

## EXECUTIVE BRIEFING SUMMARY

### Medical Opinions Regarding Camp Lejeune

Date: TBD

Time (Start-End)

Location: OBCR

POINT OF CONTACT: (b) (6)

#### PURPOSE OF EVENT:

Decisional     Informational     Pre-Event     Discussion  
 Remarks     Other     Courtesy Call

ATTENDEES: (b) (6), Chief and (b) (6), Senior Medical Advisor, Office of Disability and Medical Assessment (10NC8); (b) (6), VBA Office of Compensation; (b) (6), Deputy Chief Consultant, Environmental Health SHG;

#### OBJECTIVE:

To brief the Deputy Secretary and Secretary regarding the new process and subject matter expert panel established to provide medical opinions for Veterans claims for service connection based upon exposure to contaminated water at Camp Lejeune; and to obtain approval for the program,

#### BACKGROUND: (Summarize with concise, succinct bullets)

- As the investigation of the water contamination at Camp Lejeune continues, the Department of Veterans Affairs (VA) is well prepared to adjudicate claims for conditions that may be related to the drinking water at the Marine Corps Base between 1957 and 1987
- It is imperative that Veterans with claims related to drinking water at Camp Lejeune be evaluated by subject matter experts in the field of environmental medicine.
- VA has established a team of subject matter experts (SMEs) board eligible or certified in occupational and environmental medicine, internal medicine and neurology to provide advisory medical opinions for these claims.
- USH has approved a Fact Sheet and a complete bibliography on this issue for all disability examiners to reference.
- DEPSEC has specifically requested a way forward regarding medical opinions for Camp Lejeune claims.
- There is major media and congressional interest in this issue.

#### RECOMMENDATIONS:

- Establish the team of SMEs to begin providing advisory medical opinions for claims related to Camp Lejeune
- Distribute the Fact Sheet and other resource material to field examiners.

**OUTCOMES:**

- Approval of SME team and Fact sheet
- Approval of communications and legislative notification plan

**ATTACHMENTS:**

- EXSUM
- Slide Deck (PPT)
- Communications Plan
- Legislative notification Plan
- Media Release (RTQ)
- Talking points

***Send this document electronically to the "VHA 10B" mail group with any supporting attachments.***

**EXECUTIVE SUMMARY**

May 30, 2012

**Medical Opinions for Camp Lejeune Claims.** On Friday 25 May 2012, Office of Disability and Medical Assessment (DMA) staff briefed the Under Secretary for Health (USH) regarding medical opinions for claims related to contaminated drinking water at Marine Corps Base, Camp Lejeune, NC. DMA established a group of subject matter experts (SMEs) in environmental medicine to provide advisory medical opinions for these claims. After claims development by the Louisville Regional Office (RO), which handles all Camp Lejeune claims, a medical opinion will be routed to one of the experts on the panel. A preliminary study of 31 medical opinions in adjudicated claims revealed that the scientific rigor of these opinions could be improved. A Fact Sheet for general disability examiners has been approved by the USH. This Fact Sheet along with additional resource materials provided to the field and the SME consultants should improve the quality of medical opinions. The next steps for this project include coordinating with OCLA, OPIA and OPP in preparation for a briefing to SECVA. Pending approval by the SECVA, deployment of program components would include:

1. Complete a study of all previously granted claims to understand:
  - a. Whether the adjudicated nexus was to Camp Lejeune or to another event; and
  - b. How scientific data and principles are utilized in supporting or negating a nexus.
2. Assign designated SMEs to:
  - a. Provide advisory medical opinions going forward; and
  - b. Reduce the backlog of pending claims.

**Action Required:** None. For information only.

(b) (6)

Senior Medical Advisor, DMA  
2024617194;

(b) (6)

**APPROVED BY:**

(b) (6)

VHA Chief of Staff

# Office of Disability & Medical Assessment (10NC8)

## Camp Lejeune Contaminated Water Project (CLCW) VISN Participation

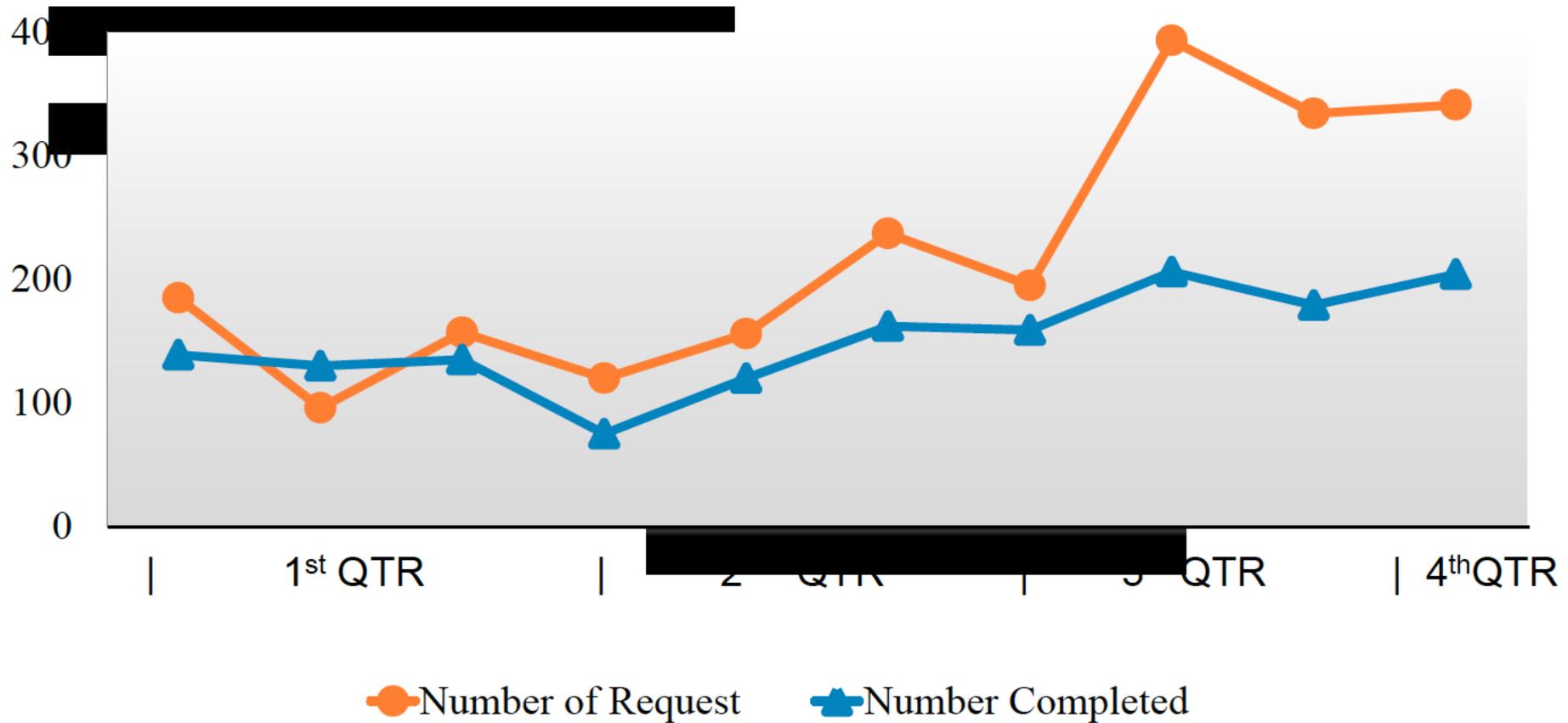
Presented by <sup>(b) (6)</sup> 

Director, Clinical Programs and Administrative Operations

# Increase in Request for CLCW Medical Opinions

- [REDACTED]  
The evaluation of Compensation and Pension claims for disabilities related to [REDACTED] water at Camp Lejeune between 1957 and 1987 continues to be a major VA effort.
- The number of CLCW claims has increased exponentially during this fiscal year. Since the second quarter of FY 14, we have noted a 100% increase in request for medical opinions.
- With the increase in workload, DMA needs to increase capacity of the consultation service to ensure timely and accurate medical opinion is provided.
- There are currently twenty three physician participating as subject matter experts (SME). VISNs 5, 10, 12, 22 do not have representation.

# CLCW: Medical Opinion Workload FY 14



# Way Forward

- [REDACTED] DMA is requesting each VISN identify two board certified or board eligible [REDACTED] occupational physicians to receive training on completing these complex medical opinions.
- DMA will be conducting the next training session Sept 2-5, 2014 at the Louisville, KY Regional Office. During the training program the physicians will learn the development of a defensible medical opinion using current available scientific literature.
- Each medical opinion requires [REDACTED] 2-5 hours to review available medical and service records. The SME will require adequate scheduled time to complete the medical opinions.

# Points of Contact (POCs)

(b) (6)



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DMA Corporate Mailbox: [CorporateMailbox.DMA@va.gov](mailto:CorporateMailbox.DMA@va.gov)



DMA-12-005  
April XX, 2012

# FACT SHEET

## Initial Guidance for Providing Medical Opinions for Disability Claims Based upon Conditions Potentially Related to Contaminated Water at Camp Lejeune, North Carolina

### BACKGROUND

Veterans who served at U.S. Marine Corps Base Camp Lejeune, North Carolina, were potentially exposed to contaminants present in some of the base water supply prior to 1987. Various scientific organizations have associated these chemical compounds with increased risk of developing certain conditions.

While it has been determined that the potable water supplies at Camp Lejeune were contaminated with several toxicants during the period of 1957 to 1987, the exact locations of specific contaminants among the 15 different water supplies and the levels of contamination during different periods of time is not yet (and may never be) determined. The Agency for Toxic Substances and Disease Registry (ATSDR) is developing a model to determine locations and estimate contamination levels but it is unlikely that it will be a definitive documentation.

Epidemiologic studies show varying levels of association between a specific contaminant and a particular health outcome. It must be noted that just because a health outcome has been reported as a result of exposure to one of the known contaminants, it does not mean that there is a statistically significant association between that contaminant and the health outcome. Furthermore, a statistical association between a specific contaminant and a health outcome does not mean the association is causal.

This Fact Sheet is intended to provide disability examiners with information regarding basic toxicology, environmental medicine, and interpretation of epidemiological and statistical studies to develop scientifically sound medical opinions that are fair and impartial but still give the benefit of the doubt to the Veteran.

## **1. Period of Water Contamination/ Duration of Exposure**

VBA should be determining whether the Veteran served during the specified period of contamination. However, VHA examiners must determine if the period of time spent at Camp Lejeune is sufficient to reasonably suspect enough exposure to develop stochastic responses to a toxicant. Examiners must take into consideration:

- A.** Length of tour at Camp Lejeune including periods of deployment away from the camp
- B.** Whether the Veteran lived on base or off base
- C.** Multiple tours during the period of contamination
- D.** Military occupational status while stationed on the base (i.e. whether a ground troop subjected to rigorous daily PT versus hospital personnel or legal personnel not so exposed)
- E.** TAD/TDY personnel probably were not significantly exposed; however, evaluate on a case by case basis based upon the length of TAD/TDY, season in which TAD/TDY occurred (Camp Lejeune is in Eastern NC and is beastly hot and humid in the summer), and occupational status

## **2. Routes of Exposure**

Different conditions are more prevalent with different routes of exposure:

- A.** The major source of individual exposures at Camp Lejeune was ingestion of drinking water
- B.** Because water was also used for bathing and cooking, it is possible vaporized solvents were inhaled during bathing and other activities in which hot or boiling water was used
- C.** Dermatological conditions can be caused by exposure to almost any organic solvent (eczema etc.). However, these conditions would be expected to be acute or at most subacute. Therefore, the condition should be manifest while the Veteran was stationed at Lejeune or very shortly thereafter.

## **3. Diseases and Conditions**

The 2009 National Research Council report on contaminated drinking water contains a list of conditions with limited or suggested evidence of association with contaminated drinking water at Camp Lejeune. There are several comments to be made about this list:

- A.** It cannot be taken as prima facia evidence of causation either in general or in individual cases
- B.** This is an extremely broad category and includes conditions for which only one positive study exists to those with many studies with conflicting evidence which do not arise to the level of a statistically significant association
- C.** Therefore, other scientific and medical information must be utilized in conjunction with this list to develop a valid, defensible opinion
- D.** Benzene was not known to have been a contaminant when that report was published. Subsequent information determined that Benzene (a Class 1A human carcinogen) was present in some parts of the water system.
- E.** Literature, both on the contamination in general and on these toxicants in particular, is continuing to be published and the weight of the scientific evidence may change accordingly

**4.** Three conditions which have well established scientific evidence for significant association with exposure to one of the known major contaminants will be sent to the local facility for a medical opinion:

- A.** Acute Myelogenous Leukemia which is associated with exposure to Benzene
- B.** Renal Cell Carcinoma which is associated with exposure to TCE and possibly PCE
- C.** Angiosarcoma of the liver which is associated with exposure to Vinyl Chloride
- D.** The medical profession evaluating these claims must thoroughly evaluate the claimant's history regarding the potential for significant exposure to the drinking water at Camp Lejeune during the involved timeframe.

**5.** All other conditions should be referred to the Subject Matter Expert (SME) panel established by the office of Disability and Medical Assessment (DMA).

**6.** If the local facility receives a request for a medical opinion for other conditions related to exposure to contaminated drinking water at Camp Lejeune, and they do not have an SME at their facility, they should contact DMA's Senior Medical Advisor for guidance.

## **ADDITIONAL QUESTIONS**

Please contact the DMA Corporate Mailbox ([CorporateMailbox.DMA@va.gov](mailto:CorporateMailbox.DMA@va.gov)).

## REFERENCES

VBA Training Letter 11-03 (Revised), Processing Disability Claims Based on Exposure to Contaminated Drinking Water at Camp Lejeune, November 29, 2011, found on VBA's Training Letter webpage at <http://vbaw.vba.va.gov/bl/21/publicat/Letters/TrngLtrs.htm>

DMA Fact Sheet 11-004-Revised, dated January 9, 2012, titled "Examinations Based on Exposure to Contaminated Drinking Water at Camp Lejeune," found on DMA's website: <http://vaww.demo.va.gov>

Contaminated Water Supplies at Camp Lejeune: National Academies Press, Washington, DC, 2009; [www.nap.edu](http://www.nap.edu)

Website for Drinking Water Issues at Camp Lejeune: [www.atsdr.cdc.gov/sites/lejeune](http://www.atsdr.cdc.gov/sites/lejeune) and [http://www.atsdr.cdc.gov/sites/lejeune/tce\\_pce.html](http://www.atsdr.cdc.gov/sites/lejeune/tce_pce.html)

**For additional information not covered in this Fact Sheet please contact:  
DMA at (727) 540-3800, visit the DMA/DEMO website at <http://vaww.demo.va.gov>,  
or send an inquiry to the DMA Corporate mailbox at  
[CorporateMailbox.DMA@va.gov](mailto:CorporateMailbox.DMA@va.gov)**



DMA-11-004  
August 9, 2011

# FACT SHEET

## Examinations Based on Exposure to Contaminated Drinking Water at Camp Lejeune

### BACKGROUND

Veterans who served at U.S. Marine Corps Base Camp Lejeune, North Carolina, were potentially exposed to contaminants present in the base water supply prior to 1987. The chemical compounds involved have been associated by various scientific organizations with the possible development of certain chronic diseases. However, many unanswered questions remain regarding the extent of base water contamination, the type and duration of exposure experienced by base personnel, and the likelihood that contaminant levels in the water supply were high enough to result in a particular disease.

The Veterans Benefits Administration (VBA) issued Training Letter 11-03 on April 27, 2011, addressing processing disability claims based on exposure to contaminated drinking water at Camp Lejeune.

This Fact Sheet is to notify compensation and pension (C&P) examiners of information that may be included in examination requests for Veterans with claims based on exposure to contaminated drinking water at Camp Lejeune.

### EXAMINATION REQUESTS

#### 1. Claims Based on Exposure

Service connection for any disability claimed to have resulted from contaminated water exposure at Camp Lejeune requires sufficient medical evidence that the disability is related to that exposure. This medical evidence will generally come from a competent and qualified medical examiner who provides an opinion establishing a rational nexus or link between the claimed disability and the exposure. It is up to a competent medical authority, based on each Veteran's individual case, to determine whether it is at least as likely as not that the claimed disease or disability has resulted from the contaminant

## 2. Information Included with Examination Requests

When examinations are requested, it should be kept in mind that these claims represent a unique situation for VA medical examiners. Examiners must determine, on a case-by-case basis whether a particular claimed condition is linked to contaminated water exposure. Therefore, when requesting examinations, regional offices will provide examiners with the documents listed below in order to assist examiners with their assessment and determination:

- *Internet websites related to the issue of contaminated water at Camp Lejeune*
- *Diseases potentially associated with exposure to contaminants present in the Camp Lejeune water supply between 1957 and 1987*
- *Websites describing potential health effects of exposure to chemical contaminants present in the water supply of Camp Lejeune between 1957 and 1987*
- *Notice to Examiners Evaluating Claims Based on Service at Camp Lejeune.*

## 3. Inadequate Examinations

This information in the documents provided with the examination requests is intended to provide examiners with an adequate basis for providing a reasoned opinion. This opinion is a critical element for evaluating the claim. Therefore, if the examiner fails to provide a reasoned opinion and resorts to a statement such as “an opinion cannot be made without resort to mere speculation,” the examination will be returned as inadequate.

## 4. Rescissions

The Guidance in VBA Training Letter 11-03 supersedes the Camp Lejeune section of VBA Training Letter 10-03, Environmental Hazards in Iraq, Afghanistan, and Other Military Installations. As such, the information contained in the documents accompanying the examination requests replaces any prior documents or VBA Fast Letters received with examination requests for claims based on environmental exposures at Camp Lejeune.

## 5. References

VBA Training Letter 11-03, Processing Disability Claims Based on Exposure to Contaminated Drinking Water at Camp Lejeune, April 27, 2011. Link to VBA’s Training Letter webpage: <http://vbaw.vba.va.gov/bl/21/publicat/Letters/TrngLtrs.htm>

**For additional information not covered in this Fact Sheet please contact:  
DEMO at (727) 540-3800, visit the DEMO website at <http://vaww.demo.va.gov>,  
submit a question to the DEMO Forum at <http://demoforum.hec.med.va.gov/>, or  
send an inquiry to the DEMO Corporate mailbox at  
CorporateMailbox.DEMO@va.gov**



Centers for Disease Control  
and Prevention (CDC)  
Atlanta, GA 30341-3724

January 16, 2013

(b) (6)

Under Secretary for Benefits  
Department of Veterans Affairs  
810 Vermont Ave., NW  
Washington, D.C. 20420

Dear General Hickey:

The purpose of this letter is to provide the Department of Veterans Affairs preliminary information regarding our assessment of volatile organic compound (VOC) exposures in drinking water distributed by the Hadnot Point and Holcomb Boulevard water treatment plants at the United States Marine Corps (USMC) Base Camp Lejeune.

The Agency for Toxic Substances and Disease Registry (ATSDR) has conducted a series of environmental and epidemiologic assessments of contaminated drinking water at USMC Base Camp Lejeune. The foundation of our effort is based on modeling of the contamination of the drinking water supply before 1987. The modeling was necessary because there were relatively few drinking water samples tested for VOCs during the period of contamination; none prior to 1982, when VOC contamination was first detected.

ATSDR has focused on three different drinking water distribution systems: Tarawa Terrace, Hadnot Point, and Holcomb Boulevard. We released the final Tarawa Terrace drinking water system report in June 2007. That report concluded that former Marines and their families who lived in Tarawa Terrace family housing units during the period November 1957 through February 1987 received drinking water contaminated with the dry-cleaning solvent tetrachloroethylene (PCE) at levels above the current EPA maximum contaminant level (MCL) of 5 ppb. The executive summary of the report is located on our website at:

[http://www.atsdr.cdc.gov/sites/lejeune/docs/TT\\_Executive\\_Summary\\_June142007\\_508.pdf](http://www.atsdr.cdc.gov/sites/lejeune/docs/TT_Executive_Summary_June142007_508.pdf)

ATSDR has developed additional models for the Hadnot Point and Holcomb Boulevard water distribution systems. We have drafted our final report and completed peer review. The report is currently in clearance. We expect to release the final report of these water models sometime in spring 2013. Preliminary findings for Hadnot Point indicate that the dates of contaminated drinking water differ from the dates of contamination at Tarawa Terrace. The dates of operation and the sources of contamination to the drinking water supplied by Hadnot Point are independent of the drinking water from Tarawa Terrace.

According to our water modeling, we estimate that the first month any VOC exceeded the current EPA MCL in finished water was August 1953, and at least one VOC exceeded its current MCL in Hadnot Point drinking water from August 1953 through January 1985.

I hope this information is useful as the Department of Veterans Affairs evaluates claims from veterans who served at USMC Camp Lejeune prior to the release of our full water modeling report in the spring. ATSDR is also on schedule to release its mortality study and birth defects and childhood cancers study in spring 2013. When we finalize our water modeling and these epidemiologic studies, I will make certain that we brief the Department of Veterans Affairs staff on our findings. I would also like to recognize the efforts of your Department in supporting ATSDR's work and serving Camp Lejeune veterans and their families who were exposed to contaminated drinking water.

Sincerely,

(b) (6)

Director, National Center for  
Environmental Health, and  
Agency for Toxic Substances and  
Disease Registry

cc:

(b) (6) - VA Benefits

(b) (6) - VA Health

Camp Lejeune Community Assistance Panel

Department of Navy

# Camp Lejeune Contaminated Water (CLCW) Consultation Service

- Office of Disability Management Assessment (DMA) created the CLCW consultation service. Scientific literature is utilized in developing medical opinions related to CLCW disability claims.
- Veterans who served at Camp Lejeune, NC from 1954 to 1987 can apply for disability benefits due to the exposure of contaminated water.
- The service has 31 subject matter experts (SME). The SMEs complete a week long training course onsite at the Louisville, KY Regional Office where they are taught how to develop a defensible medical opinion and exposure assessment.
- Each SME has a background in one of the three areas; occupational medicine, environmental health or toxicology.
- DMA have completed ~1,800 CLCW consultations. This is an 80% increase from FY 13.
- The number of CLCW disability claims will continue to grow as more Veterans become aware of the program. DMA will continue to work closely with VBA to provide technically sound medical opinions to support this cohort



DMA-11-004 - REVISED  
January 9, 2012

# FACT SHEET

## Examinations Based on Exposure to Contaminated Drinking Water at Camp Lejeune

### BACKGROUND

Veterans who served at U.S. Marine Corps Base Camp Lejeune, North Carolina, were potentially exposed to contaminants present in the base water supply prior to 1987. The chemical compounds involved have been associated by various scientific organizations with the possible development of certain chronic diseases. However, many unanswered questions remain regarding the extent of base water contamination, the type and duration of exposure experienced by base personnel, and the likelihood that contaminant levels in the water supply were high enough to result in a particular disease.

The Veterans Benefits Administration (VBA) issued Revised Training Letter 11-03 on November 29, 2011, addressing processing disability claims based on exposure to contaminated drinking water at Camp Lejeune. The updated Training Letter incorporates multiple recommendations provided by other interested organizations, including the Department of Defense, Department of Justice, and Office of Management and Budget. It also reflects the Environmental Protection Agency's revised assessment of trichloroethylene (TCE), now characterized as "carcinogenic to humans" by all routes of exposure.

This Revised Fact Sheet is intended to notify compensation and pension (C&P) examiners of information that may be included in examination requests for Veterans with claims based on exposure to contaminated drinking water at Camp Lejeune.

### EXAMINATION REQUESTS

#### 1. Claims Based on Exposure

Service connection for any disability claimed to have resulted from contaminated water exposure at Camp Lejeune requires sufficient medical evidence that the disability is related to that exposure. This medical evidence will generally come from a competent

and qualified medical examiner who provides an opinion, justified with a rational scientific explanation, establishing a medical nexus between the claimed disability and the exposure. The National Academy of Sciences' National Research Council (NRC) has determined the diseases listed in Appendix B of VBA Training Letter 11-03 (Revised) are associated in a limited/suggestive manner with the chemical contaminants in the water at Camp Lejeune. However, this does not mean that service connection can automatically be established for a Camp Lejeune Veteran claiming service connection for one of these diseases. It is up to a competent medical authority, based on each Veteran's individual case, to determine whether it is at least as likely as not that the claimed disease or disability has resulted from the contaminant exposure at Camp Lejeune

## **2. Information Included with Examination Requests**

When examinations are requested, it should be kept in mind that these claims represent a unique situation for VA medical examiners. Examiners must determine, on a case-by-case basis whether a particular claimed condition is linked to contaminated water exposure. In order to assist examiners with their assessment and determination, regional offices will provide examiners with the Appendices to VBA Training Letter 11-03 (Revised) listed below:

- **Appendix A**, *Internet websites related to the issue of contaminated water at Camp Lejeune*
- **Appendix B**, *Diseases potentially associated with exposure to contaminants present in the Camp Lejeune water supply between 1957 and 1987*
- **Appendix C**, *Websites describing potential health effects of exposure to chemical contaminants present in the water supply of Camp Lejeune between 1957 and 1987*
- **Appendix D**, *Notice to Examiners Evaluating Claims Based on Service at Camp Lejeune.*

## **3. Inadequate Examinations**

This information in the documents provided with the examination requests is intended to provide examiners with an adequate basis for providing a reasoned opinion. This opinion is a critical element for evaluating the claim. Therefore, if the examiner fails to provide a reasoned opinion and resorts to a statement such as "an opinion cannot be made without resort to mere speculation," the examination will be returned as inadequate unless there is a scientifically based reasonable explanation for why the opinion cannot be rendered.

## **4. Rescissions**

The Guidance in VBA Training Letter 11-03 (Revised) supersedes the Camp Lejeune section of VBA Training Letter 10-03, Environmental Hazards in Iraq, Afghanistan, and Other Military Installations. As such, the information contained in the documents

accompanying the examination requests replaces any prior documents or VBA Fast Letters received with examination requests for claims based on environmental exposures at Camp Lejeune.

