April 13, 2026

The Honorable Douglas A. Collins
Secretary
U.S. Department of Veterans Affairs
810 Vermont Ave., NW
Washington, DC 20420

Submitted electronically via www.regulations.gov

Re: Docket No. VA-2026-VACO-0001

Dear Secretary Collins,

The American Parkinson Disease Association (APDA), The Michael J. Fox Foundation for Parkinson's Research (MJFF), and the Parkinson's Foundation appreciate the opportunity to provide comments in response to the *Notice of Plans to Assess the Current Scientific Literature and Historical Detailed Claims Data Regarding Neurodegenerative Outcomes and Selected Military Environmental Exposures; Annual Sergent First Class Heath Robinson Honoring Our Promise To Address Comprehensive Toxics (PACT) Act Public Listening Session and Request for Comments* as published in the Federal Register on February 10, 2026.

Service members face a range of stressors and exposures that can heighten the risk of Parkinson's disease, including airborne hazards, traumatic brain injury, and certain toxins. While some stressors and exposures are recognized by the VA to be associated with Parkinson's disease, more research and analysis is needed to better define these links. Too many Veterans have been denied benefits and struggle day to day to live with this devastating disease.

We appreciate the need for a stepped approach to assessing the link between military environmental exposure and neurodegenerative outcomes. However, in the case of Parkinson's disease and its association with exposure to trichloroethylene (TCE) the evidence is overwhelming and the time to act is now.

Background

The VA lists Parkinson's disease as a presumptive disease associated with exposure to certain chemicals, including Agent Orange and TCE. Presumptive eligibility for Parkinson's disease is currently attributed to the following exposure and service criteria:

- Agent Orange exposure in Vietnam (including inland waterways) — any amount of time from January 9, 1962 to May 7, 1975.
- Agent Orange exposure in the Korean Demilitarized Zone (DMZ) during the relevant Vietnam era timeframe.
- TCE exposure at Camp Lejeune with service for at least 30 days between August 1953 and December 1987.
- Air Force and Air Force Reserve personnel who, between 1969 and 1986, regularly maintained, or served onboard the same C-123 aircraft that were used to spray herbicides during Vietnam may be eligible for expanded disability benefits.

If these requirements are satisfied, the VA presumes exposure and thus presumes service connection for Parkinson's disease. There are additional instances in which the VA will consider presumptive eligibility on a case-by-case basis:

- Exposure to herbicides on a U.S. military base in Thailand or Royal Thai Air Force base between January 9, 1962, and May 7, 1975.
- Exposure to Agent Orange and other herbicides used in Vietnam that were tested or stored elsewhere, including military installations in the United States and in countries outside the United States.

The VA also recognizes Parkinson's disease as service connected when presented evidence related to the following risk factors during military service: traumatic brain injury (TBI), exposure to certain herbicides, and burn pit exposure in the Southwest Asian theater following September 11, 2001. This recognition is critical for our veterans and service members given the wide array of contaminants linked to neurodegenerative diseases.

An exception to these criteria is made if a service member is diagnosed with any condition, including Parkinson's disease, within 12 months of separation from service. For Veterans with Parkinson's disease who cannot tie their service to these presumptive eligibility categories, this 12-month exception is of little use because there can be a latency period of 10 or more years after exposure and separation from service before Parkinson's symptoms appear and a diagnosis is made.

As you likely know, the National Academy of Science (NAS) is currently examining associations between numerous categories of exposures in military settings and neurodegenerative outcomes. These exposures include organophosphorus, organochlorine, pyrethroid, DEET, and carbamate pesticides, jet and diesel fuels, per- and polyfluoroalkyl substances (i.e., "forever chemicals"), heavy metals, particulate matter air pollution (PM 2.5) and solvents, including TCE. The VA's work on these important issues may benefit from insights provided by the NAS' work.

Use of TCE on Military Bases

TCE is a synthetic, nonflammable and colorless volatile organic compound that has been used in the U.S. since the early 1920s. It is a solvent used in industrial processes for maintenance, degreasing and manufacturing.

The U.S. Department of Defense (DOD) often used TCE as an industrial cleaner for aircraft and tanks; its use stretches back decades including during World War II. Exposure to the chemical through drinking water has been linked to a greater risk of developing Parkinson's disease, fetal heart defects, and kidney cancer. TCE released from the ground into the air, through a process known as vapor intrusion, can also be a significant source of exposure for people living on or around contaminated sites. It occurs when TCE in groundwater and soil is released as a gas and inhaled.

The Problem

As previously mentioned, Parkinson's symptoms have a long latency period after exposure to toxicants like TCE. Further, Parkinson's disease is presumed to be connected to TCE exposure only for veterans who served at Camp Lejune in the window noted above. As a result, there are hundreds of Veterans with Parkinson's disease that do not meet the current presumptive eligibility requirements and are thus denied VA coverage. The current criteria do not recognize the generations of service members who have been exposed to TCE at military bases across the United States and abroad who are now Veterans living with Parkinson's disease.

