public CAP meetings at this time, but the communication will be going to the CAP freely. Questions will be asked. We'll still have calls with them throughout the year to update them on any major milestones, and when we do have updates on our cancer incidence study and the mortality study, we'll make sure to develop a plan to get that out to the community as a whole, as broadly as possible. So, that is how we are kind of transitioning right now. I don't know, Dr. Breysse, if you want to add anything to that, and then maybe we can ask Dr. Hastings, you know, how the VA might supplement.

DR. BREYSSE: Sure. So, you know, I think we're ethically obligated to make sure that when we get results from the studies Frank just mentioned, to communicate those results effectively and as broadly as possible. You know, that information will help drive policy one way or the other, whether they show something

or whether they don't. And so, we're committed to that, but since those results are really a couple years down the road, as we just heard, we're going to wait until such time as we think we have something important to communicate to develop the plans to do that. And, you know, we will be engaging the CAP with that, and we'll do everything we can to make sure the results are communicated effectively and broadly and that the results speak for themselves and whatever policy decisions result from that, you know, are policy decisions that will affect the Camp Lejeune community. So, I want to just make sure that we have this, people understand there's this window here where literally all we're going to be doing is just completing our studies, and there will be no results, no significant findings to communicate. But at such time as we do, we will communicate those but in the meantime, we'll keep the CAP informed through some periodic meetings about the regular progress of completing these studies going forward. And we also know that these meetings have provided an important venue for the affected community and the CAP to interact with the VA, and although that was not the primary purpose of establishing the CAP, we have had discussions with the VA about what their plans are to make sure that they keep engaged with the Camp Lejeune community, and maybe I can ask the VA to kind of share some of their thoughts along those lines.

DR. HASTINGS: Hi. This is Pat, and you know, we want to be part of the solution, want to continue to work with you. These meetings started in 2005, and they've been very beneficial for moving things forward, and the CAP has done a lot to make that happen. We do have a lot of mechanisms for support with regards to the VA, and we have sent out information and also worked with many of the VA medical center townhalls. Camp Lejeune features prominently and needs to continue to feature prominently. The VA benefits does stand downs and fairs. They many times do community events with VA representation. BVA does tele townhalls, webcasts, social media. They have LinkedIn, Facebook Live, other forums. We have the Camp Lejeune Family Member Program, which remains active, and of course, is looking at the support that they give to the family members. We have the BVA public contact teams within the regional offices, and VA is committed to review the science on a regular basis. We've committed to that, to do that with ATSDR once to twice a year. PDHS, Post-Deployment Health Services has also offered to take over the Camp Lejeune cohort for longitudinal studies decades into the future when ATSDR closes their research, which I know will be several years from now. And probably one of the things that I would encourage the CAP to consider is getting official designation as a VSO through the office of general counsel. I

think that would give them a venue of a VSO, which is recognized at the highest level. So, in discussing those things, we put together the proposal and have sent it to Commander Mutter, and certainly, that can be shared.

MR. PARTIAN: I had another question I just put in the chat, but Dr. Hastings, you're talking about having the CAP designated as a Veteran Service Organization? Is that what I heard.

DR. HASTINGS: Yes. Yeah that's, I would consider that. I think you have a very large cohort. You have a cohort that is recognizable. You have an issue being Camp Lejeune that you want to advocate for. So, I would very much think that you might want to consider applying for VSO status.

MR. PARTIAN: Well, that's an interesting idea. I'll know, I mean the CAP as an entity is a function of ATSDR or outside of that I don't know what designations we would have or how we would go about doing that.

DR. HASTINGS: I can certainly help you with that, and part of that and how it is done is in the proposal that was sent that I'm sure Commander Mutter will share.

MR. PARTIAN: Okay. I am --

MR. UNTERBERG: That would be great.

MR. PARTIAN: I am interested in this.

DR. HASTINGS: All right.

MR. UNTERBERG: I agree.

DR. HASTINGS: Commander Mutter, at this time could I go ahead and read something about the renal disease since this comes up all the time? I went ahead and pulled the book, and will forward the report that was given to you last year in September. Is that okay now?

CDR MUTTER: Yes, please.

DR. HASTINGS: This is from the National Academy of Science Engineering and Medicine and put out in 2015, and it says, this committee concludes that patients with chronic kidney disease should have a thorough evaluation. If the evaluation shows that the patient's kidney disease is compatible with another etiology, such as diabetic nephropathy or hypertensive nephrosclerosis, the conclusion should be reached that the solvent exposure at Camp Lejeune was not the causative agent. The committee finds VA's general approach regarding renal

toxicity as appropriate. But again, I have gone to OGC to ask them to review this. Over.

MR. UNTERBERG: Yeah, and this is just to reiterate [inaudible] we discuss it, you guys talk about causation. I am fine having discussion about the definition of renal toxicity and what the legislation is supposed to cover, but I do not think causation of renal toxicity is appropriate because once you have it and you met the administrative qualifications, you are then covered by the act. So, to some extent, it may be semantics, but it's the way you guys present it as a causation issue. I think it is more of a definition issue in determining exactly what that term, renal toxicity, is intended to pick up. Once we have that done, then if someone has renal toxicity, it should be covered regardless of other factors that could have caused renal toxicity.

DR. HASTINGS: So, if other factors would cause it, it would not be caused by Camp Lejeune, and again, causation is very difficult, and I'm very happy to work with you on it. I think the final solution to this or at least the best solution might even be to change the legislation, but I'm very happy to work with you on it. And I know this is something that is important to the group.

MS. FRESHWATER: Why is this different though is what I'm confused about? The other things don't, they're, as Craig has explained eloquently, the other conditions don't have this causation. I don't, I just don't understand. Can you help me understand why this is treated differently?

MR. UNTERBERG: Right. And Lori to your point, we don't want to have a slippery slope where causation starts creeping into this legislation.

MS. FRESHWATER: Exactly.

MR. UNTERBERG: Renal toxicity is one, but I don't want it, causation should not be a part of any of these diseases.

MS. FRESHWATER: It seems to me someone who is dealing with this could easily take this to court and push this issue because the reading of the law is, it's not correct, and I don't need it to be with a lawyer for a year to come back and say --

DR. HASTINGS: I am happy to work with you on this, and I will send my previous report that went in. I just wanted to read that to, you know, say that we are continuing to look at it. We're continuing to look at the science. Causation is not something

we're looking at, and I appreciate working with you on this in the future, Lori and Craig and Mike.

MR. UNTERBERG: Okay, thank you.

MS. FRESHWATER: Thank you.

MR. UNTERBERG: Thank you.

CDR MUTTER: All right guys --

MS. FRESHWATER: I have one more for the VA going back to the change in the CAP. Is there a way that people in the community can now communicate with the CAP, I mean, sorry, with the VA, going forward?

DR. HASTINGS: Absolutely. That is in the paper that I had put together and some of the things that I listed. Most of the concerns for veterans and their family members have to do with their status for care or their status for coverage of payments and certainly for the family member program, they have been very responsive to the needs of the family members and gone out of their way to help them find records if need be. So, that is always going to be an option. And in listing it, BVA is especially active with regards to the tele townhalls, the benefit stand downs, the community fair events. I will tell you that when I talked to the foreign mental health clinicians and coordinators, I talked to them about the importance of making sure that people know about Camp Lejeune so that it's not one of the hidden ones, you know, Gulf War, burn pits are very visible. Camp Lejeune, we worked to get the posters up, we worked to make sure that our clinicians know about Camp Lejeune with training, etc. So, I believe that Commander Mutter will forward that to you, and I will ask Laurine Carson if she wants to say anything about the BVA or Mark Heroux, if he wants to say anything in regards to family [inaudible].

MS. CARSON: [Inaudible] everyone. This is Laurine Carson, and I would say that just recently our undersecretary for benefits has done a state-by-state tele townhall that is broadcast in a local community of each state. I listened to a few of those, particularly the one in North Carolina as well. There were questions about the drinking water and how to file for benefits, and we did give out information. I definitely would encourage anyone who believes that they have a disability that is the result of contaminated drinking water at Camp Lejeune to please file your claim for benefits. I've been actively working through our national call centers with others from some of these meetings in other forums to connect people who thought they did not have entitlement as well as we have been doing our flyers

and posters around VA and around those clinical settings to ensure that we have those up. It was something that was raised by this group, and we have been correcting that for the past year, and actually, when I'm going out, I'm now seeing them more frequently. So, I would say that we have our stand downs, our tele townhalls. Each of our directors do community outreach, and they have folks who are available to help. So, we will continue with those efforts. We also have our social media platforms that can help as well. Over.

MR. HEROUX: On my side, for the family member, we have a Camp Lejeune contact number. The number is 866-372-1144. That's our help desk for that. I just want to iterate to everyone, there's a legal precedent that we can't put personal feeling into this. However, I'm a Marine Corps veteran, and I took over this program with every intention of helping facilitate it's most equitable and efficient forward movement. I will tell you that the two individuals that I have charged with the oversight of this entire day-to-day operation are extremely knowledgeable. They look for more possibilities of eligibility and try to not focus on the ineligibility. I know that there's a stigma with this that states, you know, denial is the rule, but it's less so. It's more the exception. We try not to. I would just encourage you all to put the information out there that it is required for certain aspects to be met for administrative eligibility and clinical eligibility. Make sure the ducks are in a row. We are doing our best to be able to help. I have those two individuals go above and beyond trying to find residency in any way, form, or fashion. So, we're totally understanding of the process and that it's extremely difficult, and I will go out on a limb and state that we care. At least my team and I can guarantee you everybody inside the VA does this job for the sole reason of protecting the protectors. So, Semper Fi, and hopefully we can move forward in the best possible way. Thank you for [inaudible].

UNSPECIFIED SPEAKER: Can you give that phone number again?

MR. UNTERBERG: Hey Mark, this is, Mark, this is Craig, I just want to note, I do, I'm in the Family Leave Act, and I will say, when I have used the call center, your team has been extremely helpful, and I [inaudible] a very positive attitude when I call. So, I do want to note that for the record.

MR. HEROUX: Yes, thank you.

MS. FRESHWATER: And, yeah, and Mark I want to, this is Lori Freshwater, as another family member, I appreciate everything you said very much, and it does mean something to hear you say

that you take this personally, and I don't think that that should be a sin in the government or any other aspect of life. I think we need more of that, not less. And you and Brady before you, everyone has really tried to do a good job for the family members, even under the restrictions that I don't agree with sometimes, that you're bound by, but thank you.

MR. HEROUX: I thank you for saying the word bound by. That is, sometimes it's kind of like jumping rope and trying to find the best way to be able to help the family members and veterans too, I mean, on the BVA side, I'm sure.

UNSPECIFIED SPEAKER: Yeah.

MR. HEROUX: The phone number was requested again, so I'm going to give that real quick, 866-372-1144.

MS. FRESHWATER: It would be really helpful if someone could make one kind of slide flyer, what have you, with the specific contact information, all of it, that you have across the board for Camp Lejeune specifically, and I could post it on social media. It would help because a lot of people are responding to the announcement that this is the final CAP meeting with, oh, I guess we're all well now. We have no other recourse and all of that. So, if I could give them a way that they can now go and contact the VA on their own, you know, if you could just do one, one sheet that I could post as a PDF for the community, if anyone could do that for me and email me, that would be really helpful.

MR. HEROUX: We would have to work on, I think it's called 405 or 504, I always mix the numbers up, compliance, but I'm sure that --

MR. UNTERBERG: Five oh eight.

MR. HEROUX: Five oh eight. Thank you. I know there's a way that we can probably facilitate that. I'll work with Commander Mutter and Dr. Hastings and see if there's something we can do on our end, and I might be able to pull the data over from everybody else who is in the group too.

