

**From:** [Burchett, James, VBALOUV](#) on behalf of [VAVBALOU/RO/VSC](#)  
**To:** (b) (6); [VAVBAJAC/RO/VSCMANAGERS;](#) b  
[VAVBAATL/RO/VSC;](#) [VAVBADET/RO/VSC;](#) [VAVBAHAR/RO/VSC;](#) [VAVBAPHI/RO/ADJ;](#) [VAVBAHUN/RO/VSC-](#)  
[MANAGEMENT;](#) [VAVBASPT/RO/VSCIPC;](#) [VAVBASPT/RO/MA](#)  
**Cc:** [VAVBALOU/RO/VSC;](#) [Kuerzi-Rodgers, Laura, VBALOUV;](#) [Holtzman, Dean, VBALOUV;](#) [Rogers, Kyle, VBALOUV;](#)  
[Markham, Kenneth E., VBALOUV](#)  
**Subject:** Information on claims sent to Louisville requesting CLCW processing  
**Date:** Wednesday, July 29, 2015 12:54:48 PM  
**Attachments:** [CLCW Claim Review Sheet.docx](#)

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Dear Colleagues,

Over the past month or so, the Louisville VSC has been maintaining a database of claims transferred to us for Camp Lejeune (CLCW) review purposes that were ultimately returned for not meeting the CLCW criteria. We recently completed a review of the database and just ask that you reiterate what is required for a claim to meet the CLCW criteria:

1. The Veteran has claimed service connection based on exposure to Camp Lejeune Contaminated Water (CLCW).
2. The Veteran has qualifying (e.g. Honorable, Under Honorable Conditions, etc.) service at Marine Corps Base Camp Lejeune during any period from August 1953 through December 1987. If an administrative decision is needed, this must be completed and result in a favorable decision prior to transfer to the Louisville RO.
3. The Veteran has specified an actual disability as a result of CLCW exposure at Camp Lejeune. Do not transfer claims where no disability is specifically alleged, (e.g. a claim stating Camp Lejeune or exposure at Camp Lejeune).
4. Foreign claims, radiation claims, and claims based on disability or death of a dependent are excluded from CLCW centralized processing.

Claims not meeting this criteria should not be transferred. Additional guidance can be found in Fast Letter 11-03 and Training Letter 11-03.

Thank you for your assistance in identifying CLCW cases. We have provided the attached CLCW claim review sheet for your convenience. If I can help answer any questions, please let me know.

Laura  
Louisville VA Regional Office

# CLCW Claim Review

## Service Requirements:

1. Honorable service?
2. Service at Camp Lejeune, NC, between August 1953 and December 1987?

## Claim Requirement:

1. Is an actual disability claimed as a result of CL contaminated water exposure?

## Needed Data:

Claim#

Name of Veteran:

DOC:

Date of CLCW issue(s) claimed:

Original Station of Jurisdiction:

Date of Receipt at RO 327:

Conditions claimed due to CLCW exposure: