SIMPLYCONVERT

WHY DATA MATTERS

IN THE CAMP LEJEUNE CONTAMINATION LITIGATION

and what you can do to ensure your client inventory is positioned to move forward

Wednesday, August 17, 2022

TODAY'S SPEAKERS

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Prepare Your "Client Stories" for the Experts

Potential Questions by Health Study Scientists

- What chemical compounds contaminated the drinking water and where did they come from (sources of contaminants)?
- When did contaminated groundwater reach water-supply wells and what was the duration of the contamination (arrival dates)?
- What were the monthly mean drinking-water concentrations?
- How was contaminated water distributed to housing areas (water distribution)?
- What were the ranges of concentration values (based on modeling results) for a specific month (uncertainty)?

Camp Lejeune

U.S. Marine Corps Base Camp Lejeune, North Carolina was established in 1942.

Camp Lejeune encompasses 156,000 acres, with 11 miles of beach in Onslow County North Carolina.

Census data shows the population in Onslow County hovering between 26,000 and 34,000.

It is estimated that nearly 1,000,000 military families were exposed to the contaminated water, as well as hundreds of thousands of civilians who worked on the base between the years 1953 and 1987.

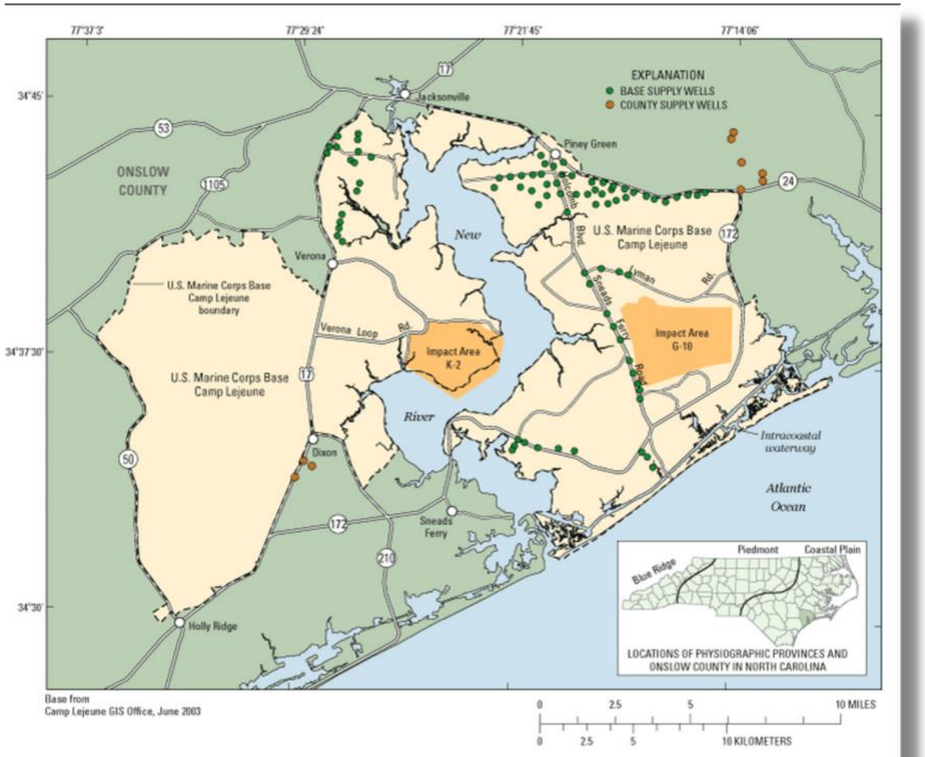


Figure 1. Location of Camp Lejeune study area in Onslow County in the North Carolina Coastal Plain physiographic province.

Sources of Contaminants

Eight water-distribution systems have supplied or currently are supplying finished water to family housing and other facilities at U.S. Marine Corps Base Camp Lejeune, North Carolina.

Three water-distribution plants — Hadnot Point, Tarawa Terrace, and Holcomb Boulevard — have historically supplied finished water to the majority of family housing units at the Base and were contaminated with volatile organic compounds (VOCs).

