DEPARTMENT OF VETERANS AFFAIRS

ADVISORY COMMITTEE ON DISABILITY COMPENSATION

December 1-2, 2020

MINUTES

Members Present:

Thomas J. Pamperin, Acting Chairman
Al Bruner
Bradley Hazell
Joyce Johnson
Evelyn Lewis
James Lorraine
Michael Maciosek

Members Not Present:

Jean Reaves
Jonathan Roberts
Robert Sprague
Robert Wunderlich

Staff Present:

Sian Roussel, Designated Federal Officer (DFO) for Advisory Committee on Disability Compensation (ACDC); Program Analyst, Veterans Benefits Administration (VBA)
Claire Starke, Alternate DFO, ACDC; Program Analyst, VBA
Michael Brawn, Assistant Veterans Service Center Manager, Chief Production Office (CPO)/REAL Team, VBA*
Tonita Cannon, Program Analyst, Budget Office, Compensation Service, VBA*
Jane Che, Director, Veterans Affairs Schedule for Rating Disabilities (VASRD) Program Management Office (PMO), Regulations Staff, Compensation Service, VBA*
Mary Glenn, Deputy Executive Director, Medical Disability Examination Office, VBA*
Rodney Grimm, Policy Analyst, VASRD PMO, Compensation Service, VBA**
Richard T. Hartman, Executive Director, Office of Transition and Economic Development (OTED), VBA*
Patricia Hastings, Deputy Chief Consultant, Post-Deployment Health Services, Veterans Health Administration (VHA)**
Becky Lindstrom, CPO/REAL Team, VBA*
Gary Reynolds, Medical Officer, VASRD PMO, Part 4, Regulations Staff (211D), Compensation Service, VBA*
Robyn Trulock, Outreach Vocational Rehabilitation Counselor (VRC); Project Lead for

VetSuccess on Campus (VSOC), Veteran Readiness & Employment (VR&E) Service, VBA**

*December 1 only
**December 2 only

The Committee met in public session on December 1-2, 2020, via teleconference.

Tuesday, December 1, 2020

Opening Remarks/Member Intros

Ms. Roussel called the Committee to order at 8:59 a.m. She made some administrative remarks and turned the meeting over to Acting Chairman Pamperin.

Public Comments

Acting Chairman Pamperin announced he had elected not to read out all the comments submitted since the last Committee meeting. In the wake of the Department's decision to contract out virtually all disability evaluations, the Committee had received 38 individually or jointly signed comments in opposition. Most of the letters were from current VHA clinical staff, fee basis providers, and retirees, and they generally cited the same issues and concerns, although several included disclaimers that they were writing as Veterans and/or private citizens. The Acting Chairman said he would read four letters which he had been unable to determine whether or not they came from current employees. He reminded those listening that the ACDC was an advisory committee, not an audit agency or an oversight body.

Marc I. Rosen, a professor of psychiatry at the Yale School of Medicine, highlighted three reasons to support the conduct of Compensation and Pension (C&P) examinations at VHA facilities by VHA examiners: (1) VHA service connection exams were a first introduction to VHA for many Veterans considering where to get their medical care; (2) Veterans' views of VHA were impacted by their experience of the C&P process; and (3) thorough, accurate exams were necessary to target priority healthcare treatment to deserving Veterans by awarding them service connection. He felt that eliminating VHA C&P exams would mean fewer Veterans got the medical care they needed and deserved.

Gregory L. Page, D.O., observed that many conditions were rated at a higher percentage than was merited; contracted C&P exams were more expensive, inferior in quality, had greater potential for waste, fraud, and abuse, and did not allow for robust communication with the elements of VBA responsible for assigning ratings.

Mark D. Worthen, a clinical and forensic psychologist, noted an observation Mr. Hazell made at the Committee's May meeting that although the Department of Veterans Affairs (VA) discouraged telehealth by private providers, neither U.S. Code nor regulation

prohibited it. Dr. Worthen felt this policy disadvantaged Veterans, and he encouraged the Committee to press VBA for a cogent explanation.

