

**STATEMENT OF
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U.S. DEPARTMENT OF VETERANS AFFAIRS
BEFORE THE
SUBCOMMITTEE ON INVESTIGATIONS AND OVERSIGHT
HOUSE COMMITTEE ON SCIENCE AND TECHNOLOGY**

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Chairman Miller and Members of the Subcommittee:

Thank you for this opportunity to discuss the efforts undertaken by the Department of Veterans Affairs (VA) regarding water contamination at the Camp Lejeune Marine Corps Base in North Carolina and to explain the disability compensation process for potentially affected Veterans. I am pleased to be accompanied by Dr. Victoria Cassano, Director, Radiation and Physical Exposures Service, Veterans Health Administration.

Potential Water Contamination

A 2007 final report of the Veterans Disability Benefits Commission, a Congressionally mandated independent review board, raised general awareness at VA of the potential water contamination at Camp Lejeune. The report indicated that the Agency for Toxic Substances and Disease Registry (ATSDR), in the Department of Health and Human Services, had conducted an environmental assessment of Camp Lejeune during 1997. ATSDR found that from the 1950s through the mid-1980s, persons residing or working at Camp Lejeune were potentially exposed to drinking water supplies contaminated with volatile organic compounds from an off-base dry cleaning facility and from on-base sources. These organic compounds included trichloroethylene and perchloroethylene. Subsequent investigations also found evidence of benzene in the same water supplies, presumably caused by leaking fuel storage tanks.

In October 2008, the Department of the Navy issued a letter to Veterans who were stationed at Camp Lejeune. The letter explained that the Navy had established a health registry and encouraged those who served there to participate. In December 2008, VA issued a VA Health Care Fact Sheet on the contamination of the ground water at Camp Lejeune.

In 2009, the National Academy of Sciences' National Research Council (NRC) released a study titled, *Contaminated Water Supplies at Camp Lejeune, Assessing Potential Health Effects*. Currently, additional studies on the contaminated water, parameters of likely exposures, and potential adverse health effects, are being conducted by ATSDR.

In response to the NRC's study, VA assembled a Task Force consisting of the Under Secretary for Health, the Acting Under Secretary for Benefits, the General Counsel, and the Assistant Secretary for Policy and Planning. The Task Force's mission is to determine whether the NRC provided a sufficient scientific basis for determining whether the population of Camp Lejeune has, in fact, suffered adverse health effects as a result of exposure to contaminants in the water supply. The Task Force is continuing its work and will submit its findings to the Secretary for consideration.

VA Disability Compensation Benefits

In keeping with our mission to care for Veterans, VA stands ready to provide treatment and compensation for any Veteran whose current disability is the result of service at Camp Lejeune. My testimony today will outline VA's disability claims process, including the issue of presumptive disabilities, and then address the specific situation at Camp Lejeune.

VA provides compensation payments to Veterans with current disabling conditions that, among other things, were caused or aggravated by an event, injury, or disease that occurred during military service. These conditions resulting from military service are referred to as "service-connected disabilities." There is more than one way to establish service connection. Establishing service connection on a "direct" basis is the most

common means. Service connection generally requires sufficient evidence of an in-service event or injury, a current disability, and a link or nexus between the disability and the in-service event or injury. The medical nexus is often established through an examination and opinion from a competent medical authority.

Another method of establishing service connection is through use of a presumption of service connection. "Presumptive" service connection may be appropriate, for example, to overcome difficulties of proof in establishing that a condition appearing after military service is the result of a particular hazard encountered during such service. A presumption may also be used in appropriate circumstances to establish exposure to a particular hazard in military service where the fact of exposure to the hazard is difficult to document. In particular, widespread tactical herbicide use in the Republic of Vietnam during the Vietnam era has been well-documented, but it is not feasible to determine whether, and to what extent, a particular Vietnam Veteran was actually exposed. As a result, Veterans who served on the ground in Vietnam, or on its inland waterways, are presumed to have been exposed to herbicides for purposes of application of the presumptions of service connection for the diseases recognized by VA as associated with herbicide exposure.

Presumptive service connection differs from direct service connection in that the nexus between the current medical condition and the in-service event need not be established by additional medical evidence. The nexus is presumed to exist based solely on experiencing the in-service event and subsequently developing the disabling medical condition that is scientifically linked to the in-service event. Diseases that are presumed associated with specific in-service events are commonly called "presumptive diseases." VA has identified presumptive diseases associated with in-service events that include: internment as a prisoner of war; service in a tropical environment; service in the Gulf War; certain service involving radiation exposure; and service involving exposure to certain herbicides, such as Agent Orange.