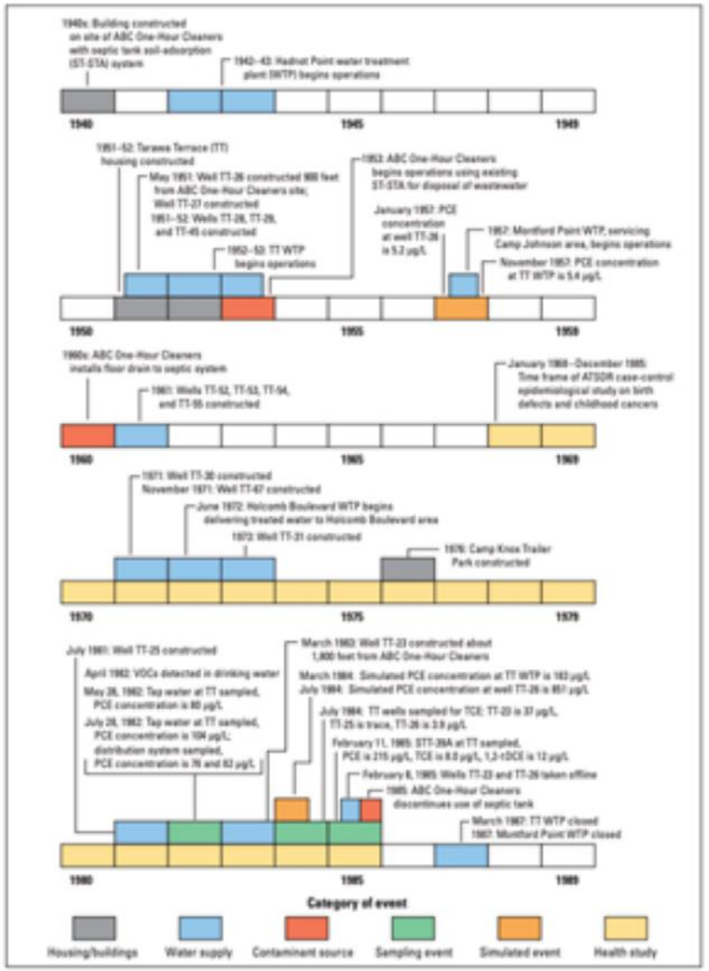


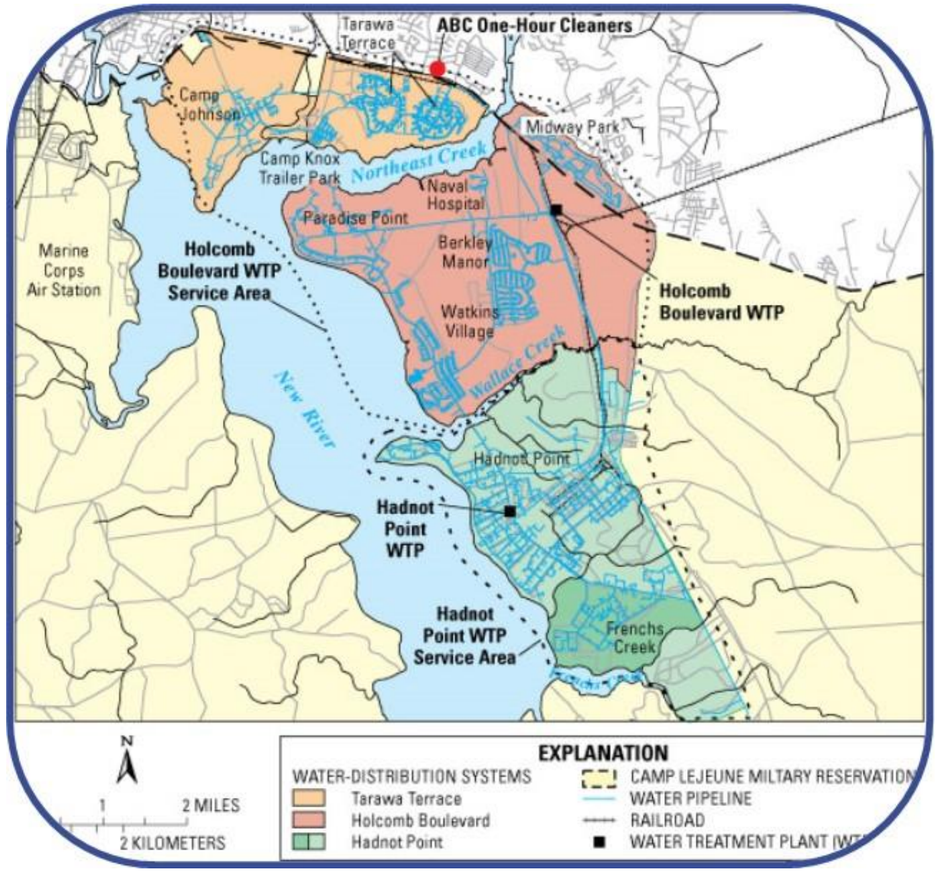
Figure ES2. Chronology of events related to supply and contamination of drinking water at Tarawa Terrace and vicinity, U.S. Marine Corps Base Camp Lejeune, North Carolina. (STT-39A is the pump house associated with storage tank STT-39.) [ft, foot; µg/L, microgram per liter; PCE, tetrachloroethylene; TCE, trichloroethylene; 1,2-tDCE, trans-1,2-dichloroethylene; maximum contaminant levels: PCE 5 µg/L, TCE 5 µg/L, 1,2-tDCE 100 µg/L]

Water Distribution

Water modeling is a scientific method that helps ATSDR estimate system conditions that no longer exist today.

In order to accurately measure exposure for each client (causation), you must determine where each of your clients lived/worked for all of the months they lived at Camp Lejeune (multiple stays are not uncommon).

Ultimately, exposure will be proven by comparing these stays to the water modeling agreed to by the court and the litigation groups.



Arrival Dates and Monthly Mean

The contamination of drinking water at Camp Lejeune started in the early 1950s, and the most contaminated wells were shut down in 1985. ATSDR has been assessing the health risks from hazardous substances in the drinking water at Camp Lejeune since the late 1980s.