Alan B. Williams, a retired Veteran service representative (VSR) and military services coordinator, wrote that, in his experience, claims completed by VA medical examiners were almost always done in a through, sequenced, and orderly manner, whereas contract exams were often disjointed. The problem was worse during the COVID-19 pandemic, with Servicemembers and Veterans frequently having to travel long distances and exams often canceling at the last minute. Mr. Williams said VA's actions warranted review for waste, fraud, and abuse, and he intended to file a complaint with his Congressional representatives.

Acting Chairman Pamperin reminded the public that all comments received were available upon request under the Freedom of Information Act.

Travel Admin

Ms. Cannon discussed with Committee members steps for receiving compensation.

VA Schedule for Rating Disabilities (VASRD) Update/Under Secretary for Benefits (USB) Policy Letter on COVID-19 Cases in Service

Ms. Che reported that seven of the 14 VASRD body systems had been updated. In the concurrence process were four Proposed Rules, Respiratory, Mental, Digestive, and Neurological; and two Final Rules, Genitourinary (GU) and Cardiology. The Musculoskeletal Final Rule had been published in the Federal Register on November 30, with an effective date of February 7.

Compensation Service was drafting a policy letter to advise VA regional offices (ROs) to process COVID-19 claims. It had suspended drafting an Interim Final Rule until there was more robust scientific data and medical science. The policy letter's implementation date was December 31.

Mr. Hazell asked if the changes had been drafted for the four Proposed Rules in the concurrence process. Ms. Che said they had been; Compensation Service was waiting for the Office of Management and Budget (OMB) to give the green light for publication or the Office of General Counsel (OGC) to tweak the language. Mr. Hazell asked when the Committee would be able to see the proposed changes. Ms. Che said she thought members could see the changes when they were published.

Acting Chairman Pamperin asked if there was a threshold at which Pay As You Go was invoked. Ms. Che said she believed it was $100 million. The Acting Chairman noted that OMB deemed GU, Cardio, Digestive, and Respiratory/Ear, Nose, and Throat/Audio significant. Ms. Che explained that for those systems OMB required VBA to formulate a budget plan and indicate what rules it had in place to offset cost.

Earnings Loss Studies Update

Dr. Reynolds provided the update. Prior to fiscal year (FY) 2018, VBA relied on medical desk references, peer-reviewed medical journal articles, and internal VA research as the underlying justifications for update revisions to the VASRD. This worked best when the medical research for disability had some proxy for earnings capacity as an end point, but very few studies did.

Predominant purpose statement (PPS) editing for individual longitudinal earnings data access continued. Deliverable analyses nearing completion included a quantitative approach to “condition picking” and a model change when using diagnostic code (DC) 6100, the code for hearing loss. Next in line were extending comparisons found in the first Earnings Loss Study, feedback from the Labor Market Outcome Analysis, and the effect of health insurance on labor force participation.

Acting Chairman Pamperin asked if Compensation Service had considered lumping together similar diagnostic codes within a body system. Dr. Reynolds said aggregating codes was actually part of the analysis. The Acting Chairman asked what the model change when using DC 6100 was analyzing. Dr. Reynolds said the effect of hearing loss on overall earnings capacity. Acting Chairman Pamperin asked where Compensation Service was going with the effect of health insurance on labor force participation. Dr. Reynolds said it was trying to quantify program effects on earnings capacity.

The Acting Chairman asked Dr. Reynolds what he meant by “health insurance.” Dr. Reynolds said it referred to the insurance covering Veterans receiving disability compensation. Dr. Lewis asked if the study was teasing out different types of health insurance. Dr. Reynolds said it could do that to the extent the American Community Survey (ACS) had that information and cautioned that the sample size might not be large enough. Dr. Lewis asked if Compensation Service had laid out the research design for the study. Dr. Reynolds explained that for each contract, the contractor submitted a data access and collection plan.

