

**THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY**

convenes the

**FORTY - FIFTH MEETING**

**CAMP LEJEUNE COMMUNITY ASSISTANCE**

**PANEL (CAP) MEETING**

MAY 27, 2020

The verbatim transcript of the Meeting of the Camp Lejeune Community Assistance Panel held virtually on May 27, 2020.

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**P R O C E E D I N G S**

(9:00 a.m.)

**WELCOME AND INTRODUCTIONS**

**DR. BREYSSE:** All right, good morning. Real early morning, depending on whatever time zone you might be calling in from, so welcome to the first-ever Camp Lejeune Community Assistant Panel Public Meeting through -- I guess we're on Zoom. So, my name is Patrick Breysse. I'm the Director of ATSDR, and I want to welcome everybody to today's meeting. In the world we live in today, this is how we do almost all our business, and I can say from my personal experience I find access to these electronic meeting venues to be more than sufficient to get the work done that we need to do every day. So I'm looking forward to having this maybe today through Zoom, but there's probably some ground rules that I might ask Jamie to review, to make sure that we have everybody on the same page, Jamie, about how we want to manage the meeting. Can you do that for us?

**CDR MUTTER:** I absolutely can. So for our panelists, if you wouldn't mind keeping your microphones on mute until you're speaking, so we don't hear any background noise of, in my instance, kids, or dogs, or any other background noise, we would appreciate it. Community members will be on mute for the entirety of the meeting. We ask that y'all send questions before, and I have those compiled for that section of the agenda. If you have a question, if you could just -- your name and wait to be acknowledged so we can try to do questions one at a time, and when you're talking, if you could say your name in advance so our transcriptionists can attribute that comment to you, we would appreciate it. Are there any questions before we get started? And I assume you all know where your emergency exits are, so I will not go over those individually.

**DR. BREYSSE:** All right, so why don't we, having just introduced myself -- why don't we go around all the people who are available to present to introduce themselves?

**CDR MUTTER:** Yep, so if we can start with ATSDR folks first, and I think you already did so. So, Jack, you want to go?

**MR. HANLEY:** Yes, this is Jack Hanley at ATSDR.

**DR. BOVE:** This is Frank Bove, ATSDR.

**MS. LANGMANN:** Danielle Langmann, ATSDR.

**CDR MUTTER:** And I'm Jamie Mutter, ATSDR. Let's do Navy/Marine Corps.

**MS. FORREST:** Hi, this is Melissa Forrest from the Department of the Navy.

**CDR MUTTER:** Thank you. If we could do the VA, if you guys want to do it in your individual sections, I don't know how best so y'all don't talk over each other. So we'll go with the VA now.

**DR. HASTINGS:** Hi, this is Pat Hastings with post-deployment health services in the Veterans' Health Administration. Family member program.

**MR. HEROUX:** This is Mark Heroux, supervisor of the Camp Lejeune family member program.

**MR. JONES:** Good morning. This is Kip Jones, program analyst for the Camp Lejeune family member program.

**UNIDENTIFIED SPEAKER:** Good morning.

**DR. HASTINGS:** And I have a message from Ms. Carson that she is trying to dial in right now, and having a little bit of trouble. So she will be attending, but depending on the technology, it may be a moment or two.

**CDR MUTTER:** Okay, great. And if she has any problems, she can e-mail me, and we can try to troubleshoot.

**DR. HASTINGS:** Thank you.

**CDR MUTTER:** Any other VA?

**MS. GARREN:** Yes. I am Mary Francis Garren, and I'm an analyst with the appeals management office.

**UNIDENTIFIED SPEAKER:** Good morning.

**DR. HASTINGS:** And, Commander Mutter, this is Pat Hastings. I just got a message from Ms. Carson. She is now on.

**CDR MUTTER:** Wonderful.

**DR. BREYSEE:** Can she introduce herself?

**CDR MUTTER:** She might be connecting still her audio. Are there any other VA? Did I miss -- I'm sorry if I did.

**MR. ECHOLS:** Good morning, this is Stacey Echols-- I'm the deputy director for -- center.

**CDR MUTTER:** Okay. I see a few other VA --

**MS. FORREST:** Jamie, this is Melissa Forrest. The last person who introduced themselves, I could not understand him. I don't know if anybody else had a problem.

**CDR MUTTER:** Stacey, would you mind reintroducing yourself?

**MR. ECHOLS:** Absolutely, good morning. My name is Stacey Echols. I'm the deputy director for the Health Eligibility Center.

**CDR MUTTER:** Was that better, Melissa?

**MS. FORREST:** It was a little bit better. Thank you.

**CDR MUTTER:** Okay, yes, no problem.

**DR. HASTINGS:** And this is Pat again. Ms. Carson has just said that she is speaking, but unable to be heard.

**CDR MUTTER:** Okay, I don't see her --

**MS. WYTON:** I think she's joined as an attendee, Jamie

**CDR MUTTER:** -- okay, maybe she has joined as an attendee. Let me reach out to her - instruct her to use her panelist information. In the meantime, if we'd like to -- if CAP would like to introduce themselves, please.

**MR. UNTERBERG:** This is Craig Unterberg, a member of the CAP.

**CDR MUTTER:** Thank you, Craig.

**MR. PARTAIN:** This is Mike Partain, member of the CAP.

**CDR MUTTER:** Awesome. Is Mike Ashley -- are you able to talk still, or no? Okay, so that's a no.

**MR. PARTAIN:** I can -- here's an idea. I can get Mike -- call onto my cell phone, and just have my cell phone with me here,

and he could hear and talk through the phone when I unmute. That may be a workaround.

**CDR MUTTER:** Okay, we'll see if that works. We do have Mike Ashe on. We're having technical difficulties with him. If we could have our CAP advisors introduce themselves --

**DR. CANTOR:** Yeah, this is Ken Cantor, advisor to the CAP.

**DR. BLOSSOM:** Sarah Blossom

**CDR MUTTER:** -- and Sarah Blossom, thank you. Anybody else that wasn't able to introduce themselves that has joined? Okay. So, Dr. Brysse, would you like us to get started with the VA presentations? Dr. Brysse, you're on mute.

**DR. BREYSSE:** So, just real quick, Jamie, so that the -- the agenda that we're going to follow today is the agenda that's pretty standard for our CAP meetings. We'll have an opportunity to have the VA give an update, and we'll address items from the previous CAP meeting, and then probably the most important part of the agenda is that we will give updates on the work that we're doing at ATSDR, make sure everybody's informed about what we're doing going forward. And then, at the end of the meeting, there will be some time for CAP-specific updates and community concerns as well, and then, we'll try to wrap up early in the afternoon, eastern daylight time.

#### **U.S. DEPARTMENT OF VETERANS AFFAIRS UPDATES**

**CDR MUTTER:** That's good. All right, with that, if we would like to have the slides pulled up for the family member program -- everyone on mute during the presentation unless you have a question on the slide. And as a reminder, if you can say next slide when you'd like to move -- to advance the slide.

**DR. BREYSSE:** And if I could encourage everybody who's speaking to keep close to their microphone, wherever it is, so we can hear you clearly. Sometimes, if you sit back a little bit, you come through a little muffled. So if you can lean in, that'll help out.

**CDR MUTTER:** Pam, if you would like to advance to the next slide, please -- thank you.

**MR. HEROUX:** Hello, everyone. My name is Mark Heroux. I am the Camp Lejeune family member program supervisor here at the VHA for the family member side, obviously. We put together a slide deck for you all today. It's about 11 slides with one question slide. We're going to go through them. I'm not going to read everything on the slide, because we can read through a lot of the information, and a lot of it's just informative. The heart of it all is going to be numbers that we have regarding treatments and things like that. So today is May 27th, 2020, and we'll move forward. Next slide, please. All right, as we all know, the Honoring Americans Veterans and Caring for Camp Lejeune Families Act was established in 2012. The coverages that we have for this program are as listed, and they cover cancers such as bladder, kidney, lung, and non-Hodgkin's lymphoma. Other conditions are female infertility, miscarriage, and renal toxicity. There's 15 specified illnesses for family members, and -- that we also cover looking for veterans as well. Next slide, please. All right, so to be eligible for VA healthcare under CLVP, which is the acronym for Camp Lejeune Veterans Program, the eligibility side of that, a veteran must have served on active duty at Camp Lejeune for at least 30 days between August 1, 1953 and December 31, 1987. The veteran does not need to have one of the eight presumptive health conditions to be eligible to receive VA healthcare. As we all know, veterans have a myriad of different ways that we can get healthcare, and I say "we." I apologize. I am -- was in the Marine Corps for eight years, so I'm one of the veterans that were inside there, so -- and also, veterans do not need a service-connected disability to be eligible as a Camp Lejeune Veteran for VA healthcare. So the VBA doesn't have to approve you for a service-connected injury, a broken ankle that you incurred during service, to be able to be seen for Camp Lejeune coverages. Camp Lejeune veterans are enrolled in VA healthcare in priority group six. I have a caveat -- a note to that, as well -- unless they qualify for a higher priority group. So let's say that you did break that ankle inside of the Marine Corps, or any other service, and you are eligible for priority group one, because you're 50% or more. Then obviously, your CL would not -- eligibility would not declassify you down to a priority group six. That's what that

basically means. Healthcare related to any of the 15 qualifying health conditions is at no cost to the veteran, to include copayments. The caveat that I had there, and I wanted to mention, is there are a couple of lists out there that we're going to be checking into, that some individuals may or may not be on the priority group six level, meaning they're for some reason classified as lower. We're definitely checking into that -- those numbers that you might see up here in a second. Next slide, please. So in response to the law, VA began providing care to Camp Lejeune veterans on the day the law was enacted, on August 6th of 2012. And to support implementation of this statutory requirement, the final regulation for Camp Lejeune veterans was published September 24th of 2014. The -- as of May 15th, 2020, the numbers for VA-enrolled Camp Lejeune veterans was 69,862, 3,511 of which were treated specifically for one of the -- one or more of the 15 specified Camp Lejeune-related medical conditions. Excuse me. Camp Lejeune veterans interested in the program should call 1-877-222-8387. Next slide, please.

**MR. PARTAIN:** Hey, Mark, Mike Ashley had a question before you go on to the next slide.

**MR. HEROUX:** Yeah, no issues, go ahead.

**MR. PARTAIN:** Okay, go ahead, Mike.

**MR. ASHEY:** Hey, Mark, this is Mike Ashley. Can you hear me?

**MR. HEROUX:** I can, yes.

**MR. ASHEY:** Okay. You just went through the requirements for veterans that served at Camp Lejeune, but I got to tell you that you have regional offices that are still not complying with the law. I just had a guy -- his name was Vic Goldbaum [assumed spelling], and he lives in California. And he was rejected several times, and I got a hold of Ms. Carson, and we finally got it straightened out, but it took a month. And the VA kept demanding that he fill out the financial information. So things are not working the way they're supposed to be working, and if there's one, there's more. I just want you to be aware of that.

**MR. HEROUX:** Yeah, I definitely agree. If there is one, there is more. I am naive to the fact of what VBA's responsibility is in

that instance, regarding how the veteran is being taken care of, if someone can speak up to that.

**MR. ECHOLS:** This is Stacey Echols with the health eligibility center -- financial -- might be a little bit more than that -- veteran signed the VA form --

**DR. BREYSSE:** Stacey, this is Pat Brysse. You're going through very garbled. I don't know if there's anything you can do, in terms of getting closer to your microphone, or speaking more slowly.

**MS. CARSON:** Hi, can you hear me? This is Laurine Carson.

**CDR MUTTER:** Yes, we can hear you, Laurine.

**MS. CARSON:** Great. So, yeah, I remember this situation. This was one in which a person was told that they did not -- they were not eligible, where someone was looking at the income codes, or the VA codes for healthcare benefits, and not looking at the law as it pertained to those disabilities in which -- for Camp Lejeune, in which a person could have -- could be seen and be eligible through the healthcare. And so, I just -- all I did was, I worked with VHA in that instance at the department level to ensure that that person was able to be cared for. And I don't disagree that there's some confusion out there with regards to eligibility, but as we find those things, we are -- we try to address them. We've tried to put out communication pertaining to those, and to ensure our front lines are aware. In this instance, it did happen, and I was immediately able to remedy the situation.

**MR. PARTAIN:** Hey, Laurine, this is Mike Partain. Why are the veterans being required or asked to fill out these financial statements? I've heard this before from other veterans. I know Kevin Wilkins, when he was a CAP member, brought up several people that had been asked to fill these out, and then were told that they were not financially eligible for benefits or something.