Stress period	Month and year	Calibrated PCE concentration, in µg/L[1]	Range of concentrations derived from Monte Carlo simulations[2]					
			Monte Carlo simulation (Scenario 1)[3]			Monte Carlo simulation (Scenario 2)[4]		
			$P_{2.5}$, in µg/L	P_{50}, in µg/L	$P_{97.5}$, in µg/L	$P_{2.5}$, in µg/L	P_{50}, in µg/L	$P_{97.5}$, in µg/L
1-12	Jan–Dec 1951	WTP not operating						
13	Jan 1952	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14	Feb 1952	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15	Mar 1952	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16	Apr 1952	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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			$P_{2.5}$, in µg/L	P_{50}, in µg/L	$P_{97.5}$, in µg/L	$P_{2.5}$, in µg/L	P_{50}, in µg/L	$P_{97.5}$, in µg/L
61	Jan 1956	0.08	0.02	0.05	0.12	0.02	0.04	0.12
62	Feb 1956	0.10	0.02	0.07	0.16	0.02	0.06	0.15
63	Mar 1956	0.13	0.03	0.09	0.21	0.03	0.08	0.18
64	Apr 1956	0.17	0.04	0.12	0.26	0.04	0.10	0.24
65	May 1956	0.23	0.05	0.15	0.33	0.05	0.12	0.29
66	June 1956	0.29	0.07	0.20	0.42	0.06	0.15	0.34

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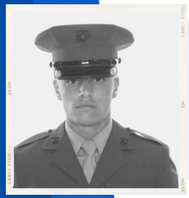
397	Jan 1984	132.87	92.63	133.27	185.03	103.04	159.84	247.01
398	Feb 1984	180.39	126.52	180.97	249.43	94.25	150.35	230.69
399	Mar 1984	183.02	128.61	183.55	252.50	99.38	159.70	240.42
400	Apr 1984	151.46	106.37	151.54	208.97	97.90	155.71	236.45
401	May 1984	153.42	107.63	153.20	211.58	92.85	146.63	220.85
402	June 1984	182.13	127.45	181.99	250.57	94.11	152.75	228.36
403	July 1984	156.39	109.41	156.40	214.58	101.95	160.97	234.39
404	Aug 1984	170.47	106.73	158.25	238.65	108.76	168.54	261.54
405	Sept 1984	181.22	113.28	168.51	253.93	117.53	184.30	295.64
406	Oct 1984	173.73	108.42	161.84	245.02	120.12	182.33	281.84
407	Nov 1984	173.77	108.41	161.92	245.70	124.18	187.60	287.36
408	Dec 1984	173.18	107.82	161.69	246.06	127.85	193.50	301.23
409	Jan 1985	176.12	109.98	164.71	251.48	122.98	187.00	293.19
410	Feb 1985	3.64	1.13	2.67	6.57	0.47	1.41	3.74
411	Mar 1985	8.71	3.21	6.58	14.79	8.83	20.01	41.59
412	Apr 1985	8.09	2.99	6.16	13.70	9.00	20.41	42.30
413	May 1985	4.76	1.50	3.46	8.36	0.58	1.68	4.47
414	June 1985	5.14	1.65	3.80	9.21	0.64	1.81	4.78
415	July 1985	5.54	1.80	4.12	10.04	0.69	1.96	5.12
416	Aug 1985	6.01	1.98	4.50	10.97	0.76	2.14	5.56
417	Sept 1985	6.50	2.19	4.88	11.89	0.83	2.30	6.03
418	Oct 1985	7.06	2.43	5.33	12.88	0.92	2.53	6.53
419	Nov 1985	7.64	2.68	5.78	13.90	1.02	2.76	7.07
420	Dec 1985	8.27	2.93	6.32	14.99	1.13	3.00	7.59
421	Jan 1986	8.85	3.18	6.82	15.87	1.24	3.22	8.14
422	Feb 1986	9.42	3.45	7.30	16.67	1.35	3.46	8.69
423	Mar 1986	12.14	4.55	9.43	21.18	1.85	4.67	11.50
424	Apr 1986	10.83	4.09	8.44	18.71	1.64	4.08	9.90
425	May 1986	11.56	4.42	9.06	19.63	1.79	4.41	10.49
426	June 1986	12.28	4.77	9.70	20.59	1.94	4.76	11.08
427	July 1986	13.06	5.14	10.35	21.75	2.11	5.12	11.77
428	Aug 1986	13.84	5.54	11.01	23.04	2.29	5.51	12.50
429	Sept 1986	14.61	5.90	11.70	24.30	2.49	5.89	13.19
430	Oct 1986	15.42	6.28	12.41	25.59	2.71	6.33	13.94
431	Nov 1986	16.21	6.66	13.11	26.70	2.93	6.73	14.77
432	Dec 1986	17.03	7.06	13.77	27.86	3.17	7.20	15.65
433	Jan 1987	17.85	7.47	14.46	29.04	3.41	7.66	16.46
434	Feb 1987	18.49	7.82	15.02	29.91	3.62	8.04	17.16
435	Mar 1987	WTP closed						

Preliminary Intake

Mother Jane
- Two miscarriages
- Tumor

- Military family member
- Lived at Camp Lejeune > 30 days between 1953-1987
- No personal representative needed

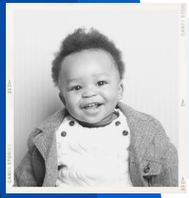


Military Mike
- Male breast cancer

- Military
- Lived at Camp Lejeune > 30 days between 1953-1987
- No personal representative needed

Worker Wayne
- Lung cancer

- Civilian who worked at Camp Lejeune
- Lived at Camp Lejeune > 30 days between 1953-1987
- No personal representative needed