Dr. Lewis asked if it was possible to see what the research design looked like. Dr. Reynolds said what the study authors designed from a research perspective was limited by the data they had. Acting Chairman Pamperin asked Dr. Reynolds if he could send the section of the contract that discussed the approach to limitation. Dr. Reynolds said he could arrange for an in-depth discussion of the research questions built into the contract and potential research approaches considered for the Committee’s next meeting. Ms. Roussel promised to put it on the agenda.

The current earnings loss contract was signed in September. Compensation Service’s goal was to process a minimum of 100 DCs per year. Initial analyses would continue using ACS-VA merged data. Submission of the PPS was expected with the projected concurrence process lasting 12 months. Selected Census survey products offered longitudinal individual earnings data. The current contractor added physician subcontractors with VA and Department of Defense (DoD) disability examination experience.

The Committee recessed from 10:08 a.m. to 10:13 a.m.

COVID-19 Update/Examinations

Ms. Glenn explained that, effective October 1, Compensation Service's Medical Disability Examination Program Office was realigned in VBA as a separate organization, the Medical Disability Examination Office (MDEO). The MDEO was comprised of four staff divisions: Data and Operations, MDE Quality, Policy and Program Management, and Acquisitions and Budget.

In-person examinations (IPEs) were suspended in April. Vendors were directed to maximize acceptable clinical evidence (ACE) and tele-C&P modalities. In June, IPEs resumed in waves using local VHA risk assessments. IPEs requiring the removal of Personal Protective Equipment (PPE) resumed in August.

99.9 percent of the exam inventory allowing for increased IPEs, and all 121 military treatment facilities for the Integrated Disability Evaluation System (IDES) and Benefits Delivery at Discharge (BDD), were now covered. All locations in the continental United States were active for IPEs. Vendors were still directed to maximize tele-C&P and ACE examinations.

Dr. Lewis asked how allowing for IPEs worked with the recent increase in COVID infections. Ms. Glenn assured her that MDEO followed guidelines from the Centers for Disease Control and Prevention, had developed stringent procedures for vendors, and was monitoring the situation closely.

As of November 30, about 20 percent of exam scheduling requests included a contention requiring the removal of PPE. Only 0.4 percent of the total pending inventory remained constrained. MDEO continued to work with VHA's Office of Healthcare Transition to identify areas to resume or suspend exams.

MDEO had approved the vendor's IPEs in 33 locations outside the continental U.S. (OCONUS), including Puerto Rico. It was working with vendors to get weekly updates on the local statuses of countries.

VBA had issued guidance instructing ROs to keep claims open when a Veteran failed to report for an exam due to the pandemic. MDEO monitored the impact of the pandemic on Veterans' exam appointments daily.

Dr. Lewis asked about the situation in territories like Guam, American Samoa, and the Marshall Islands. Ms. Glenn said all U.S. territories were covered by the contract, which had been modified so that OCONUS Veterans not living near a facility could receive a telehealth or medical opinion exam, if appropriate to the modality.

Vendors exceeded FY2019 completion numbers despite COVID-19 restrictions, increasing capacity and exceeding pre-COVID-19 completion rates by the end of FY2020, and effectively maximizing the use of tele-C&P and ACE examination modalities.

Mr. Hazell asked if there had been additional quality review measures because of the rise in ACE and tele-C&P exams. Ms. Glenn said MDEO was monitoring quality and providing

feedback to vendors on a regular basis. Mr. Hazell asked if MDEO had noticed any trends. Ms. Glenn said she would need to look up that information.

Easing the Journey through VA Solid Start

Dr. Hartman said OTED's mission was to ease the transition experience of Servicemembers, Veterans, their families, and caregivers. It envisioned that organizations from all levels of government, Veteran Service Organizations (VSOs), nonprofits, and private industry could collaborate without barriers to provide a world-class transition.