**MS. CARSON:** So it's the healthcare -- Camp Lejeune Healthcare Act, and no, it is not a financial statement. It is -- they fill out information with regards to a VHA form, and if Stacey Echols

is back on, I'll have him speak to that, and whether -- what those eight categories of healthcare are.

**MR. ECHOLS:** I will try to speak a little louder here, hope you can hear me. The form that we require them to fill out is the VA form 1010EZ, and they don't necessarily need to provide the financial information. What we're looking for, because this is a special eligibility -- we're looking for their signature, where they're acquiescing to applicable copays. That's to say, if they're treated for anything outside of this that has a copay attached to it, they're agreeing to those copays. No, they do not have to provide their financial information, because this is an enhanced enrollment authority. We are addressing these through trainings, and I appreciate you bringing it to our attention.

**MR. ASHEY:** Mike?

**MR. PARTAIN:** Yes.

**MR. ASHEY:** I got a question.

**MR. PARTAIN:** Okay, hold on a second. Let me get on there.

**CDR MUTTER:** Mike, you're on mute.

**MR. PARTAIN:** Okay, now Mike Ashey had a question. I don't know why it keeps muting back, but go ahead, Mike.

**MR. ASHEY:** Hey, my question is, this particular veteran, Vic Goldbaum, filled out the form of our -- you know, went through the process online through the VA website, and when I filled it out, of course, I had the same problems. But when I filled it out, the question that it asks you, if you served at Camp Lejeune 30 days or more, check this box. And you check the box, and it skips over the financial information. That's the way it used to be set up. Are you telling me that that has changed, and now, even though you check the box, the veteran is still required to fill out the financial forms? Because that's what happened to Vic Goldbaum.

**MS. CARSON:** That was an error, I believe, and if -- and the box that we checked in -- it works the same way it has always worked. Nothing has changed in that form, and usually it will

skip that information because they have the eligibility under the Camp Lejeune Act. So I think --

**MR. ASHEY:** Well, how did it end up where he was -- that the VA was demanding he fill out the financial forms when he went through the website, checked the box, they checked his DD214, it said he reenlisted at Camp Lejeune, and yet we still had this runaround? And here's my concern. Most veterans, when they bump up against the VA, and they have a bad experience with the VA, they don't come back. They give up, because I almost did, and I know a lot of veterans who feel that way. So the question is, how do you grab these people and reconsider their applications? How do you even know how many out there got rejected because somebody in the VA field office didn't know what they were doing?

**MS. CARSON:** As I stated, that was an error that was brought to my attention in VBA, and I did everything I could to help correct it. I don't disagree that there are some things like that happening. I think it's -- and one of the things that I constantly deal with. Mr. Echols and folks has tried to get some retraining for our front-line folks so that these errors don't continue to occur.

**CDR MUTTER:** Thank you. Mark, would you like to move on, unless we have any other questions?

**MR. HEROUX:** Good to go. Next slide, please. As we can see, for the CLVP, veterans who were treated for each of the 15 Camp Lejeune medical conditions between October 1, 2012 and May 15th of 2020, which is just a few days ago, include 483 for bladder cancer, 470 for hepatic steatosis. I probably should've pronounced these beforehand. I apologize. Kidney cancer at 296, for a total of 3,511, which is the predefined number for this. Next slide, please. So our acronym for the family member side is CLFMP, and it stands for Camp Lejeune Family Member Program. The Camp Lejeune Family Member Program was launched on October 24th of 2014. Family members receive care by civilian providers and VA reimburses, as payer of last resort, out-of-pocket medical costs associated with the 15 conditions. Family members may request reimbursement for covered expenses incurred up to two years prior to the date of application. As of May 15th, 2020, the VA provided reimbursement to 521 family members for claims

related to treatment of one or more of the 15 specified Camp Lejeune-related medical conditions. Camp Lejeune family members interested in enrolling in the program can call 866-372-1144, or visit the website that's there in the link. It's basically [CampLejeunefamilymembers.fsc.va.gov](http://CampLejeunefamilymembers.fsc.va.gov), but the Camp Lejeune portion is just the letters of CL. Next slide, please.

**MR. PARTAIN:** This is Mike Partain. I have a question for you.

**MR. HEROUX:** Go ahead.

**MR. PARTAIN:** Okay, on the family thing, members continue to have a problem where Moffitt Cancer Center sent in a billing for my male breast cancer followups last year, and they've never been paid. And apparently -- I don't know if they're not talking to anybody, but where do I need to -- I, or anyone else that has an issue -- is there like a designated point of contact, or hot line, rather than calling the main number?

**MR. HEROUX:** Yes, excellent question. The Camp Lejeune contact number, which is our contact center -- they deal with basically claims research, and looking that up, or looking up applications, or appeals, or what have you. They don't deal with the appeals, but they can tell you statuses, like if we've received it or what have you. That phone number, if you're ready to copy, is 1-866-372-1144.

**MR. PARTAIN:** Thank you.

**MR. HEROUX:** Yes, no problem. All right, so we are on the next slide for this already. To receive reimbursement of medical expenses under the provisions of the law, a Camp Lejeune family member must be determined administratively eligible for the program. This means that they must have a -- have had a dependent relationship to an eligible veteran during the covered time frame. So that basically means I was the child of a veteran at Camp Lejeune, or I was the wife or husband of a veteran at Camp Lejeune. And it can also include other veterans. Like in my case, my wife is active duty. If we were at Camp Lejeune at that time, then I would have a unique circumstance of being both a veteran and a dependent at the same time. They must have raised -- sorry, resided, including in-utero, on Camp Lejeune for at least 30 days between August 1, 1953 and December 31, 1987. And we don't put that word inside of here, but it's not 30 days

complete, like you have to go from day one to day 30. It's the entirety of 30 days that you've ever been there, and have one of the 15 qualifying health conditions. Next slide, please. Again, we have a list, the same as the veterans side of what -- who we've treated, the family members who were treated for the 15 Camp Lejeune medical conditions between October 1st of 2012 and May 15th of 2020 are as follows. Bladder cancer at 42, breast cancer at 442, and so on down the list for a total of 838. Give you a second to review that, if you so choose. Next slide, please. So this is a slide for eligibility denials. This is an interesting slide. It compromises some data of people who applied, individuals who applied, family members and veterans both. Veterans of the 69,862 who applied for care and services under the Camp Lejeune Program between October 1, 2012 and May 1st of 2020 - 1,591 were ineligible due to not meeting the statutory requirements for veteran status. There were 555 veteran applications in pending status. Family members -- of the 3,300 applications received for eligibility in the Camp Lejeune Family Member Program between October 24, 2014 and May 15, 2020, there are 14 awaiting an administrative determination. Family member administratively ineligible number is 996, and the top three reasons being not meeting Camp Lejeune residency, which is 30-plus days, criteria. That quotation was -- or quantitation was 541. The relationship to eligible veteran, which is that spouse or child that was inside of the area with them is 276, and veteran eligibility criteria is 123. Now, a question is usually raised regarding veteran eligibility criteria, and I just wanted to cover that, head that off at the pass here. It actually is either the family member's linked veteran was not at Camp Lejeune during the timelines that we described above. Some people think that because they were at Cherry Point, that's actually Camp Lejeune, but it's not, so that's, like, an instance of where we had to deny someone, a family member for that. And that the vet's service was prior to or after the Camp Lejeune time frame, meaning they were stationed at Camp Lejeune, but they were stationed in '52, or stationed in '88, and those timelines obviously wouldn't match up. Or a veteran has applied for themselves, meaning to me, to my program. So the family member side and the veteran side applications are completely separate. The family member side -- we sometimes receive veterans' applications with the family member, because they'll

put them both at the same place, and unfortunately, I can't -- my team can't handle the veteran's side for that. We only handle the family member side. So some of those denial numbers that you'll see above are because the veteran accidentally applied to the incorrect place.

**MR. UNTERBERG:** This is Craig Unterberg, quick question on the non-resident requirement, the 541 number. Are you all able at this point to determine someone has not lived there for 30-plus days, or are you still requiring people to prove up that they lived there for 30 days, and they just don't have the information?

**MR. HEROUX:** Brings up a good point. We have a duty to assist for veterans, and we're kind of trying to softly implement that into the family side, not so much of a duty to assist, but giving them the benefit of the doubt. We're not going to immediately deny an application because they didn't send in, you know, that one receipt or what have you. I have adjusted my team's stance on that a little bit, where we're reaching out to some of the family members, or having the contact center, the customer service center number that I gave Mike, reach out to them for us to maybe even facilitate quicker movement. Instead of using snail mail, we'll say, hey, we're just missing a signature on this one page. Instead of having them send a send-back letter, which was our standard desk procedure before, we're kind of trying to -- we have to follow the letter of the law, and the letter of the law states our desk procedure says we're going to send a piece of paper back, and you're going to have to fill out some information and send it forward. But if I and my team can facilitate quicker movement, we're just contacting them for the facts. So yes, the onus and the obligation is still on the family member or veteran for the family member to send that in, to prove that they lived there for 30 days. However, we have increased our method and mean of how we discern where, when, how, receipts that are -- if you can prove that you went to the laundromat on base, or the dry cleaner on base, and that dry cleaner receipt has your address on it, and you've got 30 of those for every single day, that would -- that's a unique way of us facilitating that you've lived there for 30-plus days. So if your address stated, over the entire month of May, and every single day, you took an article of clothing there, then we can

approve that administratively, as long as there's a veteran linked as well, meaning a spouse or child. Does that make sense, Craig?

**MR. UNTERBERG:** Yes, I was under the impression that the Marine had -- Marines had shared housing records with you all, and, you know, trying to find receipts from, you know, 1975 or something -- that's very hard. So --

**MR. HEROUX:** Oh, I definitely agree.

**MR. UNTERBERG:** -- happy to hear that you guys had a lot more information now from the Marines.

**MR. HEROUX:** We do. We do, and I don't want to state that they didn't send -- share things with us. So -- but the instances that I'm giving -- and I apologize. I misunderstood. The instances I'm giving are if they're not in the Marine Corps' database, we're not going to immediately deny them. We did receive some information. It is a lot easier for us to be able to get that moving forward, but we're not just going to say, "Well, look, you're not in this database that we were given, and I'm sorry," because we want to make sure we're doing our due diligence. So there's -- that unique situation I just listed with receipts and what have you is a second way for us to be able to verify 30-day residency. Does that make sense?

**MR. UNTERBERG:** It does. Thank you.

**MR. HEROUX:** Sweet. Excellent. Any other questions on this slide? All right. This is the last slide. Next slide, please. So this is a numbers breakdown for the fiscal year. As you can see, we went from '15-'16 to '19. The numbers adjust frequently, and for all of FY19, we were at 1.7 million dollars. And as of May of FY20, we're at 1.7, which is an interesting adjustment, if you understand budgeting, and it's very difficult to budget for the Camp Lejeune program, because with us doing so many cancers, you will have a possibility of everyone being in remission and having no need for continued daily care, weekly care. And then it may just so happen that every one of our members who have cancer has to go in for care at the same exact time, so at month five, we're already at our entire accumulation for last fiscal year. So those numbers will adjust over time. We adjust ourselves to the program and make necessary changes. I'm not

going to speak to the budgetary constraints, because that's outside of my pay grade. But our total all-in from the beginning of the fiscal year '15 to '20 is \$7,173,835 that we've paid in reimbursement totals for our family members in the Camp Lejeune program. I'll leave that up for a minute if anybody wants to take notes. All right, next slide, please. I'm available for any family member questions. If there are any veteran questions, I'll try to answer the best I can, but that's not actually my program, and I can leave that open to someone on the veteran side for that.

**MR. PARTAIN:** And this is Mike, and forgive me if this has already been done, or planning to be done. But the slides -- are we going to get those e-mailed to us for the CAP?

**CDR MUTTER:** I can do that if it's okay with the VA.

**MR. HEROUX:** I'll confirm that with my higher authorities, just to ensure that the numbers and the information in here isn't PII or anything like that, just to thresh through it with our privacy, but I don't personally see a reason as to why we couldn't push those out. But I'll confirm that, and we'll get back with you, Commander.

**CDR MUTTER:** Sounds good.

**MR. HEROUX:** Excellent. Aside from that, are there any other questions from family member side? All right, once again, my name's Mark Heroux. I'm the Camp Lejeune Family Member Program supervisor, and I thank you so much for your time.