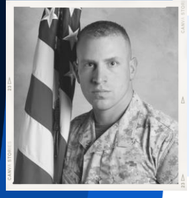


Baby Brian
- Leukemia

- Military family member
- Lived at Camp Lejeune > 30 days between 1953-1987
- No personal representative needed

Baby Brooke
- Died at birth

- Military family member
- Family lived at Camp Lejeune > 30 days between 1953-1987
- DOD and personal rep needed



Healthy Harry
- Currently healthy

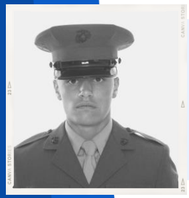
- Military
- Lived at Camp Lejeune > 30 days between 1953-1987
- No personal representative needed

Secondary Intake:

Gathers additional data

Mother Jane

- 5/1/75 - 12/31/76
- Berkley Manor

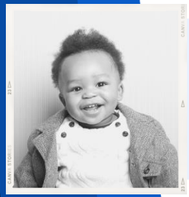


Military Mike

- 1/1/69 - 3/1/69
- 12/31/75 - 5/20/76
- Barracks
- Paradise Point

Worker Wayne

- 1/1/75 - 1/1/87
- Worked at Office of Personnel Management - Ash Street

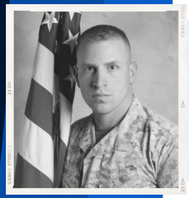


Baby Brian

- Born at Camp Lejeune 8/15/80
- Moved 6/1/88
- Tarawa Terrace

Baby Brooke

- Died at birth, 4/22/74
- Watkins Village



Healthy Harry

- 3/1/82 - 9/1/85
- Holcomb Boulevard

The Goal: Clean Data

After intake, we should be able to map out the location and exposure dates for each client.

- Ranking for bellwethers and grouping of cases
- Provide information to experts
- Provide information to litigation groups
- Provide information to Navy in filings

Baby Brian
8/15/80 - 6/1/88:
Tarawa Terrace

Military Mike
1/69 - 3/1/69: Barracks
12/31/75 - 5/20/76:
Paradise Point

Mother Jane
5/1/75 - 12/31/76:
Berkley Manor

Baby Brooke
4/22/74 - died at birth:
Watkins Village

Worker Wayne
1/1/75 - 1/1/87: Worked at Office of Personnel Management, Ash Street

Healthy Harry
3/1/82 - 9/1/85:
Holcomb Boulevard

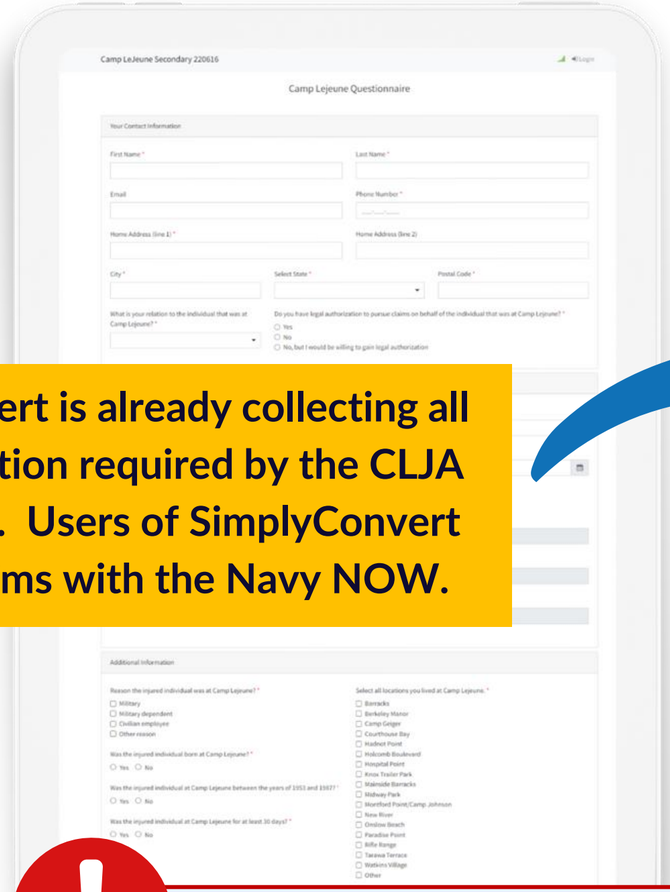
Camp Lejeune Client Organization Does Not Stop After Intake

What if we didn't use SimplyConvert for our client intake?

