



THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

April 9, 2012

The Honorable Jeff Miller
Chairman
Committee on Veterans' Affairs
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

Thank you for your letter regarding Veterans, family members, Department of Defense (DoD) employees, and contractor personnel, who were potentially exposed to water contamination at Camp Lejeune, North Carolina from the mid-1950s until the mid-1980s.

During this 30 year period, a portion of the water supply at Camp Lejeune was contaminated with Volatile Organic Compounds (VOC), which included perchloroethylene (PCE), trichloroethylene (TCE), and benzene. The sources of the contaminants include an off-base dry cleaner, and on-base underground storage tanks, industrial spills, and waste disposal sites. This water supply served a number of on-base areas, which included barracks, enlisted housing, schools, the hospital, offices and recreational areas. The Department of Veterans Affairs (VA) agrees with you that, to the maximum extent possible, levels and duration of exposure to these contaminants in the drinking water must be determined quickly so that appropriate care, monitoring, and services can be provided to any, who are affected by these VOC. These suspected exposures are currently being investigated by the Agency for Toxic Substances and Disease Registry (ATSDR).

The Navy commissioned the National Research Council (NRC) of the National Academy of Sciences to review all scientific evidence and adverse health effects associated with Camp Lejeune. The resulting 2009 report found that, while former residents and workers were exposed to contaminated water systems at Camp Lejeune, the available scientific data did not provide a sufficient basis for determining whether that population had suffered any adverse health effects as a result of such exposure. The NRC study determined that the levels and duration of exposures at Camp Lejeune were not conclusive, and the available health effects data were based on previously conducted animal studies or workplace environmental exposures. As a result, the NRC found only limited/suggestive evidence for an association (not causation) between chronic exposure (i.e., the reviewed studies examined exposures from several months to more than twenty years) to PCE or TCE and adverse health effects such as cancers. But, the NRC did note that the toxicological evidence was strongest for kidney cancer. The NRC report, "Contaminated Water Supplies at Camp Lejeune: Assessing Potential Health Effects", is available online at http://www.nap.edu/catalog.php?record_id=12618.

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An estimated one million Veterans and their families plus an unknown number of employees -- military and civilian -- lived and worked at Camp Lejeune during the period of contamination. DoD Manpower Data Center electronic records only go back to the 1970s, not to the mid-1950s, but the Navy believes that paper records can be retrieved individually to verify a Veteran's duty location and duration at Camp Lejeune. Actions have already been taken by DoD, the Navy, the Marine Corps, and VA. The Marine Corps first discovered contamination in two of the eight water treatment plants at Camp Lejeune in 1982. The Navy notified military personnel and family members on base about the contaminated drinking water in 1984, and subsequently shut down the contaminated wells. As follow-on to the NRC study, DoD and the Navy have selected the ATSDR, an Agency of the Centers for Disease Control and Prevention (CDC), to examine any association between exposures at Camp Lejeune and resulting adverse health outcomes. In 2008, the Navy notified former residents about the contamination and mailed out CDC health surveys for them to complete. The Marine Corps created a "Notification Registry" online (<https://clnr.hqi.usmc.mil/clwater>) to keep its more than 163,000 registrants up-to-date on developments by the Navy. VA is working closely with DoD, the Navy, and ATSDR to monitor the ongoing health studies on Camp Lejeune and address the health concerns of Veterans and others who were exposed.

VA relies on the best available medical and scientific evidence on which to base its decisions concerning Camp Lejeune Veterans. For this reason, we believe that it is premature at this time to create a subcategory in health care Priority Group 8 for these Veterans before the current scientific research being conducted by the ATSDR has been completed. ATSDR's studies are expected to provide the necessary scientific information to evaluate possible service connection and other policy considerations. These studies include an epidemiological study, identification of birth defects and childhood cancers, research into the causes of death of Marines and other personnel formerly stationed at Camp Lejeune, and extensive water modeling to characterize the nature and extent of the contamination. Results from the various ATSDR studies are expected between 2012 and 2014.

VA will continue to collaborate with DoD, the Navy, and ATSDR, as well as, directly address the needs of Veterans potentially affected by exposure to contaminated water at Camp Lejeune. Although current scientific evidence is not sufficient to support a presumption of service connection for the population of Veterans exposed to water contamination at Camp Lejeune, individual Veterans who believe they have medical conditions related to exposure at Camp Lejeune are encouraged to submit claims to the Veterans Benefits Administration (VBA). All of the Camp Lejeune claims are processed at the VA Louisville Regional Office to streamline processing and provide consistency in the evaluation of claims. To date, Louisville has reviewed nearly 1,000 Camp Lejeune Veterans' claims, and 238 Veterans have been granted a service connection for some

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reason. VA's public Web site has been updated to inform Veterans about the potential exposure and to provide a direct link for filing claims online. The link is available at <http://www.publichealth.va.gov/exposures/camp-lejeune/index.asp>.

Veterans have several avenues for qualifying for VA health care, including low income status, service-connection, and award of a Purple Heart. A Veteran who is non-service connected and has income below the VA financial threshold, who receives a VA pension, or who is eligible for Medicaid, is generally eligible for enrollment in Priority Group 5. VA has been successful in bringing more Veterans into the health care system, not only through expansion of the Priority Group 8 via modifications to income threshold limits, but also through increased outreach. VA has enrolled an additional 739,000 Veterans in all Priority Groups over the last three fiscal years.

Should you have further questions, please have your staff contact Mr. Carter Moore in the Office of Congressional and Legislative Affairs at (202) 461-6465 or Carter.Moore@va.gov. Thank you for your continued support of our mission.

Sincerely,



Eric K. Shinseki