**CDR MUTTER:** Okay, thanks, Mark, appreciate that great presentation. I think, Laurine, if I'm correct, is the next presentation from your group, or --

**MS. CARSON:** Yes. Good morning. It should -- the next presentation should be from our appeals side of the house. There were a lot of questions that pertained to the Board of Veterans' Appeals, and we wanted to tell you that, for this call, we were not able to get them to come and do a briefing about specifics that are involved with the formal process of appeals through the Board of Veterans' Appeals. But what we were able to get today are the folks from the appeals management office at VBA, the Veterans Benefits Administration. And I know the acronyms are

all confusing, but there's distinct work between Veterans Benefits Administration and the Board of Veterans' Appeals. So I wanted this group at least to come and share some information with you, and on the line, I have Ms. Mary Garren, and also Mike Edsall from the appeals management office. I'm not sure if these slides are their slides, or if you had their slides up yet.

**CDR MUTTER:** They're --

**MS. CARSON:** Yep, here we go. So --

**CDR MUTTER:** -- perfect.

**MS. GARREN:** Yeah, thank you, Laurine, for that introduction, and for speaking a little bit about the difference between the Veterans Benefits Administration, which is the division for which I work as part of the appeals management office, and also the difference between us and the Board of Veterans' Appeals. Although I am joined today by my assistant director, Mike Edsall, and so he might chime in here and there. So if you hear him, we'll certainly give him the floor. I do want to speak just a little bit more about kind of what we do at the appeals management office, or what we have oversight over. And so, currently, we have oversight over the legacy appeals process, and the legacy appeals process -- that really refers to appeals that are filed with VBA on decisions that were issued prior to February 19th, 2019. We also have oversight over the decision reviews that have been filed with us, VBA. That includes the higher-level review lane, and any duty-to-assist errors that come from the higher-level review lane, or that are returned from the Board of Veterans' Appeals. And this -- the AMA, which is the Appeals Modernization Act -- that covers any decisions that were made on February 19th, 2019 or later. So again, we're talking about the legacy appeals process, and then also the AMA, which is the new, modernized appeal program. So this first slide is really going to provide data about the legacy appeals process, and then the second slide will provide information about AMA. Now, although I am not a representative of the Board of Veterans' Appeals, which is abbreviated as BVA, we are able to provide some high-level data regarding their completions and inventory. And so, there will be some information on this slide that we're looking at, and I'll go through each of the data points with you -- that does talk about the Board of Veterans'

Appeals. But again, I just want to make it clear that I'm really not able to provide any additional insight on that inventory, or their completions on the CLCW claims, just because I'm not a representative of BVA. So let's go ahead and get started. Let me move my screen around a little bit, to make sure I can see the slides. To start with, like I said, we're going to talk about first the legacy appeals inventory, and currently, we have 882 pending legacy appeals. This is specifically the legacy appeals that are in the Notice of Disagreement stage, or the Form 9 stage, or the remand stage. In addition to those 882, we also have 350 appellants who have recently received a statement of the case, and their time to file a Form 9 has not yet expired. After receiving a Notice of Disagreement, appellants have 60 days to file the Form 9. And so, these 350 appellants are still within their 60-day period followed issuance of that statement of the case. So that -- those 350 appellants, they -- that could increase the inventory of our current legacy appeals inventory. So it could bump it up from 882. Typically, we see about 40% across the board. That's not specific to CLCW, but about 40% of appellants who have received a statement of case do decide to submit a Form 9. So we do expect some of those appellants in that group of 350 to go ahead and submit the Form 9. Now, as far as inventory at the Board of Veterans' Appeals, from what we can see, there does appear to be approximately 556 that are currently pending in their inventory, and that's specifically, again, legacy appeals. And before we go into some of the next bullets here, I want to make something clear. In our legacy appeals system, everything is tracked at the appeal level, rather than an issue-based or contention level. This means that appeals could have many contentions. So there could be multiple contentions claimed due to contaminated water. There could also be contentions claimed due to -- not claimed due to contaminated water. So if a veteran files appeal, it might have some CLCW issues on the appeal, but it might also have other things that are completely unrelated to CLCW as well. And so, that -- some of the numbers and data we'll talk about -- I'll bring out and kind of point out how that comes into play with some of these figures later on. So now, let's look at the decisions that we've made in fiscal year '20, and fiscal year '20 -- that essentially has began on October 1st, 2019, and runs through the current. When we pulled this data, the data at the bottom of the slide, I

think, says May 21, 2020. So we're looking at the period from October 1, 2019 through May 21, 2020. So during that time period, VBA completed 1,661 appeal actions, and that means that we completed 1,661 appeals that had at least one issue related to CLCW. Now, within those actions, 148 were full grants of the benefits sought. That means that anything that the veteran appealed on that particular appeal, we were able to grant in full. That could include the CLCW issues and any other issues that might be on the appeal. There were also 115 partial grants completed. Unfortunately, we're unable to see at this time if those partial grants were specifically the CLCW issue, or they could have been another, unrelated issue on the appeal. Now, we can look at the board decisions for the same time period, October 1, 2020 through May 21 -- or, excuse me, October 1, 2019 through May 21, 2020. They have completed 275 decisions on CLCW legacy appeals. Of those 183 were remanded, or at least one issue was remanded back, and that does give us a 67% remand rate. But again, I want to point out that, based upon the appeal-level tracking in our legacy appeals processing system, this could mean that the remanded issue was not necessarily the contention claimed due to contaminated drinking water. It could have been an unrelated issue. So we're just not able to get to a very granular level, unfortunately, with our legacy-based appeals processing system. There are also 77 appeals out of that 275 with at least one granted issue, but the same -- kind of stuck in the same spot with the data. I'm not -- I can't guarantee that those 77 appeals of that granted issue was the CLCW issue. It could've been an unrelated issue that also happened to be on appeal at the same time for the veteran. Are there any questions about the inventory or those appeal decisions before I begin talking about the top remand reasons?

**MR. PARTAIN:** Hello Mary, this is Mike Partain.

**MS. GARREN:** Hi, Mike.

**MR. PARTAIN:** Hi. I just had a text through the -- or Facebook, where a veteran -- and I directed him to Laurine Carson. But they said that they have been -- they're -- I'm trying to read it here -- that they had 110,000 appeals in front of them, and they've been filed, I guess, since June of 2015, and were wondering why they weren't in the legacy group. I just wanted to

bring that up, and I don't know too much about it. But like I said, I did direct -- I directed them to Laurine Carson, and gave them Laurine's e-mail.

**MS. CARSON:** Yep, hi, this is Laurine. Yes, I will definitely look into that. One of the things is that, historically, we have had 110,000 appeals, but we no longer -- our inventory is -- in the legacy appeals is reducing significantly, and it depends on when that person filed his or her claim for disability benefits. Those persons who filed claims prior to the enactment of the law would have been in the legacy appeals time frame, if they did -- and there are some people who made an election to go -- the new modernization appeals, and then there are those persons who filed after that time frame. So I'll look more into that person's particular case, but I did see that that question came in.

**MR. PARTAIN:** Yeah, in particular, they said June 2015 is when they filed.

**MS. CARSON:** Okay, I'll take a look at that. Send me information. I'll work with the -- with our folks to see where that appeals - - appeal is in the process. Okay?

**MS. GARREN:** Thank you, Laurine. Are there other questions on these three sections before we talk about the remand reasons? Okay. So we did look at the top remand reasons, because that was a data point that CAP had requested from VBA previously. And we found that, as you can see listed here, the top three reasons are for nexus opinion, no VA exam conducted, and incomplete/inadequate findings in the medical examination or opinion category specifically. And so, what I did is, I took some time, and I really tried to dig into why we were seeing remands with these reasons, and what was going on. And what the evidence does show is that -- or at least for the sample that I reviewed, it definitely indicates that the majority of these remanded issues are for non-presumptive conditions, are for non-presumptive conditions. And so, right now, you know, the evidence shows that for presumptive conditions, for veterans that have a current diagnosis of a presumptive condition, and the requisite service at Camp Lejeune or the other covered areas, that those do seem to be granted appropriately outside of the appeal process, meaning they're granted during the claim

process, prior to -- without the need of an appeal. As -- like I said, the majority -- the vast majority of the ones I reviewed -- these were for non-presumptive conditions, and due to the legacy appeals process, there is an open record with the legacy appeals process, meaning that at any point in time during the claim or the appeal pending, the veteran can continue to submit additional evidence. And we are unable to see in our data that point at which the veteran submitted the right evidence, or enough evidence to bring up a reasonable possibility of a nexus -- medical nexus between his or her service in Camp Lejeune and the non-presumptive condition. Therefore, we can't necessarily say that their -- that VBA is making, you know, significant errors and denying these before they get to the Board of Veterans' Appeals, because we just don't have that level of granularity within our data to see at what point in time the evidence raised the possibility of that medical nexus. The only thing that we can see is that, by the time that the judge at BVA received the entire claims record for these veterans, that they determined that there is enough evidence for a nexus opinion or a VA exam. And so, they are remanding them back for these conditions. Are there questions on our top remand reasons? Okay, next slide, please. Okay, now, on this slide, we want to talk about the AMA inventory, and again, AMA first began on February 19, 2019. So we're really talking about claims or decision reviews that were submitted on decisions made after February -- on or after February 19, 2019. And so, that's why we're providing data for that entire -- this entire period, and not just the fiscal year data on this particular slide. So the period that is covered by this slide is February 19, 2019 through May 21, 2020. And at this time, there are 203 pending CLCW claims, and that -- on the AMA side, and that is going to include several categories. It's going to include your higher-level reviews. It's going to include your duty-to-assist errors, and it's also going to include supplemental claims. Although AMO does not have oversight over the supplemental claims process within VBA, we are able to still provide some of that information, and you'll be able to see it on this slide. With our new AMA process, we do have a little bit better tracking capabilities in our new appeals system, and as a result, we're able to look at issue-based. And so, you can see on this slide, we're really talking about issue-based numbers, whereas on the

previous slide, we were talking at the appeal level. So there are 203 pending right now, but since February 2019, and specifically that's February 19, 2019, we have completed 838. And that is a mixture of higher-level reviews, duty-to-assist errors, and supplemental claims. There's not a separate bullet for duty-to-assist errors, because technically, that does fall under and within that higher-level review lane, and that also includes duty-to-assist errors that are found during the higher-level review at VBA, and that also includes the duty-to-assist errors that are found at the Board of Veterans' Appeals, and ones that they have returned to VBA for correction. This is most similar, if we're trying to make a comparison between the new process and the legacy process -- this would be most similar to a remand in the legacy process.

**MS. CARSON:** Mary, if I may --

**MS. GARREN:** Yes.

**MS. CARSON:** -- one of the key points from prior CAP meetings was how would we get feedback and information from the appeals process, or from VBA, pertaining to errors that are being made during the development and -- or during the processing of the claim. And this is one of the important data points for us now, to have that level of being able to tell when there is a duty-to-assist error versus a remand because there's additional clarification needed, or some other reason that's not attributable to a claims processor error. So this information is very important to us, to help us train our folks, make sure they're looking at the right things, and go back and take corrective actions.

**MS. GARREN:** Yes, absolutely. Thank you, Laurine. And with the new issue-based tracking, it also makes it much easier to identify are there certain types of contentions or conditions being claimed that are more problematic than others, too. And then Laurine's team can certainly, if they notice any trends -- they can certainly create and tailor training to that. Correct, Laurine? All right. Thank you.

**MS. CARSON:** Yeah.

**MS. GARREN:** Thank you.

**MS. CARSON:** Problem with the mike.

**MS. GARREN:** So with the 838 that have been completed since February 19, 2019, there is a 4% grant rate on the higher-level reviews, and that is specifically issue-based. There is an 81% denial rate, and 15% of those that are in the higher-level review lane are returned for duty-to-assist errors. And that 15% includes a combination of duty-to-assist errors found at VBA, and duty-to-assist errors found at BVA, the Board of Veterans' Appeals. So that is a combination right there. In the supplemental claims, the supplemental claim lane, the grant rate is 14%, and the denial rate is 86%. And again, that is issue-based. So we're specifically only talking about conditions that a veteran has claimed was caused due to contaminated drinking water in Camp Lejeune. Are there any questions about the data on this slide?

**MS. CARSON:** Thank you, Mary. We appreciate your attendance today, and your thorough explanation. As previously indicated, I know that we want to look a little bit more into the types of errors which we will have for a later CAP meeting, as well as to get a representative from the Board of Veterans' Appeals to provide more detailed information about their process, and the court and the legal process that occurs in the appeal aspects of processing claims. So we'll be providing that later. Jamie, I'll turn it back to you.

**CDR MUTTER:** Thanks, Laurine. Are there any questions for VA before we move on to the action items?

**MR. PARTAIN:** Yeah, this is Mike Partain Just a quick question -- as you know, we're winding down the CAP, looking to conclude later this year. Does the VA have any plans to continue a community-type interaction or forum with the community post the dissolving of the CAP?

