

Parrillo, Jeffrey M. (VACO)

From: (b) (6)
Sent: Tuesday, July 21, 2015 9:25 AM
To: (b) (6)
Subject: Agenda

Do we have any topics for the monthly call today?

I propose:

1. Clcw secva meeting
2. Congressional meeting
3. References (no wiki)

Parrillo, Jeffrey M. (VACO)

From: (b) (6)
Sent: Tuesday, May 19, 2015 12:53 PM
To: (b) (6)
Subject: CLCW: Monthly Call

Do you have anything to add.....

Good Afternoon:

Per today's call:

- We are developing official guidance concerning communication with Veterans.
- Please try and use layman's terms with creating your report. Help the reader understand how you arrived at your medical opinion.
- The Lung Cancer template is forthcoming

(b) (6)

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

(b) (6)



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Parrillo, Jeffrey M. (VACO)

From: (b) (6)
Sent: Monday, August 17, 2015 3:33 PM
To: (b) (6) (b) (6)
Cc: (b) (6)
Subject: CLCW: August Call agenda

Good Afternoon,

Please see the proposed agenda for tomorrow's meeting.

1. Quality
2. Status of Program: Update on Presumptive
3. Next steps: consider the follow actions on how to move forward
 - a. Create VHA contract to support CLCW medical opinions
 - b. Add to VBA contract in January
 - c. Create training module for all C&P providers, oversight by current SMEs

(b) (6)

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(b) (6)



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Parrillo, Jeffrey M. (VACO)

From: (b) (6)
Sent: Tuesday, May 19, 2015 2:19 PM
To: VHA CO CLCW SME
Subject: CLCW: May Monthly Call

Good Afternoon,

Per today's call:

- We are developing official guidance concerning communication with Veterans.
- For relevant conditions you must include a discussion that TCE is a known carcinogen as reported by the IARC, EPA, etc. However, the circumstances under which carcinogenicity occurs may or may not be relevant to the case at hand, and why or why not.
- Please try and use layman's terms with creating your Case Specific Discussion and how the literature pertains to the individual report. Refer to the veteran as Mr., Ms., or as the "Veteran", avoid using he/she, the patient or first/last name only. Help the non-medical reader understand your rationale and how you arrived at your medical opinion.
- The Lung Cancer template is forthcoming

(b) (6)

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(b) (6)



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Parrillo, Jeffrey M. (VACO)

From: (b) (6)
Sent: Tuesday, August 18, 2015 11:30 AM
To: VHA CO CLCW SME
Subject: CLCW: Meeting at Noon Today

Good Morning,

Please join us for the monthly call at 12:00pm EST

1-855-767-1051

Conference ID: 66849540

(b) (6)

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Department of Veterans Affairs
810 Vermont Ave. NW
Washington, DC 20420

(b) (6)



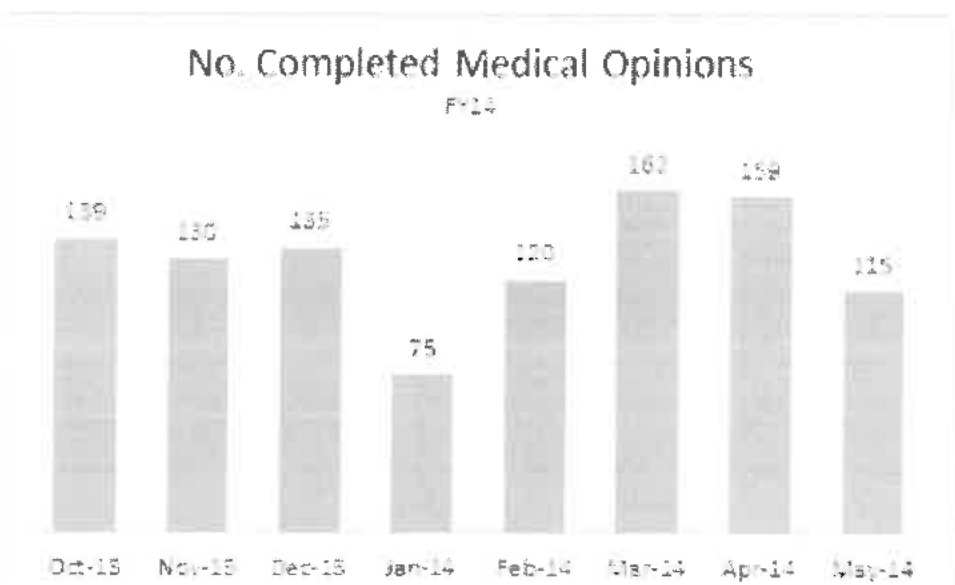
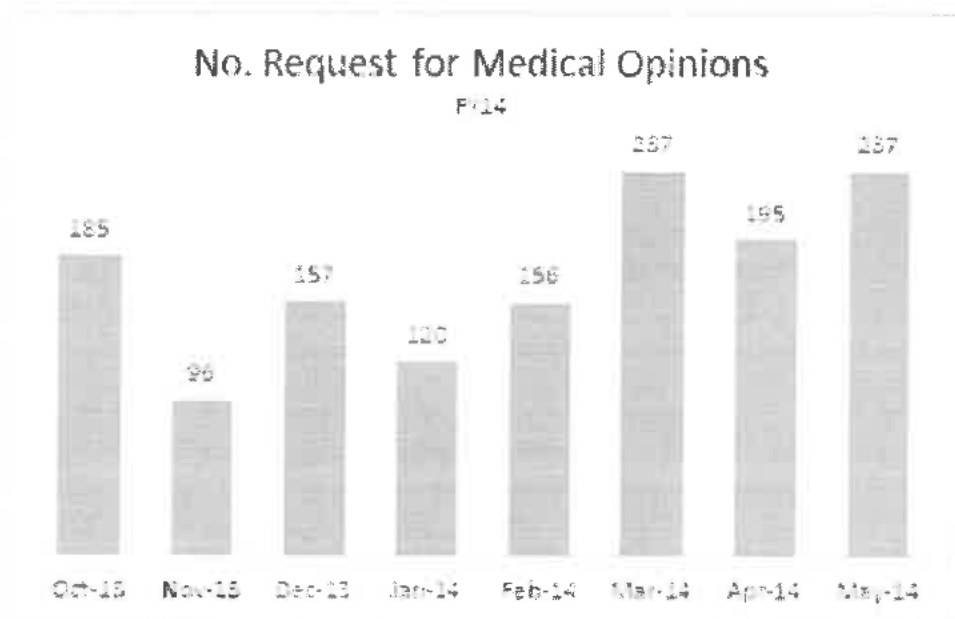
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Parrillo, Jeffrey M. (VACO)

From: (b) (6)
Sent: Tuesday, May 20, 2014 11:38 AM
To: VHA CO CLCW SME
Cc: (b) (6)
Subject: CLCW: Monthly Call

Good Afternoon,

In preparation for the monthly call scheduled today at noon via VANTS #71193. I would like to share some data concerning the increase in request for medical opinions. Please refer to the charts below.



(b) (6)

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(b) (6)



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Parrillo, Jeffrey M. (VACO)

From: (b) (6)
Sent: Tuesday, December 15, 2015 9:43 AM
To: (b) (6) | (b) (6) | (b) (6)
Cc: (b) (6)
Subject: CLCW: monthly meeting agenda

Any recommendations for the meeting? I have a few items to discuss below?