MS. FRESHWATER: That would be wonderful.

DR. HASTINGS: Also note what Pat said earlier, Pat Hastings, she did respond to our discussions with a letter that we will make available to the CAP, that lays out a lot of avenues for continuing interaction going forward, and we'll post that on our CAP website as well. I don't know if that phone number is there, but we'll certainly do our best to make sure that if the VA has

avenues for interaction, we facilitate communicating these avenues.

MS. FRESHWATER: All right, thank you.

MR. PARTIAN: On the, I wanted to bring this up earlier, but as far as the interactions between ATSDR and the VA to review the health conditions associated with Camp Lejeune, like for example, you know, esophageal cancer, breast cancer, and looking at the status of those as future presumptives, where are we at on that? That was something that we'd brought up in the past, and apparently it had been overlooked from the 2012 law, if I understood that right, that we're supposed to review it every three years?

DR. HASTINGS: It is reviewed, and it's Dr. Bove and Dr. Culpepper that meet to review. I know that they've met this spring and reviewed the latest literature, and I know that they keep in touch, and we can update you as they do reviews and send that to, well, in fact, Dr. Bove will have it. But we are committed to doing those scientific reviews of the ATSDR studies as well as the newest literature once to twice a year.

MR. PARTIAN: And will the CAP be advised of that, as far as what you all come up with, Dr. Breysse.

DR. BREYSSE: Absolutely. Mike, I want to be clear about something. So, we [inaudible] we don't see any such Congressional requirements there. However, at the VA, independent [inaudible] has asked us to help them reevaluate the literature similar to what our initial, you know, report was to them going forward. So, we're working out a formal way of institutionalizing that, but in the meantime, as you heard, we started that process going forward.

MR. PARTIAN: Okay. And --

DR. BREYSSE: If you could show me where the law says that, I'd appreciate it. Jerry's mentioned that a number of times, and we can't find it. But that doesn't mean it's not a good idea, and that doesn't, and I think the VA gives credit for asking us to do it regardless, and we'll help with that. So, we're in that loop still.

MR. PARTIAN: And I was going off of what Jerry had brought up, I think it was the CAP meeting before, but I'll look through it again and see myself.

DR. BREYSSE: Great.

MR. PARTIAN: Also, two things, on the VSO suggestion and everything, how would, Dr. Hastings, how would you envision the CAP interacting as far as through the community if we were to get the VSO designation, being that we are scattered throughout the country. Do we do, is there a provision for any public meetings or get togethers or what have you?

DR. HASTINGS: With VSO status, you have, there is a VA/VSO liaison. That office has meetings routinely. They keep all the VA leadership apprised of the concerns of the various VSOs. That would probably be something that you might want to consider.

MR. PARTIAN: Okay. I'm sorry, you cut out on the last part there.

DR. HASTINGS: I said that would probably be something you would want to consider.

MR. PARTIAN: Yeah, I'm sorry, the something to consider part is where I didn't catch in. I'm sorry.

DR. HASTINGS: I'm sorry. There is a VSO liaison office in the VA that meets routinely with the VSOs, and they keep the VA leadership apprised of the concerns of the various VSOs, and so, it is a way to advocate. It's another avenue. You also can work with the veterans to, veterans and family members to assist them, which I know you do anyway, but it does change the ability of you to intercede for your program, your constituency, and individuals.

MR. PARTIAN: Okay. And now, the other thing, when you were talking earlier about going to the national academies as far as with the kidney disease, I wasn't quite clear, was that a request from the VA to reevaluate through the national academies and what was, I'm not sure of the relationship.

DR. HASTINGS: That was the 2015 review that the national academy did.

MR. PARTIAN: Okay.

DR. HASTINGS: So, it is available online. I can certainly send you the link.

MR. PARTIAN: Yeah, if you would, please, I'd appreciate. It'd make it easier to find. That's it. Thank you.

CAP UPDATES/COMMUNITY CONCERNS

CDR MUTTER: Any other questions before we move on to the community concerns portion of the agenda? Okay. So, we have quite a few questions, and I'll ask the panelists to bear with me. I'd like to get through as many of them as possible in the time we have left. Our agenda says we're here to 12:30, and I know that's, I'm keeping you all longer, but I know that you all want to answer these community questions as much as I do, so let's go ahead and get started and see where we get to. All right. So, the first question from the community, does anyone have an accurate total of how many male marines stationed at Camp Lejeune had been diagnosed with male breast cancer? No one seems to want to say the total.

DR. BOVE: So, I guess I could answer that. The total actually is unknown, although we'll have some sense when the cancer incidence study how many male breast cancers occurred between at least 1996 and 2017.

CDR MUTTER: Frank, would you mind moving closer to your microphone? You're going in and out a little bit. Thank you.

DR. BOVE: Okay. All right. So, we don't know. The total is unknown, but we'll have some sense from the cancer incidence study how many male breast cancers occurred between 1996 at least and 2017. So, we'll be able to evaluate that. But that's the best we can do.

CDR MUTTER: Okay. Is there any additional add-ons to that before we move on?

DR. HASTINGS: Hi, the Camp Lejeune Family Member Program had pulled some numbers, and they found 82 veterans treated for breast cancer via the VA data. It's not broken down by male or female, and four out of 423 male family members were approved for breast cancer. And Mark, I'm going to ask you if that is correct, Mr. Heroux.

MR. HEROUX: What we have inside the slides I think pertains to that same information as well. I actually closed it real quick, so I apologize. Let me get back to those numbers. So, breast cancer at 82, and the delineation sounds correct, but I don't remember putting that in the slide deck.

DR. HASTINGS: And I believe that it was put in by the Family Member Program, but we have four out of 423 male family members were approved for breast cancer condition, and the others would, of course, be female.

MR. HEROUX: Yeah, our breast cancer side is 458, and the four is what I remembered from the FM side. Yes, ma'am.

CDR MUTTER: Great.

MS. CARSON: And this is Laurine Carson. I will check on the number of claims received from veterans with breast cancer and see if I can break it down by male and female as well.

CDR MUTTER: Great, thank you, guys.

MR. HEROUX: And Laurine, when you do that, I'd like to get those numbers. [inaudible]

UNSPECIFIED SPEAKER: Yep, I'm going --

MR. HEROUX: Yeah, the last I counted was, as far as the tally that I had been keeping track of, I pretty don't hear very much as I did before and haven't really updated, but around 120, with the last case being forwarded to me about two weeks ago.

MS. CARSON: Okay. And I also will provide Jamie with other public report data on Camp Lejeune reports on grant denials as well. So, I'll be providing that so she can share it with you guys.

CDR MUTTER: Thank you. So, the next question, I would like to know how to get treatment for myself and daughter for our memory and problems with thinking. It continues to progress. Need help.

DR. HASTINGS: And Commander Mutter, this would be something that would be something that would be referable to the Camp Lejeune Family Member Program. They could certainly help them with applying to the program, getting the records that they need, and help them through any questions they may have. We did supply the Camp Lejeune Family Member Program website, and we will forward that to you to place on the website here, the ATSDR website.

MR. HEROUX: Just to recognize, it's on slide six of our slide deck for the FM side for that phone number and for the link.

CDR MUTTER: Can you repeat the phone number one more time, Mark?

MR. HEROUX: Not a problem, 866-372-1144.

CDR MUTTER: Thank you. Okay, next question. What are the benefits or supports for children of marines born at the Camp Lejeune Hospital. Do those benefits support not kick in until that child of marine who was stationed on base is sick?

MR. HEROUX: The support, that's an interesting question, the support itself, meaning the payment of claims, if you will, for

that medical condition, would only kick in whenever the medical condition kicks in itself. The FMs are not reimbursed a monthly benefit per se in most conditions or cases, and the administrative eligibility has to be met. So, there would have to be not only a birth in that hospital, but there needs to be an in utero component as well as -- so, let's say that the mother was only stationed on the base for 15 days while the child was in utero. Obviously, there's more of a gestation period, but prior to that, they live somewhere else, and they moved on base to get closer to the hospital. And then they were in the hospital for six to ten days. And then they went back home and then they moved away after that. There still has to be a 30-day component for both sides of the child that was born either in utero or while they're on, during the birth and post birth. So, all of those criteria still have to be met, and yes, unfortunately it does require a medical diagnosis and current medical treatment plan if you will, not plan, but you understand what I'm saying.

CDR MUTTER: Thank you. Okay. So, the next is a statement, so --

MR. PARTIAN: Jamie, before you go there.

CDR MUTTER: Yeah.

MR. PARTIAN: Mark, just real quick, the converse of that, you know, because I know there's been in the past, and this was actually brought up to me last week, those who are in utero and then subsequently were either transferred, their parent/mother was transferred or relocated to another base and was born elsewhere, but say they were carried for the first, you know, six months in Camp Lejeune --

MR. HEROUX: Yes.

MR. PARTIAN: And then born in South Carolina.

MR. HEROUX: It doesn't matter, you're correct.

MR. PARTIAN: Okay, those in utero exposures are considered to meet the 30-day requirement.

MR. HEROUX: Exactly. They do not, I apologize for that, that inconsistency in my statement there, but yes, any time. If it's in utero or in utero and then birth, any time from the 10 months in utero conception period we give them, obviously, it's usually a nine-month gestation period, and then we give them one month prior because, you know, things happen. So, the time period, within that time period, they have to have had 30 days on or in Camp Lejeune.

MR. PARTIAN: Understood, thank you.

MR. HEROUX: Thank you.

CDR MUTTER: Okay. So, the next is a statement. I was told I have essential tremors. I do believe I have an onset of Parkinson's, but there is no set diagnosis. I shake sometimes violently to no avail. Please consider this hardship for benefits and treatment.

DR. HASTINGS: Hi. This is Pat Hastings, and this is a very difficult one for people because essential tremors may not be Parkinson's, but they often have an involuntary shaking, and it's usually with intention, which means that if you're reaching for something or trying to perform a task, the tremor can get worse. It may be genetic. It may be seen in families. It may be seen with increasing age. But the question here, and I'm assuming this is a veteran, but we'll talk about family member in a moment too. Parkinson's is one of the covered conditions, and so, I would ask the veteran, if it is a veteran, to be evaluated to get a correct diagnosis, and then, again, apply for benefits, and they can apply even if they don't received a discrete diagnosis of Parkinson's. But they need to sort out what the diagnosis is, and I would encourage them to get in and get a good evaluation by a neurologist. The other is if it is a family member, it's not one of the covered conditions, but again, getting an accurate diagnosis would be important regardless, and they could apply under the neurobehavioral to see how this is related. So, I will ask Laurine Carson and Mark Heroux if they have anything to add.

MS. CARSON: This is Laurine Carson. Just wanted to state that if you, if a person has a, believes that their condition is related to [inaudible] military service, I would highly encourage the veteran to file a claim for benefits with the VA. So, and I'll be repeating that quite a bit as I look through the questions that were asked. If you were unsure, I would [inaudible] a claim for your conditions, if you believe that they are related to your exposure to contaminated drinking water.

MR. HEROUX: The only think I have to say for the family member side is neurobehavioral is extremely difficult to present and diagnosis on our side. We've seen a lot of, I mean I'm looking at the slide right now. We have four total treatments for that. We probably had even about twice that for the amount of applications. So, just make sure that you're taking notes. State your case correctly to the physician that you're going to be reviewing with. We work heavily on those, and so does the BVA. They work heavily on the diagnosis that inside of there. So, just do your due diligence on your end. Make sure that you're

coming with notes into the doctor's office, and don't just try to come off the top of your head. And obviously, we will do our best, just the BVA when your application comes through to see how we can best find you where you fit inside of the program for that, so.