**MS. CARSON:** At this time, we -- VA does not have any plans, and I know that there are still some studies that are taking place. And I'll let Ms. Hastings speak to some of that as well, but I know there are still some studies that we're waiting for. And it might lead to new additional work in this area with regards to presumptive and other disabilities. We do, however, have meetings with accredited veteran service organizations and other

stakeholders. There are several, several opportunities to engage with VA with concerns with our undersecretary for benefits, who has been doing a lot of town halls, and holding a lot of public meetings, Facebook Live, LinkedIn Live. And I would encourage you to connect to some of those groups so that you continue to have your issues represented in the spaces of advocacy and expressing veterans' concerns. But we are not going to pick up the CAP as a VA activity for long-term, continued meetings -- again, we are going to wait for additional science and evidence that would allow us to -- the reports that are coming out of ATSDR that may reconvene such a forum.

**DR. HASTINGS:** Hi, this is Pat Hastings. Our plans are to work very closely with ATSDR, because there are more studies that need to be done, and I know that Dr. Culpepper, our epidemiologist here, who is our deputy director, and Dr. Bove have been speaking about use of the cohort. Because there are more studies that need to be done, and as people know, there are some things that show up later in life. And so, these will be long-term efforts. Over.

**MR. PARTAIN:** And out of curiosity, to either ATSDR or VA, how would the community be involved in these updates? I know with the 2012 law, Jerry had mentioned that there's a three-year requirement to review the science. With the dissolving of the CAP, is there going to be any community involvement between the interactions of ATSDR and the VA?

**DR. HASTINGS:** Absolutely. ATSDR would be a partner in this, and in fact, you know, the studies that we would be looking at using the cohort going into the future -- we would look at ATSDR as being a full partner. Over.

**MR. PARTAIN:** But what about the community? That's the question. How's the community going to be involved in those updates?

**DR. HASTINGS:** Happy to talk with you about that. I don't believe that we've talked about the community, because we've looked at ATSDR as hosting these, you know, had thought that they were going to go on a bit longer because of the studies that are still being done with regards to vapor intrusion and their work with the CAP. So happy to discuss that.

**MR. PARTAIN:** Thank you.

**DR. BREYSSE:** And Mike, if I can clarify this, we're not dissolving the CAP. If you remember, we're just changing the frequency of meetings, and we're beginning to wind down as we roll out. So we're still committed to keeping the CAP in place. So as we have updates on -- periodic updates on the vapor intrusion study and the cancer incidence study, we'll still be engaging with the CAP until those studies are completed, which are a number of years down the road, if you recall.

**MR. PARTAIN:** Yes, I just wanted to get on the record.

#### **ACTION ITEMS FROM PREVIOUS CAP MEETING**

**CDR MUTTER:** Yes, thank you for that clarification, Dr. Brysse. Are there any other questions for the VA? Okay. So it looks like I'm up with the action items portion, and if the VA has already covered their action item, if you'd just let me know, please. So the first one is for the VA. The VA/VHA will classify all the subcategories that fall under the 15 major categories that have different titles. I apologize if I missed that. Can you let me know if that was covered or not?

**MS. CARSON:** Jamie, can you repeat that again?

**CDR MUTTER:** Yes. The VA/VHA will classify all the subcategories that fall under the 15 major categories that have different titles. I think this was discussed -- Kip discussed this last CAP meeting, so maybe he has more familiarity with it.

**UNIDENTIFIED SPEAKER:** I'm sorry, Jamie Can you repeat that again?

**CDR MUTTER:** Yes. The VA/VHA will classify all the subcategories that fall under the 15 major categories that have different titles.

**UNIDENTIFIED SPEAKER:** No, I don't have any information on that.

**MR. HEROUX:** I spoke with my subject matter expert for -- sorry, this is Mark Heroux, CLFMP supervisor. Kip and I did broach that topic last time. We do have it in the notes, and I took that for action. That's my fault. We are hesitant, if I will. Obviously, we'll try to do our due diligence. That's our proxy moving forward. The -- we're hesitant to bring under an umbrella a

limiting point for any possible instances of care that may be needed by family members, and I say a limiting point because I like thinking positively and delimiting. Because if we do start stating, you know, this specific instance of care is the only one that we're allowed to see, and we start stating that these are the only things that we can do, we start a precedent of legalization that is like, well, we're only going to look at these 12 under this one category of 15. So -- and on top of that, we could possibly state, you know, these are some things that were seen for in the past, and give you a rubric of understanding. But I don't want to limit our veterans or family members to -- well, these are the only 12 types of bladder cancer -- let's just use that example. These are the only different types of 12 instances regarding bladder cancer that we're going to see, because we will set up precedents, if that makes sense. If we still want a reference chart, that's fine, but I don't want to put anything in stone, if you will, if that makes sense.

**CDR MUTTER:** Thanks, Mark. Are there any questions on that action item? Okay, the next one, the VA will have a presentation from the Board of Veterans' Appeals with information on remand rates. Laurine, I know we did a little presentation this morning. Are we going to have another one, did I hear you say?

**MS. CARSON:** Yes. What I was -- what I am trying to do -- VBA and BVA are so two separate entities, the Veterans Benefits Administration and the Board of Veterans' Appeals. The Board of Veterans' Appeals is the formal legal court appellate process of the agency. BVA is the benefits administration that handles service-connected disability claims and the decisions of disagreement -- before they become formal. So those will be -- those -- I needed two separate presentations, and for the purpose of today, I was able to get -- information requested, but not the presentation from the board. We are going to send an invitation to them for the next meeting, so that they can do their own, independent, formal presentation.

**CDR MUTTER:** Thank you, ma'am. Okay, the next action item is the CAP stated that in regards to benefits, people are being approved by the BVA after being denied by the VA. The CAP would

like to know how many, and what the major causes of the reversals are, starting at 2010 and going forward.

**MS. CARSON:** So that would be part of a presentation by the BVA, but as indicated by Mary on -- previously, that oftentimes, because of the way the appellate process is set up, and with the legacy appeals which were an open record. Additional information could be provided at any time during that process up to the time that that case is seen by a judge, which may have no bearing on the information that was available and presented at the time the decision was rendered by VBA. Of those and the data that they're getting now about the 15% duty-to-assist errors, those are more critical for us to delve into, and to find out what we are doing to address those. Because those are actual errors in the decision process at the initial stages, when we should be doing our due diligence for duty-to-assist. So I think some of our discussion at the time surrounded VA examinations, the contract examiners, and whether or not there were inadequate opinions, et cetera and so forth. So that's what we're delving into with the data that we've since received from the appeals process. We'd have to do more digging, so we'll have more information when BVA makes its presentation.

**CDR MUTTER:** Thank you. Are there any questions on those action items that we've already gone through? Okay, the next action item -- how many family members are clinical ineligible because the law is written in such a way that it's not covering a condition that has causation -- or otherwise?

**MS. CARSON:** I'll turn that over to the family members group.

**UNIDENTIFIED SPEAKER:** I would love to speak on that, but that's more of a policy situation. I --

**DR. HASTINGS:** It's also -- hi, this is Pat. It's also a legal situation. Causation is not something that we can attribute, because causation is a pretty high bar. So for changes to what is covered, it would need to be changed in the law, as has been discussed before.

**CDR MUTTER:** Okay. Any questions on that action item? The next action item for the VA -- the VA will consult with their office of general counsel to ensure the VA is interpreting the Camp Lejeune Families Act appropriately, specifically regarding renal

toxicity/renal disease, kidney disease, and neurobehavioral effects. In addition, the VA will look at whether they are requiring a nexus for the Family Act, and also how they are interpreting the conditions, i.e. acute exposure.

**DR. HASTINGS:** Hi, this is Pat. We are still working with the office of general counsel. The lawyer that has been working on this had a family life event, and was unable to work on it. She is now back, and returned during COVID, so has been reassigned to some of those. But with COVID becoming more under control, we are going to be able to start working this again. I would like to also note that we are working closely with ATSDR, and my deputy of epidemiology and ATSDR are working on the cohorts to specifically look at renal, neurobehavioral, immune-mediated, as well as cancers and thyroid. So more to report at the next meeting. Over.

**CDR MUTTER:** Thank you. Any questions on that action item? Okay, next, is there an update on a medical code for VA specifying Camp Lejeune?

**DR. HASTINGS:** Hi, this is Pat, and I believe that Stacey Echols would be able to speak to this. But there is a way to designate the Camp Lejeune, and I will turn this over to help eligibility center.

**MR. ECHOLS:** Thank you, Dr. Hastings. What was the question again?

**CDR MUTTER:** Sure. Is there an update on a medical code for the VA specifying Camp Lejeune?

**MR. ECHOLS:** That would be outside the purview, if we're talking medical codes, outside of HEC.

**DR. HASTINGS:** Stacey, this is Pat. I think what they're talking about is the -- being able to be noted to be a Camp Lejeune veteran, because of the issues with copays, and you had shown me the way that you inform your people that enroll veterans on how to code them as Camp Lejeune. Over.

**MR. ECHOLS:** Correct, yeah. Thank you, Dr. Hastings. Thanks for the clarity. Yes, in our various registration and enrollment systems, veterans that are determined to be Camp Lejeune

eligible -- there's an indicator. There is a Camp Lejeune indicator, and as Dr. Hastings alluded to, that indicator also has the downstream effects as -- so it precludes billing for certain issues, to make sure veterans aren't being erroneously billed. It also ensures they're in the proper priority group, as Kip mentioned earlier, at the very minimum priority group six or higher.

**MR. PARTAIN:** So is there a specific tracking code or digits that designate a Camp Lejeune veteran that is in the system, that the VA can recognize? I think that's what we were trying to get at?

**MR. ECHOLS:** Okay, from the eligibility side, there's an indicator to indicate the veteran is a Camp Lejeune, though it's not a code per se. BVA would have to speak in terms of codes, and that would be continued on service connections.

**CDR MUTTER:** Laurine, I see you're trying to talk. You're on mute.

**MS. CARSON:** I am learning to navigate this work at home situation [laughter]. But yeah, we do -- VBA has -- since 2010, VBA has had a special issue indicator on its benefits claims, and we do have a way to identify certain diagnostic codes and claims, as claims-related, veteran-specific related information. It's the veteran's claims data that says that they are identified as Camp Lejeune. The issue -- if they claim it as Camp Lejeune, or if the veteran is identified as service-connected based on Camp Lejeune service, then it's indicated in our systems. But that does not translate to the healthcare eligibility or the health -- the Camp Lejeune Healthcare Act, for them to actually make that designation within their system, so --

**MR. PARTAIN:** I'm sorry, what?

**MS. CARSON:** -- it does not -- for benefits purposes, they file a claim, and they file it as --

**MR. PARTAIN:** Would it be easier for us to have a code?

**MS. CARSON:** -- we have a code in VBA, but for --

**MR. PARTAIN:** Okay.

**MS. CARSON:** -- for healthcare purposes, it is not the same code that is in the record for their payment purposes and their healthcare, because a veteran has to use that healthcare, and -- determined eligible. And so, I'm not sure if we're mixing these things up. I don't -- Stacey, can you speak to what VHA does when you determine eligibility for healthcare?

**MR. ECHOLS:** Sure. The veteran is determined to be eligible for Camp Lejeune -- is determined Camp Lejeune-eligible, then there's an indicator, which clearly shows that this veteran is an enhanced enrollment authority based on Camp Lejeune eligibility. As they said, it has downstream effects. By that, what I mean -- it communicates -- our system, our registration systems communicate with other VA systems, billing system, appointment systems, and so forth, to indicate this veteran is Camp Lejeune eligible, and to preclude billing for those, if they're being seen for any of those identified illnesses. That's separate from a service connection code, which Ms. Carson was speaking in terms of. So there's no --

**MS. CARSON:** Right. So they're calling it a code. What I believe is -- if I'm wrong, Mike --

**MR. PARTAIN:** Okay.

**MS. CARSON:** -- believe that what -- you're calling it a code, but what you're asking is how do we avoid a veteran from being mischaracterized or billed when he has Camp Lejeune status in the healthcare system. Is that what you're asking?

**MR. PARTAIN:** Yeah, that's along the lines that I'm asking. Also, you know, so that they -- these things are tracked. I know that different agencies have multiple computer systems and things like that, and the thought is that, you know, when a veteran's coming in as a Camp Lejeune veteran, that we want them to be able to be tracked and counted properly throughout the VA, not just the VBA, or VA, or what have you.

**MS. CARSON:** Right, and so, I'll -- so, Stacey, I think what they're trying to is -- let me just -- so I think what we've discussed in the past is -- so what I track a person in VBA, if they file a claim for Camp Lejeune, I track whether we grant or deny them. But in VHA, does the indicator only attach when you've determined eligibility, or if you deny eligibility, do

you also attach the indicator for camp -- that they came in asking for Camp Lejeune status?