1. Kidney cancer guidance
2. Research Articles
3. Committee Recommendations
4. Peer Review Program

(b) (6)

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Department of Veterans Affairs
810 Vermont Ave. NW
Washington, DC 20420

(b) (6)



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Parrillo, Jeffrey M. (VACO)

From: (b) (6)
Sent: Thursday, October 15, 2015 11:19 AM
To: VHA CO CLCW SME
Subject: CLCW: Monthly Meeting Noon est

Importance: High

Good Morning,

Friendly reminder to join the monthly meeting call at noon today est:

Join by Phone : 1-855-767-1051
Conference ID: 642889328

Agenda:

1. Discuss SVAC Hearing on Toxic Exposures
2. Recent research
3. Quality program

(b) (6)

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Washington, DC 20420

(b) (6)



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Parrillo, Jeffrey M. (VACO)

From: (b) (6)
Sent: Tuesday, September 15, 2015 1:04 PM
To: VHA CO CLCW SME
Subject: CLCW: Monthly Meeting Notes
Attachments: SecVA Letter - Sen Tillis - Phone Call Request Camp Lejeune.pdf
Importance: High

Good Afternoon;

1. Way Forward:
 - a. Recommendation to return CLCW request for medical opinions to general C&P provided to DMA and VHA senior leadership
 - b. Next steps add addendum to current TMS training on Medical Opinions
 - c. Current SMEs as VISN point of contacts
 - d. Develop Implementation Guide
2. Letter to SecVA from Senator Tillis: see attached
3. Renal Toxicity White Paper: document to define renal toxicity to VBA, currently under review my DMA senior leaders

Thanks again for the support please feel free to reply with comments or concerns.

Kind Regards,

(b) (6)

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

(b) (6)



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United States Senate

WASHINGTON, DC 20510
(202) 224-6342

September 10, 2015

The Honorable Robert McDonald
Secretary of Veterans Affairs
801 Vermont Avenue, NW
Washington, DC 20420

Dear Secretary McDonald,

I'm hoping we can have a phone call to discuss some follow up on our conversation of July 16 with Senator Burr and Chairman Isakson, and I (b) (6) of the CDC about the disability compensation presumption with respect to the Camp Lejeune water contamination. My recollection of our agreement at that meeting is as follows:

- The diseases/conditions and exposure levels that would render a veteran eligible for the new presumptive program would be developed in close consultation with the CDC, specifically (b) (6) scientific staff at the ATSDR.
- Processing of new and pending claims would be suspended until their status under the new presumptive program could be determined, so that no claims would be improperly denied under the pre-presumption process.
- That similar to the presumptive program for C-123 aircrews and maintainers, you expected the Camp Lejeune presumptive program to be stood up in a few months (three to four).

It is possible that I misunderstood your intentions and so I wanted to follow up with you in light of staff conversations and VA/CDC interactions (at the 8/19 meeting in Atlanta and the 8/27 CAP meeting):

- Your August 3 press release states that VA is only considering admitting claimants with one of only three conditions to the presumptive program. This number is both arbitrary and inconsistent with the robust body of evidence the CDC scientific personnel have presented to your staff. My understanding of your approach was to work collaboratively with the CDC to identify the scientifically valid list of conditions that may reasonably be linked to the toxic water exposure – with no preconceived quota on how many conditions are on that list. The number of conditions covered under the medical presumptive program spearheaded by Senator Burr was 15.
- Your staff gave initial reports when questioned about the status of current claims that they were not being suspended pending the implementation of the new program. After a bit of pushback, they then modified the answer, telling us that claims for three conditions have been suspended, but no others. Why not suspend all claims for the moment until the list of

conditions is finalized in consultation with the CDC scientific personnel – as was my understanding of your intent?

- As we discussed, the CDC has done extensive (and expensive!) scientific research, as well as an exhaustive review of the state of the science linking the water contaminants in question to certain medical conditions. I do not recall any mention of an outside scientific review to replicate the CDC's statutorily required efforts during our meeting. However, I'm now told that your staff are pushing for an Institute of Medicine study. I'm concerned that this would be redundant and would unnecessarily delay the standing up of the presumptive program for many months.

I appreciate your good faith with respect to the water contamination at Camp Lejeune, and I look forward to continuing to work together to execute the good intentions you expressed when we met on this last. Thank you for all you do for our nation's finest.

Sincerely,

A handwritten signature in dark ink, reading "Thom Tillis". The signature is fluid and cursive, with the first name "Thom" and last name "Tillis" clearly distinguishable.

Thom Tillis
United States Senator

Parrillo, Jeffrey M. (VACO)

From: (b) (6)
Sent: Monday, December 21, 2015 9:51 AM
To: VHA CO CLCW SME
Subject: CLCW: Press Release Update

Good Morning,

I wanted to clarify a couple of points below concerning the CLCW presumptives.

- VBA continue to process claims, they will grant those that they can, and defer denials for one of the 8 presumptives until the regulations are published.
 - The presumptives are: Kidney cancer; Liver Cancer; non-Hodgkin Lymphoma; Leukemias; Multiple Myeloma; Scleroderma; Parkinson's disease; and Aplastic Anemia/Myelodysplastic Syndromes.
- This is the highest priority regulation for the Secretary so they will do all they can to get a final rule published.
- In general, it usually take 2 years to complete the regulations, they are aiming for 18 months.
- Please address all conditions listed on the 2507s, even though it may be on the presumptive list

Thanks,

(b) (6)

From: U.S. Department of Veterans Affairs [<mailto:veteransaffairs@public.govdelivery.com>]

Sent: Thursday, December 17, 2015 2:33 PM

To: (b) (6)

Subject: [EXTERNAL] VA Plans to Propose Expanded Disability Benefits Eligibility for Veterans Exposed to Contaminated Water at Camp Lejeune

VETERANS AFFAIRS



VA News Release

VA Plans to Propose Expanded Disability Benefits Eligibility for

Veterans Exposed to Contaminated Water at Camp Lejeune

12/17/2015 02:27 PM EST

VA Plans to Propose Expanded Disability Benefits Eligibility for Veterans Exposed to Contaminated Water at Camp Lejeune

WASHINGTON – The Department of Veterans Affairs (VA) announced today that it plans to propose expanded disability compensation eligibility for Veterans exposed to contaminated drinking water while assigned to Marine Corps Base Camp Lejeune.

From 1953 to 1987, water sources at the base were contaminated with industrial solvents that are correlated with certain health conditions. Secretary of Veterans Affairs Robert A. McDonald decided to propose presumptions of service connection for certain conditions associated with these chemical solvents following discussions between environmental health experts at the Veterans Health Administration and the Department of Health and Human Services Agency for Toxic Substances and Disease Registry (ATSDR).

“The water at Camp Lejeune was a hidden hazard, and it is only years later that we know how dangerous it was,” said Secretary McDonald. “We thank ATSDR for the thorough review that provided much of the evidence we needed to fully compensate Veterans who develop one of the conditions known to be related to exposure to the compounds in the drinking water.”

ATSDR determined that the drinking water at Camp Lejeune was contaminated with perchloroethylene, trichloroethylene, vinyl chloride, benzene and other petroleum contaminants from leaking storage tanks from 1953 to 1987. ATSDR also determined that prolonged exposure to these chemicals increases the risk of certain health conditions.