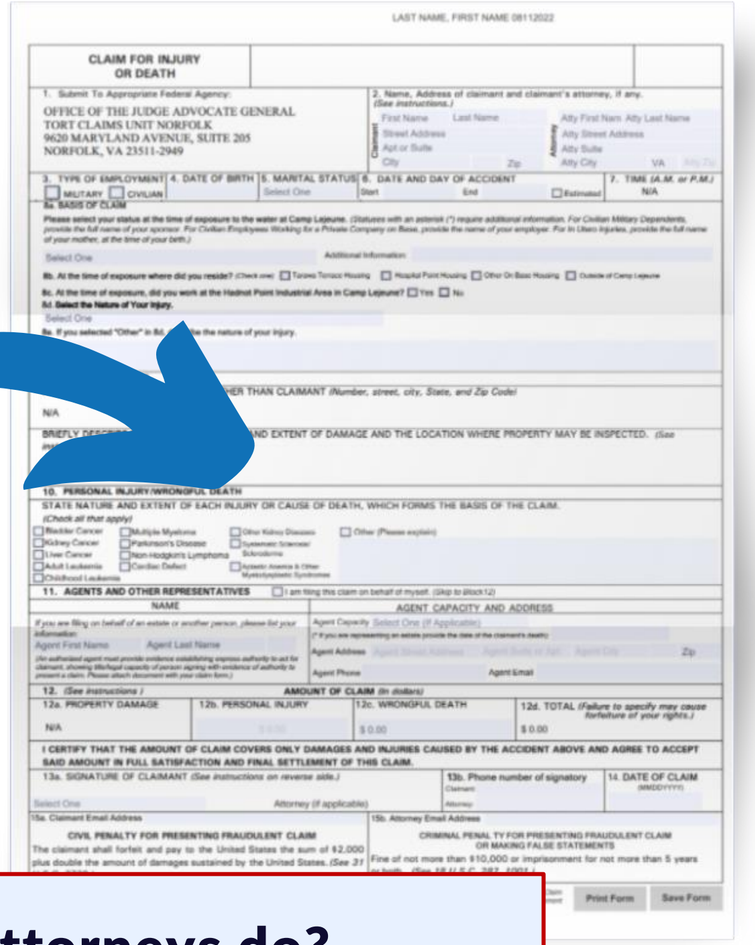
Start normalizing your data now! We can still help your firm get organized, referred, duplicates prevented, claims filed and data normalized for future needs.

- Changes in client medical status is very common.
- **Identify duplicate signed cases from intake** with SimplyConvert Client Checker from intake. With more than 250k claims expected, waiting until settlement to check for duplicates is a huge mistake. We are already seeing a large rate of duplicate clients signing up.
- **Structured Data:** Normalize client data early, so that additional questionnaires, administrative filings, and reports are easily accommodated.
- **Secure Client Portal:** Increase client retention, gather documents directly from clients, and secure communication with our client portal.

CLJA Claim Form Uploaded Directly to Navy



SimplyConvert is already collecting all the information required by the CLJA Claim Form. Users of SimplyConvert can file claims with the Navy NOW.



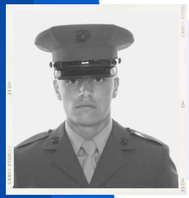
What can referring attorneys do?

Make sure your advertising firm is gathering this data in a format ready to be pushed into administrative forms

Changes to client medical information after intake are very likely

Mother Jane
- Two miscarriages
- Tumor becomes cancer

- Military family member
- Lived at Camp Lejeune > 30 days between 1953-1987
- No personal representative needed



Military Mike
- Male breast cancer

- Military
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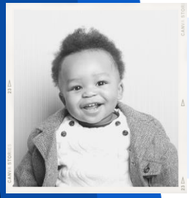
- No personal representative needed

Worker Wayne
- Lung cancer

- Civilian who worked at Camp Lejeune
- Lived at Camp Lejeune > 30 days between 1953-1987
- Dies
- Need DOD and personal representative



Baby Brian
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- Military family member
- Family lived at Camp Lejeune > 30 days between 1953-1987
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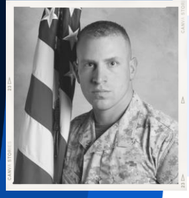
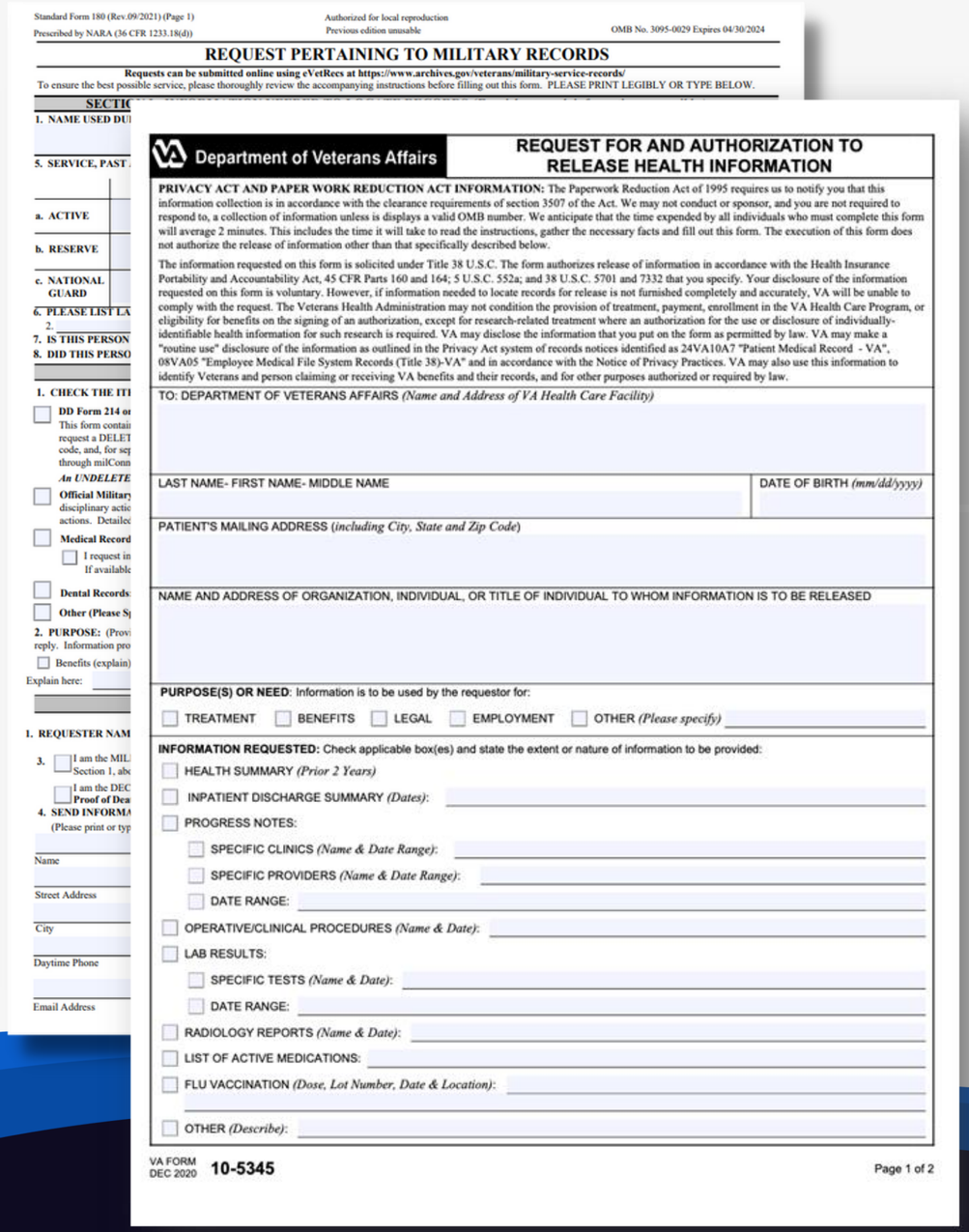