**MR. ECHOLS:** The indicator is attached once we have validated that the veteran is eligible for Camp Lejeune, and subsequently put them in that enrollment status. We created those indicators -- and speak to Mike's question, there -- those indicators were created so that we could, number one, do some data mining if necessary to be able to track those folk along the way, those folk that we have determined to be eligible for Camp Lejeune, place them in a priority group, priority group six or higher based on that authority. And again, as we keep alluding to, to preclude any erroneous billings for any services the veteran might receive that are related to that Camp Lejeune eligibility. That's on the VBA -- on the VHA side.

**MS. CARSON:** Thank you. So, Mike, one of the things that is happening, has not happened yet is, yes, we do have different administrations, and each administration has its tracking. There is an effort to work on merging some of this data and some of these systems together, so that we could do better tracking, and so that there's seamless tracking, not just for VA, but also for DOD. So we're working on a greater electronic health records management system for that purpose. That is something that you may have seen congressionally mandated, and it's going to take a few more years for all of that to come together. Because these are huge data systems that need to integrate, but that is not yet the case. We do our individual tracking.

**CDR MUTTER:** Thanks, Laurine. Are there any other questions on that action item?

**MR. PARTAIN:** All right, thank you, Laurine. I appreciate the answer.

**CDR MUTTER:** Okay. So the next is an action item for a lot of us. So it's for the VA, ATSDR, and CAP. Review studies for renal toxicity, and come up with a timeline for review. So I don't know if Frank, or Ken, or the VA have discussed this. Can anyone provide an update on that action item?

**DR. HASTINGS:** Hi, this is Pat Hastings, and epidemiology here at post-appointment health services and Dr. Bove have been looking at study designs, and being able to data mine the cohort. My

epidemiologist has applied to have access to that, and again, with regards to looking at the cohort itself, and health outcomes. But we continue to look at the science, and review what's new. There's not much new with regards to renal, but we're continuing dialogues on doing a deep review of it. So that is ongoing with ATSDR. Over.

**CDR MUTTER:** Thank you, Dr. Hastings. Any questions on that one? Okay. So we'll move on to Navy/Marine Corps. So they have one action item. The CAP asked about the feasibility of having web meetings that people could watch the RAB meetings. Melissa, if you wouldn't mind giving us an update.

**MS. FORREST:** Yes, I'm here. Can you hear me?

**CDR MUTTER:** We can.

**MS. FORREST:** Okay. The purpose and function of the Camp Lejeune Restoration Advisory Board per the charter is to promote community awareness and obtain constructive community review and comment on environmental restoration actions. Membership is reserved for community members that work or reside within the local community. However, all meetings are open to the public. The Navy and Marine Corps are working with the Camp Lejeune RAB members to determine if there is a desire to hold virtual RAB meetings, particularly given the current pandemic that restricts mass indoor gatherings. The Navy is also exploring contract and technical capabilities for streaming a meeting live.

**CDR MUTTER:** Thank you, Melissa. Any questions on that action item?

**MR. PARTAIN:** Just a comment. Please note for the Navy and Marine Corps that Camp Lejeune, as they point out quite often, is a transient community, and that the majority of the community that was exposed no longer lives within the environs or area of Camp Lejeune. We're scattered throughout the country, so in the interests of promoting community awareness, a web meeting would be nice.

**MS. FORREST:** Okay, I will note that, and make sure it's included in my official notes for the meeting. Thank you.

**CDR MUTTER:** Thanks, Melissa. All right, the last action item is for ATSDR. Does ATSDR have an estimate of what proportions of the buildings are residence or were residences in the past? And this would be a 24-hour type exposure to some people who might have been living there. Does ATSDR have a sense of that? Danielle or Jack, would you mind answering? I'm going to make sure you're not on mute. Let's see.

**MR. HANLEY:** I'll let Danielle follow up on that.

**CDR MUTTER:** Okay, I don't see -- there she is. Danielle, can you unmute your microphone?

**MR. HANLEY:** Can you repeat that again, please?

**CDR MUTTER:** Yes. Does ATSDR have an estimate of what proportion of the buildings are residences or were residences in the past? So this would be a 24-hour type exposure to some people who might have been living there. Does ATSDR have a sense of that?

**MR. HANLEY:** I think Danielle looked this up. Is she there?

**CDR MUTTER:** She's -- I see her, and she's on mute.

**MR. HANLEY:** Okay.

**CDR MUTTER:** Unmute your microphone. I'm not sure she can hear me.

**MR. HANLEY:** Can you -- then let me -- I was anticipating she would -- one second.

**DR. BREYSSE:** Send a chat to her, see if she can hear you or not.

**CDR MUTTER:** Yes. Oh, Danielle, can you hear me?

**MS. LANGMANN:** Yes.

**CDR MUTTER:** All right.

**MS. LANGMANN:** Yes, I can hear you. I did. I sent it to Jack, and I'm trying to find the e-mail that I gave the information.

**MR. HANLEY:** We looked this up. I'm sorry. We --

**CDR MUTTER:** That's okay. What if we move on to Frank's update?

**MS. LANGMANN:** Oh, here it is.

**CDR MUTTER:** You found it?

**MS. LANGMANN:** I'm finding a lot of e-mails. Sorry. Yeah, can we come back to that in, like, five minutes?

#### **CANCER INCIDENCE STUDY UPDATE**

**CDR MUTTER:** Yes. So, Frank, are you prepared to give your update on the cancer incidence study? And then Danielle can wrap that question into her -- to the update on soil vapor intrusion.

**DR. BOVE:** Sure.

**CDR MUTTER:** Okay, thanks, Frank.

**DR. BOVE:** Okay. So, where we're at right now is the -- for the cancer portion, we're doing a pilot with the Idaho Cancer Registry. They have a CR registry in Idaho. So that's going on, I think, as we speak. Once that pilot matching is done, we'll then see how that -- the results of that, and then we'll do a pre-test with three additional states, Connecticut, South Carolina, and Utah. And after that, we'll be ready to do the full matching with the registries. Right now, we have about 21 or so registries plus the VA registry. We're pretty much all set to go, and probably will start matching hopefully later in June or early July, again, depending on how COVID-19 issues affect the registries. We're still working with the rest of the states on various parts of the agreements that we have to setup with the states. So we have data use agreements that we have with the state, and then data use agreements that they have with us. And then, on top of that, we have data transfer requirements, so that we need IDs from each of the state registries who are going to receive the data. They have to be verified, and then they get a card in the mail. So it's complicated in order to protect the confidentiality of the data. So there are various steps like that that still need to be done with a majority, I would say, of the registries. We don't expect any problems. There are a few registries where -- where we have to still work out some issues concerning confidentiality. At least two -- at least three states now require -- seem to require, anyway, that we get consent from the patient in order to get the data from that patient. We're trying to work that out with all three of those

states. So that's the situation with the cancer side. On the mortality side, we will be matching -- I think in a few days, or at least by the middle of June, with the Social Security Administration databases, and then, right after that, we'll be going to the National Death Index and getting the mortality data. So that's moving along as well. It's just a complicated study as -- you know, no one has tried to do this before, and it does take time to work out all the different arrangements with each registry. That's why we need a national registry someday, because it's very difficult to do this study, and get all the requirements completed. So that's the situation with the cancer incidence study. Any questions?

**CDR MUTTER:** Okay.

**MS. LANGMANN:** If there's no questions, I have an answer now. I -- Jamie, sorry. I had sent it to you, and then Jack, and I searched on Jack.

**CDR MUTTER:** No problem. Let me just make sure there's no other questions for Frank before we move on to -- we'll do the whole soil vapor intrusion.

**MS. LANGMANN:** Okay.

#### **SOIL VAPOR INTRUSION PUBLIC HEALTH ASSESSMENT UPDATE**

**CDR MUTTER:** All right, any more questions for Frank on the cancer incidence study? Okay, so Danielle, if you'd like to give that action item answer, and then go into your presentation, that would be great.

**MS. LANGMANN:** Okay. In terms of the residences, of -- there's two different ways that I'm going to give it. The first is, of the 14,182 buildings that we have in our database, 57.6% are characterized as a residence, and of those buildings we classify residences, there were 8,080 as a residence and 95 we have listed as child activities, but they're buildings that also appear to be residences based on other fields, so potentially like having a daycare within the home. Of the buildings that ATSDR is actually evaluating, in terms of vapor intrusion potential and public health, there are 33 buildings of a total 178 that we're looking at that are residences, and that equates

to 18.5% of the buildings that we are evaluating in our public health assessment and technical reports. Twenty-two of those are classified as a residence, and 11 are child activity buildings that appear to also be residences, based on entries of other field sin our database.

**CDR MUTTER:** Thanks, Danielle. Any questions on that action item? Okay, so I have the time as 10:34. I'm going to have a break scheduled to 11:00. So Danielle, would you mind going ahead and doing your update on soil vapor intrusion?

**MR. HANLEY:** This is Jack. I'm going to go ahead and give that presentation.

**CDR MUTTER:** Awesome. Okay. Thanks, Jack.

**MR. HANLEY:** And thank you, Danielle, for finding that information. I appreciate it. Good morning, everyone, and Danielle and I are very glad to be back with the CAP. I'm Jack Hanley. I'm the acting chief of the central branch at ATSDR, and Danielle is the project lead on the ATSDR public health assessment at Camp Lejeune on potential exposures of vapor intrusion. And what I'm going to do today is give you an update on this project. Next slide, please. Thank you. This is just my presentation. We're going to hit on each of these areas, key accomplishments, the Camp Lejeune report, the data validation, which is the most important issue today, and we'll cover all these issues here. Next slide. This slide helps us take a step back. We're going to take a look at where we are in this whole vapor intrusion public health assessment process. As you know, over the years, we've compiled a tremendous amount of information from 23,000 documents and over 14,000 buildings, and we compiled it in a database we developed, a site-specific database. And we developed these computer applications and an interactive mapping platform so that we can evaluate that data and evaluate it for the vapor intrusion scenario that is -- we're undertaking here. We presented this process to the CAP a couple of times, and so, you're somewhat familiar with what -- the process that we're undergoing. We completed a prioritization scheme, helped us whittle it down to 170 buildings of interest, as far as vapor intrusion's concerned, and then we began evaluating each of these buildings. And that's what we're going to be covering here, and we're going to start with Camp Geiger.

Recently, we completed what we call the Camp Geiger Data Validation Draft. This -- and I'll cover this in a minute, exactly what that is, but we recently completed that, and we're going to be releasing it for input from the CAP members. Next, please. This is going to be the outline of the health assessment. Basically, we'll have the health assessment and eight technical supplements. Today, we're going to focus on the technical supplement number three, which is on Camp Geiger, and next slide, please. The data validation is a review, actually. We're going to be sending it out for technical review, and it's going to help us to assure that the agency has the pertinent information that we need to do a comprehensive evaluation of soil vapor intrusion issues in each of the buildings. And also, the review will help us make sure that the information we have is accurate and most up-to-date, and the plan is to have external reviewers. We're going to have the Department of Defense, Department of the Navy, and Camp Lejeune technical staff contribute and evaluate this, and to check the accuracy of the information, and make sure it is the most -- and most accurate that we have, most precise and accurate information we have. We're also going to have the CAP members be reviewers, and we're looking for at least two or three volunteers who are going to complete the confidentiality form. And besides accuracy, we'd like the CAP to provide the additional perspective and historical perspective that they have of when they were there, and what they know about the information in Camp Geiger that we are presenting, and to validate it, and check it for us. Next slide, please. Okay, based on ATSDR's guidelines, we have what we call the data validation draft. It's basically Camp Geiger technical supplement, but we remove the -- we remove the ATSDR analysis. We remove some of the data, some of our assessments, but we leave in, and it only contains the background information. Such as the sampling, remedial activities, where the groundwater, soil characteristics, the building characteristics, as you can see, but as I said, it does not include ATSDR's analysis, findings, or recommendations. And that's based on our internal guidance. We do this at other sites, so this is standard protocol here. Next slide, please. And this is -- this is going to include an Excel worksheet that has all the background information and sampling data within 100 feet of each of the buildings we're going to be looking at

within Camp Geiger. And it doesn't have contaminant levels, and it doesn't have our statistical calculations and estimates of possible exposures, but it is the data that we will use to calculate and estimate exposures. Next slide, please. It's going to be quite a bit of work. There's about 95 pages in the report portion of it, and then there's 13 Excel spreadsheets, one for each building. And it has quite a bit of data, and we'd like to make sure it's validated and accurate. So that's the task, right there, that we're going to be asking the CAP members to assist us with. Next, please. Now, as I showed, this is the first in a series of data validation reports that we're going to be completing and releasing, and we're going to stagger these over the next nine months or so. And we're going to be doing one data validation release for each of the technical supplements as they're finished. Next, please. And this is an outline of the technical supplement, and basically, the data validation draft. And it -- the highlighted sections there are the sections that are not included. We have a little note that clarifies that it's not there, and what's in those sections, but the data and information is not in there. That's the ATSDR analysis. Next slide, please. And the technical supplement for Camp Geiger will be split into two. There's a north Camp Geiger area, and you can see the buildings here that we evaluated -- we plan to evaluate and have evaluated. And this is the structure of the technical supplement, and basically the data validation. Next slide, please. And here's the Camp Geiger south, and the buildings, and the information that's in the report. Next slide, please. Here are the next steps. We're going to follow up on any comments and issues that come up in this meeting. Jamie will be sending out an e-mail this week to determine the CAP's interest -- CAP members' interest in reviewing this report. I think, Mike, you mentioned already that you're willing to do this, so we'll put you on that list. And then, very soon, most probably next week, we'll send the data validation draft out to the CAP members that have signed a confidentiality form, and then once we get their comments back, we'll update the data. Hello? Jamie, you there?

