

1. What was the Shinkampo Incinerator Complex (SIC) and what is the issue?

The Shinkampo Incinerator Complex (SIC) was run by a Japanese businessman as a private venture for many years. It was located next to Naval Air Facility (NAF) Atsugi. The Navy began expressing concerns about the SIC to the Japanese local and prefectural governments in 1985 because of the management and handling procedures of the toxic waste. The Navy increased its efforts when it was discovered that the plant was planning on tripling the amount of waste burned from 30 tons per day to 90 tons per day in August 1997.

2. What was the U.S. Navy's affiliation with the Japanese SIC?

None. The U.S. Navy did not operate the SIC, did not use the SIC, was not affiliated with the SIC, and had no association with the SIC other than its geographic location next to NAF Atsugi.

3. When was the SIC at NAF Atsugi suspected as a potential health hazard to Navy personnel?

Concern about potential adverse health effects for NAF Atsugi personnel exposed to the SIC emissions date back to 1989. The Navy and its contractors completed four air quality studies between 1989 and 2002 at NAF Atsugi to address these concerns.

Preliminary evaluations suggested that chronic exposure to pollutants from the SIC might pose an increased risk of cancer and non-cancer health effects. These findings were used to support the need for a more comprehensive, but time intensive, human health risk assessment (HRA) using exposure data collected for health risk assessment purposes.

4. What U.S. military and civilian personnel may be potentially affected by health risks associated with the Shinkampo Incinerator Complex (SIC)?

Personnel who lived, worked, or attended school/daycare onboard NAF Atsugi during the operation of the SIC (1985 – 2001.)

5. Why was the incinerator shut down in 2001?

Once a potential for increased health risk was identified, the Navy worked with the U.S. government and the government of Japan to eliminate the hazards to NAF Atsugi personnel and their families. Those efforts resulted in the closure of the incinerator.

6. Is the SIC still a health hazard?

Since the SIC was closed in May 2001, health effects related to its air pollutants are no longer an issue. However, the soil is still impacted because of incinerator emissions. The health risk assessment estimated the potential increase in cancer risk and non-cancer health effects to Navy personnel and their families resulting from ingestion and dermal (skin) absorption of chemicals of concern in soil. Soil sampling was conducted in March 1998. Based on the sampling results, the reasonable maximum adult and child residential cancer risks, for three and six year

exposures, from dermal contact and soil ingestion, are within the EPA acceptable risk range of 1 in 10,000 to 1 in 1 million additional cases of cancer. No additional non-cancer health effects are expected, from soil exposure, based upon the calculated hazard index.

7. What steps were taken to reduce the exposure?

NAF Atsugi/CNFJ:

- Requested medical assistance from Branch Medical Clinic Atsugi and Navy and Marine Corps Public Health Center.
- Initiated diplomatic efforts with Government of Japan to implement pollution control measures and/or shutdown the Shinkampo Incinerator.
- Provided residents with portable air cleaners to improve indoor air quality from potential infiltration of incinerator emissions into the home environment.
- Established an Air Quality Advisory/Warning System that warned residents to curtail outside activities indoors when emissions from the Shinkampo were blowing on base.
- Conducted training for childcare providers and school teachers to educate them about soil contamination and actions to reduce exposure by washing children's hands and toys, and keeping them indoors when emissions from the Shinkampo were blowing on base.
- Established the Shinkampo Action team to support the legal efforts.
- Offered Voluntary Relocation of existing personnel.

8. What steps were taken to document exposure?

BUMED/NMCPHC:

- Provided health risk briefings to all adults residing at NAF Atsugi over a three-month period and for incoming and outgoing personnel to ensure that everyone was given the opportunity to make informed decisions about their family health management.
- Conducted one-on-one health consultations for all adults extending for more than six years on station, all adults who had children under the age of 6, those with chronic respiratory conditions, and pregnant or nursing women.
- Developed a standard entry on an SF-600 form describing potential exposure conditions at NAF Atsugi for input into medical records.
- Conducted two epidemiological studies to ascertain the health status of children and pregnant women.

9. When was the Navy and Marine Corps Public Health Center (NMCPHC) asked to perform a health risk assessment (HRA)?

In June, 1995, the Commanding Officer, NAF Atsugi, requested that NMCPHC (at that time known as the Navy Environmental Health Center - NEHC) perform a health risk assessment of data contained in a March 1995 draft Naval Facilities Engineering Service Center report entitled "Report on Ambient Air Monitoring of Emissions from the Jinkampo Incinerator."