Before OTED, the transitioning Servicemember (TSM) was left alone to navigate a dynamic and complex bundle of services and benefits. To ease the transition journey, in 2018, the Under Secretary of Benefits created OTED, which established accountability and transparency as VA's authority on the military life cycle and transition assistance.

Launched on December 2, 2019, VA Solid Start fundamentally changed the way VA interacted with TSMs and newly separated Veterans. Trained VA representatives reached out to Veterans by phone three times during their critical first year of separation from the military. VA Solid Start agents used the "Pillars for a Successful Transition" as the basis for open-ended questions that sought to establish the status and disposition of a TSM. Issues or challenges the TSM mentioned were addressed by VA Solid Start agents with direct VA benefits and/or partner resources.

VA Solid Start prioritized calls to Servicemembers that had a mental healthcare appointment in their last year of active duty service. Agents would conduct a warm handover to the Veterans Crisis Line if an individual was identified at risk for suicide.

In Stage 1, VA had achieved a successful contact rate of over 50 percent. Within the priority contact group of Veterans who had attended mental healthcare appointments in their last year of service, the successful contact rate was over 75 percent.

Dr. Lewis asked how VA Solid Start knew if a Veteran had attended a mental healthcare appointment. Dr. Hartman said VA received that information from DoD upon separation. Dr. Lewis asked if that complied with Health Insurance Portability and Accountability Act (HIPAA) regulations. Dr. Hartman said all information was transferred in compliance with HIPAA and the Privacy Act.

Mr. Lorraine asked what percentage of Veterans was lost from one call to the next. Dr. Hartman said that VA Solid Start was only a year old, so it would probably be another six to eight months before that information became available, but OTED had noticed some drop-off. Mr. Lorraine asked Dr. Hartman if he could provide whatever data was available at the Committee's March meeting. Dr. Hartman promised to do so.

Mr. Lorraine asked how much VHA's Environmental Program Services sponsorship program would integrate with what VA Solid Start was doing. Dr. Hartman said he was not familiar with that program and would need to examine more closely.

Dr. Lewis noted that Dr. Hartman had mentioned behind-the-scenes research and asked if the Committee could receive a progress update at its next meeting. Dr. Hartman agreed to share the data if it was available and had been vetted. Dr. Lewis asked what stage the research was in. Dr. Hartman said OTED was still in the process of developing the research.

Dr. Hartman said he had to drop off the call because of a prior commitment but promised to follow up in response to any additional questions.

The Committee recessed from 11:01 a.m. to 11:05 a.m.

Chief Production Office/REAL Team Overview

Mr. Brawn shared CPO's vision statement: to ensure VBA's productive and responsive public servants were equipped and supported with highly efficient technology and lean processes. To implement this vision, CPO looked to determine the missing pieces of the global puzzle to optimize service delivery to Veterans via positive changes in the realms of technology, process improvements, and cooperation across the VA enterprise.

CPO called itself the REAL Team because it was dedicated to reduced Rework and increased Efficiency and Accuracy in the framework of a productive Landscape. Ms. Lindstrom explained REAL Team's guiding principles: engagement, problem solving, collaboration, critical thinking, and continuous improvement.

REAL Team's permanent staff was comprised solely of Chief Production Officer Edna MacDonald and a program analyst. The rest of the team consisted of members from key entities impacting disability claims processing that rotated on and off in details lasting three to six months. One of the current team members was a Veteran service center manager. Mr. Brawn outlined this individual's role on the team.

Acting Chairman Pamperin asked if CPO had analyzed increases in productivity. Ms. Lindstrom said it had to some extent, but it was hard to determine the exact causes for sure. The Acting Chairman suggested they might be a function of staff maturity. Ms. Lindstrom agreed that was possible.

Mr. Hazell asked how much input the REAL Team had had in the recent revision of standards for VSRs and rating VSRs (RVSRs). Mr. Brawn said REAL Team had not played a major role, but that it was examining how the changes affected VA employees. Dr. Maciosek asked if there were processes in place to monitor burnout. Mr. Brawn said the team had not looked at this closely, but conceded it was worth looking into.