Healthy Harry
- Diagnosed with Parkinson´s Disease

- Military
- Lived at Camp Lejeune > 30 days between 1953-1987
- No personal representative needed



Standard Form 180 (Rev.09/2021) (Page 1)
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REQUEST PERTAINING TO MILITARY RECORDS

Requests can be submitted online using eVetRecs at https://www.archives.gov/veterans/military-service-records/
To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. PLEASE PRINT LEGIBLY OR TYPE BELOW.

Department of Veterans Affairs

REQUEST FOR AND AUTHORIZATION TO RELEASE HEALTH INFORMATION

PRIVACY ACT AND PAPER WORK REDUCTION ACT INFORMATION: The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Act. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless is displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 2 minutes. This includes the time it will take to read the instructions, gather the necessary facts and fill out this form. The execution of this form does not authorize the release of information other than that specifically described below.

The information requested on this form is solicited under Title 38 U.S.C. The form authorizes release of information in accordance with the Health Insurance Portability and Accountability Act, 45 CFR Parts 160 and 164; 5 U.S.C. 552a; and 38 U.S.C. 5701 and 7332 that you specify. Your disclosure of the information requested on this form is voluntary. However, if information needed to locate records for release is not furnished completely and accurately, VA will be unable to comply with the request. The Veterans Health Administration may not condition the provision of treatment, payment, enrollment in the VA Health Care Program, or eligibility for benefits on the signing of an authorization, except for research-related treatment where an authorization for the use or disclosure of individually-identifiable health information for such research is required. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act system of records notices identified as 24VA10A7 "Patient Medical Record - VA", 08VA05 "Employee Medical File System Records (Title 38)-VA" and in accordance with the Notice of Privacy Practices. VA may also use this information to identify Veterans and person claiming or receiving VA benefits and their records, and for other purposes authorized or required by law.

TO: DEPARTMENT OF VETERANS AFFAIRS *(Name and Address of VA Health Care Facility)*

LAST NAME- FIRST NAME- MIDDLE NAME | DATE OF BIRTH *(mm/dd/yyyy)*

PATIENT'S MAILING ADDRESS *(including City, State and Zip Code)*

NAME AND ADDRESS OF ORGANIZATION, INDIVIDUAL, OR TITLE OF INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED

PURPOSE(S) OR NEED: Information is to be used by the requestor for:

☐ TREATMENT ☐ BENEFITS ☐ LEGAL ☐ EMPLOYMENT ☐ OTHER *(Please specify)*

INFORMATION REQUESTED: Check applicable box(es) and state the extent or nature of information to be provided:

- ☐ HEALTH SUMMARY *(Prior 2 Years)*
- ☐ INPATIENT DISCHARGE SUMMARY *(Dates)*:
- ☐ PROGRESS NOTES:
  - ☐ SPECIFIC CLINICS *(Name & Date Range)*:
  - ☐ SPECIFIC PROVIDERS *(Name & Date Range)*:
  - ☐ DATE RANGE:
- ☐ OPERATIVE/CLINICAL PROCEDURES *(Name & Date)*:
- ☐ LAB RESULTS:
  - ☐ SPECIFIC TESTS *(Name & Date)*:
  - ☐ DATE RANGE:
- ☐ RADIOLOGY REPORTS *(Name & Date)*:
- ☐ LIST OF ACTIVE MEDICATIONS:
- ☐ FLU VACCINATION *(Dose, Lot Number, Date & Location)*:
- ☐ OTHER *(Describe)*:

VA FORM DEC 2020 **10-5345** Page 1 of 2

Current Unknowns

- Process for changes in medical status for clients who already filed a CLJ Claim form
- Medical Monitoring Process