NMCPHC conducted a preliminary HRA based on the draft March 1995 report. As a result of their assessment, NMCPHC recommended performing a formal comprehensive risk assessment. In May 1997, Commander, Naval Forces Japan (CNFJ), and NAF Atsugi requested NMCPHC conduct this comprehensive health risk assessment.

10. What were the results of the preliminary health risk assessment?

The preliminary HRA, completed in 1995 by NMCPHC, concluded that the poor air quality at NAF Atsugi may increase the likelihood of both short- and long-term health effects. Because of limited information, NMCPHC used several conservative health protective assumptions in performing the preliminary risk assessment. In order to better understand the true nature of the health risk, NMCPHC recommended performing a formal comprehensive health risk assessment.

11. What were the results of the full or comprehensive health risk assessment?

The comprehensive HRA found the cancer risk for a child, living on base for a 3 or 6- year tour of duty could potentially be greater than 1 in 10,000 above the current rate of cancer in the U. S. population during his or her lifetime. The cancer risk for an adult living on base for a 3 or 6-year tour of duty is less than 1 in 10,000 above the current rate of cancer in the U. S. population during his or her lifetime – it is within the USEPA's acceptable increased cancer risk range of 1 in 10,000 and 1 in 1,000,000 above the current rate of cancer in the U. S. population during their lifetime.

The American Cancer Society estimates the background cancer rate is 5000 cases per 10,000 men and 3,333 cases per 10,000 women. Using the American Cancer Society background cancer incidence rates, if 10,000 men and 10,000 women lived at NAF Atsugi for six years, we would expect 5,001 men and 3,334 women to get cancer, vice 5,000 men and 3,333 women. The American Cancer Society says that, on average, 1 to 2 children develop cancer each year for every 10,000 children in the United States. Based on this information, if 10,000 children lived at NAF Atsugi for 3 years, we would expect 10,002 to 10,003 cancer cases vice 10,001 to 10,002.

12. How long did it take to complete the HRA on NAF Atsugi?

Data collection for the comprehensive health risk assessment began in March 1998 and was completed in July 1999. The draft comprehensive health risk assessment report was released for peer review in January 2000. NMCPHC received all peer review comments by January 2001. The final comprehensive health risk assessment was completed in June 2002.

13. What standards and procedures were used in conducting the HRA on NAF Atsugi?

The NMCPHC uses state-of-the-art processes and procedures when conducting health risk assessments. This holds true for the HRA conducted on NAF Atsugi.

United States Environmental Protection Agency (USEPA) procedures and guidance were used to develop the sampling plan, collect air quality data, perform collection of air quality data, auditing the air quality monitoring equipment, and in completing the actual HRA.

The USEPA and the National Academy of Sciences Committee on Toxicology (NAS COT) thoroughly reviewed the comprehensive HRA. Both organizations indicated confidence in the accuracy of the data collected and the quality of the sampling techniques and provided recommendations on certain aspects of the analyses and interpretation of the data. The USEPA concurred with the study design, methodologies and conclusions of the Navy's risk assessment. The agency recommended a number of improvements regarding issues that were not fully covered in the HRA to assist the reader in better understanding the scenario development, data analysis and decision options.

The NAS subcommittee expressed confidence in the accuracy of data collected, the quality of the sampling techniques and meteorological monitoring. As a result of information not being readily available in the particular documents they were reviewing, the committee also made some very critical judgment statements about the adequacy of statistical analysis and project planning. Given the sensitivity of the ongoing Department of Justice legal actions with the Government of Japan concerning the NAF Atsugi issue, the Navy could not meet with the NAS COT because their meeting are open in nature (e.g., open to the media) and the Navy did not want to compromise legal actions. The NAS peer reviewers indicated that aspects of the analyses and interpretation of the data, not the underlying data themselves, put constraints on the risk assessment. The NAS provided recommendations for conducting additional analysis and interpretation of the data to more reliably determine whether the NAF Atsugi community could have incurred increased health risks and the contribution of the incinerator facility to any health risks.

NMCPHC responded to each comment and recommendation made by the peer reviewers. The comments and responses are included as appendices in the NMCPHC HRA report. As a result of the peer reviews, some changes were made in the report. Changes to the draft report primarily included a more extensive risk characterization and the significant addition of text to respond to EPA and NAS comments and recommendations.