Acting Chairman Pamperin asked if employees were able to keep up with the changes. Ms. Lindstrom said the REAL Team, Office of Business Integration, and other pertinent business lines held calls with the field stations prior to any release to go over the specifics. After the release, REAL Team followed up with the field to make sure it was functioning properly.

Administrative/Secretary of Veterans Affairs (SECVA) Public Service Announcement (PSA)/Adjournment

Acting Chairman Pamperin asked if the Committee's meeting dates for 2021 had been set. Ms. Roussel explained that she and Ms. Starke would like to finish putting together the nomination and reappointment packets first.

Ms. Roussel reminded members to sign and return their invitation letter, and that she would be resending it to each of them in an email. The email would also contain a link to a PSA video from Secretary Robert Wilkie, which members were asked to watch.

Several members expressed concern that the presentation on the Earnings Loss Studies merely rehashed points from earlier meetings, and that many of their underlying questions remained unanswered. Ms. Roussel offered to assemble a list of members' questions prior to the next meeting. Acting Chairman Pamperin said he would need to see the part of the solicitation that specifically addressed what questions VA was trying to answer and the part of the winning proposal that discussed how to get there before he knew what questions to ask.

There was also the sense that a lot of the presentations felt like sales pitches that failed to provide a clear picture of the programs' effectiveness and how the Committee could help. Acting Chairman Pamperin said he would circulate a couple emails to Committee members over the next few days so it could continue the discussion offline.

The Committee recessed for the day at 11:49 a.m.

Wednesday, December 2, 2020

Opening Remarks/Member Intros

Ms. Roussel called the Committee to order at 9:00 a.m. She made some administrative remarks and turned the meeting over to Acting Chairman Pamperin. He asked members to introduce themselves.

Veteran Readiness & Employment (VR&E) Overview

Ms. Trulock explained that VR&E previously stood for Vocational Rehabilitation & Employment. The name was changed after a human-centered design research study showed that the words "vocational" and "rehabilitation" were deterring people from applying to the program.

VR&E's mission was to assist Servicemembers and Veterans with service-connected disabilities and an employment handicap to prepare for, find, and maintain suitable careers and/or a life of independence. Its vision focused on the field and customer-centric service delivery.

VR&E employed nearly 1,000 professional VRCs and delivered services through a network of nearly 350 office locations, including ROs, the National Capital Region Benefits Office, out-based offices, IDES installations, and VSOC schools and sites.

Key services included vocational counseling and planning, education or vocational training, a monthly living allowance in addition to disability compensation, tools to accommodate a program, job seeking skills and assistance in finding employment, and independent living services.

Those enrolled in the program could receive up to 48 months of training entitlement, plus employment services. The program could be utilized within 12 years from the date of initial VA disability rating notification, with an exception for those with a serious employment handicap.

Active duty Servicemembers were eligible for VR&E if they expected to receive an honorable discharge upon separation from active duty, and obtained a memorandum rating of 20 percent or more or a proposed IDES rating from VA. The National Defense Authorization Act established VR&E eligibility and automatic entitlement for severely injured active duty individuals before a VA rating was issued.

Veterans were eligible if they received an honorable or other-than-dishonorable discharge and a service-connected disability rating of at least 10 percent or a memo rating of 20 percent or more. Entitlement was based on the establishment of an employment handicap resulting from a service-connected disability. A serious employment handicap was needed to establish entitlement for Veterans rated 10 percent.

If entitled to VR&E benefits and services, the Veteran or Servicemember would work with a VRC to develop a personalized rehabilitation plan following one of five tracks: re-employment, rapid access to employment, self-employment, employment through long-term services, and independent living.

The VSOC program operated under the VA's education and career counseling program, or Chapter 36, authority. The education and career counseling program were being rebranded personalized career planning and guidance (PCPG). Chapter 36 was available to transitioning Servicemembers within six months prior to discharge, Veterans within one year following discharge from active duty, any Servicemember or Veteran currently eligible for a VA education benefit, and all current VA education beneficiaries.