## **5. Reference**

VBA Training Letter 11-03 (Revised), Processing Disability Claims Based on Exposure to Contaminated Drinking Water at Camp Lejeune, November 29, 2011, found on VBA's Training Letter webpage at <http://vbaw.vba.va.gov/bl/21/publicat/Letters/TrngLtrs.htm>

**For additional information not covered in this Fact Sheet please contact:  
DEMO at (727) 540-3800, visit the DEMO website at <http://vaww.demo.va.gov>, or  
send an inquiry to the DEMO Corporate mailbox at  
CorporateMailbox.DEMO@va.gov**



**DEPARTMENT OF VETERANS AFFAIRS**  
**Veterans Benefits Administration**  
**Washington, D.C. 20420**

November 29, 2011

Director (00/21)  
All VA Regional Offices

In Reply Refer To:  
Training Letter 11-03 (Revised)

**SUBJ: Processing Disability Claims Based on Exposure to Contaminated Drinking Water at Camp Lejeune**

This updated training letter incorporates multiple recommendations provided by other interested organizations, including the Department of Defense, Department of Justice, and Office of Management and Budget. It also reflects the Environmental Protection Agency's revised assessment of trichloroethylene (TCE), now characterized as "carcinogenic to humans" by all routes of exposure.

## **Purpose**

Veterans who served at U.S. Marine Corps Base Camp Lejeune, North Carolina, were potentially exposed to contaminants present in the base water supply prior to 1987. The chemical compounds involved have been associated by various scientific organizations with the possible development of certain chronic diseases. However, many unanswered questions remain regarding the extent of base water contamination, the type and duration of exposure experienced by base personnel, and the likelihood that contaminant levels in the water supply were high enough to result in a particular disease.

While these issues are being studied, the Department of Veterans Affairs (VA) has determined that disability claims from Veterans who served at Camp Lejeune during this period deserve special handling to ensure fairness and consistency in claims processing. As a result, adjudication of these claims has been centralized at the Louisville, Kentucky, Regional Office with tracking measures initiated. Technical aspects related to processing these claims are outlined in Fast Letter 11-03, *Consolidation and Processing of Disability Claims Based on Exposure to Contaminated Drinking Water at Camp Lejeune, North Carolina*.

This training letter was developed to provide additional background information on the Camp Lejeune situation, as well as to provide specific guidance for issues related to claims development and adjudication. The current guidance supersedes the initial release and the Camp Lejeune section of Training Letter 10-03, *Environmental Hazards in Iraq, Afghanistan, and Other Military Installations*.

## Questions

Questions should be e-mailed to VAVBAWAS/CO/211/ENVIRO.

/S/

(b) (6)

Director  
Compensation Service

Enclosures

## Processing Disability Claims Based on Exposure to Contaminated Drinking Water at Camp Lejeune

### **I. Background**

United States Marine Corps Base Camp Lejeune, NC, was established in 1941. In the early 1980s, it was discovered that two on-base water-supply systems were contaminated with the volatile organic compounds (VOCs) trichloroethylene (TCE), a metal degreaser, and perchloroethylene (PCE), a dry cleaning agent. The main source of TCE contamination was on-base industrial activities, while the main source of PCE was an off-base dry cleaning facility. Benzene, vinyl chloride, and other VOCs were also found to be contaminating the water-supply systems. These water systems served housing, administrative, and recreational facilities, as well as the base hospital. Department of the Navy estimates indicate that as many as 630,000 active duty personnel may have been exposed. The contaminated wells supplying the water systems were identified and shut down by February 1985. The Agency for Toxic Substances and Disease Registry (ATSDR), a branch of the Department of Health and Human Services, conducted a Public Health Assessment of Camp Lejeune in 1997, which did not determine whether base personnel experienced any long-term health effects from consumption of the contaminated water. However, the assessment indicated that the drinking water contaminants at Camp Lejeune created a “past public health hazard.” Follow up studies by ATSDR focused on potential birth defects experienced by mothers exposed to the drinking water. In 2008, as public awareness of Camp Lejeune increased, the Navy sent an informational outreach letter to those individuals who could be identified as having served there between 1957 and 1987. Apparently, the Navy felt that including individuals serving until 1987 would cover potential exposure from any residual contaminants present in the water beyond the well closings in 1985. The letter notified these former Servicemembers that “unregulated chemicals were discovered in some of the base drinking water systems” and encouraged them to participate in a registry so as to receive information from new health-related scientific studies initiated by the Navy. These studies involved the National Academy of Sciences’ National Research Council (NRC) and ATSDR.

Based on a congressional mandate, the Navy requested that NRC undertake a study to assess the potential long-term health effects for individuals who served at Camp Lejeune during the period of water contamination. In the resulting report, *Contaminated Water Supplies at Camp Lejeune, Assessing Potential Health Effects* (June 2009), NRC reviewed previous work done by ATSDR, including computerized water flow modeling, and concluded that additional studies may not produce definitive results because of the difficulties inherent in attempting to reconstruct past events and determine the amount of exposure experienced by any given individual. To address potential long-term health effects, NRC focused on diseases associated with TCE, PCE, and other VOCs. Based on analyses of scientific studies involving these chemicals, NRC provided an assessment of the potential association between certain diseases and exposure to the chemical contaminants.

The NRC analysis utilized categories of potential disease “health outcomes.” The categories included: (1) sufficient evidence of a causal relationship; (2) sufficient evidence of an association; (3) limited/suggestive evidence of an association; (4) inadequate/insufficient evidence to determine whether an association exists; and (5) limited suggestive evidence of no association. The analysis found that no diseases fell into the categories of sufficient evidence of a causal relationship or sufficient evidence of an association with the chemical contaminants. However, fourteen diseases were placed into the category of limited/suggestive evidence of an association. A number of diseases were also identified that fell into the category of inadequate/insufficient evidence to determine whether an association exists. NRC indicated that placement of diseases in these categories was based primarily on studies of highly exposed industrial workers, where the amount and duration of toxic chemical exposure greatly exceeded that experienced by individuals at Camp Lejeune.

The presentation of NRC’s disease list in this training letter is not meant to specifically associate these diseases with Veterans who served at Camp Lejeune. Rather, it reflects limited/suggestive evidence of an association between these diseases and the chemical compounds found to be in the Camp Lejeune water supply during the period of contamination. Limited/suggestive evidence of an association is defined as: “evidence from available studies suggests an association between exposure to a specific agent and a specific health outcome in human studies, but the body of evidence is limited by the inability to rule out chance and bias, including confounding, with confidence.” U.S. and international scientific organizations have reviewed the available literature on the health effects of the identified chemical compounds found to be present in the water supply. These findings are summarized in Appendix B of this training letter. Disability compensation for any of these diseases under VA regulations must proceed under a case-by-case analysis, which requires evidence of a current disease, evidence of service at Camp Lejeune during the period of contamination, and a medical nexus between the two, justified with a rational scientific explanation.

ATSDR, with support from the Navy, is conducting additional studies to assess the human health risks associated with the Camp Lejeune water contamination. The suite of studies in progress and planned include: a continuation of water flow computer modeling studies to generate potential contaminant exposure rates and durations, a re-analysis of data collected on birth outcomes, studies on birth defects and childhood cancers, and further epidemiological studies based on mortality and health surveys that are in the process of being distributed to former Camp Lejeune residents. ATSDR’s pending studies, which include making use of computerized water flow modeling and the epidemiological mortality and health survey, have the potential to provide a higher level of exposure predictability and definable health outcomes than are possible at this time.

For additional information on the history of Camp Lejeune water contamination and the various governmental responses to it, see the Internet websites listed in Appendix A of this training letter.

## II. Claims Processing

### Evidence Development

Service connection for any disease alleged to have been caused by contaminated water at Camp Lejeune requires evidence of a current disease, evidence of service at Camp Lejeune during the period of contamination, and a medical nexus between the two, justified with a rational scientific explanation. Evidence development for water contaminant exposure requires obtaining verification of actual service at Camp Lejeune and as much detail as possible about that service, including the duration of that service. It also requires verifying, with medical evidence obtained through a VA medical examination or other authoritative medical source, whether a claimed current disease or disability is at least as likely as not the result of exposure to the chemical compounds present in the water at Camp Lejeune. A number of diseases are identified in Appendix B of this training letter that meet the limited/suggestive association criteria based on human and experimental animal studies. Manifestation of any of these diseases would be sufficient to initiate a VA medical examination and request an opinion regarding its relationship to Camp Lejeune service. However, this is not an exclusive list. Medical evidence provided by a Veteran indicating that some other disease may be related to the known water contaminants would also be sufficient to initiate a VA examination.

### Verification of Service

Verification of service at Camp Lejeune will generally be available through military personnel and/or medical records. These can be obtained with standard development procedures, including a PIES O19 records request. When documents in the claims file do not provide sufficient information on Camp Lejeune service, it should be obtained through VCAA notification or direct contact with the Veteran. It is important to verify that service at Camp Lejeune occurred within the 1957 to 1987 timeframe. Additionally, when not specified in the records, efforts should be made to obtain the length of time served at Camp Lejeune, preferably the dates of arrival and departure. When feasible, it is also desirable to obtain the Veteran's work duty location and information regarding whether the Veteran resided on base or off base. There is some indication from ATSDR that certain base locations may have been associated with higher levels of water contamination. However, this has not yet been established with certainty. If the Veteran is claiming Camp Lejeune service but initial development does not show it, a PIES O18 request should be initiated to obtain complete service records, which might verify service through temporary duty orders or performance evaluations. Obtaining as complete a picture as possible of the Veteran's Camp Lejeune service will assist medical examiners with determining the likelihood of a nexus between water contaminant exposure and disease development.

## Disease Manifestations

Scientific organizations, including NRC, have determined that some evidence is available that suggests the possible association between development of certain diseases and sufficiently high exposures to chemicals known to have contaminated the water at Camp Lejeune. However, where NRC recognizes associations, they are often based on experimental animal studies involving exposure dose rates generally considered to be in excess of the amount of exposure experienced by Camp Lejeune personnel. To date, there are no definitive scientific studies upon which to conclude 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 many unanswered questions regarding the levels of water contamination at various base locations, the amount and type of exposure experienced by any given Veteran who served there, and the probability that such contamination levels were sufficient to cause the health effects identified by NRC. Therefore, the question remains whether a Veteran's particular claimed disease resulted from the service 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. The listing of diseases in this training letter does not imply that any Camp Lejeune Veteran who is diagnosed with one of the listed diseases developed that disease as a result of the Camp Lejeune service. The listed diseases are only meant to serve as a guide for determining when a VA examination should be scheduled. It is the VA medical examination process that will determine, on a case-by-case basis, whether one of the listed diseases is at least as likely as not the result of Camp Lejeune service.

As noted above, each of the chemical compounds present in the contaminated water has been shown by toxicologic or epidemiologic studies to be associated with some form of negative health outcome. Appendix B of this training letter provides an overview of each contaminant and the diseases potentially associated with it. Appendix C of this training letter provides a list of Internet websites containing scientific analyses of the contaminants. Although certain disease manifestations may be associated with one of the specific contaminants found in the water and not associated with another, it is currently impossible to determine which contaminants, if any, were in the Camp Lejeune water consumed or used by a particular Veteran. Therefore, until scientific evidence shows otherwise, it will be assumed by VA that any given Veteran-claimant who served at Camp Lejeune was potentially exposed in some manner to the full range of chemicals known to have contaminated the water there between 1957 and 1987.

## Requesting VA Medical Examinations

Service connection for any disability claimed to have resulted from contaminated water exposure at Camp Lejeune requires sufficient medical evidence that the disability is related to that exposure. This medical evidence will generally come from a competent and qualified medical examiner who provides an opinion, justified with a rational scientific explanation, establishing a medical nexus between the claimed disability and the exposure. NRC has determined that the diseases listed in Appendix B of this training letter are associated in a limited/suggestive manner with the chemical contaminants in the

water at Camp Lejeune. However, this does not mean that service connection can automatically be established for a Camp Lejeune Veteran claiming one of these diseases. It is up to a competent medical authority, based on each Veteran's individual case, to determine whether it is at least as likely as not that the claimed disease or disability has resulted from the contaminant exposure at Camp Lejeune. Sufficient medical evidence to establish the required nexus may come from a private physician or other competent private medical authority. In such cases, the claim may be adjudicated without further development if the level of disability can also be ascertained from the available evidence. If the level of disability cannot be ascertained, a VA medical examination is needed to establish the basis for a disability rating. However, in the majority of cases, an initial VA medical examination will be required to establish both service connection and the level of disability.

VA regulations at 38 C.F.R. § 3.159(c)(4) serve as the basis for requesting medical examinations and opinions in claims based on Camp Lejeune service. Under these regulations, an examination should be requested when the claim: (1) contains competent lay or medical evidence of a current diagnosed disability or persistent or recurrent symptoms of disability; (2) establishes that the veteran suffered an event, injury, or disease in service; and (3) indicates that the claimed disability or symptoms may be associated with the established event, injury, or disease in service. These requirements establish a relatively low threshold for requesting medical examinations for Camp Lejeune Veterans. The first requirement is met when a Veteran provides any credible lay or medical evidence showing a current diagnosis or symptoms of a disease or disability. The second is met when service at Camp Lejeune between 1957 and 1987 is verified. The third is met when the claimed disease or disability is included among, but not limited to, the diseases described in Appendix B of this training letter because these have a limited/suggestive association with exposure to the water contaminants. Other claimed diseases or disabilities may also trigger a VA examination request if they are supported by credible medical evidence or an opinion provided by a competent medical authority indicating a possible association with one of the known water contaminants. However, certain claimed conditions, such as those based on a musculoskeletal *injury*, may not be sufficiently reasonable, or as likely as not from a scientific standpoint, to justify requesting an examination for determining its relationship to a chemical compound. On the other hand, additional consideration would be required if a musculoskeletal *disease* was involved because the contaminants are linked to disease processes.

When examinations are requested, it should be kept in mind that these claims represent a unique situation for VA medical examiners. They must determine, on a case-by-case basis, whether a particular claimed condition is linked to contaminated water exposure. In order to assist them with their assessment and determination, the regional office must provide them with the Appendices to this training letter listed below. These replace the Camp Lejeune "Fact Sheet" intended for VA examiners found in Training Letter 10-03.

**Appendix A**, *Internet websites related to the issue of contaminated water at Camp Lejeune*,

**Appendix B**, *Diseases potentially associated with exposure to contaminants present in the Camp Lejeune water supply between 1957 and 1987,*

**Appendix C**, *Websites describing potential health effects of exposure to chemical contaminants present in the water supply of Camp Lejeune between 1957 and 1987, and*

**Appendix D**, *Notice to Examiners Evaluating Claims Based on Service at Camp Lejeune.*

This information is intended to provide the VA examiners with an adequate basis for providing a reasoned opinion. This opinion is a critical element for evaluating the claim. Therefore, if the examiner fails to provide a reasoned opinion and resorts to a statement such as “an opinion cannot be made without resort to mere speculation,” the examination should be returned as inadequate.

### Rating Decisions

The VA medical examination report and opinion, or in some cases a private medical examination report and opinion, will serve as the basis for the rating decision. If the examiner determines that it is at least as likely as not that the claimed condition resulted from exposure to the known water contaminants, service connection can be granted and a disability percentage assigned based on the examiners assessment of symptom severity. The rating narrative should provide the Veteran with a clear explanation for all decisions made. Upon completion of the rating decision, it is important to ensure that all tracking procedures outlined in Fast Letter 11-03 have been followed.

## **Appendix A**

### *Internet websites related to the issue of contaminated water at Camp Lejeune*

#### *US Marine Corps Site for Camp Lejeune Contaminated Water*

<https://clnr.hqi.usmc.mil/clwater/index.html>

#### *NRC Report on Water Contamination at Camp Lejeune*

[http://books.nap.edu/catalog.php?record\\_id=12618](http://books.nap.edu/catalog.php?record_id=12618)

#### *US Navy Funding of ATSDR Camp Lejeune Studies*

[http://www.navy.mil/search/display.asp?story\\_id=51453](http://www.navy.mil/search/display.asp?story_id=51453)

#### *ATSDR Home Page for Camp Lejeune*

<http://www.atsdr.cdc.gov/sites/lejeune/index.html>

#### *ATSDR Feasibility Assessment for Future Studies of Camp Lejeune*

[http://www.atsdr.cdc.gov/sites/lejeune/docs/feasibility\\_assessment\\_Lejeune.pdf](http://www.atsdr.cdc.gov/sites/lejeune/docs/feasibility_assessment_Lejeune.pdf)

## Appendix B

### *Diseases potentially associated with exposure to contaminants present in the Camp Lejeune water supply between 1957 and 1987*

#### I. National Research Council

The National Academy of Sciences' National Research Council (NRC) published its *Contaminated Water Supplies at Camp Lejeune, Assessing Potential Health Effects*, in 2009. This report included a review of studies addressing exposure to Trichloroethylene (TCE), and Tetrachloroethylene or Perchloroethylene (PCE), as well as a mixture of the two, and a discussion of disease manifestations potentially associated with such exposure. Fourteen disease conditions were identified as having limited/suggestive evidence of an association with TCE, PCE, or a solvent mixture exposure. They include:

- esophageal cancer
- lung cancer
- breast cancer
- bladder cancer
- kidney cancer
- adult leukemia
- multiple myeloma
- myelodysplastic syndromes
- renal toxicity
- hepatic steatosis
- female infertility
- miscarriage, with exposure during pregnancy
- scleroderma
- neurobehavioral effects

NRC uses the category “limited/suggestive evidence of an association” when the evidence is “limited by the inability to rule out chance and bias, including confounding, with confidence” [see online report page 6, Box 1]. More specifically, the NRC “concluded that the epidemiological studies give some reason to be concerned that sufficiently high levels of the chemical may cause the disease, but the studies do not provide strong evidence that they actually do so” [see page 7]. While the NRC noted that animal testing showed adverse health effects of TCE and PCE, it also noted that the “highest levels of either TCE or PCE measured in the mixed-water samples at Camp Lejeune were much lower than the lowest dose that caused adverse effects in the most sensitive strains and species of laboratory animals. The lower levels of exposure may be of some concern for effects on neurotoxicity and immunotoxicity, but further research is needed to evaluate the specific effects of TCE and PCE and whether they are relevant to humans” [see page 9].

The National Research Council's report also contained a listing of disease conditions classified as having inadequate/insufficient evidence to determine whether an association existed. This listing can be found in the report, which is available on the Internet and can be accessed in Appendix C of this training letter.

## **II. Other Scientific Organizations**

Assessments of potential long-term health effects resulting from exposure to TCE and PCE, as well as benzene and vinyl chloride, are available from a number of scientific sources. Among the reliable sources are the Chemical Abstract Services (CAS) of the American Chemical Society, the Agency for Toxic Substances and Disease Registry (ATSDR), and the Environmental Protection Agency (EPA). Succinct "substance profiles" are available from CAS, each with a statement of "carcinogenicity" for the chemical compound evaluated. More extensive analyses of the compounds of interest are provided by ATSDR's "toxic substance portal" and EPA's "integrated risk information system" (IRIS).

Regarding the reliability of this group of assessments, a distinction is not always made between potential health effects due to inhalation versus ingestion and dermal contact. The contaminants involved are volatile organic compounds and are most commonly encountered by humans in the air rather than dissolved in water, as was the case at Camp Lejeune. However, any of the exposure routes may have occurred.

The health assessments provided by the scientific organizations are summarized below for each contaminant. Their Internet websites, which contain detailed analyses and explanations, are provided in Appendix C of this training letter.

*Trichloroethylene* (TCE), according to CAS, "is reasonably anticipated to be a human carcinogen" based on limited evidence from human studies and sufficient evidence from experimental animal studies. It has been associated with excess incidences of liver cancer, kidney cancer, non-Hodgkin's lymphoma, prostate cancer, and multiple myeloma. According to ATSDR, drinking small amounts of trichloroethylene for long periods may cause liver and kidney damage, impaired immune system function, and impaired fetal development in pregnant women, although the extent of some of these effects is not yet clear. Additionally, animal studies suggest that high levels are associated with liver, kidney, and lung cancer.

EPA revised its assessment of TCE on September 28, 2011, and characterized it as "carcinogenic to humans" by all routes of exposure.

*Tetrachloroethylene or Perchloroethylene (PCE)*, according to CAS, “is reasonably anticipated to be a human carcinogen” based on limited evidence from human studies and sufficient evidence from experimental animal studies. It has been associated with esophageal and cervical cancer and non-Hodgkin’s lymphoma. According to ATSDR, pregnant women may be affected, and the results of animal studies, conducted with amounts much higher than those to which most people are exposed, show that tetrachloroethylene can cause liver and kidney damage.

*Benzene*, according to CAS, “is known to be a human carcinogen” based on sufficient evidence from human studies. It is primarily associated with increased risk for lymphatic and hematopoietic cancers, total leukemia, and specific histologic types of leukemia, including chronic lymphocytic leukemia, as well as acute myelogenous leukemia. According to ATSDR, epidemiological studies and case reports provide clear evidence of a causal relationship between occupational exposure to benzene and the occurrence of acute nonlymphocytic leukemia, particularly the myeloid cell type or acute myelogenous leukemia. Some studies also provide suggestive evidence of an association with non-Hodgkin’s lymphoma and multiple myeloma. According to EPA’s current IRIS report, benzene is characterized as a known human carcinogen for all routes of exposure based upon convincing human evidence as well as supporting evidence from animal studies. Epidemiologic studies and case studies provide clear evidence of a causal association between exposure to benzene and acute nonlymphocytic leukemia and also suggest evidence for chronic nonlymphocytic leukemia and chronic lymphocytic leukemia. Other neoplastic conditions that are associated with an increased risk in humans include hematologic neoplasms, blood disorders such as preleukemia and aplastic anemia, Hodgkin's lymphoma, and myelodysplastic syndrome.

*Vinyl Chloride*, according to CAS, “is known to be a human carcinogen” based on sufficient evidence from human studies. It is primarily associated with liver cancer, especially angiosarcoma of the liver, as well as cancer to a lesser extent at other tissue sites including the brain, lung, lymphatic system, and hematopoietic system. According to ATSDR, vinyl chloride is a known human and animal carcinogen. It has been associated with both an increased incidence of hepatic angiosarcomas and hepatotoxicity. According to EPA’s current IRIS report, studies demonstrate a statistically significant elevated risk of liver cancer, specifically angiosarcomas, from vinyl chloride exposure. There is also a possible association with brain, soft tissue, and nervous system cancer, as well as cancers of the hematopoietic and lymphatic systems.

## Appendix C

Internet websites describing potential health effects of exposure to chemical contaminants present in the water supply of Camp Lejeune between 1957 and 1987

### **Trichloroethylene (TCE)**

*American Chemical Society*

<http://ntp.niehs.nih.gov/ntp/roc/elevnth/profiles/s180tce.pdf>

ATSDR

<http://www.atsdr.cdc.gov/toxfaqs/tf.asp?id=172&tid=30>

EPA

<http://www.epa.gov/iris/subst/0199.htm>

NRC

[http://books.nap.edu/catalog.php?record\\_id=12618](http://books.nap.edu/catalog.php?record_id=12618)

### **Tetrachloroethylene or Perchloroethylene (PCE)**

*American Chemical Society*

<http://ntp.niehs.nih.gov/ntp/roc/elevnth/profiles/s169tetr.pdf>

ATSDR

<http://www.atsdr.cdc.gov/toxfaqs/tf.asp?id=264&tid=48>

EPA

<http://www.epa.gov/iris/subst/0106.htm>

NRC

[http://books.nap.edu/catalog.php?record\\_id=12618](http://books.nap.edu/catalog.php?record_id=12618)

### **Benzene**

*American Chemical Society*

<http://ntp.niehs.nih.gov/ntp/roc/elevnth/profiles/s019benz.pdf>

ATSDR

<http://www.atsdr.cdc.gov/ToxProfiles/TP.asp?id=40&tid=14>

EPA

<http://www.epa.gov/iris/subst/0276.htm#reforal>

## **Vinyl Chloride**

*American Chemical Society*

<http://ntp.niehs.nih.gov/ntp/roc/eleventh/profiles/s186viny.pdf>

*ATSDR*

<http://www.atsdr.cdc.gov/ToxProfiles/tp.asp?id=282&tid=51>

*EPA*

<http://www.epa.gov/iris/subst/1001.htm>

## **ATSDR Summary for all contaminants**

[http://www.atsdr.cdc.gov/sites/lejeune/tce\\_pce.html](http://www.atsdr.cdc.gov/sites/lejeune/tce_pce.html)

## **Appendix D**

### *Notice to Examiners Evaluating Claims Based on Service at Camp Lejeune*

Examiner,

The water supply at Camp Lejeune, North Carolina, was contaminated between 1957 and 1987 with a number of chemical compounds that have been associated by scientific organizations with the potential for developing certain diseases. These include a limited/suggestive association for trichloroethylene (TCE) and tetrachloroethylene, also known as perchloroethylene (PCE), as well as benzene, and vinyl chloride. The Veteran you are examining has verified service at Camp Lejeune during that period and is claiming service connection for (specify disease or diseases claimed). Please evaluate the available evidence, determine whether it is at least as likely as not that the claimed disease is related to the Veteran's exposure to contaminated water while serving at Camp Lejeune, and provide a medical rationale for that determination.

For assistance, we are providing a document that identifies diseases which have a limited/suggestive association with exposure to the known contaminants in the Camp Lejeune water supply between 1957 and 1987. We are also providing a list of Internet websites from scientific organizations, which analyze the potential long-term health effects of exposure to the contaminants. The web addresses can be copied and pasted into a search engine such as Google in order to access them.

Please conduct any required tests and consider any evidence in the file, or obtained by you, which identifies the duration or extent of contaminated water exposure experienced by the Veteran. Information on how long the Veteran served at Camp Lejeune, and whether the Veteran lived off base, should be considered. Unfortunately, there are many unanswered questions regarding potential exposure to contaminants at Camp Lejeune. They include: the levels of water contamination at various base locations, the amount 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 service at Camp Lejeune and not from some other source.