Based upon VA’s review of current medical science and ATSDR’s findings, Secretary McDonald intends to propose creation of a presumption of service connection for the following conditions:

- Kidney Cancer
- Liver Cancer
- Non-Hodgkin Lymphoma
- Leukemia
- Multiple Myeloma
- Scleroderma
- Parkinson's Disease
- Aplastic Anemia / Myelodysplastic Syndromes

The Secretary’s proposal would also expand benefits eligibility to Reserve and National Guard personnel who served at Camp Lejeune for any length of time from August 1, 1953, through December 31, 1987. These personnel would be presumed to have been exposed to the contaminated water during their Reserve or National Guard service and, in appropriate circumstances, to have been disabled by such exposure during service, thus allowing them to

qualify for VA benefits under the statutory definition of "Veteran."

This would make them eligible for VA disability compensation and medical care for any of the presumptive conditions, and their surviving dependents would be eligible for dependency and indemnity compensation and burial benefits.

VA is working on regulations that would establish these presumptions, making it easier for affected Veterans to receive VA disability compensation for these conditions. While VA cannot grant any benefit claims based on the proposed presumption of service connection for these conditions until it issues its final regulations, it encourages Veterans who have a record of service at Camp Lejeune between August 1, 1953, and December 31, 1987, and develop a condition that they believe is related to exposure to the drinking water at the base, to file a disability compensation claim with VA.

VA will continue to grant claims for disabilities claimed to be associated with exposure to the contaminants that can be granted under current regulations and review of the evidence in each case. If a claim for service connection for one of the proposed presumptive conditions would be denied under current regulations, the denial will be stayed until VA issues its final regulations. VA will announce when the regulations are final and presumptive benefits can begin to be awarded. For more information on applying for these benefits, visit:

http://benefits.va.gov/compensation/claims-postservice-exposures-camp_lejeune_water.asp.

Veterans who served at Camp Lejeune for 30 days or more between August 1, 1953, and December 31, 1987, are already eligible to receive VA healthcare for up to 15 health conditions. More information, including a full list of covered conditions, can be found online at: <http://www.publichealth.va.gov/PUBLICHEALTH/exposures/camp-lejeune/index.asp>.

Veterans can establish eligibility for healthcare benefits by submitting VA Form 10-10EZ online at www.1010ez.med.va.gov/, downloading it at www.va.gov/vaforms/medical/pdf/1010EZ-fillable.pdf and returning it to any VA Medical Center or Clinic, or by calling 1-877-222-VETS (8387), Monday through Friday, between the hours of 8:00 AM and 8:00 PM (Eastern Time).

VA is reimbursing certain veterans' family members for eligible out-of-pocket medical expenses related to the 15 covered conditions. More information can be found at: <https://www.cffamilymembers.fsc.va.gov>

###

Keep updated & let us know how we're doing!

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<http://www.veteranscrisisline.net/>

<https://iris.custhelp.com>

explore.va.gov

Sent to katheleen.andrews@va.gov on behalf of US Department of Veterans Affairs
810 Vermont Avenue, NW · Washington, DC 20420

Parrillo, Jeffrey M. (VACO)

From: (b) (6)
Sent: Friday, April 04, 2014 12:24 PM
To: (b) (6)
Subject: FW: CLCW: Louisville HVAC Recap

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

From: (b) (6)
Sent: Tuesday, March 25, 2014 11:23 AM
To: (b) (6); (b) (6)
Cc: (b) (6); (b) (6); (b) (6)
Subject: CLCW: Louisville HVAC Recap

Good Morning All,

The HVAC Oversight meeting was initiated by (b) (6), Staff Director on the House Veterans' Affairs Subcommittee on Disability Assistance and Memorial Affairs. The meeting was held Thursday 3/20 with representation from senior staff from VBA, VHA and OCLA. (b) (6) and (b) (6) were interest in the CLCW process, developing trends, grant and denial rates. Additionally they focused on employee retention, brokering of claims, scanning of c-files and a centralized mail pilot.

For CLCW, (b) (6) provided an explanation of how the medical opinion is provided by using a case study. (b) (6) provided an overview of the calculation tool used to access the potential level of environmental exposure. (b) (6) and (b) (6) spent the afternoon review CLCW c-files reviewing the rating decisions and the supporting documentation. They also visited the CACI scanning site on 3/21/14, VHA did not participate.

Attendees:

(b) (6) VHA

(b) (6) VHA

(b) (6) VHA

(b) (6)

(b) (6)

(b) (6)

(b) (6)

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(b) (6)

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

(b) (6)

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Parrillo, Jeffrey M. (VACO)

From: (b) (6)
Sent: Tuesday, March 17, 2015 10:05 AM
To: (b) (6)
Subject: FW: CLCW Monthly Meeting

Can you do this?

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

From: (b) (6)
Sent: Tuesday, March 17, 2015 10:03 AM
To: (b) (6); (b) (6)
Subject: RE: CLCW Monthly Meeting

Ok

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

From: (b) (6)
Sent: Tuesday, March 17, 2015 10:03 AM
To: (b) (6); (b) (6)
Subject: RE: CLCW Monthly Meeting

Great. Maybe mark can discuss the dates and we can think about how best to teach people that on a future call?

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

From: (b) (6)
Sent: Tuesday, March 17, 2015 10:01 AM
To: (b) (6); (b) (6)
Subject: RE: CLCW Monthly Meeting

I would like to discuss:

Prsentations are on the server, encourage to review (b) (6)

1) our plan to review templates and put disease discussion on server with all the articles (b) (6)

2) possibility of using an email system for questions to each other. At least a way for SMEs to email you and me or (b) (6) with questions so they have somewhere to go (b) (6)

3) dates at CL (??) - what are we discussing?

4) Bove article: we will put on the server something called Bove: (b) (6) can you put in that all the articles and the OPH comments for each? There are lots of documents. How and when to cite.

5) Quality review you would have to discuss (b) (6)

6) Local issues (b) (6)

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

From: (b) (6)
Sent: Tuesday, March 17, 2015 9:58 AM
To: (b) (6); (b) (6)
Subject: RE: CLCW Monthly Meeting

Who should discuss what?

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

From: (b) (6)
Sent: Tuesday, March 17, 2015 9:55 AM
To: (b) (6); (b) (6)
Subject: RE: CLCW Monthly Meeting

In addition to these items:

We can ask if there are any local issues in completing their assignment ?
We can inform SMEs that there will be random quality reviews of their report

Any other items?

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

From: (b) (6)
Sent: Tuesday, March 17, 2015 9:52 AM
To: (b) (6); (b) (6)
Subject: CLCW Monthly Meeting

Good Afternoon,

I wanted to go over the agenda for todays call.

1. Program updates from the last training a. template updates b. Bove article citations c. Days at Camp Lejeune
2. Quality Reviews
3. Presentation: (b) (6)?

Please advise, I am looking forward to you taking the lead on the call.

(b) (6)

Parrillo, Jeffrey M. (VACO)

From: (b) (6)
Sent: Thursday, June 11, 2015 10:45 AM
To: (b) (6)
Subject: FW: VA meeting with 4 Senators next week RE: Camp Lejeune claims (DMA, VBA)

From: (b) (6)
Sent: Thursday, June 11, 2015 8:03 AM
To: (b) (6); VHA CO 10NC Front Office HSSs
Cc: VHA 10NC8 Action
Subject: RE: VA meeting with 4 Senators next week RE: Camp Lejeune claims (DMA, VBA)

Good Morning,

Per (b) (6) of OCLA, the response document is no longer a required action item. In lieu of the written response, 10NC8 will participate in a briefing with the staffer to address their concerns on Friday, June 12.

Thank you,

(b) (6)

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

(b) (6)



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From: (b) (6)
Sent: Thursday, June 11, 2015 7:25 AM
To: (b) (6); VHA 10NC8 Action
Cc: VHA CO 10NC Front Office HSSs
Subject: Re: VA meeting with 4 Senators next week RE: Camp Lejeune claims (DMA, VBA)

Good Morning 10NC8-

Please advise the status of the below request.