CDR MUTTER: Thank you. All right. So, the next is also a statement, and I think Laurine, you touched on it previously in the action items, but I'm going to read it again just for the record. I submitted a question for the last CAP meeting to see about a data base that could be used to establish service connection for nonpresumptive conditions. I'm concerned that many veterans don't have the financial means to hire help to prove their claim. Veterans who can afford to hire assistance to search for studies, improve service connection, have a higher approval rate. This is very evident if you read BVA decisions. In my prior question I submitted, I didn't mean that there was a database that existed at the BVA. Rather, when reading the BVA approval, it's quite clear that those who hire firms [inaudible] in their claim are able to prove service connection. Under the CFR's duty to assist requirement, I would think the VA should create a simple database of studies used to approve nonpresumptive claims for Camp Lejeune. If a study exists to show a nexus, and the VA or BVA approves the claim, it makes sense to approve other veterans using the same study. I believe Ms. Carson took this to action, and Laurine, you did touch on it. Do you want to speak to it anymore?

MS. CARSON: I did. Can you hear me?

CDR MUTTER: Yes.

MS. CARSON: Okay. So, VA will not create a database with a list of the BVA, or the Board of Veterans Appeals decisions because each individual decision is not the precedent setting, and they are unique to individuals veterans claims and evident submissions. We can't provide such information as supporting documentation that applies to all veterans for all issues because oftentimes some of those studies are not either publicly approved studies or studies that the ATSDR and VA have agreed have an overarching application to all claims. We must continue to rely on the process of the reviews of the scientist by the Office of Post Deployment Health working with ATSDR and other who look and review new science and research information to determine if there is adequate support to make a new recommendation for the change to presumptive disabilities. Each individual change that a BVA decision makes does not change the list of approved presumptive disabilities as outlined in regulations and legislation. Veteran submissions of medical

information are specific to the individual. Medical findings and assessments cannot be publicized as approved sources of information to apply to all veterans' claims. However, I want to ensure you that our Office of Post Deployment Health is looking at that information and reviewing all new science and research information that's out there. Over.

CDR MUTTER: Thank you, ma'am. Okay. So, the next question is, I was stationed at Camp Lejeune between 1980 and 1986 and have been diagnosed with chronic non-Hodgkin's lymphoma/leukemia and assessed at 100% disabled. My oncologist states that it is incurable, and I've been placed on watch and wait. Even though I am at 100%, I am denied many benefits because my status does not permit. I produce both government and academic research of permanent cellular damage from this leukemia and lymphoma. I have permanent loss of feeling in my right side of my face from exploratory biopsy/surgery and other related issues. All the research oncologists from Sloan Kettering and the doctors from the VA all agree that CLL has no cure and is a lifelong battle. I have reached out to e-Benefits, the Veterans Support Division, and countless other departments, all of whom agree with my assessment but could not advise me on how to have it changed. Now, if the VA has a cure, I'd love to get on board. Otherwise, I am missing out on educational benefits for both my children and I, special health accommodations, job support, and much more. All I'm asking is that my status from not permanent be updated so that I can improve my lifestyle to be with my family longer and utilize some of my educational benefits for my children.

MS. CARSON: Hi. So, this is Laurine Carson again, and the VA schedule for rating disabilities, which is found under Title 38, the Code of Federal Regulations Part 4, shows that CLL or non-Hodgkin's lymphoma is rated at 100% with active disease and during the treatment phase. The regulation also states that a mandatory reexamination is necessary following cessation of surgical, radiation, chemotherapy, or other therapeutic procedures. Upon cessation or ending of that type of treatment or active disease, VA will rate on the residuals of that disease. And when there is no reoccurrence of such active disease, VA will schedule a mandatory examination by regulation. Such mandatory examinations may be scheduled within six months, one year, or two years based on the active disease and treatment phase. In the instances where a mandatory examination is deemed necessary, the condition will not be considered permanent. So, that's one of the issues with CLL is that from the time it is diagnosed and a rating determination is made, there is a mandatory requirement that it not be permanent until such, made

permanent for payment purposes until such time that we have done reexamination at the cessation of active disease in treatment. So, I'm not sure about the individual, but I do believe that it states that the person should contact the VA to see how long it -- first of all, look at your rating decision to see how long it has been from the time the decision was made, whether or not you're scheduled for a routine [inaudible] examination, and then if you have then passed both of those, please contact me at Laurine, L-A-U-R-I-N-E dot Carson, C-A-R-S-O-N, at va dot gov, and I will try to get you connected to someone to look at your particular case. While there is no cure, the residuals from CLL can be rated based on the rating schedule from 0 to 100% disabling based on a range of symptomatic and asymptomatic issues or a positive active disease or treatment. All cancers are rated in the same manner during active disease and treatment and at cessation.

DR. BREYSSE: Laurine, could you give that email again?

MS. CARSON: My email for the individual who raised this issue is Laurine, L-A-U-R-I-N-E, dot Carson, C-A-R-S-O-N, at va dot gov.

CDR MUTTER: Thank you, ma'am.

MR. PARTIAN: And Laurine, on the residuals with, you know, post treatment, you've cured the cancer and but, you know, sometimes the treatment can be as bad as the disease, is there guidance to the VA, the people doing these reviews and stuff to, you know, look or ask questions about, you know, residuals from treatment like chemotherapy or surgery where there's been alterations, like partial kidneys removed and things like that. I know we've talked about this in the past, and that was mainly brought up by concerned, where veterans have approached us receiving, you know, they've been cured of the cancer, but they've been given a 0% rating afterwards, even though there's damage to the body from surgery or chemotherapy. You know, for example, I'm 13 years out from chemotherapy, and the sessions I have, and I still deal with some of the after effects of that, even to this day. Is that --

MS. CARSON: Yeah --

MR. PARTIAN: Go ahead.

MS. CARSON: There are, they rate on the residuals. So, if there is a removal of a vital organization, and when we talk above removals, people often ask about what does VA compensate. It is the removal of a vital organization. So, it wouldn't be if you had a partial removal of a kidney or something, it would be a total removal of one kidney, that would be compensable, it would

have compensable evaluation in the ratings schedule. There are people who oftentimes -- a residual could be depression. It could be physical, and it can be psychological. So, I would say, yes, we rate on residuals. Those things are asked by the examiners, and we do review the information that's in all of the pertinent medical records to make those determinations.

MR. PARTIAN: Thank you.

CDR MUTTER: Okay. So, let's move onto the next question. I served at Camp Lejeune in 1956 through 1957 and developed chorioretinitis. I hope I said that right, probably not, which is an eye infection caused by contaminated water, among other things. I never had an eye examination while in the Marine Corps and discovered it years later. However, I had to learn to shoot the M1 rifle left handed, no easy feat. My right eye is basically useless as I have no sight in my central line of vision. My question is, is chorioretinitis one of the diseases covered by the VA?

MS. CARSON: So, this is Laurine Carson again. Chorioretinitis is not one of the presumptive disabilities as outline in the Camp Lejeune Act, statutorily or regulatory, it's not considered one of the presumptive disabilities for family care or for VA benefits. Although it's not one of the diseases covered by the presumptive disabilities due to contaminants at Camp Lejeune, you may still file a claim for any disability that you believe was incurred in or aggravated by your military service. Please file your claim by completing the VA form 21-526EZ. It's the application for disability compensation, to apply for service connection due to a condition that was developed during your military service. The VA will consider your claim for service connection on a direct basis or we will look at it to review if it can be directly linked to treatment, disease, or injury that you've incurred during your military service. You may also file your claim electronically by using your va.gov email account or by filing a claim for service-connected disability on paper. You may also call VA at 1-800-827-1000. That's 1-800-827-1000 to discuss applying for VA benefits, and we're also going to provide you with links and other information to file your claim with this transcript as well.

CDR MUTTER: Thank you, Laurine. So, the next question is, I was hoping the toxic Lejeune population would be allowed to seek preventive care as a proactive move to protect our health. Will that ever be a consideration?

DR. HASTINGS: Hi. This is Pat. VA does allow preventive care, and we have provided a link in regards to that, which you would

be able to put on your website, and there is not anything that is in the family members program for preventive care that would be handled with your visit to your care provider for routine health screening. Over.

CDR MUTTER: Thank you. Okay. So, the next question, I was stationed there 1984 through 1988. I've been diagnosed with diverticulitis, and the VA has listed it as presumptive. Are there any updates to this being acknowledged?

DR. HASTINGS: Hi. This is Pat again. Diverticula, as many people probably know, are those small bulging pouches in the lining of the intestine. Usually it's in the colon. They're fairly common after age 40 and more common in people with chronic constipation or diets that are low in fiber. It is not one of the presumptions, and it is one of those things that you need to monitor throughout your life, because on occasion, they can become inflamed and maybe even require surgery for removal. But this is usually a mechanical issue with regards to the transition, or excuse me, the transit of material through the intestines and colon. Over.

CDR MUTTER: Thank you. So, the next is a statement. My name is, I removed the name for privacy, and I was stationed at Camp Lejeune my second time from January of 1972 until the middle of June 1972, until I was discharged. My wife and I stayed on base for eight days until we found a place to live in Hubert. We used all the base facilities, laundry, swimming, theater, VA Fair, and visited the Enlisted Men's Club occasionally. My wife developed leukemia several years later and has been in remission. Because we didn't live on base for 30 days, she cannot collect the thousands we spent out of pocket, yet the workers that lived off base qualified for reimbursement.

MR. HEROUX: The workers that live, can you read that last sentence one more time for me?

CDR MUTTER: Yes. Yet the workers that lived off base qualified for reimbursement.

MR. HEROUX: I can't speak to that, but I don't actually know that to be true on our side. But for the FM side, unfortunately, we would need more than, we would need at least 30 days of cumulative stay.

DR. HASTINGS: Hi. This is Pat, again. Workers that live off base qualify for reimbursement is incorrect. Claims for civilian workers are under the review of the Department of Labor. BVA does not handle the non-VA disability with benefits. So, for this person, I would look at Department of Labor if they want

more information in regards to the workers themselves, who would be civilians. Over.

CDR MUTTER: Thank you, both. Next question. Can they let us know if RIS and atrophied kidney, loss of kidney function, can be attributed to the chemicals in the drinking water?

DR. HASTINGS: Renal artery stenosis is the narrowing of the arteries. You know, it can be to one or both of the kidneys. It is common with age, hardening of the arteries, atherosclerosis, and because of the narrowing of the arteries leading to the kidneys, it can cause kidney damage. There is no literature relating this to exposure. But certainly, if the veteran believes that military service has negatively affected their health, as Ms. Carson has said many times, VA encourages the submission of a claim. Over.

CDR MUTTER: Thank you. Okay, next question. I was stationed at Camp Lejeune from September of '79 to December of '79, though I can't find any proof of it. Currently, I have some neurological problems and have recently been diagnosed with Parkinson's disease. If you have a way I can get some documentation to that effect, please let me know.

MR. HEROUX: We do, actually, on the FM side that helps veterans sometimes as well. I mean we're not allowed to, due to legal reasons, we're not allowed to reach out to veterans and provide that on the whole basis just based on a family member application because there could be a separation of family or what have you. But there are FOIA requests that can be made. They're all on the family member side for CLFMP's website, and that information can be obtained through yourself also. I believe that there's a link on, somebody help me out, with the, it's not the e-Benefits website, and it's not My Healthy Vet. Either way, there's a, it's basically in DEERS where you can request some of your records that are on paper from the Congressional Library, I think it is. Does anybody else have information?

