

[REDACTED]  
**Sent:** Monday, April 15, 2013 3:46 PM

**Subject:** RE: Camp Lejeune Cases

How many cases do you have that need to be returned?

[REDACTED]  
**Sent:** Monday, April 15, 2013 3:26 PM

[REDACTED]  
**Subject:** FW: Camp Lejeune Cases

I would be eternally grateful if you could help make contact with a pertinent party at the Louisville RO that handles all camp Lejeune cases.

Thank you very much,  
[REDACTED]

[REDACTED]



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[REDACTED]  
**Sent:** Friday, April 05, 2013 12:16 PM

[REDACTED]  
**Subject:** Camp Lejeune Cases

I am not sure if you are in charge of the Camp Lejeune cases.

Here is the present situation.

We had a displaced Occ health physician transferred to C&P. We had assigned her to obtain training to become a Camp Lejeune SME.

Unfortunately, she has not picked up on the concept of C&P exams – opinions and timeliness issues.

She has been unable to complete any of the assigned cases she has received thus far and many are 76 to 80 days old now.

I discussed my concerns with Dr. Koopmeiners and that I would be removing her from C&P duties. I offered one of my regular C&P providers to do the cases, however, he said that they have had issues with regular C&P examiners and need a SME to do it.

He informed me that he would contact me as to which VHAs to transfer the cases to.

However, despite couple of reminders, I have yet to receive the redirection information. Meanwhile, these cases remain open and is affecting our overall timeliness numbers.

Can we return the cases back to your VBA RO and then sent to the appropriate VAMC ?



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Dr. Koopmeiners,

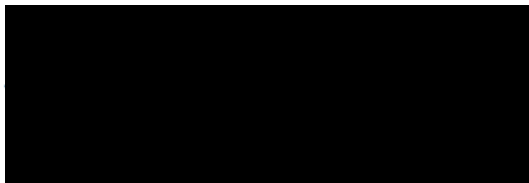
I understand you may be struggling with finding alternate examiners for the Camp Lejeune cases.

Can we return them to the Louisville RO for now and they can later distribute it to where they will ultimately need to be sent ?

Since we are in possession of these cases, they are adding to our timeliness clock.

I appreciate your response.

Thank you.



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**DEPARTMENT OF**  
**VETERANS AFFAIRS**

**Memorandum**

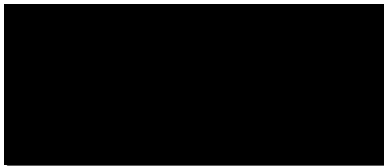
Date: SEP 23 2011

From: Under Secretary For Health (10)

Subj: Delegation of Authority

To: Chief Officer Disability and Medical Assessment

1. The Office of Disability and Medical Assessment (DMA) has been designated as the Veterans Health Administration's (VHA) office responsible for the management of medical advisory opinions requested by the Veterans Benefits Administration including those required under 38 CFR § 3.311. In addition DMA, when requested by Under Secretary for Health will coordinate the response to congressional and other inquires requiring a medical opinion in support of VHA's Compensation and Pension Examination Program and Processes. DMA will be responsible for routing these request to appropriate subject matter experts (SMEs), coordination and development of completed response to VBA.
2. Therefore, I delegate the authority to sign all medical advisory opinions including those regarding claims under § 3.311 and other similar correspondence to the Chief Officer, Disability and Medical Assessment.





**DEPARTMENT OF  
VETERANS AFFAIRS**


**Memorandum**

Date: **SEP 14 2011**

From: Under Secretary for Health (10)

Subj: Centralization of Requests for Medical Advisory Opinions within Veterans Health Administration (VAIQ# 7123723)

To: 

1. As a result of the Veterans Health Administration (VHA) reorganization, VHA established a new office to manage all issues related to the medical aspects of compensation and pension claims. The mission of the Office of Disability and Medical Assessment (DMA) is to improve processes and procedures within the purview of VHA related to compensation and pension examinations.
  2. VHA had identified a need for a single office to manage, coordinate and oversee the development of advisory medical opinions requested by the Veteran Benefits Administration (VBA) including opinions requested under CFR § 3.311. DMA is responsible for managing these opinions and will work with VBA to determine best practices to ensure complete and timely responses that are compliant with applicable security, privacy and HIPAA regulation.
  3. The centralized office to coordinate this process will increase efficiency and provide opinions that fully address VBA's needs. This will ensure that Veterans receive the benefits they have earned and ultimately improve our care and services to the Veterans we serve.
- 



**From:** Cassano, Victoria  
**Sent:** Thursday, March 01, 2012 9:11 AM  
**To:** Cross, Gerald M. (SES EQV); Flohr, Brad, VBAVACO  
**Subject:** RE: Camp Lejeune Disability Processing Concept

**Importance:** High

This looks good to me:  
We are in the process of establishing the list of SME's

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**From:** Cross, Gerald M. (SES EQV)  
**Sent:** Thursday, March 01, 2012 8:44 AM  
**To:** Flohr, Brad, VBAVACO  
**Cc:** Cassano, Victoria  
**Subject:** FW: Camp Lejeune Disability Processing Concept  
**Importance:** High

Please check ASAP

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**From:** Cross, Gerald M. (SES EQV)  
**Sent:** Thursday, March 01, 2012 8:43 AM  
**To:** Cross, Gerald M. (SES EQV)  
**Subject:** Camp Lejeune Disability Processing Concept