Thanks,

(b) (6)

From: (b) (6)
Sent: Wednesday, June 10, 2015 11:59 AM Eastern Standard Time
To: (b) (6) VHA 10NC8 Action
Cc: VHA CO 10NC Front Office HSSs
Subject: FW: VA meeting with 4 Senators next week RE: Camp Lejeune claims (DMA, VBA)

Good Morning (b) (6)/10NC8-

10NC Leadership as reviewed the below referenced response. Unfortunately, the response is not suitable for clearance and submission to 10B3. Please review the attached document and thoroughly address the initial questions(particularly Question #2) as well as respond to the reviewers' comments and suggested edits.

Upon completion, please forward to the VHA CO 10NC Front Office HSSs mail group for 10NC review and clearance.

Thanks.

(b) (6)

From: (b) (6)
Sent: Wednesday, June 10, 2015 8:58 AM
To: (b) (6)
Cc: VHA 10NC8 Action; VHA CO 10NC Front Office HSSs
Subject: FW: VA meeting with 4 Senators next week RE: Camp Lejeune claims (DMA, VBA)

(b) (6)

Please see the attached responses to the questions below.

(b) (6)

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

(b) (6)



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From: (b) (6)
Sent: Friday, June 05, 2015 3:10 PM
To: (b) (6); (b) (6); (b) (6); (b) (6); (b) (6); (b) (6); (b) (6)
Cc: (b) (6); (b) (6); (b) (6); (b) (6)
Subject: RE: VA meeting with 4 Senators next week RE: Camp Lejeune claims (DMA, VBA)

(b) (6)

The meeting next week with Sen Tillis and Sen Burr's staff is not set in stone as of yet. (b) (6) and (b) (6) are asked to provide an update on the application of science and the claim process as it relates to Camp Lejeune. Right now the staffers are asking for brief on Friday June 12th, and we will most likely do this telephonically.

Specifically, the staffer would like to discuss:

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

I will seek assurance that participants are VHA/VBA and Congressional Staffers.

Thank you,

(b) (6)

From: (b) (6)
Sent: Friday, June 05, 2015 2:59 PM
To: (b) (6); (b) (6); (b) (6); (b) (6); (b) (6); (b) (6); (b) (6)
(b) (6)
Cc: (b) (6); (b) (6); (b) (6); (b) (6)
Subject: RE: VA meeting with 4 Senators next week RE: Camp Lejeune claims (DMA, VBA)

(b) (6)

We are working with VHA legislative affairs and a date has yet to be determined. Jon Jensen in VHA Leg POC.

From: (b) (6)
Sent: Friday, June 05, 2015 2:38 PM
To: (b) (6); (b) (6); (b) (6); (b) (6); (b) (6); (b) (6); (b) (6)
(b) (6)
Cc: (b) (6); (b) (6); (b) (6); (b) (6)
Subject: VA meeting with 4 Senators next week RE: Camp Lejeune claims (DMA, VBA)

OCLA:

Request that you confirm ASAP the details of next week's meeting. Given the questions submitted to you last week, who is representing VA and who else (from outside VA) will be present in the room? Thanks.

ATB,

(b) (6)

From: (b) (6)
Sent: Friday, June 05, 2015 01:02 PM
To: (b) (6); (b) (6); (b) (6); (b) (6)
Cc: (b) (6)
Subject: phone call with (b) (6) conference call Monday (Camp Lejeune)

I just spoke with (b) (6) – he tells me (b) (6) has been summoned to meet with 4 senators on Tuesday – we agreed a conference call with (b) (6) and us would be a good idea to do prior to his meeting.

I have copied my assistant, whom I will be asking to set this up – now will send email to (b) (6).

(b) (6)

(b) (6)

810 Vermont Avenue, NW
Washington DC 20420

Parrillo, Jeffrey M. (VACO)

From: (b) (6)
Sent: Tuesday, September 15, 2015 12:05 PM
To: VHA CO CLCW SME
Subject: Monthly Call

Please dial in to our monthly call now:

Join by Phone

1-855-767-1051

[Find a local number](#)

Conference ID: 642889328

(b) (6)

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

(b) (6)



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Parrillo, Jeffrey M. (VACO)

From: (b) (6)
Sent: Monday, September 21, 2015 4:42 PM
To: VHA 10N Action; VHA 10B3 Staff
Cc: (b) (6); (b) (6); (b) (6); (b) (6)
(b) (6)
Subject: RE: jl9862 Senator Tillis call with SECVA
Attachments: CLCW Talking Points for SecVA Sept 21 dd.docx; Lejeune Talking Points (VBA 9-16-15).docx
Importance: High

All

I apologize for not sending the correct document (the CLCW Talking points was to include certain edits). Pls discard the previous and use these:

From: (b) (6)
Sent: Monday, September 21, 2015 4:39 PM
To: VHA 10N Action; VHA 10B3 Staff
Cc: (b) (6); (b) (6); (b) (6); (b) (6); (b) (6)
Subject: RE: jl9862 Senator Tillis call with SECVA

TO: OCLA, (b) (6)

Thru 10N for review and approval;

This is the document review by DMA for the CL call. There are two documents attached – one is the original set of points with a few edits, and a second document offered as part of a read ahead package or to be incorporated into the SecVA TPs/

(b) (6)/DMA

From: (b) (6)
Sent: Monday, September 21, 2015 8:09 AM
To: VHA 10NC8 Action; VHA 10N Action
Cc: VHA 10B3 Staff
Subject: FW: jl9862 Senator Tillis call with SECVA
Importance: High

Good Morning 10N,

Looking for a quick turn on this one. Please provide comments/edits to the attached SecVA talking points on Camp Lejeune.

Please provide NLT COB today.

Thank you,

(b) (6)

(b) (6)

VHA Office of Congressional & Legislative Affairs (10B3)
Department of Veterans Affairs
Washington, DC 20420

(b) (6)

From: (b) (6)

Sent: Friday, September 18, 2015 6:50 PM

To: (b) (6); (b) (6)

Cc: (b) (6) OCLA Benefits Team; OCLA Health Team

Subject: FW: j19862 Senator Tillis call with SECVA

Importance: High

Good afternoon (b) (6)

Request please provide to OCLA by COB, Monday, September 21, 2015, VHA edits, if any, to attached talking points for upcoming phone call next week between SECVA and Senator Tillis per attached letter; the call now also includes Chairman Isakson and likely Senator Burr. Also, request names of VHA subject matter expert(s) available to brief SECVA on agenda issues identified in the letter prior to the call if brief desired by SECVA.

Thanks

From: (b) (6)

Sent: Thursday, September 17, 2015 7:37 PM

To: (b) (6)

Cc: (b) (6) OCLA Benefits Team

Subject: j19862 Senator Tillis call with SECVA

Importance: High

Good evening (b) (6)

Request please VHA review and edit attached talking points for upcoming phone call between SECVA and Senator Tillis per attached letter. Also, request names of VHA subject matter expert(s) available to brief SECVA on agenda issues identified by Senator Tillis prior to the call if brief desired by SECVA.

Thanks

OCLA

DMA offers the following commentary for consideration as either talking points or as background read ahead materials.