14. Since the dioxin levels are so much higher at Atsugi than anywhere else in Japan and the United States, why was blood and/or breast milk testing not conducted at NAF Atsugi when the incinerator was operational?

Navy Medicine considered testing, but decided against it for two major reasons. First, dioxin blood levels have not been linked with clinical effects. In other words, a "high dioxin level" does not indicate that disease is inevitable, and a "low dioxin level" does not mean that health is guaranteed. At this time, there is no known dioxin blood level above which disease is certain, nor below which is safe. Second, the primary source of the dioxin in our bodies comes from dietary intake, not from inhalation. Most active duty members and their families purchase their food from the commissary, thereby minimizing consumption of local food which may have been

grown in soil that contains dioxin. Residents seeking more information should speak with their health care provider regarding their concerns.

According to the Agency for Toxic Substances and Disease Control (ATSDR), a public health agency within the Centers for Disease Prevention and Control, dioxins are found everywhere in the environment and because of that, most people are routinely exposed. Dioxins have been found in the blood and fat tissue of people who have no known previous exposure.

Please read the ATSDR review of Navy's efforts to better understand the exposures and outcome studies.

15. Have any adults that lived or worked on NAF Atsugi suffered from cancer or any adverse health problems because of the incinerator emissions?

We don't know of any specific cases where a cancer or chronic disease was directly attributed to the incinerator emissions. This can only be determined by studying a population of people over time. Even then, if there are more cases of cancer or other diseases in the Atsugi group, we can never be sure which of them are caused by exposure to the incinerator or by other potential reasons and causes.

16. Have any children that lived at, went to school on, or attended the Child Development Center aboard NAF Atsugi suffered from any cancer or adverse health outcome because of incinerator emissions?

We are not aware of any long-term health problems in children that were directly attributed to the incinerator emissions. There may have been some temporary health issues, and some temporary worsening of current diseases, but those would very likely have cleared up after exposure to the incinerator emissions ended.

17. Did the local food supply pose a risk?

The food provided through the Navy's commissary and galleys was and continues to be safe. There are numerous possible sources of local food. The Navy does not routinely evaluate the safety of food from these local sources. Japan's food quality standards would apply to local food supplies.

18. What are the long-term and specific organ systems that are affected by chemical exposure especially dioxin, heavy metals and all other toxins that exceeded USEPA Standards at NAF Atsugi, Japan, as defined by the Agency for Toxic Substances & Disease Registry (ATSDR)?

The Health Risk Assessment, conducted by NMCPHC, and available [click here](#) for best answers this question.

19. Is it true that the miscarriage rate for woman who lived on-base was higher than the rate for the woman living off-base?

There does not appear that women who lived at Atsugi had a higher than expected miscarriage rate. Miscarriage rate studies are difficult to conduct because many women miscarry before they even know they are pregnant. The rate of miscarriage for women in the United States, who know they are pregnant, is between 10% - 20%.

NMCPHC and Navy Environmental and Preventive Medicine Unit Number 6 conducted a pregnancy loss study. It was designed to describe the rate of miscarriage at NAF Atsugi and other naval facilities in Japan by reviewing clinical records. The results suggested that the risk of miscarriage at NAF Atsugi and other naval facilities within Japan are at the low end of the expected risk range described for the population of the United States. This is not surprising as most people are required to be medically screened before being posted to an overseas assignment and are assumed to be healthy. The primary findings of the study were:

- The overall miscarriage rate for patients with known pregnancies from Atsugi, Yokosuka, Iwakuni and Sasebo between June 1995 and May 1998 was 7.1%. This rate was determined by review of the delivery log and pathology records at the United States Naval Hospital (USNH) Yokosuka. When the Atsugi patients are subtracted, the miscarriage rate for the other areas is 7.8%.
- Review of the NAF Atsugi Branch Clinic prenatal log, during the same period, indicates a miscarriage rate at NAF Atsugi, of 8.8%.
- The data used in this study came from different sources and contain some different information. Therefore, the miscarriage rate at NAF Atsugi cannot be directly compared to that of the other naval facilities that were part of this study population.
- The USNH Yokosuka and NAF Atsugi miscarriage rates during the study period were both lower than the documented rate of miscarriage for women in the United States, who know they are pregnant, which is between 10% - 20%.