Camp Lejeune is not the only military installation where TCE polluted the base's drinking water and air via vapor intrusion. The following military installations also have documented TCE contamination, which significantly exceeds the Environmental Protection Agency's (EPA) enforceable maximum contaminant level (MCL) for TCE in drinking water of 5 parts per billion (ppb):

- At Kelly Air Force Base concentrations of TCE ranged from as high as 30,000 ppb to 12,000 ppb. (US Air Force, 1998) It should be noted that high rates of Amyotrophic Lateral Sclerosis (ALS) among former Kelly AFB service members in the early 2000s led to a 2008 VA decision to extend presumptive eligibility to all veterans with ALS. (US Airforce 1998)
- Fort Bragg has recorded TCE levels in ground water monitoring wells ranging from 6.15 ppb, to as high as 132 ppb.
- The Georgia Naval Submarine Base King's Bay recorded TCE levels of 1.2 million ppb in groundwater.
- Ohio's Rickenbacker Air Force Base recorded 6,950 ppb of TCE.
- Florida's Tyndall Air Force Base recorded TCE of up to 1,800 ppb
- New York's Naval Weapons Industrial Reserve Plant at Calverton recorded TCE levels of 15,700 ppb in the groundwater.

- Dover Air Force Base has recorded levels of TCE exceeding 1,000 ppb in groundwater.

Each of these military installations exceeds the TCE enforceable limit by significant margins. Of course, the EPA's health-based Maximum Contaminant Level Goal is zero. While veterans with exposure to TCE at these sites may be able to submit claims documenting exposure and receive benefits based on service-connected exposure, the barriers to care remain too high. As a result, Veterans were exposed and many are struggling with Parkinson's disease.

Veterans Living with Parkinson's Disease

Of the 8,930 Parkinson's disease claims submitted by post 9/11 veterans, the VA has granted service connection for 3,778, a 42% grant rate (Department of Veterans Affairs, 2026). As noted, service members submit claims related to stressors and exposures including traumatic brain injury, burn pit exposure and certain toxin exposures including herbicides and solvents like TCE. While we can appreciate the need for stringent service connection criteria, too many Veterans living with Parkinson's disease are denied and have experienced significant challenges securing coverage.

Evidence

Parkinson's disease is the second most common and fastest growing neurodegenerative disease in the United States, with 90,000 new cases diagnosed every year (Willis et al. 2022). Of the more than 1 million cases in the U.S., over 110,000 people living with Parkinson's are Veterans (Yang et al. 2020). New analysis shows that Parkinson's disease imposed a $82.2 billion economic burden in the U.S. in 2024.

While aging and genetics both can be risk factors for developing Parkinson's disease, those two factors alone are insufficient to explain all Parkinson's cases, including increased diagnoses of the disease. Some inherited cases of Parkinson's disease can be directly linked to an increased risk from a known genetic trait. However, the interaction of genetics and environmental factors is a key area of concern because genetics can increase a person's vulnerability to environmental hazards' damaging impacts on the brain. Exposure to TCE was first linked to parkinsonism in 1969. Since then, multiple case studies, twin studies (Goldman et al., 2012), and a large epidemiological study found that exposure to the solvent was associated with a 70% increased risk in developing Parkinson's (Goldman et al, 2023).

In addition to the epidemiology data linking TCE to Parkinsons's there is also clear biological evidence that demonstrates TCE can cause Parkinson's in a laboratory setting. Over two decades of studies show that when animal models of Parkinson's, such as rats and mice, are exposed to TCE, they develop Parkinson's related pathology in their brain, including dopaminergic neuron loss from the substantia nigra, neuroinflammation, and alpha-synuclein aggregation

– a key hallmark of the disease (Adamson et al., 2023, De Miranda et al., 2021, Liu 2018 et al., Liu et al., 2010).

Ask

We respectfully request the VA take immediate action by aligning the VA presumptive eligibility policies for Parkinson's disease with current scientific evidence on latency and toxic exposure. The VA should also align adjudication guidance with modern neurodegenerative science. A TCE exposure based presumption for Parkinson's disease should not be subject to the arbitrary 12-month window and should be broadened to other sites with documented heightened TCE contamination.

We seek the immediate elimination of TCE and similar solvents on military installations. In 2024 the EPA finalized a rule which included a phase out of TCE at the DOD. We urge the VA to eliminate any exemptions or extended compliance periods to protect existing and future service members from suffering from neurodegenerative disorders like Parkinson's disease.
Finally, as the VA reviews evidence of neurodegenerative diseases and military environmental exposures, it should continue to cast a wide net on exposures to make certain that no veterans or service members are left without a path to treatment needed as a result of their selfless service to our nation. This approach should include consideration of atypical parkinsonisms, including whether exposures linked to Parkinson's disease risk may also contribute to these related conditions. We urge the VA and DOD to review solvent exposure sites and develop long term health surveillance systems so that Veterans at risk for Parkinson's can be identified earlier.

Again, we appreciate the opportunity to provide comments. We look forward to continuing dialogue with the Agency, including the opportunity to participate in the May listening session. In the meantime, should you have any questions, please contact Anne Hubbard, APDA Chief Public Policy Officer at 929-805-0248 or ahubbard@apdaparkinson.org.

Sincerely,



Anne Hubbard
Chief Public Policy Officer
American Parkinson Disease Association

Dan Feehan
Chief Policy and Government Affairs Officer
The Michael J. Fox Foundation for Parkinson's Research

Andi Lipstein Fristedt
Executive Vice President, Chief Strategy and Policy Officer
Parkinson's Foundation

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