MS. CARSON: Yes. And you can actually get there through the va.gov website. It has a VA DoD link, and it would also be able to help you potentially find some information pertaining to that, which would be DoD type of information, but it's also, we also link to that information to try to support that. And we do everything we can to, within the duty to assist, to try to assist where we can with gathering information for you.

CDR MUTTER: Thank you. Okay. Next question. I served at Camp Lejeune from November of 1980 to July of 1983. I've been

diagnosed with Tourette's syndrome, and asking if that falls in line with any of the illnesses named?

DR. HASTINGS: Hi. This is Pat. The causes of Tourette's syndrome and other tic disorders are unknown. They do tend to occur in families. So, it appears that genetics is involved. There can be environmental factors that may contribute, but in this case, I would absolutely encourage the veteran to file a claim if they believe that this is related to their Camp Lejeune experience. Part of the question would be, when did this appear, and filing the claim would probably be the best move for this veteran.

CDR MUTTER: Great. Thank you for that information. Next question. I was at Camp Lejeune approximately February through May of 1983. I have many cysts on my kidneys and recently diagnosed with them on my pancreas. Always seem to find more when getting tests for other things. Thank God not diagnosed as the big C word. I go for checkups every year and always seem to find more. How do you find out if the water caused it?

DR. HASTINGS: Well, pancreatic cysts and polycystic kidney disease are an autosomal dominant, which means that it's a genetic disorder that does appear, and it is dominant. Don't know why it's not the recessive. But this is not shown to be caused or related to exposures. But again, this is a veteran. I would certainly encourage them to submit a claim if they believe that this is related to their military service.

CDR MUTTER: Thank you. And I'm looking at the chat window. It looks like I've got a request for a break. So, why don't we take a quick break, three to five minutes, run to the restroom, get some water, and we're going to start back up no later than five minutes from right now, which I have is about 11:05. So, we'll be back at 11:05, okay.

[Break]

CDR MUTTER: Okay. Hopefully, we're all back and ready to get started again. So, I'm going to, do we have Dr. Hastings and Dr. Carson on? I see Mark is on.

DR. HASTINGS: Yes.

CDR MUTTER: Okay. Wonderful. Wonderful. All right.

MS. CARSON: Laurine is on.

CDR MUTTER: Wonderful. So, let's go ahead and get started again. So, the next question, to date, there are several major issues covered by the VA. Almost all cancer related. It's entirely possible that many more people suffer from issues not as critical but nonetheless caused by the contaminated water. What, if any, plans are there to look into cover more minor issues, specifically thyroid issues and psoriasis issues?

DR. HASTINGS: Hi. This is Pat, and as we've discussed and if Dr. Bove would like to comment, I certainly will invite him to. We have committed to reviewing the scientific studies in the literature to see if there are associations between the contaminants of concern and additional illnesses and already have done that twice. Dr. Bove has been very gracious with his time, and we look forward to carrying that out into the future. For any of the diseases, though, and I would also just say that if a veteran does believe that military service has negatively impacted their health, we would encourage them to submit a claim even if we have not said that this is on the presumption list. And Dr. Bove, would you have any comments?

DR. BOVE: Just that we continually look at the medical literature to see if there are any associations between the contaminants in the drinking water, these chemicals, and health effects. And we look [inaudible] most of the information comes from occupational studies where workers are actually working with these chemicals, and that gives us an indication [inaudible] could be caused by the same chemicals in drinking water. So, we're doing that on a routine basis [inaudible] checking the medical literature.

CDR MUTTER: Okay. Any other comments on that? All right. Next question. I never understood why colon cancer is not included in this contamination. Can someone explain that to me. Including the colon makes total sense.

DR. HASTINGS: Colon cancer is not on the list of -- I'm sorry this is Pat. Colon cancer is not on the list of presumptive conditions for Camp Lejeune. We have reviewed the evidence in different studies, and the evidence is inconclusive. We have not found an association at this time, and I would ask Ms. Carson to comment on the BVA approach to this.

MS. CARSON: Sure. Although colon cancer is not one of the diseases covered by a presumptive disability, you may still file your claim for disability that any disability that was incurred in or aggravated by your military service, if you believe that that is the result of your service. Again, fill out the VA form 21-526 to apply for service connection. You can make an email

account at our va.gov site and fill out that application online. You may also call the 1-800-827-1000 number to get more information and to have someone assist you in filling out your application.

CDR MUTTER: Great. Thank you. Next question. Is there ongoing research into medical conditions from exposure at Camp Lejeune that are not necessarily fatal like the various cancers that do have deleterious long-term effects?

DR. BOVE: Well, yes. I mean -- this is Frank Bove. We're doing a cancer incidence study, so we'll be looking at cancers, all cancers, from 1996 at least until 2017.

CDR MUTTER: Frank, you're going in and out. Can you repeat that last statement please?

DR. BOVE: Okay. We are in the process of doing a cancer incidence study, which will look at all cancers that occurred both [inaudible].

CDR MUTTER: Frank, we lost you.

DR. BOVE: Can you hear me now?

CDR MUTTER: Yes.

DR. BOVE: Okay.

CDR MUTTER: You start strong, and then it fades.

DR. BOVE: Okay. I'm not sure why. I'm right up against the computer here. Well, again, how much did you hear? We're doing a cancer incidence study, and we'll be looking at all cancers from 1996 to 2017, that have occurred among marines at Camp Lejeune.

CDR MUTTER: So, I think the question was, things that are besides cancer, other conditions that have long-term effects but aren't cancers.

DR. HASTINGS: Hi. This is Pat, and this is a similar answer to the one that we spoke about before. VA and ATSDR continue to review the scientific studies to look at associations between the contaminants and additional illnesses. So, we are committed to that. Over.

CDR MUTTER: Thank you. Okay. So, next question. Thank you so much for hosting this forum. My family was stationed in Camp Lejeune, North Carolina, for eight total years between 1957 and 1972. My mother died of cancer in 1971, and my father has since passed away. How do I track down his records indicating our being stationed there without having his social security number?

MR. HEROUX: You have to prove connection to the veteran, which would be usually a birth certificate, birth certificate either in the mother or father's name. If it's in the mother's name, there has to be a marriage record associated with it. If there's no birth certificate, then there has to be a marriage record and adoption papers or what have you, some kind of legal documentation that links the three of you together or the two of you together, speaking of the mother the veteran or the father the veteran. And then, I believe that you can do a FOIA request for the veteran's records to establish the orders that were printed, or presented to the veteran whenever you were stationed there and for what times. The problem herein lies is that that will prove three of the four, because you still need residency, which the residency portion, as you can see on the slides, is the biggest reason for finding an FM, an eligible family member ineligible. So, it's a difficult road. There are some things that we have that other people don't even understand that we have. There are some records that are maintained that were scanned over that, from base housing and what have you, records like that. So, like we've said a lot, and I apologize about repeating it and what have you, but the application process is going to be required, and as much information as you can give and that you do have, we do our due diligence on my end, on our team's end here, to be able to find any commonality or link there. But definitely looking into a FOIA request and proving the connection to the veteran is going to be required either way.

CDR MUTTER: Mark, would they need the social security number to do that?

MR. HEROUX: Ninety-nine point nine five percent of the time, I'm going to say that this is going to be the best avenue. I hate to say it, but you don't require a social security number. I'm not going to immediately find it ineligible, but if you, if your father or mother is the veteran, and you have a family name of Smith, and the father's first name was John, that's, I mean that's going to be an impossible feat for us to be able to find. Do you know how many John Smiths were in the military during that time? I mean the dissemination of the dates of service, the service dates for the veteran and where you were, we're not going to be able to link that down. So, anything, even the last four of the social security number is going to be better if you don't have a very unique name. So, yes, I mean more often than not. I'm not going to sugar coat it. It is going to come back as ineligible if we can't link the veteran, and if you don't have enough information, there's no way we can do it. But, I'm not willing, I'm not saying we're not willing to try. So, give us

everything that you do have, and put a package in. Call the number, see what may be needed to be able to make that happen, and we'll do our due diligence.

CDR MUTTER: All right. Thanks Mark. Okay, next question. I had 10% of my kidney removed from cancer, which probably was from the contaminated water at Camp Lejeune, and who knows what else it led to. Why am I only rated 0% when I should be compensated more for serving my country and getting this? I did two tours in Vietnam.

MS. CARSON: So, can you hear me?

CDR MUTTER: Yes.

MS. CARSON: Okay. So, this is Laurine Carson. So, this is about the VA schedule for rating disability, which is the regulations at 38CFR54. The VA rating schedule for disability outlines the disability criteria and compensability of service-connected evaluations. Active cancers that are determined to be service connected are rated at 100% during treatment. After cessation of the treatment or active disease, VA rates on the residual effects of the condition. There is not a compensable evaluation for removal of 10% of a kidney. However, if there is residual pain, scarring, or other complaints related to that kidney based on the service-connected removal of it, please file a supplemental claim for your condition so that VA may determine if there are secondary issues related to your procedure and/or service connection. Again, previously there is, I've stated that if there is a loss of use of a vital organ, that is a compensable disability evaluation, but it's only 10% of that kidney loss, it is not compensable. But if there's pain associated with it or scarring associated with it or other complaints from it, you should make those complaints known to a medical provider, and you should file a supplemental claim, because those are compensable under other criteria within the ratings schedule. So, there is, if a person has a condition, and they're experiencing residual pain as a result of it, even if it's 0% for that condition, pain is a 10% evaluation if it's causing you pain depending on the level of severity of that pain. Scarring is also another area dependent on the extent of the scarring and whether or not it might be a compensable disability. So, I would highly encourage this person who asked this question to please file your claim for benefit so that VBA can make a determination on the secondary issues that are related to your procedure for a service-connected condition. And just a reminder, that 0% evaluation entitles you to healthcare and other services, so don't think that you can't go to VA Hospital to receive care or treatment related to your service-

connected disability. And then, again, if you have questions and you need some assistance, please contact 1-800-827-1000 to speak with someone directly about your specific situation. Over.

CDR MUTTER: Thank you. Any more comments for this?

MR. HEROUX: On the FM side, I do understand that the initials are VSO, and that's the Veteran Service Office. There are state-run VSOs. There are the Veteran of Foreign Wars. They have, they're a VSO authorized. They do a lot, not only for the veterans, like they helped me with claims and for benefits and understanding the ins and outs of it all, but I know a few of them, if not all of them, will assist a family member. So, this kind of goes back to the last question and kind of this one as well. If you need assistance with understanding how the paperwork works or what goes through anything, you can go in there. The surviving, I think it was the family member surviving member, that individual can also enlist the help of a VSO to help with finding that information for the father or mother that was the veteran regarding that FM claim as well. So, don't be afraid to use the VSOs. They're very knowledgeable, and they understand a lot of what needs to go into the application portion for the veterans, and they can assist with the FMs as well. Thank you.

CDR MUTTER: Thank you, Mark. Okay. Next question. I'm a retired master sergeant. I served at Camp Lejeune, North Carolina, from 1962 to 1966 with F/2/6, then second recon battalion. In 1992, Walter Reed surgeons diagnosed me with retroperitoneal fibrosis. This is scar tissue completely surrounding the aorta and my lower back. They operated but couldn't fix the problem. They further could not determine how I became afflicted. This isn't a cancer, but it requires I take methadone pain pills for life. Is this disease something you can cover or explain? My wife, who was with me at Camp Lejeune died in 2016 from several types of cancer. We had two children born there at the naval hospital. Both are healthy.