IDES counselors provided assessment, evaluation, and outreach services to transitioning wounded, ill, and injured Servicemembers referred to the Physical Evaluation Board.

Mr. Hazell asked if VBA had any kind of handoff with Veterans on individual unemployability (IU) to determine vocational training. Ms. Trulock said she had no knowledge of such a handoff, although sometimes Compensation Service would review an individual in VR&E to determine if s/he should receive IU.

Acting Chairman Pamperin asked about the typical VR&E participant in terms of years since separation, level of disability, urban vs. rural, etc. Ms. Trulock said she would need to consult with VR&E's data team for those statistics.

The Acting Chairman asked what the biggest barriers to success were for disabled Veterans in the program. Ms. Trulock said it was most often a matter of Veterans being unable to focus sufficient time and/or money on their education or training.

Mr. Lorraine noted that there were 250 schools that had requested a VSOC but not received one and asked why the wait list was so long. Ms. Trulock said it was due to funding limitations. Mr. Lorraine asked if the VSOC program was created through legislation or a policy. Ms. Trulock said it was codified under law in 2017; the law was written to allow a VSOC at any institution the Secretary deemed a VSOC site. Mr. Lorraine asked if there was an appropriation. Ms. Trulock said the program had no specific funding.

Acting Chairman Pamperin asked if there were notable differences between disabled and non-disabled Veterans at school. Ms. Trulock said each Veteran was different.

The Acting Chairman asked about the relationship between VR&E and OTED. Ms. Trulock said OTED was a different business line from VR&E. The two offices were coordinating the transition of PCPG to OTED, but other than that, interaction was minimal.

The Committee recessed from 9:39 a.m. to 9:55 a.m.

Lang v. Wilkie Court Ruling/Constructive Custody of VA Records

Mr. Grimm gave the briefing. He explained that constructive notice was the general concept that a person or entity should have known, as a reasonable person would have, of certain matters even if they had no actual knowledge of it. As applied to VA claims, this concept had been used to state that claims adjudicators should have “constructive notice” of a Veteran’s VA medical records, whether or not the Veteran had provided the claims processor actual notice of their existence.

The 1992 *Bell v. Derwinski* decision initiated the concept of constructive notice into Veterans law. In Bell the Court of Appeals for Veterans Claims (CAVC) held that certain medical records of a claimant which were in VA’s possession at the time of a Board of Veterans’ Appeals decision should be considered as evidence regardless of whether such records were actually before VA at the time of the decision.

General Counsel Precedent Opinion 12-95 held that failure to consider records in constructive custody may constitute clear and unmistakable error if such failure affected the outcome of the claim. It also held that constructive notice was inapplicable to final RO decisions rendered prior to July 21, 1992, the date of the *Bell* decision.

Turner v. Shulkin examined how far the concept of constructive possession extended. It held that VA medical records could be constructively “received” during the one-year appeal period following a decision under 38 Code of Federal Regulations 3.156(b). CAVC also considered what was required to trigger constructive receipt of VA medical records and held that VA must have sufficient knowledge within one year of the decision that the records exist for constructive notice to apply.

In *Lang v. Wilkie*, the Federal Circuit overturned *Turner v. Shulkin*, holding that there was no requirement that a VA adjudicator have actual knowledge of the VA medical records for constructive notice to apply. Any records created within one year of a decision were constructively received under 3.156(b), such that the claim could remain pending absent a new and material evidence determination. The holding was limited to the version of 3.156(b) in effect prior to the effective date of the Appeals Modernization Act in February 2019; thus, it was only applicable to legacy claims and appeals.

VA procedures required that a VSR or RVSR download relevant medical records through the Compensation and Pension Record Interchange or Joint Legacy Viewer system and upload them into the Veteran's electronic file when a claim for disability compensation was received. Compensation Service was continuing to consult with OGC to determine the effect of the decision upon adjudication procedures.