**CDR MUTTER:** I can hear you.

**MR. HANLEY:** Oh, okay. Something came up on the screen there. So we're going to update the data validation version, and go ahead and finish off the Camp Geiger Technical Supplement with the

assurance that we've got the latest information, and we're up to date, as accurate as we can be with the data we have. And we will complete the evaluation of each building for vapor intrusion, looking at the line of evidence, and then also look at the public health implications of any indoor air exposures from vapor intrusion. You know, we're continuing to work on the other drafts, data validation drafts, technical supplements of the other areas, and the next one is going to be the Marine Corps Air Station New River area. And that will be coming out in a few months, and we'll get back with you on that one. But -- and we're going to stagger these over out -- over the next nine months.

**MR. PARTAIN:** Hey, Jack, this is Mike Partain. Can you go ahead and add Mike Ashey's name to that list?

**MR. HANLEY:** Sure, definitely. So we'll have both of you, and then Jamie will put out an e-mail for the others to see if they have interest.

**MR. PARTAIN:** Thank you.

**MR. HANLEY:** Thank you. Any other questions, or comments, or suggestions? Next slide, please.

**MR. PARTAIN:** Hold on, Jack. Mike had a question. Go ahead, Mike.

**MR. ASHEY:** Jack, what's the status of the geologist that we had discussed on previous occasions?

**MR. HANLEY:** We're working on the contract to get that person on board to review the process that Danielle and her team have developed, and then we'll have him on retainer to assist where the vapor intrusion expert feels they need the expertise to look at the groundwater and the vapor intrusion issues. They have experience in a lot of areas, but they know their limits, and so that -- we'll pull in that person when that issue comes up. So I'm hoping to have the geologist -- a hydrogeologist look at the overall process, make suggestions, and then, as needed, we'll call them in.

**CDR MUTTER:** Thanks, Jack. Any other -- is that the end of your presentation, Jack? Okay.

**MR. HANLEY:** Oh, yeah, that was it. Questions?

**CDR MUTTER:** Any other questions on soil vapor intrusion?

**MR. HANLEY:** That's it.

**CDR MUTTER:** Okay, so we're kind of at a point where we can take a break, or we can power through for community questions. Is there a consensus what you'd like to do?

**MR. PARTAIN:** Oh, if we could power through, because I do have -- at around 11:00, I've got to stop to go back to work. So --

**CDR MUTTER: DR. BOVE:** Okay. I'm good.

**MR. PARTAIN:** -- if we can.

#### CAP UPDATES/COMMUNITY CONCERNS

**CDR MUTTER:** If anybody needs to take off to take a little break, we understand. So, I'll go ahead and start. These are the community questions, and I would like to preface that these are community questions that I've received as of -- I think it was 7:00 this morning. And please note, some of these questions aren't questions. They're statements for the record. There might be a question in there, but a lot of them are statements. And for the community members listening, we gave the VA, ATSDR very limited time to get into the meat of the question, so please take that when you're listening to the responses. So with that, question number one -- and I'm not sure. A lot of these are directed to VA, but some of them are not. So the first question is, is polycythemia a recognized after-effect of the poisoning? And maybe Frank would know that. I'm not sure who would take that one.

**DR. BOVE:** Well, there might be some evidence that benzene exposure might be related, but it's not very strong evidence for polycythemia vera. So it's a -- cancer. I don't know if that's one of the cancers that are part of the presumption. So I'm waiting for the VA to actually respond for that.

**DR. HASTINGS:** Hi, Dr. Bove. This is Pat, and it is not one of the covered conditions, and it is not a presumption. As you've noted, it is a myelo-proliferative disorder. It can transition to leukemia in about 2% of cases over the course of about 10 to 15 years. Risk factors, of course, older age, and if it would

transition to a leukemia, that is a covered condition, and also a presumption. Over.

**CDR MUTTER:** Thank you. So the next question -- and this isn't coming from me, is "I would like to know what exactly is neurobehavioral effects. What type of diagnosis is this, or determines this diagnosis?"

**DR. HASTINGS:** And this is Pat from VA. I will go ahead and give an initial review, and if Dr. Bove has anything to add, that would be fine. Neurobehavioral effects can be caused by the volatile organic compounds that we are reviewing, and the neurobehavioral effects, other than Parkinson's disease -- the evidence is limited for chronic conditions. There may be some persistent conditions, but these would be persistent with onset during the time at Camp Lejeune. Most of the symptoms that are noted are to be visual, some with motor function, and some with memory or concentration. But again, these would've been documented at the time of exposure. With the ATSDR review that we've gone over, they did not comment on the neurobehavioral effects specifically. Over.

**CDR MUTTER:** Frank, anything else to add? I see you're on mute.

**DR. BOVE:** No, I -- no, that covers it.

**CDR MUTTER:** Okay. Thank you. So next question from the audience -- or community members, excuse me, is "Why is my neuropathy not covered, because it is caused by toxins in the body?"

**DR. HASTINGS:** This is Pat Hastings, and if VBA has a comment, I will ask them to also answer. But it is not a presumption. Veterans certainly can submit a claim if they believe that their military service has negatively impacted their health, but in these cases, there are many causes of neuropathy. Back pain, injuries, diabetes are some that are fairly common. Development of a neuropathy would've occurred at the time of exposure and persisted or improved over time, but again, we are still looking at neurobehavioral, and working with ATSDR on some of those items. Over.

**CDR MUTTER:** Anybody have anything to add to that?

**MS. CARSON:** This is Laurine. I was going to state that I know I say this a lot, and I know sometimes it may be frustrating -- but I do say that because we're still doing various research and scientific studies pertaining to the Camp Lejeune and various issues. I do ask that if you believe that your neuropathy and other conditions are the result of exposure to contaminants during your military service at Camp Lejeune, I do encourage you to file a claim for disability benefits. As is the case with Camp Lejeune -- filing claims initially, we didn't have the science or the presumption established, and several years later, it was established. This -- that could also be the same case, since we do know that there is some research going on in this area.

**MR. PARTAIN:** And Dr. Hastings, what if neuropathy is a result of treatment for a primary condition? For example, you have kidney cancer or -- no, not kidney cancer, but say you have leukemia, and you're given chemotherapy and develop neuropathy as a side effect. How is that handled?

**MS. CARSON:** I will -- I can speak to that, if I may. So generally, if a person has a service-connected condition as established as a presumptive condition in this case, and then they develop a secondary condition related to that condition, they will also -- it would also be considered a service-connected condition. They should file a claim for that condition as secondary to the primary condition. Does that answer your question, Mike?

**MR. PARTAIN:** Yes, thank you.

**CDR MUTTER:** Okay. So I'm going to move on to the next question. It's rather long, so bear with me. It's for the VA. The community member states, "I have followed the Lejeune issue for many years, having read BVA decisions on this subject. Evidence shows that a veteran with financial means or computer literacy is able to obtain the required studies and research that allows for approval of their non-presumptive claim. BVA decisions dramatically show that it does have a direct effect on approval of the claim. For instance, one veteran applies for prostate cancer, and submits the studies and proof that showed that toxic water causes prostate cancer. The studies and research are not specific to the veteran, and should be used for all veterans

applying for prostate cancer. If one veteran has the financial means to uncover those studies and research, it should be used for all veterans. This is unfair to the veteran living in poverty, and too ill to fight for his claim. Please create a database of all studies and research that veterans have used for Camp Lejeune claims, require that the database is used prior to denying a claim for lack of evidence of a direct link. Each veteran should not have to reinvent the wheel. A good place to start is the Board of Veteran Appeals database. If the BVA has documentation, studies, research that shows that toxic water causes prostate cancer, then it should apply to all veterans. The VA has a duty to assist the veterans."

**MS. CARSON:** Thank you for that. This is Laurine. I'll take that, Pat. At this time, I am not aware of a BVA database or repository of information that can be generally applied to all Camp Lejeune veterans or claimants. I am going to ask that question of BVA to see if such a database has been kept, and is available for our use in our duty to assist.

**CDR MUTTER:** Thank you, Laurine.

**MR. PARTAIN:** And if -- this is an add-on. If something like that is created, which I think would be a good idea, it would be also nice to have it online for the veterans to access and look at as well.

**MS. CARSON:** It would be, but it sounded like, from that public statement, that there is a database, and I'm not aware of it. I've never heard of it. So if it is available, I'll ask them. I don't know if they can create it, but I'm going to ask the Board of Veterans' Appeals.

**CDR MUTTER:** Okay, thank you. So the next question might be for ATSDR. "My oldest daughter, who is 39, is not able to have children. She was born in Jacksonville while I was stationed at the Second Marine Division Camp Lejeune in 1980. Can this be proven to be caused by the water contamination?"

**DR. HASTINGS:** Hi, this is Pat Hastings. I'll ask Dr. Bove to comment. Research has been done on women of childbearing age, looking at the volatile organic compounds, but it's limited with regards to children. There are many causes of infertility, as many of you know. There is limited evidence looking at early

life-stage exposures to the volatile organic chemicals, and right now, we don't have sufficient evidence of this being a sensitive period that is causing infertility long-term. So more research would be needed, but I believe that ATSDR has looked at children, but that also has been difficult, just because of numbers. Over.

**DR. BOVE:** Right. We've looked at birth weight, the pre-term birth, two particular birth defects, and we've looked at childhood cancer, but we haven't really looked at infertility, which is very difficult to evaluate unless you do a special study looking at infertility. And as Dr. Hastings mentioned, there are a lot of different causes for infertility, including -- it depends on how -- why they're infertile. Is it recurrent miscarriages, or is there some other issue? So we have -- there's no way to prove it. That's the bottom line.

**CDR MUTTER:** Thank you. Okay, for the sake of time, let's move on. The next question is, "Mike stated the question perfectly in the transcript attached on the last page. He asked, 'What is the current approval rating for disability benefits for the remaining seven 2012 law conditions not on the presumptive list. He mentioned that Ms. Carson often tells veterans to submit a claim if they feel their condition is service-connected, even if the condition is not presumptive. The answer came from the VHA. However, I believe the answer should have been from the VBA. According to the 2012 law, veterans who meet the criteria cannot be denied medical care for any of those 15 conditions. It is confusing -- the VBA has not specifically reported data to answer what is the disability approval rating for the seven remaining conditions? And most importantly, why is VHA denying medical treatment for Marines with any of those 15 conditions who meet the criteria written in the law?"

**MS. CARSON:** Okay, so thank you for that question. I -- so I think the confusion, first and foremost, is that the 15 conditions as established by law of 2012 are conditions that -- healthcare treatment, and do not necessarily correlate to a benefit claim filed. So that's why we don't have the detailed information in VBA, Veterans Benefits Administration, pertaining to those 15 conditions exclusively. However, I have pulled some information, and I wanted to share it with the group generally.