20. There was a children's respiratory study conducted for NAF Atsugi children –what was the purpose of the study and what were the results?

Children were the best group to evaluate respiratory issues since their lungs tend to be more sensitive to the effects of air pollution and their health was a major concern of the NAF Atsugi residents. Fifth and sixth grade students at Atsugi and Yokosuka Department of Defense Schools were eligible to participate. One hundred twenty-seven (127) students volunteered for the study. Eighty (80) of the students lived on-base at NAF Atsugi, 17 lived off-base at NAF Atsugi, and 30 lived at Yokosuka. The children's lung function was tested each school day during lunchtime. Children recorded the number of hours spent outdoors as well as respiratory and/or air quality related symptoms such as, trouble breathing, coughing during the day or night, feeling bad, runny nose, cold, headache, and irritated eyes. A daily symptom score was given to each child based on the information recorded.

The primary findings were:

- There were no differences in the respiratory health of children living on- or off-base at NAF Atsugi and those at Yokosuka.
- Children living on-base at Atsugi reported more runny noses than the Yokosuka children. All other reports of symptoms were similar.

- There was no difference in the reported number of colds between the Atsugi on-base and the Yokosuka groups. Children living off-base at Atsugi reported more colds.
- Most of the children in the study group had lung function better than that of the general population in the United States.
- The wind was blowing toward the school for only a short period of time during the four-week study period. As a result, no clear relationship between wind direction and the levels of gases and dust particles could be identified.

21. Has the Navy conducted any other health studies regarding exposure at NAF Atsugi?

Yes, at the direction of BUMED, NMCPHC conducted an epidemiological follow-on health study was conducted in 2008 – 2009 and posted to this webpage in August 2009.

22. What did NMCPHC do to ensure the 2008-2009 NMCPHC Health Study was executed without the bias intent of results?

The document discusses the efforts to avoid bias. It is written to assist non-epidemiologists in understanding the complexities of epidemiological studies.

23. What were the results of the 2008-2009 NMCPHC Health Study?

The study found a significantly higher risk for dermal complaints, a non-cancer effect, in the Atsugi population when compared to the Yokosuka population. No other area of the analysis found significant differences in disease and illness incidence or health complaints between the two groups.

- Cancer. The risk of being diagnosed with a cancer possibly associated with exposure to the SIC emissions was not significantly different between the groups.
- Non-cancer effects. This study found that medical visit rates for dermal complaints were higher for the residents of Atsugi. Medical visits for dermal complaints were significantly higher in the Atsugi population while they were stationed in Japan and after they left. This suggests the possibility of long-term dermal affects due to exposure to the SIC pollution.

24. The 2008 – 2009 NMCPHC Health Study noted an increase in dermatologic (skin) conditions for the Atsugi population. What does this mean?

Most of the excess dermatitis cases (61%) came from diagnoses classified as "unspecified contact dermatitis." The second largest group (29%) was from the diagnosis of "atopic dermatitis." Most of the cases were diagnosed after the person left Atsugi. The study did not look closely at pre-existing conditions to assess whether there was a difference in numbers of cases prior to arriving at either Atsugi or Yokosuka. Fortunately, these conditions are easily diagnosed and do not require any special screening tests. Also, both are fairly common diseases, and in most cases do not require a visit or prescribed treatment. The Epi Study found the first visit for Atopic dermatitis was 10.8 visits/1000 persons while assigned to Atsugi, then 13.8/1000 after leaving Atsugi. First visits for contact dermatitis was 22.2 visits/1000 persons while

assigned to Atsugi, then 38.4/1000 after leaving the Atsugi area. According to the American Academy of Dermatology, atopic dermatitis is seen in 10 to 20% (100-200/1000 persons) of people worldwide. For contact dermatitis, a nationwide survey, periodically conducted by the Centers for Disease Control and Prevention, estimated that nearly 14 out of 1000 people have contact dermatitis at any one time. The Epi Study looked over several years rather than at a point in time, so would be expected to "see" more visits for contact dermatitis. As an example, if you get poison ivy, a contact dermatitis, once every four years then a survey looking only for a contact dermatitis occurring that year would only "see" it once every four years but a study looking for a contact dermatitis occurring any time within 10 years, or more as in the Epi Study, would see it more often. Contact dermatitis is caused by a wide variety of substances such as poison ivy, latex, soaps, foods, certain medications, etc. Most contact dermatitis cases resolve in a few weeks. There are many good internet resources to learn more about these two diseases such as WebMD, the American Academy of Dermatology, and eMedicine. Please read the 2008 - 2009 NMCPHC Health study for more information on its dermatitis findings.