Characterization of the NRC report:

- While deemed adequate to define healthcare for the 14 conditions under PL 112-154;
- it is vehemently contested by CAP when cited for those condition with insufficient evidence for causation attributed to CLCW exposure.
- Should AML becomes a presumptive as a result of benzene exposure or Renal cell carcinoma (RCC) as a result of TCE, it is expected that VBA would likely receive a large influx of claims from veterans stationed at other facilities were benzene/TCE/VC etc. was noted to have been a contamination listed on the EPA superfund sites.
 - (see: <http://www.epa.gov/superfund/sites/index.htm>)

Camp Lejeune is the canary in the coal mine.

Example 1—Ft. Riley, KS, the EPA superfund site notes:

- *The dry cleaning facility at former Buildings 180/181 operated as a laundry from 1915 to 1983; as a dry cleaning facility from 1930-1983. From 1983 until demolition in mid-2000, buildings were used for general storage.*
- *During dry cleaning operations, Stoddard solvent, a petroleum distillate mixture, was used as the cleaning solution from 1944-1966. From 1966 until cessation of dry cleaning operations, tetrachloroethylene (PCE) was used as the cleaning solution*
 - *The contaminants of concern at this site are PCE and its breakdown products - TCE, DCE and vinyl chloride.*
- *Contaminated groundwater is the media of concern.*
 - *Contaminants were released to the environment by accidental spills of PCE which may have reached DCF building floor drains, and by direct*

discharge of dry cleaning wastewater to floor drains located inside the dry cleaning facility buildings.

- *Contaminants were transported to associated sanitary sewer lines where leaky sewers release PCE-laden wastewater to the environment.*
- *Prior to 1966, Stoddard solvents were released to the environment when still bottoms were dumped on the west side of Building 180/181.*

Example 2—McClellan AFB, CA:

- *The primary contaminants in groundwater are volatile organic compounds (VOCs). Contaminants detected in soil include PCBs, heavy metals, and several non-VOCs. Radionuclides have also been identified in surface soil and in former disposal pits.*
- The 3 conditions are not arbitrary or inconsistent.
 - They are International Agency for Research on Cancer (IARC) category 1 conditions
 - conditions that have had sufficient body of evidence to determine they are human carcinogens.
- Failure of evidence
 - CDC did not present a “robust body of evidence.”
 - Their studies do NOT show increased rates of individual cancers.
 - They are not adequately controlled
 - they are only considering veterans on base for at least 18 months.
- The 15 conditions on the list for health care are based on old data (NRC report) that they themselves have asked VA NOT to use.
- Recent research for breast cancer in males shows NO increased risk
 - Found no statistically increased risk, characterized it “possible” despite findings and significant confidence intervals
 - See: <http://www.ehjournal.net/content/pdf/s12940-015-0061-4.pdf>

Talking Points on Camp Lejeune Presumptions

1. Camp Lejeune (CL) background

- 246 sq mile Marine Corps base in Jacksonville, NC
- Agency for Toxic Substance and Disease Registry (ATSDR) modeling shows contaminated groundwater from 1953 to 1987
 - Contaminants: Benzene, Vinyl Chloride, Trichloroethylene and Perchloroethylene (industrial solvents)
 - Appx. 740,000 Veterans and their family members potentially exposed

2. Current VA policy

- 14 diseases are considered potentially related to Camp Lejeune contaminants
 - Healthcare for these 14 diseases available to CL Veterans and dependents under PL 112-154.
 - Based on earlier National Research Council (NRC) findings
- Compensation claims are evaluated individually (there are no presumptions)
 - VHA environmental health physicians ~~perform exams~~ provide medical opinions (there are no hands-on exams) and file reviews, weighing numerous medical factors to provide opinions tailored to individual claimants' histories
 - Service connection rates are low because the probability of CL causation is low

3. VA plans for Camp Lejeune presumptions

- New regulation will cover 3 diseases in the near term - acute myelogenous leukemia, angiosarcoma of the liver, and kidney cancer
 - Will not create Agent Orange style "yes/no" exposure criteria
 - ATSDR to provide advice on level of exposure required for the three presumptive conditions
 - Next meeting with ATSDR is the week of September 21
 - VA will grant claims using current policy but hold any denials pending the rulemaking to create the presumptions
- ATSDR provided VA data that suggests a relationship between CL service and 9 additional conditions; ATSDR proposes to study another 8 as well
 - VA proposes to engage the larger scientific community in a study of those relationships (ATSDR, Nat'l Academy of Sciences (Institute of Medicine (IOM), NRC, and others)
 - ATSDR agreed to work with VA

September 16, 2015

4. Known points of contention

- Issue: 3 presumptions or many more (as many as 17 more already identified)?
 - VA position: 3 now, more to be considered after further study
- Issue: Quick interim final regulation, or ordinary notice and comment rulemaking (up to 2 year process)
 - VA position: seek OGC advice
- Issue: Agent Orange style “yes/no” exposure test? Or consider period of exposure?
 - VA position: Work with ATSDR and other experts, to develop period of exposure test
- Issue: Rely on ATSDR data alone for remaining conditions, or invite outside scientific input?
 - VA position: Invite outside input (IOM, NRC, etc.)
- Issue: Stay all claims pending the rulemaking
 - VA position: Continue to grant under policy; -stay denials pending the rulemaking

Formatted: Left, Tab stops: Not at 0.13"

Parrillo, Jeffrey M. (VACO)

From: (b) (6)
Sent: Tuesday, July 21, 2015 9:48 AM
To: (b) (6); (b) (6); (b) (6)
Subject: RE: Agenda

We can say that congressional talks are ongoing or something or even less than that, but just to let them know that we are intimately involved in the process at a congressional level so they know that our voices are being heard and included.

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

From: (b) (6)
Sent: Tuesday, July 21, 2015 9:42 AM
To: (b) (6); (b) (6); (b) (6)
Subject: RE: Agenda

Sure, I can lead

I will just inform the group that we met with the SECVA and shared our findings based on the review of literature.
I agree, we can't divulge more info

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

From: (b) (6)
Sent: Tuesday, July 21, 2015 9:39 AM
To: (b) (6); (b) (6); (b) (6)
Subject: RE: Agenda

Ok, we I didn't realize that. We can scratch that from the agenda. (b) (6) can you lead?

1. CLCW SECVA meeting w/ SMEs recap
2. References
3. Bladder cancer template

(b) (6)

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

From: (b) (6)
Sent: Tuesday, July 21, 2015 9:36 AM
To: (b) (6); (b) (6)
Cc: (b) (6)
Subject: RE: Agenda

I will be calling in from my call. Can (b) (6) lead the call this time?

I don't think that we can discuss the congressional meeting as for now things were not to leave the room. The press release isn't out. What do you think?

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

From: (b) (6)

Sent: Tuesday, July 21, 2015 9:25 AM

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

Subject: Agenda

Do we have any topics for the monthly call today?

I propose:

1. Clw secva meeting
2. Congressional meeting
3. References (no wiki)

Parrillo, Jeffrey M. (VACO)

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To: (b) (6); (b) (6); (b) (6)
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2. Congressional meeting
3. References (no wiki)

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Cc: (b) (6)
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Sent: Tuesday, July 21, 2015 9:25 AM
To: (b) (6); (b) (6)
Subject: Agenda

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I propose:

1. Clw secva meeting
2. Congressional meeting
3. References (no wiki)

Parrillo, Jeffrey M. (VACO)

From: (b) (6)
Sent: Thursday, October 15, 2015 8:55 AM
To: (b) (6); (b) (6); (b) (6)
Subject: RE: Agenda Items

I think we should meet.

