

VA Direct Service Connection Information	VA may decide claims for service-connected disabilities on a direct basis if there is sufficient evidence that there was a disease or injury that can be directly linked to your military service. In all cases where VA cannot establish presumptive service connection, VA will consider whether or not there is a direct causal relationship between your current condition and your military service. Direct service connection for any disease alleged to have been caused by the contaminants in the water supply at Camp Lejeune requires evidence of a current disease or disability, evidence of the event, and a medical nexus between the two, supported by a sufficient medical explanation. If you believe that VA did not consider your condition based on direct service connection, please file a supplemental claim to have your decision reconsidered. If your claim has been denied, please follow the appeal rights provided with your denial if you feel your claim was denied in error.
Please verify that the CAP Meeting is dissolving.	ATSDR: The Camp Lejeune CAP has not dissolved; however, ATSDR and the CAP have agreed to more infrequent meetings (ATSDR and CAP Members) until the Cancer Incidence Study and Vapor Intrusion Public Health Assessment are completed.
Is there a link for previous meetings that have been recorded or saved in text form for individual review?	ATSDR: Transcripts for previous CAP meetings can be found at the following ATSDR website: https://www.atsdr.cdc.gov/sites/lejeune/capmeetings.html .
Veterans Service Organizations (VSOs)	VSOs are great advocates for Veterans and claimants to assist with filing your claims for any VA benefits or seeking healthcare. Please also reach out to a VA claims representative for assistance at 1-800-827-1000.
U.S. Department of Veterans Affairs structure	The U.S. Department of Veterans Affairs (VA) has three administrations. <ul style="list-style-type: none"> • VBA – Veterans Benefits Administration • VHA – Veterans Health Administration • NCA – National Cemetery Administration
Proof of Camp Lejeune Residency	Proof of Camp Lejeune residency documents include, but are not limited to: military orders, base housing records, utility bill, pay stub, tax forms, or similar documentation.

Screening/Preventative Care	
<p>I am a 64 year old Marine veteran. The question is what does the government recommend I do for more screening? e.g. instead of getting colonoscopies every five years, should I get them every year? If so, will the government pay for it? Should I get chest x-rays every year? Etc What do you recommend? You keep talking about how you got the data – what we care about is what can we do now to cover our enhanced risk?</p>	<p><u>VA:</u> The best course of action is to follow the guidelines for screening. This includes height, weight and blood pressure. There are also recommended screenings by age:</p> <p>AGE 18 - 39</p> <ul style="list-style-type: none"> •a cholesterol check once when 18-35 and after age 35 cholesterol is checked every five years if normal, annually if there are risk factors •skin exam looking for cancers •women: exam for breast lumps •women: pelvic exam with pap smear should be conducted every three years starting at the age of 21 •men: testicular exam <p>AGE 40 - 64 The screenings in the 18 - 39 age group continue annually, or as recommended by your physician.</p> <ul style="list-style-type: none"> •women: mammograms after age of 40 ; if breast cancer runs in a family or there are risk factors these may begin earlier •men: prostate screenings start at the age 50 unless there are other risks and your physician may advise to start at the age of 40 •fasting blood sugar levels for signs of diabetes •colonoscopy should be completed at age 50 or ten years earlier than the youngest family member with colon cancer; with normal results, colorectal cancer screenings should be completed every 10 years <p>Over age 65, many of the screenings above should still be completed annually, in addition to those screening tests</p> <ul style="list-style-type: none"> •starting at the age of 65, men and women should have a bone density study every 2 - 5 years •ask your physician about pneumococcal, shingles and other vaccinations <p>Other tests may be advised based on risks such as CT scans or Chest X-rays for smokers. Please share concerns with your care provider and further testing may be considered.</p>

Being proactive. We're more likely to get various cancers and other illnesses. Is there medical screening I can do with my doctor to determine whether I have one of these conditions?

VA:

The best course of action is to follow the guidelines for screening. This includes height, weight and blood pressure. There are also recommended screenings by age:

AGE 18 - 39

- a cholesterol check once when 18-35 and after age 35 cholesterol is checked every five years if normal, annually if there are risk factors
- skin exam looking for cancers
- women: exam for breast lumps
- women: pelvic exam with pap smear should be conducted every three years starting at the age of 21
- men: testicular exam

AGE 40 - 64 The screenings in the 18 - 39 age group continue annually, or as recommended by your physician.

- women: mammograms after age of 40 ; if breast cancer runs in a family or there are risk factors these may begin earlier
- men: prostate screenings start at the age 50 unless there are other risks and your physician may advise to start at the age of 40
- fasting blood sugar levels for signs of diabetes
- colonoscopy should be completed at age 50 or ten years earlier than the youngest family member with colon cancer; with normal results, colorectal cancer screenings should be completed every 10 years

Over age 65, many of the screenings above should still be completed annually, in addition to those screening tests

- starting at the age of 65, men and women should have a bone density study every 2 - 5 years
- ask your physician about pneumococcal, shingles and other vaccinations

Other tests may be advised based on risks such as CT scans or Chest X-rays for smokers.

Please share concerns with your care provider and further testing may be considered.