Acting Chairman Pamperin asked why the *Lang* ruling only applied to legacy matters. Mr. Grimm said that the consensus of Compensation Service, the Office of Administrative Review, and OGC was that *Lang* addressed a regulation that was no longer in effect as of February 2019.

Camp Lejeune Registry Discussion

Dr. Hastings reminded members that, from the 1950s through the 1980s, drinking water at Camp Lejeune was contaminated with volatile organic compounds, such as dry-cleaning chemicals and benzene, from leaking underground storage tanks.

Post-Deployment Health Services believed a registry would do little to answer the questions of Camp Lejeune Veterans and family members and would require resources that could better be used for following this cohort for health issues and studies of other health consequences. VA had negotiated with the Agency for Toxic Substance Disease Registry (ATSDR) to take over the Camp Lejeune cohort for long-term morbidity and mortality analyses. Well-designed epidemiologic studies offered the best scientific approach and the most cost-efficient means of assessing outcomes in the Camp Lejeune population. This was the approach used by ATSDR.

Acting Chairman Pamperin asked Dr. Hastings if she was aware of concerns similar to Camp Lejeune in Okinawa. Dr. Hastings acknowledged there were several issues with Okinawa, the most recent being the belief that barrels of Agent Orange were buried there, even though an extensive DoD review found no evidence of the chemical at that site.

Dr. Lewis asked why registries were encouraged if they were not helpful. Dr. Hastings said she actually did not encourage them, although in the past they were seen as a means of contacting people. Dr. Lewis cautioned that the message of what a registry was for did not always get through to Veterans. Dr. Hastings agreed with that assessment but insisted that she had done her best to reach out to Veterans and VSOs. Dr. Lewis asked how civilian healthcare professionals could access the Individual Longitudinal Exposure Record (ILER). Dr. Hastings said ILER was in its initial use in VA, and there was currently no mechanism for sharing it with civilians.

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Mr. Lorraine asked about toxic exposure at Karshi-Khanabad Air Base (K2) in Uzbekistan. Dr. Hastings said Post-Deployment Health Services had designed an epidemiologic study of the entire K2 cohort that she hoped would be complete by the following December, and was working closely with VBA. Mr. Lorraine asked if the VSO community was aware of what to look at and claim. Dr. Hastings did not believe there was anything VSOs should do specifically in the case of K2 that they did not do in general.

Acting Chairman Pamperin asked if ILER was based on unit of assignment and whether Servicemembers were wearing materials that tracked their location. Dr. Hastings said currently it was based on unit of assignment; eventually Servicemembers would have wearable instruments that monitored location, radioactivity, chemical exposure, and other factors, but those were not quite ready. The Acting Chairman cautioned that wearable technology should be light, or Servicemembers would not wear them. Dr. Hastings agreed.

Mr. Hazell asked what group of Servicemembers and Veterans ILER covered. Dr. Hastings said it covered anyone whose data was provided by the Defense Manpower Data Center (DMDC). Mr. Hazell asked if there were other mechanisms for capturing those not covered by DMDC. Dr. Hastings assured him Post-Deployment Health Services could already match a person to a location and a period of time, which is what ILER did.

Dr. Maciosek asked Dr. Hastings if she had the resources necessary to analyze the cohort. Dr. Hastings acknowledged that resources were always a challenge, but she believed her team had what it needed to complete its task.

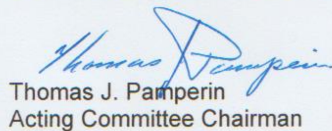
Administrative/Adjournment

Ms. Roussel reminded members to fill out individual surveys for each day of the meeting.

Acting Chairman Pamperin adjourned the meeting at 11:06 a.m.

Toby Walter
Neal R. Gross & Company
Preparer of the Minutes

Sian Roussel, Committee DFO



Thomas J. Pamperin
Acting Committee Chairman