1. Discuss SVAC hearing on toxic exposures
2. Recent research?
3. Quality program

From: (b) (6)
Sent: Thursday, October 15, 2015 8:54 AM
To: (b) (6); (b) (6); (b) (6)
Subject: RE: Agenda Items

I don't. I'm not sure what we can share. We should know a lot more soon. We aren't working on any templates, etc. til this presumptive thing is resolved. Do we need to meet?

From: (b) (6)
Sent: Thursday, October 15, 2015 8:53 AM
To: (b) (6); (b) (6); (b) (6)
Subject: Agenda Items

Good Morning,

Do we have agenda items for today's meeting?

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

(b) (6)



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

Parrillo, Jeffrey M. (VACO)

From: (b) (6)
Sent: Tuesday, September 15, 2015 8:52 AM
To: (b) (6) (b) (6) (b) (6)
Subject: RE: Agenda

Agenda

1. Program Status Update : (b) (6)
2. Presumptive Status? : (b) (6)
3. Renal Toxicity White Paper: (b) (6)

(b) (6)

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

(b) (6)



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

Parrillo, Jeffrey M. (VACO)

From: (b) (6)
Sent: Wednesday, January 28, 2015 3:36 PM
To: VHA CO CLCW SME
Subject: RE: Camp Lejeune Reporting Call Info
Attachments: Camp Lejeune Reporting 01282015.docx

See attached notes from today's meeting. Thanks to all who were able to participate.

Next monthly meeting planned for Tuesday, February 17 at noon Eastern.

From: (b) (6)
Sent: Wednesday, January 28, 2015 8:00 AM
To: VHA CO CLCW SME
Subject: Camp Lejeune Reporting Call Info
Importance: High

All,

Below is an overview of a meeting that took place at VBA last week in regards to the email from a Veteran at the bottom of this message. This is part of the subject matter for today's Camp Lejeune Reporting call being held via VANTS at 1pm Eastern.

Please plan to attend if possible. Thanks.

Call Title: Camp Lejeune Reporting
Date: Today, January 28, 2015
Time: 1:00 pm Eastern
VANTS: 1-800-767-1750 Code 11916

(b) (6)

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

810 Vermont Ave, 964B
Washington, DC 20420

(b) (6)

Meeting Title: Concerns and Claims About the 325th Maint Co, FL National Guard

Background: The National Guard's 325th Maintenance Company was deployed to Saudi Arabia for Desert Shield/ Desert Storm, and the clean-up phase following the war. Their principal mission and part of their deployment consisted of preparing and painting of military vehicles being deployed to the Theater of Operations. More specifically, the 325th performed the painting of combat equipment that came out of Europe with the old, and more dangerous, formula of **Chemical Agent Resistant Coating also known as CARC paint**. The paint, solvents, and other chemicals involved in this mission included di-isocyanates, volatile

organic compounds, ketones, silica, and other hazardous chemicals and compounds. Painting of vehicles on this scale is normally performed by more specialized units as part of depot level maintenance, with the appropriate levels of safeguards and protections. This mission was accomplished by the 325th without painting booths with forced air systems, extraction fans, and other protective measures such as respiratory filtering masks.

Discussion: As a result of this mission, many of the members of the 325th and the 900th Maint (AL) have encountered many health issues, although it appears they mostly center around respiratory issues (asthma and others). Many SMs that have file for compensation/benefits have had their claims denied. Although other issues were mentioned, the primary focus of the meeting were: 1) how many have filed, 2) what did they file for, 3) why were the claims denied and for what conditions, 4) how many are currently receiving healthcare from the VA for these respiratory conditions, and 5) what can be done.

The actions of the 325th and the resulting health concerns were investigated by the DoD in 2007. The Department of Defense in July, 2000 published an 80+ page on the effects of CARC paint and the primary painters in the theater of operations, http://www.gulflink.osd.mil/carc_paint_ii/. The claimant who wrote to the USB specifically cited his experiences with the C&P process and mentioned: 1) the representative who called to set up his appointment was not familiar CARC paint and associated solvents, 2) during the course of the exam, he mentioned it to the C&P examiner who apparently was not familiar with the health hazards associated with CARC paint and informed the claimant "he did not understand Gulf War Illness". He was also allegedly told "that sand could not get inhaled deeply into the bottom lobes of the lungs" despite other having literature which contradicts this. Allegedly, the claimant's experience with the VA is not very different than what has been experienced by other members of the 325th.

Sent: Wednesday, December 31, 2014 12:02 AM

To: McDonald, Robert T., Jr.; Hickey, Allison, VBAVACO

Subject: [EXTERNAL] Concerns about Claims from the 325th Maint Co, FI Army National Guard

Dear Mr. McDonald and Ms. Hickey,

Thank you for taking the time to read this letter. I realize it may be a bit longer than your normal e-mails, but that is because I write for several veterans. Others know I am writing to you. My name is XXXXX, and I was a platoon leader in the Florida Army National Guard's 325th Maintenance Company when it deployed to Saudi Arabia for Desert Shield, Desert Storm, and the clean-up phase following the war. I do write with some trepidation for fear of reprisal done in such a way that it would be hard to prove. On behalf of myself and others in the company who I am in contact with, I write to inquire why the claims for the 325th for many of their problems, especially for respiratory issues, both upper and lower, have been denied. We would also like two other items addressed. The first is to know how the VA is going to address the problems of a mobile society where medical records often are not sent to other doctors/veterans cannot afford the fee of paying for private records being copied and sent thus not having a long record to show chronic problems? The second, and probably more important, is how does the VA address the issue of the military culture of "suck it up?" Many soldiers do not have medical evidence in their military files because of the fear of it impacting their relationships or career. That is carried over, as well as not being able to afford visits, to civilian life. In addition the troops in deployed status often are not near medical facilities.

To give some background on the company's troubles let me give some mission background that is important for understanding the concerns we have. Besides the "normal" effects of the war and the extreme, toxic environment, the 325th and its members have had to endure the effects of painting the combat equipment that came out of Europe with the old, and more dangerous, formula of Chemical Agent Resistant Coating also known as CARC paint. The paint, solvents, and other chemicals involved include di-isocyanates, volatile organic compounds, ketones, silica, and other hazardous chemicals and compounds. Please understand that the painting we did was supposed to be depot level painting in booths with forced air systems for the workers, fans blowing in fresh air to the enclosed booth and vents sucking the fumes out through filters. The paint mission of the 325th was done in the field with a serious lack of safety equipment for the personnel and proper equipment for the actual spray painting. Furthermore, the paint site in Al Jubayl had the living quarters, the showers and latrines, and the paint tents all within a small area, and was located in a topographical depression where it would be common to see fumes completely enveloping the site. None of the soldiers had pre-screening pulmonary or other required testing done before painting. All the paint sites that were operated by the 325th would often run 24 hours a day. The company commander was given a direct order by the battalion commander to order the troops doing the painting not to complain to family or others unless they were in the chain of command about the safety of the equipment and material. The Department of Defense in July, 2000 published an 80+ page on the effects of CARC paint and the primary painters in the theater of operations, http://www.gulflink.osd.mil/carc_paint_ii/. The 325th was mentioned extensively.

Since at least 1992 members of the 325th have been fighting an uphill battle with the VA. Even though the VA visited the unit during drill several times between 1992 and 1994 in response to congressmen and the press asking questions about the lack of positive response by the VA in the claims process the members were not and have not been treated well. From not being believed to being told it's all in our heads to ignorance of what CARC was/is to poor treatment at medical desks to being diagnosed with respiratory diseases and issues and being denied for service connection even though the material data safety sheets explicitly say respiratory issues are one of, but not the only one, effects of exposure to CARC paint has instilled a sense of distrust, dislike, and despondency with the VA system.