**DEPARTMENT OF VETERANS AFFAIRS**  
**Veterans Benefits Administration**  
**Washington, D.C. 20420**

April 27, 2011

Director (00/21)  
All VA Regional Offices

In Reply Refer To:  
Training Letter 11-03

SUBJ: Processing Disability Claims Based on Exposure to Contaminated Drinking Water at Camp Lejeune

**Purpose**

Veterans who served at U.S. Marine Corps Base Camp Lejeune, North Carolina, were potentially exposed to contaminants present in the base water supply prior to 1987. The chemical compounds involved have been associated by various scientific organizations with the possible development of certain chronic diseases. However, many unanswered questions remain regarding the extent of base water contamination, the type and duration of exposure experienced by base personnel, and the likelihood that contaminant levels in the water supply were high enough to result in a particular disease.

While these issues are being studied, the Department of Veterans Affairs (VA) has determined that disability claims from Veterans who served at Camp Lejeune during this period deserve special handling to ensure fairness and consistency in claims processing. As a result, adjudication of these claims has been centralized at the Louisville, Kentucky, Regional Office with tracking measures initiated. Technical aspects related to processing these claims are outlined in Fast Letter 11-03, *Consolidation and Processing of Disability Claims Based on Exposure to Contaminated Drinking Water at Camp Lejeune, North Carolina*.

This training letter was developed to provide additional background information on the Camp Lejeune situation, as well as to provide specific guidance for issues related to claims development and adjudication. This guidance supersedes the Camp Lejeune section of Training Letter 10-03, *Environmental Hazards in Iraq, Afghanistan, and Other Military Installations*.

**Questions**

Questions should be e-mailed to VAVBAWAS/CO/211/ENVIRO.

/S/

(b) (6)

Director  
Compensation and Pension Service

Enclosures

## Processing Disability Claims Based on Exposure to Contaminated Drinking Water at Camp Lejeune

### I. Background

United States Marine Corps Base Camp Lejeune, NC, was established in 1941. In the early 1980s, it was discovered that two on-base water-supply systems were contaminated with the volatile organic compounds (VOCs) trichloroethylene (TCE), a metal degreaser, and perchloroethylene (PCE), a dry cleaning agent. The main source of TCE contamination was on-base industrial activities, while the main source of PCE was an off-base dry cleaning facility. Benzene, vinyl chloride, and other VOCs were also found to be contaminating the water-supply systems. These water systems served housing, administrative, and recreational facilities, as well as the base hospital. Department of the Navy estimates indicate that as many as 630,000 active duty personnel may have been exposed. The contaminated wells supplying the water systems were identified and shut down by February 1985. The Agency for Toxic Substances and Disease Registry (ATSDR), a branch of the Department of Health and Human Services, conducted a Public Health Assessment of Camp Lejeune in 1997, which did not determine whether base personnel experienced any long-term health effects from consumption of the contaminated water. However, the assessment indicated that the drinking water contaminants at Camp Lejeune created a “past public health hazard.” Follow up studies by ATSDR focused on potential birth defects experienced by mothers exposed to the drinking water. In 2008, as public awareness of Camp Lejeune increased, the Navy sent an informational outreach letter to those individuals who could be identified as having served there between 1957 and 1987. Apparently, the Navy felt that including individuals serving until 1987 would cover potential exposure from any residual contaminants present in the water beyond the well closings in 1985. The letter notified these former service members that “unregulated chemicals were discovered in some of the base drinking water systems” and encouraged them to participate in a registry so as to receive information from new health-related scientific studies initiated by the Navy. These studies involved the National Academy of Sciences’ National Research Council (NRC) and ATSDR.

Based on a congressional mandate, the Navy requested that NRC undertake a study to assess the potential long-term health effects for individuals who served at Camp Lejeune during the period of water contamination. In the resulting report, *Contaminated Water Supplies at Camp Lejeune, Assessing Potential Health Effects* (June 2009), NRC reviewed previous work done by ATSDR, including computerized water flow modeling, and concluded that additional studies may not produce definitive results because of the difficulties inherent in attempting to reconstruct past events and determine the amount of exposure experienced by any given individual. To address potential long-term health effects, NRC focused on diseases associated with TCE, PCE, and other VOCs. Based on analyses of scientific studies involving these chemicals, NRC provided an assessment of the potential association between certain diseases and exposure to the chemical contaminants.

The NRC analysis utilized categories of potential disease “health outcomes.” The categories included: (1) sufficient evidence of a causal relationship; (2) sufficient evidence of an association; (3) limited/suggestive evidence of an association; (4) inadequate/insufficient evidence to determine whether an association exists; and (5) limited suggestive evidence of no association. The analysis found that no diseases fell into the categories of sufficient evidence of a causal relationship or sufficient evidence of an association with the chemical contaminants. However, fourteen diseases were placed into the category of limited/suggestive evidence of an association. A number of diseases were also identified that fell into the category of inadequate/insufficient evidence to determine whether an association exists. NRC indicated that placement of diseases in these categories was based primarily on studies of highly exposed industrial workers, where the amount and duration of toxic chemical exposure greatly exceeded that experienced by individuals at Camp Lejeune. The specific diseases with limited/suggestive evidence of an association are identified in Appendix B of this training letter.

ATSDR responded to the NRC report in August 2009 with a plan for additional studies, supported by the Navy, to assess the human health risks associated with the Camp Lejeune water contamination. The plan included: a continuation of water flow computer modeling studies to generate potential contaminant exposure rates and durations; a re-analysis of data collected on birth outcomes; studies on birth defects and childhood cancers; and further epidemiological studies based on mortality and health surveys that would be distributed to former Camp Lejeune residents. ATSDR also initiated a series of public hearings to receive input from individuals who had served at Camp Lejeune.

In a 2010 letter to the Navy, ATSDR again responded to the NRC report, indicating its belief that the report minimized the potential long-term health effects of exposure to the water contamination. The letter stated the view that “there was undoubtedly a hazard associated with drinking the contaminated water at Camp Lejeune.” ATSDR pointed out that, although the NRC report found only limited/suggestive evidence for any diseases associated with the contaminated water, other scientific organizations considered the contaminants to be carcinogenic. For example, regarding TCE and PCE, the International Agency for Research on Cancer (IARC) classifies them as “probable human carcinogens” while the National Toxicology Program (NTP) refers to them as “reasonably anticipated to be a human carcinogen.” Additionally, both IARC and NTP label benzene and vinyl chloride as “known human carcinogens.” The specific diseases potentially associated with benzene and vinyl chloride exposure are identified in Appendix B of this training letter. Although the ATSDR letter emphasizes the fact that the water contaminants themselves have been generally associated with potential carcinogenic health outcomes in humans, there is currently only speculation as to the extent of exposure and actual effects on the the population at Camp Lejeune. However, ATSDR indicates that its planned studies, making use of computerized water flow modeling and the epidemiological mortality and health survey, will provide a higher level of exposure predictability and definable health outcomes than are recognized as possible by NRC.

For additional information on the history of Camp Lejeune water contamination and the various governmental responses to it, see the Internet websites listed in Appendix A of this training letter.

## **II. Claims Processing**

### Evidence Development

Evidence development for disability claims based on water contaminant exposure at Camp Lejeune requires obtaining verification of actual service at Camp Lejeune and as much detail as possible about that service. It also requires verifying, with medical evidence obtained through a VA medical examination or other authoritative medical source, whether a claimed current disease or disability is at least as likely as not a result of exposure to the chemical compounds present in the water at Camp Lejeune. A number of diseases are identified in Appendix B of this training letter that meet the criterion of being associated with exposure to the specific Camp Lejeune water contaminants, based on human and experimental animal studies. Manifestation of any of these diseases would be sufficient to initiate a VA medical examination and request an opinion regarding its relationship to Camp Lejeune service. However, this is not an exclusive list. Medical evidence provided by a Veteran indicating that some other disease may be related to the known water contaminants would also be sufficient to initiate a VA examination.

### Verification of Service

Verification of service at Camp Lejeune will generally be available through military personnel and/or medical records. These can be obtained with standard development procedures, including a PIES O19 records request. When documents in the claims file do not provide sufficient information on Camp Lejeune service, it should be obtained through VCAA notification or direct contact with the Veteran. It is important to verify that service at Camp Lejeune occurred within the 1957 to 1987 timeframe. Additionally, when not specified in the records, efforts should be made to obtain the length of time served at Camp Lejeune, preferably the dates of arrival and departure. When feasible, it is also desirable to obtain the Veteran's work duty location and information regarding whether the Veteran resided on base or off base. There is some indication from ATSDR that certain base locations may have been associated with higher levels of water contamination. However, this has not yet been established with certainty. If the Veteran is claiming Camp Lejeune service but initial development does not show it, a PIES O18 request should be initiated to obtain complete service records, which might verify service through temporary duty orders or performance evaluations. Obtaining as complete a picture as possible of the Veteran's Camp Lejeune service will assist medical examiners with determining the likelihood of a nexus between water contaminant exposure and disease development.

### Disease Manifestations

Scientific organizations, including NRC and ATSDR, have determined that some evidence is available that suggests the possible association between development of certain diseases and exposure to the the chemicals known to have contaminated the water at Camp Lejeune. Where associations are recognized, they are often based on experimental animal studies involving exposure dose rates generally considered to be in excess of the amount of exposure experienced by Camp Lejeune personnel. To date, there are no definitive scientific studies that 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 many unanswered questions regarding the levels of water contamination at various base locations, the amount and type of exposure experienced by any given Veteran who served there, and the scientific probability that a Veteran's particular claimed disease resulted from the service 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.

On the other hand, the development of certain diseases are more likely than others to be associated with exposure to the chemical contaminants known to have been in the water at Camp Lejeune. Each of the chemical compounds present in the contaminated water has been shown by toxicologic or epidemiologic studies to be associated with some form of negative health outcome. Appendix B of this training letter provides an overview of each contaminant and the diseases potentially associated with it. Appendix C of this training letter provides a list of Internet websites containing scientific analyses of the contaminants. Although certain disease manifestations may be associated with one of the specific contaminants found in the water and not associated with another, it is currently impossible to determine which contaminants, if any, were in the Camp Lejeune water consumed or used by a particular Veteran. Therefore, until scientific evidence shows otherwise, it will be assumed by VA that any given Veteran claimant who served at Camp Lejeune was potentially exposed in some manner to the full range of chemicals known to have contaminated the water there between 1957 and 1987.

### Requesting VA Medical Examinations

Service connection for any disability claimed to have resulted from contaminated water exposure at Camp Lejeune requires sufficient medical evidence that the disability is related to that exposure. This medical evidence will generally come from a competent and qualified medical examiner who provides an opinion establishing a rational nexus or link between the claimed disability and the exposure. The diseases identified in Appendix B of this training letter have been scientifically associated to a greater or lesser extent with exposure to the chemical contaminants in the water at Camp Lejeune. However, this does not mean that service connection can automatically be established for a Camp Lejeune Veteran claiming one of these diseases. It is up to a competent medical authority, based on each Veteran's individual case, to determine whether it is at least as likely as not that the claimed disease or disability has resulted from the contaminant

exposure at Camp Lejeune. Sufficient medical evidence to establish the required nexus may come from a private physician or other competent private medical authority. In such cases, the claim may be adjudicated without further development if the level of disability can also be ascertained from the available evidence. If the level of disability cannot be ascertained, a VA medical examination is needed to establish the basis for a disability rating. However, in the majority of cases, an initial VA medical examination will be required to establish both service connection and the level of disability.

VA regulations at 38 C.F.R. § 3.159(c)(4) serve as the basis for requesting medical examinations and opinions in claims based on Camp Lejeune service. Under these regulations, an examination should be requested when the claim: (1) contains competent lay or medical evidence of a current diagnosed disability or persistent or recurrent symptoms of disability; (2) establishes that the veteran suffered an event, injury, or disease in service; and (3) indicates that the claimed disability or symptoms may be associated with the established event, injury, or disease in service. These requirements establish a relatively low threshold for requesting medical examinations for Camp Lejeune Veterans. The first requirement is met when a Veteran provides any credible lay or medical evidence showing a current diagnosis or symptoms of a disease or disability. The second is met when service at Camp Lejeune between 1957 and 1987 is verified. The third is met when the claimed disease or disability is one that can reasonably be associated with the known water contaminants at Camp Lejeune. This includes, but is not limited to, all diseases described in Appendix B of this training letter because they have been scientifically associated with exposure to the water contaminants. Other claimed diseases or disabilities may also trigger a VA examination request if they are supported by credible medical evidence or an opinion provided by a competent medical authority indicating a possible association with one of the known water contaminants. When evaluating medical evidence, a liberal approach is desirable. However, certain claimed conditions, such as those based on a musculoskeletal *injury*, may not be sufficiently reasonable, or as likely as not, to justify requesting an examination for determining its relationship to a chemical compound. On the other hand, additional consideration would be required if a musculoskeletal *disease* was involved because the contaminants are associated with disease processes.

When examinations are requested, it should be kept in mind that these claims represent a unique situation for VA medical examiners. They must determine, on a case-by-case basis whether a particular claimed condition is linked to contaminated water exposure. In order to assist them with their assessment and determination, the regional office must provide them with the Appendices to this training letter listed below. These replace the Camp Lejeune “Fact Sheet” intended for VA examiners found in Training Letter 10-03.

**Appendix A**, *Internet websites related to the issue of contaminated water at Camp Lejeune*,

**Appendix B**, *Diseases potentially associated with exposure to contaminants present in the Camp Lejeune water supply between 1957 and 1987*,

**Appendix C**, *Websites describing potential health effects of exposure to chemical contaminants present in the water supply of Camp Lejeune between 1957 and 1987*, and

**Appendix D**, *Notice to Examiners Evaluating Claims Based on Service at Camp Lejeune*.

This information is intended to provide the VA examiners with an adequate basis for providing a reasoned opinion. This opinion is a critical element for evaluating the claim. Therefore, if the examiner fails to provide a reasoned opinion and resorts to a statement such as “an opinion cannot be made without resort to mere speculation,” the examination should be returned as inadequate.

### Rating Decisions

The VA medical examination report and opinion, or in some cases a private medical examination report and opinion, will serve as the basis for the rating decision. If the examiner determines that it is at least as likely as not that the claimed condition resulted from exposure to the known water contaminants, service connection can be granted and a disability percentage assigned based on the examiners assessment of symptom severity. The rating narrative should provide the Veteran with a clear explanation for all decisions made. Upon completion of the rating decision, it is important to ensure that all tracking procedures outlined in Fast Letter 11-03 have been followed.

## **Appendix A**

### *Internet websites related to the issue of contaminated water at Camp Lejeune*

#### *US Marine Corps Site for Camp Lejeune Contaminated Water*

<https://clnr.hqi.usmc.mil/clwater/index.html>

#### *NRC Report on Water Contamination at Camp Lejeune*

[http://books.nap.edu/catalog.php?record\\_id=12618](http://books.nap.edu/catalog.php?record_id=12618)

#### *US Navy Funding of ATSDR Camp Lejeune Studies*

[http://www.navy.mil/search/display.asp?story\\_id=51453](http://www.navy.mil/search/display.asp?story_id=51453)

#### *ATSDR Home Page for Camp Lejeune*

<http://www.atsdr.cdc.gov/sites/lejeune/index.html>

#### *ATSDR Feasibility Assessment for Future Studies of Camp Lejeune*

[http://www.atsdr.cdc.gov/sites/lejeune/docs/feasibility\\_assessment\\_Lejeune.pdf](http://www.atsdr.cdc.gov/sites/lejeune/docs/feasibility_assessment_Lejeune.pdf)

## **Appendix B**

### *Diseases potentially associated with exposure to contaminants present in the Camp Lejeune water supply between 1957 and 1987*

#### **I. National Research Council**

The National Academy of Sciences' National Research Council published its *Contaminated Water Supplies at Camp Lejeune, Assessing Potential Health Effects*, in 2009. This report included a review of studies addressing exposure to Trichloroethylene (TCE), and Tetrachloroethylene or Perchloroethylene (PCE), as well as a mixture of the two, and a discussion of disease manifestations potentially associated with such exposure. Fourteen disease conditions were identified as having limited/suggestive evidence of an association with TCE, PCE, or a solvent mixture exposure. They include:

- esophageal cancer
- lung cancer
- breast cancer
- bladder cancer
- kidney cancer
- adult leukemia
- multiple myeloma
- myelodysplastic syndromes
- renal toxicity
- hepatic steatosis
- female infertility
- miscarriage, with exposure during pregnancy
- scleroderma
- neurobehavioral effects

The National Research Council's report also contained a listing of disease conditions classified as having inadequate/insufficient evidence to determine whether an association existed. This listing can be found in the report, which is available on the Internet and can be accessed in Appendix C of this training letter.

#### **II. Other Scientific Organizations**

Assessments of potential long-term health effects resulting from exposure to TCE and PCE, as well as benzene and vinyl chloride, are available from a number of scientific sources. Among the reliable sources are the Chemical Abstract Services (CAS) of the American Chemical Society, the Agency for Toxic Substances and Disease Registry (ATSDR), and the Environmental Protection Agency (EPA). Succinct "substance profiles" are available from CAS, each with a statement of "carcinogenicity" for the chemical compound evaluated. More extensive analyses of the compounds of interest are provided by ATSDR's "toxic substance portal", and EPA's "integrated risk information system"(IRIS). The EPA's analyses of TCE and PCE are currently undergoing revision.

For TCE, EPA's Science Advisory Board (SAB) has produced a draft IRIS assessment. For PCE, an IRIS "external review draft" is currently available.

Regarding the reliability of this group of assessments, a distinction is not always made between potential health effects due to inhalation versus ingestion and dermal contact. The contaminants involved are volatile organic compounds and are most commonly encountered by humans in the air rather than dissolved in water, as was the case at Camp Lejeune. However, any of the exposure routes may have occurred.

The health assessments provided by the scientific organizations are summarized below for each contaminant. Their Internet websites, which contain detailed analyses and explanations, are provided in Appendix C of this training letter. For EPA's assessments of TCE and PCE, both the original and newer draft versions found on its website are included.

*Trichloroethylene (TCE)*, according to CAS, "is reasonably anticipated to be a human carcinogen" based on limited evidence from human studies and sufficient evidence from experimental animal studies. It has been associated with excess incidences of liver cancer, kidney cancer, non-Hodgkin's lymphoma, prostate cancer, and multiple myeloma. According to ATSDR, drinking small amounts of trichloroethylene for long periods may cause liver and kidney damage, impaired immune system function, and impaired fetal development in pregnant women, although the extent of some of these effects is not yet clear. Additionally, animal studies suggest that high levels are associated with liver, kidney, and lung cancer. According to EPA's SAB, it poses a potential human health hazard for non-cancer toxicity, including effects on the central nervous system, the kidney, the liver, the immune system, the male reproductive system, and the developing fetus. Additionally, SAB agrees that TCE is considered to be "carcinogenic to humans" by all routes of exposure, based on convincing epidemiological evidence of a causal association between TCE exposure and kidney cancer, compelling evidence for lymphoma, and limited evidence for liver cancer.

*Tetrachloroethylene or Perchloroethylene (PCE)*, according to CAS, "is reasonably anticipated to be a human carcinogen" based on limited evidence from human studies and sufficient evidence from experimental animal studies. It has been associated with esophageal and cervical cancer and non-Hodgkin's lymphoma. According to ATSDR, pregnant women may be affected and the results of animal studies, conducted with amounts much higher than those that most people are exposed to, show that tetrachloroethylene can cause liver and kidney damage. According to EPA's current "external review draft" (Chapters 6.1.3 and 4), targets of non-cancer toxicity observed in human and animal studies include the liver, kidney, central nervous system, reproductive system, and developing fetus. Additionally, studies of tetrachloroethylene and cancer showed positive associations between exposure and cancer of the lymphoid system, esophagus, and cervix, with more limited evidence for cancer of the bladder, kidney, and lung.

*Benzene*, according to CAS, “is known to be a human carcinogen” based on sufficient evidence from human studies. It is primarily associated with increased risk for lymphatic and hematopoietic cancers, total leukemia, and specific histologic types of leukemia, including chronic lymphocytic leukemia, as well as acute myelogenous leukemia. According to ATSDR, epidemiological studies and case reports provide clear evidence of a causal relationship between occupational exposure to benzene and the occurrence of acute nonlymphocytic leukemia, particularly the myeloid cell type or acute myelogenous leukemia. Some studies also provide suggestive evidence of an association with non-Hodgkin’s lymphoma and multiple myeloma. According to EPA’s current IRIS report, benzene is characterized as a known human carcinogen for all routes of exposure based upon convincing human evidence as well as supporting evidence from animal studies. Epidemiologic studies and case studies provide clear evidence of a causal association between exposure to benzene and acute nonlymphocytic leukemia and also suggest evidence for chronic nonlymphocytic leukemia and chronic lymphocytic leukemia. Other neoplastic conditions that are associated with an increased risk in humans include hematologic neoplasms, blood disorders such as preleukemia and aplastic anemia, Hodgkin’s lymphoma, and myelodysplastic syndrome.

*Vinyl Chloride*, according to CAS, “is known to be a human carcinogen” based on sufficient evidence from human studies. It is primarily associated with liver cancer, especially angiosarcoma of the liver, as well as cancer to a lesser extent at other tissue sites including the brain, lung, lymphatic system, and hematopoietic system. According to ATSDR, vinyl chloride is a known human and animal carcinogen. It has been associated with both an increased incidence of hepatic angiosarcomas and hepatotoxicity. According to EPA’s current IRIS report, studies demonstrate a statistically significant elevated risk of liver cancer, specifically angiosarcomas, from vinyl chloride exposure. There is also a possible association with brain, soft tissue, and nervous system cancer, as well as cancers of the hematopoietic and lymphatic systems.

## Appendix C

Internet websites describing potential health effects of exposure to chemical contaminants present in the water supply of Camp Lejeune between 1957 and 1987

### **Trichloroethylene (TCE)**

*American Chemical Society*

<http://ntp.niehs.nih.gov/ntp/roc/eleventh/profiles/s180tce.pdf>

ATSDR

<http://www.atsdr.cdc.gov/toxfaqs/tf.asp?id=172&tid=30>

EPA

<http://www.epa.gov/iris/subst/0199.htm>

<http://yosemite.epa.gov/sab/sabproduct.nsf/0/773dc7e8c5c1332d852574f200699a89!OpenDocument&TableRow=2.3#2>

NRC

[http://books.nap.edu/catalog.php?record\\_id=12618](http://books.nap.edu/catalog.php?record_id=12618)

### **Tetrachloroethylene or Perchloroethylene (PCE)**

*American Chemical Society*

<http://ntp.niehs.nih.gov/ntp/roc/eleventh/profiles/s169tetr.pdf>

ATSDR

<http://www.atsdr.cdc.gov/toxfaqs/tf.asp?id=264&tid=48>

EPA

<http://www.epa.gov/iris/subst/0106.htm>

<http://cfpub.epa.gov/ncea/cfm/recordisplay.cfm?deid=192423#Download>

NRC

[http://books.nap.edu/catalog.php?record\\_id=12618](http://books.nap.edu/catalog.php?record_id=12618)

### **Benzene**

*American Chemical Society*

<http://ntp.niehs.nih.gov/ntp/roc/eleventh/profiles/s019benz.pdf>

ATSDR

<http://www.atsdr.cdc.gov/ToxProfiles/TP.asp?id=40&tid=14>

EPA

<http://www.epa.gov/iris/subst/0276.htm#reforal>

**Vinyl Chloride**

*American Chemical Society*

<http://ntp.niehs.nih.gov/ntp/roc/elevnth/profiles/s186viny.pdf>

*ATSDR*

<http://www.atsdr.cdc.gov/ToxProfiles/tp.asp?id=282&tid=51>

EPA

<http://www.epa.gov/iris/subst/1001.htm>

**ATSDR Summary for all contaminants**

[http://www.atsdr.cdc.gov/sites/lejeune/tce\\_pce.html](http://www.atsdr.cdc.gov/sites/lejeune/tce_pce.html)

## **Appendix D**

### *Notice to Examiners Evaluating Claims Based on Service at Camp Lejeune*

Examiner,

The water supply at Camp Lejeune, North Carolina, was contaminated between 1957 and 1987 with a number of chemical compounds that have been associated by scientific organizations with the potential for developing certain diseases. These include trichloroethylene (TCE), tetrachloroethylene, also known as perchloroethylene (PCE), benzene, and vinyl chloride. The Veteran you are examining has verified service at Camp Lejeune during that period and is claiming service connection for (specify disease or diseases claimed). Please evaluate the available evidence, determine whether it is at least as likely as not that the claimed disease is related to the Veteran's exposure to contaminated water while serving at Camp Lejeune, and provide a medical rationale for that determination.

Please conduct any required tests and consider any evidence in the file, or obtained by you, which identifies the duration or extent of contaminated water exposure experienced by the Veteran. Information on how long the Veteran served at Camp Lejeune, and whether the Veteran lived off base, should be considered. Unfortunately, there are many unanswered questions regarding potential exposure to contaminants at Camp Lejeune. They include: the levels of water contamination at various base locations; the amount 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 service at Camp Lejeune and not from some other source.

For assistance, we are providing a document that identifies diseases which are potentially associated with exposure to the known contaminants in the Camp Lejeune water supply between 1957 and 1987. We are also providing a list of Internet websites from scientific organizations, which analyze the potential long-term health effects of exposure to the contaminants. The web addresses can be cut and pasted into a search engine such as Google in order to access them.

**From:** (b) (6)  
**To:** (b) (6)  
**Cc:** (b) (6)  
**Subject:** RE: new SMEs  
**Date:** Monday, August 11, 2014 9:41:55 AM

---

If we only have one new SME is it worth doing the training, or do we just do cases?

---

**From:** (b) (6)  
**Sent:** Monday, August 11, 2014 8:35 AM  
**To:** (b) (6)  
**Cc:** (b) (6)  
**Subject:** RE: new SMEs

I believe (b) (6) and (b) (6) are the only 2 current SMEs. (b) (6) and (b) (6) . (b) (6) as a new SME.