25. Does BUMED maintain a medical data base to track active duty and family members assigned to NAF Atsugi?

No. Voluntary enrollment into such a database was offered to current resident at NAF Atsugi, but there was so little interest that the effort was discontinued. There has been no requirement for such a database since the long-term health risks were determined to be very small.

The Epidemiology Data Center (EDC) at NMCPHC conducted a study, posted on this webpage. In order to conduct this study, the EDC developed a database of all families living onboard NAF Atsugi from 1991 to 2001 and active duty personnel stationed at NAF Atsugi from 1985 to 2001. Please read the study's description of that effort.

26. I was at Atsugi prior to the time when the risk communication briefs were being done. How can I get information in my medical files and the medical files for my family members in case anyone becomes ill?

This [link](#) will open a copy of the brief provided to later residents that you may print for your and your health care provider's use.

27. One of the responses to questions indicates that I should contact my personal physician if I have questions about my health. Who can my physician speak to about the health issues at NAF Atsugi if they need more information?

Your physician may consult with NMCPHC's Occupational and Environmental Medicine physicians regarding their patient's case. They can be reached at: nmcphcpts-oem@med.navy.mil

Please do not submit personal or healthcare information via this email. This is a non-secure website which means there are no security measures taken to protect information. Healthcare information is personal and sensitive and must be treated accordingly. The Privacy Act and the Health Insurance Portability and Accountability Act require encryption of personally identifiable medical information and other personal information for transmission via government e-mail.

Identify theft is one of the fastest growing crimes in the United States, sending your personal information via email to this site puts you at risk.

28. What is BUMED/NMCPHC doing to prepare a health survey with the guidance of an occupational toxicologist for everyone that was exposed?

Toxicology surveys are used for recent exposures. BUMED asked NMCPHC to contract with an independent, civilian academic institution to thoroughly review the existing environmental sampling data for Atsugi. NMCPHC contracted with Battelle to perform the review. The review did not find additional testing is required for disease not already diagnosed. The Battelle report recommended following medical screening protocols established by the U.S. Preventive Services Task Force. The USPSTF guidelines are already widely used and considered the standard of care within the medical community.

The U.S. Preventive Services Task Force, established in 1984 under the U.S. Department of Health and Human Services, has routinely published recommendations for primary care practitioners on what medical testing or procedures should be provided to apparently healthy persons based on age, sex and risk factors for disease. These are general medical screening recommendations that are appropriate for any and all members of the U.S. population and provide early detection of diseases ranging from cancer to mental health conditions. These recommendations can be accessed at: <http://www.ahrq.gov/clinic/prevenix.htm>.

The Battelle report can be found [here](#).

29. Did the Battelle report comment on Navy's efforts at NAF Atsugi?

Yes, the report stated "It is important to note that during the years 1985-2001, numerous studies were conducted and an outreach program was initiated to keep the affected residents informed. The evaluations conducted at NAF Atsugi far exceeded those which would normally have been conducted in the civilian sector. Furthermore, one cannot dismiss the very sensitive political and diplomatic challenges related to a situation in which U.S. military personnel were attempting to close a privately owned civilian facility in a host country over which they had no control."

30. What is being done to notify those who have been stationed at NAF Atsugi when the incinerator was operational of potential exposures/health effects?

There has been no formal outreach to former residents since results of two previous NMCPHC epidemiological studies did not find a reason to do so. NMCPHC's website has been developed to provide all publicly available documents related to NAF Atsugi and contains this Frequently Asked Questions (FAQ) section as a means of providing information to former Atsugi residents. The NMCPHC will continue to update the website with new information as it becomes available. The NMCPHC's website has a link allowing any medical care provider the opportunity to contact a physician directly for any additional information on possible environmental or industrial exposure information and recommendations for medical evaluation or testing.

31. Will coordination approval be arranged with TRICARE for diagnostics tests?

TRICARE already authorizes appropriate and indicated medical and diagnostic tests for eligible beneficiaries.

32. Will annual medical examinations be provided which include thyroid, liver, and kidney function assessments as well as screening and testing for the early detection of cancer as recommended by the American Cancer Society (ACS) for all civilian and military personnel and their dependents that were stationed at NAF Atsugi while the SIC was operational?