I could give you several personal examples from 20+ years ago of how the members of the 325th have been treated such as the time a clerk purposely gave me directions to an outside door instead of the office I had asked him about, but instead will give a more current one. Last year, after years of debating if I would want to go through the pain of being rejected again, I filed a claim again with multiple contentions. It took nearly six months to get the initial C&P examination. When I talked to the representative who called to set up my C&P appointment I specifically mentioned CARC paint and the 325th. He did not know anything about CARC or the solvents, and he assured me he would inform the examiner about it. When I was in the examination room talking to the C&P physician he was not interested in the MSDS's I had brought with me, had never heard of CARC paint, was not interested in hearing about the solvents, and informed me he did not understand Gulf War Illness, which I am rated for and am seeking an increase for, and did not like GWI. He also informed me that sand could not get inhaled deeply into the bottom lobes of the lungs when I brought the issue up. This is even in spite of the fact that the VA or DOD has a report out saying that one of the dangers of the Middle East especially in the Iraq, Saudi Arabia, and Kuwaiti areas is super fine sand that can and is inhaled deep into the lungs. When the VA rater, according to notes on healthvet, called to ask him a question about asthma he said asthma was not a symptom or caused by chronic fatigue. Even though the MSDSs explicitly say asthma or asthma like symptoms are one of many of the effects of the CARC paint exposure, and I have been diagnosed by the VA many years ago with exercise induced asthma, and that has been getting worse to the point that I began seeing a VA pulmonologist in April. In July, before my claim was closed, the pulmonologist said they could not rule out the exposures as being the cause of my breathing

problems. That part of my claim was denied for lack of service connection. My claim for sinus problems was denied even though once again the MSDSs talk about the effects of the paints and solvents causing respiratory problems.

Actually my entire claim, with the exception of the chronic fatigue being kept at the same rate even though I had started taking medicine for it even before my C&P, was denied. As I have talked to my VSO I can understand some of the denial. Much of it I am mystified by it when there is a clear connection to service or it should be a presumptive to Gulf War. If it is because of a lack of chronicity it should be taken into account that the issues were more than six months in length simply because I was still experiencing them during my exam that occurred six months after the VA received my claim. I had given my VSO the claim forms at least a month before the VA received them, and had been working on it for several months before that. Because of the denial I will have to spend time and money to go to more appointments, and then be put under unnecessary stress there, and then afterward waiting for the results. I have other concerns such as not receiving an increase for a presumptive, but the respiratory issues seem to be one of the largest issues with the 325th. I am sure I am not the only one in a situation like this.

Since the redeployment to the states in 1991 the soldiers have literally spread across the country. Several have died, at least one who was in his 40s. Since the internet and e-mail was in its infancy contact has been lost with a large portion of the company. As we have made contact once again the theme of being sick has appeared in many of the troops. Many of the ones I have communicated with have given up on the VA and just live with the effects of their service to their country. Some are in worse shape than others. There are those who have stories of worse experiences with the VA. One of the common threads is that the VA seems to go out of its way to deny service connection, and that as the troops get older age, weight, and "deconditioning" is being used more and more. With the exception of age, many of the problems being ascribed to the other two actually come from not being able to stay in shape or keep the weight down because of the effects of the service.

I would encourage you to google CARC Paint and the 325th Maint Co if you are able to do so. You will find articles from the Lakeland Ledger, the Dept of Defense, and the Tampa Tribune that will describe in more detail and have more information about the issues the soldiers from the unit have, are and will be facing.

Thank you for your time,

Camp Lejeune Reporting
January 28, 2015, 1pm

- Welcome and appreciation from (b) (6)
- 731 pending cases
- Upcoming training for new SMEs March 9-13
- Community Assistance Panel (CAP) meeting in Atlanta was held. CAP is a group of activists, former CL Marines and others. Discuss concerns every few months. Last call was concern on SME program thinking we had not utilized all research, specifically the ATSDR Bove studies. We need to be notating in reports, come up with some standard language. Be aware of new studies with different outcomes.
- Using research located on the SharePoint
Link to SP <http://vawww.infoshare.va.gov/sites/DMA/CLCW/default.aspx>
- Issues with Leadership. If you are having problems with leadership understanding the importance of the program and if you need protected time, contact (b) (6)
- Time to complete, several hours, depends on contention, number of contentions
- Concerns and Claims about the 325th Maint Co, FL National Guard
Background: The National Guard's 325th Maintenance Company was deployed to Saudi Arabia for Desert Shield/ Desert Storm, and the clean-up phase following the war. Their principal mission and part of their deployment consisted of preparing and painting of military vehicles being deployed to the Theater of Operations. More specifically, the 325th performed the painting of combat equipment that came out of Europe with the old, and more dangerous, formula of Chemical Agent Resistant Coating also known as CARC paint. The paint, solvents, and other chemicals involved in this mission included di-isocyanates, volatile organic compounds, ketones, silica, and other hazardous chemicals and compounds. Painting of vehicles on this scale is normally performed by more specialized units as part of depot level maintenance, with the appropriate levels of safeguards and protections. This mission was accomplished by the 325th without painting booths with forced air systems, extraction fans, and other protective measures such as respiratory filtering masks.—Will this be another SME program, will it require physical examinations. How many providers in C&P are familiar with MSDS? What type of SME will be necessary? Will there be SMEs available? Pulmonary expert vs Toxicology. Continued discussion.
- Closing

Parrillo, Jeffrey M. (VACO)

From: (b) (6)
Sent: Friday, October 02, 2015 2:31 PM
To: (b) (6); (b) (6)
Cc: (b) (6); (b) (6)
Subject: RE: CLCW Policy

Also, can you clarify the guidance coming out of Louisville?

From: (b) (6)
Sent: Friday, October 02, 2015 2:23 PM
To: (b) (6)
Cc: (b) (6); (b) (6); (b) (6)
Subject: CLCW Policy

(b) (6)

Thanks again for today's CLCW conversation. You had mentioned that there was communications / concurrences regarding the CLCW training letter that concurred with the statement that any and all cancers would be considered without a nexus, which is a departure from other chemical exposure cases. Can you please share these documents with us so that we can better understand this and how it relates to the NRC report? The earlier next week you are able to share this would be helpful as we are wanting to be able to discuss with leadership as soon as possible.

Many thanks and wishing you a good weekend,

(b) (6)

(b) (6)
Office of Disability and Medical Assessment (DMA)
Veterans Health Administration, VACO 10NC8

(b) (6)

Parrillo, Jeffrey M. (VACO)

From: (b) (6)
Sent: Tuesday, May 20, 2014 11:56 AM
To: (b) (6); (b) (6) VHA CO CLCW SME; (b) (6)
Cc: (b) (6); (b) (6); (b) (6); (b) (6); (b) (6)
Subject: RE: Monthly CLCW Update--VANTS 1-800-767-1750 Code71193

I like this format. I think it will be very useful;

Some suggestions off hand;

Can we add veteran's job title in service to the generic template?

Can we put in the generic template somewhere that we reviewed the records and found adequate vs inadequate evidence of documentation that the claimed condition actually exists?

How about is there adequate v inadequate evidence in the file to perform a forensic evaluation re cause?

Can we add Odds ratios for the "Non-CLCW" risk factors? ? I'm finding that comparing Odds ratios for the exposure to odds ratios of the risk factors makes a compelling argument.

How about hyperlipidemia by itself as a risk factor for fatty liver?