---

**From:** (b) (6)  
**Sent:** Monday, August 11, 2014 9:33 AM  
**To:** (b) (6)  
**Cc:** (b) (6)  
**Subject:** RE: new SMEs

Can I get an updated list of confirmed attendees please.

FYI, ND approved my attendance.

---

**From:** (b) (6)  
**Sent:** Monday, August 11, 2014 8:29 AM  
**To:** (b) (6)  
**Cc:** (b) (6)  
**Subject:** RE: new SMEs

FYI, Update on potential new SMEs

---

**From:** (b) (6)  
**Sent:** Tuesday, August 05, 2014 1:09 PM  
**To:** (b) (6)  
**Subject:** new SMEs

1. (b) (6) —Was told no by facility COS—Tomah, WI, VISN 12
2. (b) (6) —Waiting for approval
3. (b) (6) —No response to request for CV
4. (b) (6) —Received approval—VISN 10
5. (b) (6) —Was told to wait for next training session, VISN 23

(b) (6)  
Office of Disability & Medical Assessment  
Department of Veterans Affairs  
810 Vermont Ave. NW

Washington, DC 20420  
202.461.1703 office  
(b) (6) blackberry



Please consider your environmental responsibility before printing this e-mail & any documents

**From:** (b) (6)  
**To:** (b) (6)  
**Cc:** (b) (6)  
**Subject:** RE: new SMEs  
**Date:** Monday, August 11, 2014 9:34:21 AM

---

(b) (6) is tied up with the pain initiative.

(b) (6) is a possibility.

---

**From:** (b) (6)  
**Sent:** Monday, August 11, 2014 8:33 AM  
**To:** (b) (6)  
**Cc:** (b) (6)  
**Subject:** FW: new SMEs

(b) (6),

Do you know these docs (b) (6) mentioned from Iowa? Would one of them be possible candidates?

---

**From:** (b) (6)  
**Sent:** Monday, August 11, 2014 9:31 AM  
**To:** (b) (6)  
**Subject:** RE: new SMEs

VACIHCS had 2 Occ Med board certified docs when I was there; (b) (6)  
(b) (6).

Just FYI

(b) (6)

---

**From:** (b) (6)  
**Sent:** Monday, August 11, 2014 8:29 AM  
**To:** (b) (6)  
**Cc:** (b) (6)  
**Subject:** RE: new SMEs

FYI, Update on potential new SMEs

---

**From:** (b) (6)  
**Sent:** Tuesday, August 05, 2014 1:09 PM  
**To:** (b) (6)  
**Subject:** new SMEs

1. (b) (6) —Was told no by facility COS—Tomah, WI, VISN 12
2. (b) (6) —Waiting for approval
3. (b) (6) —No response to request for CV

4. (b) —Received approval—VISN 10
5. (b) (6) —Was told to wait for next training session, VISN 23

(b) (6)

Office of Disability & Medical Assessment  
Department of Veterans Affairs  
810 Vermont Ave. NW  
Washington, DC 20420  
202.461.1703 office  
(b) (6) blackberry



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**From:** (b) (6)  
**To:** (b) (6)  
**Cc:** (b) (6)  
**Subject:** RE: potential SME  
**Date:** Tuesday, June 02, 2015 10:48:13 AM

---

Do we want an Ophthalmologist to do these opinions?

In my opinion, it would be difficult to justify his inclusion especially when we don't have a dedicated peer-to-peer support

**From:** (b) (6)  
**Sent:** Tuesday, June 02, 2015 10:45 AM  
**To:** (b) (6)  
**Cc:** (b) (6)  
**Subject:** RE: potential SME

So what does that mean re. your opinion on this candidate?

**From:** (b) (6)  
**Sent:** Tuesday, June 02, 2015 10:44 AM  
**To:** (b) (6)  
**Cc:** (b) (6)  
**Subject:** RE: potential SME

Given the current environment and CAP activities, I think we should be more stringent with our criteria when adding new SME's

**From:** (b) (6)  
**Sent:** Monday, June 01, 2015 3:40 PM  
**To:** (b) (6)  
**Cc:** (b) (6)  
**Subject:** FW: potential SME

Please review and advise.

**From:** (b) (6)  
**Sent:** Monday, June 01, 2015 11:43 AM  
**To:** (b) (6)  
**Subject:** RE: potential SME

(b) (6),

Please find as attachments both my CV Executive Summary and my 7 page CV. The latter includes publications and presentations over the years.

Thank you,

(b) (6)

**From:** (b) (6)  
**Sent:** Friday, May 29, 2015 8:40 AM  
**To:** (b) (6)  
**Cc:** (b) (6)  
**Subject:** RE: potential SME

(b) (6)

Please forward your cv for consideration.

(b) (6)

Acting Executive Assistant  
Office of Disability & Medical Assessment  
Department of Veterans Affairs  
810 Vermont Ave. NW  
Washington, DC 20420  
202.461.1703 office

(b) (6) blackberry

**P Please consider your environmental responsibility before printing this e-mail & any documents**

**From:** (b) (6)  
**Sent:** Tuesday, May 26, 2015 12:38 PM  
**To:** (b) (6)  
**Cc:** (b) (6)  
**Subject:** potential SME

Good morning, (b) (6)

FYI. We have a potential SME who will need training, (b) (6), an ophthalmologist who has been with Central Texas C & P for some time now, and does Gen Med exams as well as eye exams. I have explained some of the program to him and he is definitely interested, as he likes research. But he has not been assigned by our Assistant C & P Director as yet for CLCW work. Other potential candidates are also being considered, but are in the interview process for working here in C & P.

(b) (6)

**From:** (b) (6)  
**To:** (b) (6)  
**Cc:** (b) (6)  
**Subject:** RE: VISN 8 RESPONSE: Memo: Subject Matter Experts Camp Lejeune Consultation Service  
**Date:** Tuesday, August 26, 2014 12:14:14 PM  
**Attachments:** [EAS](#)

---

Sure, here you go.

(b) (6)

---

**From:** (b) (6)  
**Sent:** Tuesday, August 26, 2014 12:12 PM  
**To:** (b) (6)  
**Cc:** (b) (6)  
**Subject:** FW: VISN 8 RESPONSE: Memo: Subject Matter Experts Camp Lejeune Consultation Service

Good Afternoon,

VISN 8 has nominated you to represent the VISN as a Camp Lejeune Subject Matter Expert. Please forward your CV showing experience in occupation medicine or environmental health/ toxicology. I attached the memo detailing the request for your information.

(b) (6)  
Camp Lejeune Contaminated Water Project  
Office of Disability & Medical Assessment  
Department of Veterans Affairs  
810 Vermont Ave. NW  
Washington, DC 20420  
202.461.1703 office  
(b) (6) blackberry



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**From:** VISN 8 ACTION ITEMS On Behalf Of (b) (6)  
**Sent:** Tuesday, August 26, 2014 12:06 PM  
**To:** (b) (6)  
**Cc:** (b) (6) (b) (6)  
**Subject:** VISN 8 RESPONSE: Memo: Subject Matter Experts Camp Lejeune Consultation Service

(b) (6) *behalf of:* (b) (6)

Please find below VISN 8's nominations for the Subject Matter Experts (SME) Camp Lejeune Consultation training September 2-5, 2014, Louisville, Kentucky VBA Regional Office are:

- (b) (6) and (b) (6) - VA Caribbean Health Care System
- (b) (6) -Gainesville VA Medical Center

If you have questions, please contact (b) (6), VISN 8 Chief Medical Officer at (b) (6) or via Outlook.

Thank you,

(b) (6)  
Network Director, VISN 8

*Confidentiality Disclaimer: This e-mail is intended only for the person or entity to which it is addressed, and may contain information that is privileged, confidential, or otherwise protected from disclosure. Dissemination, distribution, or copying of this e-mail or the information herein by anyone other than the intended recipient is prohibited. If you have received this e-mail in*

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**From:** (b) (6) **On Behalf Of** (b) (6)  
**Sent:** Friday, August 15, 2014 4:42 PM  
**To:** VHA VISN Directors  
**Cc:** VHA VISN Chief Medical Officers; VHA VISN QMOs; VHA VISN Admin Reps; VHA CO 10NC Action; VHA 10NC8 Action; (b) (6)  
**Subject:** Memo: Subject Matter Experts Camp Lejeune Consultation Service

Good Afternoon Network Directors-

Please find the attached memorandum signed by (b) (6) concerning Camp Lejeune Subject Matter Experts.

Please note that follow-up action is requested by Friday, August 22, 2014 to (b) (6)  
(b) (6)

(b) (6)  
on behalf of (b) (6)

**From:** (b) (6)  
**To:** [DMA Corporate Mailbox](#); (b) (6)  
**Subject:** RE: Volunteer  
**Date:** Wednesday, June 04, 2014 11:50:46 AM

---

Please request a CV and advise (b) (6) that he would need to get approval from his leadership and that it would require protected time.

**From:** DMA Corporate Mailbox  
**Sent:** Wednesday, June 04, 2014 11:44 AM  
**To:** (b) (6)  
**Cc:** DMA Corporate Mailbox  
**Subject:** FW: Volunteer

PA volunteer below.

**From:** (b) (6)  
**Sent:** Wednesday, June 04, 2014 9:22 AM  
**To:** DMA Corporate Mailbox  
**Subject:** Volunteer

I would be interested in working on the Camp LeJeune Water program after listening to some of the Friday calls. Our facility has a SME provider and I have a fair amount of knowledge on the process. With the recent announcement of the Burn Pit Registry, and what I would suspect to be subsequent C&P evaluations, I would also like to be considered for that program. I am a Physician Assistant, and the current C&P Service Chief at Asheville VAMC. Was unsure who to direct this request to, so please forward to the appropriate person or office. Thanks in advance for your help.

(b) (6)

Chief, Compensation and Pension Service

Charles George VAMC

Asheville, North Carolina 28805

828-298-7911 ext. (b) (6)

**DEPARTMENT OF  
VETERANS AFFAIRS**

**Memorandum**

Date: June 20, 2017

From: Assistant Deputy Under Secretary for Health for Clinical Operations (10NC)

Subj: Subject Matter Experts Camp Lejeune Consultation Service

To: Network Directors (10N1-23)

1. The evaluation of claims for disabilities related to the Camp Lejeune Contaminated Water (CLCW) continues to be a major VA effort. Under the Office of Disability and Medical Assessment (DMA) we have established a consultation service of subject matter experts (SME) who are trained to handle these highly complex claims. The number of pending claims in this cohort continues to grow exponentially.
2. Additional SMEs are needed to provide advisory medical opinions (AMOs) for claims related to CLCW. DMA is requesting participation for each VISN to ensure the consultation service distributes workload equally. Currently VISN 5, 10, 12 and 22 lack representation in the CLCW consultation service. Each VISN should identify two board certified or board eligible occupational physicians to evaluate these complex claims. Alternatively, an internist with experience in occupational/ environmental medicine or toxicology and experience in performing disability evaluations could be an expert for purposes of evaluating these claims.
3. As each AMO currently takes approximately two to three hours to complete, VA needs your support to ensure appropriate protected time is made available for these SMEs to complete CLCW AMOs.
4. DMA will provide training on specific topics related to Camp Lejeune and the development of a defensible medical opinion. The next training session will be held September 2-5, 2014 at the Louisville, Kentucky VBA Regional Office. Training is necessary to be considered an SME. After training is complete, the duties will be performed from the SME's home station.
5. The Point of Contact for this Memorandum is (b) (6) [REDACTED] Project Manager for CLCW, (202) 461-1703, (b) (6) [REDACTED]

(b) (6) [REDACTED]

**DEPARTMENT OF  
VETERANS AFFAIRS**

**Memorandum**

Date:

From: Acting Assistant Deputy Under Secretary for Health for Operations and Management for Clinical Operations

To: Director, VISN 16 South Central VA Health Care Network

Subj: Subject Matter Experts (SMEs) Camp Lejeune Consultation Service

1. The evaluation of claims for disability related to contamination of drinking water at Camp Lejeune between 1957 and 1987 has become a major VA effort. There are over 1200 pending claims for issues allegedly related to drinking contaminated water at Camp Lejeune.
2. The Office of Disability and Medical Assessment (DMA) is utilizing a "consultation service" to evaluate these more complex claims. We would like to identify at least one board certified or board eligible occupational physician within your VISN to evaluate these complex claims for facilities within the VISN. Alternatively, an internist or family physician with experience in occupational/environmental medicine or toxicology and preferably with experience in performing either VHA disability evaluations or independent medical evaluations could also be considered an expert for purposes of our consult service.
3. We have identified (b) (6) at the Fayetteville VAMC, in VISN 16, who has the desired credentials. This individual is part of our disability evaluation service and has already volunteered to develop these medical opinions. We are asking that (b) (6) be made available as necessary to provide advisory medical opinions for claims related to contaminated drinking water at Camp Lejeune.
4. DMA will be providing training in the specifics of the Camp Lejeune issue for all SMEs and training on the development of a defensible medical opinion for those who are unfamiliar with these types of evaluations.
5. This is a highly visible endeavor which may affect the benefits of thousands of Veterans. I am sure you share with me the commitment to providing the most qualified individuals to undertake this important responsibility.- Thank you in advance for your support.
6. The Points of Contact for this Memorandum are (b) (6), Director Clinical Programs and Administrative Operations, DMA, (b) (6), (b) (6), or (b) (6), Senior Medical Advisor, DMA, (b) (6), (b) (6).

(b) (6)

**DEPARTMENT OF  
VETERANS AFFAIRS**

**Memorandum**

Date:

From: Acting Assistant Deputy Under Secretary for Health for Operations and Management for Clinical Operations

To: Director, VISN 17 Heart of Texas Health Care Network

Subj: Subject Matter Experts (SMEs) Camp Lejeune Consultation Service

1. The evaluation of claims for disability related to contamination of drinking water at Camp Lejeune between 1957 and 1987 has become a major VA effort. There are over 1200 pending claims for issues allegedly related to drinking contaminated water at Camp Lejeune.
2. The Office of Disability and Medical Assessment (DMA) is utilizing a "consultation service" to evaluate these more complex claims. We would like to identify at least one board certified or board eligible occupational physician within your VISN to evaluate these complex claims for facilities within the VISN. Alternatively, an internist or family physician with experience in occupational/environmental medicine or toxicology and preferably with experience in performing either VHA disability evaluations or independent medical evaluations could also be considered an expert for purposes of our consult service.
3. We have identified (b) (6), at the South Texas VAMC in VISN 17, who has the desired credentials. This individual is part of our disability evaluation service and has already volunteered to develop these medical opinions. We are asking that he be made available as necessary to provide advisory medical opinions for claims related to contaminated drinking water at Camp Lejeune.
4. DMA will be providing training in the specifics of the Camp Lejeune issue for all SMEs and training on the development of a defensible medical opinion for those who are unfamiliar with these types of evaluations.
5. This is a highly visible endeavor which may affect the benefits of thousands of Veterans. I am sure you share with me the commitment to providing the most qualified individuals to undertake this important responsibility.- Thank you in advance for your support.
6. The Points of Contact for this Memorandum are (b) (6) Director Clinical Programs and Administrative Operations, DMA, (b) (6), (b) (6), or (b) (6) Senior Medical Advisor, DMA, (b) (6)

(b) (6)

**DEPARTMENT OF  
VETERANS AFFAIRS**

**Memorandum**

Date:

From: Acting Assistant Deputy Under Secretary for Health for Operations and Management for Clinical Operations

To: Director, VISN 18 Southwest Health Care Network

Subj: Subject Matter Experts (SMEs) Camp Lejeune Consultation Service

1. The evaluation of claims for disability related to contamination of drinking water at Camp Lejeune between 1957 and 1987 has become a major VA effort. There are over 1200 pending claims for issues allegedly related to drinking contaminated water at Camp Lejeune.
2. The Office of Disability and Medical Assessment (DMA) is utilizing a "consultation service" to evaluate these more complex claims. We would like to identify at least one board certified or board eligible occupational physician within your VISN to evaluate these complex claims for facilities within the VISN. Alternatively, an internist or family physician with experience in occupational/environmental medicine or toxicology and preferably with experience in performing either VHA disability evaluations or independent medical evaluations could also be considered an expert for purposes of our consult service.
3. So far we have not been able to identify a physician with the necessary credentials in your VISN. If you could please provide a name of a physician with the desired credentials who can perform this work and make her/him available as necessary to provide advisory medical opinions for claims related to contaminated drinking water at Camp Lejeune. We are requesting this information by August 15, 2012, and it can be sent to (b) (6) at the contact information below.
4. DMA will be providing training in the specifics of the Camp Lejeune issue for all SMEs and training on the development of a defensible medical opinion for those who are unfamiliar with these types of evaluations.
5. This is a highly visible endeavor which may affect the benefits of thousands of Veterans. I am sure you share with me the commitment to providing the most qualified individuals to undertake this important responsibility.- Thank you in advance for your support.
6. The Points of Contact for this Memorandum are (b) (6), Director Clinical Programs and Administrative Operations, DMA, (b) (6), (b) (6), or (b) (6), Senior Medical Advisor, DMA, (b) (6).

(b) (6)

**DEPARTMENT OF  
VETERANS AFFAIRS**

**Memorandum**

Date:

From: Acting Assistant Deputy Under Secretary for Health for Operations and Management for Clinical Operations

To: Director, VISN 19 Rocky Mountain Network

Subj: Subject Matter Experts (SMEs) Camp Lejeune Consultation Service

1. The evaluation of claims for disability related to contamination of drinking water at Camp Lejeune between 1957 and 1987 has become a major VA effort. There are over 1200 pending claims for issues allegedly related to drinking contaminated water at Camp Lejeune.
2. The Office of Disability and Medical Assessment (DMA) is utilizing a "consultation service" to evaluate these more complex claims. We would like to identify at least one board certified or board eligible occupational physician within your VISN to evaluate these complex claims for facilities within the VISN. Alternatively, an internist or family physician with experience in occupational/environmental medicine or toxicology and preferably with experience in performing either VHA disability evaluations or independent medical evaluations could also be considered an expert for purposes of our consult service.
3. So far we have not been able to identify a physician with the necessary credentials in your VISN. If you could please provide a name of a physician with the desired credentials who can perform this work and make her/him available as necessary to provide advisory medical opinions for claims related to contaminated drinking water at Camp Lejeune. We are requesting this information by August 15, 2012, and it can be sent to (b) (6) at the contact information below.
4. DMA will be providing training in the specifics of the Camp Lejeune issue for all SMEs and training on the development of a defensible medical opinion for those who are unfamiliar with these types of evaluations.
5. This is a highly visible endeavor which may affect the benefits of thousands of Veterans. I am sure you share with me the commitment to providing the most qualified individuals to undertake this important responsibility.- Thank you in advance for your support.
6. The Points of Contact for this Memorandum are (b) (6) Director Clinical Programs and Administrative Operations, DMA, (b) (6), (b) (6) or (b) (6), Senior Medical Advisor, DMA, (b) (6).

(b) (6)

**DEPARTMENT OF  
VETERANS AFFAIRS**

**Memorandum**

Date:

From: Acting Assistant Deputy Under Secretary for Health for Operations and Management for Clinical Operations

To: Director, VISN 20 Northwest Network

Subj: Subject Matter Experts (SMEs) Camp Lejeune Consultation Service

1. The evaluation of claims for disability related to contamination of drinking water at Camp Lejeune between 1957 and 1987 has become a major VA effort. There are over 1200 pending claims for issues allegedly related to drinking contaminated water at Camp Lejeune.
2. The Office of Disability and Medical Assessment (DMA) is utilizing a "consultation service" to evaluate these more complex claims. We would like to identify at least one board certified or board eligible occupational physician within your VISN to evaluate these complex claims for facilities within the VISN. Alternatively, an internist or family physician with experience in occupational/environmental medicine or toxicology and preferably with experience in performing either VHA disability evaluations or independent medical evaluations could also be considered an expert for purposes of our consult service.
3. We have identified (b) (6) at the Seattle VAMC as having the needed credentials. We are asking that he or another physician with the desired credentials be made available as necessary to provide advisory medical opinions for claims related to contaminated drinking water at Camp Lejeune.
4. DMA will be providing training in the specifics of the Camp Lejeune issue for all SMEs and training on the development of a defensible medical opinion for those who are unfamiliar with these types of evaluations.
5. This is a highly visible endeavor which may affect the benefits of thousands of Veterans. I am sure you share with me the commitment to providing the most qualified individuals to undertake this important responsibility.- Thank you in advance for your support.
6. The Points of Contact for this Memorandum are (b) (6), Director Clinical Programs and Administrative Operations, DMA (b) (6), (b) (6), or (b) (6) Senior Medical Advisor, DMA, (b) (6).

(b) (6)

**DEPARTMENT OF  
VETERANS AFFAIRS**

**Memorandum**

Date:

From: Acting Assistant Deputy Under Secretary for Health for Operations and Management for Clinical Operations

To: Director, VISN 21 Sierra Pacific Network

Subj: Subject Matter Experts (SMEs) Camp Lejeune Consultation Service

1. The evaluation of claims for disability related to contamination of drinking water at Camp Lejeune between 1957 and 1987 has become a major VA effort. There are over 1200 pending claims for issues allegedly related to drinking contaminated water at Camp Lejeune.
2. The Office of Disability and Medical Assessment (DMA) is utilizing a "consultation service" to evaluate these more complex claims. We would like to identify at least one board certified or board eligible occupational physician within your VISN to evaluate these complex claims for facilities within the VISN. Alternatively, an internist or family physician with experience in occupational/environmental medicine or toxicology and preferably with experience in performing either VHA disability evaluations or independent medical evaluations could also be considered an expert for purposes of our consult service.
3. So far we have not been able to identify a physician with the necessary credentials in your VISN. If you could please provide a name of a physician with the desired credentials who can perform this work and make her/him available as necessary to provide advisory medical opinions for claims related to contaminated drinking water at Camp Lejeune. We are requesting this information by August 15, 2012, and it can be sent to (b) (6) at the contact information below.
4. DMA will be providing training in the specifics of the Camp Lejeune issue for all SMEs and training on the development of a defensible medical opinion for those who are unfamiliar with these types of evaluations.
5. This is a highly visible endeavor which may affect the benefits of thousands of Veterans. I am sure you share with me the commitment to providing the most qualified individuals to undertake this important responsibility. Thank you in advance for your support.
6. The Points of Contact for this Memorandum are (b) (6), Director Clinical Programs and Administrative Operations, DMA, (b) (6), (b) (6), or (b) (6), Senior Medical Advisor, DMA, (b) (6).