And I will continue to look at this information to see what we have pertaining to those seven disabilities that are not presumptive conditions that were established in 2017. So there's the five-year gap between them that weren't established, that we may have some information on those and how we've been tracking our Camp Lejeune claims. So I'm still looking to get that information and a correlation between the question about the Camp Lejeune Healthcare Act and the presumptive disabilities that happened later on. So that's one of the reasons why. However, since 2010, the Veterans Benefits Administration has been tracking claims for Camp Lejeune, and in our tracking of those, it was not necessarily related to any of the laws. It was just that we noticed that Camp Lejeune claims were coming in, with people claiming exposure to contaminated drinking water. So we began that in 2010. Since 2010, we have 73,647 claims that we have tracked. Again, we -- these claims for anybody who claimed Camp Lejeune contaminated drinking water exposure, not necessarily specific to the 15 disabilities that were later established by law. Of those, when we received those, we only could grant claims based on direct service connection based on that exposure, and at that time, there was a 22% overall grant rate for Camp Lejeune disabilities prior to the presumptive disabilities being established on March 14th --

**MR. ASHEY:** Hey, Mike?

**MR. PARTAIN:** Yeah.

**MR. ASHEY:** Call me back when you log off.

**MR. PARTAIN:** Okay.

**MS. CARSON:** -- March 14, 2017. Since the presumptives, we have tracked for presumptive disabilities, and we have a 71% grant rate on all conditions that have been -- all claims that have been filed since March 14, 2017. The grant rate has significantly increased, because now we have the eight presumptive disabilities. I did check into some other -- we asked -- question was asked of me last time. So for those that we have granted that are not presumptive, but that we have granted, what are the top five reasons? And I do have information on that. The top five reasons for -- top five types of disabilities we've granted that are not presumptive

disabilities, but based on direct filing related to Camp Lejeune and exposure, we granted malignant growths of the urinary -- of a genitourinary disease or condition, removal of kidney, Hodgkin's lymphoma, malignant growth of the lung, and eczema. Those are the top five reasons that we have made a grant in about 7% of cases on a direct basis unrelated to any of the disabilities that were listed. But for the other seven, I am asking that we do a deeper dive into our data to see if any of those have been granted or denied that are on the list from 2012 that are not on the presumptive list. So more to follow on that, but I'm still looking into the data to see what I can tell you about what we have and have not granted.

**CDR MUTTER:** Thanks, Laurine. I'll go on to the next question. Okay, so the community member question is, "Have they made any decisions on adding neurobehavioral effects to presumptive? My husband, James Creech, died November 18, 2019 from Parkinson's disease. He filed a claim in 2015 for neurobehavioral effect, denied stating not connected to Camp Lejeune. Three months before his death, he received 100% service-connected Parkinson's disease. I just want to understand. They are one and the same."

**MR. PARTAIN:** Hi everybody, just want to let you know I have to sign off. I apologize for interrupting, but I have to sign off.

**CDR MUTTER:** Thanks, Mike.

**MR. PARTAIN:** Y'all take care.

**DR. HASTINGS:** Bye, Mike.

**MR. PARTAIN:** Bye-bye.

**DR. HASTINGS:** Parkinson's disease is a presumptive condition, and these presumptive conditions -- I think Laurine from VBA may be able to expound on them a bit more, but they were approved in 2014 with the 2012 legislation. And I believe they use them for the processing of claims now, but it is a covered presumption.

**MS. CARSON:** Thank you, Pat. The presumptive disability was approved -- of the regulations were established March 14, 2017. And so, those claims that were in -- pending in our system, previously denied, and also -- claims we -- we granted service connection for those conditions. So it may have had a later date

for the grant of service connection based on the second filing after the prior law was -- the regulation was implemented. So I'm not sure, but it is a presumptive disability.

**CDR MUTTER:** All right, thank you. All right, the next community question is, "Are there any studies -- additional studies that have been done on how the toxic water has affected women who were pregnant while on station at Camp Lejeune and/or effects on the children who were in utero at the time?" So I'll lean on Frank, and Ken, and Sarah, if y'all have any information on studies on that.

**DR. BOVE:** Well, yeah. I mean, we conducted a study of birth weight and pre-term birth, as I said before, and we found some evidence. And there have been additional studies looking at perchlorethylene, which was the main contaminant at Terra Terrace drinking water, and again with small -- what's called "small for gestational age," which is birth weight related. We -- there was some evidence there. So there is some evidence for effects on birth weight from these contaminants. As for birth defects, the evidence there is a lot limited, mostly because the studies tend to have small numbers of these birth defects. They're rare, but there is some evidence for neural tube defect and trichlorethylene, but it's not very strong. So that's the situation for those outcomes. We looked at childhood leukemia, but we had very few cases. And so, the evidence from that study was kind of weak. And on the other hand, there have been -- there was study done in Woburn, Massachusetts a number of years ago which did see some relationship between trichlorethylene and childhood leukemia. So there's that evidence from that study, but again, there's not a lot of evidence. And that's -- but that's the situation at this point. We don't plan to look at these endpoints any further. We're focusing our attention now on adult cancers.

**CDR MUTTER:** Thank you, Frank. Anything to add to that question?

**DR. CANTOR:** This is Ken Cantor. I'll just add to that, and Frank didn't mention how difficult, and challenging, and almost impossible some of these studies are to do. So the issue is not that we -- we simply don't know, because the data were so difficult to come by, in terms of counting the births, knowing what the births were, and then getting the diagnoses thereafter.

So it's extremely challenging area of research, especially with this particular cohort.

**CDR MUTTER:** Thank you. Okay, so the next question, I believe, is for the VA. "Are there programs or POCs that are helping veterans with conditions which may be specifically related to this water issue?"

**MS. CARSON:** So I'll start that by stating that we do encourage veterans to seek support from representatives, and right now, there are veteran service organizations that are established by Congress. And they are advocates who, free of charge, will help veterans and their families in filing their claims, and/or seeking healthcare from VA services. Veterans may also elect to contact accredited representatives who are usually attorney representatives, who also help in the claims process. I will let them know that that might be a paid service, but in addition to that, VA has its claims representatives that could help veterans also free of charge. And we also have our national call center telephone number, which is 1-800-827-1000, where our representatives will be able to help them file claims and get through the process online. But those services are available. And then, finally, I would also say for those who are able to get to a computer and navigate the internet, there is the va.gov website, www.va.gov, where there is lots of information on veterans' benefits, healthcare, and other types of services that may be available to them. And I encourage everyone to get a vets.gov e-mail -- to follow their claims through the process.

**DR. HASTINGS:** Hi, this is Pat. I would basically say, you know, everything that Ms. Carson said is spot-on. Also, I would use -- if you're a veteran, use your primary care provider. It'd be a place to discuss medical concerns. and specialty consultations can be done if needed. I know that some of the non-VA providers are less familiar with Camp Lejeune. We do have things that they -- trainings that they can attend on the civilian side of the VA training. Some of them may not have the time to take that. So if they do print out the public health website, the VA public health website that pertains to Camp Lejeune, to bring in those specific conditions that may be of most concern, that could be helpful. Over.

**CDR MUTTER:** Thank you. Okay, so I'll move on to the next question. "The Camp Lejeune North Carolina water contamination is an important -- is as important a concern as is the blue water concerns and Agent Orange related to Vietnam. For personnel stationed at Camp Lejeune North Carolina, that was their Vietnam -- exposure to the VOCs and other harmful chemicals. Where are the concerted efforts to ensure fair treatment for the presumptive disability experiences of those service members?"

**MS. CARSON:** So I'll start, and then see if Pat has anything else to add. One thing that I would say is that, in general, we're committed to helping veterans with all of their military exposure experiences, but part of what we have to do is be able to establish those experiences as documented and verified through the Department of Defense. And also as established by evidence, that their -- that an event occurred, an exposure occurred, and that a disability exists. Sometimes that is very difficult, and thus we have the laws that allow us to establish presumed exposure, which is how we get presumptive conditions. We have to work collaboratively with others, to include healthcare researchers and scientists, to be able to establish what we call the nexus, or the link between a current-day situation and something that happened during military exposure several years ago, which makes it very difficult. But that is the same concerted effort that we make with blue water Navy, that we make with Agent Orange, and other types of disabilities. I would say that we do rely on Congress to enact laws that allow us to be able to do that type of work, and to come to certain conclusions about statutory authority to establish service connection. So it's not as -- it's not that VA is not trained to provide the same concerted advocacy and effort. It's that we do need the science and the medical information to be able to allow us to make such establishments. And so, as those continue to happen, and to be reported and published, we will do our due diligence to provide the same type of information and effort. And then, finally, I would say that sometimes -- I have seen a lot of cases, especially as I've been participating in these meetings, where oftentimes, a person is focused on the Camp Lejeune exposure. And as they begin to tell me their stories, I am finding that those persons were also in Vietnam, also in Gulf War, also in other events and periods of service that also had

their own separate presumptive eligibility or direct service connection criteria. And so, I'm trying to make sure -- not just the single story of Camp Lejeune, but your whole military experience story, so if there's any attributable diseases or injuries related to service, that VA is able to help you. It's not just a single event or circumstance of military that I'm finding that veteran's experience. They've spent several years of military service, and as a result, have had several experiences and several incidents that have resulted in certain exposures. So we're trying our best to help, and as we continue to get more research and more science, we will continue to make such an effort.

**CDR MUTTER:** Thank you, ma'am. Okay, so the next question we have from the community member is, "I have submitted numerous legitimate claims for ill health conditions directly or indirectly related to, and as a result of, being stationed at Camp Lejeune North Carolina, and have been denied at every turn. Why is the VA so quick to deny claims, knowing that diseases do not necessarily occur overnight or within a certain period of time?"

**DR. HASTINGS:** Hi, this is Pat. I think that Ms. Carson just answered some of that, you know, looking at the science, and continuing over time to be able to put together the nexus of an association between an exposure and a medical condition. And we do continue to look at the science. We are working with ATSDR for those reviews, as well as having our toxicologists and our epidemiologists doing independent reviews of the literature as it does come out. Over.

**MS. CARSON:** And this is Laurine. Veterans Benefits claims require that a disability -- a service-connected disability is established and can be linked to the exposure or an incident that occurred during military service. We do realize that illnesses may manifest later in life, and we do establish claims where there is a nexus or scientific evidence linking those disabilities to military service based on presumption. When conditions arise that are believed to be the result of a military service event, VA encourages veterans to submit claims for compensation.

**CDR MUTTER:** Thank you. Okay, so to move on, the next question is, "How and why is a mild form of a disease not the disease?"

**DR. HASTINGS:** Well, a mild form of -- there are some diseases that are in a continuum, where they are mild, moderate and severe, but if it is the disease, the disease would be there. There may be a difference in the amount of disability. What I think may be the real question here is, if there is a condition that is leading to something or may transform into something else. For example, commonly there are pre-cancerous conditions that can as time goes on. As the person ages, or has other exposures can turn into a cancer. So a mild form of a disease is the disease. But there are some diseases, which I think is what is being questioned here that may be precursors. The best example is a pre-cancerous condition which may become cancerous over time. Over.

**CDR MUTTER:** Okay, thank you so much. Okay, so the next question is, "I have no family history of breast cancer. I was negative for BRCA one and two, BRCA one and two, and I was told my breast cancer came from some type of environmental cause. I was also denied on my claim by the same people, meaning the VA. So why?"

**MS. CARSON:** So, and breast cancer is on the Camp Lejeune Act for health care eligibility in 2012. However, it was not listed in the presumptive disabilities at this time. And if a person has a claim for breast cancer, VA's regulations with regards to benefits only allow us to establish it if the evidence shows a direct correlation between the breast cancer itself and military service. In most cases, when we have direct service connection is because the condition or disease manifested within one year or during service with one year following or during service. Other than that, we do rely on the medical and scientific evidence to establish a presumptive disability, which - at this time.

**CDR MUTTER:** Okay, thank you. So the next question from the community is, "Why am I almost at five years, June, for my BVA hearing. My attorney has requested a teleconference, but still no hearing scheduled. Last I checked, there are 1,010, 110,000 appeals in front of me and I filed in 2015. My condition is doing nothing but getting worse every day, neurological. I feel,

I feel like we are just unimportant and expendable to the VA, there has to be a way to speed up the appeals process because the current process is well beyond bad."

**MS. CARSON:** So I'll start it and Mary Frances I'll ask you to support me in this one. So the Appeals Modernization Act of 2019, February 19th is the efforts to speed up the appeals process to appeals modernization, which allows a person to elect to come out of, we refer to as Legacy appeals process, which was a long process, laborious. It's an open-ended record. It is a extensive docket at the Veterans Appeals for those claims that are waiting for a judge to review and that's no doubt what the person is experiencing. But there is the, there was the period in which a person could act to enter the appeal to modernization process and ask actually for a higher level review --- evidence and go through that process or to streamline your case to be expediting the Board of Veterans Appeals based on the evidence that was presented. So I would ask Mary, do you have anything else to add to that.