<p>Is anyone continuing to look at additional types of cancer that may be caused by these chemicals ? I served at Camp LeJeune from 09/61 -06/64 , developed prostate cancer with severe side effects. there is no family history of prostate cancer.... my initial application and appeal have been rejected.</p>	<p>ATSDR: ATSDR is conducting a cancer incidence study (https://www.atsdr.cdc.gov/sites/lejeune/cancer-incidence-study.html) to evaluate all cancers including prostate cancer.</p>
<p>Parkinson's</p>	
<p>Why is Parkinson's not included with the list of 15 conditions?</p>	<p>VA: The conditions were legislated and the presumptions determined by the Secretary VA. The presumptions and legislated conditions do not match.</p>
<p>My mother has MS and my father (retired) has Parkinsons.</p>	<p>VA: If a Veteran, your father may be eligible for benefits via a presumption. Veterans are able to submit a claim for any condition in which they feel that military service has negatively impacted their health for direct service connection even without a presumption.</p> <ul style="list-style-type: none"> • Conditions may still be reviewed based on direct service connection and do not require a presumption. You can file your claim by completing VA Form 21-526EZ to apply for service connection due to a condition that developed during your military service. VA will consider your claim for service connection as directly related to treatment, disease or injury while in service. You may also file your claim electronically by using your va.gov email account and filing a claim for SC disability. You may also call 1-800-827-1000 to discuss your claim for benefits. <p>o https://www.ebenefits.va.gov/ebenefits/learn/compensation or o https://www.va.gov/disability/how-to-file-claim/. MS is not a covered condition or presumption.</p>

Is New River Air Station included in the contaminated area?	<p><u>VA:</u> If you feel that an area you lived in falls within the boundary, I encourage all to apply and allow us to review your application. (for a family member or Vet)</p> <p><u>ATSDR:</u> New River did not receive contaminated drinking water, but it is included for the VA programs for those exposed at Camp Lejeune. It is assumed that those stationed at New River occasionally visited the main part of the base ("mainside"), which did have contaminated drinking water.</p>
WENT TO HIGH SCHOOL ON BASE 1968 TO SUMMER OF 1970 . WAS THIS SCHOOL IN CONTAMINATED AREA?	<p><u>ATSDR:</u> Yes.</p>
Is the French Creek area covered...? Is it considered part of Holcomb Blvd?	<p><u>ATSDR:</u> French Creek received contaminated drinking water from the Hadnot Point plant and is therefore covered.</p>
Were vapor degreasers used at Camp Pendleton during the period in question?	<p><u>VA:</u> Refer to DoD</p> <p><u>ATSDR:</u> This is a question for the USMC. ATSDR has no information indicating that vapor intrusion was a problem at Camp Pendleton.</p>
Could you please provide us with the created forensic graphs of the percent of contamination by year from 1953 to 1987 by location? I was stationed at Camp LeJeune from 1977-1979 and one chemical was found to be at a concentration of 4000ppm during that time. Can you please provide us with this breakdown in graphic form?	<p><u>ATSDR:</u> Monthly estimates of the contamination levels in the drinking water are available on the ATSDR website. During 1977-1979, neither the drinking water nor the supply wells were sampled for chemical contamination. The concentrations during 1953-1979 had to be estimated using modeling methods. Modeling methods were also used to estimate concentrations in the drinking water after 1979. But from 1982 onward, sample data were available on the concentrations of the contaminants in the drinking water and/or supply wells, and modeling could take these data into account. TCE was the drinking water contaminant found at the highest levels at the base; the highest level observed when the drinking water was sampled in the distribution system was 1,400 ppb in 1982. Higher levels were found in a supply well, but this water was diluted by water from other supply wells at the Hadnot Point treatment plant before it was distributed to users.</p>
Were any of the surrounding communities impacted by contaminated water?	<p><u>ATSDR:</u> No. Only the water from the Hadnot Point treatment plant (serving the main portion of the base) and the Tarawa Terrace treatment plant (serving the Tarawa Terrace family housing area) was contaminated.</p>

<p>Why isn't there a health registry yet?</p>	<p><u>VA:</u> A self-reported registry has significant limitations for research. There are 4 registries maintained by DoD for housing, mailings and unit affiliation. ATSDR research has built a cohort for study of Camp Lejeune conditions.</p>
<p>Does the VA bill through ICD 10 codes?</p>	<p><u>VA:</u> Most if not all medical payment claims are paid using ICD 10 coding.</p>
<p>Is there a way that the VA records can show that Veterans are on the CLWR/ATSDR so they might be more attentive towards specific issues?</p>	<p><u>VA:</u> Veterans are able to inform their provider that they were stationed at Camp Lejeune. Conditions, whether or not they are related to Camp Lejeune water exposure, is the same.</p> <p><u>ATSDR:</u> The USMC maintains a mailing list for notification purposes. ATSDR and the VA do not have access to this list.</p>
<p>@Pat – Can you add a link to the updated slide deck in reference to training or education of Healthcare Providers and the CL water issues? I see Dr.'s in the private sector and often they have no idea. I like to pass on a link for them to become more informed.</p>	<p><u>VA:</u> https://www.publichealth.va.gov/exposures/camp-lejeune/index.asp</p>