DR. HASTINGS: Hi. This is Pat. Retroperitoneal fibrosis is an extremely painful disease, and I'm, you know, very sorry for the person that has it. It's a proliferation of a lot of fibrous tissue that is around the kidneys and aorta, and there is, as you may imagine, not much room in the retroperitoneal space. It's a very tight space. It can present with lower back pain or other obstructive symptoms. There is some speculation that this may be autoimmune, so we continue to look at autoimmune diseases with regards to Camp Lejeune. It is not a covered Camp Lejeune presumption, and in review of the literature currently, there is not an association between the contaminants and this

[inaudible]. But again, the same statement, if the veteran believes that their military service has affected their health, we would say file a claim.

CDR MUTTER: Thank you. Okay. Next question. Why is pancreatic cancer not on the list of the approved diseases, yet you put all these other cancers that the pancreas is needed to function. Without the pancreas, organs of the body are unable to function.

DR. HASTINGS: We do continue, and I will say this again, the science and the literature to look for associations, most cases of pancreatic cancer occur after age 65. It's slightly more common in men than women, and it is about one and a half times more common in African Americans. There are some things you can do to avoid getting this. Obesity increases the risk as does smoking. About 10% seem to have an inherited component, but again, we have not found an association here. And I will just ask Ms. Carson if she wants to talk anything about the presumptive illnesses and BVA.

MS. CARSON: Thank you, Pat. On this, yes, it just is not a presumptive disability, and I'm going to be saying this a lot throughout is that just because something is not presumptive, if you believe it is related to your military service, and if you received any kind of treatment during service that might present as early symptomatology of any activities or any actions, any treatment or any related incidents in service involving your pancreas, I would say that you should file a claim for benefits. I would file it if you believe that it was incurred in or due to your military service. Even though it's not a presumptive condition, sometimes we can look at the medical evidence and create a direct link between what occurred in service to include the contaminant and what you're currently suffering from. So, we would have to do that review of that information to be able to search engine if we could directly link this to your military service.

CDR MUTTER: Thank you. Okay. Next question, what are we who were exposed to this contaminated water and never notified to do? I was a Navy Corps man assigned to a marine unit there during this timeframe and was never notified by the Department of the Navy about the dangers involved. I have since found out that my own efforts were supposedly too late for me to take any action. I, too, came down with cancer in 2013, and I am still fighting it. What recourse is available to me?

MS. CARSON: So, this is Laurine. I would definitely say that if the cancer that this person is suffering from is on the presumptive list of conditions either for healthcare or for

benefits, please contact VA to apply for those benefits or to seek healthcare for that condition. And then, I would also, so that would be the first thing. Then the second thing is to contact someone at our 1-800-827-1000 number to discuss your claim for benefits, and if you need other assistance, I would encourage you to reach out to one of the National Veteran Service Organizations, the VSOs, who might be able to assist you with filing your claim for benefits.

CDR MUTTER: Thank you. Okay, next question. I'm a former marine that was stationed at Lejeune from 1981 to 1984, second combat engineer battalion. I had surgery on my neck, a very large lipoma, along with surgery for my prostate cancer. I've been denied service connection for both along with chronic sinus, not being able to smell or taste for a year. Don't know what to do next.

MS. CARSON: So, this is Laurine again. If a person has received a denial of VA benefits, you do have some avenues that you can pursue. You can pursue our, under the Appeals Modernization act, you can pursue a higher-level review of your claim that was decided based on the evidence that's been filed. You may also pursue what's called a supplemental claim if you have any additional evidence or things that you want us to consider. We can reopen that claim and review it again to include potentially setting up new examinations and getting new opinions. And you can pursue an appeal that would go directly to the Board of Veterans Appeals for review and for full consideration of your claim for benefits. We understand that these are not presumptive disabilities, but if you believe that these are related to your service, we are encouraging you to file a claim.

CDR MUTTER: Thank you. Okay. Next question. My husband, name removed for privacy, was a marine stationed at Camp Lejeune between the years of 1981 to 1987 with various deployments during that time. He was diagnosed with oral cancer in 2015 and as a result lost 90% of his tongue, leaving him permanently disabled. What can he do? Is he entitled to any compensation? Does he have a case? What do we do next? Please help him.

MS. CARSON: So, again, oral cancer is not one of the conditions that are on the presumptive disability list, and we do encourage, for the purpose of benefits, to apply directly if you believe that this disability is related to your military service.

CDR MUTTER: Thank you.

MR. PARTIAN: Hey Jamie.

CDR MUTTER: Yes.

MR. PARTIAN: Sorry to interrupt. I've got a hard stop in about four minutes. I've got to do something for work, so I'll be jumping off.

CDR MUTTER: Okay. All right. Thanks, Mike. All right, Next question. I have a dear friend that he has epilepsy since he was 35. Now, 66, he and family lived on base for two years. Wife has kidney cancer. They don't know how or can apply for help. His name is, name removed for privacy, stationed there '73 and '74.

MR. HEROUX: I would --

DR. HASTINGS: Hi. This is Pat. Sorry, go ahead.

MR. HEROUX: So, for the FM side of it, I would speak to the slide six, I believe it is, that we have our link that's on there that will be passed out. The phone number 866-372-1144. You are definitely and your family are definitely a case for administrative eligibility consideration. We have to find the commonality and the links and all of that. The paperwork, obviously, has to be submitted. and then for clinical eligibility regarding the family member, we have to have diagnoses and things to go forward. But we are definitely willing and able to be able to take care of that situation. I'll let Trisha speak too.

DR. HASTINGS: And, again, renal cancer is a covered condition. Epilepsy may be covered depending on the history, and again, as Ms. Carson has said many times before, submission of a claim would be the prudent thing to do if this person is a veteran.

CDR MUTTER: Thank you. Next question. Are civilians included? I worked at Camp Lejeune in Family Advocacy during this timeframe.

DR. HASTINGS: Hi. This is Pat. As we've mentioned before, civilian claims are handled through Workers Comp through the Department of Labor, and there is a website that people can go to at the Department of Labor. We can also go ahead and supply that for ATSDR to post. But the civilian claims are handled through Department of Labor.

CDR MUTTER: Thank you. Over the last 20 years, I have received chemotherapy five times at private hospitals for non-Hodgkin's lymphoma. I served at Camp Lejeune in 1963, yet the VA has told me that I don't qualify for benefits. What does a person have to do to qualify?

MS. CARSON: So, I was unsure about this question with regards to whether or not the person met all of the criteria as it pertains

to being on base for 30 days, a minimum of 30 days between the years because non-Hodgkin's lymphoma is in fact a presumptive disability under the law. And so, for benefits purposes, I would encourage this person to apply for benefits immediately, especially if they're suffering from active disease for a cancer, because that would potentially entitle them for a 100% entitlement. If their claim has been previously denied by VA due to benefits process, then I would ask this person to reapply requesting a higher level review or as a supplemental claim to benefits, and all of that can be done on the va.gov website if they have access or they can file the VA form 21-526EZ claim for supplemental claim for disability compensation.

CDR MUTTER: Thank you, Laurine. Okay. Next question. When my wife and I were stationed at Camp Lejeune, we had a miscarriage of twins. I was stationed there until 1987. What is my recourse? I'm living in Mississippi now after four years.

MR. HEROUX: The recourse for the veteran or the family member? [inaudible] enough details.

CDR MUTTER: Yeah. It just says him and his wife had a miscarriage. So, I don't know if one of them was a veteran or they're both family members, not sure.

MR. HEROUX: So, the miscarriage portion is, for the family member, I'll just speak to what I know. The family member portion of this for the wife, then a miscarriage, there's an application they can begin for administrative eligibility. Obviously, the period of 30 days has to be met, the commonality link between the spouse and the veteran has to be found. And then, further documentation for clinical approval regarding all of that as well has to be met. Obviously, the family member has to have been on base not only stationed with the veteran but also lived if it would be in base housing or some other portion of Camp Lejeune on base and prove that residency, and then we can move forward with that. For the veteran side, I'll let BVA speak to that.

MS. CARSON: So, it would depend on whether, so, for the presumptive conditions, of course, there is not a presumptive disability for benefits purposes based on the miscarriage itself. However, if you believe that it is related to your military service and if it is the wife who is the veteran who had the miscarriage, then there might be some residual effects of that, if it happened during service, that there might be benefits that she might be entitled to. Unfortunately, there are not benefits if it is not, if it is not the wife who suffered

the miscarriage directly, there wouldn't be benefits for the miscarriage of twins if it is a male veteran in this instance.

CDR MUTTER: Thank you, both. Okay. Next question is, why does the VA refuse to answer Lejeune water questions until you register as an expedited VA patient, and then they disqualify your enrollment because you make too much money, levy your social security for over $2100 for trying to find out, act dumb, unaware about the Lejeune water, and provide no zero answers to prognosis?

DR. HASTINGS: I'm going to go ahead and start with this one, and I'll ask Ms. Carson and Mr. Heroux to chime in for anything. You know, for the specific questions about claims, I would certainly call the 1-800 number to discuss the claim for benefits. Eligible Camp Lejeune veterans are entitled to compensation and treatment for covered conditions without copayments. Treatment and services for other conditions are based on the VA regulations and policies, so I'm not sure if that's where this is coming into play. For me, there's just not enough information to really provide an answer for this, and if they wanted to send in more information, I'd be happy to look at getting it to the right place to look at it.

MS. CARSON: And this is Laurine, for benefits. We don't, for disability, service-connected disability benefits, we do not look at income. But if you have specific questions about filing a claim for a service-connected disability, I'd encourage you to call our 1-800-827-1000 telephone number to make a late contact with VA pertaining to your benefits.

MR. HEROUX: So, for the FM side, I can add a little bit of possible information, just kind of trying to extrapolate, and this may not even be what the question is regarding. So, there may be a component of copay that is being questioned here and why a levying of funds from social security allowance is happening. There's priority groups for veterans that you need to be cognizant of. It happens some to myself as well. So, if you're a priority group seven or eight, you have possibly different copay requirements. If you're a priority group one, like a purple heart or what have you, you have different, like zero copay basically. So, depending on the income, there is an income component there if I recall. For the FM side, it is going to be payor of last resort, unfortunately. So, if the application goes in and there is a clinical eligibility and you have other health insurance, the other health insurance will kick in, and then we will take care of anything that there is no health insurance for would have in that instance. So, I hope that answers the best [inaudible].

CDR MUTTER: Thank you. Next question is my question is how many people contaminated have kidney cysts or lymph node problems? What is being done to combat specific treatments instead of acting like no one knows what's going on and attributing your condition to something else besides water contamination?

DR. HASTINGS: For kidney cysts and lymph nodes problems, these can come from a variety of reasons. I mean lymph node problems can come from infection. They can come from cancers. They can come from many different sources. Kidneys cysts can run in families. There are a number of reasons that they may appear. We don't track those specifically. We track those things that cover Camp Lejeune conditions. But again, if we do find anything that says kidney cyst or lymph node problems are appearing as a problem associated with Camp Lejeune in the literature, we certainly will bring that forward, and again, we're reviewing this with ATSDR. Over.

CDR MUTTER: Thank you. All right. So, next question. Has the study been made to see how many vets and family members suffer from polycythemia vera? Could exposure at Lejeune have caused this blood disorder?

DR. BOVE: Hi. I'll go ahead and start and then ask Mr. Heroux and Ms. Carson to comment if they have anything else. We do cover, as was shown today, the people being treated for the Camp Lejeune conditions. We don't specifically track polycythemia vera. Depending on the underlying cause, it may be a covered condition. It would be, if it was associated with myelodysplastic syndrome, and this would be for a hematologist to look at and confirm, to review, and again, I would encourage the veteran to put in a claim if they believe that this is related to Camp Lejeune. Over.