Navy Medicine recommends health screening for eligible beneficiaries in accordance with the U.S. Preventive Services Task Force's Guide to Clinical Preventive Services. This includes recommendations for cancer screening. Beneficiaries should discuss these recommendations with their health care provider.

The Battelle independent review has been completed and found that no additional testing is required for diseases not already present. The Battelle report recommended following medical screening protocols established by the U.S. Preventive Services Task Force. The USPSTF guidelines are already widely used and considered the standard of care within the medical community.

The U.S. Preventive Services Task Force, established in 1984 under the U.S. Department of Health and Human Services, has routinely published recommendations for primary care practitioners on what medical testing or procedures should be provided to apparently healthy persons based on age, sex and risk factors for disease. These are general medical screening recommendations that are appropriate for any and all members of the U.S. population and provide early detection of diseases ranging from cancer to mental health conditions. These recommendations can be accessed at: <http://www.ahrq.gov/clinic/prevenix.htm>.

33. If someone thinks that they are experiencing health hazards that are related to the Atsugi incinerator, who do they contact?

- Current military – contact your primary care provider who can consult with local Occupational and Environmental Medicine physicians as needed.
- Pre- or Retired military – contact the VA and file a claim if you believe that your illness is service-related.
- Other – Family Members - contact your primary care provider (either military or civilian) for follow-up.
- Currently there is no specific medical guidance for people who lived aboard NAF Atsugi. If you have a medical condition, treatment using current medical standards of care is appropriate.

34. If I or my family members contract a potentially incinerator related illness years from now, will the Navy be responsible?

Under current law, 32 Code of Federal Regulations Part 728, eligibility for care is defined for current service members, their dependents, and retirees and their dependents. Eligibility for care through the Veterans Administration (VA) is granted through the VA's claims process for service-related disease. If you are eligible for care through the Navy, Navy Medicine will treat your medical condition regardless of the cause.

35. What will be done to ensure that veterans and their dependents are compensated for toxic exposure related illnesses?

Veterans may file a claim for service related medical conditions through their local Department of Veterans Affairs office. The Navy has no authority regarding the Veterans Affairs claim process. Navy Medicine's mission is limited to providing care for currently eligible beneficiaries.

36. Who will be the central point of contact for all civilian and military and prior personnel and their dependents to respond to medical questions related to exposures related to the SIC?

This website is being provided in an effort to answer general questions health questions and concerns. Specific health concerns should be discussed with the primary health care provider. Questions about the health risk assessment can be directed to NMCPHC at: nmcphcpts-ep@med.navy.mil Physicians may consult with NMCPHC's Occupational and Environmental Medicine physicians regarding their patient's case. They can be reached at: nmcphcpts-oem@med.navy.mil

37. What is the role of NMCPHC when it comes to identifying and resolving environmental hazards?

NMCPHC provides public health guidance and expertise to the Navy and Marine Corps. It does not have any direct authority over any Navy agencies to enforce recommendations. The NMCPHC Environmental Programs Department provides a wide range of health risk assessment, risk communication, and other public health consultative and support services to the Naval Facilities Engineering Command's and Base Realignment and Closure Office's environmental restoration programs and other environmental programs.

38. Who can I contact to obtain additional information?

This website is provided in an effort to answer questions and concerns. For questions dealing with NAF Atsugi issues that fall within the scope of Navy Medicine and not presently addressed in this FAQ, please submit them to nmcphcpts-ep@med.navy.mil

39. Who will be the central point of contact for all civilian and military and prior personnel and their dependents to respond to medical questions related to exposures related to the SIC?

This website is being provided in an effort to answer such questions and concerns. Questions about the health risk assessment can be directed to NMCPHC at: nmcphcpts-ep@med.navy.mil Physicians may consult with NMCPHC's Occupational and Environmental Medicine physicians regarding their patient's case. They can be reached at: nmcphcpts-oem@med.navy.mil

40. Should I submit my medical or personal information on this website?

No. This is a non-secure site which means there are no security measures taken to protect information. Healthcare information is personal and sensitive and must be treated accordingly. The Privacy Act and the Health Insurance Portability and Accountability Act require encryption of personally identifiable medical information and other personal information for transmission via government e-mail. Identity theft is one of the fastest growing crimes in the United States, sending your personal information via email to this site puts you at risk.