(b) (6)

**DEPARTMENT OF  
VETERANS AFFAIRS**

**Memorandum**

Date:

From: Acting Assistant Deputy Under Secretary for Health for Operations and Management for Clinical Operations

To: Director, VISN 22 Desert Pacific Healthcare Network

Subj: Subject Matter Experts (SMEs) Camp Lejeune Consultation Service

1. The evaluation of claims for disability related to contamination of drinking water at Camp Lejeune between 1957 and 1987 has become a major VA effort. There are over 1200 pending claims for issues allegedly related to drinking contaminated water at Camp Lejeune.
2. The Office of Disability and Medical Assessment (DMA) is utilizing a "consultation service" to evaluate these more complex claims. We would like to identify at least one board certified or board eligible occupational physician within your VISN to evaluate these complex claims for facilities within the VISN. Alternatively, an internist or family physician with experience in occupational/environmental medicine or toxicology and preferably with experience in performing either VHA disability evaluations or independent medical evaluations could also be considered an expert for purposes of our consult service.
3. We have identified (b) (6) at the Las Vegas VAMC as having the needed credentials. We are asking that she or another physician with the desired credentials be made available as necessary to provide advisory medical opinions for claims related to contaminated drinking water at Camp Lejeune.
4. DMA will be providing training in the specifics of the Camp Lejeune issue for all SMEs and training on the development of a defensible medical opinion for those who are unfamiliar with these types of evaluations.
5. This is a highly visible endeavor which may affect the benefits of thousands of Veterans. I am sure you share with me the commitment to providing the most qualified individuals to undertake this important responsibility.- Thank you in advance for your support.
6. The Points of Contact for this Memorandum are (b) (6), Director Clinical Programs and Administrative Operations, DMA, (b) (6), (b) (6) or (b) (6), Senior Medical Advisor, DMA, (b) (6)

(b) (6)

**DEPARTMENT OF  
VETERANS AFFAIRS**

**Memorandum**

Date:

From: Acting Assistant Deputy Under Secretary for Health for Operations and Management for Clinical Operations

To: Director, VISN 23 VA Midwest Health Care Network

Subj: Subject Matter Experts (SMES) Camp Lejeune Consultation Service

1. The evaluation of claims for disability related to contamination of drinking water at Camp Lejeune between 1957 and 1987 has become a major VA effort. There are over 1200 pending claims for issues allegedly related to drinking contaminated water at Camp Lejeune.
2. The Office of Disability and Medical Assessment (DMA) is utilizing a "consultation service" to evaluate these more complex claims. We would like to identify at least one board certified or board eligible occupational physician within your VISN to evaluate these complex claims for facilities within the VISN. Alternatively, an internist or family physician with experience in occupational/environmental medicine or toxicology and preferably with experience in performing either VHA disability evaluations or independent medical evaluations could also be considered an expert for purposes of our consult service.
3. We have identified (b) (6), and (b) (6) in VISN 23, who have the desired credentials. These individuals are part of our disability evaluation service. We are asking that they be made available as necessary to provide advisory medical opinions for claims related to contaminated drinking water at Camp Lejeune.
4. DMA will be providing training in the specifics of the Camp Lejeune issue for all SMEs and training on the development of a defensible medical opinion for those who are unfamiliar with these types of evaluations.
5. This is a highly visible endeavor which may affect the benefits of thousands of Veterans. I am sure you share with me the commitment to providing the most qualified individuals to undertake this important responsibility.- Thank you in advance for your support.
6. The Points of Contact for this Memorandum are (b) (6), Director Clinical Programs and Administrative Operations, DMA, (b) (6), (b) (6) or (b) (6), Senior Medical Advisor, DMA, (b) (6)

(b) (6)

**DEPARTMENT OF  
VETERANS AFFAIRS**

**Memorandum**

Date:

From: Acting Assistant Deputy Under Secretary for Health for Operations and Management for Clinical Operations

To: Director, VISN 6 Mid-Atlantic Health Care Network

Subj: Subject Matter Experts (SMEs) Camp Lejeune Consultation Service

1. The evaluation of claims for disability related to contamination of drinking water at Camp Lejeune between 1957 and 1987 has become a major VA effort. There are over 1200 pending claims for issues allegedly related to drinking contaminated water at Camp Lejeune.
2. The Office of Disability and Medical Assessment (DMA) is utilizing a "consultation service" to evaluate these more complex claims. We would like to identify at least one board certified or board eligible occupational physician within your VISN to evaluate these complex claims for facilities within the VISN. Alternatively, an internist or family physician with experience in occupational/environmental medicine or toxicology and preferably with experience in performing either VHA disability evaluations or independent medical evaluations could also be considered an expert for purposes of our consult service.
3. We have identified (b) (6), and (b) (6), at the Asheville VAMC in VISN 6, who have the desired credentials. These individuals are part of our disability evaluation service. We are asking that they be made available as necessary to provide advisory medical opinions for claims related to contaminated drinking water at Camp Lejeune.
4. DMA will be providing training in the specifics of the Camp Lejeune issue for all SMEs and training on the development of a defensible medical opinion for those who are unfamiliar with these types of evaluations.
5. This is a highly visible endeavor which may affect the benefits of thousands of Veterans. I am sure you share with me the commitment to providing the most qualified individuals to undertake this important responsibility.- Thank you in advance for your support.
6. The Points of Contact for this Memorandum are (b) (6), Director Clinical Programs and Administrative Operations, DMA, (b) (6), (b) (6), or (b) (6), Senior Medical Advisor, DMA, (b) (6), (b) (6)

(b) (6)

**DEPARTMENT OF  
VETERANS AFFAIRS**

**Memorandum**

Date:

From: Acting Assistant Deputy Under Secretary for Health for Operations and Management for Clinical Operations

To: Director, VISN 7 Southeast Network

Subj: Subject Matter Experts (SMEs) Camp Lejeune Consultation Service

1. The evaluation of claims for disability related to contamination of drinking water at Camp Lejeune between 1957 and 1987 has become a major VA effort. There are over 1200 pending claims for issues allegedly related to drinking contaminated water at Camp Lejeune.
2. The Office of Disability and Medical Assessment (DMA) is utilizing a "consultation service" to evaluate these more complex claims. We would like to identify at least one board certified or board eligible occupational physician within your VISN to evaluate these complex claims for facilities within the VISN. Alternatively, an internist or family physician with experience in occupational/environmental medicine or toxicology and preferably with experience in performing either VHA disability evaluations or independent medical evaluations could also be considered an expert for purposes of our consult service.
3. We have identified (b) (6) and (b) (6) at the Atlanta VAMC as having the needed credentials. We are asking that they or other physicians with the desired credentials be made available as necessary to provide advisory medical opinions for claims related to contaminated drinking water at Camp Lejeune.
4. DMA will be providing training in the specifics of the Camp Lejeune issue for all SMEs and training on the development of a defensible medical opinion for those who are unfamiliar with these types of evaluations.
5. This is a highly visible endeavor which may affect the benefits of thousands of Veterans. I am sure you share with me the commitment to providing the most qualified individuals to undertake this important responsibility.- Thank you in advance for your support.
6. The Points of Contact for this Memorandum are (b) (6), Director Clinical Programs and Administrative Operations, DMA, (b) (6), (b) (6), or (b) (6), Senior Medical Advisor, DMA, (b) (6).

(b) (6)

**DEPARTMENT OF  
VETERANS AFFAIRS**

**Memorandum**

Date:

From: Acting Assistant Deputy Under Secretary for Health for Operations and Management for Clinical Operations

To: Director, VISN 8 Sunshine Healthcare Network

Subj: Subject Matter Experts (SMEs) Camp Lejeune Consultation Service

1. The evaluation of claims for disability related to contamination of drinking water at Camp Lejeune between 1957 and 1987 has become a major VA effort. There are over 1200 pending claims for issues allegedly related to drinking contaminated water at Camp Lejeune.
2. The Office of Disability and Medical Assessment (DMA) is utilizing a "consultation service" to evaluate these more complex claims. We would like to identify at least one board certified or board eligible occupational physician within your VISN to evaluate these complex claims for facilities within the VISN. Alternatively, an internist or family physician with experience in occupational/environmental medicine or toxicology and preferably with experience in performing either VHA disability evaluations or independent medical evaluations could also be considered an expert for purposes of our consult service.
3. We have identified (b) (6) at the Gainesville VAMC as having the needed credentials. We are asking that he or another physician with the desired credentials be made available as necessary to provide advisory medical opinions for claims related to contaminated drinking water at Camp Lejeune.
4. DMA will be providing training in the specifics of the Camp Lejeune issue for all SMEs and training on the development of a defensible medical opinion for those who are unfamiliar with these types of evaluations.
5. This is a highly visible endeavor which may affect the benefits of thousands of Veterans. I am sure you share with me the commitment to providing the most qualified individuals to undertake this important responsibility.- Thank you in advance for your support.
6. The Points of Contact for this Memorandum are (b) (6), Director Clinical Programs and Administrative Operations, DMA, (b) (6), (b) (6) or (b) (6), Senior Medical Advisor, DMA, (b) (6), (b) (6)

(b) (6)

**DEPARTMENT OF  
VETERANS AFFAIRS**

**Memorandum**

Date:

From: Acting Assistant Deputy Under Secretary for Health for Operations and Management for Clinical Operations

To: Director, VISN 9 MidSouth Health Care Network

Subj: Subject Matter Experts (SMEs) Camp Lejeune Consultation Service

1. The evaluation of claims for disability related to contamination of drinking water at Camp Lejeune between 1957 and 1987 has become a major VA effort. There are over 1200 pending claims for issues allegedly related to drinking contaminated water at Camp Lejeune.
2. While some of these claims are straight-forward enough that the medical opinion can be rendered by the general disability evaluation community, most are highly complex cases that require the expert opinion of specialists in the area of Occupational and Environmental Medicine.
3. The Office of Disability and Medical Assessment (DMA) is utilizing a "consultation service" to evaluate these more complex claims. We would like to identify at least one board certified or board eligible occupational physician within your VISN to evaluate these complex claims for facilities within the VISN. Alternatively, an internist or family physician with experience in occupational/environmental medicine or toxicology and preferably with experience in performing either VHA disability evaluations or independent medical evaluations could also be considered an expert for purposes of our consult service.
4. We have identified (b) (6) at the James H. Quillen VAMC as having the needed credentials. We are asking that they or another physician with the desired credentials be made available as necessary to provide advisory medical opinions for claims related to contaminated drinking water at Camp Lejeune.
5. DMA will be providing training in the specifics of the Camp Lejeune issue for all SMEs and training on the development of a defensible medical opinion for those who are unfamiliar with these types of evaluations.
6. This is a highly visible endeavor which may affect the benefits of thousands of Veterans. I am sure you share with me the commitment to providing the most qualified individuals to undertake this important responsibility.- Thank you in advance for your support.
7. The Points of Contact for this Memorandum are (b) (6), Director Clinical Programs and Administrative Operations, DMA, (b) (6), (b) (6) or (b) (6), Senior Medical Advisor, DMA, (b) (6)

(b) (6)

**DEPARTMENT OF  
VETERANS AFFAIRS**

**Memorandum**

Date:

From: Acting Assistant Deputy Under Secretary for Health for Operations and Management for Clinical Operations

To: Director, VISN 10 Healthcare System of Ohio

Subj: Subject Matter Experts (SMEs) Camp Lejeune Consultation Service

1. The evaluation of claims for disability related to contamination of drinking water at Camp Lejeune between 1957 and 1987 has become a major VA effort. There are over 1200 pending claims for issues allegedly related to drinking contaminated water at Camp Lejeune.
2. The Office of Disability and Medical Assessment (DMA) is utilizing a "consultation service" to evaluate these more complex claims. We would like to identify at least one board certified or board eligible occupational physician within your VISN to evaluate these complex claims. Alternatively, an internist or family physician with experience in occupational/environmental medicine or toxicology and preferably with experience in performing either VHA disability evaluations or independent medical evaluations could also be considered an expert for purposes of our consult service.
3. We have identified (b) (6), at the Cincinnati VAMC in VISN 10, who has the desired credentials. This individual is part of our disability evaluation service and has already volunteered to develop these medical opinions. We are asking that she be made available as necessary to provide advisory medical opinions for claims related to contaminated drinking water at Camp Lejeune.
4. DMA will be providing training in the specifics of the Camp Lejeune issue for all SMEs and training on the development of a defensible medical opinion for those who are unfamiliar with these types of evaluations.
5. This is a highly visible endeavor which may affect the benefits of thousands of Veterans. I am sure you share with me the commitment to providing the most qualified individuals to undertake this important responsibility.- Thank you in advance for your support.
6. The Points of Contact for this Memorandum are (b) (6) Director Clinical Programs and Administrative Operations, DMA, (b) (6), (b) (6) or (b) (6), Senior Medical Advisor, DMA, (b) (6)

(b) (6)

**DEPARTMENT OF  
VETERANS AFFAIRS**

**Memorandum**

Date:

From: Acting Assistant Deputy Under Secretary for Health for Operations and Management for Clinical Operations

To: Director, VISN 11 Veterans in Partnership

Subj: Subject Matter Experts (SMEs) Camp Lejeune Consultation Service

1. The evaluation of claims for disability related to contamination of drinking water at Camp Lejeune between 1957 and 1987 has become a major VA effort. There are over 1200 pending claims for issues allegedly related to drinking contaminated water at Camp Lejeune.
2. The Office of Disability and Medical Assessment (DMA) is utilizing a "consultation service" to evaluate these more complex claims. We would like to identify at least one board certified or board eligible occupational physician within your VISN to evaluate these complex claims for facilities within the VISN. Alternatively, an internist or family physician with experience in occupational/environmental medicine or toxicology and preferably with experience in performing either VHA disability evaluations or independent medical evaluations could also be considered an expert for purposes of our consult service.
3. We have identified (b) (6) at the Ann Arbor VAMC in VISN 11, who has the desired credentials. This individual is part of our disability evaluation service and has already volunteered to develop these medical opinions. We are asking that she be made available as necessary to provide advisory medical opinions for claims related to contaminated drinking water at Camp Lejeune.
4. DMA will be providing training in the specifics of the Camp Lejeune issue for all SMEs and training on the development of a defensible medical opinion for those who are unfamiliar with these types of evaluations.
5. This is a highly visible endeavor which may affect the benefits of thousands of Veterans. I am sure you share with me the commitment to providing the most qualified individuals to undertake this important responsibility.- Thank you in advance for your support.
6. The Points of Contact for this Memorandum are (b) (6), Director Clinical Programs and Administrative Operations, DMA, (b) (6), (b) (6) or (b) (6), Senior Medical Advisor, DMA, (b) (6).

(b) (6)

**DEPARTMENT OF  
VETERANS AFFAIRS**

**Memorandum**

Date:

From: Acting Assistant Deputy Under Secretary for Health for Operations and Management for Clinical Operations

To: Director, VISN 12 Great Lakes Health Care System

Subj: Subject Matter Experts (SMEs) Camp Lejeune Consultation Service

1. The evaluation of claims for disability related to contamination of drinking water at Camp Lejeune between 1957 and 1987 has become a major VA effort. There are over 1200 pending claims for issues allegedly related to drinking contaminated water at Camp Lejeune.
2. The Office of Disability and Medical Assessment (DMA) is utilizing a "consultation service" to evaluate these more complex claims. We would like to identify at least one board certified or board eligible occupational physician within your VISN to evaluate these complex claims for facilities within the VISN. Alternatively, an internist or family physician with experience in occupational/environmental medicine or toxicology and preferably with experience in performing either VHA disability evaluations or independent medical evaluations could also be considered an expert for purposes of our consult service.
3. So far we have not been able to identify a physician with the necessary credentials in your VISN. If you could please provide a name of a physician with the desired credentials who can perform this work and make her/him available as necessary to provide advisory medical opinions for claims related to contaminated drinking water at Camp Lejeune. We are requesting this information by August 15, 2012, and it can be sent to (b) (6) at the contact information below.
4. DMA will be providing training in the specifics of the Camp Lejeune issue for all SMEs and training on the development of a defensible medical opinion for those who are unfamiliar with these types of evaluations.
5. This is a highly visible endeavor which may affect the benefits of thousands of Veterans. I am sure you share with me the commitment to providing the most qualified individuals to undertake this important responsibility.- Thank you in advance for your support.
6. The Points of Contact for this Memorandum are (b) (6), Director Clinical Programs and Administrative Operations, DMA, (b) (6), (b) (6), (b) (6) Senior Medical Advisor, DMA, (b) (6) - (b) (6)

(b) (6)

**DEPARTMENT OF  
VETERANS AFFAIRS**

**Memorandum**

Date:

From: Acting Assistant Deputy Under Secretary for Health for Operations and Management for Clinical Operations

To: Director, VISN 15 Heartland Network

Subj: Subject Matter Experts (SMEs) Camp Lejeune Consultation Service

1. The evaluation of claims for disability related to contamination of drinking water at Camp Lejeune between 1957 and 1987 has become a major VA effort. There are over 1200 pending claims for issues allegedly related to drinking contaminated water at Camp Lejeune.
2. The Office of Disability and Medical Assessment (DMA) is utilizing a "consultation service" to evaluate these more complex claims. We would like to identify at least one board certified or board eligible occupational physician within your VISN to evaluate these complex claims for facilities within the VISN. Alternatively, an internist or family physician with experience in occupational/environmental medicine or toxicology and preferably with experience in performing either VHA disability evaluations or independent medical evaluations could also be considered an expert for purposes of our consult service.
3. So far we have not been able to identify a physician with the necessary credentials in your VISN. If you could please provide a name of a physician with the desired credentials who can perform this work and make her/him available as necessary to provide advisory medical opinions for claims related to contaminated drinking water at Camp Lejeune. We are requesting this information by August 15, 2012, and it can be sent to (b) (6) at the contact information below.
4. DMA will be providing training in the specifics of the Camp Lejeune issue for all SMEs and training on the development of a defensible medical opinion for those who are unfamiliar with these types of evaluations.
5. This is a highly visible endeavor which may affect the benefits of thousands of Veterans. I am sure you share with me the commitment to providing the most qualified individuals to undertake this important responsibility.- Thank you in advance for your support.
6. The Points of Contact for this Memorandum are (b) (6), Director Clinical Programs and Administrative Operations, DMA, (b) (6), (b) (6), (b) (6), (b) (6) Senior Medical Advisor, DMA, (b) (6)

(b) (6)

DEPARTMENT OF  
VETERANS AFFAIRS

Memorandum

Date:

From: Acting Assistant Deputy Under Secretary for Health for Operations and Management for Clinical Operations

To: Director, VISN 1 New England Healthcare System

Subj: Subject Matter Experts(SMEs) Camp Lejeune Consultation Service

1. The evaluation of claims for disability related to contamination of drinking water at Camp Lejeune between 1957 and 1987 has become a major VA effort. There are over 1200 pending claims for issues allegedly related to drinking contaminated water at Camp Lejeune.
2. The Office of Disability and Medical Assessment (DMA) is utilizing a "consultation service" to evaluate these more complex claims. We would like to identify at least one board certified or board eligible occupational physician within your VISN to evaluate these complex claims for facilities within the VISN. Alternatively, an internist or family physician with experience in occupational/environmental medicine or toxicology and preferably with experience in performing either VHA disability evaluations or independent medical evaluations could also be considered an expert for purposes of our consult service.
3. We have identified (b) (6) at the West Haven VAMC who has the desired credentials. This individual is part of our disability evaluation service and has already volunteered to develop these medical opinions. We are asking that they be made available as necessary to provide advisory medical opinions for claims related to contaminated drinking water at Camp Lejeune.
4. DMA will be providing training in the specifics of the Camp Lejeune issue for all SMEs and training on the development of a defensible medical opinion for those who are unfamiliar with these types of evaluations.
5. This is a highly visible endeavor which may affect the benefits of thousands of Veterans. I am sure you share with me the commitment to providing the most qualified individuals to undertake this important responsibility. Thank you in advance for your support.
6. The Points of Contact for this Memorandum are (b) (6), Director Clinical Programs and Administrative Operations, DMA, (b) (6), (b) (6), or (b) (6), Senior Medical Advisor, DMA, (b) (6).

(b) (6)

**DEPARTMENT OF  
VETERANS AFFAIRS**

**Memorandum**

Date:

From: Acting Assistant Deputy Under Secretary for Health for Operations and Management for Clinical Operations

To: Director, VISN 2 Upstate New York Healthcare Network

Subj: Subject Matter Experts (SMEs) Camp Lejeune Consultation Service

1. The evaluation of claims for disability related to contamination of drinking water at Camp Lejeune between 1957 and 1987 has become a major VA effort. There are over 1200 pending claims for issues allegedly related to drinking contaminated water at Camp Lejeune.
2. The Office of Disability and Medical Assessment (DMA) is utilizing a "consultation service" to evaluate these more complex claims. We would like to identify at least one board certified or board eligible occupational physician within your VISN to evaluate these complex claims for facilities within the VISN. Alternatively, an internist or family physician with experience in occupational/environmental medicine or toxicology and preferably with experience in performing either VHA disability evaluations or independent medical evaluations could also be considered an expert for purposes of our consult service.
3. So far we have not been able to identify a physician with the necessary credentials in your VISN. If you could please provide the name of a physician with the desired credentials who can perform this work and make her/him available as necessary to provide advisory medical opinions for claims related to contaminated drinking water at Camp Lejeune. We are requesting this information by August 15, 2012, and it can be sent to (b) (6) at the contact information below.
4. DMA will be providing training in the specifics of the Camp Lejeune issue for all SMEs and training on the development of a defensible medical opinion for those who are unfamiliar with these types of evaluations.
5. This is a highly visible endeavor which may affect the benefits of thousands of Veterans. I am sure you share with me the commitment to providing the most qualified individuals to undertake this important responsibility.- Thank you in advance for your support.
6. The Points of Contact for this Memorandum are (b) (6), Director Clinical Programs and Administrative Operations, DMA, (b) (6), (b) (6) or (b) (6) Senior Medical Advisor, DMA, (b) (6)

(b) (6)

**DEPARTMENT OF  
VETERANS AFFAIRS**

**Memorandum**

Date:

From: Acting Assistant Deputy Under Secretary for Health for Operations and Management for Clinical Operations

To: Director, VISN 3 NY/NJ Veterans Healthcare Network

Subj: Subject Matter Experts (SMEs) Camp Lejeune Consultation Service

1. The evaluation of claims for disability related to contamination of drinking water at Camp Lejeune between 1957 and 1987 has become a major VA effort. There are over 1200 pending claims for issues allegedly related to drinking contaminated water at Camp Lejeune.
2. The Office of Disability and Medical Assessment (DMA) is utilizing a "consultation service" to evaluate these more complex claims. We would like to identify at least one board certified or board eligible occupational physician within your VISN to evaluate these complex claims for facilities within the VISN. Alternatively, an internist or family physician with experience in occupational/environmental medicine or toxicology and preferably with experience in performing either VHA disability evaluations or independent medical evaluations could also be considered an expert for purposes of our consult service.
3. We have identified (b) (6) in the WRIISC at the NJHCS-EO VAMC as having the needed credentials. We are asking that he or another physician with the desired credentials be made available as necessary to provide advisory medical opinions for claims related to contaminated drinking water at Camp Lejeune.
4. DMA will be providing training in the specifics of the Camp Lejeune issue for all SMEs and training on the development of a defensible medical opinion for those who are unfamiliar with these types of evaluations.
5. This is a highly visible endeavor which may affect the benefits of thousands of Veterans. I am sure you share with me the commitment to providing the most qualified individuals to undertake this important responsibility.- Thank you in advance for your support.
6. The Points of Contact for this Memorandum are (b) (6), Director Clinical Programs and Administrative Operations, DMA, (b) (6), (b) (6), or (b) (6), Senior Medical Advisor, DMA, (b) (6).

(b) (6)

**DEPARTMENT OF  
VETERANS AFFAIRS**

**Memorandum**

Date:

From: Acting Assistant Deputy Under Secretary for Health for Operations and Management for Clinical Operations

To: Director, VISN 4 VA Healthcare

Subj: Subject Matter Experts (SMEs) Camp Lejeune Consultation Service

1. The evaluation of claims for disability related to contamination of drinking water at Camp Lejeune between 1957 and 1987 has become a major VA effort. There are over 1200 pending claims for issues allegedly related to drinking contaminated water at Camp Lejeune.
2. The Office of Disability and Medical Assessment (DMA) is utilizing a "consultation service" to evaluate these more complex claims. We would like to identify at least one board certified or board eligible occupational physician within your VISN to evaluate these complex claims for facilities within the VISN. Alternatively, an internist or family physician with experience in occupational/environmental medicine or toxicology and preferably with experience in performing either VHA disability evaluations or independent medical evaluations could also be considered an expert for purposes of our consult service.
3. We have identified (b) (6) at the Altoona, VAMC in VISN 4, who has the desired credentials. This individual is part of our disability evaluation service and has already volunteered to develop these medical opinions. We are asking that he be made available as necessary to provide advisory medical opinions for claims related to contaminated drinking water at Camp Lejeune.
4. DMA will be providing training in the specifics of the Camp Lejeune issue for all SMEs and training on the development of a defensible medical opinion for those who are unfamiliar with these types of evaluations.
5. This is a highly visible endeavor which may affect the benefits of thousands of Veterans. I am sure you share with me the commitment to providing the most qualified individuals to undertake this important responsibility.- Thank you in advance for your support.
6. The Points of Contact for this Memorandum are (b) (6), Director Clinical Programs and Administrative Operations, DMA, (b) (6), (b) (6) or (b) (6), Senior Medical Advisor, DMA, (b) (6).

(b) (6)

**DEPARTMENT OF  
VETERANS AFFAIRS**

**Memorandum**

Date:

From: Acting Assistant Deputy Under Secretary for Health for Operations and Management for Clinical Operations

To: Director, VISN 5 Capitol Health Care Network

Subj: Subject Matter Experts (SMEs) Camp Lejeune Consultation Service

1. The evaluation of claims for disability related to contamination of drinking water at Camp Lejeune between 1957 and 1987 has become a major VA effort. There are over 1200 pending claims for issues allegedly related to drinking contaminated water at Camp Lejeune.
2. The Office of Disability and Medical Assessment (DMA) is utilizing a "consultation service" to evaluate these more complex claims. We would like to identify at least one board certified or board eligible occupational physician within your VISN to evaluate these complex claims for facilities within the VISN. Alternatively, an internist or family physician with experience in occupational/environmental medicine or toxicology and preferably with experience in performing either VHA disability evaluations or independent medical evaluations could also be considered an expert for purposes of our consult service.
3. We have identified (b) (6), in the DCVAMC WRIISC, who has the desired credentials. We are asking that he- or another physician with the desired credentials be made available as necessary to provide advisory medical opinions for claims related to contaminated drinking water at Camp Lejeune.
4. DMA will be providing training in the specifics of the Camp Lejeune issue for all SMEs and training on the development of a defensible medical opinion for those who are unfamiliar with these types of evaluations.
5. This is a highly visible endeavor which may affect the benefits of thousands of Veterans. I am sure you share with me the commitment to providing the most qualified individuals to undertake this important responsibility.- Thank you in advance for your support.
6. The Points of Contact for this Memorandum are (b) (6), Director Clinical Programs and Administrative Operations, DMA, (b) (6), (b) (6) or (b) (6), Senior Medical Advisor, DMA, (b) (6).

(b) (6)

**From:** (b) (6)  
**To:** (b) (6)  
**Cc:** (b) (6)  
**Subject:** V22 RESPONSE: Nominee for CLCW SME Training/Consultation  
**Date:** Wednesday, September 17, 2014 11:27:33 AM  
**Attachments:** [EAS](#)

---

Hello,

Attached is VISN 22's second nominee (b) (6) CV.

(b) (6)

Mental Health, Homeless Veterans Program,  
C&P, IDES, and Patient Centered Care  
VA Desert Pacific Network (VISN 22)

(p): (b) (6)

---

**From:** (b) (6)  
**Sent:** Friday, September 12, 2014 8:16 AM  
**To:** (b) (6)  
**Cc:** (b) (6)  
**Subject:** RE: VISN 22 SUBMISSION - Nominee for CLCW SME Training/Consultation

(b) (6)

I have identified the list of occ med doctors in your VISN from the credentialing office at VACO. Please see if you can work with one of them to provide support for CLCW. We will be holding the second training tentatively scheduled for December 8-12,2014

Last Name	First Name	Facility	VISN
(b) (6)	(b) (6)	Southern Nevada	22
(b) (6)	(b) (6)	Loma Linda	22
(b) (6)	(b) (6)	San Diego	22
(b) (6)	(b) (6)	San Diego	22
(b) (6)	(b) (6)	San Diego	22

Thank you,

(b) (6)

**From:** (b) (6)  
**To:** (b) (6)  
**Cc:** (b) (6)  
**Subject:** RE: CLCW: (b) (6)  
**Date:** Monday, February 02, 2015 9:02:32 AM

---

(b) (6) is an Internist and working as a Primary Care Clinician.  
I think it would be important to have a brief conversation to assess comfort level in dealing with these complicated cases  
CV doesn't indicate that (b) (6) is also doing C&P work

---

**From:** (b) (6)  
**Sent:** Monday, February 02, 2015 8:57 AM  
**To:** (b) (6)  
**Cc:** (b) (6)  
**Subject:** RE: CLCW: (b) (6)

(b) (6) is the C&P chief at Birmingham. She does not have the time to do the cases. She thinks this doctor can do the work, as she is a member of her staff. I would recommend calling (b) (6) to endure (b) (6) has the express to do the work. The CV does not detail that information.