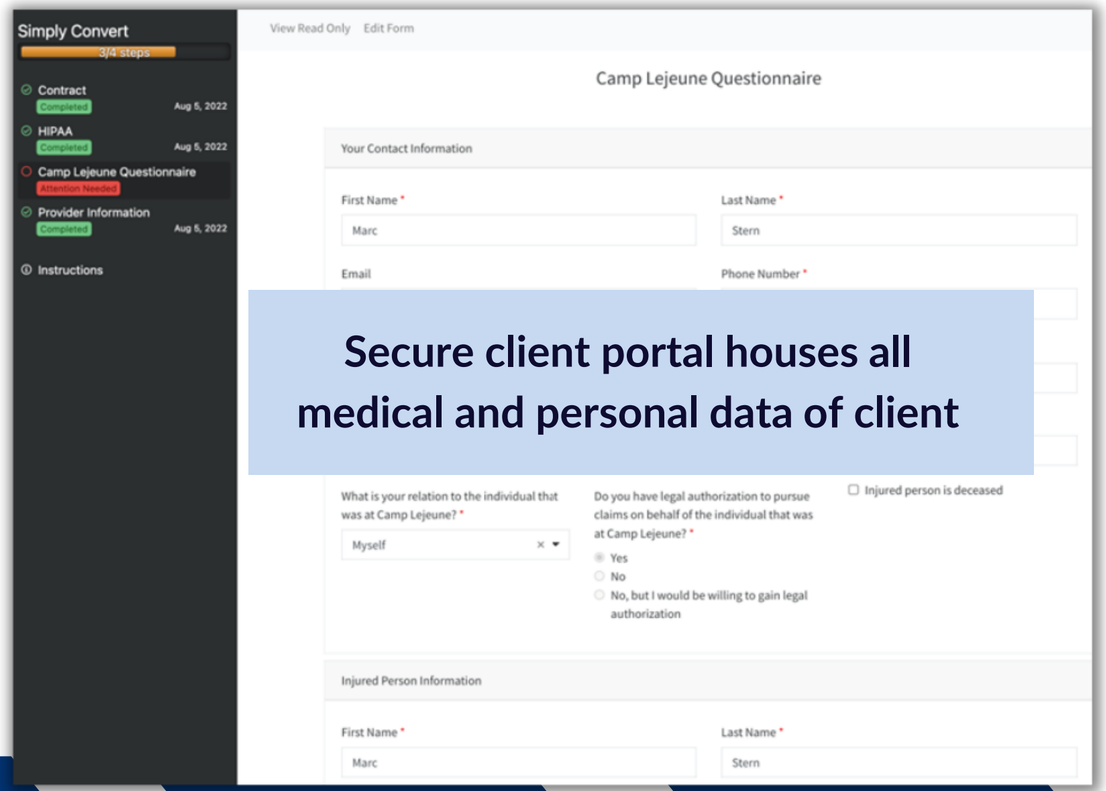
SF 180 and VA 10-5345

Request military and medical information

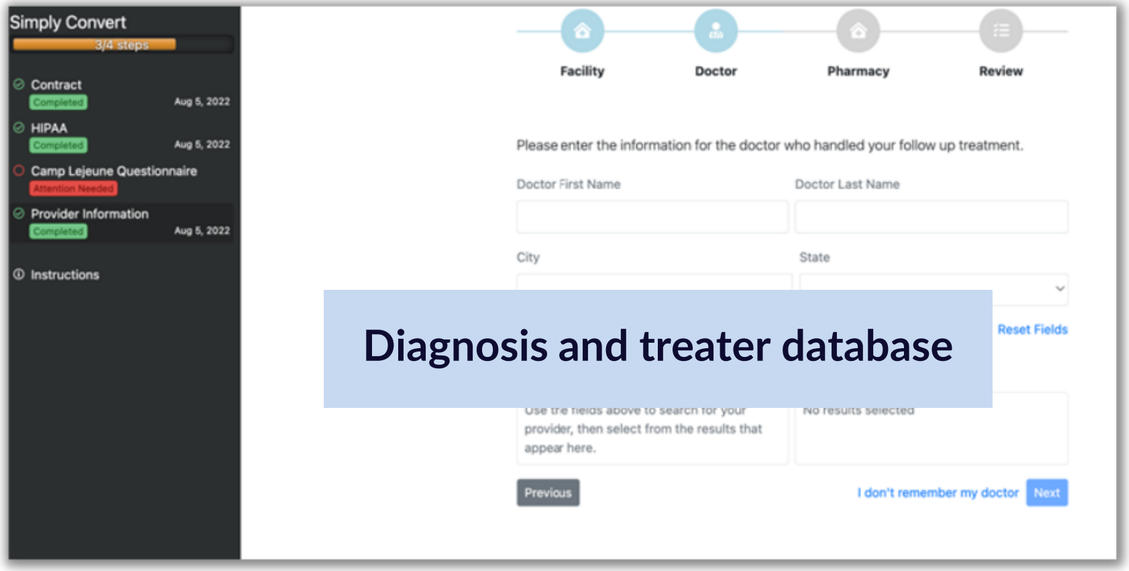
- SimplyConvert currently planning to reach out with additional questionairre to gather the additional details needed
- Option for clients to upload or take a picture of their military and medical information

Secure Client Portal

Secure client portal used to gather and store records and additional details as needed