**MS. GARREN:** No, I think that you covered a Laurine. There, I feel like that this might be the same situation that you emailed me about earlier today, so I have been researching it while the call has been going on. So I do have more information to provide privately, since it does include personally identifiable information and personal protected health information. So we are able to look into this and this case in particular. But you covered all the bases about the difference between the legacy appeal process which is much lengthier. It is an Open record. I will also say that if veterans have requested a hearing on whether it be in person or through a video hearing with the Board of Veterans Appeals, those do tend to take a little bit longer because of the additional time it takes to hold those hearings. But, but, yes, we are hoping that the new process will be much faster because there are different types of lanes that allow veterans to kind of choose what works best for their particular situation.

**MS. CARSON:** Thank you, So we're working on that. For that particular case, the individual, we're working directly with that individual to help assist where we can.

**CDR MUTTER:** Thank you. Okay, so the next question. I think it's a question for the community at large, or the CAP members so, "After losing a family member to breast cancer in June 2017 the surviving family applied to the Camp Lejeune family member program. Our family member was determined to be administratively and clinically eligible for the program being the family member was born at Camp Lejeune in 1965 and father served two terms there until the deceased family member was about seven years old. After applying to the program of the deceased family members behalf, I was given a federal torque Claims Act or military Claims Act application to fill out for wrongful death and to be returned to Department of the Navy, Office of the Judge Advocate General. I need to know if there anyone in the community familiar with this and willing to help me complete claim?" So Laurine, I wanted also wanted to mention I wanted to mention the CAP. They have resources that they are aware of. So please feel free to reach out to the CAP, but I think you mentioned veterans service organizations, would you mind touching on that again.

**MS. CARSON:** So, so a few ways to connect with us and get some support in filing a claim or seeking health care. Benefits from VA would be through a Veterans Service Organization, which is a -- They are congressionally established as advocates who support efforts in the claims process and those -- do that service free of charge. There are several of them, and I can't direct you to any specific one. You'd have to go to the website to definitely look up one of those. But there are also several groups and representatives who support veterans through various law clinics, schools, as well as through the through legal law firms who work with veterans claims. And those services may or may not be free but they may have a cost associated with them. Veterans also sometimes prefer to use them as well. And then don't forget about VA has Veterans Claims representatives in a National Call Center that could also support you and the number to the National Call Center is 1-800-827-1000

**CDR MUTTER:** Thank you, ma'am.

**MR. MCNEIL:** This is John McNeil I've got a call I've got to take. So thank you for all this and I'll try to get back on here before this is over, but I've got to go.

**CDR MUTTER:** Thanks John. OK. So the next question is, from the community member is, "My name is Gerald Densmore I was stationed at Camp Lejeune for about one year back in 71. I was a truck driver, so I drank from every drinking fountain on the base. I'm now 67 and almost every day I wonder when and what disease, I will contract from this poison water. It is starting to cause me considerably stress and I would like to know, when will myself and people like me be compensated for what we are, what we will go through. This compensation will help improve our quality of life. Thank you."

**DR. HASTINGS:** Hi this is Pat and it is very stressful to worry about a medical illness that might occur after the passing of decades. I would encourage the person that if they have a concern to be enrolled in VA health care to see their primary care provider and talk about general health and look at the issues and see if there are any things concerning in your exam or your lab work. If you're seeing a non VA provider, again, I would suggest taking the VA Public Health website information covering Camp Lejeune to look at those issues that are specifically pertaining to Camp Lejeune either as the presumptions or the covered conditions and, you know, certainly talk to your provider about your concerns. In regards to compensation, I will turn that over to VBA.

**MS. CARSON:** So this is Laurine. I was, I was a little unclear as to whether or not the person asking the question was seeking information as a veteran or a family member. I do want to say that there are it sound like the person was a truck driver at Camp Lejeune drinking from water fountains is what I read, and if that is the case, then if there are civilian concerns and those would have to be addressed through the Department of Defense or others with regards to that. But if it is a veteran and who's seeking benefits added safety value claim for disability, I provided the information several times about how you can access us and to file your claim and to allow us to look at what disabilities you are claiming. It's not just exposure to

the drinking water that's going to allow us to create service connection. It must be a disability that incurred as a result thereof, for us. As stated before, presumptive conditions are those sit in the regulation and other conditions can also be established and based on direct service connection if they manifested within one year following military service.

**CDR MUTTER:** Thank you. Okay, so the next question is, "I spent one year at Camp Lejeune from 1981 to 1982. The age of 54 I develop chronic kidney disease, 2013. A kidney biopsy was performed and the condition is of unknown cause. The only possibility here is that this condition is related to my exposure to TCE and PCE at Camp Lejeune. In terms of the research is done in this area by ATSDR, "kidney disease, TCE, equipoise and above evidence for a causation for end stage renal disease. PCE, equipoise and above evidence for causation for end stage renal disease." If that is the case, why is the VA not giving me the benefit of the doubt. Although a kidney specialist and MD with more than 20 years in the field wrote you a letter showing the relationship of TCE and PCE with my kidney condition, my case for economic disability has been turned down. So I have a question, when or where they are applying the concept of benefit of the doubt to cases like mine. My case for monetary compensation has been denied at least five times. Currently, I am on dialysis and waiting for a kidney transplant since 2015. I used to be a college professor. I have a PhD and have not been able to work due to this condition."

**DR. HASTINGS:** This is Pat. I'll go ahead and start. Nephrotoxicity certainly can be caused by TCE and PCE. But identifying an association with a chronic condition that is well established has been challenging. We continue to review the information with ATSDR and certainly evaluate new studies as they become available. But this is a tough one to look at the chronic conditions and I don't know if the VBA has any comment.

**MS. CARSON:** I was just gonna say that the rules pertaining to reasonable doubt and equipoise is generally based on having sufficient evidence to make that determination. And I do understand that there are instances where other some information is not being considered, and may need to be relooked at or we

need to add additional information in order to make those types of conclusions and I was not sure but I would encourage this person, but if they had not done so if they've been denied, to file the appeal and to submit the additional information and evidence that is necessary. I just wasn't sure of which stage this person's claim was in, but I would encourage them to continue to seek to provide that information and I know that in some instances when I was reading off information pertaining to those cases that are granted on a direct service connection basis, that I did see that some of those conditions are related to kidney related conditions. So I'm not quite sure of the circumstances surrounding the case, but I would encourage them to keep pursuing the claim.

**CDR MUTTER:** Thank you. So we have about five questions left, so we're getting down to the end. So thanks for hanging in there, everybody. So the next question is, "Why are there marines who suffer from arthritis and other autoimmune diseases ignored? Unless we are dying, the VA does not believe we are suffering from pain as well as other medical problems associated with our exposure to all the dangerous chemicals."

**DR. HASTINGS:** Hi this is Pat and I know Miss Carson will probably have a comment in regards to encouraging veterans to submit claims when they believe that their military services negatively impacted their health. But we are not ignoring this. ATSDR and VA have been in discussion. And again, as I stated before, our epidemiologists are seeking access to the Camp Lejeune cohort in order to do collaborative studies of immune mediated illness because it is an important topic over

**MS. CARSON:** I won't add more to it. I think I've said it a couple times about encouraging you guys to file claims. I know it's frustrating, but part of the process is also finding out what's out there. What's being claimed in the scientist and health professionals for more research and more information to help us create those established presumptives.

**CDR MUTTER:** Thank you. So the next study might be for our scientists Dr. Bove, Dr. Cantor, Dr. Blossom. It's "knowing what we know about China's unwillingness to provide forthright

information on their coronavirus pandemic, should all earlier studies provided by China of TCE toxicity be reevaluated? The sake of all goes to the toxic water contamination at Camp Lejeune. Let's start our own study for those still dealing with ills of contamination."

**DR. BOVE:** Well, the studies done in China were done a lot of them were done by in collaboration with U.S. researchers and well done so I don't think they need to be reevaluated. They need to be assessed, along with other studies, to see how strong the evidence is. We're looking at all cancers in the Cancer Incidence Study so that I will be able to say something about that when we finish the study. We're also updating the mortality studies. So we were looking at causes of death as well with more data than we did in the previous study. So we'll continue to do that.

**DR. HASTINGS:** Hi, this is Pat and I'd like to second what Dr. Bove said but also note that we are reviewing some of the studies with our toxicologist and if these studies, you know, the ones in question if they've been published in reputable journals and have had a peer review and passed that., then we look at them as being sufficiently academically sincere to review because peer review is a very rigorous process and the scientific veracity usually meets a certain standard, so we will review those. Over.

**CDR MUTTER:** Thank you. Okay, so next question. "Where can one find list of diseases of endocrine system from the chemicals of concern from water contamination Camp Lejeune?" I know these came in a little bit, you know, this morning' so y'all haven't had enough time to really look at them."

**DR. BOVE:** None of the contaminants in the drinking water are strong endocrine disruptors, so that's the first thing. There are lists of diseases and symptoms caused by endocrine disrupting chemicals that are online various places. I don't know if that answers the question. Do others want to kick that, respond to this?

**DR. BLOSSOM:** This is Sarah I just second what you say, I don't, um, I mean other than going to PubMed and putting in TCE and endocrine and looking for a search I mean, I don't know that there is a list or anything to refer to, and it's not an endocrine disrupting chemical so.

**CDR MUTTER:** Okay. Thank you guys. So we have two questions and since Dr. Blossom, you're on, I'm going to do this one first. It's for you. Specifically, "What happened to all the people back at the first CAP meeting in 2005, I think where all the people were concerned about Graves disease caused by this contaminated water There seems to be of thyroid malfunctioning going on several years after leaving Camp Lejeune. Why don't anybody, why don't nobody talk about it, no more, the thyroid damage?"

**DR. BLOSSOM:** Well, I wasn't on the CAP in 2005. You know, I think Graves disease and it's autoimmune types of thyroid diseases are obviously quite common. I don't know that there's any evidence in the literature to suggest that there's a connection, I have not looked into this thoroughly, However, but you know, a lot of different things can cause thyroid disease and there are many different types of thyroid disease. So I don't know if Frank has something to say on that in terms of anything they looked at through their studies. So.

**DR. BOVE:** We really haven't seen anything with thyroid cancer and the reason people came and went from the CAP for different reasons not disease related, for the most part. And I don't recall Graves disease or thyroid conditions necessarily being a key disease that was brought up back then. There were a lot of diseases that were brought up on that just a thyroid disease. Again, there's not much evidence that contaminants in the drinking water cause these kinds of diseases.

**CDR MUTTER:** Thank you. So the last question is a three part question. So it says, "First I would like to know if you have updated information on the research for sarcoma cancer, soft tissues, that caused me to be amputated from cancer. My specialist gave the information, stating that this rare cancer

was caused by the contaminated water. I have not been contacted from anyone in regards to any type of research for this cancer or anything else. Second, so who are being contacted about research. How can I be contacted? Third. Why is it that no one know about sarcomas or have information except my specialist?"

**DR. BOVE:** Well, vinyl chloride, which is in the drinking water because of the degradation of TCE and PCE is related does cause angiosarcoma of the liver. So that is a sarcoma, but it's the only, but there's no evidence of vinyl chloride causes any other sarcoma, as far as I know. As for the other chemicals in the drinking water, there is no evidence that it causes sarcoma. We did look at mortality in the mortality study with sarcomas in general, soft tissue sarcomas and we saw some, a difference between Camp Lejeune and Camp Pendleton, but there wasn't enough of the cases to really make a strong statement about it. So that's why we're doing the Cancer Incidence Study, it's a better way to look at soft tissue sarcomas and we'll also be updating the mortality study and see if we see any further evidence of an association or a difference between say Camp Lejeune and Camp Pendleton

**CDR MUTTER:** And Frank. They're asking about how to be contacted about, in the research study, I assume. Can you clarify.

**DR. BOVE:** That we were not, we don't need to contact anyone What we have data on all the Marines who were at Camp Lejeune between 1975 and 1987. We have the same information about Camp Pendleton. We use this information and we match data with the cancer registries across the country and with the National Death Index and that's how the studies are done. So we don't need to contact anyone other than the cancer registries and The National Death Index and Social Security Administration, where we get the data on whether the person is alive or dead. So this these studies are done without needing to contact people who are at Lejeune.

**WRAP UP / ADJOURN**

**CDR MUTTER:** Thank you for that clarification, Frank. So that was our last community question. I'll ask on the line, our panelists, if there's any other questions. I think our CAP members had to depart so I don't think we're gonna have questions, but I'll put it out there anyway. Last call for questions. Dr. Brysse, I think we're done for today.

**DR. BREYSSE:** Alright, well, I want to thank everybody for their time.

**CDR MUTTER:** Alright, thanks everybody. I appreciate it.

**DR. BLOSSOM:** Thank you.

**CDR MUTTER:** Ya'll have a good day.

**MR. HANLEY:** Thanks Jamie, great job.

**DR. BLOSSOM:** Thanks.

**CDR MUTTER:** Thanks, guys. Have a good one.