---

**From:** (b) (6)  
**Sent:** Monday, February 02, 2015 8:56 AM  
**To:** (b) (6)  
**Cc:** (b) (6)  
**Subject:** RE: CLCW: Dr. Gudpati

What do you think, (b) (6) ? Is there a reason this doc was recommended?

---

**From:** (b) (6)  
**Sent:** Monday, February 02, 2015 8:52 AM  
**To:** (b) (6)  
**Cc:** (b) (6)  
**Subject:** CLCW: (b) (6)

Good Morning,

Please see the attached CV for (b) (6) .(b) (6) who is current SME, submitted this recommendation to replace her as at SME at her facility. Please promptly advise.

(  
D

**From:** (b) (6)  
**To:** (b) (6)  
**Subject:** Re: CLCW: Overview  
**Date:** Wednesday, August 13, 2014 11:01:14 AM  
**Attachments:** [EAS](#)

---

I would support his addition to the team

---

**From:** (b) (6)  
**Sent:** Wednesday, August 13, 2014 09:56 AM  
**To:** (b) (6)  
**Cc:** (b) (6)  
**Subject:** FW: CLCW: Overview

(b) (6)

Please review the attached CV. I spoke with (b) (6), he actually served a Camp Lejeune for a month while working at the hospital.

(b) (6)

---

**From:** (b) (6)  
**Sent:** Wednesday, August 13, 2014 10:53 AM  
**To:** (b) (6)  
**Subject:** RE: CLCW: Overview

(b) (6)

Here is my CV.

(b) (6)



(b) (6)

Dayton VA Medical Center  
4100 West Third Street  
Dayton, OH 45428  
937-268-6511, ext. (b) (6)

(b) (6)

---

**From:** (b) (6)  
**Sent:** Tuesday, August 12, 2014 12:29 PM  
**To:** (b) (6)  
**Cc:** (b) (6)  
**Subject:** CLCW: Overview

(b) (6)

It was a pleasure speaking with you this afternoon. The Camp Lejeune Contaminated Water Project provides advisory medical opinions for Veterans applying for disability compensation with time served at Camp Lejeune. The training is scheduled for Sept 2-5, 2014 at the Louisville RO. DMA will cover the travel expenses. It will cover the elements of creating a defensible medical opinion. All work is done at your home station in front of your computer. You will be provided with a summary report developed by a occ med physicians assistant detailing all information found in the c-file related to the claimed contention. Each case will require ~45min to 1 hr to review the report/files and develop your opinion. If you are interested please submit your CV for consideration.

(b) (6)

Office of Disability & Medical Assessment  
Department of Veterans Affairs  
810 Vermont Ave. NW  
Washington, DC 20420  
202.461.1703 office

(b) (6)

blackberry



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**From:** (b) (6)  
**To:** (b) (6)  
**Subject:** RE: CLCW: potential VISN 1  
**Date:** Tuesday, August 19, 2014 12:14:19 PM

---

It was a pleasure speaking with you as well and I will forward my CV from home during my lunch period today and will await to hear from you. Thanks for the consideration and opportunity.

Best Regards,

(b) (6)

---

**From:** (b) (6)  
**Sent:** Tuesday, August 19, 2014 11:56 AM  
**To:** (b) (6)  
**Cc:** (b) (6)  
**Subject:** CLCW: potential VISN 1

(b) (6)

It was a pleasure speaking with you this afternoon. Please forward your CV for consideration at the VISN 1 SME.

(b) (6)  
Camp Lejeune Contaminated Water Project Manager  
Office of Disability & Medical Assessment  
Department of Veterans Affairs  
810 Vermont Ave. NW  
Washington, DC 20420  
202.461.1703 office  
(b) (6) blackberry



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**From:** (b) (6)  
**To:** (b) (6)  
**Subject:** RE: CLCW: potential VISN 1  
**Date:** Tuesday, August 19, 2014 12:14:19 PM

---

It was a pleasure speaking with you as well and I will forward my CV from home during my lunch period today and will await to hear from you. Thanks for the consideration and opportunity.

Best Regards,

(b) (6)

---

**From:** (b) (6)  
**Sent:** Tuesday, August 19, 2014 11:56 AM  
**To:** (b) (6)  
**Cc:** (b) (6)  
**Subject:** CLCW: potential VISN 1

(b) (6),

It was a pleasure speaking with you this afternoon. Please forward your CV for consideration at the VISN 1 SME.

(b) (6)  
Camp Lejeune Contaminated Water Project Manager  
Office of Disability & Medical Assessment  
Department of Veterans Affairs  
810 Vermont Ave. NW  
Washington, DC 20420  
202.461.1703 office  
(b) (6) blackberry



Please consider your environmental responsibility before printing this e-mail & any documents

**From:** (b) (6)  
**To:** (b) (6)  
**Cc:** (b) (6)  
**Subject:** RE: CLCW: Training  
**Date:** Tuesday, January 21, 2014 4:02:13 PM  
**Importance:** High

---

(b) (6), sorry to hear you are being pulled in other directions. Best of luck, you will be missed.

CLCW duties cannot be reassigned without DMA involvement.

(b) (6) needs to be vetted and trained prior to doing any of the CLCW cases.

Can someone please forward his CV. In addition, she needs to participate in training prior to assuming CLCW cases.

**From:** (b) (6)  
**Sent:** Friday, January 17, 2014 7:32 AM  
**To:** (b) (6)  
**Subject:** Fw: CLCW: Training

**From:** (b) (6)  
**Sent:** Thursday, January 16, 2014 05:24 PM  
**To:** (b) (6)  
**Cc:**  
**Subject:** RE: CLCW: Training

(b) (6)

(b) (6) is replacing me as the CLCW Reviewer for Central Texas, I will not be attending the training next week, she will also be assuming the record reviews for Central Texas. I have included (b) (6) ACOS for Ambulatory Care and (b) (6) our DCOS thank you

(b) (6)

(b) (6)

Central Texas Veterans Health Care System

**From:** (b) (6)  
**Sent:** Thursday, January 16, 2014 3:19 PM  
**To:** (b) (6)  
(b) (6)  
**Cc:** (b) (6)  
**Subject:** CLCW: Training

Good Afternoon All,

In preparation for the CLCW training session scheduled for next week.

1. We will meet at the Louisville RO in the Lobby at **8 am on Wednesday** ,Jan 22
  - a. Louisville RO Address: 321 West Main St., Suite 390 Louisville, KY 40202
2. (b) (6) blackberry number is: (b) (6)
3. (b) (6) is the VBA POC he can be reached at: (b) (6)
4. Please bring you VA ID badge
5. Your full computer name for remote access

Thanks,

(b) (6)

Office of Disability & Medical Assessment

Department of Veterans Affairs

810 Vermont Ave. NW

Washington, DC 20420

202.461.1703 office

(b) (6)

blackberry

**P Please consider your environmental responsibility before printing this e-mail & any documents**

**From:** (b) (6)  
**To:** (b) (6)  
**Cc:** (b) (6)  
**Subject:** RE: CLCW: VISN 1 CV  
**Date:** Monday, September 08, 2014 11:48:55 AM

---

He seems on the fence, Let me give him a call.

---

**From:** (b) (6)  
**Sent:** Wednesday, September 03, 2014 10:20 AM  
**To:** (b) (6)  
**Cc:** (b) (6)  
**Subject:** CLCW: VISN 1 CV

Please review this CV for CLCW VISN 1 sme.

(b) (6)

**From:** (b) (6)  
**To:** (b) (6)  
**Cc:** (b) (6)  
**Subject:** RE: (b) (6) CV  
**Date:** Friday, May 29, 2015 2:56:23 PM

---

He is a board certified Occ Med Physician and worked in C&P department.

I agree- having some online orientation sessions will be helpful.

I think reaching out to EES and developing some video modules will be helpful

**From:** (b) (6)  
**Sent:** Friday, May 29, 2015 12:58 PM  
**To:** (b) (6)  
**Cc:** (b) (6)  
**Subject:** FW: (b) (6) CV

Please review, he will replace (b) (6) in North Texas. We have to establish some sort of online training program/session.

**From:** (b) (6)  
**To:** (b) (6)  
**Cc:** (b) (6)  
**Subject:** RE: new SMEs  
**Date:** Monday, August 11, 2014 9:33:11 AM

---

Can I get an updated list of confirmed attendees please.

FYI, ND approved my attendance.

---

**From:** (b) (6)  
**Sent:** Monday, August 11, 2014 8:29 AM  
**To:** (b) (6)  
**Cc:** (b) (6)  
**Subject:** RE: new SMEs

FYI, Update on potential new SMEs

---

**From:** (b) (6)  
**Sent:** Tuesday, August 05, 2014 1:09 PM  
**To:** (b) (6)  
**Subject:** new SMEs

1. (b) (6) —Was told no by facility COS—Tomah, WI, VISN 12
2. (b) (6) —Waiting for approval
3. (b) (6) —No response to request for CV
4. (b) (6) —Received approval—VISN 10
5. (b) (6) —Was told to wait for next training session, VISN 23

(b) (6)  
Office of Disability & Medical Assessment  
Department of Veterans Affairs  
810 Vermont Ave. NW  
Washington, DC 20420  
202.461.1703 office  
(b) (6) blackberry



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## DRAFT Response to Huff Post

The Camp Lejeune Contaminated Water (CLCW) Subject Matter Experts (SMEs) program was developed by VHA in an effort to put its best foot forward. To utilize highly qualified examiners with significant experience and training in occupational and environmental medicine to provide the best services to Veterans.

All CLCW SMEs are physicians and the majority of them have graduate-level residency training in environmental medicine or occupational medicine. Most of the SMEs work in the compensation and pension departments at various VA medical centers. Potential candidates are identified by the Veterans Integrated Service Network/medical center directors, other SMEs, and credentialing rosters. The Office of Disability and Medical Assessment (DMA), under the Veterans Health Administration, reviews the qualification and experience of an individual clinician through a review of his/her curriculum vitae and evaluation of his/her prior experience. This also includes a review of all credentialing and privileging components which are vital to any clinician in good standing. DMA is responsible for providing executive leadership to VHA's disability examination programs worldwide, including traditional compensation and pension (C&P) examinations, examinations for Servicemembers, and overseas programs. The ideal candidates are those with extensive experience in occupational and environmental medicine, toxicology, and preventive medicine and a strong background working as an Independent Medical Examiner.

The SMEs initially have a week-long in-person training. The topics covered at our most recent training were: History of Camp Lejeune, Forensic Medicine Overview, Toxicological Consequences of the Major Contaminants, Health Care Law, and Review of the Service Record. This is where they become more familiar with, and discuss, the body of quality literature available to date. This small group training consists of 3-5 senior, experienced CLCW SMEs and 5-8 trainees. The participants observe senior SMEs complete a medical opinion; the trainees then complete multiple case studies on actual cases with oversight from the presenters.

The CLCW claim undergoes a complex process from claim initiation to completion (adjudication). It is important to note that the medical opinion is one piece of evidence used by the Veterans Benefits Administration to adjudicate the disability claim. SMEs evaluate each claim based on the identified condition, the condition's onset, treatment history, and the current status of the condition. For each case, an exposure assessment is developed for the claimed condition, the total time at Camp Lejeune, the Veteran's specific type of duty, and any known risk factors. Some of these risk factors can include post-service occupation, genetics, social history, smoking and alcohol consumption history, as well as others. SMEs will review the toxicology literature that provides estimated solvent exposures within various industrial settings as well as the U.S. Environmental Protection Agency oral reference dose or other standard toxicology measures. The body of literature is comprised of peer review scientific journals, published research reports and other relevant documents.

**Question 1:** The application of the latest science, including ATSDR, IARC, NRC and others to the disability compensation claim disposition process by VA?

**Answer 1:**

Literature reviews and interpretation are being used and developed for the most common disease end points. The plan is to ensure that a literature review/update is performed a minimum of every 6 months for each condition. When new pertinent research is found in the interim, this will be discussed on our monthly Subject Matter Experts (SME) conference calls. Conference call minutes are sent out for those who were unable to attend the call. The SME leaders and Physician Assistant Reviewer routinely review the literature for updates.

The SMEs review research that has exposure data; quantitative or qualitative. This is most often occupational exposure data. The SMEs compare, to the degree possible, exposures in the studies with estimated exposure levels at Camp Lejeune (CL). This comparison is based on total time at Camp Lejeune, type of duty which might lead to increase exposure over base line, such as field training during the summer months resulting in increased water ingestion, and potential unique occupational exposure on base, in addition to environmental exposures.

Exposure assessment needs to take into account all potential sources of exposure during and after military service. SMEs can also calculate estimated exposure at CL based on several Veteran-specific factors and compare that exposure to the Environmental Protection Agency RfD (oral reference dose) or other standard toxicology measures. We can subsequently estimate whether the exposure at CL rises to the level of that thought to cause a specific endpoint or ill health effect in general. SMEs compare odds ratios between risk of a given health effect from CL contaminants and risk of the health effect from a Veteran's known risk factors. We look at this in conjunction with a Veteran's specific information, including length of time of exposure.

SMEs are aware of the Centers for Disease Control and Prevention-ATSDR reports as well as the other references cited. The Institute of Medicine report is a document reviewed by the SMEs. It is included in the body of literature which are weighed for probative value. The SME process uses current science within the legal parameters as established by VA to evaluate each Veteran claim on their own merits as each Veteran and his/her circumstance/exposure is different.

**Question 2:** Provide or discuss the qualifications of the MDs advising that process (claims disposition process specific to, as well as the approval rate and review of previously denied claims in light of newer information.

**Comment [KM1]:** Not sure what is being references here, may be able to stike this statement or it needs an explanation

**Comment [PM2]:** To make a determination regarding what specifically?

**Comment [KM3]:** I would have a tendency to depersonalize this document. Changing "we" to SME's or to "exposure estimations can be calculated based on the comprehensive history. The estimated exposures can then be compared to -----

**Comment [PM4]:** How do they utilize the information in these references in relation to the exam process?

**Comment [PM5]:** Don't under stand meaning of this statement

**Comment [PM6]:** Aren't we also reviewing claims of family members?

**Answer 2:** All SMEs are physicians and the majority of them have graduate training in environmental medicine or occupational medicine. Most of the SMEs work in the compensation and pension departments at various VA medical centers. Potential candidates are identified by the Veterans Integrated Service Network/medical center directors, other SMEs, and credentialing rosters. The Office of Disability and Medical Assessment, under the Veterans Health Administration, reviews the qualification and experience of an individual clinician through a review of his/her curriculum vitae and evaluation of his/her prior experience. The ideal candidates are those with extensive experience in occupational and environmental medicine, toxicology, and preventive medicine and a strong background working as an Independent Medical Examiner.

The SMEs have initial in-person trainings where they discuss the body of quality literature to date. The topics covered at our most recent training were: History of Camp Lejeune, Forensic Medicine Overview, Toxicological Consequences of the Major Contaminants, Health Care Law, and Review of the Service Record.

The internal review process is currently being developed and has been implemented using a phased in approach this fiscal year.

**Question 3:** Staffer is requesting an office call to discuss this in briefing format with SME.

**Answer 3:** N/A

**Comment [PM7]:** Are there any refresher training opportunities?

**Comment [PM8]:** Internal review process for what, denied claims?

**Comment [PM9]:** How can the process be in development and already implemented?

**From:** (b) (6)  
**To:** (b) (6)  
**Subject:** RE: [EXTERNAL] Re: V21 Response: Memo: Subject Matter Experts Camp Lejeune Consultation Service  
**Date:** Friday, November 14, 2014 6:45:57 PM  
**Attachments:** [EAS](#)

---

This slipped off my radar screen I don't think I have anyone else that is qualified so perhaps you can give the V 21 slot to another Network?

**From:** (b) (6)  
**Sent:** Wednesday, October 29, 2014 5:07 AM  
**To:** (b) (6)  
**Subject:** RE: [EXTERNAL] Re: V21 Response: Memo: Subject Matter Experts Camp Lejeune Consultation Service

Judy,

10 cases monthly, 2-3 hrs per case.

(b) (6)

**From:** (b) (6)  
**Sent:** Tuesday, October 28, 2014 3:42 PM  
**To:** (b) (6)  
**Cc:** (b) (6)  
**Subject:** Re: [EXTERNAL] Re: V21 Response: Memo: Subject Matter Experts Camp Lejeune Consultation Service

(b) (6)

Please refresh my memory on how much time this collateral duty might take. I may have to find another individual if the time does not work out.

-----  
Sent from my BlackBerry Wireless Device

**From:** (b) (6)  
**Sent:** Tuesday, October 28, 2014 02:39 PM  
**To:** (b) (6)  
**Cc:** (b) (6)  
**Subject:** RE: [EXTERNAL] Re: V21 Response: Memo: Subject Matter Experts Camp Lejeune Consultation Service

There will need to be some clarification of the responsibilities of this position.

(b) (6) is working as a full-time WRIISC physician, with an additional requirement to review Camp Lejeune Family issues. This position has been extensively described for us by the Office of Public Health. (b) (6) has been closely monitoring the

clinical activities of the WRIISC program, and there is a minimal amount of time for additional tasks.

If there are any significant requirements for time, (b) (6) will not be able to provide that time. She will be available for an occasional telephone response or eConsult for a patient, as a "subject matter expert".

If there are additional needs, particularly for assessment of patients or C&P evaluations, another physician will have to be designated.

Thank you,

(b) (6)

(b) (6)

Director, War Related Illness and Injury Study Center (WRIISC)

VA Palo Alto Health Care System

Tel: (b) (6)

[www.warrelatedillness.va.gov](http://www.warrelatedillness.va.gov)

(b) (6)

(b) (6)

(b) (6)

(b) (6)

**From:** (b) (6)

**Sent:** Tuesday, October 28, 2014 10:04 AM

**To:** (b) (6)

**Cc:** (b) (6)

**Subject:** Re: [EXTERNAL] Re: V21 Response: Memo: Subject Matter Experts Camp Lejeune Consultation Service

yes, I am

Respectfully,

(b) (6)

On Tue, Oct 28, 2014 at 8:43 AM, (b) (6) > wrote:

(b) (6),

Thank you for the prompt reply. I will forward the CV for (b) (6) approval. Additionally, are you available to attend the training scheduled for Dec 8-12, 2014 in

Louisville, KY?

(b)  
)

**From:** (b) (6) **On Behalf Of** (b) (6)

**Sent:** Monday, October 27, 2014 11:21 PM

**To:** (b) (6)

**Cc:** (b) (6)

(b)

**Subject:** [EXTERNAL] Re: V21 Response: Memo: Subject Matter Experts Camp Lejeune Consultation Service

Hello (b) (6),

I am following up on your request for my updated CV, (RE: " You have been selected to represent VISN 21 as the Camp Lejeune Contaminated Water Project, subject matter expert. Please provide a copy of your CV detailing experience in occupational medicine, toxicology or environmental health. )

Updated CV is attached.

Please let me know if you were able to open it since I had computer problems.

Respectfully,

(b) (6)

(b) (6)

(b) (6)

On Thu, Oct 23, 2014 at 4:46 AM, (b) (6) > wrote:

(b) (6)

You have been selected to represent VISN 21 as the Camp Lejeune Contaminated Water Project, subject matter expert. Please provide a copy of your CV detailing experience in occupational medicine, toxicology or environmental health. We are conducting the next training Dec 8-12, 2014 at the Louisville, KY Regional Office. I look forward to receiving your response.

(b)  
)

**From:** (b) (6)

**Sent:** Wednesday, October 22, 2014 05:42 PM Eastern Standard Time

**To:** (b) (6)

**Cc:** (b) (6)

**Subject:** RE: V21 Response: Memo: Subject Matter Experts Camp Lejeune Consultation Service

(b) (6) We would like to change the V21 nomination

**From:** (b) (6)

**Sent:** Wednesday, October 22, 2014 2:29 PM

**To:** (b) (6)

**Cc:** (b) (6)

**Subject:** FW: V21 Response: Memo: Subject Matter Experts Camp Lejeune Consultation Service

Good morning,

I am putting you in touch with (b) (6), who is boarded in Occupational Health (I am not, and thus I do not meet your selection criteria). (b) (6) was recently assigned at PAD to work on Camp LeJeune cases and is interested in attending, per our conversation. I hope this physician meets your needs and serves the best interest of our Veterans. I include her supervisor, (b) (6), above.

Best,

(b) (6)

**From:** (b) (6)

**Sent:** Monday, October 20, 2014 12:10 PM

**To:** (b) (6)

**Cc:** (b) (6)

**Subject:** V21 Response: Memo: Subject Matter Experts Camp Lejeune Consultation Service

(b) (6),

You have been selected to represent VISN 21 as the Camp Lejeune Contaminated Water Project, subject matter expert. Please provide a copy of your CV detailing experience in occupational medicine, toxicology or environmental health. We are conducting the next training Dec 8-12, 2014 at the Louisville, KY Regional Office. I look forward to receiving your response.

Thanks,

(b) (6)

Camp Lejeune Contaminated Water Project

Office of Disability & Medical Assessment

Department of Veterans Affairs

810 Vermont Ave NW

Washington, DC 20420

[202.461.1703](tel:202.461.1703) office

(b) (6) blackberry

**P Please consider your environmental responsibility before printing this e-mail & any documents**

**From:** (b) (6)

**Sent:** Monday, August 25, 2014 11:09 AM

**To:** (b) (6)

**Cc:** (b) (6)

**Subject:** RE: V21 Response: Memo: Subject Matter Experts Camp Lejeune Consultation Service

I sent you a name from Palo Alto (b) (6), (b) (6), from Palo Alto. The facility did not send me (b) (6) name. I will ask about (b) (6) (b) (6)

--

(b) (6)

(b) (6)

Attachments:

image001.png (37912 Bytes)

**From:** (b) (6)  
**To:** (b) (6)  
**Cc:** (b) (6)  
**Subject:** RE: Camp Lejeune Program  
**Date:** Monday, August 18, 2014 9:50:38 AM  
**Attachments:** [EAS](#)

---

(b) (6) :

My CV is attached.

(b) (6)

(b) (6)

*Louis Stokes Cleveland VAMC*  
216-791-3800 ext (b) (6) (phone)  
216-231-3262 (fax)

---

**From:** (b) (6)  
**Sent:** Friday, August 15, 2014 8:16 AM  
**To:** (b) (6)  
**Cc:** (b) (6)  
**Subject:** Camp Lejeune Program

(b) (6)

Your VISN 10 Network Director has identified you as a possible subject matter expert (SME) for Camp Lejeune Contaminated Water disability claims. Office of Disability and Medical Assessment (DMA), oversees VHA medical opinions provided to VBA for use of rating Veteran disability claims related to contaminated water at Camp Lejeune.

We are conducting a training session in September for new SMEs at the Regional Office in Louisville, Kentucky. Since you have been identified as a possible SME, we would like to request a copy of your CV. If you could please provide a copy by Monday, August 18. Please let me know if you have any questions.

Thank you.

(b) (6)

Staff Assistant  
Office of Disability and Medical Assessment (10NC8)  
Department of Veterans Affairs

810 Vermont Ave, 964B  
Washington, DC 20420

Office: (202)461-7342 or BlackBerry: (b) (6)

**From:** (b) (6)  
**To:** (b) (6)  
**Cc:** (b) (6)  
**Subject:** RE: Camp Lejuene, CV attached  
**Date:** Sunday, January 05, 2014 1:13:35 PM

---

Classification: Not VA Sensitive// Not VA Record

(b) (6) will not be attending.

Classification: Not VA Sensitive\\ Not VA Record

This message has been categorized by (b) (6) on Sunday, January 05, 2014 at 12:13:27 PM in accordance with VA Handbook 6500

**From:** (b) (6)  
**Sent:** Monday, December 30, 2013 11:30 AM  
**To:** (b) (6)  
**Cc:** (b) (6)  
**Subject:** RE: Camp Lejuene, CV attached

I'm not sure where everyone is staying, but there are several hotels in downtown Louisville within walking distance of the RO. Funding info is below, please let me know if you need anything else. Thank you!

For travel, I have provided our accounting string below. Please have your alternate prepare submit a travel authorization using the information below. Please confirm with me once this has been submitted so I can ensure it is promptly approved.

Please let me know if you have any questions, further details of the agenda will be coming soon.

101 VACO Veterans Health Administration

ACC: SP3CJ00T1

CC: 8072

Program Area: 10NC5

BOC: 2104

Accounting String:

SP3CJ00T180720010 0152A1101 13 2104

**From:** (b) (6)  
**Sent:** Monday, December 30, 2013 12:19 PM  
**To:** (b) (6)  
**Subject:** RE: Camp Lejuene, CV attached

Classification: Not VA Sensitive// Not VA Record

I spoke with (b) (6) and he should be able to attend. Send travel info to me and I will get him started in Fedtraveler. Where are people staying?

Classification: Not VA Sensitive\\ Not VA Record

This message has been categorized by (b) (6) on Monday, December 30, 2013 at 11:19:00 AM in accordance with VA Handbook 6500

**From:** (b) (6)  
**Sent:** Monday, December 30, 2013 10:34 AM  
**To:** (b) (6)  
**Cc:** (b) (6)  
**Subject:** RE: Camp Lejuene, CV attached

(b) (6)

I sent this message to (b) (6), but received is out of office until Jan 13. Do you know if it will be possible for him to attend the training? Please advise. Thanks,

(b) (6)

**From:** (b) (6)  
**Sent:** Monday, December 30, 2013 11:22 AM  
**To:** (b) (6)  
**Cc:** (b) (6)  
**Subject:** RE: Camp Lejuene, CV attached

(b) (6),

Thank you for submitting your CV. We would be pleased to have you join our team of SMEs. We will be conducting a training session at the Louisville RO from January 21-24. Would it be possible for you to attend. DMA will cover all associated travel costs. Please let me know as soon as possible. Thank you.