1. DMA met with senior staff of VBA on 27 February 2012
2. Background
  - a. Lejeune cases are processed at the Louisville RO
  - b. Average days pending = 447
  - c. Most claims are not granted
  - d. Claims are from Servicemembers / Veterans, not family members
  - e. Louisville RO sends claims to VHA exam sites closest to where the Veteran now lives
3. Statement of problem – regarding disability exams:
  - a. Inconsistency of disability examiner statements
  - b. Incongruence with science of disability examiner statements
  - c. Substantial volume of pending cases
  - d. Recent publicity may increase claims
4. Draft proposal agreed upon by DMA and VBA staff:
  - a. For cases that are “straight forward” (link to science is reasonably clear) we will continue the current process.
  - b. For cases that are not “straight forward” the Louisville RO will send cases to DMA Consultation Service
    - i. DMA will establish regionally based senior / experienced examiners to review these cases
    - ii. Review may or may not require that the claimant be seen by the senior examiner
    - iii. DMA will ensure that all senior examiners are familiar with the current scientific findings
  - c. VBA will forward any “straight forward” cases to the DMA consultation service if the findings appear to be inconsistent

- d. The Consultation Service will focus on exams and science, with no intent to deny claims.
5. Recommendations for communication with stakeholders.



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**From:** Cassano, Victoria  
**Sent:** Friday, March 02, 2012 3:17 PM  
**To:** Flohr, Brad, VBAVACO  
**Subject:** Emailing: Camp\_LejeunewayforwardMarch12.doc, Initial Guidance for Evaluating Claims for Disability Based upon Exposure to Contaminated Water at Camp Lejeune.doc  
**Attachments:** Camp\_LejeunewayforwardMarch12.doc; Initial Guidance for Evaluating Claims for Disability Based upon Exposure to Contaminated Water at Camp Lejeune.doc

Here are my minor edits to tour draft document. I have also developed some initial guidance re: evaluating these exposures: I am giving just broad brush statement without being prescriptive.  
The message is ready to be sent with the following file or link attachments:

Camp\_LejeunewayforwardMarch12.doc  
Initial Guidance for Evaluating Claims for Disability Based upon Exposure to Contaminated Water at Camp Lejeune.doc

Note: To protect against computer viruses, e-mail programs may prevent sending or receiving certain types of file attachments. Check your e-mail security settings to determine how attachments are handled.



## Agenda

### Camp Lejeune Water Contamination Claims

#### Proposed Plan of Action for Medical Opinions

1. Introduction: Dr. Cross
2. Follow-up to USH meeting: Dr. Cross
3. Discussion of Way Forward: Brad Flohr
4. Medical Opinions: General Process: Brad Flohr and Dr. Cassano
  - a. Standard Medical Opinions
  - b. Advisory Medical Opinions
5. Camp Lejeune Medical Opinions: Initial Guidance for Occupational Medicine Subject Matter Experts – Dr. Cassano
6. Bibliography Development and ATSDR Conferences/Meetings – Dr. Walters





## VA Policy for Processing Disability Claims Based on Service at Camp Lejeune

Disability claims based on service at Camp Lejeune are processed in the same basic manner as other disability claims. The Congressional mandate at 38 U.S.C. § 1110 [*Basic entitlement*] states that compensation will be paid for "disability resulting from personal injury suffered or disease contracted in line of duty." This serves as authority for VA regulations, which establish guidelines for service-connected compensation. These include: evidence of a current chronic disability; evidence of an in-service injury, disease, or event; and medical evidence establishing a link or nexus between the current disability and the in-service injury, disease, or event. When acquiring this evidence, VA must fulfill its statutory duty to assist. This includes notifying the Veteran of the evidence required to support the claim and providing the Veteran with assistance in obtaining that evidence.

Regarding Camp Lejeune, there is documentation from governmental sources, such as the Departments of the Navy and Health and Human Services' Agency for Toxic Substances and Disease Registry (ATSDR), that the water supply was contaminated between 1957 and 1987 with a number of organic compounds, including: trichloroethylene (TCE), tetrachloroethylene or perchloroethylene (PCE), benzene, and vinyl chloride. There are also documented scientific studies from a number of sources, such as the Environmental Protection Agency, showing that exposure to these particular organic compounds can be associated with development of certain diseases. ~~These associations, however, are generally based on studies with experimental animals receiving high dose rates of the organic compounds.~~ For many of these contaminants definite causation in humans has not been determined. However, relative risks of development of these diseases are increased in populations exposed to these contaminants. For almost all however, definitive toxicologic data is based upon animal studies only.

**Comment [EDT1]:** This is not completely true, is overly broad. Benzene carcinogenesis is based upon human epidemiologic data in mature scientific literature spanning over 40 years. It is considered a class 1 carcinogen by IARC. Definitely carcinogenic in humans

Although recent scientific reports have been issued on the Camp Lejeune contaminated water situation by ATSDR and the National Academy of Sciences' National Research Counsel, there are no definitive scientific studies which can provide conclusive evidence that an individual who served at Camp Lejeune during the period of water contamination developed a particular disease as a result of that service. There are as yet many unanswered questions regarding the type and level of water contamination at various base locations, the type and duration of exposure experienced by any given Veteran who served there, and the scientific probability that a Veteran's particular claimed disease resulted from water exposure at Camp Lejeune rather than from some other source. As a result, there are currently no "presumptive" diseases attributed to service at Camp Lejeune by statute, regulation, or VA policy.

Currently, processing of Camp Lejeune related claims is consolidated at the Louisville Regional Office for efficiency and consistency. When a claim based on