CDR MUTTER: Thank you. Frank, did you have anything to add about just studies in general?

DR. BOVE: Well, I mean we're going to include polycythemia vera in the cancer incidence study. So, it will be studied.

CDR MUTTER: Thank you.

MR. HEROUX: I do want to say on the FM side that the clinical review, our clinicians are reviewing what you submit for your diagnosis and treatments and what the medical prognosis is and all that. So, just ensure that you are taking care in getting all of the notes that connect to that condition inside of one entire packet that kind of explains everything that you need 100%. Don't leave anything to an air gap mentality, meaning we're not going to subjectively say, oh, well we guess this

could be possibly. It's too much. We need affirmative data and understanding so that we can ensure that you are covered correctly and you're found eligible to the best of our ability. Because the clinicians aren't really going to see you physically. They're going to see your records, so make sure those records are 100%.

CDR MUTTER: Thank you. Okay, next question. How will family members who are now adults and not covered through military insurance be helped by the Marine Corps if they have developed one of the medical conditions previously listed?

MR. HEROUX: That's my entire job. So, I recommend to put in a package and request eligibility consideration for the family member program at the slide six information as we stated a few times. There's the link that's there and the 866 number. I will be more than, my team will be more than willing to review the case and see what we can do to best facilitate your, you know, helping you guys out health wise, so.

CDR MUTTER: Thank you. Next question. One of the presumptives is neurological. I've been diagnosed with focal dystonia and have been on medication for it for over 20 years. The meds do help; however, I'm unable to write legibly. I have no family history of it, and there is no cure. Would this quality as a presumptive under the guidelines? I served at Camp Lejeune for about three or four months in 1970.

MS. CARSON: This is Laurine Carson. Unfortunately, that disability is not one of the presumptive disabilities, but again, I would encourage this person if they believe that their condition is related to their military service, to file for benefits using the VA form 21-526EZ to apply for service connection due to a condition that developed during military service, and we'll consider the claim as on a direct basis related to treatment, disease, or injury while in service, and you can file that claim electronically using a va.gov email acct, which you can register for, or if you have one, you can file it through that portal. And you may also call 1-800-827-1000 to discuss your claim for benefits. Over.

CDR MUTTER: Thank you. All right, next question is a little lengthy, so bear with me while I get it out. So, my name is, name removed for privacy. My father was stationed at Camp Lejeune, and I was born at the naval hospital in 1961. I lived in Knox trailer park on base from approximately 1961 to 1963. Later, I joined the U.S. Marine Corps and was stationed at Camp Geiger and then French Creek on main side from 1981 to 1989 with a short tour in Okinawa. My husband was also stationed at Camp

Lejeune. Our first son, Brian, was born at Camp Lejeune in 1984. He was 12 weeks early, weighed two pounds, three ounces. He was diagnosed with Fanconi's anemia shortly after his birth and died at the age of seven. Cause of death was listed as aplastic anemia. Since this study started, I have contacted the phone number at least three times and voice my concern regarding my son's medical condition and death. I feel his FA or at least the severity of his health issue was the result of my exposure to this contaminated water. Each time I have called, I was told it had no effect, and I was never contacted. I was not a part of any study. I reached out to Fanconi Anemia Research Foundation to see if exposure to these chemicals [inaudible] the severity of his physical abnormalities and resulting health issues. I am waiting on their response. I also read about thyroid issues being part of the study. I was diagnosed with Hashimoto's disease in 2004, and I've been treated for hypothyroidism ever since. My question, can you start a new study for all birth defects for children born during the entire period with contaminated water exposure. If so, I want to be in your study. Do we have any recourse for our son and his death? Can I file a claim due to my thyroid condition? Also, my father has kidney cancer, and has had kidney removed. I know my father, myself, and my unborn child, Brian, was exposed to this water.

DR. HASTINGS: Hi. This is Pat. And I am going to ask Dr. Bove to comment in just a moment on the birth defects studies. They are difficult to do. In regards to the kidney cancer, that would be covered, and so I would encourage the person and would ask Ms. Carson if she has any other comments but encourage them to put in a claim for compensation. In regards to the thyroid issues, we've not seen those associated. We continue to look at the science, but at this time, I'd like to just ask Ms., or excuse me, Dr. Bove to comment on the birth defects studies.

DR. BOVE: Well, yes. We did conduct a birth defects study several years ago where we did [inaudible] with all births that we could identify that were born between 1968 and 1985. So, we probably tried to contact this person to find out whether they had a child with a birth defect. As Dr. Hastings just mentioned, it is very difficult to do a birth defects study without having a birth defect registry, a population-based birth defect registry. North Carolina didn't have one until around 1990, if I remember right. So, it is not useful for studying birth defects at Camp Lejeune due to the drinking water contamination. So, we're not planning on doing anything further than what we've already done in terms of birth defects.

MS. CARSON: And this is Laurine Carson. With regard to the father who was based at Camp Lejeune, who was the actual veteran, VA, I would encourage the veteran to file a claim for benefits based on the kidney cancer and the removal of the kidney.

MR. HEROUX: So, that's a multifaceted question if I've ever heard one. We get applications like this a lot. So, the, if I understood this correctly, the person asking the question was the child of a veteran stationed at Camp Lejeune, then became a veteran, or became active duty and was stationed at Camp Lejeune, and now there's interest there, had a son pass away, and now the father is having kidney issues. So, yes, just like they said with the BVA, the father, you know, there would be a cause for link in eligibility regarding administrative for the FM, who is also a veteran, to claim under the care of the father at that time. So, they would be a family member in that regard. But the veteran's benefits regarding that, if there is a clinical disposition for the veteran that's asking the question, if they were a family member, the veteran's side would be more applicable. I mean the family member side were payor of last resort, where the veteran side, they would get better health benefits and what have you there. For the son that passed, I believe that there's a time constraint for us, and I can't speak to it off the top of my head. I want to get actual more confirmation. But as everybody has said here multiple times, put in an application for the FM side. We'll find the clinical, we'll find the administrative eligibility and get that link in there, get it into the system at least, you know, have it on paper, and even if there's an ineligibility regarding clinical, we'll have an administrative eligibility on file, and if anything does come down the pipe later on, then we'll already have the paperwork finished. So, I would definitely put that paperwork in, and if there is concern regarding the VA continuing and after appeal and all of those for VBA, because the veteran who asked the question is having concerns and then medical issues do come up later on, and you keep getting denied for cause by the BVA, and there's no more outlets for you, you do have the option, because you are a family member who became a veteran to still apply under the family member side. So, I don't think that the BVA would deny you and we would approve you. I think that BVA would see that you were there for 30 days and apply you there. But you have a multi, many, many directions that you can take inside of this, and I apologize for that.

MS. CARSON: Right. And just a clarification. So, a child of the veteran is not eligible for the veteran's disability benefit, but if the father who, or the veteran himself or herself who

would be eligible, if the child has disabilities, unfortunately, there is not a benefit decision that we would be making based on exposure to Camp Lejeune. The Family Members Program is the program within VA that is addressing family members issues. But the benefit that we have is to the veteran himself, and as part of the veteran's claim, if he is service connected and he has children who are under the age of 26, school-aged children under the age of 26, then VA would give additional benefits to the veteran on behalf of his children, but that first is not based on the child's disability unless the child is deemed a helpless child, and it would be the veteran who would need to establish the basis of service connection first before we can give any additional monetary benefit.

CDR MUTTER: Thank you. Okay. So, next question. I have a very relevant question that is affecting a lot of us. I was diagnosed with sero-negative rheumatoid arthritis in 2011/2012, and it has been devastating. I'm in constant pain and forced to continue to work like this. I have lost everything. Now, I've been told I don't have RA, but I am still in never-ending pain, and the pain is not being managed, not being diagnosed, and I'm being ignored. I'm not allowed to get a service connection for this apparently undiagnosable illness that has taken everything from me. When will we be properly diagnosed and properly and retroactively compensated?

DR. HASTINGS: This is Pat. I'm going to go ahead and start. Rheumatoid arthritis is not one of the covered presumptive conditions, but again, I would encourage the veteran to put in a claim with the information they have available if they believe that this is related to their time at Camp Lejeune. I feel bad that they are not being diagnosed, that they apparently have some problems with getting a complete diagnosis, and I would certainly encourage them to work with their provider at the VA for whatever consultations they need to get an accurate diagnosis. And I will turn it over to my colleagues.

MS. CARSON: And I would say that if the veteran can file it, definitely file a claim for any disability that he or she believes is related to his or her military service. Please file your claim by completing the VA form 21-526EZ to apply for service-connected disability benefits due to any condition that results from your military service. Although it's not a presumptive disability under the law, we will consider your claim based on direct service connection due to treatment, disease, or injury while in service, and you can also file that claim electronically using your VA dot gov email. Or you may also contact us at 1-800-827-1000.

CDR MUTTER: Thank you. Okay. The next question is kind of a two-part question. The first part is, what can the VA do to get more information to the VA Dallas area regarding what Camp Lejeune water issue is truly about. A couple of doctors assigned to me, none of them are familiar with this health issue, and one is a neurologist. The second part of the question is I have been trying to get some help regarding the nervousness in my extremities and the periodic jumping. They are not consistent, so I realize it makes it harder to diagnosis, but the best they can come up with is sometimes you develop a tic. Sounds like paper pushing without much help. How do you get them better educated on the various conditions of over exposure and consumption of VOCs?

DR. HASTINGS: Hi. This is Pat. I'll go ahead and start. As we discussed with the question earlier in regards to Tourette's, there are many things that can develop during life, and I'm glad you're seeing a neurologist in order to try to get an accurate diagnosis. And unfortunately, sometimes it is tough to have a complete diagnosis, but you're doing the right thing with being with a neurologist. It is frustrating when you go to one of your providers and they don't know specifically about your condition. Not much training is given in medical school, nurse practitioner, or PA school in regards to environmental exposures, but one of the things that VA has that's very good is we have environmental health clinicians and coordinators at each VAMC, and they are available to provide consultation for your healthcare provider so they can reach out to them on our website, which I will provide to ATSDR. There is a list of the environmental health coordinators, and if you go to the, if you google VA public health, you'll go to our website, and it is under the alphabetical listing under E for environmental health coordinators. We also have a number of different materials that you can bring with you or provide to your nurse practitioner, PA, or physician, and they talk specifically about the facts of Camp Lejeune, some of the problems that may be seen. They can also certainly go on our website also and look at the website with you so that they can become more educated. But again, there are environmental health clinicians and coordinators at each VAMC available to help your provider with information. Over.

CDR MUTTER: Thank you. So, next question. If a child was in utero before January 1988 but develops one of the eight presumed illnesses later in life, will said child be considered eligible for VA medical care, not disability but care. The latency of some diseases can be decades, as with me and Parkinson's disease.

MR. HEROUX: Can you read that first sentence one more time, I'm sorry.

CDR MUTTER: Yes. If a child was in utero before January 1988 but develops one of the eight presumed illnesses later in life, will said child be considered eligible for VA medical care, not disability, but care. The latency of some diseases can be decades, as with me and Parkinson's disease.

MR. HEROUX: So, understanding that the cutoff date is December 31, 1987, they're saying that they born prior to '88 or prior to January of '88.

CDR MUTTER: Yes.