For diagnosis of fatty liver, are we going to use the definition of the Health care law?

From: (b) (6)
Sent: Tuesday, May 20, 2014 7:17 AM
To: (b) (6); VHA CO CLCW SME; (b) (6)
Cc: (b) (6); (b) (6); (b) (6); (b) (6); (b) (6)
Subject: RE: Monthly CLCW Update--VANTS 1-800-767-1750 Code71193

<< File: PARKINSON.doc >> << File: Colon-lit review final.docx >> << File: Draft.doc >> << File: Generic Template Copy.dotm >>
Some draft for discussion for the noon meeting

(b) (6)

-----Original Appointment-----

From: (b) (6)
Sent: Thursday, May 15, 2014 10:44 AM
To: VHA CO CLCW SME; (b) (6)
Cc: (b) (6); (b) (6); (b) (6); (b) (6); (b) (6)
Subject: Monthly CLCW Update--VANTS 1-800-767-1750 Code71193
When: Occurs the third Tuesday of every 1 month effective 2/18/2014 until 3/17/2015 from 12:00 PM to 1:00 PM (UTC-

05:00) Eastern Time (US & Canada).

Where: VANTS 1-800-767-1750 Code71193

Join online meeting

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(b) (6) has invited you to a conference call: Monthly CLCW Update.

This conference is scheduled to begin on February 18 2014 at 12:00 PM EST+ DST (New York).

This is a recurring conference. It occurs each Tuesday on the 3 week of each month.

This conference is scheduled to last for 60 minutes.

To access this conference via telephone, please call the following number: 8007671750, when prompted for your access code, please enter 71193 on your telephone keypad followed by the # key.

Please do not disclose this information to any unauthorized parties, as the privacy of your conference may be compromised.

We hope you enjoy your conference experience.

Parrillo, Jeffrey M. (VACO)

From: (b) (6)
Sent: Tuesday, August 19, 2014 10:29 AM
To: (b) (6) VHA CO CLCW SME; (b) (6)
Cc: (b) (6); (b) (6); (b) (6); (b) (6); (b) (6)
Subject: RE: Monthly CLCW Update--VANTS 1-800-767-1750 Code71193



bove

discussion.docx

Here is the review of the Bove article for discussion today
mike

-----Original Appointment-----

From: (b) (6)
Sent: Thursday, May 15, 2014 10:45 AM
To: (b) (6) VHA CO CLCW SME; (b) (6)
Cc: (b) (6); (b) (6); (b) (6); (b) (6); (b) (6)
Subject: Monthly CLCW Update--VANTS 1-800-767-1750 Code71193
When: Tuesday, August 19, 2014 12:00 PM-1:00 PM (UTC-05:00) Eastern Time (US & Canada).
Where: VANTS 1-800-767-1750 Code71193

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Bove et al. Environmental Health 2014, 13:10

This publication is a retrospective cohort mortality study of Marine and Naval personnel who began service during 1975-1985 and were stationed at Camp Lejeune or Camp Pendleton during this period.

The authors concluded, "The study found elevated HRs in the Camp Lejeune cohort for several causes of mortality including kidney cancer, liver cancer, esophageal cancer, cervical cancer, multiple myeloma, Hodgkin lymphoma and ALS. However, the precision of many HR estimates was low as indicated by the wide confidence intervals."

(b) (6) at the ATSDR, there "appears to be an increased risk of dying in the study population at Camp Lejeune when compared to the control group for several causes of death." "But he also cautioned that the study 'should not be construed as providing definitive causal evidence.'"

In table 5, the Hazard ratio(HR) for the disease of primary interest, those possible related to exposure to CLCW and diseases of secondary interest, suggested controls, had confidence intervals(CI) which crossed 1, indicating that the observations could be due to chance alone. The "all cancers" category had a HR of 1.10 with a CI of 1.00 to 1.20 which since it touches 1 is of questionable significance since it is clear that not all cancers are potentially link to CLCW.

The lack of a dose response relationship in Table 7, (except for ALS and high VC exposure) is noted. There were quite elevated cancer rates in persons with low exposures, rates higher than those with high exposures in some cases which raise the possibility of other factors playing a role.

The choice of Camp Pendleton as a control for comparison of CL cancer incidence without specific analysis of risk factors for cancer is concerning. To evaluate this concern, risk factors for cancer between California (CA) and North Carolina NC were reviewed. Additionally, to evaluate the adequacy of the use of cardiovascular deaths as a surrogate for controlling for smoking.

The following data comes from the Chapel Hill Dept Public Health/ United Health Foundation in partnership with the American Public Health Association for 2013:

ref: <http://www.americashealthrankings.org/CA>

The CDC has estimated that one third of all cancer deaths are attributable to tobacco use and another third are attributable to poor nutrition, physical inactivity, and obesity: (<http://www.americashealthrankings.org/all/cancerdeaths#sthash.V5AGALH8.dpuf>).

First looking at smoking risk:

	CA	NC	Odds ratio
2013 data:			
Prevalence of current smoking:	12.1%	20.9%	1.72
Cardiovascular deaths	241.3	262.5	1.08

Note the difference in the smoking prevalence between CA and NC is much greater than the difference in cardiovascular mortality (the recent CL mortality study used cardiovascular mortality as a proxy for

smoking). This data is consistent with recent medical advances which have reduced the risk of cardiovascular death among smokers. This analysis finds that cardiovascular mortality will likely greatly under predict the smoking prevalence and seems to be a poor predictor of smoking rates.

looking at other risk factors:

2013 data: other cancer risk factors:	CA	NC	Odds ratio
Prevalence of adults with BMI>30	25%	29.6%	1.2
% of adults who have been diagnosed with diabetes	9.8%	10.4%	1.1
% of population >age 18 with HTN	27.8%	32.4%	1.2
% of population reporting physical inactivity	18%	29.9%	1.7
Ave # fruits consumed/day	1.23	0.83	0.67
2013 data: summary statistic:	CA	NC	Odds ratio
State cancer death rates (3 year ave/100,000 persons)	172	196	1.14
Recent CL study SMR	0.78 (Pend)	0.85 (CL)	1.089
1996 data:	CA	NC	Odds ratio
Prevalence of current smoking:	15.5%	25.9%	1.67
Obesity rate	15.1%	16.9%	1.12

Several things pop out from this data:

- 1) Risk factors for the cancers of concern are all higher in NC compared to CA, especially smoking, and smoking rates have been much higher in NC since at least 1996, which is consistent with the decades of antismoking efforts in California. Similar data apply to surrounding states, and we can pull that if needed.
- 2) Cancer mortality is much higher in NC than CA, which is not surprising given the risk factors above. In the recent CL study, the only significantly increased death rate was the "all cancer" death rate which was 8.9% higher in CL vets than Pendleton vets (note the 95% lower CI was 1.00 for which this finding barely makes statistical significance). This data show the ratio comparing CL all cancer deaths to Pendleton all cancer deaths reflects the state rates (and is actually much lower than the ratio comparing state cancer death rates which is 14% higher in NC than CA).

Most cancer rates in the recent CL study were not significantly elevated compared to Camp Pendleton. However, it would seem that the finding that CL veterans may have a higher incidence of "all cancer" than Pendleton veterans should not be surprising given that smoking rates are 1.7 times higher (and have been historically this much higher), other risk factors for cancer are higher and overall cancer rates are 14% lower in CA than NC.

Conclusion: Based on review of this paper as well as the author's own conclusions, this study does not support a causal link between exposure to CLCW and the cancers noted in the study.