(b) (6)

Staff Assistant

Office of Disability and Medical Assessment

810 Vermont Ave, 964B

Washington, DC 20420

Office: (202)461-7342

BlackBerry: (b) (6)

**From:** (b) (6) t

**Sent:** Tuesday, December 24, 2013 12:59 PM

**To:** (b) (6)

**Cc:** (b) (6)

**Subject:** RE: Camp Lejuene, CV attached

**From:** (b) (6)

**Sent:** Thursday, November 07, 2013 8:11 AM

**To:** (b) (6)

**Subject:** FW: Camp Lejuene

Classification: Not VA Sensitive// Not VA Record

Can you send them a CV

Classification: Not VA Sensitive\\ Not VA Record

This message has been categorized by (b) (6) on Thursday, November 07, 2013 at 8:11:21 AM in accordance with VA Handbook 6500

**From:** (b) (6)

**Sent:** Wednesday, November 06, 2013 10:37 AM

**To:** (b) (6)

**Subject:** FW: Camp Lejuene

Classification: Not VA Sensitive// Not VA Record

Can you send them your CV

Classification: Not VA Sensitive\\ Not VA Record

This message has been categorized by (b) (6) on Wednesday, November 06, 2013 at 10:36:41 AM in accordance with VA Handbook 6500

**From:** (b) (6)

**Sent:** Wednesday, November 06, 2013 9:50 AM

**To:** (b) (6)

**Subject:** RE: Camp Lejuene

Could you ask him to provide us with a copy of his CV? Thanks.

**From:** (b) (6)

**Sent:** Wednesday, November 06, 2013 9:45 AM

**To:** (b) (6)

**Subject:** RE: Camp Lejuene

Classification: Not VA Sensitive// Not VA Record

(b) (6)

Classification: Not VA Sensitive\\ Not VA Record

This message has been categorized by (b) (6) on Wednesday, November 06, 2013 at 8:45:14 AM in accordance with VA Handbook 6500

**From:** (b) (6)  
**Sent:** Wednesday, November 06, 2013 8:43 AM  
**To:** (b) (6)  
**Cc:** (b) (6)  
**Subject:** FW: Camp Lejuene

We are planning a new round of training in January.

Would be happy to invite him, if your site would approve.

Can you forward the name

**From:** (b) (6)  
**Sent:** Wednesday, November 06, 2013 8:39 AM  
**To:** (b) (6)  
**Subject:** Camp Lejuene

Classification: Not VA Sensitive// Not VA Record

Classification: Not VA Sensitive// Not VA Record

Classification: Not VA Sensitive// Not VA Record

(b) (6)

I had a new C&P provider start with me this week who is boarded in Occupational Medicine, Genetics, Int Med, Aerospace, etc... I have mentioned him previously and think we should get him trained in Camp Lejuene cases.

The LHI medical director use to do C&P at Tomah, WI.

(b) (6)

(b) (6), STVHCS Compensation and Pension

O: 210-699-2242

Classification: Not VA Sensitive\\ Not VA Record  
This message has been categorized by /o=VA/ou=VISN  
17/cn=Recipients/cn=(b) (6) on Wednesday, November 06, 2013 at  
8:06:46 AM in accordance with VA Handbook 6500

Classification: Not VA Sensitive\\ Not VA Record  
This message has been categorized by /o=VA/ou=VISN  
17/cn=Recipients/cn=(b) (6) on Wednesday, November 06, 2013 at  
8:09:53 AM in accordance with VA Handbook 6500

Classification: Not VA Sensitive\\ Not VA Record  
This message has been categorized by (b) (6) on Wednesday, November

06, 2013 at 8:38:49 AM in accordance with VA Handbook 6500

**From:** (b) (6)  
**To:** (b) (6)  
**Subject:** Camp LeJeune  
**Date:** Wednesday, February 18, 2015 3:10:17 PM  
**Attachments:** [EAS](#)

---

(b) (6) :

This is in follow up to (b) (6) email with regards to clinicians from the Baltimore area who might be suitable for the upcoming Camp LeJeune training. I found out about the training from a conversation with (b) (6), prompting his email shortly thereafter to you. (b) (6) has previously expressed an interest in this training and is board certified in internal medicine and occupational health. Unfortunately, given the short timeframe, I don't think we could successfully plan travel for (b) (6), if accepted into the program. Our providers are fee basis, and as such, most of them have other work commitments outside the VA. (b) (6) works as an ER physician at (b) (6) and her schedule is posted over two months in advance.

I will await to hear from you if she is considered a suitable candidate for the training before pursuing this any further. If there are forthcoming trainings planned for this fiscal year, please let me know how I can get about

getting that information. If (b) (6) is accepted but cannot make the March training, I am hoping we could get her on the roster for the next course. Furthermore, I may have another clinician who is well suited for the training, and I would like to discuss this opportunity with her before sending her CV.

Thank you for your consideration of (b) (6) candidacy.

Sincerely,

(b) (6)

(b) (6)  
(b) (6)  
VA Maryland Health Care System  
Loch Raven CBOC  
3901 The Alameda  
Baltimore, Maryland 21218  
(410) 605-7000 ext. (b) (6)

Channel 6 Orlando Request: 7/9/2015

Question 1: --Are all of the doctors who are designated as SMEs board certified in areas related to toxic exposures? For example, oncology, toxicology, occupational medicine, etc. I have been told there are some that may be general physicians, etc.

Answer 1: All Subject Matter Experts (SMEs) are physicians and the majority of them have graduate training in environmental medicine or occupational medicine. Most of the SMEs work in the compensation and pension departments at various VA medical centers. All receive supplemental instruction relative to this specific mission.

**From:** (b) (6)  
**To:** (b) (6)  
**Subject:** CV\_ (b) (6)  
**Date:** Tuesday, September 16, 2014 4:37:36 PM  
**Attachments:** [EAS](#)

---

**Attachments:**  
(b) (6) Resume 9-16-14.doc (49658 Bytes)

**From:** (b) (6)  
**To:** (b) (6)  
**Subject:** CV\_ (b) (6)  
**Date:** Tuesday, September 16, 2014 4:37:36 PM  
**Attachments:** [EAS](#)

---

**Attachments:**  
(b) (6) Resume 9-16-14.doc (49658 Bytes)

**From:** (b) (6)  
**To:** (b) (6)  
**Cc:** (b) (6)  
**Subject:** FW: CLCW: VISN 12 representation  
**Date:** Thursday, September 11, 2014 2:56:05 PM  
**Attachments:** [EAS](#)

---

FYI

Thank you,

(b) (6)

---

**From:** (b) (6)  
**Sent:** Thursday, September 11, 2014 12:19 PM  
**To:** (b) (6)  
**Subject:** RE: CLCW: VISN 12 representation

Hi (b) (6),  
Attached is a copy .  
Thank you.

(b) (6)

---

**From:** (b) (6)  
**Sent:** Thursday, September 11, 2014 11:37 AM  
**To:** (b) (6)  
**Cc:** (b) (6)  
(b) (6)  
**Subject:** RE: CLCW: VISN 12 representation

Hello (b) (6)

We have not received a copy of your CV and it is necessary for us to move forward with this national requirement to designate Camp Lejeune SMEs. Please send this as soon as possible.

Thank you,

(b) (6)

---

**From:** (b) (6)  
**Sent:** Tuesday, August 26, 2014 11:57 AM  
**To:** (b) (6)  
**Cc:** (b) (6)  
**Subject:** FW: CLCW: VISN 12 representation

Hello (b) (6)

Can you please provide (b) (6) with a copy of your CV? She will need to review prior to next week's training.

Thank you,

(b) (6)

(b) (6)

VA Great Lakes Health Care System (VISN 12)

708.492.3915 office

(b) (6)

cell

(b) (6)

-----Original Message-----

**From:** (b) (6)

**Sent:** Wednesday, August 20, 2014 08:23 AM Central Standard Time

**To:** (b) (6)

**Cc:** (b) (6)

**Subject:** CLCW: VISN 12 representation

Good Morning,

Your names were submitted by the VISN as potential subject matter experts for the Camp Lejeune Contaminated Water Project. Please provide your CVs for review. We will be conducting the training session Sept 2-5 at the Louisville, KY Regional Office. I look forward to your response.

Thanks,

(b) (6)

Office of Disability & Medical Assessment

Department of Veterans Affairs

810 Vermont Ave NW

Washington, DC 20420

202.461.1703 office

(b) (6)

blackberry



Please consider your environmental responsibility before printing this e-mail & any documents

**From:** (b) (6)  
**To:** (b) (6)  
**Subject:** FW: (b) (6) CV 2013.docx  
**Date:** Tuesday, August 26, 2014 1:40:32 PM  
**Attachments:** [EAS](#)

---

(b) (6)

Here is the corrected CV.

Thanks,

(b) (6)

---

**From:** (b) (6)  
**Sent:** Tuesday, August 26, 2014 1:39 PM  
**To:** (b) (6)  
**Subject:** (b) (6) 2013.docx

**From:** (b) (6)  
**To:** (b) (6)  
**Cc:** (b) (6)  
**Subject:** [EXTERNAL] CV  
**Date:** Tuesday, August 19, 2014 6:26:14 AM  
**Attachments:** [EAS](#)

---

(b) (6),

My current CV is attached.

(b) (6)

**DEPARTMENT OF  
VETERANS AFFAIRS**

**Memorandum**

Date:

From: Acting Assistant Deputy Under Secretary for Health for Operations and Management for Clinical Operations

To: Director, VISN 16 South Central VA Health Care Network

Subj: Subject Matter Experts (SMEs) Camp Lejeune Consultation Service

1. The evaluation of claims for disability related to contamination of drinking water at Camp Lejeune between 1957 and 1987 has become a major VA effort. There are over 1200 pending claims for issues allegedly related to drinking contaminated water at Camp Lejeune.
2. The Office of Disability and Medical Assessment (DMA) is utilizing a "consultation service" to evaluate these more complex claims. We would like to identify at least one board certified or board eligible occupational physician within your VISN to evaluate these complex claims for facilities within the VISN. Alternatively, an internist or family physician with experience in occupational/environmental medicine or toxicology and preferably with experience in performing either VHA disability evaluations or independent medical evaluations could also be considered an expert for purposes of our consult service.
3. We have identified (b) (6) at the Fayetteville VAMC, in VISN 16, who has the desired credentials. This individual is part of our disability evaluation service and has already volunteered to develop these medical opinions. We are asking that (b) (6) be made available as necessary to provide advisory medical opinions for claims related to contaminated drinking water at Camp Lejeune.
4. DMA will be providing training in the specifics of the Camp Lejeune issue for all SMEs and training on the development of a defensible medical opinion for those who are unfamiliar with these types of evaluations.
5. This is a highly visible endeavor which may affect the benefits of thousands of Veterans. I am sure you share with me the commitment to providing the most qualified individuals to undertake this important responsibility.- Thank you in advance for your support.
6. The Points of Contact for this Memorandum are (b) (6), Director Clinical Programs and Administrative Operations, DMA, (b) (6), (b) (6) or (b) (6), Senior Medical Advisor, DMA, (b) (6), (b) (6), (b) (6).

(b) (6)

**DEPARTMENT OF  
VETERANS AFFAIRS**

**Memorandum**

Date:

From: Acting Assistant Deputy Under Secretary for Health for Operations and Management for Clinical Operations

To: Director, VISN 17 Heart of Texas Health Care Network

Subj: Subject Matter Experts (SMEs) Camp Lejeune Consultation Service

1. The evaluation of claims for disability related to contamination of drinking water at Camp Lejeune between 1957 and 1987 has become a major VA effort. There are over 1200 pending claims for issues allegedly related to drinking contaminated water at Camp Lejeune.
2. The Office of Disability and Medical Assessment (DMA) is utilizing a "consultation service" to evaluate these more complex claims. We would like to identify at least one board certified or board eligible occupational physician within your VISN to evaluate these complex claims for facilities within the VISN. Alternatively, an internist or family physician with experience in occupational/environmental medicine or toxicology and preferably with experience in performing either VHA disability evaluations or independent medical evaluations could also be considered an expert for purposes of our consult service.
3. We have identified (b) (6), at the South Texas VAMC in VISN 17, who has the desired credentials. This individual is part of our disability evaluation service and has already volunteered to develop these medical opinions. We are asking that he be made available as necessary to provide advisory medical opinions for claims related to contaminated drinking water at Camp Lejeune.
4. DMA will be providing training in the specifics of the Camp Lejeune issue for all SMEs and training on the development of a defensible medical opinion for those who are unfamiliar with these types of evaluations.
5. This is a highly visible endeavor which may affect the benefits of thousands of Veterans. I am sure you share with me the commitment to providing the most qualified individuals to undertake this important responsibility.- Thank you in advance for your support.
6. The Points of Contact for this Memorandum are (b) (6), Director Clinical Programs and Administrative Operations, DMA, (b) (6), (b) (6), or (b) (6), Senior Medical Advisor, DMA, (b) (6).

(b) (6)

**DEPARTMENT OF  
VETERANS AFFAIRS**

**Memorandum**

Date:

From: Acting Assistant Deputy Under Secretary for Health for Operations and Management for Clinical Operations

To: Director, VISN 18 Southwest Health Care Network

Subj: Subject Matter Experts (SMEs) Camp Lejeune Consultation Service

1. The evaluation of claims for disability related to contamination of drinking water at Camp Lejeune between 1957 and 1987 has become a major VA effort. There are over 1200 pending claims for issues allegedly related to drinking contaminated water at Camp Lejeune.
2. The Office of Disability and Medical Assessment (DMA) is utilizing a "consultation service" to evaluate these more complex claims. We would like to identify at least one board certified or board eligible occupational physician within your VISN to evaluate these complex claims for facilities within the VISN. Alternatively, an internist or family physician with experience in occupational/environmental medicine or toxicology and preferably with experience in performing either VHA disability evaluations or independent medical evaluations could also be considered an expert for purposes of our consult service.
3. So far we have not been able to identify a physician with the necessary credentials in your VISN. If you could please provide a name of a physician with the desired credentials who can perform this work and make her/him available as necessary to provide advisory medical opinions for claims related to contaminated drinking water at Camp Lejeune. We are requesting this information by August 15, 2012, and it can be sent to (b) (6) at the contact information below.
4. DMA will be providing training in the specifics of the Camp Lejeune issue for all SMEs and training on the development of a defensible medical opinion for those who are unfamiliar with these types of evaluations.
5. This is a highly visible endeavor which may affect the benefits of thousands of Veterans. I am sure you share with me the commitment to providing the most qualified individuals to undertake this important responsibility.- Thank you in advance for your support.
6. The Points of Contact for this Memorandum are (b) (6), Director Clinical Programs and Administrative Operations, DMA, (b) (6), (b) (6) or (b) (6) Senior Medical Advisor, DMA, (b) (6) - (b) (6).

(b) (6)

**DEPARTMENT OF  
VETERANS AFFAIRS**

**Memorandum**

Date:

From: Acting Assistant Deputy Under Secretary for Health for Operations and Management for Clinical Operations

To: Director, VISN 19 Rocky Mountain Network

Subj: Subject Matter Experts (SMEs) Camp Lejeune Consultation Service

1. The evaluation of claims for disability related to contamination of drinking water at Camp Lejeune between 1957 and 1987 has become a major VA effort. There are over 1200 pending claims for issues allegedly related to drinking contaminated water at Camp Lejeune.
2. The Office of Disability and Medical Assessment (DMA) is utilizing a "consultation service" to evaluate these more complex claims. We would like to identify at least one board certified or board eligible occupational physician within your VISN to evaluate these complex claims for facilities within the VISN. Alternatively, an internist or family physician with experience in occupational/environmental medicine or toxicology and preferably with experience in performing either VHA disability evaluations or independent medical evaluations could also be considered an expert for purposes of our consult service.
3. So far we have not been able to identify a physician with the necessary credentials in your VISN. If you could please provide a name of a physician with the desired credentials who can perform this work and make her/him available as necessary to provide advisory medical opinions for claims related to contaminated drinking water at Camp Lejeune. We are requesting this information by August 15, 2012, and it can be sent to (b) (6) at the contact information below.
4. DMA will be providing training in the specifics of the Camp Lejeune issue for all SMEs and training on the development of a defensible medical opinion for those who are unfamiliar with these types of evaluations.
5. This is a highly visible endeavor which may affect the benefits of thousands of Veterans. I am sure you share with me the commitment to providing the most qualified individuals to undertake this important responsibility.- Thank you in advance for your support.
6. The Points of Contact for this Memorandum are (b) (6), Director Clinical Programs and Administrative Operations, DMA, (b) (6), (b) (6) or (b) (6), Senior Medical Advisor, DMA, (b) (6) - (b) (6).

(b) (6)

**DEPARTMENT OF  
VETERANS AFFAIRS**

**Memorandum**

Date:

From: Acting Assistant Deputy Under Secretary for Health for Operations and Management for Clinical Operations

To: Director, VISN 20 Northwest Network

Subj: Subject Matter Experts (SMEs) Camp Lejeune Consultation Service

1. The evaluation of claims for disability related to contamination of drinking water at Camp Lejeune between 1957 and 1987 has become a major VA effort. There are over 1200 pending claims for issues allegedly related to drinking contaminated water at Camp Lejeune.
2. The Office of Disability and Medical Assessment (DMA) is utilizing a "consultation service" to evaluate these more complex claims. We would like to identify at least one board certified or board eligible occupational physician within your VISN to evaluate these complex claims for facilities within the VISN. Alternatively, an internist or family physician with experience in occupational/environmental medicine or toxicology and preferably with experience in performing either VHA disability evaluations or independent medical evaluations could also be considered an expert for purposes of our consult service.
3. We have identified (b) (6) at the Seattle VAMC as having the needed credentials. We are asking that he or another physician with the desired credentials be made available as necessary to provide advisory medical opinions for claims related to contaminated drinking water at Camp Lejeune.
4. DMA will be providing training in the specifics of the Camp Lejeune issue for all SMEs and training on the development of a defensible medical opinion for those who are unfamiliar with these types of evaluations.
5. This is a highly visible endeavor which may affect the benefits of thousands of Veterans. I am sure you share with me the commitment to providing the most qualified individuals to undertake this important responsibility.- Thank you in advance for your support.
6. The Points of Contact for this Memorandum are (b) (6), Director Clinical Programs and Administrative Operations, DMA, (b) (6), (b) (6) or (b) (6), Senior Medical Advisor, DMA, (b) (6).

(b) (6)

**DEPARTMENT OF  
VETERANS AFFAIRS**

**Memorandum**

Date:

From: Acting Assistant Deputy Under Secretary for Health for Operations and Management for Clinical Operations

To: Director, VISN 21 Sierra Pacific Network

Subj: Subject Matter Experts (SMEs) Camp Lejeune Consultation Service

1. The evaluation of claims for disability related to contamination of drinking water at Camp Lejeune between 1957 and 1987 has become a major VA effort. There are over 1200 pending claims for issues allegedly related to drinking contaminated water at Camp Lejeune.
2. The Office of Disability and Medical Assessment (DMA) is utilizing a "consultation service" to evaluate these more complex claims. We would like to identify at least one board certified or board eligible occupational physician within your VISN to evaluate these complex claims for facilities within the VISN. Alternatively, an internist or family physician with experience in occupational/environmental medicine or toxicology and preferably with experience in performing either VHA disability evaluations or independent medical evaluations could also be considered an expert for purposes of our consult service.
3. So far we have not been able to identify a physician with the necessary credentials in your VISN. If you could please provide a name of a physician with the desired credentials who can perform this work and make her/him available as necessary to provide advisory medical opinions for claims related to contaminated drinking water at Camp Lejeune. We are requesting this information by August 15, 2012, and it can be sent to (b) (6) at the contact information below.
4. DMA will be providing training in the specifics of the Camp Lejeune issue for all SMEs and training on the development of a defensible medical opinion for those who are unfamiliar with these types of evaluations.
5. This is a highly visible endeavor which may affect the benefits of thousands of Veterans. I am sure you share with me the commitment to providing the most qualified individuals to undertake this important responsibility. Thank you in advance for your support.
6. The Points of Contact for this Memorandum are (b) (6), Director Clinical Programs and Administrative Operations, DMA, (b) (6), (b) (6), or (b) (6), Senior Medical Advisor, DMA, (b) (6).

(b) (6)

**DEPARTMENT OF  
VETERANS AFFAIRS**

**Memorandum**

Date:

From: Acting Assistant Deputy Under Secretary for Health for Operations and Management for Clinical Operations

To: Director, VISN 22 Desert Pacific Healthcare Network

Subj: Subject Matter Experts (SMEs) Camp Lejeune Consultation Service

1. The evaluation of claims for disability related to contamination of drinking water at Camp Lejeune between 1957 and 1987 has become a major VA effort. There are over 1200 pending claims for issues allegedly related to drinking contaminated water at Camp Lejeune.
2. The Office of Disability and Medical Assessment (DMA) is utilizing a "consultation service" to evaluate these more complex claims. We would like to identify at least one board certified or board eligible occupational physician within your VISN to evaluate these complex claims for facilities within the VISN. Alternatively, an internist or family physician with experience in occupational/environmental medicine or toxicology and preferably with experience in performing either VHA disability evaluations or independent medical evaluations could also be considered an expert for purposes of our consult service.
3. We have identified (b) (6) at the Las Vegas VAMC as having the needed credentials. We are asking that she or another physician with the desired credentials be made available as necessary to provide advisory medical opinions for claims related to contaminated drinking water at Camp Lejeune.
4. DMA will be providing training in the specifics of the Camp Lejeune issue for all SMEs and training on the development of a defensible medical opinion for those who are unfamiliar with these types of evaluations.
5. This is a highly visible endeavor which may affect the benefits of thousands of Veterans. I am sure you share with me the commitment to providing the most qualified individuals to undertake this important responsibility.- Thank you in advance for your support.
6. The Points of Contact for this Memorandum are (b) (6), Director Clinical Programs and Administrative Operations, DMA, (b) (6), (b) (6) or (b) (6), Senior Medical Advisor, DMA, (b) (6) - (b) (6).

(b) (6)

**DEPARTMENT OF  
VETERANS AFFAIRS**

**Memorandum**

Date:

From: Acting Assistant Deputy Under Secretary for Health for Operations and Management for Clinical Operations

To: Director, VISN 23 VA Midwest Health Care Network

Subj: Subject Matter Experts (SMES) Camp Lejeune Consultation Service

1. The evaluation of claims for disability related to contamination of drinking water at Camp Lejeune between 1957 and 1987 has become a major VA effort. There are over 1200 pending claims for issues allegedly related to drinking contaminated water at Camp Lejeune.
2. The Office of Disability and Medical Assessment (DMA) is utilizing a "consultation service" to evaluate these more complex claims. We would like to identify at least one board certified or board eligible occupational physician within your VISN to evaluate these complex claims for facilities within the VISN. Alternatively, an internist or family physician with experience in occupational/environmental medicine or toxicology and preferably with experience in performing either VHA disability evaluations or independent medical evaluations could also be considered an expert for purposes of our consult service.
3. We have identified (b) (6), and (b) (6), in VISN 23, who have the desired credentials. These individuals are part of our disability evaluation service. We are asking that they be made available as necessary to provide advisory medical opinions for claims related to contaminated drinking water at Camp Lejeune.
4. DMA will be providing training in the specifics of the Camp Lejeune issue for all SMEs and training on the development of a defensible medical opinion for those who are unfamiliar with these types of evaluations.
5. This is a highly visible endeavor which may affect the benefits of thousands of Veterans. I am sure you share with me the commitment to providing the most qualified individuals to undertake this important responsibility.- Thank you in advance for your support.
6. The Points of Contact for this Memorandum are (b) (6), Director Clinical Programs and Administrative Operations, DMA, (b) (6), (b) (6) or (b) (6), Senior Medical Advisor, DMA, (b) (6).

(b) (6)

**DEPARTMENT OF  
VETERANS AFFAIRS**

**Memorandum**

Date:

From: Acting Assistant Deputy Under Secretary for Health for Operations and Management for Clinical Operations

To: Director, VISN 6 Mid-Atlantic Health Care Network

Subj: Subject Matter Experts (SMEs) Camp Lejeune Consultation Service

1. The evaluation of claims for disability related to contamination of drinking water at Camp Lejeune between 1957 and 1987 has become a major VA effort. There are over 1200 pending claims for issues allegedly related to drinking contaminated water at Camp Lejeune.
2. The Office of Disability and Medical Assessment (DMA) is utilizing a "consultation service" to evaluate these more complex claims. We would like to identify at least one board certified or board eligible occupational physician within your VISN to evaluate these complex claims for facilities within the VISN. Alternatively, an internist or family physician with experience in occupational/environmental medicine or toxicology and preferably with experience in performing either VHA disability evaluations or independent medical evaluations could also be considered an expert for purposes of our consult service.
3. We have identified (b) (6), and (b) (6), at the Asheville VAMC in VISN 6, who have the desired credentials. These individuals are part of our disability evaluation service. We are asking that they be made available as necessary to provide advisory medical opinions for claims related to contaminated drinking water at Camp Lejeune.
4. DMA will be providing training in the specifics of the Camp Lejeune issue for all SMEs and training on the development of a defensible medical opinion for those who are unfamiliar with these types of evaluations.
5. This is a highly visible endeavor which may affect the benefits of thousands of Veterans. I am sure you share with me the commitment to providing the most qualified individuals to undertake this important responsibility.- Thank you in advance for your support.
6. The Points of Contact for this Memorandum are (b) (6), Director Clinical Programs and Administrative Operations, DMA, (b) (6), (b) (6), or (b) (6), Senior Medical Advisor, DMA, (b) (6).