MR. HEROUX: So, there still has to be a 30-day in utero within the 10 months of allowable gestation, and the application still needs to be put in through the CLFMP program here. That question was interesting because I read over it, and I did some more research on it just to ensure that we had everything there, and it doesn't matter when they present as long as they're covered, meaning the condition is covered, out of the 15, and that we have administrative and clinical eligibility. So, all the common links have to be found and all the application process has to happen. So, I know it's been repeated 700 times here already, but definitely put an application in for that, make sure that your administrative is completed 100%, we get as much detailed information as we can. If there are the 15 conditions, make sure that you get that medical documentation presented to us so that our clinicians can look over it and review it for eligibility. So, just 100% documentation is required for that medical portion. Make sure you get everything in there if there is a covered 15. Or if there's not. I mean, let us review it and see what happens and what the clinicians say. We don't know everything. I mean the family members don't know everything regarding what may or may not be a common link or not. So, I'm not saying put everything, if you have a sneeze in there, put it in there as well, but definitely if you think that it may have or your doctor thinks that, and push it through and at least get administratively eligible.

CDR MUTTER: Thank you. All right, next question. My husband passed away five years ago from colon cancer. Are you finding this cancer in your findings from toxic water? Is there anything I should be doing to follow up?

DR. HASTINGS: Hi. This is Pat, and right now the evidence is inconclusive, but the work that Dr. Bove is doing hopefully will

give us more information, and I would invite Dr. Bove to comment if he has anything else.

DR. BOVE: No, just that we will be including colon cancer in our studies.

CDR MUTTER: All right, thank you.

[Inaudible Comments]

DR. HASTINGS: Go ahead. I'm sorry Laurine.

MS. CARSON: Sorry. This is Laurine. I would say, and because there are still studies ongoing in this area, I would say file your claim for disability benefits now so that we would be able to apply the earliest day possible should it then be considered a presumptive condition in the future. You can also file now because although it's not on the presumptive list, we may be able to service connect it on a direct basis depending on what the evidence shows.

CDR MUTTER: Dr. Hastings, did you want to add anything?

DR. HASTINGS: No, no. I was going to invite Ms. Carson to speak to it all. So, thank you.

CDR MUTTER: Okay, great. Okay, next question. Thyroid condition since early '70s, removed partial thyroid using radiation pill. I've been taking one pill per day of Levoxyl since. Could the water contamination cause this condition? Also, it has related to other problems. Thank you in advance for your response.

DR. HASTINGS: Again, we're not finding, we are looking specifically at endocrine disorders because that is one of the things that can be related to some toxins. It sounds as if this was a hyperthyroid condition, and then the treatment took away too much of the function requiring the replacement therapy. And there are heavy metal toxins, lead, aluminum, mercury, that can damage the thyroid. So, again, we continue to look at these things, but in this case, it does not at this time appear to be linked.

CDR MUTTER: Thank you. Okay. So, again, another long question, so bear with me. The week after I was discharged I was horse riding. I passed out and fell off onto paved highway and was admitted to the local hospital in Farmington, New Mexico. The hospital determined that I had cracked the entire length of my occipital causing Farmington hospital to transfer me to the Albuquerque, New Mexico, Veteran's Hospital where I was in a coma. Not much later, I was diagnosed with diabetes and was told by a local doctor that I probably passed out because of low

blood sugar. At that time of my life, I was in perfect shape, running four to five miles a day, which I had done until a few years ago, stopping because of having to replace both of my knees. Now, since then, I've research the relation of Agent Orange, as you refer to toxic substances, and payments to Vietnam veterans. My question, are you going to pay Camp Lejeune veterans compensation also? A little more of my history is that a few weeks later, I was hired by the Veterans Administration Hospital in Seattle, Washington, for one year, and then promoted to a position in Spokane, Washington, Veterans Hospital, returning with another promotion over a year later to Seattle again. After a year there, I was then promoted again, moving to San Antonio Veteran's Hospital, which was brand new, helping to open for the first time. While at the Veterans Hospital in San Antonio, Texas, VA Hospital, I put in a request form for my records, which were received from the Seattle VA Hospital within a couple of weeks. When the file clerk received them, he brought them to me, and I went through them, at which time I read that I'm making sure that nothing was left out. The San Antonio Hospital Veterans Hospital records were part of the contents along with the transfer records from the Farmington, New Mexico, transfer record. In 2018, I sent a request for my VA medical records and was sent copies of all my medical records except the San Antonia VA Hospital records, which would support a proof of being discharged from the Marine Corps with diabetes. I then made a call to the VA records department, was told no record of the VA Hospital stay in San Antonio, and then request them, I made the call knowing what the answer would be, of course, no records. So, I took out the records that were sent to me and found a copy of form requesting my records from the San Antonio Hospital, which proves my stay at San Antonio Hospital. I do have family that can verify that all this is true. I made another request to the VA medical records again and a letter to the U.S. Department of Veterans Affair Office of General Counsel and was told a thorough search of the system was checked and nothing was found on my stay at San Antonio, Texas, VA. I then called the VA records department again and was told the records would be sent to me but were busy, and it would be a long time and explained to me he was a marine veteran and he would get it done. I've heard nothing again, and I have not received those records that marine veteran told me were sitting on the desk in a big pile. Remember, I work for the VA Hospital system, attending many meetings on VA law and procedures and sorry, can't help, wonder why my stay at the Veterans VA Hospital in San Antonio, Texas, are missing. My question is, are you going to pay the Camp Lejeune veterans who have been discharged with diabetes?

DR. HASTINGS: Right. This is Pat. I'll go ahead and start. It's unfortunate that the records are not able to be found. I would make another request to the VA Medical Center to have them look. Sometimes things will appear at a later date. I would do it in writing and do it through the patient administration, the veteran assistance office so that they are in charge of looking. Diabetes is not one of the covered conditions, not one of the presumptions, and at this time, we're not finding an association. However, we do continue to look and as I mentioned before, we are looking at all the endocrine conditions because those would be one of the concerns as being an organ system. So, I will ask my colleagues if they have anything else that they would like to comment on.

MS. CARSON: Sure. So, this is Laurine Carson. One of the things that I picked up on in the actual question is the statement that you're looking for the VA Hospital records, which would support a proof of the discharge from the Marine Corps with diabetes. If you were discharged from the military with a condition, we would be able to make that a direct link to your military service if that disability or disease manifested within the one-year period. And in this case, if you were discharged due to that disability, then that would be one that we should be looking at as a service connected disability. So, I wanted to clarify that. If a person had a disability that manifested, incurred, or was aggravated by military service, that is considered a direct link to the service if that disability incurred during or within the one-year period after military service. So, if that, we don't need your San Antonio record to make the nexus between that and your military service because that should be in your military treatment records. So, that was one thing. Then the other things is that oftentimes the period of presumption for one type of event in the military may overlap with another period of a military exposure. So, in some instances, we don't necessarily, whether it is, if we can link you through Camp Lejeune, we will. If we cannot link you through Camp Lejeune, but your disability shows up on the Agent Orange presumptive list and there's an overlap in period in which you served within the Republic of Vietnam, we may also be able to link you that way. The other thing is that there are certain areas where people use or were handling Agent Orange barrels or were on aircraft that were later used to transport National Guardsmen and reservists and others that are called C123 aircraft as part of Operation Ranch Hand and other things like that. So, if you have diabetes, and you have one of the other exposures, I would encourage you to look at the VA website on Agent Orange, look at the Camp Lejeune website, look at the C123 website, and if you were in active service during any of those particular issues, don't just look

at one presumption. Look at all three and see if your disability is related to any of those, because it could be presumptive related. And again, for this particular person who is asking the question, you think to indicate that maybe you had a diagnosis during service, and if you did, I'd encourage you to file a claim immediately and have a service connect to your diabetes.

CDR MUTTER: Thank you. All right. So, the next question. I was stationed at Lejeune from 1979 to 1980 as part of the second marine division headquarter battalion communication PLT. I don't know what that abbreviation is, my apologies. While I'm not sick, I'm always on the lookout for any signs of a poisoning that my government knew about and did nothing about for years. In the real world, if you cause any harm to another party, especially by poisoning their drinking water, you were held responsible and made to pay the affected party damages for the harm you've caused. Today, those of us who are still alive live with this unknown ticking timebomb inside of us, never really sure if we will get sick, all because the U.S. government elected not to take care of the troops, the young Americans that put their lives in the line to protect and defend the Constitution and the American people. The U.S. government should have been monitoring and ensuring that the food and water we consume were safe then and are safe today. This whole story is frankly criminal. There is simply no excuse for this reckless and careless behavior. I, for one, have volunteered to serve my nation and served at Camp Lejeune and want to be compensated today and guaranteed lifetime healthcare protection by the U.S. government. That is the least that the U.S. government can do for the marines who were made to drink the government's poison. My question is a simple one. How does the U.S. government compensate every marine that was affected by the poisoning of our drinking water regardless of our current health condition?

DR. HASTINGS: Hi. This is Pat, and I don't disagree that this was one of those things that should have never happened. For much of this, I'm sorry, I'm going to have to refer it to DoD for comment. The VA is here to help with taking care of the people and the after effects of many types of service, Camp Lejeune included. And so, again, for this person, if they would have the misfortune to have something that does show up later in life, we would ask them to turn in a claim. But for the specific questions about how and why this happened, I would have to refer it to DoD. Over.

CDR MUTTER: Thank you. Okay. Next question. Thank you for taking my question. On September 21, 2017, I was awarded full benefits for bladder cancer by the VA. Tumors removed surgically on 2013

and 2015 with checkups every six months until July 2020, all local hospitals. Two possible tumors detected in July. Nearest VA hospital is four hours away. To date, copayments have totaled over $4000. Is here any plan in the VA to reimburse these payments?

DR. HASTINGS: Hi. This is Pat. I will go ahead and start on this. For those things that are presumptions covered conditions, there should be no copay. So, if you can get this person's name to me, I will get them to health eligibility so they can check on it and see what has happened, because I believe their may be an error here.

MS. CARSON: Right. This is Laurine Carson. I was going to say the same thing, and also, I wasn't sure if the person was a family member or a veteran, but if they were awarded full benefits for bladder cancer [inaudible] monetary benefit for VA and they are still suffering from active disease, then they would be considered totally disabled at this time. So, if you, I would say, please contact us at the 1-800 number in case we are missing something, because it sounds like you still have tumor detection, and you may still be in active treatment. And I just want to make sure you are getting the right amount of benefits, monetary benefits that you should have based on either being totally, permanent and total or being total due to active cancer.

MR. HEROUX: And there was a question regarding copayment, and oddly enough, I just came from the C4, which is the veterans help desk. We deal with claims regarding veterans, and if there's what we call an adverse credit reporting, if someone is coming after you regarding the copayments or even if you've made these copayments and you don't think that once you go through the BVA side you don't think that you're required to pay them, you can call that number. Is that the 1000 number? I think it is the 1000 number. Ms. Carson, do you have that, Dr. Carson?

MS. CARSON: Yes, it is 1-800-827-1000.

MR. HEROUX: So, that number can also direct you to help with the copayment if there is adverse credit reporting or moving forward with that once you find out if you were liable for that, because it doesn't sound correct to me either. So, just the two cents. Sorry about that.

CDR MUTTER: Thank you. Okay. Next question. Why does the VA have a diagnosis code for neurobehavioral effects? I have diagnosed, but there is no code. Maybe they meant to say, does not have a code?