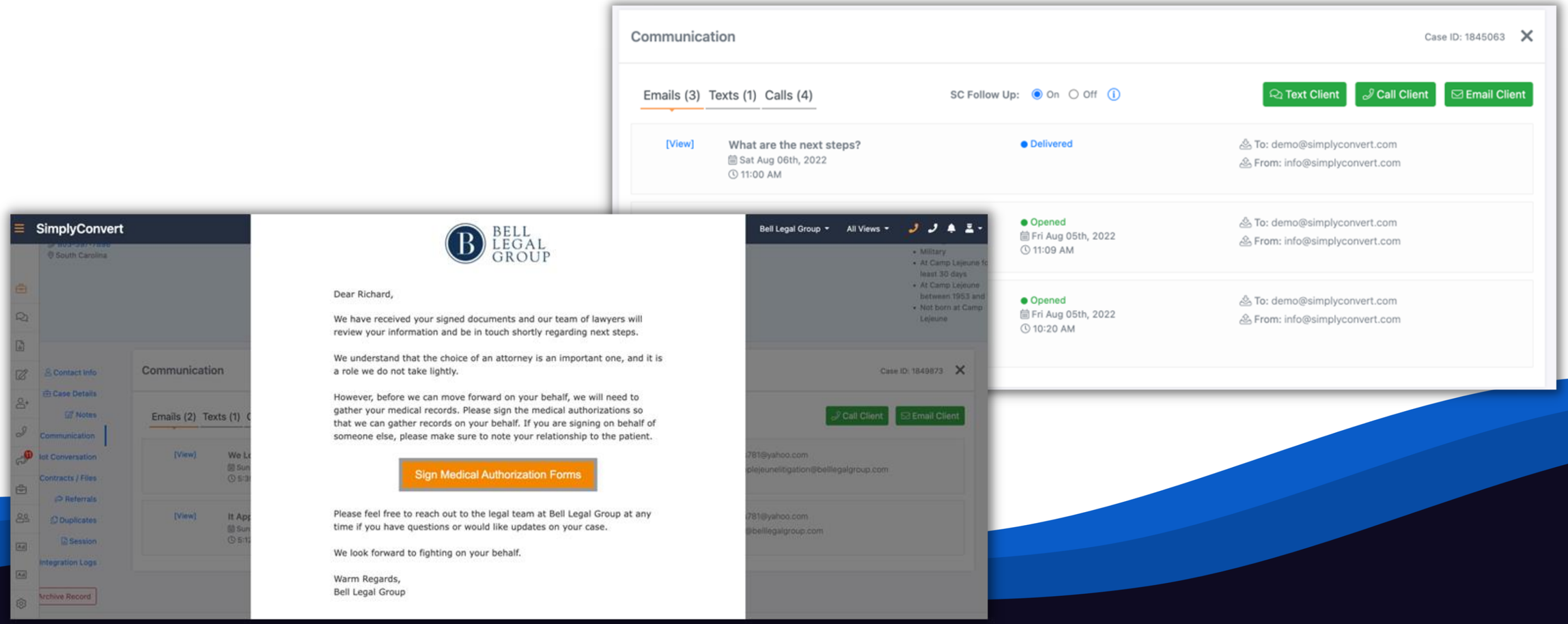
Secure client portal houses all medical and personal data of client



Diagnosis and treater database

Retention through Post-Intake Communication

All emails, texts, filings, and phone calls with your clients are tracked on your dashboard in "communications" and "notes" so that you can view them any time.



THE GOAL:

Clean, structured data from beginning to end, updated in real-time through secure client portal, ready for filing/settlement, viewable by all co-counsel and done in the most efficient way to limit the time between intake and settlement (*phew*).

Actions

Showing 1 to 100 of 15,809 entries

- Generate I95 Form
- Change Filing Status
- Download Filing Documents
- Apply/Remove Condition(s)
- Apply/Remove Information

N AT E		BIRTHDAY INJURED	CREATED DATE	INFORMATION	STATUS NAME	INJURY STATE	LEAD RANK	AGE ENTERED CAMP LEJEUNE	AGE LEFT CAMP LEJEUNE	AGE AT INTAKE	30 OR MORE DAYS AT CAMP LEJEUNE
		01/01/2023	08/02/2022 12:28		Signed	Michigan				0	no
• Breast Cancer		01/01/2023	08/02/2022 11:21		Signed	New York				0	no
• Leukemia • Thyroid Cancer • Multiple Myeloma	Military		08/01/2022 13:38	• Not working with another law firm • Has legal authorization • Military • At Camp Lejeune for at least 30 days • At Camp Lejeune between 1953 and 1987 • Not born at Camp Lejeune	Signed	Texas	1	40	36	0	yes
• Blood cancer		01/01/2023	07/30/2022 11:23		Signed	Rhode Island				0	no
• Miscarriage		07/27/2022	07/29/2022 14:13		Signed	California				0	no
• Miscarriage or fetal death • Other Injury • Autoimmune or immunodeficiency disorders • Female Infertility	Military	07/29/2022	07/29/2022 10:40	• Not working with another law firm • Has legal authorization • Military • At Camp Lejeune for at least 30 days • At Camp Lejeune	Signed	Florida	1	36	33	0	yes

THANK YOU!

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Q&A Session

Join us for Weekly Office Hours for technical questions
Wednesdays at 1 est