(b) (6)

**DEPARTMENT OF  
VETERANS AFFAIRS**

**Memorandum**

Date:

From: Acting Assistant Deputy Under Secretary for Health for Operations and Management for Clinical Operations

To: Director, VISN 7 Southeast Network

Subj: Subject Matter Experts (SMEs) Camp Lejeune Consultation Service

1. The evaluation of claims for disability related to contamination of drinking water at Camp Lejeune between 1957 and 1987 has become a major VA effort. There are over 1200 pending claims for issues allegedly related to drinking contaminated water at Camp Lejeune.
2. The Office of Disability and Medical Assessment (DMA) is utilizing a "consultation service" to evaluate these more complex claims. We would like to identify at least one board certified or board eligible occupational physician within your VISN to evaluate these complex claims for facilities within the VISN. Alternatively, an internist or family physician with experience in occupational/environmental medicine or toxicology and preferably with experience in performing either VHA disability evaluations or independent medical evaluations could also be considered an expert for purposes of our consult service.
3. We have identified (b) (6) and (b) (6) at the Atlanta VAMC as having the needed credentials. We are asking that they or other physicians with the desired credentials be made available as necessary to provide advisory medical opinions for claims related to contaminated drinking water at Camp Lejeune.
4. DMA will be providing training in the specifics of the Camp Lejeune issue for all SMEs and training on the development of a defensible medical opinion for those who are unfamiliar with these types of evaluations.
5. This is a highly visible endeavor which may affect the benefits of thousands of Veterans. I am sure you share with me the commitment to providing the most qualified individuals to undertake this important responsibility.- Thank you in advance for your support.
6. The Points of Contact for this Memorandum are (b) (6), Director Clinical Programs and Administrative Operations, DMA, (b) (6), (b) (6), or (b) (6), Senior Medical Advisor, DMA, (b) (6).

(b) (6)

**DEPARTMENT OF  
VETERANS AFFAIRS**

**Memorandum**

Date:

From: Acting Assistant Deputy Under Secretary for Health for Operations and Management for Clinical Operations

To: Director, VISN 8 Sunshine Healthcare Network

Subj: Subject Matter Experts (SMEs) Camp Lejeune Consultation Service

1. The evaluation of claims for disability related to contamination of drinking water at Camp Lejeune between 1957 and 1987 has become a major VA effort. There are over 1200 pending claims for issues allegedly related to drinking contaminated water at Camp Lejeune.
2. The Office of Disability and Medical Assessment (DMA) is utilizing a "consultation service" to evaluate these more complex claims. We would like to identify at least one board certified or board eligible occupational physician within your VISN to evaluate these complex claims for facilities within the VISN. Alternatively, an internist or family physician with experience in occupational/environmental medicine or toxicology and preferably with experience in performing either VHA disability evaluations or independent medical evaluations could also be considered an expert for purposes of our consult service.
3. We have identified (b) (6) at the Gainesville VAMC as having the needed credentials. We are asking that he or another physician with the desired credentials be made available as necessary to provide advisory medical opinions for claims related to contaminated drinking water at Camp Lejeune.
4. DMA will be providing training in the specifics of the Camp Lejeune issue for all SMEs and training on the development of a defensible medical opinion for those who are unfamiliar with these types of evaluations.
5. This is a highly visible endeavor which may affect the benefits of thousands of Veterans. I am sure you share with me the commitment to providing the most qualified individuals to undertake this important responsibility.- Thank you in advance for your support.
6. The Points of Contact for this Memorandum are (b) (6), Director Clinical Programs and Administrative Operations, DMA, (b) (6), (b) (6) or (b) (6), Senior Medical Advisor, DMA, (b) (6), (b) (6)

(b) (6)

**DEPARTMENT OF  
VETERANS AFFAIRS**

**Memorandum**

Date:

From: Acting Assistant Deputy Under Secretary for Health for Operations and Management for Clinical Operations

To: Director, VISN 9 MidSouth Health Care Network

Subj: Subject Matter Experts (SMEs) Camp Lejeune Consultation Service

1. The evaluation of claims for disability related to contamination of drinking water at Camp Lejeune between 1957 and 1987 has become a major VA effort. There are over 1200 pending claims for issues allegedly related to drinking contaminated water at Camp Lejeune.
2. While some of these claims are straight-forward enough that the medical opinion can be rendered by the general disability evaluation community, most are highly complex cases that require the expert opinion of specialists in the area of Occupational and Environmental Medicine.
3. The Office of Disability and Medical Assessment (DMA) is utilizing a "consultation service" to evaluate these more complex claims. We would like to identify at least one board certified or board eligible occupational physician within your VISN to evaluate these complex claims for facilities within the VISN. Alternatively, an internist or family physician with experience in occupational/environmental medicine or toxicology and preferably with experience in performing either VHA disability evaluations or independent medical evaluations could also be considered an expert for purposes of our consult service.
4. We have identified (b) (6) at the James H. Quillen VAMC as having the needed credentials. We are asking that they or another physician with the desired credentials be made available as necessary to provide advisory medical opinions for claims related to contaminated drinking water at Camp Lejeune.
5. DMA will be providing training in the specifics of the Camp Lejeune issue for all SMEs and training on the development of a defensible medical opinion for those who are unfamiliar with these types of evaluations.
6. This is a highly visible endeavor which may affect the benefits of thousands of Veterans. I am sure you share with me the commitment to providing the most qualified individuals to undertake this important responsibility.- Thank you in advance for your support.
7. The Points of Contact for this Memorandum are (b) (6), Director Clinical Programs and Administrative Operations, DMA, (b) (6), (b) (6) or (b) (6), Senior Medical Advisor, DMA, (b) (6).

(b) (6)

**DEPARTMENT OF  
VETERANS AFFAIRS**

**Memorandum**

Date:

From: Acting Assistant Deputy Under Secretary for Health for Operations and Management for Clinical Operations

To: Director, VISN 10 Healthcare System of Ohio

Subj: Subject Matter Experts (SMEs) Camp Lejeune Consultation Service

1. The evaluation of claims for disability related to contamination of drinking water at Camp Lejeune between 1957 and 1987 has become a major VA effort. There are over 1200 pending claims for issues allegedly related to drinking contaminated water at Camp Lejeune.
2. The Office of Disability and Medical Assessment (DMA) is utilizing a "consultation service" to evaluate these more complex claims. We would like to identify at least one board certified or board eligible occupational physician within your VISN to evaluate these complex claims. Alternatively, an internist or family physician with experience in occupational/environmental medicine or toxicology and preferably with experience in performing either VHA disability evaluations or independent medical evaluations could also be considered an expert for purposes of our consult service.
3. We have identified (b) (6), at the Cincinnati VAMC in VISN 10, who has the desired credentials. This individual is part of our disability evaluation service and has already volunteered to develop these medical opinions. We are asking that she be made available as necessary to provide advisory medical opinions for claims related to contaminated drinking water at Camp Lejeune.
4. DMA will be providing training in the specifics of the Camp Lejeune issue for all SMEs and training on the development of a defensible medical opinion for those who are unfamiliar with these types of evaluations.
5. This is a highly visible endeavor which may affect the benefits of thousands of Veterans. I am sure you share with me the commitment to providing the most qualified individuals to undertake this important responsibility.- Thank you in advance for your support.
6. The Points of Contact for this Memorandum are (b) (6), Director Clinical Programs and Administrative Operations, DMA, (b) (6), (b) (6), or (b) (6), Senior Medical Advisor, DMA, (b) (6)

(b) (6)

**DEPARTMENT OF  
VETERANS AFFAIRS**

**Memorandum**

Date:

From: Acting Assistant Deputy Under Secretary for Health for Operations and Management for Clinical Operations

To: Director, VISN 11 Veterans in Partnership

Subj: Subject Matter Experts (SMEs) Camp Lejeune Consultation Service

1. The evaluation of claims for disability related to contamination of drinking water at Camp Lejeune between 1957 and 1987 has become a major VA effort. There are over 1200 pending claims for issues allegedly related to drinking contaminated water at Camp Lejeune.
2. The Office of Disability and Medical Assessment (DMA) is utilizing a "consultation service" to evaluate these more complex claims. We would like to identify at least one board certified or board eligible occupational physician within your VISN to evaluate these complex claims for facilities within the VISN. Alternatively, an internist or family physician with experience in occupational/environmental medicine or toxicology and preferably with experience in performing either VHA disability evaluations or independent medical evaluations could also be considered an expert for purposes of our consult service.
3. We have identified (b) (6), at the Ann Arbor VAMC in VISN 11, who has the desired credentials. This individual is part of our disability evaluation service and has already volunteered to develop these medical opinions. We are asking that she be made available as necessary to provide advisory medical opinions for claims related to contaminated drinking water at Camp Lejeune.
4. DMA will be providing training in the specifics of the Camp Lejeune issue for all SMEs and training on the development of a defensible medical opinion for those who are unfamiliar with these types of evaluations.
5. This is a highly visible endeavor which may affect the benefits of thousands of Veterans. I am sure you share with me the commitment to providing the most qualified individuals to undertake this important responsibility.- Thank you in advance for your support.
6. The Points of Contact for this Memorandum are (b) (6), Director Clinical Programs and Administrative Operations, DMA, (b) (6), (b) (6) or (b) (6), Senior Medical Advisor, DMA, (b) (6)

(b) (6)

**DEPARTMENT OF  
VETERANS AFFAIRS**

**Memorandum**

Date:

From: Acting Assistant Deputy Under Secretary for Health for Operations and Management for Clinical Operations

To: Director, VISN 12 Great Lakes Health Care System

Subj: Subject Matter Experts (SMEs) Camp Lejeune Consultation Service

1. The evaluation of claims for disability related to contamination of drinking water at Camp Lejeune between 1957 and 1987 has become a major VA effort. There are over 1200 pending claims for issues allegedly related to drinking contaminated water at Camp Lejeune.
2. The Office of Disability and Medical Assessment (DMA) is utilizing a "consultation service" to evaluate these more complex claims. We would like to identify at least one board certified or board eligible occupational physician within your VISN to evaluate these complex claims for facilities within the VISN. Alternatively, an internist or family physician with experience in occupational/environmental medicine or toxicology and preferably with experience in performing either VHA disability evaluations or independent medical evaluations could also be considered an expert for purposes of our consult service.
3. So far we have not been able to identify a physician with the necessary credentials in your VISN. If you could please provide a name of a physician with the desired credentials who can perform this work and make her/him available as necessary to provide advisory medical opinions for claims related to contaminated drinking water at Camp Lejeune. We are requesting this information by August 15, 2012, and it can be sent to (b) (6) at the contact information below.
4. DMA will be providing training in the specifics of the Camp Lejeune issue for all SMEs and training on the development of a defensible medical opinion for those who are unfamiliar with these types of evaluations.
5. This is a highly visible endeavor which may affect the benefits of thousands of Veterans. I am sure you share with me the commitment to providing the most qualified individuals to undertake this important responsibility.- Thank you in advance for your support.
6. The Points of Contact for this Memorandum are (b) (6), Director Clinical Programs and Administrative Operations, DMA, (b) (6), (b) (6), or (b) (6), Senior Medical Advisor, DMA, (b) (6).

(b) (6)

**DEPARTMENT OF  
VETERANS AFFAIRS**

**Memorandum**

Date:

From: Acting Assistant Deputy Under Secretary for Health for Operations and Management for Clinical Operations

To: Director, VISN 15 Heartland Network

Subj: Subject Matter Experts (SMEs) Camp Lejeune Consultation Service

1. The evaluation of claims for disability related to contamination of drinking water at Camp Lejeune between 1957 and 1987 has become a major VA effort. There are over 1200 pending claims for issues allegedly related to drinking contaminated water at Camp Lejeune.
2. The Office of Disability and Medical Assessment (DMA) is utilizing a "consultation service" to evaluate these more complex claims. We would like to identify at least one board certified or board eligible occupational physician within your VISN to evaluate these complex claims for facilities within the VISN. Alternatively, an internist or family physician with experience in occupational/environmental medicine or toxicology and preferably with experience in performing either VHA disability evaluations or independent medical evaluations could also be considered an expert for purposes of our consult service.
3. So far we have not been able to identify a physician with the necessary credentials in your VISN. If you could please provide a name of a physician with the desired credentials who can perform this work and make her/him available as necessary to provide advisory medical opinions for claims related to contaminated drinking water at Camp Lejeune. We are requesting this information by August 15, 2012, and it can be sent to (b) (6) at the contact information below.
4. DMA will be providing training in the specifics of the Camp Lejeune issue for all SMEs and training on the development of a defensible medical opinion for those who are unfamiliar with these types of evaluations.
5. This is a highly visible endeavor which may affect the benefits of thousands of Veterans. I am sure you share with me the commitment to providing the most qualified individuals to undertake this important responsibility.- Thank you in advance for your support.
6. The Points of Contact for this Memorandum are (b) (6), Director Clinical Programs and Administrative Operations, DMA, (b) (6), (b) (6), or (b) (6), Senior Medical Advisor, DMA, (b) (6).

(b) (6)

DEPARTMENT OF  
VETERANS AFFAIRS

Memorandum

Date:

From: Acting Assistant Deputy Under Secretary for Health for Operations and Management for Clinical Operations

To: Director, VISN 1 New England Healthcare System

Subj: Subject Matter Experts(SMEs) Camp Lejeune Consultation Service

1. The evaluation of claims for disability related to contamination of drinking water at Camp Lejeune between 1957 and 1987 has become a major VA effort. There are over 1200 pending claims for issues allegedly related to drinking contaminated water at Camp Lejeune.
2. The Office of Disability and Medical Assessment (DMA) is utilizing a "consultation service" to evaluate these more complex claims. We would like to identify at least one board certified or board eligible occupational physician within your VISN to evaluate these complex claims for facilities within the VISN. Alternatively, an internist or family physician with experience in occupational/environmental medicine or toxicology and preferably with experience in performing either VHA disability evaluations or independent medical evaluations could also be considered an expert for purposes of our consult service.
3. We have identified (b) (6) at the West Haven VAMC who has the desired credentials. This individual is part of our disability evaluation service and has already volunteered to develop these medical opinions. We are asking that they be made available as necessary to provide advisory medical opinions for claims related to contaminated drinking water at Camp Lejeune.
4. DMA will be providing training in the specifics of the Camp Lejeune issue for all SMEs and training on the development of a defensible medical opinion for those who are unfamiliar with these types of evaluations.
5. This is a highly visible endeavor which may affect the benefits of thousands of Veterans. I am sure you share with me the commitment to providing the most qualified individuals to undertake this important responsibility. Thank you in advance for your support.
6. The Points of Contact for this Memorandum are (b) (6), Director Clinical Programs and Administrative Operations, DMA, (b) (6), (b) (6) or (b) (6), Senior Medical Advisor, DMA, (b) (6).

(b) (6)

**DEPARTMENT OF  
VETERANS AFFAIRS**

**Memorandum**

Date:

From: Acting Assistant Deputy Under Secretary for Health for Operations and Management for Clinical Operations

To: Director, VISN 2 Upstate New York Healthcare Network

Subj: Subject Matter Experts (SMEs) Camp Lejeune Consultation Service

1. The evaluation of claims for disability related to contamination of drinking water at Camp Lejeune between 1957 and 1987 has become a major VA effort. There are over 1200 pending claims for issues allegedly related to drinking contaminated water at Camp Lejeune.
2. The Office of Disability and Medical Assessment (DMA) is utilizing a "consultation service" to evaluate these more complex claims. We would like to identify at least one board certified or board eligible occupational physician within your VISN to evaluate these complex claims for facilities within the VISN. Alternatively, an internist or family physician with experience in occupational/environmental medicine or toxicology and preferably with experience in performing either VHA disability evaluations or independent medical evaluations could also be considered an expert for purposes of our consult service.
3. So far we have not been able to identify a physician with the necessary credentials in your VISN. If you could please provide the name of a physician with the desired credentials who can perform this work and make her/him available as necessary to provide advisory medical opinions for claims related to contaminated drinking water at Camp Lejeune. We are requesting this information by August 15, 2012, and it can be sent to (b) (6) at the contact information below.
4. DMA will be providing training in the specifics of the Camp Lejeune issue for all SMEs and training on the development of a defensible medical opinion for those who are unfamiliar with these types of evaluations.
5. This is a highly visible endeavor which may affect the benefits of thousands of Veterans. I am sure you share with me the commitment to providing the most qualified individuals to undertake this important responsibility.- Thank you in advance for your support.
6. The Points of Contact for this Memorandum are (b) (6), Director Clinical Programs and Administrative Operations, DMA, (b) (6), (b) (6) or (b) (6), Senior Medical Advisor, DMA, (b) (6).

(b) (6)

**DEPARTMENT OF  
VETERANS AFFAIRS**

**Memorandum**

Date:

From: Acting Assistant Deputy Under Secretary for Health for Operations and Management for Clinical Operations

To: Director, VISN 3 NY/NJ Veterans Healthcare Network

Subj: Subject Matter Experts (SMEs) Camp Lejeune Consultation Service

1. The evaluation of claims for disability related to contamination of drinking water at Camp Lejeune between 1957 and 1987 has become a major VA effort. There are over 1200 pending claims for issues allegedly related to drinking contaminated water at Camp Lejeune.
2. The Office of Disability and Medical Assessment (DMA) is utilizing a "consultation service" to evaluate these more complex claims. We would like to identify at least one board certified or board eligible occupational physician within your VISN to evaluate these complex claims for facilities within the VISN. Alternatively, an internist or family physician with experience in occupational/environmental medicine or toxicology and preferably with experience in performing either VHA disability evaluations or independent medical evaluations could also be considered an expert for purposes of our consult service.
3. We have identified (b) (6) in the WRIISC at the NJHCS-EO VAMC as having the needed credentials. We are asking that he or another physician with the desired credentials be made available as necessary to provide advisory medical opinions for claims related to contaminated drinking water at Camp Lejeune.
4. DMA will be providing training in the specifics of the Camp Lejeune issue for all SMEs and training on the development of a defensible medical opinion for those who are unfamiliar with these types of evaluations.
5. This is a highly visible endeavor which may affect the benefits of thousands of Veterans. I am sure you share with me the commitment to providing the most qualified individuals to undertake this important responsibility.- Thank you in advance for your support.
6. The Points of Contact for this Memorandum are (b) (6), Director Clinical Programs and Administrative Operations, DMA, (b) (6), (b) (6), or (b) (6), Senior Medical Advisor, DMA, (b) (6), (b) (6).

(b) (6)

**DEPARTMENT OF  
VETERANS AFFAIRS**

**Memorandum**

Date:

From: Acting Assistant Deputy Under Secretary for Health for Operations and Management for Clinical Operations

To: Director, VISN 4 VA Healthcare

Subj: Subject Matter Experts (SMEs) Camp Lejeune Consultation Service

1. The evaluation of claims for disability related to contamination of drinking water at Camp Lejeune between 1957 and 1987 has become a major VA effort. There are over 1200 pending claims for issues allegedly related to drinking contaminated water at Camp Lejeune.
2. The Office of Disability and Medical Assessment (DMA) is utilizing a "consultation service" to evaluate these more complex claims. We would like to identify at least one board certified or board eligible occupational physician within your VISN to evaluate these complex claims for facilities within the VISN. Alternatively, an internist or family physician with experience in occupational/environmental medicine or toxicology and preferably with experience in performing either VHA disability evaluations or independent medical evaluations could also be considered an expert for purposes of our consult service.
3. We have identified (b) (6) at the Altoona, VAMC in VISN 4, who has the desired credentials. This individual is part of our disability evaluation service and has already volunteered to develop these medical opinions. We are asking that he be made available as necessary to provide advisory medical opinions for claims related to contaminated drinking water at Camp Lejeune.
4. DMA will be providing training in the specifics of the Camp Lejeune issue for all SMEs and training on the development of a defensible medical opinion for those who are unfamiliar with these types of evaluations.
5. This is a highly visible endeavor which may affect the benefits of thousands of Veterans. I am sure you share with me the commitment to providing the most qualified individuals to undertake this important responsibility.- Thank you in advance for your support.
6. The Points of Contact for this Memorandum are (b) (6), Director Clinical Programs and Administrative Operations, DMA, (b) (6), (b) (6) or (b) (6), Senior Medical Advisor, DMA, (b) (6).

(b) (6)

**DEPARTMENT OF  
VETERANS AFFAIRS**

**Memorandum**

Date:

From: Acting Assistant Deputy Under Secretary for Health for Operations and Management for Clinical Operations

To: Director, VISN 5 Capitol Health Care Network

Subj: Subject Matter Experts (SMEs) Camp Lejeune Consultation Service

1. The evaluation of claims for disability related to contamination of drinking water at Camp Lejeune between 1957 and 1987 has become a major VA effort. There are over 1200 pending claims for issues allegedly related to drinking contaminated water at Camp Lejeune.
2. The Office of Disability and Medical Assessment (DMA) is utilizing a "consultation service" to evaluate these more complex claims. We would like to identify at least one board certified or board eligible occupational physician within your VISN to evaluate these complex claims for facilities within the VISN. Alternatively, an internist or family physician with experience in occupational/environmental medicine or toxicology and preferably with experience in performing either VHA disability evaluations or independent medical evaluations could also be considered an expert for purposes of our consult service.
3. We have identified (b) (6), in the DCVAMC WRIISC, who has the desired credentials. We are asking that he- or another physician with the desired credentials be made available as necessary to provide advisory medical opinions for claims related to contaminated drinking water at Camp Lejeune.
4. DMA will be providing training in the specifics of the Camp Lejeune issue for all SMEs and training on the development of a defensible medical opinion for those who are unfamiliar with these types of evaluations.
5. This is a highly visible endeavor which may affect the benefits of thousands of Veterans. I am sure you share with me the commitment to providing the most qualified individuals to undertake this important responsibility.- Thank you in advance for your support.
6. The Points of Contact for this Memorandum are (b) (6), Director Clinical Programs and Administrative Operations, DMA, (b) (6), (b) (6), or (b) (6), Senior Medical Advisor, DMA, (b) (6).

(b) (6)

# Camp Lejeune: Update



Briefing to the Secretary of Veterans Affairs

(b) (6)

MPhil MPH

Office of Disability and Medical Assessment (DMA)

(b) (6)

, MPH

Office of Public Health



# CAMP LEJEUNE: MEDICAL OPINIONS UPDATE

(b) (6)

MPH

Senior Medical Advisor

Office of Disability and Medical Assessment (DMA)



# Proposed Process for Providing Medical Opinions for Camp Lejeune Claims

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- Claims related to contaminated drinking water at Camp Lejeune pose a unique challenge for determining a medical nexus between environmental exposures and adverse health outcomes
- VHA's Office of Disability and Medical Assessment (DMA) has established a list of Subject Matter Experts uniquely qualified to provide advisory opinions for these claims
- This briefing reviews the proposed program, progress to date; next steps; and communications plan.
- Requesting approval to deploy the program



# Proposed Process for Providing Medical Opinions for Camp Lejeune Claims

- All claims related to contaminated water at Camp Lejeune are managed through the Louisville Regional Office (RO)
- After claims development by RO, a medical opinion, if needed will be routed to one of the subject matter experts on the panel
- If additional examination of residuals resulting from a claimed disability is necessary, that exam will take place at the VHA facility closest to the Veteran



# Camp Lejeune Medical Opinions: Progress

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- Fact Sheet to general disability examiners has been finalized
- Subject matter expert consultants have been identified
- VHA's Office of Disability and Medical Assessment Studied 31 Medical Opinions related to Camp Lejeune
  - In general, the opinions were supported by scientific evidence which meets VBAs statutory and regulatory requirements for sufficiency.
  - Many conditions actually were diagnosed on active duty and therefore were service connected in this regard, not due to contaminated water
  - Others were service connected to another nexus such as Agent Orange
  - Finally some of the granted conditions were actually secondary service connected conditions for a disease that was appropriately service connected due to the Camp Lejeune drinking water (e.g. renal artery hypertension secondary to surgery for kidney cancer)



# Camp Lejeune Medical Opinions: Progress

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- Plans are underway to study all previously rendered medical opinions to better understand how the opinions were formulated. This is not a review of the adjudication decision, as there is no intent to reverse any previously determined service connection.
- To help resolve the backlog of Camp Lejeune claims. A smaller group of SMEs will expeditiously provide medical opinions at Louisville
- A complete bibliography on the issue has been developed for use by all examiners
- A communications plan and talking points have been developed



# Process for Managing Camp Lejeune Medical Opinions: VHA

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- The examiner will fully develop an opinion to include:
  - Detailed history of exposure
  - Complete occupational/environmental history including pre and post service employment etc:
  - Review of medical and other documentation in the Claims folder
  - Review of pertinent scientific literature
  - A conclusion that documents the reasoning involved in drawing the conclusion
  - A statement that the condition is likely, as least as likely as not, or less likely than not to have been caused by drinking contaminated water at Camp Lejeune.



# Camp Lejeune Medical Opinions: Communications Plan

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- Congress
  - Recommendation is for USH to brief at routine "Four Corners" briefing
  - Recommend mentioning in response to Senator Murray (incoming dated 20 April)
  - This program will also be briefed to Senator Burr's staff; to satisfy his request for a detailed review of claims related to Camp Lejeune.
  - Use Talking Points developed
- VSOs:
  - Possible brief at monthly VSO meeting
- Media:
  - Press release to be ready but not released
  - Want to make sure this remains a positive message



# POPULATION STUDIES RELATED TO CAMP LEJEUNE

(b) (6)

MPH

Deputy Director, Environmental Health SHG  
Office of Public Health



# Population Studies Related to Camp Lejeune

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- Data requirements for locations and rates of health conditions
- Navy will take lead in responding to these two data requirements.
- Locations of residents of Camp Lejeune from 1950s to 1985:
  - Marine Corps has stated it has very limited records of housing locations of individuals, which are not computerized.
  - Navy will request Marine Corps Base Camp Lejeune to perform another evaluation of the availability of housing records from this time period.
- Data on rates of health conditions:
  - Navy has funded the Agency for Toxic Substances and Disease Registry (ATSDR) to conduct 4 health studies, for \$27 million to date.
  - 2 studies of health of Service members who were based at Camp Lejeune, compared to Service members who were based at Camp Pendleton
  - These 2 studies will provide rates of health conditions in Veterans.
  - 2 studies of the offspring of Service members at Camp Lejeune
  - ATSDR expects to publish results of 4 studies in 2013 and 2014.
- DoD and VA will evaluate the ATSDR results to determine if changes are warranted in the provision of medical care or disability benefits.



# QUESTIONS?

DMA Point of Contact

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