Presumptive Decision Processes

The Agent Orange Act, passed by Congress in 1991, created a procedure for establishing presumptions of service connection for diseases associated with herbicide exposure. The procedure for establishing presumptions for particular diseases associated with herbicide exposure requires the Secretary of Veterans Affairs to consider reports received from the National Academy of Sciences and all other sound medical and scientific information and analysis on the health effects of herbicide exposure. When the Secretary finds a positive association exists between herbicide exposure and the occurrence of a disease in humans, the Secretary initiates a public rulemaking proceeding to add the disease to the presumptive list.

Although the procedure established by the Agent Orange Act addresses presumptive service connection based on herbicide exposure among Vietnam Veterans, a similar process was created by Congress to address the concerns of Gulf War Veterans.

These procedures rely on consideration of sound scientific and medical evidence and analysis from the respected National Academy of Sciences and a standard of evaluation based on association rather than causation. Presumptions can be powerful tools for promoting efficiency, fairness, and justice, but they must be considered with great care and respect for the science involved. They will continue to be an important part of the Veterans' benefits scheme for the foreseeable future.

Disability Claims Based on Service at Camp Lejeune

VA does not operate a registry for this population and does not have special authority to enroll for health care Veterans or their family members based upon service at Camp Lejeune. It has been estimated that approximately one million Veterans and their dependents were assigned to Camp Lejeune during the period of drinking water contamination. Veterans who are a part of this cohort may apply for health care enrollment, if they are otherwise eligible, and are encouraged to discuss any specific concerns they have about this issue with their health care provider. VA environmental health clinicians can provide these Veterans with information regarding the potential health effects of exposure to volatile organic compounds, and VA's three War-Related

Illness and Injury Study Centers are also available as a resource to providers. However, the Marine Corps does have a registry and VA has been working with DOD to use this registry database to get useful data on Veterans who were stationed at Camp Lejeune.

VA processes disability claims based on service at Camp Lejeune, and possible exposure to chemical contaminants, on a case-by-case basis. This approach has been adopted because the evidence to date on the long-term health effects on Veterans due to potential contaminated drinking water exposure at Camp Lejeune is inconclusive. Establishing presumptive diseases at this point would be premature.

The NRC study on Camp Lejeune underscores the difficulty involved with determining which part of the water supply was contaminated, who may have been exposed to contamination, and to what extent any exposure may have occurred. To address these issues, ATDSR is conducting ongoing studies. In addition, as noted earlier, the Task Force is continuing its work. At this time, we consider direct service connection to be the most feasible and equitable option for addressing disability claims based on service at Camp Lejeune.

VA regional office personnel were alerted to the Camp Lejeune situation in a nationwide broadcast in June 2009 and instructed to evaluate related claims on a case-by-case basis. A training letter followed on April 26, 2010, which outlined specific directions on developing evidence and ordering medical examinations for Camp Lejeune-related claims.

As part of the current examination procedure, VA medical examiners receive information on the chemical contaminants present in the water supply and are asked to provide an informed medical opinion as to whether it is at least as likely as not that the Veteran's current disability is related to service at Camp Lejeune. This evidence, as well as evidence based on examinations and opinions from private physicians and medical providers, is used to determine eligibility for service connection. In cases

where the evidence for and against service connection is approximately equivalent, the benefit of doubt is given to the Veteran and service connection is granted.

Currently, VA has received approximately 200 disability claims based on service at Camp Lejeune, and approximately 20 Veterans have been granted service connection on a direct basis. Those that were not granted service connection failed to meet one or more of the three criteria of: (1) service at Camp Lejeune during the period of water contamination; (2) a current disease or disability; and (3) a medical nexus or link between a current disability and service at Camp Lejeune.

Conclusion

VA takes seriously its mission to ensure that Veterans receive adequate services and compensation to honor their sacrifices in service to our Nation. We are also committed to ensuring that the best medical and scientific evidence available informs the decisions we make. The exposure at Camp Lejeune presents a number of unique challenges, but we are confident that we are addressing these challenges using the best possible science at our disposal to provide compensation to affected Veterans. As I said earlier, VA has already awarded benefits to Veterans who have demonstrated that they are suffering due to adverse exposures at Camp Lejeune. We will continue to award benefits to Veterans who present substantiated claims, and the Secretary will review the findings of the Task Force to determine if any further action is necessary.

This concludes my testimony. I would be happy to answer any questions Members of the Subcommittee may have.