MS. CARSON: Yes. I think that's what they're trying to say. So, this is Laurine. Not all disabilities are conditions that there are in the medical world are listed in the Title 38 Code of Federal Regulations under the scheduled for rating disabilities. So, in instances where there is a service-connected disability that does not have a diagnostic code, and for those of you who don't know, the diagnostic codes are codes that are used in the rating schedule to show the actual condition as well as the evaluative criteria based on the law that VA has to use, and that criteria is established by Congress, and it goes from zero to 100% in 10% increments based on the disabling effects of diseases or illnesses as they impact a person's ability to earn. So, that's what we actually compensate. And so, there may not be a diagnostic code, specific condition named in the ratings schedule, but although there is not one for neurobehavioral effects, we make what's called analogous ratings, meaning that we find a rating criteria for certain neurological conditions that would be similar with regards to the symptomatology and the disabling effects, and we would rate it analogous to or as if it was the same code. So, we don't necessarily have to have a specific diagnostic code for a disability, but we rate it analogous to conditions that are diagnosed as primary or secondary causes of the neurobehavioral effects. Over.

CDR MUTTER: Thank you, ma'am. Okay. Next question. I was stationed at Camp Lejeune September 1969 until February 1970. I then had a hardship at home and was honorably discharged. I then joined the Army in 1979. I found it extremely difficult to pass the PT test but did, but I had a very difficult time breathing. It gradually got worse, and the Army doctor said I build up too much lactic acid while exercising. I'm now being told I may not have much more time to live and to sign up for a double lung transplant. There have been eight different cancers found from the contaminated water, and many Marines and their families have been compensated because of their medical problems associated with water. My diagnosis is NSIPF, nonspecific interstitial pulmonary fibrosis. Why has my diagnosis not been recognized as coming from the water and people like me having been tested for years to find a reason for our disease and nothing being found except the water beginning the cause. I've not been added to the list and compensated also. I've been on a slow road to a death sentence, and my life has been drastically altered because of this. I believe like many others that you should be held responsible and take care of our greatly affect poor lives because of this water. Thank you for addressing this question.

MS. CARSON: Before we get into the clinical aspects of it, one of the things that I saw in this question immediately was that

the military doctors had already found a medical issue with this person as being extremely difficult to pass a test due to difficulty breathing. If that situation is within the medical file and can be linked through a medical opinion to what you're currently suffering, then I would ask that you contact me to see what we can do to make sure that you have been rated properly, to see if there's any possibility of you being service connected for that condition. Because generally if the medical records show that there was something that the military diagnosed during service or found during service, then usually it is the link that we need to diagnosis your condition, although it's not a presumptive disability. But I would need to look at your records in order to find that out. So, I'd have to want to look at that. My email again, is Laurine.carson@va.gov. And that's L-A-U-R-I-N-E dot Carson, C-A-R-S-O-N, at va dot gov. Thank you.

CDR MUTTER: Thank you. Okay, next question. Are there any studies related to the impact on our autoimmune system?

DR. HASTINGS: Hi. This is Pat. We continue to review these, and I would defer this to ATSDR at this time if they would like to talk to this, Dr. Bove or any of the other scientists.

DR. BOVE: Yeah. This is Frank Bove. There have been studies that looked at trichlorethylene exposure to workers who use this chemical in the workplace and scleroderma, which is an autoimmune disease, and there is some evidence there, among those workers. The question is, how strong the evidence is, but there is some evidence. Other than that, in human data, there is not much evidence for these chemicals causing autoimmune disease, but there are some studies in animals that indicate that, and particularly trichlorethylene could have an impact on other autoimmune diseases. Again, the evidence is not strong enough yet and is not seen in humans, at least so far.

CDR MUTTER: Thank you, Dr. Bove. Next question. I am a Camp Lejeune vet and suffer from severe disk degeneration and joint degeneration. These conditions do not run in my family tree. When I asked this question about degeneration to two groups of Camp Lejeune veterans and base dependents, the response was overwhelming. Many of the Camp Lejeune vets and dependents are suffering from the same condition. Since the disks in the human body absorb moisture-rich nutrients from the surrounding area, would two industrial chemical dispersants circulating in a body prevent them from absorbing the proper moisture, causing premature degeneration of disks, joints, and bones? It doesn't take a stretch of the imagination to think this is possible. Has the CDC or ATSDR been looking into this link? If not, then why?

DR. BOVE: This is Frank Bove. We haven't looked at this disorder, and that's because so far we haven't seen anything in the medical literature indicating that the chemicals in the drinking water are related to this disorder. So, we haven't looked at it. The other issue is how to look at it. And since there are no registries or any other records that are easily attainable on this disorder, you have to identify the disorder by doing a survey of the people who were at the base. And we did conduct a survey of Camp Lejeune marines and workers and family members several years ago. The problem was that the response rate, the number of people actually participating in the survey was so low that we really didn't get any credible results. So, it's really difficult to look at a lot of these conditions where there aren't easily accessible records to use to study.

CDR MUTTER: Thank you. Okay. I'm aware of the time. We have about ten minutes left, so maybe we can get a couple more questions in. The next question is, the military dependents drink and bathe in the same poisoned water. Why are so many more conditions caused by the water covered for military personnel than the wives and children?

DR. HASTINGS: Hi. This is [inaudible]. I will just go ahead and start and say that the presumptions were put together based on the science that was available as were some of the legislative conditions, but the conditions were legislated, and so the presumptions and the covered conditions do not match up, and that is unfortunate and sometimes a reason for some confusion. Over.

MR. HEROUX: Can you read that question one more time for me, I'm sorry.

CDR MUTTER: Sure. The military dependents drank and bathed in the same poisoned water. Why are so many more conditions caused by the water covered for military personnel than the wives and children?

MR. HEROUX: There's no, there's eight presumptive conditions. There's 15 specified illnesses for family members. None of the family members have presumptive conditions. They're all having the 15 specified illnesses, and if they can, you know, the clinician that we have, multiple clinicians that we have, review that, there's no presumption immediately of a family member having an immediate connection to Camp Lejeune's water contamination and an illness that's created there. Obviously, we take that into consideration on the veteran's side. But you first have to initiate the cause for even addressing this, and the best way to be able to do that is to use the veterans who

are, we have more veterans who were there at more times than there are family members, because some veterans are just single when they're there. So --

DR. HASTINGS: And Mark?

MR. HEROUX: That evidence is there. Yes, ma'am.

DR. HASTINGS: I'm just going to say that I think the question is why aren't these lists the same, and one was legislated, and one was presumptions approved by the secretary.

MR. HEROUX: Okay.

DR. HASTINGS: And it would [inaudible], and you're absolutely correct with regards to the rest of your statement. But I think the question is just, you know, the legislation and the list of presumptions are different.

MR. HEROUX: There you go.

CDR MUTTER: All right. Thank you both. All right. Next question. This is also lengthy, so bear with me on this one. Question 30-day rule. VA denies benefits for contaminated veterans referencing the Federal Register, volume 82, number 9, January 13, 2017, 38CFR part 3, diseases associated with exposure to contaminants in the water supply at Camp Lejeune. Nowhere in the Federal Register does the VA cite scientific evidence as a reason for adopting the 30-day rule. On page 4,175, 2, modality of exposure to contaminants, second paragraph, "the technical working group did not take into account estimated levels of contamination in the water during the period of contamination at Camp Lejeune or the estimated length or intensity of exposure. This is part because contamination levels and exposures were not well documented." This was in response to a previous statement by National Research Council "that explored three major routes of exposure, inhalation, skin contact, and ingestion. Accordingly, the exposure to contaminants could be much greater in the short period when compared to 30 days of drinking water." Further reading states, "in the absence of scientific evidence which supports establishment of an alternative service or exposure requirement, VA's determination favors consistency and parody with its own healthcare regulation and the statute stands." In response to commenters questioning this rule, on page 4,177, second paragraph, "the VA notes that nothing in the provisions of this rule prevents veterans without 30 days' consecutive or nonconsecutive service at Camp Lejeune from establishing service connection for any disease or disability on a direct basis. Direct service connection for any disease alleged to have been caused by the contaminants in the water

supply at Camp Lejeune requires evidence of the current disease or disability, evidence of exposure to contaminated water on Camp Lejeune, and a medical nexus between the two supported by sufficient medical explanation." Note, I have submitted evidence to qualify to this exception of the 30-day rule. Of the approved Camp Lejeune diseases, I was diagnosed with kidney disease, RCC. My kidney was removed in 2015. A year later, the cancer was found in my lungs and a portion of my left lung removed. The VA has denied me benefits two times citing I was at Camp Lejeune for only 21 days of exposure. With no known cure, I am treated with medication to slow the growth of the cancer. As a Navy CV, I had a weapon and tactical training at Camp Lejeune prior to NNCB71 deploying to Vietnam in 1968.

MS. CARSON: Okay. So, I'll start. This is Laurine Carson. Certainly if any disease or disability that we can directly link to your military service, we do our best to do that. We do consult with medical examiners and specialist who provide us medical opinions pertaining to individual claims. We need current evidence of disability, evidence of the event and the medical nexxus between the two. We also had the provisions that are statutory and regulatory regarding 30 days at Camp Lejeune, and due to the exposure to the drinking water, and based on what has been advised through the scientific bodies. If your claim was denied, please follow up with your appeal right provided with your denial if you feel your claim was denied in error, and if you have an appeal pending, then you would be going through that process now to provide any additional evidence that you feel might be able to be used by the administrative law judges to decide your claim as well. But, you would have to file an appeal. It sounds like you already had a consideration under presumptive and direct service connection for your disability.

CDR MUTTER: Thank you. And I'm going to squeeze in one last question in this four minutes. So, let me go ahead and start. I'd registered some years ago and have multiple physical problems when the issue was brought forth to how this water contamination affects the body. I get a series of physical possibilities and results problem. How does this water contamination affect my body, what issues I will suffer because of it, and does it affect the ongoing problems I'm experiencing now. Can that be explained in plain language about the dietetic problems, my eyes problems, the ache and pain I suffer, the growing physical pain I have and continue to have because of this water contamination? I served in the U.S. Marine Corps at Camp Lejeune back in 1968. I need information about the toxic substances and how it's affecting my body, the nerve system, and so forth. Explain why my body still has all the foreign matter

from these toxic substances obtained from that drinking water at the Camp Lejeune. I need to improve the quality of my life and information of how these toxic substances affect my life so I can do what is necessary to improve my physical being. Currently, I'm being treated at the VA Hospital for various problems. I need information to share with my provider to improve my quality of life, which can only be obtained with information of what toxic substances are in my body and what the causes are causing my difficulties to this day.

DR. HASTINGS: Hi. This is Pat. I'll go ahead and start. And as we mentioned before, toxic exposures is not often taught in medical school, nurse practitioner school, or PA school. But there are environmental health clinicians at each VA medical center. They are available to your healthcare provider for consultation, and there are a number of links that I will send to Commander Mutter so she can put them on the website, and they deal with many of the questions that you may have and also will be informational for your provider so that you can have a discussion about those things that are your health concerns and the things that are making your life difficult, so that hopefully we can improve your health and make you feel better. Over.

WRAP-UP/ADJOURN

CDR MUTTER: All right. Thank you. I have 12:28, so I'm going to save the rest of the questions that we have from this meeting, and we'll save them for our September 19th public meeting. Information for that meeting can be found at our ATSDR website, which has been on the screen while we're asking the questions. So, if your question was not answered, please join us on September 19th, and we will entertain those questions at that time as well. Dr. Breysse, do you have any closing remarks for today?

DR. BREYSSE: I would just like to thank everybody for their time and their attention. I look forward to seeing you all and listening to the questions again on the 19th going forward, and I especially want to thank our CAP members and the VA for being with us here today and helping us address these important issues.

CDR MUTTER: And the Marine Corps.

DR. BREYSSE: I would also like to thank our staff for organizing the meeting and Jamie for leading it. Well done.

CDR MUTTER: Thanks so much everybody. We'll talk to you on the 19th.

DR. BREYSSE: Cheers.

CDR MUTTER: Have a great day.